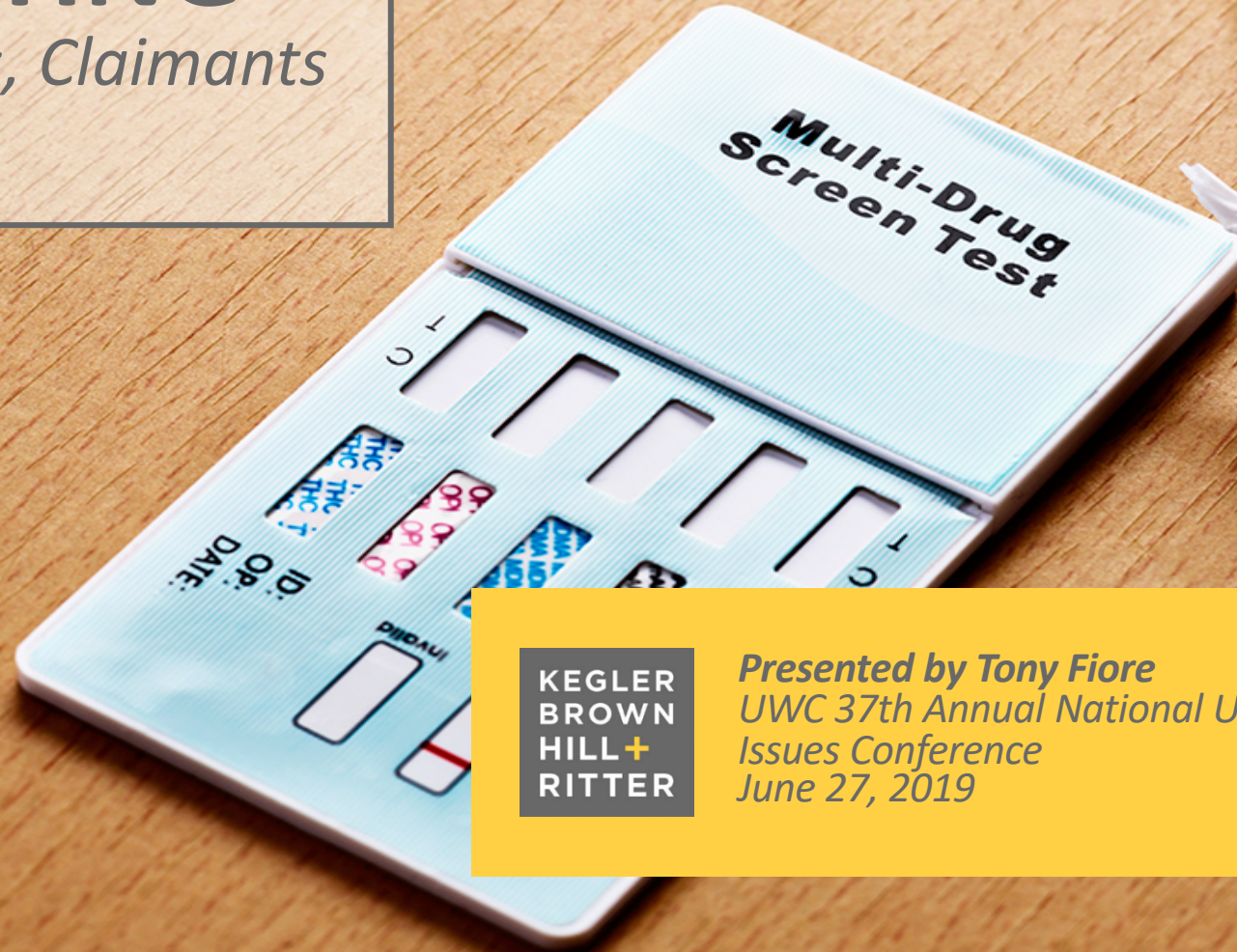


# MARIJUANA + DRUG TESTING

*Impact on Employers, Claimants  
+ States*



KEGLER  
BROWN  
HILL +  
RITTER

***Presented by Tony Fiore**  
UWC 37th Annual National UI  
Issues Conference  
June 27, 2019*





The background is a dark blue grid with a bright blue vertical light streak and a horizontal line intersecting it. The text "PUBLIC HEALTH" is in white with a black outline, and "EMERGENCY" is in red with a white outline.

**PUBLIC HEALTH**

**EMERGENCY**



# THE OPIOID EPIDEMIC BY THE NUMBERS



**130+**

People died every day from  
opioid-related drug overdoses<sup>3</sup>  
(estimated)



**11.4 m**

People misused  
prescription opioids<sup>1</sup>



**47,600**

People died from  
overdosing on opioids<sup>2</sup>



**2.1 million**

People had an opioid use  
disorder<sup>1</sup>



**886,000**

People used heroin<sup>1</sup>



**81,000**

People used heroin  
for the first time<sup>1</sup>



**2 million**

People misused prescription  
opioids for the first time<sup>1</sup>



**15,482**

Deaths attributed to  
overdosing on heroin<sup>2</sup>



**28,466**

Deaths attributed to  
overdosing on synthetic  
opioids other than  
methadone<sup>2</sup>

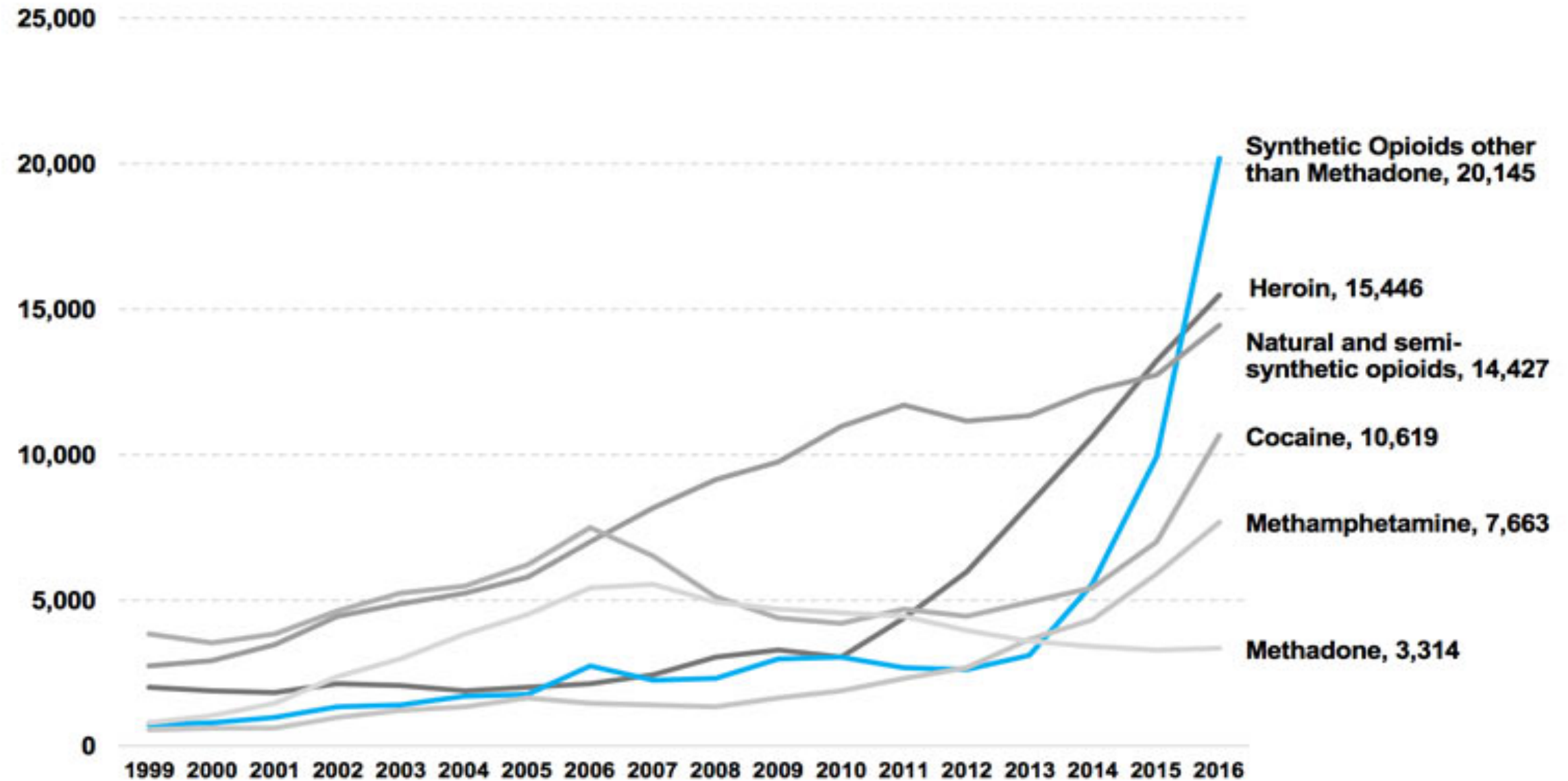
## SOURCES

1. 2017 National Survey on Drug Use and Health, Mortality in the United States, 2016
2. NCHS Data Brief No. 293, December 2017
3. NCHS, National Vital Statistics System. Estimates for 2017 and 2018 are based on provisional data.



