

Smoke-Free Multi-Unit Housing

Policy Coverage and Support Among Vermont Adults

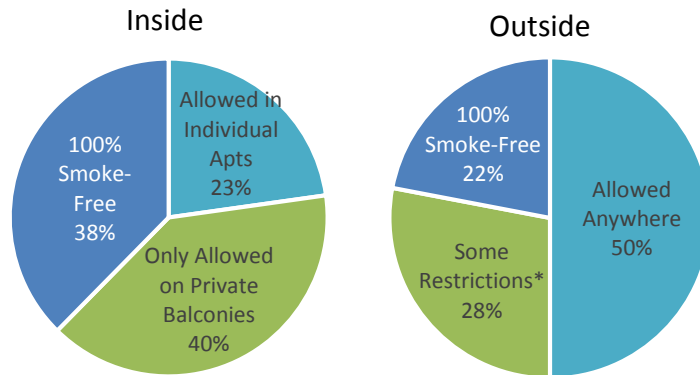
Background

Secondhand smoke and the harmful chemicals in it are known causes of heart disease, stroke, and lung cancer, as well as more frequent and severe asthma attacks, respiratory symptoms and infections, and greater risk for sudden infant death syndrome. Most exposure to secondhand smoke occurs in homes and workplaces.¹ In fact, although 8 in 10 multi-unit housing residents choose to make their own homes smoke-free, 34% report that secondhand smoke involuntarily enters their homes from somewhere else in or around the building.² Comprehensive smoke-free laws both inside and outside multi-unit housing can help reduce the risk of these health conditions and improve outcomes. Data about smoke-free multi-unit housing coverage was collected among Vermont adults from October to December 2017 as a supplement to the VT Behavioral Risk Factor Surveillance System. Policy opinions among Vermont adults was collected in the 2016 VT Adult Tobacco Survey. Statistical comparisons are not presented in this data brief because of small sample sizes.

Smoke-Free Multi-Unit Housing

Vermont adults report a variety of smoke-free policies both inside and outside of their multi-unit housing. A little over a third (38%) of Vermont adults report that their housing is completely smoke-free indoors; only about a quarter report smoke-free housing outside (22%). Half of Vermonters who live in multi-unit housing can smoke anywhere outside.

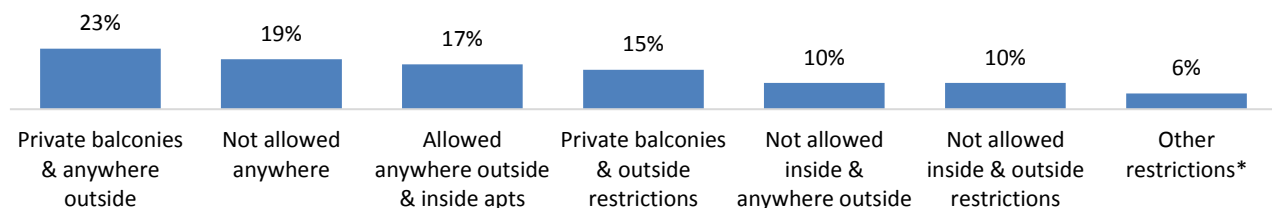
Smoke-Free Policy Coverage Among Adults in Multi-Unit Housing



*includes designated smoking areas and smoke-free shared spaces.

The most common combination of inside and outside multi-unit housing policies is allowing smoking on private balconies and anywhere outside (23%). Only 19% of adults who live in multi-unit housing in Vermont are covered by comprehensive smoke-free policies indoors and outdoors, and 17% live in housing that allows smoking inside individual apartments and anywhere outside.

Comprehensive Smoking Policies (Inside and Outside Combined) in Multiunit Housing



*allowed in apartments and some restrictions outside; allowed in private apartments and not allowed outside; allowed on private balconies and not allowed outside.

¹ https://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/general_facts/index.htm

² <https://www.cdc.gov/tobacco/infographics/secondhand-smoke/index.htm#multiunit>

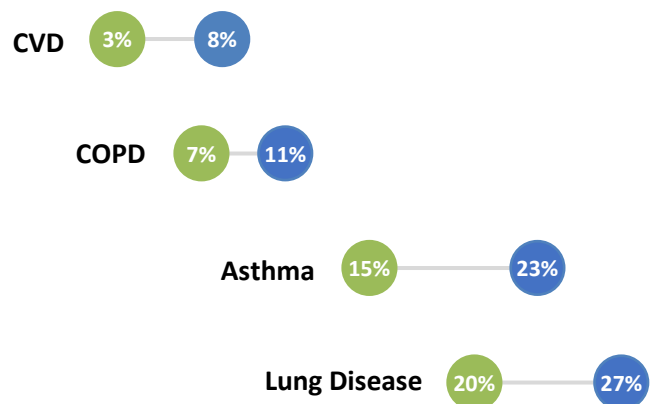
There are some differences in smoke-free housing policies based on an individual's characteristics.³ There is a large difference by federal poverty level (FPL) and education: those that live at less than 250% FPL and those with less than a college degree are more likely to live in smoke-free housing compared to those that live at 250% FPL or above and those with higher education. This may be influenced by the Department of Housing & Urban Development's recent smoke-free public housing policy. A higher percentage of non-smokers live in smoke-free housing compared to current smokers, and older adults (65+) are more likely to live in housing that does not allow smoking indoors than younger ages.

	% Living in Smoke-Free Housing Inside	% Living in Smoke-Free Housing Outside
Smoking Status		
Current Smoker	23%	17%
Non-Smoker	44%	24%
Gender		
Male	36%	25%
Female	39%	19%
Federal Poverty Level (FPL)		
FPL <250%	39%	26%
FPL 250% +	27%	7%
Age		
18-44	33%	21%
45-64	35%	21%
65+	58%	25%
Education		
<HS/HS/GED	39%	30%
Some college	36%	13%
College +	36%	14%

Chronic Disease Aggravated by Secondhand Smoke

Secondhand smoke exacerbates several heart and lung-related conditions, including cardiovascular disease (CVD), chronic obstructive pulmonary disease (COPD) and asthma. Therefore, we should be sensitive to the effects of secondhand smoke in multi-unit housing for these tenants. In Vermont, 8% of adults have CVD, 6% have COPD, 10% have current asthma, and 13% have lung disease.⁴ Adults that live in smoke-free housing are less likely to report each of these chronic conditions compared to those who live in multi-unit housing where smoking is allowed. This difference is greatest for those with CVD: adults in housing where smoking is allowed are almost three times as likely to report ever having been diagnosed with CVD compared to those in smoke-free housing.

Adults in **Smoke-Free Housing** are Less Likely to Have Heart & Lung-Related Conditions than Adults in Housing where **Smoking is Allowed**



Support for Smoke-Free Policies

About half (56%) of Vermont adults are in favor of secondhand smoke policies that ban smoking in multi-unit housing. Another 15% do not have an opinion and 28% are against such a policy. Interestingly, a majority (87%) of Vermont adults report that they do not allow smoking anywhere inside their home (data not shown).

For more information, please contact:

Erin Singer, PhD, Vermont Department of Health Tobacco Analyst; erin.singer@vermont.gov; 802-865-7783;

<http://healthvermont.gov/health-statistics-vital-records/surveillance-reporting-topic/tobacco>

For more information on the Vermont Tobacco Control Program: <http://healthvermont.gov/wellness/tobacco>

³Only those characteristics where the sample size is large enough to report are included.

⁴Overall prevalence estimates are from BRFSS, 2016. Lung disease includes those with current asthma or COPD.