

SMOKE FREE HOUSING



A Toolkit for **Residents** of Federally Assisted
Public and Multi-family Housing



U.S. Department of Housing and Urban Development, Office of Healthy Homes and Lead Hazard Control

Produced by North American Management with funding from the US Department of Housing and Urban Development, Contract No. C-PHI-01063.



Dear Reader:

The U.S. Department of Housing and Urban Development, the Department of Health and Human Services, the American Academy of Pediatrics, and the American Lung Association are joining together to protect everyone living in federally assisted multifamily housing from the dangers of secondhand smoke. Since 2009, HUD has strongly encouraged Public Housing Agencies to adopt smoke-free buildings to protect the health of residents, and now urges federally assisted multifamily property owners to go smoke-free. To assist you in this process, HUD has developed smoke-free housing toolkits to provide user-friendly information on making all buildings smoke-free. There are materials for landlords, including Public Housing Agencies, and for resident organizations.

The U.S. Surgeon General has warned that breathing secondhand smoke for even a short time is dangerous. Children, the elderly and disabled, and low-income and other disadvantaged individuals and families are the most likely to suffer from breathing secondhand smoke. Secondhand smoke causes heart attacks and lung cancer and it makes asthma worse. Smoke-free housing is especially important for kids. Secondhand smoke can hurt their growing lungs, and kids and teens with asthma have difficulty breathing. Secondhand smoke is also associated with Sudden Infant Death Syndrome (SIDS). Research has demonstrated that smoke does not stay contained within individual apartments and as a result can harm residents in non-smoking apartments. For more information on the harmful effects of secondhand smoke on children, please visit the website of the American Academy of Pediatrics at www.aap.org/richmondcenter.

Smoke-free housing benefits landlords and managers as well. It reduces fires caused by smoking. In 2007, over 140,000 fires were started by cigarettes, cigars and pipes in the U.S. causing \$530 million in property damage, according to the National Fire Protection Association. Twenty-five percent of people killed in smoking-related fires are not the actual smokers, with many being children of the smokers, neighbors or friends. Smoke-free housing also saves on property maintenance costs from cleaning and painting stained walls and ceilings and repairing burn marks left by smoking. Less damage means less expense to get a unit ready for a new resident. It is completely legal to go smoke-free, and all smoke-free policies don't have to look alike.

Smoking is a powerful addiction and people who smoke need help to quit. There are ways for smokers to get help quitting, including by calling 1-800-QUIT-NOW (1-800-784-8669/TTY 1-800-332-8615). Smokers can also talk with their doctors and other healthcare providers, or visit the American Lung Association's website at www.lung.org.

Everyone deserves the right to breathe clean air. Please join us by going smoke-free and making sure that smokers know how to get help quitting. While there will be challenges along the way, everyone will benefit from smoke-free multifamily housing!

Sincerely,

Jon L. Gant
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ACKNOWLEDGMENTS

It is well-documented that cigarette smoking and related secondhand tobacco smoke together are the number one cause of preventable disease in the United States. Because exposure to any amount of secondhand smoke can be hazardous and smoke migrates between units in multifamily housing, the U.S. Department of Housing and Urban Development (HUD) is encouraging all federally assisted housing to implement smoke-free housing policies and programs.

HUD's commitment to the health and safety of families in assisted housing, as well as to aiding agencies with meeting the goal of smoke-free housing, is the catalyst for creating toolkits to assist the process. In this toolkit, HUD's Office of Healthy Homes and Lead Hazard Control and its contract partner, North American Management, have assembled fact sheets, brochures, and resources to guide the process of going and living smoke-free.

We wish to thank our partners for this initiative: The U.S. Department of Health and Human Services, The American Academy of Pediatrics and The American Lung Association. Special appreciation also goes to the myriad agencies and organizations listed in the Resource section of this toolkit, especially the U.S. Environmental Protection Agency (EPA), which provided quantities of its publications.

We also would like to acknowledge our advisory panel, which assisted the process of selecting the materials ultimately included in the toolkits. Members include the EPA, Campus Firewatch, the Smoke-Free Environments Law Project, the Home Safety Council, Smokefree Housing New England, Tenant and Workers United, the Portland Housing Authority, the National Center for Healthy Housing, the National Association of Housing Redevelopment Officials, National Alliance of Resident Services in Affordable and Assisted Housing, and the National Organization of African Americans in Housing.

HUD does not guarantee the accuracy and currency of non-Federal websites that are referred to in this toolkit.

U.S. Department of Housing and Urban Development
Office of Healthy Homes and Lead Hazard Control
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Smoke-Free Housing: A Toolkit for Residents

This Smoke-Free Housing Toolkit for Residents is provided by the U.S. Department of Housing and Urban Development (HUD) in partnership with the American Academy of Pediatrics, the American Lung Association, and the U.S. Department of Health and Human Services. It is a compilation of educational, “how-to” and resource brochures, pamphlets and other information designed to assist residents living in public and assisted multi-family housing who want safer and healthier homes for themselves and their families.

The Toolkit information is divided into four sections—education materials, organizing tools, HUD-issued notices, and resources. Each is briefly described here.

Part I: Education Materials

1. The Health Consequences of Involuntary Exposure to Secondhand Smoke

Cover Page from *The Health Consequences of Involuntary Exposure to Tobacco Smoke, A Report of the Surgeon General, Executive Summary*, 2006, U.S. Department of Health and Human Services, Public Health Service, Rockville, MD.

A synopsis of the 2006 U.S. Surgeon General’s findings of the harmful effects associated with secondhand smoke.

2. (a) Secondhand Tobacco Smoke and the Health of Your Family

EPA’s colorful, readable brochure encouraging consumers to both live and drive in smoke-free environments (available in both English and Spanish).

(b) Clean Your Home of Asthma Triggers

EPA identifies common asthma triggers in the home, including secondhand smoke.

Part II: Organizing Tools

3. Going Smoke Free: Steps for Residents

A brochure highlighting the benefits of smoke-free housing, including a few steps residents can use to jump-start the process.

4. Home Pledge Kit

The EPA produced Pledge Kit is designed to educate all stakeholders about the health issues of children exposed to secondhand tobacco smoke. Available in English and Spanish, the kit is an action tool for mobilizing parents, teachers, and others to protect our children from exposure.

Part III: HUD Notices

5. (a) Notice H-2010-21—HUD Assistant Secretary for Housing—Federal Housing Commissioner

(b) PIH-2012-25 (HA) –HUD Office of Public and Indian Housing and Office of Healthy Homes and Lead Hazard Control

Each HUD notice encourages federally assisted multi-family housing (H-2010-21) and federally assisted Public Housing Authorities (PIH-2012-25) to implement smoke-free housing policies.

Part IV: Resources

6. Housing Authorities/Commissions with Smoke-Free Policies

Smoke-Free Environments Law Project, The Center for Social Gerontology, listing updated 1/20/11.

7. Select Resource Organizations and How Each Can Help

The Health Consequences of Involuntary Exposure to Tobacco Smoke

A Report of the Surgeon General

2006

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Office of the Surgeon General
Rockville, MD

National Library of Medicine Cataloging in Publication

The health consequences of involuntary exposure to tobacco smoke : a report of the Surgeon General. – [Atlanta, Ga.] : U.S. Dept. of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, [2006]

Includes bibliographical references.

1. Tobacco Smoke Pollution -- adverse effects. I. United States. Public Health Service. Office of the Surgeon General. II. United States. Office on Smoking and Health.

O2NLM: WA 754 H4325 2006



Centers for Disease Control and Prevention
Coordinating Center for Health Promotion
National Center for Chronic Disease Prevention and Health Promotion
Office on Smoking and Health

This publication is available on the World Wide Web at
<http://www.surgeongeneral.gov/library>

Suggested Citation

U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.

For sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402. ISBN 0-16-076152-2

Use of trade names is for identification only and does not constitute endorsement by the U.S. Department of Health and Human Services.

The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General, U.S. Department of Health and Human Services

6 Major Conclusions of the Surgeon General Report

Smoking is the single greatest avoidable cause of disease and death. In this report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*, the Surgeon General has concluded that:

1. Many millions of Americans, both children and adults, are still exposed to secondhand smoke in their homes and workplaces despite substantial progress in tobacco control.

