

FREQUENTLY ASKED QUESTIONS: Medical Marijuana and Treatment Courts

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The legalization of medical marijuana raises important questions for treatment courts. To what extent do treatment courts have the authority to restrict a participant's use of medical marijuana? How should treatment courts supervise participants who are permitted to use medical marijuana? This FAQ document explores the legal status of medical marijuana in the United States and the impact of medical marijuana legalization on treatment courts.¹

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1

Marijuana is an illegal drug under federal law. So why is it an issue for treatment courts?

Marijuana is classified as a Schedule 1 drug under the federal Controlled Substances Act,² meaning it is regarded as having high potential for abuse and no accepted medical use.³ As a result, it is unlawful to possess or use marijuana under federal law.⁴ In 2006, the U.S. Supreme Court confirmed that the Controlled Substances Act prohibits marijuana possession despite state laws to the contrary. The Court expressly concluded that the federal prohibition on marijuana possession contains no exception for the use of medical marijuana in compliance with state laws.⁵

Despite federal law, however, states have continued to enact their own statutes authorizing marijuana for medical use.⁶ Moreover, the U.S. Department

of Justice has declined to enforce the Controlled Substances Act when a person buys, sells, or possesses medical marijuana in accordance with state law.⁷ Since 2014, Congress has reinforced this arrangement by defunding the Department of Justice's prosecution of the exchange of medical marijuana in cases "where it is legal under state law."⁸

In sum, marijuana remains illegal under federal law, but federal authorities forgo prosecution when the use of marijuana is legal under state law. Therefore, treatment courts must consider state law and determine how it affects the rights of participants to use medical marijuana.

¹ This paper does not address the use of *recreational* marijuana by treatment court participants. In general, treatment courts may prohibit recreational marijuana just as they prohibit alcohol, unless their state's recreational marijuana law specifically provides otherwise.

² 21 U.S.C. § 801 et seq.

³ 21 U.S.C. § 812.

⁴ 21 U.S.C. § 841(a)(1).

⁵ *Gonzales v. Raich*, 545 U.S. 1 (2005).

⁶ As of this writing, medical marijuana is legal in 37 states and the District of Columbia. An additional 7 states have legalized only the use of CBD oil (containing THC) for medicinal purposes. However, the landscape of marijuana laws continues to change quickly. For current state-by-state information, see <https://disa.com/map-of-marijuana-legality-by-state>.

⁷ See, e.g., *Green Sol. Retail, Inc. v. United States*, 855 F.3d 1111, 1114 (10th Cir. 2017).

⁸ *Sandusky v. Goetz*, 944 F.3d 1240, 1243 (10th Cir. 2019); see also Consolidated Appropriations Act of 2021, Pub. L. No. 116-260, § 809, (2020).

2

Can a treatment court prohibit a participant from using medical marijuana when it has been properly authorized⁹ by a doctor?

It depends. Each state's laws determine whether and under what circumstances treatment courts may restrict participants' use of medical marijuana. States generally fall into two major groups: (A) those where medical marijuana use by treatment court participants is expressly permitted; and (B) those where medical marijuana use may be prohibited on a case-by-case basis.¹⁰

Group A. Medical marijuana use is expressly permitted.

In several states, courts have held that probationers (and, by extension, treatment court participants) *must* be allowed to use medical marijuana.¹¹ The legalization statutes in these states have been interpreted to give courts no discretion to limit a probationer's use of medical marijuana.

Montana

In *State v. Nelson*, the sentencing court ordered that a probationer could possess medical marijuana *only in pill form*, a restriction that was not authorized by the state's medical marijuana law. The Montana Supreme Court overruled, holding that the state's medical marijuana law "does not give sentencing judges the authority to limit the privilege of medical use of marijuana while under state supervision." In addition, the Montana Supreme Court held that the sentencing court erred in requiring the probationer to abide by all federal laws, holding that when the use of medical marijuana is at issue, "a state court may not...use a violation of the federal law as a justification for revocation of a deferred sentence."¹²

Arizona

The Arizona Supreme Court has held that a sentencing court may not prohibit a probationer from using medical marijuana, nor may it revoke probation for a probationer's use of medical marijuana in compliance with the state's medical marijuana law. The court pointed to the language of the statute, which provides immunity against "penalty in any manner, or the denial of any right or privilege," for medical marijuana use pursuant to the statute. The court held that the probation condition prohibiting the use of medical marijuana denied the probationer a privilege conferred by statute, and that revoking probation for the use of medical marijuana would constitute a punishment, in violation of the statute.¹³

