Ohio's Medical Marijuana Law & Putnam County's Drug Free Workplace Policy

As you may know, Ohio's medical marijuana law takes effect on September 8, 2016. While the law becomes effective on September 8, 2016, it may take up to two (2) years to become fully operational. The legality of medical marijuana in Ohio, in any form and for any purpose, is still illegal under federal law (Controlled Substances Act) and is still classified as a Schedule 1 controlled substance. The U.S. Drug Enforcement Agency declined to reschedule marijuana, thus marijuana use for any purpose, including medicinal, will remain illegal under federal law for the foreseeable future.

Under Ohio's new law, employers are **NOT** required to permit or accommodate employees' use, possession or distribution of medical marijuana. Putnam County will continue to enforce its drug-free workplace policy. This prohibits employee use of Schedule 1 controlled substances which under federal law includes marijuana, medical or otherwise. Also this means any controlled substance contained in Schedules 1 through 5 of Section 202 of the Controlled Substance Act (21 U.S.C. 812) or as defined in the O.R.C. 3719.01.

Employees using marijuana pursuant to a prescription **ARE NOT EXEMPTED** from Putnam County's Drug-Free policy.

The County has a zero tolerance policy for employees who are under the influence of drugs or alcohol while at work. Employees who are using medical marijuana as authorized by Ohio law are not exempt from this policy in any way. The use of marijuana in any form for any purpose, authorized for medicinal purposes or unauthorized, will be treated the same as the use of all other Schedule I controlled substances, illegal drugs, or the abuse of legal drugs. Employees using Schedule I controlled substance or illegal drugs, including medical marijuana authorized and in accordance with Ohio law, are still subject to all provisions of this policy and may be subject to discipline including termination for such use.

Employee Name: _____

Employee Signature_____

DATE: