



Position Statement

SUMMARY

The Florida Asthma Coalition (FAC) makes strong efforts to be visible throughout the state of Florida by promoting asthma control and management activities, strengthening partnerships, and providing resources to schools, healthcare professionals, public health officials and environmentalists.¹

It is the position of the FAC that all Multi-Housing Units in Florida should be smoke-free, moisture-free, pest-free, and have heating, ventilation and air conditioning equipment serviced and maintained according to industry accepted standards. Additionally, gas stoves and other appliances should be vented to the outside.

BACKGROUND

Exposure to secondhand smoke (SHS) from burning tobacco products causes disease and premature death among nonsmokers. There is no risk-free level of secondhand smoke, and even brief exposure can cause immediate harm. Studies have shown that smoke free laws that prohibit smoking in public places like bars and restaurants help improve the health of workers and the general population. Some of these improvements in health outcomes, such as reductions in hospital admissions for heart attacks, begin to be realized shortly after the laws take effect.²

According to the Department of Housing and Urban Development, in the Executive Summary to the new proposed rule "Instituting Smoke-Free Public Housing" and citing the Surgeon General's report, exposure to SHS can also cause sudden infant death syndrome and respiratory symptoms such as cough and wheeze, middle ear infections, slowed lung growth and reduced lung function in children, and increased risk of stroke in adults.³

While a home should always be a safe place for children, the fact remains that the primary place young children breathe SHS is in their own homes. Exposure to SHS increases a child's risk of respiratory infections and common ear infections. Children with asthma who are exposed to SHS are likely to experience more frequent and more severe attacks, which can put their lives in danger. Exposure to SHS also doubles an infant's risk of Sudden Infant Death Syndrome (SIDS).⁴

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 (DHHS) 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 side stream 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.²



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 from cigarettes and other smoking materials. The USFA states 25% of people killed in smoking-related fires are not the actual smokers; of this group, over one-third (34%) of the victims were children of the smokers, and 25% were neighbors or friends of the smokers.²

The National Heart, Lung, and Blood Institute (NHLBI) recommends consideration of measures to reduce exposure to cockroach and rodent allergens (Evidence A) and indoor mold (Evidence C). Indoor fungi are particularly prominent in humid environments and homes that have problems with dampness.⁵

NHLBI recommends that cockroach control measures should be instituted if the patient is sensitive to cockroaches and infestation is present in the home (Evidence B). Rodents produce dander, urine, feces, and saliva that can cause allergic reactions.

Indoor exposure to mold and dampness can produce a variety of health effects, including respiratory problems (wheezing, difficulty breathing, shortness of breath); cough; nasal or sinus congestion; eye, nose, throat or skin irritation; and asthma symptoms in people with asthma. Remedial action is generally warranted if you can smell or see mold or dampness—testing is typically not required or recommended.⁶

Because exposure to indoor fungi has the potential to exacerbate and contribute to the onset of asthma, measures to control dampness or fungal growth in the home may be beneficial.^{7, 8}

RATIONALE

There is no constitutional right to smoke, and no law precludes adoption of smoke-free policies in multiunit housing, including policies that make individual units smoke-free. Smoke-free policies are not discriminatory, since smoke is not a protected act and smokers are not a protected class. In some cases, it may be necessary to grandfather for a limited amount of time (e.g. until their leases come up for renewal).^{9,10}

The Americans with Disabilities Act permits smoke-free policies. Because smoking is not considered a disability, smokers are not protected under the Fair Housing Act or the Rehabilitation Act. Some health conditions affected by SHS could be considered a disability (e.g. emphysema, heart conditions asthma, COPD). Multi-unit housing facilities may be required to provide some nonsmoking tenants who are affected by SHS infiltration some accommodation for these conditions on a case-by-case basis.^{9,10}

Exposure to mold, cockroaches, and rodents by individuals with a sensitization to one or more of these allergens has been shown to increase inflammatory reactions and airway hyper responsiveness.

No law or regulation requires making a dwelling available to someone who would “constitute a direct threat to the health or safety of other individuals.”^{9,10}

CONCLUSION

It is the position of the FAC that all multi-housing units in Florida should:



- Be smoke-free
- Be moisture free:
 - Dry damp or wet items within 24-48 hours to avoid mold growth, repair water leaks, use air conditioner or dehumidifier to maintain low indoor humidity (no higher than 50% relative humidity).
 - Mold or mildew is promptly cleaned and absorbent or porous materials (ceiling tiles, carpet) are removed and replaced if mold is present.
 - All moisture-producing appliances are properly vented.
- Be pest-free (cockroach and rodent):
 - All holes or gaps between construction materials and pipes are properly sealed.
 - Integrated pest-management techniques are in use and maintained.
- Have HVAC systems maintained and serviced at least once a year. Replace filters once a month.

REFERENCES

1. Florida Asthma Plan, 2019-2024, The Florida Asthma Coalition (replace below link with the current 2019-2024 Florida Asthma Plan)
<https://floridaasthmacoalition.com/flasthma/assets/2019-2024%20Florida%20Asthma%20State%20Plan.pdf>
2. U.S. Department of Homeland Security • U.S. Fire Administration National Fire Data Center
www.usfa.fema.gov/downloads/pdf/statistics/v13i6.pdf
3. FR 5597-P-02 Instituting Smoke-Free Public Housing <http://www.regulations.gov/document?D=HUD2015-0101-0001>
4. Tobacco Free Florida, Smoke-Free Housing, <http://www.tobaccofreeflorida.com/current-issues/smokefree-housing-the-issue/>
5. National Heart, Lung, and Blood Institute, National Asthma Education and Prevention Program, Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma Full Report 2007, <https://www.nhlbi.nih.gov/health-topics/guidelines-for-diagnosis-management-of-asthma>
6. Anderson, H.R. and D.G. Cook. 1997. Health Effects of Passive Smoking-2: Passive Smoking and Sudden Infant Death: <http://www.tobaccofreeflorida.com/current-issues/smoke-free-housing-theissue/#sthash.6FPmzznr.dpuf>
7. Mendell MJ, Mirer AG, Cheung K, Tong M, Douwes J. Respiratory and allergic health effects of dampness, mold, and dampness-related agents: a review of the epidemiologic evidence. Environ Health Perspect 2011;119:748-56. <http://www.nature.com/nri/journal/v13/n2/full/nri3365.html>
8. Quansah R, Hugg T, Heikkinen S, Jaakkola J, Jaakkola M. Indoor dampness and molds and the risk of developing asthma: a systematic review and meta-analysis. Am J Respir Crit Care Med 2013;187:A1618. <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0047526>
9. Healthy Homes Manual, Smoke-Free Policies in Multiunit Housing, National Center for Environmental Health, Division of Emergency and Environmental Health Services (2011)
<https://stacks.cdc.gov/view/cdc/26185>



10. Americans with disabilities Act, Title III, Regulations, Nondiscrimination on the Basis of Disability by Accommodations and in Commercial Facilities, Department of Justice (September 15, 2010)
https://www.ada.gov/regs2010/titleIII_2010/titleIII_2010_regulations.pdf

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