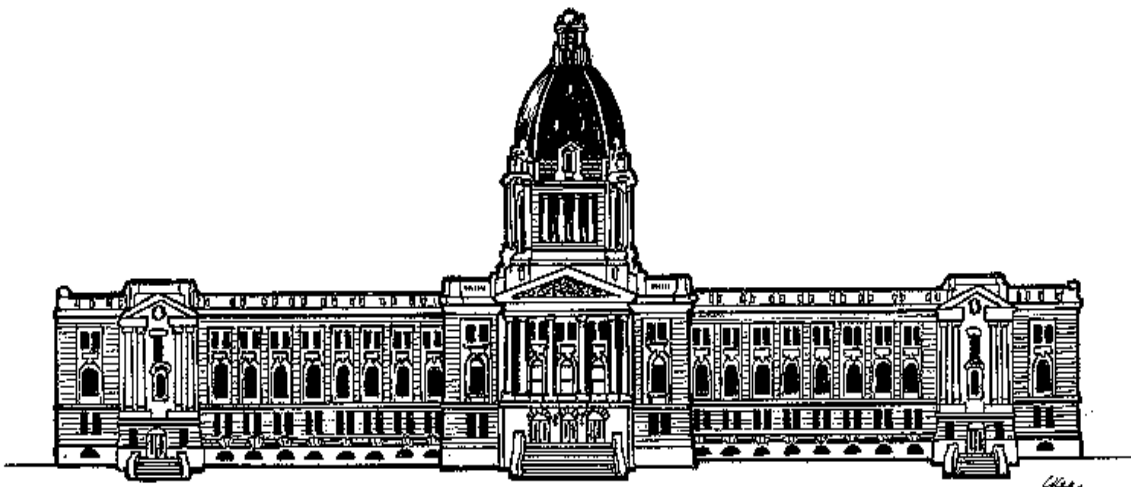




Special Committee on Tobacco Control

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 10:05 a.m.

The Chair: — I call the meeting to order. And I'm just going to give you a little outline of what we'll be doing today. First of all I want to welcome you all here. What you, by your coming here, you're signifying to the committee that you feel this is an important issue. And of course we feel it's an important issue. We feel that we're given the responsibility to move on this particular file. We want to bring some recommendations to the legislature.

The recommendations that we will bring can only be as good as the input that we get. So we're depending on public input to a great deal as to what we'll come up with in the end in recommendations to the legislature. And of course the end result is something that really is going to affect our lifestyles, particularly the lifestyles of young people. So I'm especially pleased to see that on today's agenda, we've got a couple of young people on the agenda. And we'll be going to some schools, and we'll . . . also we'll be attending a school here in Regina.

What I am going to do this morning is start with a little bit of a slide presentation. It will take me about ten minutes to go through it — maybe a little longer. Come on right in. Come right in — have a chair. And after the presentation, then we have our witnesses and presenters in the list. And I'll make that list known at the time. And each presenter will be given up to 20 minutes. Try to set up your presentations, please, so that there is some time for question and answer. If you take under 20 minutes that's fine too. We all get out for dinner sooner. But it would be preferred, I think, if we had 10 . . . at least 5 or 10 minutes for questions and a little bit of dialogue for clarification.

So with that I just want to mention that this is the Special Committee on Tobacco Control. Our first meeting in Regina today. We've been to Moose Jaw, Swift Current, Estevan, Maple Creek, and Weyburn.

This committee was established by the legislature of Saskatchewan. There are seven MLAs (Member of the Legislative Assembly) on the committee. My name is Myron Kowalsky. I'm the MLA for Prince Albert Carlton, and I'm the Chair of the committee. The Vice-Chair of the committee is Doreen Eagles on my right and your left, the MLA from Estevan.

Other members of the committee are: Bob Bjonnerud, MLA from Saltcoats, who is not with us this morning; Mr. Graham Addley is not with us either — he's from Saskatoon Sutherland. We have with us though Deb Higgins, MLA from Moose Jaw Wakamow, on my left. And if you can match the pictures, there's the MLA from Regina Qu'Appelle, Mark . . . or Qu'Appelle Valley, Mark Wartman. Also there's Brenda Bakken from Weyburn-Big Muddy is also a member of this committee and is with us at this time.

We have staff to the committee. First of all there's Donna Bryce, who is directly behind me. She's a Clerk from the Office of the Clerk. Tanya Hill, our research officer on the front desk. And we also have *Hansard* technicians; Darlene Trenholm is

here today. And that's the only one that's inside here today.

Our broadcast technicians are hard at work as well — Ihor and Kerry — and I'm not sure where they are right now. Oh that's right; they can work from their offices because this building is wired to their offices. So everything is recorded in *Hansard*.

The job of this committee is first of all to assess the impact of tobacco use in Saskatchewan, paying particular attention to children and youth.

The second . . . I've sort of got this listed into four main items. The second item is what provincial laws do we need to protect people in Saskatchewan from tobacco? That is with particular attention again to be paid on children and youth.

And thirdly, what should we do to protect the public from second-hand smoke? Should we be designating smoke-free places and who should do it? Should we be doing it as a province, should we be giving somebody else the authority to do it, somebody like municipalities or health boards or employers?

What should we do to prevent and reduce tobacco use? Should we change our emphasis on enforcement or on pricing? Should we be changing the pricing system? Should we be changing what we're doing in the schools? Should we be changing what we're doing with respect to public awareness?

So those are the four main objectives of our job, is to answer those questions. So we're going through this hearing process to listen to the views of people. We're going to 17 different communities and we're going to be in 14 schools.

Here's a little bit of an assessment of where we're at right now. This graph takes a little time to look at and examine, but it's a graph which details the per cent of the population that smoke, by province across here.

And if we look at Saskatchewan and take a look at this black bar, the black bar represents ages . . . people of ages 15 to 19. The white bar represents people over 15. To get back to our situation, you can see that our black bar is taller than most of the black bars on this graph, with the exception of the province of Quebec.

That tells us that 34 per cent of our population smokes, as of 1999 Canadian statistics. When you look at our general population of course, it works in about the middle. So you can see why we . . . this committee feels that it wants to place emphasis particularly on children and youth.

This graph, I want to take a little time with it as well. It details the number of cigarettes smoked by the average smoker over a period on a daily basis, and it gives us the record from 1981 right to 1999.

