

The Honourable Chris Ballard  
Minister of Housing / Minister Responsible for the Poverty Reduction Strategy  
17th Floor, 777 Bay Street  
Toronto, Ontario, M5G 2E5

Dear Minister,

The Middlesex-London Board of Health applauds the Government of Ontario for considering possible amendments to the *Residential Tenancies Act, 2006* (RTA) to encourage the participation of small landlords and private homeowners in the rental housing market, while maintaining strong protections for tenants. The introduction of Bill 124, the *Rental Fairness Act*, enabled the Government to entertain amendments to the RTA to meet goals related to increasing the availability and the affordability of housing. Although Bill 124 does not include any amendments related to no-smoking provisions, the provision of smoke-free clause options in the proposed “prescribed form of tenancy agreement” (Standard Lease), created under Bill 124, warrants consideration.

At its June 15, 2017 meeting, the Middlesex London Board of Health considered Report No. 033-17 “**Smoke-Free Clauses in the Standard Lease Under the Residential Tenancies Act**” and voted to:

1. Receive Report No. 033-17 re: Smoke-Free Clauses in the Standard Lease Under the *Residential Tenancies Act* (RTA);
2. Communicate its support for the inclusion of smoke-free clauses in the Standard Lease under the RTA by sending a letter to the Honourable Chris Ballard, Minister of Housing/Minister Responsible for the Poverty Reduction Strategy;
3. Forward Report No. 033-17 to Ontario Boards of Health and the Smoke-Free Housing Ontario Coalition to communicate its support for smoke-free housing policy measures; and
4. Direct staff to participate in consultation processes to inform regulatory changes under the RTA to increase the availability and enforceability of smoke-free clauses within tenancy agreements.

According to an [Ipsos Reid study](#) conducted in 2010, when given a choice, 80% of multi-unit residents would choose a smoke-free building, and in 2011, [data from the Rapid Risk Factor Surveillance System](#) (RRFSS) showed nearly two-thirds of those living in multi-unit housing in Middlesex-London supported prohibiting smoking everywhere within multi-unit housing. Nonetheless, despite strong public support and demand for smoke-free accommodations, there are very few smoke-free housing options available. Low-income families have even less choice in the housing market, and often must take whatever housing is available. Those fortunate enough to find subsidized housing may not be able to relocate easily when faced with smoke infiltration from other units. As a result, individuals in our community continue to be exposed to second-hand smoke on a regular basis in their home environments.

No-smoking provisions offer many benefits, including a healthier environment, reduced exposure to second-hand smoke, reduced risk of fire, and lower cleaning<sup>1</sup> and insurance costs. Therefore, smoke-free multi-unit housing should be made available for those who want it, and be offered by those providing private and community/non-profit multi-unit housing.

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In order to make the development of no-smoking provisions more appealing to landlords and increase the smoke-free housing options available in our community, no-smoking clause options should be added to the “Prescribed form of tenancy agreement” (Standard Lease) prescribed by regulation under Bill 124. The proposed “Prescribed form of tenancy agreement” (Standard Lease) described in Bill 124 clearly outlines the agreement between the housing provider and the tenant, including all of the conditions under which occupancy can be terminated. Inclusion of no-smoking clause options to the Standard Lease created under Bill 124 would make it clear to landlords that they can offer no-smoking provisions, and would create a consistent approach to the implementation and enforcement of no-smoking clauses within multi-unit housing tenancy agreements. This would provide landlords with the tools they need and make it as easy as possible to offer smoke-free housing, and would support landlords in ensuring compliance with this expectation between tenant and landlord. If the Standard Lease does not provide an option for smoke-free housing, most landlords and tenants will be under the impression that smoke-free clauses are not allowed. As a result, landlords will be far less inclined to include them and tenants less likely to ask for them.

The health effects from second-hand tobacco smoke exposure are widely known, and the evidence is quite clear that second-hand smoke can drift from one unit to another in multi-unit housing. In fact, the best science indicates that there is no safe level of exposure to second-hand tobacco smoke. About one in five Ontarians (21%) who live in multi-unit housing report exposure to second-hand smoke coming from outside their units. This exposure causes short-term harm, such as exacerbation of asthma or COPD, as well as longer-term health problems. However, tobacco is not the only substance that can affect the reasonable enjoyment and health of tenants within multi-unit housing.

