

National Forum on Drifting Second-Hand Smoke in Multi-Unit Dwellings

20-21 March 2007, Downtown Marriott Hotel, Toronto

Sponsored by

Health Canada

Non-Smokers' Rights Association

Ontario Campaign for Action on Tobacco

Clean Air Coalition of BC

Aird & Berlis LLP, Barristers and Solicitors

Ontario Tobacco-Free Network

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Executive Summary

The National Forum brought together approximately 30 stakeholders from the housing sector, various levels of governments, and the tobacco control community to engage in an open discussion on possible non-regulatory remedies to address the problem of second-hand smoke in multi-unit dwellings. To be clear, the solutions under consideration did *not* include a legislated ban on smoking in multi-unit dwellings.

A recent survey of over 1,000 people living in multi-unit dwellings (MUDs) sponsored by Health Canada found that 67% are bothered by other people's smoking and 20% experience smoke drifting into their unit from elsewhere in the building. Of particular note is the finding that half of MUD residents would prefer to live in a building where smoking is prohibited everywhere, both inside and outside.

The issue of protection from second-hand smoke (SHS) has evolved over the past 30 years from workplace and public place smoking bans to the present day, when Canadians are now starting to demand smoke-free private and semi-private spaces, including vehicles, homes, and MUDs. In response to this evolution, an increasing number of hotel chains including the Marriott and Westin have gone completely smoke-free. SHS kills over 800 Canadians every year and makes many thousands more sick. SHS has been proven to be a direct cause of heart disease and cancer in adults, as well as pneumonia, middle ear infections, and asthma flare-ups in children. There is no safe level of exposure to SHS.

Forum participants identified numerous challenges to providing tenants and condominium owners with the choice of living in a smoke-free building. Housing sector representatives frequently cited the need to ensure that landlords have the regulatory authority to enforce a no-smoking provision in a lease. The need for consensus on an appropriate descriptor for the issue was also cited; many believe the term "*drifting* second-hand smoke" makes the problem sound relatively benign, when in fact the only difference is the origin of the SHS—in MUDs as opposed to workplaces or public places.

Participants were inspired by the progress being made on the issue in Michigan and British Columbia. Seeking voluntary measures only, the Michigan Smoke-Free Apartment Initiative has succeeded in having over 6,000 units declared smoke-free in the past 3 years, with no enforcement problems. The BC Clean Air Coalition has developed resources and partnered with other non-traditional stakeholders on the issue. Their focus over the past year has been on social housing, with the goal of having at least one building declared smoke-free.

Forum participants spent considerable time identifying key barriers, which were then grouped under five themes—strategic, resources, advocacy/awareness, legal, political—as well as solutions to overcome them:

- **Strategic:** A national framework for dealing with the issue is needed, including a communications strategy targeting both landlords and the public and cessation support for smokers.
- **Resources:** There is a critical need for a website that will provide one-stop shopping on the issue, including anecdotes of individuals experiencing the problem; links to provincial/local housing/tenant/tobacco control organizations; research on SHS; legal precedents and success stories, and counter-arguments to rebut misinformation. Forum participants need to network with their colleagues across Canada to achieve widespread awareness about the issue and support for measures to provide smoke-free multi-unit housing choices.
- **Advocacy/Awareness:** Development of a comprehensive website should be a top priority and it should include an inventory of existing smoke-free buildings. Communications materials need to be developed specifically for landlords and tenants that are clear and concise. The issue needs to be promoted through a wide range of venues, such as the national tobacco control conference and housing trade shows.
- **Legal:** A legal opinion that a no-smoking clause in a lease can be enforced is needed for each province. As a minimum, legal opinions should be obtained in ON and BC, where there has already been progress on the issue. Another possible solution is to have SHS specifically named in provincial tenancy legislation as grounds for breach of quiet/ reasonable enjoyment. Whichever approach is pursued, it must be done in such a way that tenants' groups do not feel that the action poses a threat to other tenancy rights. There also needs to be a significant effort to educate landlords that they have the legal right to make their buildings smoke-free and to educate the public that they have the right to live in smoke-free housing.
- **Political:** A key political issue is the need to keep NGOs/coalitions energized and motivated to continue working on tobacco issues. Recommendations include making it easy to sign on, for example by adopting a position statement on SHS in MUDs, and engaging new partners. In communications on the issue, it is critical to stress to the public and politicians that we are seeking voluntary measures, not a legislated ban on smoking in multi-unit dwellings.

