

Our organizations want to make clear: the only way to protect everyone from the dangers of secondhand smoke is to make the smokefree policies mandatory and make them apply to everyone. While voluntary smokefree policies have been effective in allowing HUD to determine best practices for smokefree policy implementation, voluntary smokefree policies are not sufficient to protect everyone from secondhand smoke. Our organizations also strongly urge HUD to prohibit any "grandfathering" policies that delay implementation beyond the 18 month period or allow case-by-case decisions that would allow some smokers to still smoke indoors. A mandatory policy that applies to everyone from the

Survey (NHANES), showed that levels of cotinine, a chemical marker of nicotine in the blood, among children living in multi-unit housing were significantly higher than those of children living in detached housing; and that SHS prevalence compared with adults was second-highest among adolescents aged 12 to 19, only superseded by young children.^{30,31}

Prevention of Secondhand Smoke Exposure Requires Smokefree Policies

The above evidence clearly demonstrates that residents of multi-family housing are exposed to SHS

To date, over 600 PHAs have successfully implemented smokefree policies in some or all units. None of these PHAs have chosen to reverse smokefree policies after implementation. These are important indications that smokefree policies are achievable and have widespread acceptability after they are put in place. However, the current voluntary approach leaves many residents, including 775,000 children, unprotected from the dangers of tobacco smoke in their own homes. Our organizations strongly support HUD's proposed rule to make all public housing smokefree because the only way to protect all residents

Our organizations recognize the greatest challenges to and barriers with implementation are significantly reduced when there is sufficient lead time before a smokefree policy takes effect. This time allows staff to be trained and residents to be empowered to participate in the rollout and implementation of the policy.

Several early

school and work days.⁶⁰ In addition to the reduction in healthcare costs that come from a decreased number of asthma exacerbations, improving the health of individuals with asthma living in public housing will also reduce the number of school and work days missed.

The Centers for Disease Control and Prevention (CDC) estimates that cost-savings for renovation costs will total almost \$43 million each year.⁶¹ The smokefree policy will have significant benefits for owners, who may also experience reduced fire insurance costs, as well as residents.

The policy would also significantly reduce risk for both human and property losses caused by fires.

instead relocate smokers so they are closer to elevators or exits to make outdoor access easier on residents.

- x Helping staff and residents understand how smokefree policies will benefit both them and their neighbors – from the health benefits to the cost savings associated with maintenance and reduction in fire dangers.
- x Providing resources to smokers who want to quit smoking to ensure they have help doing so. PHAs that are already smokefree have noted that offering cessation assistance *before* the policy takes effect is critical.

Our organizations also understand and have seen that the vast majority of tenants are happy with smokefree policies after they are implemented. This mirrors satisfaction with smokefree regulations put in place in other environments including bars

7. *Are there specific areas of support that HUD could provide PHAs that would be particularly helpful in the implementation of the proposed rule?*

Representatives from many of our organizations who have worked with PHAs recommend:

- x Template signage, including multiple choices to allow for a variety of building layouts;
- x Toolkits containing sample timelines on how best to implement smokefree policies, education materials for staff and residents, including sample resident surveys, lease addendums, a sample "FAQ" document for residents and tobacco cessation materials.

8. *Should the policy extend to electronic nicotine delivery systems, such as e-cigarettes?*

Smokefree policies should extend to the use of electronic nicotine delivery systems (ENDS). The nicotine-containing liquid aerosolized by ENDS has been found to contain several harmful compounds, including heavy metals and tobacco-specific nitrosamines, which can be carried over from the tobacco into the liquid during the nicotine extraction process.^{71,72} Even propylene glycol, a main ingredient of ENDS solution that is often claimed to be "harmless" has been shown to cause acute eye and upper respiratory irritation for those exposed to exhaled vapor, even in non-asthmatic patients.⁷³

There is insufficient research on the long-term effects of using e-cigarettes, which involves regular inhalation of nicotine, glycerin or some other solvent, and other additives.⁷⁴ According to the CDC, e-cigarette aerosol is not harmless "water vapor" and it is not as safe as clean air.⁷⁵ E-cigarette aerosol contains nicotine, which is absorbed by users and bystanders.⁷⁶ Studies have found other chemicals and toxins present in some e-cigarettes, including formaldehyde, acrolein, volatile organic compounds like toluene, tobacco-specific nitrosamines, and metals like nickel and lead.⁷⁷ These compounds are generally present at levels much lower than in cigarette smoke, al

9. *Should the policy extend to waterpipe tobacco smoking? Does such smoking increase the risk of fire or property damage?*

Smokefree policies should extend to the use of waterpipe tobacco (hookah). According to the CDC, SHS from hookah – which comes from both the tobacco and the charcoal typically used to heat it – poses health risks to nonusers.⁸⁵ A study conducted in Virginia showed that air quality in waterpipe cafes was worse than in restaurants that permitted cigarette smoking. It also showed that air quality in non-smoking rooms in waterpipe cafes was poor, demonstrating how SHS

¹ US Department of Health and Human Services.

