



Office of the Assistant Secretary for Housing
Department of Housing and Urban Development

RE: FR-5597-N-01 Request for Information on Adopting Smoke-Free Policies in PHAs and Multifamily Housing

November 5, 2012

The American Cancer Society Cancer Action Network (ACS CAN) is pleased to respond to HUD's Request for Information on Adopting Smoke-Free Policies in PHAs and Multifamily Housing. ACS CAN is the nonprofit, nonpartisan advocacy affiliate organization of the American Cancer Society, dedicated to eliminating cancer as a major health problem. Death and disease caused by secondhand smoke exposure, including cancers, is a serious public health issue. HUD and other federal agencies should implement strong, evidence-based policies that will reduce residents' exposure to secondhand smoke in PHAs and multifamily housing.

The evidence of the health and economic impacts of secondhand smoke exposure clearly demonstrates that smoke-free multi-unit housing offers measurable benefits to the residents, owners, and the Department. More than 42% of U.S. adults are exposed to secondhand smoke at work or at home and nearly one in five children ages 4-11 and youth ages 12-19 are exposed to secondhand smoke in their home.^{1,2} Nonsmokers who are exposed to secondhand smoke at home or at work increase their risk of developing lung cancer by 20–30%.³

The fatal consequences of secondhand smoke exposure are well documented. The 2006 Surgeon General's Report on *The Health Consequences of Involuntary Exposure to Tobacco Smoke* concluded that "The scientific evidence indicates there is no risk-free level of exposure to secondhand smoke."⁴ The 2010 Surgeon General's report *How Tobacco Smoke Causes Disease* further affirmed and provided a more detailed review of the mechanisms that validate the conclusion.⁵ Exposure to secondhand smoke causes many of the same tobacco-related diseases and premature death as active smoking, including increasing nonsmokers' heart disease, stroke and cancer risk.⁶ Secondhand smoke causes about 3,400 lung cancer deaths and about 46,000 heart disease deaths among nonsmoking adults each year.⁷

Secondhand smoke contains more than 7,000 chemicals, including hundreds that are toxic and about 70 that can cause cancer.⁸ For example, arsenic, benzo(a)pyrene, cadmium, chromium, nickel, and NNK are associated with lung cancer, nitrosamines cause cancers of the lung, respiratory system, and other organs, aromatic amines are linked to bladder and breast cancers, formaldehyde and nickel are linked to nasal cancer, benzene is associated with leukemia, vinyl chloride with liver and brain cancer, 2-naphthalymine and 4-aminobiphenyl with bladder cancer, and lead with liver cancer.⁹

Secondhand smoke is also responsible for major economic losses in the U.S. The total annual costs of secondhand smoke exposure are estimated to be at least \$5 billion in direct medical costs.¹⁰ Recent studies in 2012 estimate that to secondhand smoke costs \$6.6 billion in lost productivity each year.¹¹

Secondhand smoke exposure is especially dangerous for many of the populations of residents in HUD housing. People with incomes below the poverty level are more likely to be exposed to secondhand smoke.¹² In addition, research has found higher levels of secondhand smoke exposure among African-Americans than for any other race or ethnic subgroup.¹³ A 2012 study shows that African Americans account for 24-36% of all secondhand smoke-related infant deaths.¹⁴

ACS CAN commends HUD for encouraging smoke-free policies over the last three years, but the number of adopted policies in PHAs is far too low. Significant opportunity exists to move toward many more PHAs adopting these policies and to ensure that the policies that are adopted are effective in protecting residents' health. The serious health risks posed to low-income and minority populations from secondhand smoke exposure elevate the need for HUD to successfully implement smoke-free policies in as many PHAs as possible.

Smoke-free policies are a critical tool for reducing exposure and preventing these unnecessary consequences. Less than half the population of the U.S. population is fully covered by a comprehensive smoke-free law outside their residences that covers workplaces, bars and restaurants. Expanding smoke-free policies to HUD PHAs and multifamily housing will further the spread of healthy smoke-free environments in jurisdictions that have yet to pass these laws, and further bolster smoke-free environments areas that already have a comprehensive workplace, bar and restaurant policy.

Evidence clearly demonstrates that smoke-free policies work. Numerous studies show promoting smoke-free places improves indoor air quality, reduces secondhand smoke exposure and lowers risk of deadly diseases. Much can be learned from smoke-free workplace and restaurant experiences. The New York State Department of Health found that secondhand smoke exposure declined by 89% among a sample of the city's bar and restaurant workers just five months after implementation.¹⁵ In addition, 157,000 fewer adults reported being exposed to secondhand smoke.¹⁶ A 2012 study of Michigan's indoor air law found reduced cotinine levels and "significant improvement in all six self-reported respiratory symptoms and general health status" following implementation.¹⁷ A similar study in Kansas City reported that indoor air pollution levels in bars and restaurants dropped by 89% as a result of that city's indoor air law.¹⁸

