Squaring the Circle – The New Marijuana Problem for Police Chiefs
By William Kirchhoff

PREDICTIONS

✓ Legalized medical marijuana in local government is eminent.

✓ With respect to medical marijuana the workforce will be made up of legitimate users, abusers and the innocents.

✓ Push-back from the management cadre will powerful.

✓ Successful management of the intrusion of medical marijuana will force police departments to realign their core values.

Introduction

This paper forecasts that soon police chiefs will have to deal with legalized medical marijuana in their workspace and it postulates that this will be a mega-level workplace challenge. In the book, Managing Medical Marijuana in Local Government, I make this prediction: *When marijuana is removed from the Federal Government’s Schedule I list municipal employees (including public safety employees) will eventually be granted the right to use appropriately prescribed medical marijuana.* Put another way, medical marijuana will be prescribed alongside other commonly used medications such as Vicodin and Oxycodone that can be judgment impairing. This means that overnight city governments, including police departments, will have to pivot from viewing marijuana as a criminalized Woodstock type intoxicant, to a legitimized medicine prescribed by mainstream doctors. To avoid being dragged through miles of fire and glass, police chiefs will have to come up with a process for the assimilation of marijuana as a medical option for employees.

Police Department Culture and Dynamics

A police department is arguably the most challenging department in a city government to manage. Police chiefs live in a push-pull world of complex and competing forces. On one hand members of the department expect the chiefs to look out for their interests and act as their primary advocate at city hall. But at the same time city managers and
mayors expect the police chief to hold operating costs down, keep morale up, and juggle the knife and chainsaw issues that relentlessly bounce across the chief’s desk. While most other operating departments can get by with just good management, my experience is that the police department requires both hands on management and strategic leadership.

Because of Justice Department directives and other practical factors, police departments have been wrestling with the pull-back from viewing marijuana consumption as a crime. While a complex operational adjustment to make, this type of re-calibration is well within the skill set of a competent police chief. But changing the way the command staff and line supervisors feel about medical marijuana will not be accomplished by new policies and training sessions alone. The successful integration of marijuana with the department’s other health benefits must include a value alignment organizational development effort, and that will be the real challenge. Resistance to the genuine acceptance that “marijuana is medicine” from the command staff is likely to be grounded in generational barriers, disingenuous feelings, suppressed hostility, occupational bias, moral and religious reservations.

It Hasn't Been Done Before

Since it is an irrefutable fact that no municipality has ever dealt with legalized medical marijuana in the workspace, we all have a lot to learn. There are no lessons learned, case studies or how-to manuals that we can study for avoidance or replication of mistakes. Squaring this circle will fall on the police chief because he/she will be measured against the results. If the police chief does not handle this change in law correctly, the police department will be exposed to employment law litigation, morale issues, labor-management conflicts, operational problems, negative public perception, unfavorable media stories and organizational unrest. And while all department directors will be confronted by this, the police chief will be faced with the greatest sea change of challenges within the organization. The fault line between the cry of “we don’t want the cops to be stoners,” and “it’s medicine,” will be a precipitously jagged and deep fault line. And viewing medical marijuana in the police department’s workplace as some sort of ethereal malaise, rather than legitimate medicine, is certain to contaminate organizational harmony.

Even before the Department of Justice's stated position this year that marijuana is no longer worth prosecuting, police chiefs have been re-adjusting their operational tactics in accordance with public opinion, political reality and resource limitations. The social and political views of marijuana in general, and medical marijuana specifically, has reached the point of general acceptance. The police chief who fails to handle the for-
sure-to-come medical marijuana in the workplace will become the target of sharp
censure from the troops, the media, elected officials and other opinion makers in the
community.

A Totally New Challenge for Police Chiefs

At a minimum, medical marijuana will cause the busy police chief to expend
disproportional time sorting out the rich mix of workplace problems that are sure to ooze
up. At the far extreme the police chief who mismanages medical marijuana faces public
castigation, a loss of community respect and organizational disruption that can have
devastating career consequences. Why? Because managing medical marijuana use
by employees will not be just another knife or chainsaw that gets tossed into the police
chief’s juggling act. Rather it will be more like a hand grenade minus its pin tossed into
the mix.

The medical marijuana era police chief will have to come up with a way to oversee
organizational culture changes necessary to positively accept the use of medical
marijuana by the department’s workforce. The moral distance between rejecting
medical marijuana and embracing it is guaranteed to be wide and formidable. Expecting
commanders and line supervisors who have spent years contending with marijuana as
an eminent War on Drugs threat to see it as just plain medicine is utterly unrealistic.
The specter of hostile workplace environment lawsuits, disruptive labor-management
conflict and organizational efficiency should cause any police chief appreciable concern.

With the science and medical research available to support the employee’s desire to
use medical marijuana, an employer’s knee-jerk position of disallowance will only stoke
the fires of anger, fear and frustration. The fervent belief that medical marijuana can
mitigate relentless pain and ameliorate serious medical afflictions will motivate
employees, individually and collectively, to aggressively and continuously petition for the
right to use it. It will be extremely challenging for the police chief and his/her senior staff
to make the successful transition from years of enforcing marijuana laws with vigor, to
“accepting” and managing it as a medical option demanded by the work force.

“What If” Questions

The police chief’s efforts should be designed to create the seamless and positive
acceptance of marijuana as a drug that can be used legitimately by employees once the
legal barriers vaporize. While the list is long, below is a smattering of the “what ifs”
police chiefs will have to contend with once marijuana is legalized for medical purposes:
✓ How does the police chief protect the professional reputation of officers who choose to use medical marijuana legitimately?