We take a look at four lines. The first line is the males of all ages. That's the top line. And you can see that the general trend has been over time to decrease from an average of about 23, 24 — about 23 cigarettes a day — down to oh maybe 18 cigarettes a day. Maybe not significant for health purposes, but it is significant as a statistic, as a trend, long-term trend.

We also see, for ages — females of all ages — a very similar trend except towards the end here. It kind of levelled off here. The trend seemed to be broken since 1996.

When you take a look at young men ages 15 to 19, this graph is a little wobbly but it shows a general downward trend to about 12, 13 cigarettes a day. But when you compare the graph, the same graph, for young females, you'll see that there's been all kinds of little wobbles in this graph. And I suppose there's all kinds of theories as to why that is. But what we're most concerned with is what's been happening recently. Since 1996, young females, the rate has gone up.

So now there seems to be not much distinction between the rate of smoking in young females and young males across Canada.

Here's a graph that gives us a bit of an idea of what's happening within Saskatchewan. We've got three bars for males and three bars for females. The bars on the left represent the northern area of Saskatchewan. That's north of Saskatoon. The middle bar is represented by . . . represents a central area from Saskatoon to Regina. And the southern area is sort of the No. 1 Highway including Regina and south.

You can see that the tallest bars are for females. In the North, about 51 per cent of them smoke, and this is the percentage of youth reporting that they smoke every day. And second and real close to them are females in the central area. And it seems the further south you go, the less, less, fewer number of young people smoking. And again here the trend shows that it's increasing for females compared to males.

This information is available . . . was available to us from the Saskatchewan Institute on Prevention of Handicaps.

The quick overview of tobacco control legislation in Saskatchewan — we have currently in effect the Act of 1978, The Minors Tobacco Act, which prohibits the sale of tobacco to people under 16, and allows merchants to sell to youngsters providing they have a written slip from their parents and they . . . there's a fine for up to \$10 for this. I haven't heard of anybody being fined just lately.

There is also The Urban Municipality Act, 1984 which gives the urban authorities the power to regulate smoking in public places. There's The Occupational Health and Safety Act, 1993 which makes provision for the occupational health and safety officers or committees to come to agreements with employers and gives them the authority to make regulations.

There's the Tobacco Act of 1977 which is the federal Act which is now being enforced in Saskatchewan. It prohibits the sale of tobacco to people under 18, and fines here are considerably different. Employers can be fined as high as \$3,000 for the first offence and \$50,000 for a second offence for those merchants who sell to minors.

Quite often the practice has been that merchants have been warned, but I think one or two have been, have been . . . received more than a warning. It also prohibits the advertising of tobacco products in newspapers, on television, and on radio, billboards, with the exception that it allows sponsorship of adult-oriented events, mainly cultural, sporting events. And

usually there's a little logo attached to that somewhere.

More recently you've heard about the regulation of packaging of tobacco products where the federal government has mandated that half the package should have the government message on it.

Oh yes, what is it like to be a smoker? Well these . . . for those of you at the back I'll just read this aloud. "These pictures of diseased lungs on my cigarette make me nervous," he says. "Me too." But speaking to the addiction, "I need a smoke." And that's sort of where we're at. The theory is easy. It's the practicality of quitting smoking that's a little more difficult.

What about the cost of tobacco smoking? Our Department of Health has given us these figures directly to the . . . out of the . . . directly out of the Department of Health — they have to pay about \$87 million a year for hospitalization, for doctors, for drugs, and fire loss. That last one of course not from Department of Health but from provincial coffers.

There are also indirect costs due to mortality, morbidity, and other costs that amount to about \$179 million; the grand total being \$266 million. We'll just try and keep that figure in our heads for a moment, \$266 million, province of Saskatchewan annual cost because we do take some money in on taxation. Every carton of cigarettes in Saskatchewan is taxed \$17.20 plus PST (provincial sales tax) which gives us 125.8 million. That's what we're expecting this year. It's been on the rise, slow rise over the last few years.

Federal tobacco, federal tax is also issued on tobacco products of \$10.85 per carton of 200 cigarettes plus the GST (goods and services tax), which comes out to 2.2 billion. Saskatchewan smokers pay about 67 million of that.

So when you look at those things and put it together, the revenue compared to the costs, these are the topics we want hear in this particular hearing. We want to hear about health effects, youth issues, we want to hear about smoking in public places, if anybody has a price to give us on recovering health care costs and accountability.

I just want to bring this to your attention because it's rather a startling graph. It's the number of deaths attributed to tobacco use compared with traffic accidents, suicide . . . (inaudible) . . . One great big long bar here due to smoking.

In Saskatchewan over a thousand people, close to 1,100 people, die annually with the death attributed to smoking. Compare that with traffic accidents, less than 200; suicide less than 200. These things being much more dramatic because it happens instantaneously and we hear about it and we can see it happen. This is much more difficult to see happening except for those people who have had family or loved ones or somebody that they know went through the process, and they can always describe to you how agonizing it is.

The health costs that we had, I mentioned earlier, health care costs, 266 million compared to the revenue that the province brings in, about 125 million. Now keep in mind that there's federal taxation on here which would bring this bar up a little higher if we add federal tax to it.

Oh yes. Remember those of you that tried your first cigar or cigarette. You might remember that little feeling. This little guy says, "Oh, oh, oh." Mama says, "Are you okay? You smoked some of that cigar didn't you?" And he says, "Yes Mom, I think I've caught the cancer." And Dad says, "Shouldn't we just probably tell him it's just nausea?" And Mom says, "Well yes, but all in good time." A little bit of homespun psychology there.

The ideal situation maybe if your taking the freedom of choice into account. They're free here to have their chat in a clean environment and he's free to smoke all of his own smoke.

So what we are here for now is to listen to you. I guess if I was to give a personal objective for this it's . . . I would like to be able to in some way through the committee and through the legislature help people, help the next generation in particular, to be able to control tobacco rather than to have tobacco control them.

I want to bring to your attention also our web site: www.legassembly.sk.ca/tcc/. So if any . . . there's a youth on-line survey and we encourage young people to pass that web site around and take five or ten minutes to fill it out and send it in. We'll have a compilation of your data on that.

