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The Committee is very grateful to all the groups and individuals who made presentations, submitted written briefs and gave their time to answer the Committee's web site survey. A major focus of the Committee was the impact of tobacco use on Saskatchewan's youth. The Committee is particularly pleased with the large number of young people who met with the Committee and appreciates the co-operation of the principals and teachers who made time for the Committee's consultations. The Committee thanks all the communities across Saskatchewan and the many schools that extended their hospitality to Members and staff during the public hearing programme and youth consultations.

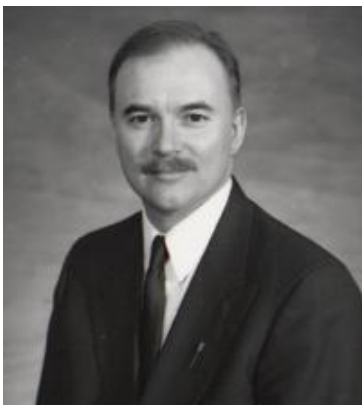
COMPOSITION OF THE COMMITTEE



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Prince Albert Carlton***



***Ms. D. Eagles, Vice-Chair
Estevan***



***Mr. G. Addley
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***Ms. B. Bakken
Weyburn-Big Muddy***



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STAFF

Mr. Gregory Putz, Deputy Clerk, Legislative Assembly of Saskatchewan
Ms. Donna Bryce, Committee Clerk (seconded from the Legislative Assembly of Ontario)
Ms. Tanya Hill, Research Officer
Ms. Monique Lovatt, Administrative Assistant to the Clerk

ORDER OF REFERENCE

On December 9, 1999, on motion of the Honourable Ms. J. Junor, seconded by Mr. R. Gantefer, the Legislative Assembly created the all-party Special Committee on Tobacco Control, with the following terms of reference:

That the members Kowalsky, Higgins, Wartman, Addley, Eagles, Bjornerud, and Bakken be constituted a Special Committee on Tobacco Control and that the said Special Committee be authorized to consider and report, in the spring of the year 2000, on matters related to:

- a) the impact of tobacco use in Saskatchewan, especially children and youth;**
- b) the need for, and content of, provincial tobacco control legislation protecting children and youth;**
- c) strategies to protect the public from the health risks of second hand smoke, including consideration of smoke-free public place designations and jurisdictional authority related to tobacco use bylaws;**
- d) effective and appropriate strategies related to enforcement, pricing, education and public awareness as may contribute to prevention or reduction of tobacco use, especially by children and youth in Saskatchewan;**

And, that the said Special Committee have the authority to sit during the inter-sessional period and during the legislative session except when the Assembly is sitting; that the Committee have the power to send for persons, papers, and records, to examine witnesses under oath; to receive representations from interested parties and individuals; to engage such advisors and assistants as are required for the purposes of the inquiry; and to hold meetings away from the seat of Government in order that the fullest representations may be received without unduly inconveniencing those desiring to be heard.

ORGANIZATON

On December 14, 1999, the Committee held its first meeting and elected Mr. Myron Kowalsky as Chair, and Ms. Doreen Eagles as Vice-Chair. A Sub-committee on Agenda and Procedure (Steering Committee) was appointed, consisting of the Chair and Vice-Chair. The Committee agreed to seek research assistance, which was accomplished through an open competition. Ms. Tanya Hill was selected for her experience in the field of tobacco use prevention and was appointed to the position of Research Officer effective January 25, 2000.

METHOD OF OPERATION

Soon after the Committee was established it met to consider its terms of reference. It was agreed that hearings would be essential for the Committee to understand public opinion on the issue of tobacco use and control. The locations for hearings were selected in hope of getting a diffuse cross-section of opinion from all across the province – urban, rural, northern and southern. In total 17 communities all across Saskatchewan were visited.

A key focus for the Committee was the impact of tobacco use on Saskatchewan youth and children. For this reason the views of young people was a special concern so throughout the public consultation process every possible effort was made to hear from the province's youth. In parallel to the public hearings, the Committee visited as many high schools as possible. This report benefited greatly from the candid opinions expressed by the province's youth. Another initiative to reach even more of Saskatchewan's young people was a youth survey posted on the Committee's Internet web site. This survey was promoted at each school visit, by letters to high schools and through the Department of Education. The Committee thanks the more than 500 students who completed the survey, as well as the teachers and schools that assisted the Committee by making the web site accessible.

Advertisements for the public hearings were placed in all the daily newspapers and the weekly newspapers in and around the locations of the public meetings. General advertisements were placed in the two main provincial daily newspapers outlining the Committee's mandate and requesting public input. The Tobacco Committee Web Site and e-mail made the Committee even more accessible. Over 1100 visits were made to the web site in February and March, including those who answered the youth survey. In January the Committee identified and contacted some 400 stakeholders. Stakeholders included individuals, interest groups, business associations, schools, health districts, urban and municipal governments, provincial and federal government departments, First Nations governments and many others. Stakeholders were invited to make a presentation or to provide the Committee with a written brief. In total, 181 people appeared before the Committee and 165 formal submissions or correspondence were received by the Committee. All the public hearings and school visits took place in February and March 2000. A listing of the witnesses and the written briefs is contained in the appendices of this report. The locations of the public hearings and school visits are listed below.

Public Hearings

Moose Jaw	February 10
Weyburn.....	February 14
Swift Current.....	February 16
Regina	February 24
Yorkton	March 1
Saskatoon	March 7
North Battleford.....	March 8
Lloydminster	March 10
Prince Albert	March 13
Meadow Lake.....	March 14
La Ronge.....	March 15

Youth Consultation

Moose Jaw	Vanier Collegiate	February 10
Estevan	Estevan Comprehensive.....	February 14
Weyburn	Weyburn Comprehensive	February 15
Maple Creek	Maple Creek Composite High School	February 16
Swift Current	Swift Current Comprehensive High School	February 16
Regina	Balfour Collegiate.....	February 25
Wynard	Wynyard Composite High School	March 1
Yorkton	Yorkton Regional High School	March 2
Saskatoon	Walter Murray High School	March 8
North Battleford	John Paul II Collegiate.....	March 9
Kindersley	Kindersley Composite High School	March 10
Beauval	Valley View School.....	March 14
Nipawin	L.P. Miller Comprehensive.....	March 15
Prince Albert	Carlton Comprehensive School	March 16

INTRODUCTION

The recommendations put forth in this report are focused on addressing the health issues caused by tobacco use in the Province of Saskatchewan. Tobacco is the leading cause of preventable illness in Saskatchewan. The medical profession has determined that tobacco is responsible for 1600 deaths in Saskatchewan each year. This figure is comparable to four jumbo jets filled with Saskatchewan people crashing annually. According to the Department of Health tobacco causes more deaths than AIDS, suicide, and traffic accidents combined. From a health point of view this constitutes an epidemic in our province. However, the cultural acceptance of tobacco use has mitigated the ability of the medical and health profession to combat this epidemic.

Historically the average person has considered smoking as merely a bad habit. However, the Committee was presented with conclusive evidence that tobacco is a highly addictive and dangerous substance. Several witnesses indicated that tobacco addiction is more difficult to overcome than addiction to cocaine or heroin, and is even perhaps an entry-level drug. For this reason, the denormalization of tobacco use in Saskatchewan is essential to the prevention of tobacco addiction.

To understand that progress can be made, people need only to think of how far society has come in recent years. It used to be commonplace for people to smoke in workplaces, for doctors to prescribe smoking, for Hollywood to glamorize tobacco and for many to envy those who could afford to smoke. Considerable progress has been made, yet tobacco use is still a serious health problem that must be solved.

The Committee's mandate addresses the need for tobacco reduction and protection initiatives especially in regards to youth. The Committee believes that by focusing on the needs of youth and addressing tobacco through a comprehensive sustained approach, tobacco use will be significantly reduced. It follows that over time there will be a reduction in the epidemic proportions of tobacco-related death and illness.

The Committee was charged with developing recommendations that will protect the health of people, particularly youth. Therefore, the focus of this report is to present recommendations that will advise the provincial government in denormalizing tobacco use, especially in the eyes of children.

The Committee believes that the most effective strategy is a collaborative approach to tobacco reduction; and therefore endorses the *New Directions for Tobacco Control in Canada - A National Strategy*. The recommendations put forth in this report will give the provincial government direction in developing a strategy for tobacco reduction and for advancing the four goals outlined the national strategy paper: prevention; cessation; protection; and denormalization.

PART 1 – TOBACCO REDUCTION STRATEGY

1.1 Development and Implementation of a Comprehensive Tobacco Reduction Strategy

The Committee believes that a comprehensive tobacco reduction strategy needs to be developed to successfully impact tobacco use in Saskatchewan. Evidence presented during the public hearings suggested that a well-funded, comprehensive and sustained initiative is essential to tobacco use reduction. The Committee believes that a Saskatchewan specific tobacco reduction strategy, that establishes realistic and measurable goals and outcomes, is essential.

The current youth smoking rates in Saskatchewan are of paramount concern to the Committee. Saskatchewan has the second highest youth smoking prevalence, next to the Province of Quebec. According to the *1999 Canadian Tobacco Use Monitoring Survey*, the prevalence of current smokers in Saskatchewan are:

- for ages 15-19, 34 percent of Saskatchewan youth smoke.
- for ages 15 and over, 25 percent of Saskatchewan people smoke.

