

2019

Medical Marijuana Policy Conflicts within the District of Columbia Private Workplace

Robert B. Kennedy
Walden University

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Walden University

College of Social and Behavioral Sciences

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Robert B. Kennedy

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The Office of the Provost

Walden University
2019

Abstract

Medical Marijuana Policy Conflicts within the District of Columbia Private Workplace

by

Robert B. Kennedy

MPA, Central Michigan University, 1997

BS, University of Maryland at College Park, 1991

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Policy and Administration

Walden University

October 2019

Abstract

The District of Columbia poses a unique challenge to private employers because the passage of a local medical marijuana policy was instituted in a federalized district that is obligated to abide by federal Schedule 1 narcotic laws. Using punctuated equilibrium as the theoretical foundation, the purpose of this case study was to understand how managers maintain compliance and address the conflict between different levels of government. Data were collected from interviews with 8 private industry hiring personnel who operate within the District of Columbia. These interviews were transcribed, inductively coded using a 2-cycle coding procedure, and then subjected to a thematic analysis procedure. Two primary themes emerged; cognizance of the policy, and fear and safety concerns related to enforcement. In the case of the theme of cognizance, punctuated equilibrium was confirmed in that unbalanced policy development had negative or positive interpretations that created a significant subsystem effect. The second theme of “fear” is also explained through punctuated equilibrium as marijuana legalization is perceived as an emotional policy issue in the establishment of new policy. Implications for positive social change stems from recommendations to policy makers to clarify remaining ambiguity about the requirements associated with the juxtaposition of federal and local policy and law. Reconciling the differences between policies may improve the capacity for hiring authorities to better understand and practice effective talent recruitment while at the same time be attentive to the social needs in the District of Columbia related to workplace medical marijuana policies.

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Dedication

I would like to thank my wife Anabel, daughter Brittany, and son Robert Jr. for believing in me and providing me with the motivation to finish this dissertation. My wife constantly forced me to sit down and write, while my daughter and son reminded me of how hard it is to succeed without a trusted person to guide you through difficult obstacles.

Acknowledgements

I want to thank Dr. Jessie Lee, Dr. Clarence Williamson, Dr. Tanya Settles, and Dr. Donna Daniels for guiding me throughout my dissertation journey. I would also like to thank the hard-working hiring personnel who operate within private companies with little guidance on major workplace policy issues. I hope this dissertation provides some assistance in their endeavors to successfully run a private business in a legalized marijuana environment.

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Chapter 1 Introduction to the Study

Due to the federalization of Washington, DC under the District of Columbia Home Rule Act of 1973, the guidelines on medical marijuana within Washington, DC have significant restrictions for citizens under federal law versus medical marijuana laws in other legalized marijuana states (42 U.S. Code 14407). The decriminalization of cannabis in Washington, DC violates 21 U.S Code 841 narcotics law, based on the federal government's overall control over Washington, DC as the capital of the United States of America. Private employers have experienced policy conflicts with local marijuana policies, forcing some local governments to implement antidiscrimination laws to protect marijuana users (Mihelich, 2014). With no antidiscrimination laws established within the District of Columbia, the tendency for medical marijuana users to experience higher employment related terminations and contribute to higher than the national average District of Columbia unemployment rates exist (District of Columbia Department of Employment Services, 2015).

An emphasis on understanding the drug policies established within private companies and the application of these policies by hiring personnel must be explored to understand the retention and hiring practices towards authorized medical marijuana users. Efforts to identify the overall social impact on medical marijuana registrant employment opportunities within the private employment industry were initiated, while assisting hiring personnel in understanding the social effects associated with medical marijuana workplace policies in the District of Columbia. I used a qualitative case study to identify monolithic aspects of medical marijuana effects within the workplace; however, the discovery of

additional subcategories could allow for the exploration of additional future studies (see Miles, Huberman, Michael, and Salda et al., 2013).

Background

As employers attempt to differentiate between a drug free workplace and compliance with state medical marijuana laws, the conflicting legality of state and federal drug policies has ignited confusion by employers and lawsuits from medical marijuana users (Fleming, 2015). Medical marijuana users within the District of Columbia have limited employee protection laws, prompting private employers to adhere to drug free work policies (see Gies & Grant, 2015). Federal laws also support the disciplinary actions of employers against medical marijuana users, further igniting confusion between established District of Columbia and federal marijuana statutes (Hemenway, 2011).

Because federal agencies continue to invoke the supremacy clause of the United States Code on maintaining marijuana as a dangerous drug versus legalized medical marijuana state laws, private companies must protect employees from drug users (29 U.S. Code § 651). The establishment of the aforementioned law was very general in its meaning of protecting employees; however, the Substance Abuse and Mental Health Services Administration (SAMHSA) developed drug free workplace programs for federal and private employers (SAMHSA, 2016a). Although drug testing is not required for private companies, many of these companies use guidance provided through SAMHSA to create their drug policies (SAMHSA, 2016). The best practices provided by SAMHSA support Drug Free Workplace Programs for current employees; however, recommendations related to the hiring of drug users in the private workforce are not addressed (SAMHSA, 2016a).

The guidelines provided by SAMHSA do not address the specific workplace laws related to District of Columbia Initiative 59 or legalized medical marijuana use in the workplace, limiting federal guidance from the leading federal substance abuse agency. An alternative resource for guidance on medical marijuana use in the workplace could be identified within the U.S. Department of Labor's Americans with Disability Act under 42 U.S.C. § 12101; however, the law does not protect against users' legally prescribed medical marijuana. With the U.S. Health and Human Services and U.S. Department of Labor unable to provide guidance on legalized medical marijuana in the workplace, a reliance on implemented District of Columbia medical marijuana workplace policies related to Initiative 59 is required (District of Columbia Municipal Regulations and DC Register, 2010).

Any efforts by private employers to mimic marijuana policies initiated by the District of Columbia Department of Human Resources would result in additional confusion because District of Columbia human resource policies impose strict compliance guidelines for medical marijuana users (District of Columbia Department of Human Resources, 2016). The policy places an emphasis on District of Columbia Initiative 71, in terms of the policy relationship to recreational marijuana (District of Columbia Municipal Regulations and DC Register, 2014). This dilemma within private companies to construct their own drug free workplace policies is a potential recipe for disaster in terms of relying on local guidance to properly employ or maintain medical marijuana users.

The consequences of providing employers with conflicting federal and District of Columbia laws must be intensely analyzed in order to develop effective workplace policies on this growing trend. Because the District of Columbia is a federalized district financially

controlled by the United States Congress under 42 U.S.C. § 14407, the ability to apply local and federal marijuana laws provides an underlying bias towards medical marijuana users. This could have an enormous effect on the establishment of substance abuse programs in the workplace. The assessment of private employers' knowledge of medical marijuana policies identified potential problematic issues and provided information pertinent to the development of effective medical marijuana approaches within the workplace.

Problem Statement

Many employers within the United States have been accustomed to drug free work environments through policies designed to protect employees from dangerous drugs; however, District of Columbia medical marijuana laws have directly conflicted with established federal marijuana laws (Mello, 2013). Under the District of Columbia's legalized marijuana statutes, approximately 54% of District of Columbia adult residents over 18 years of age have used marijuana, with 18% of District of Columbia adults declaring themselves as current users (District of Columbia Department of Health Center for Policy Planning and Evaluation Behavioral Risk Factor Surveillance System, 2016). Based on the large percentage of District of Columbia residents identified as past or current users of marijuana, the high frequency of employers encountering marijuana users under the District of Columbia medical marijuana statutes exists. The ability to comprehend federal and local marijuana policies by human resource personnel is minimized in terms of their ability to protect their employees and public from potential work-related safety issues. Their inability to strategically decipher these conflicts could result in economic, social, and administrative problems within the company.

Purpose of the Study

The purpose of this qualitative exploratory case study was to identify potential medical marijuana policy conflicts encountered by human resource personnel in terms of their workplace drug policy status for medical marijuana users. An emphasis on District of Columbia private employers with no contractual obligations to any level of government was crucial to assess the effects of conflicting District of Columbia employment policies for medical marijuana registrants operating within a private related workplace (Marshall, Kwagyan, Scott, Cain, Hill, and Taylor et al., 2013). The utilization of a case study interview allowed me to explore political science related topics, while obtaining more personal moving past rudimentary data retrieved from quantitative methods (see Dixon, 2015). An analysis of employers' knowledge of District of Columbia marijuana policies versus federal policies identified the need for medical marijuana policy implementation in order to clarify medical marijuana user limits within the workplace.

Because legal medical marijuana users are diagnosed with a documented debilitating illness, hiring personnel must establish a well-defined hiring, retention, and termination process. The results of this study can assist hiring personnel in providing their employers with a methodology of how to decipher and maintain compliance with federal and District of Columbia medical marijuana policies. Based on an employer's ability to understand and appropriately develop sustainable workplace policies, medical marijuana users and nonmedical marijuana users can function in a socially cohesive work environment. This study can assist in the reduction of negative social perceptions linked to marijuana, while protecting the coworkers and citizens from liability related issues.

Research Questions

According to Rudestam and Newton (2015), moderation identifies a controlling element that is significant in the directional shift of variables. Because more than two moderation relationships exist within the topic of medical marijuana, as they relate to disability discrimination and legal workplace policies, the removal of disability discrimination as a mediating variable created an overall moderation focus on medical marijuana and policy application. The primary research question for this specific topic was as follows: What is the District of Columbia private employers' level of understanding of federal and local government policies related to medical marijuana policies? Based on the primary research question, the following secondary questions were used in this study:

1. What are the effects of medical marijuana policy conflicts on applying administrative policies within nongovernment-related private companies?
2. What types of social problems can occur within the workplace based on conflicting policies?

In an effort to properly identify similar circumstances identified within prior studies that addressed workplace related substance use policies, the use of threat assessment questions related to an employer's acceptance of prescription drugs in the workplace was employed (see Lee, 2011). The use of the following categories identified by Lee (2011) established a comparative baseline of questioning as it related to the analysis of employers' understanding of federal and District of Columbia workplace policies:

1. Qualifications to perform the essential elements of the job,
2. Potential direct threat to the safety of others,

3. Understanding of the American with Disability Act.

Theoretical Framework

To understand policy change associated with medical marijuana policy conflicts between the federal government and the District of Columbia, Baumgartner and Jones's conceptualization of punctuated equilibrium was used. According to Baumgartner and Jones (2009), political monopolies within governments are increasingly becoming unstable. The rising competition of new and popular policies that conflict with old established policies is growing, as seen in the passage of District of Columbia marijuana laws. The issue of drug abuse within the framework of punctuated equilibrium is considered to be an emotional policy issue which relates to establishing any legitimate perspective within a newly established policy (Baumgartner and Jones, 2009).

The image of marijuana as a substance used for medicinal purposes has been consistently viewed by the federal government as invalid. The government has consistently advertised the image of marijuana as a Schedule I drug, forcing all private industries to adhere to some form of drug or safety regulatory rule (Drug Enforcement Administration Office of Diversion Control, 2017). According to Weible (2008), a policy's image has a significant role in how the negative or positive interpretation of a policy is perceived by allies or adversaries. Because punctuated equilibrium places an emphasis on unbalanced policy development and balancing all entities affected by the punctuating policy, the issue of negative or positive interpretation by each entity of the punctuated policy could create a significant subsystem effect (Wood, 2006). In the case of medical marijuana policies operating within governmental subsystems, the conflicting problems are transferred from

established government policies to business environments that are guided by some form of governmental regulatory control.

The probability of individuals implementing policies that possess strong values towards a specific moral dimension is significant, especially in democratic societies that have strong opinions on drugs and other morality issues (Hurka, Adam, and Krill et al., 2016). Because the United States is a highly evolved democratic society and the District of Columbia is the capital of United States, the probability of stronger morality-based opinions on drugs exists. In an attempt to study the effects of medical marijuana policy conflicts between the federal government and District of Columbia on private employers, I assessed and analyzed employers' understanding of medical marijuana policies within their company. The application of the punctuated equilibrium theoretical framework in this study assists in the advancement of strategies associated with private workplace drug policies.

Nature of the Study

To identify the most appropriate research design for medical marijuana policy conflicts in the workplace, I selected a case study. The aforementioned design provides the researcher with the ability to understand how and why the phenomenon of governmental medical marijuana policy conflicts effect the private workplace. Individuals classified as human resource personnel have the ability to hire personnel, providing an essential amount of hands-on information on their interpretation of government-issued medical marijuana policy. The classification of medical marijuana policy as a contemporary event also supports the use of a case study, due my inability to control the actions of human resource personnel (see Yin, 2015).

The overall rationale for the selection of a qualitative case study was centered on understanding the policy decision making process in terms of federal and District of Columbia medical marijuana policies. In this study of human resource personnel, I conducted face-to-face interviews for data collection purposes. Semi structured interviews use various types of open-ended queries to incorporate and control narrative data from additional questions, allowing the participant to be exposed to a deeper interview experience (Guest, Namey, and Mitchel et al, 2013). The interviews consisted of a convenience sample of eight human resource personnel from different companies based within the District of Columbia (see Jager, Putnick, and Bornstein et al., 2017). The data collected from the compiled interviews can provide employers with a better understanding of medical marijuana policies while reducing the propensity for moral influenced decisions subjected to long standing governmental policy images of marijuana policies.

According to Yin (2013), overlapping qualitative case studies linked to an original case study provides strength to the validation of the original research findings. The results of the aforementioned interviews allowed me to identify specific trends and themes, supporting the validation of data related to social issues and the effects of governmental medical marijuana policy conflicts on employers. This qualitative study was conducted under the approved parameters of an institutional review board controlled by Walden University faculty in an effort to protect all interview participants from any ethical violations.

Although additional research methodological approaches were considered, their application to the parameters of this specific case study were inappropriate. The use of a quantitative methodological approach was not applicable to this area of study based on its

scientific numerical approach towards unbiased hypothesis testing (see Davies & Hughes, 2014). The analysis of medical marijuana policies in the workplace requires data compiled from human resource interviews, without the use of hypothesis testing for scientific numerical variables. Mixed methods research was eliminated from consideration based on the need to combine qualitative and quantitative methodological approaches into an accurate collaborative occurrence (see Venkatesh, Brown, and Bala et al., 2013). Mixed methods research could have been used; however, this methodology is inappropriate for an interview-based case study.

Definitions

Cannabis: Also called *weed*, *herb*, *pot*, *grass*, *bud*, *ganja*, *Mary Jane*, and a vast number of other slang terms—it is a greenish-gray mixture of the dried, shredded leaves and flowers of *Cannabis sativa*—the hemp plant.

Initiative 59: Permits the use of marijuana for medical treatment (District of Columbia Municipal Regulations and DC Register, 2010).

Initiative 71: Allows the legal possession of minimal amounts of marijuana for personal use (District of Columbia Municipal Regulations and DC Register, 2014).

Medical marijuana: Used to ease symptoms of various health problems. The U.S. Food and Drug Administration has not approved marijuana plants as a medicine; however, there have been scientific studies related to cannabinoids (National Institute of Health U.S. National Library of Medicine, 2016).

Medical marijuana users: Individuals consuming marijuana which is not considered a first-line therapy for any condition under federal laws. (National Association of School Nurses, 2016, p. 1).

Supremacy clause: Under Article VI, Paragraph 2 of the Constitution is commonly referred to as the Supremacy Clause. It establishes that the federal constitution, and federal law generally, take precedence over state laws and even state constitutions.

Tetrahydrocannabinols: Also known as THC and the primary psychoactive component of the Cannabis Sativa L plant (Geke et al., 2016).

Assumptions, Limitations, Scope, and Delimitations

In an effort to define subjects that are assumed to be factual, I identified potential weaknesses and limits within the study. The following assumptions, scope, delimitations, and limitations are discussed:

Assumptions

1. The use of a qualitative research design and case study approach is an opposite approach.
2. District of Columbia employers want to obey federal and local laws.
3. All participants within the study were willing and honest participants.
4. Ethical and legal boundaries were maintained in all aspects of research in order to avoid bias.
5. I focused on employers and their human resource personnel based in Washington, DC.

Scope

1. The study is restricted to the District of Columbia.
2. The study is restricted to private industry employers within the District of Columbia.
3. The amount of time required to complete each interview varied due to travel time to each location.

Delimitations

1. I interviewed five private employers.
2. I specifically sought out private employers in blue collar and administrative level occupations.

Limitations

1. The employer management population was focused on personnel with hiring and firing authority.
2. Some hiring personnel may not have complete knowledge of medical marijuana laws.
3. Company disclosure policies may have produced hesitation to answer questions related to company policies.
4. Some employers may have a personal opinion of medical marijuana, prompting a potential bias in their responses.
5. The occupations of the employers varied due to limited access to one consistent occupational demographic.

The amount of information provided on medical marijuana policy conflict is limited, prompting the use of a case study approach on employer knowledge. This use of a

qualitative approach allowed me an opportunity to observe the philosophical views and physiological reactions as they related to an employer's perspective on medical marijuana workplace policy. The overall findings of this study should provide a comprehensive analysis of policy conflicts related to medical marijuana.

Significance of the Study

In this study, I attempted to identify underlying workplace policy conflicts created from contrasting District of Columbia medical marijuana legislation and federal policies to enhance workplace practices and promote social change within a regulated environment. I explored medical marijuana policy conflicts within the workplace for possible recommendations in an effort to provide hiring personnel with peer-reviewed assessments and approaches on the issue of workplace medical marijuana. The need to identify employer policy options and solutions is primarily based on the Occupational Safety and Health Act of 1970 and District of Columbia medical marijuana legalization policies; however, the results of this study could provide a pathway to understanding various medical marijuana policies (see 29 U.S. Code § 651). Efforts to educate employers to develop professional practices while understanding the potential social change implications of their decisions was the focus of this specific study.

Summary

The emergence of legalized medical marijuana within the federalized District of Columbia has created significant conflicts with the established federal marijuana law. Employers based within the District of Columbia are placed in an awkward position in terms of applying the appropriate laws to medical marijuana users. Employers must navigate

through nonexistent medical marijuana protection laws and federal classifications of marijuana as a dangerous drug, igniting potential internal and external problems related to the understanding of hiring and termination policies. In this study, I pursued higher levels of understanding governmental medical marijuana policy perceptions by private employers in terms of applying triangulated evidence acquired from multiple sources of data. The aforementioned sources of data corroborated the outlined qualitative case study described in Chapter 1 in an effort to properly support governmental medical marijuana policy conflict effects on District of Columbia private employers (see Patton, 2015).

The literature review in Chapter 2 provides support related to the application of punctuated equilibrium theory and medical marijuana policy conflicts as they related to governmental policy image's influence on District of Columbia private industry policy conflicts. While Chapter 3 provides the research design, process, and final analysis of interview data.

Chapter 2: Literature Review

Introduction

In an effort to provide an appropriate background on prior research conducted on medical marijuana, a literary review of peer-reviewed articles and governmental policies were assessed for their relevancy towards known medical marijuana policy conflicts. The articles assisted me in understanding the effects of federal and District of Columbia medical marijuana workplace policies from a theoretical framework. Efforts to identify peer reviewed articles on the dilemmas facing medical marijuana related policies in the workplace were limited; however, literature related to areas significantly affected by federal versus state medical marijuana policy implementation were identified (see Goldsmith et al, 2015; Hikcox, 2011; Rodd, 2014).

According to Ruggeri (2010), during the punctuated equilibrium theory process, mixed messages within marijuana policy development distort the potential risks of marijuana consumption. I examined the impact of conflicting federal and state policies on medical marijuana users, as they related to private employers' comprehension and application of medical marijuana policies in the workplace. Once an employer has developed their independent perception of medical marijuana policy and its application to the workplace, the positive or negative influence of their moral position on drug consumption has a strong influence in the development of their workplace policy (Hurka et al., 2016). In this literature review, I focus on the influence of morality in private company drug policy implementation decisions and its administrative and social effects on medical marijuana users.

The problems associated with medical marijuana policy implementation within the workplace are significant in terms of safety, federal law, disabilities, congressional control, and morality related decisions to apply drug testing policy towards medical marijuana users. The purpose of this qualitative exploratory case study was to identify policy gaps as they relate to the impact of medical marijuana workplace policy conflicts towards District of Columbia medical marijuana users in the workplace. Efforts to properly align the punctuated equilibrium theory with my research problem and question allowed me to properly identify any potential gaps and themes.

Literature Search Strategy

In an effort to ascertain relevant articles with significant information appropriate for a literature review, the library database of Walden University was the primary source for peer-reviewed articles. Based on prior background information attained within this study, the use of ProQuest Central, ProQuest eBook Central, Ebscohost, Wiley Online Library, Cornell University Law School Online Legal Information Institute, Google Scholar and SAGE Premier Databases were primarily used for peer-reviewed articles. In addition to Walden University's online library, articles from the Federal Drug Enforcement Administration Resource Center and Federal Substance Abuse and Mental Health Services Administration were also used for research purposes.

Due to the limited amount of peer-related literature available on the topic of workplace policy effects on medical marijuana users, an emphasis on human resource and government regulatory related topics associated with marijuana use were used for the review. The use of standardized search terms related to *punctuated equilibrium*, *marijuana*,

cannabis, medical, tetrahydrocannabinol, THC, workplace, policy, employee, employer, and legalized were used to appropriately target the designated topic. A comprehensive review of combined and single terms searches was conducted to identify potential peer reviewed articles associated with medical marijuana policies within the workplace.

Review of Literature

The use of literature reviews allowed me to assess the relevance of prevailing articles surmised from well noted scholars (see Patton, 2015). The articles and publications reviewed in this section address specific problems associated with medical marijuana policies as they relate to theoretical concepts. Elements related to direct and indirect private employer policies affected by medical marijuana use in the workplace are addressed within the literature review.

According to Kleinman and Hawdon (2011), the United States government considered marijuana as the most dangerous threat to American society in 1930. This threat prompted the enactment of the Marijuana Tax Act of 1937, which imposed 5 years of imprisonment and a \$2,000 fine for possession of marijuana (Chambers, 2010). The United States government fortified their intolerance for marijuana consumption by classifying marijuana as a dangerous drug, further supporting the evolutionary development of the Federal Bureau of Narcotics to the current Drug Enforcement Administration (Kleinman & Hawdon, 2011). Considering the long-standing federal policy of classifying marijuana as a dangerous drug for approximately 90 years, generations of American citizens have only identified negative associations with marijuana. The federal government has supported the theory that marijuana is a gateway drug to more addictive opioids and stimulants,

inculcating scientific hypothesis on mental vulnerabilities associated with the human consumption of marijuana (National Institute on Drug Abuse, 2017).

The propensity of individuals in leadership positions to maintain the status quo of historical rules and procedures exists until a moment of crisis prompts leadership to address potential catastrophic changes to their existing modus operandi (Dickson & Mitchelson, 2007). Private companies in the District of Columbia that employ medical marijuana users are subjected to long standing federal laws, while attempting to adhere to conflicting legalized local government marijuana policies. The sporadic shift and realignment by private industry to conflicting federal and District of Columbia policies could significantly influence the moral decision-making process in relation to hiring and retention of medical marijuana users. The aforementioned decisions by human resource personnel also influence administrative policies and social awareness issues towards medical marijuana users. Based on leaders creating cultures within their particular industry, the propensity negative or positive interpretation and influence on internal policy implementation exists.

The historic federal drug policies that criminalize marijuana and the District of Columbia government shift towards legalized marijuana have created the potential for corporate leadership to follow historical federal patterns. In this literature review, I highlight topics significant to the theoretical framework and potential workplace policies affected by the employment of legalized medical marijuana users.

Punctuated Equilibrium Theoretical Concept

The punctuated equilibrium theory analyzes a stabilized and consistent political structure affected by an extreme directional change in the public policy spectrum (Repetto,

2006). Repetto (2006) identified the following significant variables associated with the development of the punctuated theory:

- Analyzing policies established at a minimum of at least 30 years;
- Centering on polygonal public policies evolve into redefined images of prior historical beliefs;
- Assessing institutional flexibility to assess multiple policies;
- Understanding the optimistic criticism associated with the shift, leading to altered perceptions and shifting policy implementation.

