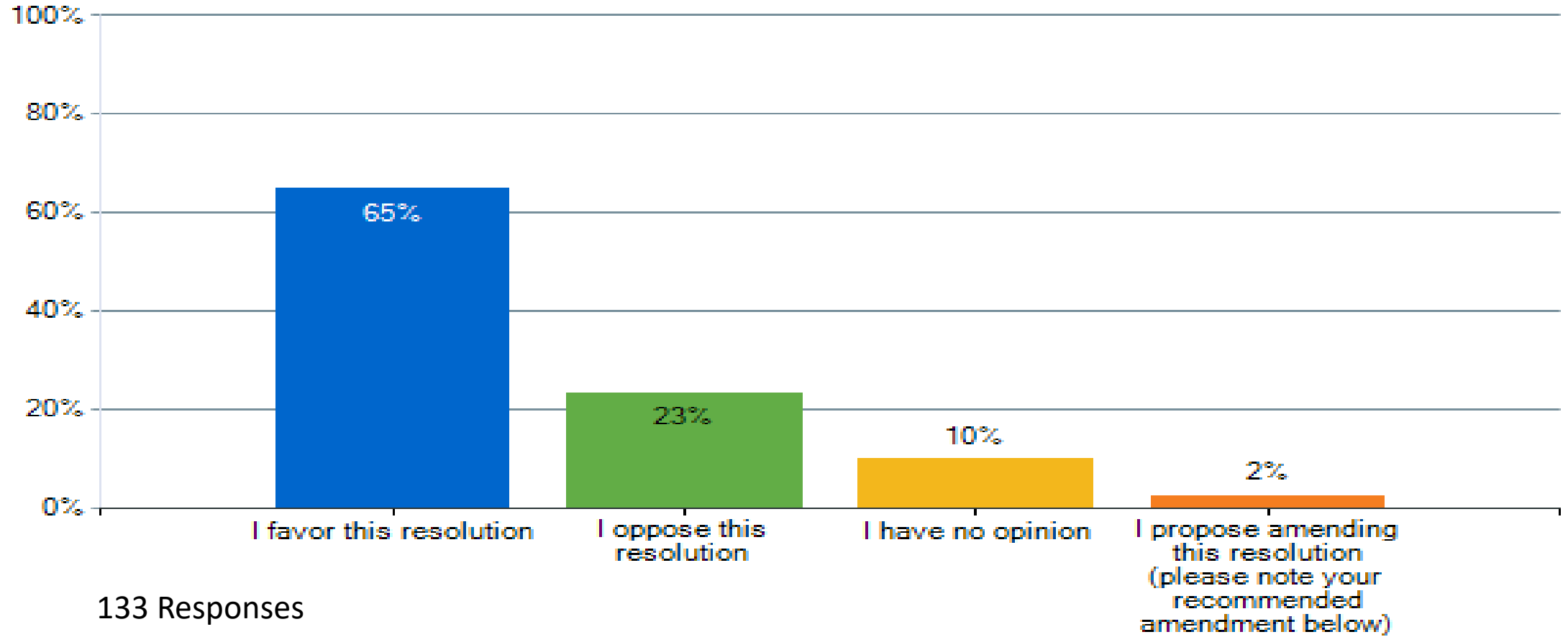
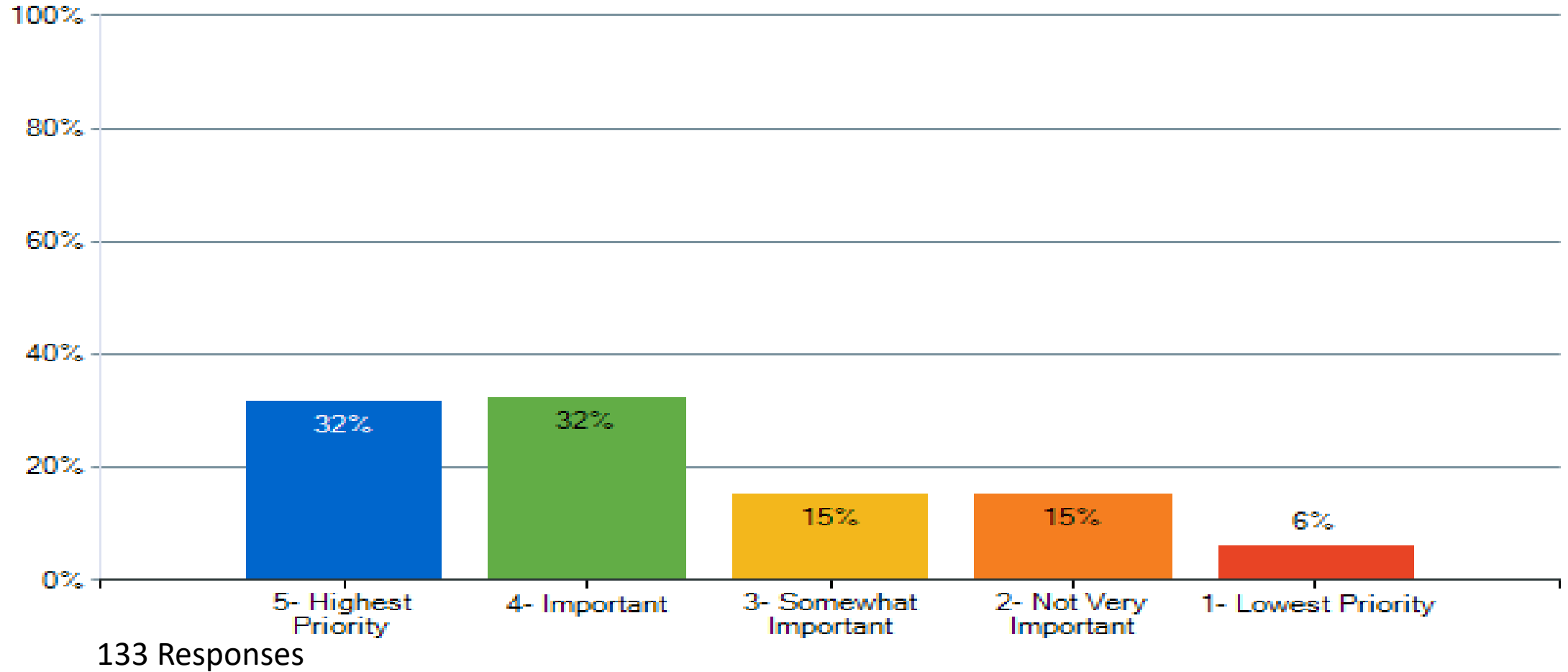


