

Non-Smokers' Rights Association

Smoking and Health Action Foundation

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Smoke-Free Affordable Housing: Picking on Poor People or a Case for Social Justice?

Introduction

What does tobacco control have to do with social justice? The answer is, as it turns out, a lot.

Demand for smoke-free housing in Canada is increasing, and landlords are starting to take notice. However, there remains an acute shortage of multi-unit buildings for people who need or want to live smoke-free. This is the case for Canadians seeking market rate rental housing, and especially so for those who cannot afford market rate and must rely upon affordable housing.

It has been said that prohibiting smoking in affordable housing is an attack on the poor and vulnerable who are already at the margins of society. Negative media coverage has claimed that such policies are discriminatory and amount to enforced smoking cessation because low income families are over-represented in the smoking population.

This issue needs to be re-framed from a social justice perspective, both for the non-smokers and smokers who live in affordable housing. Social justice is about seeking (and achieving) equity for vulnerable and marginalized populations. Health inequity is the result of disadvantage in opportunities, in material circumstances and in behaviours related to health. Tobacco control with a social justice approach recognizes the social determinants of health¹ and has the potential to remove barriers and equalize opportunities to enable marginalized people to enjoy better health, free of the consequences of tobacco addiction.

Access to decent housing is an essential component of a person's physical safety and well-being, contributing to one's freedom to lead a full and satisfying life. Housing that imposes sickness and disease is not acceptable. It is well-established that there is no known safe level of exposure to second-hand smoke and that all exposure should therefore be avoided. Second-hand smoke has been identified as both a "Class A

¹ The social determinants of health recognize the impact of an unequal distribution of power, income, goods, and services on a person or population... and how the consequent unfairness in the immediate, visible circumstances of peoples lives – their access to health care, schools, and education, their conditions of work and leisure, their homes, communities, towns, or cities – impacts on their chances of leading a flourishing life (Closing the Gap in a Generation: WHO Commission on the Social Determinants of Health, 2008).

(known human) carcinogen”² and a “toxic air contaminant,”³ putting it in the same category as the most toxic industrial and automotive pollutants.

Exposure to second-hand smoke causes premature disease and death in children and adults who do not smoke. It has a variety of short- and long-term negative health outcomes, including breathing problems, persistent cough, itchy eyes, nausea, headache, ear infections, asthma induction and exacerbation, as well as increased risk of heart disease and cancer, to name a few. In addition, and of significance for marginalized people, involuntary exposure to second-hand smoke can heighten one’s overall level of daily stress and sense of helplessness.

Canadian landlords and property managers have the legal right to prohibit smoking in multi-unit dwellings beyond the common areas, which are already required to be smoke-free under provincial legislation. A no-smoking policy simply prohibits tenants from smoking anywhere in the building. The policy can also be extended to include balconies, patios or the entire property if the landlord chooses to include these as well. To be clear, a no-smoking policy:

- Does not prevent people who smoke from renting accommodation;
- Does not mean tenants will be evicted because they are smokers; and
- Does not force people to quit smoking.

However, simply banning smoking in affordable housing does not necessarily mean that social justice has been achieved. A smoking prohibition must not only be inclusive in its creation, but should also be part of a more comprehensive approach that includes special attention to the needs of low income tenants. Possible unintended consequences must be avoided through careful planning and consultation with all stakeholders involved.

Allegations that no-smoking policies amount to discrimination against low income people are unfounded. In fact, NOT addressing the problem of tenants’ involuntary exposure to second-hand smoke in affordable housing perpetuates social injustice and is a form of discrimination.

No-Smoking Policies and Social Justice

There are five strong reasons why prohibiting smoking in affordable housing promotes social justice for low income Canadians.

² U.S. EPA. Respiratory Health Effects of Passive Smoking (Also Known as Exposure to Secondhand Smoke or Environmental Tobacco Smoke ETS). U.S. Environmental Protection Agency, Office of Research and Development, Office of Health and Environmental Assessment, Washington, DC, EPA/600/6-90/006F, 1992.

³ California Environment Protection Agency, Air Resources Board. Proposed identification of environmental tobacco smoke as a toxic air contaminant. As approved by the Scientific Review Panel on June 24, 2005. <http://www.arb.ca.gov/toxics/ets/factsheetets.pdf>.