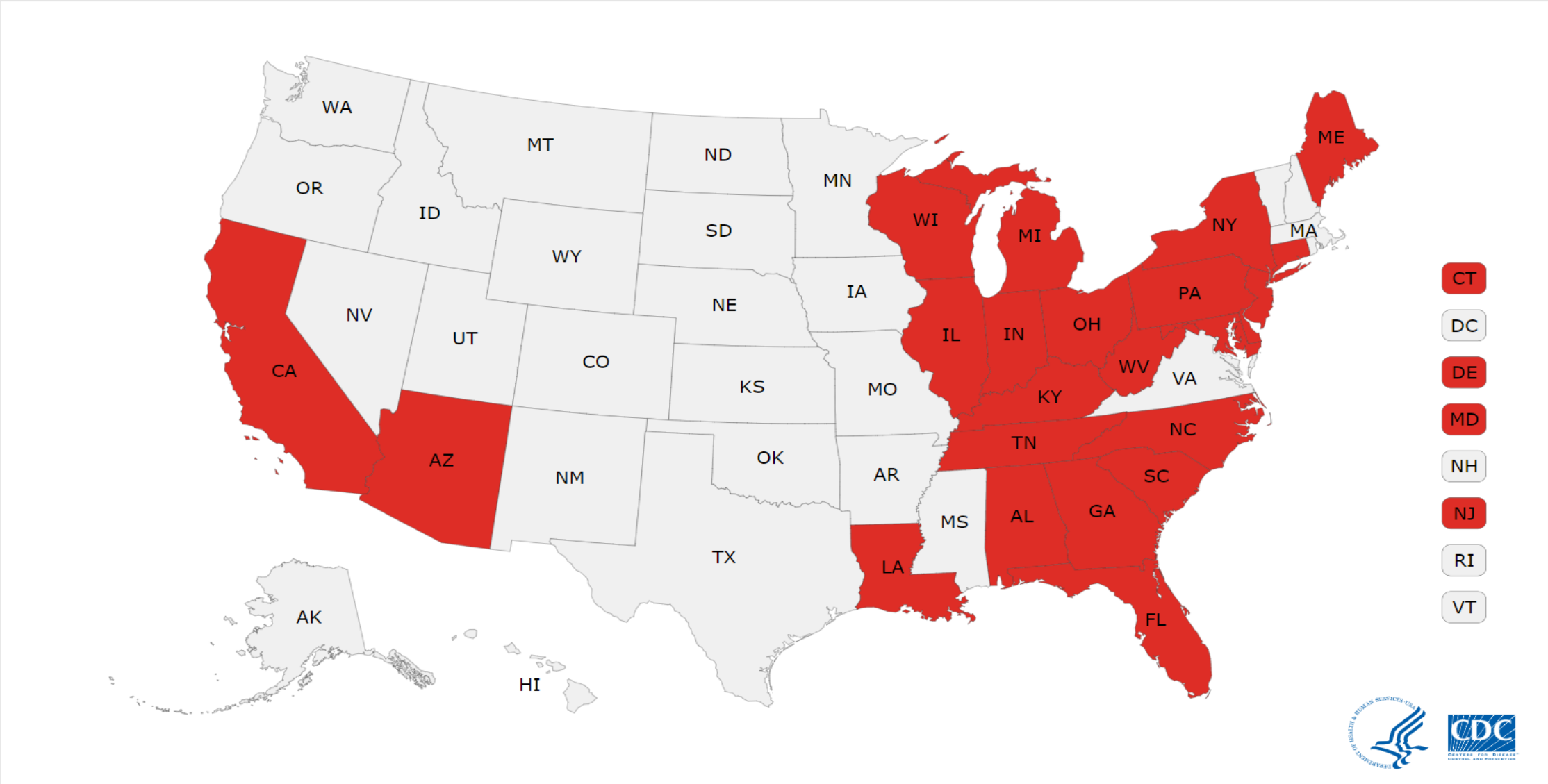


## Drugs Involved in U.S. Overdose Deaths, 2000 to 2016





### Statistically significant drug overdose death rate increase from 2016 to 2017, US States

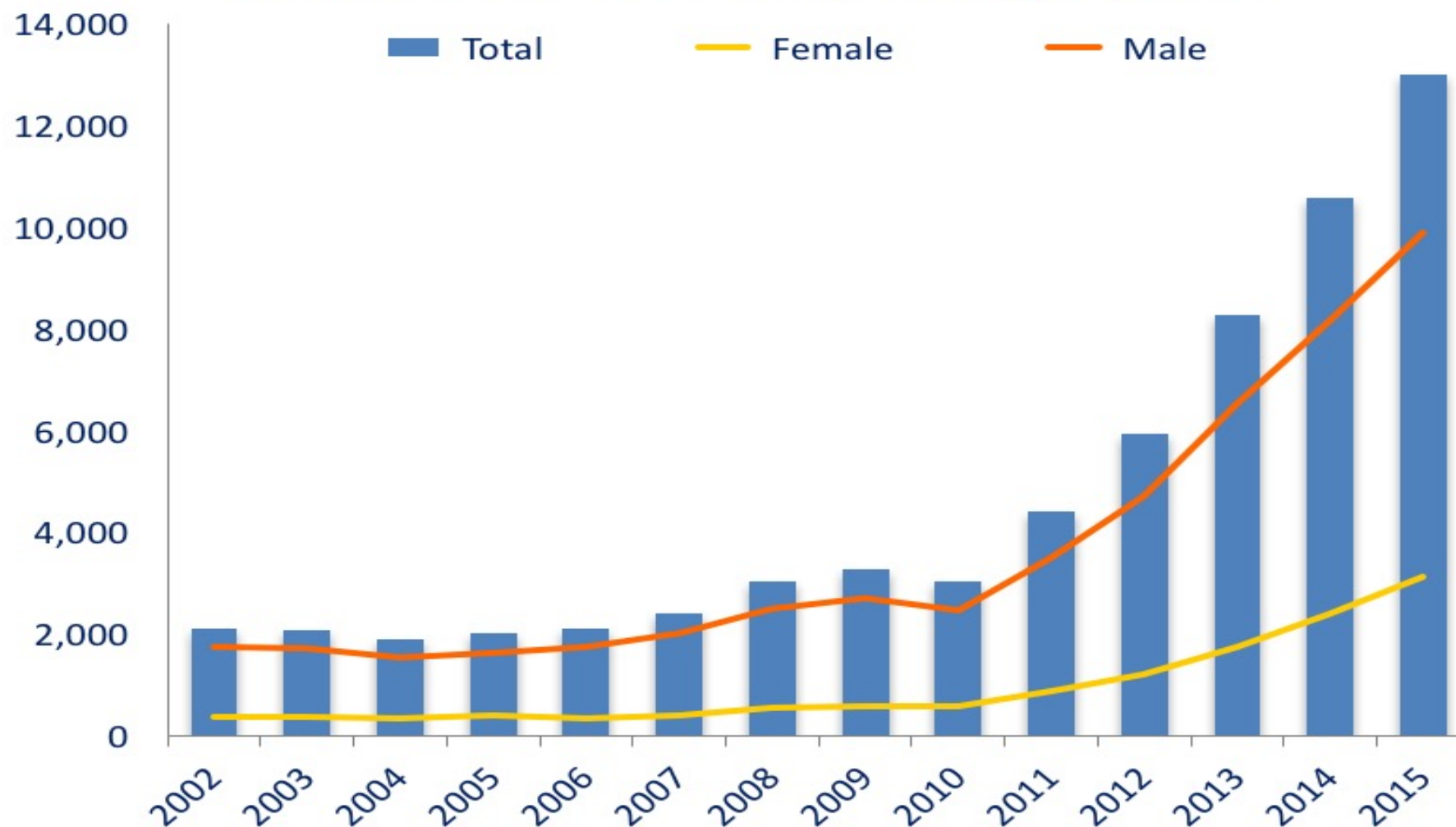






# National Overdose Deaths

## Number of Deaths Involving Heroin



Source: National Center for Health Statistics, CDC Wonder



# Leading Causes of Death in the United States

1) Heart disease:	633,842	
2) Cancer:		595,930
3) Chronic lower respiratory diseases:		155,041
4) Accidents (unintentional injuries):	146,571	
5) Stroke (cerebrovascular diseases):	140,323	
6) Alzheimer's disease:		110,561
7) Diabetes:		79,535
8) Drug overdoses: (52,400 in 2015):	63,000	
9) Influenza and pneumonia:		57,062
10) Nephritis, nephrotic syndrome, and nephrosis:		49,959
11) Intentional self-harm (suicide):		44,193
12) Car Crashes		37,757
13) Gun deaths		36,252

*Source: Centers for Disease Control (CDC)*



# How do we address these problems?

- + **March 19, 2018** - The Trump administration outlines an initiative to stop opioid abuse.
- + **April 9, 2018** - The US surgeon general issues an advisory recommending that Americans carry the opioid overdose-reversing drug, naloxone.
- + **May 1, 2018** - The Journal of the American Medical Association publishes a study that finds synthetic opioids like fentanyl caused about 46% of opioid deaths in 2016.
- + **June 7, 2018** - White House announces a new multimillion dollar public awareness advertising campaign to combat opioid addiction.
- + **October 24, 2018** – President signs the SUPPORT for Patients and Communities Act





**BUT WHY SHOULD  
WE CARE**

# Drain on state Medicaid tax dollars

- In 2010, the state's cost of treating opioid addiction through medication-assisted therapies was more than \$13 million, but by 2016 it had jumped to \$110 million.
- Statewide, the rate of dependence, abuse or overdose among those on Medicaid jumped a stunning 262 percent during that time.
- According to the latest federal figures, Ohio's drug-overdose deaths rose 39 percent — the third-largest increase among the states — between mid-2016 and mid-2017.



A close-up photograph of green marijuana leaves with serrated edges, filling the background. A semi-transparent grey rectangle with a yellow border is centered over the image.

# The Impact of Legalized Marijuana





# What is Marijuana?





# CANNABIS SATIVA



An annual herbaceous flowering plant indigenous to eastern Asia but now of cosmopolitan distribution due to widespread cultivation



It has been cultivated throughout recorded history, used as a source of industrial fiber, seed oil, food, recreation, religious and spiritual moods and medicine

**CBD**

non-psychoactive

**THC**

psychoactive (high)

**TWO SPECIES OF CANNABIS ARE:**

**HEMP**

*contains*  
0.3% THC or less

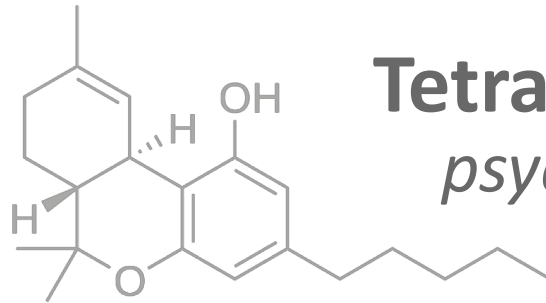
**MARIJUANA**

*contains*  
15-20% THC (typically)

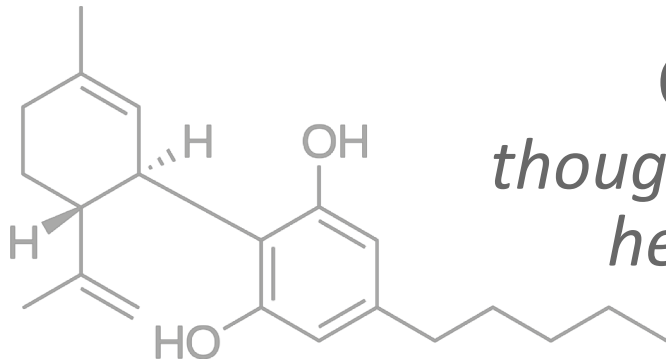




## Most Dominant CANNABINOIDS



**Tetrahydrocannabinol (THC)** *the psychoactive effects of cannabis*

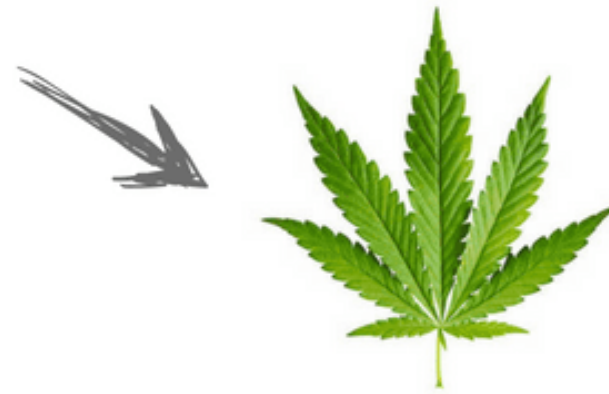


**Cannabidiol (CBD)**  
*thought to have many beneficial health effects in humans*



## HEMP

- ✓ Cannabis Sativa
- ✓ THC < 0.3%
- ✓ Clothing, body oil and lotions, biodegradable plastics, paper, pet food, oil for candles, lanterns, paint, biodiesel, construction materials
- ✓ CBD oil extracts



## MARIJUANA

- ✓ Cannabis Sativa
- ✓ THC > 10%
- ✓ High levels of CBD
- ✓ Medicine
- ✓ Recreational

A close-up photograph of vibrant green cannabis leaves with serrated edges, filling the background. A semi-transparent grey rectangle with a thin yellow border is centered over the image, containing the title text.

# Cannabis Pre-20<sup>th</sup> Century



# Cannabis Pre 20<sup>th</sup> Century



Cannabis or marijuana use dates thousands of years



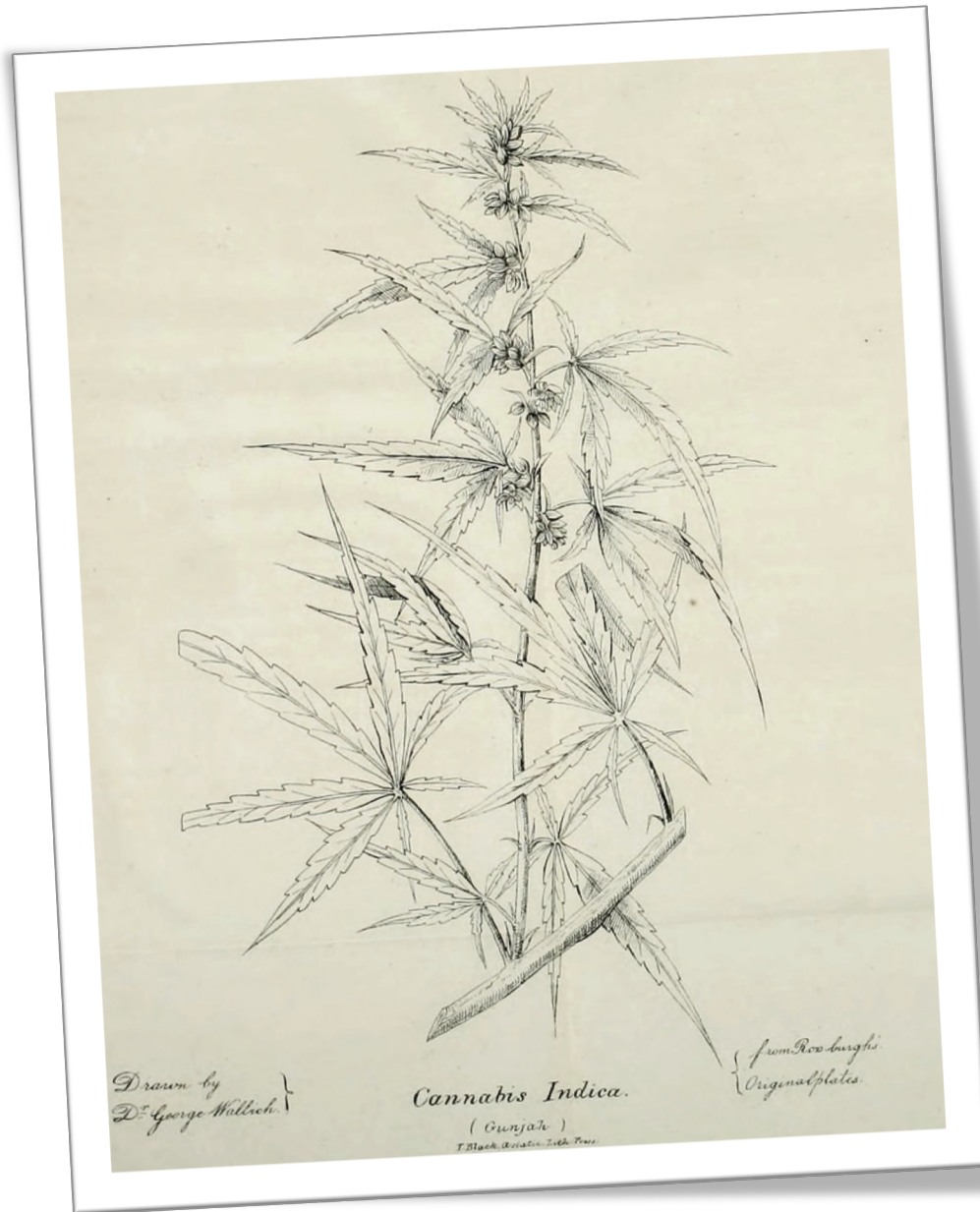
Indigenous to Central Asia and India



Used for rope, clothing, medicine, religious ceremonies and for its psychoactive effects



Use spread to Persia, Middle East, Africa, Europe and the Americas



# Report of the Ohio State Medical Committee on **Cannabis Indica**

BY R.R. McMEENS, M.D.

