



January 19, 2016

Regulations Division, Office of General Counsel
Department of Housing and Urban Development
451 7th Street SW, Room 10276
Washington, DC 20410-0500

Re: Instituting Smoke-Free Public Housing; Docket No. FR 5597-P-02 RIN 2577-AC97

Dear Secretary Castro:

On behalf of Trust for America's Health, we are writing in response to the request for comment issued by the U.S. Department of Housing and Urban Development (HUD) entitled "Instituting Smoke-Free Public Housing." As a nonprofit, nonpartisan organization dedicated to improving population health through prevention and health promotion, TFAH strongly supports policies that will improve childhood asthma management and symptom prevention. As exposure to secondhand smoke (SHS) is one of the most significant triggers of asthma attacks among children – especially for low income and minority children – we are particularly supportive of policies that promote reduced exposure to secondhand smoke.

TFAH supports full implementation of the National Prevention Strategy and National Prevention Council Action Plan. Healthy and safe community environments are one of four strategic directions of the strategy. As such, we commend HUD for progress to-date made in partnership with the U.S. Department of Health and Human Services (HHS), the American Lung Association, the American Academy of Pediatrics, and others to provide resources to property owners, housing managers, landlords, resident organizations, and residents to help create smoke-free environments. We also applaud HUD and HHS collaboration to increase residents' access to proven tobacco cessation services.¹

We commend HUD for its proposal to require all PHAs to implement a smoke-free housing policy. HUD's leadership in recent years has contributed to hundreds of PHAs going smoke-free, and this new proposed policy will go a long way towards protecting children in low-income families from the dangers of tobacco smoke in their own homes. Additionally, we urge HUD to expand its proposed smoking ban to protect children where they play outdoors on public housing property, and to expand its definition of tobacco products to include e-cigarettes and other tobacco use. In addition, we strongly believe that the only way to fully protect children living in federally-assisted multifamily housing is to adopt a nationwide smoke-free policy covering all multifamily housing under HUD's control, including units in mixed-finance buildings.

HUD proposal to curb smoking in public housing is well supported by the science that shows the detrimental impact secondhand smoke exposure has on children with asthma. TFAH outlines those concerns in its report *A Healthy Early Childhood Action Plan: Policies for a Lifetime of Well-Being*².

Secondhand tobacco smoke is a significant public health hazard, greatly contributing to the burden of childhood asthma.

According to the Centers for Disease Control and Prevention, in 2013, 9.3 percent of children were affected by asthma,³ making asthma the single most common chronic condition among children in the United States. Asthma is disproportionately prevalent among residents of federally-assisted public housing. Low-income and minority children – the populations who are most likely to live in public housing⁴ – bear the greatest burden of the disease.⁵ One in three children with asthma lives in poverty, and the rate of asthma is significantly higher among African-American and Puerto Rican children.⁶ The poorest children, whose family’s income is below 100 percent of the federal poverty line (FPL), have an asthma prevalence of 11.2 percent, compared to just 7.3 percent asthma prevalence among children above 200 percent FPL.

According to the U.S. Surgeon General, SHS is a major asthma trigger and one of the most significant contributors toward asthma prevalence and morbidity⁷ in large part because a child’s developing body and lungs are especially vulnerable to the health effects of environmental pollutants.⁸ Children with asthma are more likely to be affected by cigarette exposure compared with adults,^{9,10} and, according to the Surgeon General, there is no safe level of SHS exposure – even brief exposure can cause immediate harm to children.¹¹ Protecting children from the harmful effects of tobacco smoke exposure, therefore, should be a major priority of federal policy.

We applaud HUD for taking a fundamental step toward eliminating involuntary exposure to tobacco smoke in PHAs. Addressing smoking in multifamily housing is a significant opportunity to protect children from asthma.

The home is the main source of SHS exposure for children; approximately 25 percent of children live with a smoker.¹² Household smoking is associated with a significantly increased risk of pediatric asthma: *children who live in smoking households show a rate of asthma 44 percent higher than children in nonsmoking households.*^{13,14}

Children living in publically-funded housing bear a unique burden of SHS exposure: public housing residents smoke at a rate almost twice as high as residents of non-public housing, meaning that children in public housing are more likely to live with a smoker or experience exposure to SHS from other units.^{15,16,17,18} Studies show that the majority of nonsmoking units in public housing buildings where smoking is allowed have detectable air nicotine levels.^{19,20,21,22} This research documents the harsh realities of the daily exposure to tobacco smoke that residents of multiunit buildings face.