When considering the following recommendations the Committee looked at well-recognized tobacco reduction programs in Canada and in the United States. While this report specifically speaks to cigarettes the recommendations on strategy, prevention, cessation, and denormalization apply to all forms of tobacco, including smokeless tobacco.

Recommendation 1.1a

Development
and
Implementation

The Department of Health shall develop and implement a comprehensive and sustained tobacco reduction strategy that is based on the recommendations put forth in this report.

Recommendation 1.1b

Goals and
Timelines

The Saskatchewan Tobacco Reduction Strategy must set goals and timelines. While giving particular attention to youth, the goal should be to decrease the percentage of tobacco users by 50 percent over the next five years; and by another 50 percent in the following five years.

Recommendation 1.1c

The Department of Health should develop methods that evaluate the effectiveness of the provincial tobacco reduction strategy. This should include, but not be limited to:

- **The monitoring of tobacco use prevalence among different age groups and high-risk segments of the population such as youth, women of childbearing age, and low-income people.**
- **The assessment of the effectiveness of reduction strategies on different segments of the population.**
- **The impact of smoke-free and tobacco access ordinances on businesses.**

1.2 Funding of the Tobacco Reduction Strategy

The Committee believes that the initiatives put forth in this report need to be adequately funded to be successful. During the public hearings it was suggested that the current level of funding for tobacco control is inadequate. The Committee heard that the current estimated tobacco control budget allotted to the Department of Health is \$20,000 plus one full-time equivalent staff position.

When assessing the amount of funding for the Tobacco Reduction Strategy, the Committee considered the levels of funding for tobacco reduction strategies throughout the country. The federal government has committed to spending \$100 million over the next five years on tobacco reduction programs. In comparison, British Columbia, with the lowest tobacco consumption rates in Canada, spends approximately \$6.5 million on tobacco reduction programs.

The Committee believes that the provincial government should designate approximately \$5 million (\$4.90 per capita) per year to tobacco reduction initiatives throughout Saskatchewan, by increasing tobacco excise tax on cigarettes by 10¢ per package of cigarettes (0.4¢ per cigarette). The Committee believes that this increase in tobacco tax should be specifically directed into tobacco reduction programs.

The Committee is mindful of smuggling issues that are associated with the increased cost of tobacco products. Therefore, the Government must ensure that there is appropriate enforcement and monitoring of underground sales of tobacco in Saskatchewan. This is especially crucial in locations close to jurisdictions with lower tobacco taxes.

Recommendation 1.2a

Excise Tax
Increase

The Government should increase the tobacco excise tax on cigarettes by 10¢ per package of cigarettes (0.4¢ per cigarette). Excise tax rates on other tobacco products should be comparable. The funds raised by this tax increase (\$5 million) must be specifically designated to fund the Tobacco Reduction Strategy, through the designated government departments, that reflects the recommendations in this report.

Recommendation 1.2b

Smuggling

The Government must ensure appropriate and effective measures are in place that will prevent the smuggling of tobacco products into Saskatchewan.

PART 2 – PREVENTION

2.1 Academic Anti-Tobacco Education

The Committee heard strong support for the implementation of effective youth tobacco education programs in schools. Several witnesses felt the current level of anti-tobacco instruction provided to youth in the education system is inadequate and inconsistent throughout the province. This was made evident by the varying degrees of knowledge presented to the Committee by students during the youth consultation process.

Youth anti-tobacco education in schools is important for the following reasons.

1. The average age for starting smoking is 15, and the majority of smokers begin to use tobacco before the age of 18. Therefore, youth tobacco prevention initiatives are essential to decrease long-term tobacco consumption rates.
2. Youth spend a substantial part of their time in schools. Therefore, by providing information through academic programs, school environments have the potential to influence the health-related decisions of young people.
3. Through academic education and policies, schools have the potential to influence youth smoking behaviour by creating an environment where smoking is not seen as a normal and acceptable behaviour.

The current health curriculum gives teachers the option of focusing on tobacco while addressing broader topics such as self-esteem or peer pressure. The teaching of health and social effects of tobacco use are not compulsory in the current curriculum; and instruction on tobacco is not mandatory until grade nine. Given the serious health impacts of tobacco use, the Committee believes that tobacco education should be mandatory and not discretionary.

The Committee feels strongly that anti-tobacco education needs to begin in early childhood and be continually reinforced through adolescence, and further reinforced into adulthood through public education programs.

Several presentations to the Committee suggested that education alone would not reduce youth tobacco consumption. The Committee believes that anti-tobacco education is an important component and an essential foundation for youth tobacco prevention. The Committee also recognizes that anti-tobacco education must be a part of a comprehensive strategy to reduce tobacco use. Therefore, anti-tobacco education must be addressed along with the other recommendations included throughout this report.

Recommendation 2.1a

Mandatory
Curriculum

The Department of Education must implement and provide the necessary resources to enable mandatory anti-tobacco education that is consistently reinforced from kindergarten to grade nine, and is included in the health and physical education curriculum in grades ten to twelve.

Anti-tobacco education should:

- **be age specific, and must reflect the developmental abilities of different age groups.**
- **address the health and social consequences of tobacco use.**
- **encourage students to believe in the anti-tobacco message in addition to learning it by rote. Students must understand the real life health effects of smoking through hands-on experiences and activities.**
- **address underlying causes of tobacco use such as peer pressure and low self-esteem.**
- **encourage peer education and mentoring opportunities.**
- **be developed to address the specific cultural aspects of Metis and First Nations youth.**
- **seek to denormalize the tobacco industry and tobacco use behaviour.**
- **encourage cessation by youth smokers.**

Recommendation 2.1b

Curriculum
Resources

The Department of Health and the Department of Education should work cooperatively to develop and promote curricular resources that integrate tobacco education into various disciplines within the secondary school curriculum.

Recommendation 2.1c

Implementation

The implementation of the mandatory anti-tobacco curriculum, addressed in recommendation 2.1a, should commence in the fall of 2000.

2.2 Tobacco Specific Peer Education

Throughout the youth consultations the Committee repeatedly heard that the anti-tobacco message that comes from young people has more influence than the same message coming from adults. During the Committee's school visits, it was observed that schools with tobacco specific peer education programs had a greater understanding of tobacco issues, and that tobacco use was not perceived as a "normal" activity in these schools.

The Committee recognizes that peer influence is an important component in denormalizing tobacco use among youth. Most youth smokers have stated that they started smoking because of peer influence. Therefore, it is necessary to create an environment where there is positive peer influence, which encourages tobacco-free living.

The Committee observed that elementary and junior high school students perceive that the majority of high school students use tobacco when, in fact, the majority of students do not use tobacco. Young people have expressed to the Committee that grade nine students often feel as though they need to smoke to fit in when entering high school. Peer Education programs similar to the Students Working Against Tobacco (SWAT), Teen Wellness Centres and the Fly Higher groups have the potential to change this perception. Peer-mentoring programs where high school students talk to elementary and junior high school students about tobacco issues have been shown to contribute to the denormalization of tobacco use in high schools.

Recommendation 2.2a

Peer Education

Students Working Against Tobacco (SWAT) and similar tobacco specific peer education programs should be encouraged in all middle years and secondary schools throughout the province.

Recommendation 2.2b

Students Working Against Tobacco (SWAT) should be encouraged to work with youth throughout the province. This may be accomplished by, but not limited to:

- **the development of youth conferences, peer education workshops and focus groups on tobacco issues.**
- **the sponsorship of anti-tobacco media campaigns.**
- **the monitoring of tobacco prevention initiatives from a youth perspective.**
- **the recognition and celebration of youth cessation and prevention accomplishments.**

Recommendation 2.2c

Funding and
Support

The Government should ensure there is adequate and sustained funding and support for the provincial Students Working Against Tobacco (SWAT) program.

2.3 Community Based Anti-Tobacco Education

The Committee believes that the anti-tobacco message that is learned in schools needs to be reinforced through community education programs. The Department of Education believes in comprehensive school health and in providing activities and services that support health education within the school and community. Therefore, the schools should not have to act alone in denormalizing tobacco use among youth.

The Committee heard that a multi-level comprehensive approach to tobacco reduction is fundamental to the success of tobacco reduction strategies. The Committee believes that local education, prevention and cessation programs are important to changing public attitudes toward tobacco use. Therefore, District Health Boards have the potential to implement effective community development programs in relation to tobacco use and prevention.

Recommendation 2.3a

Local
Prevention
Programs

With resources provided by, but not limited to, the Department of Health, the District Health Boards should develop and implement tobacco prevention and education programs that address the specific needs of the local communities that they serve. Anti-tobacco information and resources should be made available to community based youth organizations to reinforce tobacco-free living among young people.

2.4 Public Education

The Committee heard evidence that anti-tobacco education should not only be focused on youth but address the overall public perceptions of tobacco use. Several presentations suggested that effective public education campaigns could change the public perceptions towards tobacco. Public awareness campaigns as part of a comprehensive tobacco reduction program have been proven effective in California, Massachusetts and British Columbia.

The Committee believes that in order to denormalize tobacco use in Saskatchewan, particularly in regards to youth, the public must be made aware of the impact of tobacco use in Saskatchewan.