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- ⁸⁹ Apostolou A, Garcia-Esquinas, E,

Appendix A

The No Smoking in Minnesota Public Housing Project

Project Mission

To increase communication of the processes and benefits and promote MN Public Housing Authorities to adopt non-smoking in multifamily buildings as per Notice PIH 2009. The project will be a partnership between the PIH Minneapolis Field Office, the Office of Healthy Homes and Lead Hazard Control and the American Lung Association of the Upper Midwest.

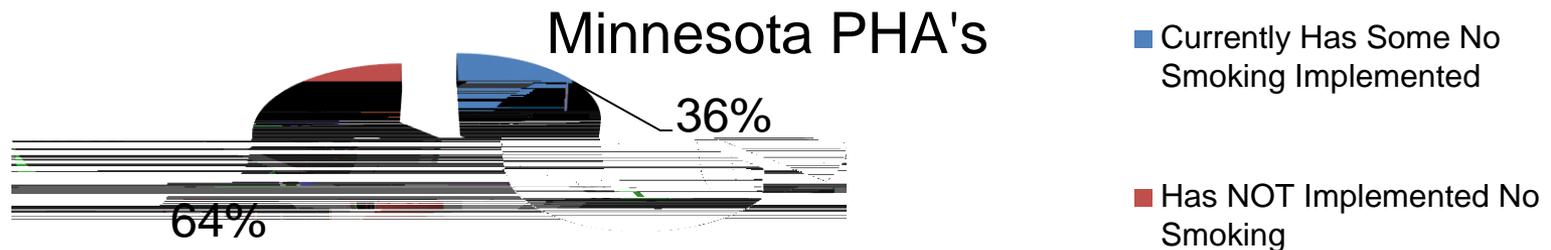
The team will focus on creating and distributing promotional materials to non-smoking buildings to implement policies and choosing to provide healthy living environments to low-income residents.

Minnesota Laws

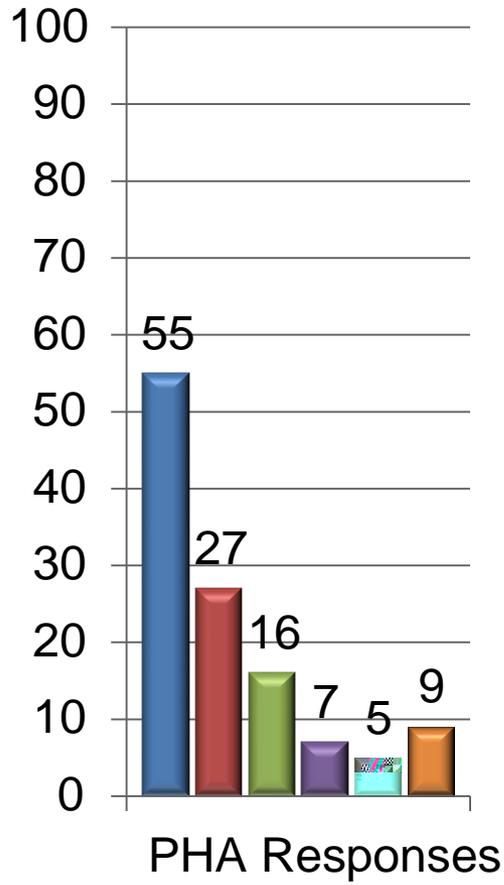
The Minnesota Clean Indoor Air Act took in effect 1975. The purpose of this act was to enforce the "protection of the public health." It prohibited smoking in areas where children, ill or injured are present. This first Minnesota act also limited smoking indoor at public places and private meetings.

On May 16, 2007, Minnesota passed the Freedom to Breathe Act. This act protects the public from hazardous secondhand smoke by banning smoking in public places. The ban took effect October 1, 2007. Minnesota is the 17th state to enforce a statewide smoking ban.