# Preventing the Elimination of Cannabis from Occupational and Municipal Drug Testing Programs



Please indicate your view of this resolution as an ISMS priority.



#### Q4. Comments

##### Response Text

There are way more doctors addicted to alcohol and cocaine, which can impair their functioning. Urine cannabis drug testing does not prove that someone is practicing being unfit. What makes someone that uses marijuana in their down time worse than someone who drinks alcohol?

<https://time.com/6103798/workplace-drug-testing/> Administering a drug test for the purpose of evaluating someone's ability to do their work is hypocritical, says Carl Hart, who is chair of Columbia University's psychology department and a neuroscientist who specializes in the human response to psychoactive drugs. "Why drug test when it doesn't tell you anything?" Hart tells TIME. "If we want to make sure people aren't intoxicated in a workplace environment, that means looking at their performance. Urine drug tests certainly don't tell you anything about levels of intoxication or a person's ability to perform. They're useless for that purpose." "Pre-employment marijuana testing has disproportionately affected communities of color by stalling job placement, and by extension, economic growth, and we believe this inequitable treatment is unacceptable," Galetti wrote. With studies showing that drug testing disproportionately affects people of color and is more prevalent in workplaces where racial and ethnic minorities are employed, Ahmad calls the practice a "problematic" hindrance to workplace equity. "It's important to understand how workplace drug-testing connects to the War on Drugs and race. When President Nixon declared his War on Drugs, the goal was to disrupt Black communities, and by that measure the policies succeeded. But the war has failed to curb drug use or improve public safety," she says. "A problem with random drug testing, in particular, is that we know implicit bias exists. An employer may set out to conduct random drug testing, but the result can have a disparate impact on people of color, whether that's intentional or not."

I disagree with this. IF employers allow ETOH as an acceptable drug, and Marijuana is now sold commercially, WE should not be the inflexible oak. WE should instead encourage development of ways to diagnose impairment and THC levels Patients use CBD gummies for sleep, anxiety etc. I think that alcoholics can drink Vodka in their coffee and go to work . That is not just

Very good

If it is legal so are cigarettes and alcohol.

Agree with opposition to HB 4116. It is an IL problem. Why forward this to AMA ?

I do NOT support this resolution.

I think this sort of testing specifically should be ignored given that metabolites of marijuana can have an exceptionally long half life. I don't think as medical professionals we should endorse post-accident testing that could have no actual clinical impairment. If you had a patient that used marijuana recreationally e.g. 1-2 times per month, which is certainly not high risk, to then allow a test that has poor accuracy that could follow them professionally for years is poor. This motion equates impairment of cannabis to be tantamount to more serious psychoactive drugs, which I cannot agree with in good conscience as a clinician.

Not convinced this is a solid resolution I think too much drug testing is done. Doctors order them all the time. Someone must be getting rich from this. Jobs that require good coordination and quick response time in order to be safe would make sense such as heavy equipment operators and people who work in hazardous situations. For most jobs what difference would it make?

This is another example of political dictation of Health policies and practice. Physicians have opposed recreational cannabis as having any merit and with an understanding that these drugs persist in the user and impact rational decision making in procedures that affect public behavior for longer than the day of use due to its pharmacology. Cannabis has to be recognized for its pharmacology and impact on rationality and human behavior beyond day of use, and especially the impact on developing brains.