Recommendation 2.4a

Mass-Media
Campaign

The Department of Health must develop and implement a public education media campaign that addresses, but is not limited to, the following issues. This education campaign should:

- **encourage awareness and support for tobacco reduction and protection policies and legislation.**
- **address the realistic and damaging health effects of tobacco use.**
- **encourage adult cessation.**
- **address the harmful health effects of environmental tobacco smoke, especially on youth.**
- **denormalize tobacco use among youth through the use of peer education, and Saskatchewan celebrities and role models.**
- **specifically address the issues that concern First Nation and Metis people, women of childbearing age, and youth.**
- **address the addictive nature of tobacco.**

PART 3 – CESSATION

3.1 Cessation Programs

The Committee heard that while there are effective support systems and clinics to deal with alcohol, gambling, and drug addiction there are comparatively few effective means to overcome nicotine addiction. Testimony provided to the Committee indicated that the recidivism rate for existing cessation programs is over 85%.

The Committee commends the efforts made by all health, community organizations and workplaces that provide support for people who want to overcome addiction. These support programs provide helpful information about the nature of addiction, strategies to overcome nicotine addiction, and provide moral support to people attempting to quit using tobacco. More importantly, these programs reinforce the benefits of living smoke-free.

Recommendation 3.1a

Identification of
Cessation
Programs

The Department of Health and District Health Boards should continue to examine cessation programs, identify those that are effective, and make this information available to health, education, and addiction professionals.

Recommendation 3.1b

High-Risk
Groups

Public health and education professionals should encourage the establishment of peer support groups for addicted tobacco users with an emphasis on high-risk groups.

PART 4 – PROTECTION

4.1 Smoking in Public Places

The Committee used the following definitions when considering issues regarding smoking in public places.

- “Enclosed public place” includes any enclosed location where members of the public, of all ages, have access. This definition does not include partially enclosed facilities.
- “Restaurant” includes any establishment that is enclosed and self-contained in which the main business is the service of food, and is normally open to members of the public of all ages. This definition does not include food courts in shopping malls, bowling allies, concessions, and other locations where the main attraction is something other than food service.
- “Bar” includes any lounge, tavern, beverage room, nightclub, casino, pool hall or other establishment that restricts access to people under the age of 19.

In view of the mounting testimony and material evidence about environmental tobacco smoke (ETS) and the serious health implications for Saskatchewan people, the Committee believes that all citizens, especially young people, need to be protected from ETS exposure whenever possible.

Testimony presented to the Committee by medical and health professionals suggested that exposure to ETS can be attributed to:

- 3-5 percent of all lung cancers.
- harmful effects on the cardiovascular and respiratory systems.
- increased rates of middle ear infections, pneumonia, sinus infections, and asthma in children.
- sudden infant death syndrome.
- low birth weight, and other health implications for babies born to mothers exposed to ETS.

Evidence received by the Committee included research that illustrates the impact of ETS on human health, in workplaces and homes. Several witnesses testified that people who have illnesses such as asthma, cystic fibrosis and severe allergies are not given equal access to public places. It was also suggested that pregnant women should not be forced to choose between working in a location where ETS is present and the health of her fetus.

The Committee also heard that the restriction of smoking in enclosed public places would assist in the denormalization of tobacco use, especially among youth and children. When youth see adults smoking in public places, they are more likely to perceive that smoking is a socially acceptable behaviour. Furthermore, evidence was presented that suggested a correlation between smoke-free ordinances and increased cessation rates among adults.

The Committee heard from business owners that may be impacted by the implementation of a smoke-free ordinance in restaurants and bars. Several hospitality business operators testified that there would be significant negative impact on their business with a complete restriction on smoking in their establishments. Conversely, other business owners testified that their revenues increased and maintenance costs decreased when they made their premises smoke-free. Business owners acknowledged that tobacco use has a detrimental effect on the health of Saskatchewan citizens, but requested that they should have the freedom to make their own appropriate decisions regarding smoking policies based on the desires of their customers.

Given the complex issues involved with the matter of smoking in restaurants and bars, the Committee will continue to review these matters and report back to the Legislative Assembly. The Committee believes that there needs to be additional discussion with hospitality industry and tobacco reduction advocates. It is the Committee's intent to arrive at a cooperative and effective strategy that will lead to the reduction of tobacco use, and the protection of young people from environmental tobacco smoke, while considering the business interest of the hospitality industry.

The Committee agrees that all enclosed public places where children have access should be completely smoke-free. However, as previously stated, the Committee wishes to develop an effective strategy for smoking policies in restaurants, bars and bingo halls through further discussions with all interest groups.

Recommendation 4.1a

Smoking in
Enclosed Public
Places

The Government should await a further report from the Committee before proceeding with ordinances that may affect restaurants, bars and bingo halls. However, legislation should be developed that prohibits tobacco use in all enclosed public places where children have access.

PART 5 – DENORMALIZATION

5.1 Youth Possession of Tobacco Products and Tobacco use on School Property

Throughout the public hearings and youth consultations the Committee heard that a law prohibiting youth from possessing tobacco would be an effective means of reducing tobacco use prevalence among young people.

Most people are law abiding. When a law is enacted and its purpose is understood, most people comply with the law through moral suasion. Because they believe in the rule of the law, they do not have to be forced to comply. Thus, having a law prohibiting possession would in itself prevent many youth from smoking.

Furthermore, the threat of a fine or community service as an immediate consequence to smoking will be an effective deterrent for some. The Committee heard that many youth do not believe that the long-term health effects of tobacco use will affect them. Therefore, the immediate consequence of a fine or community service would result in more youth thinking seriously about the implications of smoking.

In addition to preventing youth from starting to use tobacco, a youth possession law has the potential to complement other tobacco regulation policies. Several witnesses, including youth, felt that it did not make sense that it is illegal for a retailer to sell tobacco to a young person, but it is legal for a young person to purchase and possess tobacco. The enactment of such legislation would place consequences on youth for their actions, while sharing the responsibility for access laws with tobacco retailers.

Moreover, restricting youth from possessing tobacco would eliminate tobacco use on school property. Currently many youth carry and use tobacco in schools and on school property. They frequent areas highly visible to children and passersby for the purpose of having a smoke. School authorities reluctantly accepted this as preferable to alternatives such as smoking in cars or across the street from the school on private property. On several occasions it was suggested that tobacco use on school property

should be eliminated. Many youth and adult witnesses agreed that preventing tobacco use on school grounds would send a message to youth that smoking is unacceptable, would reduce peer pressure situations, and would contribute to a healthy academic and social environment. Schools that restrict smoking on their property have fewer smokers.

The Committee believes that the enactment of legislation that prohibits youth from possessing tobacco products will send a strong message that denormalizes tobacco use, particularly in the eyes of children and youth.

The Committee recognizes the judicial and enforcement repercussions of implementing this legislation. A law that prohibits youth from possessing tobacco products will be complex and difficult to enforce given the prevalence of youth smoking in Saskatchewan. However, the Committee believes that by phasing in this legislation, along with the support of cessation and education initiatives, there will be a reduction in tobacco use among youth.

Recommendation 5.1a

Youth
Possession

The Government should develop and implement legislation that prohibits youth, under the age of 18, from using and possessing tobacco products.

Recommendation 5.1b

Exemption

Provisions should be made to legally engage underage youth to conduct tobacco sales to minors' compliance checks under the supervision of tobacco enforcement authorities.

Recommendation 5.1c

Fines

The fine for violations should be \$50.

Recommendation 5.1d

School Property

The use of tobacco, by people of all ages, should be prohibited on kindergarten to grade twelve school property.

5.2 Sale of Tobacco Products

The Committee believes that restricting youth access to tobacco products is essential to the denormalization of tobacco products and tobacco use in our society.

Throughout the public hearings the Committee heard the need for more strict, effective, and efficient methods of preventing the sale of tobacco products to youth. Current tobacco sales legislation in Saskatchewan needs to be updated to reflect the recommendations addressed in this section of the report.

The Committee heard evidence, examined tobacco access legislation throughout the country, and analyzed current legislation and enforcement practices in Saskatchewan; and therefore concludes that the development of legislation based on the following recommendations is essential.

5.2a –5.2b Legal age to Purchase Tobacco Products

Throughout the public hearings it was made evident that the current age where youth can legally purchase tobacco under provincial legislation is inadequate. The Committee believes that the legal age to purchase tobacco should be raised to the age of 18, thus making it comparable to federal legislation. In addition, this would complement the recommendations put forth in section 5.1 of this report.

In addition, the Committee heard that effective means could be used to ensure that licensed tobacco vendors verify the age of the person purchasing tobacco. Requiring licensed tobacco vendors to verify age with prescribed identification will assist in ensuring that false and/or modified identification is not used to purchase tobacco products.

Recommendation 5.2a

Legal Age

The legal age to purchase tobacco products, under provincial legislation, should be raised to the age of 18.

Recommendation 5.2b

Identification

Only provincial and/or federal government issued photo identification are to be acceptable forms of proof of age when purchasing tobacco products.

5.2c Licensing of Tobacco Vendors

The Committee supports the need for establishing a licensing program for tobacco vendors. The Committee heard testimony that supports tobacco vendors licensing for the following reasons:

1. The issuance of a tobacco vendor license would assist in the denormalization of tobacco. It would ensure that retail establishments are responsible for tobacco sales under licensing conditions and would indicate that the ability to sell tobacco is a privilege rather than a right.
2. Licensing would allow the Government to develop a current list of all establishments that sell tobacco. This would assist in enforcement, monitoring and evaluation practices.