Supporting Evidence

- Levels of a chemical called cotinine, a biomarker of secondhand smoke exposure, fell by 70 percent from 1988-91 to 2001-02. In national surveys, however, 43 percent of U.S. nonsmokers still have detectable levels of cotinine.
 - Almost 60 percent of U.S. children aged 3-11 years—or almost 22 million children—are exposed to secondhand smoke.
 - Approximately 30 percent of indoor workers in the United States are not covered by smoke-free workplace policies.
2. Secondhand smoke exposure causes disease and premature death in children and adults who do not smoke.

Supporting Evidence

- Secondhand smoke contains hundreds of chemicals known to be toxic or carcinogenic (cancer-causing), including formaldehyde, benzene, vinyl chloride, arsenic, ammonia, and hydrogen cyanide.
 - Secondhand smoke has been designated as a *known human carcinogen* (cancer-causing agent) by the U.S. Environmental Protection Agency, National Toxicology Program and the International Agency for Research on Cancer (IARC). The National Institute for Occupational Safety and Health has concluded that secondhand smoke is an occupational carcinogen.
3. Children exposed to secondhand smoke are at an increased risk for sudden infant death syndrome (SIDS), acute respiratory infections, ear problems, and more severe asthma. Smoking by parents causes respiratory symptoms and slows lung growth in their children.

Supporting Evidence

- Children who are exposed to secondhand smoke are inhaling many of the same

cancer-causing substances and poisons as smokers. Because their bodies are developing, infants and young children are especially vulnerable to the poisons in secondhand smoke.

- Both babies whose mothers smoke while pregnant and babies who are exposed to secondhand smoke after birth are more likely to die from sudden infant death syndrome (SIDS) than babies who are not exposed to cigarette smoke.
 - Babies whose mothers smoke while pregnant or who are exposed to secondhand smoke after birth have weaker lungs than unexposed babies, which increases the risk for many health problems.
 - Among infants and children, secondhand smoke cause bronchitis and pneumonia, and increases the risk of ear infections.
 - Secondhand smoke exposure can cause children who already have asthma to experience more frequent and severe attacks.
4. Exposure of adults to secondhand smoke has immediate adverse effects on the cardiovascular system and causes coronary heart disease and lung cancer.

Supporting Evidence

- Concentrations of many cancer-causing and toxic chemicals are higher in secondhand smoke than in the smoke inhaled by smokers.
 - Breathing secondhand smoke for even a short time can have immediate adverse effects on the cardiovascular system and interferes with the normal functioning of the heart, blood, and vascular systems in ways that increase the risk of a heart attack.
 - Nonsmokers who are exposed to secondhand smoke at home or at work increase their risk of developing heart disease by 25 - 30 percent.
 - Nonsmokers who are exposed to secondhand smoke at home or at work increase their risk of developing lung cancer by 20 - 30 percent.
5. The scientific evidence indicates that there is no risk-free level of exposure to secondhand smoke.

Supporting Evidence

Short exposures to secondhand smoke can cause blood platelets to become stickier, damage the lining of blood vessels, decrease coronary flow velocity reserves, and reduce heart rate variability, potentially increasing the risk of a heart attack.

- Secondhand smoke contains many chemicals that can quickly irritate and damage the lining of the airways. Even brief exposure can result in upper airway changes in healthy persons and can lead to more frequent and more asthma attacks in children who already have asthma.
6. 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.

Supporting Evidence

- Conventional air cleaning systems can remove large particles, but not the smaller particles or the gases found in secondhand smoke.
- Routine operation of a heating, ventilating, and air conditioning system can distribute secondhand smoke throughout a building.
- The American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE), the preeminent U.S. body on ventilation issues, has concluded that ventilation technology cannot be relied on to control health risks from secondhand smoke exposure.

The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General was prepared by the Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC). The Report was written by 22 national experts who were selected as primary authors. The Report chapters were reviewed by 40 peer reviewers, and the entire Report was reviewed by 30 independent scientists and by lead scientists within the Centers for Disease Control and Prevention and the Department of Health and Human Services. Throughout the review process, the Report was revised to address reviewers' comments.

Citation

U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.

Revised: January 4, 2007

Secondhand Tobacco Smoke and the Health of Your Family



Make Your Home and Car Smoke-Free

Secondhand smoke is the smoke that comes from the burning end of a cigarette, cigar or pipe. Secondhand smoke can make you and your children sick.

Secondhand Smoke is Dangerous

Everyone knows that smoking is bad for smokers, but did you know:

- Breathing in someone else's cigarette, pipe or cigar smoke can make you and your children sick.
- Children who live in homes where people smoke may get sick more often with coughs, wheezing, ear infections, bronchitis or pneumonia.
- Children with asthma may have asthma attacks that are more severe or occur more often.
- Opening windows or using fans or air conditioners will not stop secondhand smoke exposure.
- The U.S. Surgeon General says that secondhand smoke can cause Sudden Infant Death Syndrome, also known as SIDS.
- Secondhand smoke also can cause lung cancer and heart disease.

Protect Your Family

- Make your car and home smoke-free.
- Family, friends or visitors should never smoke inside your home or car.
- Keep yourself and your children away from places where smoking is allowed.
- If you smoke, smoke only outside.
- Ask your doctor for ways to help you stop smoking.

Remember

Keeping a smoke-free home and car can help improve your health, the health of your children and the health of your community.



El humo de tabaco en el medio ambiente y la salud de su familia



Mantenga su hogar y su auto libres del humo de tabaco

El humo de segunda mano es el humo que sale de un cigarrillo, de un puro, o de una pipa. El humo de segunda mano puede enfermarlo a usted y a sus niños.

El humo de segunda mano es peligroso

Todo el mundo sabe que fumar es malo para los fumadores, pero ¿tenía usted conocimiento?

- Respirar el humo que sale del cigarrillo de una pipa o puro puede enfermarlo a usted y a sus niños.
- Los niños que viven en casas donde las personas fuman se pueden enfermar más a menudo con tos, respirar con dificultad, infecciones de oído, bronquitis o pulmonía.
- Los niños con asma pueden sufrir de ataques de asma más severo y con más frecuencia.
- Abrir las ventanas, usar abanicos o aires acondicionados no reducirá por completo el humo de segunda mano.
- El Cirujano General de los E.U. dice que el humo de segunda mano puede causar el síndrome de muerte súbita (SIDS, por sus siglas en inglés).
- El humo de segunda mano puede causar cáncer pulmonar y enfermedades del corazón.

Proteja a su familia

- Mantenga su hogar y su automóvil libres del humo de segunda mano.
- Su familia, amigos o visitantes no deben nunca fumar en el interior de su hogar ni de su automóvil.
- Manténgase al igual que a sus niños alejados de los lugares donde es permitido fumar.
- Si usted fuma, fume afuera solamente.
- Pídale a su médico que le diga formas de como dejar de fumar.

Recuerde

Mantener a su hogar y su automóvil libres del humo de segunda mano puede mejorar su salud, la de sus niños y la de su comunidad.





Asthma is a **serious** lung disease.

During an asthma attack, the airways get narrow, making it difficult to breathe. Symptoms of asthma include wheezing, shortness of breath, and coughing. Asthma can even cause death.

If you have asthma or a child with asthma, you are not alone.

About 17 million Americans have asthma. Asthma is the leading cause of long-term illness in children.

The air that children breathe **can make a difference.**

Asthma may be triggered by allergens and irritants that are common in homes. Help your child breathe easier: consult a doctor and reduce asthma triggers in your home.

**Act now
against
asthma
at home.**



United States
Environmental Protection Agency
Mail Code 6604J
Washington, DC 20460

Official Business
Penalty for Private Use \$300



United States
Environmental
Protection Agency

EPA/402-F-99-005
July 1999

Office of Air and Radiation



**Clear Your
Home Of
Asthma Triggers**

YOUR CHILDREN WILL BREATHE EASIER

CLEAR YOUR HOME OF ASTHMA TRIGGERS



SECONDHAND SMOKE

Asthma can be triggered by the smoke from the burning end of a cigarette, pipe, or cigar and the smoke breathed out by a smoker.

- Choose not to smoke in your home or car and do not allow others to do so either.

DUST MITES

Dust mites are too small to be seen but are found in every home. Dust mites live in mattresses, pillows, carpets, fabric-covered furniture, bedcovers, clothes, and stuffed toys.

- Wash sheets and blankets once a week in hot water.
- Choose washable stuffed toys, wash them often in hot water, and dry thoroughly. Keep stuffed toys off beds.
- Cover mattresses and pillows in dust-proof (allergen-impermeable) zippered covers.