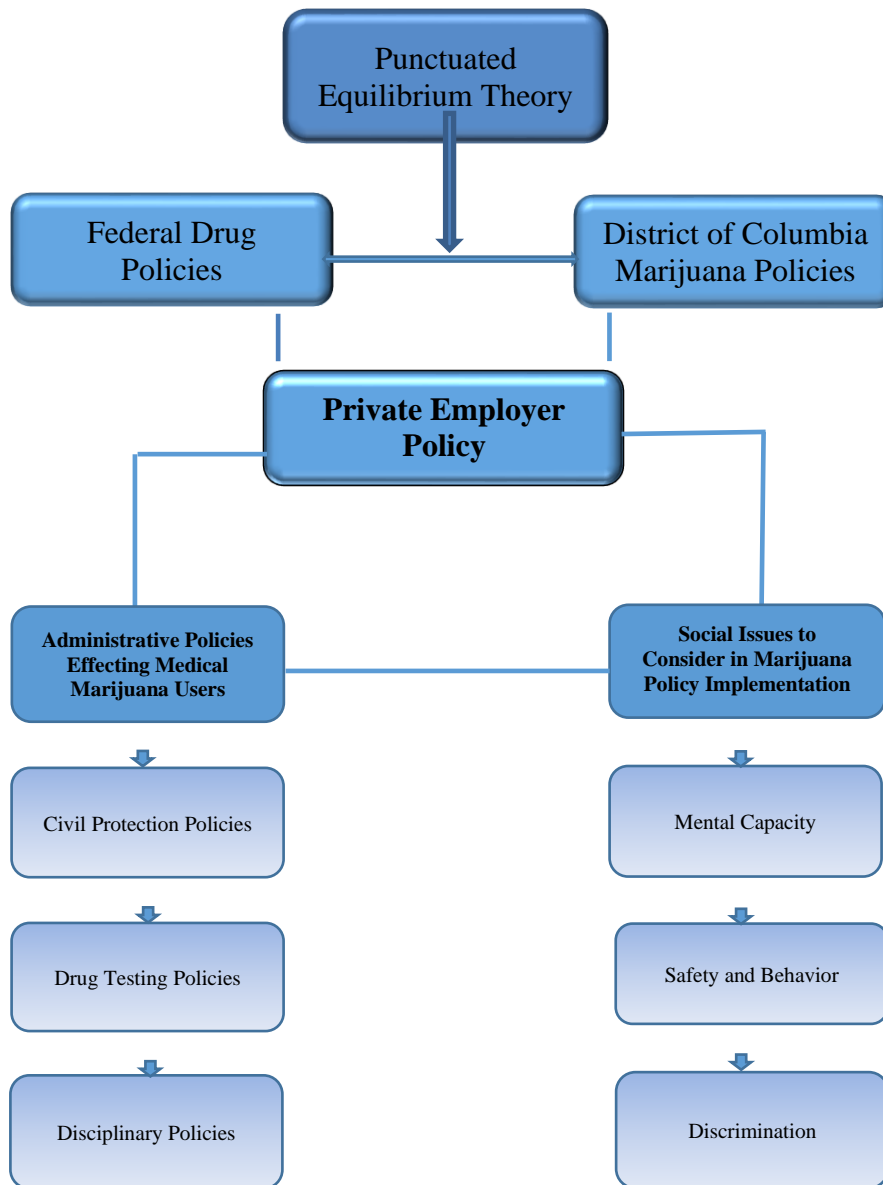


Figure 1. An organizational chart with essential elements within the literature review.

The image of marijuana as a substance used for medicinal purposes has been consistently viewed by the United States federal government as unacceptable. The United States government has consistently publicized the image of marijuana as a Schedule I drug

with no medical use, compelling all private industries to adhere to some form of drug or safety regulatory rule (Drug Enforcement Administration Office of Diversion Control, 2017). According to Weible (2008), a policy's image has a significant role in how the negative or positive interpretation of a policy is perceived by allies or adversaries. Because punctuated equilibrium places an emphasis on unbalanced policy development and balancing all entities affected by the punctuating policy, the issue of negative or positive interpretation by each entity of the punctuated policy could create a significant subsystem effect (Wood, 2006). In the case of medical marijuana policies operating within governmental subsystems, the conflicting problems are transferred from established government policies to business environments that are guided by some form of governmental regulatory control.

The probability of individuals implementing policies that possess strong values towards a specific moral dimension is significant, especially in democratic societies that have strong opinions on drugs and other morality issues (Hurka et al., 2016). Because the United States is a highly evolved democratic society and the District of Columbia is the capital of United States, the probability of stronger morality-based opinions on drugs exists. In an attempt to study the effects of medical marijuana policy conflicts between the federal government and District of Columbia on private employers, I assessed employers' understanding of medical marijuana policies within their company. The application of the punctuated equilibrium theoretical framework in this study assisted in the advancement of strategies associated with private workplace drug policies.

In 1996, the State of California passed an amendment to their state constitution, under health and safety code Section 11362.5 (Compassionate Use Act, 1996). The act was the first medical marijuana legislation passed in the United States to assist individuals with Acquired Immune Deficiency and Cancer, punctuating established federal drug laws under 21 U.S.C. 841 drug laws (Compassionate Use Act, 1996). Based on the passage of this specific law, twenty-seven additional states and the District of Columbia have subsequently pass legalized marijuana legislation. The federal criminalization of marijuana is challenged by states siding with their constituents, subsequently puncturing the United States historical stability of classifying marijuana as an illegal drug. This is consistent with Baumgartner and Jones (2009) assessment of longstanding policy agendas that are initially exposed to punctuated periods of unbalanced change.

Based on variables to establish a punctuated theoretical framework, the policy issues associated with medical marijuana satisfy the definition parameters. According to Pierce and Siddiki et.al (2014), potential policy development burdens incurred by private employers are associated with comprehension, political influence, and bias. Employers are confused on how to apply state and federal laws within their work environment, resulting in the reliance on the decisions of court system and established policies associated with medical marijuana. Bolman and Deal (2013) identified similar ambiguous and symbolic characteristics within work environments, as they relate to socially adapting to conflicting reconstructive workplace policies. A review of peer-reviewed articles associated with medical marijuana workplace policy conflicts within the District of Columbia was assessed, in an effort to

understand employer's comprehension and implementation of workplace marijuana policies influenced by the punctuated equilibrium theoretical framework.

Federal Drug Policies

The United States government considers marijuana as a schedule I drug under the 1970 Controlled Substance Act (21 U.S.C. § 841). This classification for Tetrahydrocannabinols (THC) is applied to controlled substances with a high potential for abuse and no accepted medical use in society (Drug Enforcement Administration Office of Diversion, 2017). The punctuation of federal law by state imposed legalized marijuana laws have induced conflict within the workplace, in terms of establishing appropriate policies on medical marijuana use in a work environment. The literature review attempts to address significant issues which provide independent solutions, while private companies' ability to comply with federal regulatory and criminal policies stalls the development of internal medical marijuana policy.

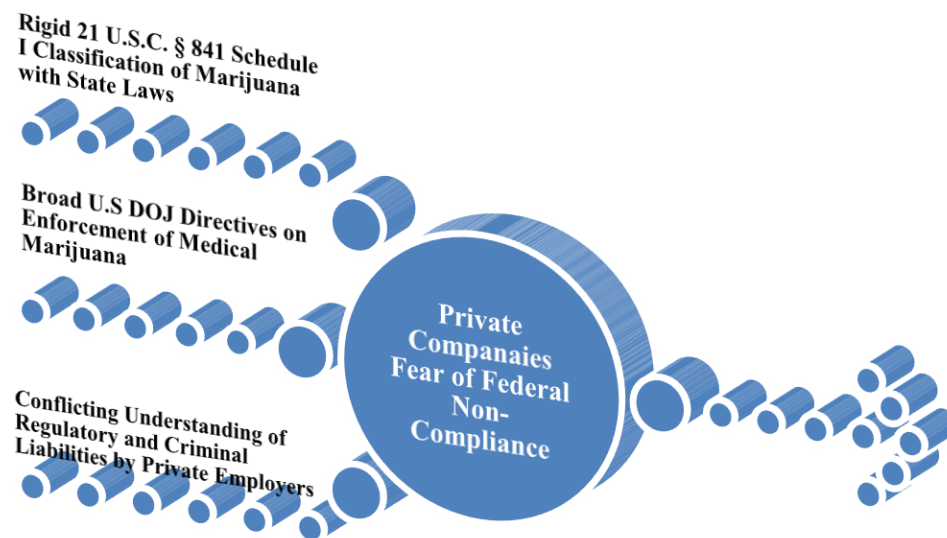


Figure 2. An illustration of federal laws and policies effecting private employers.

In an effort to address the conflicting laws between federal and state marijuana laws, the Department of Justice (2013) established federal guidelines. Federal law enforcement maintained the right to investigate drug induced driving and the perpetuation of other adverse public health consequences associated with marijuana (Department of Justice, 2013). Based on the broad scope applied to marijuana inciting adverse public health consequences, private employers could interpret applicable federal regulations as a precursor for potential federal civil violations associated with medical marijuana users. The issue of broad interpretation by the Department of Justice (2013) is also expanded into state laws consistent with federally issued guidelines, expanding the enforcement reach to state laws associated with medical marijuana legislation.

The Department of Justice (2013) retains the right to investigate marijuana possession on federal property. Non-Government contractual private employers renting or

operating within federally classified property are not obligated to meet federal drug requirements under the 41 U.S.C. § 8104; however, federal guidelines allow enforcement of marijuana possession laws within these areas (Drug Free Workplace Act, 1988). According to Mello (2013), employers' inability to comprehend laws and safely protect their workplace from potential federal violations is enhanced by conflicting policies.

District of Columbia Marijuana Law

Under the District of Columbia's medical marijuana policy D.C. Act 13-138§2 (3), private employers are subjected to complex local policies associated with medical marijuana users. The District of Columbia Home Rule Act of 1973 is an additional complex variable in the medical marijuana legalization process, due to the complete federalization of Washington, DC (42 U.S. Code 14407). The decriminalization of marijuana in the District of Columbia violates 21 U.S Code 841 federal narcotics law and technically violates medical marijuana guidelines established by the Department of Justice (2013), based on the federal government's overall control over Washington, DC as the capital of the United States of America.

Employer perceptions of employing medical marijuana users within the District of Columbia must be extremely accurate, in order to protect their employees and avoid unintentional criminal enforcement actions. The portrayal of federal supremacy and congressional regulation limit private employers' flexibility, while heuristically defining legalized medical marijuana patients as criminal drug users (Griffin, 2014). In an effort to provide additional clarity to medical marijuana user, the District of Columbia Department of Health (2017) requires medical marijuana applicants to sign an acknowledgement of limited

liability and notification of federal prosecution within the actual application for medical marijuana use.

The District of Columbia Metropolitan Police Department (2017) is the primary local law enforcement component for legalized marijuana violations. Employers attempting to establish medical marijuana policies within their companies understand their law enforcement agency's position on drugs, in terms of workplace enforcement and reporting obligations of illegal acts. According to Lee (2012), Law enforcement and employers are the gatekeepers of their corporate and public entities and rely on maintaining control of the office and streets. A review of the District of Columbia Metropolitan Police Department (2017) position on legal marijuana possession allows an individual possessing up to two (2) ounces of marijuana on private property. Employers need to understand what is considered private and public by law enforcement agencies, in order to differentiate the federal classification of public areas.

Employers operating within the District of Columbia are subjected to medical marijuana laws and recreational marijuana laws, with the potential for crossover in the workplace (District of Columbia Municipal Regulations and DC Register, 2014). The District of Columbia Metropolitan Police Department (2017) permits non-payment exchanges of up to one (1) ounce of recreational marijuana between individuals, confusing any establish policies focused specifically on medical marijuana. This supports Wood (2006) statement related to punctuated equilibrium emphasis on unbalanced policy development, leading to the negative or positive interpretation of a punctuated policy and creation of a potential subsystem effect. Without local law enforcement support of small

distributed amounts of marijuana in the workplace, medical marijuana policies must thoroughly understand all policies associated with marijuana laws within the District of Columbia.

Private Employer Policy Comprehension

Efforts by employers to become legally compliant with medical marijuana laws are challenging, in terms of implementing drug testing and zero tolerance policies (Deitchler, 2015). Many companies refer to attorneys for guidance; however, employers may consider the option of internally developing medical marijuana policies. According to Nagele-Piazza (2017), medical marijuana is the most challenging and contradictory policies at this present age. Although private employers rely on federal and state guidance in the formulation of their company policies, the development of medical marijuana policies must be appropriately applied to the complexity of circumstances.

Many state court systems tend to permit employer implementation of drug-free work environments through drug testing, contrary to successful legalized marijuana legislation within the United States (Enos, 2016). Based on the flexibility bestowed by state courts to employers, the implementation of stringent drug free policies could be developed in the workplace. Employers operating within the District of Columbia are reliant of the decisions rendered by the United States District court for the District of Columbia; although, the District of Columbia has a local court system (Federal and Local Jurisdiction in the District of Columbia, 1982). The District of Columbia has passed legislation under civil jurisdiction codes 11-501, 11-921(b) and criminal jurisdiction code 11-502(3), clarifying federal superiority on cases overlapping with local District of Columbia court dockets (Council of

the District of Columbia, 2016). Employers are not provided with any specific guidance from the designated court system on medical marijuana, forcing them to refer to related current federal decisions (Enos, 2016).

According to Pickerill & Chen (2006), the federal court system projects a sense of federalism towards medical marijuana users, as in the United States Supreme Court decision in the *Gonzales v. Raich* case. The case allowed the federal government to classify local cultivation as illegal under the federal commerce clause, based on the drug's propensity to be transported within the United States (Pickerill & Chen, 2006). This is contrary to the recent decision by the United States 9th Circuit Court of Appeals, barring the Department of Justice from prosecuting medical marijuana cases without clear state violations (*United States v. McIntosh*, 2016). District of Columbia employers have two different decisions from the federal government on medical marijuana, adding to inability to establish appropriate workplace policies. Based on international drug trends, the United Nations Office on Drugs and Crime (2016) assessed future challenges to United States laws from unregulated marijuana products. Employer policies and judicial hearings are primarily focused on traditional medical marijuana cases; however, the evaluation of policies addressing the deviation from traditional medical marijuana treatments is a pending problem to the courts and future workplace policies (United Nations Office on Drugs and Crime, 2016).

As employers attempt to comprehend federal and state medical marijuana laws for the workplace, consideration of their internal procedures and responsibilities should set the foundation for their policy development (Phillips, Holland, and Baldwin et al, 2015). Issues

related to drug testing, safety, and training are some of the significant elements to be considered in the policy construction process (Phillips et al, 2015). District of Columbia employers must additionally consider how their policies will be applied to medical marijuana users, in terms of during and after work hours. This could complicate the employer's understanding of their internal procedures with federal and state laws, based on the occupational importance of drug use within the company (Phillips et al, 2015). The effects of internal administrative policies for medical marijuana users has the potential to be positive or negative, in terms of understanding external economic and social effect. A review of literature on the effects of implemented policies identifies specific areas that create a secondary policy conflict for medical marijuana users, resulting from conflicts between the District of Columbia and federal drug laws.

Administrative Policies Affecting Medical Marijuana Users

During the review of carious literature, the District of Columbia does not require employers to permit drug use or tolerate employees working under the influence. This is further supported by the Society of Human Resource Management identification of no documented requirements, as they relate to employers allowing employees to work under the influence of marijuana (Deschenaux, 2014). Although federal and state laws are conflicting on medical marijuana, the propensity to implement a no-tolerance policy for its simplicity over a well-designed integrated policy exists. The motivation of an employer to implement well-designed administrative policies has the propensity to emerge from their acknowledgement of an employee's claimed disability; however, medical marijuana is not considered as a valid treatment under the Americans with Disability Act (Dwoskin, Squire,

and Burdick et al., 2012). An understanding of how District of Columbia employers classify the documented disabilities of medical marijuana users is crucial, in terms of their underlying reasoning for the development of workplace medical marijuana policies.

Establishing civil protection policies within the District of Columbia provide employers with established parameters, in terms of eliminating potential bias towards medical marijuana users. Under District of Columbia (2016a) Code: § 7–1671.01, workplace accommodations for medical marijuana users are not defined by law (Council of the District of Columbia, 2016a). This can potentially allow employers to develop questionable actions towards medical marijuana users. In an effort to eliminate employer bias towards potential employees using marijuana, the District of Columbia passed the Prohibition of Pre-Employment Marijuana Testing Act under District of Columbia Code: § 32–931 (Council of the District of Columbia, 2016b). The Prohibition of Pre-Employment Marijuana Testing Act restricts employers from administering a drug test to an applicant, prior to extending a conditional offer of employment (Council of the District of Columbia, 2016b). This eliminates the employer's ability to fully evaluate any hidden issues not disclosed in the interview process.

Unlike states that provide full employment protections in the hiring, penalty, or termination phases of a job; the District of Columbia's ability to provide similar coverage is hampered by federalization limitations under 42 U.S. Code 14407. Employers in the District of Columbia could have a higher propensity to follow guidelines established under 41 U.S.C. § 8104 of the 1988 Drug Free Workplace Act, by implementing policies that recommend termination for possession and safety concerns. Mason (2014) provides

additional support to the mindset of employers, as they relate to Massachusetts employers justifying safety and potential onsite criminal violations for the termination of employees using marijuana. An analysis of employer termination justifications towards District of Columbia medical marijuana employees and applicants is crucial, in terms of properly applying hiring practices.

Many human resource departments hire individuals, in order to fill a specialized expertise or need within their company structure. The use of drug testing is an additional step in the hiring process, in an effort to tranquilize employer safety concerns of potential and current employees (Christie, 2015). The Society for Human Resource Management (2016) recommends that all employers review the Americans with Disability Act and Occupational Safety and Health Administration 2016 Final Rule Section 1904.35(b)(1)(iv), in an effort to understand the complexities associated with workplace drug testing (p. 1). The American with Disabilities Act under 42 U.S.C. § 12101 does not cover medical marijuana users; however, Section 1904.35(b)(1)(iv) of Occupational Safety and Health Administration final rule restricts employers from using drug testing to threaten employees (Department of Labor: Occupational Safety and Health Administration, 2016). The complexities associated with medical marijuana drug testing policies provide evidence of ineffective random drug testing policies without supporting evidence versus evidence-based drug testing, further reinforcing the need for employers to fully understand the process before implementing drug testing policies in the workplace (Christie, 2015).

Many employers have implemented zero-tolerance policies for their employees, resulting in employees attempting to invoke their rights for accommodations under the

Americans with Disability Act (Shore, 2011). Because the American with Disabilities Act 42 U.S.C. § 12101 does not recognize medical marijuana use as a legal treatment for disabilities, many courts support the disciplinary actions implemented by the employer (Fitting, 2016). Employers invoking their rights to minimize exposure to financial and safety concerns are often supported by State and federal courts, allowing the continuation of terminations for medical marijuana use to persevere in the workplace (Fitting, 2016). The employer's position is supported by the Ninth Circuit United States Court of Appeals in the case of *James v City of Costa Mesa*, citing that employees are not protected under the American with Disabilities Act when marijuana is considered illegal under federal law (Marcoux, Larrat, and Vogenberg et al., 2013). This decision is furthermore significant to medical marijuana users, considering Marla James was significantly disabled and using marijuana for pain management (Marcoux et al., 2013). Employers operating within the District of Columbia have the federal support to terminate employees for medical marijuana use; however, they should review the severity of the illness in their policy decision process.

Social Issues to Consider in Marijuana Policy Implementation

According to Marcoux et al (2013), marijuana use is associated with impaired memory, delayed cognitive decision making, addiction, decreased mental stability, psychosis and respiratory problems. The New England Journal of Medicine also identified evidence of addiction for individuals using marijuana, in terms of identifying approximately ten (10) percent of marijuana users as addicts from long term use (Volkow, Baler, Compton and Weiss, et al., 2014). The National Institute on Drug Abuse (2017a) stated that individuals using marijuana at least seven times a week experience significant cognitive

issues, resulting in average salary incomes of \$30,000 per year or less. District of Columbia employers with low to middle class occupations have a higher propensity of experiencing medical marijuana users in their workplace.

Lusk, Paul, and Wilson et al (2015) assessed the mental capacity of marijuana users in vocational occupations who possessed a pre-existing medical condition, identifying evidence of diminished occupational effectiveness within selected occupations. Positive evidence associated with the use of marijuana for appetite enhancement, chemotherapy side-effects, damaged nerve fibers, chronic pain, and contracting muscles associated with multiple sclerosis are supported by numerous clinical studies (Hill, 2015,). According to a study conducted by Gruber, Sagar, Dahlgren, Racine, Smith, and Lukas et al. (2016), medical marijuana subject displayed evidence of improved executive function in tests requiring increased speed and accuracy (para. 14). An observational study conducted by Wilkinson, Stefanovics, and Rosenheck et al. (2015), Post Traumatic Stress Syndrome subjects exhibited elevated symptoms associated with violence and marijuana use (p. 1174). District of Columbia employers must consider the cognitive levels and physical limitations of employees when potentially hiring medical marijuana users with veteran status for safety concerns, based on evidence suggesting marijuana may worsen violent effects of Post-Traumatic Stress Syndrome (Wilkinson et al., 2015).

The passage of medical marijuana laws throughout the United States has increased tremendously, while generating conflicting and limited studies on its effect on crime (Shepard & Blackley,2016). This is an important aspect to employers and their development of workplace drug policies, due to an employer's obligation to protect their

employees (Mello, 2013). According to Shepard and Blackley's (2016) economic crime model, substantial decreases in property crimes and violence were associated western medical marijuana states. This assessment has the propensity to provide employers with a sense of acceptance of medical marijuana users, due to their perceived low level of violence. The District of Columbia Metropolitan Police Department (2016) arrested 4931 adults in 2014 for narcotic related crimes and 2490 in 2015; however, the overall FBI Uniform Crime Reporting System (UCR) identified a violent crime rate increase by one (1) percent for the same time period. The significant difference in arrest but increase in violent crime between western states and the District of Columbia are indicators of potential behavioral conflicts associated with medical marijuana users, in terms of correlating medical marijuana policies with potential workplace violence.

Although no significant evidence of violence has been linked to medical marijuana, the gateway theory identifies the propensity of violence through the progression to stronger addictive drugs (National Institute on Drug Abuse, 2017). According to research conducted by Morris, TenEyck, Barnes, and Kovandzic et al (2014) on the gateway theory, medical marijuana does not provide any associations with higher victim related crimes and is the primary gateway drug for alcohol abusers. The conflict between government and private theories on marijuana as a gateway drug has the potential to confuse employers, in terms of medical marijuana users' propensity for violence in the workplace.

Summary and Conclusions

With all of the theoretical confusion on medical marijuana users' propensity for violence, the potential for discriminatory acts against medical marijuana users exist. The

acceptance of medical marijuana use through legislative and enforcement policies provide a pendulum swing from prohibition to protection; however, employers without established drug policies have a higher propensity to terminate medical marijuana users (Ford & Ludlum, 2013). The implementation of zero-tolerance policies is logical for employers; however, employees have the right to emotionally feel discriminated for termination of a legal substance under state law (Pastore, Contacos-Sawyer, & Thomas et al, 2013). Under the Equal Employment Opportunity Commission Title 42 U.S.C. § 12113(b) as an employee defense, employers are required to provide proof that an employee poses a substantial liability in the form of safety or health to the company. Pastore et al (2013) stated that terminated medical marijuana users with illnesses previously diagnosed by a valid physician have a higher propensity to file arbitrary law suits, despite federal and state courts consistently siding with the employer. Employers operating within the District of Columbia must be conscious of discriminatory actions from a positive and negative aspect, in their efforts to protect the rights of employees and eliminate gaps in costly arbitrary lawsuits directed at employers.

Outside of federal government workplace restrictions on marijuana under Title 41 U.S.C. § 8104 of the 1988 Drug Free Workplace Act, many state and local public safety occupations work concurrently with federal agencies and are mandated to be drug free (Sacco, 2014). Employee perception of occupations with low sensitivity and marijuana use are positive versus occupations with elevated safety requirements (Truxillo, Cadiz, & Bauer et al, 2013). According to Mello (2013), employers are entitled to construct a safe workplace; however, an ethical responsibility to accommodate employees with legitimate

disabilities under prescribed medical marijuana is non-discriminate. As private employers within the District of Columbia develop drug policies related to medical marijuana, the question of ethical intent and safety was assessed in their effort to address a significant gap in developing medical marijuana related policies.

This research utilized the punctuated equilibrium as the theoretical foundation of this case study, in an attempt to understand the impact of medical marijuana workplace policy conflicts on District of Columbia hiring personnel policy comprehension of federal and local government marijuana policies. Data was collected from interviews, in an effort to identify significant themes that provided appropriate themes related to conflicting marijuana policies within District of Columbia private workplaces.