Now this morning we're going to hear from a Fly Higher group, F. W. Johnson high school first; then Allyne Knox followed by Dr. Diener — I hope I'm pronouncing your name right but you can correct me later on — Lynn Greaves, then Katherine Ross, and last of all, Lisa Williams. And then we'll be starting again at 2 p.m. in the afternoon with Rod Cunningham from the Canadian Cancer Society.

So the committee would now like to hear from the Fly Higher group, Andrea Sylvester, Alicia, and Jackie, would you please come up to the front. You might want to bring one of those chairs with you. And what we would like you to do when you start, if you wouldn't mind please, is state your names. And go ahead and do the talking and we're going to do the listening.

Ms. Brown: — Okay, my name is Alicia.

Ms. Sylvester: — My name's Andrea.

Ms. Duke — My name's Jackie. We came today to voice our opinions about smoking just in our school, around the community. I think our first concern is with second-hand smoke in restaurants. We feel that they should be smoke-free restaurants. We don't think that they'd lose very much money. We discussed this a little bit, and we've thought about some that have gone smoke free like McDonald's. They were once a smoking thing and I don't think they've lost any big . . . they're still big.

Ms. Brown: — Smoking at our school. Smoking at our school is a big, big thing. The second you walk into our school we have designated smoking doors where they go and they smoke. And there's a line out there that is supposed to separate it so that if they go on the school property they're not supposed to smoke, but if they're passed the line then they are allowed to smoke.

So teachers are out there and they're yelling at them not . . .

like, they don't say don't smoke but you do get suspended if you do smoke at any of the other doors or if you do go in the line.

It's not just the cigarettes, but it's also chew. Chew in our schools is a major big thing. All the guys do it because they can get away with it during school. If they bring in a drink or whatever, that's what they spit it in and they can do it and teachers don't find out.

And the big thing is when you enter a high school in grade 9, all the grade 12's and 11's and 10's smoke, so the grade 9's feel that, to be accepted in the school, you have to smoke. So with our group too, we do teach them that you don't have to do it and they're still accepted in the school if you don't smoke. But almost half of our school population does smoke.

Ms. Sylvester: — We feel that if we had stronger laws towards those who sell smokes to minors, this should be more harsh than they are now. Like we understand that there are laws, but we feel that they should be a little more harder on them, what they do.

It's not really the big corporations, like 7 Eleven or anything like that. It's mostly the little store on the corner who's trying to compete with that 7 Eleven, you know. Because the students at our school go to a . . . (inaudible) . . . store in our area and they can get smokes and they're like 13, 14 years old and they just sell them to them, no problem. And we feel that if the laws were a little stronger on that, then they wouldn't be doing that as often.

And when having people talk to students about smoking, like youths about the smoking, and it's somebody who's older, they don't really get the message. They're just kind of like, oh yes, they're just rambling on again. It's just another old person talking, sort of thing. But if you had somebody like . . . younger than . . . a younger youth, someone who can relate to what they're feeling, to what's going on with them, the message would get across more so than it would if an older person were to do it.

Ms. Duke: — And it is so easy. Like she said, you could just go to the little corner store and they'll ask, are you 18? Oh, yes. I mean, it's amazingly easy to get it. Like I mean that's something that is of big, big concern. I mean that kind of promotes kids in a way because: oh yes, just go there and you can get smokes. And then little kids think, oh we're bad.

Ms. Brown: — We also, in the . . . I don't know when. It was the beginning of the school year. We went out to Dallas Valley, like five of us from our school that's on the Fly Higher team, went out to Dallas Valley Ranch and we put on a conference and we wanted to know like what major concerns were in schools.

And we found out that smoking, drugs, and alcohol — those were the number one things, especially in small towns. We had like from all over Saskatchewan and there were lots of small towns there and in a small town they said that there's nothing else to do. So on the weekend, what they did is they drank and they smoked and they did drugs because that's all there was to do; there was nothing else for them to do. And if they didn't do

it, then they weren't cool so . . . It was always the cool kids that were at the parties. So if you didn't do this, then you weren't cool, so of course everyone did it.

Ms. Duke: — I think maybe we should target places where children are. Like where children will be, there shouldn't be any smoking. Because they see older people doing it and they see . . . they think well maybe we should start doing it. Just public places. I mean bars, you know, stuff like that, I mean, great go ahead; but I mean places where there's going to be children. I mean it's really . . . it's hard when you see an older person that you look up to doing something like that, then little kids are going to think that's cool and so they're going to want to do it.

Ms. Brown: — We also feel that if you target the high school kids, you're already way too late. From my elementary school, I remember kids in grade 2 smoking. Like not, they weren't like chronic smokers; they didn't always smoke, but they did smoke. They would have a smoke to themselves or pass it around because it was cool because it was very easy for them to get to. I don't smoke and I haven't, but in my elementary school it was there.

There's older brothers, older sisters . . . parents are giving the kids smokes — that's like one of the big things — the parents always give the smokes to the kids and to the kids' friends so it's very easy to get to.

Ms. Sylvester: — I really thought maybe one other way to stop the younger people from smoking would be raise the cost of cigarettes, but we know that it wouldn't be really fair to the older people who do smoke and that is their decision and that's fine. But we're just trying . . . and another one would be raising the age. Because you have to be 19 to buy alcohol, so we thought maybe that would be good too if you raised the smoking age a little higher than what it is now. So that way it prolongs it.

And in a way because parents — like some parents know that their kids smoke and they really don't have a problem with that — that if somehow a child was caught with a smoke or something like that and you're not supposed to, and they know that their parents bought that, it should go down on their parents. I know it's the child's fault but like the parents like allowing them to do that too.

Ms. Brown: — That's about all we have to say.

The Chair: — You've said quite a lot actually. Thank you very much for taking the time and doing all this work on it. This has . . . give us some very good ideas and shows that you've done a lot of thinking about this topic. And congratulations on forming the group and sticking with it.

I think there are probably committee members that want to ask some questions so I'll go to Doreen first.

Ms. Eagles: — I want to thank you girls for giving your presentation. You have to forgive me; I have a terrible cold so I won't be talking too much, which probably pleases my colleagues greatly. I agree with you in that education is very important. Kids tend to listen to other kids.

So I think that's important in schools where, you know, kids

that are already smoking and wish that they hadn't started go out and tell the other kids like, you know, it's not worth it, you're not cool by doing this, and not to bother.

