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February 14, 2017

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

FROM: Katrina Hedberg, State Health Officer
Office of the Director
Public Health Division
Oregon Health Authority

Subject: SB 308, Establishes Task Force on Social Consumption of Cannabis

Co-Chairs Burdick and Lininger and members of the committee, I am Dr. Katrina Hedberg, the State Health Officer for the Oregon Health Authority. I am here today to present information related to SB 308, which establishes a task force to recommend policy changes that would allow public consumption of marijuana in Oregon by examining current state law, particularly Oregon's Indoor Clean Air Act (ICAA).

The ICAA is Oregon's Smokefree Workplace Law. It protects nearly every Oregonian from the health risks of secondhand smoke. Passed in 2001, the ICAA was a major accomplishment for the health of all Oregonians, offering a real opportunity to improve health and to reduce health care costs from tobacco-related diseases like cancer, heart disease and stroke. The ICAA continues to offer critical protections now that will result in reduced deaths later. In 2015, the legislature expanded the ICAA 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 308 requires the task force to "identify legal barriers to the lawful consumption of cannabis in social settings in this state, such as the Indoor Clean Air Act." However, the appointments to the Task Force do not include representation from the Oregon Public Health Authority's Public Health Division. Having an OHA public health representative on the Task Force is essential, as this will keep secondhand smoke exposure and other important health considerations at the forefront of the conversation.

Oregon's Indoor Clean Air Act works. According to data from the Behavioral Risk Factor Surveillance System (BRFSS), exposure to secondhand smoke among employed

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Oregon adults has decreased by 45% from 2001 (before ICAA implementation) to 2015 (after implementation).¹

The Public Health Division is accountable for protecting and promoting the health of all Oregonians. Participating in this Task Force will help protect Oregonians by ensuring that potential health impacts are considered as this Task Force develops its recommendations.

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

¹ Oregon Health Authority, Public Health Division, Health Promotion and Chronic Disease Prevention Section. Behavioral Risk Factor Surveillance System (BRFSS). 2016. [unpublished data]