Chapter 3: Research Method

Introduction

In this study, I attempted to reconnoiter the complexity of workplace medical marijuana policies as they relate to the assessment of social effects associated with hiring personnel decision to implement zero-tolerance versus inclusive drug policies. I focused on the identification of gaps in District of Columbia and federal medical marijuana policies through the analysis of the punctuated equilibrium theoretical framework from literature reviewed. According to Yin (2013), the use of a case study protocol for the collection of data was appropriate to test and summarize the procedures related to the documented research question. The case study research design provided me with the ability to comprehensively investigate a contemporary phenomenon in a realistic and applicable setting to extract data related to the research question from Washington, D.C. based hiring personnel. The data identified in this case study identified significant workplace policy conflicts generated from United States laws punctuated by District of Columbia marijuana policies. The punctuated equilibrium theoretical assumption that political monopolies within governments are increasingly becoming unstable allowed me to identify and examine the specific social and administrative effects of conflicting medical marijuana policies within the District of Columbia on hiring personnel. This case study approach provided me with the tools to fully evaluate the punctuated equilibrium theoretical design logic, design collection procedures, and explicit approaches necessary for data analysis.

The literature review provided significant indicators of policy gaps generated from conflicting literature, which created a polarization in the drug policy development process. In

an effort to describe the qualitative method used, an analysis of the research methodology was appropriate. The research methodology provides an in-depth analysis of the research design, participants of the study, measures, research questions, ethical protection of the participants, procedures, data collection, data analysis, and verification of findings.

Research Design and Rationale

The research design selected for this qualitative research was a case study due to its ability to investigate an existing real-world phenomenon for further clarity (see Yin, 2015). This allowed me to explore multiple variables within a unique situation to properly collect and analyze triangulated data that were consistent with the proposed research questions. The highlighting of additional variables in this case study allowed me to develop responses from participants to validate the effectiveness of a specific program (see Lewis, 2015).

The research question provided for this case study research design was as follows: What is the District of Columbia private employers' level of understanding of federal and local government policies related medical marijuana policies? Based on the primary research question, the following secondary questions were used in this study:

1. What are the effects of medical marijuana policy conflicts on applying administrative policies within nongovernment related private companies?
2. What types of social problems can occur within the workplace, based on conflicting policies?

The concept supporting this research addressed the identification of eight management level hiring personnel who operated within the District of Columbia. This specific group of hiring personnel was exposed to the development of administrative and

social related workplace drug policies as they relate to their interpretation of medical marijuana policies from a federal and local perspective. I analyzed and dichotomized the effects of conflicting medical marijuana policies on hiring personnel, as they relate to their ability to apply effective guidance to employees operating within their perspective businesses.

The use of semi structured research interviews helped me fully correlate peer reviewed information with actual stakeholder interviews (see Appendix A). The questionnaire emphasized probing District of Columbia hiring officials on questions related to their experience with drug policies and employers' understanding of federal and District of Columbia medical marijuana policy towards employees. The analysis of responses acquired from participants provided support to significant social and administrative workplace policy conflicts towards medical marijuana legitimacy, based on the classification of drug abuse as an emotional policy issue within the punctuated equilibrium framework (Baumgartner & Jones, 2009).

The significant phenomenon associated with United States policy makers' resistance towards the legalization of marijuana at the federal level and District of Columbia policy maker's successful efforts to legalize medical marijuana for citizens, interpretations by employers are subjected to morality related decision making. Based on the potential identification of morality-based drug policy development centered on punctuated federal policies, I assessed responses towards the development of medical marijuana policies.

The use of grounded, ethnography, and phenomenological theories were considered due to their correlative abilities to identify specific aspects of the research question. The

sociological based grounded theory was developed in 1967 in response to the perception that theories were not appropriate for participant studies (Coghlan & Brydon-Miller, 2014).

According to Coghlan and Brydon-Miller (2014), grounded research possesses the flexibility to be altered in an effort to identify a new theoretical approach. Individuals contributing to the exploration of the research question would have prior experience related to the process to provide clarity and refinement to future research (Coghlan & Brydon-Miller, 2014). The use of two established theoretical frameworks in this study propelled me to reject the use of a grounded theory research design.

Ethnography is derived from the Greek term *ethnos*, which is defined as clarity of a particular occurrence (Howell, 2013). The cultural study uses a theoretical framework to analyze values and norms within a society (Howell, 2013). The use of a positivist ethnography required an in-depth observation of individuals to fully understand their etic or emic position within the study (Howell, 2013). The use of an in-depth and entrenched observation of medical marijuana users in the workplace was not considered feasible and was rejected, eliminating an ethnography study from consideration.

The founder of phenomenology was Husserl of Germany in the late 1800s (Pernecky, 2016). Researchers interview a specific number of individuals to identify a commonality within each assessment (Pernecky, 2016). According to Pernecky (2016), this analysis connects the experiences of individuals into one common phenomenon. The goal of understanding policies associated with medical marijuana users was centered on identifying common issues within the workplace; however, I did focus on a specific and not a random

group of participants. Because individuals are specifically targeted for their experience in a specific area, the use of a phenomenological approach was not considered and was rejected.

In an effort to rationalize the use of this case study design, the identification of prior case studies associated with the workplace were documented. Maxwell, Bailie, Rickard & McLaren et al (2013) used a case study to analyze variables associated with the growth of workplace dominions for nurses. Woodrow and Guest (2014) analyzed the gap between hiring personnel and their company's productivity within the case study parameters. Finally, Fonseca, Santos, Loureiro & Arezes et al (2016) conducted a case study analysis on ergonomic implementation within the workplace to reduce absenteeism and health issues. The aforementioned researchers analyzed and explored various circumstances within the workplace with the use of case studies to improve the workplace environment. Efforts to explore policy conflicts associated with medical marijuana use in the workplace were proven to be an appropriate design, based on the alternative research designs provided for this case study.

The justification for using a case study with a qualitative research methodological approach was centered on the extraordinary battle between the United States government and 27 states that legalized marijuana for medical and recreational use. To truly understand the environment in a practical setting, researchers must use qualitative research in their analysis (Yin, 2015). The aforementioned research approach permitted hiring personnel the opportunity to provide insight on how federal and District of Columbia marijuana policies affected their ability to develop workplace marijuana policies

Role of the Researcher

The role of the researcher within a qualitative study is focused on the collection of information in terms of developing an assumption and properly identifying variables with limited bias (Orange, 2014). The researcher is responsible for interacting with the participants to completely understand the environment of the targeted study (Hetherington, 2013). As a federal law enforcement officer, my personal perceptions of medical marijuana excluded bias and addressed unfiltered participant responses. The development of research questions and collection of peer reviewed data allowed me the ability to apply my unbiased educational and professional knowledge to fully understand and validate participant responses (see Moon, 2015). I was cognizant of the development of the questions, action committed during the interview, and physical surroundings to avoid any undue influence on the participants' responses (see Flick, 2014).

The inspiration for conducting a study on conflicting medical marijuana policies within the workplace was derived from my professional experience. I worked on investigations associated with changing marijuana laws within numerous states, revealing consistent conflicts between federal and state laws. These policy conflicts had a trickledown effect to some private employers who are not obligated by federal laws, prompting an enhanced need to understand how medical marijuana policies are applied within the private workplace. My efforts to develop questions related to similar professional experiences were the primary catalyst for this study in an effort to accurately comprehend the circumstances associated with workplace policies (see Flick, 2014). To enhance the reliability of my participant interviews, I completed the National Institute of Health Protecting Human

Research Participants course in March 2017 under certificate number 2347089. The aforementioned online certification allows all researchers the opportunity to develop an understanding of protocols associated with human research. A secondary measure related to the submission of an institutional review board was conducted to allow professional educators the opportunity to review my proposed interview process for potential flaws.

The research conducted on medical marijuana policies in the workplace addressed participants responsible for the hiring and establishment of employee policies within the workplace. In an effort to conduct trustworthy research, the use of protective guidelines for participants was implemented as a precautionary measure. Although no harm was anticipated from this study, Rudestam & Newton (2015) identified three pertinent criteria required for ethical validation. The beneficence, competency, and validity of the researcher must be addressed in the research interview process (Rudestam & Newton, 2015). The application of beneficence in the study of conflicting medical marijuana policies did not exist because of my efforts to identify positive solutions beneficial to the participants and their employees. The competency of the researcher was supported by the approval of the Walden University Institutional Review Board (IRB) and researcher certification number 2347089 from National Institutes of Health Office of Extramural Research on Protecting Human Research Participants. The use of hiring personnel as participants for a study on conflicting employee policies on medical marijuana was appropriate because the research provides potentially new knowledge to the participants of the study.

According to Rudestam & Newton (2015), the issue of informed consent and special populations should be addressed within any study associated with interviewing participants.

During the proposed interview process, participants were informed of pertinent details associated with the study. In an effort to eliminate any legality and vulnerability issues associated with the potential special population of medical marijuana users, participants were restricted to hiring personnel for safety and legal concerns. All documents utilized and developed during this research were physically and virtually protected for at least five (5) years, before the appropriate destruction methods are implemented for each secured item.

Research Methodology

The development and analysis of an appropriate research study must consider various methodologies and designs, in order to correctly apply a specific hypothesis. The use of qualitative, quantitative, and mixed methods approaches are the most commonly utilized research methods (Shaw & Holland, 2014). A qualitative methodology is comprised of data acquired from open-ended interview questions, accompanied by observations and scrutinization of content for a richer comprehension of the subject (Skott & Ward, 2013)

The use of qualitative research was historically classified by researchers as a substandard approach in research; however, the need to identify the reasoning behind quantitative data in a more in-depth analysis elevated the validity of this approach (Clow & James, 2014). Qualitative research has transformed over multiple decades from the traditional research disciplines of sociology and education, permeating the core or secondary aspects of research methodology disciplines associated with quantitative research (Flick, 2014). The principle component of experimental analysis is qualitative research, in terms of comprehending the causal stimuli and opinions of a particular question (Byrne, 2016).

The definition of qualitative research is centered on three rudimentary principles, as they relate to the action committed, surroundings, and development of the question (Flick, 2014). This allowed me to develop the question around what action is being portrayed, in an effort to understand the circumstances surrounding the action and the foundation supporting the question (Flick, 2014). The selection of the qualitative method was applicable and sufficient for initiating research, due to the need to develop strategies for medical marijuana policy development in the workplace.

The use of qualitative methods in the evaluation of the workplace is validated through various documented studies. According to Ramesh, Ireson, & Williams et al (2017), a qualitative case study was conducted on integrating and sustaining workplace strategies related to caregiver employee development. Moll (2014) utilized a qualitative methodology to assess acuties and experiences of organizational staff encountering mental health concerns. Flora, Chiang, Lemański, & Birtch et al (2017) qualitative study provides an assessment on various approaches to initiating environmentally friendly management within international multi-national corporations.

The utilization of a quantitative methodological approach is centered on the testing of a hypothesis, which is analyzed in a numerical outcome (Skott & Ward, 2013). The utilization of mixed methods involves the parallel use of quantitative and qualitative methodologies, in an effort to provide clarity to complex hypothesis (Gobo & Mauceri, 2014). The use of the quantitative methodological approach as a primary focus was not applicable to this area of study, based on its scientific numerical approach towards unbiased hypothesis testing (Davies & Hughes, 2014). The analysis of medical marijuana policies in

the workplace requires data compiled from human resource interviews, without the utilization of hypothesis testing for scientific numerical variables. Mixed methods research is a combination of qualitative and quantitative methodological approaches in a collaborative or independent approach, in an effort to cognize a precise occurrence (Venkatesh et al., 2013). The use of the mixed methods research could be utilized; however, the methodology is inappropriate for an interview-based case study.

The aforementioned examples provide a snapshot of successful qualitative methodological studies related to the workplace, which provide insight into social and economic issues. The aforementioned description of quantitative and mixed methods methodological approaches provided justification in my decision not to utilize these approaches in the proposed study. Based on the aforementioned history and relativity between qualitative research and questions related to sociological workplace issues, the utilization of a qualitative methodology was combined with a case study approach.

The designated interview population range to administer these qualitative based open-ended questions is eight to twelve individuals from companies based within the District of Columbia, with direct hiring authority within their perspective companies. According to Yin (2015) qualitative researchers are not restricted to traditional approaches, as they relate to defining the quantity of participants within the sample size of a case study. This is further supported by Patton (2015), in terms of not identifying any specific sample restrictions in qualitative studies. Any sample size utilized within a case study should be viewed as an opportunity to provide empirical knowledge on an analyzed theoretical concept, prompting the use of a generalized finding within a specific population (Yin, 2015).

The use of purposeful sampling was utilized, in an effort to allow me to be flexible with small groups of participants focused on significant political issues and emergent trends (Emmel, 2013). I strategically designated purposive sampling based on the design's ability to precisely target hiring managers based in the District of Columbia who are subjected to conflicting federal and local marijuana laws. According to Small (2009), the use of a substantive proposition versus an empirical relationship is necessary in properly applying generalized analysis.

The primary criteria that participants had to meet is the responsibility for hiring employees in a private company, possessing some influence on implementing and enforcing workplace policies, and no direct or contractual financial affiliation with federal or local government entities. Inquiries into a hiring personnel job title, number of employees, government contract status, and hiring experience within the position was utilized for further analysis, with no additional inquiries on personal data requested for the interview process. According to Patton (2015), the use of a small purposeful sample is primarily for education and not utilized for official accountability purposes. This supports my decision to eliminate participant criteria related to the interviewee's income level, sexual orientation, drug history, political affiliation, or gender.

Participant Selection Logic

The identification of pertinent characteristics deemed significant in the framing and assessment of an analysis is crucial, in terms of classifying a specific population and demographic of participants (Jeanes & Huzzard, 2014). Based on the identification of the established parameters, a participant pool of eight (8) individuals from the District of

Columbia were selected from a purposeful sampling pool of private business hiring personnel based in the District of Columbia. According to Emmel (2013), purposeful sampling allows the researcher to be flexible with small groups of participants focused on significant political issues and emergent trends. Patton (2015) defined the participant pool for purposeful sampling as small but in-depth, due to the researcher's emphasis on identifying a specific effect that impacts societal development.

Based on the limited amount of studies associated with experienced hiring personnel developing medical marijuana policies in the workplace; however, similar qualitative studies with purposeful sampling and experienced participants of ten (10) or less were identified. Faseleh-Jahromi, and Moattari et al (2014) utilized purposeful sampling to conduct interviews of ten (10) Iranian nurses, in an effort to understand their comprehensive acuity of social accountability. Han & Hsu (2014) utilization of purposeful sampling of ten (10) Taiwanese nurse practitioners, provided substantial insight into Taiwan's nurse training programs and their need for improvement. Research conducted by Morrison and Gregory et al (2012), utilized three (3) participants in their qualitative exploratory study after seventeen (17) participants declined to participate. According to Gentles & Charles et al (2015), the majority of purposeful sampling authorities promote the combined use of a case study and purposeful sampling. Based on the aforementioned researchers' ability to attain substantial data from a limited number of participants, the use of purposeful sampling is the appropriate choice for a qualitative case study on medical marijuana policies within the workplace.

The utilization of fraternal organizations, associates of friends, and managers from businesses routinely frequented in the District of Columbia were the sources utilized to

identify the eight participants for the interview process. The participants are only required to be employed by a company that is operating within the District of Columbia, with no direct or contractual financial affiliations to any federal or local government entity. This approach should allow me the needed flexibility to apply purposeful sampling, in order to produce a generalized analysis on this issue of policy conflicts related to medical marijuana (Emmel, 2013). The identification of hiring personnel operating within the District of Columbia was explicitly centered on an in-depth purposeful sampling strategy, with an emphasis on interviewing non-government contract hiring personnel. According to Guest et al (2013), the most effective recruitment efforts utilize specific sampling strategies to develop participant screening and eligibility. An official letter detailing the proposed study was distributed to potential participants, in order to provide participants with further details of the study (Appendix B).

In an effort to control or eliminate extreme bias from participant responses, I conducted hiring personnel inquiries on companies meeting the aforementioned criteria (Emmel, 2013). Companies or individuals who are fully federally funded or exceed \$100,000 in contract awards were not permitted to participate, due to mandatory drug free workplace requirements (Drug Free Workplace Act, 1988). Questions centered on the participant's ability to attain an in-depth comprehension of medical marijuana policies in the workplace and properly apply federal and District of Columbia marijuana policy in the workplace. An in-depth assessment of how participants are treated during the interview process was addressed during the Walden University Institutional Review Board.

Once I acquired the necessary participants from various sources, efforts to coordinate via telephone with hiring personnel (participants) and discuss an appropriate location and time of the interview was initiated. The initial telephone coordination was a preliminary interview, utilized to review questions and discuss any potential issues. Efforts to schedule an interview for one hour in a quiet location was emphasized for potential last-minute questions and concerns. During the initial interview, a copy of the consent form is provided to the participant for signature. A review of the letter and details of the study was read to the participant, in order to finalize any positive or negative feelings towards the interview (Appendix B). Once details of the letter were completed, I initiated the interview process by asking the documented questions provided in Appendix A. Follow up questions to responses provided by the participants were asked during the initial interview.

Upon completion of the initial interview questions, I advised the participant of the need to transcribe and document the information attained from the initial interview. I also advised the participant of potential secondary follow-up interview by phone or in-person, for any required efforts to clarify any potential misinterpretations of a specific response. No secondary follow-up interviews were initiated once the transcription and documentation of the responses for the specific participants were completed, allowing me sufficient time to analyze the information. The transcription of all digitally recorded information was Audio-recorded and was translated in its exact context from a verbal to written format, to support reliability and validity (Rudestam & Newton, 2015).

The participant biographical information and responses were anonymized in a coded format, in an effort to protect their privacy. Coordination with the Committee Chair,

Committee Member, and myself were initiated, in order to assist in the validation of the information transcribed from the participants. An emphasis on ethical procedures was adhered to, during the validation process. I also coordinated with each participant to review the overall findings of the interview, in order to further demonstrate the importance of anonymity in the study and provide insight into their medical marijuana policy efforts as hiring personnel.

Recruitment and Participation

The subsequent measures provided me with a chronological process implemented, in order to provide steps outlining the recruitment process, notification, collection, analysis, and validation processes associated with this study:

1. I utilized fraternal organizations, associates of friends, and managers from businesses routinely frequented in the District of Columbia were the sources utilized to identify the eight participants for the interview process.
2. The participants were only required to be employed by a company that was operating within the District of Columbia, with no direct or contractual financial affiliations to any federal or local government entity.
3. Companies or individuals who were fully federally funded or exceed \$100,000 in contract awards were not permitted to participate, due to mandatory drug free workplace requirements.
4. Questions were centered on the participant's ability to attain an in-depth comprehension of medical marijuana policies in the workplace and properly apply federal and District of Columbia marijuana policy in the workplace.

5. An in-depth assessment of how participants were treated during the interview process was discussed in a submission to the Walden University Institutional Review Board.
6. The scheduling of interviews was coordinated via telephone or in person with the hiring personnel (participants) acquired from step 1 and discussed the location and time of the interview, in an effort to properly schedule one hour of interview time in a quiet location.
7. Before completion of the initial contact with hiring personnel, I distributed my contact information for open accessibility.
8. Once confirmation of the scheduled interview was confirmed, I provided a letter explaining the proposed study to the participant via email or mail within 24 hours of confirmation.
9. A preliminary interview was initiated approximately 1 to 2 days before the scheduled interview, in order to confirm the scheduled appointment, verbally review the consent process, and answer any questions related to the previously provided letter.
10. I conducted a final confirmation of the scheduled interview approximately 3 hours prior to the scheduled arrival, allowing the participant to discuss any additional concerns or questions.
11. During the initial interview, I provided a copy of the consent form to the participant for signature.

12. A review of the letter and details of the study were read to the participant, in order to finalize any positive or negative feelings towards the interview. See Appendix B for further details.
13. Once details of the letter were completed, I initiated the interview process by asking the documented questions provided in Appendix A.
14. Follow up questions to responses provided by the participants were asked during the initial interview.
15. Upon completion of the initial interview questions, I advised the participant of the need to transcribe and document the information attained from the initial interview.
16. I advised the participant of a potential secondary follow-up interview by phone or in-person, in an effort to clarify any potential misinterpretations of a specific response.
17. No secondary follow-up interview was initiated once the transcription and documentation of the responses for the specific participant was completed, based on the researcher ability to successfully analyze the initial information.
18. The transcription of all digitally recorded information was memorialized in electronic audio files that were translated in its exact context from a verbal to written format.
19. The participant biographical information and responses were anonymized in a coded format, in an effort to protect their privacy.
20. I coordinated with the Committee Chair and Committee Member, to assist in the validation of the information transcribed from the participants.

21. An emphasis on ethical procedures was strictly adhered to, during the validation process.
22. Coordination with each participant to review the overall findings of the interview was conducted, in order to further demonstrate the importance of anonymity in the study and provide insight into the medical marijuana policy efforts of their fellow hiring personnel.

Instrumentation

The purpose of this qualitative exploratory case study was initiated to identify policy gaps, which related to understanding the impact of medical marijuana workplace policy conflicts that impacted District of Columbia medical marijuana users. An emphasis on District of Columbia private employers was crucial, in terms of assessing the proper data to identify the effects of conflicting District of Columbia employment policies for medical marijuana users operating within a nongovernmental workplace (Marshall & Kalu et al., 2013). An analysis of employers' knowledge of District of Columbia marijuana policies versus federal policies identified the need for policy revisions, as they relate to clarification of medical marijuana user limitations within the workplace. Because legal medical marijuana users are diagnosed with a documented debilitating illness, an understanding of federal marijuana policies associated with U.S.C. Title (s) 21 Controlled Substance Act, 41 U.S.C. § 8104 of the Drug Free Workplace Act, 42 U.S.C. § 12113 on Equal Employment Opportunity discrimination, 42 U.S.C. § 12210 of the American with Disabilities Act, Section 1904.35(b)(1)(iv) of Occupational Safety and Health Administration final rule, and

42 U.S.C. § 14407 Home Rule Act for the Federalized District of Columbia was assessed for any significant policy conflicts and resolutions.

In order to successfully retrieve data related to workplace policy conflicts associated with medical marijuana, I utilized semi-structured interviews to assist in the response observation each qualified participant. In an effort to maintain validity of the interview process and overall research, I interviewed 8 individuals for the case study. This process required the use of a digital recorder, ink pen, pencil, and note-pad for documentation of the interview process. After all of the physical items required for conducting an interview were acquired, the semi-structured interview process was initiated with the same questions provided to each of the participants. According to Castillo-Montoya (2016), the questioning protocols of participants should be classified as a compatible with the participant sample. Based on the questions developed in Appendix A, the semi-structured questions allow the interviewer to develop inquiries through conversations and maintain proper protocols for reviewers. The use of potential questions not listed in the original questions of Appendix A were implemented, based on the need to follow up on a significant response (Rudestam et al., 2015).

During this interview process, I became the primary listener and made every attempt to not interrupt the interviewee. The interviewee responses were recorded and documented for validation purposes. The exchange of questions and responses were conducted in the resemblance of a directed discussions, contrary to a structured line of questioning (Yin, 2015). According to Yin (2013), the most successful manner for a researcher to conduct a qualitative interview is defined in the following steps:

- Every effort was made by me to shy away from interrupting participant responses
- I always remained neutral and avoided providing any personal aspects to the interviewee's responses.
- I allowed the interviewee time to answer the question without assistance or interruption.
- Efforts to stay engaged and avoid comments that are offensive and disengaging from the study were emphasized.
- I utilized data obtained from the interviewee's responses to identify any additional pertinent data.
- I considered an interview guide (used to list key words and keep the interviewer on task),

This process allowed participants to feel comfortable in providing realistic responses to the questions, while allowing me to potentially identify responses that were not visualized at the conceptualization of my study.

The primary research question for this qualitative case study attempted to identify District of Columbia private employers' level of understanding on federal and local medical marijuana policies. The research was designed to extract data from hiring personnel operating within the city limits of the District of Columbia, based on their direct exposure to local District of Columbia medical marijuana laws and federal laws applied to their employment policies as a federalized District. The use of secondary questions related to the effects of conflicting medical marijuana policy within non-government related private

companies and the types of social problems from conflicting medical marijuana policies that can occur in the workplace were explored in the interview process. The data collected by these participants was thoroughly organized and properly coded, in an effort to intensely analyze and interpret the data.

Upon completion of the initial interview questions, I advised the participant of the need to transcribe and document the information attained from the initial interview. Efforts to allow approximately ten minutes for additional questions related to the interview process was requested, before formally exiting the agreed upon location. I advised the participant of a potential secondary follow-up interview by phone or in-person, in an effort to clarify any potential misinterpretations of a specific response and review the results of the analyzed data. Secondary interactions between me and participants were beneficial on topics directly linked to the initial interview (Yin, 2013). Once the participant completed the initial interview and exit session, I addressed, resolved, or clarified any of the participants immediate concerns and questions.