As chairman of the committee, appointed at the last session of the Ohio State Medical Society, to report upon Cannabis Indica, I have to say that no extended or adequate efforts have been made, either by myself or the other members of the committee, in soliciting the concurrence of the profession at large, with the view of ascertaining and collaborating the opinions entertained, or practical results observed, from the use of this remarkable and renowned exotic, and accordingly can offer but a partial and imperfect report at this time.

However, as the medicinal properties and therapeutical value of this abnegated and nearly obsolete agent has engaged much of my attention and inquiry for several years, and been somewhat frequently administered and attested by me, I feel too great an interest in the subject to allow so favorable an opportunity to pass without endeavoring to enlist a more general interest and co-operation in the further investigation of this peculiar, potent and misapprehended article.

I shall therefore only attempt to submit a brief historical sketch of the plant, with an abstract of its physiological effects, modes of preparation, therapeutical applications, reports of cases, and personal experience, derived from the very limited sources of information placed at my command, with the object of fulfilling my obligations to the Society, and adding whatever of consequence or certainty I can to the progress and perfection of the medical armamentarium.

Reprinted from the Transactions of the Fifteenth Annual Meeting of the Ohio State Medical Society at Ohio White Sulphur Springs, June 12 to 14, 1860. pp. 75-100.

## 1860 Report to Ohio State Medical Committee on Cannabis Sativa



### Chairman of Committee to Investigate Cannabis Sativa, R.R. McMeens M.D.

# Cannabis Prohibition 20<sup>th</sup> Century



**1906:** Pure Food and Drugs Act Requires Labeling of Medicine, Including Cannabis



**1911:** Massachusetts Becomes First State to Outlaw Cannabis



**1915-1927:** 10 States Pass Marijuana Prohibition Laws



Alcohol Prohibition **1920 - 1933**



Federal Bureau of Narcotics 1930 pushed to outlaw all recreational drugs - **1937 Marihuana Tax Act**



**1970 - Controlled Substances Act** classified marijuana as having high potential for abuse and no accepted medical use – like heroin, LSD, peyote



A close-up photograph of vibrant green cannabis leaves with serrated edges, filling the background. A semi-transparent grey rectangle with a thin yellow border is centered over the image, containing the title text.

# Cannabis in the 21<sup>st</sup> Century





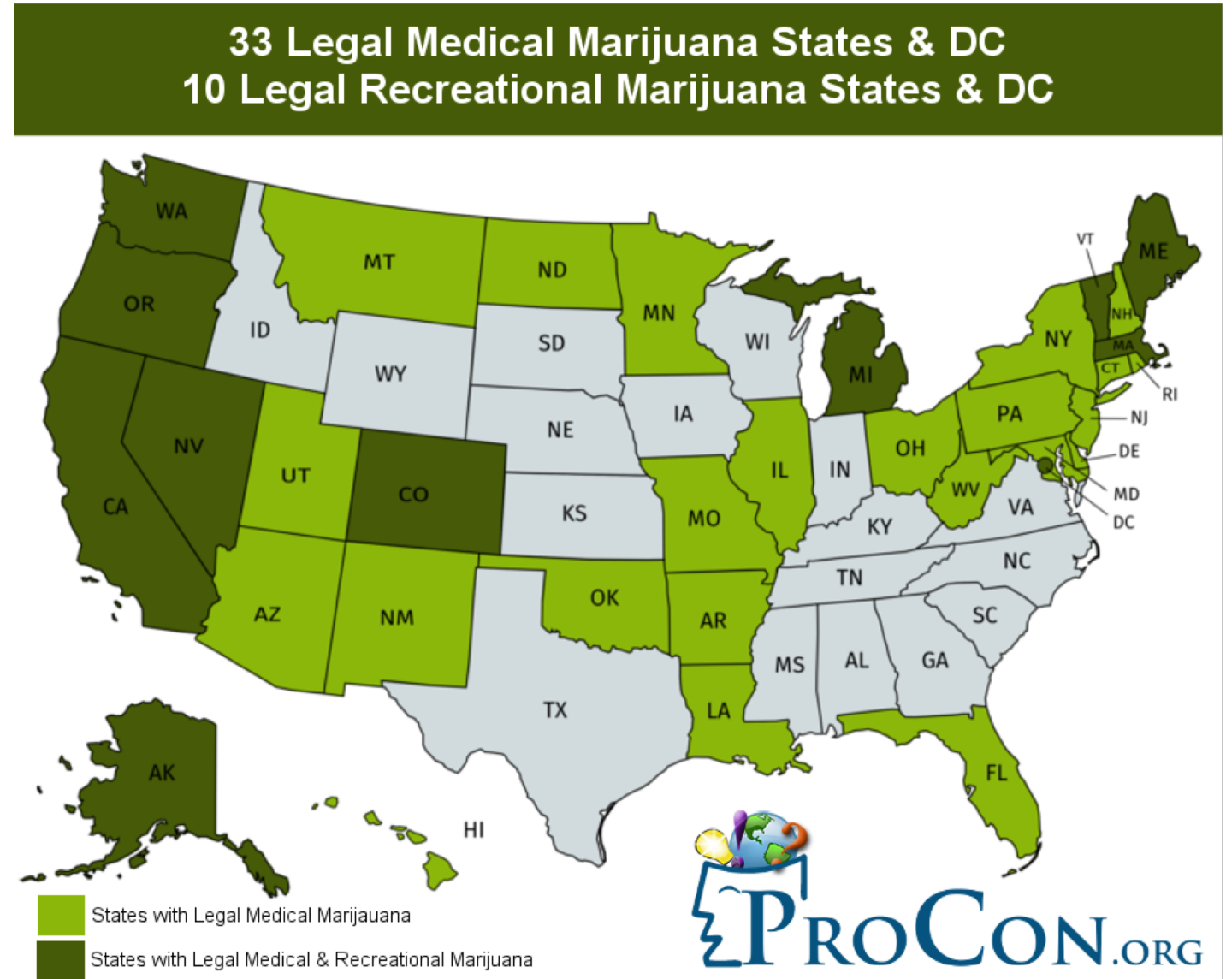
Marijuana remains illegal under federal law



33 states + District of Columbia have legalized some form of medical marijuana as of 2018

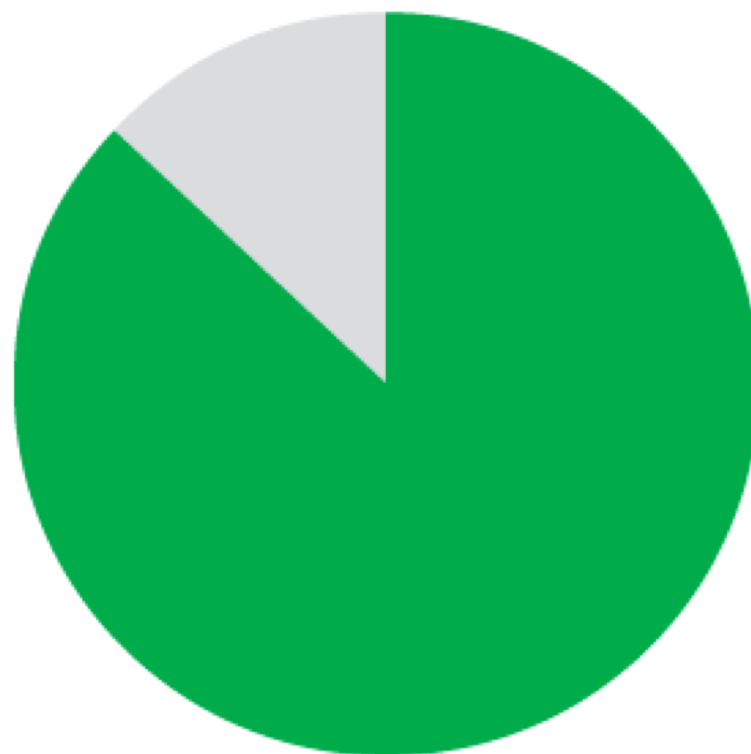
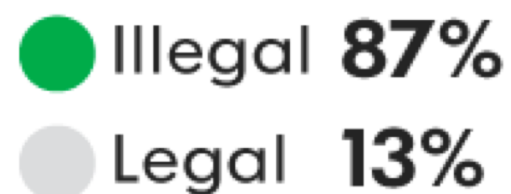


9 of the 30 medical marijuana states have legalized the recreational use of marijuana



## SMOKING HOT INDUSTRY

In 2016, total marijuana sales in the U.S. added up to \$53 billion.



**SOURCE** Arcview Market Research  
ALEJANDRO GONZALEZ, USA TODAY



Alcohol companies  
continue to buy  
marijuana companies +  
create cannabis  
products



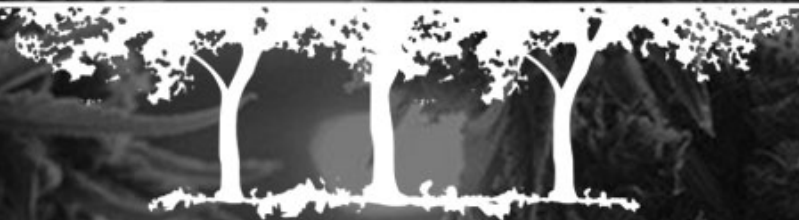




Constellation Brands



CANOPY GROWTH



CORPORATION

Heineken + Molson Coors  
are moving to sell cannabis-  
infused drinks





# Canadian Cannabis Companies Go International







More than 2 dozen countries have legalized medical marijuana



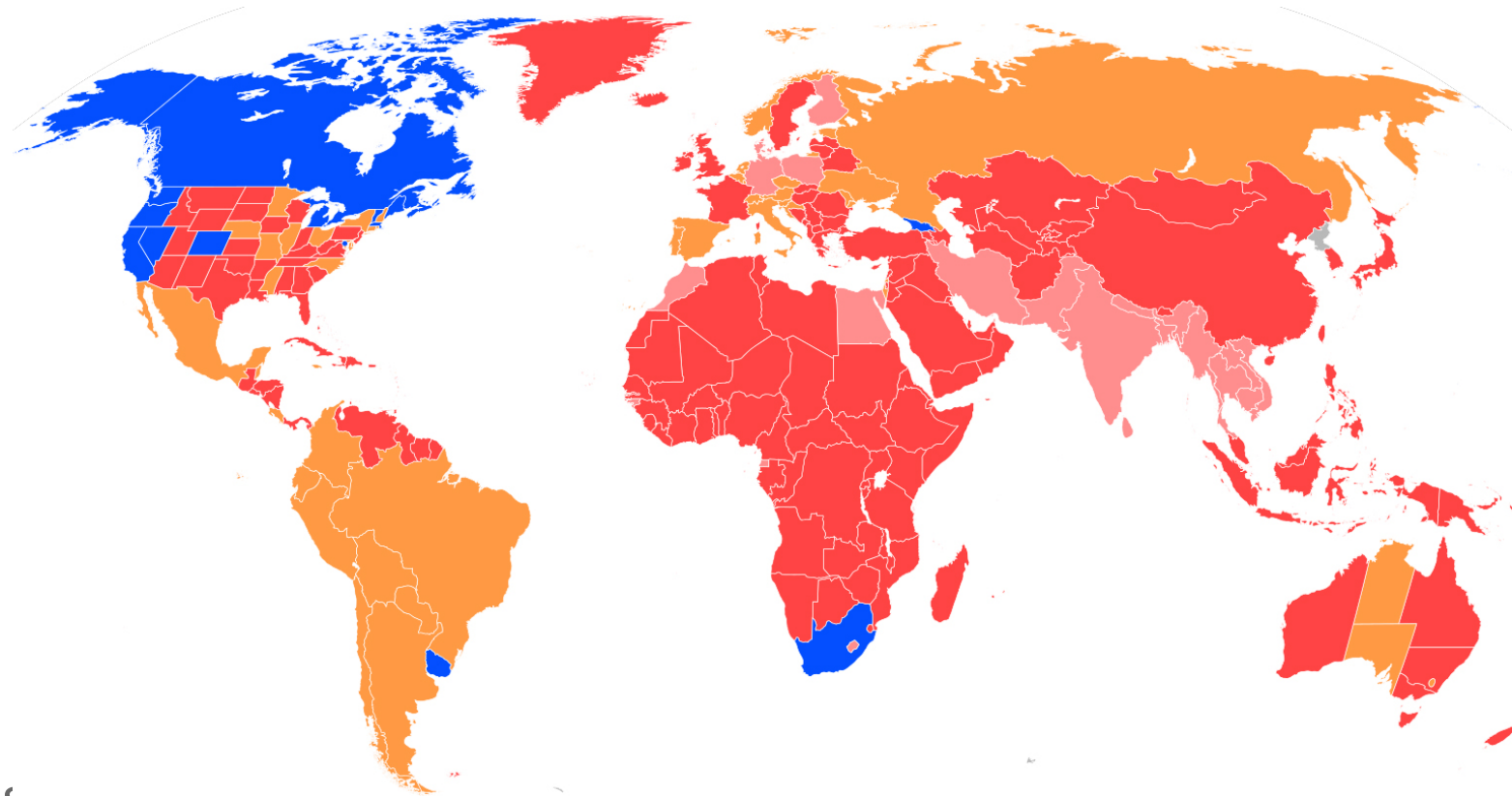
Full legislation in Uruguay with sales underway July 2019



