

## Toward smoke-free multi-unit dwellings

Multi-unit dwellings—our homes—currently represent a glaring and ironic deficiency in our efforts to limit exposure to secondhand smoke. However, the issue is now being increasingly recognized as both important and modifiable.

### Stuart Kreisman, MDCM

In British Columbia, as elsewhere in the world, we have become increasingly protected against the dangers and nuisance of secondhand smoke in many settings, including at work and in public. Ironically, for those of us living in multi-unit dwellings, be it as renters or owners, one setting in which there remains virtually no protection is where we spend the most time—in our homes.

In 1964 Surgeon General Luther Terry made clear the immense dangers of smoking, yet two generations later smoking remains, by far, the leading preventable cause of death in Canada and worldwide. In fact, worldwide mortality is rising rapidly. As shameful as that is, it is the effects that the smoker has on others that is most unambiguously morally unacceptable. Secondhand smoke contains over 50 known cancer-causing chemicals, and the surgeon general has determined

that no level of exposure to secondhand smoke can be considered safe.<sup>1</sup> Certain individuals are at increased risk, including pregnant women and their fetuses, infants and children, and adults with asthma or pre-existing heart disease. A very recent estimate put total deaths from secondhand smoke worldwide at 600 000.<sup>2</sup>

Given recent and ongoing trends toward urban densification, an increasing fraction of the population is now living in multi-unit dwellings (i.e., apartments and condominiums), and potentially exposed to the secondhand smoke of their neighbors. This occurs both indoor and outdoors. Indoors, secondhand smoke seeps through connections between units via the ventilation system, electrical outlets, cracks and gaps in the walls and floors, and around sinks, countertops, and radiators, and off-gassing from carpets. Outdoors, secondhand smoke rises from balconies of units below, preventing use of one's patio and entering the homes of nonsmokers unless windows are always kept shut (especially problematic during summertime). Toxic residues persist on indoor surfaces, such as furniture and flooring, and are later re-emitted, a phenomenon referred to as thirdhand smoke.

The scope of the problem is quite

surprising, and it is detailed by a 2008 BC Stats survey commissioned by the Heart and Stroke Foundation of BC and Yukon on their related smokefree housingbc.ca website<sup>3</sup> (an excellent resource which also lists actions that may be taken by those having the problem). Thirty-four percent of apartment- and condominium-dwellers are exposed to unwanted secondhand smoke from their neighbors, and about half of those are bothered "quite a bit" by it. Nevertheless only 23% of those exposed complain to their landlords, with most failing to recognize that they are not alone, and instead suffering the problem in silence. BC Stats calculates that up to 100 000 BC renters may move annually over this issue. A strong majority of those surveyed would prefer to live in a 100% smoke-free (including balconies) building—similar to results in surveys elsewhere. However, almost none exist in BC. In downtown Vancouver this is true at any price level, as confirmed by my searches and communications with Condominium Home Owners' Association of BC president Tony Gioventu, who brings the issue up regularly in the association's seminars. A parallel survey on the same site revealed that most strata corporations and apartment owners/managers recognize that

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there is a market for smoke-free housing and expect the issue to become more important in the future; however, to date, a combination of inertia and a misplaced fear of transgressing so-called smokers' rights have prevented this from being translated into building policy or governmental legislation.

Although few academic studies have specifically looked at secondhand smoke exposure in multi-unit dwellings, two recent articles are worthy of mention. One looked at actual gas transfer between units in buildings of various ages before and after careful implementation of best practice air-sealing procedures and ventilation improvements. It concluded that while transfer was less in newer buildings, and moderately reduced after treatments, it could not be eliminated (including in units meeting LEED [Leadership in Energy and Environmental Design] criteria), and that such modifications were not a practical means of solving secondhand smoke transmission.<sup>4</sup> In the second, children in nonsmoking homes living in apartments had 45% higher cotinine levels than those living in detached houses.<sup>5</sup> Author Dr Jonathan Winickoff commented to the BBC, "If your neighbors are smoking then you are exposed if you live through the wall... in apartment buildings this effect is magnified. Smoke contaminates the whole building."<sup>6</sup> The concept that separate smoking and nonsmoking areas are ineffective is already reflected in the 100% smoke-free status of public buildings and hotels, where smoking floors are no longer permitted in much of the world, including here in British Columbia. Visitors to our cities are better protected against secondhand smoke than residents.

