



Jan. 19, 2016

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

RE: Proposed rule, "Instituting Smoke-Free Public Housing" (Docket ID: FR 5597-P-02)

The Tobacco Control Network's (TCN) mission is to improve the public's health by providing education and state-based expertise to tobacco prevention and control officials at the state and national levels. TCN comprises the tobacco control program managers and additional staff from each state, territory, and Washington, D.C. Through the network's wide representation and information exchange resources, our members have access to a wealth of expertise and experience from across the country.

Although the United States has made tremendous progress in reducing tobacco use, there is much work still to be done. Tobacco use is the single most preventable cause of disease, disability, and death in the United States. An estimated 480,000 people die prematurely each year from smoking or exposure to secondhand smoke, and another 8.6 million have a serious illness caused by tobacco use.^{1,2} Coupled with this enormous health toll is the huge economic burden associated with tobacco use. Nearly \$170 billion per year is spent on tobacco-related medical expenses, and another \$165 billion per year is spent on tobacco-related lost productivity.^{3,4}

TCN is pleased that the Department of Housing and Urban Development (HUD) has proposed new rules that would require all public housing agencies (PHAs) to implement smoke-free policies. We appreciate the opportunity to provide feedback on the proposed rules, and encourage HUD to conduct a careful review of the ideas, suggestions, and comments that the public health community provides to these proposed rules. TCN would specifically like to provide comments based on the questions provided in section IV of the proposed rules:

- 2. The adverse effects of smoking and secondhand smoke on PHAs and PHA residents.
- 6. Tobacco cessation services offered to residents to assist with the change and established partnerships with external groups to provide or refer residents to these services.
- 8. Extending the proposed rule to include electronic nicotine delivery systems, such as e-cigarettes.
- 9. Extending the proposed rule to include water pipe tobacco smoking and increase of the risk of fire or property damage.



First, the proposed rule adequately addresses the adverse effects of smoking and secondhand smoke on PHAs and PHA residents. Secondhand smoke (SHS) is a result of burning tobacco products, and contains more than 7,000 chemicals, 79 of which are carcinogens.⁵ SHS exposure causes thousands of deaths and health related issues for smokers and nonsmokers annually. For example, SHS exposure causes lung cancer and cardiovascular and respiratory diseases in nonsmoking adults and children, resulting in an estimated 46,000 heart disease deaths and 3,400 lung cancer deaths among U.S. nonsmoking adults each year.^{6,7,8} SHS is especially harmful in public housing environments because of residents' close proximity and the fact that tobacco smoke can travel between units. Moreover, many subsidized housing units are inhabited by sensitive populations such as children, older adults, and people with disabilities, who are more susceptible to developing health problems, such as asthma and the associated liability of asthma attacks.^{9,10}

TCN also encourages HUD to consider third hand smoke (THS) as another adverse effect that smoking has on PHAs and PHA residents. THS is residual tobacco smoke that, can linger for months in the form of dust after smoke has disappeared.¹¹ THS accumulation on surfaces (furniture, carpet, drapes, and linens) becomes progressively more toxic over time.¹² THS should also be considered for its public health impact in PHAs because of its potential to be found in shared spaces, resulting in drastically reduced indoor air quality. Additionally, costs for repairing smoke-damaged units are estimated at between \$5,500 and \$12,000, compared to between \$500 and \$2,500 for a non-smoking units.¹³ As a result, the only way to avoid preventable health issues, deaths, and SHS- and THS-related costs is to make all housing smoke-free, further protecting the community from associated risks.

Next, establishing partnerships in the community and directing residents to available resources is imperative for successful implementation of the new HUD rule. It is important that PHAs that need additional assistance establish relationships with their states' tobacco control managers to leverage available tobacco prevention and control resources. More specifically, state tobacco cessation quit lines, such as 1-800-QUIT-NOW, are effective interventions for current smokers and have been proven to be a top strategy for tobacco cessation.