Israel as a hub of research



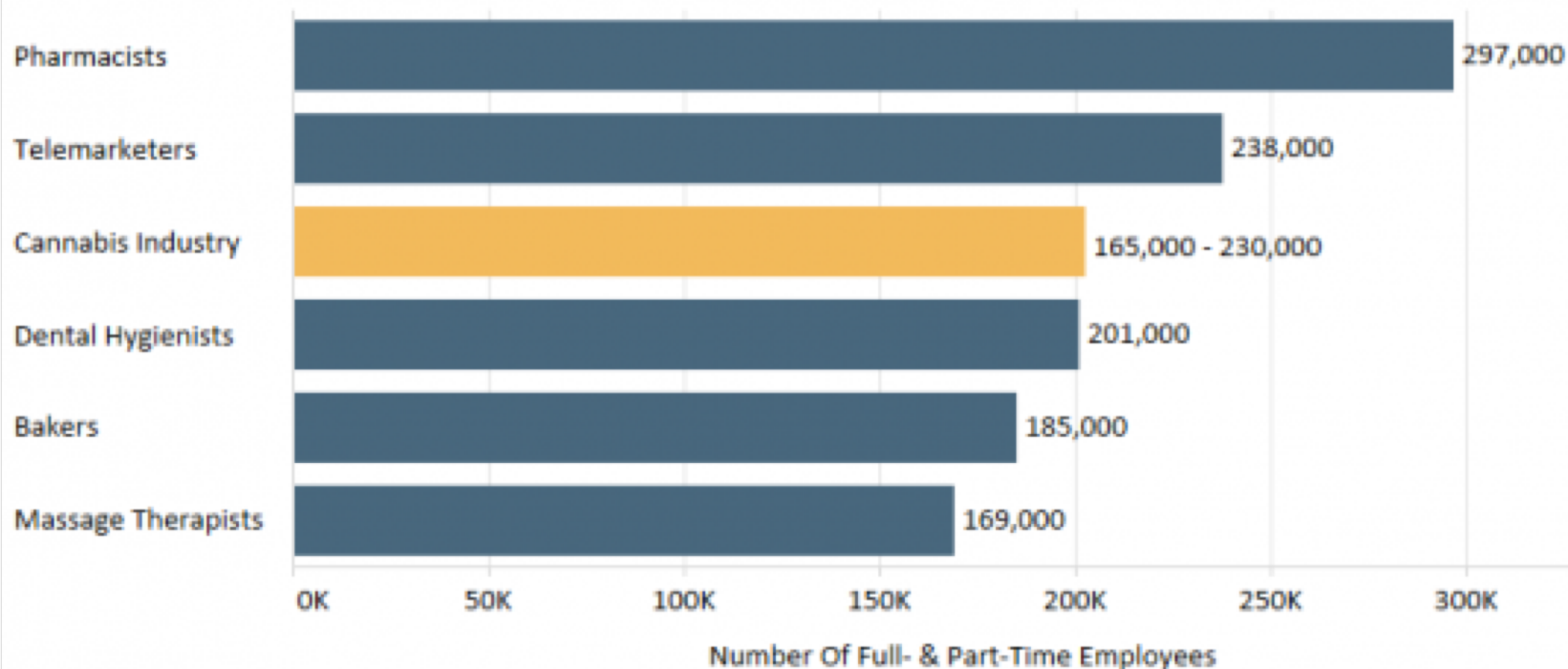
Currently full recreational use legal federally in Canada





# Chart of the Week

## Number Of Employees: Cannabis Industry Compared To Mainstream Professions



Source: Marijuana Business Daily, U.S. Bureau Of Labor Statistics Employment Projections: 2014-2024

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# Cannabis Courses at U.S. Colleges





Associate of Applied Science in Laboratory Sciences Major  
in Cannabis Laboratory Course of Study Course



Psychology of Cannabis course



The University of Vermont  
LARNER COLLEGE OF MEDICINE

Cannabis Science and Medicine



Medicinal Cannabis and Chronic Pain



Cannabis Research Center

# *FEDERAL* **LEGISLATION**





# THE ROHRBACHER – BLUMENAUER

## *update*

“None of the funds made available in this Act to the Department of Justice may be used to prevent any of the states from implementing their own laws that authorize the use, distribution, possession, or cultivation of medical marijuana.”

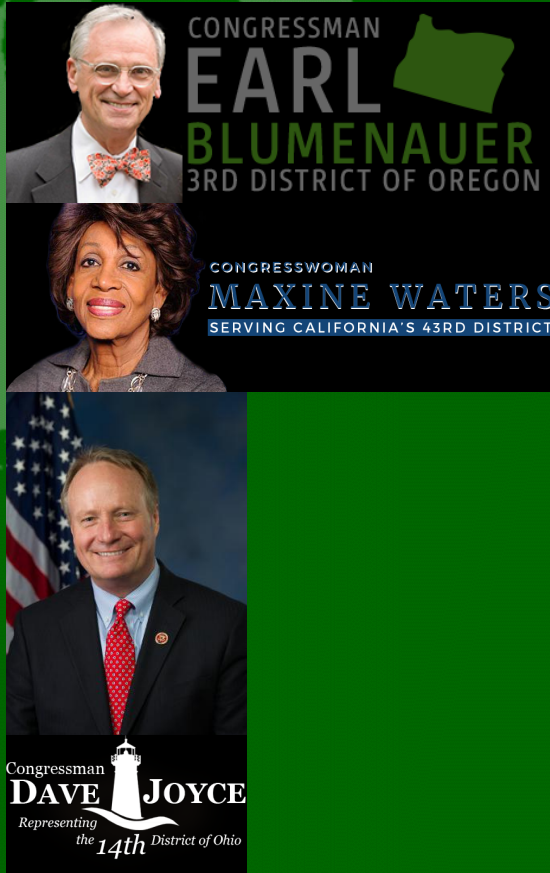


# SUPPORT THE STATES ACT Strengthening the Tenth Amendment Through Entrusting States

## INTRODUCED BY



Senators Elizabeth Warren and Cory Gardner



**NORML**

- ✓ *addresses banking issues for companies in the marijuana business*
- ✓ *bolsters efforts to create uniform testing and regulatory standards for marijuana*
- ✓ *frees scientists to pursue research into the medical uses of marijuana*
- ✓ *Maintains prohibition on endangering human life while manufacturing a controlled substance*
- ✓ *Maintains prohibition on employing persons under age 18 in marijuana operations*
- ✓ *Prohibits distribution of marijuana at transportation safety facilities (rest areas and truck stops)*
- ✓ *Prohibits distribution or sale to persons under 21 other than for medical purposes*

*“One of federalism’s chief virtues, of course, is that it promotes innovation by allowing for the possibility that ‘a single courageous State may, if its citizens choose, serve as a laboratory; and try novel social and economic experiments without risk to the rest of the country.’”*

***Gonzales v. Raich, 545 U.S. 1, 42 (2005)***  
***(O’Connor, J., dissenting)***

*(quoting New State Ice Co. v. Liebmann, 285 U.S. 262, 311 (1932) (Brandeis, J., dissenting))*





A close-up photograph of a pile of green, textured cannabis buds (marijuana) resting on a white surface. A white knife is visible in the foreground, partially obscured by the pile. The text "FEDERAL ILLEGALITY" is overlaid in white, bold, sans-serif capital letters across the center of the image.

**FEDERAL  
ILLEGALITY**



# DEA Drug *Schedules*



Description	Drug Examples
<p><b>Schedule I</b> drugs, substances, or chemicals are defined as drugs with no currently accepted medical use and a high potential for abuse. Schedule I drugs are the most dangerous drugs of all the drug schedules with potentially severe psychological or physical dependence.</p>	<p>Heroin, lysergic acid diethylamide (LSD), <b>marijuana (cannabis)</b>, 3,4-methylenedioxymethamphetamine (ecstasy), methaqualone, and peyote</p>
<p><b>Schedule II</b> drugs, substances, or chemicals are defined as drugs with a high potential for abuse, with use potentially leading to severe psychological or physical dependence. These drugs are also considered dangerous.</p>	<p>Combination products with less than 15 milligrams of hydrocodone per dosage unit (Vicodin), cocaine, methamphetamine, methadone, hydromorphone (Dilaudid), meperidine (Demerol), oxycodone (OxyContin), fentanyl, Dexedrine, Adderall, and Ritalin</p>
<p><b>Schedule III</b> drugs, substances, or chemicals are defined as drugs with a moderate to low potential for physical and psychological dependence. Schedule III drugs abuse potential is less than Schedule I and Schedule II drugs but more than Schedule IV.</p>	<p>Products containing less than 90 milligrams of codeine per dosage unit (Tylenol with codeine), ketamine, anabolic steroids, testosterone</p>
<p><b>Schedule IV</b> drugs, substances, or chemicals are defined as drugs with a low potential for abuse and low risk of dependence.</p>	<p>Xanax, Soma, Darvon, Darvocet, Valium, Ativan, Talwin, Ambien, Tram</p>
<p><b>Schedule V</b> drugs, substances, or chemicals are defined as drugs with lower potential for abuse than Schedule IV and consist of preparations containing limited quantities of certain narcotics. Schedule V drugs are generally used for antidiarrheal, antitussive, and analgesic purposes.</p>	<p>Cough preparations with less than 200 milligrams of codeine or per 100 milliliters (Robitussin AC), Lomotil, Motofen, Lyrica, Parepectolin</p>

# THE CONTROLLED SUBSTANCES ACT



*303(l)(1)(A)(i) SSA - ("controlled substance" has the meaning given such term in section 102 of the Controlled Substances Act (21 U.S.C. 802)*



# Factors Determinative of Control or Removal from Schedules

## THE CONTROLLED SUBSTANCES ACT



1. Actual or relative potential for abuse
2. Scientific evidence of its pharmacological effect, if known
3. State of current scientific knowledge regarding the drug or other substance
4. History and current pattern of abuse
5. Scope, duration, and significance of abuse
6. What, if any, risk there is to the public health
7. Psychic or physiological dependence liability
8. Whether the substance is an immediate precursor of a substance already controlled under this subchapter.



*"There's a growing trend of older Americans who are using marijuana in their retirement.*

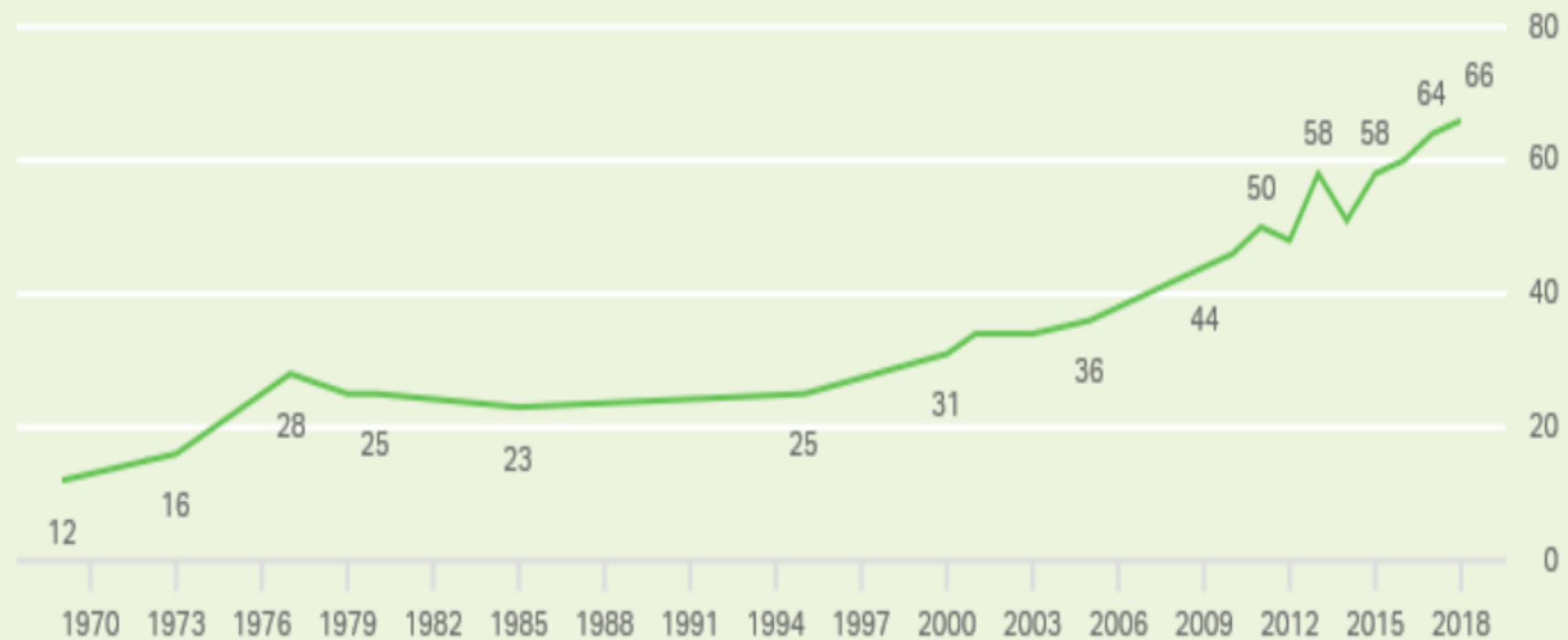
*That makes sense because old people are always talking about their joints."*

*—Jimmy Fallon*

## Support for Legalizing Marijuana Continues to Edge Up

Do you think the use of marijuana should be made legal, or not?

