

**Testimony of the Connecticut Association of Directors of Health**  
*In Support of Proposed Bill 415: An Act Concerning State Oversight Over Hookah Lounges*  
To the Distinguished Co-Chairs and Members of the Public Health Committee  
March 2, 2011

Good afternoon, distinguished Co-Chairs and Members of the Public Health Committee. My name is Robert Miller, and I am on the Executive Committee of the Connecticut Association of Directors of Health, or “CADH,” and Director of the Eastern Highlands Health District, serving the towns of Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Scotland, Tolland, and Willington.

CADH supports *Proposed Bill 415: An Act Concerning State Oversight Over Hookah Lounges*, subject to substitute language that would ban rather than regulate hookah smoking in Connecticut. Despite significant health risks, there has been an alarming rise in hookah smoking in the U.S., especially among college students and other young people.<sup>1</sup> The World Health Organization states the following conclusions regarding hookah smoking:<sup>2</sup>

- Hookah tobacco is often sweetened and flavored and thus may explain why many people who would not otherwise use tobacco begin to use hookahs.
- A typical 1-hour long hookah smoking session involves inhaling 100-200 times the volume of smoke inhaled with a single cigarette.
- Even after it has been passed through water, the smoke produced by a hookah contains high levels of toxic compounds, including carbon monoxide, heavy metals, and cancer-causing chemicals. These same toxicants are also produced by combusting fuel (e.g., charcoals) applied to burn the tobacco.
- Because second-hand smoke from hookahs is a mixture of tobacco smoke and smoke from the fuel, the smoke poses a particularly serious risk for non-smokers.
- There is no proof that any device or accessory can make hookah smoking safer.
- Sharing a hookah mouthpiece poses a serious risk of transmission of communicable diseases, including tuberculosis and hepatitis.

Public health is about *prevention*: preventing exposure to risks that pose threats to the public’s health and promoting policies that support health. We have an opportunity *now* to prevent the next generation of lung cancer and lung disease victims. We have an opportunity *now* to prevent the next generation of nicotine addicts. We have an opportunity *now* to do the right thing for the health of Connecticut residents by banning hookah.

Recognizing the dangers of hookah smoking, states including Massachusetts<sup>3</sup>, New Hampshire<sup>4</sup>, New Jersey<sup>5</sup>, and Rhode Island<sup>6</sup> have expanded their statewide smoke-free policies to include hookah smoking, specifically by defining “smoke” and “smoking” broadly. We have provided Senator Slossberg and Representative Ritter with suggested statutory language that would enable Connecticut to clarify its definition of smoking, as well as extend the state’s existing smoking ban to hookah lounges. This language was drafted in coordination with the MATCH Coalition and the American Cancer Society.

In sum, CADH supports *Proposed Bill 415*, subject to substitute language that would ban rather than regulate hookah smoking in Connecticut, to protect an innocent public.

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<sup>1</sup> Madonna Behen, *Hookahs an Unhealthy Hit Among Privileged Young Adults*, BUSINESSWEEK, May 10, 2010.

<sup>2</sup> World Health Organization. *Waterpipe Tobacco Smoking: Health Effects, Research Needs and Recommended Actions by Regulators*. Available at <[http://www.who.int/tobacco/global\\_interaction/tobreg/Waterpipe%20recommendation\\_Final.pdf](http://www.who.int/tobacco/global_interaction/tobreg/Waterpipe%20recommendation_Final.pdf)>. Accessed December 16, 2010.

<sup>3</sup> MASS. GEN. LAWS. Ch. 270, Section 22.

<sup>4</sup> N.H. REV. STAT. Section 155:65.

<sup>5</sup> N.J. REV. STAT. Section 26:3D-57.

<sup>6</sup> R.I. GEN. LAWS Section 23-2010-2(14).