

HUD Encourages PHAs to Become Smoke Free



On July 17, 2009, the U.S. Department of Housing and Urban Development (HUD) issued a notice regarding Non-Smoking Policies in Public Housing. The notice strongly encourages Public Housing Authorities (PHAs) to implement non-smoking policies in some, or all, of their public housing units.

According to the American Lung Association (ALA), cigarette smoking is the number one cause of preventable disease in the United States. The elderly and young populations, as well as people with chronic illnesses, are especially vulnerable to the adverse effects of smoking. This concern was recently addressed by the Family Smoking Prevention and Tobacco Control Act, P.L. 111-31, signed by the President on June 22, 2009.

Because secondhand smoke can migrate between units in multifamily housing, causing respiratory illness, heart disease, cancer, and other adverse health effects in neighboring families, the Department is encouraging PHAs to adopt non-smoking policies for all public housing units.

There are over 1.2 million residents who reside in public housing. Residents between the ages of 0-17 represent 39 percent of public housing residents and elderly residents over the age of 62 represent 15 percent of public housing residents. That accounts for at least 54 percent of public housing residents that could be at increased risk to the adverse effects of cigarette smoking. There are also a considerable number of residents with chronic diseases, such as asthma and cardiovascular disease, who are particularly vulnerable to the effects of secondhand smoke.

HUD is strongly encouraging PHAs to implement non-smoking policies at their discretion, subject to state and local law. Some PHAs have established smoke-free buildings. Others have continued to allow current residents who smoke to continue to do so, but only in designated areas and only until lease renewal or a date established by the

PHA. Some PHAs are prohibiting smoking for new residents. According to a state-funded anti-smoking group, the Smoke-Free Environment Law Project of the Center for Social Gerontology, there are over 112 PHAs and housing commissions across the country that have implemented non-smoking policies. PHAs should consult with their resident boards before adopting non-smoking policies at their projects.

PHAs opting to implement a non-smoking policy should update their PHA plans. According to 24 CFR 903.7(e), their plan must include their statement of operation and management and the rules and standards that will apply to their projects when the PHA implements their non-smoking policy. PHAs are also encouraged to revise their lease agreements to include the non-smoking provisions. If PHAs institute non-smoking policies, they should ensure that there is consistent application among all projects and buildings in their housing inventory in which non-smoking policies are being implemented.

Non-smoking policy implementation can also decrease the potential for fire related deaths. Based on data from the U.S. Fire Administration of the Department of Homeland Security, there were an estimated 18,700 smoking-material fires in homes in 2006. These fires caused 700 civilian deaths, 1,320 civilian injuries, and \$496 million in direct property damage. In multi-family buildings, smoking is the leading cause of fire deaths: 26 percent of fire deaths in 2005.

Because tobacco smoking is an addictive behavior, PHAs that implement non-smoking policies should provide residents with information on local smoking cessation resources and programs. Local and state health departments are sources of information on smoking cessation; see the ALA's web page on State Tobacco Cessation Coverage www.lungusa2.org/cessation2 for information on cessation programs, both public and private, in all States and the District of Columbia. PHAs that implement non-smoking policies should similarly be persistent in their efforts to support smoking cessation programs for residents, adapting their efforts as needed to local conditions.

For additional information related to this *non-smoking notice* (PIH 2009-21), please contact Dina Elani, Director, Office of Public Housing Management and Occupancy Division at (202) 402-2071.

UPCOMING EVENTS

2009 PHADA Legislative Forum

▶ Sept 20-22, 2009 | Washington, DC
 ☞ www.tinyurl.com/2009forum

Energy and Environmental Building Alliance Conference and Expo

▶ Sept 28-30, 2009 | Denver, CO
 ☞ www.eeba.org/conference/index.html

National Council of State Housing Agencies Annual Conference

▶ Oct 3-6, 2009 | San Antonio, TX
 ☞ www.ncsha.org/conference.cfm/2882

CitiesAlive! 2009, International Green Infrastructure Congress

▶ October 19-21, 2009 | Toronto, Canada
 ☞ www.citiesalive.org

Wisconsin Housing and Economic Development Authority 2009 Multifamily Conference

▶ October 15, 2009 | Madison, WI
 ☞ www.tinyurl.com/lubj73

NATIONAL ASSOCIATION OF HOUSING AND REDEVELOPMENT OFFICIALS UPCOMING EVENTS

Energy Performance Contracting Seminars

▶ Sept 21-22, 2009 | Natick, MA
 ▶ Nov 5-6, 2009 | Boise, ID
 ☞ www.tinyurl.com/luqms0

2009 National Conference

▶ October 4-6, 2009 | Washington, DC
 ☞ www.tinyurl.com/nu4x3n

FREE TRAINING – Meeting the Demand for Smoke Free Housing

The Smoke-Free Housing Coalition of Maine, in collaboration with the Partnership for a Tobacco-Free Maine, is providing a FREE, two-hour training specifically for allied health and housing professionals. The training will provide the justification for adopting a smoke-free policy as well as critical information necessary for effective advocacy for the implementation of such a policy in multi-family, residential settings. The training will be held Thursday, October 29th, 2009 from 1-3:30pm at the Wyndham Portland Airport Hotel. For additional information visit: <http://www.smokefreeforme.org/training>.