HUD’s proposal to require PHAs to implement a smoke-free policy is an important step toward protecting vulnerable children from the harmful effects of SHS exposure. Where public housing smoking bans are in place, studies show an increase in smoking cessation and substantial reductions in air nicotine levels, leading to reduced SHS exposure.^{23,24,25} These improvements in indoor air quality are only achieved by total, building-wide bans – partial smoke-free policies (e.g. banning smoking in hallways or common areas) are not sufficient to protect residents from the harms of SHS exposure.²⁶

We applaud HUD for initiating rulemaking to require building-wide smoking bans for all PHAs, and we strongly encourage HUD to finalize this rule.

We applaud HUD’s proposal to set a smoke-free perimeter around PHA buildings (§ 965.653(a)), but we encourage HUD to study whether it is appropriate to make the entire grounds owned by the PHA smoke-free (§ 965.653(b))

The proposed rule restricts smoking in outdoor areas within 25 feet from public housing and administrative office buildings, but leaves it to the discretion of each PHA as to whether they will designate additional outdoor areas as smoke-free or whether they will make their entire grounds smoke-free. We urge HUD to study whether it is appropriate to extend smoke-free policies to all grounds owned by the public housing agency.

Studies have shown that concentrations of secondhand smoke in many outdoor areas are often as high as in indoor areas and that the risks posed by such exposure can be significant.²⁷ Drifting tobacco smoke – even outdoors – can trigger an asthmatic attack. There is no “risk-free” level of SHS exposure,²⁸ and a 25 foot perimeter, a seemingly arbitrary distance, around buildings may be inadequate to protect children who play on playgrounds or use other recreation areas outside of the public housing building itself. We urge HUD to study this issue and make revisions to its smoke-free policies as appropriate.

We strongly urge HUD to include e-cigarettes under the definition of tobacco products -- § 965.653(c)

HUD specifically asks whether the proposed smoking ban in PHAs should be extended to electronic cigarettes (e-cigarettes). We strongly urge HUD to extend this regulation to cover these harmful products, given their hazardous chemical composition, common misconceptions about their safety, and their potential link to childhood asthma.

- *E-cigarette* use is increasing in the U.S. Although marketed as a safer alternative to smoking tobacco that only produces harmless water vapor, e-cigarettes are not emission-free.²⁹ Recent measurements of the chemical emissions from e-cigarettes indicate the following chemicals are inhaled by users and exhaled into the environment where SHS exposures occur: glycols, formaldehyde, nitrosamines, nicotine, and flavorants.³⁰

While e-cigarettes may produce smaller exposures relative to tobacco cigarettes,³¹ data shows that the vapor released or exhaled from e-cigarettes is a source of secondhand exposure to nicotine.^{32,33,34,35} Persons exposed to e-cigarette vapor secondhand can also be exposed to substantial amounts of harmful chemicals, including fine and ultrafine particles that can be deposited in the deeper parts of the lung and may harm the respiratory system and exacerbate or increase the risk of acquiring asthma.³⁶

E-cigarettes emit dangerous chemicals into the air and need to be regulated in the same manner as tobacco smoking to protect vulnerable children and others exposed to secondhand smoke. *We strongly urge HUD to include e-cigarettes under definition of tobacco products under § 965.653(c).*

We urge HUD to extend these policies to all mixed-financing units.

HUD’s current proposed smoking ban is not applicable to dwelling units in mixed-finance buildings. We ask that HUD reconsider this proposed policy. HUD should extend the smoke-free housing policy to all mixed-financing units, giving equal protection to the children living there.

As more and more adults are protected from SHS due to federal, state and local smoking bans in workplaces and other public places, children are not afforded these same regulatory protections in their homes.³⁷ While the prevalence of voluntary home smoking bans has increased over time, low-income children are much less likely to be protected by a home smoking ban.^{38,39} Children spend a greater portion of their time at home than do adults,⁴⁰ and should be afforded the same protections – the same access to clean indoor air – as adults have in the places they spend their day.

Allowing smoking of any kind to continue in publically-financing housing is a misguided policy that puts children’s health at risk. Children are the most vulnerable of all public housing residents and the least able to take actions to protect themselves from harmful indoor air toxins. A smoke-free policy for all public housing units – even those part of a mixed-financed project – is the only way to ensure that all children who depend on public housing are protected from the dangers of secondhand smoke.

Conclusion

Thank you for the opportunity to comment on this proposal. We are pleased to see that HUD is considering appropriate measures to protect children’s health. We look forward to the final rule and hope that it will include the requirements discussed above in order to improve public health by providing smoke-free housing. If you have any questions, please feel free to contact Jack Rayburn, TFAH’s Senior Government Relations Manager, at (202) 223-8547 or jrayburn@tfah.org.