PETS

Your pet's skin flakes, urine, and saliva can be asthma triggers.

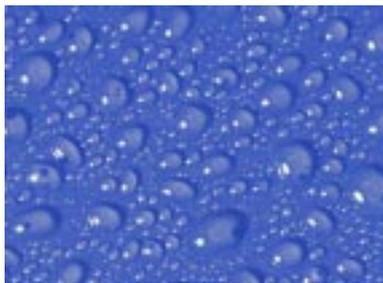
- Consider keeping pets outdoors or even finding a new home for your pets, if necessary.
- Keep pets out of the bedroom and other sleeping areas at all times, and keep the door closed.
- Keep pets away from fabric-covered furniture, carpets, and stuffed toys.



MOLDS

Molds grow on damp materials. The key to mold control is moisture control. If mold is a problem in your home, clean up the mold and get rid of excess water or moisture. Lowering the moisture also helps reduce other triggers, such as dust mites and cockroaches.

- Wash mold off hard surfaces and dry completely. Absorbent materials, such as ceiling tiles and carpet, with mold may need to be replaced.
- Fix leaky plumbing or other sources of water.
- Keep drip pans in your air conditioner, refrigerator, and dehumidifier clean and dry.
- Use exhaust fans or open windows in kitchens and bathrooms when showering, cooking, or using the dishwasher.
- Vent clothes dryers to the outside.
- Maintain low indoor humidity, ideally between 30-50% relative humidity. Humidity levels can be measured by hygrometers which are available at local hardware stores.



PESTS

Droppings or body parts of pests such as cockroaches or rodents can be asthma triggers.

- Do not leave food or garbage out.
- Store food in airtight containers.
- Clean all food crumbs or spilled liquids right away.
- Try using poison baits, boric acid (for cockroaches), or traps first before using pesticidal sprays.

If sprays are used:

- Limit the spray to infested area.
- Carefully follow instructions on the label.
- Make sure there is plenty of fresh air when you spray, and keep the person with asthma out of the room.



Not all of the asthma triggers addressed in this brochure affect every person with asthma. Not all asthma triggers are listed here. See your doctor or health care provider for more information.

Also...

HOUSE DUST may contain asthma triggers. Remove dust often with a damp cloth, and vacuum carpet and fabric-covered furniture to reduce dust build-up. Allergic people should leave the area being vacuumed. Using vacuums with high efficiency filters or central vacuums may be helpful.

When your local weather forecast announces an **OZONE ACTION DAY**, stay indoors as much as possible.

FOR MORE INFORMATION:

U.S. Environmental Protection Agency
<http://www.epa.gov/iaq>

EPA Indoor Air Quality Information Clearinghouse
(800) 438-4318

National Asthma Education and Prevention Program
Guidelines for the Diagnosis and Management of Asthma, 1997
(301) 592-8573

Allergy and Asthma Network/Mothers of Asthmatics, Inc.
(800) 878-4403

American Academy of Allergy, Asthma and Immunology
(800) 822-2762

American Lung Association
(800) LUNG-USA

Asthma and Allergy Foundation of America (800) 7ASTHMA

Step 4: Go Smoke Free

Education

- Information is empowering; learn everything you can about smoke-free living.
- Share information, case studies and experiences.

Advocacy

- Work together for safer and healthier communities.
- Stay informed about new resources, programs and policies.

Commitment

- Extend your smoke-free campaign to local schools, community-based organizations and local businesses.
- Remind everyone that healthy and safe homes and communities are a win-win for everyone.

What's in It for Me?

Safety

- More people die in fires started by smoking materials than in any other type of fire, according to the Hartford Insurance Company.

Health

- **Secondhand smoke causes lung cancer.** Secondhand smoke contains more than 50 toxic chemicals.
- **Secondhand smoke causes heart disease.** Breathing secondhand smoke for even a short time can have immediate adverse effects on the cardiovascular system.
- **Secondhand smoke causes breathing problems.** Brief exposure to secondhand smoke can trigger an asthma attack in children.
- **Secondhand smoke can cause serious illness and even death in infants and young children.** Exposure has been linked to Sudden Infant Death Syndrome, increased risk for acute respiratory infections, ear problems and asthma.

For more information and resources, see the Resources listing in this Toolkit.

Going Smoke Free:

Steps for Residents Advocating Healthier and Safer Housing



Step 1: Get Organized

Hold an organizational meeting

- Find and schedule a meeting space with ample room for attendees.
- Invite residents *and* management.
- Come armed with information and resources about smoke-free housing.
- Solicit ideas and feedback.

Create a plan of action

- Determine your goal(s).
- Identify building (or floor) captains as points of contact.
- Do your homework; learn what works.

Build support

- Work with experienced agencies and organizations (e.g., Smoke-free Housing Project).
- Contact your local officials to determine existing laws, policies and programs in your area.
- Assist residents who want to quit.



Step 2: Involve Everyone

Survey residents

- Identify smokers /nonsmokers.
- Provide survey results.
- Get agreement on final plan.

Work with managers/owners

- Provide management with health and safety information and statistics.
- Cooperate with management during interim changes.

Notify residents

- Keep everyone informed.
- Provide timetable and regular updates.
- Distribute information kits.

Step 3: Get Started

Petition management

- Have residents sign a petition.
- Write owner/management agent and include petition.
- Meet with management to discuss and agree on plan/timetable for going smoke free.

Create a campaign

- Publicize project.
- Conduct pledge events.
- Sign-up supporters.
- Communicate progress (e.g., newsletter).

Take the pledge

- Commit to going smoke free in your home *and* car.
- Involve the entire family, including all children.
- Support your neighbors.
- Be patient with smokers.

Protect your Children

Take the Smoke-Free Home Pledge

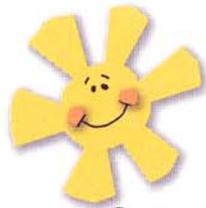
English Here



Español Aquí

Proteja a sus hijos

Haga la promesa de mantener su hogar libre de humo



Protect your Children

Secondhand smoke is the mix of smoke given off by a cigarette and the smoke exhaled by a smoker.

Secondhand smoke can cause serious health problems.

People who breathe secondhand smoke are more likely to develop heart disease and lung cancer.*

Protecting children is really important because young children who breathe secondhand smoke are more likely to:

- Get bronchitis and pneumonia
- Have more ear infections*
- Have more asthma attacks
- Wheeze and cough

Infants need extra protection; breathing secondhand smoke has been linked to Sudden Infant Death Syndrome (SIDS).*

It's not enough to:

- Move to another room
- Turn on a fan
- Open a window
- Blow smoke away
- Use air fresheners or candles

* Based on findings of the California Environmental Protection Agency and the National Cancer Institute.



Take the Pledge: call 1-866-SMOKE-FREE or visit www.epa.gov/smokefree

Be a Hero!

- Make your home and car smoke-free.
- Do not smoke around children.
- Do not allow others, including childcare providers, to smoke around your children.
- Make sure your children's day care centers and schools are smoke-free.
- Support family and friends who choose to make their homes and cars smoke-free.
- Choose smoke-free restaurants for your children.



Pledge Today!



Take the Pledge: call 1-866-SMOKE-FREE or visit www.epa.gov/Smokefree

Pledge to Keep a Smoke-Free Home and Car

Prometa no fumar ni en su hogar ni en su automóvil

Step 1: Call **1-866-SMOKE-FREE** (1-866-766-5337).

Step 2: Simply enter your five-digit zip code.
Your pledge is private.

Step 3: Congratulations, you've made the pledge!
You can also order your Smoke-Free Home Kit, which
includes a certificate, magnet,
decals, and more. It's FREE.

You can even take the pledge online
at **www.epa.gov/smokefree**, and
print out your own certificate.



Paso 1: Llame al **1-866-SMOKE-FREE**
(1-866-766-5337).

Paso 2: Sencillamente ingrese los cinco dígitos de su
código postal. Su promesa es privada.

Paso 3: ¡Felicitaciones!, ya hizo la promesa. También
puede pedir su juego de materiales de un Hogar Libre
de Humo, el cual incluye un certificado, un imán,
calcomanías, y mucho más. Es GRATIS.

Usted puede incluso hacer su promesa en línea
en **www.epa.gov/smokefree**, e imprimir su
propio certificado.



