Hon. Jim Beall, Jr, Chair  
Assembly Human Services Committee  
State Capitol  
Sacramento CA  95814

Dear Chairman Beall,

We wish to express our strong opposition to AB 2389, which would require random drug urine testing of CalWorks recipients.

Urine testing is an inherently flawed and biased technology because it wrongly confuses harmless drug use with abuse, particularly with regards to marijuana. Urine testing is uniquely oversensitive to marijuana, non-active metabolites of which are commonly detected in urine for days and weeks after use, long after any effects have faded. In contrast, urine tests are less sensitive to more dangerous and addictive drugs such as heroin, cocaine and amphetamines, use of which is detected for only a day or two. Moreover, urine tests completely ignore alcohol and tobacco, the nation's number one cause of drug-related deaths and disease. Hence, urine tests are far more likely to detect occasional marijuana use than other, more serious drug abuse problems.

It is widely recognized that marijuana is uniquely less harmful than other drugs. As stated by the California research advisory panel in its 1990 annual report: "An objective consideration of marijuana shows that it is responsible for less damage to society and the individual than are alcohol and cigarettes." AB 2389 would waste taxpayers' money by trying to "treat" harmless marijuana use, while completely ignoring abuse of alcohol and tobacco. According to Quest Diagnostics, 50% of positive drug urine tests results are for marijuana.¹ The vast majority of marijuana users do not qualify as addicts, and are therefore inappropriate candidates for the drug treatment proposed in AB 2389. In fact,

¹ Quest Diagnostics, 2006  
urine testing may even aggravate drug abuse by causing marijuana users to switch to alcohol and harder drugs.

It is our understanding that AB 2389 is motivated by concern about prenatal exposure to dangerous drugs. However, repeated scientific studies have found no evidence that prenatal marijuana use causes birth defects - unlike other drugs, including alcohol. A 2002 survey of 12,060 British women found no significant differences in growth among newborns exposed to cannabis in utero versus those with no exposure, when controlling for co-founding factors such as the mothers’ age, pre-pregnancy weight, and the self-reported use of tobacco, alcohol, caffeine, and other illicit drugs.2 A 1999 survey of 12,885 Dutch mothers reported similar findings after controlling for maternal tobacco use.3 “The use of cannabis is not a major prognostic factor regarding the outcome of pregnancy,” the authors concluded. A 1997 Australian study of 32,483 mothers also reported, “There is inadequate evidence that cannabis, at the amount typically consumed by pregnant women, causes low birth weight.”4

Ironically, unlike marijuana, prenatal exposure to alcohol has been definitively linked to the cluster of birth defects known as fetal alcohol syndrome. (Tobacco use too has been linked to bad pregnancy outcomes.) By encouraging pregnant women to substitute alcohol for marijuana, AB 2389 could therefore actually aggravate bad pregnancy outcomes.

Finally, it should be noted that AB 2389 makes no allowance for medical marijuana. Cannabis has a long history of medicinal use by women to treat severe morning sickness. It is also frequently recommended to women of childbearing age for other, life-threatening conditions including cancer. Patients who have been forced to give up medical marijuana report major increases in their use of opiates and other prescription pharmaceuticals. In view of Proposition 215, there is no excuse for failing to allow for medical use of cannabis.

In conclusion, drug urinalysis is an inherently flawed technology that wrongly targets innocuous marijuana use instead of more serious drugs of abuse. Unlike alcohol and tobacco, which are NOT covered in AB 2389, marijuana is not a significant cause of drug abuse or adverse pregnancy outcomes. By spending state funds on scientifically unproven and biased urinalysis technology, AB 2389 effectively wastes taxpayers' money and sends the wrong message about the true dangers of drug abuse. We urge your committee to vote NO on AB 2389.

Sincerely,

---

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