

Marathon County Board of Health

Tuesday, June 4, 2019 at 7:30 AM

Meeting Location: 1000 Lake View Drive, Suite 100
Wausau, WI 54403

Committee Members: John Robinson, Chair; Sandi Cihlar, Vice-Chair; Lori Shepherd, Secretary; Mary Ann Crosby; Dean Danner; Kue Her; Michael McGrail; Laura Scudiere

Marathon County Mission Statement: Marathon County Government serves people by leading, coordinating, and providing county, regional, and statewide initiatives. It directly or in cooperation with other public and private partners provides services and creates opportunities that make Marathon County and the surrounding area a preferred place to live, work, visit, and do business. (Last updated: 12-20-05)

Marathon County Health Department Mission Statement: To advance a healthy Marathon County community by preventing disease, promoting health, and protecting the public from environmental hazards. (Last updated: 5-7-13)

1. **Call to Order**
2. **Public Comment Period**
3. **Approval of the Minutes of the May 7, 2019 Board of Health Meeting**
4. **Operational Functions Required by Statute, Ordinance, or Resolution**
 - A. None
5. **Policy Discussion and Possible Action**
 - A. Update on state and county discussions regarding the 2019-2021 Biennial State of Wisconsin Budget along with update on the WALHDAB/WPHA 2019-2020 legislative priorities
 - B. Highlight of information learned to date from Marijuana & Youth Series and discuss implications for the prevention of substance misuse and abuse
 - C. Report on the review on other counties policies regarding the administration of naloxone along with recommendations
 - D. Identify components of the Board of Health self-assessment and confirm next steps
 - E. Report from the Health & Human Services Committee May 20, 2019 meeting on policy issues impacting public health
 - i. Proposed amendment to Marathon County Ordinance section 2.05(1) relating to the membership of the Board of Health
6. **Educational Presentations/Outcome Monitoring Reports**
 - A. Highlight efforts underway to prevent the transmission of measles
 - B. 2018 Annual Report

7. Announcements

- A. Staffing update
- B. Other

8. Next Meeting Date & Time, Location, Future Agenda Items: July 2, 2019

- A. Confirm attendance for the July 2, 2019 meeting
- B. Agenda topics: Overview of water quality in Marathon County
- C. Other

9. Adjourn

FAXED TO: Daily Herald, City Pages,
Marshfield News, Mid-West Radio Group

Date _____ Time _____
By _____

Signed _____

THIS NOTICE POSTED AT THE COURTHOUSE

Date _____ Time _____

Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the County Clerk's Office at 715-261-1500 or e-mail infomarathon@mail.co.marathon.wi.us one business day before the meeting.

MARATHON COUNTY BOARD OF HEALTH
Meeting Minutes
May 7, 2019

Present: John Robison, Kue Her, Michael McGrail (via Telephone), Dean Danner, Laura Scudiere, Lori Shepherd, Mary Ann Crosby

MCHD Staff: Joan Theurer, Dale Grosskurth, Eileen Eckardt

Guests:

1. Call to Order

John Robinson called the meeting to order at 7:36 a.m.

2. Public Comment Period

None

3. Approval of the Minutes of the March 5, 2019 Board of Health Meeting

Motion to approve the minutes of the March 5, 2019 Board of Health meeting made by Laura Scudiere. Seconded by Lori Shepherd. Motion approved.

4. Operational Functions Required by Statute, Ordinance, or Resolution

- A. Review the Board of Health membership requirements in relationship to Wisconsin Statute, Chapter 251.03 and determine the merits of broadening background requirements

Joan Theurer shared that Julie Fox has stepped down from the Board of Health. After reviewing the Board of Health's bylaws, it was determined they are stricter than what is required by State Statute 251.03. Joan is recommending that the Board of Health amend the bylaws to strike the statement that refers to including a veterinarian and a dentist.

The Board discussed whether or not having someone serve as an advisor to the Board would be beneficial. Joan shared that having liaisons from the dental and veterinary communities would be to have a spokesperson from those fields, acting as liaison in our communities. Joan and Dale Grosskurth indicated when needing technical assistance staff work closely with the State of Wisconsin Department of Health Services – Division of Public Health staff on animal health issues and the Children's Health Alliance for oral health.

John Robinson shared that this would fall under Chapter 2 of the County ordinances, and would typically take place at the organizational meeting, but there are provisions that allow for changes with 2/3 majority.

Motion by Dean Danner to amend County ordinance chapter 205 to incorporate the language related to governance, specifically to not include the references to including a veterinarian, dentist, registered nurse, and physician as stated in the current Board of Health bylaws, and instead reference Wisconsin Statute. Second by Michael McGrail. Motion approved.

5. Policy Discussion and Possible Action

- A. Update on state and county discussions regarding the 2019-2021 Biennial State of Wisconsin Budget
 - i. WPHA/WALHDAB legislative priorities including Medicaid Expansion
 - ii. Wisconsin Counties Association budget summary
 - iii. Marathon County legislative priorities

Joan shared documents included in the packet, and highlighted what is being proposed for Medicaid expansion. Estimates are that an additional 82,000 Wisconsin residents would be covered, impacting about 1,600 in Marathon County. Joan walked through a budget fact sheet outlining how Marathon County would benefit from the proposed Medicaid expansion.

John Robinson shared that Representative Shankland of Portage County hosted a forum, which provided good conversation on issues such as access to health care, benefits and concerns with expansion of Medicare, and discussion of other ongoing public health prevention programs and needs. Joan shared that there was support of the concept that there is a need for affordable health care, and there needs to be increased funding for preventable health care.

