

Taking Texas Tobacco Free (TTTF)

SMOKING IN SUBSIDIZED HOUSING AND IMPLEMENTATION OF SMOKE FREE POLICIES: IMPORTANCE AND EFFECTS



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CANCER PREVENTION & RESEARCH
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UNIVERSITY of
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HEALTH
Research Institute
Helping Everyone Achieve a LifeTime of Health

Background: What is Supportive Housing?

Section 8 – subsidized housing for low-income residents. Tenants are required to pay a minimum of 30% of their income towards monthly rent and utilities

Supportive housing – housing assistance for homeless individuals. 3 different models:

1. Purpose-built or single site housing: apartment buildings designed specifically for homeless individuals or those with service needs
2. Scattered-site housing: affordable housing apartments or apartments in private market involving rental subsidies for those who are no longer experiencing homelessness
3. Unit set-asides: apartments set aside by affordable housing owners for tenants who were formerly homeless or for those in need of supportive services



U.S. Department of Housing and Urban Development (HUD)

- Issued a smoke-free rule on November 30, 2016 that required all public housing to have a smoke-free policy within 18-months
- Rule requires all properties to be 100% smokefree indoors and within 25 ft. of all buildings. This rule does not apply to Section 8 housing
- Deadline: July 31, 2018
- Approximately 1.2 million households and 3,300 public housing authorities affected

Why Are Smoke-Free Policies Important?



**This is a
smoke-free
building.**

Ventilation

- Smoking in one unit leads to secondhand exposure for other families and residents in apartments/multi-unit housing. **AIR IS SHARED!**
- U.S. Surgeon General, WHO, and ASHRAE (The American Society of Heating, Refrigerating, and Air-Conditioning Engineers) released statements regarding indoor smoking.



Secondhand **smoke can infiltrate** into other units **through hallways and stairwells.**

The Health Consequence of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General (2006)

Major Conclusions:

1. Conventional air cleaning systems cannot remove small particles associated with secondhand smoke
2. Current AC/ventilating systems may distribute secondhand smoke throughout buildings
3. Separate enclosures/smoke rooms do not prevent spread of smoke to adjacent areas

“Eliminating smoking in indoor spaces fully protects nonsmokers from exposure to secondhand smoke. Separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot eliminate exposures of nonsmokers to secondhand smoke”

WHO and ASHRAE Response:

- WHO (2007) recommends implementation of 100% smoke-free environments to protect workers and the public from secondhand smoke exposure:

“This is the **only effective strategy to reduce exposure to tobacco smoke** to safe levels in indoor environments and to provide an acceptable level of protection from the dangers of secondhand smoke exposure. Ventilation and smoking areas, whether separately ventilated from nonsmoking areas or not, do not reduce exposure to a safe level of risk and are not recommended.”

- ASHRAE (2010), the national standard setting body for indoor air quality, encourages smoking to be banned from indoor environments, citing that no engineering approach have been demonstrated to control health risks associated with indoor smoke exposure.



Secondhand Smoke

Secondhand Smoke: What is it?

- Secondhand smoke (SHS): environmental smoke
- Two types:
 1. Mainstream: smoke exhaled from smoker
 2. Sidestream: smoke from lit end of cigarette/tobacco burning product
- Sidestream smoke is **MORE** carcinogenic and toxic than mainstream smoke. Its smaller particles make it easier to enter the lungs and cells.
- Exposure to SHS is called PASSIVE or INVOLUNTARY smoking.

Health Risks of Secondhand Smoke

➤ Contains: **7,000 chemicals** with at least **70 carcinogens**. Known to cause lung cancer and is linked to 5 other cancers, including: breast, bladder, brain, and pharynx

➤ Affects heart and blood vessels:

- Damages in the same way that active smoking harms people
- Damage increases risk for plaque build-up in arteries. This limits oxygen flow throughout body

➤ **SHS affects children the most!**

- It can trigger asthma attacks, worsen asthma symptoms, and even cause new cases of asthma.



Secondhand smoke and the **harmful** chemicals in it are known causes of **Sudden Infant Death Syndrome**, **RESPIRATORY INFECTIONS**, **ear infections**, and **asthma attacks** in infants and children. They are also known causes of **HEART DISEASE**, **stroke**, and **lung cancer** in adult nonsmokers.



A photograph of a brown sofa with a repeating circular pattern. The text "Thirdhand Smoke" is centered over the sofa in a white, sans-serif font. A thin white horizontal line is positioned below the text. The background is a plain, light-colored wall.

Thirdhand Smoke

Thirdhand Smoke: What is it?

