



Public Consumption Of Cannabis Policy In Clackamas County

A Health Impact
Assessment Of Health,
Equity And Social Impacts



CLACKAMAS
COUNTY

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The views expressed in this report do not necessarily reflect the official policies or perspectives of Clackamas County or partner organizations.

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Executive Summary

Evaluating Impacts of State Public Consumption of Cannabis in Clackamas County

Public consumption of cannabis is currently illegal in Oregon. Instead, the State's legalization policy permits cannabis use in private residences only. Cannabis advocates argue that this creates inequities in access for people living in rental housing, specifically low-income renters, who do not have access to private space (such as a backyard, patio, or owned residence) where cannabis is allowed. Furthermore, the repercussions for illegal public consumption of cannabis have fallen disproportionately on communities of color through over policing and racial profiling practices.

Policies that allow consumption of cannabis at public venues are seen as a possible solution to these issues, but also come with trade-offs. Places where public consumption is allowed, either indoors or outdoors, expose more people to secondhand cannabis smoke, normalizes use among youth, and increases the likelihood someone may drive under the influence of cannabis traveling to and from these locations. Due to the novelty of this policy, there is limited information on which to develop an evidence-based position.

This health impact assessment (HIA) evaluates the question "What are the health, social and equity implications of public consumption of cannabis in Clackamas County?" to proactively address an emerging public health issue while building a practice of evidence-based policy making. Recommendations have been crafted based on findings from this assessment, which include:



A **policy scan** of relevant local, state and national practices related to public consumption of cannabis and a **literature and data** review of linked health outcomes.



24 stakeholder interviews across multiple sectors in Clackamas County gauging concerns related to public consumption policy and thoughts on mitigations.



A framing analysis to distill core perspectives and talking points of **85 public testimonies** submitted on House Bills containing public consumption of cannabis policy.

Legislative Takeaways

In the 2019 and 2021 Oregon legislative sessions, bills proposing the lawful consumption of cannabis in various formats and venues of public consumption were introduced. These have included allowing public consumption at cannabis cafes, cannabis farm tastings, and permitting

consumption at temporary events and licensed cannabis retail locations. The notable difference between 2019 and 2021 was the form cannabis could be consumed. All forms of consumption were allowed in 2019; smoking and vaping were not allowed indoors in 2021.

HB 2233 & SB 639 (2019)

1. Legalizing **cannabis consumption cafes** to:
 - A. Allow retailers to add all forms of tasting and consumption spaces to their businesses
 - B. Allow stand-alone cafes where consumers can share their own cannabis products
2. Create **temporary event licenses** that allow for regulated cannabis consumption spaces at public events
3. Create **opportunities for farm tourism** that allows for sales and consumption to occur on licensed cannabis farms, emulating the winery model and bringing a new revenue stream for licensed farmers
4. Allow for **new business models** such as cannabis spas and bud and breakfasts, and create opportunities for more business development and more tourism dollars to flow into Oregon
5. **Expand deliveries** to participating hotels and temporary residences

HB 3112 (2021)

1. Provision of free, automatic **expungement of qualifying cannabis crimes**
2. **Investment of cannabis tax dollars** into BIPOC businesses, to programs focused on land ownership, job training, wealth creation, and reducing racial disparities in education outcomes
3. Creation of an **Equity Investment Governing Board** to provide equity oversight for the state
4. Creation of **equity licenses** to support BIPOC cannabis business owners that would include:
 - A. License fee reduction and dedicated staff at OLCC to support processing times
 - B. Provision of capital and technical support to address funding and resource inequities
 - C. **On premise consumption (smoking and vaping prohibited indoors) and expanded delivery licenses exclusive to equity licenses** for a period of ten years

During both sessions, a majority testimony was submitted in support of the bills. However, because the policy levers within each bill were significantly different, the stakeholders, conversations and concerns shifted between sessions:

- **Stakeholders.** During the session for HB 2233, testimony came from cannabis businesses, citizens, government agencies, and community based and health advocacy groups. During the session for HB 3112, testimony was largely submitted from lawyers and academic institutions, as well as the same stakeholders for HB 2233. Fewer health advocacy groups testified in HB 3112. This may have been a product of the COVID-19 pandemic, which limited participation from the health field.

- **Conversations.** Testimonies in support of HB 3112 reflected the leading issues in the bill that centered racial equity and justice versus HB 2233 that focused on the consumption of cannabis at public events and venues. Frames around equity almost entirely shifted to center communities of color in HB 3112 as opposed to low-income renters in HB 2233.
- **Concerns.** Despite the increase in the overall amount of testimony submitted between sessions, the oppositional testimony decreased by almost 50% during the 2021 session. Fewer people brought up the risks of public consumption of cannabis associated with driving under the influence of cannabis, impacts to youth and mental health, and exposure to secondhand smoke since smoking and vaping were not permitted. The opposition instead shifted to application of the racial equity lens.

Stakeholder Interview Findings

The stakeholders interviewed in 2019 for this HIA represented a wide range of sectors that intersect with cannabis and provide varied perspectives. They noted present concerns of current cannabis consumption related to mental health, including disproportionate impacts on youth and the potential to worsen certain conditions, such as depression and anxiety. Current use as a gateway to using other substances was also mentioned by several participants. Some stakeholders shared they did not have any present concerns regarding cannabis impacting their sector.

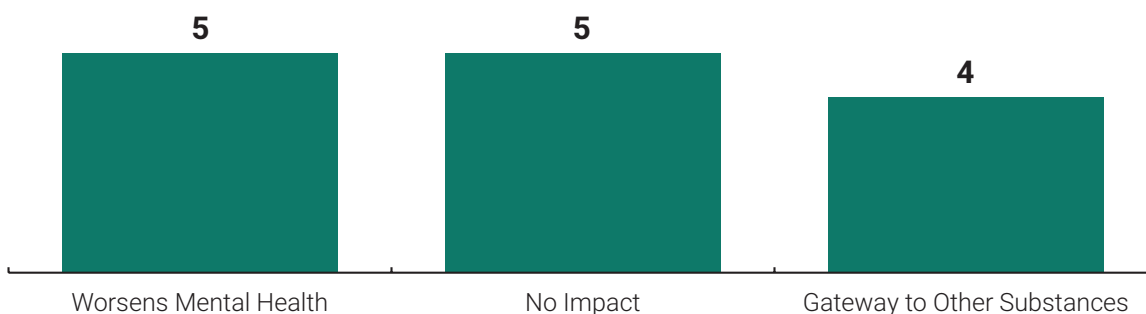


Figure 1. Stakeholders' Top Present Concerns of Cannabis Use

Stakeholders thought public consumption policy would increase normalization, decrease road safety, and increase use.



Figure 2. Stakeholders' Top Future Short-Term Concerns of Public Consumption Policy

Anticipated Impacts

Based on stakeholder interviews, legislative conversations and best available evidence, below is a summary of the possible impacts in Clackamas County from a state public consumption policy. Because of the novel nature of public consumption, additional unanticipated impacts are possible.

Health

- A consumption policy that allows the public smoking of cannabis poses an environmental health threat to neighboring residents and employees at public consumption sites. There is no level of safe exposure to primary or secondhand smoke.
- Based on the rural nature of the county, public consumption locations are likely to be dispersed. This would require visitors to reach them using a personal vehicle, which could increase instances of driving under the influence and thus threaten the safety of pedestrians and other road users.
- Heavy cannabis use is connected to risk of worsening mental health conditions. Increasing access and normalization of cannabis in the county could complicate and worsen mental health trends.

Social

- The creation of destinations for public consumption of cannabis will have local, site-specific impacts in both urban and rural areas that will affect safety and livability.
- Rates of cannabis use by Clackamas County youth have held steady over the past years, while Oregon has seen increases in adult use. It is possible that youth use would increase through increased marketing exposure and normalization.
- Cannabis-related employment and tax revenue are likely to increase because of new sales opportunities.

Equity

- Leading with racial equity in the development of a public consumption policy can address past harms and support equitable distribution of economic benefits in the county.
- Additional work is needed to build stakeholder capacity to ensure health outcomes and cannabis access are not uneven in the county.

Recommendations

Decision makers should consider the full range of health risks and benefits of public consumption of cannabis. If public consumption policy is passed, the following recommendations offer strategies to mitigate potential harms and maximize benefits to improve health equity throughout Clackamas County:

- 1. Support and increase health equity-focused advocacy in cannabis policy development as legislation is being shaped.** There was a lack of health-focused

advocacy in the 2021 legislative session. State policy should cite and account for related health disparities and associated determinants.

2. **Adopt local regulations and zoning requirements to reduce the impact of public consumption of cannabis on neighborhood health.** Health-promoting policies need to intentionally shape the indoor and outdoor built environment to support healthy communities.
3. **Establish an equity lens to guide the development and evaluation of cannabis use and regulation.** Policies should consider communities disproportionately and negatively impacted by issues associated with substance use and other related health harms. The topic of equity was notably absent in Clackamas County stakeholder interviews, with concerns about disproportionate impacts only surfacing in three of 24 interviews.
4. **Dedicate funding and resources for systems to promote safety and limit driving under the influence of cannabis.** Creating public consumption spaces induces a need for travel. Current land use and zoning make driving the easy choice. Given the already growing number of crashes involving some form of substance, additional safety efforts are needed.
5. **Develop public information materials on lower risk cannabis use, cannabis consumption types and the impacts of secondhand cannabis smoke exposure.** As cannabis normalization and use continue to grow, so too must related health and safety education and awareness efforts.
6. **Create strong accountability mechanisms to ensure benefits to historically marginalized groups are maintained for the lifespan of public consumption policy.** Past renditions of policies have had limited evaluation components to ensure disparities are being reduced.
7. **Advocate for the use of cannabis tax revenue for local interventions to support livability and reduce unintended impacts on the surrounding area.** Neighborhoods with higher densities of low-income and BIPOC communities are at risk of being disproportionately saturated with venues allowing public consumption.
8. **Establish partnerships with local researchers to translate evidence to policies, systems, and environments that promote healthy communities and advocate for research in rural settings.** Research on the relationship between cannabis use and health outcomes is limited. Establishing relationships with local research partners is key to developing relevant and actionable evidence.

Introduction

Cannabis is classified as illegal in the United States under federal law, but the policy landscape is rapidly changing at the local level as states move to enact decriminalization and legalization laws. Washington and Colorado were the first states to legalize adult recreational use in 2012.¹ Oregon followed suit when voters approved Measure 91 in 2014. As of July 2021, 18 states have legalized adult recreational use, 27 states have decriminalized small amounts of cannabis and 47 states have some form of state regulated cannabis program.²

Since these decisions were made almost a decade ago, public perception of cannabis has shifted. A majority (91%) of Americans think cannabis should be legal for either medical or recreational use (59%) or medical use alone (32%). The growth in public support for legal cannabis has doubled between 2000 and 2019.³ In Oregon, reported rates of current cannabis use among adults doubled from 11.6% in 2014 to 24.8% in 2021, and 62.1% of adults have ever used cannabis.⁴

As states legalize cannabis to various degrees, advocates and critics have formed opposing platforms that either endorse or warn of the effects of cannabis policies. Supporters say legalization frees up police resources for other matters, boosts the economy and tax revenue, and improves public health. Opponents argue that it leads to additional substance use, increases crime, and harms community health and well-being. Despite the growing body of evidence on the experience of states with legalized cannabis policies, researchers remain hesitant to make definitive conclusions on impacts because of the persistent limitations in data.⁵ Most existing studies are observational in design, and regulatory and funding barriers hamstringing researchers in evaluating the full range of impacts of the quickly growing and diversifying supply of cannabis products and systems.⁶

The Overton Window + Health Impact Assessment

The Overton Window is a metaphor that describes the range of policy ideas that are politically acceptable to the general population at a given time. The concept suggests politicians can only support policies that fall within this range. Shifting the Overton Window is dependent on new ideas, social movements, and shared values in society.

Cannabis policy demonstrates a prime example of shifts in the Overton Window. Public perception of cannabis has changed dramatically over the past 20 years, enabling new policy ideas and concepts to become feasible. Contributing health evidence to this shift supports health-promoting policy.

Growing acceptance and business opportunities have catalyzed the growth and expansion of the cannabis industry. Over \$10M was spent between 2019 and 2021 on cannabis lobbying in the U.S.⁷ One such policy approach gaining traction in the United States expands the use of cannabis by permitting consumption in public spaces.⁸

Due to the novelty of public consumption policies, there is limited information on which to develop an evidence-based position. This health impact assessment aims to characterize the effects of legislation that would permit public consumption of cannabis in Clackamas County and provide recommendations to mitigate negative health impacts and maximize positive ones.

The Issue: Public Consumption of Cannabis

Legalization policy has permitted cannabis use in private residences. Cannabis advocates argue that this creates inequities in access for people living in rental housing, specifically low-income renters, who do not have access to private space (such as a backyard, patio, or owned residence) where cannabis is allowed. Furthermore, the repercussions for illegal public consumption of cannabis have fallen disproportionately on communities of color through over-policing and racial profiling practices.

Policies that allow the public consumption of cannabis at public venues are seen as a possible solution to these issues, but also come with challenges. Places where public consumption is allowed, either indoors or outdoors, exposes more people to secondhand cannabis smoke, increases youth exposure to advertising, and increases the likelihood someone may drive under the influence of cannabis traveling to and from those locations.

As of September 2022, 10 states have passed laws allowing public consumption of cannabis.⁵⁹ Research conducted in 2020 showed that, of the states that allowed public consumption at the time—Alaska, California, Colorado, Illinois, Massachusetts and Michigan—each had previously passed indoor clean air acts. Massachusetts was the only state among the group that did not allow public use of combustible cannabis products indoors. States attempt to mitigate the exposure to secondhand smoke by including requirements for businesses such as separation between smoking and nonsmoking areas, smoke-free areas for employees to observe on-site consumption, and controls for outdoor odor and customer visibility.⁹

In these states, local governments must approve the licensing of businesses allowing on-site consumption and may enact stricter laws than adopted at the state level, such as indoor smoking bans, although few localities had done so. As of June 2020, 56 localities allow on-site consumption of cannabis; however, the approach to legal requirements and local codes for business design and operation vary widely. While Massachusetts allows localities to pass laws permitting the use of public consumption of non-combustible cannabis (i.e., edibles), none had done so as of June 2020.⁹

Control and Design Features	Localities
Odor control at property line	59%
No smoking separation requirements	52%
Ventilation or filtration system required	38%
Consumption of tobacco prohibited onsite	29%
Smoking only in isolated rooms	23%
Restrictions placed on adult-use and/or medicinal smoking, vaping, or ingestion	20%
Smoking in separate but not isolated spaces	16%
Business must be in freestanding building	14%
Indoor consumption only	13%
Indoor smoking ban	9%
Outdoor consumption only	5%

Table adapted from Emerging Indoor Air Laws for Onsite Cannabis Consumption Businesses in the U.S. (Thomas L. Roterig, Lauren K. Lempert, Stanton A. Glantz).

Table 1. Control and Design Features of Public Consumption of Cannabis Laws Passed by 56 Localities in Alaska, California, Colorado, Illinois and Michigan as of June 2020.

The most restrictive laws, such as banning indoor smoking or only allowing outdoor consumption, were the least represented.

Public Consumption Policy in Oregon

Public consumption is not currently legal in Oregon. Oregon Revised Statute 475B details the time, place and manner of cannabis sales and use. Cannabis cannot be sold, smoked, vaped or used in a public place. Chapter 475B defines a public place as:

“... a place to which the general public has access and includes, but is not limited to, hallways, lobbies, and other parts of apartment houses and hotels not constituting rooms or apartments designed for actual residence, and highways, streets, schools, places of amusement, parks, playgrounds and premises used in connection with public passenger transportation.”

Legislation Introduced (2019)

In 2019, the New Revenue Coalition / Oregon NORML (National Organization for the Reform of Marijuana Laws) announced efforts to pass legislation that would legalize public consumption of cannabis in Oregon.¹⁰ HB 2233 and SB 639 were drafted to provide regulation by the Oregon Liquor and Cannabis Commission of the consumption and sale of cannabis and cannabis paraphernalia at cannabis lounges and endorsement to consume marijuana at “temporary events,” such as concerts, festivals, recreational and day-use facilities, and similar venues that require temporary venue permits. The two bills were similar, with the notable difference being that SB 639 did not authorize cannabis smoking indoors.¹¹

The bill met significant opposition from advocates who elevated its public health impacts and direct violation of the Indoor Clean Air Act.¹² There was one public hearing held on HB 2233 in the House Economic Development Committee and one held on SB 639 in the Senate Business and General Government Committee. Neither bill advanced beyond these hearings.¹³

HB 2233 & SB 639 (2019)

1. Legalize **cannabis consumption cafes** to:
 - A. Allow retailers to add all forms of tasting and consumption spaces to their businesses
 - B. Allow stand-alone cafes where consumers can share their own cannabis products
2. Create **temporary event licenses** that allow for regulated cannabis consumption spaces at public events
3. Create **opportunities for farm tourism** that allows for sales and consumption to occur on licensed cannabis farms, emulating the winery model and bringing a new revenue stream for licensed farmers
4. Allow for **new business models** such as cannabis spas and bud and breakfasts, and create opportunities for more business development and more tourism dollars to flow into Oregon
5. **Expand deliveries** to participating hotels and temporary residences

Legislation Introduced (2021)

In 2021, the Cannabis Equity Political Action Committee introduced the Equity Investment Act (HB 3112). The bill included policies and programs designed to build wealth in communities of color, address historic harms caused by cannabis policy to those communities, and increase market diversity in the cannabis industry.^{14, 15}

HB 3112 resurfaced provisions to allow both indoor and outdoor public consumption of cannabis at licensed sites when first introduced. Through the amendment process, the language allowing smoking and vaping of cannabis indoors was removed to comply with the Indoor Clean Air Act.

HB 3112 was profoundly different than the earlier public consumption bills by heavily focusing on equity. The bill made “equity licenses” available exclusively to groups that faced barriers to entering the cannabis industry, such as low-income residents and BIPOC community members. These same groups also had exclusive rights to obtain cannabis on-premises consumption licenses. Current and prospective business owners eligible for the equity license (low-income residents who have been convicted of a cannabis-related crime or BIPOC community members) had exclusive rights to this offering. This equity licensing program was to last until at least January 2028, at which point public consumption licenses would be made available to the

cannabis business community at large. There were four public hearings before HB 3112 was referred to the Joint Committee on Ways and Means where it did not advance further.

HB 3112 (2021)

1. Provision of free, automatic **expungement of qualifying cannabis crimes**
2. **Investment of cannabis tax dollars** into BIPOC businesses, to programs focused on land ownership, job training, wealth creation, and reducing racial disparities in education outcomes
3. Creation of an **Equity Investment Governing Board** to provide equity oversight for the state
4. Creation of **equity licenses** to support BIPOC cannabis business owners that would include:
 - A. License fee reduction and dedicated staff at OLCC to support processing times
 - B. Provision of capital and technical support to address funding and resource inequities
 - C. **On premise consumption (smoking and vaping prohibited indoors) and expanded delivery licenses exclusive to equity licenses** for a period of ten years

HIA Purpose and Background

What is a Health Impact Assessment?

A health impact assessment (HIA) is a six-step process to evaluate the potential health benefits and harms of a decision. It can be applied to a wide range of decisions, including proposed plans, projects, programs, or policies. The systematic process (see graphic) uses a variety of data sources and methods to understand the potential effects, and distribution of those effects, on the health of a community. HIAs result in a set of recommendations to improve the outcome of a decision by considering and advancing health, safety and equity.

Purpose of this Health Impact Assessment

This HIA aims to characterize the effects of legislation that would permit public consumption of cannabis in Clackamas County and provide recommendations to both mitigate negative health impacts and maximize positive ones. The primary research question for this assessment is: **What are the health, social and equity implications of public consumption of cannabis in Clackamas County?** The report and recommendations from this HIA are intended to inform Clackamas County residents and decision makers, State Legislators, and the Oregon Health Authority as a public consumption policy is contemplated. It also aims to add to the knowledge base for local public health authorities across Oregon and serve as a starting point for conversations to build local capacity around this issue.

6 Steps of the HIA Process



Clackamas County Public Health Division

The Clackamas County Public Health Division (CCPHD) is part of the Clackamas County Department of Health, Housing, and Human Services (H3S). Its mission is to protect and promote the community's health by advancing racial health equity, building partnerships, and establishing culturally responsive systems. The Center for Population Health within CCPHD leads the division's work on equity, policy, data and partnerships. Programming within the Center for Population Health include HIA consultation and the Tobacco Prevention and Education Program (TPEP).

The TPEP works to prevent and reduce tobacco use, promote smoke-free communities, reduce the influence of tobacco product marketing, and encourage tobacco users to quit. Oregon Health

Authority (OHA) Health Promotion Chronic Disease Prevention (HPCDP) funds Local Public Health Authorities (LPHAs), including Clackamas County, to enforce, expand and defend the Indoor Clean Air Act. Public consumption of cannabis is an emerging public health issue that falls within this scope.

Health Impact Assessment Methods

This HIA leveraged literature review, secondary data collection, stakeholder interviews, and a framing analysis to evaluate and determine priority health areas. The scope of these investigations was to understand potential impacts at the county level. The concept of public consumption was considered in its broadest policy sense as outlined in HB 2233. This included onsite consumption at retail locations, temporary events, and production sites.