Sincerely,



Richard Hamburg
Interim President and Chief Executive Officer
Trust for America’s Health

¹ Implement the National Prevention Strategy. Trust for America’s Health. January 2013.
<http://healthyamericans.org/assets/files/Implement%20National%20Prevention%20Strategy04.pdf>

² A Healthy Early Childhood Action Plan: Policies for a Lifetime of Well-Being. Trust for America’s Health. November 2015. 76-77. <http://healthyamericans.org/assets/files/TFAH-2015-EarlyChildhoodRpt%20FINAL.pdf>

³ Centers for Disease Control and Prevention. Asthma surveillance data. Available at:
<http://www.cdc.gov/asthma/asthmadata.htm>. Published 2014. Accessed December 27, 2015.

⁴ U.S. Department of Housing and Urban Development, Resident Characteristic Report available at:
http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/systems/pic/50058/rcr.

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- ⁵ Homa DM. Disparities in nonsmokers exposure to secondhand smoke in the United States, 1999-2012. *Mortality and Morbidity Weekly Report* February 3, 2015.
- ⁶ Akinbami, L.J., Mooreman, J.E., Bailey, C., Zahran, H., King, M., Johnson, C., & Liu, X. Centers for Disease Control and Prevention, National Center for Health Statistics. (2012). Trends in asthma prevalence, health care use, and mortality in the United States, 2001-2010. Retrieved from <http://www.cdc.gov/nchs/data/databriefs/db94.pdf>
- ⁷ Office of the Surgeon General. The health consequences of involuntary tobacco smoke: a report of the Surgeon General. Washington, DC: Department of Health and Human Services, 2006.
- ⁸ Office of the Surgeon General. The health consequences of involuntary tobacco smoke: a report of the Surgeon General. Washington, DC: Department of Health and Human Services, 2006.
- ⁹ Gren L.H., Taylor B., and Lyon J.L.: Childhood asthma utilization rates in a nonsmoking population of Utah compared to state and national rates. *ISRN Pediatr* 2011; 2011: pp. 750213
- ¹⁰ Larsson M.L., Frisk M., Hallstrom J., Kiviloog J., and Lundback B.: Environmental tobacco smoke exposure during childhood is associated with increased prevalence of asthma in adults. *Chest* 2001; 120: pp. 711-717
- ¹¹ U.S. Department of Health and Human Services. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. 2006. <http://www.surgeongeneral.gov/library/reports/secondhandsmoke/index.html>.
- ¹² Waltraud, E. et al. The Asthma Epidemic. *NEJM* 2006;355(21): 2226-2235.
- ¹³ Adams, M. The Burden of Asthma in New England: A report by the Asthma Regional Council. March 2006. <http://asthmaregionalcouncil.org/uploads/Surveillance/TheBurdenofAsthmainNewEnglandMarch2006.pdf>.
- ¹⁴ Goodwin, R.D.; Cowles, R.A. Household smoking and childhood asthma in the United States: a state-level analysis. *Journal of Asthma* 2008 Sep;45(7): 607-610.
- ¹⁵ Digenis-Bury, EC, Brooks, DR, Chen, L, et al. Use of a Population-Based Survey to Describe the Health of Boston Public Housing Residents. *Am J Public Health*. 2008 January; 98(1): 85–91.
- ¹⁶ Rivo ML. Health corners: reducing chronic disease risks among Black public housing residents in the Nation's Capital. *Am J Public Health*. 1992 Apr;82(4):611-2.
- ¹⁷ Zhang X, Martinez-Donate AP, Kuo D, Jones NR, Palmersheim KA. Trends in home smoking bans in the USA, 1995-2007: Prevalence, discrepancies and disparities. *Tobacco Control*. 2012 May;21(3):330-336.
- ¹⁸ Stein A, Suttie J, Baker L, Agans R, Xue W, Bowling JM. Predictors of smoke-free policies in affordable multiunit housing, North Carolina, 2013. *Preventing Chronic Disease*. 2015;12(5):E73.
- ¹⁹ Kraev TA et al. Indoor concentrations of nicotine in low-income, multi-unit housing: associations with smoking behaviours and housing characteristics. *Tob Control*. 2009 Dec;18(6):438-44.
- ²⁰ King BA et al. Multiunit housing residents' experiences and attitudes toward smoke-free policies. *Nicotine Tob Res*. 2010 Jun;12(6):598-605.
