



Special Committee on Tobacco Control

Hansard Verbatim Report

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**SPECIAL COMMITTEE ON TOBACCO CONTROL
2000**

Myron Kowalsky, Chair
Prince Albert Carlton

Doreen Eagles, Vice-Chair
Estevan

Graham Addley
Saskatoon Sutherland

Brenda Bakken
Weyburn-Big Muddy

Bob Bjornerud
Saltcoats

Debbie Higgins
Moose Jaw Wakamow

Mark Wartman
Regina Qu'Appelle Valley

The committee met at 7:05 p.m.

The Chair: — I think there are people that are ready to make presentations so I want to welcome you all here today. This is the first day for this committee to meet members of the public. We met this afternoon with a group of high school students and students — I think they were middle years school — had a very good atmosphere. And I think they certainly . . . that's a perspective we all sort of have on it that we're doing here is we're doing a lot of stuff for the young folks in particular because they're the ones that are going to be ending paying up the bills and they're the ones that are going to be caught in the smoking trap.

What we're doing is we're searching for information basically, and we want to get a public feel for what it is and how far it is that you feel that the legislature of Saskatchewan should go on this quest as we try to curb the amount of people that are addicted to smoking.

So I've got what the order of the day will be. I've got a presentation which I'll try to get through in about 15 minutes, and then we will have presenters. We'll call you up one at a time in the order that you signed up unless there's somebody that has to leave early. Then you'll please let me know and we'll maybe try to get you ahead of time. And with that I'm going to see if our technology works here.

This committee was established by the legislature of Saskatchewan . . . by a motion of the legislature of Saskatchewan. Our job is to go out and search out, do some research, and come back with a recommendation to the legislature.

I want to introduce you to members of the committee. I'm the Chair of the committee. My name is Myron Kowalsky. My constituency is Prince Albert Carlton. Vice-Chair of the committee is Doreen Eagles who is here in person as well so if you can match the two. Doreen is from Estevan. Okay and Bob Bjornrud is our MLA (Member of the Legislative Assembly) from Saltcoats. Bob and Doreen appropriately sitting on my right. On my left we have Graham Addley from Saskatoon Sutherland and Deb Higgins, your own Moose Jaw person. And we're glad to have Deb on committee. Deb, would you like to make a comment at this time?

Ms. Higgins: — A comment that it's a great place to start in Moose Jaw and I'm glad this is our first day of the committee and so far it has gone very well at the school this afternoon. The young people at Vanier were wonderful, had lots of good ideas, and just spoke up and said what they thought. So I'm looking forward to a good meeting tonight.

The Chair: — Mark Wartman, the MLA for Regina Qu'Appelle Valley and my conscience, and we also have Brenda Bakken on the committee. She's an MLA from Weyburn-Big Muddy and Brenda will be joining us at Weyburn and Estevan, I believe, next week.

We also have with us some staff members. Donna Bryce, Clerk to the committee is seated on the right of the centre table, and your Moose Jaw person, Tanya Hill, research officer with the

committee, living here in Moose Jaw.

And also we have people from *Hansard*, our technicians, Darlene Trenholm — Darlene, are you here; hold up your hand — Kathy Wells, and Alice Nenson at the back.

We also have with us sound crew — people who bring you the television from the legislature — Ihor and Kerry. Where are they? Are they here? Okay, Ihor's back here. Good.

And there's one other person whose name is not on this list, and that's Greg Putz. And Greg has got his arms crossed at the back there. He's sort of the senior Clerk who's just making sure that we're doing things right here.

What's our job, folks? I've got four items here that we're trying to accomplish. First of all the committee is supposed to assess the impact of tobacco use in Saskatchewan, particularly how it affects children and youth. The committee is mandated to advise on what provincial laws we should change to protect people, particularly children and youth.

We're mandated to come up with recommendations of what we should do to protect people from second-hand smoke. Should we be designating smoke-free places? Who should do that? Should it be the provincial government? Should it be the federal government? Should it be the municipal government, health authorities, or whoever? Or nobody?

What should we do to prevent and reduce tobacco use? Should we be doing something else about enforcement than we are doing — can you see that? No? It's okay? Should we be changing the pricing system of tobacco products? Should we be doing something about education, more about education, or about public awareness?

So that's why we're going through this public hearing process. It's part of the process — that is, to listen to the people of Saskatchewan. And to do that we're going to 17 communities and we're going to 14 schools.

The other part of it of course is to do some research on the stuff that's available from library, and research other people have done. And that's why we have a staff assigned to this.

The current situation in Saskatchewan — I'll run through this very quickly — right now this graph tells you a little bit about the percentage of population here by province across the bottom. And it shows us where Saskatchewan is.

There are two lines. There's a dark line which . . . the black part of the graph represents people ages 15 to 19, and it tells us that in Saskatchewan 34 per cent of our population, 15 to 19, smoke. It also tells us that about 25 per cent of the population aged 15 years and older smoke.

This graph talks about the . . . shows what's happened over a period of several years — from 1981 to 1999 — that is, what has happened to cigarette consumption during that time. Cigarette consumption on this one.

The first line along the top is the line that represents all males.

So you can see there's been a general trend from '81 down through to '99 across Canada, that males are actually smoking fewer cigarettes.

Likewise for females. And females are doing better than males there in terms of . . . that is if you consider smoking less to be better.

Then we have this other graph which is a little more volatile. But this line, the third line represents males ages 15 to 19 and their average consumption ends up at around 12, 13 cigarettes a day. Females, ages 12 to 19 also . . . well, things have changed here. There was an upward trend around the '80s, late '80s, went down, and once again, since about 1996 has been increasing. So now the rate of smoking across Canada for young males and young females is about the same — about 12 cigarettes per day.

This is a survey that was conducted in Saskatchewan and Saskatchewan was divided into three regions; a northern region, a central region, and a southern region. The southern region being No. 1 Highway and south, including Regina, and I think including Moose Jaw, except those of you that live north of the highway.

But it shows that people in northern Saskatchewan, which is north of Saskatoon, those north of . . . north part of the province is the first line here — 38 per cent smoke, males; and females, 51 per cent.

Whereas if you go to southern Saskatchewan, 30 per cent of males smoke here and 32 per cent. So, congratulations southern Saskatchewan, you're costing the treasury less, but it is rather interesting just to take notice that we have a difference within our own population.

What's happening in terms of legislation right now in Saskatchewan, the tobacco . . . Minors Tobacco Act, which was revised in 1978, prohibits the sale of tobacco to persons under the age of 16. It permits merchants to sell to minors, if they have written consent from their parents. There is a maximum fine for \$10 for this, to merchants. And there is also one other piece of provincial legislation which gives urban authorities the power to regulate smoking in public places if they should so choose.

There is also federal legislation of 1997, the Tobacco Act, which is enforced in Saskatchewan and currently prohibits the sale of tobacco to persons under the age of 18; and allows for fines as high as \$3,000 for the first offence and \$50,000 for the second offence. This Act then, of course, supersedes the provincial Act.

It prohibits the advertising of tobacco products on TV, radio, newspapers within the country but allows sponsorships of adult-oriented events; some sporting events that adults participate in. And more recently you've heard about the regulations — regulating of a package that cigarettes are being sold in.

Just a little break in my talk here, but I don't know if you can see it from where you're sitting, but these pictures are of diseased lungs on my cigarette package, they make me nervous

. . . (inaudible interjection) . . . He says me too. Well, guess that just tells us . . . like what it does to me is it reinforces that smoking really is very addictive.

And let's look at some of the costs. Direct costs, given to us by the Department of Health, compiled by the specialists there, and they use some national statistics, some national studies, and a pretty complex process, but they estimate right now its about \$87 million a year for hospitalization, physician's service, drug costs, and fire losses. There's also some indirect costs — about 197 million. Mortality means . . . if a person say dies at age 50 and they would ordinarily would work to age 65, would be how much wage loss there was from age 50 to 65 due to a premature death. And morbidity, on the other hand, refers to the number of earning days lost due to a disability or due to illness from smoking — people who are currently at work.

Then there are other costs like environmental tobacco smoke. There are days lost by people working in bars or in cafés, for example, where they are breathing a lot of tobacco smoke that there are some days lost. Other ones . . . like low birth weights babies take more to take care of. So we add all that together and it comes out to 266 million. That's the total revenue to the province from tobacco tax — total cost, pardon me — that's the outgo.

Then in addition to that, there's — no we'll take a look now at what we get in. \$17.20 per carton of 200 cigarettes plus the PST (provincial sales tax). \$125 million we're expected to bring in to the treasury this year — provincial treasury. Last year was a little less, but it goes up every year. Federal taxation — 10.85 per carton plus GST (goods and services tax) which gives the federal 2.2 billion in revenue — federal government.

One of the things we want to hear about from you then are about some of the hot topics, maybe some about lung cancer, heart disease, stroke, other cancer and chronic lung diseases, and particularly we want to bring to attention of young people the effects on prenatal health of smoking which apparently has . . . can be just as harmful as drugs and alcohol.

Now the number of deaths attributable to tobacco use is this graph. And this is in Saskatchewan. It comes out to about eleven hundred. Not quite; compared to traffic accidents and suicide. So you see why the legislature would establish a committee on smoking as opposed to suicide or traffic accidents first. This is something that I think we can do more about sooner, or we hope to. We don't know.

Pretty weird advertising it says at the bottom there. It's like recommending a food because it's low in poison. Just a little diversion from what we're doing here.

Other hot topics: we know youth smoking is on the rise. We heard a lot about peer pressure today from youngsters. They talked about access, they talked about education. And they asked me to read this to them because they couldn't see from where they are.

Mama says, "Are you okay?" And the little guy says, "Oooh." "You smoked some of that cigar, didn't you?" And he says, "Yeah, now I think I've caught the cancer." And Dad says, "Shouldn't we just tell him it's just nausea."

And she says, "All in good time."

Some of the other hot topics around smoking in public places, there are economic realities to anything we might do. We know that there are bar owners, there are cafés, there are filling stations that derive considerable revenue from the sale of cigarettes and other items, and if they allow smoking for example in their businesses and they were suddenly to change, there would be an economic impact.

There are the rights of smokers. Simply the right of freedom of choice. There are the rights of non-smokers. The right to breathe clean air. It's a matter of balancing those two. There are the health effects of environmental tobacco smoke which I've touched on earlier. Then just social pressures on young people of seeing, you know, good, upstanding citizens, smoking, like it's the thing to do. And you remember what we all used to see in the movies from way back when some of our favourite stars were shown with a cigarette in their mouth.

This one here talks a little to the freedom of choice. I can't read from here either. When he said: I have smoker's rights too. When I said: I had to agree starting with the right to smoke all your own smoke, I said — there he is. Everybody's happy.

A couple of other hot topics. There have been certain things that have happened to recover health costs in North America. In the USA (United States of America), four states sued the tobacco companies and they won. As a result of that, 46 other states settled out of court and right now the 50 states are sharing a total of \$250 billion over 25 years — over a period of 25 years — to compensate for health costs.

We know that in British Columbia . . . BC (British Columbia) is in the process of suing tobacco companies. Ontario has said they're going to do that. Our federal government is currently launching a lawsuit in the US (United States) to hold manufacturers accountable for illegal smuggling.

Just to go back to a comparison of our tax revenue with our health care costs in Saskatchewan, the costs are in yellow and the estimated tax revenue is in a lighter green colour.