- Thirdhand smoke: residual nicotine and other chemicals that remain on surfaces and our clothes after someone smokes
 - Clings to clothes, furniture, walls, bedding, carpets, and vehicles
- Cannot be eliminated by airing out rooms, using air conditioners/fans, or confining smoking to certain areas
- Removing residue requires regular, thorough cleaning of surfaces

Health Risks of Thirdhand Smoke

- American Academy of Pediatrics stresses that the **only** way to not expose children to thirdhand smoke is to *quit smoking*
- Young **children are vulnerable** because they crawl/play on the floor and furniture, while making frequent hand-to-mouth contact with surfaces
- Residue can lead to respiratory tract issues such as coughing, asthma, and respiratory tract infections



RECAP: Importance of Smoke-Free Policies

Smokefree rules or policies:

- **Improve** Air Quality
- **Improve** Health
- **Reduce** Secondhand Smoke Exposure
- **Receive** Public Support
- **Reduce** Smoking in Youth, Young Adults, and Adults



There is no safe level of secondhand smoke exposure.¹



Cleaning the air and ventilating buildings cannot get rid of secondhand smoke.¹



Secondhand smoke causes disease and early death in children and in adults who do not smoke.¹



UP NEXT:

National Smoke-Free Trends & How Smoke-free Policies also Save Money

National Smoke-free Trends



2006:

June – Surgeon General releases a report on the health consequences of secondhand smoke

August – 65 new or amended local and 4 state smoke-free laws are passed. **~500 cities, 17 states, and Puerto Rico have 100% smoke-free laws. 45.4% of the U.S. population is protected**



2009:

NIOSH recommends that casinos be 100% smokefree to protect workers.

June – President Obama signs the **Family Smoking Prevention and Tobacco Control Act** into law. The U.S. FDA now has the authority to regulate the manufacturing, sale, and marketing of tobacco products



2013:

24 states, along with D.C., Puerto Rico, and the U.S. Virgin Islands now have laws in effect that require non-hospitality workplaces, restaurants, and bars to be 100% smokefree. **48.9% of the U.S. population is now protected**

National Smoke-free Trends

2015:

HUD announces that it will require all public housing nationwide to have a smokefree policy.

2017:

February – **HUD rule now in effect** across the United States. Tobacco products are prohibited in all subsidized housing units, including indoor common areas, administrative offices, and all outdoor areas within 25 ft. of properties.

2018:

July 31 – Policy implementation deadline. Approximately **1.2 million public housing units** have become **smoke-free**
October – **25 states** and **900 municipalities** have adopted comprehensive smoke-free policies



Positive Effects of Implementation in Public Housing

- Public Housing Agencies benefit from cost reductions related to maintenance and damage caused by smoking.

Smoke-free Policy Associated Savings in ALL Subsidized + Public Housings	Smoke-free Policy Associated Savings in Public Housing
Secondhand Smoke Related <u>Healthcare Costs</u> : \$310.48 million	Secondhand Smoke Related <u>Healthcare Costs</u> : \$94.01 million
<u>Renovation</u> of Smoke Permitted Units: \$133.77 million	<u>Renovation</u> of Smoke Permitted Units: \$42.99 million
Smoking Attributed <u>Fire Losses</u> : \$52.57 million	Smoking Attributed <u>Fire Losses</u> : \$15.92 million
<u>TOTAL PROJECTED ANNUAL SAVINGS</u> : = \$466.82 million	<u>TOTAL PROJECTED ANNUAL SAVINGS</u> : = \$152.91 million

OUR MISSION

The mission of Taking Texas Tobacco Free is promoting wellness among Texans by partnering with healthcare organizations to build capacity for system-wide, sustainable initiatives that will reduce tobacco use and secondhand smoke exposure among employees, consumers, and visitors.



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Taking Texas Tobacco Free program staff

- Bryce Kyburz, MA - TTTF Project Manager, Integral Care
 - 512-440-4091, bryce.kyburz@integralcare.org
- Isabel Leal, PhD – Research Scientist, University of Houston
 - (713) 743-6444, imarti31@central.uh.edu
- Kathy Le – TTTF Program Director, University of Houston
 - (713) 743-6882, kle14@central.uh.edu

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- Articles, presentations, fact sheets
- Videos
- Posters
- Quit plans
- Training module



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RESOURCES

Clients:

- ❖ Quit Line 1-877-YES-QUIT
- ❖ Nicotine Anonymous (support groups, online, phone)
- ❖ Non-smoking AA & NA meetings (majority are smoke-free)
- ❖ On site NRT

Employees:

- ❖ EAP
- ❖ PCP co-pay and prescription reimbursement (spouses and eligible dependents included)
- ❖ Nicotine Anonymous, as well as non-smoking NA and AA groups
- ❖ On site NRT
- ❖ Quit Line 1-877-YES QUIT

