

First to 5% by 2035

**ACTIONS RECOMMENDED
TO END TOBACCO-RELATED DEATHS
IN BC AND ACHIEVE THE LOWEST
SMOKING RATE IN CANADA**



SUBMITTED TO THE BC MINISTRY OF HEALTH BY

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January 2018

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Summary Page: **PRIORITY ISSUES REQUIRING ACTION NOW**

Smoking remains the leading preventable cause of disease, and the costliest per capita, draining ~ \$2 billion from BC's healthcare system annually in direct and indirect costs.

Government action on tobacco use, including tax increases, smoking bans, product marketing restrictions and smoking cessation programs, has had a significant impact on reducing smoking rates in BC.

From 1965 to 2017, the percentage of Canadians who smoke declined from 50 to 17%.¹ And in 2017, BC boasts the lowest smoking rate in the country, at 14.5% (CCHS).

While we have the lowest incidence of smoking as a province, BC is Canada's 4th largest smoking population, with approximately 525,000 British Columbians still smoking.

In 2015, BC's guiding framework for public health included a commitment to achieving a 10% smoking rate by 2023.²

However, in 2017, the Government of Canada announced intentions to renew its Federal Tobacco Control Strategy. Based on input from the national public health community, a new target was identified for reducing the national prevalence of tobacco use to less than 5% by 2035.

It is our belief that with progressive provincial leadership, BC will attain its goal of a 10% tobacco rate in six years and be the first province in Canada to reach 5% before 2035. Doing so however requires the province to take bold action now.

Key will be connecting with today's biggest group of new tobacco users, 15 to 24-year olds. We know starting to smoke young makes one more likely to become heavily addicted to nicotine.

Adding to that challenge, is that some of those who still smoke and are most heavily addicted tend to belong to high risk populations, and are difficult to reach.

Nicotine addiction is hard to beat. It takes many attempts before someone can quit smoking for a year and, even then, there is a risk of starting again.

Smoking kills about 16 people a day in BC, more than from AIDS, street and prescribed drugs, alcohol, automobile accidents, suicide and homicide combined. And tobacco smoke is the single largest source of indoor air pollution.

To ensure BC maintains the lowest tobacco use rate in Canada and is the first province to achieve a 5% tobacco use rate, this report outlines five priority areas requiring government intervention and action:

- 1. Make it harder for youth to start tobacco use.**
- 2. Make tobacco product retailers more accountable and products less available.**
- 3. Ensure equal access to public clean air spaces like parks, patios and beaches.**
- 4. Maintain access to free smoking cessation supports.**
- 5. Increase 100% smoke-free options for the growing majority who live in multi-unit housing.**

1. Make it harder for youth to start tobacco use



Young people are much more likely to become lifetime tobacco users if they begin smoking before age 21.

About 95% of adult smokers begin smoking before they turn 21. The ages of 18 to 21 are critical because this is the time that many people who smoke move from experimental smoking to regular, daily use. Further, raising the age to 21 has the effect of cutting the supply lines to teens. Most teens currently get their cigarettes from friends who are just slightly older, with few having such contacts above age 21.

Five states – California, New Jersey, Oregon, Hawaii and Maine – have raised the tobacco age to 21, along with at least 280 localities, including New York City, Chicago, Boston, Cleveland and both Kansas Cities.

To read *The Province* news article [click here](#).

The US Institute of Medicine produced a landmark report supporting a nationwide tobacco 21 law that calculated that such a law would reduce smoking initiation among 15-17 year olds by 25%, cut tobacco consumption by 12%, and save 4.2 million years of life in kids alive today.³

Flavoured products are still available for BC youth

While federal progress has eliminated some flavoured tobacco, youth in BC still have access to many products other provinces do not. Fruit and candy flavoured waterpipe (hookah and sisha), roll-your-own tobacco, chewing tobacco and tobacco rolling papers among other products, are not covered by federal legislation. Alberta, Ontario, Quebec, New Brunswick, Nova Scotia, PEI, Newfoundland and Labrador have implemented provincial flavoured tobacco legislation.

Increasing tobacco taxes is one of the best ways to reduce youth experimentation with smoking.