The Forum closed with participants identifying a set of essential next steps:

- Engage tenant associations. To this end, this Forum report will be sent to all invitees along with another request to get involved in the issue.
- Secure feedback from Forum participants on a draft national website and get the website operational.
- Develop a national framework on the issue; NSRA was suggested as the lead being the Secretariat for the Smoke-Free Housing Coalition.
- Obtain funding for the development of generic communications materials, including a PowerPoint presentation that can be used to achieve broader support.
- Commission at least two legal opinions on the enforceability of a no-smoking clause in a lease. Collect favourable legal opinions and decisions of landlord/tenant boards.

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Day One – March 20

Forum Purpose, Need to Address SHS in Multi-Unit Dwellings

The purpose of the national forum was to bring together key representatives of the housing sector, various levels of governments, tenant associations, and the tobacco control community to engage in an open discussion on the emerging issue of second-hand smoke in multi-unit dwellings. Approximately 30 people from all provinces attended the Forum, including 7 from the for-profit and non-profit housing sectors, 18 working in tobacco control, and 4 staff with the federal and several provincial governments. Representatives of tenants' groups declined to participate. The Forum provided the first opportunity on a national level for stakeholders to discuss a range of possible non-regulatory remedies to address the problem of drifting second-hand smoke in multi-unit dwellings. In this context, 'non-regulatory' measures means that we are not considering a legislated ban on smoking in multi-unit dwellings.

Exposure to second-hand smoke (SHS) kills at least 800 Canadians every year and there is no safe level of exposure. Since most provinces/territories now have comprehensive legislation providing smoke-free workplaces and public places, Canadians are realizing that SHS can also pose serious problems at home. Health Canada is conducting a national social marketing campaign on smoking in homes and cars, with the primary target being parents who smoke in their home and/or car. However, there is a sub-group of Canadians exposed to SHS in their home, even though no one smokes in the home—people living in multi-unit dwellings (MUDs).

With little data on the extent of the problem of SHS in MUDs, Health Canada recently purchased 21 questions in Decima's Televox omnibus weekly telephone survey. Of the 3,071 surveyed, 1,035 live in MUDs. The margin of error is +/- 3.1%. A number of the findings were surprising, and some were contradictory; for example, while 70% agree that people should have the right to smoke in their own home, an equal proportion (67%) are bothered by other people's smoking:

- 75% agree that second-hand smoke is a major health problem.
- 21% allow smoking in their own home (includes both smokers and non-smokers).
- 20% of MUD residents report experiencing smoke drifting into their residence. (Note a survey released by the Ontario Tobacco-Free Network (OTN) the following week found that 46% of MUD residents experience drifting SHS. See Appendix 3.)

- Half of MUD residents would prefer to live in a building where smoking is prohibited everywhere, both inside and outside. (Note the OTN survey found substantially more MUD residents (64%) would prefer to live in a smoke-free building, if such a choice existed.

Historical Perspective on SHS Issue

Michael Perley, Executive Director, Ontario Campaign for Action on Tobacco

Pippa Beck, Policy Analyst, Non-Smokers' Rights Association

Michael Perley reminded the group that although the media often claim that smoke-free policies came on suddenly, in fact they are the culmination of thirty years of progress. From 1971, when Air Canada became the first airline to provide separate smoking and non-smoking sections on aircraft, the issue has progressed logically through workplace and public place smoking bans to the present day, when Canadians are starting to pay more attention to second-hand smoke exposure in private and semi-private spaces, including vehicles, homes, and MUDs.

Pippa Beck summarized recent evidence showing increasing demand for smoke-free accommodation. A number of hotels have gone completely smoke-free, including the Marriott chain, the Westin chain, Canad Inns (a Manitoba chain), and many Super 8 motels in Eastern Canada operated by Pacrim Hospitality. A survey of 42,000 hotel guests in North America found that 79% prefer a smoke-free environment that extends beyond their own room.

