

January 11, 2016

Lourdes Castro Ramirez  
Principal Deputy Assistant Secretary for Public and Indian Housing  
Regulations Division  
Office of General Counsel  
Department of Housing and Urban Development  
451 7<sup>th</sup> Street SW  
Room 10276  
Washington, DC 20410-0500

Submitted electronically to <http://www.regulations.gov>

Re: **Department of Housing and Urban Development: Instituting Smoke-Free Public Housing; Proposed Rule.** 24 CFR Parts 965 and 966, Docket # FR 5597-P-02; Fed. Reg. Vol. 80, # 221 (November 17, 2015).

Dear Principal Deputy Assistant Secretary Ramirez,

The American Nurses Association (ANA) welcomes the opportunity to offer comments on this bulletin. As the only full-service professional organization representing the interests of the nation's 3.4 million registered nurses (RNs), ANA is privileged to speak on behalf of its state and constituent member associations, organizational affiliates, and individual members. RNs serve in multiple direct care, care coordination, and administrative leadership roles, across the full spectrum of health care settings. RNs provide and coordinate patient care, educate patients and the public about various health conditions, and provide advice and emotional support to patients and their family members. ANA members also include the four advanced practice registered nurse (APRN) roles: nurse practitioners, clinical nurse specialists, certified nurse-midwives and certified registered nurse anesthetists.<sup>1</sup>

### **General Comments:**

ANA supports the Department of Housing and Urban Development's (HUD) proposed rule that each public housing agency (PHA) that administers public housing must implement a smoke-free policy. ANA agrees with HUD's assertion that this will improve the public housing residents' health, increase their indoor air quality, and decrease the risk of house fires.

### **Barriers in implementation**

The burden of proof to enforce this policy could be difficult, particularly in the private parts of the home. Since the lessee is not prohibited from smoking off-property, the odor and so-called third hand

---

<sup>1</sup>The Consensus Model for APRN Regulation defines four APRN roles: certified nurse practitioner, clinical nurse specialist, certified nurse-midwife and certified registered nurse anesthetist. In addition to defining the four roles, the Consensus Model describes the APRN regulatory model, identifies the titles to be used, defines specialty, describes the emergence of new roles and population foci, and presents strategies for implementation.

smoke would linger in clothes, hair, skin, and belongings. Furthermore, cigarettes and other tobacco paraphernalia would still be allowed on the public housing property as long as these items were not in use.

Reporting mechanisms and who is qualified to report violations would need clarification. Consideration needs to be made on whether warnings, 3-strike policies, zero tolerance, or other precautions would be in place prior to eviction for violators.

### **Burdens to families, children, and other persons**

Children and any other persons, who rely upon a tobacco-using or tobacco-dependent adult for care, would be at risk for eviction and possible homelessness through no fault or action of their own if their care-giver violated the policy. In areas of the country where severe weather conditions occur, long-term, nicotine-addicted smokers may have difficulty in complying with smoking more than 25 feet from their public housing. Nicotine addiction is extremely difficult to overcome. Potential quitters often need multiple attempts before successfully quitting.

### **Areas of support HUD could provide PHAs helpful in implementing proposed rule**

HUD should provide free, easily accessible resources for all lessees to quit tobacco use. Smokefree.gov (<http://smokefree.gov>) provides free, accurate, evidence-based information and professional assistance to help support the immediate and long-term needs of people trying to quit smoking (NCI, 2016).

HUD could provide funding or assistance in gaining funding for covered areas public housing with benches for those lessees who find that they cannot quit or do not want to stop smoking.

Large, clearly visible signage should be posted on the entrance of the public housing, in each unit, and in all public areas notifying residents, lessees, guests, contractors, sub-contractors, inspectors, employees, and any other visitor to the public housing of the no smoking policy and its particulars. This signage should be available in English and other languages common to each public housing community.

### **Extend the policy to waterpipe tobacco smoking**

ANA strongly recommends the inclusion of prohibiting waterpipe tobacco smoking in public housing. Since this tobacco delivery system requires lighting, the fire risk remains. Second-hand waterpipe tobacco smoke represents a valid health hazard (WHO, 2015). WHO states in their Study Group on Tobacco Product Regulation report, "These studies indicate that waterpipe smoking should be included in all regulations designed to minimize exposure to second-hand smoke" (WHO, 2015, 32). Research shows that waterpipe tobacco smoking is associated with many harmful health issues, including various types of cancer, lung/heart/gum diseases, and low birth weight (WHO, 2015, 44).

**Conclusion**

We appreciate the opportunity to comment on this important issue. If we can be of further assistance, or if you have any questions or comments, please feel free to contact Holly Carpenter, BSN, RN, Policy Associate, ANA Nursing Practice and Work Environment at [holly.carpenter@ana.org](mailto:holly.carpenter@ana.org) or 301-628-5105.

Sincerely,



Debbie D. Hatmaker, PhD, RN, FAAN  
Executive Director

cc: Pamela Cipriano, PhD, RN, NEA-BC, FAAN, ANA President  
Marla Weston, PhD, RN, FAAN, ANA Chief Executive Officer

**References**

Tobacco Control Research Branch of the National Cancer Institute. (2016.) Website: Smokefree.gov. Accessed 1/5/2016 at <http://smokefree.gov/>

World Health Organization WHO Study Group on Tobacco Product Regulation (TobReg). 2015. Waterpipe Tobacco Smoking: health effects, research needs and recommended actions for regulators, 2<sup>nd</sup> Edition. Printed by the WHO Document Production Services, Geneva, Switzerland. Accessed 1/5/2016 at [http://apps.who.int/iris/bitstream/10665/161991/1/9789241508469\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/161991/1/9789241508469_eng.pdf)