



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 p.m.

The Chair: — First I want to say good evening to everybody. Thank you very much for coming to this hearing. You're at our . . . I guess it's our fourth hearing. We just came from Estevan this afternoon. We were at the school at Estevan this morning and we met with about 60 students, and it's kind of interesting to meet with young teenagers and get their perspective on this.

This committee was established after the Minister of Health suggested it be done because the minister was getting many — an increasing number of groups — advising her that we were behind in Saskatchewan in our tobacco control legislation. That other provinces have done things, and that the federal government had done things, and in California and the States there were things that were done. BC (British Columbia) was moving on it and Alberta's talking about it, and we haven't done very much. So the legislature established the committee and we've decided that what we should be doing is take some time and get the views of people to deal with some of the practical problems that you have to deal with when you're getting into any kind of tobacco control legislation.

So what I'm going to do first is I'm going to go introduce everybody, then I'm going to go through a little bit of a presentation. It will take about . . . oh 12 to 15 minutes. Then we've got two people that are going to make presentations to the committee. We'll hear them out, provide opportunity to people . . . for the committee members to ask questions. And then if there's anybody else that comes in or has a comment to make spontaneously, we'll welcome that too and we'll certainly have time for that today.

So here we are. I want to make sure that this thing works. My name is Myron Kowalsky. I'm the Chair of this committee. My constituency is Prince Albert Carlton. Doreen Eagles is the Vice-Chair of the committee, just from your neighbouring constituency, MLA (Member of the Legislative Assembly) from Estevan; Bob Bjornerud beside is from Saltcoats, also from the eastern part of the province; Graham Addley is not here today, he's from Saskatoon Sutherland; Deb Higgins, on my right here from Moose Jaw Wakamow; and Mark Wartman, Regina Qu'Appelle Valley; and then we have Brenda Bakken from Weyburn-Big Muddy, MLA, and is not able to be with us here tonight.

We also have with us staff of the committee. On the far right, Donna Bryce, who is committee Clerk and is in charge of making sure that all our transportation and everything is done in *Hansard* . . . is generally in charge of the staff. And with her is Tanya Hill who is our research officer and our writer.

We also have the *Hansard* technicians here. There's three of them that are travelling with us: Darlene, Kathy, and Alice. Then we have two broadcast technicians, and Kerry is here with us tonight.

Now what is our job? We are sort of . . . the legislature mandated us to do four things. First of all is to find out and discover exactly what is the impact of tobacco use in Saskatchewan, particularly as it applies to our children and youth; then what provincial laws do we need to protect people

from the effects of tobacco, especially as it applies to children and youth. We say that because they're the ones that still got a chance to change because when they're younger . . . but as people get older it's still more difficult to drop the habit.

And what should we do to protect the public from second-hand smoke? Should we be designating smoke-free places, for example, and who should be doing it? Should the province be doing it, municipalities, health boards, school boards, or individual institutions, or private places?

And what should we do to prevent and reduce tobacco use? Should we have more enforcement of existing laws? Could we be doing something about pricing? A little more education or public awareness?

So we are going into this public hearing process to hear the views of people. We are going into 17 communities; we are going into 14 schools.

Here's the situation in Saskatchewan, so I'll give you a little statistics here now. This graph — I better stay here because the mike can't pick me up — this graph gives you a percentage of the population that are smokers, across for each province.

Here's a Saskatchewan graph. The black line represents those people that are aged 15 to 19, and the white one besides represents the age group of over 15. And if you go back to Saskatchewan you can see that we got one of the tallest black bars on this graph. There's only Quebec that's higher. And so our young people are taking up the habit in a very enthusiastic way.

I want to take a look at another graph. This one graphs the number of cigarettes that people smoke on a daily basis. These are people that are ages . . . pardon me, this is . . . we've got two groups of ages: those that are over 15, pardon me, 15 to 19; and those that are all ages. And this goes . . . this is a timeline graph, 1981 to 1999. The top line represents the number of cigarettes smoked daily by males right across the country. And you can see that from 1981 to 1999 there has been a slow, overall downward trend.

The next line is all females, and you can see that that one also has a slope overall, downward trend until about this spot here. And at that time, about 1996, it actually went up just very slightly. That increase, slight increase there, is actually made up because of what has happened in the case of young folks.

If you take a look at the next graph, young males, 15 to 19, are generally decreasing — except for a short period — but still the trend, overall trend is to decrease, so now they're smoking about 12, 13 cigarettes a day. In young women the stats show it changing, going up, increasing and then decreasing, and then again since '96, starting to increase rather dramatically.

So this is one of the places that we have concern about what's going to happen here. Is it continue to go up or is it going to level off and maybe go down again? At any rate there seems to be equality at this age level when it comes to — between the genders — when it comes to consumption of cigarettes.

One bit of statistics that was taken right in Saskatchewan is

represented here, and that's the percentage of youth that report that they smoke cigarettes everyday. How much do they smoke? How many of them smoke? And the province is divided into sort of three areas: the northern, the central, and the southern part. You would be in the southern part — Regina and No. 1 Highway and south. And you can see that males, about 30.6 per cent of them report that they smoke — in the southern part — and females about 32.1 per cent. And these are youth, of course.

And take the other extreme in the northern part of the province, about 38 per cent of them report that they smoke, and females about 51.6 per cent. It's really becoming a thing to do there for young folks.

Right now there are certain legislation in place in Saskatchewan. There's The Minors Tobacco Act which was established in 1978, prohibits the sale of tobacco to people under the age of 16. It allows people to sell to minors providing they have written permission to do so — permission from their parents. And there is a fine for up to \$10. I haven't heard of anybody getting that fine lately.

The Urban Municipalities Act, 1984 also gives the urban municipalities — for example your city council, your town council — the power to regulate smoking in public places like this. And not every municipality is undertaking that.

There's other tobacco control legislation in Saskatchewan, and that is the Tobacco Act (1997) which is federal legislation. And it is enforced in Saskatchewan, and it prohibits the sale of tobacco to anybody that's under 18. And it allows for fines for up to \$3,000 for the first offence for anybody that's selling this tobacco, and up to \$50,000 for a second offence. It prohibits the advertising of tobacco products on the radio, TV, and magazines, and newspapers but it does allow sponsorship of adult-oriented events; sporting and cultural events usually are the ones that are zeroed in on by the tobacco companies.

It also regulates the . . . the federal government is regulating the packaging of tobacco products. You may have heard a lot about that over the last month, about the new packaging that they are mandating.

I don't know if you can see that from where you are? But I'll read this:

"These pictures of diseased lungs on my cigarette pack make me nervous," he says. "Me too," she says. "I need a smoke."

It makes a point of how addictive really smoking is.

What about the costs of tobacco smoking? In 1997, the Department of Education's statisticians gave us this number. Costs \$87 million directly for hospitalization of people in our health system, for physician services, for drug costs, and for fire losses. Then there are indirect costs of \$179 million due to mortality — that mortality refers to the earning power of people who are no longer with us but would have earned if they hadn't have died as a result of something that tobacco started.

Morbidity refers to the days lost and the productivity lost from work from people who are currently alive but not functioning as

well as they would have if they didn't have any . . . if they hadn't contracted some type of tobacco-related illness, plus other costs.

And when we're in talking to young people, we want to mention things like low birth weights to people who are child-bearing age.

So all together that comes out to \$266 million annually, according to the estimates of the statisticians. And they base this on the same type of figures that statisticians do in other provinces based on, I would say, what are accepted scientific studies. There may be some scientists that dispute it. Not being a scientist, I don't feel quite confident in disputing these figures.

The province now doesn't only pay out money. Of course, the province takes in money on this. We collect \$17.20 per carton. Plus we collect PST (provincial sales tax) which gives the treasury . . . this year we're estimating \$125 million.

The federal government also taxes cigarettes: 10.85 per carton plus the GST (goods and services tax) which gives them about \$2.2 billion. That's for across the nation. Saskatchewan would get its . . . they would get their proper proportion from Saskatchewan.

Oh, yes, here it is. Something new. So Saskatchewan paid . . . what is that . . . (inaudible interjection) . . . That would be in what? In one year?

Ms. Hill: — Yes. Federal taxes.

The Chair: — In federal tobacco taxes. That's a pretty big number.

What are we looking for, or at rather? We're looking at . . . we've been advised about some of the effects of tobacco smoke: lung cancer, heart disease, stroke, other cancer, chronic lung diseases, prenatal health.

We're advised that the number of deaths from tobacco is very high in Saskatchewan compared to something like traffic accidents and suicide. These running at less than 200, and tobacco-related over a thousand annually. Can you see that from where you are? Okay.

We're interested as a committee to see how we can address some of these hot topics. We know that youth smoking is on the rise; we know that peer pressure plays a big role in it. We know that access sometimes can make a difference, and we've been told that education is one of the prime things that we should consider in our recommendations.

Here's a cute little thing. I don't know if you can remember way, way back. Think of the first time you got sick on smoking — if any of you smoked or do now — that some days you were dizzy. But he says, "Oh, oh, oh." And she says, "Are you okay? You smoked some of the cigar, didn't you?" "Yeah, mom, and I think I caught the cancer." And dad says, "Shouldn't we just tell him it's nausea?" And she says, "Well, all in good time."

What about smoking in public places? There are some

economic realities right now that if we implement a series of laws or went very stringent — for example, of what they're experiencing in California or in British Columbia — that is that there are people that would lose business, or their businesses would decrease or they'd have to make adjustments. There is the rights of smokers. There is the right of freedom of choice that will be argued and is argued. There are also the rights of non-smokers; the right for clean air. There are health effects of environmental tobacco smoke just by being present in a public place where others are smoking.

And of course there's the social pressures on youngsters who, watching the role models or adults, get to feel that hey, this is a nice, cool thing to do. There's the ideal situation — keep both sides happy. He's got all the smoke he wants, and they're OK over here. Smoke all your own smoke, she says.

When it comes to recovering health care costs and the accountability for that, there have been some settlements already. There were four states in USA (United States of America) that sued the tobacco companies and they won their lawsuit. As a result the other states made an agreement with the tobacco companies so that now all 50 states in the United States of America have an agreement that the tobacco companies are going to pay them \$250 billion over the next 25 years to deal with health costs.

In BC, the BC government has just undertaken the same kind of lawsuit on Canadian companies, and Ontario is talking about doing the same thing. And currently the federal government is suing tobacco companies with respect to smuggling of tobacco.

The kinds of things that they sue for would be, for example, a difference in the health care costs as a result of tobacco — which in our case the level is about 266 — and the tax revenue that we take from it. This is a provincial revenue only. It doesn't indicate the federal level . . . federal revenue on it.

So here we are. This one, I guess, if it sends any message it is that tobacco is a killer. And there are things that we know about tobacco and second-hand tobacco smoke now that if we knew when we were youngsters, maybe we'd think about it a little differently. And our parents would have told us something a little differently, about the fact that some of this nickel and lead and mercury and benzene formaldehyde are in some of the . . . in some of the cases of cigarettes smoke.

So we'll try to end this on a positive note. What can you do and what can you gain? And the young folks in particular like this. But if you were smoking now — and you're a young person — 12 cigarettes a day and then you quit, you could actually save \$75 a month.