Stakeholder Interviews



24 stakeholder interviews across multiple sectors in Clackamas County gauging concerns related to public consumption policy and thoughts on mitigations. Questions were sent to interviewees in advance. Each interview lasted between 30–60 minutes.

For the full interview methodology, interview questions, stakeholder list, and results analysis, see Appendix I.

Framing Analysis



A framing analysis to distill core perspectives and talking points of **85 public testimonies** submitted on House Bills containing public consumption of cannabis policy. Testimony submitted during the hearings held for HB 2233 in 2019 and HB 3112 in 2021 were downloaded from the Oregon Legislative Information System (OLIS) website. For each session, each testimony was read once to identify major themes, and then a second time to code those themes.

For the full analysis methodology and results analysis, see Appendix II.

Literature Review + Data Collection



A **policy scan** of relevant local, state and national practices related to public consumption of cannabis and a **literature review and data collection** of linked health outcomes.

The literature review was conducted throughout the HIA process and direction was informed by stakeholder interviews and framing analysis results.

Health Pathway Diagram

This HIA is scoped to answer the question **“What are the social, health and equity implications of public consumption of cannabis?”** as well as to proactively inform decision-makers and Clackamas County stakeholders on this emerging public health issue. The health pathway diagram shows the connections between public consumption of cannabis policy and health outcomes that are evaluated in this report. Mapping how policy decisions affect health outcomes sheds light on the opportunities to influence system design to improve health. It also demonstrates how benefits and burdens are distributed among different groups, creating an opportunity to advance equity through policy design.

All changes in the outcomes included in the health pathway diagram stem from the direct increase in public places to consume cannabis that public consumption policy would create, and the continued normalization of cannabis that would be advanced.

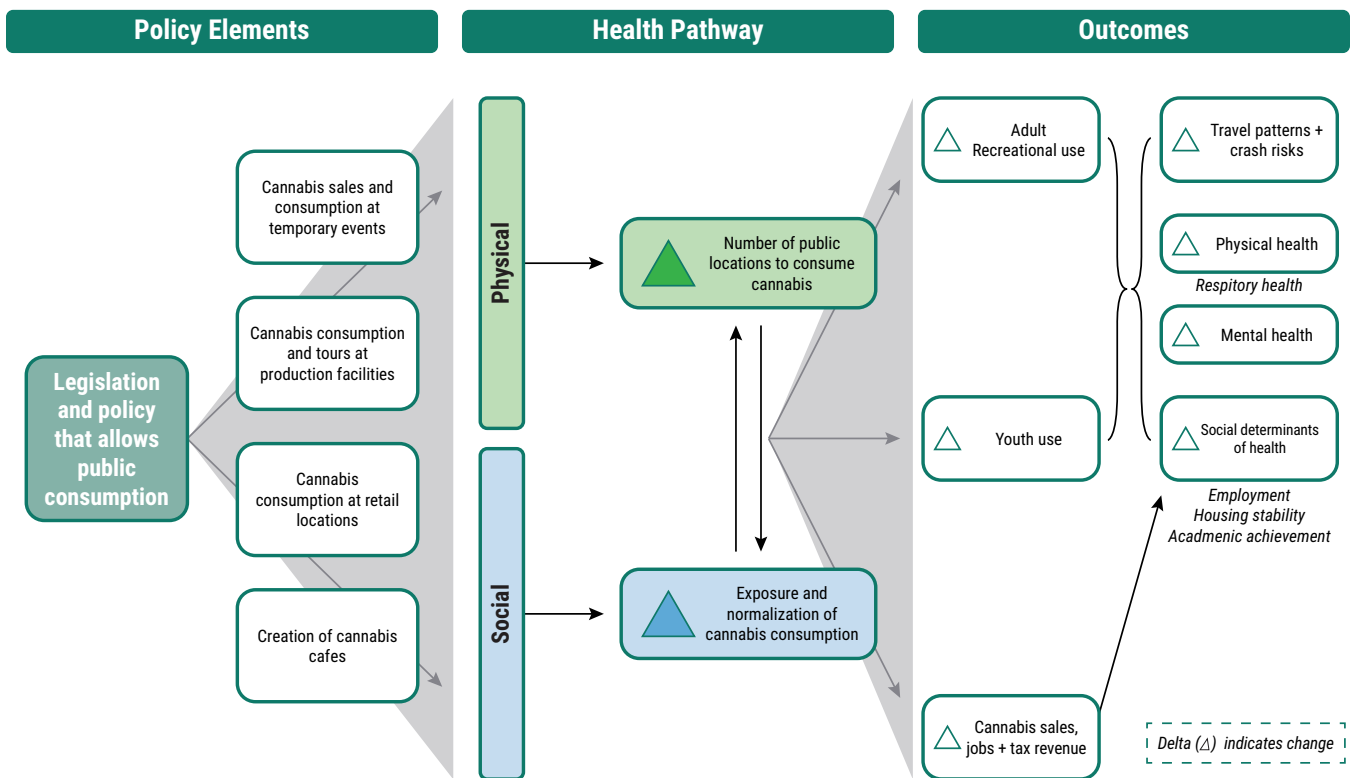


Figure 3. Health Pathway Diagram for Public Consumption of Cannabis Policy.

Key Terms and Concepts

Equity

Equity acknowledges that not all people, or all communities, are starting from the same place due to historic and current systems of oppression, and that different levels of support (by redistributing resources, power, and opportunity) are necessary to achieve more fair outcomes.

(State of Oregon Equity Framework)

Health Equity

When all people reach their full potential and do not face barriers because of social or economic class, race, ethnicity, religion, age, disability, gender identity, sexual orientation or other social conditions. Health equity addresses poor health outcomes across an entire system by engaging the root and overlapping causes of poor health such as racism, structural disadvantage and differential privilege.

(World Health Organization)

Targeted Universalism

Targeted universalism means setting universal goals pursued by targeted processes to achieve those goals. Within a targeted universalism framework, universal goals are established for all groups concerned. The strategies developed to achieve those goals are targeted, based upon how different groups are situated within structures, culture, and across geographies to obtain the universal goal.

(Haas Institute for a Fair and Inclusive Society)

Prevention Principle

When an activity raises threats of harm to human health or the environment, precautionary measures should be taken even if some cause-and-effect relationships are not fully established scientifically. This includes: (1) taking preventive action in the face of uncertainty, (2) shifting the burden of proof to the proponents of an activity, (3) exploring a wide range of alternatives to possibly harmful actions, and (4) increasing public participation in decision-making.

(Rio Declaration of 1992)

Cannabis (vs Marijuana)

The terms marijuana and cannabis are often used interchangeably but are different. Cannabis is a broad term that is used to describe the organic products that come from the Cannabis Sativa plant. This includes marijuana, as well as cannabinoids and hemp. Cannabis is the term adopted by the Oregon Public Health Division and the broader scientific community and is used broadly in this report.

Baseline Conditions

County Demographics

Clackamas County, in northwest Oregon, is one of the three counties that make up the Portland, Oregon metropolitan area. It occupies 1,870 square miles and includes 15 incorporated cities, 53 unincorporated communities and Census-designated places, and 5 hamlets and villages. Clackamas County is the third most populous county in Oregon. The 2023-estimated population is 428,168, which represents more than 13% growth since 2010.¹⁶

Most residents are between the ages of 25 and 74, and population percentages of those younger than 18 and older than 65 mirror the state of Oregon overall. The median age in the county is 42.5 years. The majority of the county is White (77.2%), followed by 2+ Races (9.48%) and Asian (5.95%), but the county has become more diverse over the last ten years. In comparison to the state, the county has a slightly larger White population (~5%) and slightly lower population of residents identifying as Some Other Race (~2.5%) but mirrors the racial demographic split otherwise.⁶

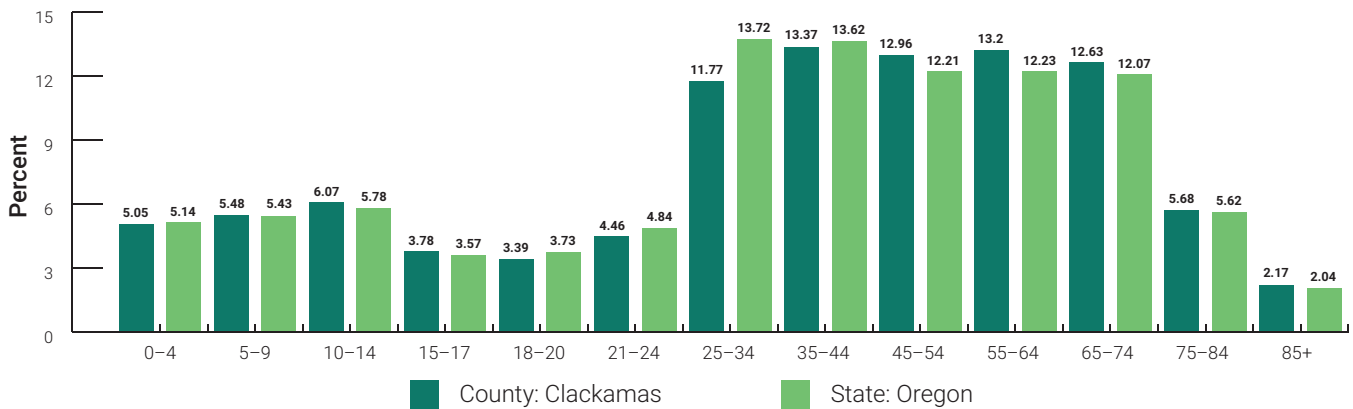


Figure 4. Population by Age.
Source: Claritas, 2023.

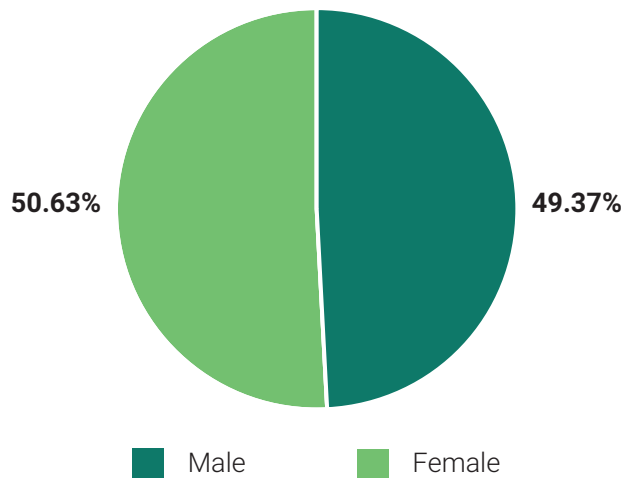


Figure 5. Clackamas County Population by Sex.
Source: Claritas, 2023.

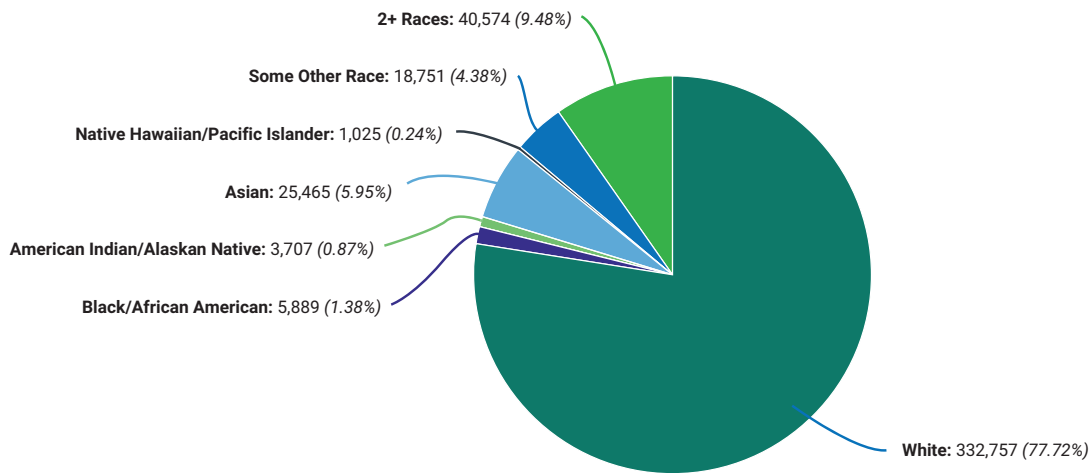


Figure 6. Clackamas County Population by Race.
Source: Claritas, 2023.

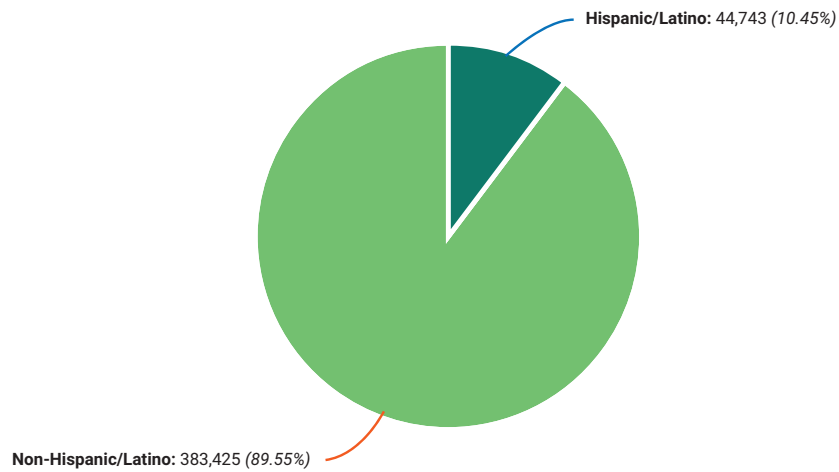


Figure 7. Clackamas County Population by Ethnicity.
Source: Claritas, 2023.

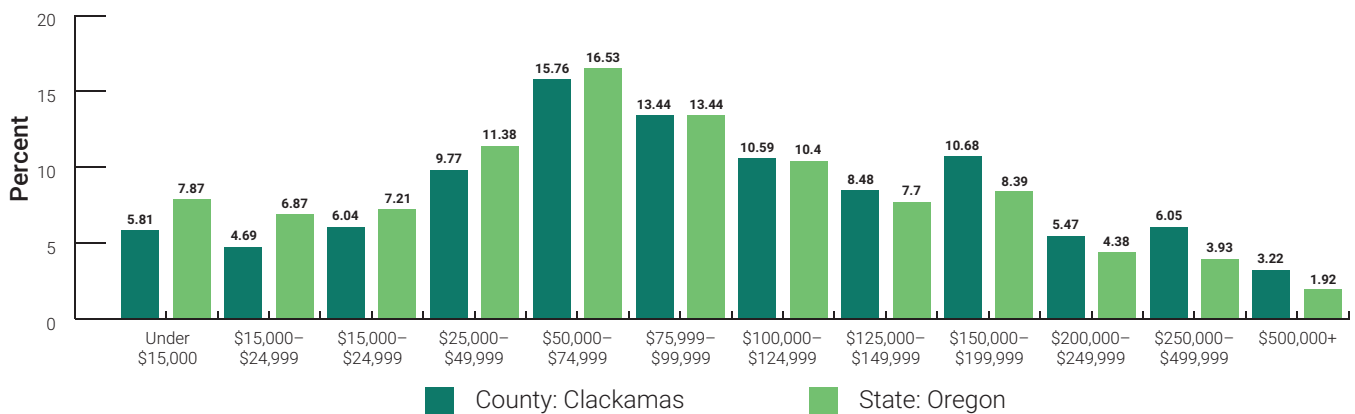


Figure 8. Population by Household Income.
Source: Claritas, 2023.

Clackamas County Cannabis Use Trends

Adult Recreational Cannabis Use

In 2018, 417,000 people were estimated to have used cannabis in the state of Oregon.¹⁷ Reported current cannabis use more than doubled in the state between 2014 (11.6%) and 2021 (24.8%). Adults who report current cannabis use in Clackamas County are predominantly between the ages of 18-34, male, low-income and White. Over half of the county reports having used cannabis ever.⁴

Adult Medical Cannabis Use

The Oregon Medical Marijuana program reported 22,690 patients across the state in July of 2021. Most patients are adult (99.4% 18+), male (57%) and use medical cannabis to treat either severe pain (87.4%), muscle spasms (21.4%), or PTSD (15.4%). Clackamas County reported 1,524 patients (6th largest in the state), 715 caregivers (3rd largest), 489 growers (4th largest), and 430 grow sites (4th largest).⁶¹

Youth Cannabis Use

Reported rates of cannabis use within the past 30 days in 8th graders and 11th graders across Oregon trended downward between 2018-2022. This trend also held true for Clackamas County. Rates in 8th graders fell from 6.4% in 2018 to 2.2% in 2022. In 11th graders, rates fell from 20.8% in 2018 to 13.8% in 2022.^{64, 65, 66} In 2023, the OLCC conducted 38 Minor Marijuana Decoy operations in Clackamas County to assess retailer compliance with minimum sales age restrictions. Four locations in Milwaukie, Welches and Clackamas sold to minors.⁶²

Cannabis Use by:	Clackamas County (2016-2019)		State of Oregon (2020)	
	Current [^]	Ever	Current	Ever
Overall	17.8%	56.1%	20.8%	59.6%
Age				
18-34	26.5%	66.3%	32.6%	64.3%
35-54	17.6%	57.4%	21.9%	63.6%
55-64	15.9%	67.1%	16.6%	68.2%
65+	9.1%	33.4%	9.7%	44.4%
Gender				
Female	15.1%	54.3%	17.9%	56.1%
Male	21.7%	58.6%	23.7%	63.2%
Income				
<20k	35.3%	60.1%	34.6%	65%
20k-50k	18.5%	54.5%	22.7%	61.2%
50k+	14.9%	59.8%	17.9%	62.1%
Ethnicity				
Latinx	13.5%	53.8%	18.4%	49.1%
Non-Latinx	18.3%	56.6%	20.9%	60.8%
Cigarette Smoker				
Current Smoker	n/a	n/a	44.1%	86.5%
Not a Smoker	n/a	n/a	17.4%	55.5%
Source: Oregon Health Authority, 2022.				
[^] Current cannabis use means use at least once in the past 30 days.				

Table 2. Clackamas County and Oregon Cannabis User Demographics.

When comparing recent data at the state and county levels, Clackamas County tends to show lower rates of cannabis use than statewide estimates.

Existing Cannabis Regulatory Systems

Oregon Cannabis Regulation

The Medical Marijuana Act passed in Oregon in 1998 through Ballot Measure 67. The measure permitted the cultivation, possession, and use of cannabis by doctor recommendations for select medical conditions (including chronic pain, glaucoma, PTSD, muscle spasms, and seizures).¹⁹ The measure passed with 54.6% support.

Recreational marijuana became legal for personal use in Oregon on July 1st, 2015, following the passing of Measure 91, the Control, Regulation, and Taxation of Marijuana and Industrial Hemp Act, in November of 2014. General market sales of cannabis through existing medical dispensaries began in October 2015, and full market sales began in November 2016.

The passage of Measure 110 in 2020 altered how marijuana tax dollars are distributed, specifying that \$11.25M per quarter is reserved for the State School Fund (40%); Mental Health, Alcoholism, and Drug Services (20%); Oregon State Police (15%); Oregon Health Authority for Drug Treatment and Prevention (5%); and Cities and Counties (20%). Amounts exceeding \$11.25M in a quarter are distributed to the Drug Treatment and Recovery Services Fund.²⁰ Although retail sales rose dramatically during the pandemic, they have since receded. The Oregon Office of Economic Analysis attributes this decline to an oversupply of product and a saturated retail market that have driven down prices for consumers.²¹

The Control, Regulation, and Taxation of Marijuana and Industrial Hemp Act

The act outlined several objectives related to health:

- To protect the safety, welfare, health, and peace of the people of Oregon by prioritizing the state's limited law enforcement resources in the most effective, consistent, and rational way;
- Prevent the distribution of marijuana to persons under 21 years of age;
- Prevent violence and the use of firearms in the cultivation and distribution of marijuana;
- Prevent drugged driving and the exacerbation of other adverse public health consequences associated with the use of marijuana; and
- Prevent the growing of marijuana on public lands and the attendant public safety and environmental dangers posed by marijuana production on public lands

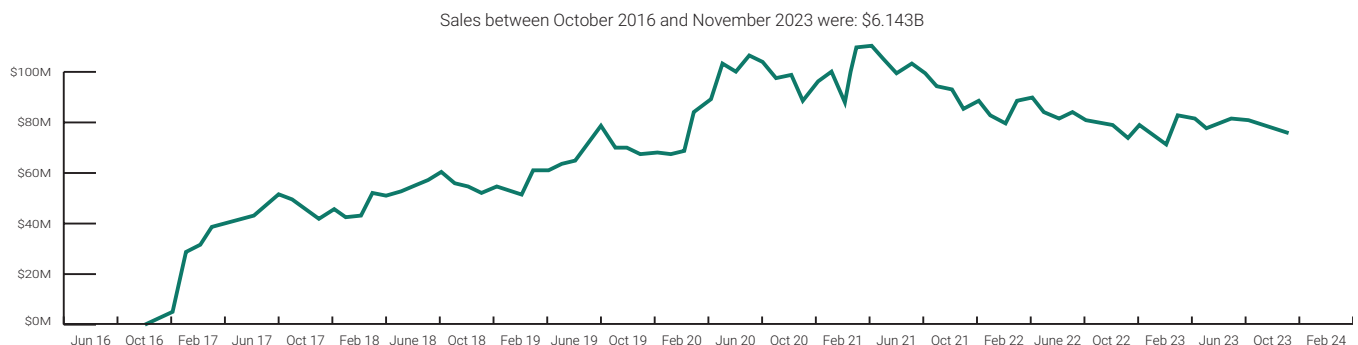


Figure 9. Marijuana Retail Sales in Oregon, October 2016-November 2023.