3. The dissemination of current information in regards to legislation and enforcement practices could be efficiently coordinated through the record of licensed establishments.
4. Adherence to tobacco sales legislation could be stated as condition for tobacco vendor licensing.

Recommendation 5.2c

Tobacco Vendor
License

The Government must require all tobacco vendors, including locations where vending machines are permitted, to purchase a license authorizing them to sell tobacco products. A reasonable, one time licensing fee should be charged to tobacco retailers at a price that covers the administration cost of the licensing program.

5.2d – 5.2f Enforcement

The Committee believes that the issuance of tickets for offences under provincial and federal legislation would streamline enforcement efforts, and be more efficient due to decreases in the use of court and judicial resources. Through a ticketing process individual employees can be fined for selling tobacco to a minor. This would place a shared responsibility on employees and establishment owners.

Moreover, the Committee agrees that tobacco vendors must use due diligence in ensuring that their employees are aware of provincial and federal tobacco sale legislation and, therefore, where there are repeat offences in a particular retail establishment the business owner should be held accountable.

This perspective is based on the enforcement practices used in the Province of Manitoba, where the enforcement personnel are given the authority to ticket and lay charges under both provincial and federal legislation. The tobacco enforcement methods used in Manitoba are proven to be effective and efficient and are viewed as appropriate by the current tobacco enforcement body in Saskatchewan.

Recommendation 5.2d

Enforcement
Procedures and
Fines

The Government should consider the following enforcement procedures to ensure compliance with tobacco sales legislation. The following procedures are applicable to all licensed tobacco vendors. All fines would be issued through tickets.

1st Offence

- The individual or employee who sells tobacco to a minor is fined \$100.
- The holder of the tobacco vendor license where the sale takes place is issued a written warning outlining the nature of the offence that occurred and the consequences for further offences.

2nd Offence

- The individual or employee who sells tobacco to a minor is fined \$100.
- The holder of the tobacco vendor license is fined \$500 and issued a written warning outlining the consequences for further offences.

3rd Offence

- The individual or employee who sells tobacco to a minor is fined \$100.
- The holder of the tobacco vendor license is fined \$500 and issued written warning outlining the consequences for further offences.

4th Offence

- The individual or employee who sells tobacco to a minor is fined \$100.
- The holder of the tobacco vendor license loses his/her license to sell tobacco for a period of one year, and is fined \$500.

5th Offence

- The individual or employee who sells tobacco to a minor is fined \$100.
- The holder of the tobacco vendor license permanently loses the license to sell tobacco at the location where the offence takes place.

The Department of Justice should develop commensurate warnings and restrictions applicable to the owner of the property and/or the lessee of the location where the tobacco vendor license is issued.

Recommendation 5.2e

Ticketing for
Federal
Offences

The Department of Justice should give authority to tobacco enforcement officers to ticket for offences under the federal *Tobacco Act, 1997*.

Recommendation 5.2f

Educating
Tobacco
Vendors

In order to assist tobacco retailers in educating their employees on tobacco sales legislation, the Government should ensure the appropriate dissemination of information to licensed tobacco vendors in regards to the provincial and federal legislation and regulations governing tobacco sales.

5.2g – 5.2h Enforcement Officers and Partnerships

The Committee believes that in order to ensure adequate and effective enforcement practices tobacco enforcement officers should be given peace officer status. Evidence presented to the Committee suggested that this status would give enforcement officers the authority to issue tickets in addition to detaining suspects and witnesses for questioning.

Furthermore, Health Canada has the authority to enter into agreements with provinces in regards to the enforcement and administration of the *Tobacco Act, 1997*. To ensure consistent and efficient tobacco enforcement practices, the Committee believes that such an agreement would facilitate the enforcement of provincial and federal tobacco control legislation.

Recommendation 5.2g

Peace Officer
Status

Tobacco enforcement officials should be given peace officer status to ensure adequate enforcement authority.

Recommendation 5.2h

Enforcement
Agreements

The provincial government should seek to enter into an agreement with the federal government to ensure efficient and effective enforcement of provincial and federal tobacco control legislation within Saskatchewan.

5.2i – 5.2j Locations Where Tobacco Can be Sold

The Committee heard testimony that supports restricting tobacco sales in certain locations, mainly in health care facilities. The Committee believes that locations designed to promote health and healing should not be permitted to sell tobacco products. Tobacco is proven to be harmful to a person's health and therefore should not be erroneously promoted in health care establishments.

Recommendation 5.2i

Health Care
Facilities

The sale of tobacco products should be prohibited within hospital and health care facilities.

Recommendation 5.2j

Vending
Machines

Tobacco product vending machines must be restricted to age-restricted establishments.

5.2k – 5.2l Point of Sale Promotion of Tobacco Products

The Committee believes that youth should not be exposed to the promotion of tobacco products in retail establishments. In-store displays and promotional materials that advertise the availability and price of tobacco contributes to the social acceptability of tobacco use.

The Committee believes that through the restriction of in-store displays and promotional materials adult smokers can continue to purchase tobacco products in convenient locations, while restricting the visibility of tobacco products to young people. Tobacco vendor licenses and other signage required under legislation should be posted in locations that ensure adult smokers are aware of the availability of tobacco products.

The Committee recognizes that tobacconists, whose primary business is the sale of tobacco products, should be exempted from restrictions on the promotion and display of tobacco products within their establishments. The Committee also contends that youth should not be exposed to tobacco products in these locations. Therefore, youth under the age of 18 should be restricted from entering premises where tobacco is displayed.

Recommendation 5.2k

Promotion and
Display

All displays, signage and promotional material associated with the sale of tobacco products should be prohibited in locations where tobacco is sold and where youth have access. Tobacco products should be kept in a manner where they are not visible to the public. This includes signage and promotional materials that advertise the price and/or availability of tobacco products on, or within the vicinity of the retail establishment.

Recommendation 5.2l

Exemption

Tobacconists, whose primary business is the sale of tobacco products, should be permitted to display and promote tobacco products in their establishments; provided that youth, under the age of 18, cannot enter the premises and that tobacco products, promotional materials, and displays cannot be seen from the outside of the establishment.

5.3 Packaging of Tobacco Products

During the public hearings the Committee heard support for adopting regulatory authority over the packaging of tobacco products. Although the implementation of packaging regulations would be difficult for the provincial government to achieve alone, partnerships with other provinces could result in effective policies to denormalize tobacco through plain packaging and provincially focused health warnings; as well as to control smuggling with provincial tax markings on tobacco packages.

Recommendation 5.3a

Packaging

The Government should explore the possibility of working with other provinces and the federal government on tobacco packaging issues including provincially focused health warnings, provincial tax markings, and plain packaging.

APPENDIX 1 - BIBLIOGRAPHY

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APPENDIX 2 – SUMMARY OF RECOMMENDATIONS

PART 1 – TOBACCO REDUCTION STRATEGY

1.1 Development and Implementation of a Comprehensive Tobacco Reduction Strategy

- 1.1a The Department of Health shall develop and implement a comprehensive and sustained tobacco reduction strategy that is based on the recommendations put forth in this report.
- 1.1b The Saskatchewan Tobacco Reduction Strategy must set goals and timelines. While giving particular attention to youth, the goal should be to decrease the percentage of tobacco users by 50 percent over the next five years; and by another 50 percent in the following five years.
- 1.1c The Department of Health should develop methods that evaluate the effectiveness of the provincial tobacco reduction strategy. This should include, but not be limited to:
 - the monitoring of tobacco use prevalence among different age groups and high-risk segments of the population such as youth, women of childbearing age, and low-income people.
 - the assessment of the effectiveness of reduction strategies on different segments of the population.
 - the impact of smoke-free and tobacco access ordinances on businesses.

1.2 Funding of the Tobacco Reduction Strategy

- 1.2a The Government should increase the tobacco excise tax on cigarettes by 10¢ per package of cigarettes (0.4¢ per cigarette). Excise tax rates on other tobacco products should be comparable. The funds raised by this tax increase (\$5 million) must be specifically designated to fund the Tobacco Reduction Strategy, through the designated government departments, that reflects the recommendations in this report.
- 1.2b The Government must ensure appropriate and effective measures are in place that will prevent the smuggling of tobacco products into Saskatchewan.

PART 2 – PREVENTION

2.1 Academic Anti-Tobacco Education

- 2.1a The Department of Education must implement and provide the necessary resources to enable mandatory anti-tobacco education that is consistently reinforced from kindergarten to grade nine, and is included in the health and physical education curriculum in grades ten to twelve.

Anti-tobacco education should:

- be age specific, and must reflect the developmental abilities of different age groups.
- address the health and social consequences of tobacco use.
- encourage students to believe in the anti-tobacco message in addition to learning it by rote. Students must understand the real life health effects of smoking through hands-on experiences and activities.
- address underlying causes of tobacco use such as peer pressure and low self-esteem.
- encourage peer education and mentoring opportunities.
- be developed to address the specific cultural aspects of Metis and First Nations youth.
- seek to denormalize the tobacco industry and tobacco use behaviour.
- encourage cessation by youth smokers.

2.1b The Department of Health and the Department of Education should work cooperatively to develop and promote curricular resources that integrate tobacco education into various disciplines within the secondary school curriculum.

2.1c The implementation of the mandatory anti-tobacco curriculum, addressed in recommendation 2.1a, should commence in the fall of 2000.