This is a tough one. You remember the doctor here is Dr. Kevorkian in the States, but he's saying here: nickel, lead, mercury, benzene, formaldehyde — why didn't I think of that. It's a little tough but if you have a sort of a cynical sense of humour, then you might appreciate it.

This is something I just thought I'd end with, particularly for the young folks — something to think about — how you can save some money. If you're a smoker, six bucks a pack, average young person smokes 12 cigarettes a day. Work out the cost. That comes out to \$75 per month. Add to that the cost of the savings in insurance because when you're young and you've got a family, you've got these insurance agents that tell you you've got to buy life insurance. I know I had; most people do. But right now there's a differential of about \$11 a month on \$100,000 worth of life insurance. So put that together. That's a saving of \$86 per month. The magic of compound interest, 10 per cent for 10 years, and you've got yourself \$244,343. That's considering inflation. Well not quite a millionaire, but not bad. Good enough to keep you in vehicles and certainly to put you

through college.

So our committee is prepared now to sit down and listen to you. I want to mention that we have a Web site, those of you that are computer buffs, and it's there. You might, if you want to take it down now that's fine. If not, you can come back later or pick it up from the staff at the back. And encourage your young people that you might know of to fill it out. It's a youth survey actually and we want to be able to assemble that.

So with that . . . What happens now?

With that what I'm going to do is close. We will be asking people who are making presentations to come forward. We have a mike here so that your words are recorded on *Hansard*. I hope you're not as nervous as I am standing up here.

And then what we propose to do is that we're allotting about 20 minutes per group or individual — whatever way you're coming in on this, because I think we've got — what? — six groups here today?

A Member: — More than that.

The Chair: — More than that. Nine groups. So if you get finished sooner than 20 minutes that's fine too. But we'll max out at 20 and if you want to . . . You can use your own discretion here, but if you want to allow time for questions and sort of shorten your addresses, then we can have time for questions from the committee members. If you use up the whole 20 minutes, then we'll just go on to the next group.

Where do we have the list and who's first?

At the top of the list we have Mervin Kempert from Moose Jaw. And Mervin, would you like to take a seat? Thank you.

Mr. Kempert: — Well good evening. I'm Mervin Kempert. I'm a retired — recently just — Seventh-day Adventist minister. I'm also a health educator. But I am a volunteer for the Moose Jaw unit of the cancer society here.

And looking at this whole problem, I'm going to give you a definition of a person that has written a lot on healthful living. She lived from 1827 to 1915. And maybe you've heard this definition of tobacco somewhere in your readings too, and maybe not, but this is long before science has really shown what she's written has come to pass.

Listen to what she wrote. She lived from 1827 to 1915. Can you hear me all right?

Tobacco is a poison of the most deceitful and malignant kind, having an exciting, then a paralyzing influence upon the nerves of the body. It is all the more dangerous because its effects upon the system are so slow, and at first scarcely perceivable."

She also wrote this:

"Tobacco is a slow, insidious poison, and its effects are more difficult to cleanse from the system than those of liquor."

This I have found to be true in conducting the 5-Day Plan. Maybe you've heard of the 5-Day Plan. The 5-Day Plan was originated, and I understand it was the first one on the market originated in the early 1960s, by a Seventh-day Adventist pastor and a Seventh-day Adventist doctor. Five nights to help people overcome smoking. It is now the Breathe-Free program.

I have been conducting each one. And it's interesting that I have found, talking to those participants, saying which was the hardest, liquor or tobacco? And many of them said, why alcohol was no comparison on the tobacco problem. They had more problems giving up tobacco than the alcohol.

I believe it was some years ago that the medical doctor, Dr. Ochsner, said this about tobacco: "Tobacco is a loaded pistol and time pulls the trigger. (Tobacco is a loaded pistol and time pulls the trigger)."

And I understand in lung cancer it takes about 20 years for it to show up. So tobacco is a loaded pistol and time pulls the trigger.

Now I know that you have read lots of statistics. I'm not going to be bringing a lot tonight but I am going to refer to a few here.

Lung cancer is the leading cause of death due to cancer in Canada. And tobacco use is the single most important preventable cause of lung cancer. And 40 per cent of lung cancer deaths occur among individuals under the age of 65. And that's from *Health Canada Cancer Updates*, June 1998, page 1.

And your chairperson referred to the cost, but I'd just like to reiterate again the figures that I took down. In 1998, the Saskatchewan government received \$122.68 million from tobacco taxes — in 1998. And then it said the projected tax dollars for years 1999-2000 are \$125.8 million. We're going to take in, in 1999-2000.

But now, as was pointed out the other side. What are we spending out? And the figures I have, total direct and indirect cost of tobacco use to us people here in Saskatchewan — and this is an estimate conservatively — \$264.84 million in 1997 is going to be spent out.

But the feds have prediction of total cost for Saskatchewan people is \$564 million. And this was in 1997. So we can see that we're spending out more than what we're taking in on taxes.

But friends, I believe we have to have a more aggressive warfare against tobacco control, and what is being done is good. I applaud this. However, as a health educator and those dealing with this problem, I feel frustrated that not more is being done. And I'm convinced that we don't need to study and research tobacco any more. The evidence already collected is foolproof — that tobacco is a killer in whatever form it's used. It seems to me that some are playing war games instead of being dead serious about tobacco control. For the army of soldiers in this long, drawn-out war seem divided to me. All the evidence gathered already shows that tobacco is a killer, so the product I believe should be removed from the market. As long it is lawful for tobacco to be sold, the army I believe of fighters were divided.

For example, we — the field soldiers — are fighting hard to stop the use of tobacco while headquarters — the elected government members — still list tobacco as a legal product. So to me we're fighting against ourselves. Tobacco in its present form is a deadly poison and is not fit for human consumption — we're agreed on that. At present it can be used for killing bugs but not for human consumption.

But I was wondering, possibly with our scientific evidence, maybe we could genetically modify the tobacco plant to come up with a good use of it. I don't know. I was just thinking on these lines. But I do believe we should subsidize farmers who grow good crops in place of tobacco.

And I think some of us will remember quite a few years back, you remember when grapes were being imported from Chile, and all of a sudden there was a tremendous scare thinking there was a pesticide on the grapes that were going to cause cancer and basically that whole industry was shut down — importing grapes from Chile. And yet tobacco use is not attacked in the same way we did on the grape scare.

Or another way I look at this problem is that of fighting an octopus — cutting off the arms but not really killing the octopus. So we're fighting the tobacco problem. The arms of the octopus correspond to the symptoms of tobacco use. So we're trying to cut off the systems, my friends, but we need to kill the source — tobacco production — and there will be no more arms to cut off.

So, in conclusion, I understand that Saskatchewan has the weakest tobacco control legislation in Canada, but let's continue what we're doing in fighting for tobacco control. But I believe too, to plan more aggressive warfare to ultimately, I believe, to eradicate tobacco use. And as we wrestle with this giant enemy — tobacco — I believe our motto should still be: "no compromise and no stopping of our efforts till the victory is won." Thank you.

The Chair: — Thank you very much.

Mr. Kempert: — I have a copy if you'd like to have a copy. I'll leave a copy here for you.

The Chair: — Yes, we would. It would be for good us to have . . . check against the *Hansard*. And we'll open it up now. Would you like to . . . Or is there anybody who would like to ask questions of . . . Yes, just come back to the mike please, Mr. Kempert . . . (inaudible interjection) . . . Well, there may be some tough questions here. Who knows?

Ms. Eagles: — Mr. Kempert, I thank you for your presentation and I'm not at all disputing what you say, so please don't misunderstand me. When you presented your statistics on lung cancer, were those proven to be caused through tobacco?

Mr. Kempert: — Yes. Yes, I took it from the cancer update. Yes.

Ms. Eagles: — Now, do you have any figures as to how much lung cancer is caused through asbestosis?

Mr. Kempert: — I haven't on those, no.

Ms. Eagles: — Okay, because like I'm from Estevan and we have a major power plant there and I know in my area there are a lot of people that are affected with lung cancer and it's been diagnosed as asbestosis. And that's why I'm asking you that.

Mr. Kempert: — This was through, as I say, the cancer update, that I took that figure from.

Ms. Eagles: — Okay, and I have one more question, if I could. When you said that the government declares tobacco a legal product, now do you think by making tobacco illegal, that would get rid of our problem?

Mr. Kempert: — No, no, I wouldn't say it would get totally rid of it. All I'm saying is it seems we're fighting on two fronts, if you follow me. If I'm in a literal army, we have to have an objective. I can't have half of my troops behind the scene doing one thing and we say we're after the same objective. That's all I'm saying — is it doesn't seem to be concentrated to me. It seems we're dividing. We say we're against tobacco and yet the government . . . it is still a legal product. That's all I'm saying we're fighting . . .

Ms. Eagles: — Okay, and do you think that if tobacco was banned in Saskatchewan that people might go elsewhere? And I'll use myself again as an example.

Mr. Kempert: — Oh, I'm sure . . .

Ms. Eagles: — As Dan knows, Estevan is only about 10 miles from the U.S.A. and everybody goes to Noonan anyhow so they could go down there and buy their cigarettes and we'd have a black market.

Mr. Kempert: — You're right. You're right.

Ms. Eagles: — And I was just wondering if . . .

Mr. Kempert: — No, but I still don't think — and I might be wrong — but I don't think we'd have the problem on the black market as much as the other way. Now that's my thinking; I might be wrong on that. I might be wrong.

Ms. Eagles: — No, no, I'm not saying you're wrong at all, sir.

Mr. Kempert: — I'm just concerned as I'm on the firing line with this: it just seems that we're divided forces. That's all I'm saying. And it bothers me because we're on one front here and then behind the scenes, it doesn't seem we're really concentrating. That's all I'm saying.

Ms. Eagles: — Okay, I understand that. Thank you, sir.

The Chair: — There may be other questions. Yes.

Mr. Addley: — Thank you for being here this evening. I guess I wanted to say first off, just thank you for your comments, that they're very forceful and very clear and easily understood . . .

Mr. Kempert: — Thank you. Thank you.

Mr. Addley: — And to your commitment for all your life fighting this issue. I did wish you had spoken a little longer as

to ways that we should strengthen the legislation in Saskatchewan. Did you have any concrete examples on that?

Mr. Kempert: — Well, I'll just lay it on — I say zero. I mean that's my approach right now. I'd say, "bam," subsidize anything but it must go, it must go. That's all there is to it. That's my conviction now. And I know there are going to be problems there — don't get me wrong — but I'd still say that's the attack we have to take.

Mr. Addley: — Okay, sir. But I guess taking it from a provincial perspective, we don't have farmers growing tobacco.

Mr. Kempert: — No. No, I realize that, yes.

Mr. Addley: — We don't have a tobacco industry here, so we don't have to be concerning ourselves . . .

Mr. Kempert: — But I like what she said over here, maybe as Saskatchewan, we might have to lead the charge in that sense and just eliminate it all. And I'm not saying there won't be problems in it. I'm facing reality with you. But I think . . .

Mr. Addley: — But are there steps towards that time frame? Like what would we do first, second, third, fifth, to get to the point of zero tolerance?

Mr. Kempert: — Yes, I see what you mean, just like the chairperson outlined some of the steps it would take. It would take some time, but I haven't got any definite time frames; it's just that we'd make a decision saying, hey, we are going to eliminate this product and work with all we can within those confines.

Mr. Addley: — Well thank you very much.

A Member: — Good. You got a copy, did you, of that?

