

**A Community Position on Legal Substances
Original – January 2020, Revised April 2022**

GUIDING STATEMENT:

As a leading community entity charged with providing the most comprehensive, research-based, and accurate information related to substance use, this document is intended to serve as resource in creating common agreement on the use of legal substances. Although the substances discussed here are legal for adult consumption, there are still significant risks associated with improper use. This document aims to provide information on the legal provision of use, but also the scientific ramifications of improper use of each substance. Additionally, this document provides a consensus position for the use of each substance and proposed policy recommendations for organizations or community-based entities that are working to provide guidance for its members. Finally, this document maintains in its position and policy recommendations overarching prevention principles which strive to create healthy individuals and safe communities – **most important is to delay the onset of first use of substances.** (Refer to HCCP FY23 Logic Model, draft, attached). It is imperative that any organization or community-based entity create for itself sound policy that attends to the health and wellness of its members and provide informed guidance to its members, despite the legality of the use of substances discussed within this document.

	What Does the Law Say	What Does the Science Say	Our Position	Policy Recommendations
Marijuana as Medicine	As of September 18, 2019, marijuana as medicine is available to Ohioans 18 years of age or older with a recommendation from a qualified physician and with a qualifying condition. Minors may use marijuana as medicine only with parental/guardian consent, and with a qualifying medical condition. O.R.C. 3796	Due to marijuana classified as a Schedule I drug by the U.S. government, limited research exists to show its effectiveness as medicine.	Drug classification for marijuana should be changed to allow for additional research. Until marijuana is reclassified, we do not support its use as medicine, unless FDA approved.	Advocate for changes in federal law that would reclassify marijuana and provide for expanded research in the use of marijuana as medicine.

<p>Marijuana as a Legal Substance</p>	<p>Currently, 18 states, including Washington, D.C., permit legal use of marijuana as a recreational substance.</p> <p>Ohio has decriminalized the use of marijuana, but it is not completely legal to use marijuana as a recreational substance.</p> <p>In Ohio, possessing 100g of marijuana (approximately 4oz. or enough to make several joints) is considered a misdemeanor, with a \$150.00 fine.</p> <p>In Ohio, the Legislature has been asked to consider proposed legislation to legalize marijuana for recreational use (Coalition to Regulate Marijuana Like Alcohol, 2022)</p>	<p>Marijuana use can lead to the development of problem use, known as a marijuana use disorder, which takes the form of addiction in severe cases. Recent data suggest that 30% of those who use marijuana may have some degree of marijuana use disorder. People who begin using marijuana before the age of 18 are four to seven times more likely to develop a marijuana use disorder than adults.</p> <p>NIDA. 2021, April 13. Is marijuana addictive?. Retrieved from https://nida.nih.gov/publications/research-reports/marijuana/marijuana-addictive on 2022, February 10</p>	<p>If marijuana were to be approved as a legal substance at a state level, we would not support its legal use by adults, due to its federal illegality.</p> <p>If marijuana were to be approved as a legal substance at a federal level, we would support evidence-based prevention strategies to reduce availability to youth; and evidence-based education strategies for adults on safer consumption.</p> <p>However, similar to tobacco, any marijuana product should not be used due to its potential harm.</p>	<p>If marijuana were to be approved as a legal substance at both the federal level, marijuana products sold to consumers should contain health warnings (similar to what is printed on tobacco products packaging).</p>
<p>CBD (Cannabidiol)</p>	<p>CBD products are legal to purchase in Ohio by anyone over age 18.</p> <p>Ohio Senate Bill 57, 2019</p>	<p>See <i>Clinicians' Guide to Cannabidiol and Hemp Oils</i> – VanDola, Bauer, Mauck, 2019</p>	<p>Research and evidence of efficacy to support the recommendation of use of CBD for health benefits is insufficient and cannot provide a definitive response to the appropriate safe use of CBD.</p>	<p>Advocate for expanded research of CBD as well federal legislation that would regulate the CBD industry.</p> <p>CBD should be a regulated product and should be maintained at the highest levels of</p>

			<p>Although CBD is legal for use, extreme caution must be practiced as it is not a regulated product and is subject to contamination and impurities.</p> <p>Use of CBD products should be well researched (company, ingredients, claims, etc.) by consumers.</p>	<p>quality for safe consumption.</p>
<p>Vaping & E-Cigarettes</p>	<p>As of October 17, 2019, vaping/e-cigarette products are legal to purchase by anyone over age 21.</p> <p>O.R.C. 2927.02</p>	<p><i>See As We Begin to Slow One Epidemic, Another Begins: Seeking Clarity in a Confused Society</i>, Michael Flaherty, PhD., February 2020</p> <p>Vaping/E-Cigarettes can contain nicotine and/or THC which can be addictive.</p> <p><i>Surgeon General’s Advisory on E-cigarette Use Among Youth</i>, 2021</p> <p><i>Vaping Devices (Electronic Cigarettes) Drug Facts</i>, National Institute on Drug Abuse, 2020</p>	<p>Use of these products for smoking cessation should be initiated under medical management. <i>(Dr. Michael Flaherty)</i></p> <p>Although vaping/e-cigarettes have been used as a harm reduction mechanism, popularity of vaping/e-cigarettes, especially among youth, has overshadowed its intended use. As a result, perception of risk/harm has lowered and use among youth has increased. Prevention efforts should be honest and demonstrate risks associated with use.</p>	<p>All smoke-free policies should also include vaping/e-cigarettes as a prohibited product.</p> <p>Additional research is needed to determine the efficacy of vaping/e-cigarettes for smoking cessation.</p> <p>Although new federal regulations have prohibited the sale of some flavored vaping/e-cigarettes products, efforts should be made that lead to prohibiting the sale of any vaping/e-cigarette product that would be attractive to youth.</p>