And then if you added to that the savings in life insurance . . . being a non-smoker the premiums are less, about \$11 a month less for \$100,000 worth of term life insurance, that's \$86 a month; the magic of compound interest over a period of 30 years — let's say 10 per cent — \$244,000, well, a quarter of a million just about. That doesn't take fully into account what happened to the . . . what'll happen over those 30 years.

If you think back 30 years, I think cigarettes were 42 cents a pack when I bought them as a young kid. So it could be higher

than that — enough to pay for your college and maybe buy you a nice Mercedes on top of that. That figure does take into account some inflation; I'm not sure just how much.

We want to listen what people and members of the public and interest groups have to say. We're also very interested in what young people have to say. We have a web site that young people, in particular, we're asking to fill out. It's a youth survey online — it takes about 5 or 10 minutes and if you want to copy that down or get the web site address to pass onto somebody, then we're just pleased to give it to you.

So now it's your turn. We will stop here, and we will call on the witnesses one by one. Thank you very much for your attention and I'm going to sit down and let you do the talking.

And we have Donna Wolfe from the South Central Health District. So, Donna, would you like to take a seat. Please give your name at the beginning and take as much time as you want.

Ms. Wolfe: — Well good evening committee Chair and committee members. My name is Donna Wolfe. I am the health promotion consultant for the South Central Health District. As a district we are very pleased that you are giving the public an opportunity to speak on this issue; it is of great importance to everyone.

Tonight I will be giving highlights of what has been happening in South Central Health District that we've been doing on tobacco: challenges; working on the tobacco issue in rural communities; and some of the strategies we would like see in a comprehensive provincial approach to tobacco control.

And a lot of the statistics have already been gone over. The use of tobacco products is the number one cause of preventable death, disability, and disease in Saskatchewan today. Approximately 1,200 Saskatchewan residents will have died from tobacco use in the last year. Tobacco products will kill 90,000 presently alive people in Saskatchewan. Tobacco use in Saskatchewan constitutes a public health crisis, and an increase in consumption among young people adds a challenging dimension to this problem.

The South Central Health District is concerned about this public health crisis including the increasing number of young people who are smoking. In 1998 the district conducted a needs assessment survey. Tobacco use of district residents was one of the areas explored in the survey. Questions on this issue included: do you use any tobacco products such as cigarettes, cigars, smokeless tobacco, pipes, etc.; how many cigarettes do you smoke per day; and are you a former smoker?

Results showed that 29 per cent of South Central Health District residents used tobacco products on a regular basis; 25 per cent of residents stated that they have smoked at one time. And when asked what health issue they felt was a major problem, 72 per cent of residents felt tobacco use was a major or minor problem.

Tobacco use was ranked as the fourth highest health issue in this health district, and younger people — those under 35 — ranked tobacco use as a higher issue than older people.

Following the results from the needs assessment, the district has looked at what more we can do in the area of tobacco reduction. A tobacco reduction strategy was developed based on our human and financial resources and the need for programming in other areas. This strategy includes the following objectives: protection from second-hand smoke, preventing children from starting to use tobacco, and cessation.

In terms of strategic approaches that we used to support these objectives, the Ottawa charter for health promotion provides the following five strategies for health promotion: building and developing healthy public policies; creating supportive environments; strengthening community action; developing personal skills; and reorienting health services.

Looking at what we are doing now, we've found that public health does a lot with the public in schools in educating about the risks of tobacco use. Many other non-government organizations are also involved in this area. What we lacked was the promotion and development of smoke-free public places, bylaw development, cessation programs, and support for those who are quitting.

Seeing these gaps we have attempted to address these in a fashion that, as I said before, addresses both our human and financial constraints.

On average when you look at it, Canadians spend about 90 per cent of their time indoors — whether it's at work, at home, going out for coffee or supper, or the time they spend at the rink — and as a result, we have found that the quality of indoor air can have a significant impact on our health.

Many chemicals contaminate the air and affect our health, but the most widespread and harmful contaminate is tobacco smoke.

There are many positive indications provincially that the public will support more smoke-free public places. The February '99 provincial government omnibus survey indicates that 62 per cent were in favour of banning smoking in restaurants; 37 per cent mention recreation facilities.

When looking at developing support for smoke-free public places in rural areas, we face some challenges. One of the obstacles is a financial concern of businesses in rural areas. Even though owners and managers may be non-smokers or understand the health benefits of going non-smoking, they are held back by a fear of losing business. Research however shows that this is not a reality and in fact business may improve because of this change.

When you look at our statistics, yes 29 per cent may smoke but 71 per cent are non-smokers, and non-smokers still use restaurants, bars, and other public places. But in a small community with only a couple of coffee shops, the worry of one restaurant being smoke-free and the other not and the effect this may have on business makes people somewhat reluctant to change.

Businesses express the need for local or provincial governments to bring forward non-smoking bylaws. Gaining support for smoke-free recreation facilities beginning with the times that

children use the facilities, then moving to a more comprehensive policy, has received more community support. When people understand the health issues around second-hand smoke and children, especially during physical activity, they understand and agree with the need for change.

At a local level cessation programs are difficult to run due to a lack of interest, lack of trained staff, and a lack of knowledge by staff unsuccessful cessation programs. Research training and support from a central agency to deal with the cessation would be beneficial in rural communities.

Adults see smoking as a personal choice, however they are concerned with the number of youth and children smoking and would like to see more regulations to prevent young people from taking up the habit.

Working with youth is a challenging group. Youth look at the adult world and express inconsistencies in the messages they see. Smoking is supposed to be unhealthy and yet adults do it. They see tobacco use on TV and movies as an acceptable habit, and tobacco companies are sponsors of many cultural and sporting events. We need to change public opinion that smoking is an accepted norm.

A provincial tobacco control strategy requires a comprehensive approach including research, policy, and program components. There must be coordination and co-operation between various levels of government, non-government organizations, and those in the private sector that would support and enhance local activities.

Four goals should be in the strategy and these would include: prevention of tobacco use among children and young people; cessation; protection from second-hand smoke; and finally denormalization which would include educating the public about the strategies and tactics of the tobacco industry thus changing people's attitudes.

Key factors in the tobacco control strategy should include: legislation for smoke-free public places; mass media campaigns for denormalization of tobacco use; provide adequate funding for tobacco control initiatives; legislation to restrict sales of tobacco to minors, including where tobacco products are sold; properly enforcing laws; increased capacity of health districts and local groups; provide information and resources to those who want to stop smoking; reach and involve youth; monitor knowledge, attitudes, and behaviour about smoking; build community capacity; and finally evaluate the interventions.

We cannot stress enough the need for a comprehensive provincial tobacco control strategy that includes more than education but supports and strengthens the development of healthy public places, community action, and supportive environments. Such a policy will take the political and personal will of all those involved. It will not be easy. The tobacco industry is a strong opponent but the long-term benefits will be worth the struggle.

And that's the end of my oral presentation, and just any questions that the committee members . . . or I guess that's your job.

The Chair: — Thank you very much, Donna. No, I need all the help I can get. And we'll go to questions now.

Ms. Eagles: — Donna, I would like to thank you for your report, and please don't misunderstand — I'm not disputing anything that you say — but you said the findings from the South Central Health District need assessment survey, 72 per cent of respondents said tobacco was a major or minor problem. Do you have a breakdown of that?

Ms. Wolfe: — I do. In terms of the statistical breakdown, the groups were . . . made sure they grouped — and our needs assessment person who handled the survey isn't here — but the "major/minor" was put together in a lump, and the "not a problem" was put separately because the numbers were so small in between the major and the minor.

Like minor does not mean it's not a problem, it was just the way that the survey asked that question. They felt that that indicated statistically it goes together in the same lump.

Ms. Eagles: — Okay. What was the percentage of the people that were indifferent?

Ms. Wolfe: — That were indifferent?

Ms. Eagles: — Yes.

Ms. Wolfe: — I don't think that was an answer on the survey. I think it was major, minor, or no problem.

Ms. Eagles: — What was the percentage of the no problem then? I don't mean to put you on the spot. I mean I can get it from you later.

Ms. Wolfe: — No, no. That's okay. I may be able to find it right off. If not, I will . . .

Ms. Eagles: — Okay.

Ms. Wolfe: — I will find that statistic and give it to you before I leave tonight.

Ms. Eagles: — Okay. That's great.

Another question I have was you stated that people have said that for restaurants and bar owners to go completely non-smoking, it would not affect their business. Restaurateurs and bar owners have in fact been telling me — and you know one has made a presentation to this committee — that it said it certainly would affect their business.

Because I mean people kind of associate . . . You know, when you go to a bar, you know there's going to be smoke. And I mean I think you look at the number of smokeless bars and you look at the number of bars that allow smoking, and I mean the bar owners aren't stupid people. If they see the smoke-free bar is making all the money, they're going to soon go smoke-free too.

So was that part of your survey that said that going smoke-free wouldn't have any effect on the restaurateurs or the bar owners?

Ms. Wolfe: — That comment was based on a number of statistics and research that has been done by the industry looking at the issue of smoke-free versus non-smoke-free public places, restaurants, and bars. And there's probably research on both sides of the issue that will say going smoke-free is going to make a difference; going non-smoke-free will make a difference. But do remember there are 71 per cent of the public that does not smoke, and I know a number of people who will not go to certain facilities in this community or will not go . . . only for a short period of time because it is a smoking establishment.

And so the 71 per cent of us that are non-smokers, we may go to the bar for one drink and leave. But if it was smoke-free, we may stay for four or five drinks. Not that we want to promote people staying in the bar too long.

And also the idea of eating. The research from BC and California and some of these other places is showing that yes, there is a dip in business possibly when it first happens but this does not necessarily stay that way. And some people are finding that their business changes. When there were smokers, people came in for coffee and had . . . and smoked and had coffee and had their one or two cups of coffee, then left.

Now that they are smoke-free, they're finding people are just having one cup of coffee, but are staying and having a couple of muffins or changing their eating habits. And so they're eating more food which is a higher . . . or possibly may bring in more income for that restaurant or coffee shop, other than the coffee.

So it's a challenge. But at the same time, if you look at other things in the world . . . when Chile had the cyanide scare on grapes, suddenly the whole Chilean industry of grapes dropped and practically died because everybody was worried about a little bit of cyanide that was found on three grapes. And that was just a couple of grapes; it was not throughout the whole industry. It was just a freak finding.

And yet in our cigarettes there are more chemicals and more contaminants that could affect our health that are in any of our foods that may happen to get into our workplace or into our food chain, and yet we can stop buying Chilean grapes because we may be afraid of a little bit of cyanide that we could wash off but cigarettes we keep on buying.

Ms. Eagles: — Personal choice.

Ms. Wolfe: — Again an adult sees it as personal choice. But we have to remember that as an adult, yes it's hard for us to change, but it's the children and youth that is also our concern. It's the next generation. Do we want them to go through the difficulties of quitting smoking, facing very serious health consequences 10, 15, 20 years down the line.

Ms. Eagles: — Thank you.

Ms. Higgins: — Thank you very much, Donna, for your presentation. One of your points here is legislation to restrict sales to minors and where tobacco is purchased. Do you have any further ideas on that?

Ms. Wolfe: — Which part? Both?

Ms. Higgins: — Yes, both.

Ms. Wolfe: — That the age on tobacco should probably be increased to at least 19, and where it is purchased. It seems sort of silly that we can purchase cigarettes in pharmacies and places where we're promoting health products, and yet you can buy tobacco. And maybe again you're looking at displays and how things are displayed, and whether tobacco should be available and for sale in places where there will be youth.

