

Municipality Of Chatham-Kent
Community Human Services
Information Report

To: Mayor and Members of Council
From: Kristen Williams
Manager, Tenant Relations, Housing Services
Date: May 3, 2018
Subject: Transition to Smoke Free Buildings

This report is for the information of Council.

Background

There are several priority populations that are disproportionately impacted by second hand (SHS) smoke in Chatham-Kent. Namely, those living in multi-unit dwellings who may also be living with certain health conditions, seniors, children, and anyone exposed to SHS without the financial means to move to a more suitable environment. In terms of evidence-based interventions to address SHS in public places, Public Health Ontario: Evidence to Guide Action (2017) states:

“..smoke-free multi-unit dwelling policies are well supported by the scientific evidence to reduce exposure to tobacco smoke, and support smoking reduction and cessation.”

“This would have a potential positive equity impact if targeted to affordable and community housing.”

Social Housing residents have a right to not be exposed to involuntary SHS in their own home. Furthermore, the higher tobacco use rates among these residents and more frequent exposure to SHS due to proximity of housing units, places this population at higher risk and supports the need for the health protection measures provided through a smoke free housing policy.

In 2012 a new build on Tecumseh Street in Chatham became the first 100% smoke free housing building owned by Chatham-Kent. In 2012, Chatham-Kent Housing Services committed to a five-year plan to transition all Municipal public housing to smoke free. In 2014, CKHS developed policy to support the Smoke Free Chatham-Kent By-law 137-2014, which addressed smoking outdoors on Municipal properties.

In 2017, Chatham-Kent Housing Services (CKHS) staff approached Chatham-Kent Public Health Unit (CKPHU) to assist in supporting a strategy to engage current tenants,

communicate the transition to smoke free buildings, and provide supports for smoking cessation to those who faced challenges in accessing services.

Through collaboration with CKPHU, a survey tool was developed to measure tenants' thoughts, feelings, and experiences around the potential policy change and smoking in CKHS buildings. The results of that survey, as well as a fact sheet, are attached as Appendix 1 and Appendix 2 respectively.

Current tenants were made aware that their existing lease would not change, and they would be "grandfathered" in.

CKHS has developed a Smoke Free Policy which will be in effect as of July 1, 2018 at which time an amended lease will be used for all new or transferring tenants in CKHS buildings.

Comments

From a population health perspective, it is anticipated that this transition to smoke free buildings, over time, would help to greatly reduce exposure to harmful secondhand smoke for all tenants of municipally operated housing facilities, while encouraging and providing a supportive environment for those residents who do smoke to quit if they decide to. The Public Educator with Chatham-Kent Fire Department stated that smoking is one of the leading causes of fatal residential fires in Chatham-Kent. This policy should help to reduce smoking-related fires.

Through the creation of site-specific designated outdoor smoking areas, and the grandfathered nature of the policy, the individual needs of those residents who smoke will be addressed through the transition of this policy change.

A presentation to the Chatham-Kent Board of Health was provided and received as information in February of 2018.

Consultation

Staff have consulted with Public Housing Services network colleagues from areas within Ontario that have successfully implemented a smoke free policy. Additionally staff consulted with Smoke Free Housing Ontario and Smoke Free Housing Canada to gather best practices, sample policies and evidence to support addressing limiting secondhand smoke in multi-unit dwellings.

The Manager, Legal Services was involved in reviewing and providing direction related to the legal aspect of amendments to current leases and the grandfathering of such.

Chatham-Kent Public Health Unit was extensively involved in providing input into the development of the tenant survey and provided services of the Epidemiologist for survey development and data analysis.

Financial Implications

It is expected that over time, unit turnover costs will decrease as a result of the transition to smoke free buildings. Housing Services anticipates considerable cost savings to be experienced through implementation of a smoke-free housing policy. Painting costs will be reduced by approximately \$500 per each unit that is turned over from a previous smoking unit. An additional \$400 would be saved in prepping floors for wax, and a savings of \$400-500 per unit would be realized in cleaning of the appliances and other stained surfaces.

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Consulted and confirmed the content of the consultation section of the report by:

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Attachments: Appendix 1 – CKHS Smoke Free Policy Fact Sheet
Appendix 2 – CKHS Survey Results

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Smoke Free Buildings.Doc

Appendix 1

Chatham-Kent Housing Services Smoke-Free Policy Fact Sheet Impact of second-hand smoke

Second-hand smoke is more than a nuisance—it is a toxic mix of more than 4,000 chemicals. There is NO known safe level of exposure.

