

## Medical Marijuana in the Work Place: Keeping Small Business Informed

Stringham, C.  
[CStringham@kaplan.edu](mailto:CStringham@kaplan.edu)  
Kaplan University

Allard, I.  
[Ivy.Allard@sdsmt.edu](mailto:Ivy.Allard@sdsmt.edu)  
South Dakota School of Mines and Technology

Knapp, S.  
[SKnapp@kaplan.edu](mailto:SKnapp@kaplan.edu)  
Kaplan University

Minor, M.  
[MMinor817@gmail.com](mailto:MMinor817@gmail.com)  
Kaplan University

### Abstract

A combination of increased state legislation, medical marijuana prescriptions, and acceptance by the medical community presents challenges to business owners regarding the use of medical marijuana in the workplace. Employers need to determine how and when to conduct drug testing, how to maintain a safe work environment and what to do about accommodating employees who use medical marijuana. This article presents an overview of the ramifications of state and federal legislation related to medical marijuana in the workplace including The Family Medical Leave Act, the Americans with Disabilities Act, OSHA, and the Controlled Substances Act. A number of strategies are presented including what items to include in drug use policies, how to train supervisor, and guidelines for drug testing. The article also focuses on the physical impact of marijuana use and how it relates to safety in the workplace.

Keywords: Medical Marijuana; Small Business; Legal Responsibilities

Twenty-five states, the District of Columbia, and Puerto Rico have legalized marijuana for medical use (State Medical Marijuana Laws, 2016). As of July 1, 2016, over two million patients have medical marijuana prescriptions (Marijuana Policy Project, 2016). According to CBS news, 76 percent of doctors surveyed favor the use of marijuana for medicinal purposes (Castillo, 2013). What impact does the increase in state legislation and medical acceptance of medical marijuana have on small businesses? This article focuses on a summary of the laws related to medical marijuana use in the workplace and describes what businesses are doing to comply with these laws and operate safe and productive organizations.

**History.** While the question of marijuana use and employment may seem unique to the current workforce, marijuana use for medical purposes is not. “The earliest use of cannabis as a

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medicine is attributed to the legendary Chinese Emperor Shen Hung around 2700 BC” (Pain, 2015, p. S10). Over the years, historians and archaeologists have concluded that marijuana was used for medicinal purposes in many other countries. Cannabis has been used in the United States since the 1600s (Houser & Rosacker, 2014).

Prior to the 1930’s, marijuana was routinely prescribed to treat medical conditions (Houser & Rosacker, 2014). In 1937, the United States passed the Marijuana Tax Act to regulate marijuana’s use. “Not until 1970 did the law forbid all use” (Gundersen, 2015, p. 34). President Nixon’s War on Drugs resulted in harsh penalties for those possessing, using, and distributing marijuana. Currently, despite the federal law prohibiting the use of marijuana, many states have passed laws permitting its use for medical purposes.

**Therapeutic use.** The therapeutic use and benefits of marijuana for medical treatment are widely debated. Bostwick (2012) wrote “...physicians and the general public alike are in broad agreement that Cannabis sativa shows promise in combating diverse medical ills” (p. 172). In contrast, one series of randomized trials found only “low-quality evidence suggesting cannabinoids were associated with improvements in nausea and vomiting due to chemotherapy, weight gain in HIV, sleep disorders, and Tourette syndrome” (Whiting et al., 2015, p. 2468).

Despite the questions around the efficacy associated with the use of marijuana for medical purposes, it is often used to treat a variety of medical conditions and is thought to bring relief to patients who require palliative care, such as pain and nausea control (Johanningman & Eschiti, 2013, p. 360). Marijuana is also thought to have therapeutic benefits to help with the treatment or the symptoms associated with glaucoma, eating disorders, cancer, AIDS, chronic pain, depression, anxiety disorders, sleep disorders, Tourette’s, and a variety of other medical conditions.

### **Federal and State Regulation**

Although twenty-five states and the District of Columbia, Guam and Puerto Rico have approved the use of medical marijuana, only eight states have enacted employment law protection for users of medical marijuana (Gies & Grant, 2015). State legalization of medical marijuana versus the legal precedence of the Controlled Substance Act has created confusion for business owners and employees alike (Toomey, 2015). The Controlled Substance Act sets the foundation for answers to many current employee and employer questions, including those that surround the use of medical marijuana and the Americans with Disabilities Act (ADA), Family Medical Leave Act (FMLA), and Drug Free Workplace Act (DFW Act).