1. **Tenants in affordable housing have the least amount of choice and mobility.**

The waiting lists for access to affordable housing are typically long. In many Ontario municipalities, wait times have increased in recent years, and the average wait for a single person is 5 years or more. In Peel Region the wait is up to 21 years for singles and families.⁴

Most people who wait for an extended period to get into affordable housing are not likely to vote with their feet and simply move out if they experience unwanted second-hand smoke at home. Canadians with higher incomes have the luxury of choice and opportunity to protect themselves by seeking better housing if they find themselves in an undesirable situation. Affordable housing tenants are effectively stuck. Relying on affordable housing should not relegate tenants to involuntary exposure to second-hand smoke in their own homes.

2. **Many affordable housing tenants are already marginalized by higher rates of chronic disease and disability than average Canadians.**

Take asthma as one example. Using data from the Student Lung Health Survey (1995-96), researchers concluded that socially disadvantaged Canadian school-age children have increased asthma prevalence and morbidity. The study surmised that interventions targeting second-hand smoke exposure among low income groups have the potential of reducing the disparity in asthma morbidity across social class.⁵

An unpublished survey from the Region of Waterloo in Ontario found that 36% of social housing respondents reported that someone in their home had a health condition made worse by inhalation of second-hand smoke.⁶ When asked about their exposure to second-hand smoke in the home, 57% of social housing tenants in the Region of Waterloo reported exposure. This is in contrast to 30% of households in the general population reporting exposure,⁷ which is in keeping with survey results from other jurisdictions.

A recent peer-reviewed study from Boston found that social housing tenants in that city reported substantially poorer health than did other city residents across a variety of conditions including hypertension, asthma, diabetes, depression and disability.⁸

⁴ Ontario Non-Profit Housing Association. ONPHA's 2009 Report on Waiting List Statistics for Ontario. June 2009. http://www.onpha.on.ca/Content/ONPHA/About/ResearchReports/WaitingLists2009/2009_waiting_list_report.pdf.

⁵ Dales RE, Choi B, Chen Y et al. Influence of family income on hospital visits for asthma among Canadian school children. *Thorax* 2002; 57:513-517.

⁶ Region of Waterloo Public Health and Planning, Housing & Community Services. Report PH 09-046/P-09-073. Smoke-free policy for new leases and transfers in regionally owned community housing (Waterloo Region Housing). http://www.smokefreehousingon.ca/cms/file/Region_of_Waterloo_recommendations.pdf.

⁷ Region of Waterloo Public Health and Planning, Housing & Community Services. Report PH 09-046/P-09-073. Smoke-free policy for new leases and transfers in regionally owned community housing (Waterloo Region Housing). http://www.smokefreehousingon.ca/cms/file/Region_of_Waterloo_recommendations.pdf.

⁸ Digenis-Bury EC, Brooks DR, Chen L et al. Use of a population-based survey to describe the health of Boston Public Housing residents. *American Journal of Public Health* 2008; 98:85-91.

Data from Statistics Canada indicate that an individual's low income status (below Statistics Canada's 'low-income cut-offs') is associated with having more chronic health conditions than individuals with higher income.⁹

And what about the smokers who live in affordable housing? This in turn needs to be examined with a social justice lens. It has been said that tobacco is not an equal-opportunity killer.¹⁰ In fact, the tobacco industry capitalizes on social inequity and targets minority groups to promote its deadly products. The 1998 U.S Surgeon General's report on tobacco use among racial minorities notes that America's four main racial/ethnic groups have been the focus of targeted advertising and promotion of tobacco products.¹¹ Tobacco places an excess burden on low income individuals and their families—higher rates of smoking and exposure to second-hand smoke, greater chances that their children will start smoking, less social support for quitting, less chance of receiving timely medical intervention and a greater chance of dying younger.¹²

3. *A no-smoking policy can dramatically improve the indoor air quality of a building.*

Health inequity stems from social disadvantage which can include lack of access to education, to fresh and nutritious food, to opportunities for physical exercise, to social support, etc. Health inequity can be further compounded by the physical environment in which people live. In the case of affordable housing this can include exposure to black mould, bed bugs, cockroaches, dust mites, mice and second-hand smoke. A no-smoking policy is an easy and affordable measure that can dramatically improve the indoor air quality of a building. In addition, removal of tobacco smoke can help to reduce tenants' reactions to other allergens in the environment, tipping the scales in favour of better health and well-being.