Data Collection

In an effort to identify the most appropriate strategic measure to interview hiring personnel, characteristics associated with the flexibility to ask a variety of open-ended questions and follow-up questions were utilized. According to Guest, et al. (2013), semi-structured interviews utilize various types of open-ended queries, while incorporating narrative data within additional questions for a level of control. During the interview of the selected participants, the semi-structured interview process assisted me in attaining additional details and avoiding potential shifts into unaffiliated areas. An interview of

approximately eight (8) hiring personnel who operate within the District of Columbia provided validity to the study, while using a semi-structured interview to induce a richer participant experience (Galletta, 2013). The semi-structured interview had the potential to accommodate a larger participant pool of approximately fifty (50); however, the smaller participant group was appropriate for dissertation research purposes ().

The use of semi-structured interviews is strongly associated with qualitative research, generating in-depth responses within the field of social science (Guest, et al., 2013). Mazaheri, Eriksson, Heikkilä, Nasrabadi, Ekman, and Sunvisson, et al. (2013) conducted semi-structured interviews on individuals suffering from dementia, in an effort to understanding their perception of memories and assist nurses. Hoeve & Jansen, et al., (2014) conducted interviews in a semi-structured format, in an effort to understand nurses' self-image and perceived public perception in their profession.

Based on potential restrictions of any video taped conversations within a workplace area and efforts to ease any personal tensions exhibited by participants being video-taped, the sole utilization of a digital audio recorder was utilized for the capturing of responses in the documentation process. Efforts to complete interviews in person were the preferred method of interviewing participants, with the utilization of phone interviews as a second option. According to Irvine, Drew, and Sainsbury, et al., (2013), the ability to properly complete a participant interview was significantly higher and effective than telephone interviews. Once the interviews were completed and assessed, efforts to construct a final analysis and conduct additional clarity on any complex responses were initiated. The proposed questions for the interview process can be observed in Appendix A.

The transcription of the interviews and interpretations were transcribed verbatim, in an effort to minimize any bias by myself towards the participant responses. Flick (2014a) stated that transcriptions documented by a researcher are susceptible to some aspect of systematic bias, unless non-arbitrary measures are implemented. The verbatim process was followed up with a secondary measure to avoid bias, involving follow-up phone calls to participants for verification of documented verbal responses and body language interpretations. According to Flick (2014a), the researcher's interpretation and combining of verbal responses and body language should be separate, in terms of describing body language versus interpreting body movements.

I utilized an empathetic neutrality approach during the interview process, allowing me to remain un-biased and engaged with the participants (see Patton, 2015). The use of the empathetic neutral approach also enhanced the reliability of the case study responses, by reassuring the participants that I (law enforcement officer) was not personally biased and impartial to their responses (see Patton, 2015).

An audio record of each interview was kept private. All interview materials will be protected in a locked file for approximately 5 years, with an immediate destruction of all materials after the aforementioned time period. The interviewer will have exclusive/sole access to all records associated with this interview. All published information related to you as a participant will not include any information associated with their identity. Interviews were audio recorded for the purposes of providing an accurate description of participant responses.

Data Analysis Plan

I used an inductive data analysis strategy to analyze participants policy understanding and impact on workplace policy implementation (see Yin, 2015). The inductive data analysis approach allowed for the use of numerous sources in categorization of data, based on the “ground up” method (see Yin, 2015). Based on the ground up method, semi-structured interview data from participant responses established the foundational source for categorizing themes and data (see Patton, 2015). I utilized NVivo software to create codes and themes and Microsoft Word to conduct data analysis (see Yin, 2015). I repeated my analysis and compared data to my NVivo codes and themes, in an effort enhance credibility of the primary research question, secondary questions, and punctuated equilibrium theoretical framework.

Semi-structured interviews were conducted in a repetitious protocol, using the following procedures: (a) transcribed notes from the audio recorder and interview notes, (b) reviewed and sanitized data, (c) formed initial coding through recurrent or accentuated phrases and words, (d) re-analyzed data, (e) analyzed second cycle coding, (f) aligned thoughts and phrases to properly assess themes, (g) formed themes, (h) created interim visual models to represent the analysis, (i) reviewed all aforementioned steps, (j) drafted a synopsis to support the visual models, (k) utilized informant feedback, only as requested by the participants, (l) repeated any of the above steps as required for accuracy (see Patton, 2015). The research question and punctuated equilibrium theoretical concept supported the coding and designation of themes related to understanding any negative or positive interpretation by hiring personnel and emotional effects of conflicting policy decision

factors and recovery policy actions (Baumgartner & Jones, 2009; Wood, 2006).

The research question and theoretical framework of PET erected the designation and coding of themes associated with comprehension aspects, opinions, and biases towards medical marijuana policies in the workplace.

The *explanation building* analytical technique is based on the generation of a hypothesis, with the intent to identify and develop concepts for prospective studies (Yin, 2015). The use of the aforementioned analytical technique is a continual and progressive process which attempts to alienate potential punctuated medical marijuana policy burdens incurred by private employers' comprehension levels, politics, and bias levels towards users (Pierce & Siddiki et al., 2014). The analysis of marijuana as an illegal schedule I drug under 21 U.S.C. § 841 of the 1970 Controlled Substance Act and preceding federal laws ranging back to 1914 have established defined societal norms on the legality of marijuana, which may influence the policy decision making process within District of Columbia privately owned businesses that operate under Initiative 59. The combined analysis of federal and District of Columbia marijuana policies with data from semi structured interviews provided an opportunity to objectively analyze and build the content of themes in the coding process for the second cycle. The use of visual models provides an aligned and iterative process, which assisted in establishing a generalized visual roadmap for the duration of the case study analytical process (Yin, 2015).

The identification and reduction of potential challenges in the physical documentation of the data and the actual analysis process was initiated. The utilization of the *ground up process* assisted me in constructing an inductive based strategy, as they relate to

the analysis of the participants initial and secondary data (see Yin, 2013). The organization and management of data subsequently obtained from the participant interview process demanded a reliable and trusted organizational structure, as they relate to the development of identified coding themes. The utilization of the punctuated equilibrium theory and questions utilized during the interview process provided the coding classifications for themes associated with medical marijuana policy conflict within District of Columbia workplaces. According to Saldana (2015), data driven inductive coding is considered to be an appropriate coding format, based on its ability to analyze and apply uncertain labels into a specific coding process.

According to Saldana (2015), NVivo software assists in the collection, analysis, and organization of various data formats. This program provided me with the ability to electronically convert amorphously transcribed verbal and written data into an electronic program, in terms of categorizing my perceptions of participant interviews (Castleberry, 2014). The utilization of NVivo 10 software eliminated the need to coerce data into restrictive categories, due to the program's ability to code an enormous number of themes on various topics (Castleberry, 2014). During the data analysis process of this qualitative case study, the hand coding of data and NVivo process was utilized concurrently, in order to reduce any potential coding errors and improve the accuracy of the final analysis.

I coordinated a reiterative analytical process for transcribing the interview notes, determining themes, and creating visual models (see Yin, 2015). The research question and punctuated equilibrium theoretical framework congealed the coding and classification of

participants understanding of federal and District of Columbia medical marijuana policy themes within the framework of policy implementation and protocols within the workplace.

The analysis of Wood's (2006) punctuated equilibrium theoretical assumption on negative or positive interpretations creating a significant subsystem effect was identified through NVivo and hand coding throughout the varied levels of workplace policy implementation by hiring personnel. Similar findings were identified through NVivo and hand coding that related to Baumgartner & Jones (2009) punctuated equilibrium theoretical assumption that emotional valence elements exist within the development of new policies have a significant influence in the development process. A complete analysis of these variables was initiated within the first and second cycling process.

Based on the questions provided to participants and their relevance to federal and District of Columbia medical marijuana policies, I used *Descriptive Coding* as the most applicable selection for the analysis of the eight participants. This allowed me the ability to construct a list of sub-topics for analysis from the transcribed interviews of the participants; however, this coding process is restricted to the first cycle coding. The use of *NVivo* coding in the first cycle coding provided support to the *Descriptive Coding* method, based on the research questions derived from established marijuana policies and identified policies and initial coded participant responses (Saldana, 2015).

In the first coding process I utilized eclectic coding, in an effort to identify various patterns and methods utilized in Appendix C for refining applicable denotations and subsequent identification of significant findings (see Saldana, 2015). During the assembly of categories, I recoded data for alignment with similar phrases and words for an exhaustive

triangulation analysis of data for consistency (see Patton, 2015). During the first cycle coding stage, I utilized NVivo coding to analyze the participants comprehension level, opinions, and biases towards medical marijuana workplace policies. The analysis of the first cycle codes also examined secondary codes and categories indirectly linked to medical marijuana policies (Saldana, 2015). The final analysis of the second cycle process provided an in-depth observation of District of Columbia hiring personnel understanding and application of Federal Marijuana Laws and District of Columbia medical marijuana policies in the workplace.

According to Saldana (2015), the correlation between a word and code has the ability to significantly identify the participants subset phrases, creating a more in-depth description of the identified phrases. An exhaustive assessment of the first cycle coding was conducted prior to the initiation of the second cycle coding process, as they relate to certifying the proper alignment of research questions and developed codes. Reference is made to Appendix C, in an effort to provide documentation of the first cycle coding process.

During the second cycle coding process, an exhaustive review of the research questions and coding applications were conducted for alignment purposes. The semi-structured interview questions listed in Appendix A were reviewed, after conducting a three-month period of interviews with eight hiring manager participants based within the District of Columbia. The interview questions provided to participants identified significant data related to in-depth opinions and perceptions of federal and District of Columbia medical marijuana policies, as they relate to hiring personnel operating within the District of Columbia.

Issues of Trustworthiness

The projected findings associated with the verification and trustworthiness of research must be reliable, in an effort to maintain accurate results. According to Rudestam and Newton (2015), the measurement of characteristics requires structured measurements for reliability and validity of a specific coding instrument. During the analysis of results process, I recorded and transcribed data for coding purposes. These procedures allowed me to ensure consistency throughout the coding process, to allow future researchers the opportunity to understand and replicate the final results. The transferability of converting interpreted statements to coded data samples provided me with an additional saturation source, as they relate to confirming the trustworthiness of my data and themes.

The identification of IRB approved pilot study on the topic of legalized medical marijuana in the District of Columbia were non-existent, prompting me to utilize peer reviewed archived data to assess and modify my collected data (Rudestam & Newton, 2015). I utilized government approved laws, policies, and procedures to avoid any undesired interpretations from third party online resources. The archived data was directly obtained from public government websites that did not require any passwords or security clearances to obtain access. The analysis of interviews from hiring personnel operating in the District of Columbia, the District of Columbia Municipal Regulations for the Medical Marijuana Program (2018), and federal laws provided an excellent base for the five levels of questions utilized within a case study protocol (see Yin, 2015). I made every effort to minimize errors and bias within this study, by addressing ethical and research issues related to credibility (reliability), transferability, dependability, and confirmability.

According to Yin (2015), the reliability of a case study is supported by archival records which were produced by the federal government and District of Columbia to protect their specific position on the legality of medical marijuana policies. The utilization of participant responses, federal opposition to legalization, and District of Columbia support of legalized medical marijuana provided me with overlapping data for a robust and in-depth process to ensure the content credibility of this research (Patton, 2015). I relied on the initial preparation, data collection, cycle coding, and analysis process to assist in maintaining the alignment continuity, in terms of data collection and triangulation of qualitative sources for research credibility.

The high confidence of transferability focused on the construction and preservation of data collected and coding repetition. The data collected presented future researchers the means to replicate each component of the study. The first and second cycle coding process provided a traceable guide to understanding the process associated with protocols instituted within the semi-structured interview, data analysis, and coding processes. The identification and documentation of key words and phrases supported the development and identification and interpretation of themes associated with District of Columbia hiring personnel understanding of federal and District of Columbia medical marijuana policies in the workplace (Rudestam and Newton, 2015). Rudestam and Newton (2015) coding process settings allowed the capture comprehensive and elusive meanings to hiring personnel comprehension and application of medical marijuana policies within their specific workplace. I focused on checking for transferability through repeated stages of data collection and reviews of coding and collection

procedures.

Yin (2015) emphasized a strong concentration on maintaining the data collection process for multiple sources for assessing data and participant responses. A filtered and succinct audit of protocols initiated during the case study should examine semi-structured interviews, data retrieval, data storage procedures, archival documents, first cycle coding, and second cycle coding to properly reconstruct this case study for future research. I utilized peer-reviewers for scholarly content in archived government documents, to support reviews of government related marijuana policies that provided official and uncensored support to semi-structured interview response data and conclusions (see Patton, 2015). As a stringent and independent researcher for this case study, I made every attempt to maximize future intercoder replication. As the exclusive programmer of codes within this narrow but purposive sampled population, I utilized the triangulation of qualitative sources to reduce complications and produce a richer content (see Patton, 2015). I maintained a relativist perspective to maintain objectivity to contrasting data (Yin, 2015). I recurrently pursued data that progressed the punctuated equilibrium theoretical concept through the analysis of District of Columbia hiring personnel bias and unsupported data, as they relate to the implementation of medical marijuana workplace policies.

According to Yin (2015), case interviews which are conducted in an hour must minimize common and indirect influences between the interviewer and participant. I remained transparent as an independent researcher, in terms of my interaction with the participants. I addressed potential participant issues of conflict with my law enforcement occupation and requested that the participants reserved the option to withdraw from the study or continue

freely to discuss medical marijuana policy related issues in a semi-structured interview process. I reiterated the significance of my research prior to the beginning of the actual semi-structured interview, during the interview, after the interview, and prior to my departure from the feedback session. (see Patton, 2015). Based on the efforts to separate my law enforcement occupation from the semi-structured interview process, I respected the responses of the eight participants and avoided any inferences of leading them in the interview session.

Ethical Procedures

The research conducted on medical marijuana policies in the workplace focused on participants responsible for the hiring and establishment of employee policies within the workplace. In an effort to conduct trustworthy research, the utilization of protective guidelines for participants was implemented as a precautionary measure. Although no harm was anticipated from this study, Rudestam & Newton (2015) identified three (3) pertinent criteria required for ethical validation. The beneficence, competency, and validity of the researcher were addressed in the research interview process (Rudestam & Newton, 2015). The application of beneficence in the study of conflicting medical marijuana policies did not exist, due to my efforts to identify positive solutions beneficial to the participants and their employees. The competency of my ethical knowledge was supported by the approval of my Walden University Institutional Review Board (IRB) and researcher certification number 2347089 from National Institutes of Health Office of Extramural Research on Protecting Human Research Participants. The utilization of hiring personnel as participants for a study

on conflicting employee policies on medical marijuana was appropriate, because since the research provided new knowledge to the participants of the study.

According to Rudestam & Newton (2015), the issue of informed consent and special populations were addressed within this study associated with interviewing participants. A copy of the proposed consent form can be found in Appendix C, in order to completely review the details of the document. During the proposed interview process, participants were informed of pertinent details associated with the study. In an effort to eliminate any legality and vulnerability issues associated with the potential special population of medical marijuana users, participants were restricted to hiring personnel for safety and legal concerns. All documents utilized and developed during this research were physically and virtually protected for at least five (5) years, before the appropriate destruction methods are implemented for each secured item.

Summary

The findings in this case study focused on the evaluation of medical marijuana policy conflicts within the District of Columbia private workplace and hiring personnel opinions and knowledge of federal and District of Columbia medical marijuana policies to create workplace policies. During the interview process of participants, emotional responses towards medical marijuana use supported the punctuated equilibrium theory in a cumulative method. The conflicting alignment between federal and District of Columbia policies aligned with participants in ability to properly apply appropriate medical marijuana policies within their specific workplace. These inquiries provided a glimpse into the examination of District of Columbia hiring personnel knowledge, opinions, and

experiences in the evaluation of United States federal marijuana policies and the federalized District of Columbia medical marijuana policies.

The purposive sampling strategy of using District of Columbia hiring personnel from small private companies, assisted me in properly assessing the punctuated equilibrium theory through data collection, the research question and data analysis strategies. The review of documents and semi-structured interview procedure (Appendix A) supported the research question. The use of archival records which were produced by the federal government and District of Columbia to protect their specific position on the legality of medical marijuana policies enhanced the reliability of semi-structured interview questions (Yin, 2015). The archival records also provided overlapping data for a robust and in-depth process to ensure the content credibility of this research (Patton, 2015). The mutual hiring characteristics of the participants provided a better understanding of their medical marijuana knowledge and opinions towards the application of medical marijuana workplace policies. The alignment of the semi-structured interview questions with the city budget documentation, and city council meeting minutes provided sufficient data saturation for the examination of the research inquiry.

The data analysis plan provided a ground up inductive approach from numerous sources to compile an accurate data analysis (see Yin, 2015). The data saturation from inductive and deductive analysis provided an appropriate alignment with the research question and examination of District of Columbia hiring personnel knowledge of medical marijuana policies in the workplace (see Patton, 2015). The inductive and deductive analysis method was considerably valuable, allowing me to concentrate on first cycle coding, second

cycle coding, category designation, and thematic alignment. The inductive analysis was correlated with the recurrent interface of resource data, while the deductive analysis was correlated in alignment with the punctuated equilibrium theory (Patton, 2015). Every effort to circumvent bias related issues were initiated, based on the use of inductive and deductive approaches. I purposely anticipated unclear or irrelevant data from the participants response on their knowledge of medical marijuana policies and archival government resources associated with medical marijuana policy laws.

The amalgamation of the research design, results, and conclusions enhanced the value of the case study to hiring personnel operating in the District of Columbia, medical marijuana policy implementation in the workplace, and the effects of punctuated equilibrium theory on medical marijuana policy in a federalized district. The research design appropriately provided clarification and a foundation for the case study and research question, in relation to an analysis of protocols, participant recruitment, environment of interview, and data collection process. The analysis of District of Columbia hiring personnel and their knowledge of federal and local medical marijuana policies in the workplace required an inductive and deductive methodological analysis. The analysis focused on hiring personnel understanding of United States federal laws that prohibit the use of smoked marijuana and underlying influences from operating in the United States federalized District of Columbia under local legalized medical marijuana policies. The methodological strategy presented a rich and succinct outline for the formation of outcomes from the semi-structured interviews of participants. The interviews from participants on medical marijuana policy comprehension, participant perceptions, and

policy implementation themes allowed the presentation of data through figures, tables and mapping of participant responses.

I used a case study methodology to amass results in Chapter 4 from the data analysis of archived federal policies, archived District of Columbia policies, and semi-structured interviews which aligned with the research question. All documents utilized in this case study were government approved laws, policies, and procedures; in an effort to avoid any undesired interpretations from third party online resources. First and second cycle coding presented the expanded federal and local level government punctuated equilibrium theory and medical marijuana policy knowledge to implement effective workplace drug policies. The threat of bias in data from my law enforcement occupation and protection of the participants remained a constant concern throughout the research, although every effort to minimize these concerns were previously explained.

Chapter 4: Results

Introduction

In this chapter, I provide results from data collected and analyzed as they relate to the study of a previously documented research question. The research question addressed the District of Columbia private employers' level of understanding of federal and local government policies related to medical marijuana. Based on the responses provided by the participants, I explored responses related to the application of administrative policies and potential social problems from conflicting policy guidance. The purpose of this case study was to identify potential medical marijuana policy conflicts encountered by human resource personnel as they relate to the employment policy status of medical marijuana users. The data collection process was derived from federal drug laws, District of Columbia marijuana laws, and face-to-face semi structured interviews of participants.

The case study was not supported by a pilot study due to the classification of the District of Columbia as a federalized district. The District of Columbia is the only federalized major city within the United States, exasperating the implementation of federal or local medical marijuana policies within the workplace. Similar studies on medical marijuana workplace policies were identified; however, these studies addressed legalized medical and recreational marijuana from a state perspective. Cupit (2015) conducted a Delphi study and focused on workplace policy and the legalization of marijuana in the state of Colorado. The interviews and data collection were acquired from subject matter experts who may not be hiring personnel but experts in human resources, which differentiates from

the current efforts of the District of Columbia case study on private industry hiring personnel understanding of workplace medical marijuana policy.

Although Cupit's (2015) Delphi study did not fit the legal parameters confronted by the federalized District of Columbia, and the participant pool criteria were not specifically focused on interviewing hiring personnel, the research design and data collection of the study equally addressed human resource experience, needs to develop medical marijuana policies, and workplace policy concerns that were reviewed in the District of Columbia case study. Based on Culpit's (2015) similar usage of semi structured interview protocols and research question provided in this case study, the trustworthiness and reliability of the data collection process is enhanced by the overall conclusions discussed in Chapter 5 of the study (see Patton, 2015). The outcomes generated from the data analysis should improve current private industry hiring personnel's understanding of the implementation of medical marijuana policies within the District of Columbia private workplace.

Setting

The setting for the participants was ordinary for the case study participants in terms of conducting semi structured interviews. The environment was slightly challenging during the introductory process of the interviews due to my status as a federal law enforcement officer. Once I was able to provide further clarity and establish an educational dialogue with the remaining three participants, their willingness to participate in the study was extremely positive. Efforts to solicit additional participants yielded five additional participants. These semi structured interviews were scheduled and conducted in the participants' place of business. The total interview sessions averaged between 40 and 50 minutes, with

uninterrupted recorded conversations lasting between 20 and 30 minutes. The majority of interviews were conducted in a comfortable closed office setting during business hours; however, one interview was conducted in a restaurant seating area with music playing in the background. All of the interview locations were chosen by the participants for safety and privacy concerns.

Demographics

The use of the punctuated equilibrium theory and questions used during the interview process provided the coding classifications for themes associated with medical marijuana policy conflict within District of Columbia workplaces. These themes required the use of purposeful sampling to reduce any bias related issues (see Patton, 2015). This supports my decision to use eight participant criteria and eliminate demographics related to the participant's income level, sexual orientation, drug history, political affiliation, or gender.

According to Saldana (2015), the use of attribute coding at the initial start of a data set provides the demographics necessary in identifying the participants basic characteristics. The coding process was comprised of private company-based hiring personnel operating within the District of Columbia. The attribute coding of each participant focused on job title, number of employees, government contract status, and hiring experience.

All the participants were selected from fraternal organizations, associates of friends, and managers from businesses routinely frequented in the District of Columbia. These participants were only required to be employed by a company that was operating within the District of Columbia, have hiring experience with District of Columbia employees, and have

no direct or contractual financial affiliations to any federal or local government entity. This primarily allowed me to exclude hiring personnel who were employed by a fully federally funded which exceeded \$100,000 in federal contract awards. The parameters were established to analyze the participant's ability to attain an in-depth comprehension of medical marijuana policies and properly apply federal and District of Columbia marijuana policy in a private workplace. A physical observation of their office and confirmation of hiring status by fellow employees provided additional validity to the worthiness of the data collected from each of the participants.

Data Collection

The combination of semi structured interviews, District of Columbia Department of Health, and open source federal government documentation provided the appropriate support to the following primary research question: What is the District of Columbia private employers' level of understanding of federal and local government policies related medical marijuana policies? The analysis of District of Columbia Health Department medical marijuana documents provided an outlet to assess the process for attaining medical marijuana authorization, while the District of Columbia Municipal Regulatory policies provided insight on the policies related to use and possession within the city.

The comparison of various archived District of Columbia medical marijuana policies to include Initiative 59 and 71 were compared to archived federal documents associated with the Title (s) 21 U.S.C. of the Controlled Substance Act, 41 U.S.C. § 8104 of the Drug Free Workplace Act, 42 U.S.C. § 12113 on Equal Employment Opportunity discrimination, 42 U.S.C. § 12210 of the American with Disabilities Act, Section 1904.35(b)(1)(iv) of

Occupational Safety and Health Administration final rule, 42 U.S.C. § 201 Health Insurance Portability and Accountability Act, 42 U.S.C. § 14407 Home Rule Act for the Federalized District of Columbia, Prohibition of Pre-Employment Marijuana Testing Act of 2015, and Department of Transportation Rule 49 CFR Part 40. These archived documents provided the structural support of the primary question in terms of providing strength and validity to the semi structured interview process.

I used the semi structured interviews to find answers to the following secondary questions: What are the effects of medical marijuana policy conflicts on applying administrative policies within nongovernment related private companies and what types of social problems can occur within the workplace, based on conflicting policies? Grounded on the results of the semi structured interviews, a review of District of Columbia and federal archived documents was applied to the responses from the semi structured interviews to provide additional validity to the case study.

Based on my independent case study research of eight District of Columbia human resource personnel with hiring authority, I was able to directly identify potential medical marijuana policy conflicts related to the employment policies associated with medical marijuana users. The use of semi structured interviews with human resource personnel operating in the District of Columbia provided me with the ability to identify actual experiences and opinions on federal and District of Columbia medical marijuana policies. I independently reviewed the following District of Columbia and federal documents in an effort to support the semi structured interview.