The Chair: — Yes. I have one question as well. In your figures you said that Saskatchewan, our intake, our provincial government . . . I was interested in the difference in those figures . . . (inaudible) . . . federal . . .

Mr. Kempert: — Yes. Yes, I was too when you said . . . Now I got that handed out from the speaker's notes, if I recall right, that we were going to go through. And that's where I've got those figures from. I didn't bring them along.

The Chair: — The 564 million?

Mr. Kempert: — Yes, that's the feds had worked that out. Yes.

The Chair: — I'm surprised that their estimate is so much different than ours. Or maybe they're taking different things into account.

Mr. Kempert: — Yes, they did more in depth on it.

The Chair: — Well thank you very much for . . .

Mr. Kempert: — Well, thank you and . . .

The Chair: — Oh, Mark still has a question, Mr. Wartman.

Mr. Wartman: — As another clergy, I just have one comment that I would like to make looking in general at what you were saying, that comment is “amen.”

Mr. Kempert: — Well thank you.

Mr. Wartman: — It means “so be it” basically.

Mr. Kempert: — That’s right. As I say, on the firing line I do get frustrated and I know talking to some of my colleagues too, it just seems, like I say an octopus — we’re cutting arms but we’re not going on in “bam” and hitting head on. But thank you, I appreciate that, Mark ... (inaudible interjection) ... Thank you very much. Appreciate it.

The Chair: — Merv, thank you very much for, first of all, giving us your long-term view. I certainly appreciated your analogies. Thank you.

Now I’m just going to give an outline of what’s going to happen so that you can see where you’re fitting into this. Next we’ve got Paul Silvester and Tracy Bertram from the Moose Jaw-Thunder Creek Health District. And they’ll be followed by Deign Salido, a respiratory therapist. And then we’re followed by Keegan from ... Keegan McEvoy, then Diana Aldridge, then Lois Toye, then Sharon Cochrane.

So we’re asking now, are Paul and Tracy here? Paul and Tracy, you are with the Moose Jaw-Thunder Creek Health District, I understand.

Mr. Silvester: — Thank you for allowing us to speak tonight. My name is Paul Silvester. I’m the senior public health inspector with the Moose Jaw-Thunder Creek Health District and Tracy Bertram is also with the district and she’s a research officer.

Tracy will be presenting some information on a survey that was done last year. And I have ... I did submit a document for the committee and you should have those copies. They are available for the committee. It wasn’t my intent tonight to read that document. I just wanted to say a few words to preface that before I just speak to some of the issues in the document that I did put forward.

I believe the governments have a duty to enact healthy public policy, and tobacco control is one area of public policy that I believe is crying out for active legislation to try and curb its effects.

I’m sure that over the course of these hearings you’re going to hear that people feel they have the right to smoke when they want and where they want, and I agree with half of that. I believe they do have the right to smoke and I don’t think there’s anything we can do to stop that, but I would disagree on their right to smoke where they want.

The rights and freedoms that we enjoy do not confer on us the right to harm others. And that’s where I think the tobacco issue has a lot of problems. Over the past few years a lot of research has shown that tobacco is not only killing smokers, it’s also killing non-smokers. And this is the environmental tobacco smoke that Myron spoke about in the introduction.

The environmental tobacco smoke, ETS, contains far more harmful chemicals than the mainstream smoke. When a cigarette is lit, if it is not actually being smoked, it burns at a lower temperature. And the research indicates that the chemicals that are given off by the lower burning tip of the cigarette are much more concentrated than the smoke that’s taken into the lungs of the smoker. So I think we need legislation to protect people from the effects of environmental tobacco smoke.

Now climate dictates we spend a lot of time indoors, and these indoor spaces should be smoke free. BC recently enacted legislation prohibiting smoking in the workplace. This was an occupational health and safety measure — workplaces are smoke free. Other provincial governments and municipalities are also enacting legislation across the country and I think we should be following suit.

I trust that this committee will do the right thing and the just thing, and that is recommend that provincial legislation be enacted to prohibit smoking in enclosed public spaces.

I’ll hand the microphone over to Tracy now and I’ll just turn the slides for her on the overhead projector.

Ms. Bertram: — Thank you. I’d like to give a kind of perspective of our Moose Jaw-Thunder Creek Health District to this whole issue.

In the fall of 1999 we conducted adult and senior surveys in the Moose Jaw-Thunder Creek and South Country Health Districts. And the South Country Health District also includes Assiniboia and more southern areas. We surveyed adults, about 907 adults and about 485 seniors, and we classified an adult as age 19 to 65, so when I speak of an adult that’s what it refers to.

And our survey dealt with a variety of health topics. We covered everything from lifestyle issues, gambling, alcohol, blood pressure checks, etc., but one of the critical areas that we wanted to focus on was smoking and see where we stood in line with the provincial rates and national rates.

When we found our rate of current smokers, we found our smoking rates in our service area are very, very high. Overall we have a smoking rate of 34 per cent, and this rate increases to 35 per cent for the city of Moose Jaw. The provincial rate is 30 per cent for all adults, so we’re quite a bit higher, by about 4 to 5 per cent. And our rates are even higher than the province of Quebec, which is considered to be one of the highest rates in the whole country.

Overall smoking rates for males are also higher and especially so in the rural areas. We found in rural Moose Jaw-Thunder Creek Health District the rate went up to 42 per cent.

In terms of environmental tobacco smoke, 41 per cent of our adults say they live in a household where someone smokes in the home, and many of these households had children as well. And of those women who are current smokers, 46 percent stated that they smoked during their last pregnancy. The average age when respondents started smoking was 16 years and the youngest age reported was six years old — now these are people aged 19 to 64 so it could have been smoking for many

years — and an overwhelming 86 per cent of current smokers have tried to quit sometime in their life.

We also asked about exposure to environmental tobacco smoke and 38 per cent of our respondents said that they do avoid certain public places due to ETS. The most commonly avoided places were restaurants and bars.

And we also tried to get a picture of how business would be affected if they went smoke free and we asked people if they would go more often, the same, or less often, if these following places became non-smoking or smoke free: 89 per cent said they would go more often or the same to bars; 88 per cent said they would go more often and the same to restaurants.

This increased to 94 per cent for arenas and 93 per cent for bingo halls, and 94 per cent said they would go more often or the same to the mall. So as you can see from these numbers, businesses would not be affected a great deal if they were to go smoke free.

We also asked about support for a stronger legislation in our health district. As you can see from the graph, 49 per cent of adults support increased ETS legislation, 33 per cent are indifferent, and only 18 per cent are opposed.

As I mentioned, our survey also included seniors; 10 per cent of our seniors in the service area are current smokers and this increased to 13 per cent for this city. However, these rates are quite low and the seniors don't appear to be big smokers in this part anyway. And only about 1 per cent of seniors said they would go less often to public places if they became smoke free, so I think that they have a lot of support for a smoke free environment; 86 per cent of the seniors again support or are indifferent to increased environmental tobacco smoke legislation in our health district.

Mr. Silvester: — Sometime last year the mental health officer we had at the time here in the health district organized some of the employees like the Community Health Services division, which used to be known as Public Health, into a team to combat the effects of cigarette smoking, and the three major activities that that team undertakes are cessation, protection, and prevention. These are the three thrusts of the program against tobacco.

The first one, cessation, recognizes that nicotine is addictive. It's not easy to quit smoking but there are very effective programs available. One of them was referred to by the first speaker, and the health district does have a smoking cessation program available for residents of the health district that do want to quit smoking. As I said we realize it's quite difficult, and the health district is committed to assisting those people and to helping support those programs that will get people to quit smoking.

We also hope to have some information or a training course available for local physicians. There appears to be some reluctance or lack of information on their part to help their own clients when they go to them looking for help in quitting smoking. So there was a program. We were trying to get something together for the physicians.

The second part is protection. This is protection from environmental tobacco smoke. We said quite a bit about that this evening. It is hazardous. It doesn't matter if you're a smoker or a non-smoker. Environmental tobacco smoke affects everybody. It even affects the health of smokers. Apart from the fact that they are taking this into their lungs, the ETS will have more effect on them as well. So it's not just the people that are smoking. It's the non-smokers that they're getting sick as well from this ETS.

And the most vulnerable members of society are children. Their growing bodies are even more affected by cigarette smoke. And this is really one of the major reasons why we are really hoping that we can have some provincial legislation that curtails smoking in public places, especially public places that children have access to — restaurants, open areas of the mall, hockey rinks, curling rinks, any public facility like that, daycare centres. I think it's going to be a hard sell trying to legislate non-smoking in adult-only places. But I think there's no reason at all why we cannot have legislation for general public spaces, and I would encourage us, this committee to recommend that in its recommendations at the end of this process.

There are a number of smoke-free restaurants in town, and we are . . . We hope to be doing some sort of promotion of those smoke-free restaurants. We don't have very many yet, but there are a few. And we also will be carrying out activities like this, lobbying for greater municipal or provincial legislation in tobacco control.

The last step is prevention, and this again can have a very big impact. If we can stop children smoking, if we can stop children experimenting with tobacco, there is a very good chance they will not become smokers.

And some of the research indicates that children hear the message best from people their own age. Now I think this afternoon you were at one of the local high schools so you probably heard from the students there. There is an organization called SWAT, which is Students Working Against Tobacco, and I believe they have made a presentation to you — if not today, then I'm sure that you will hear from them over the course of the next few weeks. The health district provides support to this group through the Teen Wellness Centre, and we also have some public displays encouraging non-smoking. And we are working with other community agencies in putting forward the non-smoking message.

About the same time that the health district was doing the survey last year of the residents of the health district, the public health inspectors did a brief survey of the restaurants here in town, where we sent out about 50 survey sheets and we got about 46 of them back. Of those 46, 8 were smoke-free, 29 had a mix of smoking and non-smoking areas, and 9 of them had no non-smoking areas.

And one of the questions we asked them was what they thought of a bylaw requiring restaurants to provide a non-smoking area, and only 30 per cent of the respondents were actually opposed to a bylaw.

And on the question of increasing the number of non-smoking seats in a restaurant, 36 per cent of the restaurants that have

both smoking and non-smoking seats were opposed. So in both cases the majority were either in favour or were not opposed to the further provision.

We also asked them what their opinion was of how they thought their business would change or what would happen to their business if they went non-smoking or if they increased the number of non-smoking spaces or if they went smoke-free.

On increasing the number of non-smoking spaces, only one operator thought his business would increase, 42 per cent thought it would stay the same, and 55 thought it would decrease.

On going smoke-free, 10 per cent thought business would increase, 24 per cent said it would stay the same, and 66 per cent said it would decrease.

Now that's interesting because all of the research that has been done indicates that in fact that is not what happens. All the research indicates that in fact business either stays the same or in fact increases.

Sask Health has put out a number of publications on smoking and tobacco control and they reference a number of studies that indicate that those misconceptions are in fact wrong.

I had a copy in my files of a report from CDC Atlanta, and it's called "Assessment of the Impact of a 100 Percent Smoke-Free Ordinance on Restaurant Sales." This is from West Lake Hills, Texas. And it states in part: "... total sales of the restaurants did not decrease after implementation of the ordinance."

Most of the reports on decreases in sales are just anecdotal and they tend to be just stories that operators say yes, they think their business has gone down.

This study from Texas was based on taxation reports to tax departments and it was done over several years — from 1992 to 1994 — and those findings were that, in fact based on figures reported by the restaurant operators, sales did not decrease.