Health Effects of Exposure to Second-hand Smoke

Dr. Ted Boadway, Former Executive Director of Health Policy, Ontario Medical Association

Directly Caused by SHS Exposure—Adults

- Heart disease—the number one risk
- Lung cancer
- Nasal sinus cancer
- Chronic bronchitis
- Stroke

Directly Caused by SHS Exposure—Children

- Lower birth weight (increases risk of many health problems)
- SIDS
- Otitis media (middle ear infection)
- Pneumonia
- Asthma—more frequent attacks, much worse attacks

Related to SHS Exposure—Adults

- Cervical cancer
- Breast cancer
- Miscarriage

Recent research on the immediate impact of SHS on the endothelium, the cells that line the arteries, shows that the endothelial function of tobacco users is significantly impaired. The endothelial function of non-smokers after 30 minutes of exposure to SHS is compromised to the same extent as for regular smokers. Every time someone is exposed to SHS, the endothelium is further damaged. Endothelial damage can lead to heart attack, angina, heart failure—any of the coronary artery syndromes.

Smoke-free Legislation***Rob Cunningham, Canadian Cancer Society***

Rob Cunningham provided a summary of the numerous laws, both federal and provincial/territorial, that already affect smoking in homes:

- Smoking is banned in the common areas of MUDs in all provinces/territories except SK, PEI, Yukon; In Quebec the ban applies to buildings with 6+ units.
- Smoking is banned inside all federal and provincial/territorial prisons, except in Quebec. Most provinces/territories also ban smoking on prison grounds.
- Hospitals are 100% smoke-free in SK, MN, PQ, NB, Nunavut. Smoking banned but designated smoking rooms (DSRs) permitted in six provinces.
- Smoking is banned in seniors'/nursing homes in all provinces/territories, but DSRs are permitted. Criteria DSRs must meet vary; very stringent in Ontario.
- Smoking is banned in some university/college dorms and residential schools.
- Some provinces prohibit smoking in home-based childcare and in home-based businesses when employees or customers are present. Some provinces provide protection from SHS for home health-care workers.
- Smoking in foster homes is banned in Alberta and there is movement on the issue in some other provinces.

Issues, Challenges and Concerns

- Building owners/managers of MUDs not hearing much about SHS as problem. NGOs in some provinces getting increasing number of calls from individuals for help/solutions.

Depends on province—in SK, issue is not on radar; in BC, provincial ministry getting lots of letters from people wanting province to regulate.

- Housing sector wants direction, legal precedents, information. Are ready to act on this issue with right help. Landlords need regulatory authority to enforce no-smoking provision in lease. Lots of things are put in lease that are not enforceable, such as no-pets clause.
- Lack of financial incentive for building owners to make building smoke-free—no tax incentive/discount on insurance—plus anticipate having to deal with anger of smokers.
- Need to empower landlords to make their buildings smoke-free. Landlords afraid of being sued.
- Need to think about language. ‘Drifting’ sounds benign. Should just call it SHS; makes it part of bigger issue of protection from SHS.
- Need to get smarter. Will likely meet with resistance from governments—don’t want to interfere with what goes on in the “bedrooms of the nation.”
- Smoking in entrances even when they are designated non-smoking is ongoing problem, especially in seniors’ buildings.
- Smoking on balconies/patios not a solution, although smokers perceive they are doing a good thing by taking it outside.
- Efforts of non-profit housing providers to go smoke-free being resisted by health groups. Health groups claim smoke-free housing is discriminatory, since these tenants—special needs, mental health, elderly—more likely to be smokers, have bigger issues, fewer options. Disconnect between Ministry of Health (want to regulate smoking) and Housing (won’t do anything).