■ % Yes, legal



GALLUP



Marijuana measures on the ballot in 2018		Outcome
State	Measures	
<b>Colorado</b>	Colorado Amendment X, Removes Industrial Hemp from Constitution	✔ (60.64% Yes)
<b>Michigan</b>	Michigan Proposal 1, Marijuana Legalization Initiative	✔ (55.89% Yes)
<b>Missouri</b>	Missouri Amendment 2: Medical Marijuana and Veteran Healthcare Services Initiative	✔ (65.59% Yes)
<b>Missouri</b>	Missouri Amendment 3: Medical Marijuana and Biomedical Research and Drug Development Institute Initiative	✘ (68.50% No)
<b>Missouri</b>	Missouri Proposition C: Medical Marijuana and Veterans Healthcare Services, Education, Drug Treatment, and Public Safety Initiative	✘ (56.43% No)
<b>North Dakota</b>	North Dakota Measure 3, Marijuana Legalization and Automatic Expungement Initiative	✘ (59.45% No)
<b>Oklahoma</b>	Oklahoma State Question 788: Medical Marijuana Legalization Initiative	✔ (56.86% Yes)
<b>Utah</b>	Utah Proposition 2: Medical Marijuana Initiative (Lawsuit pending for legislative changes made after ballot initiative passed)	⊘ (52.75% Yes)

An aerial, grayscale photograph of a suburban neighborhood. The image shows a dense arrangement of houses with gabled roofs, winding streets, and some open green spaces. The overall tone is somber due to the grayscale palette.

*Not in my* **BACKYARD**

...**THINK**  
*Again!*

---





Lobbying + building coalitions to regulate marijuana like alcohol in several states that don't have the option of voter

initiatives: **Connecticut, Delaware, Maryland, Minnesota, New Hampshire, Rhode Island + Vermont**



Advancing medical marijuana-related bills — **Kentucky and South Carolina** — 2020 medical marijuana ballot initiative in **Nebraska**



Advocating for medical marijuana-related bills in several other states, including  
including **Kentucky and South Carolina**, while supporting a 2018 medical marijuana ballot initiative in **Utah**.

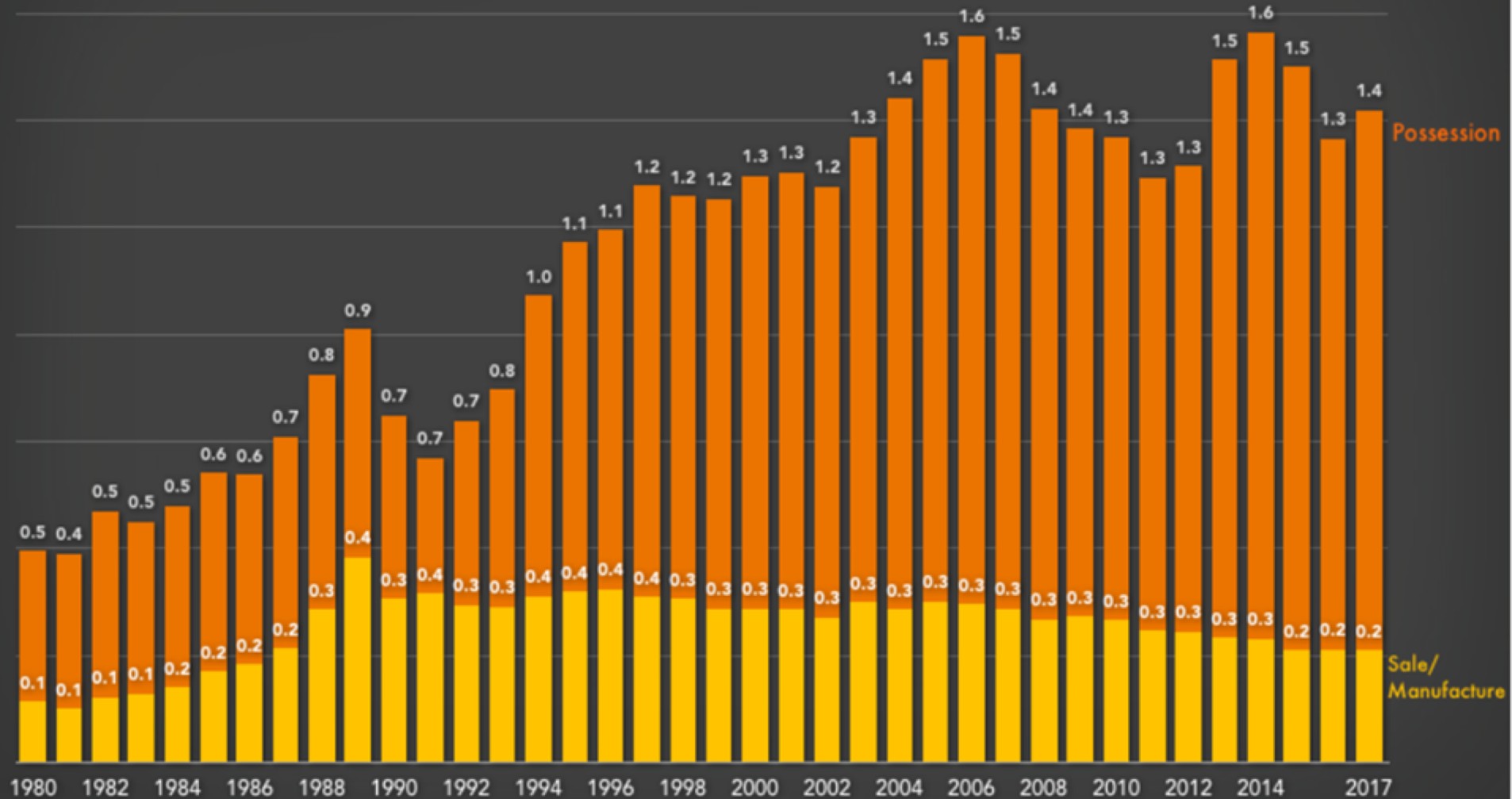


A close-up photograph of a pile of dried, green cannabis buds (marijuana) resting on a white, textured surface. A white folding knife is partially visible in the foreground, its blade open and positioned horizontally. The buds are dense and have a vibrant green color with some lighter, yellowish-green trichomes visible. The word "DECRIMINALIZATION" is superimposed in large, white, bold, sans-serif capital letters across the center of the image, partially covering the buds and the knife.

**DECRIMINALIZATION**

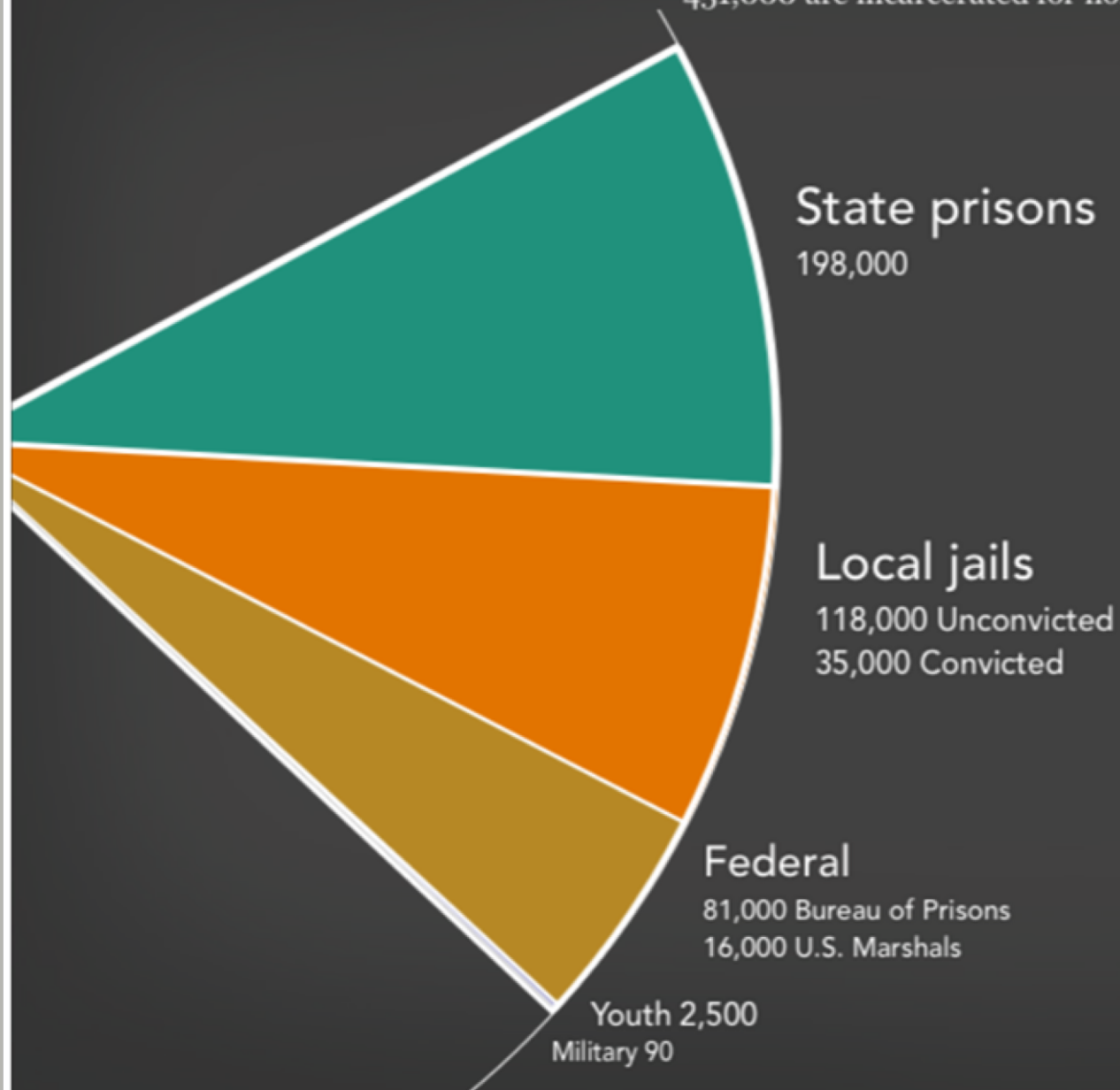
# There are over 1 million drug possession arrests each year

There are 6 times as many arrests for drug possession as for drug sales.  
(Arrests in millions, 1980–2017)



# 1 in 5 incarcerated people is locked up for a drug offense

451,000 are incarcerated for nonviolent drug offenses on any given day.







# MARIJUANA IN THE **WORKPLACE**

---

The Medical Marijuana Act does not:

# Rights of an Employer

*Generally, no state:*



Requires an employer to permit or accommodate an employee's use, possession, or distribution of medical marijuana (\*ADA)



Prohibits an employer from refusing to hire, discharging, disciplining, or otherwise taking an adverse employment action against a person with respect to hire, tenure, terms, conditions, or privileges of employment because of that person's use, possession, or distribution of medical marijuana (\*ME)



Prohibits an employer from establishing and enforcing a drug testing policy, drug-free workplace policy, or zero-tolerance drug policy



## Rights of an Employer



*State laws generally do not:*



Interfere with any federal restrictions on employment (DOT, federal contracts, etc.)