2.2 Tobacco Specific Peer Education

2.2a Students Working Against Tobacco (SWAT) and similar tobacco specific peer education programs should be encouraged in all middle years and secondary schools throughout the province.

2.2b Students Working Against Tobacco (SWAT) should be encouraged to work with youth throughout the province. This may be accomplished by, but not limited to:

- the development of youth conferences, peer education workshops and focus groups on tobacco issues.
- the sponsorship of anti-tobacco media campaigns.
- the monitoring of tobacco prevention initiatives from a youth perspective.
- the recognition and celebration of youth cessation and prevention accomplishments.

2.2c The Government should ensure that there is adequate and sustained funding and support for the provincial Students Working Against Tobacco (SWAT) program.

2.3 Community Based Anti-Tobacco Education

2.3a With resources provided by, but not limited to, the Department of Health, the District Health Boards should develop and implement tobacco prevention and education programs that address the specific needs of the local communities that they serve. Anti-tobacco information and resources should be made available to community based youth organizations to reinforce tobacco-free living among young people.

2.4 Public Education

- 2.4a The Department of Health must develop and implement a public education media campaign that addresses, but is not limited to, the following issues. This education campaign should:
- encourage awareness and support for tobacco reduction and protection policies and legislation.
 - address the realistic and damaging health effects of tobacco use.
 - encourage adult cessation.
 - address the harmful health effects of environmental tobacco smoke, especially on youth.
 - denormalize tobacco use among youth through the use of peer education, and Saskatchewan celebrities and role models.
 - specifically address the issues that concern First Nation and Metis people, women of childbearing age, and youth.
 - address the addictive nature of tobacco.

PART 3 – CESSATION

3.1 Cessation Programs

- 3.1a The Department of Health and District Health Boards should continue to examine cessation programs, identify those that are effective, and make this information available to health, education, and addiction professionals.
- 3.1b Public health and education professionals should encourage the establishment of peer support groups for addicted tobacco users with an emphasis on high-risk groups.

PART 4 – PROTECTION

4.1 Smoking in Public Places

- 4.1a The Government should await a further report from the Committee before proceeding with ordinances that may affect restaurants, bars and bingo halls. However, legislation should be developed that prohibits tobacco use in all enclosed public places where children have access.

PART 5 – DENORMALIZATION

5.1 Youth Possession of Tobacco Products and Tobacco use on School Property

- 5.1a The Government should develop and implement legislation that prohibits youth, under the age of 18, from using and possessing tobacco products.
- 5.1b Provisions should be made to legally engage underage youth to conduct tobacco sales to minors' compliance checks under the supervision of tobacco enforcement authorities.
- 5.1c The fine for violations should be \$50.
- 5.1d The use of tobacco, by people of all ages, should be prohibited on kindergarten to grade twelve school property.

5.2 Sale of Tobacco Products

5.2a – 5.2b Legal age to Purchase Tobacco Products

- 5.2a The legal age to purchase tobacco products, under provincial legislation, should be raised to the age of 18.
- 5.2b Only provincial and/or federal government issued photo identification are to be acceptable forms of proof of age when purchasing tobacco products.

5.2c Licensing of Tobacco Vendors

- 5.2c The Government must require all tobacco vendors, including locations where vending machines are permitted, to purchase a license authorizing them to sell tobacco products. A reasonable, one time licensing fee should be charged to tobacco retailers at a price that covers the administration cost of the licensing program.

5.2d – 5.2f Enforcement

- 5.2d The Government should consider the following enforcement procedures to ensure compliance with tobacco sales legislation. The following procedures are applicable to all licensed tobacco vendors. All fines would be issued through tickets.

1st Offence

- The individual or employee who sells tobacco to a minor is fined \$100.
- The holder of the tobacco vendor license where the sale takes place is issued a written warning outlining the nature of the offence that occurred and the consequences for further offences.

2nd Offence

- The individual or employee who sells tobacco to a minor is fined \$100.
- The holder of the tobacco vendor license is fined \$500 and issued a written warning outlining the consequences for further offences.

3rd Offence

- The individual or employee who sells tobacco to a minor is fined \$100.
- The holder of the tobacco vendor license is fined \$500 and issued written warning outlining the consequences for further offences.

4th Offence

- The individual or employee who sells tobacco to a minor is fined \$100.
- The holder of the tobacco vendor license loses his/her license to sell tobacco for a period of one year, and is fined \$500.

5th Offence

- The individual or employee who sells tobacco to a minor is fined \$100.
- The holder of the tobacco vendor license permanently loses the license to sell tobacco at the location where the offence takes place.

The Department of Justice should develop commensurate warnings and restrictions applicable to the owner of the property and/or the lessee of the location where the tobacco vendor license is issued.

- 5.2e The Department of Justice should give authority to tobacco enforcement officers to ticket for offences under the federal *Tobacco Act, 1997*.
- 5.2f In order to assist tobacco retailers in educating their employees on tobacco sales legislation, the Government should ensure the appropriate dissemination of information to licensed tobacco vendors in regards to the provincial and federal legislation and regulations governing tobacco sales.

5.2g – 5.2h Enforcement Officers and Partnerships

- 5.2g Tobacco enforcement officials should be given peace officer status to ensure adequate enforcement authority.
- 5.2h The provincial government should seek to enter into an agreement with the federal government to ensure efficient and effective enforcement of provincial and federal tobacco control legislation within Saskatchewan.

5.2i – 5.2j Locations Where Tobacco Can be Sold

- 5.2i The sale of tobacco products should be prohibited within hospital and health care facilities.
- 5.2j Tobacco product vending machines must be restricted to age-restricted establishments.

5.2k – 5.2l Point of Sale Promotion of Tobacco Products

- 5.2k All displays, signage and promotional material associated with the sale of tobacco products should be prohibited in locations where tobacco is sold and where youth have access. Tobacco products should be kept in a manner where they are not visible to the public. This includes signage and promotional materials that advertise the price and/or availability of tobacco products on, or within the vicinity of the retail establishment.
- 5.2l Tobacconists, whose primary business is the sale of tobacco products, should be permitted to display and promote tobacco products in their establishments; provided that youth, under the age of 18, cannot enter the premises and that tobacco products, promotional materials, and displays cannot be seen from the outside of the establishment.

5.3 Packaging of Tobacco Products

- 5.3a The Government should explore the possibility of working with other provinces and the federal government on tobacco packaging issues including provincially focused health warnings, provincial tax markings, and plain packaging.

APPENDIX 3 – ONLINE YOUTH SURVEY

The purpose of the online youth survey was to give the Committee a greater understanding of the impact of tobacco on youth. The results of the survey proved to be helpful. However, due to the uncontrolled sampling of the survey, the Committee predominately relied on the information provided through the youth consultations. The survey received approximately 500 responses.

1. How old are you?

- | | |
|-------------|------------|
| a. Under 10 | 2% |
| b. 10-14 | 51% |
| c. 15-19 | 37% |
| d. 20-25 | 2% |
| e. 25+ | 6% |

2. Where do you live?

- | | |
|----------------|--------------|
| a. Beauval | 1% |
| b. Kindersley | 1% |
| c. Meadow Lake | 42% |
| d. Regina | 31% |
| e. Saskatoon | 2% |
| f. Rosetown | 10% |
| g. Dorintosh | 1% |
| h. Davidson | 0.25% |
| i. Craven | 0.25% |
| j. D'Arcy | 0.25% |
| k. Dalmeny | 0.25% |

3. Is smoking permitted on your school property?

- | | |
|----------------------------|------------|
| a. Not on school premises | 57% |
| b. Designated indoor area | 1% |
| c. Designated outdoor area | 36% |
| d. No restrictions | 3% |

4. What are the consequences for getting caught breaching your school's smoking regulations?

- | | |
|---------------|----------------------------------------------|
| a. Warning | 35% |
| b. Suspension | 37% |
| c. Detention | 10% |
| d. Other: | All of above, warning than suspension |

5. Do you consider yourself to be a smoker?

- | | |
|--------|------------|
| a. Yes | 19% |
| b. No | 78% |

6. How many cigarettes do you smoke in a week?
 - a. None **78%**
 - b. ½ pack **3%**
 - c. 1 pack **3%**
 - d. 2 packs **3%**
 - e. + 3 packs **9%**
7. Have you suffered health consequences as a result of tobacco use?
 - a. Yes **13%**
 - b. No **84%**
8. Have you known anyone who has suffered health consequences as a result of smoking?
 - a. Yes **70%**
 - b. No **27%**
9. Have you ever suffered health effects as a result of exposure to second hand smoke?
 - a. Yes **41%**
 - b. No **57%**
10. Which of the following influenced on your decision to start smoking?
 - a. Friends **31%**
 - b. Parents **5%**
 - c. Socially Acceptable **6%**
 - d. Easy to Purchase or Access **5%**
11. Should smoking be prohibited in and around your school?
 - a. Strongly Agree **43%**
 - b. Agree **13%**
 - c. Indifferent **15%**
 - d. Disagree **7%**
 - e. Strongly Disagree **19%**
12. If young people were to be prevented from smoking, what would be most effective?
 - a. More education in school **11%**
 - b. Make it less socially acceptable **26%**
 - c. Prohibit smoking in public places **18%**
 - d. Raising the legal age to purchase cigarettes **11%**
 - e. Increased prices **31%**
13. What, do you believe, makes tobacco use socially acceptable?
 - a. Advertising/Sponsorship
 - i. Strongly Agree **14%**
 - ii. Agree **25%**
 - iii. Indifferent **15%**
 - iv. Disagree **25%**
 - v. Strongly Disagree **18%**