Legal Opinion (Ontario)

Robert Doumani, Aird & Berlis LLP, Barristers and Solicitors

- If tenancy agreement does not prohibit smoking in the unit, then tenant has right to smoke in the unit, but this right is not absolute.
- If tenancy agreement prohibits smoking in the unit and tenant smokes anyway, that is not grounds for terminating the tenancy (this is different in other provinces). Must find another provision/remedy that is breached by smoking in the unit (reasonable enjoyment/damage to unit, etc.).
- If smoking in unit engages grounds for termination, then doesn’t matter if lease does not specifically prohibit smoking in unit. Nonetheless, is preferential to have no-smoking clause in lease:
 - Overcomes belief that if lease is silent on smoking then tenant has right to smoke.
 - Serves as warning that smoking in unit is unacceptable.

- Two other available remedies, in addition to termination of smoking tenant's lease:
 - Move tenant bothered by SHS (often done in cases of tenants bothered by noise).
 - Permit tenant bothered by SHS to break lease and move out, without giving 60 days' notice.
- When tenant complains about SHS, landlord issues a warning to cease offending behaviour. Smoking tenant can be given notice of termination if conduct "substantially interferes" with reasonable enjoyment of unit or with lawful right of tenant or landlord.
- Notice of termination void if tenant ceases offending behaviour within 7 days. If offending conduct is engaged in again within 6 months of first notice of termination, landlord can give second notice i.e. entire process does not start over.
- Landlord required to submit application to Landlord and Tenant Board within 30 days of giving notice of termination. Smoking tenant can appeal. Tenant who is bothered by SHS must testify at Board for application to proceed.
- Tenant who is bothered by SHS can seek action against landlord for abatement of rent if landlord has not taken adequate steps to stop infiltration of SHS. Such action would likely motivate landlord to deal with smoking behaviour of tenant.
- Although there are very few cases that address this issue, Board would likely accept that SHS harms health. Questions of law no different from loud noise as breach of covenant of reasonable enjoyment. Decisions by Board based on specific facts of each case. Decision of one arbitrator not binding on others, but arbitrators like to be consistent.
- Possible solution is to amend *Residential Tenancies Act* to enable landlord to serve notice of termination if tenant breaches no-smoking clause in lease.
- Damage to unit constitutes another possible grounds for dealing with SHS, but this would require no-smoking clause in lease.
- Landlords can declare building smoke-free, but existing tenants can continue renting on month-to-month agreement under terms of old lease. Landlord cannot make existing tenants comply with new no-smoking requirement.

Experience in Other Jurisdictions

Jim Bergman, Smoke-Free Environments Law Project, The Center for Social Gerontology, Inc., Michigan

Launched "MI Smoke-Free Apartment" Initiative about 3 years ago to push for *voluntary* smoke-free policies in new and existing buildings. Initiative has resulted in over 6,000 smoke-free units in MUDs, as well as over one-third of public housing commissions going smoke-free. Goal is to make smoke-free multi-unit housing the norm in Michigan.

- Considered variety of legal remedies, but rejected this approach:
 - Can't guarantee success

- Can be expensive
 - Most people not naturally confrontational
 - Can only help limited number of people using legal remedies.
- MI Smoke-Free Apartment Initiative includes:
 - Website: heavy use; lots of information for landlords and tenants.
 - Media: 60-second radio ads to raise awareness; billboards.
 - Media coverage: Partnered with local health departments to increase uptake of news releases; achieved substantial positive media coverage at little cost.
 - Technical assistance to landlords.
 - Jim Bergman identified five barriers to creating smoke-free buildings:
 - Legal: Had to convince the federal Department of Housing and Urban Development (HUD) that it is legal to ban smoking in MUDs. Now work closely with HUD to advance smoke-free policies.
 - Economic: Landlords concerned whether can keep building full if go smoke-free. Used anecdotal evidence re costs of refitting an apartment rented by smoker (\$500-\$4,000 per unit) to show economic benefit of going smoke-free.
 - Transitioning: Easier to make new building smoke-free. Landlords concerned about how to transition existing building. In Michigan can transition on lease renewal for existing tenant or at any time for new tenants.
 - Inertia: Housing industry way behind public on this issue. Is huge market demand for smoke-free housing.
 - Enforcement: Landlords concerned about how to enforce smoke-free policies, but enforcement has not been a problem. **Smoke-free multi-unit housing is as self-enforcing as smoke-free workplace law.** Has never seen one eviction because of smoking, although smoking may be one of several reasons to evict a tenant.

