



SOCIETY FOR RESEARCH
ON NICOTINE & TOBACCO



January 19, 2016

The Honorable Julián Castro
Secretary of Housing and Urban Development
ATTN: Office of General Counsel
Regulations Division
451 Seventh St. SW, Room 10276
Washington, DC 20410-0500

RE: Docket No. FR 5597-P-02 Instituting Smoke-Free Public Housing

Dear Secretary Castro:

Truth Initiative and the Society for Research on Nicotine & Tobacco applaud HUD's proposed rule requiring each public housing agency (PHA) administering public housing to implement a smoke-free policy and appreciates the opportunity to submit comments to the rule.

Smoke-free housing will protect the health of all PHA residents. There is much research showing the dangers of secondhand smoke on the health of not only the smoker but also those exposed to the secondhand smoke. The 2006 Surgeon General's report concluded that secondhand smoke indisputably increases the risk of serious respiratory problems and infections in children and causes lung cancer and coronary heart disease in adults who do not smoke, and that there is no risk-free level of exposure to secondhand smoke.¹ Later, in 2010, the Surgeon General published another report confirming that no safe level of mainstream or secondhand smoke exists, and provided more detail on just how tobacco smoke causes disease.² Additionally, multiple studies show that secondhand smoke can permeate throughout multiunit housing systems – moving out of the units occupied by smokers, into the units occupied by nonsmokers.³⁻⁵ In addition, studies show that occupants of units where smoking does not occur report secondhand smoke coming into their homes.^{6,7}

First, while we agree that the best way to prevent secondhand smoke exposure is to prohibit smoking in the units, we do not support eviction as an enforcement mechanism. Instead, enforcement should focus on education about the dangers of smoking and secondhand smoke including risks in a multi-unit environment, along with increasing the availability of cessation assistance. We encourage HUD to consider the following factors when developing fair and

effective enforcement:

- Smoking is an extremely addictive behavior with the vast majority of smokers starting in their teens. Nicotine in cigarettes and other combustible tobacco products is severely addictive and smoking is rarely an adult choice. Quitting often proves very difficult. In 2010, 69% of adult smokers wanted to quit, but only 6.2% succeeded.⁸
- Smoking rates are highest among adults with incomes below the poverty level and among those with a GED diploma or a 9th -11th grade education. Rates are lowest among adults with graduate degrees.⁹ Therefore, the percentage of public housing residents affected by a smoke-free public housing policy will reasonably be higher than the percentage of smokers in the general population.
- Secure and safe housing is good for health.¹⁰ Safe and secure housing is also a key direction of the National Prevention Strategy.¹¹ While it is true that smoke-free housing will promote health – the reason, of course, for the policy -- putting the security of housing for smokers at risk due to cigarette addiction is not the answer.
- Smoking has been aggressively and fraudulently marketed to the American public by an industry that has lied and misrepresented key information about its deadly product for years. A federal court has determined that for five decades the tobacco industry lied about the health effects and addictiveness of cigarettes, lied about the dangers of secondhand smoke, manipulated the addictiveness of cigarettes and then lied about doing so and fraudulently denied that it marketed its products to children and teens.¹² Several studies and tobacco company documents have shown that tobacco companies have specifically marketed their products to minorities and those of lower socio-economic status.¹³⁻¹⁷

Safe and secure housing should not be put at risk because someone is not able to overcome the powerful addiction to tobacco.

Second, in the proposed rule, HUD asks whether the policy should be extended to electronic nicotine delivery systems (ENDS). We believe that ENDS should be banned in all public indoor areas listed in the rule but not in individual living units. This properly balances the potential benefit of e-cigarettes to individual users with the risks to others.