<p>Tobacco</p>	<p>As of October 17, 2019, tobacco products are legal to purchase by anyone over age 21.</p> <p>O.R.C. 2927.02</p>	<p>Smoking is the leading cause of preventable disease, disability, and death in the United States. In 2020, the CDC reported 480,000 deaths as a result of smoking, and 41,000 from second hand smoke exposure.</p> <p>Nicotine, a drug found naturally in the tobacco plant, is highly addictive.</p> <p>U.S. Department of Health and Human Services, 2014, 1988</p> <p><i>Smoking Cessation: A Report of the Surgeon General, 2020</i></p>	<p>Any tobacco product should not be used.</p>	<p>Advocate for policy regulations that aim to reduce/restrict/eliminate nicotine levels in tobacco products.</p>
<p>Alcohol</p>	<p>Alcohol products are legal to purchase by anyone over age 21.</p> <p>O.R.C. 4301.22</p>	<p>Alcohol misuse contributes to 88,000 deaths in the United States each year; 1 in 10 deaths among working adults are due to alcohol misuse.</p> <p>In 2015, 24.9% of persons 12 years of age or older reported binge drinking (5 or more drinks on one occasion) with the last 30 days</p> <p><i>Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health, 2016</i></p> <p>In Hancock County, 34% of youth (12-18) used alcohol in</p>	<p>Low-risk drinking guidelines should be easily understood by all community members.</p> <p>Community members (parents/caregivers) should thoroughly understand the risks and legal consequences associated with providing alcohol to minors.</p>	<p>Community members should receive information on low-risk use, have access to screening tools to identify risky drinking habits (such as SBIRT – Screening, Brief Intervention and Referral to Treatment), and opportunities to engage in online support.</p> <p>Organizations that hold events that offer alcohol, should receive appropriate server</p>

		<p>their lifetime; 12% were currently used alcohol; 5% were binge drinkers (<i>2018 Hancock County Community Health Assessment</i>)</p> <p>In Hancock County, 60% of adults currently used alcohol; 23% were binge drinkers (<i>2018 Hancock County Community Health Assessment</i>)</p>		<p>training, including a thorough understanding of low-risk drinking guidelines.</p>
Caffeine	<p>There are no laws restricting the amount of caffeine permitted in beverages.</p>	<p><i>Caffeine and Substance Use Disorders</i>, Ferre, 2013</p> <p><i>The Safety of Ingested Caffeine: A Comprehensive Review</i>, Temple et. al., 2017</p> <p>According to the FDA, the recommended daily intake of caffeine is 400mg</p> <ul style="list-style-type: none"> • Adults consume on average 135mg/day or 1.5 cups (12 oz.) coffee • Average amounts of caffeine in drinks (USDA): <ul style="list-style-type: none"> ○ Soda – 30mg/can ○ Tea – 26mg/8oz. ○ Coffee – 95mg/8oz. ○ Energy Drink – 80-400mg/serving 	<p>Caffeine has become a universally accepted stimulant. Healthy adults should not consume more than 400mg of caffeine per day (4 8oz cups of coffee).</p> <p>Teens should limit their caffeine intake to less than 100mg per day (1 8oz cup of coffee, or two cans of cola).</p>	<p>Schools and other organizations that work directly with youth should offer non-caffeine beverage options in food services, and provide information/education on the impact of excessive intake of caffeine on the body and brain.</p>

REFERENCES

- Ohio Revised Code
- Ohio Senate Bill 57, 2019
- *Clinicians' Guide to Cannabidiol and Hemp Oils*, VanDola, Bauer, Mauck, 2019
- *As We Begin to Slow One Epidemic, Another Begins: Seeking Clarity in a Confused Society*, Michael Flaherty, PhD., February 2020
- United States Department of Health and Human Services, 2014, 1988
- *Smoking Cessation: A Report of the Surgeon General*, 2020
- *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*, 2016
- 2018 Hancock County Community Health Assessment, 2019
- Michael Flaherty, PhD, Hancock County ROSC Consultant, 2022
- Centers for Disease Control and Prevention, Food and Drug Administration, United States Department of Agriculture

PREVENTION SUPPORTS – To access additional resource information, education, or outreach:

- Family Resource Center, *school-based, and community-based prevention services*; Chriz Biltz, Prevention Supervisor, 419-425-5050, Chris.Biltz@frcoho.org
- Hancock County Community Partnership & Hancock County Opioid & Addictions Task Force, *community-based prevention services*; Zachary Thomas, Director of Wellness & Education, 419-424-1985, zthomas@yourpathtohealth.org

This document was initially created by the 2019-2020 Medical Marijuana/Vaping Ad-Hoc Committee which met May 30, 2019 – January 30, 2020.

Members of the 2019-2020 Medical Marijuana/Vaping Ad-Hoc Committee:

Scott Beach, Deborah Berlekamp, Nicole Boone, Gary Bright, Karim Baroudi, Cheryl Buckland, Shawn Carpenter, Jenny Evans, Corey Hartman, Kristen Johnson, William Kose, Jennifer Loera, Debra Parker, Natalie Phoenix, Jim Posey, Krista Pruitt, Jenn Reece, Christine Siebeneck, Nate Sorg, Sarah Stubbs, Sharon Ternullo, Zach Thomas, Cara Treece, Rick Van Mooy, Brian White.

This document was reviewed and approved by the Hancock County Community Partnership and Hancock County Opioid & Addictions Task Force, February 2020.

This document was revised January 2022 and approved by the Hancock County Community Partnership and Hancock County Opioid & Addictions Task Force, April 2022.