**The Controlled Substances Act (CSA).** The CSA, Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, is a United States federal law that established the government’s fight against the abuse of drugs and other substances. Under the CSA, substances are placed in Schedules I through V based upon the substance’s medicinal value, harmfulness, and potential for abuse or addiction as well as how they are controlled. Schedule I comprises the most dangerous drugs with a high potential for abuse, and Schedule V encompassing the least dangerous drugs (U.S. Food & Drug Administration, 2009).

In 1970, marijuana was placed in Schedule I and subsequently categorized as having a high potential for abuse and a lack of accepted safety for use of the drug under medical supervision (U.S. Food & Drug Administration, 2009). The Schedule I categorization of marijuana by the CSA makes the use of marijuana illegal in every state and under most circumstances. As noted by Kathleen Harvey (2015), in a conflicting situation between the CSA and state laws, the CSA will prevail.

**State regulation.** In a September 2016 posting by Karmen Hanson to the National Conference of State Legislatures website, it was reported that 25 states, the District of Columbia, Guam and Puerto Rico have legalized medical marijuana and cannabis programs (State Medical Marijuana Laws). These 28 entities each have varying laws that govern the criteria and implementation of the use of medical marijuana. The state legalization of medical marijuana has placed a burden on employers as they struggle to balance workplace safety, worker’s rights, and workplace productivity.

“Given the varying approaches set forth in state medical marijuana laws, employers may be uncertain of the extent to which they may enforce their drug-testing and drug-use policies against users of medical marijuana” (Hollinshead, 2013, p. 77). Some states do provide guidelines to help with interpretation. For example, the Illinois statute of 410 ILCS 130 makes it clear that safety, whether for the employee or the employee’s coworkers, cannot be compromised. Further, it addresses the issue of property or equipment damage as well as disruption of work (Gies & Grant, 2015). According to DiNome, Haverstick, and Perkins (2014), “Most state statutes expressly carve out exemptions for employers that prohibit any use of marijuana in the workplace, or on the employers’ premises, as well as any on-the-job intoxication” (§ 5). Other states provide fewer or no guidelines, leaving interpretation up to the employer and the court system.

The medical marijuana laws in the eight states of Rhode Island, Connecticut, Illinois, Maine, Arizona, Delaware, New York and Minnesota include varying degrees of employment law protection for users of medical marijuana. New York’s employment law protection identifies the medical marijuana user as disabled, defined by the state’s disability discrimination law. Rhode Island, Maine, Connecticut, Arizona, Delaware, Minnesota and Illinois protect employees from being unemployable due to their medical marijuana prescription status. Arizona, Delaware, and Minnesota “also prohibit employers from discriminating against employees that test positive for marijuana in a drug test” (Harvey, 2015, p. 225).

In the lawsuit of Coats vs Dish Network, LLC, an employee that used medical marijuana in Colorado, where it is legal, was dismissed from work due to the employer’s zero drug tolerance policy. The trial and appellate courts both found the employer had the right to dismiss the employee because marijuana use is illegal under federal law (Gies & Grant, 2015). In most states, unemployment laws also disqualify employees from receiving benefits due to employment dismissal based on failed drug testing (Jacobs, 2013).

Because medical marijuana users are not always protected via the statutory language of employment law protection, court systems seldom rule in favor of the employee (Harvey, 2015). In fact, “to date, no court has found in favor of an employee who has been terminated for using medical marijuana, regardless of the state law” (Hlavac & Easterly, 2016, ¶ 23). For the time

being, employers may enjoy the protections offered through the CSA and lack of state medical marijuana employment law. However, the employer must remain vigilant to changes in both circumstances.

**Americans with Disabilities Act (ADA).** The ADA of 1990, which applies to employers with 15 or more employees, prohibits discrimination against people with disabilities in employment practices (Americans with Disability Act, 2016). The ADA does not protect users of illegal drugs, and marijuana is illegal under federal law. If the employee with a prescription for medical marijuana works for an employer that enforces a zero tolerance and drug free workplace (requiring drug testing), the ADA will not protect the disabled medical marijuana users if they are fired for violating a workplace drug testing policy (Harvey, 2015). The caveat to this scenario may be for those employed in one of the eight states that have employment law protection for users of medical marijuana.