These services can include individual, group, or telephone counseling, individual behavior interventions, and nicotine replacement products. These services are available to the general public, but target low-income individuals, who are more likely to smoke, less likely to quit, and require affordable solutions.¹⁴ In addition to being successful and accessible, quitlines can reduce the risk of developing tobacco related illness and will ultimately decrease the associated \$170 billion spent each year on healthcare expenditures.^{15,16} TCN is willing and ready to help implement this initiative and provide support where it is needed.

Finally, TCN supports comprehensive and sustained statewide tobacco control programs, which have been shown to reduce smoking rates, tobacco-related deaths, and diseases caused by smoking.¹⁷ A



comprehensive program is a coordinated effort to prevent initiation of tobacco use, protect the public from secondhand smoke, and promote tobacco cessation. Therefore, the proposed rules should be comprehensive and inclusive of all tobacco products, including newer alternative products such as e-cigarettes, vaping products, and water pipe tobacco smoking.

The emergence of novel tobacco products presents new challenges to state public health agencies and should be considered when finalizing the rules. Given the increasing prevalence of alternative products, it is important to anticipate that the marketplace will continue to expand, making these products more available to consumers.

Alternative tobacco products are proven to be addictive and deadly and do not facilitate a healthier future. Moreover, research confirms that smoking e-cigarettes has many of the same immediate adverse effects to lung functions as traditional cigarettes.^{18,19,20} In addition, reports have shown that e-cigarettes are more likely than other products with lithium-ion batteries to result in an explosion when a battery fails.²¹ Similarly, water pipe tobacco smoking is enabled by burning charcoal and is a serious indoor fire hazard.

Not only are e-cigarettes and water pipe tobacco toxic to individuals' health, they are prone to fires and explosions, furthering the liability risk for PHAs. By including these products in the proposed rules and taking a comprehensive approach to promote and protect the health of communities, HUD can ensure a significant decrease in injuries, deaths, and fires. Without comprehensive tobacco control that includes alternative products, the best quality outcomes for protecting the public through smoke-free housing cannot be achieved.

TCN appreciates the opportunity to offer comments on this proposed rule, and supports HUD's decision to assert jurisdiction over smoking in public housing. We are confident that taking this important step to further regulate tobacco products will ultimately improve the health of the nation and address needs in disparate populations particularly. TCN encourages HUD to finalize the proposed rules as soon as possible to close the gaps that currently exist.

TCN also encourages HUD to seriously consider smoking's negative health effects on vulnerable populations when implementing and enforcing the rules. The burden of health inequities and health disparities constitutes a huge financial and social cost to our nation in terms of both quality and quantity of life. Comprehensive tobacco control is a key policy priority for TCN, and the proposed rules are an opportunity to impact public health from the single most preventable cause of disease, disability, and death in the United States. TCN is ready to partner with HUD to enable fast and successful implementation of the proposed rules and provide support for any challenges encountered.

Sincerely,



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¹ CDC. "Smoking and Tobacco Use: Fast facts." Available at http://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm#use. Accessed 12-17-2015.

² HHS. "Tobacco Facts and Figures." Available at <http://betobaccofree.hhs.gov/about-tobacco/facts-figures/index.html>. Accessed 12-17-2015.

³ Xu X, Bishop EE, Kennedy SM, et al. "Annual Healthcare Spending Attributable to Cigarette Smoking." *American Journal of Preventive medicine*. 2015.48:326-333. Available at http://www.prevent.org/data/files/actiontoquit/ajpm_annual_healthcare_spending_smoking,%2012-10-14.pdf. Accessed 12-17-2015

⁴ CDC. "2014 Surgeon General's Report: The Health Consequences of Smoking—50 Years of Progress." Available at http://www.cdc.gov/tobacco/data_statistics/sgr/50th-anniversary/index.htm. Accessed 12-17-2015.

⁵ CDC. "Smoking and Tobacco Use – Secondhand Smoke (SHS) facts." Available at http://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/general_facts/index.htm. Accessed 12-17-2015.

⁶ Liss SM. "New CDC Report Shows Big Drop in Secondhand Smoke Exposure Among Americans, But 58 Million Still Exposed – Every State and Community Should be Smoke-Free." *Tobacco-Free Kids*. Feb 3, 2015. Available http://www.tobaccofreekids.org/press_releases/post/2015_02_03_cdc. Accessed 12-17-2015.