It is a huge disservice to all tenants in affordable housing for a housing provider to not even try addressing the problem of second-hand smoke. Assumptions abound that there are too many smokers living in affordable housing to address the problem, or that they shouldn't be "picked on" as smoking is one of life's few pleasures for them. However, a survey of adult smokers from Canada, the United States, the United Kingdom and Australia found near universal regret about having started

⁹ Hou F & Chen J. Statistics Canada Health Reports. Neighbourhood low income, income inequality and health in Toronto. Vol. 14, No. 2, February 2003. Catalogue 82-003.

¹⁰ American Legacy Foundation. Tobacco as a social justice issue. Remarks of Dr. Cheryl Heaton. National Conference on Tobacco or Health, New Orleans, 2001. <http://repositories.cdlib.org/tc/surveys/SocialJustice>.

¹¹ U.S. Department of Health and Human Services. Tobacco Use Among U.S. Racial/Ethnic Minority Groups—African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics: A Report of the Surgeon General. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 1998.

¹² American Legacy Foundation. Tobacco as a social justice issue. Remarks of Dr. Cheryl Heaton. National Conference on Tobacco or Health, New Orleans, 2001. <http://repositories.cdlib.org/tc/surveys/SocialJustice>.

smoking.¹³ The majority of smokers want to quit, but unfortunately there appears to be a social gradient in quitting success. Evidence indicates that smokers with lower socioeconomic status are more addicted to nicotine, possibly due to more stress in their daily lives, and are therefore more likely to need intensive support in quitting. Targeted interventions may therefore be essential for narrowing the socioeconomic gap that persists with respect to successfully quitting and staying smoke-free.¹⁴

4. *Smoke-free homes assist smokers cut back and even quit smoking.*

Consistent evidence indicates that smoke-free homes not only assist smokers cut back and even quit smoking, but also reduce relapse and protect families and neighbours from involuntary exposure to second-hand smoke.¹⁵ As such, a no-smoking policy in affordable housing can help to reduce health inequity for both disadvantaged smokers, by creating a pro-cessation environment, and for non-smokers by reducing or eliminating their exposure to second-hand smoke. Affordable housing providers can also partner with public health organizations and other stakeholders involved in tobacco control to bring tailored smoking cessation assistance and resources to low income tenants.

A no-smoking policy also demonstrates that the landlord cares about the property, the health of residents and holds a high standard to be met by others. If low income tenants in affordable buildings are indeed more likely to have a high prevalence of unhealthy behaviours and passive attitudes toward health,¹⁶ a no-smoking policy can help to create a different social norm.

5. *The opportunity to live smoke-free should be available to all Canadians regardless of their income.*

Concern has been voiced in the literature that tobacco control strategies that are successful in reducing smoking in the population overall have the potential to widen social inequalities by concentrating their benefits among more advantaged groups.^{17,18} It is entirely plausible that if only market rate landlords and property managers adopt no-smoking policies, the lack of smoke-free choices for low income

¹³ Fong GT, Hammond D, Laux FL et al. "The near-universal experience of regret among smokers in four countries: Findings from the International Tobacco Control Policy Evaluation Survey." *Nicotine & Tobacco Research* 2004; 6: 341-351.

¹⁴ Siahpush M, McNeill A, Borland R et al. Socioeconomic variations in nicotine dependence, self-efficacy, and intention to quit across four countries: findings from the International Tobacco Control (ITC) Four Country Survey. *Tobacco Control* 2006; 15(Suppl III):iii71-iii75.

¹⁵ Borland R, Yong H-H, Cummings KM et al. Determinants and consequences of smoke-free homes: findings from the International Tobacco Control (ITC) Four Country Survey. *Tobacco Control* 2006; 15:iii42-iii50.

¹⁶ Hou F & Chen J. Statistics Canada Health Reports. Neighbourhood low income, income inequality and health in Toronto. Vol. 14, No. 2, February 2003. Catalogue 82-003.