Smoke-Free Homes Program
Programa de Hogares Libres de Humo



United States Environmental Protection Agency
Office of Air & Radiation (6609J) February 2004
EPA-402-F-04-002 www.epa.gov/smokefree

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Smoke-Free Homes Program
Programa de Hogares Libres de Humo



Smoke-free Home Pledge: Planning Guide for Pledge Events

What is the Smoke-free Home Pledge Campaign and why is it important?

The *Smoke-free Home Pledge Campaign* is designed to educate parents and caregivers about health risks to children from secondhand smoke exposure and encourage them to commit to providing a smoke-free environment in their homes and cars.

An estimated 11 percent of U.S. children 6 years of age or younger are regularly exposed to secondhand smoke in the home. Protecting children from secondhand smoke is especially important because their bodies are growing and developing. Exposure to secondhand smoke can cause children to experience more respiratory infections such as bronchitis and pneumonia, and middle-ear infections, and more frequent and severe asthma attacks. Secondhand smoke exposure has also been linked to low birth weights and Sudden Infant Death Syndrome also known as SIDS.

Why conduct a pledge event?

A pledge event provides a great opportunity to interact with families, caregivers, and other stakeholders. One-on-one interaction is often the most effective way to educate individuals, ensure that they understand the key messages, and encourage them to take the Smoke-free Home Pledge.

What is included in this planning guide?

This guide provides basic tools and templates for use at any type of pledge event -- health fairs, school or community functions, conferences, or any other event where you can make a difference. These tools offer a simple and organized way for you to encourage, document, and track pledges. (Click on the underlined text below to go directly to the tool or template.)

- **Event Log:** Document all of the details of your event on the Event Log to help track your progress. [Event Log](#)
- **Pledge Sheet:** Track all of the pledges from your event on this simple tracking sheet. The information requested on the tracking sheet will provide you with a complete, consistent list of pledges, enabling you to easily send follow-up materials and track the results of your event. If you would like to give a Smoke-

free Home Kit to individuals who have taken the pledge, order up to 125 of them at 1-800-490-9198 (nscep@bps-lmit.com). [Pledge Sheet](#)

- **Pledge Card:** Provide a quick and easy way for participants to take the Smoke-free Home Pledge with the customizable Pledge Card. As with the Pledge Sign, make it your own by adding your logo, text, or graphic. These cards are great for securing and tracking pledges onsite, and the individual Pledge Card allows pledge-takers to keep their personal information private. Each sheet contains two pledge cards. [Pledge Card](#)

How do I use these tools?

Consider the following suggestions for your event:

- On your display table, provide Pledge Cards and the Pledge Sheet for participants to pledge onsite or take materials home.
- Inform participants that they can take the Smoke-free Home Pledge at any time online at www.epa.gov/smokefree.
- Fill out the Event Log, which can serve as a record of your activities and achievements.
- If you have any questions or need help with the *Smoke-free Home Pledge Campaign*, contact the Pledge Coordinator (202-343-9370) or EPA's regional offices. See www.epa.gov/iaq/wherelive.html for a complete listing.

What other secondhand smoke related products are available?

Additional Smoke-free Home Pledge resources are available through the National Service Center – Environmental Publications. To order materials by **phone** (1-800-490-9198) or **e-mail** (nscep@bps.lmit.com).

Suggested resources for your Smoke-free Home Pledge event include:

- Smoke-free Home Pledge Brochure and related posters
- Smoke-free Home Kit
- Community Action Kit

You can also visit www.epa.gov/smokefree for details on related videos, speaker's kits, and other publications.

Important Note: Fonts and graphics may shift or change depending on your computer and/or software.

Copyright Information: All parts of this document may be modified to suit your needs.

Need Help? Contact the Pledge Coordinator at 202-343-9370.

Take the Smoke-free Home Pledge Event Log

Event name:	
Sponsor:	
Date(s) of event:	
Name of your organization:	
Name of event coordinator:	
Contact information for event coordinator:	
Number of pledges and corresponding ZIP Codes: (Example: 20 pledges for ZIP Code 12345)	
Number of Smoke-free Home Kits you plan to mail:	
Estimated total number of attendees/participants at the event:	
Comments:	

Take the Smoke-free Home Pledge

Number of young children (birth-6 yrs. old) in the home: _____

Has smoking been allowed in the home or car (by family or visitors): Yes No

I, _____, on _____,
(Your name here) (Date) (ZIP Code)

pledge to protect children from the health risks of secondhand smoke by keeping my home and car smoke-free.

Would you like a *Smoke-free Home Kit* mailed to you? Yes No

Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____



Smoke-Free Homes Program
Programa de Hogares Libres de Humo

**Congratulations on making your
home and car smoke-free!**

www.epa.gov/smokefree

(Or use your organization's website/hotline)

Place your
organization's logo or
graphic here (be sure to
delete this text)

Take the Smoke-free Home Pledge

Number of young children (birth-6 yrs. old) in the home: _____

Has smoking been allowed in the home or car (by family or visitors): Yes No

I, _____, on _____,
(Your name here) (Date) (ZIP Code)

pledge to protect children from the health risks of secondhand smoke by keeping my home and car smoke-free.

Would you like a *Smoke-free Home Kit* mailed to you? Yes No

Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____



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U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

WASHINGTON, DC 20410-8000

ASSISTANT SECRETARY FOR HOUSING-
FEDERAL HOUSING COMMISSIONER

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Special Attention of:

NOTICE: H 2010-21

Multifamily Hub Directors
Multifamily Program Center Directors
Rural Housing Services (RHS) Directors
Supervisory Housing Project Managers
Housing Project Managers
Contract Administrators
Multifamily Owners and Management Agents

Issued: September 15, 2010

Expires: September 30, 2011

Cross References:

Subject: **Optional Smoke-Free Housing Policy Implementation**

I. Purpose

The purpose of this Notice is to encourage owners and management agents (O/As) participating in one of the Multifamily Housing rental assistance programs listed in Section III of this Notice to implement smoke-free housing policies in some or all of the properties they own or manage. This Notice provides instructions to O/As on the requirements for implementing smoke-free housing policies and only applies to O/As who choose to establish such policies.

II. Background

It has been proven that exposure to smoke, whether direct or secondhand, causes adverse health outcomes such as asthma and other respiratory illnesses, cardiovascular disease, and cancer. In 2006, the U.S. Department of Health and Human Services published *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. This document expounds on health effects due to involuntary exposure to tobacco smoke. The report defines secondhand smoke, in the past referred to as environmental tobacco smoke (ETS), as smoke composed of sidestream smoke (the smoke released from the burning end of a cigarette) and exhaled mainstream smoke (the smoke exhaled by the smoker). The report lists several major conclusions, all based on scientific data, including the following: 1) The scientific evidence indicates that there is no risk-free level of exposure to secondhand smoke; and 2) 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 exposure of nonsmokers to secondhand smoke.

Below are relevant statistics and conclusions from *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*.

- According to a 2005 estimate by the California Environmental Protection Agency, Office of Environmental Health Hazard Assessment, approximately 50,000 excess deaths result annually in the United States from exposure to secondhand smoke.
- Children exposed to secondhand smoke are at an increased risk for sudden infant death syndrome, acute respiratory infections, ear problems, and more severe asthma.
- Secondhand smoke has been designated as a known human carcinogen (cancer-causing agent) by the U.S. Environmental Protection Agency, National Toxicology Program and the International Agency for Research on Cancer.
- Exposure of adults to secondhand smoke has immediate adverse effects on the cardiovascular system and causes coronary heart disease and lung cancer.
- Nonsmokers who are exposed to secondhand smoke at home or at work increase their risk of developing heart disease by 25-30 percent.
- Nonsmokers who are exposed to secondhand smoke at home or at work increase their risk of developing lung cancer by 20-30 percent.
- The National Toxicology Program estimates that at least 250 chemicals in secondhand smoke are known to be toxic or carcinogenic (cancer causing).

In addition to the negative health effects of secondhand smoke, smoking is a proven hazard to physical structures. The United States Fire Administration (USFA) indicates smoking as the number one cause of home fire deaths in the United States. Furthermore, about 1,000 people are killed every year in their homes by fires caused by cigarettes and other smoking materials. The USFA states 25 percent of people killed in smoking-related fires are not the actual smokers; of this percentage, 34 percent of the victims were children of the smokers, and 25 percent were neighbors or friends of the smokers.