⁷ HHS. "The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General." Available at <http://www.surgeongeneral.gov/library/reports/secondhandsmoke/fullreport.pdf>. Accessed 12-17-2015.

⁸ CDC. "State Smoke-Free Laws for Worksites, Restaurants, and Bars United States, 2000-2010." Available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6015a2.htm>. Accessed 12-17-2015.

⁹ Liss SM. "New CDC Report Shows Big Drop in Secondhand Smoke Exposure Among Americans, But 58 Million Still Exposed – Every State and Community Should be Smoke-Free." *Tobacco-Free Kids*. Feb 3, 2015. Available http://www.tobaccofreekids.org/press_releases/post/2015_02_03_cdc. Accessed 12-17-2015.

¹⁰ HHS. "The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General." Available at <http://www.surgeongeneral.gov/library/reports/secondhandsmoke/fullreport.pdf>. Accessed 12-17-2015.

¹¹ American Cancer Society. "Health Risks of Secondhand Smoke." Available at <http://www.cancer.org/cancer/cancercauses/tobaccocancer/secondhand-smoke>. Accessed 12-17-2015.



¹² Martins-Green M, Adhami N, Frankos M, *et al.* "Cigarette smoke toxins deposited on surfaces: implications for human health." *PLoS One*. 2014. 9(1): e86391. Available at <http://www.ncbi.nlm.nih.gov/pubmed/24489722>. Accessed 12-17-2015.

¹³ American Lung Association. "Lung Association Study Outcomes Encourages Public Housing Authorities to Adopt Policies Prohibiting Smoking in Buildings They Manage." Available at <http://www.lung.org/local-content/content-items/about-us/media/press-releases/smokefree-housing.html>. Accessed 12-17-2015.

¹⁴ CDC. "Telephone Quitlines: A Resource for Development, Implementation, and Evaluation." Available at http://www.cdc.gov/tobacco/quit_smoking/cessation/quitlines/. Accessed 12-17-2015.

¹⁵ CDC. "Tobacco Cessation Services." Available at <http://www.cdc.gov/nccdphp/dch/pdfs/health-equity-guide/health-equity-guide-sect-2-3.pdf>. Accessed 12-17-2015.

¹⁶ *Ibid*

¹⁷ Xu X, Bishop EE, Kennedy SM, *et al.* "Annual Healthcare Spending Attributable to Cigarette Smoking." *American Journal of Preventive medicine*. 2015.48:326-333. Available at http://www.prevent.org/data/files/actiontoquit/ajpm_annual_healthcare_spending_smoking,%2012-10-14.pdf. Accessed 12-17-2015.

¹⁸ CDC. "Tobacco Use: Targeting the Nation's Leading Killer." Available at http://www.cdc.gov/chronicdisease/resources/publications/aag/pdf/2011/tobacco_aag_2011_508.pdf. Accessed 03-19-2014.

¹⁹ CDC. "Emerging tobacco products gaining popularity among youth." Available at <http://www.cdc.gov/media/releases/2013/p1114-emerging-tobacco-products.html>. Accessed 12-17-2015.

²⁰ Vardavas C, Anagnostopoulos N, Kougias M, *et al.* "Short-term pulmonary effects of using an electronic cigarette: impact on respiratory flow resistance, impedance, and exhaled nitric oxide." *Chest*. 2012. 141:1400-1406. Available at <http://www.ncbi.nlm.nih.gov/pubmed/22194587>. Accessed 12-17-2015.

²¹ Park SJ, Walser TC, Perdomo C, *et al.* "Abstract B16: The effect of e-cigarette exposure on airway epithelial cell gene expression and transformation." *Clinical Cancer Research*. 2014. 51:381-393. Available at http://clincancerres.aacrjournals.org/content/20/2_Supplement/B16.abstract. Accessed 12-17-2015.

²² FEMA. "Electronic Cigarette Fires and Explosions." Available at https://www.usfa.fema.gov/downloads/pdf/publications/electronic_cigarettes.pdf. Accessed 12-17-2015.