We have heard before when we target high schools that we are too late because we should be going to elementary schools. And you know, perhaps if kids like yourself went to these elementary schools and talked to them, they're more apt to listen to you than they are to old people like myself. But you know, you had some very good thoughts in your presentation and I thank you.

Ms. Duke: — In our group, we did . . . we were thinking about going to elementary schools to talk about . . . like I think Balfour did it once, and they went to elementary schools and said hey, like, if you don't want to smoke, if you don't want to drink, if you don't want to do drugs, don't do it. I mean there's many, many people that don't do it if they don't want to.

And it worked. They said that . . . like a lot of the grade 9s that went to that school after did have their own say like, no, hey, I don't want this. So I mean we were thinking about going to elementary schools.

Mr. Wartman: — Thanks a lot for your presentation. There's a couple of things that you said — one that I've heard a number of times from students so far — around the number of parents who provide cigarettes for their children. Is there a lot, do you think?

Ms. Brown: — Lots. Not just cigarettes but alcohol too, because I think that those two go together. If you smoke, then you're going to drink. It's just that simple almost, especially at our school. And the parents are the ones that do provide alcohol. Like there'll be two or three parents that'll provide for, like, 20 kids or whatever. And sometimes it's just parties that their parents think they're cool or whatever, like getting hip with the teenagers, and they will provide alcohol for everyone there. And these kids are 13, 14.

Mr. Wartman: — Do you . . . have you talked about any sense of how we might deal with parents, or if we should deal with parents that provide cigarettes or booze for their kids?

Ms. Brown: — My mom actually works in the hospital and there's lots of kids that come in that have alcohol poisoning and they do call the parents right away. Like, because sometimes the parents don't even know that it's happening. And they fine the parents; like, the parents are fined. But the kids' parents that are smoking, they're the ones that have to do it. Like I don't know. I think that . . . I'm sorry.

Mr. Wartman: — Part of what I was wondering, and I just . . . sometimes I think graphically, and as you were making that statement about the number of parents who provide smokes for their kids, I was thinking, you know, there should be some kind of an ad that we can put on that talks about child abuse and I mean this is . . . providing this stuff is a form of child abuse.

Ms. Sylvester: — Yes, just to get it out there, get it out in the open with people so they know what it's about.

Mr. Wartman: — Okay. I had one other question. It was with

regard to pricing. You said that you felt that increasing the price would certainly help in terms of younger people not getting it but then you qualified that with but it might not be fair for older people and I just want to give you a thought around that, for older people that smoke, and that is when you looked at the slides up there, you saw the incredible cost, health costs and social costs of smoking for this province. The cost of cigarettes no where near comes close to paying for those costs. And so in terms of fairness, do you really think it's unfair to ask those people who smoke to pay substantially more for their product which costs the province so much?

Ms. Brown: — I don't think it's unfair.

Mr. Wartman: — Okay, well you might want to think about that a little bit because the statement was that it might not be fair to older folks who smoke if we increased the price. Okay? Thanks.

Ms. Higgins: — Just a question. When you had talked about the conference you had held, was this with the Fly Higher group?

Ms. Brown: — Yes.

Ms. Higgins: — So a lot of these solutions were things that come out of that group? When you had your day . . . how long were you together for — a day, two days?

Ms. Brown: — A whole, entire day.

Ms. Higgins: — Oh good. So was it generally amongst the group that these were solutions that they felt, highering the price and educating?

Ms. Duke: — It was all young people. We just wanted to hear what young people had to say. We wanted to see what risks were out there for them. What is the biggest health issue and what we need to target in schools. And smoking was one of the biggest issues, I think.

Ms. Higgins: — Just another question. Just within the last little while our federal minister was talking about changing the packaging on cigarettes with the graphic pictures. Do you think that would be a deterrent to younger people?

Ms. Brown: — I think it would be, but the, like you know how you do have a big saying on it. Teenagers, like, they get scared of it. So they go to like San Francisco or whatever and you can buy them that cover them up. So no matter what . . . I don't know. They will look at it and be disgusted.

And actually that reminds me, we had a "Weedless Wednesday" at our school when no one was allowed to smoke. And all of our school, we put up statistics and we put up posters, and we put up a huge poster and it was so gross — it was what's in cigarettes. And all the smokers were totally disgusted by it and it was ripped down every single time they passed by.

So it does affect them, but I don't know if, like, there has to be something else done so that they will want to quit.

The Chair: — Thank you. Can you tell me a little bit about your group? How long have you been in existence and what

your membership is like?

Ms. Brown: — In our school you can't join Fly Higher until you are in grade 10, because we feel that the grade 9s still are new at the school and don't really know what's happening. Our group is just . . . only girls are allowed in the group and we feel that — cause girls like have major issues — so we . . . our group is just to get people aware of what's out there. We want to get everyone active. That's our main thing. We want to get everyone active, eating healthy, having a healthy lifestyle.

Ms. Duke: — It's not that we don't care about guys. It just that guys don't have issues.

The Chair: — No, that's quite fine. And more or less how many people have you got in your group?

Ms. Brown: — We pick five girls each year to get trained so we have about 12, 10.

The Chair: — And has there been any talk of SWAT groups getting started in the school — SWAT, Students Working Against Tobacco.

Ms. Duke: — Not yet, but I mean I'm sure there could be. We have our peer support and our, and our Fly High and we work together as a team. And I think we incorporate everything — I mean, smoking, drugs. So, like in a sense we do.

The Chair: — You wouldn't really feel they were competition for you. You'd probably work with them.

Ms. Brown: — Right.

Ms. Duke: — Right.

The Chair: — Very good. Well, thank you very much once again for coming here. You are the first group in Regina to make a submission to this committee, so congratulations. And pass on our best wishes to your teachers and your fellow High Flyers.

Ms. Brown: — Thank you.

Ms. Duke: — Thanks.

Ms. Sylvester: — Thanks.

The Chair: — Lisa Williams, I just want to ask you . . . Lisa is she here? Are you with this group? Would it be better for you to speak to us right now? Well maybe then what we'll do is, with the . . . with the consent of the committee, we'll ask Lisa to come forward first and that way, you can . . .

A Member: — Will it be any problem for any of the presenters who are scheduled?

The Chair: — I should just ask that. Is there anybody else that's here that would . . . cannot be delayed 10 or 15 minutes from their times, allotted times?

Okay, Lisa. Thank you then.

Ms. Williams: — My name's Lisa Williams and I'm speaking on behalf of myself. I'm not representing the Fly Higher organization.