I spoke to most of the operators here in the city that operate smoke-free restaurants and every one of them was unequivocal in their enthusiasm for going smoke-free.

As I said, we only have eight smoke-free restaurants in town here. Regina has about 122, so it certainly is a trend. And that is without any real legislation. They do have a partial non-smoking bylaw for restaurants in Regina but, as I said, over 100 have gone completely smoke-free.

I think the research shows that people do not stop eating out because restaurants go smoke-free. People like eating in a smoke-free environment, people want to eat in a smoke-free environment, and people deserve to eat in a smoke-free environment.

In summary, I think that the primary objective of any new legislation should be legislation such that mandates smoke-free public spaces, especially those spaces that children have access to. Additionally we believe all workplaces should also be smoke free. As I mentioned, this was recently enacted in BC as

an occupational health and safety measure. Enacting this type of legislation will begin to bring us in line with the other provinces. The health effects of tobacco use demand that healthy public policy be proclaimed and enacted. You have that power and we urge you to use it. Thank you.

The Chair: — Thank you very much. We've got a couple of minutes left for one or two questions if somebody . . . yes, Bob.

Mr. Bjornerud: — I've got a quick question. On your graphs — thank you for your presentations by the way — on your graph you have, looking at the one with seniors here for an example, and you have at the bottom 86 per cent support or are indifferent to increased legislation. Do you have a breakdown of that though? How many actually would like to see — support increasing the legislation, and how many really are indifferent to it? Because that number can be kind of deceptive there. That could be 1 per cent want the legislation increased or vice versa.

Ms. Bertram: — That was for the seniors again. For the seniors, 48 per cent supported and 38 per cent were indifferent.

The Chair: — Deb Higgins has a question.

Ms. Higgins: — When you had talked about legislation and liking to see it implemented, how do you see that being done? All at once, phased in over a period of time, phased in over, you know, hitting different areas?

Mr. Silvester: — I think with public space legislation it should be all at once. In other jurisdictions across the country where they have brought in this type of legislation there's usually a lead-in period — what people are aware of it and that could be up to a year — so that there's plenty of time for public relations work to be done to make certain that people realize this is coming. You haven't suddenly turned up the day before, put signs up saying "No Smoking." And I certainly wouldn't have a problem if that process took a year. But I mean at least that would give us a target, and it would give us something very definite to aim for it. And that would be plenty of time to make businesses aware that this is going to happen on this date.

The nice thing about that is that it's this level playing field that everybody wants. If we have provincial regulations — legislation governing public workplace or public spaces — there is no one operator in a restaurant that can say that's not fair, the guy down the street doesn't have to because the guy down the street does have to. If it affects everybody all at the same time, we can make certain that we have the means in getting in touch with all the restaurants in the provinces — in this province I mean.

We inspect restaurants. We inspect a lot of public facilities as public health inspectors. The information can be got to the operators, and I think that with a lead-in of a year it certainly could be done.

Ms. Higgins: — Thank you.

The Chair: — Well thank you very much, Paul and Tracy. I thank you for bringing your study here and our congratulations to the health board for sponsoring the study. It's these things that are done locally help a lot, give us a perspective. Thank

you.

Next, Deign Salido, respiratory therapist. Oh here we are. Deign, I like the spelling of your name, I wasn't sure what to say at first.

Mr. Salido: — It's Deign.

The Chair: — I apologize.

Mr. Salido: — All right, I want to give a different perspective about the hazards of smoking. I'm not a very good oral speaker, my hands are very clammy, and I'm not used to this — I feel like Ollie North on trial here. But I'm going to put this up. I don't even have projector helper.

All right, I'll be talking about the dangers of smoking. I'm going to give a different perspective on my point of view as a respiratory therapist. I love technology . . . there's my laser pointer. A respiratory therapist perspective . . . this is cheap.

Like I said my name is Deign — the spelling is D-e-i-g-n — Salido, and I'm a registered respiratory therapist. I was a student, a long-standing student, therefore I got a Bachelor of Science too.

Okay, I even spelled it wrong. What is a respiratory therapist? Probably many of you haven't heard of a respiratory therapist. What a respiratory therapist does, we are a multi-faceted health care professional who works exclusively with the cardiorespiratory field — that's the heart and lungs. We're unique in which we take all that technology and we have direct hands on with patient care dealing with the cardiorespiratory field.

Okay, what fields do we work in the hospital? We work in wide range of areas. We work in the ICU (intensive care unit). It's Thursday so we also work in the ER (emergency room) — I'm missing ER right now. We work in the medical wards, in the maternity, also in the community sometimes — home care. We work in a whole wide range of areas out in the field. Most of our area is trauma though.

We see a lot of patients and, believe me, I'm pretty rundown in the day. The majority of our patients have breathing problems. And in Moose Jaw here, the base that we see is mainly the elderly, farmers, and ex-smokers. And I'm going to concentrate on the smokers.

We've gone through statistics throughout this evening. I was never a good statistician, I just remembered my Stats 110, but that's why I let the statisticians do the statistics. I'm just going to reiterate approximately 1,600 people die in Saskatchewan per year. We saw a graph that tobacco kills more than MVA (motor vehicle accidents), AIDS (acquired immune deficiency syndrome), drugs, suicide, and homicide combined. Smoking is responsible for 70 per cent of deaths in COPD patients — COPD stands for chronic obstructive pulmonary disease, so those are the kind of patients that we see.

The majority of people that use oxygen, supplementary oxygen, when they walk around with tanks, there's about 1,800 people in Saskatchewan, they're ex-smokers. So you can see the effect

of smoking on some patients.

The cost of using oxygen on the government is approximately about \$7 million per year, of using supplementary oxygen.

The Chair: — Deign, I see you're also a closet artist.

Mr. Salido: — Yes, I noticed you had Power Point and I wish I would have brought my Power Point thing. I love technology.

Okay, I can keep going on with statistics, blah blah blah, but we know time after time the statistical analysis of the effects of smoking, the main truth is that smoking kills and there's no ifs, ands or buts.

Okay. So we could take the statistics all you want and just pour it . . . especially with teenagers. If you give them statistics, they're probably going to drool on their desk and get bored of it. I want to talk about the experience that I see in the hospital especially. As RTs (respiratory therapist) we see first hand the effects of smoking, the devastating effects of smoking.

The vivid effects we see is patients that used to have a normal life walking here and there now are dependent on oxygen just because of smoking. We see the effects of how patients are very hooked on cigarettes. We just tell them well why don't you just quit. A lot of them just say I just can't — I want to but I can't. We see that a lot.

We see patients that are always short of breath. You know, if you've taken biology, all it takes is five minutes to hold your breath and you'll get brain damage. You can imagine with these patients who are always short of breath, all the time, 24 hours a day, what they must be going through.

They're unable to do things that they used to do. A lot of them used to be in high school playing football or doing music. Now a lot of them are just confined to only walking 10 metres and using a wheelchair.

Some people are burdened with using a tracheostomy. If you don't know what a tracheostomy is, if you watched the news about that McCleary guy who got hit in the throat and then he had a public announcement; he had a hole in his throat. We see some of those patients too, because of smoking that they're requiring a tracheostomy — that it wasn't an accident. And sometimes they're dependent on a ventilator, an apparatus that they need to breathe.

Behind the scenes, we see, I see most of the time — I'm talking about myself, what I've experience in my profession. I've seen a father, a loved one, on their death bed, taking his last breaths, and the kids crying over them saying good-bye, because their father is dying due to lung cancer. That's an effect that you don't see. Statistics cannot give you that feeling, and that feeling that I see when a child says goodbye to their loved one because of lung CA (cancer). It's very devastating.

That look in the patient's eyes when they come up to you and ask you, can you do anything for me, I need to breathe. I can't. That look you can't get from statistics. That look is real. They're looking at you. They want your help. There's nothing you can do about it except just maybe give them some oxygen,

give them support.

That agony of pain. Here's one that you might not notice about smoking. But when I was a student as a respiratory therapist, my very first patient was a 90 per cent burn victim who was smoking and decided to fall asleep while he was smoking. And the cigarette caught his bed on fire, gave him 90 per cent of his body was burnt to a crisp and he was in major pain, couldn't talk. Every time I listened to him with my stethoscope, you could hear a crunch every time I pushed that. That's something you wouldn't get from statistics but that is a direct result of smoking.

One of the biggest things . . . I can go on and on and tell you stories about all the traumas I've seen about smoking. Most of these clients, it might be a little bit too late for them to change, but for some there's still hope for recovery.

The biggest one where you can find change is prevention, especially with young kids. Young kids have to know what it's like if you smoke long-term and the effects of it. And I believe the best medicine is prevention. We've got to get these smokes out of the kids' hands.

We've got to look into the future. Nothing irks me more than when I tell a teenager, you know, you shouldn't smoke, and the teenager tells me, well we're going to die anyway. And I gave you some testimonials about what it's like to die after smoking for a long time. It's not a pretty death.

Many people believe that, oh, we're going to die anyway; it's just going to be like that. But believe me, these people are suffering a very hard, painful death. There is physical and emotional hardship inflicted on smoking population. The results are very, very devastating.

But this problem is very, very preventable. We have to change everyone's mindset about smoking. One of the biggest things I believe is education. We must inform the community of the dangers of smoking. We have the tools to show what the dangers of smoking are.

We should especially target the youth. I believe we should target the kindergartens to grade 9s. There's some paper suggesting that it's too late after grade 9, so we must target even younger, around the elementary age.

We must increase public awareness. We must get the media involved too, with anti-smoking and healthy lifestyle ads. We should try to eliminate the glamorization of smoking in movies.

Another thing where we could change mindset is through legislation. That's where you guys come into play. Make it physically and economically harder to smoke. Increase the price of cigarettes. Limit smoking areas. Make it tougher . . . make tougher penalties to merchants that sell tobacco to minors.

As a respiratory therapist, every respiratory therapist that you see here in Saskatchewan comes out of province because we don't have school. I came from BC, and when I went to school in BC, at the time BC, in Kamloops was doing a lot of tough penalties against smoking in public places. It got to the point where even at bars you couldn't smoke. So you guys can make

a difference.

There's no reason for more death and suffering. I hate seeing it but I continue to see it every day. And I believe prevention and public awareness is the key. Thank you.

The Chair: — Thank you very much, Deign. Now we have a few minutes so, Deb, do you want to start?

Ms. Higgins: — Just a quick question. One of your comments was giving statistics to kids will leave them drooling at their desks. So what kind of things do you suggest?

Mr. Salido: — Well for me teenagers are a very tough population to get at. I don't know. You need to have statistics to show them how . . . the dangers of smoking. If somehow you could present to them the real dangers of smoking, like how it feels, like I've been trying to show you the actual dangers of smoking, maybe that might get to them. I know the federal government is placing these ads with vivid pictures. I mean some of the kids might change and not start.

But as far as changing kids' minds, I believe we should go to kindergarten/grade 9 or in the elementary stage where they haven't even touched a cigarette. Because once you start, they've got peer pressure as well, and you have to deal with that. But that's my feeling.

Mr. Wartman: — Deign, I really appreciated what you did tell us. And part of what hits are the anecdotes about what it's like to be with those who are suffering from smoking illness.

But I would also have to say that with teenagers, with children, the statistics are important. But the other thing, if their stories impact on one another like I believe they do and like they impacted on me this afternoon, if they're telling the stories to each other what it's like at their ages to not be able to quit, that helps. So telling the stories, making it clear, along with the statistics, I think is one way of helping them know.

