



Perspectives among San Francisco's low-income residents

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1/23/20



Objectives

- Describe historical evidence on the harms of secondhand smoke
- Describe exposure to secondhand smoke in multi-unit housing
- Describe our study results on attitudes toward smoke-free policies among stakeholders in subsidized housing



What is secondhand smoke (SHS)?

- Combination of side stream and mainstream smoke
- Carcinogenic and thrombogenic
- No risk-free exposure to SHS
- Since 1960s, 2.5 million nonsmokers have died from SHS exposure



Secondhand
smoke can
infiltrate into
other units
through
hallways and
stairwells.

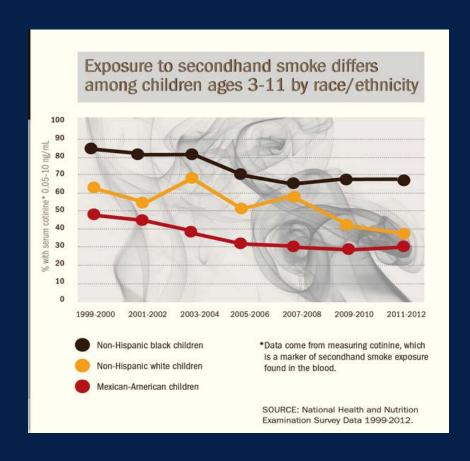
Don't be shy when it comes to your health. Talk to your building manager about making your apartment smokefree.





Stark disparities in exposure to SHS

- Children living in multi-unit housing are 2 times more likely to be exposed to SHS
- Disparities by race/ethnicity
 - 7 out of 10 African
 American children between
 3-11 years exposed to SHS





Historical evidence on the harms of SHS exposure

- 1960s Earliest evidence on the harms of SHS
- 1970s US Surgeon General Jesse
 L. Steinfeld declared non-smokers'
 right to breathe clean indoor air
- 1972 The first Surgeon General's report to mention that SHS was harmful

2. The level of carbon monoxide attained in experiments using rooms filled with tobacco smoke has been shown to equal, and at times to exceed, the legal limits for maximum air pollution permitted for ambient air quality in several localities and can also exceed the occupational Threshold Limit Value for a normal work period presently in effect for the United States as a whole. The presence of such levels indicates that the effect of exposure to carbon monoxide may on occasion, depending upon the length of exposure, be sufficient to be harmful to the health of an exposed person. This would be particularly significant for people who are already suffering from chronic bronchopulmonary disease and coronary heart disease.

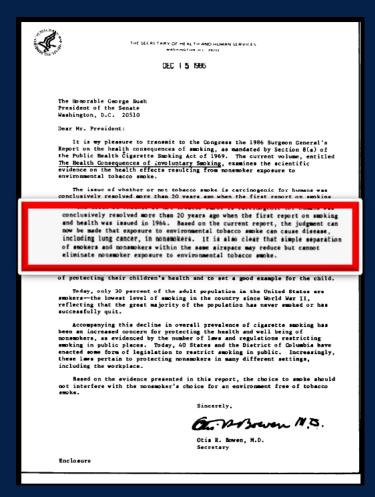






Historical evidence on the harms of SHS exposure

- 1980s Two landmark studies about the harms of SHS on pulmonary function
- 1986 US Surgeon General C. Everett Koop and the U.S. National Academy of Sciences declared that
 - SHS *causes lung cancer* in nonsmokers
 - Increases risk for respiratory illnesses in children

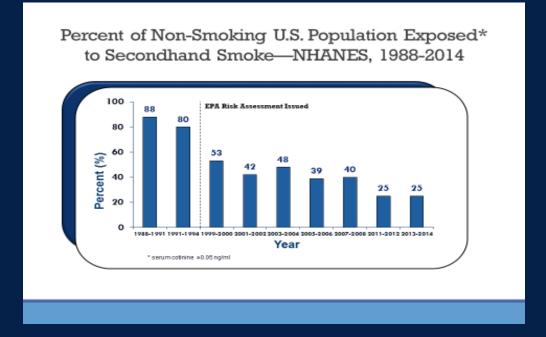




Historical evidence on the harms of SHS exposure

1992 – EPA declared exposure to SHS is a public health

problem



 2006 – US Surgeon General report, stated 'the debate is over' and that SHS causes lung cancer and heart disease



