

Secondhand Smoke and Smoke-Free Housing in New York City

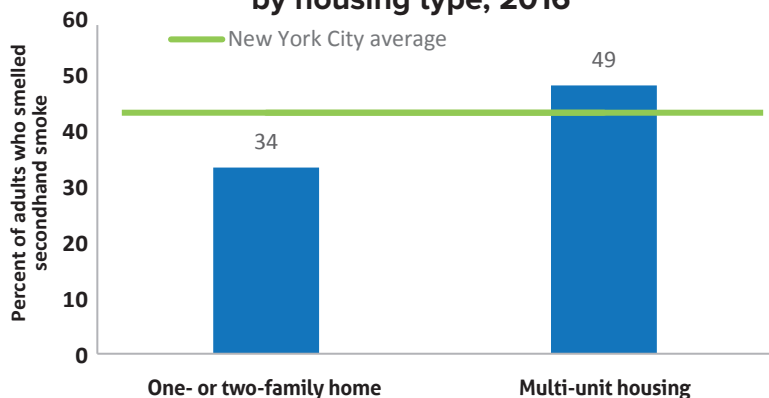
To reduce New Yorkers' exposure to secondhand smoke, New York City (NYC) passed the Smoke Free Air Act in 2002. The Act prohibits smoking in many public spaces, including the common areas of buildings with 10 or more units. In 2016, 130,687 residential multi-unit buildings had fewer than 10 units. Because of the harmful effects of secondhand smoke,¹ some multi-unit housing owners have adopted broader smoke-free housing policies that apply to all building areas, extending smoke-free areas to individual apartments. In addition, New Yorkers who do not live in smoke-free buildings can implement smoke-free rules in their own apartments. Smoke-free policies at the building and apartment levels will protect others, including children or others who spend more time at home, from exposure to secondhand smoke.

Although cigarette smoking has declined in NYC, in 2016 an estimated 867,000 (13%) adults and in 2015 an estimated 15,000 (6%) public high school students in NYC smoked cigarettes.² Studies that measured secondhand smoke exposure in biological samples showed that exposure declined among non-smoking New Yorkers over a decade (57% in 2004 vs. 37% in 2014). However, secondhand smoke exposure remains higher in NYC than the US overall (37% vs. 24%).³

This report describes the prevalence of self-reported exposure to secondhand smoke at home and smoke-free housing policies in NYC, with recommendations on page four for building owners and managers, health care providers, and New Yorkers.

Over four in ten New Yorkers are exposed to secondhand smoke at home

Prevalence of adult New Yorkers who reported smelling secondhand smoke at home from outside, by housing type, 2016



Source: NYC Community Health Survey, 2016

- In 2016, more than four in ten adult New Yorkers (44%) reported smelling cigarette smoke in their home coming from another home or apartment or from the outside.
- New Yorkers living in multi-unit housing with three or more units were more likely to smell cigarette smoke coming from outside than those living in one-or two-family homes (49% vs. 34%).

Definitions: Secondhand smoke exposure: An exposure to smoke released from the burning end of a cigarette or exhaled by a smoker. Smelling cigarette smoke is one way to measure exposure, although individuals may be exposed even if they do not smell cigarette smoke.

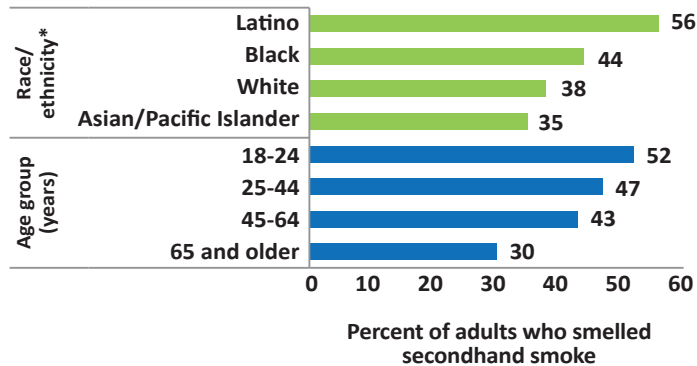
Smoke-free housing: a residential building in which smoking tobacco products is prohibited anywhere on the premises, including within individual apartments and in common areas.

Data Source: Community Health Survey (CHS) 2002 - 2016: CHS is conducted annually by the Health Department with approximately 9,000 non-institutionalized adults ages 18 and older.

Estimates of smoking are age-adjusted to the US 2000 standard population; estimates of smelling secondhand smoke and smoke-free housing are not age-adjusted. Estimates are based on self-reported data. Not all questions were asked in all years. The CHS has included adults with landline phones since 2002 and, starting in 2009, has also included adults who can be reached only by cell phone. For the purpose of this publication, Latino includes persons of Hispanic or Latino origin, as identified by the survey question "Are you Hispanic or Latino?" and regardless of reported race. Black, White and Asian/Pacific Islander race categories exclude those who identified as Latino. For survey details, visit nyc.gov/health/survey.