III. Applicability

This Notice applies to:

- A. Project-based Section 8
 1. New Construction
 2. State Agency Financed
 3. Substantial Rehabilitation
 4. Section 202/8
 5. Rural Housing Services Section 515/8
 6. Loan Management Set-Aside (LMSA)
 7. Property Disposition Set-Aside (PDSA)
- B. Rent Supplement
- C. Section 202/162 Project Assistance Contract (PAC)
- D. Section 202 Project Rental Assistance Contract (PRAC)
- E. Section 811 PRAC

-
- F. Section 236
 - G. Rental Assistance Payment (RAP)
 - H. Section 221(d)(3) Below Market Interest Rate (BMIR)

IV. Update to House Rules/Policies and Procedures

O/As choosing to implement a smoke-free housing policy must update their House Rules and Policies and Procedures, as applicable, to incorporate the smoke-free housing requirements. O/As are encouraged to establish smoke-free policies that pertain specifically to their building and grounds including any common areas, entry ways, openings to the building (e.g. windows), and/or playground areas.

In carrying out any smoke-free housing policy, O/As must comply with all applicable fair housing and civil rights requirements in 24 CFR 5.105, including, but not limited to, the Fair Housing Act; Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973; Title II of the American Disabilities Act; Section 109 of the Housing and Community Development Act of 1974.

V. Requirements for Implementing Smoke-free Housing Policies

O/As who choose to establish smoke-free housing policies may establish policies that allow smoking in individual units but prohibits smoking in all common areas or policies to create a totally smoke-free property.

A. The O/A's policies must:

1. Be in accordance with state and local laws.
2. Address smoking in a tenant's unit, common areas, playground areas, areas near any exterior window or door, and areas outside a tenant's unit.
3. Designate specific smoking areas and identify these areas with clear signage unless the O/A establishes a totally smoke-free policy.

B. The O/A must not have policies that:

1. Deny occupancy to any individual who smokes or to any individual who does not smoke who is otherwise eligible for admission.
2. Allow the O/A to ask at the time of application or move-in whether the applicant or any members of the applicant's household smoke. However, if the O/A has established a smoke-free building as of a certain date, the O/A must inform applicants after that date that the building is a totally smoke-free building. The O/A must not maintain smoking or nonsmoking specific waiting lists for the property.

-
3. Allow the O/A to ask at the time of recertification, whether the tenant or any members of the tenant's household smoke.
 4. Require existing tenants, as of the date of the implementation of the smoke-free housing policies, to move out of the property or to transfer from their unit to another unit.

C. Grandfathering

O/As are not required to grandfather current tenants living at their property, however, they do have the option to do so. Such policies must be clearly defined (e.g. whether current tenants are allowed to smoke in their units).

D. Non-smoking wings, buildings, floors, or units

O/As are not restricted from establishing smoke-free wings, buildings, floors, and/or units at their property. When a unit becomes available, regardless of where this unit is located, it must be offered to the first eligible household on the waiting list. Waiting lists must be maintained according to existing procedures found in HUD Handbook 4350.3 REV-1, *Occupancy Requirements of Subsidized Multifamily Housing Programs*, Chapter 4 and the removal of names from the waiting list according to HUD Handbook 4350.3 REV-1, *Occupancy Requirements of Subsidized Multifamily Housing Programs*, paragraph 4-20.

O/As who have already established smoke-free policies may continue to enforce their current policies so long as the policies do not violate state or local laws or any of the above guidance.

VI. **Implementation**

O/As must implement any new smoking-related House Rules in accordance with HUD Handbook 4350.3 REV-1, *Occupancy Requirements of Subsidized Multifamily Housing Programs*, paragraphs 6-9 and 6-12.

- A. **New admissions.** O/As are required by existing HUD policies to provide the House Rules to all new tenants.
- B. **Existing tenants.** O/As must notify existing tenants, who have completed their initial lease term, of the modifications to the House Rules 30 days prior to implementation. Notification is accomplished by forwarding a copy of the revised House Rules to existing tenants. For those tenants who have not yet completed their initial lease term, the owner must provide the tenant with 60 days notice, prior to the end of their lease term, of the change in the House Rules.

VII. Penalties for Violating the House Rules

Repeated violations of the non-smoking policy may be considered material noncompliance with lease requirements and may result in termination of tenancy. When pursuing eviction due to material noncompliance with lease requirements, existing HUD procedures found in HUD Handbook 4350.3, REV-1, *Occupancy Requirements of Subsidized Multifamily Housing Programs*, Chapter 8 must be followed.

VIII. Further Information

If you have any questions regarding the requirements in this Notice as they pertain to the Office of Housing's programs, please contact your local HUD Field Office.

/s/

David H. Stevens
Assistant Secretary for Housing -
Federal Housing Commissioner



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

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

Cross Reference:

24 CFR 903.7 (e)(1)

24 CFR 966.3

Subject: Smoke-Free 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). Also the 2006 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. 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.

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 toll-free number of the National Network of Tobacco Cessation Quitlines, 1-800-QUIT-NOW (1-800-784-8669), connects users directly to their State quitline, the National Cancer Institute's website www.smokefree.gov provides tips on quitting tobacco use, and the American Lung Association's Web page on State Tobacco Cessation Coverage www.lungusa2.org/cessation2 provides information on cessation insurance programs, both public and private, in all states and the District of Columbia. In addition, information on quitting from National Cancer Institute counselors can be accessed by calling the toll-free number 1-877-44U-QUIT (1-877-448-7848). Hearing or speech-challenged individuals may access these numbers through TTY by calling the toll-free Federal Relay Service at 1-800-877-8339. 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.

/s/
Sandra B. Henriquez
Assistant Secretary for Public and Indian
Housing

/s/
Jon L. Gant,
Director, Office of Healthy Homes
and Lead Hazard Control

**Smoke-Free Environments Law Project
The Center for Social Gerontology**

2307 Shelby Avenue
Ann Arbor, Michigan 48103-3895
734 665-1126 Fax 734 665-2071
sfelp@tcs.org
<http://www.tcsg.org/sfelp/home.htm>

Public Housing Agencies that have adopted smoke-free policies*
(updated 1/20/11)

The Smoke-Free Environments Law Project maintains this updated listing of all the Public Housing Agencies in the United States that have adopted smoke-free policies for one or more of their apartment buildings. As of January 20, 2011, at least 230 Public Housing Agencies had adopted smoke-free policies for some or all of their apartment buildings, with about 214 being adopted since the beginning of January 2005; an average of about 2.9 per month. The 27 states with such policies, with the number of individual Public Housing Agencies with smoke-free policies in parentheses, include: Michigan (55), Minnesota (34), Nebraska (24), Maine (20), Colorado (16), Washington (14), Oregon (14), New Hampshire (10), New Jersey (9), California (8), Alaska (4), Idaho (3), Utah (3), Wisconsin (2), Arkansas (2), Florida, Montana, Indiana, Kentucky, Pennsylvania, Texas, Massachusetts, Connecticut, Vermont, Illinois, New York and Kansas. Access the listing in pdf format at <http://www.tcsg.org/sfelp/SFHousingAuthorities.pdf>.

Alaska

Aleutian Housing Authority, AK June 1, 2009 66 units total: 31 elderly and 35 family
North Pacific Rim Housing Authority, AK September 7, 2007 83 units in all
elderly/disabled/family housing in 8 communities
Petersburg Indian Association, AK September 1, 2008 12 units family
Tlingit and Haida Regional Housing Authority, AK Effective May/June, 2010; several
hundred units

Arkansas

Little Rock, AR November 2009 Effective January 1, 2010; 3 buildings 596 units (428
age 50+ and 168 family)
Polk County, AR November, 2009 Effective January 1, 2010 6 buildings, 182 units

California

Alameda, CA April, 2008 3 buildings, 298 units elderly & family
Madera, CA
Oxnard, CA March 25, 2008 2 buildings, 150 units elderly
Port Hueneme, CA April 2, 2008 60 units elderly/disabled, 30 units family
Plumas County, CA October, 2008

California *(continued)*

Rancho Mirage, CA December 7, 2006 4 complexes, 228 units
San Joaquin County, CA Adopted July 1, 2010; effective fall, 2010. All properties
Santa Barbara, CA Nov. 16, 2005 36 units elderly

