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May 16, 2017

Joint Committee on Marijuana Regulation  
900 Court St. NE- HR B  
Salem, Oregon 97301

Re: SB 307 - Provides for regulation of consumption and sale of marijuana items at temporary events, including licensure of premises on which temporary events are held.

Co-Chair Burdick, Co-Chair Lininger, and members of the committee: my name is Dr. Jennifer Vines; I have spent nearly 10 years working in primary care and public health in the Portland metro area and I am also the Deputy Health Officer for Multnomah County Health Department. I am here today on behalf of Multnomah County to oppose SB 307, and the -1 amendment, and to urge you to pass SB 308, which would allow a wider group of stakeholders the time necessary to craft a solution to public consumption that fully takes into account the public health consequences of its implementation to child, youth, and adult safety.

We oppose the underlying bill for two primary reasons. First, it weakens Oregon's Indoor Clean Air Act (ICAA) and will lead to increased exposure to secondhand smoke. Second, by allowing for public smoking at licensed venues, it changes social norms about smoking, a setback to the last half century of progress on this issue.

The -1 amendment attempts to allay concerns about creating exemptions to ICAA, but it unfortunately creates more questions than answers. Section 2(3)(d) does not make it clear that designated areas for inhalant use must be in compliance with ICAA. Section 2(3)(e) uses the definition of "public places" from ORS 433.835, which we interpret as allowing indoor consumption in locations that are called private clubs or private events. Additionally, to comply with ICAA, inhalant use would need to be at least 10 feet away from entrances, exits, windows that open, and ADA access ramps. Section 2(3)(f) includes a double negative, making it read as if tobacco and alcohol use would be allowed in these licensed venues that allow consumption of marijuana.

Finally, it is unclear to us what additional responsibilities may fall to Multnomah County related to enforcement of smokefree laws - would responsibility for responding to complaints fall to County staff responsible for enforcing ICAA? What additional resources would be necessary to allow for this? These are just some of the questions we believe should be addressed by a group of stakeholders as described in SB 308.

According to a recent survey conducted by Oregon Health Authority, 83% of Oregon adults agree that people should be protected from secondhand smoke<sup>1</sup>. Protecting Oregonians from exposure to marijuana smoke should be no different. The American Society of Heating,

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<sup>1</sup> September 2016, Oregon Health Authority Prevention Panel Survey

Refrigeration and Air-Conditioning Engineers (ASHRAE) added marijuana smoke to their definition of environmental tobacco smoke (ETS) and state that there is no ventilation system that can eliminate ETS<sup>2</sup>.

Our other concern is the normalization of smoking when it is allowed in public. Only 18% of Oregon youth think there is great risk of harm from smoking marijuana, which is one of the lowest levels of perceived risk in the nation.<sup>3</sup> As you know from their presentation last December, Oregon Health Authority conducted extensive research on youth and marijuana prior to launching the Marijuana Youth Prevention Campaign. While marijuana use is illegal in public, youth are already observing use in public spaces, like parks and events. According to the mid-campaign evaluation, youth and parents in 10 out of the 12 focus groups reported observing an increase in marijuana use by people of all ages in parks and other public areas and while driving.<sup>4</sup>

We know all too well from our experience with tobacco control that youth are easily influenced by what their friends are doing and what they experience in their communities. In 2012, the Surgeon General called on local governments to put in place policies that create environments that encourage and support a smokefree life to protect the young<sup>5</sup>. A recent Centers for Disease Control and Prevention review of the scientific literature found a significant body of evidence that confirms that smoke-free policies are a best practice and are associated with decreases in secondhand smoke exposure, tobacco use prevalence among young people and adults, and adverse health effects<sup>6</sup>.

Thank you for the opportunity to provide testimony today and I am happy to answer any questions you may have for me at this time.

Sincerely,

Jennifer Vines, MD, MPH  
Deputy Health Officer  
Multnomah County Health Department

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<sup>2</sup> American Society of Heating Refrigerating and Air-Conditioning Engineers. Addenda 2015 Supplement: Ventilation for Acceptable Indoor Air Quality. 2015.

<sup>3</sup> Hughes, A., Lipari, R.N., & Williams, M. *State Estimates of Adolescent Marijuana Use And Perceptions of Risk of Harm From Marijuana Use: 2013 and 2014*. The CBHSQ Report: December 17, 2015. Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. Rockville, MD.

<sup>4</sup> Oregon Health Authority. *Oregon Youth Marijuana Prevention Pilot Campaign: Mid-Campaign Results 2016*. <https://public.health.oregon.gov/PreventionWellness/marijuana/Documents/marijuana-mid-campaign-results-2016.pdf> Accessed May 16, 2017.

<sup>5</sup> Preventing tobacco use among youth and young adults: a report of the Surgeon General – Atlanta, GA. Dept. of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; Washington, D.C.: For sale by the Supt. of Docs., U.S. G.P.O., 2012.

<sup>6</sup> Tobacco Use and Secondhand Smoke Exposure: Smoke-Free Policies. The Community Guide. <https://www.thecommunityguide.org/findings/tobacco-use-and-secondhand-smoke-exposure-smoke-free-policies>. Accessed February 11, 2017.