Mr. Salido: — Don't get me wrong. I believe in statistics. I even used it in my presentation.

Mr. Wartman: — They are important but they need to be mixed. Thanks.

The Chair: — Yes, Doreen.

Ms. Eagles: — I totally agree with you as far as education. And I think when the kids hear it from someone their own age, it has a greater impact on them rather than mom and dad saying don't do it. Because when I was a kid if my mom and dad told me not to do something, you know how that goes, you do it.

I have a question or a concern regarding the banning of smoking in public places. The policing of it would be a big concern to me. A constituent of mine told me that he has a restaurant out in BC and of course, smoking is banned there. And the RCMP cannot police it, so they've turned it over to Workers' Comp. And there's no way Workers' Comp can police it either so everybody goes in there and smokes. So do you have any suggestion as to how, you know, it could be policed? Short of the managers doing it. Because I've also had

managers tell me, like, we're not babysitting.

And I mean, I'm not saying that I'm agreeing or disagreeing with this, but this is what they are telling me, I'm not babysitting somebody else's 17-year-old kid. You know, so do you have any suggestions regarding that?

Mr. Salido: — I think it's all mindset. You look at alcohol. No one in their right mind would think of drinking a swig of beer, like, right here. I believe it's mindset.

We need to educate everybody, maybe even wash out right from the kindergartens, teach them that it is wrong to smoke. And maybe after a couple of generations that might all clear and that thought of smoking in a public place might be a bad thing. I don't know.

Ms. Eagles: — So then the policing wouldn't be a problem is what you're . . . is that what you're kind of saying

Mr. Salido: — Well yeah, that's a tough one.

Ms. Eagles: — Okay, thank you.

The Chair: — Well, thanks very much, Deign, for bringing us those examples. As legislators, our work right now, we usually get to talk to people who are very articulate, like yourself, and we don't get to see some of the stuff that you do. So this brings it to reality for us. Thank you very much.

And could you leave us a copy of your slides, you've got them here? Thank you very much.

And next, the committee will hear from Sharon Cochrane of Moose Jaw.

Ladies and gentlemen, there is coffee available, and I think what we are going to do is just carry right on through. So, if there are any of you that want to help yourselves, just walk over and have a cup of coffee and we will just carry on. I don't see any cookies, we had cookies for the youngsters this afternoon. Well maybe next time.

Okay, Sharon.

Ms. Cochrane: — Hi, my name is Sharon Cochrane and I have two sons. My older son Kyle, who is 10, has asthma. He was diagnosed with this when he was five. He uses a Pulmicort inhaler once a day and when he is sick, it then increases to twice.

On the last weekend in January we went to Mortlach for an atom division hockey tournament. They allowed smoking in the rink. There was no designated smoking place, so anyone could smoke anywhere. We were only there from 10:00 a.m. until 3:30 p.m. but that was enough. That night Kyle was really stuffed up and started coughing. The following day he was coughing until he threw up. He missed the following week of school. He saw the doctor twice. He was so sick he had to use his Pulmicort inhaler three times a day, plus we had to purchase a Ventolin inhaler that he had to use four times a day.

After three days he was still wasn't getting better. He was still

coughing until he threw up. He then had to go onto a nebulizer machine with a face mask. And this was additional medicine and he uses this three times a day. He's back at school now but continues to use the machine.

In addition to missing school, he has had to miss two weeks of hockey, any outdoor events, or even going to friends' houses. It has also cost us \$60 worth of medicine and for what? We allowed our 10-year-old son to play a sport he enjoys. I now feel that before I can allow him to go to any more out-of-town tournaments that I must find out if there is a no-smoking policy in place at these rinks. If not, I can't allow him to go. Is this fair to my child just because he has asthma and smoking triggers it?

I urge you to have no-smoking policies in public places, especially if they have kid-orientated events or tournaments. Smoking should not be allowed.

You see many buildings that have been converted to non-smoking facilities where 90 per cent of the workforce are adult and the people who smoke are smoking outside. Yet for all the education that we are supplying to young people about the hazards of smoking, we continue to allow smoking in facilities where probably 70 per cent to more of the people using the facility are kids, such as rinks.

I, as a parent, can control my son's environment in our home, vehicles, etc., but rely on government intervention to help us control areas where we have no say in the matter, such as public places. I am giving you an example with my son but I am also speaking on behalf of myself, family, and friends that also encounter this problem with smoking.

Even my husband's mother who is 73 years old and who is also a smoker knows that when she comes to our house to visit, whether it be 40 below or 40 above, she goes outside to smoke to prevent Kyle from getting sick. There is no exceptions to this rule.

We continue to take strides to educate people and public awareness is getting better and better. Most people have no problem adhering to smoking regulations in other public places so why can't we make all general public facilities non-smoking?

And I want to comment too that Kyle only has a mild form of asthma. Can you imagine someone who actually has a severe form.

Thank you for your time and for listening to my concern.

The Chair: — Thank you. Does anybody have comments or questions of Mrs. Cochrane?

Mr. Addley: — Just on behalf of the committee, I know it must have been awfully difficult for you to come here and speak in public. I know politicians don't like speaking in public and normal people don't like speaking in public, and I'm a new politician. So I do want to thank you for taking the time.

That definitely drives home the point of why we need this kind of a committee is to hear those kinds of things. We think we know the answers or we know the problem, and then someone

like yourself comes and gives a presentation of what the real problem is. So thank you very much.

Ms. Cochrane: — Thanks.

The Chair: — Thank you very much. We're just thinking — Sharon, I suppose you can still hear me back there — but, you know, quite often, I know that students respond very positively too, if they know what's going on with a youngster that they know like that. So I would encourage you to encourage him to, you know, be really upfront. And quite often he'll get a lot of buddies around him that will respect that, and they'll help him out. So, yes . . . (inaudible interjection) . . . right. It's, you know, just because people didn't know about it, and they would, wouldn't think of that, yes. Good to be reminded of these things once in awhile.

And now next we have Keegan, Keegan McEvoy, please. Keegan was with us this afternoon as well. And so, Keegan, we . . . I'm glad you were able to take the time to come here this evening too. And we'll let you go to it.

Mr. McEvoy: — I just got to make a comment — the cookies were very good. Well, my presentation, I guess, this afternoon was fairly, you know, just off the top of my head. I have stuff on paper now so I probably will be going over a lot of the same stuff I did this afternoon, but hopefully into more detail.

The Chair: — Well, today you haven't found the . . . (inaudible) . . . this evening rather.

Mr. McEvoy: — Yes. Okay. I am on the Youth Advisory Committee (to Allan Rock) on Tobacco Issues. And we went to a meeting in Ottawa just this past November and met with 16 other youth. And essentially we tried to decide on some, you know, key areas that we wanted to focus on. And one of the things that we really underlined is . . . was denormalization of tobacco and especially in a youth-to-youth perspective.

And what I mean by that is if you asked any . . . Well most youth nowadays, they see people smoking constantly — whether it be teachers smoking at the schools, whether or not it would be their friends smoking at the schools, people smoking at malls, in restaurants smoking is just everywhere — and it is generally accepted, and even youth smoking is accepted. And most youth think smoking rates are higher than they actually are, which is fact.

But the thing is everybody is not smoking. And we need to, you know, let youth know that everybody is not smoking. I mean when they say that the reason, you know, is everybody is smoking, all my friends smoke — well, you know, people are not smoking. There are lots of people not smoking.

One of the things I really would like to see done was . . . is the elimination of smoking areas in high schools. That I think should be at a provincial level. But, you know, I don't know. We have a smoking area, a designated smoking area at our high school. And what happens is you're supposed to have cards saying that you're over the age that you're allowed to smoke, and you have to get your parents' permission. But people will smoke anyways. And you know, I'm not sure how exactly you would enforce that, but it's something I'd like to see.

On the comment on how we could police smoke-free public places, it all has to do with denormalization because of the fact that smoking is, you know, acceptable, that it's just so widespread that it just happens and people won't do anything about it. Because of that fact, people will continue on smoking and . . . (inaudible) . . . underline the fact that, you know, it's the law. If you made it so that there is, you know, no smoking in public places, that's the law, they should not be breaking it.

Like we make other laws and there's punishment when we break them. If we made that a law, that needs to be a law. You cannot break it. The same with the sale of tobacco to minors. I found, you know, we have so many merchants, especially in Moose Jaw, have results in our compliancy tests in 1999, 21 out of 50 stores sold. In the recent compliancy tests, 14 out of 47 sold.

This afternoon you said that it's very easy for them to get tobacco. It's the law. We've got to let the merchants know that. This is the law. There shouldn't be any ifs, ands, or buts about it if it's the law. It's kind of really frustrating when you think of that. If you look at British Columbia and Ontario, they're striding towards smoke-free areas and, you know, we've got to look to them as an example and try and move with them.

Education is another thing. I think there's so much resources in Saskatchewan in the country about different organizations for anti-smoking and things, but you know, I've looked in the schools and there's so many things about, you know, safe sex, non-alcohol. There's so little about non-smoking in schools.

And what I think is either create or fund education kits that can be used in schools, health classes, etc., from kindergarten through to grade 12 even. I know elementary would be a really, really good level to start at when kids are young. But what would be a good thing to do is have older youth from high school come in and talk about tobacco and what's happening to them, like smokers.

And on commercials or something, just have tobacco or youth talking about the things happening to them now because of tobacco use. Coughing up tar, their lack of energy, their unhealthy lifestyles, things like that. There's got to be, you know, some form of scare tactic I guess.

Just recently Allan Rock has I think, really something for new packaging labels on cigarettes. And they are going to be taking up 50 per cent of the cigarette pack, and they are very good. I have examples. I don't have them here unfortunately. But I mean you'll have pictures of gum disease saying, you know, tobacco causes gum disease and who wants to be carrying around a pack of cigarettes with them with this picture of gums just rotting on the cover of it. Oh, that's charming, really, oh. It really has to do with the denormalization.

I just really can't underline denormalization enough in the schools, in the community, in the province. Just because what happens with denormalization is that leads towards prevention, that leads towards no youths starting because everybody else is smoking. It's just my big thing. I think I'm done.

The Chair: — You know that you've used a word today that we haven't heard used before. And I commend you on that . . .

(inaudible interjection) . . . Well, the word denormalization. It's an expression Darlene was sort of looking for, but I think that kind of sums it up in terms of how you program yourself when you're a young person as to what's normal and not normal. Is there any other comments . . . are there any other comments that you thought of that you want to add at this time or should we go to questions?

Mr. McEvoy: — Not that I can think of, no.

The Chair: — Okay. Does anybody have any other comments? Yes.

Ms. Eagles: — I just have a comment and that's that, Keegan you mentioned it this afternoon, as well as this evening, education. And I think education is a very important part of this because as you probably remember, most of the students this afternoon that were smokers said that they started when they were 12 years old. So I think that's the key then to educate them so they don't get started, plain and simple.

Mr. McEvoy: — Well country-wide, nationally the average age for youth starting, their first cigarette smoking is 12.8. So it generally starts about that age. You can have youth that started at 6 — as young as 6 smoking. Like I have once been approached by an 8-year-old, do you have a smoke? And it just disgusts me to know . . . Where the parents? Why aren't . . . that's important. That's just not acceptable in my mind anyways.

Ms. Eagles: — Well I commend you for your efforts.