Permit a person to commence a cause of action against an employer for refusing to hire, discharging, disciplining, discriminating, retaliating, or otherwise taking an adverse employment action against a person with respect to hire, tenure, terms, conditions, or privileges of employment related to medical marijuana



Affect the authority of the administrator of workers' compensation to grant rebates or discounts on premium rates to employers that participate in a drug-free workplace program





**Bureau of Workers'  
Compensation**

**The Ohio Bureau of  
Workers' Compensation will  
not pay for medical  
marijuana**



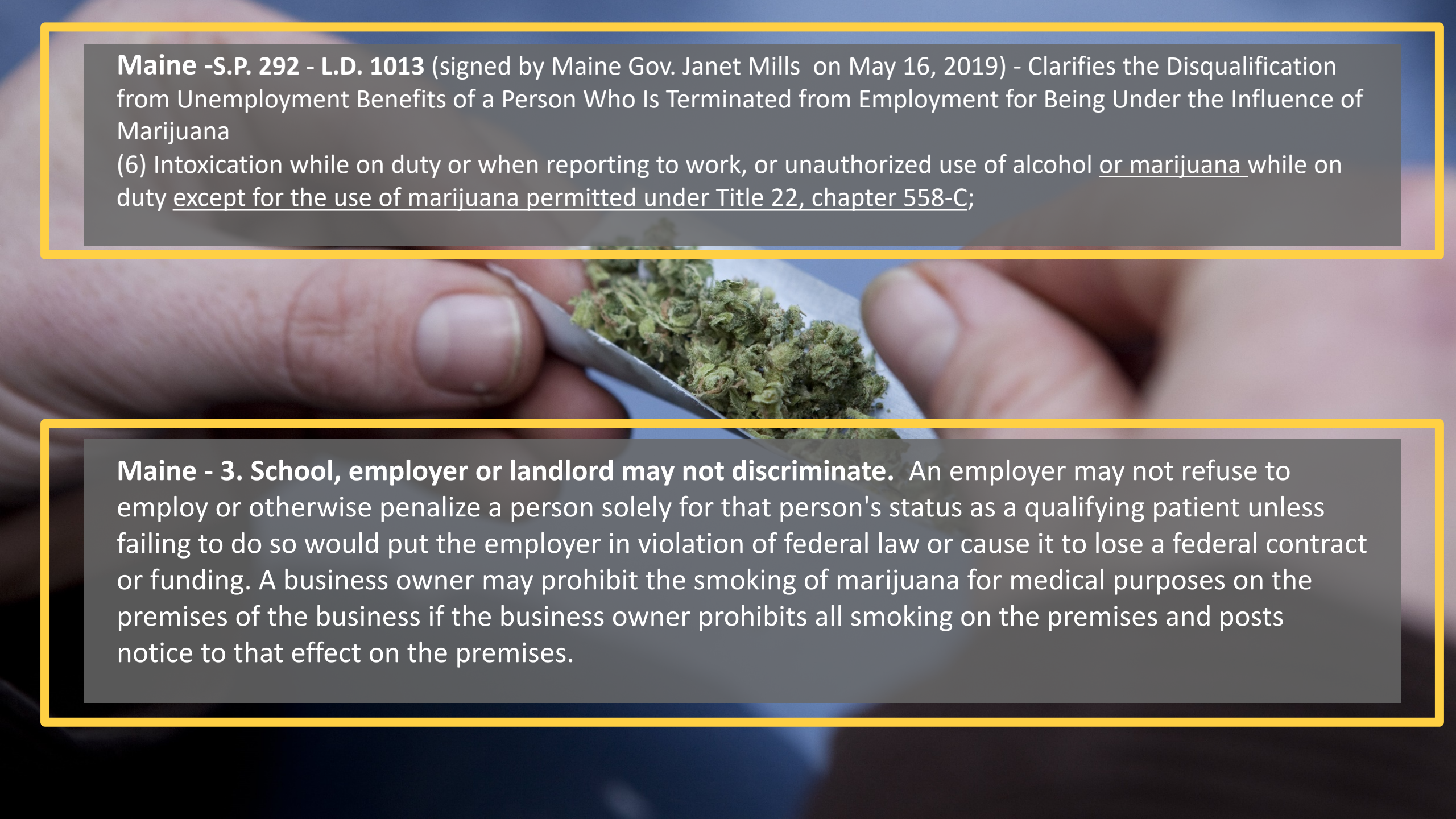
**RC 4123.54**



“Rebuttable presumption” retained for medical marijuana



“Rebuttable presumption” arises that an employee is intoxicated and that the intoxication was the proximate cause of the injury where a qualifying chemical test shows the presence of a cannabinoids in excess of the statutory limit

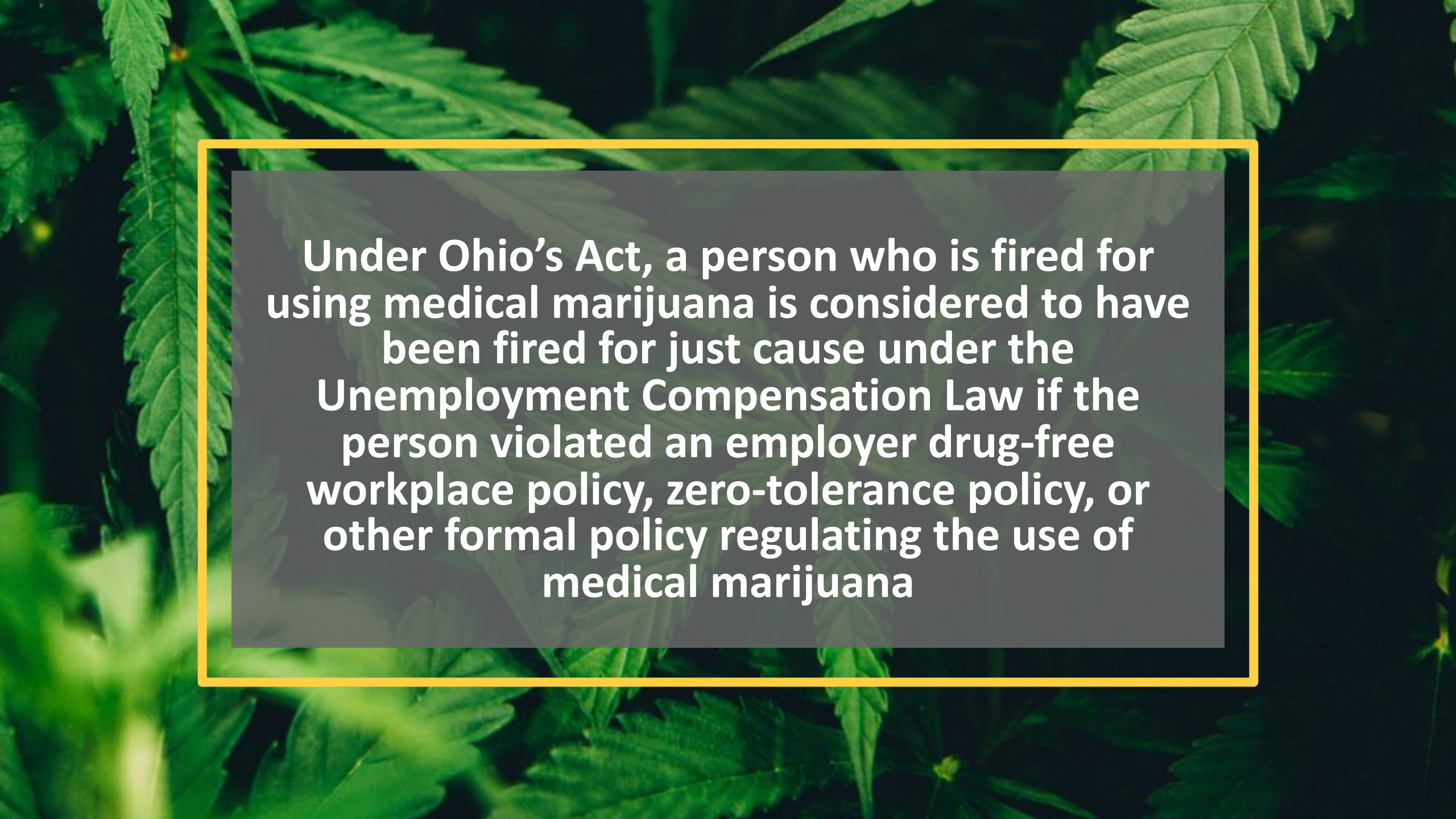


**Maine -S.P. 292 - L.D. 1013** (signed by Maine Gov. Janet Mills on May 16, 2019) - Clarifies the Disqualification from Unemployment Benefits of a Person Who Is Terminated from Employment for Being Under the Influence of Marijuana

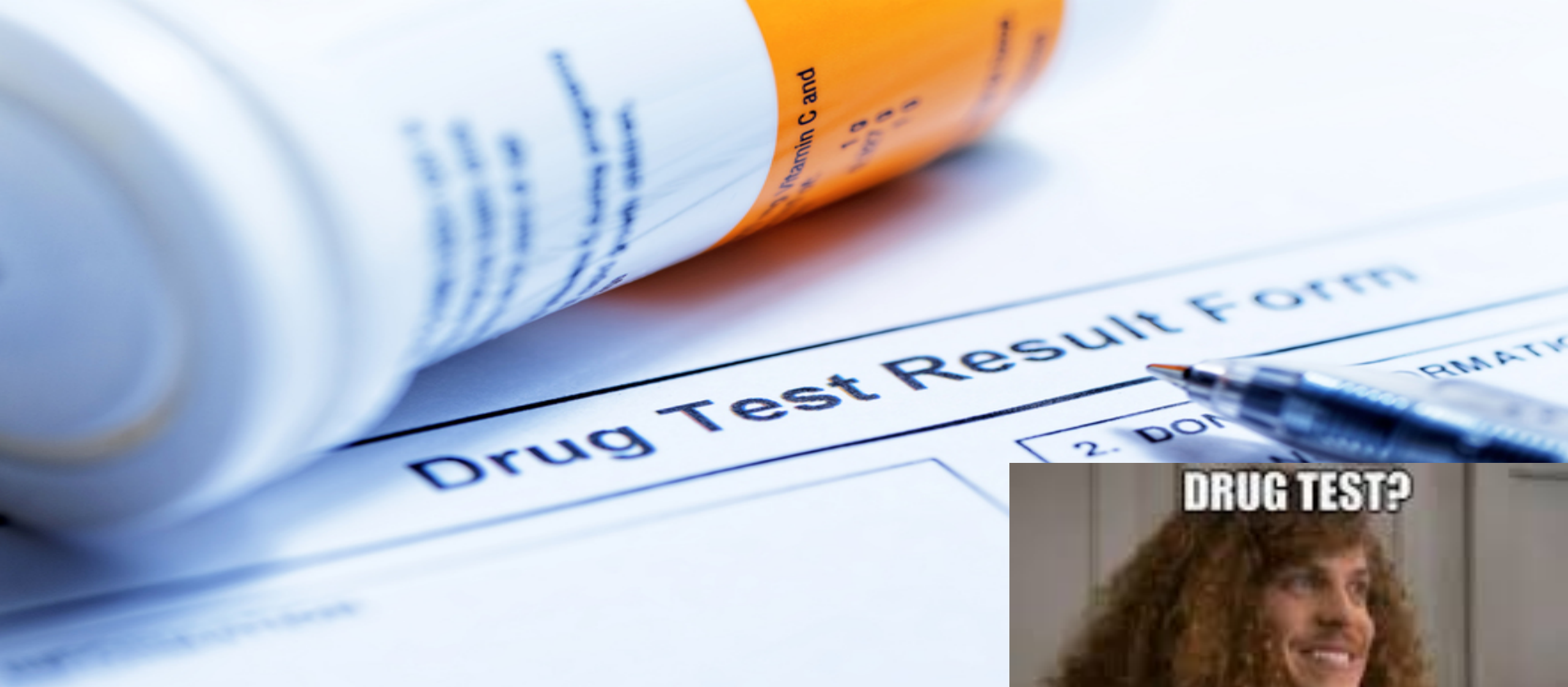
(6) Intoxication while on duty or when reporting to work, or unauthorized use of alcohol or marijuana while on duty except for the use of marijuana permitted under Title 22, chapter 558-C;

**Maine - 3. School, employer or landlord may not discriminate.** An employer may not refuse to employ or otherwise penalize a person solely for that person's status as a qualifying patient unless failing to do so would put the employer in violation of federal law or cause it to lose a federal contract or funding. A business owner may prohibit the smoking of marijuana for medical purposes on the premises of the business if the business owner prohibits all smoking on the premises and posts notice to that effect on the premises.





**Under Ohio's Act, a person who is fired for using medical marijuana is considered to have been fired for just cause under the Unemployment Compensation Law if the person violated an employer drug-free workplace policy, zero-tolerance policy, or other formal policy regulating the use of medical marijuana**



Drug Testing





# Qualifying Chemical **TEST**

Issued within 32 hours  
of injury

Administered after  
employer had  
“reasonable cause”

Specific, objective  
facts +  
reported use





This product has been manufactured using our 2019 updated synthetic urine formula.

Order in the next **2 hours** and select **FedEx Priority Overnight®** to receive your order by **TOMORROW**.

\* Does not apply to holidays.

×

## Sub-Solution + Practice Kit

★★★★★ [View Reviews!](#) | SKU: 2318 | [All Products](#), [Synthetic Urine](#), [Urine Testing](#), [Synthetic Urine](#), [Combo Deals](#), [Synthetic Urine](#)

~~\$145.00~~ **SALE PRICE \$115.00**

Keep calm and practice first. Purchase this combo and remove the stress from any test! Includes a Sub Solution Synthetic Urine Kit and The Practice Kit.