Colorado

Aurora, CO November, 2010 1 building w/ 121 units for elderly; phasing in by 2012
Boulder (city), CO April, 2008 9 buildings
Boulder County, CO April 29, 2008; 126 buildings by 12/09
Carbondale, CO March, 2009 64 units elderly
Delta, CO November, 2010 1 building w/ 48 units
Denver, CO Effective January, 2010 2 buildings w/ 90 units
Estes Park, CO 1 building, 24 units elderly
Fort Collins, CO October, 2008 27 units elderly now smoke-free; other elderly units by 11/09; all units by 7/1/10
Grand County, CO 6 buildings, 64 units
Lakewood, CO 2 buildings, 188 units smoke-free by end of 2009
Littleton, CO Effective sometime in 2009. 1 assisted living building w/110 units
Longmont, CO Effective sometime in 2009. 3 buildings w/172 units
Loveland, CO date unknown 1 building, 49 units elderly
Rifle, CO February, 2009 4 buildings, 28 units
Salida, CO 17 buildings, 50 units smoke-free by June, 2009
Wellington, CO October, 2008 14 elderly units by 11/09; 28 family units by 7/10/10

Connecticut

Milford, CT Adopted March 16, 2010; Effective 3/17/10 for all new residents; 11/1/10 for all current residents. 465 units, elderly/family

Florida

Fort Pierce, FL 1996

Idaho

Boise City/Ada County, ID Nov. 1, 2009 All 214 units; elderly, disabled & family
Caldwell, ID January 1, 2009 234 units family/elderly/disabled
Nampa, ID August 8, 2007 142 units elderly/disabled/family

Illinois

Winnebago County, IL Adopted July 5, 2010

Indiana

Kokomo, IN May 21, 2007 560 units in 6 buildings, 2 duplexes and 45 scattered site houses

Kansas

Lawrence-Douglas County, KS; adopted June 28, 2010; effective 1/1/11, all 6 properties w/ 823 units

Kentucky

Danville, KY April, 2008 1 building, 5 units disabled

Maine

Auburn, ME September, 2004

Bangor, ME May, 2007

Bath, ME July, 2008 Effective for everyone on 1/1/09

Brewer, ME June, 2006; in January, 2009, all buildings were made smoke-free

Bar Harbor, ME May, 2006 (Mount Desert Island and Ellsworth Housing Authority)

Brunswick, ME June, 2007

Ellsworth, ME June, 2006 (Mount Desert Island and Ellsworth Housing Authority)

Fort Fairfield, ME September, 2006

Lewiston, ME September, 2008 Effective 11/1/08; grandfathering until 4/1/09

Mount Desert Island, ME June, 2006 (Mount Desert Island and Ellsworth Housing Authority)

Old Town, ME July, 2006

Pleasant Point Passamaquoddy Reservation, ME adopted in 2008 (new building with 60 units, family)

Portland, ME Adopted October 7, 2010. Effective July 1, 2011. 10 buildings w/ 574 family units & 418 elderly/disabled units; total, 992 units. Plus a 169-unit elderly/disabled building it manages

Presque Isle, ME March 31, 2009

Sanford, ME September, 2005

South Portland, ME July, 2008 Effective 1/1/09; grandfathering until 7/1/09 Sanford, ME September, 2005

Southwest Harbor, ME June, 2006 (Mount Desert Island and Ellsworth Housing

Tremont, ME March, 2008

Waterville, ME March 1, 2007

Westbrook, ME March, 2008 Effective 1/09; no grandfathering

Massachusetts

Boston, MA Effective October, 2009 for 14 units; plan to have all 12,000+ units smoke free in 3-4 years

Michigan

Algonac, MI October 28, 2008 Effective 1/1/09 for all residents; 50 elderly/disabled & 20 family townhouses

Allen Park, MI September 5, 2006 60 units

Michigan *(continued)*

Alma, MI October 31, 2006 2 buildings, 59 units
Bangor, MI April, 2007 24 units elderly/disabled & 20 units family
Bedford Township, MI April 16, 2007 97 units elderly/disabled
Belding, MI Jan. 25, 2007 4 buildings/complexes 140 units - 30 family, 110 elderly/disabled
Bessemer, MI April 16, 2007 30 units elderly/disabled
Big Rapids, MI Adopted January 13, 2011; effective April 1, 2011; current residents who smoke are grandfathered until April 1, 2016. 1 building w/23 units
Boyne City, MI Effective 2008, 2 buildings w/ 30 elderly & 53 elderly/disabled
Cadillac, MI July 20, 2005 Kirtland Terrace 84 units; elderly & disabled; March 15, 2010
Caseville, MI Adopted April 28, 2010; effective immediately, 11 buildings, 47 units elderly/disabled
Charlevoix, MI October 20, 2009 1 building w/ 62 units elderly/disabled
Cheboygan, MI Effective 2010, 1 elderly building w/ 8 units
Coldwater, MI Adopted October 7, 2010. Effective 1/1/11. 1 building w/ 97 units elderly/disabled; Cornerstone Apartments w/ 50 units, 40 family & 10 elderly
Detroit, MI Adopted December 16, 2010; effective January 1, 2011. 15 buildings (10 elderly w/1440 units & 5 family) w/ 678 units) w/ 2118 total units
Dundee, MI Adopted April 20, 2010; effective June 20, 2010. 1 building, 75 units elderly
East Jordan, MI June 13, 2006 Lakeview Manor 20 units
East Tawas, MI Effective October 1, 2010 for 1 building w/ 44 units, and effective Nov 20, 2010 for 1 building w/ 41 units, 2 buildings w/ 85 units total
Eastpointe, MI May 23, 2007 164 units elderly/disabled
Elk Rapids, MI June 20, 2006 20 units
Escanaba, MI December 17, 2007 174 units elderly/disabled/family
Ewart, MI July 24, 2007 53 units elderly/disabled
Gladstone, MI Adopted on July 13, 2010; effective August 1, 2010, but current smokers grandfathered for as long they live in unit. 2 buildings w/ 102 units for elderly & disabled
Grand Rapids, MI June 26, 2007 about 9 developments w/ 900 units elderly/disabled/family
Hancock, MI Adopted March 17, 2010; effective April 1, 2010, 2 buildings w/ 94 units elderly/disabled. New 24-unit building for disabled to be constructed soon will open smoke-free.
Hillsdale, MI Adopted January 20, 2011; effective immediately, w/current smokers grandfathered as long as they live in unit. 1 building w/60 units- family, elderly, disabled
Ishpeming, MI Jan. 11, 2007 1 building, 88 units elderly/disabled
Kingsford MI July 16, 2008 2 buildings, 41-unit elderly/disabled, 2-unit family duplex
Lansing, MI Adopted July 28, 2010; effective July 1, 2011. 834 total units in 4 buildings/developments and 250 scattered site units
Livonia, MI August 17, 2006 388+ units
Match-E-Be-Nash-She-Wish-Band of Pottawatomi Indians, a.k.a. Gun Lake Tribe, MI Effective 2010. 9 houses
Manistee, MI Adopted November 24, 2009; effective Jan. 1, 2010. 2 duplexes & all future substantially repaired units
Marquette, MI April 24, 2007 a portion of 140 units elderly/disabled
Marysville, MI March 15, 2007 132 units elderly/disabled

Michigan *(continued)*

Melvindale MI July 10, 2006 199 units
Menominee, MI August 1, 2009 83 elderly & 44 family units
Middleville, MI November 18, 2007 50 units elderly/disabled
Monroe, MI Effective Nov. 1, 2009 All 293 units: 148 elderly/disabled; 115 family;
30 scattered site
Montcalm County, MI Adopted May 25, 2010; effective June 1, 2010 & Dec. 1, 2010 for
current smokers. 20 units elderly/disabled and 20 family scattered site units
Negaunee, MI September 11, 2007 80 units elderly/disabled/family
Niles, MI Adopted November 18, 2010. 1 high-rise w/ 129 units elderly/disabled/family
& 50 scattered site family homes. Effective 1/1/11 for all indoor and outdoor common
areas; effective 1/1/12 for all indoor areas, including living units
Northville MI July, 2008 1 building w/ 100 units elderly/disabled
Nottawaseppi Huron Band of Potawatomi Indian Housing Authority, MI Effective 2010.3
single family homes; plus 5 homes to be built in 2011
Paw Paw, MI March, 2007, 81 units elderly/disabled
Plymouth, MI Jan. 18, 2006 Tonquish Creek Manor 108 units
Pokagon Band Housing Authority, MI Effective 2010. 13 houses
Reed City, MI Adopted September 16, 2010. Effective January 1, 2012. 7 buildings w/
101 total units: 6 family with 33 units, and 1 elderly building w/ 68 units
Rogers City, MI May 15, 2008 1 building, 38 units elderly/disabled/family
Sault Ste. Marie, MI December 13, 2006 3 buildings, 120 units
Sault Tribe, MI Adopted April 19, 2010; effective May, 2010 for 4 existing duplexes; 3
elderly triplexes to be built in 2011
South Haven, MI May 31, 2007 80 units elderly/disabled
Sturgis, MI Adopted August 24, 2010; effective Dec. 1, 2010 for new residents & Sept. 1,
2011 for all residents. 1 building w/ 71 units for elderly & disabled
Traverse City, MI Dec. 19, 2006 2 buildings, 116 units elderly/disabled; 20 units family
Wakefield, MI Adopted November, 2010. Effective December 20, 2010. Totally smoke-free
on 12/20/11. 1 building w/ 30 units elderly.
West Branch, MI Adopted July 21, 2010; effective August 1, 2010, 2 buildings w/ 87 units
for elderly/disabled; Jan. 1, 2011 for current smokers

