



January 13, 2016

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

RE: Instituting Smoke-Free Public Housing

Dear Secretary Castro:

On behalf of the American Academy of Family Physicians (AAFP), which represents 120,900 family physicians and medical students across the country, I write in response to the [proposed rule](#) titled, "Instituting Smoke-Free Public Housing" as published by the Department of Housing and Urban Development (HUD) in the November 17, 2015 *Federal Register*.

Since tobacco use is documented as the leading preventable cause of death and illness in our nation, the AAFP enthusiastically supports this proposal. Nicotine, a key ingredient in tobacco products, is addictive. Tobacco use by and around children and adolescents is of particular concern due to the increased risk for addiction and passive exposure. We therefore applaud HUD for taking this important step that will create additional smoke-free environments. We also appreciate that HUD accepted the recommendation to create this policy that the AAFP and other organizations called for in a March 27, 2015 [letter](#) that advocated that all government subsidized housing be made smoke-free. This historic step will help protect the public health, especially that of children, in our nation's most vulnerable populations.

We appreciate that HUD and the Department of Health and Human Service held and invited the AAFP to the White House Smoke-Free Housing Summit that occurred on January 5, 2016. This summit provided an important opportunity to discuss the health and economic benefits of the proposed regulation, including that:

- One in four nonsmokers is exposed to second-hand smoke.
- Individuals living in rental housing suffer from a higher second-hand smoke exposure rate.
- There are 760,000 children living in public housing.

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- The proposed rule would impact 2 million people.
- Those living in public housing may be exposed to nicotine levels that equal five cigarettes.
- The rate of respiratory illness is significantly higher among those living in public housing.
- The proposed rule is estimated to save \$153 million due to health, safety and facility damage costs.

Despite the clear evidence about the dangers of smoking, the Centers for Disease Control and Prevention (CDC) reports that cigarette smoking causes about one in five deaths in the United States every year. The AAFP considers this as unacceptable and the proposed rule will help to address the health hazard of secondhand smoke.

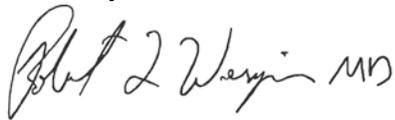
The AAFP also supports the proposed 25 foot buffer zone from entrances, exits, windows and ventilation intakes of buildings that HUD included in the proposed rule. We believe this buffer zone will help assist with enforcement of smoke-free public housing by ensuring that second hand smoke does not drift back into living units from the outside or require individuals to walk through second hand smoke around entrances or exits from buildings.

We call on HUD to include in the final rule the exclusion of electronic nicotine delivery systems and waterpipe tobacco (hookahs) in restricted areas and that the regulation should apply to all government-subsidized housing rather than just all government-owned housing.

The AAFP also believes the final rule should call for government-subsidized housing authorities to refer residents to Quit-line services since the U.S. Public Health Service has found that combining FDA-approved quit smoking therapies with counseling services are the most effective for successful quit attempts. The AAFP recently updated Tobacco and Nicotine [online toolkit](#) and we encourage family physicians to integrate tobacco prevention and control efforts into their office system and support a tobacco-free community.

The AAFP is committed to working with HUD to ensure that all residents of HUD-assisted housing live in healthy environments. For any questions you might have please contact Robert Bennett, Federal Regulatory Manager, at 202-232-9033 or rbennett@aafp.org.

Sincerely,



Robert L. Wergin, MD, FAAFP
Board Chair