



## **MINUTES**

Board Meeting  
March 22, 2017

Present: Anthony Whitmore, Chair  
Shallon Coleman  
Judy Cook  
Stan Eichenauer  
Lou Fries  
Caroline Gentry  
Jackie Jackson  
Edmund Moore  
Jim Newby  
Paul Porcino

Staff: Andrea Doolittle  
Andrea Hoff  
Helen Jones-Kelley  
Jodi Long  
Allison Sharer  
Lynn Voisard

Absent Clarence Williams

### **CALL TO ORDER**

A. Whitmore, chair called the meeting of Montgomery County Alcohol Drug Addiction and Mental Health Services to order at 5:30 PM in the offices of the Montgomery County Alcohol Drug Addiction and Mental Health Services with a quorum present.

### **RECOGNITION OF GUESTS**

Director Jones-Kelley introduced the guests present.

### **BOARD SPOTLIGHT**

Alison Sharer, Ohio Certified Prevention Consultant provided information on the new marijuana for medical purposes law (HB523) and its impact on treatment and prevention services. There is no such thing as medical marijuana – correct term is marijuana for medical purposes. Doctors can only write a “recommendation” for marijuana for medical purposes.

Slides and additional information is attached.

## **APPROVAL OF BOARD MINUTES**

With no changes to the February 22, 2017 minutes, the minutes approved as distributed.

## **CONSENT AGENDA**

The question was asked if there were any items on the Consent Agenda that needed to be removed and discussed; there were no items to be pulled.

\*\* E. Moore moved and S. Eichenauer seconded that Montgomery County Alcohol Drug Addiction and Mental Health Services approve the consent agenda as distributed. Further that the Executive Director or designee is authorized to sign any documents necessary to execute the process. Motion carried unanimously.

Res #17-006 Amend – Goodwill Easter Seals/Miami Valley – Prescription Medication Safety Campaign additional \$38,000 for an amount not to exceed \$88,000 for the time period 4/1/2017 – 6/30/2017. Funding Source: OhioMHAS

#17-012 Homefull – Permanent Supportive Housing for an amount not to exceed \$50,000 for the time period 3/1/2017 – 6/30/2017. Funding Source: OhioMHAS Pass Through

## **CHAIR REPORT**

April Committee and Board Meetings at places; meetings will be reschedule due to attendance at the National Council Conference in April.

## **EXECUTIVE DIRECTOR'S REPORT**

Director Jones-Kelley reported the following:

- Levy – Montgomery County ADAMHS is completing and will submit responses to the Human Services Levy Council
- Drug Free Workplace Policy – Andrea Hoff shared that there have been three Community Stakeholder meetings to look at developing Drug Free Workplace policies in small to medium size businesses in Montgomery County. A survey has been released to obtain additional data from local businesses. This is the largest urban metro community chosen and efforts are underway to obtain additional funding to expand the program to work with ten businesses in the spring and ten businesses in the fall.
- Crisis Text Line – Text 4HOPE to 741741 is a free, 24/7 text line for individuals in crisis. OhioMHAS has entered into a contract with the national Crisis Text Line to provide Ohioans with a state-specific keyword to access the free service. Individuals will be connected to a trained Crisis Counselor.

- NARCAN Training – Montgomery County ADAMHS will be offering FREE NARCAN training in April for Board members, building tenants, and Dayton Dragon staff.
- Culture of Quality – Scheduled for September 14<sup>th</sup> & 15<sup>th</sup>.
- Senior Team Strategic Process – Senior team held a planning meeting and discussed the Board's Strategic Planning Process. Due to uncertainty with the federal environment; there will be no changes to the current Strategic Plan until fall 2017.
- Crisis Stabilization Unit – working with hospitals to create a unit.
- NATCON 2017 – several staff will be attending the conference; lots of information will be shared and brought back.
- Think Again Campaign Cards & Overdose Support Kit Cards – available if you are attending meetings feel free to distribute.

### **ADJOURNMENT**

With no further business, the meeting was adjourned.



