

Testimony of the Connecticut Association of Directors of Health
In Support of Raised Bill 884: An Act Prohibiting Smoking in Private Clubs
To the Distinguished Co-Chairs and Members of the Public Health Committee
February 9, 2011

Good morning, distinguished Co-Chairs and Members of the Public Health Committee. My name is Alyssa Norwood, and I am a Health Program Associate for Advocacy for the Connecticut Association of Directors of Health, or “CADH.”

CADH supports *Raised Bill 884: An Act Prohibiting Smoking in Private Clubs*. As you are aware, in 2003 the Connecticut General Assembly passed comprehensive legislation to prohibit smoking in, among other places, restaurants and bars, primarily to safeguard the health of employees who work in those establishments. However, that legislation failed to ban smoking in private clubs that sell alcohol to be consumed on the premises, even though most other bars were included in the ban. *Raised Bill 884* closes the existing loophole for private clubs and furthers the original intent of the 2003 legislation—protecting the public’s health.

Second-hand smoke is responsible for causing a variety of ailments, including heart disease and cancer. Among adults, second-hand smoke exposure causes an estimated 46,000 heart disease deaths and 3,400 lung cancer deaths annually among adult nonsmokers in the United States.¹ Though occupational disparities in second-hand smoke exposure have decreased over the past two decades, differences persist; service workers, among others, continue to experience particularly high levels of second-hand smoke exposure, relative to other types of workers.² There is no safe level of exposure to second-hand smoke.

Even beyond the 2003 smoking ban, Connecticut’s public health laws and regulations are ripe with examples of governmental power to regulate private environments to protect the public’s health. Local health directors may, for example, require abatement of residences where lead is poisoning children, close certain swimming pools until inappropriate water conditions are remediated, and conduct food safety inspections of caterers. In short, as a matter of law and public policy, there is significant precedent to protect the public’s health, especially where members of the public are involuntarily exposed to public health threats.

Accordingly, CADH supports *Raised Bill 884* to protect an innocent public, particularly private club employees and patrons, from the dangers of second-hand smoke.

CADH is a nonprofit organization comprised of Connecticut’s 77 local health departments and districts. Since its incorporation in 1996, CADH has and continues to convene, engage, mobilize, and support Connecticut’s local health departments and districts to strengthen and assure efficient and effective delivery of public health services. Local health directors are the statutory agents of the Commissioner of Public Health and are critical providers of essential public health services at the local level in Connecticut. Thank you for your consideration.

¹ Centers for Disease Control and Prevention. Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses—United States, 2000–2004. *Morbidity and Mortality Weekly Report*. 2008;57(45):1226–8.

² Arheart KL, Lee DJ, Dietz NA, Wilkinson JD, Clark III JD, LeBlanc WG, Serdar B, Fleming LE. Declining Trends in Serum Cotinine Levels in U.S. Worker Groups: The Power of Policy. *Journal of Occupational and Environmental Medicine* 2008;50(1):57–63 [cited 2010 Sep 1].