Makes no sense. Cannabis use is legal in Illinois. Therefore a positive test result is not against the law and should not be used against an employee.

I do not support pre-employment or random testing for Cannabis--why are we testing for a legal substance? Do we do not do this for alcohol. Unless there is a reason to test to see if a person is impaired (e.g. after and automobile accident) we should not be testing for Cannabis.

While it is legal, it still can affect job performance. If an employee is performing poorly, and there is suspicion of marijuana use, test for it. To outlaw testing is putting an employer on the hook to tolerate poor performing employees that may be under the influence of drugs. While it may not be illegal, neither is alcohol. We don't do 2 Martini lunches anymore. Why are we supposed to tolerate this. On a personal note, I can't believe how much marijuana I smell coming from cars on my way to work. No wonder there is such a decline in American work quality. The demand for greater pay for poor work is astounding. I would favor strengthening testing laws, and allowing employers to fire them for cause WITHOUT the ability to collect workmen's compensation. Bring back a little Pride in the Quality of work, not entitlement.

Agree

I think we should support clearer evidence of "recent" cannabis use with drug testing. Most of the drug testing does not indicate more recent use of cannabis products or potential intoxication. Until this is done this resolution does not merit our support as we are potentially harming someone who may have used a legal or legitimate product that does not affect their employment

The proposed bill puts any employer in an untenable position. Not everyone using marijuana is using it medicinally. Injury to a third party or even the user likely will make the employer responsible. (Maybe that's the point of the bill.) As doctors we should not treat marijuana as harmless which this bill seems to want. We should follow the science and recognize that marijuana is potentially a dangerous drug.

although legal for recreational use, cannabis does impair driving and judgement (any may be long term memory) we do need to know if one is intoxicated or not at work, accidents etc

I would not want a surgeon who uses recreational marijuana operating on me or my family!

While I oppose legalization of pot, drug testing using current methods is inadequate to determine acute phase effects from the drug. Case in point, alcohol. If you have positive test, you are under its influence. What a person does outside the workplace is no ones business save his own. When you come up with an under influence test, then test for it, and not until.

As THC is legal in Illinois, it is reasonable to protect the jobs and incomes of those who choose to consume it responsibly. A law allowing employers to fire or refuse to hire employees on the basis of their THC status, even if these employees never use the substance during or around working hours, could become a tool for employment discrimination and oppression among people of color who have already and continue to be targeted by covertly (and sometimes explicitly) racist War on Drug policies. I believe this resolution would likely disproportionately effect employment in black and brown communities and so violates the medical ethical principle of justice; therefore, I do not think our profession should support it.

I would have liked to see AMA policy cited since a request is that this is forwarded to AMA HoD. It reads a re-affirmation of H-95.924. From my understanding, it also seems to extensively overlap "Issues in Employee Drug Testing H-95.984" which covers the topic of Drug testing, encouraging the limitation to extend to job performance as primary. I do not see this well written and researched resolution adding to existing policies and would prefer to see reaffirmation of existing resolutions. Moreover, there seems to be disconnect with the amount of cannabis used (low vs. high recreational) and the asks of this resolution "47 Whereas, cannabis use also can cause violent behavior through increased 48 aggressiveness, paranoia, and personality changes (more suspicious, aggressive, and 49 anger)" seems to target near-intoxication levels, but this resolution would apply to low-level users as well and people who are not a danger to themselves or their community.

Many of the statements in the underlying resolution are at best questionable e.g. that the increase in traffic accidents resulted from increase marijuana use during the pandemic (the same effect was observed in state that did not legalize the drug.) Also unclear how this resolution relates to much more serious problem of alcohol abuse.

Agreed. Should just be limited to cannabis

AGREE

Our history has been to not put in resolutions any bill information but rather to take a position on a topic. Recommend that the second resolved be changed to read that ISMS oppose any legislation (such as HB 4116) that seeks to remove cannabis metabolite analysis for occupational and municipal purposes.

Need to know more.

Agree any addicting or potential negative addicting substance should be monitored

While the literature may indicate that there is some therapeutic benefit to THC and its derivatives, there is also substantial evidence that work-related injuries, auto mishaps, and "tripping the trigger" in those with pre-existent anxiety/psychiatric disorders.

Cannabis is a legal substance and usage of it has not been associated with poor job performance. Cannabis is not like alcohol in that its metabolites remain in situ and can be tested for long after its use. Drinking alcohol the night before to excess would have no bearing (necessarily) on testing the following day, yet, alcohol abuse is a well known risk factor for health and mental illnesses impacting work and personal lives. It is hypocritical to continue to treat cannabis usage as an illegal and immoral state.

Leaning away from supporting, despite well-documented concerns on marijuana and driving and workplace safety. Long-duration metabolites and use prevalence in off hours creates a dilemma here.

## Q5. Preventing the Elimination of Cannabis from Occupational and Municipal Drug Testing Programs

Response Text

Other (Please specify) : Favor all except random testing

Other (Please specify) :

Other (Please specify) :