Marijuana sales in Oregon rose steadily in the years leading up to the pandemic; in March 2020, they rose drastically. They have since fallen, with sales dipping below the pre-pandemic peak in August 2019 six times between November 2022-November 2023.

Source: Oregon Liquor and Cannabis Commission.

Several state departments and advisory boards make up the cannabis governance framework in Oregon. The Oregon Department of Agriculture (ODA) oversees production and processing licensing, inspections, and oversight. The Oregon Liquor and Cannabis Commission (OLCC) oversees regulation of wholesale, retail, and distribution licensing for cannabis products (including CBD products and medical grade products) sold through licensed retail shops. OHA regulates products sold at medical cannabis dispensaries and oversees the Public Health Medical Marijuana Program.

The Oregon Cannabis Commission (OCC) was established in 2017 and provides advice to both OHA and the OLCC on cannabis regulation, advances strategic plans to maintain affordable medical cannabis access, and monitors trends in cannabis regulation and policy. In the 2019 OCC Report, the commission recommended that the state create the Cannabis Research Center (CRC) to expand the science and research related to the health effects of cannabis.²²

Clackamas County Cannabis Regulations

Clackamas County zoning law permits cannabis retailers to operate in most commercial zones, both urban and rural. Several minimum separation requirements exist, including:

- 2000 feet from a public elementary or secondary school
- 1500 feet from a public park, public playground, government-owned recreational use, public library, substance use disorder service provider licensed by OHA, light rail transit station, or a multifamily dwelling owned by a public housing authority
- 500 feet from a licensed daycare facility or licensed preschool²³

As of March 2019, Clackamas County passed Zoning Ordinance 271, which authorizes just one recreational cannabis grow site on a tract of land in Ag/Forest (AG/F), Exclusive Farm Use (EFU) or Timber (TBR) zoning districts. A vast majority of the county is zoned to permit production facilities, however this zoning law only applies to unincorporated Clackamas County. Individual cities may designate different zoning districts permitted for cannabis retail or production. Five cities in Clackamas County have prohibited the establishment of licensed recreational cannabis producers and retail in Clackamas County: Lake Oswego, Sandy, West Linn, Canby, and Wilsonville.²⁴

A Note on the COVID-19 Pandemic

Several cannabis regulatory changes occurred in response to the COVID-19 pandemic that began in Oregon in March of 2020, and were later made permanent in September of 2020:

1. Allow for curbside pickup, including through exterior windows
2. Allow for retail delivery
3. Allow for online sales and purchasing
4. Deferred and waived fees
5. Acceptance of expired IDs

These changes sought to minimize the transmission of the virus in retail settings, reduce economic harms to cannabis businesses, and balance hardships experienced by medical cannabis users. These changes were made to acknowledge the evolving contexts and risks the general population was experiencing that may affect their cannabis use, like increased use related to stress, increased availability of cannabis products in the home, and disproportionate impacts these changes have on communities experiencing compounding inequities.⁶⁰

As of December of 2022, there were 824 active cannabis retailers in the state of Oregon, and **35 cannabis retailers** in Clackamas County.²⁶ Of these, only five operated outside of the Metro boundary in Clackamas County: Molalla (2), Aurora (1), Rhododendron (1) and Welches (1).

The largest number of cannabis related permits in Clackamas County are for production facilities, with **195 registered production facilities** in December of 2022.⁶³ This figure reflects facilities that produce recreational cannabis and are registered through the OLCC. Cannabis production and growing is permitted in urban industrial, exclusive farm use, ag/forest, timber, rural residential farm-forest 5-acre, farm-forest 10-acre and rural industrial zones.

In comparison to other counties, Clackamas has a large number of recreational producer licenses, and a vast majority of the county is zoned to allow recreation production (planting, cultivation, and harvesting of cannabis).

195

Recreational Producers

manufacturing, planting, cultivation, growing or harvesting of cannabis

43

Recreational Processors

processing, compounding or conversion of cannabis into cannabinoid products, excluding packaging or labeling

22

Recreational Wholesalers

purchasing cannabis items in Oregon for resale to a person other than a consumer in Oregon

35

Recreational Retailers

selling cannabis items to a consumer in Oregon

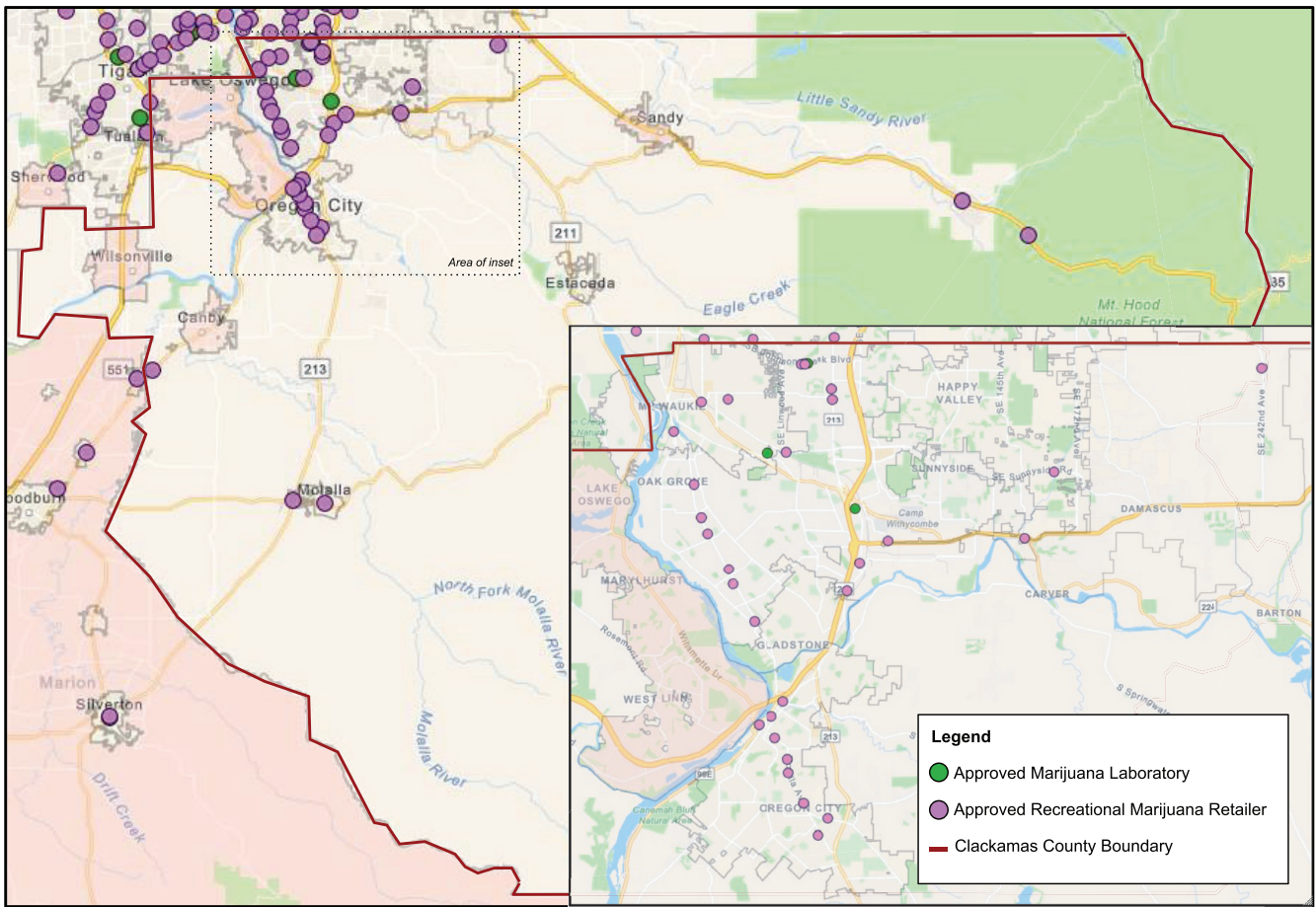


Figure 10. Approved Marijuana Retail and Lab Locations.

Clackamas County marijuana retailer and laboratory locations as of December of 2022. The cities of Lake Oswego, West Linn, Wilsonville, Canby and Sandy do not allow marijuana retailers to operate. INSET: Each of the three laboratories in the county and most retailers are located within the Metro boundary extending into the northwest corner of the county. Adapted from the Oregon Liquor Control's Map of Oregon Recreational Marijuana Retailers and Labs map.

Assessment

The assessment draws on data and scientific literature, interviews with 24 stakeholders, and testimonies submitted in favor and opposition of previous legislation to recommend actions that could mitigate harm and maximize benefit if public consumption of cannabis is legalized in Oregon.

Social Normalization of Cannabis

Normalization means becoming a ‘normal part’ of leisure and lifestyle and no longer considered potentially harmful. The decriminalization of cannabis in an increasing number of states and the development of medical and recreational cannabis laws has contributed towards its normalization. State cannabis markets are expanding production to meet growing demand, making cannabis available in a variety of products.²⁷ Four methods of consumption are most common: inhalation (smoking or vaping), ingestion (edibles or beverages), sublingual absorption (oils or lozenges), or skin application (lotions or salves). This variation in product availability expands the audiences who may be interested in cannabis use. Trends in cannabis mode use have fluctuated in recent years and are difficult to monitor. Surveillance shows inhalation is still the dominant form of consumption, but multi-modal consumption is rising, and use varies within age groups.^{28, 29, 18} Use of more potent cannabis products like vaping oils and cannabis extracts is increasing in prevalence in 16–19-year-olds in the U.S.³⁰

As social acceptance of cannabis use has increased, it is perceived as less harmful than other substances like tobacco or alcohol. Normalization of cannabis is evident, as discussion has shifted from a substance once considered harmful and privately used, to one that has a degree of acceptability in different spaces (i.e., concerts). The number of adults that report seeing marijuana advertisements in their community across Oregon increased by 51% between 2015 and 2018, with 2/3 of adults reporting seeing marketing. However, many adults in Oregon (60%) think marijuana marketing should not be in areas seen by people under 21, and 43% of people think there is too much marijuana marketing in their community.¹⁶

The public health field has spent considerable time and resources to combat the normalization of tobacco smoking in public places. A primary concern associated with public consumption of cannabis is the risk of renormalizing all forms of smoking (including regular combustible cigarettes and e-cigarettes) to all ages, including youth.⁸ Legalization of marijuana has been shown to decrease the perceived harm of cannabis among youth. A study evaluating perceived harm on 8th and 10th grade students in Washington and Colorado found that there was a decrease in perceived harm of marijuana and slight increase in use.³¹

Cannabis and Physical Health

Cannabis and cannabinoids have a wide range of applications that demonstrate some therapeutic effects. Modest evidence exists showing the benefits cannabis consumption has on treating the side effects of chemotherapy, managing chronic pain, improving sleep, and spasticity symptoms associated with multiple sclerosis. There is limited evidence showing the benefits of cannabis consumption in increasing appetite for HIV/AIDS patients, improving symptoms of

Tourette Syndrome, improving outcomes after traumatic brain injuries, and treating anxiety and PTSD.³⁶

Research on cannabis use and cancer incidence is limited. There is moderate evidence showing that there is no association with cannabis use and lung, head or neck cancers. Largely, for most other cancers there is insufficient evidence to support or refute a connection to cannabis. Studies have linked long-term cannabis smoking with poor respiratory outcomes and frequent chronic bronchitis. There has not been robust evaluation to understand the associations between cannabis and all-cause mortality, occupational injuries, or cannabis overdose. However, moderate evidence exists showing that in states that have legalized cannabis, increases in pediatric overdose and respiratory distress follows.³⁶

Cannabis and Secondhand Smoke Exposure

The Indoor Clean Air Act (ICAA) was passed in 2001 to protect employees and the public from exposure to secondhand tobacco smoke, a known cause of cancer. In 2007, the law expanded and removed preemption, giving local jurisdictions the ability to tailor the ICAA to their community. The expansion exempted cigar bars and created smoke shops. Inhalant delivery systems (e-cigarettes) and cannabinoids were added to ICAA in 2015.

Indoor particulate matter, regardless of source, can penetrate deep in the lungs. This can cause nose and throat irritation, as well as aggravation of existing heart and lung conditions.³² Physiologically, PM_{2.5} exposure has been shown to cause inflammatory reaction and oxidative stress in cells, which are the mechanisms leading to negative health outcomes.³³

As with tobacco, secondhand smoke from cannabis is a primary concern. When smoked indoors, cannabis smoke has been shown to have a PM_{2.5} emission rate that is 3.5x higher than tobacco smoke.³⁵ An evaluation of a cannabis dispensary in California that permitted on-site consumption found that PM_{2.5} concentrations were 28x higher during operation hours than when the business was closed. Concentrations ranged from 50 to 200 µg/m³, which far exceeds the 10 µg/m³ threshold where decreased endothelial function occurs and can cause health problems for some individuals.³⁶

Although indoor design features intended to alleviate smoke, like ventilation and odor control systems, are required of businesses licensed by some localities, these measures have proven to be inadequate to safely protect employees and patrons against the health effects of secondhand

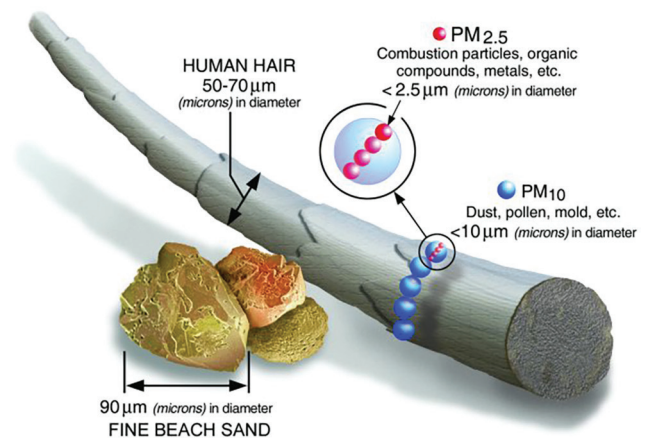


Figure 11. PM_{2.5} Size Comparison.

Particulate matter, abbreviated as PM, is the term for a mixture of solid particles and liquid droplets found in the air. PM is measured in microns, represented by the figure µg. Fine inhalable PM includes those particles with a diameter of 2.5 µg or smaller and written as PM_{2.5}. Smoke from combustible materials, such as firewood or a lit cigarette or cannabis joint, produces PM_{2.5}.³⁴

Source: Environmental Protection Agency

smoke exposure.⁹ In the case of the California cannabis dispensary assessment, measurements indicated that the installation of a ventilation system reduced the average PM_{2.5} by only 12.2%, which was not statistically significant.³⁶ The American Society of Heating, Refrigeration, and Air Conditioning Engineers (ASHRAE) commented on these types of solutions, "...the only means of avoiding health effects and eliminating indoor [Environmental Tobacco Smoke] exposure is to ban all smoking activity inside and near buildings."³⁷

Cannabis and Road Safety

Many factors impair a driver’s performance. Examples include alcohol, drugs, fatigue, distraction or emotional states. All of these can decrease a driver’s ability to perform driving tasks to a “normal” safe degree. Cannabis is absorbed differently in the body than alcohol, and decays at a faster rate. This makes it difficult to study, monitor, and enforce because there is limited knowledge on how cannabis affects driving ability, and legal limits that work for alcohol do not apply.

Early evidence from states where cannabis is legal shows an increase in cannabis-related crashes.³⁸ Studies indicate that driving under the influence of cannabis increases the risk that a driver will be in a fatal crash, and even more so when consumed with alcohol.³⁹ To provide guidance to protect road safety as the research develops, states have adopted a variety of laws regulating cannabis and driving. As of 2018, at least 12 states had adopted zero tolerance laws and 6 states adopted laws that established threshold concentrations that it is illegal to drive within. While it is illegal to drive under the influence of cannabis in Oregon, as of 2022 there is no zero-tolerance law or established threshold concentration.^{40, 41}

Between 2012 and 2016, OHA reported 81 fatal crashes in Oregon that were related to marijuana use. Many of these crashes (62%) also involved another substance, namely alcohol.⁴²

Health Outcome	Clackamas County	State of Oregon	Sources
Age-Adjusted Death Rate Due to Motor Vehicle Traffic Collisions	9.6 per 100k	11 per 100k	CDC, 2017-2019
Alcohol-Impaired Driving Deaths	39.3%	31.5%	County Health Rankings, 2015-2019

Table 3. Clackamas County Road Safety Outcomes.

The county’s death rate due to motor vehicle collisions is lower than that of the state’s; however, a higher percentage of Clackamas’s driving fatalities are by those who are alcohol impaired.

Cannabis and Mental Health

Studies have found a strong association between frequent cannabis use and the development of schizophrenia and other psychoses. There is moderate evidence linking regular cannabis use with increased mania in patients with bipolar disorders, as well as increasing social anxiety. There is also moderate evidence linking heavy cannabis use with increased suicidal ideation, attempt, and completion.⁶

Health Outcome	Clackamas County	State of Oregon
Death Rate to Suicide	12.5 per 100k	20.8 per 100k
8th Graders Who Have Attempted Suicide	4.5%	5%
8th Graders Who Have Attempted Suicide	12.4%	11.6%
11th Graders Who Have Attempted Suicide	4.3%	5%
11th Graders Who Have Attempted Suicide	15.1%	14.6%

Sources: Centers for Disease Control, 2022; Oregon Health Authority, 2022

Table 4. Percentage of General Populations Who Have Attempted, Considered and Completed Suicide, Independent of Cannabis Use.

While Clackamas County's overall death rate due to suicide is lower than the state's, the percent of youth who have considered suicide is higher. In terms of those who die by suicide in Clackamas County, it is predominantly men over age 45.

Cannabis and the Social Determinants of Health

The social, physical and environmental conditions we live in impact our health and wellbeing more than the medical care we receive. The interactions between health, social, and environmental factors is complex. Limited evidence exists on the way cannabis use influences the social determinants of health outlined below, and it is important to consider possible impacts in light of other contributing factors.

Academic Achievement

While cannabis use has been associated with acute impairment of memory and attention, there is limited evidence that links cannabis, academic achievement, and education outcomes.⁶ While some studies have linked cannabis use with high school dropout status, updated research highlights how cannabis use and drop out status have several shared underlying causes, such as deviant behavior and family dysfunction.⁴³

Employment

There is no consensus on how cannabis impairment is defined, making it difficult to discern the total impact of cannabis in the workplace. While increases in workplace incidents have been identified in employees in industrial sectors who test positive for cannabis use, the current body of evidence does not support an overall position on cannabis use and risk of occupational injury.^{44, 45}

There is limited evidence that shows a connection between cannabis use and unemployment.⁶ Researchers found that there was no impact on employment, hours, or wages for adult workers in states with medical cannabis laws.⁴⁶ A recent study focused on Colorado counties found a 4.5% increase in overall number of employees and .7% decrease in unemployment to be associated with the sale of recreational cannabis in dispensaries.⁴⁷

Housing

Renters who have a medical or therapeutic need to use cannabis may find it difficult to obtain

housing. In some cases, continued use by them or members of their household could put their housing stability at risk.

Many landlords and rental property owners establish smoke-free policies that prohibit the use of combustible substances like cannabis. In Oregon, these policies are applicable to recreational and medical cannabis users alike as patients of the Oregon Medical Marijuana Program with a disability, for example, are not protected under the Americans with Disabilities Act (ADA) or any state anti-discrimination laws.⁴⁸

Stricter policies are found at the federal level and apply to public housing properties across the country overseen by the U.S. Department of Housing and Urban Development (HUD). Households otherwise qualifying for residence in these properties would have their admission denied if their members are identified as cannabis users. Likewise, current households residing as tenants may be subject to eviction if cannabis use is determined.⁴⁹

Social Determinant of Health	Clackamas County	State of Oregon	Sources
High School Drop Out Rate	2.0%	2.4%	OR Dept of Ed, 2019-2020
8th Grade Students Proficient in Math	44.1%	37.3%	Annie E. Casey Foundation, 2018-2019
8th Grade Students Proficient in Reading	58.0%	53.2%	Annie E. Casey Foundation, 2018-2019
Cannabis Use – Employed or Self Employed	16.7%	20.8%	OHA, 2016-19; OHA, 2020
Cannabis Use - Unemployed	35.3%	39.5%	OHA, 2016-19; OHA, 2020
Number of Rental Units [^]	47,230	636,811	ACS 5-Year Estimates 2021
Number of Public Housing Units ^{^^}	444	2,800	HUD, 2021

[^]Determined by adding Renter Occupied Housing Units; Vacant – For Rent; and Vacant – Not Rented, Occupied data.
^{^^}Only includes units managed by local housing agencies. Does not include units where vouchers are used to obtain housing.

Table 5. Social Determinants of Health Outcomes.
 Overall, Clackamas ranks slightly higher than the state among the social determinants of health listed above.

County Stakeholder Interviews

The stakeholders interviewed for this HIA represent a wide range of sectors. This created divergent and at times conflicting perspectives on the impacts of public consumption of cannabis policy. Interviews took place in the winter of 2019, prior to the introduction of HB 3112; as such, participants were only asked about HB 2233.