Jack Boomer, Sharon Hammond, BC Clean Air Coalition

Based on their experience working on this issue since 2004, the BC Clean Air Coalition (CAC) offered recommendations to further this issue:

- Be informed. Gather data on smoking rates, rental rates. Know relevant legislation. Understand what quiet/reasonable enjoyment means.
- Be prepared. Develop resources for tenants and landlords. Gather legal precedents. Be familiar with range of cessation resources available in your jurisdiction.
- Develop relationships. Build relationships with organizations in housing sector—tenants, landlords, builders, social housing, etc.
- Raise awareness. Have focused on raising awareness of issue within partner organizations. Are conducting survey of 650 members of non-profit housing organization. Have not yet established good relationships with staff of housing ministry or residential tenancy office.

- Identify support and services. One group can't be all things to all people. Have started to focus on non-profit housing clients, since they have no other housing options.
- Principal barriers to be overcome:
 - Belief that person's home is his castle i.e. you can't tell me what to do in my own home.
 - Lack of understanding of seriousness of SHS exposure i.e. it's more harmful to stand at bus stop and breathe exhaust fumes.
 - View that if cigarettes are so harmful, why not just ban them.
- Identified key opportunity for advocacy—developing guidelines for arbitrators dealing with SHS issue.
- CAC is developing national website modelled after MLS website i.e. click on map of Canada for your jurisdiction—"smokefreehousing.ca." Will provide contact info for key stakeholders working on SHS in MUDs or link to key sites. Next step is to collect feedback from Forum participants and others working on issue. Not enough funding yet to manage adding landlords and property managers to website.
- CAC gets many calls from people in subsidized housing who are bothered by SHS but are afraid will be kicked out if they complain. Little progress in dealing with BC's two largest providers of subsidized housing—will accommodate physical disabilities but not breathing problems related to SHS. Very time-consuming to work on individual cases, but made exception in two cases because of possible precedent. Both individuals took their case to Housing Board with CAC's help. Although both cases were virtually identical, one complainant won, other lost.
- CAC's current priority is to get the Greater Vancouver Housing Authority to make one of their buildings smoke-free.

Barriers to Smoke-free MUDs

Strategic

- Issue not high enough on anyone's agenda. Whose mandate is this issue—tobacco control, housing, public health?
- Need energy to combat inertia on issue. Need national task force to get issue going—research, funding, direction.
- Lack of smoke-free landlords as champions.
- Lack of national strategy on issue—no national objectives; no consistent messages; no defined targets.

Resources

- Need to reinforce fact that SHS exposure is not a nuisance, is major health issue. Not enough recognition of SHS as health problem.
- Lack of resources—human and financial. Need people in housing and tobacco control sectors working on issue. Need financial resources to do research, disseminate information, work with landlord/tenant organizations.
- Costs also barrier to landlords; reluctant to make building smoke-free, since they don't want to risk incurring costs of going to Board and divisional court.

Legal

- Need to establish and publicize favourable precedents.
- Landlords perceive legal barriers to making buildings smoke-free. Need definitive legal opinions, at least one per province, that landlords can enforce a no-smoking clause in a lease.
- Sufficient number of positive decisions by housing boards/tribunals on SHS would likely convince landlords to make their buildings smoke-free. Cost of going to housing board is barrier, since appealing board decision to divisional court is expensive.
- Need to amend provincial tenancy law to make no-smoking clause in lease enforceable. Landlords don't want to repeat no-pet clause fiasco (Ontario).
- Enforcement of breach of reasonable enjoyment likely not best way to go. Expensive and time-consuming to take this issue to board and no guarantee of success. Noise complaints rarely go to board; if they do, board usually mediates a solution. Even in worst-case scenario, landlords rarely able to evict.
- Need guidelines for arbitrators so decisions on SHS issues are consistent.
- Landlords don't want to open themselves up to being sued for a building not being smoke-free when tenants' expectations are for smoke-free accommodation.
- Requirement to grandfather existing tenants is another barrier. Tenants not required under law to renew lease, can instead go on month-to-month agreement under terms of initial lease i.e. existing tenants cannot be forced to comply with a new smoking ban in building.