Laura Scudiere shared that the state secretary of health services did a site visit at NCHC. The opportunity was taken to familiarize her with the health needs of the community, including behavioral health and substance use. Programs such as the CART team were highlighted.

Joan shared the State Public Health Council met last Friday and there was substantial conversation around Medicaid expansion, and the benefits to the residents of Wisconsin and furthering prevention programs.

Joan shared there will be a process in Marathon County to identify which provisions of the proposed budget should be priorities. John Robinson shared that this will allow the County Board to have a specific list of priorities to bring to legislators. Discussion will be taking place at the Executive Committee meeting.

Joan suggested a motion be made to support Medicaid expansion, enabling her to speak as Health Officer on behalf of the Board of Health in community conversations taking place on the issue.

John Robinson suggested the Board of Health recommend to the County Board that Medicaid expansion be included as a budget priority.

Joan asked those connected to health systems to make sure their systems are aware of the proposed language for Medicaid expansion, having resources available on the Department of Health Services website.

Motion by Lori Shepherd that the Board of Health recommends the County Board to include Medicaid expansion into the county's budget priorities, given the health and economic benefits to Marathon County. Seconded by Michael McGrail. Motion approved.

- B. Determine the merits and scope of conducting a Board of Health self-assessment based on the Public Health Accreditation Board (PHAB) standards

Joan shared that several meetings ago it was asked if there was merit in the Board doing a self-assessment and tasked her to look for a self-assessment tool. The National Association of Local Boards of Health (NALBOH) Public Health Governing Entity Assessment Instrument was reviewed.

The Board discussed options for looking at how the Board works together, how diverse and participatory it is, and how to improve those areas. John Robinson suggested having a facilitated discussion to look at strengths, what is needed to understand roles, ensure participation, diverse views, and how to strengthen diversity of the Board. Lori Shepherd suggested having some intended outcomes identified before starting the assessment.

Dean Danner offered to look through the example non-profit assessment tool to determine if there are questions that could be used to do a more abbreviated assessment.

Joan will draft a tool to be considered at the June meeting. The Board was asked if they prefer an assessment or a facilitated discussion, indicating there is benefit in doing a self-assessment followed up by a facilitated discussion.

- C. Report from the Health & Human Services Committee March 25 and April 22, 2019 meeting on policy issues impacting public health

Mary Ann Crosby provided an update from previous meetings of the Health & Human Services Committee

- Video on how brains are developed
- Governor's budget proposals
- Reviewed WCA state budget highlights
- Discussion on proposed Medicaid expansion

Joan shared that part of the work being done with the committee is to educate on Adverse Childhood Experiences and Trauma Informed Care. Staff to the committee will be completing an inventory on best practices to begin the process of identifying program and service gaps.

6. Educational Presentations/Outcome Monitoring Reports

- A. Update on the progress in carrying out the 2018-2022 Marathon County Strategic Plan Objective Strategies which the department has a lead or contributing role

Joan shared that as lead for objective 3.7, and 7.2, the health department will be hosting meetings with other county departments to identify what has been accomplished in the past year, as well as looking at strategies and gaps. A plan is being developed, and a report back to county administration will be prepared. In addition, Dale Grosskurth has been contributing information to the objective 6.3 water quality, and Joan has been contributing to the objective 3.3 on childhood success.

John Robinson requested a briefing on the issue of water quality at future meeting.

- B. Update on initial activities to further the 2019-2023 Marathon County Health Department Strategic Plan

Joan shared the department is moving forward with forming a health equity work group, and redesigning health department web pages on the County website. The department is also looking into ways to continue to be innovative, and will review public health competencies in relationship to job standards for program professional positions.

7. Announcements

- A. Share news of Marathon County Health Department receiving the Prevent Blindness Wisconsin 2019 20/20 Service Award

Joan shared that Vicki Anthony, Hearing & Vision Screening Coordinator was recognized, and will be receiving the award later this month.

Joan and John Robinson shared Eileen Eckardt is being recognized as 2019 YWCA's Woman of Vision.

Joan shared Aaron Ruff being a member of the Central Wisconsin Offroad Cycling Coalition was nominated for the Wausau Region Chamber of Commerce 2019 Small Business of the Year Award.

8. Next Meeting Date & Time, Location, Future Agenda Items:

A. Confirm the June 4, 2019 meeting and tentative agenda items

- a. Highlight information learned from the Marijuana and Youth Series
- b. Report out on research done on other counties' policy on the administration of Naloxone

9. Adjourn

Motion to adjourn made by Laura Scudiere. Seconded by Dean Danner. The meeting adjourned at 9:12 a.m.

Respectfully submitted,

Lori Shepherd, Secretary
Chris Weisgram, Recorder

Health Officer Notes June 2019

Operational Functions Required by Statute, Ordinance, or Resolution

- A. None

Policy Discussion and Possible Action

A. Update on statewide and county discussions on the 2019-2021 Biennial State of Wisconsin Budget

John Robinson, Chair, along with Joan Theurer, Health Officer, will provide an update on status on key proposal is in the Governor's Budget, including Medicaid Expansion. In addition, Joan will update members on the WALHDAB/WPHA 2019-2020 legislative priorities. Enclosed, find a handout on the WALHDAB/WPHA 2019 Legislative Priorities

B. Highlight of information learned to date from Marijuana & Youth Series and discuss implications for the prevention of substance misuse and abuse

Judy Burrows, Program Director – Chronic Disease, and Melissa Moore, Prevention Specialist, will provide an overview of terminology and national policy statements. Board members will share areas they would like to learn more about as well as policy opportunities. Enclosed, find the following materials to be discussed:

- Glossary of Terms for Marijuana, Concentrates, and THC Extractions
- National Medical Associations Positions on Medical Marijuana
- WPHA/WALHDABE Marijuana and Public Health
- Overview: Marijuana and Youth Series

C. Report of the review on other counties policies regarding the administration of naloxone along with recommendations

Joan Theurer along with Melissa Moore will share review of county practices and outline recommendations for next steps. Enclosed, find one-page overview.