Data Analysis

I used an inductive data analysis strategy to examine a participant policy understanding and how it impacted the workplace policy implementation efforts (see Yin, 2015). The inductive data analysis approach allowed for the use of numerous sources in categorization of data, based on the ground up method (see Yin, 2015). Based on the ground up method, semi structured interview data from participant responses established the foundational source for categorizing themes and data (see Patton, 2015). I used NVivo software to create codes and themes and Microsoft Word to conduct data analysis (see Yin, 2015). I repeated my analysis and compared data to my NVivo codes and themes to enhance credibility of the primary research question, secondary questions, and punctuated equilibrium theoretical framework.

Semi structured interviews were conducted in a repetitious protocol, using the following procedures: (a) transcribing notes from the audio recorder and interview notes, (b) reviewing and sanitizing data, (c) forming initial coding through recurrent or accentuated phrases and words, (d) reanalyzing data, (e) analyzing second cycle coding, (f) aligning thoughts and phrases to properly assess themes, (g) forming themes, (h) creating interim visual models to represent the analysis, (i) reviewing all aforementioned steps, (j) drafting a synopsis to support the visual models, (k) using informant feedback, only as requested by the participants, (l) repeating any of the above steps as required for accuracy (see Patton, 2015). I collated the research question and punctuated equilibrium theoretical concept to support the coding and designation of themes on any negative or positive interpretation by hiring personnel and emotional effects of conflicting policy

decision factors and recovery policy actions (see Baumgartner & Jones, 2009; Wood, 2006).

The explanation building analytical technique is based on the generation of a hypothesis with the intent to identify and develop concepts for prospective studies (Yin, 2015). The use of the aforementioned analytical technique is a continual and progressive process that attempts to alienate potential punctuated medical marijuana policy burdens incurred by private employers' comprehension levels, politics, and bias levels towards users (Pierce et al., 2014). The analysis of marijuana as an illegal Schedule I drug under 21 U.S.C. § 841 of the 1970 Controlled Substance Act and preceding federal laws ranging back to 1914 have established defined societal norms on the legality of marijuana, which may influence the policy decision making process within District of Columbia privately owned businesses that operate under Initiative 59. The combined analysis of federal and District of Columbia marijuana policies with data from semi structured interviews provided me an opportunity to objectively analyze and build the content of themes in the coding process for the second cycle. The use of visual models provided an aligned and iterative process, which assisted me in establishing a generalized visual roadmap for the duration of the case study analytical process (see Yin, 2015).

In an effort to organize a variety of coding methods from various coding processes, the use of an eclectic coding process afforded me the opportunity to strategically document the responses of participants and their understanding of federal and District of Columbia medical marijuana policies in the workplace (see Saldana, 2015).

First Cycle Coding

Based on the questions provided to participants and their relevance to federal and District of Columbia medical marijuana policies, the use of *Descriptive Coding* was considered to be the most applicable selection to analyze the eight participants. This allowed me the ability to construct a list of sub-topics for analysis from the transcribed interviews of the participants; however, this coding process is restricted to the first cycle coding. The use of *NVivo* coding in the first cycle coding also provided support to the *Descriptive Coding* method, based on the research questions derived from established marijuana policies and identified policies and initial coded participant responses (Saldana, 2015). The aforementioned coding processes characterized the following areas:

1. Federal marijuana policy coding related to District of Columbia hiring personnel decision making process within Washington, DC boundaries
2. District of Columbia policy coding related to District of Columbia hiring personnel decision making process within Washington, DC boundaries
3. The six semi-structured interview questions provided to the eight participants operating within the District of Columbia
4. After a review and alignment between the codes and research questions, a transition from first cycle coding to second cycle coding was initiated.

A significant aspect of the first cycle coding data is extracted from the semi-structured interview questions of eight hiring personnel who operate within the District of Columbia (Appendix A). These semi-structured interviews ranged over a period of nine months and unveiled relevant data to the research question “What is the District of Columbia private

employers' level of understanding of federal and local government policies related medical marijuana policies?" These responses also supported secondary questions related to (a) "What are the effects of medical marijuana policy conflicts on applying administrative policies within non-government related private companies" and (b) "What types of social problems can occur within the workplace, based on conflicting policies?" The below participants provided robust understandings and perceptions on conflicting issues between United States federal drug policies and the federalized District of Columbia legalized medical marijuana policies.

Interview Question 1. What are your experiences with employee drug policies?

- "I haven't worked at a large enough company to develop or be subjected to employee drug policies" (Participant 1, April 2, 2018).
- "I have no substantive experience with drug policies" (Participant 2, April 9, 2018).
- "I do not have any experience in written employee drug policies" (Participant 3, April 16, 2018).
- "Neither myself or the company have specific drug policy experience" (Participant 4, April 16, 2018).
- "We are completely clueless to the process" (Participant 5, April 16, 2018).
- "We do not have experience with written drug policies" (Participant 6, August 20, 2018).
- "It's just a waste of money to write and understand" (Participant 7, November 11, 2018).

- “I don’t have any experience with employee drug policies” (Participant 8, December 6, 2018).

A significant descriptive statistic identified eight (8) out of eight (8) participants had no experience in drug policies within their company. Indications by participant 7 revealed responses related to acquiring drug policy experience “It’s just a waste of money to write and understand”. The responses of all of the participants indicated a limited amount of importance is placed on acquiring workplace drug policy experience within their specified business. The theme of hiring personnel inability to acquire experience on drug policies was identified.

Interview Question 2. How do you interpret the current federal and local medical marijuana policies for your company?

“We do not attempt to interpret any additional drug policies” (Participant 1, April 2, 2018).

“We have not gotten that far in terms of interpreting” (Participant 2, April 9, 2018).

“We have not interpreted” (Participant 3, April 16, 2018).

“We generally don’t interpret” (Participant 4, April 16, 2018).

“It’s does not require us to interpret into a document” (Participant 5, April 16, 2018).

“I only know that there is a major conflict in marijuana policies” (Participant 8, December 6, 2018).

A significant descriptive statistic identified six (6) of eight (8) participants did not interpret federal and District of Columbia drug policies related to medical marijuana policies for their company. Based on the above responses, conflicting policies between federal and District of Columbia marijuana policies prohibited participants from interpreting specific

medical marijuana policies for their companies. Participant 5 highlighted this finding by not interpreting federal and District of Columbia drug policies, based on their unacceptance of medical marijuana as an accepted legal drug (Personal Communication, April 16, 2018). The theme of cognizance and the willingness to interpret conflicting medical marijuana policies was identified from the above responses.

Interview Question 3. Can you provide the process implemented by your company, in terms of developing your medical marijuana policy?

“I don’t know of any processes” (Participant 1, April 2, 2018).

“It’s something that we have given some thought to but haven’t implemented” (Participant 2, April 9, 2018).

“There is no policy process to formally implement” (Participant 3, April 16, 2018).

“We have not identified a specific process to implement” (Participant 4, April 16, 2018).

“We have not addressed any processes in our office” (Participant 5, April 16, 2018).

“No, not really” (Participant 6, August 20, 2018).

“Well, this is something that I would like to approach in identifying a process to implement” (Participant 7, November 11, 2018).

A significant descriptive statistic identified seven (7) of eight (8) participants did not have a specific strategic process in place, to develop a medical marijuana workplace policy. Based on the responses of the seven participants, the majority wanted to receive guidance but were unaware of any strategic processes that could assist them in implementing a medical marijuana policy within their company. Participant 2 statement specifically supports this finding, based on their “desire to implement a strategic process to implement medical

marijuana in the workplace; however, legal limitations within the District of Columbia laws created hesitation” (Personal Communication, April 9, 2018). The theme of cognizance and its correlation to deprived awareness of strategic processes that require governmental guidance to properly implement workplace policies were identified from the above responses.

Interview Question 4. How has current medical marijuana policies affected your employees socially?

“I personally don't believe any of my employees are under medical marijuana” (Participant 1, April 2, 2018).

“I have not noticed any difference in terms of how they do their jobs,” (Participant 2, April 9, 2018).

“Since I have been the hiring manager, I have not observed any social problems” (Participant 3, April 16, 2018).

“We haven't had a case in this store that was witnessed by me or other managers.” (Participant 4, April 16, 2018).

“Since there is no specific medical marijuana policy established within our business, I can't even really tackle the topic” (Participant 5, April 16, 2018).

“I don't think that my experience with employees that smoke marijuana on a regular basis in my workplace exists” (Participant 6, August 20, 2018).

“I don't think our company has observed a social problem” (Participant 8, December 6, 2018).

A significant descriptive statistic identified seven (7) of eight (8) participants were unable to identify any social issues within their workplace that was related to medical marijuana use. The majority of the participants did not physically observe the social interactions of their employees, based on worries related to legal responses from prior to their scheduled interview. Participant 5 specifically believed their company could not address drug issues that affected the company, without causing a potential workplace lawsuit from employees (Personal Communication, April 16, 2018). The theme of participants cognitive inability to identify drug use and their unwillingness to approach employees on potential drug use were identified from the above responses.

Interview Question 5. What is your personal opinion of workplace policies related to legalized medical marijuana?

“Employees comes to work on drugs and works around hot surfaces and get injured, we need policies that protect employers from liability” (Participant 3, April 16, 2018).

“I believe that as long as it does not affect the employee's work rate, work ethics, change in moral decision-making, or doesn't entice irresponsibility to customers, then I think it's fine” (Participant 4, April 16, 2018).

“We can't have medical marijuana approvals for people to perform job duties when they're impaired for safety concerns” (Participant 5, April 16, 2018).

“I believe that's it's totally unacceptable to expose our clients to these personal decisions, implementing strong policies with near zero tolerance is appropriate for safety” (Participant 6, August 20, 2018).

“Because of the liability issues, its expensive, and the insurance company would come to you and say, "No, we're not going to pay.” (Participant 7, November 11, 2018).

“You know, I don't really have a stance with it because I advocate personal responsibility” (Participant 8, December 6, 2018).

Based on employer opinions about medical marijuana workplace policies, descriptive statistics identified six (6) out of eight (8) participants worried about marijuana use in the workplace negatively affecting the safety of their employees and customers. Participant 7 specifically highlighted medical marijuana safety and its negative effect on workplace insurance policy claims (Personal Communication, November 11, 2018). The theme of safety related effects related to the development of insurance, zero-tolerance, and workplace policy issues were identified in participant responses.

Interview Question 6. Finally, please provide any additional information which could enhance educators and policy makers understanding of medical marijuana policies in the private workplace, which were not addressed in the prior questions?

“It seems like everybody is split between law enforcement, federal public policy and District of Columbia medical marijuana rights” (Participant 1, April 2, 2018).

“I think all employers, owners, and hiring managers want to follow the law. but need some clarity for on how to stay on the right side of the law” (Participant 2, April 9, 2018).

“I really don't have much to say. We have a business to run and we have customers to take care of on a daily basis. We definitely need to turn to the federal government and DC to create policies” (Participant 3, April 16, 2018).

“Well, it would be better if there was more information pushed out to employers”

(Participant 4, April 16, 2018).

“I would say that it would warrant more research and education,” (Participant 5, April 16, 2018).

“There's a lot to learn about the effects of medical marijuana policy in the workplace and there's a lot of questions that need to be provided to us on the correct process to develop””
(Participant 6, August 20, 2018).

Based on descriptive statistics six (6) out of eight (8) participants indicated a need for additional guidance and education from federal and District of Columbia policy stakeholders. Participant 2 and Participant 3 specifically discuss the need for federal and District of Columbia government entities to provide policy clarification on medical marijuana consumption in the workplace (Personal Communication, April 9, 2018; Personal Communication, April 16, 2018). The theme of cognizance related to the need for policy education by federal and District of Columbia government were recurrent responses.

Interview Question 6 (Part 2). Finally, please provide any additional information which could enhance educators and policy makers understanding of medical marijuana policies in the private workplace, which were not addressed in the prior questions?

“If you're selling it on the street, you should get jail time and a ticket” (Participant 1, April 2, 2018).

“It's not okay for me to do marijuana anywhere” (Participant 2, April 9, 2018).

“I'm totally against the issue of medical marijuana laws and don't want to entertain any other flexible policies” (Participant 4, April 16, 2018).

“I personally don't think there's enough research out there to justify decisions to legalize marijuana” (Participant 5, April 16, 2018).

“Based on thousands of people that are incarcerated, I am guessing probably 80% plus are African-American males arrested on marijuana convictions.” (Participant 6, August 20, 2018).

The average young African American in the District of Columbia may have a record” (Participant 7, November 11, 2018).

“I see the disparities between ethnicities and I have a problem with it.” (Participant 8, December 6, 2018).

Based on descriptive statistics, seven (7) out of eight (8) participants displayed strong emotions on legal issues related to legalized medical marijuana. Participant 6, Participant 7, and Participant 8 provided responses linked to racial disparities and medical marijuana policy was an identified issue (Personal Communication, August 20, 2018; Personal Communication, November 11, 2018; Personal Communication, December 6, 2018). The theme of cognizance and various emotional rationales to the establishment of policies related to medical marijuana were identified in participant responses.

In an effort to further interpret the above semi-structured interviews and identified themes, I triangulated the documented Local and federal policies and laws with the semi-structured interviews. Preliminary analysis indicated that hiring personnel participants lacked the appropriate level of understanding of federal and local medical marijuana policies, resulting in limited knowledge to implement private workplace policies and awareness of social problems (see Table 1).

Table 1

District of Columbia Hiring Managers Resource Analysis

Semi structured interview questions	Semi structured interview responses from participants ($N = 8$)	Thematic issue
1. Experience with Federal and District of Columbia Medical Marijuana Policies	8	Cognizance- Acquiring Experience
2. Ability to Interpret Federal and District of Columbia Medical Marijuana Policies	6	Cognizance- Willingness to Interpret Conflict
3. Strategic process implemented by their company, to develop Medical Marijuana Policy	7	Cognizance – Guidance Awareness
4. Medical Marijuana Policies Effect on Employees Socially	7	Cognizance- Identification/Observation
5. Personal Opinion of Workplace Policies Related to Legalized Medical Marijuana	6	Safety – Insurance, Workplace, Zero-Tolerance Policy Development
6. Additional Information	6	Cognizance – Education
6. Additional Information (Part 2)	7	Cognizance – Valence Issue

Identified medical marijuana policy conflict themes for triangulation. The above semi-structured interview responses of the participants were triangulated with federal and District of Columbia marijuana policies, in order to create an initial assessment for each question. An in-depth assessment of the semi structured interviews for federal, and District of Columbia medical marijuana policies are provided in the second cycle coding process of the analysis to further enhance the validity of the study.

Second Cycle Coding Process

In the first coding process I utilized eclectic coding, in an effort to identify various patterns and methods utilized in Appendix C for refining applicable denotations and subsequent identification of significant themes (see Saldana, 2015). During the assembly of categories, data was recoded for alignment with similar phrases and words for an exhaustive triangulation analysis of data for consistency (Patton, 2015). During the first cycle coding stage, I utilized NVivo coding to analyze the participants comprehension level, opinions, and biases towards medical marijuana workplace policies. The analysis of the first cycle codes also examined secondary codes and categories indirectly linked to medical marijuana policies (Saldana, 2015). The final analysis of the second cycle process provides an in-depth observation of District of Columbia hiring personnel understanding and application of Federal Marijuana Laws and District of Columbia medical marijuana policies in the workplace.

Wood's (2006) punctuated equilibrium theory on public policy related to the tobacco industry places an emphasis on unstable policy development and harmonizing all entities affected by the punctuating policy. The punctuated equilibrium theoretical hypothesis of

negative or positive understanding (Wood, 2006) by hiring personnel affected by the punctuated policy could create significant private industry drug policy disparities, as examined in the primary research question: What is the District of Columbia private employers' level of understanding of federal and local government policies related medical marijuana policies? The categorization, coding, and themes shaped the foundation for the analysis of the effects of medical marijuana policy conflicts on participants application of administrative policies within their companies and specific social concerns. comprehension level and policy development concerns towards medical marijuana workplace policies.

Baumgartner and Jones (2009) explained the potential development of one-sided policy development which are influenced by the punctuated drug policy decisions. The federal government has created numerous policies and laws related to illegal marijuana, which have established one-sided policies which are focused on the illegality of marijuana. Based on the positioning of federal marijuana policy developers, illegal policy solutions influence opposing medical marijuana policies. The District of Columbia has legalized medical marijuana, based on their assessment that African Americans were disproportionately arrested from illegal marijuana policies then other racial groups (American Civil Liberties Union, 2013). With conflicting medical marijuana policies between the federal government and District of Columbia, efforts to examine the effects of punctuated policies on private company efforts to implement medical marijuana workplace policies. The documentation of these efforts was addressed through secondary questions: "What are the effects of medical marijuana policy conflicts on applying administrative

policies within non-government related private companies?” and “What types of social problems can occur within the workplace, based on conflicting policies?”

Development of Workplace Medical Marijuana Policy Data and Emergent Themes

The majority of companies maintain policies that require employees to remain drug free; however, the legalization of medical marijuana may provoke the reassessment of how employees work with users treating legitimate illnesses and medical conditions. (Lusket al., 2015). The category directly associated with participant responses on cognizance were identified as federal and District of Columbia marijuana policies. According to the Drug Enforcement Administration (2014), marijuana inhaled through the method of smoking has not endured the rigidities of science and is not considered a safe medical treatment. The District of Columbia Municipal Regulations and DC Register (2010), allows severely ill residents to acquire and consume smoked marijuana from a licensed physician for medical purposes. During the analysis of the first and second cycle coding process of participant interviews, data observations identified a primary theme of cognizance and secondary theme related to safety. The overall coding categories identified within the second coding cycle were related to policy awareness and development issues on workplace medical marijuana policy. The conflicting factors in each of the identified themes and categories are further reviewed and discussed throughout this section.

Cognizance Subtheme: Policy Awareness

On the subtheme of policy awareness, semi-structured participant interviews and government documents identified as primary coding themes related to experience with drug

policies, interpretation of government policies, social effects on the workplace, and governmental guidance.

Experience with workplace drug policies was identified in comments related to participants experience with employee drug policies, which revealed informal approach coding themes associated with policies. Participant 1 stated “Although our company is thriving, I haven't worked at a large enough company to develop or be subjected to employee drug policies” (Personal Communication, April 2, 2018). Under 41 U.S.C. § 8104 of the *Drug Free Workplace Act*, Companies or individuals who are fully federally funded or exceed \$100,000 in contract awards are only required to maintain a drug free workplace. Participant 1 demographics did not fit the aforementioned federal requirements, based on their staffing of 18 employees and acknowledgement of no federal contracts” (Participant 1, Personal Communication, April 2, 2018). “We don't have a formal policy at this time and I have no substantive experience with drug policies.” (Participant 2, Personal Communications, April 9, 2018). Participant 3 stated “While I've been here, we have an informal non-written policy on drug use; however, I do not have any experience in written employee drug policies” (Personal Communication, April 16, 2018). “The company does not have a specific medical marijuana or drug policy” (Participant 4, Personal Communication, April 16, 2018). Based on the District of Columbia Prohibition of Pre-Employment Marijuana Testing Act (2015), companies operating in the District of Columbia will not require a potential employee to be drug tested for marijuana as part of the company policy for employment. “My experience is, from a business standpoint, it's just a waste of money to write and understand.” (Participant 7, Personal Communication,

November 11, 2018). According to the District of Columbia Municipal Regulations for the Medical Marijuana Program. (2018), the District of Columbia Department of Health prohibits the possession of marijuana in the workplace and imposes fines up to \$2000 for each violation. The comprehension of government policies and the linked theme of hiring personnel experience are outlined in Appendix C of this research document.

Interpretation of District of Columbia medical marijuana policies was identified in semi-structured interview comments, which provided a primary coding theme related to participants knowledge of federal and local medical marijuana policies associated with the workplace. Participant 1 stated that “We do a general background checks on all incoming employees and do not attempt to interpret any additional drug policies.” (Personal Communication, April 2, 2018). Under 41 U.S.C. § 8102 of the *Drug Free Workplace Act*, 21 U.S.C. of the Controlled Substance Act, and District of Columbia *Initiative 59* of the Legalization of Marijuana for Medical Treatment Initiative; there are no references that require employers to conduct background investigations of employees. The District of Columbia’s Prohibition of Pre-Employment Marijuana Testing Act (2015) only allows employers to conduct drug tests of potential employees, after a conditional offer of employment has been provided to the applicant. “To be totally honest, we have not gotten that far in terms of interpreting what the definition of federal and District of Columbia medical marijuana policies.” (Participant 2, Personal Communications, April 9, 2018). “Here, we generally don’t interpret federal and local marijuana laws as long as someone doesn't come into work under the influence of anything, we generally don't dig too deep into that and we have not established policies.” (Participant 4, Personal Communication, April

16, 2018). “I’m not up to date with either the District of Columbia or federal requirements and I only know that there is a major conflict in marijuana policies, in regards to the legality of marijuana in the District.” (Participant 8, Personal Communications, December 6, 2018). An assessment of District of Columbia Municipal Regulations for the Medical Marijuana Program (2018) and District of Columbia Municipal Regulations and DC Register (2010) Initiative 59 law did not reveal any requirements related to the education of District of Columbia employers on medical marijuana laws. Participant 3 stated “We have not interpreted federal and local marijuana policies. Our company has no written policy for medical marijuana; however, if you come to work on drugs, we will-basically terminate you” (personal communication, April 16, 2018). “Well, we have a strict verbal no-tolerance drug and substance policy that they cannot be under the influence, and/or smoke marijuana or use marijuana derivatives while working. We follow the same federal policies on marijuana and our company does not tolerate it.” (Participant 6, personal communication, August 20, 2018). Under 41 U.S.C. § 8104 of the *Drug Free Workplace Act*, Federal contractors are required to have a drug free work environment. According to the demographics provided by Participants 3 and 6, neither company is currently operating as a federal contractor (Participant 3, personal communication, April 16, 2018, Participant 6, personal communication, August 20, 2018). A review of *Initiative 59* restricts users from possessing medical marijuana in the workplace; however, there is no reference to an employer’s ability to restrict marijuana use outside of the workplace or terminate employment. (District of Columbia Municipal Regulations for the Medical Marijuana Program, 2018). Under 41 U.S.C. § 8102 (a) (1) of the *Drug Free Workplace Act*, employers

must advise employees in writing of the penalties associated with zero-tolerance use and possession of a controlled substance; however, *Initiative 59* of the Legalization of Marijuana for Medical Treatment Initiative does not require employee termination for working under the influence of marijuana (District of Columbia Municipal Regulations and DC Register, 2010).

Social effects on the workplace was identified in participant comments, with the identification of primary coding themes related to medical marijuana policies positive or negative behavior in the workplace. “None of my guys are or I don't believe any of my employees are under medical marijuana since my employment, which makes me unable to provide any observations any effects within my company.” (Participant 1, Personal Communication, April 2, 2018). “Since I have been the hiring manager, I have not observed any social problems in my workplace that is associated with marijuana use.” (Participant 3, Personal Communication, April 16, 2018). “Since we haven't had a case in this store where that has been witnessed by me, it is something that I feel like it's important.” (Participant 4, Personal Communication, April 16, 2018). “Since there is no specific medical marijuana policy established within our business, I can't even really tackle the topic with them without causing myself to probably be implicated in some kind of workplace ignorance that leads to a lawsuit or resignation of angry employees.” (Participant 5, Personal Communication, April 16, 2018). “I don't think that my experience with employees that smoke marijuana on a regular basis has existed” (Participant 6, Personal Communication, August 20, 2018). “I don't think that my experience with employees that smoke marijuana on a regular basis is sufficient, I should state that my employees may be creative but they are not the most

motivated people.” (Participant 8, Personal Communication, December 6, 2018). According to Section 1001.1 (2) (C) of the District of Columbia Municipal Regulations for the Medical Marijuana Program. (2018), medical marijuana patients are restricted from distribution, possession, use, or transfer of marijuana within their place of employment. Medical marijuana patients are personally liable for criminal acts or violation of regulations under the influence, which were not repealed or amended by Initiative 59 (District of Columbia Municipal Regulations for the Medical Marijuana Program, 2018).