- b. Smoking in Public Places
 - i. Strongly Agree **16%**
 - ii. Agree **24%**
 - iii. Indifferent **13%**
 - iv. Disagree **19%**
 - v. Strongly Disagree **25%**
 - c. Smoking areas in your school
 - i. Strongly Agree **25%**
 - ii. Agree **24%**
 - iii. Indifferent **14%**
 - iv. Disagree **22%**
 - v. Strongly Disagree **27%**
14. Do you believe that smoking should be prohibited in public areas?
- a. Malls and Retail Stores **48%**
 - b. Recreation & Sport Facilities **48%**
 - c. Restaurants **47%**
 - d. Bars **24%**
 - e. Parks and Outdoor Spaces **43%**
15. Do you like the smell of tobacco on your clothes and hair?
- a. Strongly Agree **2%**
 - b. Agree **2%**
 - c. Indifferent **7%**
 - d. Disagree **20%**
 - e. Strongly Disagree **62%**
16. Does it bother you when you smell smoke while eating out?
- a. Strongly Agree **38%**
 - b. Agree **14%**
 - c. Indifferent **12%**
 - d. Disagree **13%**
 - e. Strongly Disagree **19%**
17. Do you think it should be illegal for youth to possess tobacco products?
- a. Strongly Agree **25%**
 - b. Agree **50%**
 - c. Indifferent **0%**
 - d. Disagree **0%**
 - e. Strongly Disagree **25%**

18. Do you think that being fined for possession of tobacco deter you from smoking?

- a. Strongly Agree **33%**
- b. Agree **22%**
- c. Indifferent **13%**
- d. Disagree **10%**
- e. Strongly Disagree **17%**

19. Do you think that the government should sue tobacco companies to recover the health costs of smoking related illnesses?

- a. Strongly Agree **33%**
- b. Agree **21%**
- c. Indifferent **14%**
- d. Disagree **15%**
- e. Strongly Disagree **13%**

20. Would raising the age to buy cigarettes help in preventing youth from accessing tobacco products?

- a. Strongly Agree **24%**
- b. Agree **17%**
- c. Indifferent **16%**
- d. Disagree **21%**
- e. Strongly Disagree **18%**

21. Please make additional comments to the Committee.

APPENDIX 4– LIST OF WITNESSES

Ms. April Barry	Regina	January 18, 2000
Dr. David Butler-Jones	Regina	January 18, 2000
Ms. Marlene Smadu	Regina	January 18, 2000
Ms. Glenda Yeates	Regina	January 18, 2000
Ms. Lois Adams	Moose Jaw	February 10, 2000
Ms. Diane Aldridge	Moose Jaw	February 10, 2000
Ms. Tracy Bertram	Moose Jaw	February 10, 2000
Ms. Sharon Cochrane	Moose Jaw	February 10, 2000
Mr. Mervin Kempert	Moose Jaw	February 10, 2000
Mr. Keegan McEvoy	Moose Jaw	February 10, 2000
Mr. Deign Salido	Moose Jaw	February 10, 2000
Mr. Paul Silvester	Moose Jaw	February 10, 2000
Mr. Dale Toni	Moose Jaw	February 10, 2000
Ms. Lois Toye	Moose Jaw	February 10, 2000
Dr. George Benloulou	Weyburn	February 14, 2000
Mr. Sean Choo Foo	Weyburn	February 14, 2000
Mr. Reg Dodd	Weyburn	February 14, 2000
Ms. Dolores Herring	Weyburn	February 14, 2000
Mr. Robert Joyal	Weyburn	February 14, 2000
Ms. Laurie LaBatte	Weyburn	February 14, 2000
Mr. Rod Riddell	Weyburn	February 14, 2000
Ms. Shianne Skinner	Weyburn	February 14, 2000
Mr. Jim Stangel	Weyburn	February 14, 2000
Ms. Donna Wolfe	Weyburn	February 14, 2000
Mr. Michael Billard	Swift Current	February 16, 2000
Mr. Bob Davisson	Swift Current	February 16, 2000
Ms. Joan Kalmakoff	Swift Current	February 16, 2000
Ms. Ingrid Levorson	Swift Current	February 16, 2000
Mr. Menno Martens	Swift Current	February 16, 2000
Ms. Emily Rempel	Swift Current	February 16, 2000
Mr. Vincent Rempel	Swift Current	February 16, 2000
Mr. Jeff Richards	Swift Current	February 16, 2000
Ms. Judy Smith	Swift Current	February 16, 2000
Mr. D. R. Stewardson	Swift Current	February 16, 2000
Ms. Melodie Tilson	Swift Current	February 16, 2000
Ms. Sharon Zarry	Swift Current	February 16, 2000
Mr. David Abbey	Regina	February 24, 2000
Dr. David Alexander	Regina	February 24, 2000
Ms. Donna Bear	Regina	February 24, 2000
Mr. Larry Bird	Regina	February 24, 2000
Ms. Alicia Brown	Regina	February 24, 2000
Ms. Roberta Cox	Regina	February 24, 2000
Mr. Robert Cunningham	Regina	February 24, 2000

Ms. Kali Dejaegher	Regina	February 24, 2000
Dr. Tania Diener	Regina	February 24, 2000
Mr. Craig Dotson	Regina	February 24, 2000
Ms. Jackie Duke	Regina	February 24, 2000
Ms. Simone Fellinger	Regina	February 24, 2000
Mr. Tom Fuzesy	Regina	February 24, 2000
Ms. Yvonne Graph	Regina	February 24, 2000
Ms. Lynne Greaves	Regina	February 24, 2000
Mr. Lester Henry	Regina	February 24, 2000
Dr. Shreedhar Jachak	Regina	February 24, 2000
Dr. Raj Kuma Das James	Regina	February 24, 2000
Ms. Stephanie Johnson	Regina	February 24, 2000
Ms. Kate Kangles	Regina	February 24, 2000
Ms. Elisha Kapell	Regina	February 24, 2000
Mr. Norm Kish	Regina	February 24, 2000
Mr. Allyne Knox	Regina	February 24, 2000
Ms. Lynn Koehler	Regina	February 24, 2000
Mr. Doug Lambert	Regina	February 24, 2000
Ms. Patty Pacholek	Regina	February 24, 2000
Mr. Don Richardson	Regina	February 24, 2000
Ms. Katherine Ross	Regina	February 24, 2000
Mr. Wilfred Smith	Regina	February 24, 2000
Ms. Andrea Sylvester	Regina	February 24, 2000
Ms. Jane Thurgood-Sagl	Regina	February 24, 2000
Ms. Lisa Williams	Regina	February 24, 2000
Ms. Val Churko	Yorkton	March 1, 2000
Dr. B. Datta	Yorkton	March 1, 2000
Ms. Judy Espeseth	Yorkton	March 1, 2000
Ms. Debora Grywachski	Yorkton	March 1, 2000
Mr. Rod Holmgren	Yorkton	March 1, 2000
Ms. Brenda Kowbel	Yorkton	March 1, 2000
Mr. David Laughton	Yorkton	March 1, 2000
Mr. Denis Maurice	Yorkton	March 1, 2000
Ms. Laurie Miller	Yorkton	March 1, 2000
Mr. Curtis Mullen	Yorkton	March 1, 2000
Mr. George Skwarchuk	Yorkton	March 1, 2000
Mr. Marcel Shevalier	Yorkton	March 1, 2000
Ms. Heather Torrie	Yorkton	March 1, 2000
Mr. Paul Van Loon	Yorkton	March 1, 2000
Ms. Annette Zeeben	Yorkton	March 1, 2000
Ms. Emily Alstad	Saskatoon	March 7, 2000
Ms. Connie Bowman	Saskatoon	March 7, 2000
Dr. Linda Baker	Saskatoon	March 7, 2000
Ms. Heather Banica	Saskatoon	March 7, 2000
Mr. Bob Bunden	Saskatoon	March 7, 2000
Mr. Donna Choppe	Saskatoon	March 7, 2000