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Anthony Whitmore, Chair

Prepared by Lynn Voisard

## Ohio HB 523



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## Timeline

April 2016:	House introduced H.B. 523
May:	Passed by House & Senate
June:	Signed by Gov. Kasich
September 2016:	Effective date
2 years:	Fully operational <i>Estimated: Fall 2018</i>

Complexities that need to be determined are  
**STAGGERING & PERVASIVE**

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## Rulemaking & Compliance

### Department of Commerce

- license cultivators, processors and testing labs
- Rules under development; to be final by Sept. 8

### State Board of Pharmacy

- register patients/caregivers, license dispensaries
- Rules under development; to be final by Sept. 8

### State Medical Board

- certify physicians who make recommendations
- Rules drafted; to be final May 6

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## Medical Marijuana Advisory Committee

- Law enforcement
- Employers
- Labor
- Agriculture
- Patients & Caregivers
- Medical
- Mental Health
- Substance Abuse Treatment

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## Ohio HB 523

### 1. 21 "qualifying" medical conditions

AIDS, amyotrophic lateral sclerosis, Alzheimer's disease, cancer, chronic traumatic encephalopathy, Crohn's disease, epilepsy or another seizure disorder, fibromyalgia, glaucoma, hepatitis C, inflammatory bowel disease, multiple sclerosis, pain that is either chronic and severe or intractable, Parkinson's disease, positive status for HIV, post-traumatic stress disorder, sickle cell anemia, spinal cord disease or injury, Tourette's syndrome, traumatic brain injury, and ulcerative colitis.

#### Note:

The draft rules set a fairly rigid process of adding new medical conditions to the list, requiring evidence that conventional drugs are insufficient to treat or alleviate the condition.

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## Ohio HB 523

### 1. 21 "qualifying" medical conditions

2. Permits a patient, on the recommendation of a physician, to use marijuana to treat that condition

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**THERE'S NO SUCH  
THING AS A  
RX FOR MARIJUANA.**

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## What's missing?

- Dosage & administration
- Drugs interactions
- Storage directives
- Adverse reactions
- Warnings

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## Marijuana as medicine

- 79 total trials involving about 6000 patients total
- Moderate-quality evidence:
  - Chronic pain
  - Muscle stiffness in MS
- Low-quality evidence:
  - Nausea & vomiting due to chemotherapy
  - Sleep disorders
  - HIV-related weight loss
  - Tourette's syndrome

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## DRAFT rules for certifying physicians

- Complete an approved 2 hour continuing education course related to identifying the qualifying medical conditions and the characteristics of medical marijuana.
- Must also have no prior action from the board or federal Drug Enforcement Administration based on inappropriate prescribing.
- Under the draft rules certified doctors would have to
  - Meet the patient in an in-person visit.
  - Perform a physical exam.
  - Diagnose the patient with a qualifying medical condition or confirm a previous diagnosis.
  - Submit an annual report describing the effectiveness of marijuana on their patients.

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## Ohio State Medical Board Survey of Ohio Doctors (Dec 2016)

- 45% likely to recommend
- 15% highly likely to recommend
- Those not likely to recommend, cited 3 top barriers
  - Lack of peer reviewed research
  - Lack of training
  - Federal schedule 1 drug

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## Ohio HB 523

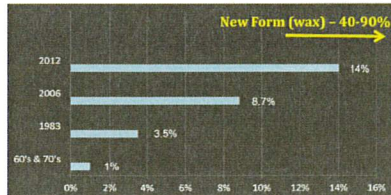
1. 21 "qualifying" medical conditions
2. Permits a patient, on the recommendation of a physician, to use marijuana to treat that condition
3. No smokeable
4. Can vapor the drug
5. Edibles NOT attractive to children are permitted
6. No home grown
7. Nothing within 500 feet of a school, church, public library, playground or park
8. Maximum amounts of THC are identified

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## HB 523 – THC Potency limits

- Plant material 3% - 35%
- Extracts no more than 70%

Not the pot of our youth



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## EMPLOYERS: In a Nutshell

- Employers are NOT required to accommodate use, possession or distribution
- CAN refuse to hire, discharge, discipline, and take adverse action
- CANNOT be sued for adverse action based on medical marijuana use
- NO unemployment benefits
- CAN establish and enforce drug testing, drug-free workplace and zero-tolerance policies
- Medical marijuana will NOT be covered under health insurance.