Mr. Wartman: — Thanks again Keegan for your presentation. Education I think, is a vital component. But I look at my daughter who is graduating this year, class of 2000. When they started into kindergarten and grade one they started into fairly intensive non-smoking programs. And I'm really sorry to say that many of the kids in her class do smoke. They came up through that education process where they learned what it was about. And the pressures have caused them to take up smoking and the accessibility, easy accessibility, has enabled them to pick up this and become addicted despite the education.

Do you have any comment about that? Have you seen that? Were you educated from those early years up? Were the kids around you?

Mr. McEvoy: — Yes. I have been educated as to, you know, smoking — bad things about smoking, bad things about alcohol. Everything like that. But you still do it. You know, you need to have some examples, like the last presenter. No, the one before the last. Oh, both of them are talking about real life examples that you just can't get in textbooks and things.

I mean, if you had, as I said, youth to youth. If you had youth from high schools, who are smokers, who have gone through these kind of things, going into the elementary schools and talking about it, you know, and things like that — that really sticks with the youth, I found.

I guess, you know, teens and youth they hit that rebellious age, which I said I skipped earlier on today, where they just don't care. They want to do their own thing. They want to, you know,

be an individual, and they want to define themselves as a person. And, if you have other teenagers who have gone through this, you know that can be positive role models or even use scare tactics or whatever, to help them, you know, make the right decisions later on. That's what I've found anyways.

The Chair: — Graham Addley has a question and then Deb, you get . . .

Mr. Addley: — It's more of a comment actually, and ask you to elaborate on it.

I just commend you on talking about preventing young people from starting, but also advising that there is a social responsibility to ensure that vendors don't make money by selling cigarettes to 14-year-olds, just as people don't make money selling alcohol to 14-year-olds. So, I think you're right by saying the law is the law.

And I think by educating you will have support for that law. I think that's the . . . and I really do like the word that you use — denormalization.

One of the points that I think you made, that I actually wrote a star down and talked about this morning or this afternoon, was having high school students speaking to elementary school students. Because I think that gets to a point that Doreen had made that peers talking to peers, but even more so, if high school students came and spoke to elementary school students.

My son is in grade 5 and when we're in Saskatoon, I'd like him to be sitting in the audience listening to these kinds of comments because I think hearing you talk about them will carry more weight than a lot of other people. So I just want to commend you on that.

Are there any examples of having high school students speaking to elementary school students that you're aware of or have you spoken to elementary students yourself?

Mr. McEvoy: — Well, I've talked to, you know, my siblings, their friends, and things like that. I know in Ontario there was a group that came into the classroom of high school students and came to my classroom when I was in elementary school.

The Chair: — Good, we appreciate that. Thank you.

Ms. Higgins: — Keegan, thank you very much for your presentation. Just a comment. I guess when we think of ourselves when we were in public school and probably in high school too, death, disease, and all the things in life that eventually concern us don't at that age. We have a feeling of being invincible.

So I guess I have a concern as to how effective you feel the pictures on cigarette packages will be, and if it would be better served to go a more positive type of advertising, stressing how much better you will be not smoking instead of the . . .? I realize you have to get the, you know, the effects of it all across to young people, but do we go the negative or more of a positive vein of advertising, stressing you look younger, you can do more things, you know you can run farther, jump higher? You know, that's a little glossy, but I mean . . .

Mr. McEvoy: — When we were in Ottawa, what happened was we got shown the examples of — you know, this was just in the developing stages at the time of, you know, it was just an idea — but we got shown the packages and the YAC (Youth Advisory Committee) pretty much put their input on what kind of things should be on there. And we did have things promoting healthy lifestyles, things like that.

Also we had an idea is having a number or something for cessation to help people quit on the packs. What I found really was weird was, when you opened the pack, right on the tab, right when you open it, it says either a fact about smoking or a number or something like that, and that just . . . you look and you just notice it right away and that really sticks. And I mean we did talk about things promoting healthy lifestyles. Another thing is public awareness, trying to promote public healthy lifestyles and commercials and those things, just education.

The Chair: — Anybody else? Well, Keegan, thank you very much for coming again. Congratulations, by the way, on being appointed to the federal committee representing youth across Canada and certainly representing us from Saskatchewan and right here from Moose Jaw, Saskatchewan — that's wonderful. And I know that you're also working with some youth committees locally, so good luck, keep it up, and enjoy it while you're doing it.

Mr. McEvoy: — Thank you.

The Chair: — Now we have Diane Aldridge next.

Ms. Aldridge: — Can you hear me? There we go. So my name is Diane Aldridge and I live here in Moose Jaw and I've been lucky enough to work with youth for the past eight years of my life. And it's been really interesting sitting in on the afternoon session at Vanier plus being able to be here tonight. It's wonderful to hear that so many people . . . this is something that's passionate to them, and that they really want to see some change.

But we know with change, it's not always easy. And that with any approach, we have to be comprehensive, and we have to try to look at a number of different factors in order to be successful.

I don't think any one thing that we do will be effective. It has to be in combination and it will take time.

One of the things that we've done here in the community took place back in October of '98. The Saskatchewan Institute on Prevention of Handicaps approached a number of community members and wanted us to hold a focus group with youth. They want to look at the health issues that affected youth from their perspective. And they were looking at youth aged 15 to 19.

So what we did was we gathered up 54 young people from different schools, out of school, from the John Howard Society, from alternative schools, and we brought them together for a two-day process where they could tell us, from their perspectives, from their real life stories, what affected them.

The top issue was teen sexuality, but the second one was addictions. And smoking came up quite frequently. When Keegan mentioned that young people want to hear from their

peers about how to deal with smoking and the peer pressures and what really is out there, that's exactly one of the action plans that the groups came up with. They said that they look up to older kids, and they would love to have role models come into their classes in the younger ages — you know kindergarten to grade 6 — and talk about exactly what they're going to be faced with.

We do know young people that do start experimenting when they're eight years old. And sometimes we know that's attributed to their parents smoking perhaps.

One of the things I really support too is, of course, smoke-free places. If young people are growing up in a home where their parents are smoking, well of course there's a role modelling. They can't escape it because it's the parent's laws in the house and you've got to abide by those. So at least if we are having public places where the young people can go, at least there are places where they can escape from it and it's not been role modelled. So I think that's part of it.

Secondly, within my own family, it's something where I've seen a lot of the health effects from, you know, the perspective of a sister or a cousin or a wife. My husband was a smoker when we first met and he gave it up because he couldn't run any more. He really lost his lung capacity. And so he quit for himself, but it was very difficult.

I have a cousin that has rheumatoid arthritis. She's 30 years old, and it's something of course that probably wasn't attributed to smoking but the ulcer that she developed most certainly was at least partially attributed to the smoking she did. And because of the ulcer, she can't take anti-inflammatory medication. So it's even harder on her. She's had two hip replacements, both knees replaced, and one shoulder joint at this time period. But again, it would have been much easier on her if that wouldn't have happened. She started smoking because it was role modelled in her home when she was growing up. And again, she got cigarettes from her parents.

Access is a huge issue for young people. I work with them every day and they tell me how easy it is for them to get them. When we did the compliancy checks in the community, they knew ahead of time which stores are going to sell to them and some of them have even been fined before. So it's really quite alarming.

And it's true. Either it's a law that we're going to enforce because we know that it's true and that the issues are serious or we shouldn't have the law.

It's the same thing as drinking. Would we allow the kids to walk into the school carrying a beer? Would we allow the kids to walk into the mall and drink that beer or would we enforce it?

Talking about enforcing that sort of thing in places like the mall. Well city hall has been smoke-free, I'm quite sure, for quite a long time and again too, do they have a problem enforcing it? I think not. It's what Keegan said again, denormalization.

Either we're going to work on ways and strategies in order to

help the people of this province to see that it's not an acceptable thing . . . and we know right now in Moose Jaw it is very a normal thing to do and we know it's seen as an invisible drug. People do not see it as a drug that is highly addictive. So there has to be a very comprehensive approach in order to start to address that.

So I definitely agree that there should be strong legislation to protect the innocent that, for instance, go into a restaurant and mom and dad are smoking and they've a 2-year-old toddler — well they have no choice. So at least if their parents can't smoke that time around them, we're making some sort of inroads there.

Secondly, if we're looking at education, you start young you're most likely to affect at least some of the young people that are going to be there present in the classrooms. Right now it's mandatory in grades 6 to 9 education in health classes, but not any younger than that. They can do it as a supplemental, but it's not mandatory.

And again too if teachers are truly going to be successful with working with these types of materials, they need to have access to them. It's not something that the poor teachers have to go out and research themselves. They have enough subjects on their plates to become knowledgeable on.

And how that education has worked . . . I come from a family of eight children and I'm one of the oldest. My youngest sister is 13 years younger than myself. At a young age we started working with her, talking to her, being honest, going over the honest truth about what kind of things could happen. Plus she looked at our relatives, our grandmother who smoked two packages a day and has asthma so bad now she turns blue if she even has a whiff of second-hand smoke, and who has a pacemaker.

So we tried a number of different approaches with her and now she's 15 years old and there is no way that she says she will ever smoke, even though she has friends that do. So you can reach the young people, but again, it must be comprehensive from a lot of different angles.

One of the things too that was mentioned this afternoon is that retailers are complaining that they can't babysit the 17-year-olds that are coming in to purchase cigarettes. Again, retailers need to follow the law and if they are not compliant then there must be some sort of consequences for that action. We teach that to young people that shoplift, that would steal, that get themselves into trouble, so why can't we do it with the adults that are in the place of the retailers selling and making money off of this?

Unfortunately we know sometimes they do get caught by the tobacco enforcement officers but unfortunately we have heard in some cases it has gone to court and the judges have given very small fines even if it has been a second offence. So maybe there needs to be a little bit more work done in that area as well. I think that's pretty much what I wanted to say.

The Chair: — Very good, and you said it very well. Do committee members . . . a chance to collect your thoughts? Have you got any thoughts about the law, enforcing the law on youth in addition to enforcing the law on, say, the vendors?

Ms. Aldridge: — Well I know the province only has four tobacco enforcement officers. But again, if you're thinking about it in terms of a drug, and alcohol of course fits in that as well, one of the things that may help is access. For instance you can only buy alcohol in liquor board stores. Maybe access needs to start to be reduced as well. You can buy cigarettes, we've mentioned, at over 50 locations here in Moose Jaw. Well maybe it needs to start being regulated through only certain places like liquor board stores where you definitely have to get ID'd (identified) even to walk in.

Enforcement, again that will come through denormalization. It will come through some sort of standards that are set. Again there has to be some sort of guidance on who would enforce them. It's a type of thing if someone walked into a public place drunk, well you would call the police or you have your mall security or whatever is set in place, but those type of things need to be set out ahead of time. And if this is as serious an issue as everybody has been mentioning — restating over and over again today — then we have to have those standards set.

The Chair: — Thank you. Committee members? Well thank you very much, Diane, for your presentation and your future work on this.

Okay, we're ready to hear Lois Toye, I hope I'm pronouncing your last name correctly, Lois.

Ms. Toye: — I didn't prepare anything. I own a hotel, I've been in the hospitality and tourism business for well over 20 years so that pretty much tells everybody how old I am. I do sell cigarettes in my property. I do not sell them to minors and I don't make my living selling cigarettes. I could really care less if I ever sold a package of cigarettes, but my customers, my clients, do smoke.