Current Impacts of Cannabis Use

When asked **what are the current impacts stakeholders are seeing with recreational cannabis (with no public consumption policy enacted)**, the top responses were ‘Worsens Mental Health’ and ‘No Impact’ (Figure 11). Concerns around mental health included disproportionate impacts on youth and how cannabis can lead to or can

*The top concern for county stakeholders regarding current cannabis consumption use is the **associated impact on mental health outcomes.***

exacerbate conditions like depression, anxiety, suicidality, and psychosis. When discussing the current impact of cannabis, stakeholders described how it was a non-issue in their field of work, mainly administrative roles for public services or in the cannabis retail field.

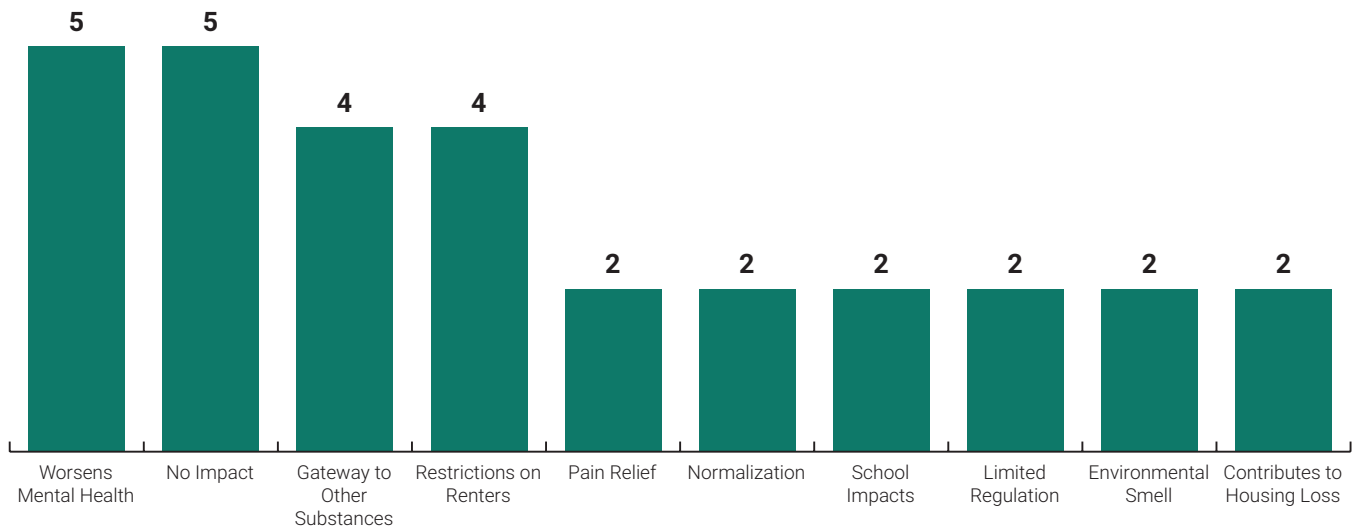


Figure 12. Top Existing Impacts from Cannabis (Without Public Consumption Policy).

Anticipated Impacts of Public Consumption of Cannabis Policy

When asked **what are the anticipated impacts of public consumption policy in the county**, the most cited were increased normalization and use. Stakeholders suggested that legalizing public consumption of cannabis would lead to greater access and acceptance of cannabis by the public, which was viewed both positively and negatively by participants. Some stakeholders thought that public consumption would lead to revenue and public support (positive) or more use of other substances and mental health impacts (negative).

*The impact of most concern associated with state-enacted public consumption of cannabis is **increased normalization and use.***

Primary negative impacts of concern for stakeholders were decreases in road safety from driving under the influence of cannabis, widening the pathway to other substances by increasing access to cannabis, exacerbating respiratory health outcomes for cannabis smokers and people experiencing secondhand smoke, and complaints related to increased community cannabis use. Primary positive impacts cited by stakeholders included supporting local cannabis business revenue, employees, and associated economic markets, and increasing access to cannabis to people who have no space to consume.

Distribution of Benefits and Burdens from Public Consumption of Cannabis Policy

When asked **who would benefit from public consumption of cannabis policy**, the most frequently mentioned benefactors were local cannabis businesses. Public consumption policy would drive demand, increase sales opportunities, and create more career paths. The next most frequently cited were people consuming medically prescribed cannabis in additional locations and the programmatic recipients of cannabis-related tax dollars like schools and enforcement programs.

Groups that **BENEFIT**
from public
consumption policy
(*ordered by frequency*)



- Local cannabis businesses
- Medical cannabis patients
- Cannabis tax recipients
- Tourism industry
- Small businesses
- Recreational users
- Renters with restrictions
- Cannabis industry

Groups that are
HARMED by public
consumption policy
(*ordered by frequency*)



- General public
- Youth
- People driving
- Low income households
- People in recovery
- Public safety officers
- Grow site neighbors
- People with mental health diagnoses

When asked **who would be harmed**, the most common response was the general public at large. This was largely attributed to being exposed to secondhand smoke from cannabis consumption. The second most frequently cited group was youth. Youth were cited for two primary reasons: 1) the impacts of cannabis on developing brains, and 2) the social costs of cannabis consumption like missing school and consuming other substances. Relatively few stakeholders (2) mentioned that the policy may have potential impacts specific to communities of color because of historical inequities and discrimination in cannabis policy.

When asked **what solutions would address challenges created by public consumption of cannabis policy**, the most suggested ideas were place-based health and safety regulations, bolstering enforcement resources, clarifying consumption regulation structures, developing education systems for bud tenders, and conducting ongoing research and surveillance on impacts.

For the results from the stakeholder interviews in full detail, see Appendix I.

Legislative Testimony Framing Analysis

Frames are conceptual models about the way the world works. They help us make sense of new information we receive and serve as filters through which we categorize information and derive meaning from them, either consciously or unconsciously. Understanding how issues are framed is important for advocates to anticipate how policies will be received by decision-makers. Effective framing to advance health equity links decision-makers' values with structural and environmental changes that promote health and reduce disparities.⁵⁰

HB 2233 Summary

HB 2233 would have empowered the Oregon Liquor and Cannabis Commission (OLCC) to regulate the consumption and sale of marijuana items at temporary events, including the licensure of premises hosting events. The OLCC would have also regulated consumption at and licensure of cannabis lounges, including requiring them to obtain a sanitation certification from OHA. Local options for cities and counties would have also been created by the bill.

HB 2233 Analysis

Five sectors representing the local cannabis industry, public at large (residents), government actors, advocacy groups in general, and advocacy groups focused on health issues submitted 28 testimonies. The two most prominent sectors were the local cannabis industry and the public at large (residents). A narrow majority of testimonies submitted were in support of HB 2233. The most common frames in support of the bill were Cannabis Equity - Use and Support Business. The most common frames used in opposition to the bill were Indoor Clean Air Act (ICAA) & Health and Impacts Youth.

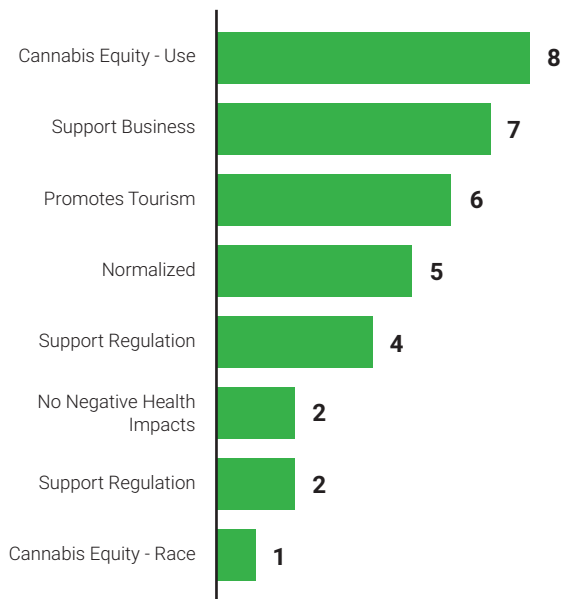


Figure 13. Frame Counts in Support of HB 2233.

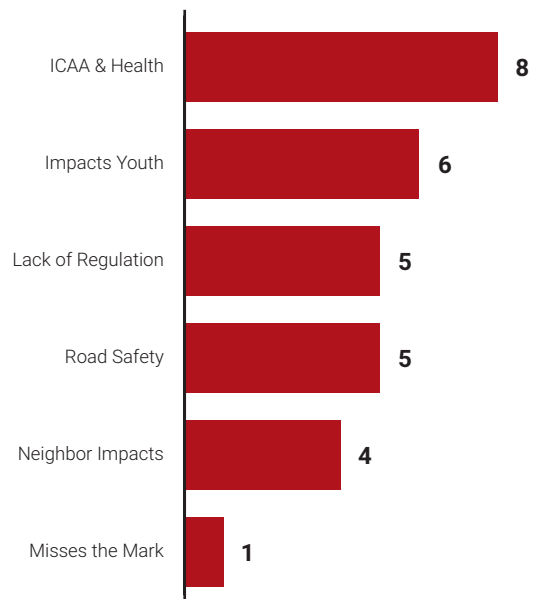


Figure 14. Frame Counts in Opposition of HB 2233.

	Frame	Frame Description	Example Quote
Support	Cannabis Equity - Use	Communities need safe places to use cannabis, especially those in public housing. The current system creates inequity.	<i>"...there are many people in our communities who live in public housing or rentals where cannabis possession and use is disallowed. Meanwhile, those of us who own homes are free to possess and consume cannabis freely. This creates an economic inequity, where people who can afford to purchase a home are able to benefit from legal cannabis, while poorer individuals are essentially prohibited from using a legal product."</i> <i>"Right now we are leaving our patients out in the cold, literally, by forcing them to break the law and stand on the street in order to get the quick relief of inhaled cannabis (such as nausea due to chemotherapy)"</i>
	Supports Business	Cannabis consumption will support local businesses and business owners, trickle over into other industries, and fuel Oregon's economy.	<i>"HB 2233 solves a critical problem in that cannabis consumers and producers from around the state are hampered by a cannabis legalization policy that is half finished; cannabis is legal yet there is virtually nowhere to consume it."</i>
Oppose	ICAA & Health	Public consumption of cannabis would lead to violation of the Oregon Indoor Clean Air Act, exposing workplace employees and Oregonians at large to harmful secondhand smoke.	<i>"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...The intention of the ICAA is to protect employees and the public from the dangers of secondhand smoke"</i>
	Impacts Youth	Increasing exposure of cannabis consumption will harm youth and increase the risk of use.	<i>"I am new to this state and utterly amazed at how common and normal it is for youth to engage in smoking....Allowing for public consumption, cafes and licenses at special events, we would be further allowing our children to believe that marijuana is safe and ok to use."</i>

Table 6. Description and Examples of Most Frequent Supporting and Opposing HB 2233 Frames.

HB 3112 Summary

Coined as the “cannabis equity bill,” HB 3112 would have:

- Established a Cannabis Equity Board within the Office of the Governor to provide equity oversight of the state’s cannabis industry. Annual findings and reports to an interim committee of the Legislative Assembly would be required. Established equity liaisons at Oregon Health Authority and Oregon Liquor and Cannabis Commission to report to the Cannabis Equity Board quarterly on specified information.
- Established a Cannabis Equity Fund and continuously appropriate moneys in the fund to the Cannabis Equity Board for specified purposes.
- Directed the Oregon Liquor and Cannabis Commission to issue equity licenses to qualified applicants and issue cannabis on-premises consumption licenses, cannabis delivery licenses, and shared processing licenses or shared processing facility licenses to applicants who meet qualification criteria for the equity license. After January 1, 2032, the Commission could issue cannabis on-premises consumption licenses, cannabis delivery licenses, and shared processing licenses or shared processing facility licenses to applicants who do not meet qualification criteria for the equity license.

- Created a process and modified procedures at the Office of Public Defense Services, Judicial Department, and Oregon State Police to set aside convictions, arrests or charges for marijuana offenses. Entities maintaining records of parole, probation or post-prison supervision violations would be required to review and expunge any records of violations.

HB 3112 Analysis

Fifty-eight documents submitted as testimony were reviewed. Seven different sectors were identified: Local cannabis industry representatives, law firms, the public at large (residents), government actors, academic institutions, advocacy groups focused on health issues, and advocacy groups focused on culturally specific services and communities of color. The most common frame used in support of the bill was Racially Just Policy and was cited in 92% of testimonies in support of the bill. The most common frame used in opposition was Color Blind Policy.

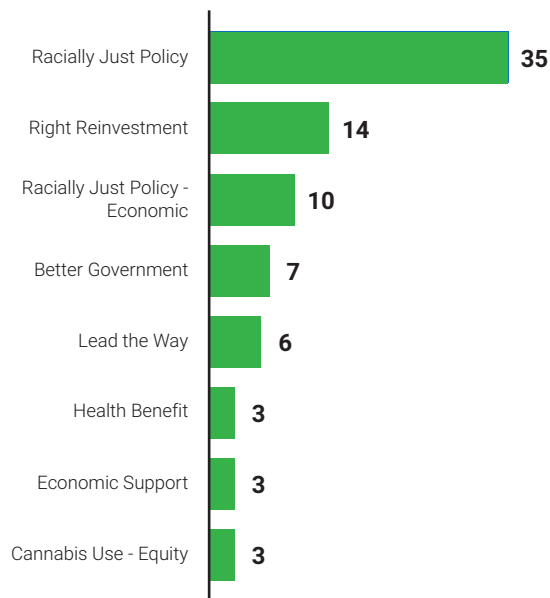


Figure 15. Frame Counts in Support of HB 3112.

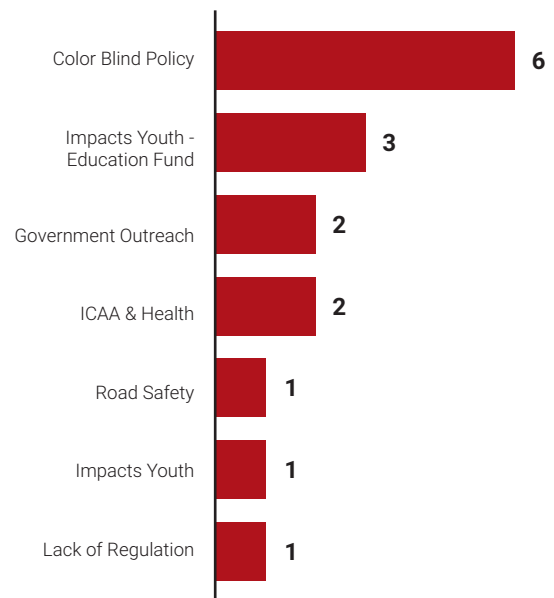


Figure 16. Frame Counts in Opposition of HB 3112.

	Frame	Frame Description	Example Quote
Support	Racially Just Policy	HB 3112 will enact policies that will center and benefit communities of color who were disproportionately impacted by cannabis regulation, prohibition, and criminalization in the past during the War on Drugs.	<i>"This bill is a form of reparations that BIPOC communities are due after centuries of racism and white supremacy dominating this county." "We recognize that over 100 years of draconian cannabis policies and disparate cannabis related arrests, convictions, and sentencing have had long-lasting legal, social, economic, and inter-generational consequences to these specific communities."</i>
	Right Reinvestment	Reinvestment of cannabis tax revenue back into communities of color that have experienced the most harm from the industry is a just investment and good use of public dollars.	<i>"We, as consumers, cannabis business community, and simply concerned citizens, believe the use of cannabis tax revenue to repair harm done to Black, Indigenous and Latinx communities is an appropriate and necessary way to restore rights and opportunities."</i>
Oppose	Color Blind Policy	HB3112 is not fair because it only benefits a small group of people, determined by race.	<i>"When the word "equity" is used, it is about creating new power structures that benefit the chosen few. The inclusion of "equity" in almost every bill is starting to divide the state. It is the furthest thing from unity as you could get. Redistribution of fairness is not equity."</i>
	Impacts Youth – Education Fund	Increasing exposure of cannabis consumption will harm youth and increase the risk of use.	<i>"Taking away 40% of the Oregon Marijuana Account from funding the State School Fund with no way to make up for it. You cannot take more away from our children. This is heartbreaking to deny this to the ones that need this money the most."</i>

Table 7. Description and Examples of Most Frequent Supporting and Opposing HB 3112 Frames.

HB 2233 and HB 3112 Comparison

During both sessions, most of the testimonies were submitted in support of the bills. However, because the policy levers within each bill were significantly different, the framing and testimonies were as well. Key differences are described below.

- **Stakeholders.** During the session for HB 2233, testimonies came from cannabis businesses, citizens, government agencies, and community based and health advocacy groups. During the session for HB 3112, testimonies came from lawyers and academic institutions, as well as the same stakeholders for HB 2233. Fewer health advocacy groups testified in HB 3112. This may have been a product of the COVID-19 pandemic, which limited participation from the health field.
- **Conversation.** Testimonies in support of HB 3112 reflected the leading issues in the bill that centered racial equity and justice verses HB 2233 that focused on the consumption of cannabis at public events and venues. Frames around equity almost entirely shifted to center communities of color in HB 3112 as opposed to low-income renters in HB 2233.
- **Opposition Shift.** Despite the increase in testimonies between sessions, the overall number of opposing frames cited in testimonies for HB 3112 decreased by almost 50%. Fewer people brought up the risks of public consumption of cannabis associated with exposure to secondhand smoke, driving under the influence of cannabis, and impacts to youth and mental health. The opposition instead shifted to application of the racial equity lens.

Bridging the Gap: Targeted Universalism

One testimony in support of HB 3112 leveraged language that invoked targeted universalism. It focused on how centering the needs of the few facing the highest barriers to entering the industry can in turn benefit everyone, such as directing tax revenue to historically marginalized communities. Cultivating this lens and policy approach can help bridge the gap and show the benefits of leading with a racial equity lens, as well as address unintended consequences from public consumption policy, like road safety and youth impacts.

“Furthermore, investment of much-needed resources into programs that rebuild wealth for the Black and brown communities decimated by the Drug War is a worthy use of cannabis tax revenue. These investments in education, home ownership, business development, and job training, will benefit all Oregonians.”

For the results from the testimony framing analysis in full detail, see Appendix II.

Assessment Summary

Table 8 outlines the expected direction, likelihood, severity, and magnitude of changes resulting from public consumption of cannabis. Table 9 provides a legend to interpret Table 8.

All changes derive from the direct increase in public places to consume cannabis that would be created, and the continued normalization of cannabis that would be advanced. Positive changes are primarily those brought by increased cannabis sales, jobs, and tax revenue. Available evidence suggests small, if any, changes to housing stability, academic achievement, and employment. Public consumption policy is expected to result in negative changes in youth use, crash risk, respiratory health, and mental health.

Expected Impacts	Direction	Likelihood	Severity	Magnitude	Distribution (Equity Impacts)
Cannabis Sales + Tax Revenue	STK – Increase LR – Increase FA – Increase	Highly Likely	Limited	Limited	Restorative Equity Effects through equity licenses
Employment	STK – Decrease LR – Increase FA – Increase	Not Likely	Limited	Limited	Limited
Housing Stability	STK – Mixed LR – Limited FA – Increase	Not Likely	Limited	Limited	Restorative Equity Effects for low-income renters
Academic Achievement	STK – Decrease LR – Mixed FA – Limited	Not Likely	Limited	Limited	Limited
Adult Recreational Use	STK – Increase LR – Limited FA – Limited	Somewhat Likely	Low	Limited	Limited
Youth Use	STK – Increase LR – Increase FA – Increase	Moderately Likely	High	Medium	Disproportionate Harms
Crash Risk	STK – Increase LR – Increase FA – Increase	Moderately Likely	High	Limited	Limited
Poor Respiratory Health Outcomes	STK – Increase LR – Increase FA – Increase	Moderately Likely	Medium	Medium	Disproportionate Harms
Poor Mental Health Outcomes	STK – Increase LR – Mixed FA – Mixed	Somewhat Likely	High	Medium	Disproportionate Harms

Table 8. Anticipated Outcome Impacts from Public Consumption of Cannabis Policy (see next page for legend.)

Assessment Category	Description
Direction <i>Will the outcome increase in its quantity or rate, decrease, or remain the same?</i>	STK – Stakeholder Interview results LR – Literature Review results FA – Framing Analysis results Increase – The policy would increase the impact Decrease – The policy would decrease the impact Mixed – Evidence exists to support both increases and decreases of the impact Limited – There is not enough evidence to support a conclusion
Likelihood <i>How certain is it that the decision will affect health determinants?</i>	Not Likely – The probability this will occur is very small, evidence exists against the mechanism of effect Somewhat Likely – The probability this will occur is small, limited supporting evidence exists Moderately Likely – The impact is relatively likely to occur, consistent supporting evidence exists Highly Likely – The impact has a high probability of occurring, with substantial supporting evidence Limited – There is not enough evidence to support a conclusion
Severity <i>How important is the effect on human health and well-being?</i>	Low – The nature of the impacts result in limited or reversible effects on health Medium – The nature of the impacts results in chronic, substantial, but manageable effects on health High – The nature of the impacts are potentially disabling or life threatening Limited – There is not enough evidence to support a conclusion
Magnitude <i>How much will outcomes change because of the decision?</i>	Low – Causes impacts to no or few people Medium – Causes impacts to a wider number of people High – Causes impacts to many people Limited – There is not enough evidence to support a conclusion
Distribution <i>Will the effects be distributed equitably across populations?</i>	<i>Expected subpopulations are described.</i> Disproportionate Harms – The policy will result in disproportionate adverse effects on subpopulations Disproportionate Benefits – The policy will result in disproportionate beneficial effects on subpopulations Restorative Equity Effects – The policy will rectify existing disparities Limited – There is not enough evidence to support a conclusion
Nature of Change <i>Are the effects positive, negative, or unclear?</i>	Majority Positive – Row is highlighted in green Majority Negative – Row is highlighted in red Mixed or Unclear – Row is highlighted in yellow
<i>Characterizations adapted from: Bhatia R. Health Impact Assessment: A Guide for Practice. Oakland, CA: Human Impact Partners, 2011 and Rhodus et al. A review of Health Impact Assessments in the U.S.: Current State of Science, Best Practices, and Areas for Improvement. EPA, 2013.</i>	

Table 9. Legend for Table 8.