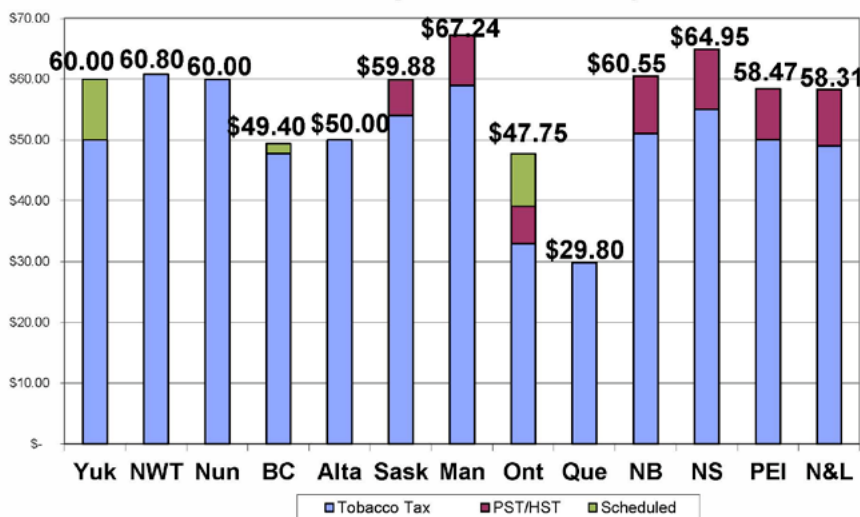
Taxes are the single most effective strategy for reducing smoking rates. Further, tobacco tax increases are cost effective to implement, and can generate significant additional revenue for government to fund health programs and other essential services. A report on return on investment of smoking cessation interventions estimated that quit attempt rates increased by 20% when tax increases raised the cost of smoking 5% above the cost of living index.⁴

1. Make it harder for youth to start tobacco use

The World Health Organization estimates that a 10% increase (after inflation) in the total retail price of tobacco products can lead to a 4% reduction in tobacco consumption. Numerous independent studies also demonstrate that higher taxes can discourage youth who are particularly price sensitive. In fact, teenagers are three times more sensitive to price increases than adults.^{5 6 7}

BC, however, is falling behind other provinces and territories on tobacco tax rates.

Provincial/ Territorial Tobacco Tax Rates per Carton of 200 Cigarettes, January 1, 2018



BC has the lowest tobacco tax rate in Western Canada, and the fourth lowest nationwide. Even with BC's minor scheduled tobacco tax increase, we fall nearly \$18 behind the nation's leading tobacco tax rate (\$67.24 per 200 cigarettes in Manitoba). BC has the fourth highest cigarette sales in Canada. Without increasing taxes, the price of tobacco is becoming more affordable in BC.

In particular, BC's low tax rate on roll-your-own tobacco is a loophole that is clearly impeding the health and revenue objectives of higher tobacco taxes.

Historically, 1g of tobacco was used to make one roll-your-own cigarette. Today, because of modified manufacturing practices, only 0.5g or less of roll-your-own tobacco is needed to make one cigarette. Even some roll-your-own packages for sale in BC state explicitly on the package that only 0.45g is needed to make a cigarette. With BC maintaining the historic roll-your-own tax rate equivalency of 1 gram = 1 cigarette, roll-your-own-tobacco is taxed at a rate 50% lower than standard cigarettes.

Nationally, BC's 2015 fine cut tobacco sales (105,840kg) are second only to Quebec's (140,649kg). BC's current policy contributes to this high sales volume and undermines public revenue benefits.

Alberta, Newfoundland and Labrador, Nunavut and the federal government have already taken significant steps towards closing the roll-your-own loophole. BC should do likewise.

ACTIONS RECOMMENDED

1. Increase the legal tobacco use age from 18 to 21.

95% of smokers today started smoking before age 21.

2. Increase tobacco taxes by \$18 per carton of 200 cigarettes.

Match the leading rate in Manitoba (\$67.24 per carton) and curb tobacco use.

3. Close the loophole on roll-your-own tobacco.

Tax 0.5g of roll-your-own tobacco at the same rate as one cigarette.

4. Prohibit flavoured products.

Candy and fruit flavours target young users.

2. Make retailers more accountable & products less available



According to a recent BC Stats survey, the vast majority of British Columbians support the ban of tobacco sales in pharmacies. Furthermore, the selling of tobacco products is almost universally opposed by pharmacists themselves.

Tobacco and vaping products are perilously easy to obtain.

Tobacco products are the most addictive and deadly consumer products on the market, yet they are available in about 5,500 locations across BC, including convenience stores, corner stores, gas stations, grocery stores, and pharmacies.

The widespread availability of tobacco is known to:

- Perpetuate social norms about tobacco use;
- Increase exposure to industry point-of-sale advertising, marketing and promotions;
- Make it easy to obtain products. Proximity to retailers is associated with higher smoking rates especially among youth, and can reduce quit attempt success for people who smoke looking to curb their tobacco use;^{8 9 10 11}
- Contribute to social and environmental inequities. Tobacco retail outlet density is higher in low income neighborhoods, fueling disparities in tobacco use and its associated health effects.^{12 13 14}

Note: When the American pharmacy chain, CVS Health stopped selling tobacco, there was a measurable positive effect on public health less than a year after implementation. In states where CVS had a 15% or greater share of the retail pharmacy market, the average smoker bought five fewer cigarette packs and pharmacies sold 95 million less packs in total.¹⁵ In cities with full pharmacy retail bans, the number of tobacco purchasers dropped by 13.3%.¹⁶

BC remains the only province in Canada which has not banned the sale of tobacco products in pharmacies.

