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January 19, 2016

Secretary Julian Castro  
U.S. Department of Housing and Urban Development  
451 7th Street S.W.  
Washington, DC 20410

RE: Smoke Free Public Housing/RIN 2577-AC97

Secretary Castro:

On behalf of the 15,000 members of the American Thoracic Society (ATS), I want to express our strong support for the Department of Housing and Urban Development's (HUD) proposed rule to prohibit smoking in federally-owned multi-unit housing facilities. The ATS believes that implementation of the proposed HUD policy, combined with effective access to high-quality smoking cessation treatments, will greatly improve the health and welfare of all public housing residents.

The ATS offers the following comments to help HUD shape the final policy to eliminate smoking from federal owned housing units:

#### **Tobacco and Health**

Tobacco use continues to be the most preventable cause of death and disease in the U.S. Overall mortality among both male and female smokers in the United States is about three times higher than that among similar people who never smoked. Cigarette smoking causes about one of every five deaths in the U.S. each year (more than 480,000 deaths annually). Life expectancy for smokers is at least 10 years shorter than for non-smokers. Quitting smoking before age 40 reduces the risk of dying from smoking-related disease by approximately 90 percent.

These facts provide ample justification for HUD to develop policy that will reduce exposure to harmful effects of tobacco use in federally-owned public housing. The literature documenting the many adverse human health effects of involuntary tobacco smoke exposure is consistent, compelling and comprehensive.

Tobacco smoking in multi-unit housing has been shown to involuntarily impact children and neighbors who do not smoke and who do not allow smoking in their own apartment. The clearly documented harm from involuntary tobacco smoke exposure justifies the Agency's compelling interest in proposing this rule.

A survey of Minnesota residents of common interest communities (eg, condominiums, cooperatives) found that 28 percent of households reported second hand smoke incursion into their unit in the preceding 6 months. A survey of 5936 residents of multi-unit housing who participated in the New York State Adult Tobacco Survey between May 2007 and May 2009 found that among respondents with a smoke-free home policy, 46.2 percent reported second hand smoke entering their home in the past year, with 9.2 percent reporting daily incursions. Passive nicotine monitors in low-income multi-unit residences in the greater Boston area detected nicotine in 89 percent (17 of 19) of non-smoking homes, indicating second hand tobacco smoke infiltration. An analysis of data from the 2001–2006 NHANES results for children who lived in nonsmoking residences found greater mean cotinine concentrations among children who lived in apartments than those who lived in attached or detached houses.

We believe strongly that the scientific evidence documenting the adverse health effects of tobacco use and its persistence in public housing units, provides HUD compelling justification for proposing this policy.

### **Access to Effective Tobacco Cessation Programs is an Essential Component of a Successful HUD Policy**

While the ATS strongly supports HUD's proposed rule, we believe no one should be made homeless because they are addicted to tobacco products. Referral for effective tobacco dependence treatment must be made available to public housing residents who use tobacco products. While, tobacco dependence can be a severe addiction, it is treatable. Tobacco-dependent residents who would like help with stopping smoking should be provided with referral for affordable tobacco dependence treatment. This referral can be to the National Smokers' Helpline (1 800 QUIT NOW) or to other identified state or local resources. Residents should also be informed about insurance coverage options (i.e. Medicaid, VA, state programs) for cessation medications. Strategies effective in a workplace setting should be explored for implementation, given similar access to a large localized population.

### **HUD Policy Should Apply to All Sources of Combustible Tobacco**

The final HUD policy should apply to all sources of combustible tobacco. Combustible tobacco from sources other than cigarettes (such as cigars, pipes, and water pipes) involuntarily expose others in the household and close neighbors to the nicotine, toxins, and carcinogens in the tobacco smoke.

### **HUD Policy Should Apply to E-Cigarettes**

This policy should apply to electronic nicotine delivery systems. It is important to note that there is no credible data that shows e-cigarettes are effective smoking cessation tools. However there is growing data that shows e-cigarettes pose unique health risks to both users and those exposed to e-cigarette vapors.

The aerosol emitted from electronic nicotine delivery systems contains toxic and carcinogenic substances in addition to nicotine. These emissions can involuntarily expose the non-user. Laboratory studies have documented substantial impairment of indoor air quality following e-cigarette use. Toxic, irritating, and carcinogenic substances, including formaldehyde, acetaldehyde, and acrolein; volatile organic compounds such as toluene and m,p-xylene; tobacco-specific nitrosamines; and the heavy metals cadmium, nickel, and lead have been found in the emissions from e-cigarettes. <sup>134</sup>

### **HUD Policy Should Apply to Playgrounds**

Children should have the freedom to play without being subjected to involuntary tobacco smoke exposure. Additionally, cigarette butt litter and e-cigarette cartridges pose a poisoning risk for young children. To address both the second hand smoke exposures from tobacco products as well as the nicotine- poisoning risks associated with cigarette butts and e-cigarette cartridges, we recommend HUD policy extend to playgrounds at HUD facilities.

### **Research Opportunity**

Implementation of the proposed HUD rules provide an unprecedented opportunity to evaluate the impact of such rules on smoking habits as well as on health care outcomes and costs. The ATS recommends HUD collaborate with sister federal agencies to study the implementation and effectiveness of the smoke-free policy on the health of public housing residents. The HUD policy also provides an opportunity to study the optimal provision of smoking cessation services. We strongly urge HUD to ensure this research opportunity is not missed.

### **Health Equality and HUD Policy**

The ATS notes that minorities and the underserved represent the main users of federally-owned multi-unit housing facilities. Importantly, it is this group that is most affected by the detrimental health effects of tobacco. When finalized and implemented, HUD's smoke-free rule would not only address an important nationwide health problem, but would go a long way in promoting health equality as it relates to respiratory, cardiovascular, and cancer disorders, among others, associated with tobacco exposure.

We hope HUD will take our comments into consideration as it formulates the final policy. The ATS looks forward to working with HUD to help successfully implement this important public health policy.

Sincerely,



Atul Malhotra, M.D.  
President  
American Thoracic Society

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