D. Identify components of the Board of Health self-assessment and confirm next steps

Joan Theurer will share a proposed self-assessment based from examples of three non-profit tools. The Board will finalize self-assessment, process and timeline for completing. Enclosed, find draft self-assessment tool.

E. Report from the Health & Human Services Committee May 20, 2019 meeting on policy issues impacting public health

Mary Ann Crosby, Marathon County Board Supervisor, will highlight discussion and action taken by the committee impacting public health, including proposed amendment to Marathon County Ordinance section 2.05(1) relating to the membership of the Board of Health

Educational Presentations/Outcome Monitoring Reports**A. Highlight efforts underway to prevent the transmission of measles**

Joan and Eileen Eckardt, Program Director – Family Health & Communicable Disease, will provide a brief update on efforts underway to prevent the transmission of measles in Marathon County and discuss implications of less than optimal vaccination rates.

B. 2018 Annual Report

Copies of the 2018 Annual Report along with the Department's Dashboard and Community Health Improvement Plan Mid-Point Summary will be provided. The Board will determine if they would like to allocate time at their next meeting to discuss any aspects of the reports.

Announcements**A. Staff update**

Joan will share Matthew Lillie, Environmental Health Sanitarian, submitted his resignation, effective July 26th, to obtain his master's degree at the University of Iowa.

Next Meeting Date & Time, Location, Future Agenda Items: July 2, 2019

- A. Confirm attendance for the July 2, 2019 meeting
- B. Agenda topics: Overview of water quality in Marathon County
- C. Other

Glossary of Terms for Marijuana, Concentrates, and THC Extractions

Definitions written by Officer Jermaine Galloway, www.tallicopsaystop.com

Modified by Judy Burrows, May 22, 2019

Basic terms:

Marijuana: a greenish-gray mixture of the dried leaves, flowers, stems, and/or seeds of the cannabis plant, *Cannabis sativa*, *cannabis indica*, and *cannabis ruderalis*. Marijuana is used by smoking, eating, drinking, inhaling the vapors and applying to the skin. Also known as *weed*, *pot*, *herb*, *pot*, *grass*, *bud*, *ganga*, *MaryJane*, *chronic*, *dope*, and *hyd*m among many other slang terms.

Hemp: a cannabis that is bred for the fiber in its stalks which is used for clothing and textiles, and/or the oil from the seeds

Hemp Oil of Hemp Seed Oil: Oil that comes from the compressed cannabis seeds. Typically contains small amounts of cannabinoids.

Cannabinoids: The chemical compounds unique to cannabis. There are over 200 known cannabinoids, THC being the primary and most well-known.

- **THC (Delta-9-tetrahydrocannabinol):** A cannabinoid contained in the cannabis sativa plant. This is the chemical that gets users high.
- **CBD (Cannabidiol):** A cannabinoid associated with the medical marijuana community. It is less popular for recreational users because it is not intoxicating. CBD is currently being researched to learn more about its properties.

Potency: The percentage of THC in a given sample of marijuana. It is widely acknowledged that potency is difficult to calculate due many variations of the cannabis sativa plant as well as how it is grown and harvested varies greatly. Most experts agree that THC potency has risen over the last few decades, now approaching up to 30%. Marijuana concentrates contain even higher levels of THC that could range from 40% to 80%.

Flower/Bud: The actual flower of the marijuana plant that is harvested and used for the creation of marijuana products. *Flower* has also been referred to as the "old fashioned" way of smoking marijuana as opposed to use of concentrates.

Other forms of marijuana

Marijuana concentrates: a highly potent THS concentrated mass that is extracted from the marijuana plant, most commonly similar in appearance to honey or butter. (It is known on the street as *honey oil* or *budder*. Also known as *THC Extractions* or *Marijuana Extracts*.)

Butane Hash Oil (BHO): a highly potent concentrate of cannabinoids made by dissolving marijuana in plant form in a solvent (usually butane). The resulting product is also referred to as

budder, honey oil dabs, or shatter, depending on how it is manufactured. BHO has a very high THC potency. The use of butane in extraction of BHO is cause for safety concerns as it is highly flammable and has resulted in violent explosions.

Wax: A common name for marijuana concentrates. It is a softer, opaque oil that has lost its transparency through the extraction process. Depending on the method used to extract it waxes may take on varying consistencies. Waxes tend to be harder, nontransparent oils. *Budder* and *honeycomb* are considered version of wax.

Budder/Honey/Honey Oil: Slang terms used to describe marijuana extracts using butane. It is waxy in appearance, like honey or butter.

Shatter: A brittle form of BHO. It has the look of transparent amber glass and has a reputation for being the purest and cleanest type of extract.

