Health Department



March 27, 2017

House Committee on Health Care 900 Court St. NE – HR E Salem, Oregon 97301

Re: HB 3345: Expanding ICAA definition of "public place" to include common areas of commercial residential buildings and residential buildings with two or more rental units.

Chair Greenlick and members of the committee; I am Tricia Tillman, the Public Health Director for Multnomah County Health Department. Thank you for the opportunity to testify in support of House Bill 3345. This bill provides further clarification on where smoking and inhalant use are prohibited, which can support reductions in exposure to secondhand smoke (SHS) and vapor.

While common spaces in multiunit housing (or commercial buildings with dwelling units) are already covered under the Indoor Clean Air Act, this bill supports better communication between residents and property owners about where smoking and inhalant use are prohibited.

This bill additionally extends the current setback of 10 feet to 25 feet. Providing a 25-foot setback supports and compliments properties and outdoor venues that have adopted 100% smoke-free property policies, or have existing larger setbacks, including City of Portland which has a 50 foot setback¹, by denormalizing smoking. This bill would protect the health of a larger number of employees and the public by further reducing the exposure of SHS in public places and worksites.

There is evidence that outdoor tobacco secondhand smoke can be detected at distances greater than 10 feet. For example, one study looking at SHS particulates in various outdoor areas found that the SHS particulates are still present over 10 feet away from outdoor cafes where smoking is allowed.² Expanding the set back from buildings to 25-feet could reduce SHS drift into enclosed areas and reduce exposing employees and the public.

Extending protections against SHS and vapor exposure is an issue of equity. Secondhand smoke exposure is higher among people with low incomes. During 2011–

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¹ City of Portland, Charter, Codes, and Policies, Chapter 8.65.020 - Smoking. Assessed 3/24/17 at https://www.portlandoregon.gov/citycode/?c=28824.

² Klepeis, et al. (2007) Real-Time Measurement of Outdoor Tobacco Smoke Particles J. Air & Waste Manage. Assoc. 57:522–534

2012, more than 2 out of every 5 (43.2%) nonsmokers who lived below the poverty level were exposed to secondhand smoke.³

As we all know, secondhand smoke has been linked to lung cancer, heart disease, and stroke in adult non-smokers, and respiratory infections, ear infections, and asthma attacks in infants and children.⁴ This is why Oregon established the Indoor Clean Air Act; to protects families, children, seniors and workers from secondhand smoke, which is responsible for more than 650 deaths annually in Oregon.⁵ By decreasing exposure to secondhand smoke, this bill can save lives.

Thank you for the opportunity to provide testimony in support of HB 3345 today. I encourage you to take action to protect our public's health. I am happy to respond to any questions you may have.

Tricia Tillman
Public Health Director
Multnomah County Health Department

³ Centers for Disease Control and Prevention. Vital Signs: Disparities in Nonsmokers' Exposure to Secondhand Smoke—United States, 1999–2012. Morbidity and Mortality Weekly Report 2015;64(4):103–8 [accessed 2017 Feb 21]

⁴ Centers for Disease Control and Prevention. Health Effects of Secondhand Smoke. Accessed on March 24, 2017: https://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/health_effects/

⁵ Oregon Health Authority. 2013 Oregon Tobacco Facts: Secondhand Smoke. Accessed on March 24, 2017:

http://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/Documents/tobacco_facts/second hand smoke.pdf