With regard to individual users, current ENDS products contain far fewer toxic chemicals and in far lower amounts than combustible cigarettes. For example, Public Health England, after reviewing currently available evidence on the subject, concluded that it was reasonable to estimate that ENDS are around 95% less harmful than smoking cigarettes.¹⁸ While some are concerned that the precise percentage of reduced risk is hard to quantify, studies of the major biomarkers of cancer or other chemicals in ENDS indicate substantially (9-450 times) lower levels compared to the smoke from cigarettes, cigars, hookah, and other combustible tobacco products.^{19,20} So long as they use ENDS exclusively, these products will likely provide smokers with an alternative to smoking that produces far less individual harm to themselves. In addition,

as a practical matter, it would be difficult to enforce a ban on ENDS in private living units. Unlike combustible tobacco smoke, most ENDS aerosol produces little odor. Absent observing actual use in a private residence, there would be little evidence that a resident was using the product.

Concerning secondhand exposure, we note that the current data do not support that ENDS aerosol presents anywhere near the same level of risk as secondhand smoke.¹⁸⁻²⁰ Nonetheless, it is important to be cautious regarding the potential effects of ENDS aerosol. Given the current still limited state of knowledge, we believe that it is appropriate to prohibit use of ENDS in common areas where groups can congregate and where secondhand aerosol would be more likely to affect non-users.

HUD also asks in the proposed rule whether the policy should extend to waterpipe tobacco smoking. Given potential confusion as to whether this involves a “lit” tobacco product, HUD should expressly include waterpipe/hookah tobacco smoking in the proposed rule and ensure it is banned in all areas of public housing, including the individual units. Hookah involves combustion, and hookah smoke exposes users to many of the same toxicants found in cigarette smoke,^{21,22} and may place users at risk for many of the same diseases as cigarette smokers.²³⁻²⁸ An hour-long waterpipe/hookah smoking session involves about 200 puffs, while smoking an average cigarette involves about 8-16 puffs. Further, the amount of smoke inhaled during a hour-long hookah smoking session is about 90,000 milliliters, compared with 500-600 milliliters inhaled when smoking a cigarette.^{29,30} Studies also show extremely high levels of particulate matter in hookah cafes (i.e., indoor smoking venues).³¹⁻³³

We would like to emphasize the importance of providing residents of PHAs with cessation resources. While the proposed rule encourages PHAs to work with their state and local tobacco prevention and cessation programs, we believe this should be required. This will help ensure that smokers have access to proven tobacco cessation interventions, including counseling and pharmaceutical interventions. Such information could include, but is not limited to tobacco quit line numbers, local cessation services, and suggested web-based services such as Truth Initiative’s www.becomeanex.org. Tobacco users, and, indeed, all residents, should also be notified as far in advance as possible of any forthcoming smoke-free policy. This will give smokers more time to start planning a quit attempt so they may come into compliance. At best, counseling provided on site would be especially helpful and provide a strong message to smokers that health is indeed the main reason for implementing a smoke-free policy. On-site counseling could also give some social support to those trying to quit, which in addition to medication and counseling, are critical to successfully quitting tobacco.³⁴

Finally, we believe that the Regulatory Impact Analysis (RIA) underestimates the benefits and overestimates the costs of this proposed rule. We refer HUD to the comment submitted by the Tobacco Control Legal Consortium (TCLC) and their more detailed criticism of this analysis.

We concur with Section IV of the TCLC comment and incorporate it here by reference.

In conclusion, we strongly support smoke-free policies in multiunit public housing. We urge HUD to ensure that strong provisions for cessation assistance are integral parts of such policies. With regard to enforcement mechanisms, we encourage HUD to focus on education and cessation assistance in lieu of the unnecessarily draconian remedy of eviction. We recommend that ENDS use should be banned in all public indoor areas, but allowed in individual living units. Finally, given the serious risks they present, waterpipes/hookah should be banned from both public indoor areas as well as individual units.

The proposed rule is an important step toward that goal, and we look forward to collaborating with HUD as we work to finish tobacco once and for all. If you have questions or need further information, please contact Dave Dobbins, COO at Truth Initiative, at ddobbins@truthinitiative.org, or 202-445-5555.

