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U.S. Naval Institute

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An indoor marijuana growing facility.  
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## **The Navy Needs A Fully Baked Plan for Cannabis Legalization**

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and Jennifer Heissel

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[Now Hear This](#)

Popular support for federal legalization of cannabis use is growing in the United States. Eleven states and the District of Columbia have legalized the consumption and production of cannabis, 13 states have decriminalized its use or dramatically reduced enforcement, and 44 states allow medical marijuana use.<sup>1</sup> Like the nation's recent experience with gay marriage, radical shifts in public opinion affect the law in dynamic and surprising ways. Thus, it is likely only a matter of time before cannabis is legal at the federal level.

The Navy must prepare for the challenges and opportunities of this new environment. Specifically, upon federal legalization of cannabis use, the Department of the Navy should be prepared to remove marijuana from its zero-tolerance drug policy. Liberalizing the policy to allow cannabis use is not unambiguously positive, but the likely benefits of so doing convincingly exceed the costs.<sup>2</sup>

### **Zero Tolerance Has Been Successful**

The zero-tolerance drug policy has successfully reduced drug use in the military. The deleterious effects of conscription and the Vietnam War on the culture and professionalism of the military lasted well into the 1980s. Drug use among military members at the time was shockingly high by today's standards. A 1973 report states that 42 percent of military personnel returning from Vietnam had used opioids at least once.<sup>3</sup> A 1980 survey suggested that approximately 27 percent of all military personnel had used an illegal drug in the past 30 days.<sup>4</sup> This was the social and institutional context in which DoD leaders instituted the zero-tolerance drug policy, which implemented strict punitive measures to eradicate illegal drug use among military members.

The array of criminal and administrative penalties Navy leaders can bring to bear on illegal drug users has been critical in reducing drug use. Workplace impairment because of illegal drug use is rare, and mishaps in which cannabis (or other illicit drug) use is a contributing factor are rarer still. Even the most ardent supporter of legal cannabis should acknowledge that the zero-tolerance drug policy goal of eliminating workplace drug impairment in the military is a worthy one.

When cannabis is legalized at the federal level, more active-duty personnel can be expected to use it. Even if the zero-tolerance drug policy were still to include cannabis, the greater availability in above-board markets and the removal of civilian criminal sanctions would encourage greater use, even among active members. If the Navy does relax the zero-tolerance drug policy by eliminating cannabis, even wider use among sailors and officers can be expected. Dispelling three myths about cannabis use will help the Navy set an appropriate policy for the future.

#### *Myth One: Cannabis Use Is Highly Dangerous*

Every year in the United States, hundreds of thousands of people die from drug overdoses, alcohol-related causes, and cigarette smoking. In 2017, [70,237 Americans died as a result of a drug overdose](#). From 2006 to 2010, the [average yearly number of alcohol-attributable deaths was 88,668](#). By contrast, there is no record of a single death due to cannabis overdose. Some evidence suggests that smoking cannabis might have similar long-term health risks to smoking tobacco, though there are many ways to consume cannabis without smoking it. Most evidence indicates that cannabis is safer to use than alcohol.

#### *Myth Two: Cannabis is Completely Safe*

Marijuana is not completely safe. Smoking cannabis is associated with well-known health risks. It is common for smoking cannabis to cause sore throats, lung irritation, coughing, and higher

susceptibility to colds. Long-term use can lead to asthma, lung infections, pneumonia, chronic obstructive pulmonary disease, an emphysema.<sup>5</sup> These studies all strongly conclude that smoking cannabis can lead to negative health effects on the respiratory and pulmonary systems. These issues can adversely affect sailors and lead to increased sick days and deteriorated work performance. However, the damage from smoking cannabis is not very different from that caused by smoking tobacco, and cannabis can be delivered in other ways. Another concern with cannabis use is dependency, though [the evidence suggests that cannabis is less addictive than nicotine or alcohol](#).

### *Myth Three: Everyone Will Come to Work High*

There have been many cases in which sailors on overnight liberty indulged in drinking alcohol and then came to work inebriated. A likely concern with loosening cannabis restrictions involves overindulgence past a reasonable time required to sober up. But this is where the physiological differences between alcohol and cannabis are crucial: [Cannabis use tends not to beget “binge” use in the same way that each drink of alcohol](#) can subsequently diminish an individual’s ability to regulate further alcohol consumption. This is not to say that sailors will never come to work impaired by cannabis, just that physiological evidence suggests that cannabis impairment is not as likely as alcohol. In addition, [several companies are rushing to develop breathalyzers for cannabis](#), which should help assuage concerns about detecting workplace impairment.

### **Setting the Right Course**

Our reading of the literature gives us reason to believe that moderate and responsible use of cannabis would not prove any more dangerous or problematic than similarly reasonable use of alcohol or tobacco. At the Naval Postgraduate School, we examined three nominal policies the Navy could adopt once cannabis is legalized at the federal level—keep a complete ban on cannabis use under the zero-tolerance drug policy; authorize cannabis use with limitations; or treat cannabis use like alcohol. The best policy, like all personnel policies, must enable the Navy to continue to accomplish its mission, while balancing the welfare of sailors morally, mentally, and physically.

Each policy was examined for efficiency (the administrative and institutional burden of adoption), positive and negative health effects, and service member rights and freedoms. While the rights of service members are often easy for the institution to overlook, the service should ask members to waive their rights only when necessary.

The analysis determined that the best policy would authorize cannabis use for a large portion of the Navy, though restrict sailors and officers with certain job specifications, such as pilots and shiphandlers, from consuming cannabis between 2 and 28 days prior to performing those duties. This is similar to the policy Canada has implemented for its armed services.<sup>6</sup> These limitations ensure the service member is free of the residual effects of cannabis prior to commencing any vital job.

It is likely that cannabis will be legal in the United States in the near future, and the U.S. Navy must be ready and plan a course of action for when that occurs.

1. National Academies of Sciences, Engineering, and Medicine, [\*The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research\*](#) (Washington, DC: The National Academies Press, 2017).
2. The majority of the analysis and discussion in this article is based on Aaron Comins Naval Postgraduate School master's thesis, "Cannabis and the U.S. Navy: An Assessment of Policies to Adopt after Federal Legalization."
3. L. N. Robins, *The Vietnam Drug User Returns: Final Report to the Special Action Office for Drug Abuse Prevention*, Contract No. HSM-42-72-75, 1973.
4. R. M. Bray, L. A. Kroutil, and M. E. Marsden, "Trends in Alcohol, Illicit Drug, and Cigarette Use Among U.S. military personnel: 1980-1992," *Armed Forces & Society* 21, no. 2 (1995), 271-93 (See especially figure 1 on p. 276).
5. National Academies of Sciences, Engineering, and Medicine, [\*The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research\*](#), (Washington, DC: The National Academies Press, 2017); J. M Tetrault, et al, ["Effects of Marijuana Smoking on Pulmonary Function and Respiratory Complications: A Systematic Review,"](#) *Archives of Internal Medicine* 167, no. 3 (2007), 221-228; J. Holland, *The Pot Book: A Complete Guide to Cannabis* (New York: Simon and Schuster, 2010).
6. The full list of limited job specialties is located under section 5.2, ["Prohibitions Before and During the Performance of Specific Duties,"](#) of the DAOD 9004-1 (Government of Canada, 2018).