If you provide tobacco at the bowling alley — mind you if we had a smoke-free bylaw or you know smoke-free public places, bowling alleys may be one of those places that will be included we hope, and so there wouldn't be tobacco in a bowling alley — but if you can smoke, you know, why have cigarettes at a bowling alley or at the rink? Pharmacies, places where it just seems somewhat incongruent for people to get them and what is sold — would be my suggestion.

Ms. Higgins: — Thank you. Also this denormalization of tobacco is something we have heard I think in just about every presentation we've heard so far, and many people feel that that will hopefully be the end result. But do you see that as something that would happen quickly, or are we talking about a generation here almost, where these changes are going to take to be effective?

Ms. Wolfe: — Well I don't think it's going to happen overnight where we think of our own attitudes to cigarettes when we were young. I mean it was still cool, it was still anti-establishment but it's become even more so with young people today. And so trying to remove that aura — and it may be a long process because you're looking at people who are smoking at very young ages — so you've got to not give up. You can't just do it for two years and then say, well we've done it.

Ms. Higgins: — Thank you.

The Chair: — Donna, thank you very much for your words here. I want to ask you and I want to pass on a congratulations to you about the strategy that you developed in the South Central District. I just have one question. When did you start this, and will you have the capacity to measure success?

Ms. Wolfe: — We started looking at our tobacco reduction strategy following our needs assessment survey which would been in 1998, and so it's been an ongoing process to look and see what we could handle.

In terms of success, that's what we're developing or building into the strategy so that there's a way that we can gauge success and failures along the line. Whether it's on smoke-free bylaws or whether we can make any difference — I don't know. Or whether it's on programs to youth or cessation programs if we have any, etc. — so it's sort of built into the program.

Ms. Higgins: — I just thought of something else. I was wondering if you have any municipal bylaws within the city that restrict smoking or have put any guidelines in place?

Ms. Wolfe: — We don't have any municipal bylaws. We do have a few smoke-free restaurants, and there are quite a few smoke-free recreational facilities throughout the district. But in

terms of communities, no.

The Chair: — There are no other questions, so thank you very much.

Ms. Wolfe: — Thank you.

The Chair: — Thank you for taking the time to come here. We appreciate it. The committee would like to hear from Dolores Herring.

Ms. Herring: — Good evening. A lot of my presentation this evening I've already heard, but I'll go through it anyway. I'd just like to say good evening and thank you in advance for allowing me the opportunity to voice my concerns, opinions, and suggestions to you on the all-important issue of tobacco control in Saskatchewan.

My name is Dolores Herring. I am a resident of rural Weyburn, a farmer, wife, mother, and grandmother. I believe that our children are our most valuable resource and as such should be protected as best we can from things that would harm them. It therefore goes without saying that I am an advocate for legislation that leads us to a tobacco-free Saskatchewan.

I volunteer for the Canadian Cancer Society, and therefore am privy to the many, many statistics surrounding cancer, heart and stroke, and lung deaths that are directly attributable to tobacco. I'm sure you've seen the numbers

Tobacco is a human economic burden to society. I believe this is something that could be prevented. As we've seen tonight, reference to the human side of the burden, tobacco kills more people than AIDS (acquired immune deficiency syndrome), motor vehicle accidents, drugs, suicide, and homicide combined. Smoking is a major risk factor for heart attacks, strokes, hardening and blocking of arteries of the legs, and is responsible for 70 per cent of death and disability due to chronic obstructive lung disease.

Smoking during pregnancy has a direct harmful effect on the developing fetus. It is implicated in as many as 50 per cent of cases of Sudden Infant Death Syndrome. Children exposed to environmental tobacco smoke experience a greater risk of middle ear infections, pneumonia, sinus infections, and asthma.

Smoking is responsible for 660 cancer deaths annually in Saskatchewan including cancer of the lung, pharynx, larynx, esophagus, stomach, pancreas, kidney, urinary bladder, and cervix. Chewing tobacco can lead to cancer in oral cavity and other serious problems with mouth, teeth and gums.

On the economic side of the burden we heard both the direct costs and the indirect costs of tobacco consumption to Saskatchewan residents. The revenues fall very short of the cost to society. We do have to address this shortfall by not taking action; we are saying we have enough human and health care resources in Saskatchewan that we can afford to ignore this issue — and I think not.

I believe that effective legislation is the single most important component toward actively addressing the initiatives as set down by the Canada's Health ministers on reducing tobacco

use. Provincial legislation needs to be updated to support the federal. We need effective legislation to protect the health of all Saskatchewan citizens from environmental tobacco smoke, especially infants, children, youth, the unborn, and people with respiratory disease and allergies. It just burns my butt — pardon the pun — that I have to buy and take allergy medication to function in an environment that is not second-hand smoke free.

Legislation is required that includes smoke-free enclosed public places, especially child care facilities, workplaces, service and entertainment facilities, recreational and sporting facilities, educational institutions including school grounds of elementary and secondary schools, all health care facilities, transportation services and parkades. Legislation should cover prevention of tobacco use, especially by children and youth.

Tobacco use prevention education should be mandatory in every grade since children are basically the only new source of tobacco industry customers. Very few people begin smoking after the age of 18. I feel that the legal age for purchase of tobacco should be increased to 19 years, and sale of tobacco should only be in designated licensed outlets such as liquor stores or tobacconists. Tobacco sale should be prohibited in pharmacies or any business which has a pharmacy within, as well as all health care, educational, and recreational facilities.

Legislation needs to consider a mechanism of ticketing the tobacco offences to streamline the enforcement activities. It also needs to increase the retail price of tobacco to help cover more of the direct costs of the burden tobacco usage places on our health care system.

Another very important component I feel needed in legislation is the support for tobacco cessation. Research to develop a range of cessation strategies that respect the unique experiences of youth, women, and Aboriginal people who are addicted to tobacco need to be promoted. Nicotine replacement therapy should be included under the provincial drug plan.

In closing I would like to thank you again for listening to my concerns and suggestions. While I personally feel that tobacco is a poisonous pollutant that should be banned, realistically I expect it would have to be phased out, which means an ongoing human and dollar cost.

I strongly urge you to please consider the recommendation that legislation is strongly needed to start a process of tobacco use control and prevention leading to a tobacco-free Saskatchewan.

I thank you.

The Chair: — Thank you very much, Dolores.

While we're just checking to see if there's any questions, I have one. Do you have any idea why . . . No, what is your opinion as to why municipalities did not take up, in sort of a wholesale way, the banning of smoking in public places?

Ms. Herring: — I don't know for sure the reasoning behind it. I expect that concerns from business owners and just the general public who want to smoke voicing their concerns and their rights. I don't know that until recently that the push is coming on stronger and stronger from the people who do not

smoke, who are pushing.

The Chair: — And do you think that . . . or have you noticed . . . do you think that sort of the, I'll call it the political atmosphere, for that kind of regulatory regulation to put into place, do you think it would be more acceptable now than it was say two or three years ago?

Ms. Herring: — Possibly not. I don't think it will be an easy journey. However, I strongly feel that we have to make a move in that the economic costs, our health care dollars are stretched so thin and if we can find any place where we can prevent . . . which I believe tobacco, there's an avenue to prevent some of the costs, both human and economic. And I feel that legislation . . . It has to come with legislation from the government.

The Chair: — Thank you.

Ms. Eagles: — Dolores, thank you. I believe that the whole key to the issue is to educate kids so they don't start smoking.

Ms. Herring: — Yes, I agree.

Ms. Eagles: — But kids don't listen to their parents. You tell a kid not to smoke and what's the first thing he's going to do? He's going to go bum a cigarette from somebody and have one because, you know, the curiosity thing.

So how do you suggest that kids just don't light up. And as far as legislation, how do you . . . what do you recommend as far as policing it? Like in BC — there's non-smoking laws in BC and one of my constituents has a restaurant in BC and he said the police have just refused to get involved so they turn it over to Workers' Comp. They're not doing anything about it so his restaurant, they're smoking there.

Ms. Herring: — I'll have to say I don't know how you would go about . . .

Ms. Eagles: — Yes. And I don't mean to put you on the spot but we're just looking for ideas, you know, if you do have any.

Ms. Herring: — I do believe the key issue though . . . I know that a lot of problem lies in the peer pressure that comes at the young age group. And if in fact we can educate and address the peer pressure "coolness" of tobacco smoking, we probably have got a big area taken care of.

Ms. Eagles: — Some of the kids that we have talked to have said . . . We've asked them if raising the age would have an effect and they've said no, because a lot of them, their parents will buy their cigarettes for them. So they didn't think the age was a big issue.

I mean I'm not saying whether I agree or disagree with that. I'm just trying to be objective. You know, we're just trying to come up with some solutions that will please smokers as well as non-smokers.

I thank you very much, Dolores.

The Chair: — Well, thank you very much, Dolores. I understand you're a member of the local cancer society.

Ms. Herring: — Yes, I am.

The Chair: — It's a group that has done a lot of work on this. And I encourage you to stick with them because you finally got it at least on the agenda of the legislature.

Ms. Herring: — I thank you very much.

The Chair: — The committee would like to hear from Robert Joyal.

Mr. Joyal: — I'd just like to thank you for the opportunity to speak. A little bit about myself. For starters, I'm a non-smoker. I'm the owner of the Royal Hotel and I've been in the business for approximately 20 years. The last four years my partner's been running my business here and I was managing some motel properties in BC so I'm well aware of the situation there.

Now previous to the ban on smoking in motels and hotels in BC, I was stationed in Kelowna, and the Best Western in Kelowna at that time decided to go non-smoking with their bar.

Now Kelowna, the population is probably about 110,000; they went non-smoking for three months, and that was the only non-smoking bar in Kelowna at that time with a population of 110,000, and consequently they had to resort back to smoking just because financially it just was not working out to any extent.

So with that in mind, I think it just goes to show the consequence of such an act.

Now another thing I've been hearing from different groups and parties is that the total non-smoking ban in restaurants and hotels is not affecting their businesses. Well you know, I've just come from British Columbia. I was a member of the hotel/motel association there and it is . . . it's hurting their businesses a great deal. There's a large amount of non-compliance. You know, there's some very serious problems.

And for anybody who wants accurate figures on whether business is up or down, I'd challenge them to either talk to the association, the British Columbia hotel/motel association, or even to target some of the individual businesses that are complying and get some accurate figures from the owners themselves. And, you know, I'm sure you'll see that it's hurting them significantly.

Now a few other things. I understand that smoking is a very serious problem. I realize that, you know, changes have to be made. Personally, I think the area that we have to target more than anything is the minors, the children. I think education is paramount. But I also realize that, you know, you can take a 30-year-old who's been smoking for 15 years and bring in legislation that doesn't allow him to smoke in a bar where he's frequented for the last 10 years, you know that's not going to stop him from smoking. That's just going to drive him away from the hotel.

And if anybody who's in the hotel or restaurant business in Saskatchewan, anybody in business in Saskatchewan period . . . economically it's been a tough go for quite awhile now. And basically, any consequence that's just going to hurt us, you

know, it's going to drive a lot of hotels, a lot of restaurants into bankruptcy.