Recommendations

Linking Impacts with Action

There are opportunities to mitigate harms and maximize benefits if cannabis becomes lawful to consume in public venues. The mitigation actions below focus on limiting youth initiation of cannabis use, reducing cannabis smoke exposure, promoting safe driving, minimizing mental health impacts and incorporating an equity lens into county perspectives on cannabis.

	Impacts	Actions
Social	Cannabis-related employment and tax revenue are likely to increase in light of legislation.	Direct increasing cannabis tax revenue to address disproportionate harms created or made worse by public consumption.
	Clackamas County youth rates of cannabis use have held steady over the past years, but the state overall has seen continued increase in use. It is possible that youth use would increase through increased exposure and normalization.	Increase awareness of the negative effects of cannabis on youth and take action to prevent youth initiation.
	The creation of destinations for public consumption of cannabis will have local, site-specific impacts in both urban and rural areas that will affect safety and livability.	Craft zoning policy to promote health and well-being through the built environment.
Health	Mental health conditions can be exacerbated through heavy cannabis use.	Address the role of cannabis in mental health outcomes and craft policies and programs to address them.
	Toxic air pollutants from cannabis smoke, as well as secondhand exposure, can lead to negative health effects.	Protect and maintain the Indoor Clean Air Act to ensure all Oregonians are protected from secondhand smoke.
	More people will drive under the influence of cannabis due to an increased number of public locations to consume cannabis, and the dispersed, rural nature of the county.	Adopt a Safe System Approach that lowers speed limits, addresses upstream interventions to reduce driver substance consumption, and prioritizes community engagement and education. Continue to offer in-class high school presentations to address risks of driving and substance consumption. Build new microtargeted campaigns to address driving and substance consumption.
Equity	If increased cannabis use follows historic trends, public consumption allowance will not result in equitable distribution of cannabis access or health outcomes.	Formalize and apply a local equity lens application to ensure public consumption of cannabis venues would be accessible, safe, and welcoming for all to ensure equal access to the benefits cannabis can provide.
	The topic of equity was notably absent in stakeholder interviews.	Promote discussion and community capacity building around cannabis and racial equity.

Table 10. Social, Health and Equity Impacts and Actions for Mitigation.

Recommendations

Recommendations are primarily for stakeholders and decision-makers across the sectors that intersect with cannabis use. This includes county and city elected officials, agencies responsible for implementation of cannabis regulation, and health and community advocates. They may also apply to other local county jurisdictions in Oregon, especially those with rural communities.

1. Support and increase health equity-focused advocacy in cannabis policy development as legislation is being shaped. There was a lack of health-focused advocacy in the 2021 legislative session. Considerations and steps for implementation include:

- *Ensure general health equity outcomes and considerations are cited in policy development as a foundational need.* While HB 3112 highlights economic and social justice needs, the bill introduction does not include background or context regarding health disparities or cannabis access. Including this language in policy development provides an important framework for stakeholders and decision-makers to evaluate policy after implementation.
- *Invest time and energy into cross-sector coalition building.* The benefits and burdens perceived were starkly different between sectors. Building cross-sector partnerships and intentionally identifying shared goals will better support the development of health-promoting cannabis policy.
- *Provide technical assistance and support to youth, mental health advocates, and health organizations to participate in the legislative process.* These voices were notably absent from the 2021 testimony participants. Personal stories and authentic voices are powerful. Technical assistance could take the form of data provision or assistance navigating the legislative process.
- *Advocate for rural needs.* There was a lack of rural representation in testimonies submitted during the legislative hearings, and rural areas will experience the effects of public consumption policy different than urban areas. Grow sites will likely experience more traffic should consumption be permitted in farm tourism events.

2. Adopt local regulations and zoning requirements to reduce the impact of public consumption of cannabis on neighborhood health. Health-promoting policies need to intentionally shape the indoor and outdoor built environment to support healthy communities. Growing evaluation of public consumption policies at the local level show a wide spectrum of regulations addressing secondhand smoke and clean air, not all of which fully protect health.⁹ Additionally, marketing and visible access in neighborhoods influence use, and in turn health. For example, studies show that increased accessibility to alcohol and tobacco retail stores leads to an increase in use, and the density and proximity of tobacco retailers to schools affects youth tobacco rates. Increased tobacco retailer density is associated with experimental smoking, and the prevalence of smoking has been shown to be higher at schools with five or more retailers in the area.^{51, 52}

- *Incorporate health protective design, operation, and building code features.* The most effective way to reduce exposure to secondhand cannabis smoke is to establish public consumption policy that bans cannabis smoking or vaping indoors, and only permits edible consumption indoors. Establishing strict requirements and design features for outdoor consumption spaces (inclusion of visual barriers such as non-permeable fencing, tree plantings, etc.) will aid in reducing visual exposure and protecting clean indoor air.
- *Limit public consumption permits to standalone buildings.* This requirement would create a balance of allowing on-site consumption while protecting employee health, providing opportunity for consumption monitoring, and minimizing impacts on neighboring residences or businesses.⁵³ Should outdoor consumption of cannabis occur in mixed-use buildings, cannabis smoke may affect neighboring businesses or residences. This is a

current impact of tobacco smoke in the county.

- *Evaluate and adopt zoning and licensing policies that reduce the number and proximity of public consumption locations to schools, parks, and churches.* Existing cannabis retail regulations in the county already provide strict development standards and requirements. Public consumption licensing needs to follow similar, if not stricter, regulations. Spatial analysis evaluating zoning, demographics, and current land use can inform specific recommendations for code to avoid unanticipated and unwanted impacts in communities. Regulations that protect areas where children recreate (playgrounds, schools, and daycares) should be prioritized.
- *Regulate marketing and advertisement of public consumption sites.* Studies on exposure to tobacco and alcohol marketing show an association between lower perceived risk and higher use with youth. Youth in Oregon report common exposure to cannabis advertisements already.⁵⁴ Local regulations should be implemented following OHA guidelines and recommendations. These could include the maximum size and number of signs per location/event. Additionally, educational signs including health information, effects of cannabis use, and risk of overconsumption should be explored and codified.

3. Develop an equity lens to guide the development and evaluation of cannabis use and regulation. Policies should consider communities disproportionately and negatively impacted by issues associated with substance use and other related health harms. In addition to harms caused by over-policing and racial profiling, the stigmatization of cannabis has also disproportionately impacted communities of color. The topic of equity was notably absent in stakeholder interviews, with concerns about disproportionate impacts only surfacing in three of 24 interviews. Invest in understanding the equity implications in housing, economic development, and health access. Considerations and steps for implementation include:

- *Develop targeted universalism framing to discuss cannabis equity.* Targeted universalism is a policy approach that involves setting universal goals for the general population and using targeted, specific strategies for sub-populations based on context and need.⁵⁵ It is a methodology that works to address disparities. Shaping policy with this lens can help build support with groups who may feel left out.
- *Collaborate with other equity advocates to initiate conversations that center race.* Equity advocates are critical partners to include when evaluating policy options.
- *Co-create the equity lens through conversations with local community-based organizations and communities of color.* Policy informed with the lived experiences of community members better serves their needs, builds trust in local government, and increases community empowerment and resilience.

4. Dedicate funding and resources for systems to promote safety and limit driving under the influence of cannabis. Current Clackamas County zoning code prohibits cannabis retail within 1500ft of light rail stations, which encourages users to drive to and from possible future public consumption sites. Transit stops within 400m of start or end destinations are significantly more likely to be used. Transit coverage in Clackamas County, while growing under guidance of the Transit Development Plan, still has significant service gaps. These conditions create an environment where people in the county will be much more likely to drive to a destination to consume cannabis rather than walk or use a ride share service, taxi, or public transit. Given a

growing number of crashes involve some form of substance, additional safety efforts are needed. Considerations and steps for implementation include:

- *Implement best practices from early public consumption adopters.* Jurisdictions around the U.S. that have implemented public consumption policies have adopted a variety of measures to promote safety. These include barring the consumption and sale of alcohol and tobacco on site, prohibiting employees from consuming cannabis while working, and monitoring consumer behavior to avoid overconsumption and community disturbances.
- *Develop and implement consumption monitoring standards and training for bud tenders and event staff.* Training should cover impacts of cannabis use, current laws and regulations, past and current inequities in cannabis use and trauma-informed de-escalation practices. Training should be developed with an equity lens and co-created with community members.
- *Support ride service and transit access near public consumption locations.* Free or discounted rides can be offered at consumption sites to reduce patrons' likelihood of operating a vehicle under the influence. Transportation options should be considered in event planning where public consumption will be allowed and evaluated in the permitting process. As local governments develop zoning regulations, they should consider access to public transit as it relates to public consumption locations and event spaces.

5. Develop public information materials on lower risk cannabis use, cannabis consumption types, and the impacts of secondhand cannabis smoke exposure. As cannabis normalization and use continue to grow, so too must related health and safety education and awareness efforts. Considerations for implementation include:

- *Underscore the health risks of any inhalable substance while decoupling from the broad category of cannabis.* Focusing on the risks of particulate matter inhalation, regardless of source, provides a more objective advocacy platform as the research develops on full health effects. Evidence supports that cannabis use has therapeutic effects for some conditions when dosed correctly. Cannabis edibles offer an alternative to smoking or vaping cannabis. Edible consumption reduces the risk of poor respiratory health outcomes associated with smoking, but does not address other concerns, such as road safety.
- *Include lockbox information and safe storage.* Encourage adults to lock and securely store cannabis products at home to prevent children and youth from consuming them.
- *Identify distribution points for cannabis informational materials.* Potential sites to distribute educational materials include licensed public consumption venues and events. Develop an event toolbox and training guide for staff and reserve space at events with public consumption to share educational materials and lock boxes.
- *Incorporate cultural awareness and multilingual information.* Effective messaging needs to be culturally tailored and co-developed with community partners. Use clear, plain language with pictorial warnings, and make messages available in multiple languages.
- *Partner with health care workers and educators.* Expand the reach of cannabis education by collaborating with health care clinics, particularly federally qualified health care centers and schools. Building staff capacity and training on the health impacts of cannabis, including current research and policy around cannabis, can then be passed on to patients,

students and parents. Continue to partner to present to high school students on the risks of public consumption and risk taking.

- *Continue to develop and implement behavioral change campaigns focused on driving and cannabis consumption.* The Department of Transportation and Development Traffic Safety Program leverages the Positive Culture Framework to encourage safe road behavior. This framework could be applied in the continued development of campaigns around cannabis consumption, such as designating drivers when traveling to public consumption venues.

6. Create strong accountability mechanisms to ensure benefits to historically marginalized groups are maintained for the lifespan of public consumption policy.

In the 2021 HB 3112 legislation, specific policy provisions were designed to address the past harms that have fallen on communities of color related to cannabis consumption and the War on Drugs. Methods of repairing generational harms require long-term monitoring and accountability to ensure they don't fall by the wayside. Related to public consumption, licenses exclusive to BIPOC business owners were provisioned, but set to become available to all after 10 years of implementation.

- *Create an evaluation plan to monitor unintentional consequences.* The evaluation plan should center communities of color and include the voices of diverse stakeholders that intersect with the cannabis industry and provide transparency into program impact. The sectors interviewed for this HIA could serve as a starting point for recruitment and should extend to equity-license holders. The evaluation should include equity, health and safety impacts as well as new challenges that occur in implementation.
- *Mandate the Equity Oversight Board to review health and access disparities.* Draft legislation in 2021 charged this board with establishing key performance indicators related to cannabis equity. There should also be a formal charge to include cannabis-related health and safety indicators. They should include insight into mental health, youth use, road safety, and rural impacts.

7. Advocate for the use of cannabis tax revenue for local interventions to support livability and reduce unintended impacts on the surrounding area.

Creating destinations where cannabis can be consumed creates new community exposures to cannabis. Neighborhoods with higher densities of low-income and BIPOC communities are at risk of being disproportionately saturated with venues allowing public consumption. This is a common trend with tobacco and alcohol outlets.

8. Establish partnerships with local researchers to support the translation of evidence to practice and advocate for research in rural settings.

Research on the relationship between cannabis use and health outcomes is limited in the United States because of federal regulations and restrictions on both cannabis and research. Furthermore, existing research on cannabis rarely evaluates differences between cannabinoids (THC vs CBD), cannabis products, potencies, and modes of consumption. The evidence that has been generated often concludes in mixed outcomes. For this reason, it is important to ask questions about the benefits and harms of cannabis use, and for whom.⁵⁶ Developing local relationships with research partners that operate within the same policy conditions is key to developing relevant and actionable evidence. Possible research topics include:

- Economic assessment study of cannabis at the county level to understand trends in sales,

revenue, job creation, and effects in other sectors

- Evaluation of distribution of public consumption sites and events against demographic information and other social determinants of health
- Distinguish the differences in urban, suburban, and rural impacts
- Monitor health-related outcomes like cannabis-use disorder, cannabis-related emergency department visits, and cannabis-related crashes

Addendum

2023 Legislative Session

The attempt to pass public consumption of cannabis policy was revisited in Oregon's 2023 legislative session. An amendment to House Bill 2516 would have permitted cannabis producers to operate a "cannabis tourism center" on their property, allowing tours of production facilities, educational activities, marketing, and the sale cannabis products processed by the producer. It also would have allowed the sampling of usable marijuana products.

Language in the bill set the sampling limit at 3.5 grams of usable marijuana per patron per day. (Pre-rolled joints at Oregon cannabis retailers typically contain one gram of usable marijuana each.) House Bill 2516 offered little to protect the health and safety of tourism center employees exposed to secondhand smoke or communities that may, due to these facilities' proximity, see increased instances of impaired driving. However, language in the bill appeared to keep the centers from violating Oregon's Indoor Clean Air Act.⁵⁷

Although the bill moved out of committee with bipartisan support, it did not progress any further due to a walkout by legislators that ultimately ended the prospects of hundreds of pieces of legislation.⁵⁸

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Appendix I. Stakeholder Interviews

Purpose

This section describes the methods and findings of the stakeholder interviews conducted by CCPHD staff.

Methods

CCPHD staff interviewed 25 stakeholders. Stakeholders represented a range of County departments, community organizations, and businesses in the cannabis industry. Questions were sent to interviewees in advance. Each interview was held over the course of one hour. A list of stakeholder roles and organizations, as well as the interview questions, are found on pages 9.

Notes were taken during each interview and subsequently reviewed by division staff to distill key themes within each question. Counts should be viewed with a level of uncertainty because of the possible omissions in content that may have occurred through this process, as well as differences in note-taking styles between the three staff conducting interviews.

Interview Findings

Current Impacts

Overall, 24 unique impacts were identified through interviews in response to the question *What are the current impacts of (legalized recreational) cannabis on the program you oversee? On the people who use your program?* Of these 24, 10 were cited more than once across interviews (Figure 1), and 14 were only mentioned once.

The two most frequently mentioned impacts were "worsens mental health" (n=5) and "no impact" (n=5). These results highlight stark differences in perspective in general, but the split is even more pronounced when considering the industry or program that respondents represented. Interviewees from behavioral health programs discussed how cannabis worsens mental health, citing disproportionate impacts on youth and the use of cannabis leading to or exacerbating conditions like depression, anxiety, suicidality, and psychosis. Conversely, stakeholders who described current cannabis legalization as having no impact mainly worked in administrative public service roles or in the cannabis industry.

The next two most frequently cited impacts were "gateway to other substances" and "restrictions on renters". Each were mentioned by four participants. Stakeholders from law enforcement and behavioral health related personal experiences in their work when discussing cannabis use leading to the use of other substances. Regarding restrictions on renters, stakeholders described how this group, including those living in low-income housing, have no access to private space to consume cannabis, thus putting them at risk of possible eviction when choosing to smoke indoors.

Of the remaining impacts mentioned that appeared more than once, six were identified by two participants each. These included: providing pain relief, normalizing a historically stigmatized drug (cannabis), causing children to miss school because of cannabis related causes (confiscation penalties, violence at home), creating unknowns in policies because of lack of regulation standards (law enforcement response protocols and prescription dose recommendations in conjunction with cannabis use), causing unwanted odors in public spaces, and contributing to housing loss.

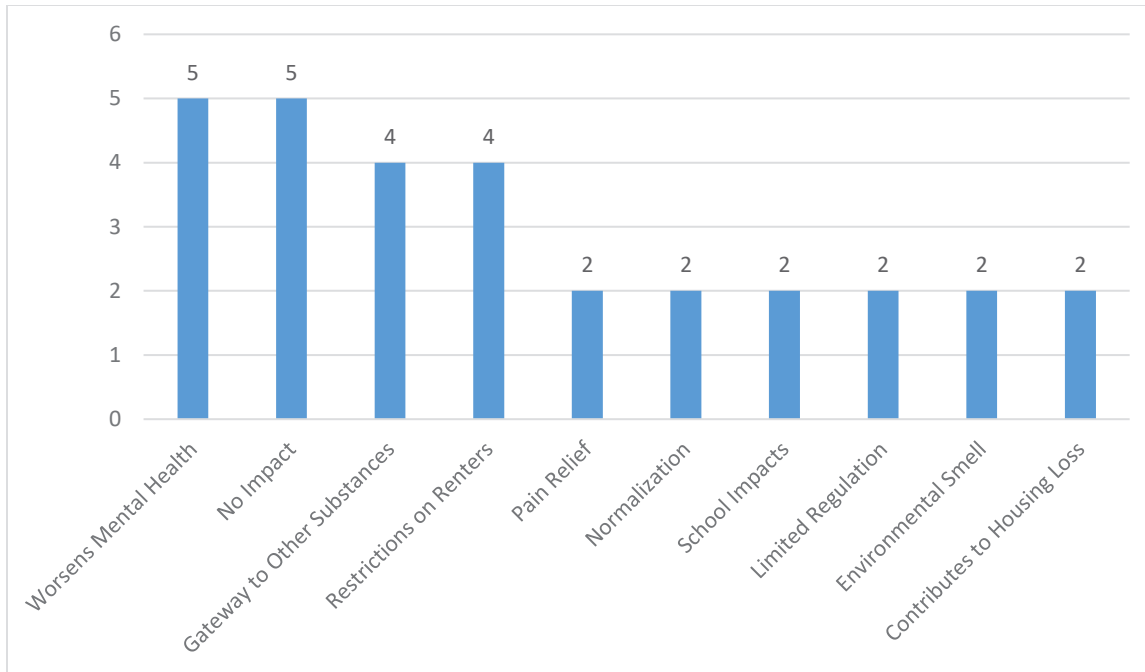


Figure 1. Current Impacts of Cannabis on Cross Sector Programming.

Positive impacts that were only cited once include improving mental health, creating a revenue stream for services, providing general health benefits, catalyzing the industry to create safer products, and creating jobs. Negative impacts that were only cited once include decreasing respiratory health, decreasing household ability to respond to other impacts, increasing crime, creating fire hazards, decreasing human capital, decreasing household budget, creating a point inequity in enforcement/ticketing that disproportionately impacts communities of color, and causing traffic to and from rural areas where grow sites are located.

Future Short-Term Impacts

Twenty unique impacts were identified in response to the question *What future impacts would public consumption of cannabis have on the work you do or the people you serve?* Of these 20, half surfaced multiple times.

The most common impact described was “increased normalization” (n=6). Stakeholders suggested that legalizing public consumption of cannabis would create greater access to and acceptance of cannabis by the public. These effects illustrated a shared belief among stakeholders. However, some understood them to be positive (revenue, public support) while others viewed them as negative (use of other substances, mental health impacts).

The next most frequently cited impacts were “increased use” (n=5) and “decreased road safety” (n=5). Stakeholders posited that new public venues to try cannabis would lead to more new cannabis users, including youth because it would be easier to obtain. They also suggested that established cannabis users would consume more because of greater accessibility.

There were two primary reasons cited for decreases in road safety. The first concerns users not having a frame of reference for cannabis limits—as opposed to potential experience with alcohol and its

effects—and therefore not being reliably certain of when it is safe to operate a vehicle. Secondly, stakeholders noted that public venues for cannabis consumption would create travel needs that would likely be met with personal vehicle use, especially in rural areas where public transit is less accessible. Participants believed these factors would create conditions leading to increased safety complaints and DUI issues. Some stakeholders anticipated that public consumption of cannabis would lead to increased worsening of respiratory health outcomes like asthma, COPD, and other long-term impacts that come from inhaling smoke (n=3). This concern applied not only to the cannabis users themselves, but those exposed to secondhand smoke, as well.