Smoke-free laws also prompt many smokers to quit. Approximately 69% of current smokers want to quit completely.¹⁹ In 2010, approximately 52% of current smokers attempted to quit.²⁰ With so many smokers having the desire to and attempting to stop smoking, expanding smoke-free places is an important opportunity to encourage successful, lasting quit attempts. Evidence also shows the connection - during the three months following the passage of Nebraska's smoke-

free workplaces law in 2009 16% of callers to the state's Quitline said that they were influenced to call as a result of the smoke-free law.²¹

Encouraging additional smoke-free HUD housing would mirror a growing trend in the U.S. A majority of U.S. households are now smoke-free, up from less than 20% in 1992.²² Residents clearly prefer smoke-free environments in most cases, including many smokers themselves.

Policy Recommendations

ACS CAN and the Society have decades of experience in advocating for smoke-free environments and understanding the types of provisions that lead to effective policies that protect public health. Based on this experience, we offer several recommendations for creating and implementing policies that cover HUD PHAs and multifamily housing.

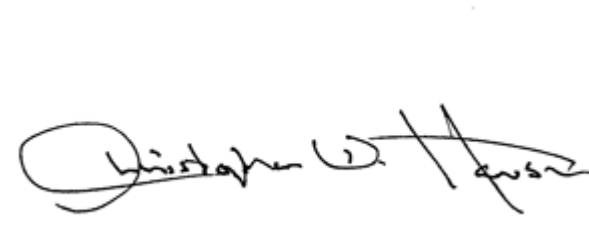
Overall, HUD policies should focus on a longer-term goal of establishing all housing under its jurisdiction as smoke-free. The Department should strive for comprehensive smoke-free environments because the scientific evidence on the risks of secondhand smoke is strong, weaker or incomplete policies do not adequately protect residents over the long-term, and broader policies are needed to meet public health goals of protecting more vulnerable populations living in HUD housing. These policies should be instituted over a reasonable timeframe to allow PHAs time to develop plans for implementing the policies and for residents to have time to adjust to the new policies. The policies should also be seen as a "floor" for smoke-free policies to allow room for individual PHAs or owner/operators to establish even stronger policies to further protect residents from secondhand smoke.

HUD should also include the following specific provisions in any smoke-free policy:

1. *Strong protection for residents against secondhand smoke exposure* - Complete smoke-free policies best protect residents. Smoking in common areas, hallways, doorways and similar areas do not adequately minimize secondhand smoke. Allowing smoking with ventilation systems is shown to be ineffective and costly and does not eliminate exposures of nonsmokers to secondhand smoke.²³
2. *Enforcement* - Mechanisms and support for enforcement, including fines, procedures for anonymous complaints, and a toll-free number for reporting. These tools have shown to improve smoke-free compliance in other types of venues.
3. *Education and outreach* - Accessible, expansive and well-resourced education and outreach that builds on current HUD smoke-free policy toolkits. This should include signage for owners and operators, model policies and communications, and updated FAQs, all supported through a strong mass-media campaign designed to inform operators, managers, and residents about the benefits and details of the policies and engage them in implementation. This is necessary for consistent and accurate implementation of policies and will significantly improve buy-in from PHAs and residents.

4. *Cessation assistance* – In addition to referrals to the state Quitline, assistance could include onsite cessation support meetings, free nicotine replacement therapy offered onsite, and referrals to counseling and medical advice. Helping people access cessation services will improve compliance and address the underlying issues of tobacco addiction among the resident population.
5. *Tracking and monitoring* - Information on smoke-free policies across the country should be centrally collected, allowing HUD to track progress, understand common challenges, learn about successes, and continually improve smoke-free policies to protect residents' health.
6. *Partnerships* - Working with other agencies and programs that have regular contact with residents and work in the same areas, including CDC, EPA, and WIC, will improve efforts communicate about the policies and identify those residents needing assistance.
7. *Adequate funding and resources* - Funding for technical assistance, guidance and tools for PHAs in implementing policies is critical for successful implementation and enforcement over time.

ACS CAN appreciates the opportunity to provide information to HUD on a priority public health issue. Reducing secondhand smoke exposure in HUD housing through smoke-free policies will help reduce cancer risk among populations most at risk of smoking-related death and disease. Please contact Angela Jones at angela.jones@cancer.org or 202-585-3202 if you have questions.

A handwritten signature in black ink, appearing to read "Christopher W. Hansen". The signature is written in a cursive style with a large initial "C" and a long horizontal stroke extending to the right.

Christopher W. Hansen
President

¹ Max W. Who is Exposed to Secondhand Smoke? *Intl J Envior Res Public Health*, 2009;6(5): 1633-1648.

² *How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General*. Atlanta, GA: 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, 2010.

³ U.S. Department of Health and Human Services. *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

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5 CDC (2010)

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