The average customer of the Royal Hotel would probably be about 35 years old; 70 per cent of those customers smoke. So it's pretty obvious, or it should be, you know that if, say, we brought in the same legislation that BC did that it's going to have a drastic consequence to our business. It's going to result in hotel closures, loss of jobs, loss of revenues.

So with that in mind, you know, I just wanted to bring this forth to the committee. And it's not like, it's not like I don't think any hotelier isn't prepared to do what he can. You know a couple of suggestions I have would be better ventilation systems, maybe some non-smoking sections. You know, there are things that can be done to reduce the second-hand smoke. And, you know, it's not like I wouldn't be only too willing to sort of go that route or do what I could to help because, like I say, I'm a non-smoker. And it's not like, you know, it's not like I like to stand and inhale second-hand smoke.

And that's about it. If anybody's got any questions.

Mr. Bjornerud: — Thank you for your presentation. I was interested when you talked about the situation I believe if I heard you right said that one bar out in Kelowna went smoke-free completely and business never picked up; in fact they must have lost businesses if they went back to smoking.

Mr. Joyal: — Absolutely. And the thing about that situation was, you know, this was two years prior to this legislation. So in a city with a population of over 100,000, they were the only non-smoking bar. So by rights that should have given them a huge advantage.

And they promoted it fairly well. And you know, anybody who challenges me on that, all they have to do is phone the Best Western in Kelowna and, you know, talk to the manager or owner and he'll, you know . . .

Mr. Bjornerud: — I would have thought with that being the only bar that was smoke-free, their business should have jumped . . .

Mr. Joyal: — Yes. Absolutely.

Mr. Bjornerud: — . . . if what we're hearing actually worked out.

Mr. Joyal: — Absolutely. The thing about the whole matter is, you know, I've got a vested interest, you know, because I am in the hotel business in Saskatchewan. But when I was out there, I was just an outside observer and I just found it very interesting. And being a non-smoker, I was, you know, I was kind of wondering how it was going to go. And it didn't.

You know, I think what it tells you is that a large percentage of people who frequent bars are smokers. And so I think if you go after that crowd, like it's not . . . they're not going to quite smoking; they're just going to go smoke at home and not frequent those businesses.

Mr. Wartman: — A couple of things. You started down one

track, Robert, that you're saying recognition that smoking is serious, keeping minors from smoking is important, education is helpful. Do you have any other suggestions for how we might be able to help keep minors from smoking? Because I think most of us recognize that that's pretty key to this whole thing.

Mr. Joyal: — Well it is the key. You know, because as an hotelier, as a businessman, you know, if the youngsters that are coming into those businesses don't smoke, then it's not really an issue.

As far as suggestions go, I think raising the age, it's a good idea. I think awareness is the huge issue. I think if you can deglamorize smoking . . . you know if you can sort of get it across to the kids that it's not cool. You know I think that that's probably one of the keys.

Mr. Wartman: — There was also . . . how you talked about some of the things that you felt hoteliers, restaurateurs might be more inclined to move towards rather than an outright ban on smoking in all public establishments. You talked about better ventilation systems, non-smoking sections. We haven't had a lot of witnesses who are hoteliers but one who spoke to us the other day said that they couldn't . . . like they run a pretty slim-margin, small-town hotel and to put any of those things in would be prohibitive for them.

Mr. Joyal: — I can appreciate that but, you know, by the same token I think what I'm trying to say as a hotelier . . . I think in the hotel association, I think we're ready to do what we can, you know, within reason. I know the small-town hotels, you know, do run on slim margins but by the same token I think if we all give a little bit, you know, it can be a better situation for everybody.

Mr. Wartman: — I have one other question, and this one goes to the more . . . our society is becoming more litigious, a lot more lawsuits. We see this in terms of the lawsuits against tobacco companies for loss of life, for ill health, for time lost, and those suits have been successful.

One of the bodies which really has pushed for legislation around restriction on smoking has been the health districts, the occupational health, and I'm wondering if recognizing the kind of suits that have already taken place and recognizing now what we do about second-hand smoke, what happens to businesses, hoteliers, etc., when an employee or two employees come back and say: second-hand smoke here which I had to breathe to work in this bar caused me to get this cancer or this emphysema, and we want to sue you.

Mr. Joyal: — Actually, you know I can appreciate what you're saying but currently — like at the Royal Hotel — of all the staff we have that work in the bar, there is only myself and one other person who don't smoke. So I'm not saying that isn't an issue. You know I think by doing what we can, you know, within reason to control that second-hand smoke is going to deal with a certain amount of that and, you know, beyond that I don't really have a good answer for you.

Mr. Wartman: — Well thank you very much. I appreciate the input that you've given.

Ms. Higgins: — I can appreciate your concerns over, you know, about if legislation was put in saying no smoking in bars and the problems it would cause and all the rest of it, but do you have any views on public buildings being non-smoking? Sports arena, malls . . .

Mr. Joyal: — Yes, actually, you know, I'm just going to be totally honest. I agree with the majority of public buildings being non-smoking. You know, and I don't think, you might certainly look at what I'm saying and think that it's, you know, I want both sides of the fence just because I'm in the business. But the fact of the matter is that, you know, when the majority of the people who frequent bars do smoke, it's a different scenario as opposed to, you know, going to a waiting room in a hockey rink. I just don't think it's the same thing. I think you're talking two different things. And I do support non-smoking in most public buildings.

Ms. Higgins: — Also one of the things that we've heard from the young people that we've talked to in schools is access to cigarettes is fairly easy. I mean it's not only . . . I mean they're not getting them from friends, or not all from parents. I mean they can go to a store and buy them, have an older sibling or whoever buy them.

Now you deal with alcohol. Do you feel . . . I mean and those restrictions on alcohol in no way cut out any of the bootlegging or whatever you want to call it that may go on but I'm sure it restricts it. Do you feel something like that for tobacco with restricted outlets for sale of cigarettes, licensed outlets, or . . . I mean we've heard all kinds of suggestions from liquor board stores to licensing of outlets its own. Do you think that would have an effect on it?

Mr. Joyal: — I think it would to a certain extent, but I think the bottom line and the key to the whole picture is just the education and an awareness and getting to the children so that they're making the right decisions. You know, I think that's got a lot more to do with it than the actual enforcement, you know, and I think that's where we have to sort of target our resources.

Ms. Higgins: — Thank you.

The Chair: — Doreen, you have another question?

Ms. Eagles: — I can't stress enough how I think education is the key, education to the young people. How do you feel about the people that are 17 years old and going in and obtaining cigarettes? And I mean a lot of these kids look older than the 19-year-old that's working behind the cash register.

I've had some people write me letters and tell me that, lookit, I'm not out there to raise somebody else's kids. If they don't want them to smoke, it's up to the parents to say, you know, educate these kids because that isn't my job. I'm trying to make a living here.

Mr. Joyal: — You know, I totally disagree with that. I think whether you sell cigarettes or whether you sell beer, whatever it is, you know, as a vendor you have the responsibility not to sell to minors. And unfortunately whether it be beer or cigarettes, you know, you always have those people who are just worried about making a buck and unfortunately that . . . you know, it

just happens.

But, you know, as a vendor regardless of the financial situation, you know, I stress very highly as whether it's cigarettes or beer, you know, we try to be very stringent and I would hope and pray that just any other business that's . . . whether it was cigarettes or beer would do the same.

Ms. Eagles: — Okay. Thank you, Robert.

The Chair: — Well, Robert, thank you very much. I really must say that I appreciate your attitude, you know, and your problem-solving mode. That's what we're here for too. And I would say you're a real good representative of the hospitality industry and we too would like to work hand in hand towards a solution which we ultimately would like to get to. But how do we convince ourselves as society that's something to do and how fast can we do it? And so thank you very much for your help today.

Now is there anybody else that would like to come forward or offer any suggestions or comments? Yes, come on up.

Please start with your name.

Mr. Riddell: — My name is Rod Riddell, and I am also hotel . . . (inaudible) . . . from a small town. Okay, and I just wanted to say from a small town thing it would be very devastating if we wouldn't be able to let people smoke in our facility.

And we talk stats and things like that — I have a whole bunch of stats here that we can go out and we can go back and forth, but the real stat is that I know that I wouldn't survive without letting people smoke in my place.

You have to be 19 to come in. People . . . I think that you have to let people . . . let us decide. If nobody wants to come into our place, then we make it non-smoking. I'd even put a sign up in the door saying "smoking in this premises" and if enough people don't come, then that would be the easiest way to do it.

We're controlled by too many things and it's too hard to control this. It would be very hard to police it. I'd have a very hard time having a guy that I've dealt with for years come in and want to smoke in my place and have to throw him out. That's the main point.

I just want to say after that, that it would be a very hard thing to police. And one of the things you kept saying about suggestions . . . And when you're talking about youth, one thing that really bothers me about the youth smoking is this: that you don't allow or buy them under 18, but they could be walking down the street smoking a cigarette and nobody does anything. If that same kid was walking down the street drinking a beer, he would be stopped and charged \$170. And I think if you guys really want to get something going, I think that you should make it illegal to smoke under that age. And if you get caught you get fined, just like you're carrying a beer or any other controlled substance. And I think that would be a way.

A lot of — a lot of kids are scared. I coach hockey, peewee hockey. I've coached them every year. I coach ball. I work with kids all the time. And most of the kids really would obey the

law. Some are going to break it but if they get caught enough times that might scare them away.

But I always thought it was really ridiculous that we have a law that people aren't allowed to sell cigarettes to them people, but they're allowed to walk around — and they could be sitting in a corner in a facility smoking outside the door — and they're not breaking the law. They can't buy . . . but it's just like a double-edge sword to me.

And that's one of the suggestions I would have, that if anything happened that making smoking illegal, that if a police officer of somebody seeing the kid smoking, you could charge them just like charging them carrying a beer down the street. And that's basically what I have to say.

And I just want a quick other point. This other fellow was with me. He has a hotel too in Whitewood, Saskatchewan, a small town, and he didn't mention that he knew of one place in Regina that did go non-smoking, and it was called the Dizzy Monk and it did go bankrupt. And that just, you know, an example for Saskatchewan anyway.

The Chair: — Well, does anybody have any questions? Can we just get the spelling of your name, Rod?

Mr. Riddell: — It's Riddell — R-i-d-d-e-l-l.

The Chair: — Thank you very much. Anybody have . . . Doreen has a question.

Ms. Eagles: — I think that was a good point. That's the first time we've heard the one that if the police actually do see someone underage smoking, to fine them. And I think that is a good point.

Mr. Riddell: — It just always bothered me. I mean it's illegal to do it so why . . . how are they going to be scared of it if they don't have any way to stop them. It might be mom and dad paying the fine or it might be community work but that might be enough to, maybe mom or dad to get involved in saying, you can't smoke, I don't want to pay your fine.

Sometimes money scares people. It scares people from drinking a lot of time in a public place. You don't see people walking down the streets drinking for fear of that. You know, it's a 100, \$115 fine or something like that in a public place.

Ms. Eagles: — Good point. Thank you.

The Chair: — Any employees that are non-smokers?

Mr. Riddell: — Not one. I'm the only non-smoker in my facility. I have five people working for me. My wife smokes. I don't smoke, but that's . . .

The Chair: — Okay, thank you. Somebody else here? Yes, please come forward, sir.

Mr. Dodd: — Good evening. My name is Reg Dodd and I'm a restaurateur in Weyburn here and I also had a couple of outlets in Estevan up till recently. I'm with a small company you likely have heard of, called McDonald's.