My issue with tobacco use is a concern for my children and other people's children. I have a daughter that probably represents a very small portion of the youth population — I would guess maybe about 5 per cent — who, without a doubt, will never choose to smoke.

Her life is very simple. It's black and white. According to her, if you smoke, you die. And lucky for her but very unlucky for her little friend that thought was reinforced by a death of her friend's grandfather this past January. In her mind, it was very simple: he smoked and he died.

Like I said, I think this attitude represents a very small proportion of the youth population. I also have a son who is extremely influenced by the media and other young children. If you ask him whether he will choose not to smoke when he grows up, he'll say he doesn't know — and he's five years old. He's reserving the right to decide when he's older. When he was three years old, he'd pick up reeds or sticks on the beach and pretend he was smoking and he thought he was cool.

I would like policy, legislation, and programs to denormalize tobacco use. When my son grows up and chooses whether to smoke or not, I want his choice to be easy. I think to make his choice easy, we need legislation that sends the right message to young people.

Number one: I think cigarettes should be very inaccessible to young people, by increasing the price and stronger fines and enforcement of those fines.

Number two: I think tobacco should be outlawed from schools and school grounds. Ways we can do that is by increasing the age of access to 19, and therefore nobody at school is old enough to be in possession of tobacco products. Students are . . . The majority of the students now are not of legal age to possess tobacco so schools shouldn't be condoning that behaviour by allowing them to smoke during school hours.

And number three: I think there should be no smoking in public facilities — especially those that youth have access to — including restaurants.

I think by denormalizing tobacco use, it will have a snowball effect on everybody's attitudes towards tobacco — including those of youth — and seriously influence youth's, youth's choice of whether they choose to smoke or not.

I think some of the things that the Fly Higher girls talked about, like how to stop parents from giving tobacco products to their . . . to young people, I think if we have strong legislation that denormalizes tobacco use, we will be sending the message to parents: that it's not normal to give your kids tobacco products, that it's not normal to smoke in your house around your children and affect the house . . . and affect the lives of your children.

If people go to restaurants and no . . . and smoking is not allowed, I think again that reinforces the denormalization of

tobacco use. When we go to a restaurant I have my daughter who will say: Mom, that person's smoking, we have to leave. And then I have my son that checks it out, thinks it maybe looks cool.

I think if we change the legislation . . . I think the present legislation right now tells kids, for one thing, if you can easily buy tobacco products, how bad can it be? How bad can smoking be? If you can smoke at school when you're underage, how bad can smoking be? And if you can smoke anywhere and everywhere and effect the health of others then how bad can smoking be. And right now that's what's happening in our society.

So in conclusion I would like to say that I would like legislation, policies, and programs, to denormalize tobacco use for the sake of children and especially mine.

The Chair: — Well thank you very much, Lisa. Thank you for speaking particularly to children and in defence of children. I go to committee members.

Mr. Wartman: — A question, Lisa and it's . . . you named a number of things that you thought we should legislate in terms of making smokes less accessible for children and making tobacco products less accessible. You said high price, high fines. Did you refer also to places that might sell, licensed outlets or places that might sell tobacco products? Did you think about that at all?

Ms. Williams: — I didn't actually when I was thinking about it. Like alcohol use, I think that would send a strong message if we had licensed outlets to sell tobacco.

Mr. Wartman: — Okay, thank you.

The Chair: — Any other questions? Doreen?

Ms. Eagles: — Yes, Lisa. Do you think that all restaurants should be strictly non-smoking — all restaurants?

Ms. Williams: — Yes I do. If youth have access to those restaurants, I do.

Ms. Eagles: — Okay what about privately owned ones? Do you think that the — and I'm not disputing what you said so don't misunderstand — do you think that the owner of the restaurant should have any say at all as to what they want to happen in their establishment? I mean if somebody is insistent that they go non-smoking or if somebody has insisted that they be strictly smoking? Do you think that the restaurant owner, a private restaurant owner should have any control?

Ms. Williams: — No. I think public policy should send the right message to young people and that message is, is that smoking is very dangerous and that it shouldn't be allowed in public places or in closed places.

Ms. Eagles: — What about bars?

Ms. Williams: — I think bars are a different category because there's an age restriction of the people who can access bars. And if we raised our cigarette access age to 19, then anybody

that goes in the bars should be of legal age too to possess tobacco.

The Chair: — Well, thank you very much Lisa for your presentation.

Ms. Williams: —Thank you.

The Chair: — I know that . . . I would ask then Allyne Knox next. Alan, sorry. Allyne spelled A-l-l-y-n-e, so . . . thank you.

I just want to mention before you get started, Allyne, that this being a proceeding of the legislature I know that we quite often want to applaud people who have spoken and to show that we agree with remarks, but in the legislature . . . we ask people to come and watch but not to participate in the proceedings unless they are in the witness seat only.

So thank you very much for refraining from applauding when you might have wanted to applaud. And now, Allyne, you're on.

Mr. Knox: — Could I ask for the door to be closed please; I find the noise quite distracting.

The Chair: — Fine.

Mr. Knox: — At least while I'm talking. Mr. Chairman . . .

The Chair: — I'm sorry. We want to be open and accessible, but I understand what you're saying because sometimes you just have to lean forward. So we might get one or two people coming in.

Mr. Knox: — Thank you. Mr. Chairman, members of the Special Committee on Tobacco Control. For some time now I have been a citizen advocate for a smoke-free environment in public places. I will again lobby city . . . Regina City Council on March 6th when the council considers a revisions to smoking by-law no. 9423. I will urge the council to enact a 100 per cent ban on smoking in public places.

As I see it one of the barriers to progress is lack of clarity about jurisdiction. Municipal councils seem to have jurisdiction but the responsibility for public health has been removed from them. The Regina Health District wants to limit smoking in public places, but they have to run the political gauntlet at city council.

Councillors sit in judgment on this important issue with inadequate information and seem easily influenced by the business lobby which is resisting change. Council listens to business lobby red herrings like loss of business, although valid research shows little or no impact on . . . negative impact on business. In fact research shows that with 100 per cent smoking ban by-laws, business improves.

For example and I quote:

There is no evidence that protecting workers from second-hand smoke will hurt business. In jurisdictions where there are similar protection for workers, sales tax data and consumer preference information show no

negative impact on business including hotels and restaurants from complying with smoke-free workspace requirements.