−
1
+

**I NEED IT! BUY NOW**

**BUY SUB SOLUTION**

This item qualifies for  
**FREE SHIPPING**

View our daily  
**SHIPPING CUTOFF TIMES**

[View Full Size](#)

**MONEY BACK GUARANTEE**  
AVAILABLE ON SELECT PRODUCTS

**CLICK HERE TO SEE IF THIS PRODUCT IS COVERED BY A GUARANTEE**



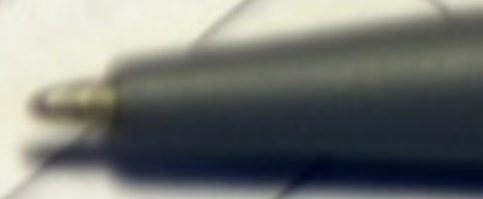
# UNEMPLOYMENT BENEFIT APPLICATION

Write and precise response to each question. Failure to provide this information will delay processing of your application.

State Name(s)

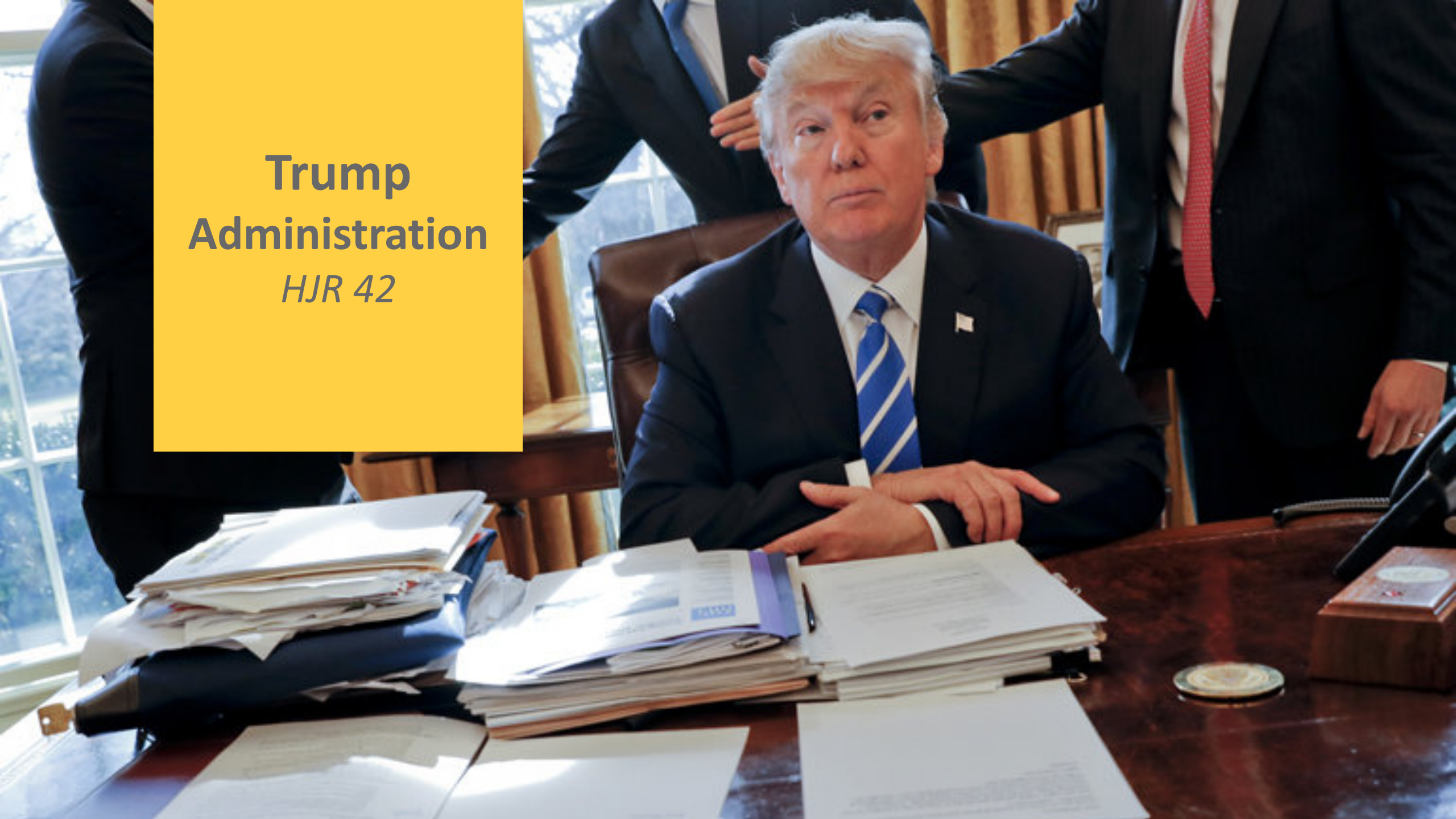
Phone Number

City





**Trump  
Administration**  
*HJR 42*







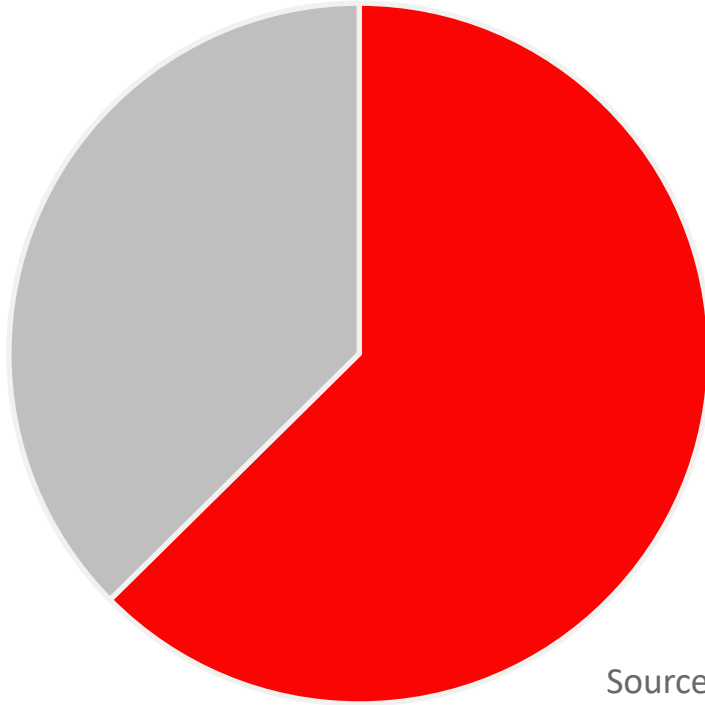
## Subsection (1) to Section 303, SSA

*Was terminated from employment with his/her most recent employer (state law) because of the unlawful use of controlled substances*

*Is an individual for whom suitable work (state law) is only available in an occupation that regularly conducts drug testing (DOL Secretary regs)*

**DRUG  
TESTING**

## + Workplace Issues



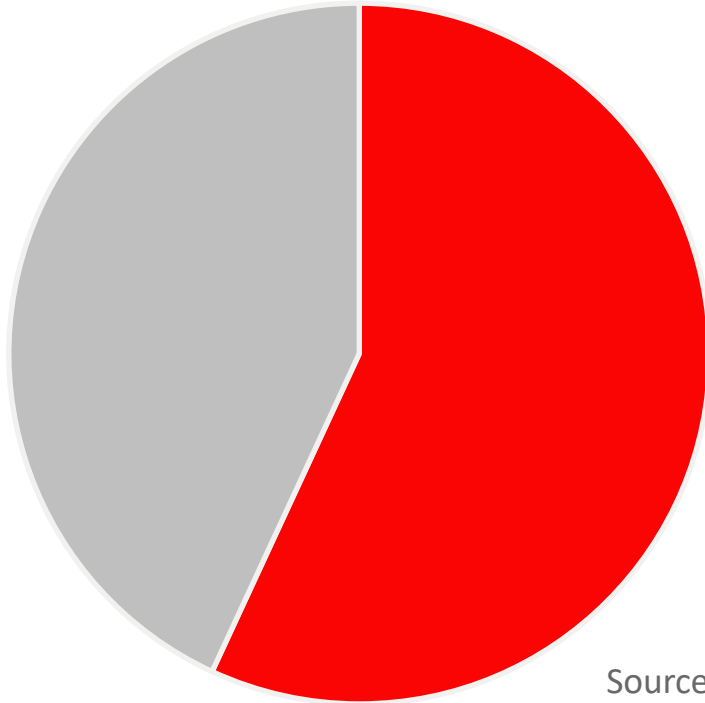
**62.6%**

*of all adult illegal drug users  
are employed full time, as are  
most binge and heavy alcohol  
users*

Source: U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Behavioral Health Statistics and Quality

**DRUG  
TESTING**

## + Workplace Issues



**56.9%**

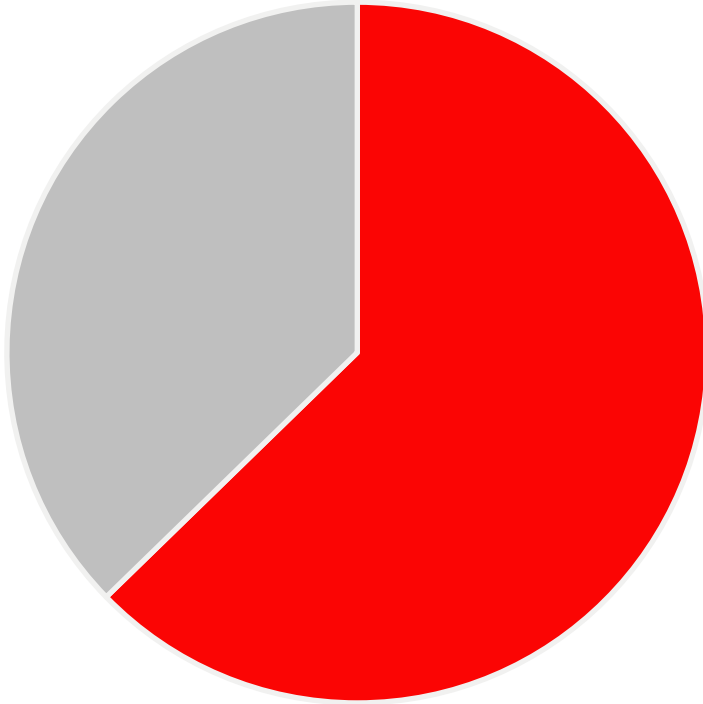
*of all adult illegal drug users  
are employed part time, as  
are most binge and heavy  
alcohol users*

Source: U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Behavioral Health Statistics and Quality





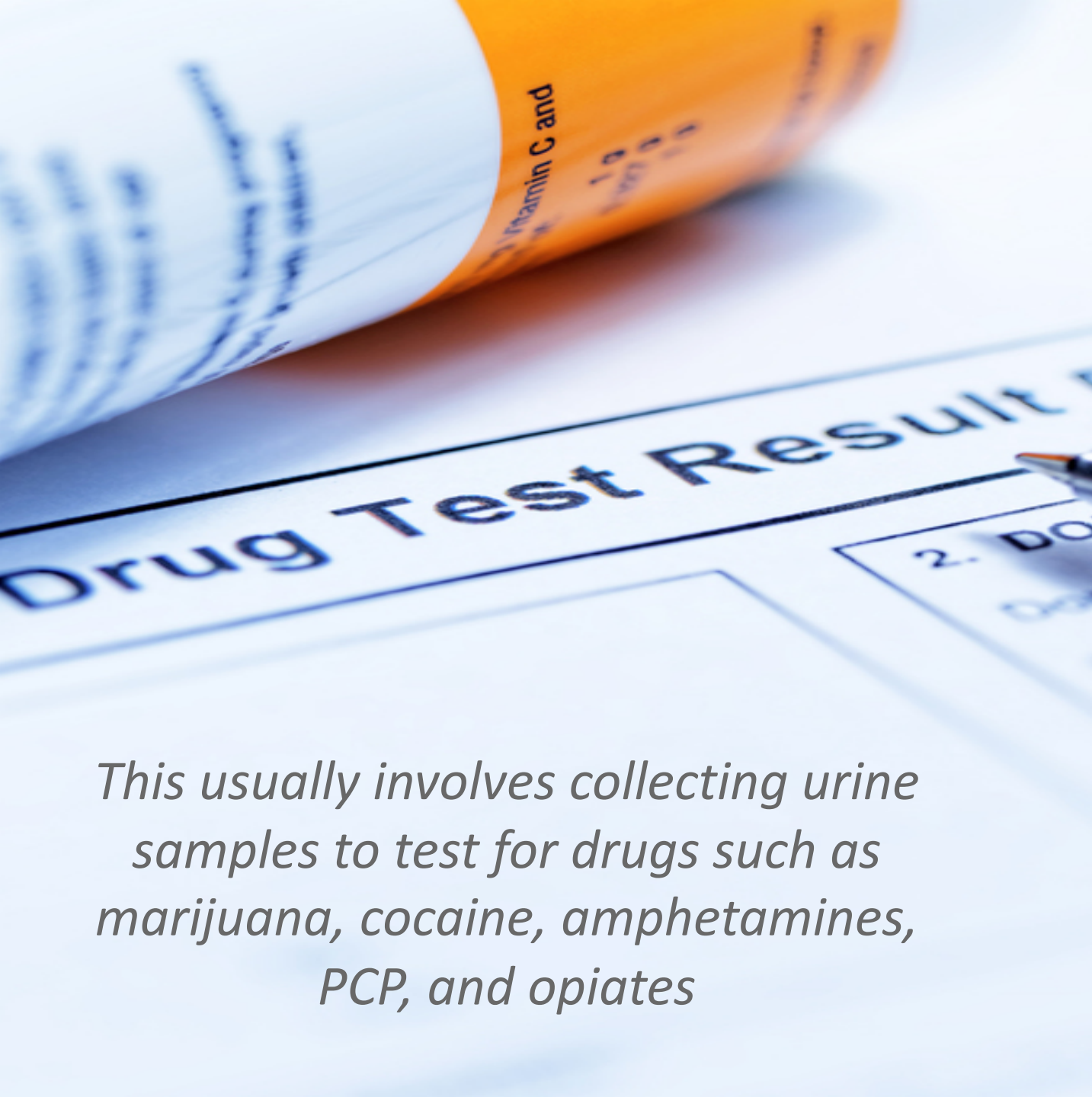
## + Workplace Issues



*Compared with non-substance users, substance using employees are more likely to:*