Edibles: The term for marijuana that is ingested by mouth. Any edible food or drink that has been infused with cannabis extracts. Baked goods are the most common form of edible, but additional forms include flavored coffee drinks, breads, and candies, among others. Marijuana-infused butters or oils are also sold for individuals to make their own edibles.

Medibles: A term for edibles that are sold as "medical", though the product is the same thing as edibles.

Methods of use:

Dabbing: The practice of smoking the THC-rich extracts of the marijuana plant, in the form of oils, waxes, or shatter, all of which contain extremely large amounts of THC. The extracts are usually prepared with butane (lighter fluid).

Tincture: A liquid preparation of marijuana (extract or plant-based) made with alcohol and usually dispensed using a dropper under the tongue.

Topical: A preparation of cannabis that has been added to a product, such as lotion or a cream and applied to the skin.

Vaporizer: A smoking device used to consume marijuana or tobacco products by heating the oils and creating a vapor for the user to inhale. There are three components to vaporizers: the cartridge which holds the concentrate, a heating device, and a power source (usually a battery). Vaporizers can be used to disguise marijuana use, as it is more difficult to detect. Users believe this method to be safer than smoking, though there has not been research to support that belief.

Edibles: The term for marijuana that is ingested by mouth. Any edible food or drink that has been infused with cannabis extracts. Baked goods are the most common form of edible, but additional forms include flavored coffee drinks, breads, and candies, among others. Marijuana-infused butters or oils are also sold for individuals to make their own edibles.

NATIONAL MEDICAL ASSOCIATIONS - POSITIONS ON MEDICAL MARIJUANA

AS OF 3-22-2019

WHAT IS THE POSITION OF ON MEDICAL MARIJUANA?

- **The American Academy of Pediatrics (AAP)** the Academy reaffirms its position against the legalization of marijuana, states its opposition to “medical marijuana” outside the FDA regulatory process, and presents recommendations to protect children in states that have legalized marijuana for medical or recreational purposes. (January 2015)
- **The American Medical Association (AMA)** “Our AMA urges that marijuana’s status as a federal Schedule I controlled substance be reviewed with the goal of facilitating the conduct of clinical research and development of cannabinoid-based medicines, and alternate delivery methods. This should not be viewed as an endorsement of state-based medical cannabis programs, the legalization of marijuana, or that scientific evidence on the therapeutic use of cannabis meets the current standards for a prescription drug product.” (House of Delegates, November 2013)
- **American Academy of Family Physicians (AAFP)**: “The AAFP recognizes that there is support for the medical use of marijuana but advocates that usage be based on high quality, patient-centered, evidence-based research and advocates for further studies into the use of medical marijuana and related compounds. The AAFP requests that the Food and Drug Administration change marijuana’s classification for the purpose of facilitating clinical research. This process should also ensure that funding be available for such research. The AAFP also recognizes that some states have passed laws approving the medical use of marijuana; the AAFP does not endorse such laws. The AAFP encourages its members to be knowledgeable of the laws of their states and consult with their state medical boards for guidance regarding the use of medical marijuana.” (2016)
- **American Academy of Neurology (AAN)**: “The AAN findings state that smoked cannabis research studies have not produced enough evidence to assess its safety or effectiveness for treating MS symptoms including spasticity, pain, balance, posture and cognition changes.” (2014)
- **National Multiple Sclerosis Society**: The Society supports the rights of people with MS to work with their MS health care providers to access marijuana for medical purposes in accordance with legal regulations in those states where such use has been approved. In addition, the Society supports advancing research to better understand the benefits and potential risks of marijuana and its derivatives as a treatment for MS (Retrieved on June 4, 2018)
- **American Epilepsy Society (AES)**: “AES calls on government, private funders, and manufacturers to support and develop well-designed, controlled, scientifically rigorous research for any cannabis-based products that have potential to have positive effects in the treatment of resistant epilepsy. The standard of this type of research is necessary to optimally evaluate the safety, efficacy, and drug-drug interactions of any potential anti-epileptic drug. To increase clinical research in this regard, AES urges that cannabis’ status as a Federal DEA Schedule 1 controlled substance be reviewed. AES’s call for rescheduling is not an endorsement of the legalization of cannabis, but is a recognition that the current restrictions on the use of cannabis products for research continue to stand in the way of scientifically rigorous research into the development of cannabis-based treatments. We also encourage USP to continue its efforts to establish recognized guidance for cannabis as well as individual, therapeutically promising cannabinoids.” (March 20, 2018)

- **American Cancer Society (ACS):**

The American Cancer Society supports the need for more scientific research on cannabinoids for cancer patients, and recognizes the need for better and more effective therapies that can overcome the often debilitating side effects of cancer and its treatment. The Society also believes that the classification of marijuana as a Schedule I controlled substance by the US Drug Enforcement Administration imposes numerous conditions on researchers and deters scientific study of cannabinoids. Federal officials should examine options consistent with federal law for enabling more scientific study on marijuana.

Medical decisions about pain and symptom management should be made between the patient and his or her doctor, balancing evidence of benefit and harm to the patient, the patient's preferences and values, and any laws and regulations that may apply.

The American Cancer Society Cancer Action Network (ACS CAN), the Society's advocacy affiliate, has not taken a position on legalization of marijuana for medical purposes because of the need for more scientific research on marijuana's potential benefits and harms. However, ACS CAN opposes the smoking or vaping of marijuana and other cannabinoids in public places because the carcinogens in marijuana smoke pose numerous health hazards to the patient and others in the patient's presence. (Retrieved on March 22, 2019)

- **American Lung Association (ALA):** Position approved on Oct 3, 2015

Marijuana

- Since marijuana smoke harms lung health, the American Lung Association opposes the inhalation of smoke or aerosol of marijuana.
- The American Lung Association supports measures to require totally smokefree environments, including marijuana.

