



**U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Office of Healthy Homes and Lead Hazard Control**

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**SPECIAL ATTENTION OF:**

NOTICE: PIH-2012-25

Regional Directors; State and Area  
Coordinators; Public Housing Hub  
Directors; Program Center Coordinators;  
Troubled Agency Recovery Center Directors;  
Special Applications Center Director;  
Administrators; Resident Management  
Corporations Public Housing Agencies;  
Healthy Homes Representatives

Issued: May 29, 2012

Expires: Effective until amended,  
revoked or superseded

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Cross Reference:

24 CFR 903.7 (e)(1)

24 CFR 966.3

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Subject: Non-Smoking Policies in Public Housing

1. **Purpose.** This notice is a reissuance of PIH Notice 2009-21 which strongly encourages Public Housing Authorities (PHAs) to implement smoke-free policies in some or all of their public housing units. According to the American Lung Association, 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 addressed by the Family Smoking Prevention and Tobacco Control Act, P.L. 111-31, signed by the President on June 22, 2009. It is possible for Environmental Tobacco Smoke (ETS) to migrate between units in multifamily housing, causing respiratory illness, heart disease, cancer, and other adverse health effects for those living in neighboring residences. Therefore the Department is encouraging PHAs to adopt smoke-free policies. By reducing the public health risks associated with tobacco use, this notice will enhance the effectiveness of the Department's efforts to provide increased public health protection for residents of public housing. The Department is currently developing additional guidance to assist PHAs with the consideration and adoption of smoke-free policies.

2. **Applicability.** This notice applies to Public Housing.

3. **Background.** Secondhand smoke, also known as Environmental Tobacco Smoke, 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 non-smokers, and can cause or worsen adverse health effects, including cancer, respiratory infections and asthma. According to the U.S. Environmental Protection Agency (EPA) secondhand smoke exposure causes disease and premature death in children and adults who do not smoke ([www.epa.gov/smokefree/healtheffects.html](http://www.epa.gov/smokefree/healtheffects.html)). Also the 2007 Surgeon General's report identified hundreds of chemicals in secondhand smoke that are known to be toxic. The report

*(The Health Consequences of Involuntary Exposure to Secondhand Smoke)* can be found at <http://www.surgeongeneral.gov/library/smokeexposure/report/fullreport.pdf>. According to this report, secondhand smoke causes an estimated 50,000 deaths in adult non-smokers in the United States each year, including approximately 3,400 from lung cancer and approximately 46,000 from heart disease. This can have a significant impact on people who live in close proximity to smokers.

Currently, there are more than 1.2 million families who reside in public housing. Residents between the ages of 0-17 represent approximately 39 percent of public housing residents, with those over the age of 62 representing approximately 15 percent of public housing residents. Residents in these age groups account for at least 54 percent of public housing residents, and represent a population that could be at increased risk to the adverse effects of ETS. Additionally, there are a considerable number of residents with chronic diseases such as asthma and cardiovascular disease who may also be particularly vulnerable to the effects of ETS as secondhand smoke lingers in the air hours after cigarettes have been extinguished and can migrate between units in multifamily buildings.

Smoking is the leading cause of fire deaths in multifamily buildings with 26 percent of these casualties reported in 2005 [www.usfa.dhs.gov/downloads/pdf/publications/Residential\\_Structure\\_and\\_Building\\_Fires.pdf](http://www.usfa.dhs.gov/downloads/pdf/publications/Residential_Structure_and_Building_Fires.pdf). Data from the U.S. Fire Administration of the Department of Homeland Security estimates that in 2006 there were 18,700 smoking-material fires in homes. These fires resulted in 700 civilian deaths (not including firefighter casualties), 1,320 civilian injuries, and \$496 million in direct property damage [www.nfpa.org/assets/files/PDF/OS.Smoking.pdf](http://www.nfpa.org/assets/files/PDF/OS.Smoking.pdf).

4. **Indoor Air Quality (IAQ).** According to the U.S. Green Building Council (USGBC), toxin free building materials used in green buildings help combat indoor air pollution. Achieving good IAQ involves minimizing indoor pollutants such as ETS; therefore it would be advantageous for a PHA to restrict indoor smoking as it would be easier for a property to achieve good IAQ in its buildings. During construction or renovation of projects, PHAs should consider the following actions: installing direct vent combustion equipment and fireplaces; providing for optimal, controlled, filtered ventilation and air sealing between living areas and garage or mechanical areas, and the use of paints and other materials that emit no or low levels of volatile chemicals (volatile organic compounds or VOCs). Sixty-five percent of the public housing inventory was built prior to 1970. In order for a PHA to implement retrofits that would improve IAQ significantly, it would be likely that renovation would need to take place. If a PHA performs renovations to improve IAQ without also implementing a non-smoking policy, the IAQ benefits of the renovation would not be fully realized. Therefore, a non-smoking policy is an excellent approach for those PHAs that are trying to achieve improved IAQ without additional retrofit costs.

5. **Maintenance.** It is well known that turnover costs are increased when apartments 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 to make a unit occupant ready. Therefore, a non-smoking policy is another good approach for reducing maintenance costs. View the Sanford Maine Housing Authority case study at

<http://www.smokefreeforme.org/landlord.php?page=Save+Money%2C%3Cbr%3ESave+Your+Building>.

6. **Policy Discretion.** PHAs are permitted and strongly encouraged to implement a non-smoking policy at their discretion, subject to state and local law. Some PHAs have established smoke-free buildings. Some PHAs 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 more than 225 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 properties.

7. **PHA Plans.** 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 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 properties and buildings in their housing inventory in which non-smoking policies are being implemented.

8. **Smoking Cessation National Support.** Smoking tobacco is an addictive behavior, therefore 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. The North American Quitline Consortium's cessation counseling toll-free hotline, 800-QUIT-NOW (800-784-8669), connects users directly to their State tobacco cessation program, and the American Lung Association's Web page on State Tobacco Cessation Coverage [www.lungusa2.org/cessation2](http://www.lungusa2.org/cessation2) provides information on cessation programs, both public and private, in all States and the District of Columbia. The National Cancer Institute's Smoking Quit Line can be called toll-free at 877-44U-QUIT (877-448-7848). Hearing or speech-challenged individuals may access these numbers through TTY by calling the toll-free Federal Relay Service at 800-877-8339. PHAs that implement non-smoking policies should be persistent in their efforts to support smoking cessation programs for residents, adapting their efforts as needed to local conditions.

9. **Further Information.** For further information related to this notice, please contact Shauna Sorrells, Director, Office of Public Housing Programs at (202) 402-2769.

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/s/  
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