To start with, I'd like to thank you for the opportunity and I'd like to say that on behalf of ourselves here, the South Central Health District, I agree with their stance. I agree with basically everyone's stance here that we have to do something as far as from a health issue.

We've heard of the second-hand smoke issues. There's been questions asked about the second-hand smoke issues. They haven't quite made it to us in the North here; they've basically been staying south of the 49th parallel. When they do hit here, look out. We're talking major, major dollars. I don't know if it's just because our lawyers aren't as smart as those guys down there, I don't know, but they will catch up to us.

We have been looking at these things, these lawsuits down in the States. In particular the last one that we followed was the one with the airline stewardesses and that was again major dollars. The ones I guess with, you know, with some of the big tobacco industry giants and stuff that settled for the health.

There was another comment made about the legislation that's already in place, that we have, with the last gentleman's comments about the law enforcement. We have the privilege of serving our men in blue or ladies in blue quite regularly at our restaurants. I go out and hassle the kids and I will say "hassle" the kids about smoking because I am a non-smoker. Some of them that are questionable, I haven't asked them for ID (identification) but I'm questionable whether they pertain to that legal age or whatever — they can be sitting right beside any of the law enforcement officers, and it means nothing to them. I mean whether they're 16 years old, I mean, 15 years old, it really don't matter. These guys aren't — or ladies aren't going to do anything and I don't think that matters whether we be in Weyburn, Saskatchewan, Estevan, Saskatchewan or Timbuktu. It just seems to be fairly prevalent that the kids just know that they're not going to — that there's nothing, there's no repercussions.

Some of the others things, the restaurant and bars, I believe, have been lumped into a complete sector. When we break out some of the statistics into bars versus QSR's, quick service restaurants, dining facilities, formal dining facilities, etc., the statistics indicate somewhat differently than what has been presented in a couple of the cases.

For instance, we did our own survey in Weyburn and Estevan. It was an independent survey with one of the major survey companies out of Winnipeg. And when McDonald's went non-smoking here a couple of years ago, there was a number of us in the province of Saskatchewan that declined that. And the reason being was because of this survey, I personally would have lost 5 to 8 per cent of my business. That was the result of that survey, when they went out into my public and surveyed my customers by either dine-in or through drive-through. They stood there and surveyed them for a few days, asking them questions.

The 71 per cent of the non-smokers, and just to enlighten you a little bit, the 71 per cent includes all age groups. That also includes infants and children, okay. They're definitely not going to smoke. They're not going to be coming up to my restaurant unless mom and dad bring them.

I guess I would like to say that I'm kind of torn between a rock and a hard place here as far as this legislation goes. I think, personally, that we are legislated to death sometimes. However, as was previously mentioned, there is a definitely a fear on a street level, that all of us have to be on a level playing field. And I would like to emphasize that. I would be the first one to go non-smoking if everyone was on a level playing field. I cannot afford to lose 5 to 8 per cent of my clients or my customers, because that's going to mean a huge amount on the bottom line. That means it's going to cost jobs, you know, it's just not something that I'm prepared to do.

With that said, I guess I would like to encourage this committee that in their debating this and mulling it over on what to do, that you do consider to make everything a level playing field.

I might also suggest that, that although the restaurant association I believe have made a presentation to you that they would like to lump bars and restaurants and everything — anyone that's serving food into one category — I too would like to say that that would be utopia. I don't know if that would really have as big an impact on my business — and I'll only speak about my business — than to say McDonald's have to be non-smoking and yet A & W or Dairy Queen or whatever don't have to be. I mean like let's just keep, let's keep everything on a level playing field.

And again I'm torn between whether we need more legislation or just enforcement of the legislation that's already in place.

One little bit of optimism and sarcasm. As being the largest employer of the youth in Weyburn and, I can speak as McDonald's, in the province, we may not have to worry about our kids — that will be 38 per cent of the kids over 15 be non-smokers? We may have some future to look forward to because they seem to all want to go to Alberta anyway so that percentage should drop.

Mr. Bjornerud: — Thanks for your presentation. I just want to touch on one thing. Would you think that that's a fair comparison though to compare the restaurants, the business people in the restaurant business to the bars? Is there not somewhat of a different clientele there? Number one, age would be different.

Mr. Dodd: — Well, I got a birdie on this shoulder saying yes, and a guy on this shoulder saying no. So I mean everybody is going to say or some people I guess are going to say food is food. Yes, I see the same . . . I see the same clientele as, you know, my colleague from the Royal sees, but at different times of the day, you know. He's going to be busier at night. I'm going to be busier at dinnertime, suppertimes, I would think.

That's a tough one. That's a tough one. I mean, like I said, you know, today I might say yes; tomorrow I might say no.

Mr. Bjornerud: — Okay. That's fair.

Ms. Eagles: — Thank you, Reg. One of the comments that a restaurateur I was talking to made, and I would like to know if you agree with this, is that I have the brains to know whether I need strictly non-smoking, strictly smoking, more or less of either. I don't need the legislation telling me. I'm sick of

legislation. Do you agree with that statement?

Mr. Dodd: — I agree with both statements, and let me clarify that. I agree that I don't need it, but I have to rely on other people to make my living and maybe they need it. I don't know. I can't answer for them.

Ms. Eagles: — Thank you.

Ms. Higgins: — We were talking actually earlier today about restaurants and fast-food outlets that had gone non-smoking. Now in Moose Jaw, it is McDonald's. Tim Horton — they're all larger chains. But by what you say, it is left to an individual franchisee as to what they do?

Mr. Dodd: — That's correct.

Ms. Higgins: — That's correct. The other McDonald's in Saskatchewan that have gone smoke-free, has sales dropped there?

Mr. Dodd: — Yes, they have.

Ms. Higgins: — Or are you just going by . . . your survey?

Mr. Dodd: — No, they have.

Ms. Higgins: — They have.

The Chair: — Very interesting because you're getting these . . . There seems to be pockets where it works, other pockets where it doesn't work . . . that is going non-smoking.

Mr. Dodd: — Oh, I mean, you know throughout any community in Saskatchewan, the thing that makes Saskatchewan as unique is the demographics and the multiculturalism. You know, I'm not a professionalist as far as, you know, to know whether one nationality is heavier smoking than the other or whatever.

But, you know, to Debbie's comments about Moose Jaw in particular. Moose Jaw — the owners there decided to go non-smoking at whatever cost because that was their personal conviction and that they did see a decrease. Did they see a decrease of 5 to 8 per cent? No, they did not. It was close, but it wasn't the 5 to 8 per cent that Weyburn and Estevan would have seen.

Now on the other end of the spectrum, P.A. (Prince Albert), P.A. — the 5 to 8 percent — she would have loved to see only 5 or 8 per cent decrease. You know, I think . . . and I'd be pulling a figure out of the air but I believe her figure was closer to double that. So, region by region, town by town — it's all different.

Mr. Wartman: — Just a comment that Debbie had said the other day that Moose Jaw is one of the higher smoking areas; it's kind of an anomaly. We saw the breakdown in terms of north, south, and central regions. And north was significantly higher so I can understand the comment in terms of P.A. It seems it's quite interesting to get the figures that in Moose Jaw the drop wasn't as high and yet that's one of the higher smoking . . .

Mr. Dodd: — And, you know, I mean there's going to be I'm sure in any of the research that you do . . . I mean I'm not saying that mine is going to be 100 per cent correct, I mean we never tested the waters, you know. We were told to expect 5 to 8 per cent. It might have been 3 or 4, it might have been 9 or 10. We just said between 5 and 8 we couldn't afford to take that risk.

The other thing that . . . I mean I'm very familiar with the Moose Jaw restaurant as well because they're personal friends of ours and we do a lot of visiting back and forth together. I will say that their clientele, the age groups of their clientele and the age groups of our clientele is quite a bit different. And that's perhaps maybe because of the location. You know, we're not totally accessible as far as say the seniors because we're, you know, out of the way where as they're on the mall property. You know, I mean we didn't get into finite — you know, into going into locations etc., etc.

Mr. Wartman: — Thank you.

The Chair: — Thank you very much then, Reg. Now is there anybody else that has got a comment that they would like to bring to the committee? Please.

Ms. Skinner: — I'm Shianne Skinner, born and raised here in Weyburn. I have worked in alcohol premises since I was 19 years of age. As per se, smoking with your younger people and individuals, it's a very crucial matter that needs to be looked after.

I am a smoker. I started as a young person too, around the age of 12. Our education in our schools, we didn't really have much of a topic on any of that kind of stuff that I can recall anyways. I think if it was treated the same as the liquor and gaming Act, that that would cut down the age group.

Premises like, say, the Pharmasave and the . . . shouldn't be selling tobacco. It should be treated the same as the alcohol Act whereas you can only go to these certain few places to purchase your tobacco, whoever is selling you the tobacco is old enough. And that's very important, because if they can just buy it anywhere or walk into any store, that's kind of defeating the purpose.

As for education, I think that's very important because I never had that when I was in school. Like it was mentioned or talked about in a health class, but not pursued as what long-term use can do to you. Same with drugs. We never had sex education until I hit grade 7 or 8, you know.

So as for things like that, they're all very important issues with our young people. And you know, you set age limits on things because you have to be a certain age to do it because you're based as an adult. And as an adult then it is your choice whether to do so or not.

I think a lot of people that I know that are in my age, between 25 and 35 years of age now, are all trying to quit smoking because of all the awareness around and what it's doing to you. You know you have more options of quitting so it's not so hard to quit. And I think that's very important, especially for our young people. Because I'm a mother and if I'd seen my

daughter smoking at the age of 12, I'd feel the same as my mom did, you know, and then that's kind of a scary thing.

And as for the not smoking at all, though, like I say, you make the choices to do as we . . . you know, know the difference between right and wrong. And as for places of drinking like casinos and bingo halls, the majority of the business are smoking people.

I used to manage a bingo hall here in Weyburn and the smoking area was totally glassed off, which is totally fair. As for, say, if there's bingo in here, there's only two tables, well the whole room is still filled with cigarette smoke. It kind of defeats the non-smoking area. If they glass these areas off so that there's totally no smoke and there is an exit and an entrance, then you're kind of keeping both parties happy.

They say that we discriminate them for choosing to be smoke-free but they discriminate us for smoking. There is ways I think as a province that we can make choices on how to treat everybody fairly that is an adult as per se the minors. And I think it should be treated the same way.

If you're caught with an open beer, you're getting a one seventy, no matter how old you are, right? But especially with our minors and cigarette smoking, and I do believe that most public places should be, but some should have exceptions too. Like our bowling alley, well that is a sports arena kind of thing, but they serve alcohol in there, you know. So it's kind of a tough decision on who should and who shouldn't.

But I think our teenagers are more important and our young people, than . . . I'm not saying I don't worry about adults, but you know, we've kind of mended our ways and know what we're going to, you know.

But I think a lot of people have tried quitting smoking now and are being quite successful at it because of the awareness that we are putting out. But I think it should be a person's decision whether they want to or not also. So that's about all I have to say.

The Chair: — Thank you, Shianne. Now we've got a couple of questions.

Mr. Bjornerud: — Thank you for getting up and giving us your comments. And I agree with you, I think it starts with our kids. I think we should start very young with them, getting that mindset, all the things that smoking does.