Participants were asked to provide additional comments which could enhance educators and policy makers understanding of medical marijuana policies, which produced primary coding themes related to policy guidance on medical marijuana policies in the workplace” I think all employers, owners, and hiring managers want to follow the law. I think nobody wants to be on the wrong side of these marijuana policies. I think some clarity for hiring managers and business owners on how to stay on the right side of the law in a situation where you have two conflicting legalities is significantly needed.” (Participant 2, Personal Communications, April 9, 2018). “I really don’t have much to say. We feel sorry for the people affected by debilitating medical issues, but on the other hand, we have business to run and we have customers to take care of on a daily basis. We must focus on customers at the table and not be constantly worried about our employees’ personal drug use in the workplace. We definitely need to turn to the federal government and DC to create policies for the sick, in order for them to receive a good guidance on medical marijuana consumption.” (Participant 3, Personal Communication, April 16, 2018). “Well, it would be better if there was more information pushed out to employers to understand. Because I

would say there can be negative social problems from customers and legal implications from different employees about the subject of medical marijuana use in the workplace.”

(Participant 4, Personal Communication, April 16, 2018). “I would say that it would warrant more research and education, because I do believe personally that the government needs to invest money in medical marijuana education, just as we are financially interested in the educational investment towards the opioid crisis.” (Participant 5, Personal Communication, April 16, 2018). “There's a lot to learn about effects of medical marijuana policy in the workplace and there's a lot of questions that need to be provided to us on the correct process to develop” and I think that's probably the reason why the federal government is moving slow to legalize medical marijuana.” (Participant 6, Personal Communication, August 20, 2018). “You know, I'm going to say this because I understand your position but when I'm working with clients who have been incarcerated because of substance abuse or because they'd been caught with marijuana, and I see the disparities between ethnicities then I have a problem with it. Um, you know, because it's not fair. And so, you know, I've seen young people who made a mistake or got caught up with the wrong people, and it's a downward spiral because of one mistake. So, I think whatever decisions the government makes on marijuana, you have to kind of give people room for mistakes in implementing policies that help African Americans.” (Participant 8, Personal Communication, December 6, 2018).

Under *42 U.S.C. § 14407* of the Home Rule Act, the funding mechanism for the District of Columbia is appropriated by the United States Congress and the government of the District of Columbia is classified as an entity of the federal government. Under District of Columbia Municipal Regulations for the Medical Marijuana Program (2018), section 200.4 (b) defines

federal prosecution as the United States Congress classification of marijuana as a Schedule I controlled substance with criminal violations for growing and possessing marijuana.

Participants were asked to provide any additional information which could enhance educators and policy makers understanding of medical marijuana policies in the private workplace, which were not addressed in the prior questions. Although participants identified primary coding themes related to policy guidance on medical marijuana policies in the workplace, secondary coding themes related to emotional attitudes were identified.

Participant 1 stated that “If you're selling it on the street, you should get jail time and a ticket. Legitimate medical marijuana users need to have established protections by the government that established the law” (Personal Communication, April 2, 2018). “You can't use marijuana in the workplace because of confusing policies within the federal system that make it illegal and DC's strong influence by laws that are controlled by the federal government. While the District of Columbia local government and citizens are saying "well, DC just legalized marijuana so it's okay for me to do marijuana anywhere. Just understanding how you actually stay on the right side of the law is where there's conflict.”

(Participant 2, Personal Communication, April 9, 2018). Participant 4 stated “I'm totally against the issue of medical marijuana laws and don't want to entertain any other flexible policies that are not supported by the federal government and clearly defined by the District of Columbia” (Participant 4, Personal Communication, April 16, 2018). “I personally don't think there's enough research out there to justify decisions to legalize marijuana.”

(Participant 5, Personal Communication, April 16, 2018). Participant 6 stated “The subject of medical marijuana and recreational marijuana has turned into an incarceration issue that

addresses the previous problem of what do you do with all the people that were arrested for an ounce of weed? There's a lot to learn about the correct development of medical marijuana policy and there are a lot of questions that need to be seriously answered. I think that's probably the reason why the federal government is slow to move on legalizing medical marijuana. Based on thousands of people that are incarcerated, I am guessing probably 80% plus are African-American males arrested on marijuana convictions. This disparity in racial incarceration from non-violent and low quantity marijuana charges must be dealt with as far as marijuana policy development.” (Personal Communication, August 20, 2018).

“You know, I'm going to say this because I understand your position but when I'm working with clients who have been incarcerated because of substance abuse or because they'd been caught with marijuana, and I see the disparities between ethnicities then I have a problem with it. Um, you know, because it's not fair. And so, you know, I've seen young people who made a mistake or got caught up with the wrong people, and it's a downward spiral because of one mistake. So, I think whatever decisions the government makes on marijuana, you have to kind of give people room for mistakes in understanding policies that help us.” (Participant 8, Personal Communication, December 6, 2018).

The American Civil liberties union provided a catalyst for the implementation of Initiative 59 and 71 legalized marijuana policies in the District of Columbia, based on statistical figures showing African Americans are 3.7 times more likely to be arrested on marijuana charges than whites (American Civil Liberties Union, 2013). Participants provided emotional responses towards the justification of medical marijuana policies in the workplace, based on Initiative 71's justification.

The second cycling correlation between policy awareness and the cognizance sub-theme are observed in combining of codes and categories derived from participant responses (Figure 3). Employers understand that there may appear to be potential infringements upon an employee's right to use marijuana where it is legal for medicinal use or decriminalized for recreational use, but more importantly, employees need to be reminded or made aware of their employer's rights and the employee's obligations to the employer (Hartman, 2013). The Department of Justice recently issued a Marijuana Enforcement Memorandum which annulled the previously marijuana memorandum issued in 2013, permitting federal prosecutors to determine their prioritization preference towards the enforcement of federal level marijuana laws (Department of Justice, 2018, Department of Justice, 2013). The cognizance sub-theme is further discussed in the results section of this analysis.

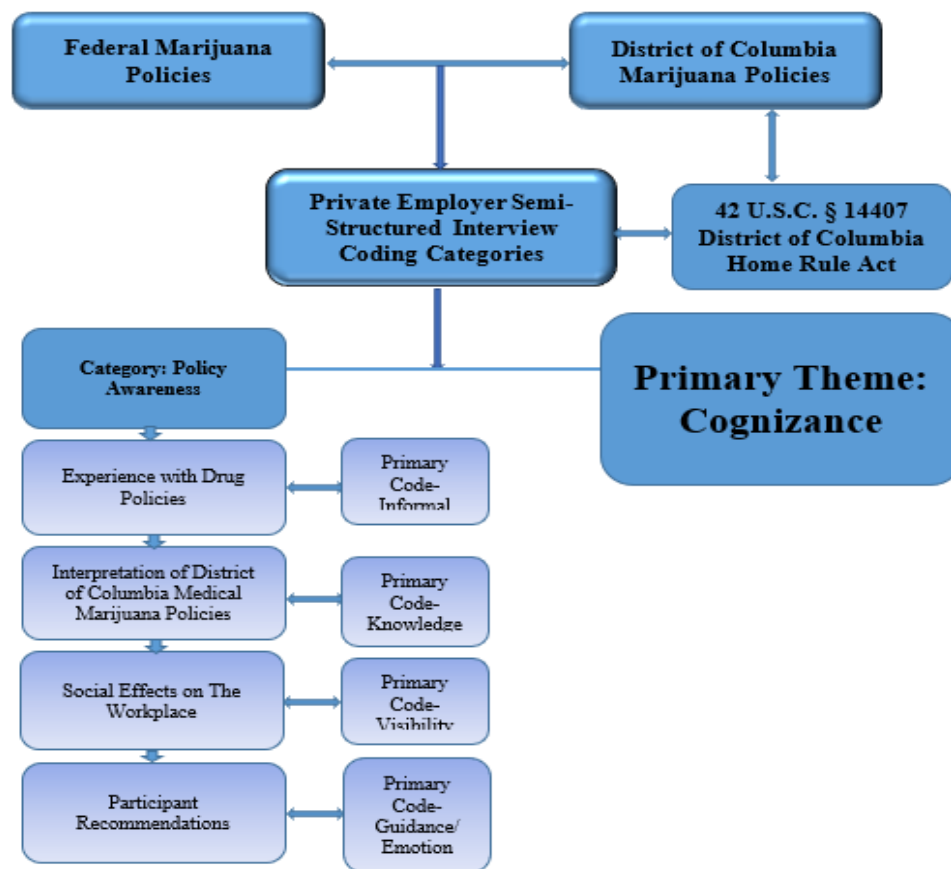


Figure 3. Policies, categories, codes, and theme for cognizance.

Safety Subtheme: Policy Development

The consequences of medical marijuana in the workplace vary from the potential need for compliance accommodations between federal and state laws with thoughtful considering potential safety anxieties (Stringham, Allard, Knapp, & Minor, et al., 2017). Documents utilized for the correlation of codes related to the development of medical marijuana safety policies were linked to codes from participants personal opinion statements. *Title 41 U.S.C. § 8104 of the 1988 Drug Free Workplace Act* works concurrently with District of Columbia safety occupations, in an effort to maintain safety within the

workplace. Under the District of Columbia Municipal Regulations for the Medical Marijuana Program (2018), *Section 300.12 and 300.13* provide revocation penalties for intimidation and abusive behavior by medical marijuana users dispensary property.

Participant 3 stated “Marijuana workplace policies are good, because if employee comes to work on drugs and works around hot surfaces and get injured. Public policies need to protect all people, so we absolutely need policies” (Personal Communication, April 16, 2018). “I believe that as long as it does not affect the employee's work rate, work ethics, change in moral decision-making, or doesn't entice irresponsibility to customers, then I think it's fine and especially as long as it doesn't affect their relationship with the customer or their co-workers.” (Participant 4, Personal Communication, April 16, 2018). “The problem would be, are you capable of performing a job if you're under that much strain in the beginning? Should you even be in the workplace? We can't have a circumstance where we have approvals for people to perform job duties when they're impaired for safety concerns.” (Participant 5, Personal Communication, April 16, 2018). Participant 6 stated “No, I believe that's it's totally unacceptable to expose our clients to these personal decisions, so really implementing strong policies with near zero tolerance on all levels is appropriate for safety.” (Personal Communication, August 20, 2018). “Because of the liability issues, its expensive, in a sense that if employees are working and they injure themselves, or cut themselves pretty bad the insurance company would come to you and say, "No, we're not going to pay this claim for this bill because you knew that they would be a risk from possessing a medical card. The insurance companies would emphasize that you the employer knew that they would be at risk and you didn't do enough to protect them. I want to see the local

government that approved medical marijuana to do more to protect the business owner from insurance companies that do not recognize medical marijuana as a prescription drug, which allows them to be cut and dry to employers trying to comply with the new laws.”

(Participant 7, Personal Communication, November 11, 2018). The semi-structured participant interviews and questions associated with cognizance and safety are outlined in Appendix C of this research study.

Policy Development and safety are centered on the agreement that *Title 21 U.S.C. of the Controlled Substance Act* has classified Tetrahydrocannabinols (THC) as a schedule I controlled substances with a high potential for abuse and no accepted medical use in society (Drug Enforcement Administration Office of Diversion, 2017). The District of Columbia Department of Health (2016) publication on *Marijuana and the District of Columbia* recommends additional research on marijuana use, in an effort to ensure safety within the public. “Marijuana workplace policies are good, because if employee comes to work on drugs and works around hot surfaces and get injured, we could have policies that protect employers from liability. The public policies need to address conflicts in marijuana policies and protect all people, because we absolutely need them.” (Participant 3, Personal Communication, April 16, 2018). “I believe that as long as it does not affect the employee's work rate, work ethics, change in moral decision-making, or doesn't entice irresponsibility to customers, then I think it's fine and especially as long as it doesn't affect their relationship with the customer or their co-workers.” (Participant 4, Personal Communication, April 16, 2018). Participant 5 stated “I believe that there are episodes where anything that can relieve undue pain and suffering should be used. The problem would be, are you capable of

performing a job if you're under that much strain in the beginning? Should you even be in the workplace? We can't have a circumstance where we have approvals for people to perform job duties when they're impaired for safety concerns.” (Personal Communication, April 16, 2018). “No, I believe that's it's totally unacceptable to expose our clients to these personal decisions, so really implementing strong policies with near zero tolerance on all levels is appropriate for safety.” (Participant 6, Personal Communication, August 20, 2018). “Because of the liability issues, its expensive, in a sense that if employees are working and they injure themselves, or cut themselves pretty bad the insurance company would come to you and say, "No, we're not going to pay this claim for this bill because you knew that they would be a risk from possessing a medical card. The insurance companies would emphasize that you the employer knew that they would be at risk and you didn't do enough to protect them.” (Participant 7, Personal Communication, November 11, 2018). The discussion of safety as a theme is further discussed in the results section of this study. The second cycling correlation between policy development and safety theme are observed from the combining of codes and categories derived from participant responses (Figure 4).

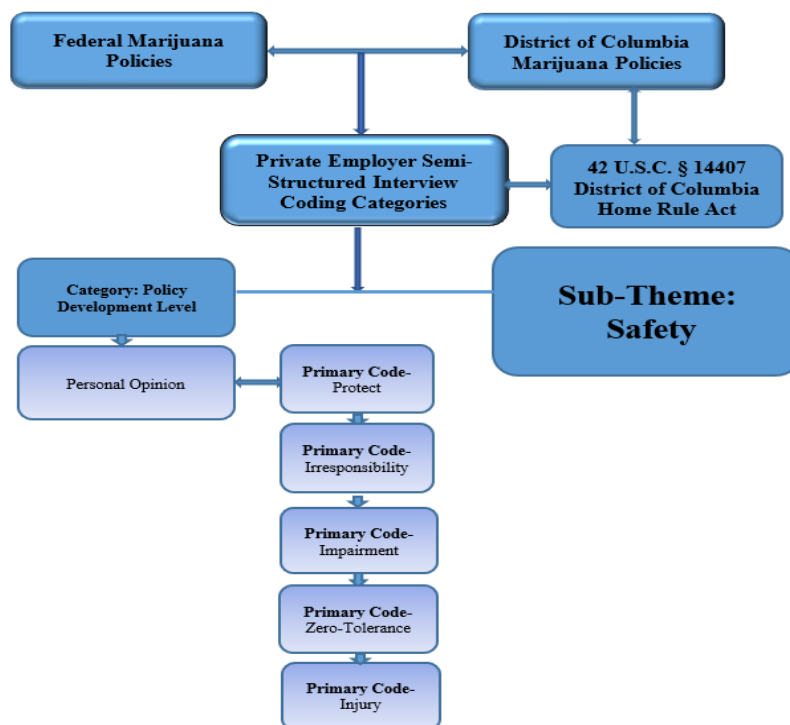


Figure 4. Policies, categories, codes, and theme for safety.

Discrepant Cases

The use of analytic induction of each case discussed within the data analysis process did not reveal any negative cases which was contradictory to the original problem statement (Patton, 2015). I assessed cases related to participant interviews provided by hiring personnel operating and based within the District of Columbia to participants operating within the District of Columbia but based in another state. Participant 8 was categorized as a company which fit the parameters of operating a satellite office and hiring District of Columbia residents, while based outside of the District of Columbia. I determined that the satellite office was the primary focus of the interview and participant 8 responses were focused on their ability to adhere to the medical marijuana policies of their District of

Columbia based satellite office. The responses of participant 8 were strictly applied to their District of Columbia workplace operation and all data discussed in Chapter 4 and 5 follows these parameters.

Evidence of Trustworthiness

Credibility

The goal of source triangulation was centered on testing the original finding against similar data from different sources supported by additional analysis processes (Miles et al, 2013). I utilized United States Federal laws and policies related to marijuana and District of Columbia medical marijuana policies, in order to identify intersecting data attained from semi-structured interviews. Efforts to utilize research directly related to the study was a priority, in an effort to support accuracy throughout the study (Yin, 2015). The data collection protocols adhered to the credibility criteria of triangulation of data and analysis development, providing a re-constructible framework for future data configurations (Amankwaa, L., 2016).

Transferability

Efforts to create and maintain data for collection and coding use was stringent, in an effort to maintain the transferability of finalized data coding. The first and second cycling process and coding methodology provided in Appendix C, provides step by step guidance in the triangulation of federal, District of Columbia, and semi-structured interview analysis. The clustering of codes from significant phrases and words into categorizations were essential in the reorganization of meta categories, as they relate to defining themes and categories for an elevated analysis (Saldana, 2015). An analysis District of Columbia private

employers' level of understanding on federal and local medical marijuana workplace policies provided me with intellectual definitions for coding employers knowledge capacity. Through repeated and consistent analysis of data collected, the validation of transferability was appropriate.

Dependability

According to Yin (2015), The data preservation of assorted evidentiary sources, meticulous follow-up of data, and feedback from participants are the primary components of establishing tactical dependability within this case study analysis. An effort to maintain unbiased data and protect the research question and Wood's (2006) and Baumgartner and Jones (2009) punctuated equilibrium theories. During the semi-structured interview process, the documented recordings and notes were reviewed for any discrepancies. All of the participants were satisfied with their responses and did not provide any supplementary responses for clarity. The triangulation of sources within the reduced population sample provided me with an in-depth and profuse data analysis (Yin, 2015).

Confirmability

The effort to establish a scrutinized trail of all data collected assisted me in the legitimization and vigorous verification of field research and confirmability data. My data scrutinization focused on accuracy, impartial reporting, and bias minimization (see Patton, 2015). I was consistently translucent at every moment of interaction with the participants, placing an emphasis on providing honest and truthful responses that were not influenced by my law enforcement occupation. I was referred by one of my original participants to their regional office for official responses, which forced me to conduct a participant interview

outside of the District of Columbia. I explained the parameters of the research and was able to target their responses to their District of Columbia operations. Additionally, some of the participants utilized poor articulation, forcing me to provide clarity in the note review phase of the interview (see Yin, 2015). A few of the participants were very passionate about medical marijuana and required some questions to be repeated, without leading the participants to a specific opinion. Every effort to emphasize the magnitude of the participants contribution to hiring personnel and policy development was presented as a priority and primary focal point, especially during the note taking and review phases of the semi-structured interview. (see Patton, 2015).

Results

The focus of this case study was centered on exploring District of Columbia private employers' level of understanding on federal and local government policies related medical marijuana policies. According to Wood (2006), punctuated equilibrium places an emphasis on unbalanced policy development and efforts to balance all entities affected by the punctuated policy, prompting a negative or positive interpretation of the punctuated policy and creation of a significant subsystem. I utilized United States federal marijuana policies, District of Columbia Marijuana policies, and semi-structured interview questions of 8 hiring personnel representatives to analyze the designated primary and secondary research questions. Two themes developed in the areas of cognizance and safety. The Cognizance theme referred to influences associated with policy experience, policy interpretation, knowledge of process, social effects of policy, and policy recommendations on medical marijuana in the workplace. The safety theme was primarily influenced by personal opinions

associated coding related to protection, irresponsibility, impairment, injury, and zero-tolerance. The aforementioned themes were inductively acquired through first and second cycle coding methods and classifications and provided remarkable results.

Cognizance theme: Policy Awareness Level

The awareness factor was appropriately represented within multiple primary coding components, which identified hiring personnel visual and mental awareness of policy related to social effects, informal familiarity of policies experience, interpretations workplace drug policies, factual knowledge of governmental policies, and ability to seek guidance on federal and local government medical marijuana policies (Figure 5). The cognizance subtheme identified hiring personnel willing to modify their attitude towards District of Columbia medical marijuana workplace policies, while mentally focusing on the ability to accurately apply standardized medical marijuana workplace policies with conflicting governmental marijuana policies. The majority of participant attitudes to develop medical marijuana policies were driven by personal emotions that focused on legal concerns.

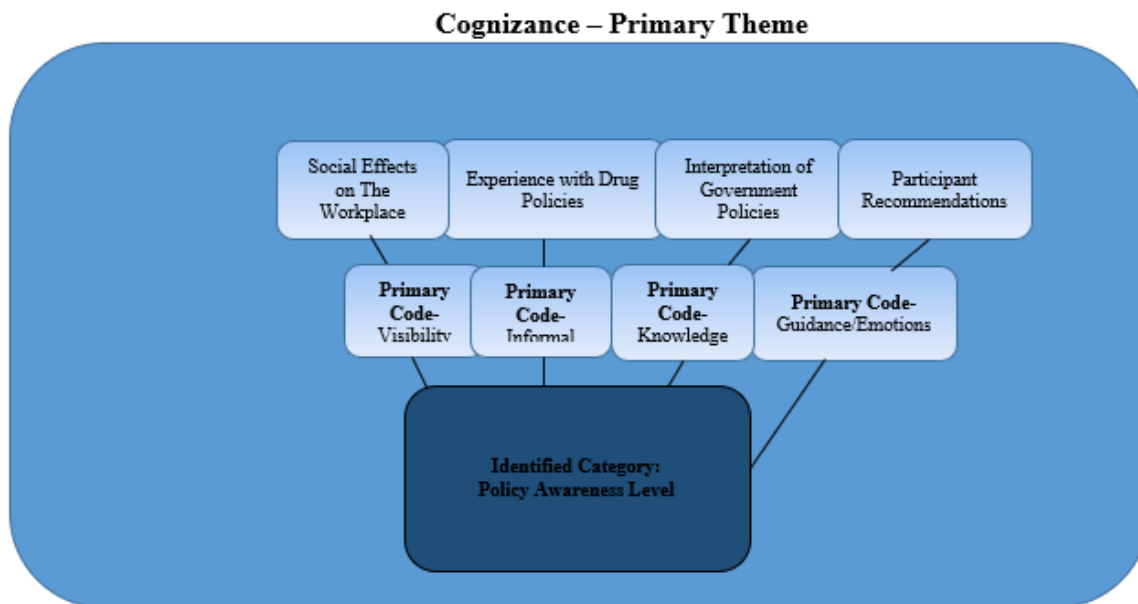


Figure 5. Policy awareness relationship model for cognizance subtheme.

Under 41 U.S.C. § 8104 of the *Drug Free Workplace Act*, Companies or individuals who are fully federally funded or exceed \$100,000 in contract awards are only required to maintain a drug free workplace.

Initiative 71 for recreational marijuana use in the District of Columbia under section (1F) allows medical marijuana to be exempt from the classification of unlawful under Initiative 59 of the *Legalization of Marijuana for Medical Treatment Initiative of 1999* (District of Columbia City Council, 2014). This is different from marijuana use under Initiative 71 section 1C and 1E, which does not prohibit employers from restricting and regulating recreational marijuana users from consumption and possession of marijuana within the workplace.

Although no participants were aware of the District of Columbia Prohibition of Pre-Employment Marijuana Testing Act (2015), the District of Columbia requires companies

operating in the District of Columbia to not require a potential employee to be drug tested for marijuana as part of the initial employment process.

Unless some of the laws become clearer in terms of, what's acceptable and what's not acceptable then employers only know that federal law deems it as unacceptable, unless you have a medical marijuana card in the District of Columbia that works against federal law.” (Participant 7, Personal Communication, November 11, 2018).

Participant 2 stated “To be totally honest, we have not gotten that far in terms of interpreting what the definition of federal and District of Columbia medical marijuana policies.” (Personal Communications, April 9, 2018).

Participant 4 stated “We generally don't dig too deep into that and we have not established policies.” (Personal Communication, April 16, 2018).

An assessment of District of Columbia Municipal Regulations for the Medical Marijuana Program (2018) and District of Columbia Municipal Regulations and DC Register (2010) Initiative 59 law did not reveal any requirements related to the education of District of Columbia employers on medical marijuana laws.

Participant 3 stated “There is no written policy for drug use; however, if you come to work on drugs, we will- basically terminate you” (Personal Communication, April 16, 2018).

Participant 6 stated “Well, we have a strict verbal no-tolerance drug and substance policy that they cannot be under the influence, and/or smoke marijuana or use marijuana derivatives while working. We don't tolerate it” (Personal Communication, August 20, 2018).

Initiative 59 restricts users from possessing medical marijuana in the workplace; although, no reference to an employer's ability to restrict marijuana use outside of the workplace or terminate employment. (District of Columbia Municipal Regulations for the Medical Marijuana Program, 2018).

Under 41 U.S.C. § 8102 (a) (1) of the *Drug Free Workplace Act*, employers must advise employees in writing of the penalties associated with zero-tolerance use and possession of a controlled substance; however, *Initiative 59* of the Legalization of Marijuana for Medical Treatment Initiative does not require employee termination for working under the influence of marijuana (District of Columbia Municipal Regulations and DC Register, 2010).

Participant 1 stated "None of my guys aren't or I don't think anybody in our company is under medical marijuana right now." (Personal Communication, April 2, 2018).

"We haven't had a case where, at least not in this store where that has come into being the case" (Participant 4, Personal Communication, April 16, 2018). "Since there is no specific medical marijuana policy, I can't even really tackle the topic" (Participant 5, Personal Communication, April 16, 2018).