Medical Marijuana

- Medical marijuana should be subjected to the same Food and Drug Administration standards of efficacy and safety as any pharmaceutical agent promoted for purposes of alleviating the symptoms of disease.
- The American Lung Association supports research into the health effects of marijuana use, including the risks and any potential benefits of medical marijuana use.

BACKGROUND: WHAT IS "MEDICAL MARIJUANA"?

- The term *medical marijuana* refers to using the whole, unprocessed marijuana plant or its basic extracts to treat symptoms of illness and other conditions.
- The FDA has not approved marijuana as a safe and effective drug for any indication.
- There is considerable interest in its use to attempt to treat a number of medical conditions, including, for example, glaucoma, AIDS wasting syndrome, neuropathic pain, cancer, multiple sclerosis, chemotherapy-induced nausea, and certain seizure disorders.
- Scientific study of the chemicals in marijuana called *cannabinoids* has led to two FDA-approved medications in pill form, dronabinol and nabilone, used to treat nausea and boost appetite.
- The FDA requires carefully conducted studies (clinical trials) in hundreds to thousands of human subjects to determine the benefits and risks of a possible medication. So far, researchers haven't conducted enough large-scale clinical trials that show that the benefits of the marijuana plant (as opposed to its cannabinoid ingredients) outweigh its risks in patients it's meant to treat.
- At the federal level, marijuana remains classified as a Schedule I substance under the Controlled Substances Act, where Schedule I substances are considered to have a high potential for dependency and no accepted medical use, making distribution of marijuana a federal offense.

<https://www.fda.gov/NewsEvents/PublicHealthFocus/ucm421163.htm>

<https://www.drugabuse.gov/drugs-abuse/marijuana>

<http://www.ncsl.org/research/health/state-medical-marijuana-laws.aspx>

WHAT HAS HAPPENED IN OTHER STATES?

Thirty three states and the District of Columbia currently have laws broadly legalizing marijuana in some form.

- The District of Columbia and 10 states -- Alaska, California, Colorado, Maine, Massachusetts, Michigan, Nevada, Oregon, Vermont and Washington -- have adopted the most expansive laws legalizing marijuana for recreational use.
 - **Recently, Michigan voters approved a ballot measure permitting adults age 21 and over to purchase and possess recreational-use marijuana.**
 - Vermont became the first state earlier this year to legalize marijuana for recreational use through the legislative process, rather than via a ballot measure. Vermont's law allows for adults age 21 and over to grow and possess small amounts of cannabis. However, it does not permit the sale of nonmedical cannabis. Some other state laws similarly decriminalized marijuana, but did not initially legalize retail sales.
- Most other states allow for limited use of medical marijuana under certain circumstances. Some medical marijuana laws are broader than others, with types of medical conditions that allow for treatment varying from state to state.
- Louisiana, West Virginia and a few other states allow only for cannabis-infused products, such as oils or pills. Other states have passed narrow laws allowing residents to possess cannabis only if they suffer from select medical illnesses.
- A number of states have also decriminalized the possession of small amounts of marijuana.

Information is current as of Nov 7, 2018.

<http://www.governing.com/gov-data/state-marijuana-laws-map-medical-recreational.html>

Retrieved on 05-21-2019

Marijuana and Public Health

Potential Issues Regarding Legalization in Wisconsin

Before consideration and implementation of any new legislation, public health professionals strongly advocate that policy makers and health officials move with caution and be armed with the most current research and data available. Public health needs to be brought to the table as lawmakers consider the future of marijuana in our state.

As we prepare for the introduction of legislation in the new biennium, have the following been considered?

- Promotion of racial equity and healthy communities for all
- Consideration of other states' lessons learned
- Regulation surrounding childhood poisonings from ingesting edibles
- Increase of mental health and social services for communities
- Education of pregnant and breastfeeding women of potential risks
- Reflection on potential car fatalities due to additional impaired drivers
- Required need for additional drug treatment programs
- Marketing tactics used to target underage users and pregnant women
- Review of recreational use and employment
- Endangerment of the WI Smoke Free Air Law

PUBLIC HEALTH IS A RESOURCE

Additional resources

- *Wisconsin State Council on Alcohol and Other Drug Abuse*
- *WPHA Resolution - 1999*
- *American Public Health Association*
- *National Association of County and City Health Officials*
- *Washington State - King County HHS*
- *What You Need to Know About Marijuana Use and Pregnancy from CDC*
- *What You Need to Know About Marijuana Use and Driving from CDC*

WPHA and WALHDAB collectively represent over 1,200 public health professionals in Wisconsin.

ABOUT WPHA

The Wisconsin Public Health Association is the largest statewide association of public health professionals in Wisconsin. Established in 1948, WPHA exists to improve, promote and protect health in Wisconsin. WPHA strives to be diverse in its constituency, rich in partnerships and valued for its policy recommendations and best practices. WPHA is the collective voice for public health in Wisconsin.

ABOUT WALHDAB

The Wisconsin Association of Local Health Departments and Boards is the statewide leader and voice for local governmental public health. WALHDAB was founded in 1991 to serve local health departments and boards of health.

OVERVIEW:
MARIJUANA AND
YOUTH SERIES

Presented on June 4, 2019

CANNABIS IS THE HERB KNOWN AS MARIJUANA OR HEMP.