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## DOT Says ...

“ ... an MRO will not verify a drug test based on information that a physician recommended that the employee used “medical marijuana ...”

“All donors are told to address their medical marijuana use with their employer.”

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## AWKWARD



You got it?  
You OWN it!

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## NORML's Drug Testing Coalition

Advocating for legislation and workforce reforms to protect marijuana consumers

1. Reform workplace drug testing policies
2. Expand employment opportunities for marijuana consumers
3. Clarify the difference between detection and performance
4. Highlight off-duty protections

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And what if an employer *wants* to accommodate it?

“I’ve got this guy who’s ...”

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## A lot to consider . . .

- Authorities
  - Drug Free Workplace Act '88
  - Dept. of Transportation Mandates
  - BWC
- Union employees
- Contract terms (insurance, clients, etc.)
- Legal counsel's support

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## And more to consider . . .

- Nature of the business
  - Number of Safety-Sensitive employees
  - Exposure to liability
  - Traveling employees
- Affect on other employees
- Operational administration
- Testing vendor / MRO

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## Employer will need to verify ...

- Is the card legit?
- It is being used according to doctor's recommendation?
- When is the employee going to use?
- Is he/she safe to work or do I need to adjust job duties?
- If so, for how long?
- Is there anything else they can use?

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AGAIN . . . AWKWARD.



Questions?

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Additional  
information

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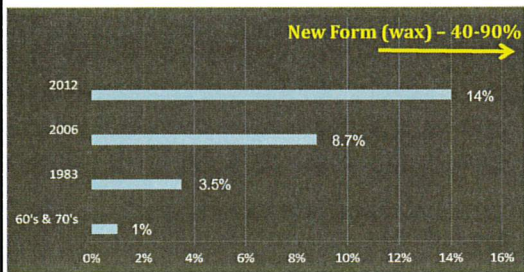
## Some people are asking . . .

"Since so many states are legalizing it ...  
and so many people are using it ...  
shouldn't we just focus on the  
really bad drugs (like heroin)?"

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## Not the pot of our youth

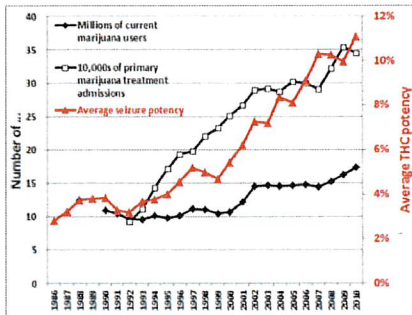


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## When you think of marijuana . . .



## MARIJUANA USERS, TREATMENT ADMISSIONS, AND AVERAGE POTENCY: 1986-2010



Sources: [NSDUH](#), [TEDS](#), National Seizure System

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## Marijuana is addictive

- 1 out of 11 users become addicted
  - Similar to alcohol
- When use starts in adolescence, rate is 1 out of 6
  - Similar to cocaine

Source: Wagner, F.A. & Anthony, J.C. From first drug use to drug dependence; developmental periods of risk for dependence upon cannabis, cocaine, and alcohol. *Neuropsychopharmacology* 26, 479-488 (2002).

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## Marijuana use and psychosis

- Individuals who use long-term or engage in high-potency use
- Predictors:
  - Family history of psychosis
  - Daily use in adolescence
  - Onset of use by age 15
- Frequent marijuana users have a 3x higher likelihood of experiencing a psychotic episode
- Daily users have a 5x higher likelihood of experiencing a psychotic episode

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## Marijuana impairment

- Cognitive vs. motor skills
- Impairments linger even after the buzz is gone
- THC accumulates ("half life")
- No objective standardized measurement for marijuana impairment

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## Marijuana compromises . . .

