Good afternoon, Chair Prusak and members of the committee. For the record, my name is Sarah Lochner, Executive Director of the Coalition of Local Health Officials, representing Oregon's 32 local public health directors.

Generally, the war on tobacco can be traced back to 1964, when Luther Terry, the surgeon general, formally endorsed the idea that smoking was "causally" related to lung cancer in the first report of the Advisory Committee on Smoking and Health. By that time, tobacco companies had successfully made smoking a part of American culture, and smoking rates had been rising for decades.

Now, **58 years later**, of course, we know that **cigarette smoking** is the leading cause of preventable death in the United States – causing more than 480,000 deaths each year in the United States alone. This is nearly one in five deaths.

Indoor smoking bans, the ones that make TV and movies of the 1960s and 70s filled with chain smokers seem so anachronistic today, have been one of our most powerful tools in the fight against smoking. The primary goal of these prohibitions, like Oregon's Indoor Clean Air Act, is to thwart the hazardous effects of secondhand smoke on nonsmokers. But these bans have a powerful cultural effect as well, as Stanton Glantz, a professor at the University of California–San Francisco, reminds us when he says that "the way that tobacco companies sell the product, recruit people for the product, and keep the product going is by making it a social norm. What smoke-free policies do, in addition to protecting people from secondhand smoke, is really change the underlying social dynamic." The precise effect of these bans may be difficult to determine, but Glantz points to studies suggesting that bans ultimately have the same effect as hiking the per-pack cost of cigarettes by $4.[1]

This aligns with my personal experience. When I was an undergraduate in architecture school, me and my classmates worked in our on-campus classrooms late into the night. Every couple of hours, the smokers would gather on the front steps of the building and

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[1] Source:
https://www.milbank.org/quarterly/articles/winning-thewar-tobacco-public-cynicism/?gclid=CjwKCAiA866P
BhAYEiwANkIneE8g8CX-WRB9OoCpVKbWT7HZ0ySgIepPxxqPUr88fVgweu4iGNZjBBoC9qoQAvD_Bw
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collectively take a smoke break. I realized I was missing out on key social time, and so I tried taking what I then called "a smokeless smoke break." I did it approximately twice because, as a non-smoker, I was pretty miserable standing out in the cold, breathing secondhand smoke which I abhor, and trying to insert myself into an already established social group.

If those students had to stand 25 feet away from the building, further exposed to the wind, rain, and snow, smoking would've been a little less fun and perhaps, fewer cigarettes would've been smoked. The social norm would've started to break down.

Studies show that making something even *a little more* inconvenient has a big impact on human habits.

And other studies demonstrate that increasing the buffer zone from 10 feet to 25 feet has a big impact on nonsmokers' exposure to secondhand smoke.

As such, the Coalition of Local Health Officials supports HB 4101. It is our goal to extinguish preventable deaths, to improve population health, and to eradicate health inequities. Because smoking is still our #1 cause of preventable death, anything and everything we as a state can do to decrease smoking and exposure to secondhand smoke is a step in the right direction.

Thank you for the opportunity to provide testimony today. I'm happy to answer any questions.

Sincerely,
Sarah Lochner
Executive Director
Oregon Coalition of Local Health Officials (CLHO)