Advocacy/Awareness

- Perception—among public, landlords, government—that nothing can be done. It is not part of public consciousness that people have right to complain about SHS in their units. There is a belief that we don't have right to interfere in the privacy of the home.
- Need public/landlord education on this issue. Landlords are more likely to take noise infractions to board than SHS because they don't understand SHS issue. If landlords knew

that smoking rate was less than 20%, they might change their opinion about likelihood of success in making buildings smoke-free.

- Low public awareness about issue and about fact that some landlords already offer smoke-free buildings.
- Possible public perception that tobacco control has gone far enough already. Public apathy regarding more tobacco issues.

Political

- **Need to emphasize that health agencies are seeking voluntary solutions, not legislative ban. This is about *choice*.**
- Will get smoke-free MUDs when public starts demanding smoke-free units.
- Not enough housing to meet demand now; making MUDs smoke-free will restrict availability even further. Tenants' associations may oppose making MUDs smoke-free. Some will see this as denying housing to most vulnerable populations. Note that no tenants' associations are attending Forum.

Day Two – March 21

Solutions to Overcome Barriers

Strategic

- Discussed need for framework vs. strategy. Recommend starting with basic framework—this fits under existing tobacco strategy goal of protection from SHS and makes it easier to obtain funding.
- Recommend development of communications strategy (critical with limited resources):
 - For landlords, focus on their concerns; keep information narrow.
 - How to get public concerned about this issue—talk about deaths from SHS or loss of quality of life?
 - Too much emphasis in communications on seeing/smelling smoke; with SHS in MUDs, need to emphasize act that SHS is harmful even if can't see it or smell it.
- Put a human face to issue; highlight stories of real people suffering from SHS exposure in their MUDs.
- Include support for smokers in framework, e.g. cessation information and tools.

Resources

- Critical need for website to provide one-stop shopping on issue. Contents should include:
 - Anecdotes/testimonials re problem and how life improved after living in smoke-free building
 - Links to provincial/local organizations
 - Research, scientific evidence
 - Legal precedents, success stories
 - Counter-arguments for misinformation.
- Networking with colleagues across Canada, through Coalition teleconferences, Listserv.
- Need to achieve buy-in:
 - Articles in landlord/tenant association newsletters. Landlords need to know that smoke-free multi-unit housing is the right thing to do and that it can be done;
 - Presentations/workshops at meetings/conferences of landlord/tenant/housing/tobacco control organizations.

Advocacy/Awareness

- Take advantage of the website.
 - Gather inventory of smoke-free buildings.
 - Include links to websites of tobacco control and housing organizations.
- Great information has already been developed but is content-heavy. Need one-page communications materials for landlords/tenants that are simple, clear. Customize tools by province.
- Build relationships with key stakeholders:
 - Use Listserv to share information.
 - Make presentations at housing trade shows.
 - Include sessions on issue at national tobacco conference.
- Don't assume inertia/fatigue re tobacco control exists in all different populations.

Legal

- Need legal opinion that a no-smoking clause can be put in lease and enforced, ideally one for each province. Recommend getting legal opinion for ON and BC as test cases representing 50% of population.
- Educate landlords re their legal right to make buildings smoke-free:
 - Consult with staff of landlord-tenant board/tribunal/office in each province.
 - Need accurate information re what is doable.
- Maintain collection of legal decisions and tribunal/board rulings.

- Acknowledge in law that SHS constitutes breach of quiet/reasonable enjoyment.
- Educate tenants re their right to live in smoke-free housing.

Political

- Several premiers, including Ontario's, have publicly stated that they won't regulate in private homes on the tobacco issue. This is a misconception of our consensus that non-regulatory solutions are essential; this misconception must be addressed.
- Need to address problem of politicians/NGOs thinking that tobacco has been "done," e.g. statements that "obesity is the new tobacco." Need to realign our own troops; keep NGOs/coalitions energized and motivated to work on tobacco:
 - Identify activities that different elements of network can undertake.
 - Perhaps get partners to adopt position statement on SHS in MUDs as first step in getting them to re-engage on tobacco.
 - Bring on new partners.
 - Adopt high-level goal statement.
- Don't assume political fatigue with issue is shared by the public. Polling in SK/BC shows strong public appetite for more tobacco control.
- Need to emphasize in public communications that this is not a call for more regulation; the intent is to provide *choice*.