Minnesota

Austin, MN January 1, 2005 2 buildings w/ 159 units
Benson, MN October 1, 2005
Breckenridge, MN September 1, 2008
Cambridge, MN Dec., 2005 45 units
Carver County, MN sometime in 2006 2 elderly, market-rate buildings, 65-units in
Chanhassen & 68 units in Waconia
Cloquet/Carlton, MN 2003 2 properties
Columbia Heights, MN September 15, 2009 2 properties w/ 145 units Dakota County, MN
September 1, 2008 1 building, with another in 9/09
Dakota County, MN September 1, 2008 1 building, with another in 9/09
Delano, MN May, 2006 1 building 16 units elderly, 1 building 30 units family
Detroit Lakes, MN July 1, 2009 1 building w/ 60 units

Minnesota *(continued)*

Duluth, MN November 25, 2009 Effective May 1, 2010
Ely, MN October, 2009 145 units
Fergus Falls, MN April 10, 2002
Frazee, MN 2007 8 units elderly
Jackson, MN July 1, 2009
Little Falls, MN January 1, 2008
Long Prairie, MN January 1, 2009
Melrose, MN February, 2002
Minneapolis, MN March 1, 2006 102 units in 1 building for elderly
Montevideo, MN June 1, 2009 1 building w/ 58 units
Montgomery, MN October 1, 2007
Mountain Lake, MN September 12, 2007 42 units
North Mankato, MN March 29, 2004
Northwest Multi-County Housing Authority, MN October 1, 2007
Pequot Lakes, MN 2007 4 buildings
Perham, MN December 1, 2008
Plymouth, MN Effective May 1, 2010, 2 buildings w/ 195 units total for elderly
Sauk Center, MN April 22, 2003
Sleepy Eye, MN March 1, 2008
Swift County, MN January 1, 2010 36 townhouses
Two Harbors, MN Effective October 1, 2009 1 building w/ 58 units
Wadena, MN September 1, 2009 1 building w/ 120 units
Windom, MN January 1, 2007 implemented for 1 building w/ 30 units elderly/disabled
Winona, MN April 1, 2009 2 buildings w/ 39 senior/disabled units

Montana

Helena, MT March 27, 2007 366 units

Nebraska

Ainsworth, NE December 7, 2009 All 8 buildings w 30 units
Aurora, NE 2008 2 buildings w/ 30 units
Bassett, NE September 1, 2003 5 buildings w/ 16 units
Blair, NE September 13, 2006 3 buildings, 12 units
Bridgeport, NE May, 2010 2 buildings w/ 8 units
Broken Bow, NE June 1, 2010 1 building w/ 40 units
Cambridge, NE August 11, 2009 1 building w 4 units
Chappell, NE May, 2010 4 buildings w/ 19 units
Coleridge, NE Effective May 11, 2004. 6 buildings w/ 20 units
Douglas County, NE 2005 103 buildings w/ about 200 units
Fremont, NE October, 2007
Friend, NE January 13, 2010 6 buildings w/ 25 units
Gibbon, NE
Hall County, NE March, 2010 All, 1 building w/ 60 units
Henderson, NE May 5, 2008 All 5 buildings w/ 20 units

Nebraska *(continued)*

Imperial, NE January 1, 2010 All 11 buildings w/ 44 units
Kearney, NE 1996 15 buildings w/ 90 units
Lincoln, NE January 10, 2008 2 buildings, 211 units elderly
McCook, NE July 1, 2010 4 buildings w/ 34 units
Minden, NE
Nebraska City, NE April 6, 2005 2 buildings w/67 units
St. Paul, NE 2008 All 15 buildings w/ 82 units
Sutherland, NE May 1, 2010 1 building w/ 4 units
Syracuse, NE January 1, 2010 2 buildings w/ 11 units

New Hampshire

Claremont, NH
Dover, NH Effective July, 2010
Exeter, NH June 6, 2008 1 building, 85 units elderly/disabled
Keene, NH Effective April 1, 2010 for all 546 units
Laconia, NH Effective August 1, 2010 for new residents; effective August, 2011 for all other residents
Lebanon, NH 2004
Newmarket, NH Effective July, 2010
Portsmouth, NH June 11, 2008 Effective Jan. 1, 2009, w/ grandfathering until July 1, 2009, 284 family/elderly/disabled units in 5 buildings, & 3 managed buildings w/150 units
Rochester, NH Effective January 1, 2009
Salem, NH Effective October, 2008

New Jersey

Cliffside Park, NJ Effective October, 2009 354 units elderly
Highlands, NJ Effective January 2, 2010 95 units elderly
Ocean City, NJ 2004 (not sure of month)
Madison, NJ Effective October 1, 2010
Middletown, NJ Effective November 1, 2010 252 units
Newton, NJ Summer, 2010 80 units
Paterson, NJ Effective Dec. 31, 2009
Summit, NJ 2009 123 units elderly
Woodbridge, NJ about September, 2007

New York

Gloversville, NY Adopted May, 2010; effective September 1, 2010. All buildings

Oregon

Clatsop County, OR Effective January, 2009. All 15 buildings w/ 104 units
Columbia Cascade, OR Effective March, 2010. All properties.
Coos-Curry, OR October, 2009 Effective March 1, 2010 for all buildings
Grand County, CO 6 buildings, 64 units

Oregon *(continued)*

Jackson County, OR Effective December, 2009. 3 buildings w/ 224 units
Lane, OR (Housing & Community Services Agency) Effective January, 2011; 28 properties w/1,426 units
Linn-Benton, OR Effective January 1, 2010; 8 buildings w/ 185 units
Marion County, OR November 1, 2008 28 units; 242 other units will go SF in early 2010
North Bend, OR October, 2009 Effective March 1, 2010 for all buildings
Northwest Oregon, OR Effective March , 2010. 7 properties w/ 218 units
Portland, OR on August 1, 2009 37 properties with 1,993 units of public housing; possibly in August, 2010, an additional 3,760 units of other affordable housing
Salem, OR Effective February, 1992. 1 building w/ 54 units for elderly. Their 7 more buildings will become totally smoke-free, phased in from Sept., 2009 thru Sept. 2011
Umatilla County, OR Effective May 1, 2010. All 8 properties w/ 364 units
Washington County, OR Effective January, 1, 2010 for 12 buildings w/ 521 units & effective July, 2010 for 243 units (131 units are single family homes)
West Valley/Polk County, OR Effective August, 2010. All properties w/ 378 units

Pennsylvania

Titusville, PA Effective August 1, 2009 for 1 building; effective June 1, 2010 for another

Texas

Decatur, TX Effective October, 2009 All 28 units

Utah

Davis Community Housing Authority in Farmington, UT August 1, 2009 158 units, plus 28 Section 8 units
Provo, UT June 1, 2005 203 units
Tooele County, UT Effective January 1, 2010 22 units

Vermont

Burlington, VT Adopted February, 2010; Effective Nov. 1, 2010 3 buildings, 274 units

Washington

Bellingham/Whatcom County, WA June, 2010 1 building & new properties
Bremerton, WA 2009 all buildings
Clallam County, WA Effective January 1, 2010 all properties, 480 units
Everett, WA Adopted March 22, 2010; Effective for all 1,047 units on June 30, 2011
Franklin County, WA January 1, 2008 280 units
Island County, WA 2005 all buildings, 166 units
Kennewick, WA Adopted February, 2010; all units and buildings effective July 1, 2010, 205 units (72 units - elderly & disabled; 9 units - HIV/AIDs; 124 - multifamily housing)
King County, WA December 17, 2007 222 units
Pierce County, WA 1 building
Seattle, WA 2001

Washington *(continued)*

Tacoma, WA 1 elderly high-rise

Vancouver, WA May, 2009 1 elderly/disabled building; another in June, 2009

Walla Walla, WA March 17, 2008 all buildings and units – about 300+ units

Yakima, WA sometime in 2005 for elderly units

Wisconsin

Baraboo, WI August 2, 2005 2 buildings; about 80 units; elderly & disabled

DePere, WI Nov. 13, 2003

* Note: many of the smoke-free policies grandfather current residents who are smokers for as long as they remain living in their apartment unit. Thus, many of these buildings are transitioning to being totally smoke-free. Others are already totally smoke-free.