I've smoked since I was 12 years old, constantly. I've tried to quit a few times; never worked. I have wished many a times that I had never started. I wish I had the opportunity the young ones have now and the things they know to try and deter them from smoking. And maybe I'd have still smoked; I don't know.

But going to the bars and that, I guess in my mind I have a bit of a hesitation about legislating rules in there. Because I know in my own personal experience, I vote with my feet. If I go to a bar or a restaurant and there's absolutely no smoking and I've gone there, I don't go twice. And you know, some have said here tonight that it hurts business, and I agree with that.

Ms. Skinner: — Oh yes.

Mr. Bjornerud: — Because I believe that if there's six in our group and two of us smoke, we're probably going to go to a smoking facility . . . if you get the drift of what I'm saying. So I guess I have reservations about telling businesses they can do this or they can't do that. I'm probably a minority on here, but . . .

Ms. Skinner: — Or it should be an individual choice, maybe, whether they wish to go that way or not, or will it help my business or not help it. Just saying absolutely no you can't, that's going to hurt a lot more than, I think it would . . .

You know, like it's a form of addiction like anything else — drinking coffee, gambling, whatever a person's case may be. And it should be more aware to our kids, like sex, any of that stuff, the pros and cons, and how to do it, how not to do it, and what can happen. And if we can affect those younger people more and really make a good impact on our younger people. I think it will save a lot in the future.

Mr. Bjornerud: — There's a commercial out now, and you may have saw it, where the lady has the hole here. And I know even myself as a smoker for how many years now — I'm 29 so that's probably a few years, eh — but that shook me as a smoker.

And I'm not sure if we were starting with our young kids and maybe being a little rough on them, but explaining to them and showing them things like this, how bad it is for you, if we wouldn't get the message through better.

Ms. Skinner: — Well see, and I agree with what she said. My mother, you know, gave me the ifs and I didn't listen to her because hey, I'm a teenager, I know everything, you know.

But I think they will listen to someone who's not so much of a role model type of person, like a spokesperson who can . . . Because I never had any education really for that when I went to school. Like it was just kind of a new thing that was brought in and really, really pushed on it, hey.

But I think if we can impact our kids more and treat it the same way as we do the alcohol and gaming Act, that it could make a big difference, you know. And raising the age to 19, the same as drinking a beer.

Ms. Eagles: — Yes, and I know what you're saying too, because like if my mom told me not to do something, I . . . like I would do it. I was a typical kid, you know, thought that I was so smart and they were so dumb. And all of a sudden, they smartened up.

When you said about the bingo halls being partitioned off, glass partitions with a smoking area and a non-smoking area, which section had the more people in it?

Ms. Skinner: — Smoking.

Ms. Eagles: — The smoking had more people in it.

Ms. Skinner: — And the majority of bingo players are over the

age of 55 years.

Ms. Eagles: — Okay, and one more question. We've heard from people that perhaps if the patch or Zyban or whatever else is on the market to help people quit smoking was maybe a little cheaper or covered by some prescription plan of some sort, you know, would make it more attractive to people or more affordable to people so they could quit smoking. Do you think that would help?

Ms. Skinner: — Yes.

Ms. Eagles: — Okay.

Ms. Skinner: — More convenient ways of trying to stop if you want. And actually my father died from smoking. He was 44 and had a heart attack because his artery was clogged, and that was from smoking cigarettes. And you would think that that would totally change your mind on smoking, like me and my sister also, and we still kept smoking even though we knew that was what caused his death. You know, it's like you don't think about that though, you know.

Ms. Eagles: — It's not going to happen to me.

Ms. Skinner: — Right. Or it's denial — I don't know. And we both still smoke. And that was 11 years ago, so.

Ms. Eagles: — I'm sorry about that. I thank you very much.

Mr. Wartman: — Part of the reality is that nicotine is extremely addicting. It's not . . . I mean you choose but willpower is, in many cases, nowhere near enough.

Ms. Skinner: — Absolutely. Yes.

Mr. Wartman: — You can have high willpower and it's just not enough. One of the things that the health district here and the health district in Moose Jaw referred to was denormalization. And I think a couple of you have also spoken about it — not using the term — but it's making cigarette smoking not normal thing to do. And I think particularly for our young people if they can get an image of it as behaviour that's not normal — people don't do it. That can help.

Ms. Skinner: — Yes.

Mr. Wartman: — And I refer to that because one of the places that you referred to as well was a bowling alley. And we've had a couple of people talk about making any place, any public place where children are a normal part of it out of bounds for smoking.

Ms. Skinner: — Right. But it's funny how they would allow alcohol in a, you know, in a place like that when there is all different age groups there. And I never could understand that actually because I always . . . You know, like a lounge, say for instance, or a restaurant has to be a licensed place. And I understand that. But in places where little children are allowed, I always found it even hard to believe that people drank in and, you know. It just seems like one bears for the other and, you know, it's, it just seems odd that they'd let you drink but they won't let you smoke or vice versa, hey?

I think if it's all or none, kind of, like either you guys are going to make the choice whether . . . But like I say, then everyone is just going to be sitting at home and still smoking and drinking and doing whatever they wish.

Mr. Wartman: — I think if I could pinpoint the difference in terms of places like bowling alleys or hockey rinks. The difference is that if I sit and have a beer in the bowling alley, it's not, unless I spill it on somebody, it's not really going to affect them. But if I sit there and have a smoke and some kid with asthma is sitting two or three rows over, that child might go into some kind of an asthma attack.

Ms. Skinner: — Yes. Because it's not a child's choice to sit there and breathe all that cigarette smoke in.

Mr. Wartman: — The second, the second-hand smoke is what has the health implication and the risk.

Ms. Skinner: — Like I smoke. But my two-year-old daughter, I don't smoke anywhere near her. You know, I was in a total different room or I just — because I know that that's not fair for her to breathe all that in when it's me smoking. It feels like I'm contaminating her or something, you know. It's not her choice to breathe that in, and I totally understand that for sure.

Mr. Wartman: — That's one of the distinctions that has been made as we've been looking at this anyway, that our children are second-hand smokers.

Ms. Skinner: — That's for sure. I agree with that totally. Yeah.

Mr. Wartman: — Thanks a lot.

The Chair: — Shianne, one of the points that you've really made to me anyways is the fact that as we go through life and we're raising children, it's good to have our neighbours and those with responsibility and authority, to work with us. Because it's pretty hard for one person to say to his own kid, without any other support, say don't smoke, don't drink. But if we can, you know, denormalize it together.

Ms. Skinner: — Well I think if it was treated the same as the alcohol and gaming Act, like because it is a drug and it is a form of addiction, that it would help a lot.

Because I know there's a lot of kids scared of policemen too, you know. Or if they can't pay their ticket, they go to court just like anything else, you know. Because it is a drug. It's the same as drinking or doing drugs themselves. And I know drugs are totally illegal. But the drinking . . . it should all be treated the same. Because it is a form of a drug, and it is an addiction.

And, hey, if you're 16 and you're caught smoking, you're getting a fine. If you can't pay your fine, then you're going to court. And if you can't pay that, then you're going to go to community service.

The Chair: — Thank you.

Ms. Skinner: — Thanks.

The Chair: — Yes, come on forward please sir.

Dr. Benloulou: — Good evening. I wasn't really going to speak but before I introduce myself, I'd like to say that I earn a lot of money from smokers. I'm a physician. I'm the medical health officer. I haven't come prepared, but I've got 20 year's of experience saying that your choice might be what you want, might be what you please. What you give to me in your second-hand smoking is not my choice.

So, at 29 you may have smoked for 57 years. I think the choice is certainly yours to smoke. The option is mine not to sit next to you. I don't have to go to the bar. I don't have to go to the restaurant. But why am I limited in the number of places that I should go because you choose to smoke there?

Glass partitions — sure, no problem.

By the way, my name's Dr. Benloulou. First name is George. Last name is B-e-n-l-o-u-l-o-u.

I really wasn't going to speak but half the audience was waiting for me to get up and support them, and the other half is waiting for me to sit down and not say a word. So, in defence of bar owners, restaurant owners, fast food outlets, if it's going to affect your income, make the changes. If you have a glass partition for eight non-smokers because you have a small establishment, and you have another partition for 50 smokers, they can converse, they can bang on the door, they can do Morse code, whatever they want, but give everyone the choice. Don't outright say that you are going to have smoking, because that's what the majority wants. The majority doesn't want that. Most people who would like to go to the bar and spend times with their smoking friends might want to do that in the non-smoking section, which doesn't mean the table without ashtrays.

I think just purely something that no one has brought up is the health aspect. Everyone else has discussed the non-smoking and smoking issue, the partitions, the whatever else you want. If you don't look at the health aspect, the impact on health, spending on health, which by the way comes out of your tax dollars, but apparently not enough. If it comes out of your other taxation, which again is not enough, which comes out of yet more taxation, which is not enough — I don't have to carry on, you understand what I'm trying to say.

The more people that smoke — and I don't think targeting the young is the only object — if you've been smoking for long enough, your GP (general practitioner) — and I hate to say this — should sit you down and say: listen sir, well we've tried six times, let's try seven. If you choose to take his advice, that's fine — his learned advice I should say. If you don't choose to take the advice, at least he or she has given you a fair shot again.

Speaking to my 11-year-old son and telling him that smoking is bad; I don't need to do that, he hates the smell of it. And he is around hockey rinks, he's around other people that smoke. He doesn't complain openly; he just hates the smell of it. Will he start smoking one day? Who knows. It's going to be his choice. But yes, give him the education, but don't ignore people sitting around the table — like your age — who are going to continue to smoke. But it always is good to point the finger and I really liked your comment, Mark, about the lawsuits.

I can see if McDonald's spills a cup of coffee in my lap and I can get \$3 million because they didn't tell me that it was a certain temperature; then I can see McDonald's being sued because he forgot to tell me that he didn't have a smoking section, a non-smoking section so I shouldn't come into his restaurant. And that will be a big issue.

So if you, as a restaurateur, as a business person, and by the way, I run a non-smoking establishment; I don't have a sign up, but no one smokes in my establishment. And they wait for hours; I run late every day. No one complains. So, and I make a lot of money there.

My point is this. If you really, really want to target smoking, don't just start at the top, don't start at the bottom, don't hike the taxes, don't do this — do it all. Do it all. And by that I'm saying you don't have to tell me as a restaurateur that I cannot have smoking in my restaurant because that is the legislation. But you can tell me that if I want to have smokers, then I should have reasonable expectation that as a non-smoker I can come into your establishment, enjoy your food, enjoy the company, enjoy the music, albeit through a glass screen. And I don't have the answers as to how to do it. Legislation may be far-reaching, it may be over the top. But I think realistically you have to — have to — look at the health aspects of these things.

Now I wasn't going to speak and I can carry on for another four hours, so maybe I'll stop here and you can ask me some questions if you like.

The Chair: — Okay, who wants to start. Looks like Mark does.

Mr. Wartman: — I always hear about wealthy doctors and I really wonder how much money do you make off smoking.

Dr. Benloulou: — A lot, a lot. I look at the — oh by the way, since you mention that. There are . . . if you subscribe to Blue Cross, which you can get for a plan anywhere for anywhere from 40 to \$60 a month, which is cheaper than the average smoker spends on cigarettes and drink that goes with the cigarettes, you can under a lot of circumstances access a plan that will pay for a one-time smoking cessation plan for you.

