



# Health Department

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February 28, 2019

Senate Committee on Business and General Government  
900 Court St. NE - HR B  
Salem, Oregon 97301

Re: SB 639 - Relating to marijuana

Chair Riley, Vice-Chair Girod, and members of the Committee, my name is Rachael Banks and I am the Public Health Director for Multnomah County Health Department. Thank you for the opportunity to provide testimony today in opposition of SB 639.

We oppose this bill for two primary reasons. First, allowing public smoking of any substance at licensed venues runs the risk of changing social norms about smoking, eroding a half-century of tobacco prevention progress on this issue. Second, this bill weakens Oregon's Indoor Clean Air Act (ICAA), which prohibits smoking of tobacco, nicotine and cannabis in indoor public spaces and workplaces, and will lead to increased exposure to secondhand smoke. Smoke of any kind, when inhaled is unsafe for human health.

We are most certainly concerned about the normalization of smoking when it is allowed in public. The 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>1</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

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<sup>1</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 February 26, 2019.

the young<sup>2</sup>. A 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>3</sup>.

SB 639 amends the ICAA to allow indoor public consumption of cannabis, including smoking, vaping and aerosolizing. The Oregon ICAA provides a uniform statewide minimum standard that protects the public, as well as employees, from exposure to secondhand smoke and vapor that should be maintained. The health risks of secondhand tobacco smoke have been well established<sup>4</sup>, and secondhand marijuana smoke contains many of the same chemicals and carcinogens as secondhand tobacco smoke<sup>5</sup>. According to a recent survey conducted by Oregon Health Authority, 87% of Oregon adults support the Indoor Clean Air Act, and 79% believe that the public should be protected from breathing secondhand cannabis smoke or vapor<sup>6</sup>.

Although SB 639 does require ventilation systems for enclosed areas where cannabis consumption is allowed, there is evidence that such systems are inadequate for protecting health. In 2015, the American Society of Heating, Refrigeration and Air-Conditioning Engineers (ASHRAE), the organization that develops engineering standards for building ventilation systems, expanded their definition of Environmental Tobacco Smoke (ETS) to include marijuana smoke and the emissions produced by electronic smoking devices<sup>7</sup>. ASHRAE concluded that ventilation systems cannot eliminate ETS<sup>8</sup>. Even if a ventilation system were in place, the burden of experiencing the smoke and smell of burning cannabis will be simply moved to impact the neighbors and pedestrians near such a facility.

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<sup>2</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>3</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 26, 2019.

<sup>4</sup> US Department of Health and Human Services. (2014) The Health Consequences of Smoking- 50 Years of Progress. A Report of the Surgeon General. Atlanta, GA.

<sup>5</sup> Moir, D., et al. (2008) A Comparison of Mainstream and Sidestream Marijuana and Tobacco Cigarette Smoke Produced under Two Machine Smoking Conditions. American Chemical Society. 21: p. 494-502

<sup>6</sup> Online Panel Survey (2018) Oregon Health Authority. Unpublished data.

<sup>7</sup> American Society of Heating Refrigerating and Air-Conditioning Engineers, Addenda 2015 Supplement: Ventilation for Acceptable Indoor Air Quality. 2015.

<sup>8</sup> American Society of Heating Refrigerating and Air-Conditioning Engineers ASHRAE Position Document on Environmental Tobacco Smoke. 2013.

Because this bill does not include a stand alone requirement for a premises licensed for a temporary event license or cannabis club certification, marijuana smoking may occur in a building where other businesses are co-located and share walls and ventilation systems. This may result in the involuntary exposure of employees and the public to secondhand marijuana smoke. Results from laboratory testing under standard conditions found that secondhand marijuana smoke contained more than twice as much tar and ammonia as tobacco smoke, and more than eight times as much hydrogen cyanide<sup>9</sup>. Additionally, in controlled experiments, nonsmokers were placed in proximity to marijuana smokers, and their blood and urine tested positive for THC three hours after exposure<sup>10</sup>.

The intention of the ICAA is to protect employees, as well as the public, from the dangers of secondhand smoke. Creating exemptions, like allowing cannabis clubs to allow indoor smoking or vaping, threaten to weaken the law and encourage exemptions to allow additional smokeshops, cigar bars, and hookah lounges. Additionally, exemptions that allow one type of product to be used is confusing for both the public, and enforcement of the law.

For these reasons, we urge you to oppose SB 639. Thank you for the opportunity to speak with you today.

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<sup>9</sup> Wang X, Derakhshandeh R, Liu J, et al. (2016) One Minute of Marijuana Secondhand Smoke Exposure Substantially Impairs Vascular Endothelial Function. J Am Heart Assoc, 5(8)

<sup>10</sup> Herrmann, E., et al., Non-smoker Exposure to Secondhand Cannabis Smoke II: Effect of Room Ventilation on the Physiological, Subjective, and Behavioral/Cognitive Effects. Drug and Alcohol Dependence, 2015. 151: p. 194-202.