Relative to other products that are legal but potentially harmful, such as alcohol and prescription medicines, too little is required of product retailers.

Currently, there is no fee charged to tobacco vendors. Retailers only need to complete a simple one-page authorization form for each retail location where they sell tobacco, including vending machines.

Unlike alcohol retailers, there are no requirements for retailers of tobacco and vaping products to notify provincial authorities about any changes to their retail store, nor are there limits on how many retail stores are permitted to hold a license. The licensing requirements for tobacco retailers should reflect the toxic and lethal nature of tobacco products and the need to protect children and youth from these addictive products.

With about 5,500 tobacco retailers in BC, government could recover \$4.8 million annually by charging a retailer tobacco licensing fee to match the City of Lloydminster's \$1100 fee.¹⁷

**Estimation does not include costs for collection or enforcement.*

Of the 11 provinces/territories that require tobacco retailer licenses, two provinces (New Brunswick and Nova Scotia) require vendors to pay. As well, there are several dozen municipalities in Ontario and Alberta that charge a licensing fee. The City of Lloydminster charges the highest annual fee in Canada of \$1100 (if flavoured tobacco is sold, and \$750 if flavours are not sold). The City of Ottawa follows with a fee of \$877, with the cities of St. Albert and Hamilton close behind, charging \$714 and \$698 respectively. Some of the municipalities also charge a license fee for selling e-cigarettes. According to Ottawa Public Health, the number of tobacco retailers in Ottawa has decreased from 806 in 2005 to 439 in 2016.

Retailers should have responsibility for their products especially when the tobacco industry offers incentives for high product sales. Tobacco companies are known to have offered bonuses for retailers meeting sales volume targets, and chances for retailers, or retail employees, to win vacations and entertainment tickets. Effective November 26, 2016, Quebec is the only province or territory with a direct provision substantially banning manufacturer incentives and promotional payments to retailers. BC has regulatory authority to do the same.

If BC is serious about reducing consumption, BC needs to reduce availability.

A growing body of tobacco-specific research indicates that reducing availability and accessibility of tobacco products can reduce consumption.¹⁸ Further, studies show that high school smoking prevalence is associated with tobacco retail density near schools.

2. Make retailers more accountable & products less available



Bob smoked for 60 years and quit five years ago when he underwent a major surgery to remove blockages from his arteries.

It took him eight months to recover from the surgery. Now he has to walk with a cane or use a scooter.

Bob attributes his health problems to smoking – and today encourages anyone he sees smoking, to quit.

A well-designed and fully enforced fee-based retailer licensing system can be an effective means of making tobacco products less available, less accessible, and less visible.¹⁶ This could be achieved by providing incentives for retailers to comply with tobacco laws and regulations.

The amount charged for a license should be reviewed regularly by the governing authority. An annual tobacco retailer license fee should cover all costs associated with the following activities:

- Administration of the licensing regime;
- Enforcement of all tobacco control laws that relate to tobacco sales, including sufficient inspections and compliance checks;
- Provision of information to customers and the public regarding the rationale for the license;
- Training and ongoing vendor education regarding the law.

Another strategy used in San Francisco, New York City and Philadelphia is setting a declining cap for the number of tobacco retail licenses issued. San Francisco and New York City will not issue new licenses until the number of retailers falls below a specified amount. Importantly, San Francisco added criteria that licenses will not be issued for retailers within 500 feet of school grounds, another tobacco retailer or a restaurant or bar. Philadelphia set a retail cap per the number of residents per district; most districts have less than two tobacco retailers per 1000 residents, with the highest number of retailers per 1000 residents at three.¹⁹

The cost of a tobacco strategy could be recovered from tobacco manufacturers.

The US has a cost recovery fee on tobacco manufacturers to recover the annual cost of their federal tobacco control budget. More than 10 years prior to US implementation, BC had adopted similar legislation. In 1998, BC adopted the *Tobacco Fee Act* that would have required tobacco manufacturers to obtain a provincial license and pay an annual fee.²⁰ The annual license fee would have been equal to the annual cost of the government's provincial tobacco control strategy (set initially at \$20 million/year) multiplied by the company's market share. Thus, if the annual cost of the provincial strategy was \$20 million and a company had a 60% market share in the province, the company would pay an annual license fee to the province of \$12 million. *The Tobacco Fee Act* was adopted July 30, 1998, but repealed by a different government on April 11, 2002 before ever being proclaimed into effect.²¹

2. Make retailers more accountable & products less available

With the unfortunate repeal of the manufacturer's fee for the past 10 years, BC has missed an important cost recovery mechanism that is not a form of taxation. By implementing a manufacturer's fee, the BC government could recover tobacco control strategy costs such as cessation, enforcement, prevention and mass media programs.