¹⁷ Thomas S, Fayter D, Misso K et al. Population tobacco control interventions and their effects on social inequalities in smoking: systematic review. *Tobacco Control* 2008; 17:230-237.

¹⁸ Greaves L, Johnson J, Bottorff J et al. What are the effects of tobacco policies on vulnerable populations? A better practices review. *Canadian Journal of Public Health* 2006; 97:310-315.

Canadians will serve to marginalize vulnerable people further. As such, all landlords, including municipalities involved in the provision of affordable housing, have a role to play in increasing the supply of smoke-free housing in Canada.

Contrary to what some may think, the majority of people living in social housing are non-smokers. For example, an unpublished survey by the Region of Waterloo, enhanced by tenant consultations revealed that approximately 31% of the social housing tenants in Waterloo Region Housing smoke. Although this is definitely higher than the 18% national average, it still leaves a strong 69% majority of tenants who do not smoke. When asked if they thought the Region of Waterloo should make a no-smoking policy for Region-owned community housing, 52% of Waterloo's social housing tenants agreed.¹⁹ Similar but smaller surveys done by other social housing providers in Ontario have also found tenant support for no-smoking policies.²⁰ More of these studies are needed to gauge both the extent of the problem of involuntary exposure to second-hand smoke and the level of interest in no-smoking policies among affordable housing tenants.

Smoke-free homes are a social norm in Canada. Over three-quarters of all Canadian households do not allow smoking indoors,^{21,22} and this trend is increasing.²³ However, more data focusing exclusively on low income families and affordable housing tenants are needed to help clarify whether this trend cuts across socioeconomic lines.

Progress in the United States

The number of public housing authorities and commissions with no-smoking policies in the U.S. has grown astronomically in the past decade. In 2000 there were only two public housing authorities that had smoke-free policies for some or all their buildings. By the beginning of 2010 at least 150 public housing authorities in 22 states had adopted smoke-free policies for some or all their buildings—a 6700% increase.²⁴

¹⁹ Region of Waterloo Public Health & Planning, Housing and Community Services. Report PH 09-046/P-09-073. Smoke-Free Policy for New Leases and Transfers in Regionally Owned Community Housing (Waterloo Region Housing). October 6, 2009.

[http://chd.region.waterloo.on.ca/web/region.nsf/0/240B6BE5CB4B99FA85257642006A81B9/\\$file/P-09-073.pdf](http://chd.region.waterloo.on.ca/web/region.nsf/0/240B6BE5CB4B99FA85257642006A81B9/$file/P-09-073.pdf).

²⁰ Smoke-Free Housing Ontario. Success stories: Collier Place & Haliburton Community Housing Corporation. <http://www.smokefreehousingon.ca/sfho/landlords-success-stories.html>.

²¹ Canadian Tobacco Use Monitoring Survey. Summary of annual results for 2007. http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/research-recherche/stat/ctums-esutc_2007-eng.php.

²² Health Canada. Second hand smoke in multiple unit residential buildings. Decima Research, March 30, 2007. POR # 392-06. http://www.smokefreehousingon.ca/cms/file/HC_Decima_survey_2007.pdf.

²³ Canadian Tobacco Use Monitoring Surveys. Summary of annual results for 2004 – 2007. <http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/research-recherche/stat/index-eng.php#ctums>.

²⁴ Bergman J. “Smoke-Free Multi-Unit Housing in Michigan & the Nation: A Decade of Enormous Growth.” Smoke-Free Environments Law Project, The Center for Social Gerontology, Inc. Press release, December 22, 2009; personal conversation with Jim Bergman, March 2010.

In the summer of 2009 the U.S. federal Department of Housing and Urban Development (HUD) issued a notice “strongly encouraging” the implementation of no-smoking policies for public housing authorities in the United States. The notice stated that 39% of public housing residents are children aged 17 and under, and a further 15% are senior citizens—meaning over half of all residents could be at increased risk of the adverse effects of second-hand smoke. The notice also stated that there are a “considerable number” of public housing residents with chronic diseases who are particularly vulnerable to exposure.²⁵ Finally, HUD pointed out in the notice that 65% of the public housing inventory in the United States was built prior to 1970 and that it would be hard to improve significantly the indoor air quality in public housing through retrofits aimed at reducing the amount of smoke migrating between units.²⁶

Progress in Canada

It is not immediately clear how many social housing providers in Canada to date have adopted no-smoking policies. St. John’s, Newfoundland set a Canadian precedent in 2008 when the city passed a no-smoking policy for 124 units in its social housing portfolio. Newfoundland and Labrador Housing followed suit shortly afterwards with no-smoking policies for a select number of buildings in St. John’s and Corner Brook.²⁷ Another notable development is the no-smoking policy adopted in 2007 by the Greater Edmonton Foundation Housing for Seniors.