And:

Ninety per cent of British Columbians who don't smoke say they are more likely to frequent non-smoking establishments they previously avoided because of second-hand smoke.

Clearly one thing that needs to be done is to clarify jurisdiction and ensure that some agency is empowered to act. Perhaps they can all be empowered thereby spreading the responsibility to all relevant actors — the Workers' Compensation Board, Saskatchewan Labour, provincial health districts and municipal councils.

Look at the result in British Columbia. The Workers' Compensation Board has regulated that no worker can be exposed to environmental tobacco smoke. This has effectively resulted in a near 100 per cent ban on smoking in public places because workers covered by their Act would be exposed. We need to facilitate this type of initiative here in Saskatchewan.

Why is this important? As I see it, there are three main issues. First, public health. With all the information now easily available on the Internet, surely no one can deny the body of evidence that points to the danger of environmental tobacco smoke. If any government or agency official suggests otherwise, they only demonstrate their incompetence.

Consider the following, and I quote: "In 1992, the U.S. Environmental Protection Agency officially labelled ETS a class A, or known human carcinogen."

Class A carcinogens, to which there is no known safe level of exposure, are considered the most dangerous carcinogens. Even a brief glance at the research will confirm that ETS (environmental tobacco smoke) is a public health challenge of staggering proportions. It is estimated that 330 Canadians die every year from lung cancer caused by exposure to ETS. The total number of ETS-related deaths among otherwise healthy non-smokers in Canada is currently estimated to range from 3,000 to 3,500 annually.

An involuntary smoker at 50 centimetres distance from a burning cigarette may inhale up to 10 times the amount of toxic carbonyl compounds inhaled by the smoker. Roughly two-thirds of all tobacco smoke is side-stream smoke.

Many of the harmful ETS constituents cannot be removed by ventilation or filtration. Tobacco smoke in short is the single largest source of harmful air pollution for the non-smoking population.

Studies such as this make the case for controlling smoking when people are in public places absolutely overwhelming. There are serious health risks here.

Given then that the environmental tobacco smoke is a serious threat to the population at large, we need to act now in the public interest.

Secondly, clean air. Smoking advocates often draw attention to the fact that tobacco is a legal substance and they have a right to smoke. I fail to see, however, why their right to smoke should supersede my right to breathe clean air and my right to visit any public place without having my lungs, clothing, and person contaminated by second-hand smoke.

If either right should take precedence, surely it should be in favour of the majority 70 per cent of the population who do not smoke and not the minority 30 per cent who do. The solution? By all means, let smokers smoke — but not in public.

And third, youth smoking. Children are basically the only new source of tobacco industry customers since very few people begin smoking after the age of 18. I believe one of the best ways we can discourage smoking among young people is to make it clear that it is becoming ever more socially unacceptable. One way of doing this is to deny access in public places where smoking interferes with the right of people to breathe clean air. Environmental design is an effective and established tool in promoting public health.

During a visit to Regina in February of 1998, Senator Colin Kenney stated: for children, particularly young teenagers, it is not a matter of freedom of choice to smoke or not to smoke but a matter of society protecting the most vulnerable from a deadly addiction that can kill.

On an Alberta Report segment of the CBC (Canadian Broadcasting Corporation) Radio program, *This Morning*, which aired December 17, the Alberta reporter mentioned that the Alberta legislature is entertaining legislation to make it illegal for teens to smoke in public. Apparently, they did this in Chicago, Illinois 11 years ago and reduced teen smoking by 70 per cent. I suggest to you that this is a worthy objective indeed.

If it is possible for the provincial government to regulate smoking in public places, by all means do so. Implement 100 per cent smoke-free public areas as quickly as possible. If it is not possible, the province should act to facilitate such initiatives by interested parties. And please do so now. We non-smokers have had to suffer for far too long. Given the rapidity at which municipalities across North America are implementing 100 per cent smoke-free areas, our turn has come; our patience has been exhausted.

Also we are all aware of the stresses being placed on the health care system. There will never be enough money, and this problem will only become more urgent in Saskatchewan given our aging population.

At the same time, much of our health care costs are related to treating people with lifestyle diseases, chief among them smoking-related illness. I would suggest that if people are so willing to flagrantly abuse themselves, they should be responsible for a good portion of their health care costs. The provincial government should consider some means of collecting health care premiums from smokers or requiring them to carry some form of insurance to cover a goodly portion of their health care costs which can be determined as tobacco related.

Respectfully submitted, Allyne Knox.

The Chair: — Thank you very much, Allyne. I will lead with one question, Allyne. You referred to second-hand smoke — you talked about that some of the toxic elements in it cannot be removed by circulation or filtration. One of the things that's been offered to the committee is improved ventilation systems in certain outlets — like bars or cafés — with lots of wind coming through. So I want to clarify what you mean here. You say it can't be . . . or you say that these agents cannot be removed by fast-moving air.

Mr. Knox: — They have done some studies actually — and in Victoria there is a quotation in their documentation because they've recently gone 100 per cent smoke free in that whole area — but it would cost an enormous amount of money to provide the effective ventilation that would be required and even the miles per hour of the wind that would have to go through to clear the smoke, you'd almost have to tie yourself to your chair.

So I think in some of the material I will leave with you here that's perhaps spoken to, but I have other materials, just not in my head, which gives specifics about the ventilation kinds of studies.

It's interesting too that in British Columbia now where the Workers' Compensation has really acted for workers, their legislation or their regulation does allow for smoking areas but it has to be entirely separate and no worker can be required to go into that space except in an emergency until the area has been cleared from smoke. So they've really toughened it and I give them full credit for doing so.

The Chair: — Now I guess my second question is, I think what you're doing is implying that even a small amount of the second-hand smoke is dangerous. What evidence are you basing that on?

Mr. Knox: — Well again I don't have it in my head but I have it in my files and some of it may be in the documents that I'll leave with you here. But this is not . . . there is a lot of information out there now to this effect and I'm sure Tanya will be accessing it. Much of it is available on the Internet for anybody to download as I did.

And one of the things I've been doing with city council is making sure that they have a lot of this information to read prior to their meetings, so that they can't come to that meeting and say, I didn't know. The information is there.

