



Health Department

March 13, 2019

House Committee on Economic Development
900 Court St. NE - HR B
Salem, Oregon 97301

Re: HB 2233 - Relating to marijuana

Chair Lively, Vice-Chairs Bonham and Fahey, and members of the Committee,

As the Deputy Health Officer for Multnomah County Health Department, I am submitting this testimony in opposition to HB 2233.

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. 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 effects¹.

Since legalization, according to Oregon Student Wellness survey, youth's perception of harm from cannabis in Multnomah County is 10% lower across all ages. In addition, 30 day use of Cannabis of 11th graders (in Multnomah county) has increase by 4% since legalization. The increased normalization that would accompany social cannabis clubs could further increase the amount of cannabis used by individuals under the age of 21. Multnomah County has taken this issue seriously and focused cannabis prevention messaging to schools and youth, providing workshops and presentations on facts on cannabis, adolescent brain development, and media literacy.

As written this bill also 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.

¹ 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.

HB 2233 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 and employees from exposure to secondhand smoke and vapor. The health risks of secondhand tobacco smoke are well established², and secondhand marijuana smoke contains many of the same chemicals and carcinogens as secondhand tobacco smoke³. 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 vapor⁴.

Although HB 2233 requires 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 devices⁵. ASHRAE concluded that ventilation systems cannot eliminate ETS⁶. 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.

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 cyanide⁷. Additionally, in controlled experiments, nonsmokers were placed in proximity

² 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.

³ 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

⁴ Online Panel Survey (2018) Oregon Health Authority. Unpublished data.

⁵ American Society of Heating Refrigerating and Air-Conditioning Engineers, Addenda 2015 Supplement: Ventilation for Acceptable Indoor Air Quality. 2015.

⁶ American Society of Heating Refrigerating and Air-Conditioning Engineers ASHRAE Position Document on Environmental Tobacco Smoke. 2013.

⁷ 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)

to marijuana smokers, and their blood and urine tested positive for THC three hours after exposure⁸.

The intention of the ICAA is to protect employees and the public from the dangers of secondhand smoke. Creating exemptions, like allowing temporary events 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 allowing use of one type of product is confusing for the public and enforcement of the law.

Thank you for your consideration.

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⁸ 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.