

## May 16, 2017 Joint Committee on Marijuana Regulation Opposition of SB 307 and -1 amendment

The Coalition of Local Health Officials (CLHO) represents the 34 local health departments in Oregon who work to protect the public's health. The Coalition of Local Health Officials opposes SB 307 and the -1 amendment because it would weaken the Indoor Clean Air Act (ICAA) leading to an increased exposure to secondhand smoke, and would allow public smoking in licensed venues potentially changing social norms about the use of marijuana.

The two major concerns are the -1 amendment will allow the use of marijuana indoors or create confusion as to who and how compliance with the Indoor Clean Air Act would take place.

The -1 amendment creates more questions than answers in the following areas. Section 2(3)(d) does not make it clear that designated areas for inhalant use must be in compliance with the Indoor Clean Air Act (ICAA). Section 2(3)(e) references the definition of "public places" from ORS 433.835, the Indoor Clean Air Act. This does not explicitly allow smoking on patios, away from the public view or out of site of the public.

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.

It is also unclear who would enforce violations of the law, local law enforcement or local public health authorities. Currently, if the public has a compliant against a bar for smoking indoors they would contact their local public health authority. Local public health authorities do not have the resources to respond to complaints about social consumption of marijuana.

The lack of clarity in the -1 amendment may also lead to an interpretation allowing private cannabis clubs increasing exposure to secondhand marijuana smoke for workers. Research indicates that secondhand marijuana smoke is not harmless. Both first-hand and secondhand marijuana smoke contains many of the same cancer-causing chemicals as tobacco smoke<sup>i</sup>, and there is no evidence that ventilation of smoke within enclosed areas is effective in mitigating health effects. Smoking lounges, or cannabis cafes, would expose workers to secondhand exposure during the whole shift. Furthermore, when asked, 83% of adult Oregonians agree that people should be protected from secondhand smoke.<sup>ii</sup>







Proponents of the -1 amendment have stated this is needed due to the number of rental units in communities throughout Oregon. However, we would be concerned about how many cannabis cafes, lounges or patios may be located in low-income communities and expose low-income children to marijuana. Previous exemptions to the ICAA allowing smoke shops led to an increase in hookah lounges and the prevalence of youth hookah smoking.<sup>iii</sup> Exemptions to the ICAA will potentially increase youth exposure to advertising and the promotion of marijuana products. Furthermore, early marijuana use is associated with greater risk of addiction and greater potential harm to brain function.<sup>iv</sup>

Lastly, there are no local marijuana prevention funds to combat health the additional health hazards posed by cannabis lounges. It is important that we consider the impact of our environments on the most vulnerable and take the necessary actions to protect child and adolescent health.

For these reasons and many others we would encourage the committee to look to SB 308 and establish a broad task force to look at all of these issues before moving forward on this issue. The Coalition of Local Health Officials strongly supports a task force and encourages the Committee to look at that as an option for this issue.

To protect Oregon's youth and workers from the harmful impacts of marijuana exposure, the Coalition of Local Health Officials urges the Oregon Legislature to oppose Senate Bill 307 and the -1 amendment.





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Oregon Health Authority, Public Health Division, Health Promotion and Chronic Disease Prevention section. Panel Survey, fall 2016.

<sup>&</sup>lt;sup>III</sup> Morris DS, Fiala SC, Pawlak R. Opportunities for Policy Interventions to Reduce Youth Hookah Smoking in the United States. Prev Chronic Dis 2012;9:120082.

<sup>&</sup>lt;sup>iv</sup> Seth Ammerman, Sheryl Ryan, William P. Adelman. The Impact of Marijuana Policies on Youth: Clinical, Research, and Legal Update. Pediatrics. Volume 135, Issue 3.