Oregon

In 2019, the Oregon Court of Appeals held that a probation condition prohibiting marijuana use "must contain an exception for marijuana use that complies with Oregon's medical marijuana laws if the probationer holds a medical marijuana registry identification card."¹⁴ Two years later, the same court went further, holding that marijuana is no longer a controlled substance under Oregon law and, therefore, a probation condition against using controlled substances does not apply to marijuana use, even if the probationer does not have a medical marijuana card.¹⁵ The court did not specifically address whether a court may limit a person's medical marijuana use as part of a supervision condition related to substance use disorder treatment. Until an Oregon court takes up this question directly, it appears that existing case law would not permit such a condition.

⁹ In referring to doctor approval for the use of medical marijuana, the term "authorized" is used throughout this document instead of "prescribed." Doctors cannot prescribe medical marijuana, even where it is legal under state law, because it remains classified as a Schedule 1 controlled substance with no approved medical uses under federal law. State medical marijuana statutes generally refer to doctor "authorization," "certification," or "recommendation" for medical marijuana.

¹⁰ Note that participants in federal treatment courts are strictly prohibited from using medical marijuana. See, e.g., *United States v. Nixon*, 839 F.3d 885 (9th Cir. 2016); *United States v. Schostag*, 895 F.3d 1025, 1028 (8th Cir. 2018) (holding that federal district courts have no discretion to allow a supervisee to use medical marijuana while on supervised release). In addition, the state of Washington presumptively prohibits medical marijuana use by individuals sentenced to "community custody" (a form of intensive probation) unless specifically allowed by the sentencing court. See *State v. Houck*, 446 P.3d 646 (Wash. Ct. App. 2019). This prohibition has limited application to treatment courts, however, as most treatment court participants are under other forms of supervision.

¹¹ Case law pertaining specifically to the rights of treatment court participants is relatively sparse. However, courts across the country have held that treatment court participants generally have the same rights as probationers. Therefore, court decisions pertaining to probationers often provide the best guidance about how the law applies to treatment court participants as well.

¹² *State v. Nelson*, 195 P.3d 826 (Mont. 2008).

¹³ *Reed-Kaliher v. Hoggatt*, 347 P.3d 136 (Ariz. 2015); see also *Polk v. Hancock*, 347 P.3d 142 (Ariz. 2015).

¹⁴ *State v. Kilgore*, 435 P.3d 817 (Or. Ct. App. 2019).

¹⁵ *State v. Heaston*, 482 P.3d 167 (Or. Ct. App. 2021).

2

Pennsylvania

In 2020, the Pennsylvania Supreme Court took a close look at the state’s medical marijuana law in a class action case challenging a policy prohibiting probationers from using medical marijuana “regardless of whether the defendant has a medical marijuana card.” The state argued that the medical marijuana law did not apply to probation conditions and that the policy was needed to effectively supervise probationers.

The Pennsylvania Supreme Court acknowledged that the state’s medical marijuana law creates challenges for probation supervision. For example, the state argued that some individuals under court supervision have a history of marijuana abuse and should not be permitted to continue using the drug, even for medical purposes. Other individuals reportedly could not identify the health condition for which they use medical marijuana. In addition, the state argued that drug testing is rendered meaningless because it cannot distinguish between lawful and unlawful strains of marijuana. Despite these concerns, the court held that the probation policy was unenforceable because it impermissibly “dilute[d] the immunity afforded to probationer[s]” by the state’s medical marijuana law.

Echoing the Montana Supreme Court decision in *State v. Nelson* (see above), the court observed that “whether or not medical marijuana is ultimately a good idea is not the issue before the courts.” Rather, it is up to the legislature to make these kinds of policy determinations and, if it chooses, to amend the law to address any “unintended consequence” it may create.

At the close of its opinion, the Pennsylvania Supreme Court pointed out that courts are not powerless to supervise probationers’ use of medical marijuana. As the court explained, “[n]othing in this Opinion restrains judges and probation officials... from making reasonable inquiries into whether the use of marijuana...is lawful under the Act.” For example, judges and probation officers can check the validity of the probationer’s medical marijuana card against the database maintained by the state department of health. The court did not specify what other “reasonable inquiries” may be permitted.