Participant 8 stated "I don't think it has and I haven't seen a social problem with marijuana use" (Personal Communication, December 6, 2018).

Section 1001.1 (2) (C) of the District of Columbia Municipal Regulations for the Medical Marijuana Program. (2018) restricts medical marijuana patients from distribution, possession, use, or transfer of marijuana within their place of employment.

Participant 2 stated “I think all employers, owners, and hiring managers want to follow the law. I think nobody wants to be on the wrong side of these marijuana policies. I think some clarity for hiring managers and business owners on how to stay on the right side of the law in a situation where you have two conflicting legalities is significant” (Personal Communications, April 9, 2018).

Participant 4 stated “Well, it would be better if there was more information pushed out to employers to understand. Because I would say there can be negative problems from customers or from different employees about the subject” (Personal Communication, April 16, 2018).

Participant 6 stated “There's a lot to learn about policy and there's a lot of questions that need to be provided to us” and I think that's probably the reason why the federal government is moving slow to legalize medical marijuana.” (Personal Communication, August 20, 2018).

“Under *42 U.S.C. § 14407* of the Home Rule Act, the funding mechanism for the District of Columbia is appropriated by the United States Congress and the government of the District of Columbia is classified as an entity of the federal government.

Under the District of Columbia Municipal Regulations for the Medical Marijuana Program (2018), *Section 300.12 and 300.13* provide revocation penalties for intimidation and abusive behavior by medical marijuana users dispensary property but no revocation penalties for violence are defined in the aforementioned section.

The American Civil liberties union provided a catalyst for the implementation of Initiative 59 and 71 legalized marijuana policies in the District of Columbia, based on

statistical figures showing African Americans more than 3.7 times likely to be arrested on marijuana charges than whites. Participants provided emotional responses towards the justification of medical marijuana policies in the workplace, based on Initiative 71's justification.

"If you're selling marijuana then violators should get jail time and a ticket." (Participant 1, April 2, 2018).

"Hey, you can't use marijuana in the workplace because in the federal law it's illegal and DC is controlled by the federal government, while somebody else is saying "well, DC just legalized marijuana and so it's okay for me to do this. Just understanding how you actually stay on the right side of the law where there's conflict." (Participant 2, April 9, 2018).

"I'm totally against this law" (Participant 4, April 16, 2018).

"I personally don't think there's enough research out there to justify decisions to legalize marijuana." (Participant 5, April 16, 2018).

"It has turned into the incarceration issue is then what do you do with all the people that were arrested for an ounce of weed? There's a lot about policy and there's a lot of questions and I think that's probably the reason why the federal government is slow to move on legalizing medical marijuana. Thousands of people that are incarcerated and probably 80% plus are African-American males on marijuana convictions, that's something to deal with as far as policy." (Participant 6, August 20, 2018).

"You know, I'm going to say this because I understand your position but when I'm working with clients who have been incarcerated because of substance abuse or because they'd been caught with marijuana, and I see the disparities between ethnicities then I have a problem

with it. Um, you know, because it's not fair. And so, you know, I've seen young people who made a mistake or got caught up with the wrong people, and it's a downward spiral because of one mistake. So, I think whatever decisions the government makes on marijuana, you have to kind of give people room for mistakes in understanding policies that help us.” (Participant 8, December 6, 2018).

Safety Subtheme: Policy Development Level

The safety subtheme developed from the second cycle coding, primarily from participant data coding analysis. District of Columbia hiring personnel provided an overwhelming personal opinion response to safety related policy issues from District of Columbia medical marijuana policies, which contrast with federal marijuana policies. The parameters associated with safety policies varied from *mental impairment*, *irresponsibility*, and *physical injury* to *employee protections* and *zero tolerance protections* (Figure 5).

Participant 3 stated “Marijuana workplace policies are good, because if an employee comes to work on drugs and works around hot surfaces, he can subsequently become injured. The public policies need to protect all people, so we absolutely need them” (Personal Communication, April 16, 2018).

Participant 4 stated “I believe that as long as it does not affect the employee's work rate, work ethics, change in moral decision-making, or doesn't entice irresponsibility to customers, and especially as long as it doesn't affect their relationship with the customer or their co-workers” (Personal Communication, April 16, 2018).

Participant 5 stated “We can't have a circumstance where we have approvals for people to perform job duties when they're impaired for safety concerns.” (Personal Communication, April 16, 2018).

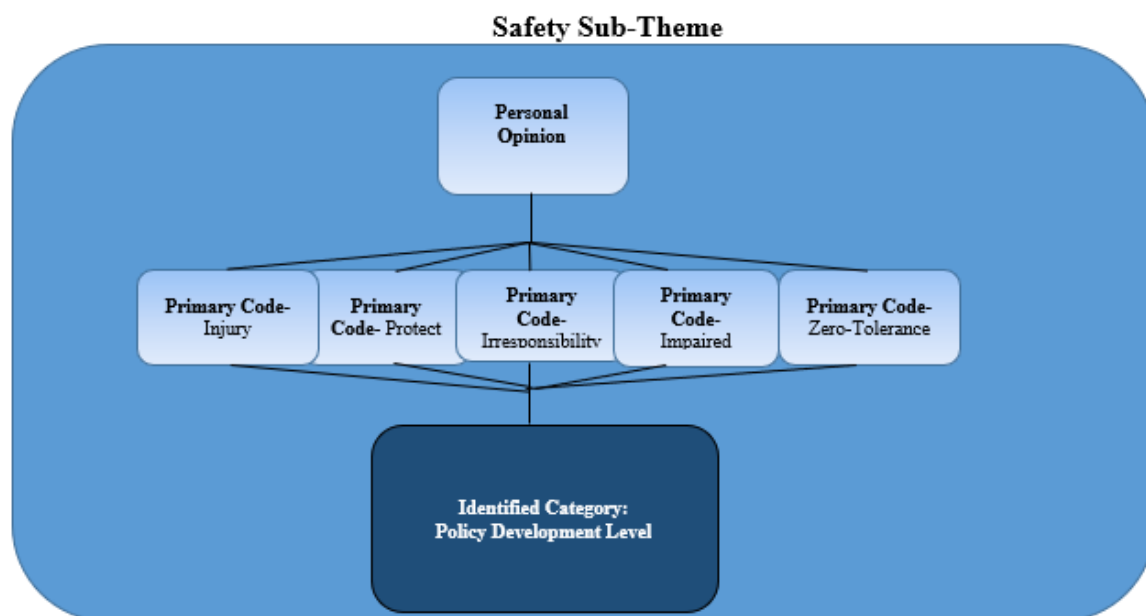


Figure 5. Policy development relationship model for safety subtheme.

Summary

The data conferred in Chapter 4 yielded demographics, data collection, and data analysis information related to District of Columbia private employers' level of understanding on federal and local government medical marijuana policies. The triangulation analysis of federal marijuana policies, District of Columbia marijuana policies, and semi-structured interviews of eight participants provided a primary theme and two subthemes. The identified themes appropriately correlated with the primary research question: What is the District of Columbia private employers' level of understanding of federal and local government policies related medical marijuana policies? The first and

second cycling coding process utilized inductive coding, resulting in themes which have created cognizance and safety obstacles in the creation of workplace medical marijuana policies from approved federal and local agencies.

Cognizance theme: Policy Awareness Level

District of Columbia hiring personnel identified issues related to understanding and obtaining in-depth knowledge of federal and District of Columbia workplace marijuana policies. The use of informal verbal policies that were not properly documented and applied to employees were utilized by the majority of participants. Although responses from participants provided no verbal indication of social problems, the majority of participants displayed verbal inferences consistent with an individual not wanting to know if their employees were using medical marijuana or *Out of sight out of mind* mentality. An understanding of District of Columbia medical marijuana policies is considered essential to hiring personnel, based on their responsibility to educate employees on drug policies.

Safety Subtheme: Policy Development Level

District of Columbia hiring personnel displayed concerns over social issues related to impairment, injuries, and appropriateness of medical marijuana users operating within their workplace environment. Efforts to identify standardized safety measures within the workplace was considered a priority by the majority of hiring personnel, including the use of zero-tolerance policies and drug testing for suspected employees believed to be engaged in drug use. Issues of bias toward medical marijuana users was identified, in terms of consistent beliefs that medical marijuana users were irresponsible and presented a higher risk of danger to fellow employees.

My independent research analysis provided preliminary results which correlated with hiring personnel understanding, application, and social concerns of District of Columbia workplace medical marijuana policies. These results were methodically examined through the data collection, data analysis, evidence of trustworthiness, and results of the participant data. The information within chapter 5 discoursed limitations of the case study, interpretation of chapter 4 findings, and recommendations for District of Columbia workplace medical marijuana policy implementations through cognizance strategies. A summarization of my research related to Wood's (2006) and Baumgartner & Jones (2009) *punctuated equilibrium theories* are discussed.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

In this case study, I used Wood's (2006) punctuated equilibrium theory assumption that unbalanced policy development and attempts to balance all entities affected by the punctuating policy could have a negative or positive interpretation by each entity, subsequently creating a significant subsystem effect. The use of a case study analysis was crucial in the deduction process of Wood's punctuated equilibrium theory assumption and its relevance to District of Columbia hiring personnel's level of understanding of federal and local government policies related medical marijuana policies. The theoretical assumption was applied to explain medical marijuana policy gaps identified in the case study, with an emphasis on answering topics related to hiring personnel comprehension, application, and socialization experiences with medical marijuana policies within their workplace.

According to Baumgartner and Jones (2009), the issue of drug abuse within the framework of punctuated equilibrium is an emotional policy issue in the establishment of any perspective within a newly established policy. The combination of Baumgartner and Jones's and Wood's punctuated equilibrium theoretical concepts were the catalysts for analyzing hiring personnel understanding of federal marijuana and District of Columbia medical marijuana policies in the workplace, which prompted the following primary research question for my case study: What is the District of Columbia private employers' level of understanding of federal and local government policies related medical marijuana policies? This question allowed for secondary questions related to (a) What are the effects of medical marijuana policy conflicts on applying administrative policies within

nongovernment related private companies? and (b) What types of social problems can occur within the workplace, based on conflicting policies?

The use of the punctuated equilibrium theoretical assumption and assessment of the District of Columbia based hiring personnel's understanding of federal and local medical marijuana policies within their workplace was assessed. The participant and triangulation results of the case study generated a primary theme of cognizance in the implementation of marijuana policy awareness, experience, interpretation, and guidance, and a subtheme of safety in hiring personnel's personal opinion of medical marijuana users and policies was revealed.

Interpretation of the Findings

The United States government has consistently advertised the image of marijuana as a dangerous Schedule I drug, forcing all private industries to adhere to some form of drug or safety regulatory rule (Drug Enforcement Administration Office of Diversion Control, 2017). The long-term federal propaganda against marijuana as a dangerous drug from 1914 to the present has emphasized the dangers of marijuana use (Nocolas & Churchill, 2012). These long-term equilibrium periods experienced minimal changes or need for adaptation to the core configuration of the policy, with only superficial compensatory changes for peripheral purposes (Çora, 2016).

Under the District of Columbia's medical marijuana policy D.C Act B18-622 (Initiative 59) private employers are subjected to complex local policies associated with medical marijuana users. The District of Columbia Home Rule Act of 1973 is an additional complex variable in the medical marijuana legalization process due to the complete

federalization of Washington, DC and their funding under 42 U.S. Code 14407 of the United States government. The decriminalization of marijuana in the District of Columbia violates the 21 U.S Code 841 federal narcotics law and technically violates medical marijuana guidelines established by the Department of Justice (2013), based on the federal government's overall control over Washington, DC as the capital of the United States of America.

Employer perceptions of employing medical marijuana users within the District of Columbia must be extremely accurate to protect their employees and avoid unintentional criminal enforcement actions. Efforts by employers to become legally compliant with medical marijuana laws are challenging in terms of implementing drug testing and zero tolerance policies (Deitchler, 2015). Although private employers rely on federal and state guidance in the formulation of their company policies, the development of medical marijuana policies must be appropriately applied to the complexity of circumstances. Employers are not provided with any specific guidance from the designated court system on medical marijuana, forcing them to refer to related current federal decisions (Enos, 2016). Federal and District of Columbia marijuana policies provided hiring personnel who operate within the District of Columbia and have two perspectives on the implementation of workplace medical marijuana policies. Results of the case study revealed that hiring personnel operating within the District of Columbia experienced difficulties related to the primary theme of cognizance: policy awareness and the safety subtheme: policy development issues applied to medical marijuana users operating in the workplace.

The theoretical findings identified in this case study validated Wood's (2006) punctuated equilibrium theoretical assumption concluding that unbalanced policy development and attempts to balance all entities affected by the punctuating policy could have a negative or positive interpretation by each entity, subsequently creating a significant subsystem effect. In the case study, I identified significant elements within the cognizance theme on policy awareness, which revealed informal and verbal drug policies for the District of Columbia's medical marijuana policies. These informal drug workplace policies demonstrated hiring personnel's inability to correctly differentiate between federal and local marijuana policies, subsequently creating subjective verbal and informal workplace drug policies. The informal and verbal application towards the medical marijuana workplace policy by hiring personnel has created a secondary method that deviates from formalized policy applications, which aligns with Wood's (2006) punctuated equilibrium theoretical assumption related to the creation of subsystems from unbalanced policies that have been punctuated.

Further theoretical findings provided support to Baumgartner and Jones's (2009) assessment of drug abuse within the punctuated equilibrium theoretical framework in terms of identifying the establishment of any new policies as an emotional policy issue. In this case study, I identified an additional significant element within the cognizance theme as a primary theme on policy awareness, which was associated with experience with drug policies. Hiring personnel expressed positive attitudes towards efforts to implement formalized medical marijuana drug policies in the workplace. A void in guidance on the District of Columbia and federal medical marijuana policy prompted hesitation and

reluctance by hiring personnel to implement a formalized workplace policy, which aligns with Baumgartner and Jones's theoretical assumption. During the interview process, hiring personnel fervently applied medical marijuana use to topics primarily focused on anger over African American arrests and strong disagreements with the legal validity of overall legalized marijuana policies established by the District Columbia.

Cognizance Theme on Policy Awareness

In this case study, I identified significant elements within the cognizance subtheme on policy awareness in terms of no experience in federal or District of Columbia policies specific to medical marijuana policies for employees in their workplace. General drug policy experience by hiring personnel was related to informal policies on drug testing, zero-tolerance, and disciplinary actions. The majority of participants possessed some type of formal or informal experience, as they relate to experience with generalized drug policies. According to Burnes & Bargal (2017), the psychological impact of human experiences and ideas are developed based on their existence at that present time period.

The majority of participants interpreted some derivative of federal law 41 U.S.C. § 8104 of the Drug Free Workplace Act in terms of prohibiting marijuana use within the workplace. Their ability to interpret additional federal policies and laws associated with medical marijuana was not indicated in any of the participant responses. Many of the participants provided generalized statements that were all encompassing and fixated on federal drug policies. It should be noted that the majority of participants were unable to interpret any aspect of District of Columbia Initiative 59. The ability to attain proper resources to shape a current and functional legal concept is essential in terms of an

individual's ability to properly apply past experiences in a current area (Burnes & Bargal, 2017).

Many of the participants identified employee related issues as a major social concern in the workplace, while the remaining participants did not have any social related concerns on the effects of medical marijuana policies in the workplace. It should be noted that Participant 7 gave the only positive response to the medical marijuana policy, in terms of observing enhanced productivity in employees prescribed medical marijuana.

The most frequent response from participants was related to their need for additional guidance from federal and District of Columbia policy stakeholders. Participants expressed the need for policy makers at all levels to provide more information on medical marijuana policies to businesses, while conducting additional research on the topic. The federal government has provided changing guidance on prosecution of all marijuana through the Department of Justice Sessions Memorandum (2018) and Department of Justice Cole Memorandum (2013). These provide compounded confusion to District of Columbia hiring personnel in terms of District of Columbia governmental amendments to the District of Columbia Uniform Controlled Substance Act under D.C. Law 4-29, D.C. Official Code § 48-904.01(a), Legalization of Marijuana for Medical Treatment Initiative of 1999 "Initiative 59" (D.C. Law 18-2010; D.C. Official Code § 7-1671.01 et seq.), Criminal Fine Proportionality Amendment Act of 2012 (D.C. Law 19-317; D.C. Official Code § 22-3571.01), Drug Paraphernalia Act of 1982 (D.C. Law 4-149; D.C. Official Code § 48-1103), and "Legalization of Possession of Minimal Amounts of Marijuana For Personal Use Initiative Of 2014 "Initiative 71" (D.C. ACT 20-565). The use of a dynamic approach in the

form of realizing the potential changes and disruption in an established process is vital in enhancing efforts to achieve anticipated goals (Burnes & Bargal, 2017).

Safety Subtheme: Policy Development

In this case study, I identified significant elements within the safety subtheme: policy development in terms of employer opinions about medical marijuana workplace policies. All of the participants expressed concerns about marijuana use in the workplace negatively affecting their business operations or customer service; however, none of the participants actively implemented a formalized medical marijuana policy for safety concerns.

Established federal policies under Title 41 U.S.C. § 8104 of the 1988 Drug Free Workplace Act prohibit any drug use within the workplace for safety concerns; however, the District of Columbia Department of Health (2016a) reports on human resource policies do not specify any restriction on medical marijuana use by employees. According to Culprit (2015), workplace policies related to drug use have received a lack of attention due to changes in policies, safety anxieties, and employee rights. The theme of safety expressed by participants aligns with Cupit's Delphi study assessment of State of Colorado workplace policy correlations to legalized marijuana.

According to Anderson, Rees, & Tekin, et al. (2018), elevated anxieties over the potential impact on safety and the application of medical marijuana workplace policies remain unresolved. Negative associations between marijuana policies and workplace fatalities was heightened within working age adults between 25 to 44 from legalized medical marijuana states that included chronic pain as a qualifying condition, due to an overall gradual increase in fatalities after the passage of medical marijuana laws (Anderson et al.,

2018). Under Initiative 59 of the *Legalization of Marijuana for Medical Treatment Initiative of 1999*, medical marijuana applicants can qualify for any illness considered chronic by a certified physician (District of Columbia City Council, 2014). The issues related to safety and factors associated with injuries, irresponsibility, and liability bring into line policy development issues expressed by Anderson et al (2018) assessment of medical marijuana laws and their correlation with workplace fatalities in the United States.

Limitations of the Study

According to Yin (2015), researchers must understand and fully recognize the limitations of their case study. The trustworthiness of the case study was limited to the transferability of the findings to other legalized medical marijuana jurisdictions within the United States, based on the exclusive federalization of the District of Columbia “Under 42 U.S.C. § 14407 of the Home Rule Act that classifies the city as an entity of the federal government. Under section 200.3 of the District of Columbia Municipal Regulations for the Medical Marijuana Program (2018), medical marijuana users are required to sign a certified written statement that releases the District of Columbia from liabilities incurred through federal violations related to use, possession, dispense, or administration of medical marijuana in the District of Columbia. Potential studies attempting to duplicate this study are limited to legal restrictions implemented specifically by the District of Columbia.

The triangulation of federal marijuana policies, District of Columbia marijuana policies, and semi-structured interviews present limitations, due to an overlap in federal and District of Columbia marijuana laws under 21 U.S.C. § 841 of the Controlled Substance Act, 41 U.S.C. § 8104 of the Drug Free Workplace Act, and 42 U.S.C. § 12101 of Americans

with Disabilities Act are interwoven in local District of Columbia marijuana law. This differentiates individual states and commonwealths from the District of Columbia, due their ability to write marijuana protection laws and other independent policies that do not require federal policy overlap and subsequent federal approval to implement local level policies. The significant federal influence and its effect on the actual transparency of participants could provide a significant change in response to duplicated questions provided in this case study.

According to Rudestam & Newton (2015), researcher limitations may be uncontrollable, due to limited population segments that are available for the study. The study attempted to focus on private companies that did not possess a government contract of \$100,000 or more and operated within the District of Columbia. The research was conducted by an acknowledged federal law enforcement officer, limiting the availability of participants to provide responses.

Recommendations

The case study provided one primary theme and two subthemes that impacted hiring personnel operating within the District of Columbia and their experience with conflicting federal and District of Columbia medical marijuana policies. The primary theme was identified as cognizance, which identified categories related to policy awareness. Finally, the secondary theme was identified as safety, which identified categories related to concerns in policy development.

The primary recommendation for hiring personnel operating within the District of Columbia and under conflicting federal and District of Columbia medical marijuana policies

is centered on the cognizance subtheme with categories associated with policy awareness. The primary theme of cognizance and its recommended concept remained applicable throughout the safety subtheme. The District of Columbia Municipal Regulations for the Medical Marijuana Program (2018), recommends anyone associated with the medical marijuana program should consult with their personal legal advisor on any aspect of the District of Columbia Medical Marijuana Program.

Private employers operating in the District of Columbia must maintain awareness of any issue related to medical marijuana workplace policies, regardless of their ability to seek legal counsel or direct availability of public information. This eliminates verbal and informal policies implemented from personal experience and perceptions, while enhancing hiring personnel understanding of federal law *41 U.S.C. § 8104 of the Drug Free Workplace Act, District of Columbia Initiative 59 of the Legalization of Marijuana for Medical Treatment Initiative of 1999*, and other marijuana policies related to the parameters of this case study. This approach provides hiring personnel with the ability to become efficient with current policies and maintain awareness of potential guidance on changes in marijuana policy and legislation related to their specific workplace needs in a policy conflicted environment (Table 2).

Policy Awareness Recommendations

Resource Topics to Understand	Visibility	Informal Actions	Knowledge
<i>41 U.S.C. § 8104</i>	Be Aware of Your Work Environment	Avoid Assumptions on Medical Marijuana	Stay Updated
<i>D.C Initiative 59 versus Initiative 71</i>	Understand the Signs of Marijuana Use in Your Office	Verify the Accuracy of your Policy versus Federal and Local Policy	Seek Legal Council
21 U.S.C. 802 21 U.S.C. § 841	Assess the Positive and Negative Actions from Identified Medical Marijuana Users	Civil and Criminal Liability of Company Actions versus Employee Actions	Customize your Policy to Fit the Environment
42 U.S.C. § 12113			
42 U.S.C. § 12210 of the American with Disabilities Act			
Section 1904.35(b)(1)(iv) of OSHA final rule			
42 U.S.C. § 201			
42 U.S.C. § 14407 Home Rule Act (DC)			
DC Prohibition of Pre-Employment Marijuana Testing Act of 2015			
U.S Department of Transportation Rule 49 CFR Part 40			

Table 2. Policy development relationship model for safety subtheme.

The second recommendation for hiring personnel operating within the District of Columbia and under conflicting federal and District of Columbia medical marijuana policies is centered on the safety subtheme with categories associated with policy development. The primary theme of cognizance and its recommended concept remained applicable throughout

the safety subtheme. Hiring personnel opinions about medical marijuana workplace policies and usage focused on its negative effects on business operations and customer service. The responses of participants specifically focused on their ability to protect employees and customers from impaired medical marijuana users who displayed irresponsible actions within the workplace, despite zero implementation of a formalized medical marijuana policy by participants for safety concerns.

According to Cupit (2015), workplace policies related to drug use have encountered a lack of attention, due to changes in policies, safety anxieties, and employee rights. During the interview process with participant 4, medical marijuana use was irrelevant to work productivity and ethics (Personal Communication, April 16, 2018). The standardization of a formalized medical marijuana workplace policy is essential in addressing issues of zero-tolerance, impairment, and irresponsibility. An analysis of participants 3, 6, and 7 revealed a reliance on public policies to protect their businesses; however, no specific reference to federal or District of Columbia marijuana policy was defined. These recommendations are consistent with Pierce and Siddiki et.al (2014) correlation of private employer policy development burdens with comprehension, political influence, and bias.

Hiring personnel should make every effort to protect their employees and not look to federal and local governments to indirectly manage their workplace safety policies. Topics related to drug use present a complex level of sensitivity to employee rights, which may require disclaimers within formalized workplace policies that detail conditions for employee failures to comply with the conditions of an agreement (Cupit, 2015). Overall, hiring managers need to maintain attitudes of protecting medical marijuana users and employees,

until a non-conflicting and definitive policy has been implemented at either stage of the governmental level. This aligns with Mello's (2013) statement that employers' inability to comprehend laws and safely protect their workplace from potential federal violations is enhanced by conflicting policies. The understanding of federal and local laws is vital to the overall safety and financial well-being of their employees and customers (Table 3).