So there is something out there, and you pay less for that plan per month than you pay for your cigarettes and your long-term health care, including oxygen, including the apparatus, including the tanks, including the tubes, including — and we go on and on.

In terms of, you know, money, the CMA, which is the Canadian Medical Association, and the SMA, the Saskatchewan Medical Association, have an anti-smoking lobby campaign. Now that's not the name. But there is a group that is really, really anti-smoking, and I am privy to some of the information there.

There are members of the audience sitting behind me who — and I won't turn round and look at them at this point — who will tell you that at the rinks, I will, you know, I'll make little funny comments about, you're polluting the air outside or you've gone to the fresh air of the rink where you can't go inside and now you're breathing in the cigarette smoke along with the cold, minus 40 air. You have to be dedicated to smoke in minus 40 or minus 30 and it's tough for you guys. And I

understand. I really do.

By the same token, there is a way out. And this is an addiction. It is a medical problem. And if it's a medical problem, we're ignoring that fact.

I think the answer is — it's good to educate the kids in the school; it's more important to educate the adults. If fewer adults smoked, fewer kids would smoke. There's no question about that. So why wait for generations for people to die off before the first crop or new breed comes along, when you've already spent all the money you can trying to cure or at least alleviate suffering.

I'm not sure of the numbers in answer to your question, but it is a great amount of money that gets spent daily purely with smoking-relating issues.

The Chair: — Dr. George, what about your experience with respect to cessation? Anything that works, that you've found people have come to you and say, hey, this worked, this worked? It's a pretty wide open game.

Dr. Benloulou: — If I tell you . . . If I was married to you and you walked into the house every single day and you threw your shoes right in the corner and you threw your coat over the same chair every day and you piled your briefcase in the same corner and your wife says to you, this is ridiculous, I keep cleaning up after you. This is a habit. There's no difference to cigarette smoking and habit.

In other words, if I took . . . this is a good example now. Christmas has come and gone, New Year's has come and gone. Resolutions get made at New Year's; they get broken by January 3. Smoking is probably one of the biggest resolutions that people take on other than weight loss. So come January, or even December, people come in and they say, right, I'd like that patch, I'd like that pill, I'd like this, that, and the other, and now I want Zyban . . . (inaudible interjection) . . . Excuse me one second . . . And what happens there is that it's the same as alcohol consumption. People fall off the wagon just the same, only this time it's the nicotine wagon not the alcohol wagon.

The cost is immeasurable in terms of numbers to yourself. You may never have a problem as a smoker, and that's wonderful. We don't know what drives the genetics to make you get ill and make me not get ill if I was a smoker.

I think in terms of, just to throw out a brand name — and I don't have any shares in the company — Zyban, I think, has the biggest response now in terms of compliance and non — what's the term? — non-restart of smoking. It's early days, but I think the ideal behind this drug is that it makes you feel better while you feel lousy because you quit smoking. And it makes you quit.

It's also a question of, are you ready for it. If you're not ready for it, it's pointless me prescribing anything. I think you have to have the proper education, you have to know that you're ready for it, and you have to know what's available. And then you make your choice. Just as you do to start smoking, you have to make your choice to stop smoking. It is a choice. You do have a choice. Yes, it's an addiction but you do have a choice. You can

choose not to quit.

The Chair: — Thank you.

Ms. Higgins: — Just a comment. Well kind of a question or something to throw out. The federal government is looking at putting the pictures on cigarette packages. Do you feel they are any benefit to go that way or any deterrent, I guess is the better word to use, or are we better to look at it in a more positive and accentuate the positive of not smoking instead of always going the negative, because at that age we're all invincible. I mean death, dying, disease, and . . . I mean that's something your grandparents do and that has nothing to do with me at that age or even parents, so do we go negative/positive in your experience?

Dr. Benloulou: — I think you have to use both. Showing the nasty picture is a good deterrent if I'm faint at heart and I really take things to heart quickly and I'm genuinely afraid that that's going to be my lung, not someone else's. And I think it works to sit and agree but I don't think it's the answer. You'd have to have some of the positive with it.

The pictures on the cigarette pack are going to be old hat in two months. No one will look at them anymore. Just as that nice black bar across there. It says smoking is hazardous to your health and if you're pregnant do not smoke. People look at it and then they ignore it.

I think the answer is if people are going to have the choice to smoke we should also have people who don't smoke that have the choice of enjoying the same things. In terms of health hazards, we all know them or at least we know some of them, so the benefits of highlighting the positive aspects are very good. They are almost like preaching to the converted though. So if you tell me it's bad for my health I'll know; if you're a non-smoker you'll know; if you're a smoker you'll know, but it doesn't matter. So it's a very big problem. I don't think there is a right answer and you should highlight both positive and negatives.

Do I think that a horrid picture on the package is going to make a difference? Not a lot. I don't think so. It's a good idea. I don't think it will make a huge impact.

Ms. Higgins: — I guess why I'm asking is when we . . . You know we've only been to two schools and talked to the two groups, but they seem to feel it's not peer pressure, that it is . . . now whether they see peer pressure the same as we do or are defining it the same, I'm not sure. So we're trying to figure out what the appeal is. Whether it's, you know, following adults, seeing them smoke. A lot of them, their parents don't smoke. So, I mean, we're trying to make sense of something that doesn't make sense.

Dr. Benloulou: — I think it's also fashion and trend. I don't think it's just pure peer pressure. There's a lot of peer pressure not to smoke just as much as there is to smoke. So it's cool, it's fun, I'll try it, it's not a big deal, I can quit if I want to — all these things come into it. And yes, it doesn't affect me, it affects the next guy — the cancer's his, not mine. I think the answer is, if you have the education, you can make the informed choice.

But, just having the information isn't often enough. You have to try and set an example. And I'm not preaching anti-smoking. What I'm preaching is proper background to treating the addiction before it happens. If it happens, we can treat the complications. But maybe treating the problem before it happens. And now all the smokers are saying, but it's not a problem, it's my choice; and the non-smokers are saying, yea, well done.

My answer is this. If you choose to smoke, you choose, but you've got to know the facts. If you are 12 years old, you do not have an inkling of what the facts are. There's no rational thinking. If you're 20, you have some rational thinking, even if you think it's cool to smoke. You're still going to smoke, whether I tell you if it's bad or not. There are physicians who smoke. They know the risks. They know better than everyone else what the risks are, but they choose to smoke. And that's great. That's not a problem. That is their choice.

Prohibition is not the way to go unless you can make it work properly. Walking down the road and having the policemen, who are already stretched in making arrests on 19 youths and then having to spend four hours on paperwork because they have a cigarette in their hand, you'll have to employ another 15,000 policemen across the province. It's not going to work. It's a wonderful idea; it's not going to work. We don't have the money for health care; where are we going to find the money for policing.

You've got to target the problem. The problem is a health problem. The problem is a health problem. There is no other way of looking at it. It's a choice, but it results in a health problem. If we run out of money in 10 years time and the choice then is right, any disease that you contract that is congenital, in other words by birth, we will treat; but any disease that you contract because you consumed something, we're not going to treat. I think the smoking rate would drop — not dramatically — but it would drop.

Because suddenly when I've got to take out my credit card to pay for my X-ray or pay for my next operation or pay for . . . It doesn't matter if it's heart or smoking or diabetes — there's an impact in all diseases. And smoking, although it can be cause linked in some and direct linkage in other, it does affect all diseases.

So you're increasing your risks. And as an adult, if you choose to do that, you're still not penalized for it, and you shouldn't be penalized for it. If you choose to drink, you're not penalized for it so it's socially acceptable.

But think of the consequences. And maybe even if you're a smoker, if you know it's not good, then you do your bit by making sure other people, especially the younger society — and that starts with your own kids — are hopefully getting the message they shouldn't smoke.

I just have to make a call. If there are no questions, I'll . . . If there are, I'll be back.

Mr. Choo-Foo: — Good evening. Good evening, everyone. I realize it's running a little late so I'll be as short as I possibly can. My name is Sean Choo-Foo and I'm currently

owner-operator of Chilly's Pub & Grill in Whitewood.

I originally had not myself planned on talking here neither. But there's just one point that I guess I would like to make that I don't know if a lot of people have mentioned this already.

You know, I think everyone's in agreement that smoking is bad for you. You know I don't think that's the debate here. You know and . . . I know I certainly do. My late father was a doctor. I am a non-smoker. And I guess if you even want to go one step beyond that, I've also lost a brother to cancer, which could even start a whole new debate because he was 12-years-old at the time and never had the opportunity to have a cigarette. But that's a whole other ball of wax I guess.

Just with regards to my business, this is the seventh business that I've owned or operated. This one happens to be in small-town Saskatchewan. I've been involved with nightclubs in the city and things to that extent. So obviously this legislation is going to have a serious impact on my ability to make a living, on my ability to feed my family.

When I go into a new venture, before I start, one thing that I always do is try to decide what my clientele is going to be, what niche of the market I'm going to go after. You know, whether that be senior citizens, whether that be golfers, whether that be university students, I have to decide what is going to make my operation feasible.

Now in the establishment I'm running right now we have a beverage room in the back and we have a restaurant out front. I don't have exact figures, but I know at least — and I think this is being conservative — 70 per cent of my clientele in the bar are smokers.

Now people are talking about freedom of choice, having the ability to choose, you know, smoking versus non-smoking. To me the person that has the right to choose is myself as an operator. I should decide whether I want to cater to cigarette smokers. I should decide if I don't want to cater to them. I'm the person that has to make the payment at the end of the month. So if I decide that smoking or catering to the smokers is how I'm going to do that, it should be my right as a business owner to go ahead and cater to that clientele.

And on the other hand if nobody is coming in and the non-smokers feel that they want to be there, and if I think that's feasible, maybe I'll do that. But the choice should be mine. This is my livelihood we're talking about.

In my restaurant, although it's a smoking facility, I choose not to sell cigarettes out of that area of our operation. And a big . . . My reasoning behind that is because we do cater to a lot of high school kids and things of that nature. So again, that's a personal choice that I've made. But to be quite honest with you, if someone is prepared to give me seven bucks for a package of smokes in my bar, I think I'm perfectly within my rights to sell him that cigarette, that package of cigarettes.

So I guess just I do what I can, you know, to make sure that I could put food on the plate for my family. And if I choose to do that by selling cigarettes, I think that, that that's my choice. I don't think I should have it crammed down my throat saying

that I can't do that any more.

Or, if I would have known this was going to be coming, chances are I probably wouldn't have bought my business. Or if it is getting rammed down our throat, is there any kind of compensation that's going to say, hey guys, okay, you know we're forcing you on; your business is going to fail not because of a business decision that you've made but something that we govern you by, you know.

If I sink because I made a bad business choice that's my own fault — I can live with that. But if, if I fail because of legislation that I have no control over, personally I don't think that's right.

Like I said, I'm a non-smoker, so if you . . . if people feel that you shouldn't be able to smoke in a rink or a government building, you know, I support that 100 per cent. But when you start dealing with things that are going to possibly jeopardize my right to make a living, that's when I start having a problem with it myself personally. And I just thought I'd pass that on to you guys.

The Chair: — Do you have a question, Mark?

Mr. Wartman: — Yes. Again a comment because very often people raise the question of the right to sell or not to sell, the right to have smoking in an establishment or not. What I see for us as legislators, part of the challenge is trying to find the balance between rights and responsibilities.

