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**TO:** The Honorable Ginny Burdick, Co-Chair  
The Honorable Ann Lininger, Co-Chair  
Joint Committee on Marijuana Regulation

**FROM:** Katrina Hedberg, MD, MPH  
Health Officer and State Epidemiologist  
Public Health Division  
Oregon Health Authority

**Subject:** SB 307, Exemptions to the Indoor Clean Air Act for Cannabis Lounges

Co-Chairs Burdick and Lininger and members of the committee, I am Dr. Katrina Hedberg, Health Officer and State Epidemiologist with the Public Health Division of the Oregon Health Authority. I am here today to present information related to SB 307, concerning exemptions to the Indoor Clean Air Act (ICAA).

Oregon's Indoor Clean Air Act protects nearly every Oregonian from the health risks of secondhand smoke. When it was first passed in 2001, the Indoor Clean Air Act was a major public health accomplishment for Oregon, offering a real opportunity to reduce health care costs and deaths from tobacco-related diseases like cancer, heart disease and stroke. By prohibiting smoking in the workplace and public places and within 10 feet of all entrances, exits and accessibility ramps, the Indoor Clean Air Act offers critical public health protections now that will result in reduced deaths later.

Oregon's Indoor Clean Air Act works. According to data from the Behavioral Risk Factor Surveillance System (BRFSS), exposure to secondhand smoke among employed Oregon adults has decreased by 45% from 2001 (before ICAA implementation) to 2015 (after implementation).

In 2015, the ICAA was expanded by the legislature to include marijuana and inhalant delivery systems (e.g. e-cigarettes). These expansions strengthened Oregon's law and positioned Oregon as a national leader in smokefree workplace laws.

SB 307 would put people in Oregon at risk by creating exemptions to the ICAA for licensed temporary events and licensed cannabis lounges, and would expose workers and patrons to the health risks of secondhand marijuana smoke.

Secondhand marijuana smoke is not harmless. The Oregon Retail Marijuana Scientific Advisory Committee (RMSAC) reviewed the existing literature on marijuana smoke and determined there is no safe exposure to any type of secondhand smoke, including marijuana smoke. Marijuana smoke, both firsthand and secondhand, contains many of the same cancer-causing chemicals as tobacco smoke.<sup>1</sup> Although a ventilation system is a requirement under SB bill 307, there is no evidence that ventilation of smoke within enclosed areas is effective in mitigating health effects of secondhand smoke exposure to workers and patrons.<sup>2</sup>

Oregon's past experience with hookah lounges (known as "smoke shops") offers an example of what can occur when exemptions in the ICAA are allowed. The exemption for smoke shops in the ICAA led to the proliferation of hookah lounges, and the prevalence of youth hookah smoking increased. Oregon surveys showed hookah smoking increased significantly among 8<sup>th</sup> grade students living in the five counties known to have hookah lounges, compared to the rest of the state.

If, due to a change in the Indoor Clean Air Act, marijuana lounges are able to be licensed and promote their products and services in Oregon communities, then more youth will be exposed to advertising and promotion of marijuana. This may lead to a greater prevalence of marijuana use by youth. A clear causal link between tobacco advertising and tobacco use among kids has been scientifically established.<sup>3</sup> The World Health Organization

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<sup>1</sup> Oregon Health Authority, Public Health Division: Retail Marijuana Scientific Advisory Committee. Summary of Selected Evidence Reviews and Public Health Statements. Accessed January 31, 2017 from:

<https://public.health.oregon.gov/PreventionWellness/marijuana/Documents/rmsac/rmsac-statements-mj-and-respiratory-health.pdf>.

<sup>2</sup> Centers for Disease Control and Prevention, "Ventilation Does Not Effectively Protect Nonsmokers from Secondhand Smoke." Accessed January 31, 2017 from:

[http://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/secondhand\\_smoke/protection/ventilation/](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/protection/ventilation/).

<sup>3</sup> Paynter J, Edwards R. The Impact of tobacco promotion at the point of sale: a systematic review. *Nicotine & Tobacco Research*. 2009; 11(1)

<sup>3</sup> Slater SJ, Chaloupka FJ, Wakefield M, Johnston LD, O'Malley PM. The impact of retail cigarette marketing practices on youth smoking update. *Archives of Pediatrics & Adolescent Medicine*. 2007;161(5):440-445.

<sup>3</sup> Henriksen L, Schleicher NC, Feighery EC, Fortmann SP. A longitudinal study of exposure to retail cigarette advertising and smoking initiation. *Pediatrics*. 2010; 126(2):232-238.

<sup>3</sup> National Cancer Institute. *The Role of Media in Promoting and Reducing Tobacco Use*. Tobacco Control Monograph No. 19. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute. NIH. Pub. No. 07-6242, June 2008.

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recommends restricting tobacco advertising, promotion, and sponsorship as a key strategy for reducing youth tobacco use.<sup>4</sup>

It is imperative that the health of all Oregonians, especially youth, be protected by preserving Oregon's smokefree workplace law.

Thank you for the opportunity to testify today. I am happy to answer any questions.

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<sup>4</sup> World Health Organization. MPOWER: A Policy Package to Reverse the Tobacco Epidemic. Geneva: World Health Organization; 2008.