Essential Next Steps

Strategic

National Framework

- NSRA is the logical group to take the lead in developing national framework, as the Secretariat for Canadian Smoke-Free Housing Coalition.
- Health Canada should be approached for funding support.
- Key partners include Health Canada, tenant associations, landlord associations, provincial coalitions, CAC.

Resources

Website

- Website should provide one-stop shopping for information on issue.
- CAC should take lead in hosting, updating, and promoting website, since they have started developing website. Ideally 2-3 other people will assist.

- One representative of each province/territory and policy staff with NGOs should play supporting role, in particular by submitting information, anecdotes, key links.
- Seek funding from Health Canada for website development and promotion.
- Suggested first step, put website on agenda of CCTC teleconference to get feedback from participants. Ask for names of P/T landlord/tenant/housing organizations.
- Immediate need for website to be operational; enhancing/updating website will be ongoing.

Buy-In

- Staff person from one or more NGO/government departments with funding to work on this issue should take the lead.
- All other stakeholders should play supporting role in obtaining broad-based support, by providing information, feedback, anecdotes to Coalition; by sharing information with their own constituents through articles in newsletters, presentations at workshops, etc.
- Immediate need for funding to permit development of generic materials:
 - Develop generic articles for association newsletters.
 - Develop generic presentation package that anyone can use.
- Include sessions on issue at national tobacco conference in Edmonton.

Advocacy/Awareness

Backgrounder

- Immediate need for short, simple backgrounder on issue for general use. Should include key speaking points, clear terminology, accurate information.
- Immediate need for inventory of smoke-free buildings.
- Gather list of potential champions, partners. Build on list of contacts developed by CAC.
- NSRA considered best choice as lead agency, since NSRA is Coalition Secretariat.
- Seek funding support from Health Canada.
- Members of Provincial Tobacco Control Coalitions/Councils (PCCN) could provide in-kind support by gathering contact information on provincial housing organizations, smoke-free buildings in province; by providing comments on and links for website; by meeting and sharing information on issue.

Legal

Education

- Immediate need for PowerPoint presentation that everyone working on issue can use for training.

- NSRA is logical group to take the lead, since they are already gathering information. NSRA should seek project funding and create committee to work on presentation.

Legal Opinion

- Immediate need for legal opinions from every province on ability of landlords to enforce no-smoking clause in lease.
- Coalitions in Ontario (OCAT) and BC (CAC) should take the lead, since they are already working on issue.
- Seek support from existing research papers and legal opinions; consider partnering with public health and community groups. In BC health authorities and law foundation are also potential partners.
- Look for lawyers to do this *pro bono* or seek funding to hire lawyers to write opinions.

Final Discussion/Next Steps

- CAC requested feedback on content and contact information for the website. CAC committed to continue working on SHS in subsidized housing.
- Need consensus regarding use of term ‘drifting’ SHS.
- Suggestion made that NSRA seek support and/or funding from Health Canada to develop communications materials.
- All invitees will be sent copy of Forum report and/or executive summary, along with another invitation to get involved in the issue. Covering letter will emphasize that we are advocating *voluntary* solutions, not a legislated ban on smoking in MUDs.
- Suggestion made to piggyback another forum onto national tobacco conference in Edmonton in October or onto national housing conference.
- Participants agreed to share information and ideas from Forum with colleagues in other organizations.
- Participants agreed that it will be important to secure involvement of representatives of tenant groups and to reach out to Territories.

Closing Remarks

Michael Perley, Ontario Campaign for Action on Tobacco (OCAT)

Michael Perley extended thanks to Health Canada, especially Dawn Hachey, for initiating the Forum and providing the funding to make it happen. He also thanked all participants for their valuable contributions. The Forum showed a whole new level of enthusiasm for and commitment from organizations in the health and housing sectors to an issue that is ready to crystallize. The voluntary approach agreed on at the Forum avoids us having to “go back to the

well” too soon for more legislative/regulatory action on tobacco. **“This is going to be a winner!”**

Appendix 1: Evaluations

General

A total of twenty-one evaluations were submitted, out of the 27 participants on Day 2, although not everyone answered every question. The Forum was rated a tremendous success overall, receiving an average score of 4.6/5. Likewise, the organization of the Forum, the print materials/handouts, and the venue/amenities all received high marks, ranging from 4.6/5 to 4.75/5.