Stakeholders highlighted that one short term impact would be supporting cannabis businesses by creating new business opportunities (n=3). Local shops could become social gathering spaces, thus benefiting from increased sales. Additional impacts that surfaced in two distinct interviews included increased use of other substances, increased risk of fire, increases in citizen complaints relating to negative impacts from public use, increased car traffic in rural communities where grow sites are offering consumption opportunities, and the need to create crowd management regulations at events that permit public consumption.

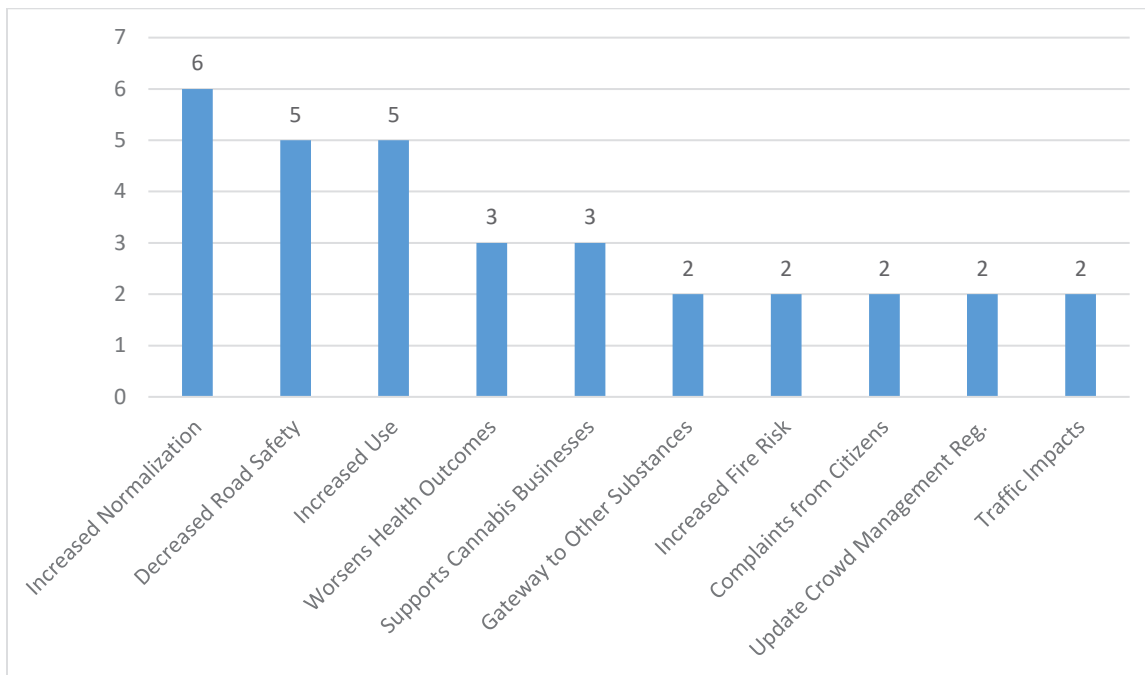


Figure 2. Future Short-Term Impacts of Public Consumption of Cannabis Policy.

Most of these impacts were understood to be negative, except for supporting local cannabis businesses. Increased normalization and increased use are inherently neutral observations, but stakeholders interpreted them differently, perceiving them as either positive or negative.

Additional short term positive impacts of public consumption that only surfaced in one interview include the destigmatization of cannabis, increased user education about cannabis, and improved public health. Additional short term negative impacts include increases in criminal offenses, the creation of barriers to access public consumption spaces, continued use in rental housing, increased trips to the emergency

room for over consumption (particularly in first time users), increasing exposure to secondhand smoke, creating need for employee drug testing procedures, and worsening mental health outcomes.

Future Long-Term Impacts

In response to the question *What long term impacts would public consumption of cannabis have on the work you do or the people you serve? (long term = 1-5 years)* stakeholders cited 13 unique impacts. However, because of the extensive discussion that the previous two interview questions created, many stakeholders referenced impacts already discussed, but applied to a longer period of time.

The most common response was continued normalization of cannabis (n=8). Other impacts that resurfaced from previous questions included supporting cannabis businesses and providing a gateway to other substances (n=3 each). The expansion of cannabis production facilities to meet increased demand surfaced as a new impact, as did the potential for reduced cannabis use over time (n=3 each). A few stakeholders suggested that because of normalization, cannabis use would have less appeal for some current and potential users.

Additional impacts that appeared twice included continued worsening of respiratory health outcomes, continued decreases in road safety, the development of a new workforce, and increases in cannabis potency.

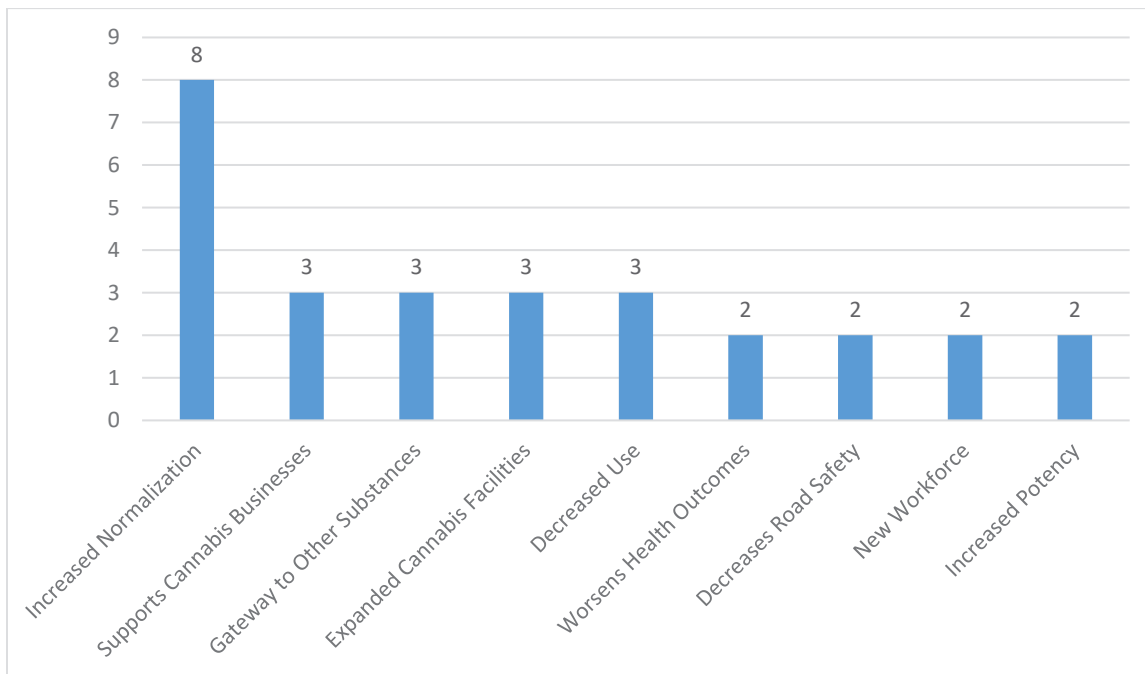


Figure 3. Future Long-Term Impacts of Public Consumption of Cannabis Policy.

Other long-term changes that were suggested in only one interview included increases in road safety, increases in public health, decreases in youth potential, and decreases in mental health outcomes. The increases in road safety were associated with a net substance use shift of people driving under the influence of alcohol to driving under the influence of cannabis, which the stakeholder suggested could be safer comparatively.

Groups That Would Benefit From Public Consumption of Cannabis Policy

Sixteen unique benefactors were identified as being impacted by public consumption of cannabis policy. The most frequently cited benefactors were local cannabis businesses (n=9). Stakeholders suggested that public consumption policy would drive demand and increase sales opportunities and create more career paths with good wages. The next most frequently cited benefactors were patients who would see increased access to locations allowing consumption of medically prescribed cannabis (n=8), as well as programmatic recipients of cannabis-related tax dollars like schools and enforcement programs (n=8).

Stakeholders cited several other groups that would benefit from increased access and use of cannabis. This included the tourism industry (n=7) as cannabis consumption sites would draw visitors to the state; small businesses such as print shops, marketing companies, and food suppliers that would see increased demand from cannabis businesses (n=6); the broader cannabis industry as a whole (n=5); and event planners (n=2) that could offer cannabis at their events.

Further impacts noted by stakeholders included the social benefits of recreational users (n=5) and renters with restrictions (n=5) having more spaces available to consume cannabis. The benefits attributed to the general public (n=3) and people driving (n=2) related to a net shift in substance use from alcohol to cannabis, which stakeholders thought would lead to less violence, driving under the influence of alcohol, and other negative societal side effects of alcohol.

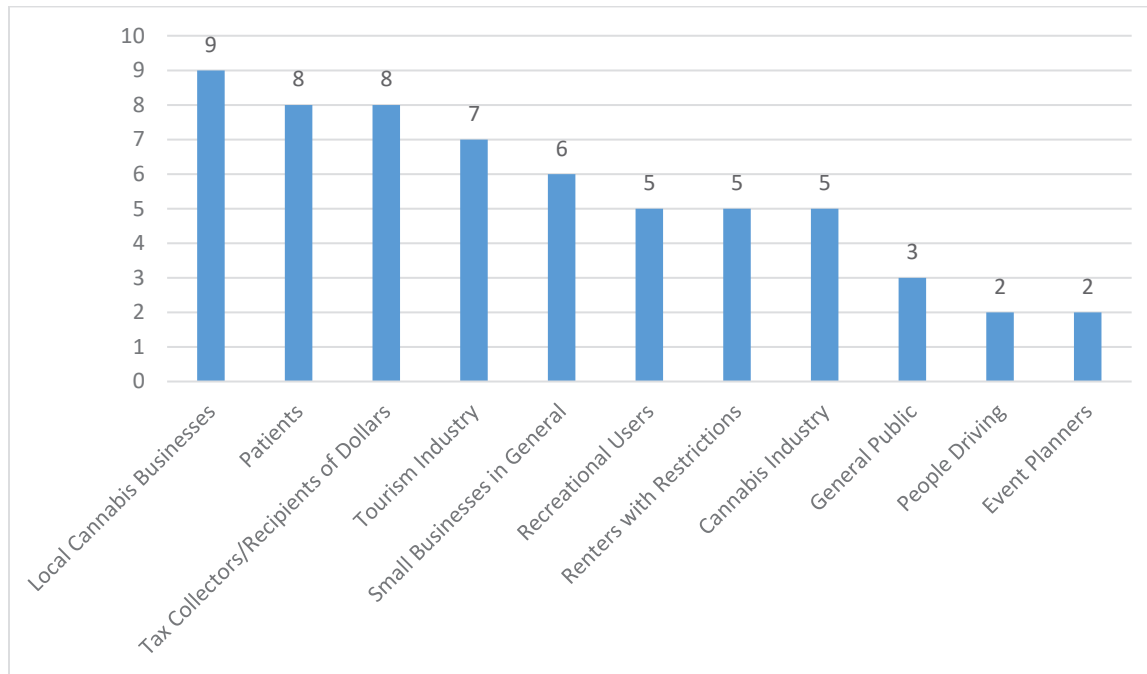


Figure 4. Groups Cited That Would Benefit from Public Consumption of Cannabis Policy.

Other groups that would benefit that were only cited in one interview include tourists, Black males, people who are houseless, people living in assisted living facilities, and rental property owners.

Groups That Would Be Harmed by Public Consumption of Cannabis Policy

Fourteen unique groups were identified that would experience negative impacts from public consumption of cannabis policy. The most frequently cited group was the general public at large (n=11).

This was largely attributed to the health impacts and undesirable odor of secondhand cannabis smoke. The second most frequently cited group was youth (n=10), who were cited for two primary reasons: the impacts of cannabis on developing brains and the social costs of use, including missing school and consuming other substances.

Some groups were cited as being impacted due to their exposure to settings where cannabis would be used, including public safety officers responding to enforcement requests (n=2), neighbors to grow sites (n=2), and people near businesses/events permitting consumption. Additionally, people driving were mentioned as facing the impacts of others operating vehicles under the influence of cannabis.

Stakeholders cited some groups as facing impacts because of health and social reasons. They believed low-income groups (n=3) and communities of color (n=2) would still face barriers to accessing public consumption spaces, and people in recovery may be increasingly exposed to substance use opportunities and therefore face setbacks (n=2). People with existing mental health diagnoses were also mentioned (n=2), as they may try cannabis for the first time and experience negative side effects.

Other groups that were cited as experiencing negative impacts in only one interview included health care providers, for needing to treat more cannabis-related conditions; the alcohol industry, for competing sales; rural areas, due to increased traffic; and employers at large, from a workforce that includes more cannabis users.

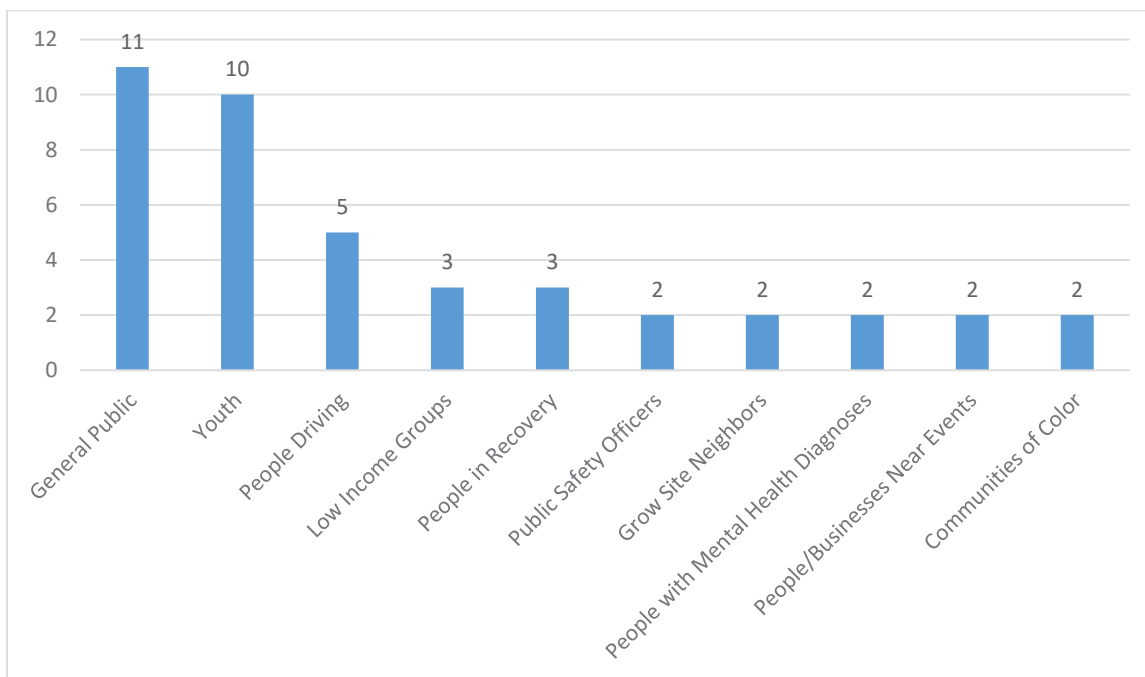


Figure 5. Groups Cited That Would Experience Negative Impacts from Public Consumption of Cannabis Policy.

Recommendations

Interviewees suggested a wide range of recommendations to reduce the negative impacts and maximize the positive impacts of public consumption of cannabis. Overall, 40 unique recommendations were made. A majority focused on reducing negative impacts.

Fifteen recommendations appeared across at least two distinct interviews. They can be grouped into the following policy buckets:

- Place-based recommendations
 - Zoning requirements (n=6)
 - Designated public spaces (n=5)
 - Ventilation requirements (n=4)
 - Advertising regulations (n=2)
 - Change in parks codes/policies (n=2)
- Enhancing enforcement and regulation systems
 - Consumption monitoring (n=5)
 - Intoxication regulations (n=4)
 - Enforcement training (n=3)
 - Road safety measures (n=3)
 - Penalties for non-compliance (n=2)
 - Licensing fees (n=2)
 - Policies preventing youth from accessing cannabis (n=2)
- Education systems
 - Education campaigns (n=6)
- Long term research on the impacts of public consumption (n=5)

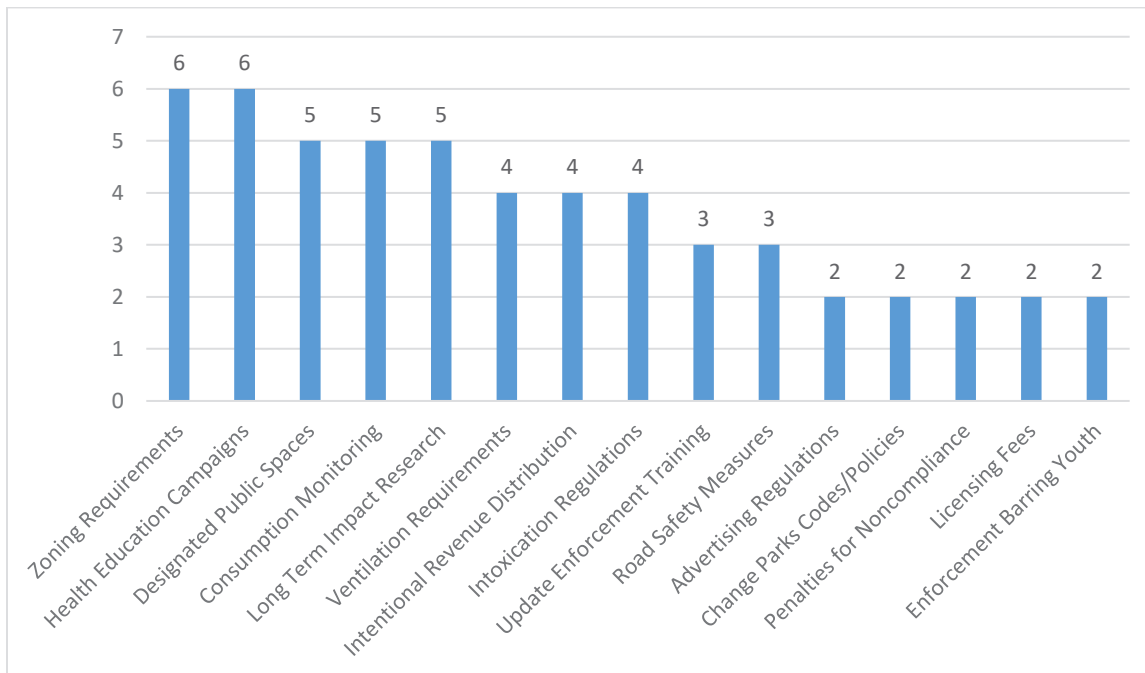


Figure 6. Recommendations to Mitigate or Enhance Impacts of Public Consumption of Cannabis Policy.

Key Interview Takeaways

An analysis of the 25 conversations revealed the following key takeaways:

- The most common concern for county stakeholders regarding current cannabis consumption levels are the impacts on mental health outcomes.
- The overarching impact of most concern associated with state-enacted public consumption of cannabis is the normalization of cannabis and increased acceptance, access, and use. Depending on the stakeholder's line of work and perspective, normalization would either generate positive or negative impacts.
- Primary negative impacts of concern for stakeholders include decreases in road safety from those driving under the influence of cannabis, widening the pathway to other substances by increasing access to cannabis, exacerbating respiratory health outcomes for cannabis smokers and those exposed to secondhand smoke, and complaints related to increased community cannabis use.
- Primary positive impacts cited by stakeholders include supporting local cannabis business revenue, employees and associated economic markets, and increasing access to cannabis to those who otherwise have no space to consume it.
- Stakeholders most frequently cited specific groups that would benefit from public consumption policy (cannabis businesses, medical cannabis patients, recipients of cannabis tax dollars), whereas the groups that would be negatively impacted were cited in broader terms (the general public, youth, people driving).
- Only two of the 25 stakeholders discussed the disproportionate impact of cannabis, either currently or in light of possible future policy, on communities of color.
- The most suggested mitigations or enhancements to public consumption of cannabis policy include place-based health and safety regulations, bolstering enforcement resources, clarifying regulation structures, developing education systems, and conducting ongoing research on policy impacts.

Stakeholders and Interview Questions

Table 1. Stakeholder Roles and Organizations.

Role	Organization
Medical Director	Clackamas County
Alcohol Drug Education Program Coordinator	Clackamas County
Owner	Cannabis Agricultural Business Park
Officer	Clackamas County Sheriff
Director	Clackamas County Behavioral Health
Certified Alcohol and Drug Counselor	Clackamas County Behavioral Health
Community Corrections Manager	Clackamas County Sheriff - Community Corrections
Probation Supervisor	Clackamas Juvenile Department
Manager	Clackamas County Parks
City Manager	City of Molalla
Economic Development Manager	Clackamas County
Cannabis Grower	N/A
Resident Service Coordinator	Clackamas County
Property manager	Clackamas County
Volunteer	Stafford Hamlet Board
Library Director	Clackamas County
Community Engagement Coordinator	City of Milwaukie
Executive Director	National Alliance on Mental Health (NAMI)
Executive Director	Oregon Healthy Equity Alliance (OHEA)
Planning Director	Clackamas County
Safety Program Manager	Clackamas County
Vision Zero Coordinator	Clackamas County
Social Services Division Director	Clackamas County
General Manager	Stone Creek Golf Course
Director	Clackamas County

Interview Questions

1. What is your current role?
2. What populations do you serve or represent?
3. What are the current impacts of cannabis in the community you serve?
4. How significant are these impacts?
5. What short term impacts would public consumption of cannabis have on the work you do or the people you serve? (short term = 6 months-1 year)
6. What long term impacts would public consumption of cannabis have on the work you do or the people you serve? (long term = 1-5 years)
7. What impact would public consumption of cannabis have on social norms related to marijuana use?
8. Who could benefit from public consumption of cannabis? What are the benefits?
9. Who could be harmed from public consumption of cannabis? What are the harms?