I make my living from selling food and alcohol to those people, and our business is strongly legislated already by the government, by both federal and provincial government. We abide by those legislations in every way, shape, and form.

We have never had any violation on any of these issues but I will tell you that I have talked to many people who own and operate hotels in this province and restaurants. I also have friends that own hotels in BC (British Columbia), and when you're quoting that people in BC are not seeing any less business, you're very wrong. And I don't know where you're getting these statistics from, but I have friends that own hotels. Their business has dropped over 30 per cent since these laws came in. I don't advocate smoking. I'm not suggesting that people take up smoking. I'm not saying that smoking is healthy for you. On the contrary, I believe many of the facts and figures that people have quoted here today. But if smoking is not allowed in my licensed premises where is age restricted, that will hurt my business in a very dire way.

I'm already struggling with issues like the farm crisis and the GST and now the government's talking about putting PST on food, and any number of other issues. I've been in that business for 21 years. I have just about lost it many times. And I'm not prepared to have somebody else tell me what to do in my own place of business.

People in general — customers — they vote with their feet. I vote with my feet. If I go to an establishment, I don't like how it's operated, I don't like the products . . . the product that's being offered to me there, if I get lousy service . . . there's grocery stores that I won't even set foot into because you get lousy service there, I can't get the products that I want, so on and so on and so on — I vote with my feet; I don't go back.

Now I'll tell you if my customers were coming to me and saying: look Lois, I am not coming to your establishment because you allow smoking in this establishment, I would darn soon change my ways and I would make it a smoke-free establishment.

But they're not saying that to me. I did my own little poll with regular customers. It wasn't as statistically up and up or whatever as everybody else is doing here. It wasn't on paper. I just said what do you think of this idea? And they said it's a bar, it's a restaurant, if people don't want to be in an environment where there is smoking allowed then they don't need to come, they have other options, and they do.

And I'm not saying that I don't welcome non-smokers into my establishment; everyone is welcome in my establishment. I'm more than happy to have whoever wants to come and I'm very pleased to serve them in any way I can. But I am not going to take a small group of people who choose not to come into my establishment perhaps because there is smoking and turn all of my regular customers away. I'm not going to do that.

We have many non-smoking customers who say they are non-smoking people, friends of mine, local people. They do not smoke, they're non-smokers and they profess to be non-smokers. They smoke when they come in there. They smoke my cigarettes so I know. And like I said, I'm not saying that smoking is good. I'm just saying that I think in my own business I have the right to choose. And if my customers are coming into my establishment and complaining about the way things are done, and if enough of them are complaining about it, I will change my ways. And I will change my business.

If people don't like the type of food that we serve, we'll change that. If we have requests for different varieties of food, we will change that. We'll try to offer that to our customers. We do try to accommodate people as best we can in terms of you know, if someone is uncomfortable being around cigarette smoke and they ask to be seated in an area maybe where it would be less dense, I try to do that. I try to accommodate people because I'm a courteous person. I like to be good to people, I like to make my customers comfortable.

But I don't think that the public or the government or anybody else has a right to tell me what I can do in my own business. And if I'm so stupid as to make a choice to be a smoking establishment when 99 per cent of my customers are saying, I'm not coming here anymore because you allow smoking, then I deserve to lose my business. I just don't think . . . I think I should be able to run my own business the way I want to run it and go by the customers that I have.

Maybe in Moose Jaw there is enough clientele that, you know, there may be an establishment that's non-smoking — those people can go to a non-smoking establishment. They say there's

like eight in the city. If non-smokers want to go to a smoke-free environment, they have some choice there. And in my town, if they choose not to come in, that's their option. It is.

And, I'll tell you something else, that if my business closes . . . I don't know if anybody here has ever been to Hazenmore but we have about maybe 70 people in our town. Do you know that I employ 10 per cent of the entire population in our town, because we have seven employees? Those people would not have jobs. They depend on those jobs. The farming economy is hurting very badly as all of you well know by who's sitting in your Legislative Building right now. Those people need their jobs.

They're not complaining about their work environment. They are not complaining about it. If they were, we would be doing something about it. But they are not. They're quite comfortable in their environment. And anybody that's ever applied for a job working there has always known that it is a smoking environment. Now, I'm not saying that it's blue all the time because it's not. It is fairly well ventilated, but there are times when it gets quite strong.

But they have a choice. They do not have to work there if they don't want to. They may have other options, choices. I mean if I don't . . . I don't like extreme temperatures; I am not going to work outside. I prefer to work indoors where the temperature is controlled. That's my choice.

I just don't want anybody telling me how to run my business. I've been in business all these years, I've obviously done something right. So leave me alone and let me run my own business and make my choices based on my clientele. That's all I'm asking. Thank you.

The Chair: — There should be people that have questions, Lois, so if you don't mind, or comments. Go ahead.

Ms. Eagles: — Lois, I thank you for your presentation and in my talks with hoteliers and stuff across the province, I know that a lot of them share your same views. And I mean your views are just as important to us as the people on the other side. So we do appreciate your comments.

Ms. Toye: — Thank you. And I do respect everybody else's opinion and I do believe that the health stats and things like that that people are quoting here, I'm not disputing that. I'm just saying let me run my business.

The Chair: — Go ahead, Graham.

Mr. Addley: — Thank you, Lois. And I always like to hear when someone says they're law abiding because if, if a law does come through the democratically elected legislature, even if you don't like it, you'll abide by that law.

Ms. Toye: — Well you don't have a choice.

Mr. Addley: — Well exactly. You'll fight against it if you don't like it, but at the end of the day, you'll follow it. So I do appreciate you prefacing those comments. And also I think part of the reason you have lasted so long is your commitment to that clause — you know, not selling to minors, that sort of

thing. So I do appreciate that.

I guess I just wanted to ask . . . make a comment and ask you to comment on that and then ask a question. You indicate that most of the customers that are in your establishment now, the vast majority want it to stay the same that it is — you know, a smoking establishment — and that they would, they would go elsewhere. I guess if . . . there's already a self selection in that, that if you don't like a smoky place, you won't go in there.

Ms. Toye: — Exactly.

Mr. Addley: — So you won't be there to be asked your opinion. I mean if you only phone people on a certain time of the day, you're only going to get a certain type of people. If you work . . .

Ms. Toye: — We have many, we have many non-smokers who . . .

Mr. Addley: — No, no. Wait.

Ms. Toye: — . . . come into our establishment.

Mr. Addley: — I understand. I heard what you said about that. But those people that refuse to go into a smoky place, you know, the parent of the 10-year-old that has asthma or people that do have health concerns, those that won't go in there because it's a smoking place, is it possible that those potential customers would . . . You know, you might actually increase business if, if it were made a blanket approach that it is a non-smoking place?

Ms. Toye: — I would suggest that I might gain a couple of customers with children to come in for a meal. I would certainly lose a good group of my drinking clientele.

Mr. Addley: — Okay. Well that leads to my next . . .

Ms. Toye: — And what I'm saying is if people come in for, we have . . . Let me get this really clear — is that people, many people who smoke do not smoke in their own homes for one reason or another. Maybe because like the lady said earlier with her child, the grandparent doesn't smoke in their home because of the child with asthma. Some people don't smoke in their own home because their wife hates it or their husband hates it or whatever.

When they go to a licensed establishment that is where they smoke, and they choose to smoke there, and they do smoke there. So they come in. They have a drink. They have coffee. They have whatever — a game of pool — and they smoke. And we have many customers that are like that. We know lots of people and they . . . that is their smoking outlet — is a licensed establishment.

Mr. Addley: — Well, I think, I think you might have partially answered my next question and I just wanted to clarify that. You indicated that you'd have 30 per cent drop in business if, if you went non-smoking.

Ms. Toye: — No. I said friends of ours in BC who have a hotel . . .

Mr. Addley: — Okay, I . . .

Ms. Toye: — . . . have a 30 per cent drop in business.

Mr. Addley: — I didn't write the first part of the . . .

Ms. Toye: — Yes.

Mr. Addley: — You said 30. Are you anticipating 30 per cent would . . . would drop in your establishment?

Ms. Toye: — I can't determine that because it hasn't happened. But I'll tell you one thing: I will lose business and I know that for a fact just from talking to people.

Mr. Addley: — Okay. Well, well, the number is irrelevant, I guess. The point is . . .

Ms. Toye: — I can't afford to lose any business.

Mr. Addley: — Right. And I guess the point is this, if it's a blanket approach that, you know, every establishment in Saskatchewan is non-smoking, where would those individuals go? I understand if your specific establishment was non-smoking and they could go across the street, then you would lose business. Which I think you've hinted at, that people specifically go to your establishment to smoke, and once you make it . . .

Ms. Toye: — Some of them do.

Mr. Addley: — . . . non-smoking, then they just will go stand under . . .

Ms. Toye: — They won't go out. Like lots of them will not go out. They'll just stay home.

Mr. Addley: — And smoke.

Ms. Toye: — And they'll entertain in their homes. We've seen a large home consumption market as it is already.

Mr. Addley: — Okay.

Ms. Toye: — Because of different legislations and things like that and because the price of going out and, you know, so on, people can't afford to go out like they used to. So we're already seeing that. And if they can't smoke when they go out, if they are smokers in fact, they will choose to stay home. Because that's part of their social environment.

Mr. Addley: — So what you're saying is that they're going to your place to smoke. If that's the only thing . . .

Ms. Toye: — Some are.

Mr. Addley: — Now would you . . . I guess in BC that would be 30 per cent would be . . . if that's what the loss of business was that they just stayed away.

Ms. Toye: — People that I know in BC that have hotels, and I know a couple of them personally, have said that they've lost 30 per cent of their business. Now I don't . . . that's what

they're telling me. That's not . . . I haven't seen it on paper. That's what they're telling me.

I again want to say that I don't care what kind of legislation you make for a rink or for a grocery store, you know, if it's a . . . I shouldn't say a grocery store. That's a private business. But I mean, okay, it's a health issue maybe. I don't know. But I don't think that rinks and areas like that, schools, fall into the same category as a private business.

I would like to know how many people in this room have invested hundreds of thousands of dollars to buy themselves a job. We did that. And we will protect that business and we will run it to the best of our ability.

And if people choose not to come there because it's a smoking environment, we will change that. But I don't think that anyone should have the right to tell us who we can and cannot serve. If they're of legal age, why can't they come in there and smoke if they want to? It's not illegal.

Mr. Addley: — Well I appreciate your comments. Thank you very much.

Ms. Toye: — That's what I'm saying.

Mr. Wartman: — Just briefly in response to a comment that you've made a couple of times, Lois. You said that nobody should have the right to legislate around what happens in your establishment.

The reality is that we do have to face the consequences as a community. The reality is that it costs us plenty as a community. And therefore when the rights of a few trample on the rights of the broader community and it costs as intensely as our figures have shown very clearly that it does, then as a government we have a responsibility as well as a right to make that kind of legislation.

And it's those things that we have to consider, is how responsible we will be with the resources, the health, and the welfare of the whole of this province. We have to consider that.

Ms. Toye: — And I'm not saying that you don't have to consider that.

What I'm saying is that I should have the right to put up a sign in my establishment saying, for instance, if I want to: we do not provide a smoke-free environment. And people make their own choice whether they want to come in or not. And I will change my business according to the clientele that I have approaching my business. That it should be my choice.

You know, what you're saying is that I don't have a choice in that. Why don't I have a choice in that?