Conflicting state and federal laws, along with drug free company policies, make it difficult for employers to decide the proper course of action concerning medical marijuana. Enforcing drug free policies is difficult for employers who want to avoid litigation, public embarrassment, and the perception of discriminating against disabled employees (Kirchoff, 2015).

**Family Medical Leave Act (FMLA).** The FMLA offers qualifying employees working in businesses with 50 or more employees up to 12 weeks of unpaid, job-protected leave (Family Medical Leave Act, 2016). Under the FMLA, leave is allowed for any medical condition that incapacitates a person from work for over three consecutive days, and the employee sees the medical provider twice for treatment (Postal, 2016). The use of medical marijuana while the employee is off under the FMLA is immaterial, as is taking FMLA leave to use medical marijuana. The dilemma occurs when a medical marijuana user who works for a company with a zero-tolerance drug policy returns to work after FMLA leave, and tests positive for drugs. “So, even if an employee is not high or impaired, if they test positive for recent marijuana use, the employer could terminate under their zero-tolerance drug use policy” (Di Martino, 2016, ¶ 4).

**Occupational Safety and Health Administration (OSHA).** OSHA published the following comments in regards to workers performing under the influence of illicit drugs while performing work duties. The 1998 letter from Directorate of Enforcement Programs stated (United States Department of Labor):

OSHA strongly supports measures that contribute to a drug-free environment and reasonable programs of drug testing within a comprehensive workplace program for certain workplace environments, such as those involving safety-sensitive duties like operating machinery. Such programs, however, need to also take into consideration employee rights to privacy. Although there are no regulations specific to the topic, protection from drug impairment is covered under the general duty clause.

OSHA’s general duty clause (Sec. 5. Duties, 1970) stated, “employers shall furnish a workplace free of recognized hazards that may cause death or serious physical harm”.

OSHA regulations do not address medical marijuana as legalized under state laws, or the off-duty use of medical marijuana. However, Michael Heenan (2015) reminded the readers of Pit & Quarry “employers subject to drug control mandates of agencies such as MSHA, OSHA and the Department of Transportation remain unaffected by state laws. Only if and when federal laws change might different rules apply” (§ 15).

**Drug Free Workplace Act (DFW Act).** If the employer is a federal grant recipient or federal contractor, its organization is regulated by the DFW Act of 1988. The DFW Act requires that all federal grant recipients and federal contractors adopt a zero-tolerance policy at their workplaces. The Act does not require mandatory drug testing (41 U.S.C. - 81 Drug-Free Workplace, 1988). According to DiNome, Haverstick, and Perkins (2014), the eight states that have enacted employment law protection for users of medical marijuana have exempted federal contractors from accommodating employee medical marijuana use. DiNome et al. stated, “because federal contractors are subject to federal law pursuant to the terms of their contracts, and because marijuana is still an illegal drug under federal law, no state law may require a federal contractor to accommodate marijuana use” (§ 9).

**Impairment and Safety Impairment.** Marijuana is the most commonly detected drug found in workplace drug testing (Phillips et al., 2015). The implications of medical marijuana in the workplace range from the potential need for accommodation in compliance with state and federal laws to understanding the potential for safety-related concerns. Of particular implication is the impact of medical marijuana on safety-sensitive jobs, which involve the potential of harm for self and others.

A significant workplace factor to consider is the meaning of marijuana impairment and the impact that it might have on employee performance. A common practice is to use the word “impairment” in workplace drug and alcohol policies. The use of the term “impairment” is complex for marijuana use as impairment is difficult to prove (McGuire, 2016). The amount and period of impairment varies based on the dose, the method of administration and how frequently marijuana is used (Phillips et al., 2015). For smoked marijuana, individual impairment begins soon after the initiation of inhalation, peaks in about one hour and, and may last three to four hours after smoking. Some studies also suggested that a quantifiable impairment in test subjects lasted approximately six hours (Karschner et al., 2009). Karen Yotis (2015) reported that the ingestion of oral preparations of cannabis could take effect 30 minutes after ingestion, peak at two to three hours, and last up to 12 hours.