Sincerely,

Society for Research on Nicotine & Tobacco
Truth Initiative

References

1. Centers for Disease Control and Prevention. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. Atlanta GA2006.
2. Centers for Disease Control and Prevention OoSaH. Publications and Reports of the Surgeon General. *How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General*. Atlanta (GA): Centers for Disease Control and Prevention (US); 2010.
3. King BA, Travers MJ, Cummings KM, Mahoney MC, Hyland AJ. Secondhand smoke transfer in multiunit housing. *Nicotine & tobacco research : official journal of the Society for Research on Nicotine and Tobacco*. 2010;12(11):1133-1141.
4. Kraev TA, Adamkiewicz G, Hammond SK, Spengler JD. Indoor concentrations of nicotine in low-income, multi-unit housing: associations with smoking behaviours and housing characteristics. *Tobacco control*. 2009;18(6):438-444.
5. Spengler JD. Buildings operations and ETS exposure. *Environmental health perspectives*. 1999;107 Suppl 2:313-317.
6. Hewett MJ, Sandell SD, Anderson J, Niebuhr M. Secondhand smoke in apartment buildings: renter and owner or manager perspectives. *Nicotine & tobacco research : official journal of the Society for Research on Nicotine and Tobacco*. 2007;9 Suppl 1:S39-47.
7. King BA, Cummings KM, Mahoney MC, Juster HR, Hyland AJ. Multiunit housing residents' experiences and attitudes toward smoke-free policies. *Nicotine & tobacco research : official journal of the Society for Research on Nicotine and Tobacco*. 2010;12(6):598-605.
8. Centers for Disease Control and Prevention. Quitting smoking among adults--United States, 2001-2010. *MMWR. Morbidity and mortality weekly report*. 2011;60(44):1513-1519.
9. Jamal A, Homa DM, O'Connor E, et al. Current Cigarette Smoking Among Adults - United States, 2005-2014. *MMWR. Morbidity and mortality weekly report*. 2015;64(44):1233-1240.
10. US Department of Health and Human Services. Healthy People 2020 Social Determinants of Health Objective.
<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=39>.
11. National Prevention Council, *National Prevention Strategy*, Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General, 2011. Page 14.
12. *U.S. v. Philip Morris USA, Inc., et al.*, No. 99-CV-02496GK (U.S. Dist. Ct., D.C.) (Final Opinion) (August 17, 2006). Available at:
<http://www.justice.gov/civil/cases/tobacco2/amended%20opinion.pdf>.
13. Project SCUM. Truth Tobacco Documents Library. R.J.Reynolds. December 12, 1995. Bates Number: 518021121/1129.
14. Novak SP, Reardon SF, Raudenbush SW, Buka SL. Retail tobacco outlet density and youth cigarette smoking: a propensity-modeling approach. *American journal of public health*. 2006;96(4):670-676.
15. West JH, Blumberg EJ, Kelley NJ, et al. Does proximity to retailers influence alcohol and tobacco use among Latino adolescents? *Journal of immigrant and minority health / Center for Minority Public Health*. 2010;12(5):626-633.
16. Pearce J, Hiscock R, Moon G, Barnett R. The neighbourhood effects of geographical access to tobacco retailers on individual smoking behaviour. *Journal of epidemiology and community health*. 2009;63(1):69-77.
17. John R, Cheney MK, Azad MR. Point-of-sale marketing of tobacco products: taking advantage of the socially disadvantaged? *Journal of health care for the poor and underserved*. 2009;20(2):489-506.
18. McNeill A, Brose L, Calder R, Hitchman S, Hajek P, McRobbie H. E-cigarettes: an evidence update. A report commissioned by Public Health England. *Public Health England*.< www.gov.uk/government/uploads/system/uploads/attachment_data/file/454516/Ecigarettes_an_eviden