- ✓ *Change jobs frequently*
- ✓ *Be late/absent from work*
- ✓ *Be less productive*
- ✓ *Be involved in a workplace accident or file WC claim*

Source: U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Behavioral Health Statistics and Quality



*This usually involves collecting urine samples to test for drugs such as marijuana, cocaine, amphetamines, PCP, and opiates*

## ***Ways to Drug Test Employees:***

- ✓ *Pre-employment testing*
- ✓ *Random testing*
- ✓ *Reasonable suspicion/cause testing*
- ✓ *Post-accident testing*
- ✓ *Return-to-duty testing*
- ✓ *Follow-up testing*



## ***Benefits of Drug Testing***

- ✓ *Important experiences to share*
- ✓ *Improvements in morale and productivity, and decreases in absenteeism, accidents, downtime, turnover, and theft*
- ✓ *Better health status among employees and family members and decreased use of medical benefits by these same groups*
- ✓ *Some organizations qualify for incentives, such as decreased costs for workers' compensation and other kinds of insurance*





## ***Drug Testing Resources***

- ✓ *Local Counsel/Attorney*
- ✓ *Substance Abuse and Mental Health  
Services Administration (SAMHSA),  
Division of Workplace Programs*
- ✓ *U.S. Department of Labor (DOL),  
eLaws Drug-Free Workplace Advisor*
- ✓ *U.S. Department of Transportation  
(DOT), Office of Drug & Alcohol Policy  
& Compliance*

# Resources for Drug Addiction

<b>DrugAbuse.com</b>	<b>1-(877) 978-1930</b>
<b>Boys Town National Hotline</b>	1 (800) 448-3000
<b>Covenant House Teen Hotline (NineLine)</b>	1 (800) 999-9999
<b>National Council on Alcoholism and Drug Dependence, Inc. (NCADD)</b>	1 (800) NCA-CALL (622-2255)
<b>National Institute on Drug Abuse (NIDA)</b>	1 (800) 662-HELP (4357)
<b>Substance Abuse and Mental Health Services Administration (SAMHSA) National Helpline</b>	1 (800) 662-HELP (4357) 1 (800) 487-4889 (TDD)
<b>National Suicide Prevention Lifeline</b>	1 (800) 273-TALK (8255)
<b>The Partnership at Drugfree.org</b>	1 (855) DRUG-FREE (378-4373)



Majority of state supreme court cases have upheld that employers are not obligated to accommodate the use of medical marijuana—even outside the workplace

Several medical marijuana states have implicit employee protections in place, where the law mentions only on-the-job consumption or impairment as grounds for termination: Colorado, Hawaii, Michigan, Montana, New Jersey, New Mexico and Vermont

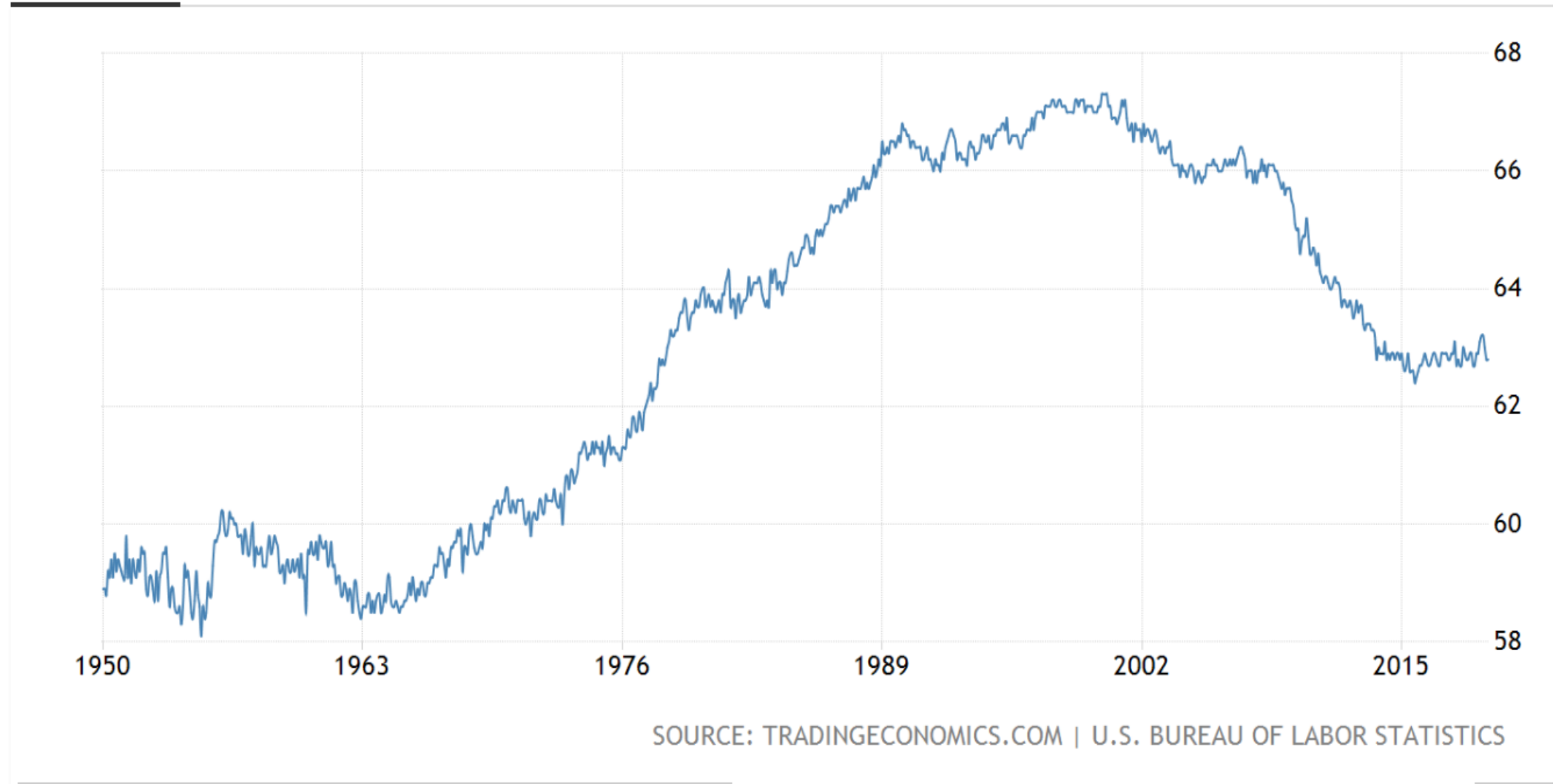


A pair of brass scales of justice is shown against a blue background. The scales are slightly tilted, with the right pan hanging lower than the left. The pans are empty and have a polished, reflective surface. The background is a solid, light blue color.

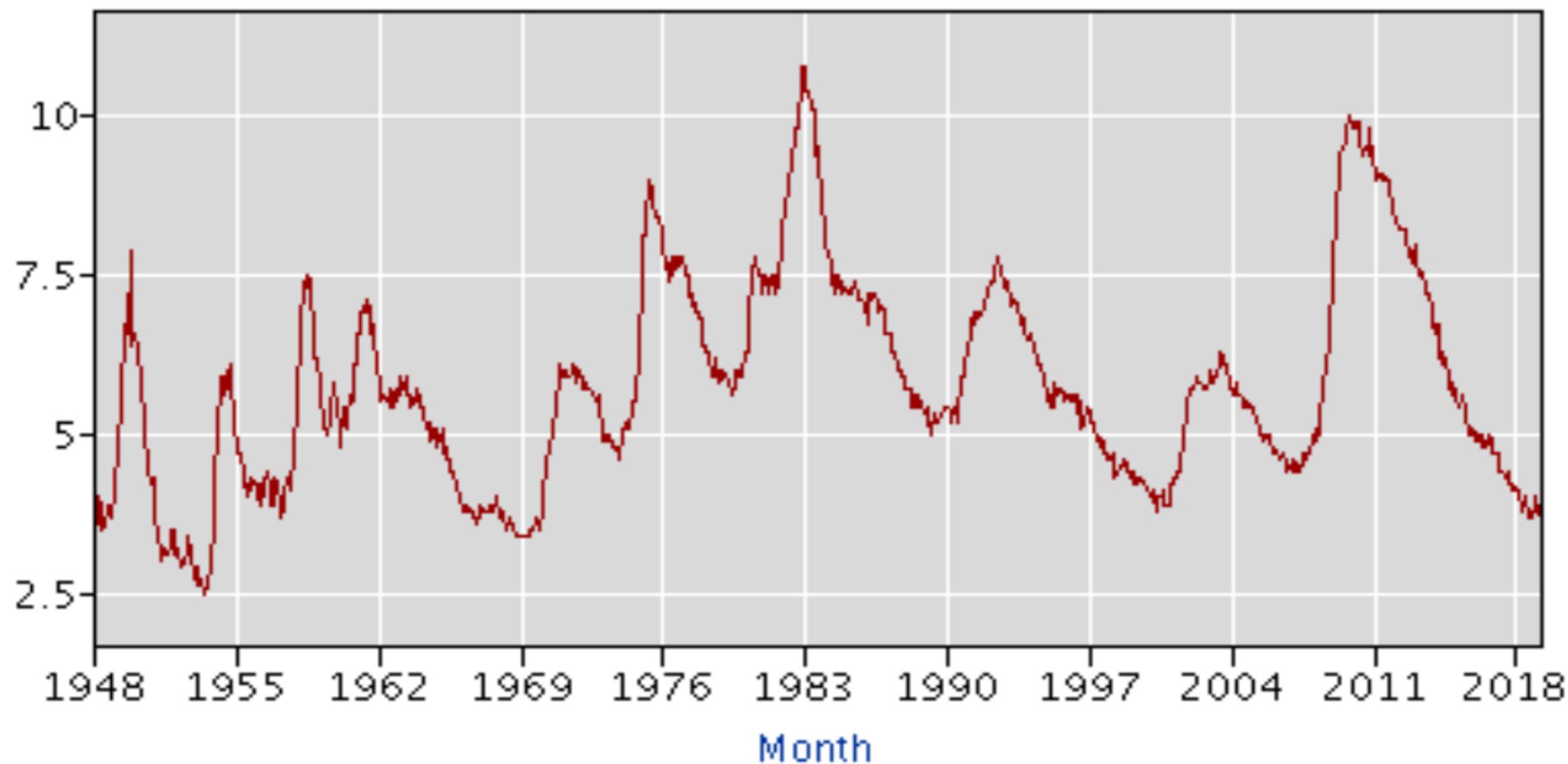
## MASSACHUSETTS Supreme Judicial Court

ruled that a company that fired an employee with a legal medicinal marijuana prescription, which she used only after work, for failing a drug test could constitute discrimination against her handicap

# U.S. Labor Force Participation Rates – 1950-2019



# U.S. Unemployment Rate – 1948 - 2019







# Workplace Impact + Other Considerations



# TOUGH QUESTION

Despite state laws . . . how to deal with cannabis  
in the workplace in light of its new business,  
social and political acceptance?







**Company Reputation**

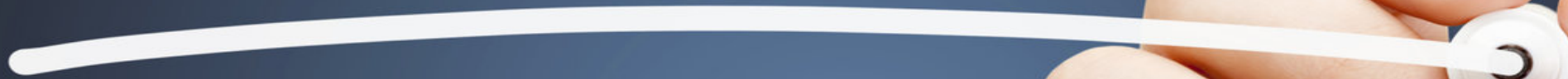




# Federal Funding



# BENEFITS



**Third-Party Employee Benefits**

*3 Action*  
**STEPS**  
*for Employers*







*Adopt policies that emphasize it is illegal to work under the influence or consume drugs at the workplace + consequences for not obeying policies*



*Work with a reputable drug testing company  
that administers random testing and  
complies with all state and federal  
regulations*



*Watch for law changes at the federal and state level on medical marijuana or fighting opioid addiction*





The issue that needs resolved now is...

What level of marijuana in a person's system constitutes "impairment" similar to alcohol at **0.8%**



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