ACTIONS RECOMMENDED

1. Require retailers of tobacco and vaping products to pay an annual license fee.

Require a minimum annual fee, rising to an amount similar to what is currently charged in the cities of Ottawa or Lloydminster over a five-year period, and establish a comprehensive tobacco licensing program that includes:

- a moratorium on new tobacco retail licenses, or a declining cap on retailers;
- a comprehensive training program for retailers.

2. Prohibit tobacco sales in pharmacies and stores with pharmacies.

All provinces today except BC prohibit tobacco sales in pharmacies. Evidence supports pharmacy bans will reduce total sales.

3. Prohibit sales near schools and youth-oriented facilities.

Ensure a new tobacco and vaping products licensing program prohibits tobacco sales within 200 metres of schools similar to San Francisco's licensing requirement.

To address wide-spread availability, it is recommended tobacco sales are prohibited at: bars, restaurants; cultural facilities; casinos, gaming facilities and bingo halls; premises that sell alcoholic products, cannabis products, electronic cigarettes or e-liquids; vending machines; outdoor locations; movable locations; temporary locations; non-enclosed locations; municipal government buildings; amusement parks; and new locations within 200m of an existing tobacco retailer.

4. Implement a tobacco manufacturer fee and prohibit manufacturer incentives to retailers.

Retailers should not be persuaded by vacations and bonuses for increased sales volumes of a deadly product. A manufacturer fee can recover costs of an improved tobacco control strategy.

3. Ensure equal access to public clean air spaces



All British Columbians should have the right to breathe clean air.

One person's right to smoke ends when it impacts another person's right to breathe clean air. Yet, many British Columbians continue to be exposed to second-hand smoke on restaurant and bar patios, playgrounds, parks, beaches, trails and outdoor sport fields, despite overwhelming evidence that there is no safe level of exposure to second-hand smoke.²²

Tobacco smoke can be just as toxic outdoors as indoors. During periods of active smoking, air quality can quickly deteriorate to very poor levels, and can be equivalent to indoor levels within two metres of the source, extending beyond this distance if several people are smoking.²³ The amount of particulate matter, the degree to which smoke lingers, and the amount of drift from outdoor to indoor environments are dependent on a number of factors, including: atmospheric conditions, physical layout of the area, and the density and location of smokers.^{24 25} Research on hospitality patios and entrances to office buildings show that levels of particulate matter can be high, as far as nine metres from a burning cigarette.²¹

Almost one million British Columbians in 122 communities remain unprotected from tobacco exposure in outdoor public places.

- Precedent exists with many Canadian provinces and territories for outdoor smoke-free spaces. Seven provinces/territories have 100% smoke-free patios. In BC, 14 municipalities (including the City of Vancouver), and the Capital Regional District prohibit smoking on patios;
- New Brunswick, Ontario and Quebec prohibit smoking at sports fields and spectator areas;
- New Brunswick prohibits smoking at provincial parks while Manitoba prohibits smoking at beaches within provincial parks;
- New Brunswick, Ontario and Quebec prohibit smoking at children's playgrounds;
- More than 70 BC municipalities have a bylaw or are covered by a regional district bylaw addressing different outdoor smoking areas.



Cathie was diagnosed with advanced lung cancer a year ago and has been going through aggressive treatment ever since. When attending Surrey Memorial Hospital for her treatments, she often had to walk through a cloud of cigarette smoke outside. As a former smoker herself, she understood the urge to smoke. However, in order to protect her own health and the health of others, she advocated for enforcement of the smoke-free zones around the hospital.

- 66% of British Columbians over the age of 18 support smoke-free outdoor restaurant and bar patios
- 91% support a ban in children's playgrounds
- 66% support a ban in all parks and beaches

Results of a 2013 Angus Reid poll conducted on behalf of the Canadian Cancer Society.

Smoke-free areas support people who want to quit.

Smoke-free places provide positive role modelling and support people who want to quit smoking by eliminating social triggers.

The majority (~85%) of British Columbians do not smoke. Of the minority who do smoke, two-thirds want to quit and are looking for tools to help them succeed.²⁶

Smelling smoke or seeing people smoking outdoors makes it hard for people who are trying to quit, and may trigger a relapse.²⁷ Studies show that when smoking bans have been implemented, many people who smoke have chosen to quit or cut back,^{28 29 30} and that smoke-free patio regulations may help former smokers avoid relapse.²⁵

Smoking bans in public places are inconsistent across BC.