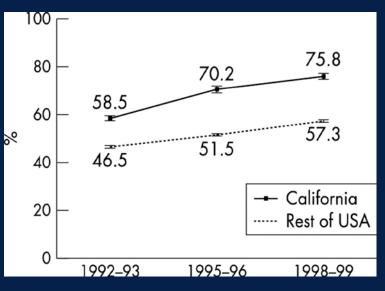
The smoke-free policy movement in the US

California a leader in the movement

1995 – California was the first state to require all restaurants to

be smoke-free

Policy was expanded to bars in 1998

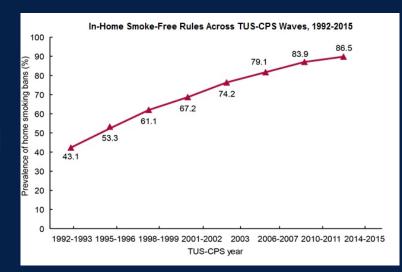


- 2019 81% of the US population covered by any 100% smokefree law
 - Non-hospitality workplaces, restaurants and bars



Smoke-free policies in multi-unit housing

- Home is the most common source of exposure to SHS
- 80 million Americans live in multi-unit housing
 - 7 million live in government-subsidized multi-unit housing
- Voluntary adoption of smoke-free homes has increased, but
 - Non-smoking residents are not adequately protected





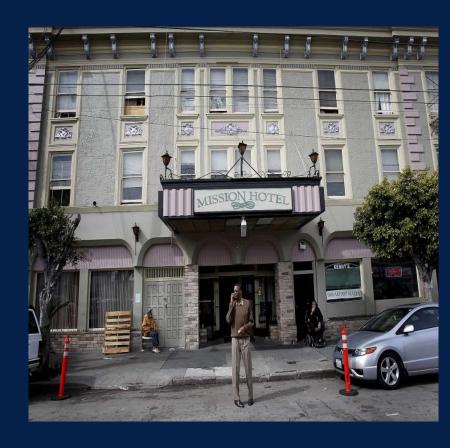
Voluntary adoption of smoke-free homes

- Smoke-free homes
 - Reduce exposure to SHS
 - Reduce smoking prevalence
 - Reduce consumption
 - Increase quit attempts
 - Reduce relapse to smoking





- UCSF studied attitudes toward smoke-free policies
 - Permanent supportive housing
 - San Francisco Housing Authority's federally subsidized housing
- Interviewed residents and staff
 - Perceived threats and potential benefits
 - Voluntary adoption of smoke-free homes
 - Enforcement challenges





- Chronically homeless populations
- Mental health and/or substance use disorders
- Physical disability
- Cognitive impairment
- Harm reduction
 - Maintenance of housing
 - Minimize re-entry into homelessness



Dec. 9, 2014 Photo: Brant Ward, The Chronicle



Summary of findings

- General support for a smoke-free policy restricting indoor smoking in living units
- Acknowledge benefits from a smoke-free policy
- Barriers
 - Concerns about enforcement -- increase in eviction
 - Lack of cessation services
 - Indoor use of other combustible products
- To minimize barriers need buy-in among residents and staff



Pathway to a smoke-free policy

- We pilot-tested an individually-directed approach to increase voluntary adoption of smoke-free homes
- 15 permanent supportive housing sites in the SF Bay Area
- 100 resident smokers and 62 staff
- Intervention:
 - Trained residents on how to adopt a smoke-free home
 - Trained staff on how to refer to smoking cessation resources



Pathway to a smoke-free policy











Pathway to a smoke-free policy

- At 6-months, 31% of residents adopted a smoke-free compared to 12% at baseline
- At 6-months, 17% had quit smoking
- Having a smoke-free home increased cessation



Pathway to a smoke-free policy -- Summary

- "Ground-up" approach empowered residents to change rules around smoking in their home
- Self-enforced
- Potential spill-over effect to other residents in the building
- Complement or augment a "top-down" building-wide policy
- Policy accompanied with access to cessation services
 - Can increase quit attempts
- Reduce health disparities