- ²¹ U.S. Department of Health and Human Services. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. 2006. <http://www.surgeongeneral.gov/library/secondhandsmoke/>
- ²² King BA, Babb SD, Tynan MA, Gerzoff RB. National and state estimates of secondhand smoke infiltration among U.S. multiunit housing residents. *Nicotine and Tobacco Research*. 2013 Jul;15(7):1316-1321.
- ²³ Levy DE, Adamkiewicz G, Rigotti NA, Fang SC, Winickoff JP. Changes in tobacco smoke exposure following the institution of a smoke-free policy in the Boston Housing Authority. *PLoS ONE*. 2015 Sep;10(9):e0137740.
- ²⁴ Pizacani BA, Maher JE, Rohde K, Drach L, Stark MJ. Implementation of a smoke-free policy in subsidized multiunit housing: Effects on smoking cessation and secondhand smoke exposure. *Nicotine and Tobacco Research*. 2012 Sep;14(9):1027-1034.
- ²⁵ Russo ET et al. Comparison of indoor air quality in smoke-permitted and smoke-free multiunit housing: Findings from the Boston housing authority. *Nicotine and Tobacco Research* 2014. 10(1093)
- ²⁶ Wilson KM, Torok M, McMillen R, Tanski S, Klein JD, Winickoff JP. Tobacco smoke incursions in multiunit housing. *American Journal of Public Health*. 2014 Aug;104(8):1445-1453.
- ²⁷ Potera C. Outdoor Smoking Areas: Does the Science Support a Ban? *Environ Health Perspect*. 2013 Jul; 121(7): a229.
- ²⁸ Bartholomew KS. Policy options to promote smokefree environments for children and adolescents. *Current Problems in Pediatric and Adolescent Health Care*. 2015 Jun;45(6):146-181
- ²⁹ Schober W, Szendrei K, Matzen W, Osiander-Fuchs H, Heitmann D, Schettgen T, Jorres RA, Fromme H. Use of electronic cigarettes (e-cigarettes) impairs indoor air quality and increases FeNO levels of e-cigarette consumers. *International Journal of Hygiene and Environmental Health*. 2014 Jul;217(6):628-637.
- ³⁰ Offermann FJ. Chemical emissions from e-cigarettes: Direct and indirect (passive) exposures. *Building and Environment*. 2015 Nov;93(P1):101-105.
- ³¹ Goniewicz ML, Knysak J, Gawron M, Kosmider L, Sobczak A, Kurek J, Prokopowicz A, Japlonska-Czapla M, Rosik-Dulewska C, Havel C, Jacob III P, Benowitz N. Levels of selected carcinogens and toxicants in vapour from electronic cigarettes. *Tobacco Control*. 2014 Mar; T
- ³² Ballbe M, Martinez-Sanchez JM, Sureda X, Fu M, Perez-Ortuno R, PAscual JA, Salto E, Fernandez E. Cigarettes vs. e-cigarettes: Passive exposure at home measured by means of airborne markers and biomarkers. *Environmental Research*. 2014 Nov;135:76-80.
- ³³ Czogala J, Goniewicz ML, Fidelus B, Zielinska-Danch W, Travers MJ, Sobczak A. Secondhand exposure to vapors from electronic cigarettes. *Nicotine and Tobacco Research*. 2014 Jun;16(6):655-662.
- ³⁴ Kolar SK, Rogers BG, Hooper MW. Support for indoor bans on electronic cigarettes among current and former smokers. *International Journal of Environmental Research and Public Health*. 2014 Nov;11(12):12174-12189

³⁵ Schripp T, Markewitz D, Uhde E, Salthammer T. Does e-cigarette consumption cause passive vaping? *Indoor Air*. 2013 Feb;23(1):25-31

³⁶ Fromme H, Schober W. Waterpipes and e-cigarettes: Impact of alternative smoking techniques on indoor air quality and health. *Atmospheric Environment*. 2015 Apr;106:429-441.

³⁷ Office of the Surgeon General. The health consequences of involuntary tobacco smoke: a report of the Surgeon General. Washington, DC: Department of Health and Human Services, 2006.

³⁸ Zhang X, Martinez-Donate AP, Kuo D, Jones NR, Palmersheim KA. Trends in home smoking bans in the USA, 1995-2007: Prevalence, discrepancies and disparities. *Tobacco Control*. 2012 May;21(3):330-336.

³⁹ King BA, Dude SR, Homa DM. Smoke-free rules and secondhand smoke exposure in homes and vehicles among US adults, 2009-2010. *Preventing Chronic Disease*. 2013;10:E79.

⁴⁰ Bartholomew KS. Policy options to promote smokefree environments for children and adolescents. *Current Problems in Pediatric and Adolescent Health Care*. 2015 Jun;45(6):146-181