What was liked best

Many participants were impressed with how clear and focused the agenda was and how much was accomplished in a short amount of time. The extensive information sharing on the issue from diverse perspectives was also noted by numerous participants. The balance between presentations and group work was likewise appreciated.

Areas for improvement

Almost all participants commented on the critical need to have representatives of tenant associations attend in future meetings on the issue. Several also mentioned that in addition to more housing sector representatives, it would be valuable to involve other groups, including as well as condominium owners, provincial government housing departments, and insurance companies. Several people commented that it would be helpful to receive the agenda and more information on the issues prior to the meeting.

Ways participants are planning to use information/resources from Forum

Numerous participants, from both the health and housing sectors, indicated that they intend to promote the issue within their own organization, as well as reaching out to form partnerships with other stakeholders to advance the issue. One non-profit housing representative stated that they had chosen 3 buildings to be transitioned to smoke-free status. A government representative committed to seeking funding for work on the issue.

Other comments

“Great Forum; very Informative!” “Great event—thank you to the funders and organizers.”

Appendix 2: Participant List

PARTICIPANT LIST

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Appendix 3: OTN Survey Highlights

ATTENTION: ALL INFORMATION IS EMBARGOED UNTIL 0400 EDT 27 MARCH 2007. BY RECEIVING THESE DOCUMENTS ALL RECIPIENTS HEREBY AGREE TO RESPECT EMBARGO AND NONRELEASE OF THE ENCLOSED INFORMATION UNTIL 0400 EDT 27 MARCH 2007.



Highlights of Ipsos Reid Research on Drifting Second-Hand Smoke in Multi-Unit Dwellings

According to the Canada Mortgage Housing Corporation (CMHC), multi-unit housing is the **fastest growing segment** of the housing market. According to Statistics Canada (**2001 census, as 2006 census data on housing is not yet released**), there are **more than four (4) million Ontarians** living in multi-unit dwellings:
<http://www40.statcan.ca/l01/cst01/famil55b.htm>

According to Ipsos Reid surveys conducted in March and November 2006, with a sample of more than 1800 and a margin of error of 2.9%, 19 times out of 20, many of those in multi-unit dwellings are affected by drifting smoke:

- **A majority (64%)** of all multi-unit dwellers would likely **choose a smoke-free building** over one where smoking is permitted
- Almost half (46%) have had tobacco smoke odour enter their unit in the past 12 months from somewhere else in their building
- The tobacco smoke odour usually seeps in primarily via the hallways (47%), windows (41%), shared ventilation (21%), air leaks (18%) and through bathroom or kitchen fans (13%)
- Despite the Smoke-free Ontario Act, **just half say smoking is prohibited in hallways, the lobby/common areas and the laundry room**
- **Fifty-seven percent (57%) would support a smoking ban** in their multi-unit dwelling

Of those multi-unit dwellers bothered by the smoke:

- Seven in ten (70%) say it bothered them -14% either moved (4%), or considered moving (10%), as a result of the smoke intrusion
 - *To put this in perspective, 32% of all multi-unit dwellers in Ontario are bothered by this intrusive smoke and a total of approximately 6% of all multi-unit dwellers either moved or considered moving because of it*
- Four in ten (41%) consider it a personal health hazard and one third (32%) consider it an infringement upon their life and privacy
- Three in ten (27%) made suggestions or grievances to their landlord or another outside agency about the smoke
 - *Six in ten who made complaints didn't get a response -three in ten were told that there was nothing that could be done*
- One in seven (16%) of those with units affected by second hand smoke say that they or someone in their household suffered from a smoking-related illness or worsened condition
 - *Illness/conditions such as Asthma (68%), COPD (16%), Heart disease (6%) and Lung Cancer (6%).*