Implications

The case study has substantial corollaries for hiring personnel operating within the District of Columbia, in terms of the utilization of cognizance synopsis as a method to nurture policy compliance with the evolving topic of medical marijuana in the workplace. The effort to identify, change, and stabilize informal policies into formalized policies is significant in all phases of properly documenting employer protections and employee rights. Issues related to policy awareness will be enhanced, in terms of hiring personnel proactive and independent pursuit to accurately comprehend information on medical marijuana policies in the workplace. The significant emotional preoccupation of hiring personnel on medical marijuana user impact on business operations and customer

Policy Development Recommendations

Pay Attention	Protection Issues	Anxieties Issues
Changes in federal and District of Columbia Laws	Physically Protect the Customer and Employee	Difficulty Staying Open Minded
Is Zero-Tolerance Appropriate	Customer Service Image	Maintain Productivity
Creating a Formal Workplace Policy to protect the entire workplace	Insurance Coverage for Employees and Customers	Irresponsibility level of Employee
	Medical Marijuana User Rights versus Employer Rights	

Table 3. Safety Subtheme Linked to Policy Development Recommendation

service allows for exploration of pertinent topics within the workplace policy development stage. The implications of assessing the application of the punctuated equilibrium theory on an overlapping federal and local government policy conflict provides participants with further insight into a complex problem.

The results identified two policy driven categories related to medical marijuana policy awareness and development for hiring representatives operating within the District of Columbia. The two categories encourage hiring officials to embrace an unbiased willingness to change their potential preconceived thoughts and independently explore standardized workplace policy solutions that can be flexible to reoccurring policy changes. The in-depth triangulation of a plethora sources provided information on local medical marijuana laws that are closely linked to federal policies. The prospect of applying these results to other

jurisdictions in the United States is foreseeable, in terms of identifying a developed policy implementation approach related to developing and implementing medical marijuana policies within the workplace from a federalized United States district. The utilization of the cognizance theme allows other jurisdictions facing conflicting medical marijuana legislation to assess their current policy and remove potential policy valence flaws for more effective formalized policies.

The punctuated equilibrium theory is augmented through the focus of this case study, in relation to the federal and federalized District of Columbia territorial disunion on medical marijuana policy. The research related to the punctuated equilibrium theory has been pragmatic to hiring personnel operating within the District of Columbia and their understanding of federal and local medical marijuana policies. The confirmed alignment of applied research has been applied to the local level of government; this case study examined the elected official actors regarding the specific stage of emergency management recovery policy. The alignment and confirmation and enhancement of expansion of Wood's (2006) punctuated equilibrium theoretical assumption on negative or positive interpretations creating a significant subsystem effect with elements of the Cognizance sub-theme on Policy Awareness demonstrated the need for formalized medical marijuana policies. Further punctuated equilibrium theoretical assumption by Baumgartner and Jones (2009) identified emotional elements in the development of new policies, as identified within the Cognizance primary theme: policy development area. Both of these punctuated equilibrium theoretical assumptions on private employer valence and interpretations strongly influence policy awareness and development.

Conclusions

The case study identified a primary theme of cognizance and a subtheme associated with safety that influenced the development and awareness abilities of hiring personnel operating in the District of Columbia. These thematic assessments provided a plethora of categorized triangulated first and second cycle coding, resulting in the further identification of issues related to policy awareness, and development. The aforementioned results from interviewed participants that were classified as hiring personnel provided a significant alignment with the primary research question “*What is the District of Columbia private employers’ level of understanding of federal and local government policies related medical marijuana policies?*” and secondary research questions related to (a) “*What are the effects of medical marijuana policy conflicts on applying administrative policies within non-government related private companies?*” and (b) “*What types of social problems can occur within the workplace, based on conflicting policies?*”. The comparison of numerous federal and District of Columbia medical marijuana policies provided the structural support of the primary question, in terms of providing strength and validity to the semi structured interview process through triangulation and identification of consistent response patterns from hiring personnel.

These themes and categories provided additional alignment to the punctuated equilibrium theory confirmation to Wood’s (2006) punctuated equilibrium theoretical assumption on the effect of unbalanced policy development and attempts to balance the said policy could have negative or positive interpretation that create a significant subsystem effect. The semi-structured interview process was validated through numerous statements

relating to limited interpretation of *Legalization of Marijuana for Medical Treatment Initiative of 1999: Initiative 59, Title 41 U.S.C. § 8104* of the *1988 Drug Free Workplace Act*, and subsequent development of informal policies within all of the interviewed participant small private companies that operate within the District of Columbia. A second punctuated equilibrium theoretical concept was identified, which related to the classification of new drug policies as an emotional issue (Baumgartner & Jones, 2009). The case study identified Cognizance as a primary theme with a categorization of Policy Awareness, with hiring personnel expressing passionate opinions on their ability to identify and comprehend consistent medical marijuana policy.

The case study heightened the awareness of hiring personnel necessity to properly understand medical marijuana policies that are applicable to their work environment and identifying policy building blocks towards compliance issues. The research provided applicable guidance trustworthiness to hiring personnel on available policy development methods that reduce the influence of preconceptions of medical marijuana users, based on the limited availability of information provided by the public. The corroboration of Mello's (2013) statement that poor employer comprehension results in potential federal violations was observed in the semi-interview responses, identifying consistent negative responses to the understanding of federal medical marijuana policies and their applicability to potential federal safety regulations related to medical marijuana use. The case study provides recommendations to hiring personnel on the importance of developing policies, to protect employee rights and businesses. These recommendations are expressed through formalized

guidance to understand conflicting federal and local policies, while enhancing safety awareness within their work environment.

During the development of this case study medical marijuana has slightly evolved with the passage of 2018 Agriculture Improvement Act under H.R.2-2 §10113 and the use of hemp derived cannabidiol (CBD) products. Under the guidance of H.R.2-2 §10113, legal hemp derived cannabidiol (CBD) products are restricted to 0.3 percent of Tetrahydrocannabinol (THC). In addition to the THC restrictions, hemp industry cultivation will be heavily regulated by state and federal government agencies. District of Columbia hiring personnel could have additional options in the development of their medical marijuana workplace policies, as they relate to the types of legalized marijuana products acceptable or unacceptable for consumption under an employer's workplace drug policy. It is recommended that additional research be conducted in the future on the workplace policy development of hemp cultivated approved CBD products that are legal at the federal and District of Columbia policy level.

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Appendix A Research Interview Questions

Interview Protocol

Date: _____

Location: _____

Name of Interviewer: _____

Name of Participant: _____

Interview Number: _____

1. What are your experiences with employee drug policies?
2. How do you interpret the current federal and local medical marijuana policies for your company?

Probing Question: What is the most confusing aspects of federal versus District of Columbia medical marijuana legislation?

3. Can you provide the process implemented by your company, in terms of developing your medical marijuana policy?

Probing Question: What challenges have you encountered, during the formulation of this policy?

Probing Question: Where do you primarily receive guidance on medical marijuana policies?

4. How has current medical marijuana policies affected your employees socially?
5. What is your personal opinion of workplace policies related to legalized medical marijuana?

6. Finally, please provide any additional information which could enhance educators and policy makers understanding of medical marijuana policies in the private workplace, which were not addressed in the prior questions?

Appendix B Letter to Participant

Date:

Name of Participant

Address

Dear (Name),

My name is Robert B. Kennedy and I am a doctoral candidate at Walden University. I am conducting dissertation case study on medical marijuana policy conflicts within the workplace and its impact towards District of Columbia users. This type of study provides private employers with the ability to contribute to the growing acceptance of medical marijuana policy, as it relates to positive and negative effects encountered within your company. The results of this research can provide additional insight into various policy approaches utilized by District of Columbia private companies, in terms of drug policy development.

I understand the importance of your time and busy schedules; however, this research is designed to assist hiring personnel in understanding the reasons behind the complexities of medical marijuana policies in the District of Columbia. In order to explain the interview process and schedule an interview date, the scheduling of an initial phone call is appropriate. Once we have established the parameters of the interview through our phone discussion, a scheduled date and time will be confirmed. Your willingness to participate in this confidential sixty (60) minute interview is strictly voluntary and requires your signed consent. In an effort to verify my research credentials, I am providing my National Institutes of Health Office of Extramural Research on *Protecting Human Research* certification number 2347089 for verification and Walden University Doctoral Committee Chairperson Dr. Jessie Lee at (856)207-3636 for further validation.

Please contact me at your earliest convenience to schedule a date and time to meet at telephone number is XXX or you may email me at XXX@waldenu.edu. Thank you in advance for your consideration and I hope you will take advantage of this rare opportunity.

Regards,

Robert B. Kennedy
Doctoral Candidate
Walden University

Appendix C: First Cycle and Second Coding

First Cycle Coding: Federal Marijuana Policies

Resource Availability (RA)

- 100 Controlled Substance Act (1970)
- 101 Comprehensive Crime Control Act (1984)
- 102 Drug Free Workplace Act (1988)
- 103 Equal Employment Opportunity Discrimination Act (2008 Amendment)
- 104 Americans with Disabilities Act (2008 Amendment)
- 105 Health Insurance Portability and Accountability Act (1993)
- 106 Home Rule Act for Federalization of the District of Columbia (1973)
- 107 Occupational Safety and Health Administration (2017)
- 108 Department of Transportation Rule (2017)

Human Resource Responsibility (HR)

- 101 Employee Sanctions and Remedies (41 U.S.C. § 8104)
 - 101A Policy must be enforced within 30 days after employee notice of a conviction or positive test
 - 101B Take appropriate personnel action against the employee to include termination
 - 101C Require the employee to satisfactorily participate in drug abuse or rehabilitation program
 - 101D Drug Abuse or Rehabilitation program must be approved by a Federal, State, local health, law enforcement, or other appropriate agency

Areas Effecting Policy Consideration (AC)

- 100 Title 21 U.S.C. (Controlled Substance Act)
 - 100A Marijuana has a high potential for abuse.
 - 100B Marijuana has no currently accepted medical treatment use in the United States.
 - 100C Marijuana has a limited amount of accepted safety use under medical supervision.
 - 100D Make Marijuana use unlawful for any person to knowingly or intentionally distribute, dispense, or manufacture marijuana
- 101 42 U.S.C. § 12210 (Americans with Disabilities Act)
 - 101A Provides Exception for Supervised Drug Rehabilitation
 - 101B Requires Completion of Supervised Rehabilitation
 - 101C Requires no Use of Drugs on the Job
 - 101D Suggest Company Development of Drug Policies
 - 101E Suggests Drug Testing as a Potential Policy
- 102 42 U.S.C. § 12113 (Equal Employment Opportunity Discrimination)
 - 102A Employee must provide proof in their defense on employer claims of safety or health liabilities.
- 103 42 U.S.C. § 201 (Health Insurance Portability and Accountability Act)
 - 103A Protects Patient Information from the Public
 - 103B Law enforcement requests are exempt from protection

- 103C Prevention or lessen of a serious threat to health or safety requests are exempt from protection
- 103D Workers compensation requests are exempt from protection
- 104 42 U.S.C. § 14407 (Home Rule Act)
 - 104A Restrictions on any Health Care Goods or Services for Pain that could cause Death
 - 104B The government of the District of Columbia is classified as an entity of the federal government
- 105 41 U.S.C. § 8104 (Drug Free Workplace Act)
 - 105A Policy must be enforced within 30 days after employee notice of a conviction or positive test
 - 105B Take appropriate personnel action against the employee to include termination
 - 105C Require the employee to satisfactorily participate in drug abuse or rehabilitation program
 - 105D Drug Abuse or Rehabilitation program must be approved by a Federal, State, local health, law enforcement, or other appropriate agency

Applicable Demographics (AD)

101 Number of Employees on Staff

101A 100+

102 Government Contract Status

102A Contract >\$100K

Emotional Concerns (EC)

100 Strong emotions on legal issues

100A Legal Confusion

First Cycle Coding: District of Columbia Marijuana Policies**Resource Availability (RA)**

100 Initiative 59 - Legalization of Marijuana for Medical Treatment Initiative (2010)

101 Initiative 71 - Legalization of Possession of Minimal Amounts of Marijuana (

102 Prohibition of Pre-Employment Marijuana Testing Act of 2015

Areas Effecting Policy Consideration (AC)

100 Requirements

100A Resident of District of Columbia

100B Have a qualifying medical condition

100A All Medical Marijuana Users must be registered in the District of Columbia

100B Written recommendations to use medical marijuana must be made by a
physician

100C Must obtain medical marijuana from an authorized dispensary

100D Users must transport medical marijuana in container or sealed package from an authorized dispensary

100E Medical marijuana use is restricted to the user's residence or medical facility

100F User has no intention to move from the District of Columbia

100G Users must designate a specific dispensary for purchase of medical marijuana

100H Authorizing physician or affiliate must be located at an authorized dispensary

100I Medical Marijuana User documents are protected under the federal Health Insurance Portability and Accountability Act (HIPAA) of 1996,

101 Penalties

101A Using Medical marijuana for other purposes is prosecutable and a \$1000 fine

101B Making a fraudulent claim to law enforcement about the use and possession of medical marijuana is a criminal fine of \$1000

101C DC Department of Health will impose a civil fine up to \$2000 for any violation of medical marijuana law

101D Medical marijuana users are not exempt from federal laws governing marijuana

101E DC Department of Health can fine, suspend, or revoke medical marijuana user registrations

101F Registration revocations for medical marijuana users have a 1-year limit

102 Enforcement

102A Complaints against Medical marijuana violators can be filed by anyone

102B Users are prohibited from possessing medical marijuana in the workplace

102C Users are prohibited from distributing or transferring medical marijuana in the workplace

Emotional Concerns (EC)

- 100 Strong on emotions on legal issues
 - 100A African American Incarceration
- 102 Strong on emotions on health issues
 - 102A Acquired Immune Deficiency
 - 102B Cancer

First Cycle Coding: Semi-Structured Interviews: Items Effecting Private Employer Understanding on Federal and District of Columbia Medical Marijuana Policies

Resource Availability (RA)

- 100 Primary Federal Marijuana Laws and Policies
 - 100A 21 U.S.C. § 841 (Controlled Substance Act)
 - 100B 21 U.S.C. 802 (16) (Controlled Substance Act)
 - 100C 41 U.S.C. § 8104 (Drug Free Workplace Act)
- 101 Secondary Federal Marijuana Laws and Policies
 - 101A 42 U.S.C. § 12113 (Equal Employment Opportunity Discrimination)
 - 101B 42 U.S.C. § 12101 (Americans with Disabilities Act)
 - 101C 42 U.S.C. § 14407 (Home Rule Act)
- 102 Primary District of Columbia Marijuana Laws and Policies
 - 102A Initiative 59 (Legalization of Marijuana for Medical Treatment Initiative)

102B Initiative 71 (Legalization of Possession of Minimal Amounts of Marijuana)

103 Secondary

103A Prohibition of Pre-Employment Marijuana Testing Act of 2015

Areas Effecting Policy Consideration (AC1)

100 Federal Drug Policy

100A Marijuana has a high potential for abuse.

100B Marijuana has no currently accepted medical treatment use in the United States.

100C Marijuana has a limited amount of accepted safety use under medical supervision.

100D Make Marijuana use unlawful for any person to knowingly or intentionally distribute, dispense, or manufacture marijuana

101 Federal Disability Policy

101A Provides Exception for Supervised Drug Rehabilitation

101B Requires Completion of Supervised Rehabilitation

101C Requires no Use of Drugs on the Job

101D Suggest Company Development of Drug Policies

101E Suggests Drug Testing as a Potential Policy

102 Federal Discrimination Policy

102A Employee must provide proof in their defense on employer claims of safety or health liabilities.

102B Employer unable to threaten Employee with Drug Testing

103 Federal Dominance

103A Restrictions on Health Care Goods and Services for Pain that Assist in Death

Human Resource Responsibility (HR)

100 Interpret all Federal Policies and laws related to Medical marijuana

101 Interpret all District of Columbia Policies related to Medical marijuana

101 Create Company Policies for medical marijuana users

102 Ensure Compliance

103 Consequences Applied

Participant Demographics (PD)

100 Hiring Personnel

100A Store Manager

100B Owner

100C Executive Director

101 Number of Employees on Staff

101A 15-30

101B 31-50

101C 51-70

102 Government Contract Status

102A Applicable (Contract >\$100K)

102B Not Applicable (Contract < \$100K)

103 Experience

103A Yes

103B No

Qualitative Commentaries (QC)

100 Experience with Drug Policies

100A No Experience

100B General Informal Workplace Drug Policies

100C General Formalized Workplace Drug Policies

101 Ability to Interpret Federal Marijuana Policy in the Workplace

101A Able to Interpret One Aspect of Federal Policy or Law

101B Unable to Interpret any Federal Policy or Law

101C Able to Interpret More than One Federal Policy or Law

102 Ability to Interpret District of Columbia Medical Marijuana Policy in the Workplace

102A Able to Interpret One Aspect of District of Columbia Medical Marijuana Policy

102B Unable to Interpret any Aspect of District of Columbia Medical Marijuana Policy

102C Able to Interpret More than One District of Columbia Medical Marijuana Policy

103 Process Used to Implement Workplace Medical Marijuana Policy

103A Not Planning to Implement

103B Considering Implementation by Use of Federal and District of Columbia Guidance

- 103C Considering Implementation by Use of Federal, State of Maryland and District of Columbia Guidance
- 103D Waiting for further guidance before considering implementation
- 104 Social workplace concerns
 - 104A No visible or foreseen social issues
 - 104B Employee Behavior in a Negative Aspect
 - 104C Employee Productivity in a Positive Aspect
 - 104D Customer Service Morale in a Negative Aspect
- 105 Personal Opinion on Marijuana Policy in the Workplace
 - 105A Restrict Use to Outside the Workplace
 - 105B Need to Better Understand Federal and District of Columbia Marijuana Policies
 - 105C Protect the Safety of Employees and Customers from Negative Actions
 - 105D Any Marijuana Use Supports Poor Work Performance
 - 105E Protect the Employer and Employee Insurance Liability from Denied

Claims

- 106 Additional Recommendations
 - 106A More Guidance and Education to Users and Employers from Federal and District of Columbia Policy Stakeholders
 - 106B Law Enforcement Control over all Marijuana Policies
 - 106C Additional Medical Marijuana Research Required
 - 106D Enhanced Federal Control over Medical Marijuana Policies
 - 106E Improved Communication with Drug Testing Facilities

Emotional Concerns (EC)

- 100 Strong on emotions on legal issues
 - 100A African American Incarceration
 - 100B Legal Confusion
- 101 Strong on emotions on business issues
 - 101A Customer Service
- 102 Strong on emotions on health issues
 - 102A Acquired Immune Deficiency
 - 102B Cancer

Triangulation with Second Cycling Coding: Federal Marijuana Policies, District of

Columbia Marijuana Policies, and Semi-structured Interviews

Employer Understanding of Federal Marijuana Policies

Policy Experience (PE)

- 100 No Experience on 21 U.S.C. 802 (16) (Controlled Substance Act)

- 101 No Experience on 41 U.S.C. § 8104 (Drug Free Workplace Act)
- 102 No Experience on 42 U.S.C. § 14407 (Home Rule Act)
- 103 No Experience on Initiative 59 (Legalization of Marijuana for Medical Treatment Initiative)
- 104 No Experience on Initiative 71 (Legalization of Possession of Minimal Amounts of Marijuana)
- 105 No Experience on Prohibition of Pre-Employment Marijuana Testing Act of 2015
- 106 No Experience on District of Columbia Medical Marijuana User Guidelines
 - 106A Residency Requirement in the District of Columbia
 - 106B Have a qualifying medical condition
 - 106C All Medical Marijuana Users must be registered in the District of Columbia
 - 106D Written prescriptions must be made by a dispensary physician
 - 106E Must purchase medical marijuana from an authorized dispensary
 - 106F Users must transport medical marijuana in a dispensary container or sealed package
 - 106G Medical marijuana use is restricted to the user's residence or medical facility
 - 106H User has no intention to move from the District of Columbia
 - 106I Users must designate a specific authorized dispensary for medical marijuana purchases
 - 106J Medical Marijuana User documents are protected under the federal Health Insurance
 - 106K Using Medical marijuana for other purposes is prosecutable and a \$1000 fine

- 106L Making a fraudulent claim to law enforcement about the use and possession of medical marijuana is a criminal fine of \$1000
- 106M DC Department of Health will impose a civil fine up to \$2000 for any violation of medical marijuana law
- 106N Medical marijuana users are not exempt from federal laws governing marijuana
- 106O DC Department of Health can fine, suspend, or revoke medical marijuana user registrations
- 106P Registration revocations for medical marijuana users have a 1-year limit
- 106Q Complaints against Medical marijuana violators can be filed by anyone
- 106R Users are prohibited from possessing medical marijuana in the workplace
- 106S Users are prohibited from distributing or transferring medical marijuana in the workplace

Areas in Need of Development (AD)

- 100 Interpretation of Federal and District of Columbia Policies
- 101 Workplace Policy Safety Concerns
- 102 Racial Disparity Policy Concerns
- 103 Workplace Awareness of Employee Social Issues
- 104 Customer Service Policy Concerns

Areas Effecting Policy Implementation (AI)

- 100 Federal Drug Law Concerns
 - 100A All parts of marijuana are illegal.

- 100B Marijuana has a limited amount of accepted safety use under medical supervision.
- 100C Restricted use in the workplace
- 100D Additional Federal Guidance on policy needed
- 101 Other Company Development Considerations
 - 101A Waste of Money to Implement
 - 101B Employees drug tested if suspected
 - 101C General Pre-Employment Background Check Only
 - 101D Too many layers of policies for implementation
 - 101E Change in employee work ethics
 - 101F Unable to Interpret Definitions
 - 101G Employer No Tolerance Policy
- 102 Regulatory Considerations
 - 102A Workers compensation Insurance exempt from protection
 - 102B Effects on Insurance liabilities
- 103 District of Columbia Policy Concerns
 - 103A No Experience on Initiative 59 (Legalization of Marijuana for Medical Treatment Initiative)
 - 103B No Experience on Initiative 71 (Legalization of Possession of Minimal Amounts of Marijuana)
 - 103C No Experience on Prohibition of Pre-Employment Marijuana Testing Act of 2015

- 103D No Experience on District of Columbia Medical Marijuana User Guidelines
- 103E Inability to Interpret Federal and District of Columbia Marijuana Policy
- 100 Regulatory Concerns
 - 100A Workers Compensation Insurance Exempt from Protection
 - 100B Effects on Insurance Liabilities
 - 100C Validation of Disability or Illness
 - 100D No Policy Protections for Employers
 - 100E No Guidance to District of Columbia Employers
- 101 Other Company Development Considerations
 - 101A District of Columbia Needs to Protect Employers and Users
 - 101B Health Focused Marijuana Policy Development
 - 101C Employee Exemption for Medical Marijuana Card
 - 101D Multi-State Policy Comprehensions for Workplace Medical Marijuana
 - 101E Employee Validity to Work in The Workplace
 - 101H Individual Drug Tests on A Case by Case Basis
 - 101I Not Consumed Prior To Work Hours
- 102 Policy Effects on Social Interaction
 - 102A Negative Stigma by Co-Workers
 - 102B Negative Stigma by Customers
 - 102C Employee Behavior Problems
 - 102D Customer Service Concerns
 - 102E Limited Observation

102F Management Inability to Maintain Awareness of Employee Social Conduct

102G Inability to Interpret Federal and District of Columbia Marijuana Policy

Personal Opinion Linked to Policies (POP)

100 Negative Emotions

100A Zero Tolerance for Drug Use

100B Federal Government must legalize marijuana

100C More Federal and District of Columbia Policy Clarity is needed

100D AIDS is a Legitimate Reason versus Minor Back Pain

100E No Medical Marijuana Use During Work Hours

100F Federal and District of Columbia Should Protect Employers from Liability

100G Customer Service Should not be Affected by Employee Irresponsibility

100H Alcohol is acceptable versus Medical Marijuana

Human Resource Responsibility (HR)

101 Take Appropriate Personnel Action Against the Employee to Include Termination

102 Create Workplace Policies for Medical and Recreational Users

Areas in Need of Development (AD)

101 Employee Rights

102 Safety Concerns

102A Injuries

102B Protection

102C Irresponsibility

102D Impairment

103 No Policy Exists

Personal Opinion on District of Columbia Law (POD)

100 Negative Responses

100A Immediately Terminated for Drug Use

100B Erratic Employee Responses to Policy Implementation

100C Negative Stigma by Employer

100D Federal and State Policies Are Overwhelming

100E Ethnic Disparities in Use

100F Ethnic Disparities in Arrest

101 Positive Responses

101A Improved Productivity

101B Equal to Alcohol or Prescription Drug

101C Prior Marijuana Use Does Not Affect Current Work Capabilities

Personal Lifestyle Concerns (PL)

100 Change in Employee Moral Decision Making within The Workplace