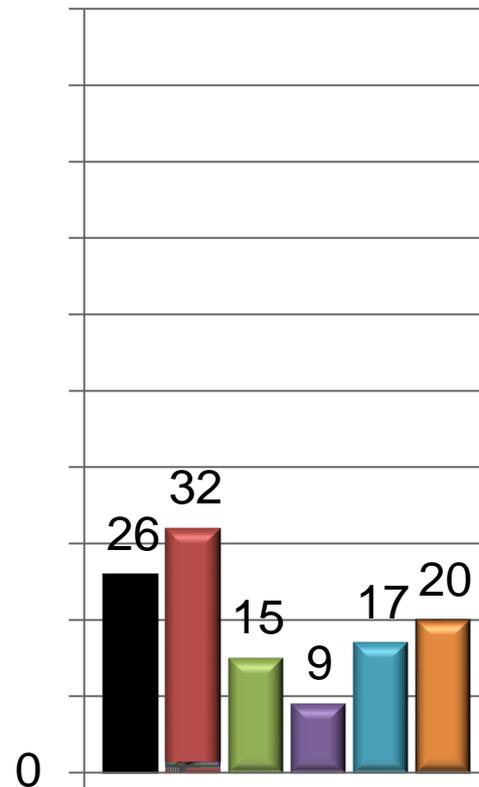
June 2010 Updated Data



Baseline Status of PHA Philosophy (estimated by PHA staff)



- Fully Support NS
- Somewhat Support NS
- Neutral
- Somewhat Oppose NS
- Strongly Oppose NS
- Don't Know



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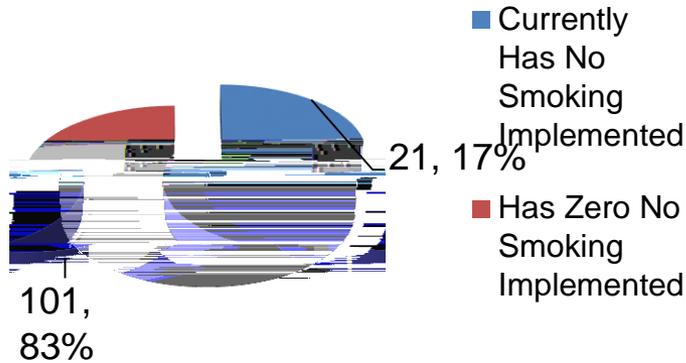
We developed a package and sent them to the Public Housing Authorities that provided the information and the support and guidance that they had requested. After providing this information, we developed policies that moved towards providing healthier living environments.

Each PHA was charted on their baseline responses and other vital data to see what individual circumstance and influences were in place. We considered:

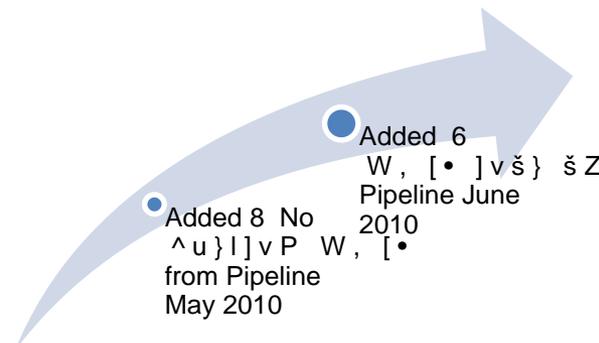
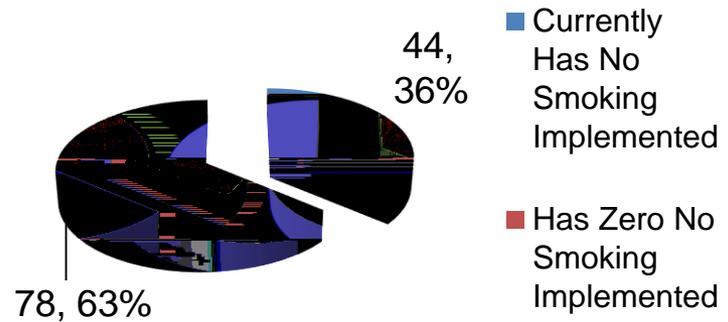
- ‡Current status
- ‡PHA Philosophy
- ‡Resident Feelings

