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January 15, 2016

Secretary Julián Castro
c/o the Regulations Division, Office of General Counsel
Department of Housing and Urban Development
451 7th Street SW., Room 10276
Washington, DC 20410-0500.

RE: FR 5597-P-02 Instituting Smoke-Free Public Housing

Dear Secretary Castro,

The Conference of Boston Teaching Hospitals (COBTH) on behalf of its fourteen member institutions is pleased to offer the following comments in strong support of the U.S. Department of Housing and Urban Development (HUD) proposed rule to make all indoor public housing in the U.S. smoke-free, as well as designating the surrounding 25' around public housing as a smoke-free barrier. Additionally COBTH would suggest two additions to the proposed rule to strengthen its effectiveness namely: (1) that the smoke-free provisions include electronic nicotine delivery systems (ENDS) and hookah pipes and devices; and (2) that the rule applies to all multi-unit housing properties that accepts funding from HUD.

Annually more than 8,000 Massachusetts residents die from tobacco related causes which include cancer, heart disease, stroke, emphysema, and other respiratory diseases.¹ This estimate includes nonsmokers exposed to secondhand smoke whose risk for heart disease is increased by 25-30% and risk for lung cancer is increased by 20-30% as a result of their exposure.

In a report² published by the Massachusetts Department of Public Health (DPH) with data from 2014, population groups that more frequently occupy public housing – namely individuals of low socio-economic status and people with disabilities – were found to be more likely to smoke and be exposed to secondhand smoke. DPH estimated that 14.7% of Massachusetts adults (or 763,960 residents) were, in 2014, smokers and that individuals of low socio-economic status and people with disabilities, were among those groups whose smoking rate was highest. Specifically it found that 32.8% of people on MassHealth (the state's Medicaid program), 26.3% of individuals with a disability, and 26.3% of households whose income was less than \$25k, were more likely to smoke.

In July 2004, the Massachusetts's Legislature enacted a comprehensive statewide smoking ban in workplaces, restaurants, and bars which effectively reduced the overall exposure of nonsmoking adults to secondhand smoke from 32% in 2002 to 10% in 2014. However, the risk of secondhand smoke in the home, particularly for those who live in multi-unit dwellings like public housing, continues to be a risk for nonsmokers.

¹ <http://www.mass.gov/eohhs/docs/dph/tobacco-control/adults-health-consequences.pdf>

² <http://www.mass.gov/eohhs/docs/dph/tobacco-control/adults-who-smoke.pdf>

In a second report,³ DPH estimated that 16.4% of Massachusetts households allowed smoking in their homes thereby exposing a potential 456,000 adult nonsmokers to secondhand smoke for more than one hour per week. Specifically the report found, 19.5% of people on MassHealth, 13.6% of people with disabilities, and 17.2% of households whose income was less than \$25k, were more likely to be exposed to secondhand smoke.

According to 2013 data,⁴ 13% of Massachusetts households with children allow smoking in the home. This means that an estimated 187,000 children in the Commonwealth are exposed to the dangerous conditions – sudden infant death syndrome (SIDS), acute respiratory infections, ear problems, and more frequent and severe asthma attacks – associated with secondhand smoke.

Following passage of the 2004 smoke-free workplace legislation, the Commonwealth had 577 fewer heart attack deaths annually than expected.⁵ Additionally it was found that overall indoor air quality improved throughout the state. Including both suggested additions with the proposed rule would further improve the outcome of the measure as well as the quality of air in the home.

Inclusion of COBTH's first suggestion to the proposed rule, that smoke-free provisions include electronic nicotine delivery systems (ENDS) and hookah pipes and devices, would ensure that nonsmokers and children experience the same level of indoor air quality in their home as they may find in public spaces. The emissions from ENDS aerosol are not purely 'water vapor.' Rather, the emissions from ENDS devices contain nicotine and additional toxins whose level is not regulated nor subject to manufacturer standards. While ENDS emissions contain fewer toxins than the 250 chemicals contained in secondhand smoke, the vapor released by ENDS devices contain acetaldehydes, a known cancer causing substance. The smoke from Hookah devices contain high levels of nicotine, carbon monoxide, carcinogens, hydrocarbons, heavy metals, and fine particles, which are higher levels than cigarettes. The risks of hookah are documented to be similar to the risks of cigarette smoking, including lung cancer, respiratory illness, low birth weight, and respiratory problems among infants. It is in the best interest of those who occupy public housing to include these two additional devices in HUD's proposed smoke-free rule.

COBTH's second suggestion seeks to expand the application of the HUD's proposed rule to include all housing properties that accept funding from HUD so that more individuals are protected from the potential risks and dangers associated with exposure to tobacco smoke and ENDS emissions.

COBTH and its members believe the proposed rule to be a valid and necessary public health endeavor. We therefore respectfully request the proposed rule be adopted as amended.

Sincerely,



John Erwin
Executive Director, Conference of Boston Teaching Hospitals

³ <http://www.mass.gov/eohhs/docs/dph/tobacco-control/adults-exposed-to-secondhand-smoke.pdf>

⁴ <http://www.mass.gov/eohhs/docs/dph/tobacco-control/secondhand-smoke-factsheet.pdf>

⁵ <http://www.mass.gov/eohhs/docs/dph/tobacco-control/smoke-free-law-factsheet-5year.pdf>