



**Testimony of Maine Public Health Association In Support of:
LD 269: An Act To Prohibit Smoking in Bus Shelters**

Joint Standing Committee on Health and Human Services
Room 220, Cross State Office Building
Thursday, March 4, 2021

Good afternoon Senator Claxton, Representative Meyer, and distinguished members of the Joint Standing Committee on Health and Human Services. My name is Rebecca Boulos. I am a resident of South Portland and executive director of Maine Public Health Association. I am here today in support of LD 269: An Act To Prohibit Smoking in Bus Shelters

MPHA is the state's oldest, largest, and most diverse association for public health professionals. We represent more than 500 individual members and 30 organizations across the state. The mission of MPHA is to improve and sustain the health and well-being of all people in Maine through health promotion, disease prevention, and the advancement of health equity. As a statewide nonprofit association, we advocate, act, and advise on critical public health challenges, aiming to improve the policies, systems, and environments that underlie health inequities – but which also have potential to improve health outcomes for all people in Maine. We are not tied to a national agenda, which means we are responsive to the needs of Maine's communities and we take that responsibility seriously.

This bill clarifies that bus shelters are considered enclosed public space where smoking is prohibited.

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke contains more than 7,000 chemicals, hundreds of which are toxic and about 70 of which can cause cancer.^{1,2,3,4} While a bus shelter may not be completely enclosed, proximity to cigarette smoke can still cause immediate harm. This is particularly damaging to the health of people who may have limited mobility (and thus, cannot easily move away from the smoke), or who may be seeking shelter from inclement weather as they wait for the bus.

Breathing secondhand smoke can have immediate adverse effects on blood and blood vessels, increasing the risk of having a heart attack.^{2,3,4} Even brief exposure to secondhand smoke can damage the lining of blood vessels and cause blood platelets to become stickier, leading to increased risk for a heart attack. For children, secondhand smoke can trigger an asthma attack, and it can be more severe.^{2,4}

Concerns about secondhand smoke exposure are not limited to combustible cigarettes. With the proliferation of e-cigarette use, particularly among Maine youth, there are also health concerns about increased exposure to e-cigarette smoke (which are [regulated as a tobacco product under Maine law](#)). According to Dr. Stanton Glantz, Director for the Center for Tobacco Control Research and Education at the University of California, San Francisco, "If you are around somebody who is using e-cigarettes, you are breathing an aerosol of exhaled nicotine, ultra-fine particles, volatile organic compounds, and other toxins."⁵

The other toxins include polyaromatic hydrocarbons (PAHs), tobacco-specific nitrosamines (TSNAs), acrolein, and metals such as copper, cadmium, nickel, and lead.⁶ In 2016, the World Health Organization published a systematic review of studies that had evaluated exposure of bystanders to second-hand aerosol and the contents of smoking-proxy electronic inhaling systems (SEIS), which include electronic nicotine delivery systems (ENDS) and electronic non-nicotine delivery systems (ENNDS), with electronic cigarettes being the most common device. Second-hand aerosol exposure from SEIS comes from the aerosol exhaled by an SEIS user after inhalation.⁶ The review found the high variability in emissions among devices and liquids, even within the same device design, is cause for concern and indicates that policies should be set based on the highest reasonably expected concentrations in second-hand aerosol. The report offers policy recommendations, including: “The use of smoking-proxy electronic inhaling systems (electronic nicotine delivery systems and electronic non-nicotine delivery systems) should be banned in indoor environments, including workplaces, public places and transportation conveyances.”

Secondhand smoke exposure – whether from combustible or electronic cigarettes – is both unhealthy and unfair. It is good public health policy to restrict secondhand smoke exposure in public settings. Thus, Maine Public Health Association supports this legislation. Thank you for your time and consideration.

¹ U.S. Department of Health and Human Services. 2014. Let’s Make the Next Generation Tobacco-Free: Your Guide to the 50th Anniversary Surgeon General’s Report on Smoking and Health. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

² U.S. Department of Health and Human Services. 2006. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

³ U.S. Department of Health and Human Services. 2010. A Report of the Surgeon General: How Tobacco Smoke Causes Disease: What It Means to You. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

⁴ U.S. Department of Health and Human Services. 2014. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

⁵ American Nonsmokers Rights Foundation. 2021. Electronic Smoking Devices and Secondhand Aerosol Fact Sheet. <https://no-smoke.org/electronic-smoking-devices-secondhand-aerosol/>

⁶ Fernandez M., Fu M., Martinez-Sanchez JM. 2016. Exposure to Aerosols from Smoking-Proxy Electronic Inhalation Systems: A Systematic Review. World Health Organization Tobacco Free Initiative.