Ms. Ruth Collins–Ewen	Saskatoon	March 7, 2000
Dr. Ross Findlater	Saskatoon	March 7, 2000
Dr. Brian Graham	Saskatoon	March 7, 2000
Ms. Gwen Gordon-Pringle	Saskatoon	March 7, 2000
Ms. Karen Grauer	Saskatoon	March 7, 2000
Mr. Earl Hill	Saskatoon	March 7, 2000
Ms. Gay Hovland	Saskatoon	March 7, 2000
Mr. Daniel Kirshgeshner	Saskatoon	March 7, 2000
Ms. Pat Krueger	Saskatoon	March 7, 2000
Ms. Judith Lambie	Saskatoon	March 7, 2000
Ms. Giselle Lavalley	Saskatoon	March 7, 2000
Mr. Oliver Laxdal	Saskatoon	March 7, 2000
Mr. Steven Lloyd	Saskatoon	March 7, 2000
Ms. Mary MacDonald	Saskatoon	March 7, 2000
Dr. I. Maghfoor	Saskatoon	March 7, 2000
Mr. Blair Magnuson	Saskatoon	March 7, 2000
Ms. Patricia Mess	Saskatoon	March 7, 2000
Ms. Verity Moore-Wright	Saskatoon	March 7, 2000
Mr. Stan Oleksinski	Saskatoon	March 7, 2000
Ms. Carol Olson	Saskatoon	March 7, 2000
Dr. John Owen	Saskatoon	March 7, 2000
Mr. Robert Parker	Saskatoon	March 7, 2000
Mr. Don Richardson	Saskatoon	March 7, 2000
Mr. Aaron Schroeder	Saskatoon	March 7, 2000
Ms. Margaret Shearer	Saskatoon	March 7, 2000
Dr. David Skarsgard	Saskatoon	March 7, 2000
Mr. Mark von Schellwitz	Saskatoon	March 7, 2000
Ms. Joan Wolf	Saskatoon	March 7, 2000
Ms. Leah Wolf	Saskatoon	March 7, 2000
Ms. Andrea Bartrop	North Battleford	March 8, 2000
Mr. Darren Berg	North Battleford	March 8, 2000
Ms. Jill Eyolfson	North Battleford	March 8, 2000
Ms. Eialeen Hanson	North Battleford	March 8, 2000
Mr. Bryce Martin	North Battleford	March 8, 2000
Ms. Rhonda Patterson	North Battleford	March 8, 2000
Ms. Ruth Robinson	North Battleford	March 8, 2000
Ms. Mary Smilie	North Battleford	March 8, 2000
Ms. Jennifer Wright	North Battleford	March 8, 2000
Mr. Dean Haaf	Lloydminster	March 9, 2000
Mr. Alex Magdanz	Lloydminster	March 9, 2000
Mr. Orval McComb	Lloydminster	March 9, 2000
Ms. Darlene Morgan	Lloydminster	March 9, 2000
Ms. Teri-Lynn Patterson	Lloydminster	March 9, 2000
Ms. Crystal Asmussen	Prince Albert	March 13, 2000
Ms. Jackie Calvert	Prince Albert	March 13, 2000
Ms. Lynnda Berg	Prince Albert	March 13, 2000

Ms. Laurie Dent	Prince Albert	March 13, 2000
Dr. Rick Friesen	Prince Albert	March 13, 2000
Ms. Jerry Garvin	Prince Albert	March 13, 2000
Mr. Bill Grosskleg	Prince Albert	March 13, 2000
Mr. Grant Gustafson	Prince Albert	March 13, 2000
Ms. Bette Hartsfield	Prince Albert	March 13, 2000
Ms. Edmée Korsberg	Prince Albert	March 13, 2000
Ms. Marianne Kramchynsky	Prince Albert	March 13, 2000
Ms. Nona Longstaff	Prince Albert	March 13, 2000
Ms. Doris Lund	Prince Albert	March 13, 2000
Mr. Stuart North	Prince Albert	March 13, 2000
Mr. Daryl Rudichuk	Prince Albert	March 13, 2000
Dr. Mark Vooght	Prince Albert	March 13, 2000
Mr. Mitchell Wilson	Prince Albert	March 13, 2000
Ms. Shelly Wilson	Prince Albert	March 13, 2000
Ms. Barb Cantre	Meadow Lake	March 14, 2000
Ms. Becky Colbert	Meadow Lake	March 14, 2000
Ms. Dayna Demmans	Meadow Lake	March 14, 2000
Ms. Armande Ferland	Meadow Lake	March 14, 2000
Ms. Meagan Fincham	Meadow Lake	March 14, 2000
Mr. Mark Gunderson	Meadow Lake	March 14, 2000
Mr. John Jenson	Meadow Lake	March 14, 2000
Dr. Peter Kapusta	Meadow Lake	March 14, 2000
Ms. Jhansi Koneru	Meadow Lake	March 14, 2000
Ms. Bernadette Le Boeuf	Meadow Lake	March 14, 2000
Ms. Cecilia Martell	Meadow Lake	March 14, 2000
Ms. Jessie Matchee	Meadow Lake	March 14, 2000
Ms. Ashley Nordby	Meadow Lake	March 14, 2000
Ms. Karen Rascher	Meadow Lake	March 14, 2000
Ms. Virginia Scissons	Meadow Lake	March 14, 2000
Ms. Kelsey Winkler	Meadow Lake	March 14, 2000
Mr. Eric Diehl	La Ronge	March 15, 2000
Ms. Sharon Feschuk	La Ronge	March 15, 2000
Ms. Kathleen Howell	La Ronge	March 15, 2000
Dr. James Irvine	La Ronge	March 15, 2000
Mr. Dave Longpre	La Ronge	March 15, 2000
Mr. Clarence Neault	La Ronge	March 15, 2000
Ms. Carmen Pauls	La Ronge	March 15, 2000
Mr. Scott Robertson	La Ronge	March 15, 2000
Mr. George Smith	La Ronge	March 15, 2000
Ms. Phyllis Smith	La Ronge	March 15, 2000
Mr. Alfred Wiens	La Ronge	March 15, 2000
Mr. Craig Melvin	Regina	March 28, 2000
Mr. Felix Thomas	Regina	March 28, 2000
Mr. Rick Hischebett	Regina	March 28, 2000

APPENDIX 5 – SUMMARY OF WRITTEN SUBMISSIONS AND CORRESPONDENCE

Correspondence to Associate Minister of Health from Eve Sample	November 28, 1999
Correspondence to Associate Minister of Health from Stan Lipinski	December 8, 1999
Correspondence to Associate Minister of Health from Brian Rourke, Saskatchewan Association of Health Organizations	December 12, 1999
Material by Health Canada: National Population Health Survey Highlights, Smoking Behaviour of Canadians. 1999	January, 2000
Report from Statistics Canada: Report on Smoking Prevalence in Canada, 1985 to 1999	January, 2000
Report on Tobacco Control, January to December 1999 – Minister’s Message, The Honourable Allan Rock	January, 2000
Correspondence to Associate Minister of Health from Marianne Kramchynsky	January 17, 2000
Material provided by Saskatchewan Department of Health	January 27, 2000
Responses by Associate Minister of Health regarding tobacco use	January 27, 2000
Correspondence from Students Working Against Tobacco	January 26, 2000
Correspondence from Heart and Stroke Foundation – Fly Higher	January 31, 2000
AC Nielson Report of Findings: 1999-Final – Measurement of Retailer Compliance with Respect to the Tobacco Act and provincial Tobacco Sales to Minors Legislation, Prepared for Health Canada. 1999	February, 2000
Article by James Repace titled “Risk Management of Passive Smoking at Work and at Home”. <i>Saint Louis University Public Law Review</i> . 1994	February, 2000
Article by Roberta G. Ferrence et al. titled <i>Effects of Pricing on Cigarette Use Among Teenagers and Adults in Canada 1980-1989</i> . 1991	February, 2000
Article by Todd Rogers et al. titled “Community Mobilization to Reduce Point-of-Purchase Advertising of Tobacco Products”. <i>Health Education Quarterly</i> . November 1995	February, 2000
Article by Wendy Hyman titled “Environmental Tobacco Smoke in the Workplace: The Legal Impact of Federal and Ontario Occupational Health and Safety Legislation”. <i>Health Law Journal</i> . Volume 4. 1996	February, 2000
Submission by the Saskatchewan Medical Association	February, 2000
News Release by Regina Health District – Widespread Support for Smoking Ban in Public Places	February 9, 2000
Correspondence from Becky Wale	February 10, 2000
Correspondence from Domo Gasoline Corporation	February 10, 2000
	February 10, 2000

Correspondence from the National Hotel, Uncle Charlies, The Prince Albert Inn, That Bar, The Marquis Inn, Players Sports Bar, The Travelodge, The Avenue Hotel, Suzy Cue's	
Presentation by Mervin Kempert	February 10, 2000
Background Report on Taxation – Saskatchewan Department of Finance	February 14, 2000
Presentation by Moose Jaw-Thunder Creek Health District – Community Services Division	February 14, 2000
Slide Presentation: The Dangers of Smoking – Deign Salido, Respiratory Therapist	February 14, 2000
Summary of Presentation by South Central Health District	February 14, 2000
Correspondence by Village of Hazenmore	February 15, 2000
Correspondence from Janet Linnell, Student Services, Weyburn Comprehensive School	February 16, 2000
Correspondence from Vern Klein	February 16, 2000
Presentation by Joan Kalmakoff	February 16, 2000
Presentation by Menno Martens	February 16, 2000
The Action for Tobacco Advocacy Workbook – Submitted by Melodie Tilson, Tilson Consulting	February 16, 2000
Correspondence by the Moose Jaw-Thunder Creek District Health Board to the Saskatchewan Pharmaceutical Association re: Sale of Tobacco Products	February 17, 2000
Correspondence from Logan Lacelle, Kyron Lacelle, Todd Vallee, Kenton Emms, students at Ponteix School	February 17, 2000
Correspondence from Donna Wolfe	February 18, 2000
Correspondence from Jill Werle	February 18, 2000
Correspondence by Andy Beattie, Craig Henning and Stew Tasche	February 19, 2000
Background on Tobacco Liability Lawsuits prepared by Rob Cunningham, Canadian Cancer Society	February 21, 2000
Correspondence from Ellen Shatilla	February 21, 2000
Correspondence from employees of La Ronge Motor Hotel Ltd.	February 21, 2000
Correspondence from the Regina Public School Division	February 21, 2000
Submission by Andy Beattie, Craig Hennig and Stew Tasche	February 21, 2000
News Article: Vancouver Sun "Court rejects B.C.'s Attempt to Sue Tobacco Companies"	February 22, 2000
Correspondence from Connie Abrook	February 23, 2000
Correspondence from Eialeen Hanson	February 23, 2000
Correspondence from Eleanor Perry	February 23, 2000
Correspondence from Employees at Lashburn Hotel	February 23, 2000
Correspondence from Helen McLeod	February 23, 2000
Correspondence from Regina Catholic Schools	February 23, 2000
Correspondence from Saskatoon Community Clinic	February 23, 2000
Correspondence to Associate Minister of Health from Eialeen Hanson	February 23, 2000
Submission by Mac's Convenience Stores Inc.	February 23, 2000