To date, there are more than 70 BC communities with individual bylaws that have stronger smoke-free regulations than the province's *Tobacco and Vapour Products Control Act*. However, while local leadership is commended, the lapse in provincial action has created a patchwork of inconsistent legislation that leaves many British Columbians unprotected. Depending on your community, smoking may be prohibited or allowed at beaches, parks, playgrounds, restaurant and bar patios, trails, public squares and recreation facilities. Approximately three out of four communities with local smoke-free bylaws fall within the Lower Mainland and Southern Vancouver Island. Outside of these boundaries, more than one million British Columbians, many living in rural and remote communities, are unprotected from exposure to second-hand smoke outdoors.

Protection from second-hand smoke exposure is also lacking on post-secondary campuses and outdoor workplaces such as construction sites. Currently, only three BC post-secondary institutions are 100% smoke-free. Legislation could mandate smoking restrictions on post-secondary campuses and workplaces like construction sites.

Note: *Regulating smoking in public outdoor spaces will also serve to reduce the number of discarded cigarette butts. The 2015 Great Canadian Shore Cleanup reported that cigarette butts were the most littered item (44%) in BC.³¹ It will also reduce risk of fires, especially in wooded areas. Smoking and smoker's materials were recorded as one of the top causes of fire in BC in 2012.³² Policies could help reduce this risk by establishing areas where smoking is, and is not, allowed.*

Public and municipal support exists for broader province-wide smoke-free public place regulations.

In 2012, BC's municipalities voted their support for increasing public smoke-free spaces, passing Resolution B-92. In absence of provincial action, municipalities and regional districts have implemented local bylaws and this has resulted in a patchwork of regulations across BC, with varying levels of enforcement, making it difficult for the public to know what the rules are from one community to the next. There is a growing appetite for more smoke-free spaces outdoors, even among smokers.³³

Reviewing BC's municipal and regional district bylaws in 2016, Propel Centre for Population Health found local bylaws were well accepted and cost effective. Of the interviewed municipalities and regional districts with outdoor smoke-free ordinances, 88% indicated their bylaws had a positive impact on their community. No jurisdictions reported a negative effect from the bylaws.³⁴ Evaluations found that concerns about compliance issues were unwarranted given lack of actual problems arising from the bylaws.³⁵

Of the jurisdictions that received complaints, the majority were about people smoking in prohibited areas.³² The results confirmed that when people understand what tobacco restrictions are in place, and why they have been implemented, they are more likely to comply. They are also more likely to speak up, encouraging others to comply.

ACTIONS RECOMMENDED

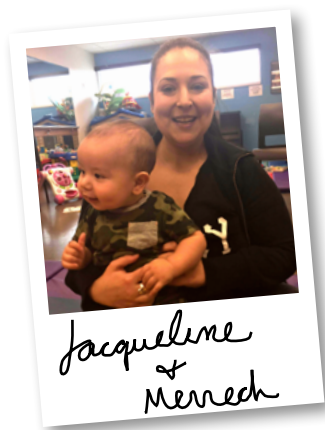
To ensure all British Columbians have equal access to clean air no matter where they live, we recommend the province amend *The Tobacco and Vapour Products Control Act* to prohibit smoking and vaping of all substances:

1. On restaurant and bar patios;
2. On parks, playgrounds, trails, beaches, playing fields, recreation facilities and venues, university/college campuses, construction sites;
3. Within a buffer zone of nine metres of the above mentioned, as well as within a nine metre range of doors, windows and air intakes of public buildings;
4. Include burning cigarettes, cigars and any other substance using a pipe, hookah pipe, lighted smoking device or electronic smoking device.

4. Maintain access to free smoking cessation supports



Diseases from tobacco use costs BC more than any other preventable disease.



Jacqueline quit smoking when she became pregnant with her first son. Surrounded by family members who smoke, she struggled to stay smoke-free once he was born. Since getting pregnant with her second son, Merrek, she has committed to a personal mantra of 'don't quit quitting.' While pregnant with Merrek she successfully used NRT to quit, and today, a year later, she remains smoke-free.

Depending on the setting, anywhere from 20 to 85% of patients visiting primary care clinics, hospitals, and specialty care clinics are people who currently smoke. Tobacco use accounts for 85% of lung cancers and 30% of cancer deaths. Smoking is also responsible for 80 to 90% of all cases of chronic obstructive pulmonary disease (COPD),³⁶ and is a major cause of heart attacks and stroke.

In addition to the human cost, smoking-related diseases are costly to our healthcare system: \$724 million in direct costs and \$1.3 billion in other economic costs is attributed annually to smoking – bringing the total annual cost of tobacco smoking in BC to \$2 billion.³⁷

Fortunately, most tobacco users want to quit.