Tangle

Tangle is another fantastic offering from DNA Genetics in Amsterdam that has quickly gained popularity in its home and is spreading elsewhere. This strain is a result of one of the popular varieties of Tangie or Tangie that was caught after in the 1990s. The genetics on this strain are a cross of California Orange and a Dutch hybrid, and its direct heritage is the most evident in its refreshing tangy aroma. As a plant, Tangle grows best indoors, producing sticky buds that provide euphoric yet relaxed effects.

Sour Diesel

Sour Diesel, sometimes called Sour D, is an invigorating sativa-dominant strain named after its tangy, diesel-like aroma. This fast-acting strain provides a quick onset of effects that can last for hours. The effects are energizing and uplifting, making it a great choice for daytime use. This strain is known for its high THC content and is a popular choice among cannabis enthusiasts.

Durban Poison

This pure sativa originates from the South African port city of Durban. It has gained popularity worldwide for its sweet smell and energizing, uplifting effects. Durban Poison is the perfect strain to help you stay productive through a busy day, when exploring the outdoors, or to lend a hand in your creative endeavors. Growers and consumers alike both enjoy the over-die taste given by this strain a quality choice for daytime use. The buds are covered in a thick coating of trichomes, giving them a frosty appearance.

WHAT'S THE DIFFERENCE?



Hemp



Marijuana



**Medical
Marijuana**

WHAT'S THE DIFFERENCE?



IS MARIJUANA MEDICINE?

Marijuana may contain medical components, like opium does. But we don't smoke opium to get the effects of morphine. Similarly we don't need to smoke marijuana to get its potential medical benefit. We need more research.

EXTRACTS FROM MARIJUANA

Wax



Wax



Shatter



Butane Honey Oil

A top-down view of various edible cannabis products arranged on a light-colored wooden cutting board. The products include several round cookies with a golden-brown base, studded with dark purple raspberries and white almond slices. A single, vibrant green cannabis leaf is placed on top of one of the cookies. There are also three square brownies with a dark chocolate base and a thick coating of white almond flakes. A small, rectangular, light brown paper tag with the word "edibles" printed in a black, serif font is attached to one of the cookies with a piece of natural twine. The wooden board has a visible grain and is set against a dark background.

edibles

Beyond Bomb

pot tarts

Frosted French Toast



Thick, Rich Syrup Filling

1 TOASTER PASTERIES

3X STRENGTH (36 mg THC)

NET WT. 14.7 OZ. (416g)

Beyond Bomb

pot. tarts

Made With Real Bud

Frosted Wildberry

Naturally & Artificially Flavored



1 TOASTER PASTERIES

3X STRENGTH (36 mg THC)

NET WT. 14.7 OZ. (416g)

Beyond Bomb

pot. tarts

Made With Real Bud

Frosted Cherry



1 TOASTER PASTERIES

3X STRENGTH (36 mg THC)

NET WT. 14.7 OZ. (416g)

Beyond Bomb

pot tarts

Frosted Chocolate Fudge



1 TOASTER PASTERIES

3X STRENGTH (36 mg THC)

NET WT. 14.7 OZ. (416g)

DEA

Beverage options



IT'S NOT WOODSTOCK WEED...



Happiness

Sex Appeal



REPEATING

HISTORY?

Source: Vox: How JUUL Made Nicotine Go Viral:
<https://www.youtube.com/watch?v=AF0poKBUyok>