- ce_update_A_report_commissioned_by_Public_Health_England.pdf*>(Accessed August 22, 2015). 2015.
19. Goniewicz ML, Knysak J, Gawron M, et al. Levels of selected carcinogens and toxicants in vapour from electronic cigarettes. *Tobacco control*. 2013.
 20. Hecht SS, Carmella SG, Kotandeniya D, et al. Evaluation of toxicant and carcinogen metabolites in the urine of e-cigarette users versus cigarette smokers. *Nicotine & tobacco research : official journal of the Society for Research on Nicotine and Tobacco*. 2015;17(6):704-709.
 21. Shihadeh A. Investigation of mainstream smoke aerosol of the argileh water pipe. *Food Chem Toxicol*. 2003;41(1):143-152.
 22. Shihadeh A, Saleh R. Polycyclic aromatic hydrocarbons, carbon monoxide, "tar", and nicotine in the mainstream smoke aerosol of the narghile water pipe. *Food Chem Toxicol*. 2005;43(5):655-661.
 23. Akl EA, Gaddam S, Gunukula SK, Honeine R, Jaoude PA, Irani J. The effects of waterpipe tobacco smoking on health outcomes: a systematic review. *Int J Epidemiol*. 2010;39(3):834-857.
 24. Khabour OF, Alzoubi KH, Bani-Ahmad M, Dodin A, Eissenberg T, Shihadeh A. Acute exposure to waterpipe tobacco smoke induces changes in the oxidative and inflammatory markers in mouse lung. *Inhalation toxicology*. 2012;24(10):667-675.
 25. Rammah M, Dandachi F, Salman R, Shihadeh A, El-Sabban M. In vitro cytotoxicity and mutagenicity of mainstream waterpipe smoke and its functional consequences on alveolar type II derived cells. *Toxicol Lett*. 2012;211(3):220-231.
 26. Rammah M, Dandachi F, Salman R, Shihadeh A, El-Sabban M. In vitro effects of waterpipe smoke condensate on endothelial cell function: a potential risk factor for vascular disease. *Toxicol Lett*. 2013;219(2):133-142.
 27. Kassem NO, Daffa RM, Liles S, et al. Children's Exposure to Secondhand and Thirdhand Smoke Carcinogens and Toxicants in Homes of Hookah Smokers. *Nicotine & tobacco research : official journal of the Society for Research on Nicotine and Tobacco*. 2014.
 28. Maziak W, Rastam S, Ibrahim I, Ward KD, Eissenberg T. Waterpipe-associated particulate matter emissions. *Nicotine & tobacco research : official journal of the Society for Research on Nicotine and Tobacco*. 2008;10(3):519-523.
 29. Cobb C, Ward KD, Maziak W, Shihadeh AL, Eissenberg T. Waterpipe tobacco smoking: an emerging health crisis in the United States. *Am J Health Behav*. 2010;34(3):275-285.
 30. Zacny JP, Stitzer ML. Human smoking patterns. *Smoking and tobacco control monograph*. 1996(7):151-160.
 31. Fiala SC, Morris DS, Pawlak RL. Measuring indoor air quality of hookah lounges. *American journal of public health*. 2012;102(11):2043-2045.
 32. Saade G, Seidenberg AB, Rees VW, Otrock Z, Connolly GN. Indoor secondhand tobacco smoke emission levels in six Lebanese cities. *Tobacco control*. 2010;19(2):138-142.
 33. Cobb CO, Vansickel AR, Blank MD, Jentink K, Travers MJ, Eissenberg T. Indoor air quality in Virginia waterpipe cafes. *Tobacco control*. 2013;22(5):338-343.
 34. Fiore M, United States. Tobacco Use and Dependence Guideline Panel. *Treating tobacco use and dependence : 2008 update*. 2008 update ed. Rockville, Md.: U.S. Dept. of Health and Human Services, Public Health Service; 2008.