Ms. Eagles: — Thank you for your presentation. And again I'm not disputing what you have said. But when you said that smokers should be responsible for their health care costs, when I've said that to certain people, they say to me: well okay then, if somebody abuses their body by eating real crappy food and has a stroke, should they be responsible for their health care costs as well? What do you think on that?

Mr. Knox: — Probably. It might be a little more difficult to assess the damage, however, through improper eating or carrying too much weight or some of these other lifestyle problems, but smoking is quite easy to identify as a causative factor.

Ms. Eagles: — Okay. Thank you.

Mr. Knox: — Could I suggest too that in hearing earlier your comments about the young people, it's always puzzling why, with so much information that's available now, young people would begin to smoke. They can't really say they didn't know all of that. I mean the information is so obvious today and yet they continue to start.

Perhaps some research could be sponsored that would determine why they . . . you know, why do they take on this addiction when they know that it's so harmful? And, you know, they always have this impression, oh well I'll just have a few and it won't bother me and I won't become addicted. Well do they really believe that or is there some way of getting them better information so that they will clearly understand that it's so easy to become addicted?

And then perhaps how could the government support youth groups such as the one that spoke to you this morning, to go out and talk to other youth groups? Maybe, as you suggested, young people who wish they had never started — perhaps they could be supported in doing a speaking tour around the province where funding would be provided and people would go with them to see that they had a chance to talk to other people in schools.

It's one thing just to say, well you should do this but there isn't a means to do that. And if we could create a means to help that happen, I think that would be helpful.

Ms. Eagles: — Just, when you said about why kids smoke, I think a lot of it is, lots of times it's because mom and dad says it's bad. You know, curiosity gets to them. And I mean, not necessarily related to smoking but you know, when I was a kid if mom and dad says to me, you shouldn't do that, I thought, oh wow, there must be something intriguing about this because they don't want me to do it. And you know, and I think maybe that has a little bit to do with it.

When we were in Estevan at the high school, one student got up and spoke. He was a smoker and questioned what was happening to his freedoms as a Canadian. Why the government would come down and say no, you can't smoke and all this and that. So, when I questioned him, he said that he probably would quit smoking, but if the government legislates that he can't smoke, he's going to continue. So I think, you know, being rebellious maybe is part of it.

Mr. Knox: — Well, it's a sad comment. My parents both smoked and they were the best example I could have. And I'm not a young person any longer but I've never once thought of trying it.

But again, my point is that by all means if you want to abuse yourself, own up and pay part of the cost; and number two just don't do it in public where you bother me.

Ms. Eagles: — Respect.

Mr. Knox: — You know, if you want to destroy yourself, that's up to you, but please let me breathe clean air. Thank you very much.

The Chair: — Thank you, Allyne.

Mr. Knox: — Did you get my package I left?

The Chair: — Yes, we would appreciate a copy of your presentation and of the information . . . we have the information that you supplied.

The committee would now like to hear from Dr. Diener.

Dr. Diener: — Good morning, Mr. Chairman, the rest of the committee. I just want to quickly get a glass of water here. You should have in front of you quite a thin report and then quite a thick set of appendices. I'll definitely not go into the appendices, but should you want to refer to anything that I mention today, hopefully you will be able to find it in the appendices.

I am Tania Diener and I am today representing the Saskatchewan Public Health Association. The SPHA (Saskatchewan Public Health Association), as it is also known, is a provincial organization whose mission is to promote the health of Saskatchewan people and their environment through education, advocacy, and in parliament. The SPHA's sub-committee — the Tobacco Action Committee — keeps members apprised of tobacco issues through its quarterly newsletter, mail outs to members, and reports and resolutions at annual meetings.

If we can look at the effect of tobacco use in Saskatchewan, you will see that over 1,600 Saskatchewan residents die each year from tobacco-related causes; that means one in every five deaths. Nationally tobacco kills 45,000 Canadians yearly. Half of the smokers die prematurely due to tobacco use and more people die from smoking than from traffic accidents, guns, AIDS (acquired immune deficiency syndrome), and alcohol combined.

If we can look into the health burden a little bit further, smoking is the leading cause of cancer deaths in men and women, being responsible for almost one third of all cancer deaths in Saskatchewan.

It also causes cardiovascular disease, atherosclerosis, and chronic obstructive pulmonary disease. Smoking during pregnancy increases the risk of delivering a low birth weight baby, and increased risk of perinatal and neonatal death and long-term health and developmental problems.

Second-hand smoke, as also mentioned by Allyne, is a class A, a class A carcinogen, as dangerous as benzene and asbestos, and contains over 50 substances that cause cancer. Second-hand smoke also causes heart disease, lung and other cancers in non-smokers. Children of parents who smoke have more acute respiratory illness and infections including chronic cough, bronchitis, tracheitis, laryngitis, and pneumonia.

But that's not where it stops. We can also look at the economic burden. The total impact of tobacco use to Saskatchewan residents is conservatively estimated at 264.8 million per year in 1997. In contrast the province of Saskatchewan collected only 116.8 million from tobacco tax and another 23.8 million in sales tax from tobacco products in '97. It is important to

recognize revenues generated by tobacco are lower than the economic burden to the province.

National figures in this case are similar. Also tax revenues go to general revenue and are not targeted to any specific program related to tobacco use.

In 1996, Physicians for a Smoke-Free Canada prepared an analysis that showed that the tax revenues received by Canadian governments on a provincial level from the sales of cigarettes to underage smokers far exceeds the financial commitment of these governments to prevent children from smoking.

So what's the next target of the tobacco industry? Because hundreds of thousands of Canadian smokers quit annually and over 45,000 are killed each year by tobacco industry products, the industry must make up these losses by encouraging more people to begin smoking. Children are basically the only new source of tobacco industry customers since very few people begin smoking after the age of 18. Although the addictive nature of tobacco is known, it is less appreciated that early addiction is the chief mechanism for renewing the pool of smokers.

In 1999, Health Canada survey reported that Saskatchewan had the second highest percentage of youth smokers — namely 35 per cent. The Saskatchewan Public Health Association commends all parties of the government on the effort to reduce the legacy of disability and death tobacco smoke . . . tobacco provides to children and youth. The SPHA strongly urges the government to develop a provincial tobacco reduction strategy to address the morbidity and mortality caused by tobacco use.