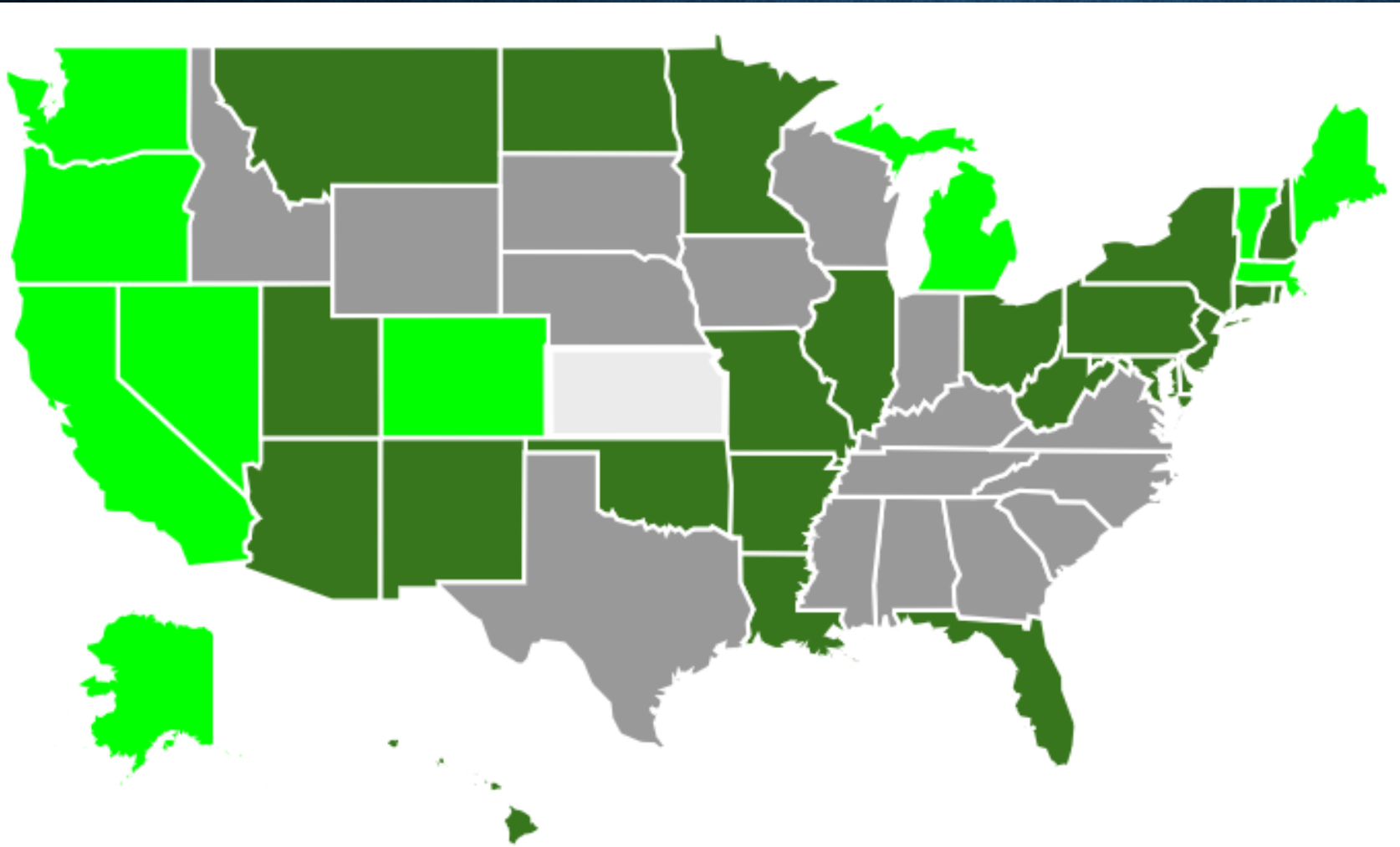


VAPE DEVICES: DUAL USE



WHERE IS MARIJUANA LEGAL?

AS OF NOVEMBER 2018



Marijuana Legalization Status

- Medical marijuana broadly legalized
- Marijuana legalized for recreational use
- No broad laws legalizing marijuana

QUESTIONS AND DISCUSSION

WHAT DID YOU
NOTICE?

**WHERE ARE YOU REALLY
CLEAR?**

WHAT CONCERNS YOU?

RESOURCES FOR MORE INFORMATION

LearnaboutSAM.org

MarijuanaReport.org

Drugabuse.gov

Pictures retrieved from

- google images
- www.fda.gov/NewsEvents/PublicHealthFocus/ucm421163.htm
- <https://learnaboutsam.org/wp-content/uploads/2019/03/Slides-PDF-2019-Feb.pdf>
- Judy Burrow's personal photos from Colorado (2019)

Summary of Naloxone (Narcan[®]) County Policy Review

Prepared by Melissa Moore, Substance Abuse Prevention and Joan Theurer, Health Officer
Marathon County Health Department

Policy Issue: Marathon County government currently does not have a policy on employees distributing and/or administering naloxone.

Purpose: To inventory what other counties policies are in terms of employee distributing and administering naloxone.

Background: Substance abuse continues to impact communities throughout Wisconsin, including Marathon County. One of the prevalent illicit substance of abuse is opioids, including heroin and prescription pain killers. Opioid overdoses resulted in 13 deaths in 2017 and 11 deaths in 2016 of Marathon County residents (Wisconsin Interactive Statistics on Health <https://www.dhs.wisconsin.gov/wish/index.htm>)

It is estimated that approximately 85% of all overdoses are witnessed, which is why it is critical that drug users, their loved ones and the community as a whole have access to the life-saving opioid-reversal medication, naloxone (brand name Narcan[®]). Seen as a harm reduction tool, the availability of naloxone, along with overdose prevention trainings, are listed amongst the recommendations included in the 2014 State Council on Alcohol & Other Drug Abuse (SCAODA) [Heroin Workgroup Recommendations](#) report.

The SCAODA report also recommends to expand awareness of [2013 Wisconsin Act 200](#), which provides Good Samaritan protections (civil and criminal liability) for individuals who are acting in “good faith” to administer naloxone (brand name Narcan[®]) to persons who may be overdosing from opioids.

Findings: An outreach email was sent on February 20, 2019 to the following counties: Eau Claire, Wood, Portage, Lincoln, Langlade, Oneida, La Crosse, Winnebago, Sauk, Kenosha, Dane, Racine, Rock, Brown and Outagamie. Of the 10 health departments who responded (Dane, Kenosha, Langlade, Oneida, Portage, Rock, Sauk, Washington, Wood, Winnebago), zero reported having a county-wide employee policy on the distribution and administration of naloxone during the event of a suspected opioid overdose.

- Several counties had program specific standing orders for the administration of naloxone; county jail and treatment services.
- Public Health Madison and Dane County, Kenosha County Division of Health, along with Sauk County Health Department authorizes trained staff to possess, distribute, and administer naloxone to a person experiencing an opioid overdose.
- Wood, Langlade, Oneida, and Winnebago expressed interest in a county-wide policy and do not currently have working drafts.

Recommendations: Explore the merits of expanding the distribution and administration of naloxone for Marathon County employees, looking at specific departments and programs who serve individuals/families at risk for opioid overdose. Recommend Employee Resources to take the lead on determining the need for such a policy.