10. What rules, programs, or strategies would you like to see implemented to avoid potential negative impacts or maximize potential benefits from public consumption?
11. Is there anything else you would like to share on this topic?

Appendix II. Framing Analysis

PURPOSE

This section describes the methods and findings of the frame analysis conducted on testimonies submitted to the Oregon Legislature for House Bills 2233 and 3112.

METHODS

Testimonies submitted during the hearings held for HB 2233 in 2019 and HB 3112 in 2021 were downloaded from the Oregon Legislative Information System (OLIS) website. Descriptive variables collected on each testimony included the type of organization that submitted the testimony, the organization name, and the stance stated on the bill. For each session, each testimony was read once to identify major themes. During the second reading, testimonies were coded to identified frames. For HB 3112, two staff reviewed the testimonies, discussed major themes, conducted independent coding of the sample, and then reviewed results to reach alignment.

DESCRIPTIVE STATISTICS AND FRAME DESCRIPTIONS

HB 2233

Sample Size Description

Twenty-eight documents submitted as testimony were reviewed.

Testimonies by Organization Sector

Five sectors representing the local cannabis industry, the public at large (residents), government actors, advocacy groups in general, and advocacy groups focused on health issues submitted 28 testimonies. The two most prominent sectors were local cannabis industry (n=8) and residents (n=6).

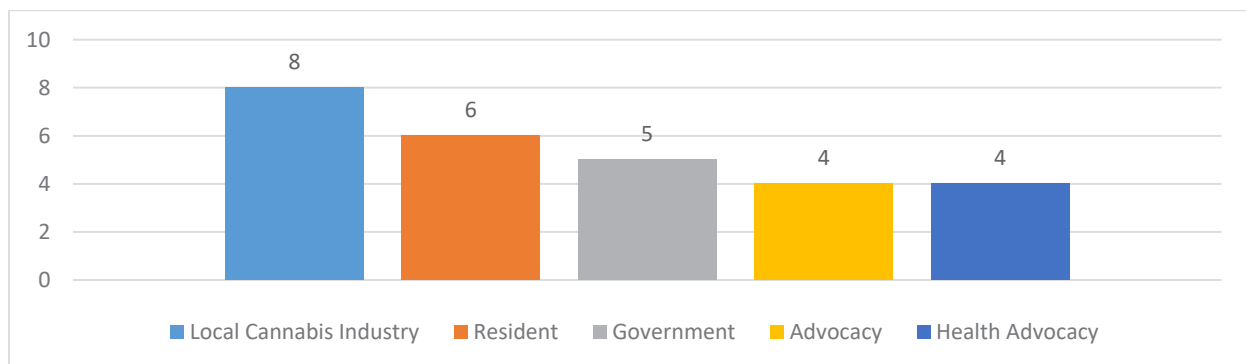


Figure 7. Organizations by Sector That Submitted Testimony for HB 2233.

Testimonies by Bill Stance

A narrow majority of testimonies submitted (n=15) were in support of HB 2233. Twelve testimonies were in opposition of the bill, and one was neutral.

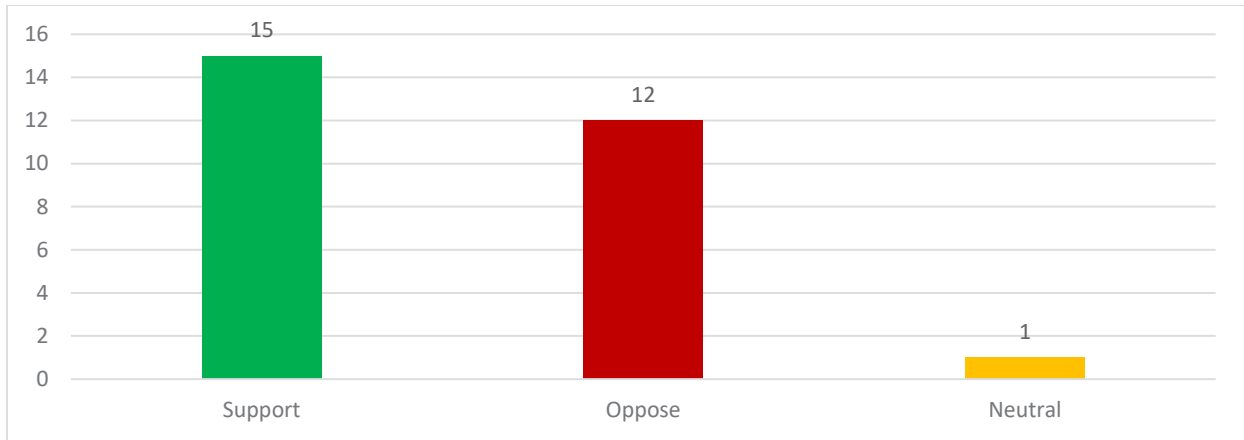


Figure 8. Bill Stance of Testimonies Submitted for HB 2233.

HB 3112

Sample Size Description

Overall, 71 documents submitted as testimony were reviewed. Of these 71 documents, 13 were supplementary reports, amendment documents, or presentation slides. These were not included in the frame analysis, leaving the final sample size at 58 testimony documents.

Testimonies by Organization Sector

For roughly one third of the sample size (n=20), there was not enough information available to determine which sector the speaker was representing. Seven different sectors were identified: local cannabis industry representatives, law firms, the public at large (residents), government actors, academic institutions, advocacy groups focused on health issues, and advocacy groups focused on culturally specific services and communities of color (CoC). The two most prominent sectors that testified were representatives from the local cannabis industry (n=13) and law firms (n=12). Local cannabis industry speakers included BIPOC cannabis business owners, cannabis industry advocates, and cannabis workers associations.

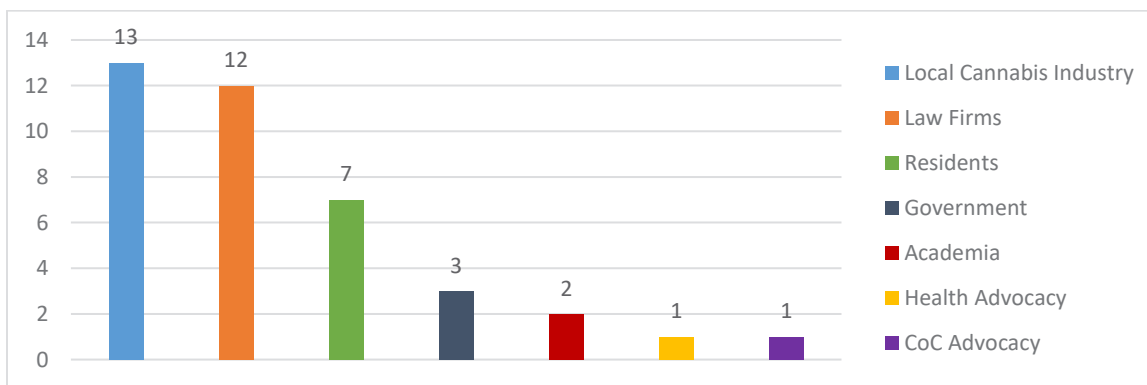


Figure 9. Organizations by Sector That Submitted Testimony for HB 3112.

Testimonies by Bill Stance

A majority (n=38) of the testimonies submitted were in support of HB 3112. Ten testimonies opposed the bill. Eleven either stated they were not taking a position or did not clearly articulate a position in the documentation submitted. These “neutral” testimonies typically provided commentary on the mechanics of the bill itself from a legal or technical/implementation perspective.

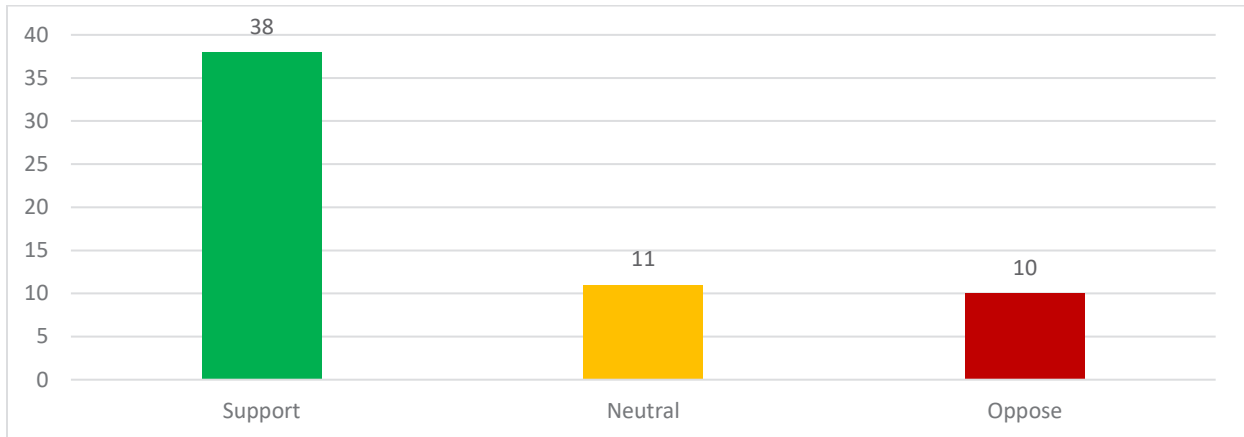


Figure 10. Bill Stance of Testimonies Submitted for HB 3112.

FRAMES

HB 2233

Supporting Frames Overview

Eight unique, positive frames were identified in the analysis. The most common frames in support of the bill were *Cannabis Equity - Use* (n=8) *Support Business* (n=7), *Promotes Tourism* (n=6), and *Normalized* (n=5).

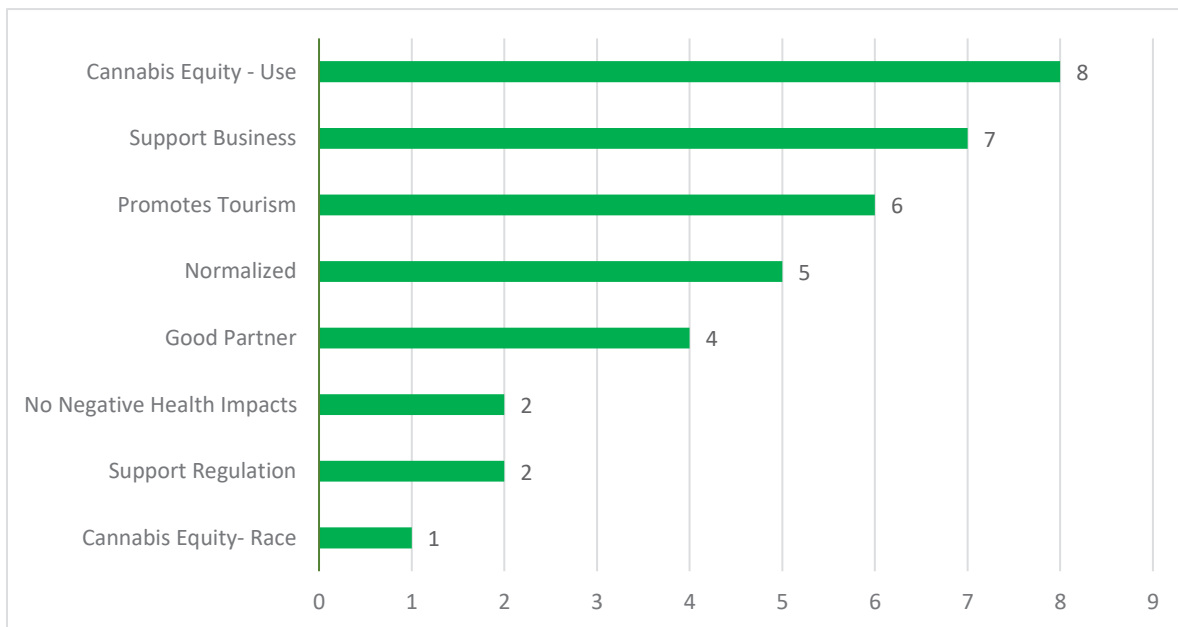


Figure 11. Frequency of Supporting Frames for HB 2233.

Supporting Frame Descriptions

Table 2. Frames Found in Support of HB 2233.

Cannabis Equity - Use	
<p>Communities need safe places to use cannabis, especially for those in public housing; has health benefits; the current system is broken in this regard and needs to be fixed. (n=8)</p>	<ul style="list-style-type: none"> • <i>We view this bill as an important step to ensure that the changes we have made in our laws operate in an equitable and fair manner. Not everyone in Oregon benefits from the new legal framework we have created around cannabis use in the same way; and there are changes we need to make to our laws to ensure equity. More specifically, there are many people in our communities who live in public housing or rentals where cannabis possession and use is disallowed. Meanwhile, those of us who own homes are free to possess and consume cannabis freely. This creates an economic inequity, where people who can afford to purchase a home are able to benefit from legal cannabis, while poorer individuals are essentially prohibited from using a legal product. (4)</i> • <i>Renters and those living in public housing oftentimes aren't even technically allowed to possess cannabis in their own homes, even for medical use. Right now we are leaving our patients out in the cold, literally, by forcing them to break the law and stand on the street in order to get the quick relief of inhaled cannabis (such as nausea due to chemotherapy). (14)</i>
Supports Business	
<p>Cannabis consumption will support local businesses and business owners, trickle over into other industries, and fuel Oregon's economy. (n=7)</p>	<ul style="list-style-type: none"> • <i>HB 2233 solves a critical problem in that cannabis consumers and producers from around the state are hampered by a cannabis legalization policy that is half finished; cannabis is legal yet there is virtually nowhere to consume it. (18)</i>
Promotes Tourism	
<p>Cannabis industry is a tourism driver in Oregon, limiting this bill would limit tourism. (n=6)</p>	<ul style="list-style-type: none"> • <i>The benefits of social consumption extend to small businesses like mine, governments in the interest of further revenue, the tourism industry, and consumers that might not have anywhere else to legally consume. (26)</i> • <i>Oregon has an opportunity to build its brand of craft, local, sustainable cannabis during a time when many states don't have the benefit of developing a legal and regulated industry. Visitors to Oregon can purchase cannabis but may find themselves with no legal place to consume it. This bill would allow those tourist dollars to come to Oregon supporting local jobs, and building a brand for when the Federal government legalizes the regulation of cannabis across the U.S. (9)</i>
Normalized	
<p>Cannabis culture has become common and accepted as part of our society. Restricting public consumption is outdated, devalues the culture, and perpetuates stigma. (n=7)</p>	<ul style="list-style-type: none"> • <i>I have been a soccer/hockey mom, a technology professional, an executive board member of non-profit foundations, and have used marijuana my entire adult life. The need to bring cannabis consumption out of dark alleys and into the light of everyday life is critical in the struggle to de-stigmatize those who use it. Indeed, cannabis prohibition itself has been the real crime. To those who express concerns about "normalization", I submit that cannabis</i>

	<p><i>normalization is the only just resolution to decades of unjust politically motivated criminalization. (10)</i></p> <ul style="list-style-type: none"> • <i>The market is ready to offer controlled environments for licensed businesses to educate and offer cannabis experiences to consumers, while legal-aged residents are due the opportunity for accessible, safer use opportunities. (21)</i>
Good Partner	
<p>Cannabis industry and stakeholders will take steps to benefit the community and make a positive impact in the state, details ways in which the legislation would accommodate health concerns. (n=4)</p>	<ul style="list-style-type: none"> • <i>Today we are asking the legislature to take the next logical step by passing HB 2233 which would permit social consumption sites. We will be active partners with government to ensure that this policy will work for everyone; cannabis producers, consumers and communities at large across Oregon. (26)</i>
Support Regulation	
<p>Advocates for providing OLCC with the resources they need to uphold regulation. (n=2)</p>	<ul style="list-style-type: none"> • <i>In addition to these two bills, we also strongly support increasing the number of inspectors and investigators at the OLCC, allowing the agency to do a better job of ensuring compliant activities among its licensees. (19)</i> • <i>I also believe providing the OLCC with the resources they need to carry out the functions of the agency such as funding of an IT system should be a high priority this legislative session. (25)</i>
No Negative Health Impact	
<p>HB 3112 will support the overall cannabis industry. (n=2)</p>	<ul style="list-style-type: none"> • <i>Cannabis was added to the clean air act after we voted to legalize it for adult use. Cannabis smoke and tobacco are not the same! Adding Cannabis to the clean air act completely ignores science. (24)</i> • <i>Unlike tobacco smoke, cannabis smoke is not associated with cancer, despite the federal government trying to prove that it is and generalized opponents to social consumption using this sort of fear mongering to prevent us from rolling out legal protections for an industry that generates hundreds of millions a year for the state and that a majority of Oregonians want. (15)</i>
Cannabis Equity - Race	
<p>Cannabis consumption prohibition and regulation has disproportionately affected communities of color. Providing safe spaces where public consumption is legal helps reverse this. (n=1)</p>	<ul style="list-style-type: none"> • <i>For years, cannabis prohibition has disproportionately affected underrepresented communities, especially communities of color, and the impacts of the enforcement and prosecution of cannabis consumption laws were shouldered heavily by racial minorities. By providing safe, legal, and regulated spaces for adults to consume cannabis, Oregon is not only ensuring that law enforcement can focus their efforts elsewhere but would make it much less likely that those same underrepresented communities would continue to be affected by current restrictions on public cannabis consumption. (9)</i>

Opposing Frames Overview

Six unique opposing frames were identified in the analysis. The most common was *ICAA & Health*, which was used in eight testimonies opposing the bill. The next most frequent frames were *Impacts Youth*, *Road Safety*, and *Lack of Regulation*.

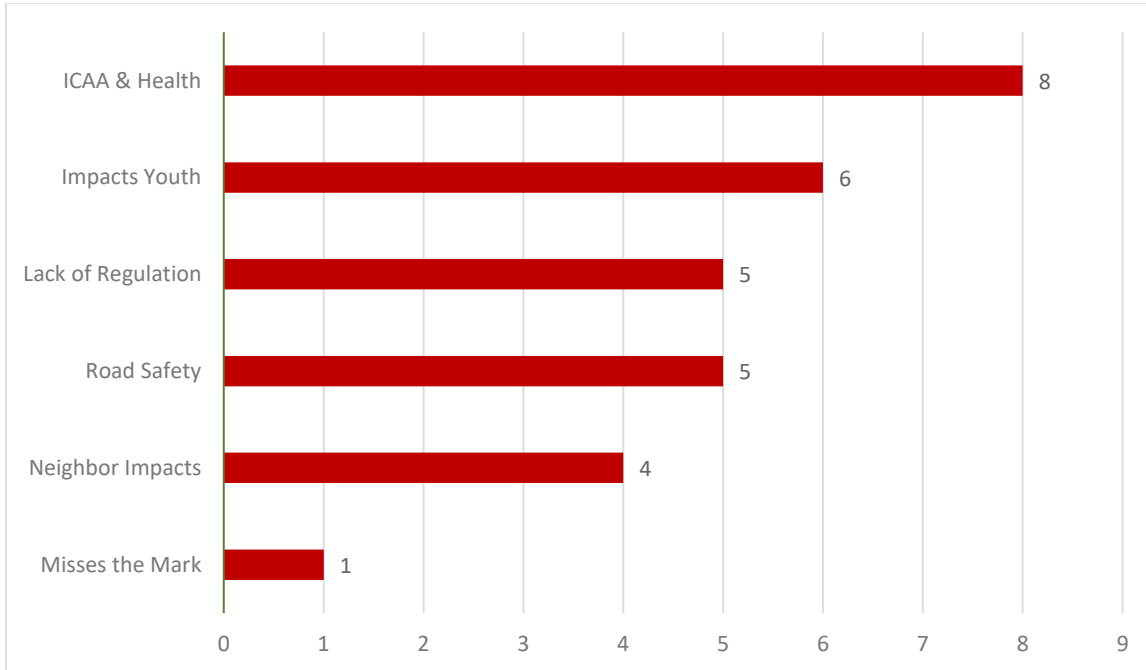


Figure 12. Frequency of Opposing Frames for HB 2233.

Opposing Frames Descriptions

Table 3. Frames Found in Opposition of HB 2233.