If you looked at the running of a province as a business, we have increasing health care costs. And we have to do something to deal not only with the health care costs but with the . . . to try and care for those who are suffering sometimes because of their choices, sometimes because of secondary choices that are made because of environmental tobacco smoke.

In terms of making that balance, we have to make choices around how much we will legislate or won't legislate. It's really helpful to hear your perspective. But when we're making our choices, it is around the balance of the rights and the responsibilities, the cost to the province as a whole. And we're charged with that responsibility. Just as you've chosen to take a business on, you're responsible for the profitability or not, we're charged with this one.

And if we legislate, it's not because we want to put anybody out of business, though that may be the consequence. Just like you don't allow smoking because you want people to get sick and die from it; it's just part of running that business.

All I'm saying is that we may in fact have to legislate because of the costs. Because of not just the financial costs but the overall human costs that we alluded to with the slides there.

I don't know whether we will or not. I'm only saying that for us it really comes down to a balance of rights and responsibilities, and we're struggling with that one, I can assure you.

Mr. Choo-Foo: — Yes, and I can certainly appreciate that. I guess from our end of it, I certainly hope that when, and I realize this forum is possibly a stepping stone for this, but I

hope you get input from all aspects of all the people involved.

Obviously the lady from the health board has a different perspective on it than I do, but at the same time I didn't agree with all the statements that she made. And my colleague back there, Rod, for every statement presented that she gave, he's got one to counter that, you know. And so I just hope that you're going to take an equal balance from everyone that this is going out of fact when you make your decision on it.

Ms. Eagles: — Sean, I thank you for your presentation and I can assure you that I for one am going into this with an open mind and I want to hear what all people . . . I haven't made a decision yet and I'm going to wait until the hearings are over before I make up my mind, you know, what I would like to see in legislation. I know non-smokers have rights but I think we have to do something that is beneficial to everyone in this province and so I'm keeping an open mind on it.

And I certainly hope I can speak for the rest of the committee in that respect because, you know, I think that's a point we have to make sure is that . . . I mean my decision isn't made right now or the rest of these hearings are pointless.

Mr. Choo-Foo: — Okay.

Mr. Wartman: — So we're clear, I said, no, kind of facetiously. No, you can't speak for all of us on that because my mind isn't completely open. There are facets that I am opposed to, that I come into this with my own prejudices and biases. Those are clear for me. But I am also open to hearing — as I said to Sean — I'm open to hearing and trying to find that balance.

But very definitely I come in with biases. I don't like what I've seen smoking do to people. I've been a minister throughout my life. I've ministered to people dying of cancer and emphysema; seen the pain and the suffering that's caused there. And I'm not just a tabula rasa that is going to take in the information and make an unbiased opinion. I am biased. I don't like what smoking does to people; I don't like what it costs our whole community. But I also don't want to see people go out of business in this province. What I want to see is this province thrive and be healthy.

So I just want to make sure that my bias is clear, but it's definitely there, and I'll work with it.

Mr. Bjornerud: — If it'll make you feel better, I'll counter that with I also have a bias as a smoker. Okay.

The Chair: — Just to set the record straight, Sean, every one of us has individual opinions here, but the committee at this stage has no opinion . . . (inaudible interjection) . . . no collective mind.

I'm just going to ask a question, Sean, about access. You know, we're told if we restrict places where you can get it, then it'll reduce the intake. For example, would you agree or disagree that if we opened liquor sales up to grocery stores, that more people . . . there would be greater consumption. And conversely, if we restricted the sale of tobacco to only licensed premises, would it reduce? Any comments on that? Would it reduce . . . would it reduce the intake of the consumption of

tobacco.

Mr. Choo Foo: — Well yes, I think if you have easy accessibility to something, obviously there's a reason for that and it's because people demand it or want it, you know. And I think also too with the tobacco end of it, if you reduce the establishments that are selling it to a certain degree, you will find that the sales won't be in the same amount. But I think there's better ways of trying to control it than that, and I think education, that's something that's been said in the past, is a key to it. But I think the age thing, if people aren't punished for doing something they're not supposed to be doing, what's going to stop them from doing it?

And that's in reference to what was said earlier about punishing the vendor, although there should be something there as well I think. But what about the kid smoking the cigarette? You know it seems like the wrong people are protected sometimes, in my opinion.

The Chair: — Okay, thank you very much. Thanks very much for volunteering your opinion, sir. Is there anybody else that would like to address the committee this evening? If not, then I want to . . . Yes sir, did you want to come up?

Mr. Stangel: — Good evening. I'm sorry, I came a little bit late so I kind of missed the introductory portion to the evening. My name is Jim Stangel. I'm from Assiniboia. I'm a retired high school math teacher. I'm still involved in education in some capacity.

Over the years, I guess my observations just from being involved in the education field, is that if we rely on education to change people's lifestyles, we're in for a long, long, long wait. It takes too long. I mean over those years we did lots of work in the schools about the dangers of smoking, and it had very little impact. Students at that age, a little bit of rebelling involved, they're resistant to a lot of what we teach . . . I guess maybe we preached a little bit too much. I haven't seen much impact.

It's a health issue. I think — this is just my opinion now — if we want to change the way people approach smoking is you hit them in the pocketbook. I don't know. What's wrong with \$10 a pack? \$11 a pack? \$12 a pack? Whatever? If you can't afford something, I think you'll re-examine your judgment and maybe make some adjustments. Now I could be out to lunch on that, but that's my opinion. Hit them in the pocketbook. A health issue like this should be looked at seriously.

When I was teaching I was involved in a program called SADD, Students Against Drinking and Driving and I watched over the years how slowly that impacted the public. You could demonstrate; you can have videos; you can talk; you can do publications; you can do whatever you want and people see all the risks involved in drinking and driving but they still do it.

Let me just make another example here — speeding. People driving down the highway. Do they drive within the speed limit because of safety? I'll bet most people drive within the speed limit because they're afraid of getting a ticket. Hits them in the pocketbook. Smokers: hit them in the pocketbook — \$10 a pack. Whatever. My opinion.

The Chair: — Thank you very much. There may be a comment or a question.

Ms. Higgins: — I just wanted to ask him if Mr. Wartman invited him?

Mr. Stangel: — Pardon?

Ms. Higgins: — I was making a joke. Mr. Wartman . . . You hit a lot of Mr. Wartman's views right on the nose. I was wondering if he invited you?

Mr. Wartman: — We haven't met before.

Mr. Stangel: — No. I'm sorry. I don't know Mark.

Mr. Wartman: — Nice to meet you.

Ms. Higgins: — Thank you.

The Chair: — Thank you very much. Well, with that then, ladies and gentlemen . . . Did you have a statement you wanted to make? Oh, good. Okay.

Ms. LaBette: — First of all I'll introduce myself. My name is Laurie LaBette. I'm the owner of the King George Hotel in Weyburn. I'm also a mother of three children. Am I a smoker? At work I am. I don't smoke at home. I never have. I guess the concerns that I have here tonight is we . . . I mean I think all of us are in agreement children should not be smoking; adolescents should not be smoking.

I'm going to talk about my business and the thing that I know. To come into my establishment you have to be 19 years of age. At 19 years of age you can vote; you can drink; you can smoke, and you can play the VLTs (video lottery terminals).

Is it my right to now go to these adults and say I'm sorry, you can't smoke here? No. They're going to smoke at home. I'm not going to make somebody quit smoking just because they can't smoke in the King George Hotel. And I don't think we're going to be able to do that with any of these people. We are legislated to death as far as I'm concerned, in our industry, and if you've been around it, you know what I'm talking about.

As a non-smoking parent on this side, I guess, I agree with Dr. Benloulou and I agree with these people. Maybe the non-smokers shouldn't have to be where the smokers are. And I agree with that. I know when people smoke it does affect other people's health, and I think we all know that. But I don't think we can go into a business and say to them totally, you cannot smoke in this business. It should be my right as a business operator. If I want to run a non-smoking establishment, which we have in Weyburn — some, not necessarily one of the bars in town, but there are restaurants that are non-smoking — that should be my right.

I'm sorry, what do you classify as a public place? I agree government buildings should be no smoking. Curling rinks, skating rinks, all of those things where there are kids should be non-smoking. Is my place a public place? To some extent. But who pays the heat, lights, water, power and taxes? I do. Therefore I should be the one to make the decision if people can

smoke in my place or not. I don't believe that you can come in and tell me whether they should or they shouldn't.

And I'm not saying that maybe in three years from now we may be a non-smoking place; I'm not saying that. But today, if you went and did a survey of the people, and you can take any of the bars in town, and a lot of the restaurants, you're going to find that 70 to 80 per cent of the people in that building smoke. And even the people that don't smoke normally, when they have a beer, they will have a casual cigarette.

I'm sorry. And I agree that I don't want, you know, somebody to get cancer because this guy over here is having a cigarette. But as a business owner, this person who doesn't want to breathe in the second-hand smoke, then maybe he shouldn't go to the place where he knows there's going to be smoke.

And that's all I had to say is just, I think, we have to let the people make their own decisions. We're all in our own business, we all know what's right and what's wrong with the things that we're in. And that's about all I have to say.

The Chair: — Thank you very much, Laurie.

Mr. Wartman: — One of the other things that's been raised a couple of times and I might have mentioned earlier, is around employees working in the environment and having to smoke. And if you're a non-smoker and you smoke when you're there, it's because you're taking in somebody else's. Is that . . .

Ms. LaBatte: — No, no, I do smoke when I'm at work, but I don't smoke around my kids. I've never smoked in my house or anything like that.

Mr. Wartman: — Then occupational health, I think was . . . I think part of the reasoning in BC that occupational health came in and made the legislation was because employees in those situations were not only those who were smoking were taking in their own smoke plus second-hand smoke, but non-smoking employees were also taking in second-hand smoke.

And I don't know the source of this one, but one of my colleagues brought a figure forward from the Internet — I think it came from California — a study done on women working in bars where their breathing deeply because they're working hard and taking in a lot of the smoke. But the incidence of cancer among those women was significantly higher than in the general population.

And I mean that's not to lay a guilt trip on . . . that's not what I'm trying to do. It's just to say that in terms of the realities of what we're dealing with here, we also have to be aware of the cost to employees.

Ms. LaBatte: — I agree with that. I have 12 employees. I have seven full-times, five part-times. I have one employee that does not smoke, and she's a cook. Other than that, every single employee in my business smokes. Whether it's my bartender, whether it's my clerk in the beer store, they all smoke. I have one that doesn't.

Mr. Wartman: — Okay. Thanks.

The Chair: — Thank you very much then Laurie. Is there anybody else?

Well I'd, on behalf of the committee, I'd like to thank you for coming out. A special thank you to the people who took time to — people who spoke up, first of all — and those that took time to prepare and deliver briefs. This committee's going . . . Let's see, this is our fourth. We've got another 13 or 14 stops. We're going to go north in a . . . well move north since . . . (inaudible) . . . started across the South. First we've got to go to the Southwest and then north.

And in the end, what we'll be doing is trying to compile some information and make recommendations to the legislature. And at that stage, it's up to the bigger body to endorse or not endorse some of our recommendations.

So you've been part of a democratic process here. And I thank you very much for doing that. Have a good, safe journey home.

The committee adjourned at 9:20 p.m.