In Group A states, then, the bottom line is that treatment courts may not prohibit participants from

using medical marijuana in a manner that complies with the state’s medical marijuana law. However, they can supervise a probationer’s marijuana use to ensure that it complies with the law.¹⁶ See Question 5, below, for practical guidance on supervising medical marijuana use.

Group B. Medical marijuana use may be prohibited on a case-by-case basis.

A second group of states takes a flexible approach, allowing courts to prohibit medical marijuana use by probationers on a case-by-case basis. In these states, the sentencing court may consider the individualized circumstances of each case—including whether the probationer has a history of marijuana use disorder, whether the probationer’s marijuana use contributed to other criminal activity, and the general goals of sentencing—and determine whether prohibiting that probationer from using medical marijuana is warranted. Absent a specific finding by the sentencing court, there is a presumption that the probationer may use medical marijuana in accordance with state law.

California

In 2012, the California Court of Appeal held that a probation condition prohibiting use of medical marijuana is permissible if the condition is related to the crime itself or to preventing future criminality. The probationer in question had a valid medical marijuana card but was convicted of possessing marijuana for sale and illegally possessing a firearm. The court considered the circumstances and determined that the probationer was improperly using his medical marijuana card as a shield to illegally sell marijuana and that he illegally carried a gun to protect his marijuana selling business. On these grounds, the court upheld the probation condition prohibiting medical marijuana use by finding that it was related to the crimes for which the defendant was convicted and reasonably related to preventing future criminality.¹⁷

The court noted that it must balance the need for the probation condition against the probationer’s need to alleviate a medical condition through the statutorily permitted use of medical marijuana. Here, the court found that there was little evidence that the defendant had “an overriding medical need” and that his medical marijuana card was being used “as a front” for illegal marijuana sales.¹⁸

¹⁶ *Gass v. 52nd Judicial Dist. Lebanon Cty*, 232 A. 3d 706 (Pa. 2020).

¹⁷ *People v. Leal*, 149 Cal. Rptr. 3d 9 (Cal. Ct. App. 2012).

¹⁸ *Id.* at 19-21.

2

New York

A trial court in New York has taken a similar approach. In 2018, a probationer serving a 10-year probation term for a non-violent sexual offense asked the court to modify his probation conditions to allow medical marijuana use. The probationer had sustained a serious motorcycle accident that left him with ongoing leg pain from fractures, skin grafts, and nerve damage. After trying prescription opioids and other treatments with limited success, the probationer's orthopedist recommended medical marijuana.

The court noted that this was a case of first impression in New York. After reviewing case law from other states, the judge took an approach similar to California's, finding that he had sole discretion to set the terms of probation and that, in setting the terms, "the court should give due consideration to the crime charged, the particular circumstances of the defendant, and the purpose of the penal sanction." Under this approach, then, New York courts may prohibit medical marijuana use by probationers when they deem it appropriate considering the circumstances of the case and the defendant.

In the instant case, the trial court agreed to modify the probationer's conditions to allow medical marijuana. It found that the probationer had no criminal history involving drugs, that he had a valid prescription for medical marijuana, and that denying the probationer medical marijuana would require him to revert to more addictive and dangerous prescription opioids. Under the

circumstances, the court held that "[p]rohibiting medical marijuana in this case would hardly serve any lawful and logical relation to the defendant's rehabilitation."¹⁹ Although this trial court ruling is not binding on other courts in New York, it currently stands as the only court decision in New York state on this issue and may be viewed as persuasive authority by other state courts who encounter this issue in future cases.

Colorado

Colorado case law has evolved in recent years. In 2012, the Colorado Court of Appeals held that the state's constitutional authorization of medical marijuana had no effect on its statutorily mandated conditions of probation, which prohibit the commission of any crime, including the federal crime of possession of marijuana.²⁰ However, the Colorado legislature subsequently amended the probation statute to permit medical marijuana use by probationers.