**Marathon County Board of Health Self-Assessment
Working Draft May 20, 2019**

Questions:

1. What role will the Health Officer serve? Take survey? Participate in discussion?
2. What role will the Program Directors serve? Take survey? Participate in discussion?
3. How do you want to take the survey? Paper? Qualtrics?

Overview: The purpose of the self-assessment is to identify board’s strengths and opportunities to improve the board’s effectiveness going forward. Specifically, the self-assessment will look at:

- How the Board works together, how participatory it is
- To what degree does the Board understand its role
- How to strengthen diversity/inclusivity of the Board

The self-evaluation has two sections:

1. Board self-assessment – assesses the strengths and gaps as a board. Responses will be compiled anonymously, providing a summary for board discussion.
2. Individual board member self-assessment – assesses individual’s contributions serving on the board. Responses will not be compiled and shared.

The Board Self-Assessment findings will be used as the basis for a SWOC (Strengths, Weaknesses, Opportunities, Challenges) discussion, leading to a plan of action.

Directions: Indicate your agreement with the statements below. Complete by _____.

Board Self-Assessment	Strongly Disagree	Disagree	Agree	Strongly Agree
1. Board shares a common understanding of the Health Department’s mission that guide policy and strategy discussions.	1	2	3	4
2. Board receives information and education on current issues at the right time to make informed decisions.	1	2	3	4
3. Board meetings are consistently characterized by open and respectful communication, encouraging different points of view.	1	2	3	4
4. Board meetings start and end on time and the time is managed to ensure board discussion on all important topics; most time is dedicated to board discussion and	1	2	3	4

debate on important issues.				
5. Board members feel involved and their contributions valued; interactions are productive and enjoyable; board meetings are always interesting.	1	2	3	4
6. Board understands types of diversity needed for the organization and the value of diversity, having the board adequately reflect the diversity needed.	1	2	3	4
7. Board is engaged in developing and monitoring the department's strategic plan and community health improvement plan.	1	2	3	4
8. Board is effective in enhancing the reputation of the Health Department in the community and among the County Board, acting as good-will ambassador.	1	2	3	4
9. Board routinely monitors and discusses the performance of the organization, including board responsibilities.	1	2	3	4
10. Board advocates and assures the availability of adequate resources to meet public health needs (e.g., staff, infrastructure).	1	2	3	4
11. Board leads and contributes to the advancement of public policy to meet public health needs.	1	2	3	4
12. Board exercises legal authority and understands the roles, responsibilities, obligations, and functions of the board, health officer and staff.	1	2	3	4
13. Board participates in the orientation for new board members as well as further board development.	1	2	3	4
14. Board has an effective working relationship with the Health Officer and Program Directors.	1	2	3	4
15. Board makes a good use of my time, being a satisfying and rewarding experience.	1	2	3	4

Comments on any answers or any other feedback:

Individual Self-Assessment (Not to be shared)	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I am aware of what is expected of me as a board member.	1	2	3	4
2. I am prepared in advance for board meetings.	1	2	3	4
3. I frequently encourage other board members to express their opinions at board meetings.	1	2	3	4
4. I am a good listener at board meetings.	1	2	3	4
5. When I have a different opinion than the majority, I raise it.	1	2	3	4
6. I support board decisions once they are made even if I do not agree with them.	1	2	3	4
7. I promote the work of the health department in the community and county board whenever I have a chance to do so.	1	2	3	4
8. I stay informed about public health issues relevant to the mission of the Health Department.	1	2	3	4

Sources:

Dalhousie University. Board Self-Evaluation Questionnaire. A Tool for Improving Governance Practice for Voluntary and Community Organizations. Non-Profit Sector Leadership Program College of Continuing Education.

Eau Claire City/County Board of Health Self-Evaluation

Marathon County Board of Health Bylaws

McKinsey & Company Non-Profit Board Self-Assessment Tool f

United Way of Marathon County Governance Scorecard9998889



**Wisconsin Department of Health Services
Division of Public Health
PHAVER - WEDSS**

**YTD Disease Incidents by Episode Date
Incidents for MMWR Weeks 16 - 19 (Through Week of May 11, 2019)
Jurisdiction: Marathon County**

Disease Group	2019				Total
	Week 16	Week 17	Week 18	Week 19	
Blastomycosis	0	0	0	0	1
Campylobacteriosis (Campylobacter Infection)	2	2	1	1	13
Carbapenem-Resistant Enterobacteriaceae	0	0	0	0	1
Carbon Monoxide Poisoning	0	0	4	0	5
Chlamydia Trachomatis Infection	3	8	7	6	134
Cryptosporidiosis	1	0	0	0	5
Giardiasis	0	0	1	0	1
Gonorrhea	3	4	2	5	49
Haemophilus Influenzae Invasive Disease	0	0	0	0	1
Hepatitis B	0	1	0	1	4
Hepatitis C	0	0	1	0	15
Influenza	2	2	0	0	62
Invasive Streptococcal Disease (Groups A And B)	1	0	0	0	8
Mycobacterial Disease (Nontuberculous)	0	0	0	0	4
Pathogenic E.coli	0	0	0	0	2
Pertussis (Whooping Cough)	0	0	0	0	3
Salmonellosis	0	0	1	0	5
Streptococcus Pneumoniae Invasive Disease	0	0	0	0	6
Syphilis	0	0	0	0	2
Tuberculosis	0	0	0	0	1
Tuberculosis, Latent Infection (LTBI)	1	0	0	0	3
Varicella (Chickenpox)	0	0	0	0	1
	13	17	17	13	326