Among Canadians who continue to smoke, two-thirds report seriously considering quitting in the next six months; with three in 10 considering quitting in the next month.³⁸

When surveyed, two-thirds of those who had successfully quit, said health and pregnancy related concerns were their biggest motivators – reinforcing the powerful influence that healthcare professionals can have on those contemplating quitting. Research suggests a brief intervention from a healthcare professional can increase quit smoking success rates by as much as 30%.³⁹



Roberta tried quitting several times either by going cold turkey or using patches and gum. It wasn't until she got a quit medication prescription for Champix, thanks to the BC Smoking Cessation Program, that she managed to quit for good. Now she's smoke-free, and a positive and healthy role model for her two children.

The benefits of quitting are enormous.

Quitting smoking – even for those already afflicted by smoking-related health problems – has benefits including: short and long-term health improvements, fewer admissions to hospital and shorter lengths of stay, increases in life expectancy, improvements in quality of life, lower health care costs and reduction in levels of second-hand smoke exposure and its impacts on health.²⁰

And smoking cessation interventions exist that are proven to help.

The most successful smoking cessation interventions are those which provide both behavioural support and quit smoking medications. A recent review of cessation intervention effectiveness found that quit success rates can be increased by 110% by use of a licensed nicotine product.⁴⁰

BC leads the country in providing access to evidence-based quit smoking supports for those trying to quit and stay quit. BC's Smoking Cessation Program provides an annual supply of prescription and non-prescription quitting aids. Since the program's launch in 2011, more than 223,000 British Columbians (one-third of people who smoke in BC) have accessed the program to help them quit. The province also funds QuitNow, a population-based program delivering free evidence-based quit coaching and self-management supports.

Approximately 23% of QuitNow and/or BC Smoking Cessation Program users remain smoke-free at seven months, meeting best practice standards.

Action is urgently needed to reach those most heavily addicted.

About 25% of people who are addicted to nicotine in BC smoke 20 or more cigarettes per day, and incur 2 1/2 times the healthcare costs relative to those who smoke fewer cigarettes.

Smoking rates are almost twice as high for lowest-income Canadians as for highest-income Canadians. And populations that bear a large proportion of the burden caused by smoking are those with mental health issues, Indigenous peoples, and those in the Lesbian, Gay, Bisexual and Transgender communities.

4. Sustain access to free smoking cessation supports



Maggie struggled with addiction her whole life, ranging from heroine to crack cocaine. Three years ago, she became clean and sober. Her resiliency carried her further, and five months ago she quit smoking with the help of Nicotine Replacement Therapy. "Your past does not define you," she advises. "There are so many resources out there to support you, and you should take advantage of them."

The average Canadian who smokes today is more likely to work in a blue collar job, to be a male, although women are catching up, and less likely to have completed high school. They are also more likely to have the simultaneous presence of one or more additional diseases or conditions, whether it's psychiatric, another addiction or a chronic health problem. Often, the presence of these comorbidities also leads to social isolation.⁴¹

ACTIONS RECOMMENDED

To help more British Columbians continue to quit successfully, we recommend the province:

1. Maintain and enhance provincially-funded cessation support services.

Commit to providing the same level of treatment to those addicted to nicotine as is provided to those with addictions to other substances.

2. Integrate smoking cessation intervention into the health care system.

Require that all healthcare professionals routinely provide cessation support to all British Columbians who smoke.

3. Target those at greatest risk of smoking addiction.

Place greater emphasis on reaching those most heavily addicted, including high-risk and marginalized populations who bear an inequitable proportion of the health burden.

5. Increase smoke-free multi-unit housing options



People want smoke-free apartments and condos.

Eight in 10 British Columbians would prefer to live in multi-unit buildings where smoking is banned inside individual units and on outside balconies and patios. Unfortunately, there is a critical shortage of 100% smoke-free multi-unit housing options for those who want and need to live smoke-free.

When families experience smoke infiltrating their homes, there are few remedies to resolve the problem. Housing providers are often reluctant to act on complaints of second-hand smoke, and legal/regulatory remedies are ineffective and expensive. With the current affordable housing crisis and record low vacancy rates, people cannot escape the smoke, even when their health is being severely compromised, such as those with respiratory disease, cancer and heart disease. Even when people can afford to move, smoke-free multi-unit housing options are scarce in BC.

Those living in social housing complexes have even fewer options. Some wait years to secure a subsidized unit, only to find themselves and their families breathing toxic smoke on a daily basis with no alternatives to escape. Further, many of these residents are already marginalized and suffer from higher rates of disability and chronic disease.⁴²

Nearly two of three British Columbians living in multi-unit housing would prefer to live in a building that is 100% smoke-free, according to a 2013 Angus Reid survey.

BC laws do not protect the health of people living in multi-unit housing.