In 2019, the Colorado Supreme Court held that the amended statute created a presumption that medical marijuana use by probationers is permitted, but that the presumption can be rebutted if the prosecution establishes that the probationer's use of medical marijuana would be contrary to the goals of sentencing. Therefore, a blanket policy prohibiting probationers from using medical marijuana is invalid, but a court may prohibit medical marijuana in a particular case by looking at the individual's circumstances and the statutory sentencing goals.²¹

¹⁹ *People v. Stanton*, 60 Misc. 3d 1020 (Sullivan County Ct 2018).

²⁰ *People v. Watkins*, 282 P. 3d 500 (Colo. Ct. App. 2012).

²¹ *Walton v. People*, 451 P.3d 1212 (Colo. 2019).

3

So, what's the bottom line for my treatment court?

In Group A states, treatment courts must allow treatment court participants to use medical marijuana in compliance with state law.

In Group A states (Arizona, Montana, Oregon, Pennsylvania), treatment court participants must be permitted to use medical marijuana if their use complies with the state's medical marijuana law. As discussed above, courts in the Group A states have held that individuals cannot be denied probation because of medical marijuana use, and that they must be permitted to continue their lawful use of medical marijuana while on probation. Moreover, the medical marijuana laws in these states provide that no person may be denied "any right or privilege" on account of their medical marijuana use. Excluding individuals from treatment court because of their medical marijuana use would arguably deny them a privilege, in violation of state law. Given the language of the state laws and existing court decisions, it is likely that treatment courts in Group A must permit participants to use medical marijuana. As further described below, however, courts in Group A states may still make reasonable inquiries to ensure that a participant's medical marijuana use is in accordance with state law.

In Group B states, treatment courts may prohibit the use of medical marijuana on a case-by-case basis after considering the individualized circumstances of the case and making a finding on the record.

In Group B states (California, Colorado, New York), courts may prohibit the use of medical marijuana by treatment court participants on a case-by-case basis. A blanket policy prohibiting participants from using medical marijuana would not be permissible. However, treatment courts may look at each case individually and consider relevant factors, including: the circumstances of the offense, the person's substance use history (including the role of marijuana in their substance use disorder), the

nature and severity of the medical condition for which the person uses medical marijuana, the availability of alternative methods for treating the underlying medical condition, and the purposes of sentencing. Based on these factors, the court may decide whether the individual should be permitted to use medical marijuana while in treatment court. In making this decision, it is important for the judge to state on the record the factors considered and the reasons for the decision. If the judge does not make a specific finding that a person is prohibited from using medical marijuana, there is a presumption that the person may use medical marijuana in accordance with state law.

In all other states, courts may follow their usual practices for determining the conditions of treatment court participation.

In most states where medical marijuana has been legalized, there is no case law on whether individuals may use medical marijuana while in treatment court. In these states, courts may follow their usual practices for setting the conditions of treatment court participation. Usually, this means courts have broad discretion to set conditions of participation, if the conditions are reasonably related to the participant's recovery and the overall goals of sentencing. If the court makes a factual finding on the record that medical marijuana would interfere with a particular individual's recovery (e.g., because they have a marijuana use disorder, or they tend to use other drugs when under the influence of marijuana), then the court may impose a condition prohibiting that individual from using medical marijuana while in treatment court. However, treatment court practitioners are advised to stay abreast of the law in their state and adjust their policies and practices to conform to any new court decisions that may impact participants' rights to use medical marijuana.

4

How should my treatment court supervise a participant who is PROHIBITED from using medical marijuana?²²

If a participant in your treatment court has been prohibited from using medical marijuana, the participant should be subject to frequent, randomized testing for marijuana use just as they

would be for other prohibited substances. For guidance on responding properly to positive drug tests in treatment courts, see the resources offered by the National Drug Court Institute.²³

²² Note that courts in Group A states (Arizona, Montana, Oregon, Pennsylvania) may not prohibit medical marijuana use by treatment court participants, as discussed in Question 3.

²³ Resources on the use of incentives and sanctions in treatment courts are available on the National Drug Court Institute's website, <https://www.ndci.org/resource/training/incentives-and-sanctions>.

5

How should my treatment court supervise a participant who is PERMITTED to use medical marijuana?

In Group A states, treatment court supervision of medical marijuana use is limited.

In Group A states (Arizona, Montana, Oregon, Pennsylvania), treatment courts have a limited role in monitoring a participant's medical marijuana use. These states have statutes that expressly immunize medical marijuana users from "penalty in any manner" as well as the "denial of any right or privilege." Accordingly, courts in these states have no authority to deny a person entry into treatment court or to penalize a treatment court participant based on their use of medical marijuana in accordance with state statute.