Major conclusions reveal that:

1. Second-hand smoke increases risk of heart disease and lung cancer

- Breathing second-hand smoke for even a short time can have immediate negative effects on the cardiovascular system and interferes with the normal functioning of the heart, blood, and vascular systems;

2. Second-hand smoke causes acute respiratory problems

- Persons with asthma or other respiratory conditions are at especially high risk, and should take extra precautions to avoid breathing second-hand smoke.

3. Exposure to second-hand smoke harms children

- Babies exposed to second-hand smoke are at a greater risk for sudden infant death syndrome (SIDS);
- Babies exposed to second-hand smoke have weaker lungs than unexposed babies, which increases the risk for many health problems;
- Second-hand smoke exposure can cause children with asthma to experience more frequent and severe attacks.
- Breathing issues are a number cause of admissions to hospital for children 0-6

Second-hand smoke moves from one unit to another

There are three main “driving forces” that tend to dictate air movement in apartment buildings in the winter months:

- The “stack effect” causes air to be drawn in from outside at the lower levels of the building, rise up through the floor levels and then leak out of the building at the upper floors;
- The “wind effect” will cause air to leak into the apartments on the windward side of the building, and flow across the common corridors to the apartments on the leeward side of the building; and
- Mechanical ventilation systems will also cause the transfer of air to and out of your apartment.

Human activity, such as opening and closing windows and doors, and turning on and off fans, also alters air movement patterns.

The take-away message is that air transfer between units is complex—and the solution to minimizing air transfer in one building won’t necessarily work for the next.

The ability of air filters, purifiers or ventilation to clear the air of the toxins in second-hand smoke

Air filters, purifiers and ventilation systems **cannot** eliminate second-hand smoke, nor can they address the health concerns of exposure to second-hand smoke. Some of the smoke and larger particles from the air may be removed, but they will not remove the smaller particles or gases found in second-hand smoke.

The American Society of Heating, Refrigeration and Air-Conditioning Engineers (ASHRAE), the world's leading association on indoor air quality standards, asserts that there is **no acceptable ventilation system that can protect the health of individuals exposed to second-hand smoke.**

Support available for tenants who want to quit

There are many options available which can be explained by calling Chatham-Kent Public Health Unit at 519-352-7270 or visiting their quit page at www.ckphu.com/quit for a list of services available to local residents.

The need for a smoke-free policy

Maintenance costs of \$1000-2000 per unit turnover to repaint, clean floors and appliances which is over and above non-smoker units.

Health concerns for large proportion of non-smoking residents who are being frequently exposed to SHS daily that includes: children, older adults and those living with disabilities and/or correlated health concerns

Chatham-Kent Fire Educator Whitney Burk has confirmed that smoking is one of the leading causes of fatal fires in Ontario.

Process and timing to transition to smoke free

The lease agreements for new tenants will reflect the new policy starting, existing lease agreements will be unchanged as residents will be "grandfathered" into the new policy

Residents moving to other units will need to sign a new lease

This policy will be implemented July 1, 2018, and it is expected the transition process to take approximately 8 years.

Smoke Free Housing is NOT about:

- denying smokers a place to live
- evicting smokers from their homes
- forcing people to quit

Smoke Free Housing IS about:

- helping to increasing smoke free housing options
- not telling people not to smoke, but showing where they can smoke

The definition of smoke

Smoke is defined as the use/carrying of any lighted or heated cigar/cigarette/pipe/waterpipe or any other equipment used to inhale/exhale, burn or heat, any smoking product.

The definition of a smoking product

Smoking product means tobacco, or tobacco like product whose primary purpose is to burn or heat to produce vapours, gases or smoke which are inhaled and shall include (but are not limited to) non-tobacco herbal shisha, other plant materials/oils intended for inhalation

The impact of the legalization of marijuana and the impact on this policy

Currently it is unknown how marijuana legalization will impact this policy. It is anticipated that potential legalization date is mid to late 2018 for recreational use in Ontario. This policy does not permit recreational marijuana use in individual units but those residents with proof of medical prescriptions would be provided permission to use their medically prescribed marijuana in their unit, subject to conditions of their medical prescription.