With increasing densification in BC, one in two people are living in multi-unit housing: 45% province-wide and 62% in Greater Vancouver.⁴³ A 2013 study by Angus Reid reported that 50% of BC residents living in multi-unit housing are being involuntarily exposed to second-hand smoke coming from neighbouring units.⁴⁴



Paulo

Pitt Meadow's condo owner Paulo required a smoke-free home to protect his son's health who had a lifesaving heart transplant as a baby. While Paulo's family initially thought it would be a straightforward matter of talking with neighbours and asking them to smoke away from their unit, it turned into a year-long battle eventually involving the Human Rights Tribunal. Now that their building is smoke-free, a lot of neighbours have since spoken up to thank them for fighting to get their condo smoke-free.

While British Columbians are protected from second-hand smoke in virtually all workplaces and public places, including many outdoor venues, there is currently no effective protection against smoke infiltrating homes from neighbouring units. While *The Tobacco and Vapour Products Control Act* bans smoking in indoor common areas and entrances of apartment buildings and condominiums, the legislation does not apply to individual units or balconies.

Families living in apartments and condominiums cannot control the tobacco smoke drifting from their neighbours' homes through light fixtures, electrical outlets, plumbing fixtures, walls, ceiling crawl spaces, shared ventilation systems and from balconies and patios. Even breathing second-hand smoke for a short amount of time can be hazardous to health, and there is no amount of risk-free exposure.⁴⁵ No air filtration or other ventilation technology exists that can eliminate all the carcinogens in second-hand smoke.⁴⁶

Housing providers are not responding to smoke-free housing demand.

Unfortunately, the multi-unit housing sector has been slow to meet the skyrocketing demand for smoke-free homes in BC. This may be due to myths and unfounded beliefs about challenges of implementing no-smoking policies, concerns about increased vacancy rates and tenant turnover, impacts on condo sales, compliance and enforcement issues, as well as misinformation about the legality of smoke-free policies.

However, strata corporations are making more progress than the rental housing market on this front. This is because under the *Strata Property Act*, if the strata council can get the votes, they can legally ban smoking within individual units and on balconies – without 'grandfathering' existing owners. With rentals however, the situation is more difficult. Under the *Residential Tenancy Act*, landlords cannot make a material change in the tenancy agreement unless agreed to with existing tenants.

To implement a smoke-free policy in an existing building, all existing tenants must be 'grandfathered' and landlords must 'phase-in' the no-smoking policy as existing tenants vacate the premises, and make all future tenancies smoke-free. Given the low vacancy rate, it can take years to convert buildings to smoke-free status. And for the social housing sector, it can take decades to completely convert a building.

And yet smoke-free housing is win/win!

Going smoke-free is one of the quickest and easiest ways to reduce costs.

A no-smoking policy:

- Saves significant dollars by reducing cleaning and maintenance costs;
- Reduces staff time spent dealing with second-hand smoke complaints;
- Reduces the risk of fires;
- Increases marketability given high demand for smoke-free housing;
- Protects against human rights complaints by tenants with disabilities aggravated by smoke.

Plus, smoke-free housing sells faster and more easily. A 2015 survey of 200 BC REALTORS® found that the smell of smoke – which gets absorbed into carpets, walls and ceilings – can lower the resale value and make it more difficult to sell.⁴⁷

While smoke-free housing policies generally focus on mitigating the harmful effects of tobacco smoke on non-smokers, there is strong evidence that smoke-free policies also help smokers quit smoking. One US study of low-income residents in multi-family housing shows that the quit rate was 14.7% after a smoke-free policy was implemented compared to a common quit rate of about 2.6%.⁴⁸

To make progress we require government leadership.

While there has been some housing industry movement on this front, the voluntary approach has been an insufficient driver. However, there are regions in Canada and in the US that have taken regulatory measures to address this problem. Several Canadian municipalities and the Yukon have taken the lead by implementing 100% smoke-free policies in social housing (Waterloo, ON and St. Johns, NB). Nova Scotia has legislation that allows landlords to implement a no-smoking rule, with a four-month written notice period provided to tenants prior to their lease anniversary date before the rule can come into effect.

In the US, the Department of Housing and Urban Development (HUD) has adopted a 100% no-smoking policy for Public Housing Authorities nation-wide. All Authorities were required to implement a policy banning smoking in all units, common areas and outdoor areas within 25 feet of housing, no later than 18 months from the effective date of December 2016. This policy was based on a study by the US Centres for Disease Control finding that almost \$500 million per year could be saved by banning

By banning smoking in public housing, government can achieve enormous cost savings.