Accordingly, preventing secondhand smoke exposure in multi-unit dwellings is becoming increasingly recognized as a significant unmet need, including being cited by a recent *New England Journal of Medicine*

article,<sup>7</sup> and included in the 2010 shadow report, Canada's Implementation of the Framework Convention on Tobacco Control, prepared by Physicians for a Smoke-Free Canada<sup>8</sup> and others. Furthermore, a memorandum issued by the Department of Housing and Urban Development on 17 July 2009 stated that it "strongly encourages public housing authorities to implement nonsmoking policies in some or all of their public housing units," an important shift in American federal policy.<sup>9</sup>

The inevitable response of smokers toward any call for increased availability of smoke-free housing is predictable. Tobacco is a legal product, and it is their presumed "right" to be allowed to smoke in their homes. However, multiple legal opinions have concluded that no such right exists, only, for the moment, an unregulated freedom (court cases to date have tended to side with the nonsmoking complainants, but these are time-consuming and expensive—it is currently much easier to move and hope the problem doesn't recur). Multi-unit dwellings represent a conflict of individual freedoms with respect to smoking, and one side must be given precedence over the other. We currently have bylaws prohibiting one from disturbing one's neighbors in many comparatively minor ways. Prohibiting smoking in multi-unit dwellings is no different from prohibiting loud music or pets. That something is legal does not mean it is unregulated. Approximately two-thirds of smokers already avoid smoking inside their homes.<sup>3</sup> Requiring smokers to keep their smoke out of the homes of others as well is not too much to ask.

While any strata council or apartment owner can currently convert their building to a smoke-free status, only a very few have done so, despite obvious benefits including decreased maintenance and insurance costs, decreased fire risk, and improved tenants' health. Several jurisdictions in Canada and

the US have implemented smoke-free policies for at least some of their public housing, including here in Vancouver. Several small cities in California have gone further, with partial or total bans applied to all multi-unit dwellings. If a total ban, although justifiable, is currently viewed as politically untenable, there are several less controversial steps that could be taken. These include:

- Requiring all future buildings to be smoke-free (addressing the gross imbalance/social injustice of the current ratio of nonsmokers desiring smoke-free buildings to smoke-free multi-unit dwellings in the city of Vancouver and elsewhere).
- Requiring a contiguous portion of existing buildings to be declared smoke-free (such would require grandfathering, but an effect would be seen over time).
- Requiring leases to state the smoking status of units and floors.
- Listing secondhand smoke as a nuisance and breach of the "right to quiet enjoyment" in the Residential Tenancy Act so that this doesn't have to be repetitively established in each incident or litigation.
- Various incentives for strata councils and rental building owners to convert to a nonsmoking status.
- An educational campaign aimed both at getting smokers to avoid smoking in their units and informing exposed nonsmokers of their rights and options.

I urge you to ask your patients living in multi-unit dwellings whether they are being exposed to unwanted secondhand smoke and, if so, educate them on what steps they may take toward a remedy. They should no longer remain among the many currently suffering in silence.

## References

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## in memoriam

The end involved the supernatural. He died at 10 p.m. Pacific Standard Time. At midnight Central Standard Time I was in Manitoba and awoke from a most vivid dream. In it Al was at a party, in his prime. He looked at me, gave a gentle smile, and raised his glass. And I knew he had died.

—Eric Paetkau, MD  
Sechelt

## Recently deceased physicians

The following physicians died over the past several months; please consider submitting a piece for our “In Memoriam” section in the *BCMJ* if you knew the deceased well.

Adler, Dr Katrina

Duffield, Dr Anne

Dunlap, Dr David  
Laurie Cleveland

Etherington, Dr John Seymour

Flint, Dr John Ross

Gerrie, Dr R. George

Horton, Dr Donald

Ingram, Dr Herbert George

Lee, Dr Anathalie Winifred

Lovegrove, Dr William Merton

MacDonald, Dr Alexander  
Edward

Maclure, Dr Hugh Lea

Moore, Dr Peter Sydenham

Pine, Dr Enid

Rowe, Dr William John

Ruebsaat, Dr Helmut Johannes

Stenafelli, Dr John

Stibbs, Dr David Michael

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