

Testimony of the Connecticut Association of Directors of Health
In Support of Proposed Bill No. 5240: An Act Concerning the Regulation of Hookah Lounges.

February 27, 2013

To the Distinguished Co-Chairs and Members of the Public Health Committee

Good afternoon, Distinguished Co-Chairs and Members of the Public Health Committee. My name is Karen Spargo, and I am the President of the Connecticut Association of Directors of Health (CADH) and the Director of the Naugatuck Valley Health District, serving the towns of Ansonia, Beacon Falls, Derby, Naugatuck, Seymour, and Shelton.

CADH supports *Proposed Bill 5240: An Act Concerning the Regulation of Hookah Lounges*, subject to bill language that would ban rather than regulate hookah smoking in Connecticut. CADH recognizes the importance of regulating the hours of operation of hookah lounges to promote community safety. But from a public health perspective, there is no meaningful or safe way to regulate hookah lounges, and therefore, they should be banned entirely 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.¹ In 2011, 18.5% of 12th-grade students reported having smoked a hookah in the past year, and many hookah smokers inappropriately believe that smoking a hookah carries less risk of tobacco-related disease than cigarette smoking.² The World Health Organization states the following conclusions regarding hookah smoking³.

- 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
- Hookah smoke contains many of the same toxins as cigarette smoke and has been associated with lung cancer, respiratory illness, low birth weight, and periodontal disease⁴
- 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, which 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 disease, 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 hookahs. Recognizing the dangers of hookah smoking, Massachusetts⁵ and other Northeastern states have expanded their statewide smoke-free policies to include hookah smoking, specifically by defining "smoke" and "smoking" broadly. In sum, CADH supports Proposed Bill 5240, subject to the inclusion of language that would ban rather than regulate hookah smoking in Connecticut.

¹ Madonna Behen, Hookahs an Unhealthy Hit Among Privileged Young Adults, BUSINESSWEEK, May 10, 2010.

² Morris DS, Fiala SC, Pawlak R. Opportunities for Policy Interventions to Reduce Youth Hookah Smoking in the United States. *Prev Chronic Dis* 2012;9:120082. DOI: <http://dx.doi.org/10.5888/pcd9.120082>.

³ World Health Organization. Waterpipe Tobacco Smoking: Health Effects, Research Needs and Recommended Actions by Regulators. Available at http://who.int/tobacco/global_interaction/tobreg/Waterpipe%20recommendation_Final.pdf. Accessed December 16, 2010.

⁴ Morris DS, Fiala SC, Pawlak R. Opportunities for Policy Interventions to Reduce Youth Hookah Smoking in the United States. *Prev Chronic Dis* 2012;9:120082. DOI: <http://dx.doi.org/10.5888/pcd9.120082>.

⁵ MASS.GEN.LAWS. Ch. 270, Section 22.