The right to smoke in ones own home

Smoking is not a protected right under the Canadian Charter of Rights and Freedoms. All tenants have a right to “reasonable enjoyment of their home” and many residents have made complaints and have reported being bothered by being exposed to SHS. Indigenous rights of aboriginal tenants include a right to be provided with an indoor area to use tobacco for traditional cultural or spiritual purposes and for these purposes this policy will not apply to this type of use.

Locations smoking will be permitted after July 01/2018

Inside units or on balcony/patio of grandfathered lessees who have not voluntarily opted to sign an amendment to their lease prohibiting smoking in their unit.

Inside special marked designated smoking areas near facility parking lots

Appendix 2

Summary of the Results of 2017 Tenant Survey provided by Chatham-Kent Public Health Unit

During the months of September and October 2017, Housing Services completed 17 on-site consultations with their residents, each 90-120 minutes in length, where residents were asked to complete a survey to measure their views on the potential policy change and to capture any other information regarding their experience related to SHS while living in their current unit. In total, 234 surveys were completed from 16 public housing complexes. Below is a summary of the survey results;

Smoking status and cessation:

- **44.4%** of survey respondents indicated cigarette/cigar/pipe/hookah use either by themselves or someone else living in their household
- **29.0%** stated that they, or someone else living in their household, would be interested in receiving free or low cost quit smoking resources.

In terms of the prevalence of smoking indoors:

- **43.6%** indicated that they allowed people living in their unit (including guests) to smoke within their unit
- **32.5%** survey respondents reported that smoking **never** occurs in their unit
- **34.6%** survey respondents reported that smoking occurred in their unit **daily**

In terms of drifting smoke coming from other units:

- **28.2%** reported that they smelled smoke coming from other units on a **daily basis**
- **12.4%** reported that they smelled smoke coming from other units on a **weekly basis**
- **16.8%** reported that they smelled smoke coming from other units on a **monthly basis**
- **9.8%** reported that they smelled smoke coming from other units **a few times per year**
- **38.5%** reported **never** smelling smoke coming from other units

Effects of drifting smoke coming from other units

- Of the survey respondents who reported ever witnessing drifting smoke coming from other units (n=133): **63.2% report that it bothers them a lot or sometimes**
- **41.1%** thought “the smoke coming from other units makes me want to complain to someone”
- **30.1%** thought “the smoke coming from other units is worsening my health”
- **22.6%** thought “the smoke coming from other units make me want to move”
- **9.0%** thought “the smoke coming from other units isn’t good for my kids”

Support for smoke-free policy

- **41.9%** of survey respondents support the implementation of a smoke-free policy
- **39.3%** of survey respondents do not support the implementation of a smoke-free policy
- **17.1%** of survey respondents are not sure whether to support the implementation of a smoke-free policy

In summary, compared to provincial averages, surveyed residents have higher tobacco use rates and exposure to SHS that is more frequent. Many residents report being bothered by this exposure with 30.1% reporting that it is impacting their health. Support for the potential policy was similar (41.9% for, 39.3% against) and that 17.3% of smokers were supportive of the policy whereas 16.2% of non-smokers were not in favour of the policy.

Despite the split level of support, it is felt that residents have a greater right to not be exposed to involuntary SHS in their own home. Furthermore, the higher tobacco use rates among these residents and more frequent exposure to SHS due to proximity of housing units, places this population at higher risk and supports the need for the health protection measures provided through a smoke free housing policy. Through creation of site specific designated outdoor smoking areas, and the grandfathered nature of the policy, individual smoking resident’s needs could also be adequately addressed as they transition through the potential policy change.

Housing Services anticipates considerable cost savings to be experienced through implementation of a smoke-free housing policy. Painting costs would be reduced approximately \$500 per each unit that is turned over from a previous “smoking unit”. An additional \$400 would be saved in prepping floors for wax, and a savings of \$400-500 per unit would be realized in cleaning of the appliances and other stained surfaces.

From a population health perspective it is anticipated that this policy, over time, would help to greatly reduce exposure to harmful secondhand smoke for all residents of municipally operated housing facilities, while encouraging and providing a supportive environment for those who do smoke to make quit attempts. This policy should also help to reduce smoking related fires, recognizing that smoking is a leading cause of fatal residential fires in Chatham-Kent.