✓ What will the random testing pool size and frequency be?

✓ How does the police chief insure confidentiality for the testing process?

✓ What level of “reasonable suspicion” training will the department require for its supervisory personnel?

✓ Will there be a second chance program and if so, what will the criteria be?

✓ What process will the police department use to review marijuana prescriptions issued to its employees?

✓ What will the acceptable length of time medical marijuana can be in an employee's system before it is not considered judgment impairing?

✓ What does the chief do when supervisors discriminate because they can't get past the stigma associated with marijuana?

✓ What are the department’s options if an employee is prescribed medical marijuana for a substantial period of time – light duty, medical leave, etc?

✓ What are the testing levels that qualify a police officer as being judgment impaired if they are using prescription marijuana?

Management Cadre Pushback

The legalization of medical marijuana will present the police chief with specific challenges as they relate to the workforce, and the management cadre which supervises it.

With respect to medical marijuana the three groups of employees that make up the department's general work force will be the legitimate users, the abusers and the innocents. The legitimate user is the employee who has been prescribed medical marijuana and abides by the law and the
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department’s drug policy when using it. Legalized medical marijuana is the abusers nirvana and they will try to game the system by taking advantage of medical marijuana’s availability. The innocents are the non-user employees who are now affected by the intrusion of medical marijuana as an employee health option.

The typical police department’s management cadre reaction to marijuana as a legal medical benefit will be a reactionary one of push-back. It is simply not reasonable for a police chief to expect his/her command staff and supervisors to accept medical marijuana in the workplace because of generational barriers, occupational bias, moral rejection, disingenuous feelings, open or suppressed hostility, religious reservations, etc. Expecting a management cadre, especially where there is a steep wall of dogmatism, to shift immediately from dealing with marijuana use as a crime, to genuinely accepting it as a legitimate medicine in the workspace is both improbable and impracticable.

An Integrated Action Plan is Necessary

Once the policy makers at city hall have decided that medical marijuana is allowable, then decisions have to be made regarding what the actual policies should be. Below is a checklist that the policy makers should use to sort out and identify specific components of a medical marijuana policy which best suits the organization’s needs.

Medical Marijuana Policy Questions Checklist for Police Departments

- What is the purpose of your medical marijuana management goal?
- What behaviors will be allowed or prohibited?
- What will the consequences be if the policy is violated?
- Will there be a reeducation effort and return-to-work provision?
- How will employee rights and confidentially be protected?
- Who will be responsible for enforcing the policy?

In simple terms the police chief needs to develop a two-pronged Integrated Action Plan (IAP) that is consistent with city hall’s intended outcomes, but also takes into consideration the uniqueness of police department operations. For the sake of brevity
we will only touch on it here to explain the concept of the IAP. The figure on the following page illustrates the two elements of the IAP that can be used to assimilate the impact of allowing for the use of legalized medical marijuana in the police department – policy modification; and values alignment.

An Integrated Action Plan Leading to Managed Outcomes for Medical Marijuana in a Police Department

The intent of the IAP is to manage the outcomes of medical marijuana. This will require the department’s existing zero-tolerance drug policy to be modified along with a comprehensive values alignment effort. The policy modification work associated with the IAP should be done first. In terms of complexity, the policy modification task is the easiest. Generally speaking, good legal counsel, quality human resources input and thoughtful ideas from the command staff will suffice to produce a re-calibrated drug policy that includes medical marijuana. The book, Managing Medical Marijuana in Local Government includes a model drug policy that makes policy modification a fairly simple undertaking.

The other element of the IAP, a values alignment effort, is a tougher task than re-writing and updating the drug policy. Most of the values held by the policing profession are in juxtaposition to the acceptance of medical marijuana in the workspace. Once a city government decides to embrace medical marijuana, its acceptance then becomes a component of city hall’s organizational values and “personal” values must be aligned accordingly. The police chief will have to do much of the heavy lifting when this seismic shift happens. Op orders and bloviated pep talks won’t work. Assigning it to the assistant chief won’t work either.

The police chief needs to understand that the management cadre’s individual and collective resistance to medical marijuana in the workspace will be based on
generational, occupational, social, religious and other factors that define their core values. This organizational development endeavor will require an emphasis on *value alignment* because of the need to address long standing and deep seated core values that have been sustained by decades of law and public opinion. A formal values alignment effort is best handled by a trained organizational development practitioner because values alignment occurs when folks with a set of shared core values knows what they are, discuss core values, and share how to apply them and make them relevant to their work.

**Summary**

Pivoting the police department from what was illegal and socially unacceptable for over six decades, to workplace acceptance of marijuana as a common medicine will be radically different from other workplace challenges the police chief has faced.

The reality of changing the calculus of “criminal marijuana out” to “medical marijuana in” will become the responsibility of the police chief. As it pertains to a police department, marijuana will shift from its criminal context to a legitimate workplace medical choice. In order to successfully manage this uncharted issue, existing drug policies will need modification so they are more specific and comprehensive. Running parallel with policy modification is the need to re-align some of the personal values which have been held for many years by the department’s management cadre. The value alignment process requires a fusion of understanding and contemplation that will have to set in place by the police chief.

The author is a local government consultant and the former city manager of five municipalities. He has served on the Commission for the Accreditation of Law Enforcement Agencies, the U.S. Department of Justice’s COPS Advisory Board and recipient of the International City Management Association’s Public Safety Program Excellence Award. Among the books he has written are *How Bright is Your Badge?*, *Command Performance* and *Managing Medical Marijuana in Local Government*. 