ICAA & Health	
Public consumption of cannabis would lead to violation of the Oregon Indoor Clean Air Act (ICAA), exposing workplace employees and Oregonians at large to harmful secondhand smoke. (n=8)	<ul style="list-style-type: none"> 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...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 smoke shops, cigar bars, and hookah lounges. (7) Adding any additional consumption and sale of marijuana items at temporary events, including licensure of premises at which temporary events are conducted, would Continue to exacerbate the existing and already challenging enforcement challenges.
Impacts Youth	
The legislation will negatively affect youth. (n=6)	<ul style="list-style-type: none"> Normalizing the use of cannabis through social consumption sends the wrong message to our youth and increases the likelihood they will seek out cannabis. We should not be expanding access to cannabis before

	<p><i>we have adequately addressed, and put into place, prevention-based policies and programs. (13)</i></p> <ul style="list-style-type: none"> • <i>My concern is the youth in Oregon. I am new to this state and utterly amazed at how common and normal it is for youth to engage in smoking....Allowing for public consumption, cafes and licenses at special events, we would be further allowing our children to believe that marijuana is safe and ok to use. Marijuana can severely impact the developing brain and lead to emotional and cognitive issues well into adulthood. Additionally, when youth consume marijuana at younger ages, they're much more likely to become addicted and misuse other substances later in life. (3)</i>
<p>Road Safety</p>	
<p>Public consumption of cannabis will increase the number of road crashes, injuries, and fatalities. There are limited resources and regulations available to support law enforcement in managing cannabis - related driving. (n=5)</p>	<ul style="list-style-type: none"> • <i>Providing additional opportunities to consume marijuana, particularly at locations which people may travel to and from using automobiles is only going to exacerbate a situation we already struggle with in Lane County. (8)</i> • <i>Oregon currently has one of the highest rates of DUIs in the country, allowing individuals to get high outside their homes will inevitably see a dramatic increase in these numbers in years to come. Furthermore, as most marijuana cultivators are in rural areas, HB 2233 would undoubtedly force more individuals to spend more time driving to and from such events/lounges. Thus, putting more traffic on our rural roads and subjecting rural residents to more drug impaired drivers. (22)</i>
<p>Lack of Regulation</p>	
<p>Infrastructure or research is not in place to support the bills, the Oregon Liquor and Cannabis Commission (OLCC) is already overwhelmed and will be unable to enforce regulation, and counties are not equipped to deal with health impacts. (n=5)</p>	<ul style="list-style-type: none"> • <i>This bill is premature. Can you answer the following: - Is the affect of higher concentrations of THC on the the brain incremental or exponential? - At what ratio of THC:CBD is psychosis likely? - What are the appropriate guidelines for limits on consumption? - What is the standard dosage for marijuana and at what point does the dosage create intoxication? (2)</i>
<p>Neighbor Impacts</p>	
<p>Legislation would have disparate impacts on neighboring properties in rural areas. (n=4)</p>	<ul style="list-style-type: none"> • <i>The large amounts of traffic coming and going from such events/lounges will create unacceptable noise levels in rural areas, destroying the very peace and quiet of these areas and the reason why most elect to live there in the first place. Like Colorado it will also inevitably result in more impaired drivers frequenting rural roads. These events and lounges don't belong in rural areas, they should be limited to urban downtown areas and if necessary collocated with existing marijuana dispensaries, away from ALL residential neighborhoods, not just urban ones. (22)</i>
<p>Misses the Mark</p>	
<p>Legislation will not address the issues that pro-legislation groups say it will, cannabis lounges will not be</p>	<ul style="list-style-type: none"> • <i>While smoking lounges sound lofty in terms of removing people from smoking marijuana in public view HB2233 does little to remove those who are openly smoking marijuana from public view....Providing</i>

<p>for everyone, people will still consume on street corners, people do not come to Oregon for just cannabis tourism. (n=1)</p>	<p><i>additional opportunities to consume marijuana, particularly at locations which people may travel to and from using automobiles is only going to exacerbate a situation we already struggle with in Lane County. (1)</i></p>
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HB 3112

Supporting Frames Overview

Eight unique, positive frames were identified in the analysis. The most common frame was *Racially Just Policy* (n=35), which appeared twice as often as *Right Reinvestment* (n=14), the next most frequent frame. Three frames were also identified in the HB 2233 analysis (*Cannabis Equity – Use, Economic Support* and *Health Benefit*). These frames did not appear as frequently in testimony for this bill.

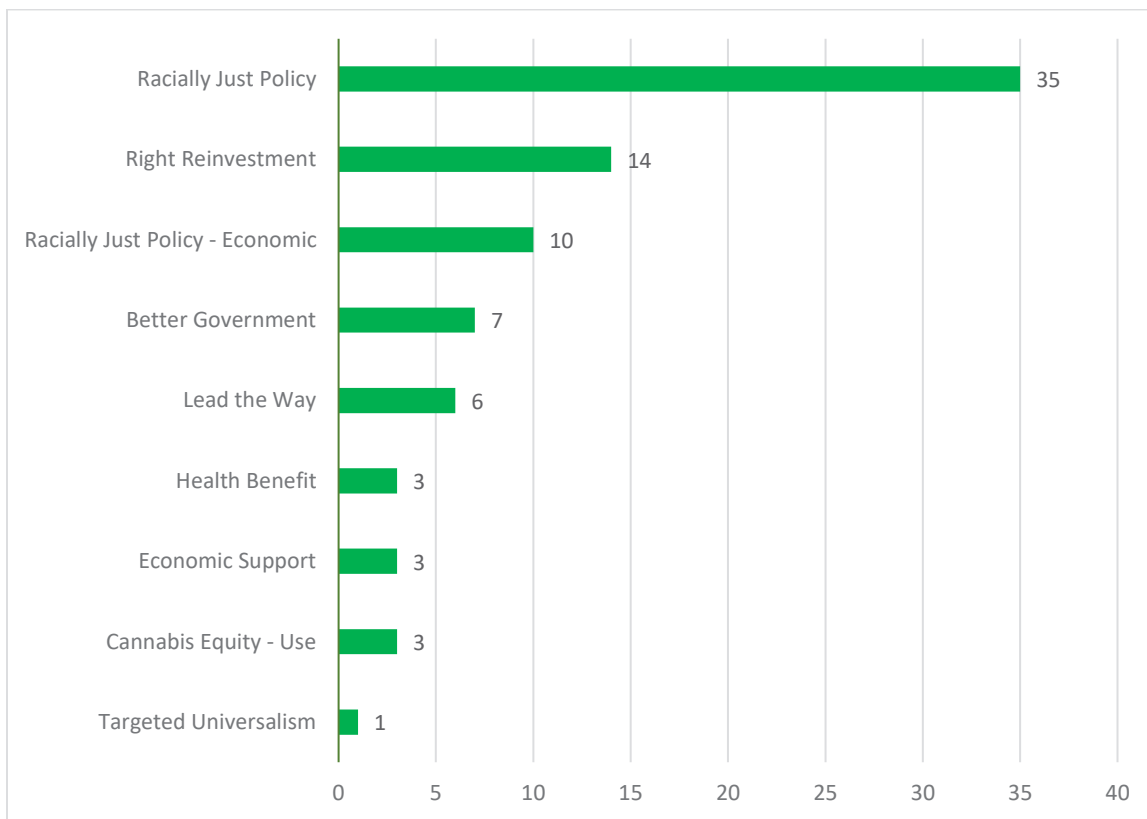


Figure 13. Frequency of Supporting Frames for HB 3112.

Supporting Frame Descriptions

Table 4. Frames Found in Support of HB 3112.

Racially Just Policy	
HB 3112 will enact policies that will center and benefit communities of color who were disproportionately impacted by cannabis regulation, prohibition, and criminalization in the past during the War on Drugs. (n=35)	<ul style="list-style-type: none"> • <i>This bill is a form of reparations that BIPOC communities are due after centuries of racism and white supremacy dominating this county. (8)</i> • <i>We recognize that over 100 years of draconian cannabis policies and disparate cannabis related arrests, convictions, and sentencing have had long-lasting legal, social, economic, and inter-generational consequences to these specific communities. (42)</i>
Right Reinvestment	
Reinvestment of cannabis tax revenue back into communities of color that have experienced the most harm from the industry is a just investment and good use of public dollars. (n=14)	<ul style="list-style-type: none"> • <i>As a legal cannabis consumer, I want the taxes I pay on recreational cannabis to be reinvested in the community, giving opportunities to Black and Brown entrepreneurs. (5)</i> • <i>We, as consumers, cannabis business community, and simply concerned citizens, believe the use of cannabis tax revenue to repair harm done to Black, Indigenous and Latinx communities is an appropriate and necessary way to restore rights and opportunities. (57)</i>
Racially Just Policy - Economic	
Communities of color face challenges entering the cannabis industry. HB 3112 will create systems changes that will level the playing field for BIPOC business to thrive in the industry. (n=10)	<ul style="list-style-type: none"> • <i>Moreover, the success of HB3112 provides the opportunity to level the playing field for those currently working in, or endeavoring to enter, the cannabis industry through community investment, and the redirection of existing funds to assuage educational and health inequities. (21)</i> • <i>While the cannabis industry of Oregon captured some \$1Billion dollars in revenue in the year 2020, only a handful of license holders were Black, Brown or Indigenous. It's time to shift this paradigm. (40)</i>
Better Government	
The Cannabis Equity Governing Body is a crucial element to ensuring community voice is integrated into government policy and decision-making. Incorporating a racial equity lens to policy development and program oversight is a practice that will improve government. (n=7)	<ul style="list-style-type: none"> • <i>We believe strongly it is the social responsibility of the people of the state of Oregon – not just the cannabis industry, but the entire state – to make right the wrongs committed in decades past. (27)</i> • <i>States have a compelling interest in ensuring that its resources and funding are not distributed in a manner that perpetuates the effects of discrimination, a risk presented by continuing to use ineffective race neutral language. Therefore, HB 3112 was intentionally crafted to establish a cannabis equity program that meaningfully addresses the historical harms to Black, Indigenous and Latino/a/x communities while remaining constitutionally sound. (42)</i>
Lead the Way	
Oregon has the opportunity to be a national leader in advancing policy focused on racial equity in cannabis by passing this policy. (n=6)	<ul style="list-style-type: none"> • <i>In my work as both an activist and a journalist, I have found that states have left equity completely out of any cannabis legalization legislation. In the past couple of years, only a few places in the U.S. have worked for cannabis social equity programs with little success in what they set out for. The Oregon Cannabis Equity Act stands to not</i>

	<p><i>only better serve the state of Oregon, but also to set precedent for the rest of the United States. (61)</i></p> <ul style="list-style-type: none"> • <i>Racial justice is one of the biggest issues facing our nation. Oregon should do right by our own citizens and help lead the way by passing House Bill 3112. (25)</i>
Cannabis Use - Equity	
<p>Currently, cannabis access is not available to people who rent or live in affordable housing, which creates an inequity attached with barriers to medicinal cannabis and risks of losing housing. (n=3)</p>	<ul style="list-style-type: none"> • <i>Cannabis consumers need to have access to consumption spaces, business opportunities, and policy developments. (60)</i> • <i>Seven current adult use states, including Oregon, currently prohibit both on-site and public consumption of cannabis products, effectively limiting lawful use to private property. This allows homeowners (and renters with accommodating landlords) to avail themselves of the benefits of legal reform, but it provides no protections for most renters, for persons living in public housing, or for persons experiencing homelessness. For members of the latter groups, cannabis legalization is either an illusion or a trap. (67)</i>
Economic Support	
<p>HB 3112 will support the overall cannabis industry. (n=3)</p>	<ul style="list-style-type: none"> • <i>The language of the Cannabis Equity Act addresses a compelling government interest like no other in the history of economic and health regulations....The economic benefits to this industry are also undeniable. (4)</i> • <i>One of the largest barriers to entering and expanding in our Industry is a complicated – meaning many layers (state, county, city) – licensing process. One needs to become an expert in land use, water use, city codes, etc. or have the cash to hire many lawyers. This bill creates built in advocates with a governing body who works cross functionally to stand up for key elements of the program and is tasked with long term sustainability. (33)</i>
Health Benefit	
<p>The bill will support better health outcomes. (n=3)</p>	<ul style="list-style-type: none"> • <i>The language of the Cannabis Equity Act addresses a compelling government interest like no other in the history of economic and health regulations. As demonstrated during the COVID 19 pandemic, cannabis medicine was deemed essential. (4)</i> • <i>I am a Cannabis advocate and can personally attest to the wellness benefits I have been provided by its use. It has helped me in overcoming debilitating pain and inflammation while helping others to do the same by their accounts. (57)</i>
Targeted Universalism	
<p>Focusing on the needs of the few who face the highest barriers in the cannabis sector, and addressing their needs through systemic policy solutions, benefits everyone. (n=1)</p>	<ul style="list-style-type: none"> • <i>Furthermore, investment of much-needed resources into programs that rebuild wealth for the Black and brown communities decimated by the Drug War is a worthy use of cannabis tax revenue. These investments in education, home ownership, business development, and job training, will benefit all Oregonians. (25)</i>

Opposing Frame Overview

Seven unique opposing frames were identified in the analysis. The most common opposing frame was *Color Blind Policy*. It was used in 8% of all the testimonies and 50% of the opposing testimonies (n=6). The next most frequent frames were *Impacts Youth – Education Fund*, *ICAA & Health*, and *Government Overreach*. Four of the frames were also identified in the analysis of HB 2233 (*ICAA & Health*, *Impacts Youth*, *Road Safety*, and *Lack of Regulation*). These frames did not occur as frequently in testimonies for this bill in comparison to HB 2233.

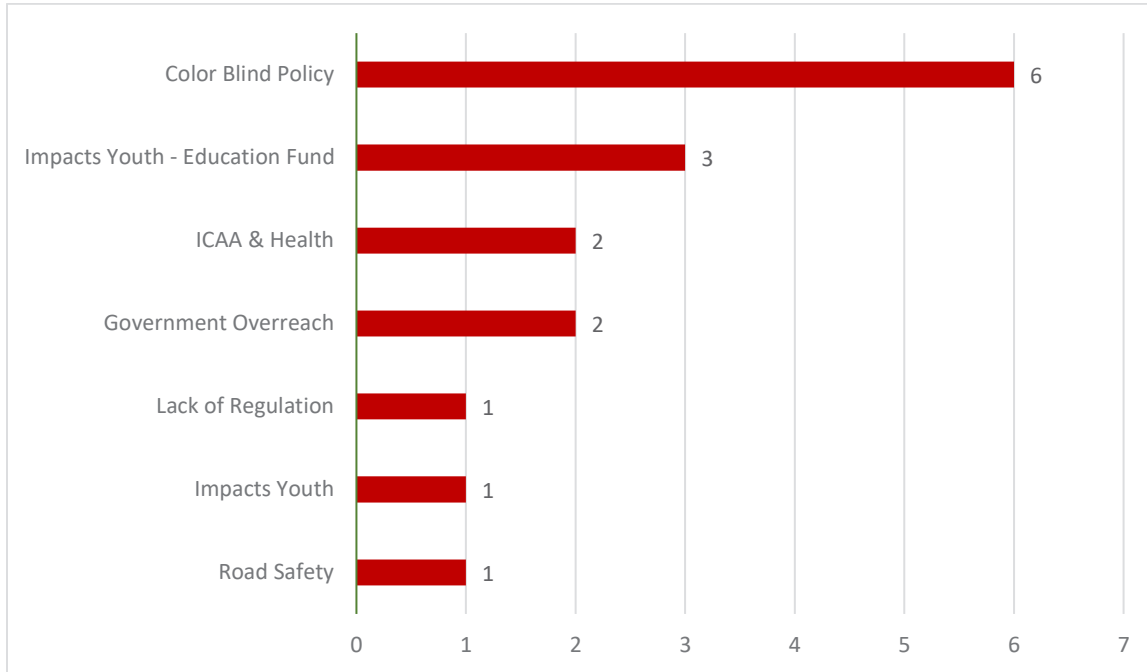


Figure 14. Frequency of Opposing Frames for HB 3112.

Opposing Frame Descriptions

Table 5. Frames Found in Opposition of HB 3112.

Color Blind Policy	
<p>HB3112 is not fair because it only benefits a small group of people, determined by race. (n=5)</p>	<ul style="list-style-type: none"> • <i>When the word “equity” is used, it is about creating new power structures that benefit the chosen few. The inclusion of “equity” in almost every bill is starting to divide the state. It is the furthest thing from unity as you could get. Redistribution of fairness is not equity. (50)</i> • <i>I also strongly oppose what you are calling equity. Mirriam-Webster defines equity as: dealing fairly and EQUALLY with all concerned. It is not equitable to treat some people differently - charge someone less - erase a crime due to skin color or heritage. History tells us that giving special treatment to a select group of people only creates division, unrest and violence. This last year has been a perfect example. (59)</i>

Impacts Youth – Education Fund	
Removing funds from the school fund does not support youth education and is not a good use of cannabis tax dollars. (n=3)	<ul style="list-style-type: none"> • <i>Taking away 40% of the Oregon Marijuana Account from funding the State School Fund with no way to make up for it. You cannot take more away from our children. This is heartbreaking to deny this to the ones that need this money the most. (53)</i> • <i>Measure 91 was referred to the Oregon Voters and passed. It directed where the monies collected were to be spent. We voted on that. Yes, we wanted that money to go to schools... You had hidden in the full transcript of the measure that some of the money was to be siphoned off for other uses. Now you want to siphon even more money away from where it was originally supposed to go. We hear almost every day how the schools need more money not less. Stop with the tinkering. (59)</i>
Lack of Regulation	
Infrastructure or research is not in place to support the bills, OLCC is already overwhelmed and will be unable to enforce regulation, counties are not equipped to deal with health impacts. (n=1)	<ul style="list-style-type: none"> • <i>The legal definition of how much marijuana can be consumed before driving has not been scientifically determined. The THC content in most cannabis products is much greater than 10 and even 5 years ago. We must use science and common sense. (47)</i>
ICAA & Health	
Public consumption of cannabis would lead to violation of the ICAA, exposing workplace employees and Oregonians at large to harmful secondhand smoke. (n=2)	<ul style="list-style-type: none"> • <i>While there are many good aspects to HB3112, ANR has three major concerns about this new marijuana/cannabis bill: 1) the threat of weakening strong public health protections associated with 100% smokefree environments, 2) the creation of a new class of workers that would have to sacrifice their health for a paycheck, and 3) misinformation about ventilation as a protective factor. (55)</i> • <i>Cannabis use is not riskless. There are both established and likely negative health impacts from use, particularly frequent use. The effects of secondhand/environmental exposure to cannabis smoke and vapor are currently understudied, but cannabis smoke and tobacco smoke are highly similar, differing primarily in the presence or absence of cannabinoids and nicotine. (67)</i>
Government Overreach	
The state government should not be supporting or engaging in policy related to cannabis. (n = 2)	<ul style="list-style-type: none"> • <i>The Oregon Government is positioning its self as a drug cartel. This is corruption blatant and simple. (1)</i> • <i>The entire point of marijuana legalization was to increase funding for education and economic development. Not for the furtherance of Oregon Governor’s Office to employ more workers (22+ at an average salary of \$65,000 is \$1,430,000 per year). Additionally spend state revenue for board operations – offices, furnishings, computers, hardware, software, office supplies... Travel, meals, auto expenses (32)</i>
Impacts Youth	
Legislation will negatively impact youth and propagate normalization. (n=1)	<ul style="list-style-type: none"> • <i>The majority of rural communities opposed the bill. The bill is now law. Our main concerns should include equity and protecting our youth and children. On-premise consumption is irresponsible and will cost more Oregonian lives. (47)</i>

Road Safety	
Public consumption of cannabis will increase the number of road crashes, injuries, and fatalities. There are limited resources or regulations available to support law enforcement in managing cannabis-related driving. (n=1)	<ul style="list-style-type: none"> • <i>Oregon loses dozens of lives every year due to drug driving. Do we really want to encourage on-premises consumption of THC? The legal definition of how much marijuana can be consumed before driving has not been scientifically determined. (47)</i>

DISCUSSION OF FINDINGS

Key takeaways from this assessment include:

- During the sessions for both bills, most of the testimonies were submitted in support of the bills.
- During the session for HB 2233, testimonies came from cannabis businesses, citizens, government agencies, and community-based and health advocacy groups. During the session for HB 3112, testimonies came from lawyers and academic institutions, as well as the same stakeholders for HB 2233. Fewer health advocacy groups testified on HB 3112. The main difference is the number of testimonies representing law firms and academia.
- There were eight supporting frames used in support of HB 2233, and six opposing frames.
 - The most common supportive frames focused on creating equitable access of cannabis to renters, supporting local cannabis businesses and local tourism, and the benefits of normalizing and destigmatizing cannabis.
 - The most common opposing frames included the respiratory risk associated with indoor smoking and vaping, violation of the ICAA, negative impacts of normalization on youth, the increased risks related to road safety, and the lack of regulation on cannabis.
- There were nine supporting frames used in support of HB 3112, and seven opposing frames. Advocates in support of the bill tended to use multiple frames in their testimonies while those in opposition only cited one or two frames.
 - The most common supportive frames included two equity arguments: (1) the bill would reverse past harms committed against communities of color because of unfair cannabis policing, and (2) the bill would invest in communities of color by increasing BIPOC representation in the cannabis industry.
 - The most common opposing frame argued that the bill achieved the opposite of advancing equity by only benefiting a few. Other frames mirrored those found in HB 2233, including *Impacts to Youth, Violation of the ICAA and Associated Respiratory Health Impacts, and Road Safety*.
- There were several key differences in the advocacy frames used between the two sets of testimonies:
 - An almost entirely new set of commonly used supporting frames was identified for HB 3112, whereas opposing frames only added one new frame and repeated others from HB 2233.
 - Differences in actors who submitted testimonies across the two sessions should be interpreted within the context of the COVID-19 pandemic, which may have limited participation from health advocates.

- Frames around equity almost entirely shifted to center communities of color in HB 3112 as opposed to the centering of low-income renters in HB 2233. This was likely a result of significant changes in bill and policy language between sessions and proposals.
- Despite the increase in overall number of testimonies between sessions, the number of opposing frames cited in testimonies for HB 3112 decreased by almost 50%. Fewer people mentioned the risk of exposure to secondhand smoke and driving under the influence, which is likely a result of having removed the allowance of indoor consumption of combustible and vape products.