However, treatment courts in these states may take reasonable steps to ensure that participants' use of medical marijuana is in accordance with the state's statute. Therefore, if a participant in your treatment court is permitted to use medical marijuana, your court may:

- **Verify that the participant possesses a valid medical marijuana authorization.** Every state that permits the use of medical marijuana requires users to obtain an authorization card (or equivalent documentation) from a designated state office. Your treatment court may require participants to furnish their authorization card and may verify the validity of the card with the appropriate state office.
- **Verify the doctor-patient relationship.** Medical marijuana use requires authorization from an approved medical professional. Some states limit the types of doctors that may authorize medical marijuana, and some states specify the types of health conditions for which it may be authorized. Your treatment court may verify the existence of the doctor-patient relationship and the existence of a qualifying medical condition (if required by statute).
- **Ensure that the participant's medical marijuana use does not exceed the authorized time period.** A person's authorization to use medical marijuana expires after the time period specified by state law. The expiration date is generally printed on the person's authorization card. Your treatment court may monitor participants' medical marijuana use to ensure that it does not extend beyond the authorized period.²⁴ Your court should begin testing the participant for marijuana use on or soon after the date the participant's authorization expires. Although marijuana may remain in the person's system for some time after their last use, it is important to identify the date of the person's first negative test.²⁵ Subsequent positive tests would likely indicate prohibited marijuana use.

Note, however, that the participant's medical information is protected by federal confidentiality statutes and often by state statutes as well. Before contacting the participant's doctor, it is imperative that the court obtain a signed authorization for the release for medical information. Further, the release form must meet the requirements of the Health Insurance Portability and Accountability Act (HIPAA), 42 C.F.R. Part 2 (a federal statute protecting information related to addiction treatment), and any applicable state laws.

Once the treatment court has verified the doctor-patient relationship and the qualifying medical condition, your court must defer to the doctor's determination that medical marijuana is therapeutically appropriate. The court must not seek to disturb the participant's authorization to use medical marijuana absent specific, reasonable cause to believe that the participant's medical marijuana authorization was not properly obtained.

²⁴ Many states offer long-term authorizations (generally 1-2 years) and short-term authorizations (generally 6 months or less). Authorizations can usually be renewed indefinitely if supported by the appropriate medical authorization. In Group B states, treatment courts may not interfere with a participant's effort to renew their medical marijuana authorization or penalize them for obtaining such a renewal. However, the court may re-verify the validity of the authorization and confirm the existence of the doctor-patient relationship and the qualifying medical condition (where required by statute) whenever the participant obtains a renewed authorization.

²⁵ The length of time that marijuana is detectable in urine is a subject of ongoing scientific research. For additional guidance on this topic, see the National Drug Court Institute's fact sheet entitled *The Marijuana Detection Window: Determining the Length of Time Cannabinoids Will Remain Detectable in Urine Following Smoking*, available at https://ndcrc.org/wp-content/uploads/2022/01/Fact_Sheet_Marijuana_Detection_Window.pdf.

5

In Group B states, and in states where there is no case law on this issue, treatment courts have greater latitude in supervising medical marijuana use.

In Group B states (California, Colorado, New York), treatment courts may prohibit the use of medical marijuana on a case-by-case basis, as discussed above. The same is generally true in states where there is no case law on this issue—judges in these states have broad discretion to set the conditions of treatment court participation if those conditions are reasonably related to the participant’s recovery and the general goals of sentencing.²⁶

In these states, treatment courts have greater latitude in supervising a participant’s medical marijuana use. If a participant in a treatment court is permitted to use medical marijuana, the court may employ all supervision strategies available in Group A states (see above), as well as the following additional steps:

- **Discuss the participant’s substance use disorder with their health care provider.**²⁷ With the participant’s written authorization, your treatment court may inform the participant’s medical provider that the participant is enrolled in a treatment court program for the purpose of court-supervised substance use disorder treatment. Any such communication should be led by senior clinical staff from the participant’s treatment agency and not by the treatment court judge, court staff, probation officer, or other non-clinical staff. The clinical staff communicating with the medical provider should be aware of and

agree to comply with relevant state law regarding medical marijuana. The purpose of such communication is to discuss the participant’s treatment needs, explore whether continued marijuana use is consistent with the participant’s treatment goals, and coordinate the participant’s medical care and addiction treatment to the extent possible.²⁸ In some cases, the participant’s medical provider may determine that medical marijuana use should be discontinued considering the participant’s substance use disorder treatment. In other cases, the medical provider may decide that continued marijuana use is appropriate to treat the participant’s medical condition. Generally, the treatment court should defer to the medical provider’s judgment on this issue, as it is inappropriate for the treatment court to interfere with the participant’s medical care absent a compelling reason.