According to Grotenhermen and Russo (2002), studies on the chemical composition of marijuana confirm toxicology of 483 known compounds. The primary psychoactive ingredient of marijuana is THC, which is used as a measurement of potency. A 2012 review of marijuana by Cascini, Aiello, and Di Tanna found the increase in THC content had increased worldwide from 1970 to 2009. Elkashef et. al. found THC was “quickly distributed into tissues and subsequently accumulated in body fat. THC is metabolized rapidly, but the metabolites are slowly eliminated. Approximately 80–90% of the dose is excreted in 5 days, 65 – 80% in feces and 20–35% in urine” (2008, § 9). Krishan Vij found that THC and other cannabinoid metabolites can be detected in the urine for two to three days after casual use, and up to four weeks for heavy users.

**Safety.** In a 2007 United States Substance Abuse and Mental Health Services Administration (SAMSHA) study, researchers projected 8.4% of full-time workers had participated in some type of illicit drug use within the preceding month (SAMSHA, 2007). In a study of 534 Americans by Masable.com (2014), 9.74 percent have gone to work under the influence of marijuana. Although neither of these percentages appears significant, the effect of marijuana impairment on the smoker and the work environment can be catastrophic.

Ashton (2001) found the use of marijuana produced perceptual changes and impaired cognitive and psychomotor performance. Ashton also stated that usage “**is associated with increased risk of road, rail and air traffic accidents .... results in tolerance, dependence, withdrawal effects .... and possibly long-term cognitive impairment**” (pp. 103 -104). Goldsmith et al. (2015) reported “a likely statistical association between illicit drug use (including marijuana) and workplace accidents” (§ 2). The National Institute of Drug Abuse (2016) indicated that the short-term effects of marijuana include difficulty with thinking and problem solving, memory problems and impaired body movements.

Studies have demonstrated an impairment of attentiveness, motor coordination and reaction time. The National Highway Traffic Safety Administration identified a significant increase in fatal automobile accidents since marijuana was legalized in Colorado (Dougherty, 2016). Asbridge, Hayden, and Cartwright (2012) studied the functional psychomotor and judgment effects of smoking marijuana in regards to transportation safety. Their research determined that heightened marijuana consumption is associated with an increased risk of a motor vehicle crashes and fatalities.

When regarding the adverse effects of marijuana the question might then be, are there jobs of a sensitive nature in the work environment where zero drug tolerance is warranted? According to ASAP (2011) “a safety-sensitive position means any job reasonably designated by an employer as a safety-sensitive position or any job that includes tasks or duties that the employer in good faith believes could affect the safety or health of the employee performing the task” (§ 11). The United States Department of Transportation clarified that definition by prohibiting the use of “medical marijuana for transportation workers in safety-sensitive jobs, including pilots, school bus drivers, truck drivers, subway operators, ship captains and transit security workers who are armed” (Hosier, 2010, p 9).

Goldsmith et al. (2015) stated that the use and effects of marijuana make it impossible to ensure safety among workers. For employers, a few things are clear. “The more an employer is able to show that medical marijuana presents a safety risk, the more defensible the adverse action” (Hollinshead, 2013, p. 78). It is imperative that the employer’s approach to employee use of medical marijuana be based solely on business outcomes and not on underlying medical conditions. Decisions involving medical marijuana should be based on policies that encompass a clearly defined drug use policy. The focus on employee safety, safe operation of equipment, minimization of equipment damages, and the goal of maintaining safe and steady production are appropriate employer concerns.

**Application to Business Accommodation.** According to Ivo Becica (2016), at the current time no medical marijuana accommodation has been required by state or federal court systems.

However, “neither the U.S. Supreme Court, nor any U.S. Circuit Courts, have ruled that off-duty marijuana use can never be a reasonable accommodation” (Becica, 2016, ¶ 6). Bakker (2016) projected the probability of state statute-based employee law suits will increase if the federal Controlled Substances Act is amended and marijuana is removed from the list of Schedule I drugs. If this occurs, employers must comply with the Americans with Disabilities Act and make reasonable accommodation for the use of medical marijuana. However, if the employer can demonstrate that accommodation will impose undue hardship on the business, the use of medical marijuana in the workplace could be disputed.

Employers might consider accommodating for the use of medical marijuana in a similar manner as accommodating for the use of prescription painkillers. Generally, these guidelines involve accommodation as long as usage does not interfere with the essential duties of the job and the job duties are not significantly safety-sensitive.

Accommodations could include adjusting the employee’s schedule or time off for intermittent use. Accommodation could also involve modifying the employee’s job duties or transferring the employee to a less safety-sensitive position within the organization (Rendall, 2012).