Latino, Black and younger residents are more likely to be exposed to secondhand smoke

Prevalence of adult New Yorkers who reported smelling secondhand smoke at home from outside, by race/ethnicity and age group, 2016



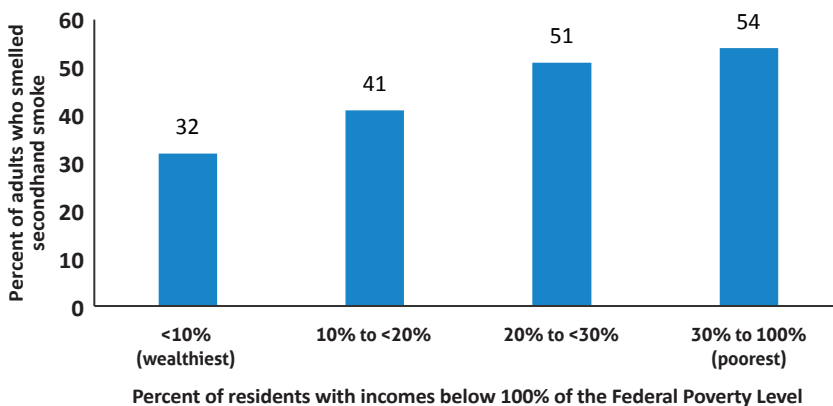
* White, Black, Asian/Pacific Islander race categories exclude Latino ethnicity. Latino ethnicity is defined as Hispanic or Latino of any race.

Source: NYC Community Health Survey, 2016

- In 2016, Latino adults (56%) were more likely to smell secondhand smoke at home from outside than all other non-Latino racial/ethnic groups, and Blacks were more likely to smell cigarette smoke than Whites and Asian/Pacific Islanders (44% vs. 38% and 35%, respectively).
- New Yorkers ages 65 and older were less likely to report smelling cigarette smoke in their home coming from another home or apartment or from the outside, compared with younger adults (30% vs. 52% for ages 18 to 24, 47% for ages 25 to 44, and 43% for ages 45 to 64).

Exposure to secondhand smoke is more prevalent in higher-poverty neighborhoods

Prevalence of adult New Yorkers who reported smelling secondhand smoke at home from outside, by area-based poverty, New York City, 2016



- In the South Bronx, East and Central Harlem, and North and Central Brooklyn – neighborhoods where the Health Department has established Neighborhood Health Action Centers[‡] – residents were, on average, more likely to smell cigarette smoke than residents living in the rest of the city (54% vs. 42%).
- Compared with New Yorkers living in the wealthiest neighborhoods, those living in neighborhoods with higher poverty were more likely to smell secondhand smoke coming from outside [32% in low-poverty (wealthy) neighborhoods vs. 41% in medium-poverty, 51% in high-poverty, and 54% in very high-poverty (poorest) neighborhoods].

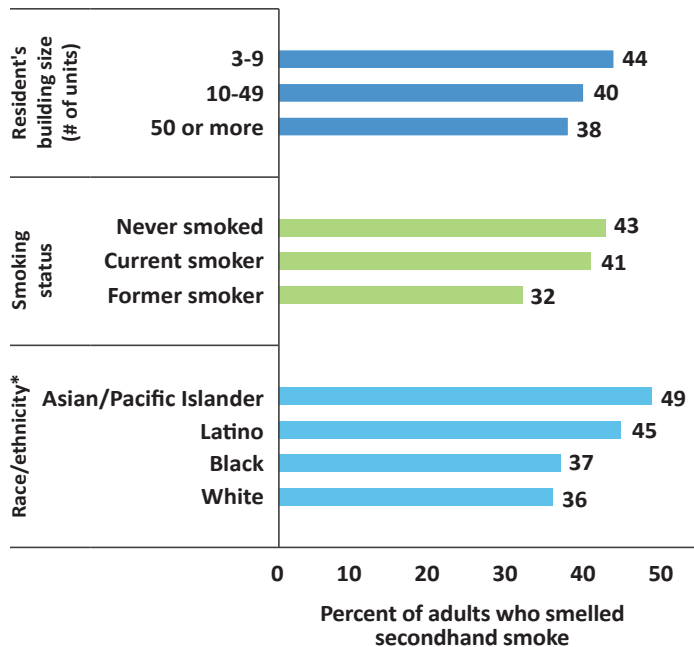
[‡] Area-based poverty (based on ZIP code) defined as percent of residents with incomes below 100% of the Federal Poverty Level, per American Community Survey 2011-2015.

[‡] Neighborhood Health Action Centers: to promote health equity and reduce health disparities, the Health Department established Neighborhood Health Action Centers (formerly District Public Health Offices) in the South Bronx, East and Central Harlem, and North and Central Brooklyn, neighborhoods with high rates of chronic disease and premature death.