The smoking of cannabis (recreational and medicinal) is a growing concern and a common complaint that the Middlesex-London Health Unit receives from tenants and landlords. When speaking with landlords, property management groups and condo corporations, and tenants within multi-unit housing complexes, the use of marijuana is a growing concern. The health effects from exposure to marijuana smoke is similar to the health effects from tobacco smoke. Regular marijuana smoking has been associated with chronic bronchitis and reduced lung function. The combustion of marijuana creates a smoke that contains many of the same carcinogens as tobacco smoke. While there is some evidence that marijuana smoking can be a risk factor for lung, head, neck and throat cancers, the association is unclear because of dual use of marijuana and tobacco smoking. Exposure to second-hand marijuana smoke has been studied less than second-hand tobacco smoke; however, due to the similarities in composition between tobacco and marijuana smoke, marijuana smoke is likely to be a similar public health concern. Exposure in an unventilated room can cause non-smokers to experience drug effects, including minor problems with memory and coordination, and, in some cases, testing positive for the drug in a urinalysis. The harmful health effects from exposure to second-hand marijuana smoke, regardless of whether or not the marijuana smoked is for medical purposes, warrants health protective regulations. With the coming legalization and regulation of cannabis in 2018, this issue may become even more prominent across the province.

A hookah (also known as a waterpipe, narghile, goza, or hubble-bubble) is a device used to smoke specially made tobacco and non-tobacco (herbal) products called shisha. Hookah is an alternative form of smoking whereby the shisha is heated with charcoal, the smoke from which travels down through the body of the apparatus into a water-filled chamber, which cools the smoke before it is inhaled. Hookah users will then inhale the smoke through hoses attached to the apparatus. Hookah sessions are generally longer and involve deeper inhalation than cigarette smoking. Under the *Smoke-Free Ontario Act* (SFOA), the prohibition on smoking only applies to hookah use if the shisha contains tobacco, and only applies to the common areas of multi-unit housing; however, like cigarettes, a hookah also produces second-hand

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smoke that can be harmful whether or not the shisha contains tobacco or not. Studies of both tobacco-based shisha and “herbal” shisha show that the smoke from both preparations contains many of the same chemicals as cigarettes, such as carbon monoxide and other toxic agents associated with smoking-related cancer, respiratory illness and heart disease. Furthermore, [a study](#) of second-hand smoke exposure in Toronto water-pipe cafes showed that indoor air quality values for PM<sub>2.5</sub>, ambient carbon monoxide and air nicotine are hazardous to human health.

Therefore, due to the negative health consequences from exposure to second-hand smoke, the Middlesex London Board of Health encourages the Government of Ontario to consider the need for smoke-free clause options to include tobacco, marijuana and shisha smoke. Additionally, the Middlesex-London Health Unit recommends that any no-smoking clause options indicate the maximum protection possible from second-hand smoke exposure. The language should state what provisions are covered under existing legislation, such as the *Smoke-Free Ontario Act* (SFOA), and what additional provisions are legal, permitted and enforceable under the no-smoking clause. The language should also state examples of the most protective provisions feasible, such as the entire building and property being smoke-free, and include other provisions, such as setbacks from entrances and exits, no smoking on balconies or patios, and designated outdoor smoking areas. These provisions should also state that if the landlord permits a designated outdoor smoking area on the property, it must be far enough away to ensure that second-hand smoke cannot drift into private units or balconies.

Smoke-free multi-unit housing is a critical policy issue and the Ministry of Housing is in a powerful position to signal to the housing community that smoke-free housing is a preferred option and offers tremendous health and property benefits. Adding no-smoking clause options that specify where no-smoking provisions can and cannot be made, and that include all forms of smoking in the “Prescribed form of tenancy agreement” (Standard Lease) created by regulation under Bill 124, would encourage landlords to create spaces where tenants can live without involuntary exposure to second-hand smoke from any source of smoke, whether from tobacco, marijuana, or shisha.

Sincerely,

Jesse Helmer, Chair  
Middlesex-London Board of Health

cc. The Honourable Dr. Eric Hoskins, Minister of Health and Long-Term Care  
The Honourable Kathleen Wynne, Premier of Ontario  
Andrew Noble, Chair, Smoke-Free Housing Ontario Coalition  
Ontario Boards of Health