Residents Corner - Risks of Second Hand Smoke

Secondhand smoke, which is also known as environmental tobacco smoke (ETS), is the smoke that comes from the burning end of a cigarette, pipe or cigar, and the smoke exhaled from the lungs of smokers. ETS is involuntarily inhaled by nonsmokers, and can cause, or worsen, adverse health effects, including cancer, respiratory infections and asthma.

The 2006 Surgeon General's report on secondhand smoke identifies hundreds of chemicals in it that are known to be toxic. The report (The Health Consequences of Involuntary Exposure to Secondhand Smoke) is located at www.cdc.gov/tobacco/data_statistics/sgr/index.htm.

Tobacco smoke contains over 4,000 chemicals, 200 of which are known poisons, and more than 50 known cancer-causing agents. There is no safe level of exposure to secondhand smoke. Smoking-related diseases claim an estimated 430,700 American lives each year.

Health effects in adults:

- The Environmental Protection Agency (EPA) estimates that secondhand smoke is responsible for about 3,000 lung cancer deaths each year among nonsmokers in the U.S.; of these, an estimated 800 are from exposure to secondhand smoke at home and 2,200 from exposure in work or social situations.
- Secondhand smoke is also a confirmed cause of nasal sinus cancer in nonsmokers.

- Along with cancers, secondhand smoke causes between 35,000 and 62,000 coronary heart disease deaths each year.

- Atherosclerosis, which is the hardening of the arteries, is a leading cause of death in the United States. Nonsmokers that are regularly exposed to secondhand smoke increase their chances of atherosclerosis by 20%.

- Eye, nose, and throat irritation and headaches are also more pronounced in adults exposed to secondhand smoke.

Health effects in infants and children:

- More than 15 million American children and adolescents are exposed to secondhand smoke in their homes every year.

- According to the National Cancer Institute children exposed to secondhand smoke are at an increased risk of sudden infant death syndrome, ear infections, colds, pneumonia, bronchitis, and more severe asthma. Being exposed to secondhand smoke slows the growth of children's lungs and can cause them to cough, wheeze, and feel breathless.

- Additionally, researchers estimate that secondhand smoke aggravates the condition of 200,000 to 1,000,000 asthmatic children every year.

- In the first two years of life, babies of parents who smoke at home have a much higher rate of lung diseases such as bronchitis and pneumonia.

- Children of parents who smoke have a slower rate of growth in lung function as the lungs mature. This may lead to increased susceptibility to developing lung disease in adult life.

- The EPA estimates that passive smoking is responsible for between 150,000 to 300,000 lower respiratory tract infections, such as bronchitis, pneumonia and ear infections, in infants and children under 18 months of age, resulting in between 7,500 and 15,000 hospitalizations each year.

Reduce Your Exposure to Second Hand Smoke:

- Do not smoke while you are pregnant.
- Make your home a smoke-free zone. Remove ashtrays from your home and place signs in your home asking people not to smoke.
- Protect your children. Let caregivers and babysitters know that you do not allow smoking in your home or around your children.
- Support those who decide to quit smoking.
- Do not allow smoking in your car.
- Patronize smoke-free restaurants. Do not let your teenage children work in restaurants or workplaces where smoking is permitted.

Maintenance Corner

Turnover costs are increased when homes are vacated by smokers. Additional paint to cover smoke stains, cleaning of the ducts, replacing stained window blinds, or replacing carpets that have been damaged by cigarettes can increase the cost necessary to make a unit occupant ready. The cost to rehabilitate a unit where smoking is prohibited versus a unit where smoking is allowed is shown in the following table:

	Non-Smoking	Light Smoking	Heavy Smoking
General Cleaning	\$240	\$500	\$720
Paint	\$170	\$225	\$480
Flooring	\$50	\$950	\$1,425
Appliances	\$60	\$75	\$490
Bathroom	\$40	\$60	\$400
total	\$560	\$1,810	\$3,515

Data reflects surveys from housing authorities and subsidized housing facilities in New England. Collected and reported by Smoke-Free Housing New England, 2009. This information is courtesy of the National Center of Healthy Housing.

We want to hear from you! Please send us nominations for projects to be highlighted in the EcoWise success stories.

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