Number of Smoke Free Agencies

Minnesota PHA's Baseline 2009

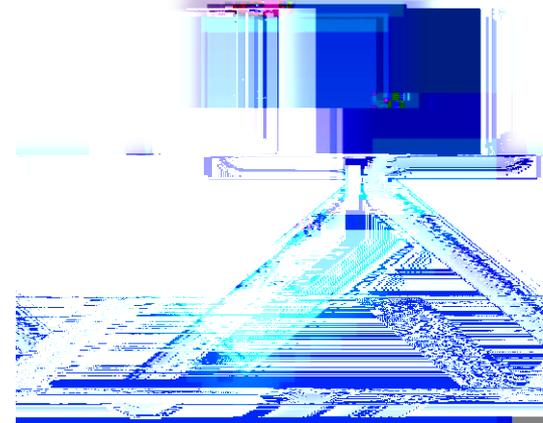
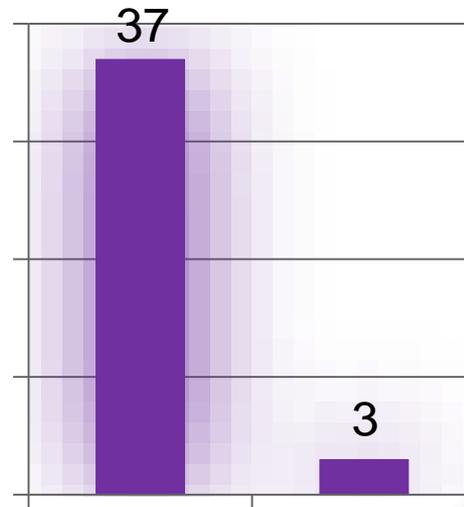
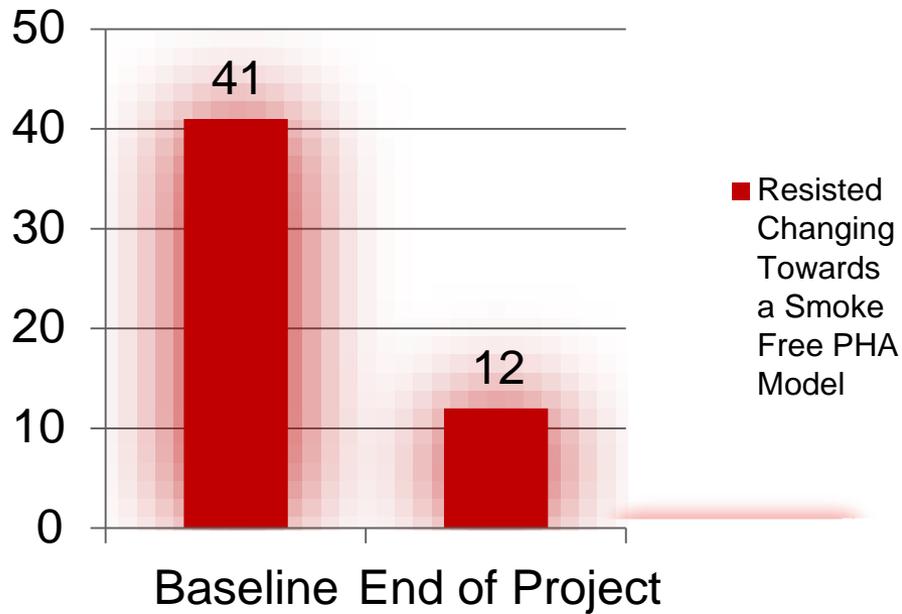


Minnesota PHA's June 2010



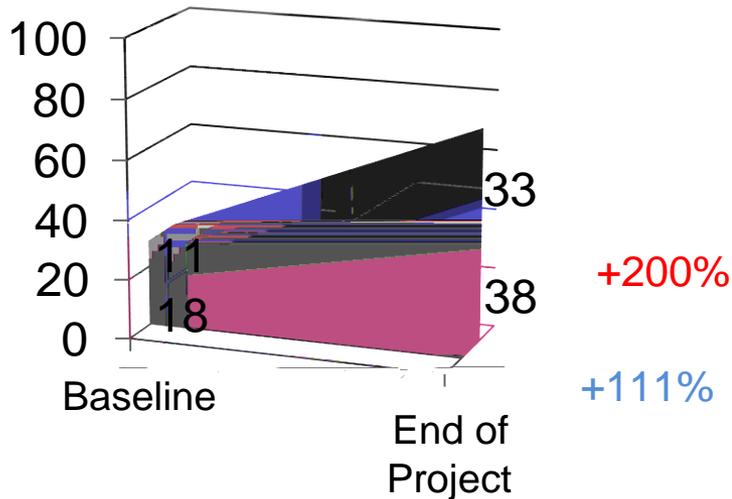
Attitudes

WE ARE NOT SURE IF
WE WANT TO BE
SMOKE FREE



Increase Community Health Education Resources

- Willing to Display Smoking Cessation Information
- Willing to Display 2nd Hand Smoke Information



The New Climate June 2010