Background Material provided by Hotels' Association of Saskatchewan	February 24, 2000
Brochure by the Non-Smokers' Rights Association	February 24, 2000
Book by Rob Cunningham titled "Smoke and Mirrors: The Tobacco Industry in Canada". IDRC: Ottawa. 1996	
Compilation of Selected Evidence provided to MP's during consideration of Bill C-42: 4 volumes. December 1998	February 24, 2000
Correspondence by Plains Hotel	February 24, 2000
Correspondence from Garry Wirth	February 24, 2000
Correspondence from Government of Saskatchewan - Heath Promotion Population Branch	February 24, 2000
Correspondence from Phil and Bill's Excellent Adventures	February 24, 2000
Correspondence from Resort Lodge Hotel	February 24, 2000
Correspondence from the Canadian Federation of Independent Grocers	February 24, 2000
Correspondence from the Town of Rosthern, Gabriel Springs Health District	February 24, 2000
Presentation by Canadian Restaurant and Foodservices Association	February 24, 2000
Presentation by Doug Alexander	February 24, 2000
Presentation by Landmark Inn	February 24, 2000
Presentation by Regina Heart Healthy Partners	February 24, 2000
Presentation by Students Working Against Tobacco (SWAT)	February 24, 2000
Saskatchewan Department of Education – Health Education: Curriculum Guides for Middle and Elementary Levels. July 1998	February 24, 2000
Submission by Allyne Knox	February 24, 2000
Submission by Canadian Cancer Society – National Office of Public Issues	February 24, 2000
Submission by Canadian Cancer Society – Saskatchewan Division	February 24, 2000
Submission by Regina Health District - Public Health Services	February 24, 2000
Submission by Saskatchewan Department of Education	February 24, 2000
Submission by Saskatchewan Public Health Association	February 24, 2000
Submission by the Saskatchewan Lung Association	February 24, 2000
Submission provided by the Heart and Stroke Foundation of Saskatchewan	February 24, 2000
Correspondence from Mamawetan Churchill River Health District	February 25, 2000
Correspondence from Mark Herzog	February 25, 2000
Submission by the National Association of Tobacco and Confectionery Distributors	February 25, 2000
Submission by the Saskatoon District Health Public Health Services	February 25, 2000
Correspondence from La Ronge Motor Hotel and Outdoor Adventure Company	February 27, 2000

Correspondence from Glenda Elkow	February 28, 2000
Correspondence from Grand Avenue Inn	February 28, 2000
Correspondence from Leslie Backstrom	February 28, 2000
Correspondence from the Tobacco Reduction Committee of Swift Current	February 28, 2000
Submission by the Canadian Tobacco Manufacturers' Council	February 28, 2000
Correspondence from Esterhazy Motor Hotel	February 29, 2000
Correspondence from Oliver Laxdal	March 1, 2000
Correspondence from Public Health Services, Regina Health District	March, 2000
Correspondence from Valerie Middleton	March, 2000
Correspondence to Associate Minister of Health from the Canadian Council for Non-Smoking	March, 2000
Presentation by Debora Grywacheski	March 1, 2000
Presentation by George Skwarchuk	March 1, 2000
Presentation by Paul Van Loon	March 1, 2000
Presentation by Rod Holmgren	March 1, 2000
Presentation by the Yorkton Child Action Plan Committee	March 1, 2000
Presentation by Val Churko	March 1, 2000
Presentation by Yorkton Body Image Interest Group	March 1, 2000
Report by American Society of Heating, Refrigerating and Air- Conditioning Engineers, Inc. on Ventilation for Acceptable Indoor Air Quality. January 1999	March, 2000
Report of the United States Environmental Protection Agency on the Respiratory Health Effects of Passive Smoking. December 1992	March, 2000
Submission by Public Health Services, Regina Health District	March, 2000
Correspondence from Hotels Association of Saskatchewan	March 3, 2000
Correspondence from Jennifer Wright	March 5, 2000
Correspondence from the Hearth and Stroke Foundation of Canada	March 6, 2000
Material on the Massachusetts Tobacco Control Program	March 6, 2000
British Columbia Newspaper Clippings on Smoking Ban submitted by Canadian Restaurant and Foodservices Association	March 7, 2000
Correspondence from Legislative Assembly – Legislative Counsel and Law Clerk	March 7, 2000
Presentation by Dr. John Owen	March 7, 2000
Presentation by Gabriel Springs Health District	March 7, 2000
Presentation by Judith Lambie	March 7, 2000
Presentation by People for Smoke-Free Places Saskatoon	March 7, 2000
Presentation by Ruth Collins-Ewen and Al Ewen	March 7, 2000
Presentation by Saskatchewan Association of Health Organizations	March 7, 2000
Presentation by Saskatchewan Coalition for Tobacco Reduction	March 7, 2000
Presentation by Saskatoon Community Clinic	March 7, 2000

Presentation by the Medical Health Officers' Council of Saskatchewan	March 7, 2000
Presentation by the Saskatchewan Cancer Agency	March 7, 2000
Presentation by the Saskatoon District Health Board	March 7, 2000
Submission by 7-Eleven Canada	March 7, 2000
Correspondence from A. Holt	March 8, 2000
Correspondence from Thomas MacLachlan	March 8, 2000
Presentation by Consumers' Association of Canada	March 8, 2000
Presentation by Eialeen Hanson	March 8, 2000
Presentation by Greenhead Health District	March 8, 2000
Submission by East Central Health – Alberta	March 9, 2000
Correspondence from Abbey Hotel	March 13, 2000
Correspondence from Doreen Hamilton, Minister Responsible for Saskatchewan Property Management Corporation	March 13, 2000
Correspondence from Michael Bergman	March 13, 2000
Presentation by Daryl Rudichuk	March 13, 2000
Presentation by Doris Lund	March 13, 2000
Presentation by Jacquie Calvert	March 13, 2000
Presentation by Laurie Dent	March 13, 2000
Presentation by Parkland Health District	March 13, 2000
Presentation by Stuart North	March 13, 2000
Presentation by the Living Sky District Health Board	March 13, 2000
Presentation by the Prince Albert Health District	March 13, 2000
Presentation by the Saskatchewan Division of the Canadian Diabetes Association	March 13, 2000
Submission by Saskatchewan Public Health Association	March 13, 2000
Correspondence from Pasquia Health District	March 14, 2000
Presentation by Jonas Samson Junior High	March 14, 2000
Presentation by the Northwest Health District	March 14, 2000
Correspondence from Irene Stang	March 15, 2000
Correspondence from North-East Health District	March 15, 2000
Presentation by Dr. James Irvine, Medical Health Officer, Keewatin Yatthe Health District and Mamawetan Churchill River Health District	March 15, 2000
Presentation by Sharon Feschuk	March 15, 2000
Submission by La Ronge Motor Hotel and Outdoor Adventure Company	March 15, 2000
Submission by Lynn Greaves	March 15, 2000
Correspondence from Connie Fuzesy	March 16, 2000
Correspondence from Pastor Ian Cotton	March 17, 2000
Correspondence from the Saskatchewan Health Educators Association	March 20, 2000
Letters from students at St. Peter School, Saskatoon	March 20, 2000
Correspondence from Outlook School Division	March 21, 2000
Responses by Associate Minister of Health regarding tobacco use	March 22, 2000

Correspondence from the Heart and Stroke Foundation – Healthy Public Policy Advisory Group	March 24, 2000
Press Release by the World Health Organization: Passive Smoking Does Cause Lung Cancer, Do Not Let Them Fool You. March 1998	March 24, 2000
Submission by Tilson Consulting	March 24, 2000
Submission by Domo Gasoline Corporations	March 27, 2000
Presentation by Saskatchewan Justice	March 28, 2000
Submission by Regina Health District – Public Health Services	March 29, 2000
Correspondence from Melvin and Ellen Doetzel	March 30, 2000
Submission by the Saskatchewan Children’s Advocate	March 31, 2000
Correspondence from Sheffield & Sons Tobacconists	April 4, 2000
Submission by Health Canada: 1999 Saskatchewan Youth Smoking Survey; 1996 Manitoba Youth Smoking Survey	April 4, 2000
The National Tobacco Reduction Strategy & You: Regional Tobacco Reduction Workshop. Sponsored by Health Canada et al.	April 11, 2000
Correspondence from Chris Johnson	April 14, 2000
Correspondence from Lynn Greaves, Regina Health District	April 14, 2000
Material on Operation I.D by Canada’s Tobacco Companies and the Canadian Coalition for Responsible Tobacco Retailing	April 17, 2000
Correspondence from Health Canada: Health Promotion and Programs Branch	April 18, 2000
Correspondence from Canadian Association of Chain Drug Stores	May 10, 2000