Source: NYC Community Health Survey, 2016

Four in ten New Yorkers report they live in a smoke-free building

Characteristics of residents reporting that they live in a multi-unit building with a smoke-free policy, New York City, 2016



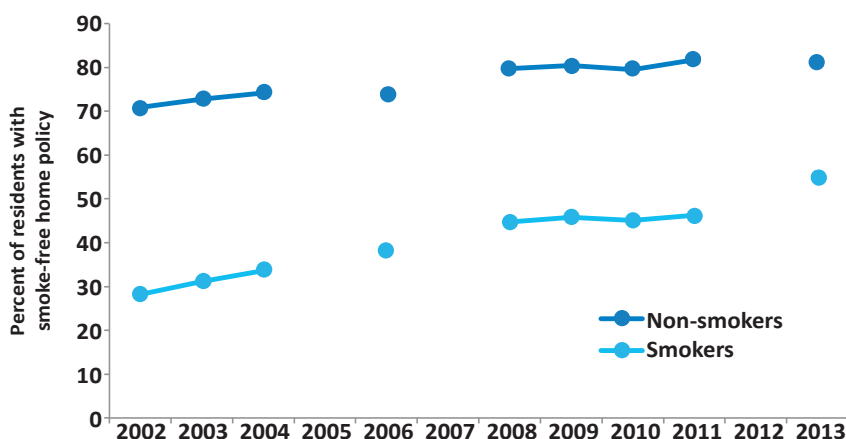
* White, Black, Asian/Pacific Islander race categories exclude Latino ethnicity.
Latino includes Hispanic or Latino of any race.

Source: NYC Community Health Survey, 2016

- In 2016, among adults who knew their building policy, 40% living in multi-unit buildings reported they lived in a building that prohibited smoking in all areas, including apartments. However, a substantial proportion (16%) did not know if their building had a smoke-free policy.
- Among residents in multi-unit buildings:
 - Residents in smaller buildings (three to nine units) were more likely to report living in a building with a smoke-free policy compared with those in large buildings (44% in 3 to 9 unit vs. 38% in 50-or-more unit buildings).
 - Former smokers were less likely than those who never smoked to report their building had a smoke-free policy (32% vs. 43%).
 - White and Black adults were less likely than Latino and Asian/Pacific Islander adults to report their building had a smoke-free policy (36% and 37% vs. 45% and 49%, respectively).
- In 2016, 39% of residents who reported living in a building with a smoke-free policy smelled cigarette smoke coming from another unit or outside, and 42% of residents who reported they lived in buildings without smoke-free policies smelled smoke from outside.

Three-quarters of New Yorkers prohibit smoking in their own homes

Prevalence of in-home smoke-free policies among non-smokers, New York City, 2002-2013



Data not available for every year (represented by line gaps in figure)

Source: NYC Community Health Survey, 2002-2004, 2006, 2008-2011, 2013

- In 2013, three-quarters (77%) of all New Yorkers had an in-home smoke-free home policy, meaning that smoking was not allowed anywhere inside.
- Non-smokers were more likely than smokers to have an in-home smoke-free policy in 2013 (81% vs. 55%).
- Since 2002, the percentage of smokers and non-smokers in NYC who had an in-home smoke-free policy increased (from 29% to 55% in 2013 for smokers; from 71% to 81% in 2013 for non-smokers).
- In 2013, Asian/Pacific Islander non-smokers (67%) were less likely to prohibit smoking inside their homes compared with White (83%), Black (84%) or Latino (85%) non-smokers.

Recommendations



Quit smoking to improve your health and avoid exposing others to the harmful effects of secondhand smoke.

- Quitting smoking has immediate and long-term benefits. If you are trying to quit, talk to your doctor about nicotine replacement therapy and other medications that can help you quit smoking. These aids can double your chances of quitting successfully.
- For more information on quitting smoking, call 311 or visit nysmokefree.com.



Protect yourself and your family: make your environment smoke-free.

- Never smoke in your car or anywhere in your home and do not let others smoke there. Moving to another room, opening a window, or using a fan or air conditioner does not protect others from secondhand smoke.
- Ask others not to smoke near your children, even outside. Pregnant women and babies are at higher risk than others from the harmful effects of secondhand smoke. For more information, visit nyc.gov/health and search "reasons to quit smoking" or "pregnancy quit smoking."
- New York City's Smoke Free Air Act prohibits smoking indoors at all businesses and workplaces, as well as outside at all parks, beaches and pedestrian plazas. To report a violation, visit www1.nyc.gov/apps/311universalintake/form.htm?serviceName=DOHMH+Smoking+Violation or call 311.



Owners and managers of multi-unit housing should protect their residents from harmful secondhand smoke exposure.

- Building owners and building managers can institute smoke-free regulations in buildings with tenant apartments. This protects the health of all residents.
- For information and a guide on how to make your buildings smoke free, visit nyc.gov/health and search "smoke-free housing."



Health care providers should talk to their patients about quitting smoking.

- Ask all patients about their smoking status and advise every smoker to quit. Provide brief counseling, pharmacotherapy and follow-up to help patients quit smoking. For guidelines on treating tobacco addiction, see www1.nyc.gov/assets/doh/downloads/pdf/chi/chi29-suppl3.pdf and www1.nyc.gov/site/doh/providers/health-topics/smoking-and-tobacco-use.page.
- All providers, especially those who care for children, parents and pregnant women, should counsel patients who smoke about the risks of secondhand smoke and encourage them to keep their homes free of smoke.

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