Goldsmith et al. (2015) counsel employers who accommodate their employees’ medical marijuana requests to require specific documentation, including the diagnosis or condition that serves as legal validation. In addition, the employer should request a schedule of marijuana use as it relates to working hours. The method of administering the drug, anticipated duration of use, and any work accommodations or restrictions if needed should also be provided. Finally, the authors strongly recommend that “workers who have been authorized to use marijuana should be required to report any change in product, dose, frequency and timing of use, or route of administration” (p. 22).

In a 2015 Society for Human Resource Management article, attorney Rachel Atterberry stressed human resource professionals should become familiar with the relevant statutes of their state; the requirement of accommodation. Atterberry recommended that the organization consider voluntary accommodations in the case of zero-tolerance drug test policies. Russell Rendall (2012) believed that the Americans with Disability Act protected disabled employees who benefit from medical marijuana. Rendall stated:

For a disabled person whose best treatment option is marijuana, reasonable accommodation could be as simple as altering the employer’s drug policy. EEOC guidelines state that an employee’s disability may necessitate modifying workplace policies, and that such modifications constitute reasonable accommodation if the employer does not suffer an undue hardship. (pp. 329-330)

**Employee drug policy.** Bates’ 2016 article emphasized the need to update employee handbooks including on the topic of the legalization of medical or recreational marijuana, and the necessity for “more-complex and more-nuanced policies” (¶ 35). CedarHR Solutions suggested “...the best protection you can have when facing new medical marijuana laws is to establish clearly written on-duty usage prohibition policies in your employee handbook” (2016, ¶ 10). Goldsmith et al. (2015) recommended specific policies grounded on the employer’s choice to tolerate medical

marijuana. Using the concept of tolerance, the policy should clearly state conditions under which marijuana tolerance would be considered. If a small business is without an employee handbook, it is important that the employer make their policy in this area known in writing and that all employees be asked to sign an acknowledgement stating that they have read and understand the policy.

OSHA rules strongly guide the employer to address the issue of impaired workers who contribute to unsafe work environments. To comply with OSHA standards, the employer has a responsibility to create a clear written policy regarding chemical use and impairment. Phillips et al. (2015) simplified the process by stating, "...a comprehensive chemical substance policy includes guidelines for fitness-for duty evaluations and workplace drug testing" (p. 463).

A key component of a substance abuse policy should be statements about on-the-job impairment because of marijuana, alcohol or other drug use, and workplace safety. Goldsmith et al. (2015) advised that companies should evaluate pertinent workplace policies on a regular basis. Gies and Grant (2015) provided the employer with added clarity by writing:

The traditional view is that employers may discipline employees for marijuana use pursuant to a properly promulgated substance abuse policy for the simple reason that marijuana use remains unlawful under federal law. Thus far, courts have resolved the conflict between the federal and state laws...in favor of a private sector employer's right to impose discipline for a positive drug test (p. 39).

If an organization has provided employees with clear expectations regarding substance use and has linked expectations with valid safety concerns, a medical marijuana card does not exempt an employee from abiding by the policies that govern the rest of the workforce. Dougherty (2016) wrote that a work policy includes guidance for workers not to use, possess, or be under the influence of controlled substances, including medical marijuana. The author also indicated state laws may "...impact how and when drug tests can be conducted, the consequences for a positive test, and the use of drug testing to indicate impairment" (p. 39).

Employers are advised to enforce their policy in a consistent manner and thoroughly document incidents. This documentation should include the verification of substance use as well as documenting any behavior that is outside of the employee's normal behavior (McGuire, 2016). Human resource staff and supervisors should receive training on how to document and on how to recognize the signs of substance abuse and when to recommend drug testing. Depending on the size of the small business, there may not be a human resource representative. This makes supervisor training even more critical.

Employers should also consider how other employees will react to a policy on the use of medical marijuana. A study conducted by Hickox (2012) found that employees who were in less safety-sensitive jobs were more favorable to organizational policies that accommodated for the use of prescription painkillers than with policies regarding the use of marijuana. The study also found that employees in particularly safety-sensitive jobs had equally negative reactions to policies accommodating for the use of both prescription pain medication and medical marijuana.

Another consideration is the impact of policy on an organization's ability to attract potential employees. Hickox (2012) found that nurses were more likely to consider jobs in organizations that had drug-free policies than those organizations with policies accommodating either prescription pain medication or medical marijuana. There are several other policy issues to consider. It is essential to ensure the policy is compliant with both federal and state laws. Another potential policy consideration is to have medical marijuana users examined by the contract occupational physician or another licensed medical provider who is associated with the small business. The physician would conduct the examination in relationship to the specific duties and functions of the job involved.