The Chair: — I wanted to know if Bob wanted to get on? Okay.

Mr. Bjornerud: — They're getting into enough trouble all by themselves.

Mr. Addley: — I guess the point . . . not to say it Mark, but you

did indicate that a couple of times, and I think for the most part I agree with you. But if you choose not to serve women — well it's my private business, I have the right to serve who I want — well most people in this room wouldn't agree with that statement. So I think you've got to . . .

Ms. Toye: — I think women and non-smokers are two completely different issues. Let's face it.

Mr. Addley: — Well if you went back seventy years ago, you wouldn't say that. It was only that many years ago that women became people, so it is a fairly recent, under the BNA Act (British North America Act), officially under the law.

Anyway, but I guess the final windup was that . . . sorry, go ahead.

The Chair: — No, I just wondered if you were finished.

Mr. Addley: — I'm finished.

The Chair: — I have a couple of things I want to ask you, Lois. First of all, could you clarify your comment about smoking being allowed in licensed premises. I know you're referring there to bars for sure, but you're also referring to restaurants.

Ms. Toye: — Yes.

The Chair: — So by that you would mean a restaurant that is licensed for liquor or licensed in some other way?

Ms. Toye: — Well, I don't see why anybody that has an independent business that serves food, or food and liquor, should not be allowed to have smoking if they choose to.

The Chair: — Yes, but you said licensed.

Ms. Toye: — Well because I have a licensed facility I just . . .

The Chair: — No I thought maybe you might be advocating another type of licence.

Ms. Toye: — Our particular area, I speak often of our establishment as being a licensed facility because it is a licensed facility, that's it.

The Chair: — Okay.

Ms. Toye: — But I think a restaurant or a hotel should be allowed to make that choice themselves. And in my particular situation, it's an age-restricted area. So it is a licensed establishment, we already have age restrictions on any number of things.

The Chair: — Okay. So it's parallel to an age-restricted place.

Ms. Toye: — Well my place is, yes.

The Chair: — Okay.

Ms. Toye: — But I still think that, you know, a community area like a rink or a bowling alley or a church or a hospital or whatever is totally different than an independent business.

The Chair: — Then I have another question. I don't know if you've had an opportunity to think about the concept of standards of ventilation or something like that. Because one of the stats that we're faced with — more than we ever used to get — was this business of environmental tobacco smoke on employees who are working in this certain situation over a period of time.

Ms. Toye: — Well I'll tell you one thing. If I have to spend the kind of money that some of the hotels did in Saskatoon to put in the ventilation system, before I do that, I'll shut my doors and the bank will own my hotel because I couldn't afford to do it. I couldn't afford to do it.

And I'll tell you something else before I go, that hotels, especially in rural Saskatchewan, provide a lot more than a place for people to smoke or to drink. We are the hub of a small community. We are the gathering place. We are often the grocery store. Because the grocery store is closed on Sunday and Monday, so we sell bread, we sell milk, we sell all kinds of items to other people. We provide sustenance. We supply a lot of services to a small community. And it is the hub of a community. You watch what happens to a community when a hotel burns down.

The Chair: — Okay, there'll be no more questions. Thank you very much, Lois, for coming and presenting your forthright view. Appreciate that.

Is Don Howe here? Don Howe had registered from Tim Horton's. Or somebody else?

That brings to an end the registered witnesses. Is there anybody here that would like to make a comment at this time or pose a question or anything like that to any members of the committee. If you are, please stand up, identify yourself, or even from your seat. No, it would be better if you came to the mike, because that way we could . . . it'll be recorded and we'll have it down.

Just for the purposes of *Hansard*, if you wouldn't mind starting by identifying yourself.

Ms. Adams: — I'm Lois Adams. I'm a retired nurse and I'm on the health board. I'm also a nicotine addict. I quit smoking . . . I started at age 21. I quit at age 63 and I've been on and off the wagon ever since. I'm now 68.

And I would like for you to think of the problem here as, you're dealing with addicts. You don't give them any leeway. You set down rules and they have to abide by them. They need rules to help them with their addictions and it's very important that they be given that. They're only a third of the population.

One of the previous speakers mentioned that you're going to have a hard sell trying to deal with all adult situations, businesses, etc., but you won't have a hard sell because you'll have half of the smokers behind you, you'll have two-thirds of the population that don't smoke behind you.

Had I been faced with tougher laws when I was younger, I'm sure I might have been able to control my addiction, if I had known then when I was young what they're putting out now in advertising. My kids wouldn't have had to put up with a

smoking house for years.

And I think the answer to this situation is tough laws and you'd be backed by . . . well the statistics they gathered from the seniors, I think there's only 18 per cent that didn't want tough laws, etc. There was most of the seniors would be behind tougher smoking laws and it has come provincially, so it's a concerted province-wide effort, not laws in this city, laws and that city. It has to be provincially so people have guidelines, the smokers and the non-smokers have guidelines. And this wishy-washy bit is no good.

I could talk for two hours on the subject but it's time to go home.

The Chair: — Thank you very much, Lois. Lois could you . . . there may be a question or two, Lois.

Ms. Eagles: — Okay, Lois, this afternoon there was some talk about the patch, Zyban, and those aids that help people quit smoking. It was also felt that those things were a little pricey for the average person. You know, do you think that maybe if there was some government assistance in that respect that it would be of a help to assist people in stopping the habit?

Ms. Adams: — Well when the hospital where I worked decided to go smoke free, they offered a free — or not free but the patch at a better rate, and I think 40 staff went down and looked for this help. They looked at my . . . the pharmacist looked at my cigarette package and said, Adams, you're not addicted to nicotine. You're just addicted to having something in your mouth because I smoked a very, very mild cigarette. So I didn't end up on the patch.

But several of my friends did and didn't stay on it. It gave them rapid heart rate. Whether they weren't smoking a strong cigarette too, but the patch seemed to be too strong for them and there was a lot of physical side effects.

The Chair: — I would have one question as well. Can you describe how it was that you came about to quit smoking?

Ms. Adams: — I beg your pardon?

The Chair: — Can you describe how you managed to quit, what did you do?

Ms. Adams: — Well I haven't quit. I keep falling off the wagon.

The Chair: — I see.

Ms. Adams: — I quit buying cigarettes eventually because if I had a package in the house, say, they were gone in four or five days. But then I'd go to a restaurant with somebody and they'd be smoking and I'd get a cigarette from them which was too strong for me and then I'd end up dizzy. But I can't actually say I have quit because I still smoke two or three cigarettes, sometimes up to four a day.

The Chair: — I've heard anecdotal evidence. I don't know if this is true or not, but that when men and women decide to quit that somehow men tend to be able to quit and quit, and women

almost quit and stick with it one or two cigarettes a day. And I don't know if there's anything whatever the reason is before that. Do you know anything about that?

Ms. Adams: — I would say it's strictly a personality problem. You're either weak willed or you're not. I happen to be weak willed.

The Chair: — Thanks, Lois, and thank you very much for coming. Is there anybody else that . . . Yes, sir?

Mr. Toni: — I didn't realize I'd get an opportunity but my name is Dale Toni. I'm chairman of the local health board, Moose Jaw-Thunder Creek District Health Board. I also run a pharmacy in Moose Jaw. I'm one of these people who spent several hundred thousand dollars to buy myself a job.

We threw cigarettes out of our pharmacy about 15 years ago. We don't sell them because they're not good for your health, and we tell people that. We also run a no-smoking establishment. Now it's a retail establishment. It's my own decision. Someone comes in the store with a cigarette, we more than subtly tell them that they can smoke it outside but they can't smoke it inside.

I've lost a couple of customers. Frankly, that's unfortunate but I care more about the health of the people who choose to come in my establishment than the few people's feelings that I'll hurt by having them not smoke in the store.

I don't think it's fair for me to offer health care products, at the same time have someone like the lady who was here earlier with her 10-year-old son getting asthma medication from me while the person standing next to them is smoking in the kid's face. It's not only not healthy, it's downright rude.

People who come to my house are asked if we mind if they smoke and we say, no, we don't, that you can use the garage or the front step whichever is the most convenient for you, but you don't smoke in the house.

None of our kids smoke. We've always told them from the get-go that there's a lot of reasons why you shouldn't smoke. The peer pressure around them was to smoke and they chose not to.

Doreen asked a question about policing, and one of the people sitting next to me made an interesting comment: you don't see people smoking in church. You don't see signs in the church proper saying "no smoking," and yet people don't smoke because that's what's considered normal in the church — you don't smoke.

The fact that smoking is normal in a bar means that you have to change people's attitudes. Maybe I'm wrong, maybe people do smoke in churches but the churches I've been in, they don't smoke in church. I don't think Father would appreciate if in the middle of his sermon you lit up. And I'm sure he'd light up and tell you.

I know it's difficult for business owners to make the decision. I firmly believe the level playing field is the answer. The rights of the majority of the community need to be respected. The cost

to the health care system is horrendous.

And I think that there's got to be some consideration for the businesses that may fail because of the legislation. There needs to be an understanding. If the lady, Lois, speaking says that her business will fail, then — she knows her customers better than I do and it's a possibility — I think we have to be aware of that when we make legislation. There needs to be an understanding that that may happen. And there needs to be a mechanism to compensate to some extent if in fact these predictions do prove true. I don't think that should be the reason that we stop striving for a healthier community. The goal of our district is a healthy public policy. Our public health officer who has just recently left to go to another job and the one we've just hired are very strong advocates of healthy public policy. And I think that the government in Saskatchewan needs to reflect that approach and attitude too.

So I encourage you to . . . to look at the rights of the whole. I encourage legislation — if in fact you choose to go that way — that presents a level playing field so that if there's no smoking in bars, there's no smoking in bars. But I'd really like to see at public places like rinks, restaurants — licensed or unlicensed — I should be able to sit and have a meal without smelling from cigarette smoke. That's my choice.

I frequent places that don't smoke . . . don't have . . . have no-smoking sections and when I do go to places that have smoking sections they know me well enough that when I walk in and I say, very non-smoking, I mean very non-smoking. You don't put me beside the smoking table because I'll ask for another table or I will leave. And so I vote with my feet. The restaurants that I frequent accommodate me. So I just wanted to throw my two bits worth in. I wasn't on the agenda and I appreciate the opportunity to say a couple of words.

Mr. Wartman: — Thanks for your comments, Dale. I just wanted to explain about people not smoking in church. My mother told me really early on — and I think I've got the reason — is that she always used to tell me in my smoky days that if God had wanted us to smoke, God would have created us with chimneys in the back of our heads, so . . .

The Chair: — Well thank you very much, Dale. Thanks for your spontaneous remarks, we appreciate that very much. Is there anybody else? If there isn't then I will just make a closing comment. The work of the committee is to complete the tour, finish the research, and then put every . . . all the pieces that we've got together and then to try and come up with some kind of recommendations for the entire Assembly to adopt.

At this stage opinions you've heard will be opinions of individual members. The committee will eventually come up with the democratic opinion in a report. So the last word now goes to your hometown MLA, Deb Higgins.

Ms. Higgins: — I'd just like to say thank you to all of you for coming out. We have just got some great comments and some great ideas today, and it really has been a very good start to the committee's work throughout the province. And I think Moose Jaw has a high standard in the presentations that were made and the comments. So thank you all very much.

The Chair: — And with that, thank you to our staff. The equipment worked, that's wonderful, great. Good night, have a safe journey home.

The committee adjourned at 9:24 p.m.