In Ontario there are approximately 30 social housing providers that have adopted no-smoking policies in recent years. Of special mention is the municipality of the Region of Waterloo which voted in favour of a no-smoking policy for all new leases for its 2,700 affordable units, effective April 1st, 2010. The decision in itself is notable; the way in which it was reached is equally notable. Instead of unilaterally banning smoking, the Region sought input from the tenants themselves. Not entirely satisfied with the volume of survey responses it received, the Region then proceeded to hold tenant consultations to ensure adequate tenant input on the decision.

The final policy recommendations submitted to Waterloo Region Council were made jointly by the Region’s public health and housing departments. Interagency coordination, which recognizes that public health practice is not limited to organizations with a health mandate, is a key principle of social justice practice.²⁸ Detailing the rationale for

²⁵ U.S. Department of Housing and Urban Development, Office of Public and Indian Housing, Office of Healthy Homes and Lead Hazard Control. Non-Smoking policies in public housing. July 17, 2009.

<http://www.hud.gov/offices/pih/publications/notices/09/pih2009-21.pdf>.

²⁶ U.S. Department of Housing and Urban Development, Office of Public and Indian Housing, Office of Healthy Homes and Lead Hazard Control. Non-Smoking policies in public housing. July 17, 2009.

<http://www.hud.gov/offices/pih/publications/notices/09/pih2009-21.pdf>.

²⁷ Personal communication with Kevin Coady, Executive Director, Newfoundland-Labrador Alliance for the Control of Tobacco. January 5, 2010.

²⁸ National Association of County & City Health Officials (NACCHO). Incorporating principles of social justice to tobacco control. NACCHO Issue Brief. July 2007.

<http://www.naccho.org/topics/HPDP/tobacco/upload/TobaccoSocialJusticeIssueBrief-Final.pdf>.

adoption of a no-smoking policy for the Region of Waterloo, the report indicated that the policy recommendations would have multiple benefits:

- “Support safe and caring communities that enhance all aspects of health;
- Promote quality of life and create opportunities for residents to develop to their full potential; and
- Foster a culture of citizen/customer service that is responsive to community needs.”²⁹

It is clear that the Region of Waterloo incorporated broad thinking into its decision to adopt a no-smoking policy, focusing not just on disease prevention but also on the social conditions that influence tenants’ health.

Conclusion

Allegations that no-smoking policies amount to discrimination against low-income Canadians are unfounded. In fact, the lack of smoke-free choices for those in the affordable housing market is arguably discriminatory. Canadians who rely on affordable housing for accommodation have the least amount of choice and mobility, and suffer disproportionately from higher rates of disease and disability than average Canadians. Smoke-free housing choices should be available to all Canadians regardless of their income.

Inequity in health is the result of disadvantage in opportunities, in material circumstances and in behaviours related to health. Accommodation in affordable housing should not relegate low income tenants to living with involuntary exposure to second-hand smoke in their own homes. If adopted as part of a comprehensive approach that recognizes and responds to the needs of low income tenants, a no-smoking policy can offer choice and hope for a healthier future. A no-smoking policy for affordable housing simultaneously provides all tenants with an opportunity to live in a smoke-free environment and to be smoke-free.

²⁹ Region of Waterloo Public Health & Planning, Housing and Community Services. Report PH 09-046/P-09-073. Smoke-Free Policy for New Leases and Transfers in Regionally Owned Community Housing (Waterloo Region Housing). October 6, 2009.
[http://chd.region.waterloo.on.ca/web/region.nsf/0/240B6BE5CB4B99FA85257642006A81B9/\\$file/P-09-073.pdf](http://chd.region.waterloo.on.ca/web/region.nsf/0/240B6BE5CB4B99FA85257642006A81B9/$file/P-09-073.pdf).