Finally, employers should consider that the use of medical marijuana is illegal per federal law. An employer can prohibit use of medical marijuana as a condition of employment. Each employer should consider these factors when determining how they can best address medical marijuana as it relates to their organization and in turn, company policy. Employers may want to address some or all of the following subjects in their policy: who is subject to testing; circumstances under which testing is required; substances for which testing is conducted; how legal substances that may impair an employee's performance will be addressed; testing methods and procedures, consequences, confidentiality, inspections and searches, what happens if an employee refuses testing, and employee consent.

**Employee drug testing.** Employee drug testing can occur during pre-employment, post-incident, reasonable suspicion, random, and substance abuse treatment follow-up testing. Workplace laws determine who can be tested, how they are tested, and under what circumstances. Employers need to ensure any drug testing conducted complies with applicable federal, state and local laws. Generally, these laws involve ensuring that tests are conducted by trained lab technicians who maintain proper collection of test samples. Other guidelines include confidentiality of drug testing and following chain of custody. Supervisors should be trained on these guidelines as well as what is involved with reasonable suspicion for drug testing (Kirchoff, 2015).

Employers may be well served to review job descriptions and determine which jobs are safety-sensitive. One outcome would be a two-tiered drug testing policy in which drug testing does not apply to those jobs that are not safety-sensitive. Drug testing for safety-sensitive jobs would help to prevent negligent hiring claims and other lawsuits from employees who might possibly cause harm from the use of marijuana (Bakker, 2016).

Phillips et al. (2015) endorsed the process used in federally regulated drug-testing programs as "urine drug testing for marijuana via immunoassay followed by confirmatory GC/MS testing targets the inactive THCCOOH metabolite, which can be present for weeks after last use, and has no correlation with acute impairment" (p. 462). Phillips et al. also reminded the reader that a urine drug test showing past use is not sufficient evidence of impairment, might not be reasonable, and probably not enforceable in states with recreational use. Although for small businesses with a no tolerance policy, a positive urine test may be sufficient. Often an employment law attorney can provide guidance in this area at a reasonable price to the small business owner.

**Supervisory training.** Phillips et al. (2015) recommended that the symptoms of impairment be clearly defined in advance and that supervisors are trained to recognize the symptoms. The

Federal Motor Carrier Safety Administration (FMCSA) requires 120 hours of training for anyone supervising drivers to determine if reasonable suspicion for testing. According to the FMCSA website, a supervisor trained to determine reasonable suspicion would have the ability to observe “specific, contemporaneous, articulable appearance, speech, body odor, or behavior indicators of alcohol use” (2016, ¶ 1). While 120 hours of training is not feasible for most small businesses, at least one representative from the business should complete several hours of training. Working Partners for an Alcohol- and Drug- Free Workplace (2016) indicate organizations should train supervisors on the enforcement of workplace drug policies, ways to recognize possible linkages between performance problems and drugs, and how to make determinations for referrals for drug testing.

FirstLab’s 2002, *A Supervisor's Manual: Guidelines for Reasonable Suspicion Drug and Alcohol Testing for Supervisors*, addressed the issue of reasonable suspicion and the fear of being wrong when accusing an employee of using drugs or alcohol. The goal of reasonable suspicion testing and training should be to promote workplace safety and company policy by “ensuring that employees whose behavior and appearance indicate possible illegal drug use or alcohol misuse are removed from safety sensitive duties” (FirstLab, 2002 p. 8). The employer has a duty to protect all stakeholders, including the employee with suspicious appearance, speech, body odor, or behavior indicators. Training the supervisor to recognize symptoms of impairment is the first step.

## **Conclusion**

As is the response to many employer dilemmas, the answer to the impact of medical marijuana on the business environment is, “it depends.” Carefully consider your state laws and consult a trusted employment law attorney if you are uncertain about the best course of action. “In short, the legal status of state medical marijuana laws remains ambiguous, which leaves many doctors, patients, and businesses in limbo” (Titus, 2016, p. 42). Common sense, written and acknowledged company guidelines and policies, and addressing the use of any substance with the safety of employees at the forefront will provide small business owners with the best answer until laws all businesses with more concrete direction.

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