Mar 27th, 2008

David Jones, Chair
Assembly Judiciary Committee
State Capitol
Sacramento CA 95814

Dear Chairman Jones,

We wish to express our strong support for AB 2279, to protect workers who use medical marijuana from employment discrimination, and in particular from unscientific and discriminatory pre-employment urine testing.

AB 2279 would overturn the Supreme Court's Ross v RagingWire decision, which ruled that Prop. 215 does not protect workers' rights. This is contrary to the intent of Prop. 215, which was to treat marijuana like other, legal pharmaceutical drugs.

AB 2279 would likewise end the wrongful and scientifically unjustified misuse of urine testing to discriminate against medical marijuana patients.

There is no scientific basis for banning medical marijuana users from employment: on the contrary, medical use of marijuana can render them more fit for the job by relieving them of otherwise disabling conditions such as chronic pain, migraines, insomnia, weight loss, etc.

Urine tests are inherently flawed and objectionable because they do not detect current use or impairment on the job. Rather, they detect past use, as shown by the presence of psychoactively inert drug metabolites (in particular, THC-COOH), which reside in the system for days or even weeks after the effects of the drug have passed. Urine tests routinely screen out workers who have used medical marijuana off the job, at nights, or even on weekends. On the other hand, urine tests often register negative for the first couple of hours after use, making it possible for them to completely miss a worker who has just smoked and is actually under the influence. Since the great majority of marijuana users do NOT smoke on the job, the majority of persons screened out by drug testing are not drug abusers. Scientifically, urine tests are comparable to
rummaging through workers' trash at the end of the week and firing them for drug abuse if empty prescription or liquor bottles are found.

There is no scientific evidence that urine screens improve workplace safety or productivity. Unlike other medical drugs and devices, urine testing technology has never undergone controlled, FDA studies to determine whether it is safe or effective for improving workplace safety. In fact, there is evidence to suggest the opposite. A study of 63 high tech firms found that drug testing was associated with reduced, rather than enhanced productivity. (Edward Shepard & Thomas Clifton, "Drug Testing: Does It Really Improve Labor Productivity?" Working USA Nov/ Dec 1998). In another study, a survey of injured drivers found no increased culpability for auto accidents in drivers testing positive for marijuana in their urine, and in one age category, marijuana-positive drivers were actually significantly safer than drug-free drivers. (Carl Soderstrom et al, "Crash Culpability Relative To Age And Sex, For Injured Drivers Using Alcohol, Marijuana Or Cocaine," Assoc. for the Advancement of Automotive Medicine, 49th Annual Proceedings, Sept 12-14, 2005.)

Urine testing for marijuana can have counterproductive, adverse effects by encouraging users to turn to more dangerous drugs. Patients who have been forced to give up medical marijuana due to drug testing report major increases in their use of opiates and other prescription narcotics. Similarly, urine testing encourages recreational users to turn from marijuana to alcohol and other, more dangerous drugs that are less readily detected in urine (for example, cocaine and amphetamines, which are detectable for at most a couple of days).

In sum, there is no scientifically sound rationale for the use of urine testing with regards to marijuana, medical or otherwise. We accordingly urge the committee to approve AB 2279.

Sincerely,

Dale Gieringer,
Coordinator, California NORML
Co-author, Proposition 215
415-563-5858/ FAX 510-849-3974

cc: Assemblyman Mark Leno