- **Assess the role of marijuana in the participant’s substance use disorder and treatment.** Marijuana is a psychoactive substance that can affect control and judgment. For some participants, using marijuana, even for authorized medical purposes, may lead them to engage in behaviors that increase the risk of using other drugs. Other participants may be diagnosed with cannabis use disorder, rendering the use of medical marijuana antithetical to their recovery. Therefore, your treatment court may monitor the participant’s substance use patterns and treatment needs over time, prohibiting medical marijuana use if it risks interfering with the participant’s recovery.

6

What else does my treatment court need to know about supervising participants who use medical marijuana?

Laws governing medical marijuana are changing rapidly. Thirty-seven states and the District of Columbia have already legalized medical marijuana. In the coming years, it is likely that more states will join them. In addition, courts will continue to interpret state medical marijuana laws as citizens

bring lawsuits challenging the ways the laws are enforced. For these reasons, it is important that treatment courts monitor the evolution of law in their respective states and adjust their medical marijuana policies as needed to conform to the law.

²⁶ In states where courts have the authority to prohibit medical marijuana use in treatment court, they may also exclude individuals from treatment court altogether if they refuse to end their medical marijuana use.

²⁷ This step is not recommended for treatment courts in Group A states—where a participant’s right to use medical marijuana may not be restricted—because it could be viewed as an effort to interfere with the participant’s right to use medical marijuana, in violation of state statute and existing court decisions.

²⁸ This approach is consistent with the way treatment courts often coordinate with participants’ health care providers about other potentially problematic medications, such as when a participant has a prescription for opioids to treat chronic pain.

7

My treatment court is considering applying for a federal grant. Will accepting federal funds affect how my treatment court handles medical marijuana?

Recipients of federal grants are prohibited from using grant funds in ways that violate federal law, including federal drug laws outlawing the possession, distribution, or use of marijuana for any purpose. In fact, the two largest federal funders of treatment courts—the Bureau of Justice Assistance (BJA) and the Substance Abuse and Mental Health Services Administration (SAMHSA)—include clauses in their grant solicitations reminding applicants that federal funds may not be used to support the use of medical marijuana. Additionally, all federal grant recipients have Drug Free Workplace policy requirements that could be implicated.

BJA's Adult Drug Court Discretionary Grant Program solicitation advises applicants:

*Award recipients are prohibited from using federal funds to support programs or activities that violate the Controlled Substances Act, 21 U.S.C. § 801, et seq, **regardless of local or state practices or laws.** Programs or activities funded under a BJA Adult Drug Court Program award **must ensure that participants are tested periodically for the use of controlled substances, including medical marijuana.** See 34 U.S.C. § 10611, et seq.*

SAMHSA's solicitation for Grants to Expand Substance Abuse Treatment Capacity in Adult and Family Treatment Drug Courts provides:

*SAMHSA grant funds **may not be used to purchase, prescribe, or provide marijuana or treatment using marijuana.** See, e.g., 45 C.F.R. 75.300(a) (requiring HHS to ensure that Federal funding is expended in full accordance with U.S. statutory and public policy requirements); 21 U.S.C. 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase, or distribution of marijuana).*

A violation of 41 U.S.C. § 8103, which establishes a grantee's Drug Free Workplace policy requirements, may lead to the grant recipient being added to the Federal Suspension and Debarment list. Section 8103(a)(2) provides in relevant part:

A Federal agency shall not make a grant to an individual unless the individual agrees not to engage in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance in conducting an activity with the grant.

Pursuant to these restrictions, treatment courts may not use federal grant funds to serve participants who use medical marijuana, even where such use is authorized by state law. Treatment courts are advised to carefully consider these restrictions when deciding whether to apply for federal grant funds.

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