In the US, where public housing is in the process of becoming 100% smoke-free, annual savings of \$500 million is anticipated.

smoking in all government subsidized housing (including \$310 million in second-hand smoke-related healthcare, \$134 million in smoking-related renovation expenses, and \$53 million in smoking-related fire losses). This study was the first of its kind, and shows that adopting no-smoking policies can protect public health, as well as save significant costs.⁴⁹

Oregon implemented a disclosure law requiring that landlords must state whether smoking is prohibited on the premises, allowed on the entire premises or allowed in limited areas on the premises. If the smoking policy allows smoking in limited areas on the premises, the disclosure must identify where. This heightens awareness as to smoking prevalence in their buildings and helps ensure tenants with health issues can make informed decisions.

In New York City, there is a requirement that residential buildings with three or more units, including apartments or condominiums and cooperatives, have a smoking policy and disclose it to current and prospective residents. The policy must be disclosed to residents annually or whenever the policy changes.

We believe a legislated or regulatory approach is now warranted. With close to half of BC households living in multi-unit housing, securing a smoke-free home should be a basic health protection afforded every British Columbian – not just those fortunate to be living in or own single, detached homes and making their own rules.

ACTIONS RECOMMENDED

1. Amend the *Residential Tenancy Act* to remove the 'grandfathering' requirement.

Allow landlords to make existing buildings smoke-free without having to 'grandfather' existing tenancies. All existing tenants would be issued a six-month written notice prior to the non-smoking policy coming into effect.

2. Develop smoking status disclosure laws for apartments and condos.

Landlords and strata corporations would be required to disclose to prospective tenants and buyers the smoking status of the building, and where the smoking units are located so they can be forewarned. Real Estate Boards could include the policy in disclosures at point of purchase/sale.

3. Adopt smoke-free policies for all BC Housing properties.

Implement public and stakeholder consultations to address concerns and provide help to quit smoking for those most vulnerable, such as those with other addictions, chronic health conditions or mental health issues. (Note: this does not mean that smokers would be evicted. They would be expected to comply with the non-smoking policy as they already do in public places and workplaces.)

4. Make all new market rate and social housing complexes 100% smoke-free.

It's easier to make a new building smoke-free from the get go than having to convert a building over time.

5. Amend the *Strata Property Act* to ban smoking within the Standard Bylaws.

Non-smoking would be the rule by default. Unless owners choose to pass a 75% vote to allow smoking, it would be banned in the complex, including individual units and balconies. Existing strata developments would not be affected.

Smoking patterns are becoming increasingly complex as use of e-cigarettes and other non-cigarette products are developed – soon to be further complicated by the legalization of recreational cannabis.

More people – especially youth – are experimenting with a mix of devices that may contain nicotine and substances other than tobacco. While we continue to make progress reducing traditional markets of tobacco use among British Columbians, non-conventional products

are on the rise – particularly by youth – especially e-cigarettes, hookah and shisha.

How these changing patterns of use influence development of smoking addiction is not yet fully known, and pose a

challenge to those tasked with tobacco use monitoring and control. New forms of smoking are being marketed as “less” harmful. Their prevalence risks making smoking socially acceptable again.

Today’s marketing of alternative tobacco products emphasize lower health risks relative to traditional cigarettes, overshadowing the absolute risks. This threatens to undo the now

well-established belief that smoking and tobacco use is dangerous, a fact which is key to preventing youth from starting to smoke and a driver of quit intentions and attempts among active tobacco users.

While evidence so far suggests vaping products are comparatively less harmful than cigarettes, how much less harmful is not clear. E-cigarettes have yet to undergo the same rigorous testing for safety and efficacy as other nicotine replacement therapies.

Looking ahead to the introduction of cannabis regulations in 2018, it is timely and critical that the broader context of tobacco control, water pipe, e-cigarettes, and emerging heated devices are considered.

Early marijuana use research shows for those who use both tobacco and marijuana, the likelihood of health issues multiples.

Whatever the source of smoke, marijuana or commercial tobacco, there are toxins that compromise the health of those inhaling, as well as those exposed to second-hand smoke.

Youth who use multiple products are at higher risk for developing nicotine dependence and more likely to continue using tobacco into adulthood.⁵⁰

BC has taken an important step by adding e-cigarettes to *The Tobacco and Vapour Control Act*, ensuring e-cigarettes cannot be used where tobacco use is prohibited. BC could strengthen this regulation by expanding the definition of smoking to include cannabis and heated herbal non-tobacco water pipe products (shisha). (Five provinces currently prohibit all water pipe products: Quebec, New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland.)

Looking ahead, regulatory and policy initiatives concerning e-cigarettes, new products and cannabis should keep in mind the potential negative public health outcomes (e.g., youth initiation, renormalization of smoking).

We urge the government to continue prioritizing tobacco control and smoking in all its forms as a serious public health issue, which today remains the number one preventable cause of death and disease in BC and in Canada.

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