Select Resource Organizations

Nationwide Tobacco Quitline

This nationwide toll-free telephone number connects you to counseling and information about quitting smoking in your state.

[1-800-QUIT-NOW](tel:1-800-QUIT-NOW)

Health

American Academy of Pediatrics

Julius B. Richmond Center of Excellence
Department C, ETS, PO Box 927, Elk Grove Village, IL 60009
Phone: (847) 228-5005

www.aap.org
richmondcenter@aap.org

The mission of the AAP Julius B. Richmond Center of Excellence is to improve child health by eliminating exposure to tobacco and secondhand smoke. See also <http://www.kidslivesmokefree.org> and http://www2.aap.org/richmondcenter/Smoke_freeHousing.html.

American Cancer Society

1599 Clifton Rd, NE, Atlanta, GA 30329
Phone: (800) 227- 2345

www.cancer.org

The American Cancer Society (ACS) provides information learn about the health hazards of smoking and how to become an ex-smoker. Check online or call 1-800-227-2345 to find your local office.

American Heart Association

7272 Greenville Avenue, Dallas, TX 75231
Phone: (214) 373-6300
(800) 242-8721 (for local chapter)

www.americanheart.org

The American Heart Association (AHA) provides books, tapes, and videos on how smoking affects the heart and also has a guidebook on weight control in quit-smoking programs.

American Legacy Foundation

1001 G Street, NW, Suite 800, Washington, DC 20001
Phone: (202) 454-5555

www.americanlegacy.org

The American Legacy Foundation® develops programs that address the health effects of tobacco use, especially on vulnerable populations.

American Lung Association

1301 Pennsylvania Avenue, NW, Suite 800, Washington, DC 20004
Phone: (202) 785-3355

1-(800) LUNG-USA for local chapter

www.lungusa.org

The American Lung Association helps smokers who want to quit through its Freedom From Smoking® self-help quit-smoking program available online at www.ffsonline.org. The Lung Association also provides public information on the health effects of smoking on its website above or by calling 1(800) LUNG-USA.

Asthma and Allergy Foundation of America

1233-20th Street, NW, Suite 402, Washington, DC 20036

Phone: (202) 466-7643

(800) 727-8462

www.aafa.org

The Asthma and Allergy Foundation of America (AAFA) and its volunteers work to develop and implement public policies to improve the quality of life for people with asthma and allergies.

Public Health Institute

555 12th Street, 10th Floor, Oakland, CA 94607

Phone: (510) 285-5500

Fax: (510) 285-5501

www.phi.org

The Public Health Institute (PHI) is an independent, nonprofit organization dedicated to promoting health, well-being and quality of life for people throughout California, across the nation and around the world.

Housing and Legal

The Centers for Social Gerontology

Smoke-Free Environments Law Project

2307 Shelby Avenue, Ann Arbor, MI 48103

Phone: (734) 665-1126

Fax: (734) 665-2071

www.tcsq.org/sfelp/home

The Smoke-Free Environments Law Project (SFELP) is a project that provides information, consultation and advice for businesses, government, and individuals in Michigan on policies and practices to protect employees and the general public from the harmful effects of environmental tobacco smoke.

Global Advisors on Smokefree Policy (GASP)

7 Cedar St., Suite A

Summit, NJ 07901

Karen Blumenfeld, Esq.

Executive Director

908-273-9368 phone

908-273-9222 fax

karen.blumenfeld@verizon.net

www.njgasp.org

Global Advisors on Smokefree Policy promotes 100% smokefree environments and provides customized technical assistance including up-to-date educational materials on the health, economic and environmental benefits of smokefree housing policies.

National Center for Healthy Housing

10320 Little Patuxent Parkway, Suite 500, Columbia, MD 21044

Phone: (877) 312-3046

www.nchh.org

The National Center for Healthy Housing is a nonprofit corporation dedicated to creating healthy and safe homes for children with a focus on indoor health hazards.

National Consumer Law Center

7 Winthrop Square, Boston, MA 02110-1245

Phone: (617) 542-8010

Fax: (617) 542-8028

www.nclc.org

The National Consumer Law Center is a nonprofit advocacy organization for economically disadvantaged Americans.

Public Health Law & Policy

2201 Broadway, Suite 502, Oakland, CA 94612

Phone: (510) 302-3380

Fax: (510) 444-8253

www.phlpnet.org

Public Health Law & Policy and (PHLP) partners with government, advocates, and other community leaders to provide practical solutions to a wide range of public health problems.

Rental Protection Agency

Phone: (866) 828-9101

www.rentalprotectionagency.com

The Rental Protection Agency is the consumer protection agency for the rental industry and provides free resources for the remediation of landlord/resident disputes.

Tobacco Control Legal Consortium

875 Summit Avenue, St. Paul, Minnesota 55105

Phone: (651) 290-7506

www.tclconline.org

The Tobacco Control Legal Consortium is a network of legal programs supporting tobacco control policy change throughout the United States.

Government

Centers for Disease Control and Prevention

Office on Smoking and Health

Mailstop K-50, 4770 Buford Highway, NE, Atlanta, GA 30341

Phone: (770) 488-5705

(800) 232-4636

www.cdc.gov/tobacco/osh

The Office on Smoking and Health, a program office within the Centers for Disease Control and Prevention (CDC), funds booklets on smoking topics such as relapse, helping a friend or family member quit smoking, the health hazards of smoking, and the effects of parental smoking on teenagers.

National Cancer Institute

Building 31, Room 10A24, 9000 Rockville Pike, Bethesda, MD 20892

Phone: (877) 448-7848

www.cancer.gov

The National Cancer Institute (NCI) website provides two key tools to help you quit smoking: *LiveHelp*, an online text messaging service, and the toll-free number to NCI's Smoking Quitline (877-44U-Quit). Also see "Clearing the Air, Quit Smoking Today," http://www.smokefree.gov/pubs/clearing-the-air_acc.pdf.

Smokefree.gov

www.smokefree.gov

The information and professional assistance available on this website can help to support both your immediate and long-term needs as you become, and remain, a nonsmoker.

United States Department of Housing and Urban Development

Office of Healthy Homes and Lead Hazard Control
451- 7th Street, SW, Room 8236, Washington, DC 20410
202-755-1785, Ext. 7698

www.hud.gov/lead

The office enforces HUD's lead-based paint regulations, provides public outreach and technical assistance to help protect children and their families from other health and safety hazards in the home.

United States Environmental Protection Agency (EPA)

Indoor Air Quality Information Clearinghouse
P.O. Box 37133, Washington, DC 20013-7133
Phone: (703) 356-4020 ▪ (800) 438-4318

www.epa.gov/smokefree

EPA has developed a number of free resources, including the *Smoke-free Homes Community Action Kit*, *Planning Guide for Pledge Events*, and *Local Programs Promoting Smoke-free Homes Booklets*, that are designed to help you start a local smoke-free homes program and educate the public about the health risks associated with exposure to secondhand smoke.

Other

Americans for Nonsmokers' Rights

Publications & Merchandise Order Form
2530 San Pablo Avenue, Suite J, Berkeley, CA 94702
(510)-841-3060

www.no-smoke.org

Americans for Nonsmokers' Rights is the leading national lobbying organization dedicated to nonsmokers' rights and protecting nonsmokers from exposure to secondhand smoke.

Rent Control and Drifting Smoke

(Article for Landlords)

www.smokefreeapartments.org

Smoke-free Apartments is an on-line registry for apartment owners who have chosen to establish a total or partial non-smoking policy in their buildings.