- Hand/eye coordination
- other vision issues – depth perception, tracking
- Cognitive judgment
- Divided attention
- Reaction time
- Ability to perform complex tasks
- Tracking
- Balance & coordination

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## Marijuana and health

- Respiratory System
- Cancers
- Heart
- Reproductive System
- Immune System
- Depression, anxiety, other mental health concerns
- Accumulation – impacts to cognitive functioning

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AND  
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EBELING  
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# FOCUS

ISSUE 1  
2017

A Publication from Pickrel, Schaeffer and Ebeling Co., LPA

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[pselaw.com](http://pselaw.com)

## Medical Marijuana Update

When the Ohio Medical Marijuana law became effective on September 9, 2016, it provided that much of the operational details and rules would be established in the future by various state agencies. As of the end of January 2017, "proposed rules" for both cultivators and dispensaries have been published. Assuming these rules are adopted as proposed, here is some of what we may expect under the new law.

Initially only 12 "Level I Cultivators" (a cultivator with up to 15,000 square footage of space designated as the marijuana cultivation area) and 6 "Level II Cultivators" (a cultivator with up to 1,600 square footage of cultivation area) will be allowed. No more than two Level I and one Level II cultivator provisional licenses will be issued in any one "designated territory". Likewise, until September 8, 2018 there will be only "up to" 40 dispensary provisional licenses issued. After September 9, 2018 the state board of pharmacy will consider additional cultivators and dispensaries if needed.

To obtain a license for either use, an applicant must submit evidence that it owns or controls (e.g. as a tenant) the property on which the proposed cultivator operation will be located. It must also submit a location area map of the area surrounding the proposed cultivator site that establishes the facility is at least 500 feet from the boundaries of a parcel of real estate having a school, church, public library, public playground, or public park.

Under the proposed rules, cultivators and dispensaries cannot advertise medical marijuana brand names or utilize graphics related to medical marijuana or display medical marijuana products and paraphernalia visible from the exterior of the facility. In addition, a dispensary cannot use a name, logo, sign, or advertisement unless it has been approved by the state board of pharmacy. No advertising of any kind is permitted at a location that targets or is attractive to children, (as determined by the state board of pharmacy); on a billboard; on or in a public transit vehicle or public transit shelter; or on or in a publicly-owned or operated property. Ads cannot include any image bearing a resemblance to a cartoon character, fictional character whose target audience is children or youth, or pop culture icon.

Both facilities must have "restricted access areas" where medical marijuana inventory, is stored. In addition, the proposed rules provide that the dispensaries must have a "dispensary department" with access limited to patients, caregivers, and dispensary employees, a waiting room, and a "patient care area." Sales of medical marijuana can only occur in the dispensary department and in the original, sealed containers or packaging. All products sold must be in an opaque package that shall not indicate the contents of the package.

continued on pg. 3



continued from pg. 1

All sales are required to be a face-to-face exchange without the assistance of any electronic or mechanical device (such as a vending machine). However, a dispensary cannot operate a drive through window. Sales can only occur between the hours of 7:00 am and 7:00 pm. All sales must be logged at the dispensary with information electronically sent to the state board of pharmacy the within five minutes of the sale.



A dispensary cannot make "deliveries" ("No dispensary shall transport medical marijuana or medical marijuana products to residences of patients or caregivers"). However under the law a caregiver may deliver medical marijuana to the caregiver's qualified patient.

There are extensive monitoring, surveillance, and security requirements including prevention of loitering both inside and outside of the facility ensuring that trees, bushes and other foliage outside of the dispensary do not allow for a person to conceal themselves from sight and have specific security cameras and alarm requirements. If the required surveillance equipment stops operating for any reason, no sales may take place.

The process to obtain either a cultivator license or dispensary license is very detailed with specified financial requirements. Provisional or initial permits will be granted before a full license will be issued.

Even though we have a better idea of what to expect in terms of how things will run in the State, we still do not know how the federal government will act with marijuana issues. Note that Marijuana is Schedule I drug under federal law. Medical marijuana usage was not being actively enforced at the federal level due to executive orders and funding cuts from the Obama administration. Whether or not this will continue remains an issue. There is the potential for federal penalties which can include, fines, prison, seizures which can affect those involved in industry. Due to these federal issues, most banks will not permit deposits or accounts from businesses engaged in State legalized marijuana sales. As a result the industry remains primarily a cash business. Ohio is planning a closed loop financial system for the purchase and sale of medical marijuana in the State but the details of that are not finalized.

For questions about this article please contact Gerald McDonald at [gmcDonald@pselaw.com](mailto:gmcDonald@pselaw.com) or call 937-223-1130