What is the need for and the content of tobacco control legislation? Saskatchewan with only two pieces of legislation falls woefully behind other provinces. An analysis of the provincial tobacco control in Canada is provided in appendix A and this table that will be an easy reference for you to see how we fall behind the other provinces. The Saskatchewan Public Health Association recommends the following components of provincial legislation:

Firstly, legislation to raise the age of sale of tobacco to 19 years and further restrict the sale of tobacco to minors. Restricting the sale of tobacco to minors requires a comprehensive strategy based on legislation. Research shows reduction of youth smoking occurs with compliance rates above 90 per cent. The willingness of retailers to illegally sell tobacco is related to the actual and perceived level of enforcement. Enforcement can provide disincentives through criminal sanctions, social disapproval, and loss of business. A recent survey — that is also attached as appendix B — indicates compliance rates in Saskatchewan as below 90 per cent.

Secondly, the license of . . . licensing of tobacco retailers. The strongest deterrent for retailer selling to a minor is revocation or suspension of a licence. Currently fines are not enough of a deterrent. In one Saskatchewan case, a Swift Current retailer was fined \$500 in the morning and then sold cigarettes to youth in the afternoon. Revocation of a licence would have been a stronger deterrent. Research shows it is not uncommon for individual merchants to continue to make illegal sales until multiple violations put them at risk of losing their tobacco sales

permits.

Further deterrent to sale to minors could also be made through the publication of the names of retailers who have had their licence revoked. Retailers' credibility and reputation would be affected. The licensing of tobacco retailers would also ensure there would be an updated list of outlets selling tobacco products. This would provide access to essential data and facilitate enforcement. It would also facilitate informing new tobacco retailers of their responsibilities. The ability to directly ticket retailers and automatic suspension of a licence on second conviction would also facilitate enforcement.

Thirdly, to restrict the sale of tobacco to liquor stores or other government outlets. Tobacco results in far more disability and death than alcohol, and yet it is easily accessible especially to our children. Restricting the sale of tobacco products to these outlets would address the problem of children's access to tobacco in a serious way. It would also address the problem of 15- and 16-year-olds who are under pressure to sell tobacco to their peers.

The fourth means. Other measures to reduce the sale of tobacco to minors might include banning the power walls of cigarettes and countertop displays in retail stores because this just acts as promotion for the use of tobacco. Make signage particular to Saskatchewan for example say: tobacco kills; 1,600 Saskatchewan residents die each year from tobacco. And also prohibit the candy tobacco products and the flavoured tobacco products.

Fifthly, ban tobacco sales in places such as pharmacies, hospitals, other health care facilities, educational facilities, school boards, amusement parks, theatres, arcades, etc.

Sixthly, protect Saskatchewan residents by banning second-hand smoke in public places. Since the provincial omnibus survey, and that's attached as appendix C, indicates extensive support among Saskatchewan residents for restricting smoking in public places, particularly where there are children; legislation to ban smoking in public places will be widely supported.

The seventh point is to amend The Urban Municipality Act, 1984 to allow municipalities to develop bylaws consistent with their community's wishes.

Number eight is to ban second-hand smoke in the workplace. The provincial Department of Labour introduced smoking regulations in 1995 but unfortunately they are very weak and do not adequately protect Saskatchewan workers.

What strategies do we have in mind to protect the public from the risks of second-hand smoke?

Number one, second-hand smoke should be banned in public places through provincial legislation. Support for such legislation already exists in the provincial government's omnibus survey, appendix C. When these people were asked where smoking should be banned, almost three-quarters — 74 per cent — of Saskatchewan residents indicated it should be banned in public places open to children.

Regina's survey of attitudes towards second-hand smoke in public places in Regina also showed strong public support for smoking bans. Eighty-two per cent support a ban in any indoor public place used by children. Sixty-one per cent support a ban in restaurants. And 60 per cent support a ban in all public places.

As far as the economic concerns are concerned, the Canadian Restaurant and Foodservices Association and the Canadian hotel association have fought municipal smoking bylaws across Canada. Both these associations claim that smoking bylaws will result in a negative, economic impact.

In Regina, to our knowledge, neither association represents the majority of operators in the stakeholder group. In many cases, they have local restaurateurs and others represent their cause.

Summaries of research about the economic impact of smoking bylaws have been done by the British Columbia Worker's Compensation Board and the Alberta Tobacco Reduction Alliance. Both show there is either no economic impact or else an increase in business associated with smoking bylaws.

Fifty-nine Canadian municipalities have bylaws that either currently or in the future require smoke-free restaurants. Similarly, 44 municipalities have bylaws that either currently or in the future require smoke-free bars. And that's listed in appendix D.

Documented evidence from the British Columbia Worker's Compensation Board reveals that overall employment in the hospitality industry is essentially the same this January — and this is now in 2000 — as it was in January '99. And in fact, unemployment is substantially lower than in some previous years.

Furthermore, Victoria has had a similar ban for a year now and has experienced no drop in bar sales or in public support, and that's listed in appendix E.

Secondly, to ban second-hand smoke in Saskatchewan workplaces. The province's occupational health and safety regulations do not adequately protect Saskatchewan workers from second-hand smoke. Furthermore, the Department of Labour's refusal to accept Health Canada's zero tolerance for second-hand smoke means Saskatchewan residents have yet another challenge in achieving a healthy smoke-free work environment.

Examples of the department's bias are provided in appendix G. The guidelines appear to blame the victim if second-hand smoke bothers him or her. On page 12, the guidelines actually refer to workers who can't deal with second-hand smoke as being hypersensitive.

Thirdly, the banning of smoking in family child care homes. A Regina Health District survey shows that 75 per cent of licensed and unlicensed family child care homes operators agreed with banning smoking in homes while children were being cared for.

The last strategy that we would like to propose is to prevent or reduce tobacco use. Firstly, to develop a provincial tobacco reduction strategy and provincial organization including staff

and a budget to initiate tobacco reduction activities, the province of Saskatchewan needs a tobacco reduction strategy including strong provincial legislation to ensure the youth of Saskatchewan have the same opportunity for health as youth of other provinces.

Alberta has seen several recent successes in this area, including an increase of a quarter of a million dollars a year to the Alberta Tobacco Reduction Alliance to make a million dollars a year spent by that province on tobacco reduction. The ATRA's (Alberta Tobacco Reduction Alliance) report, *Let's Make Smoking History for the Future of all Albertans Seizing the Opportunity for Tobacco Reduction in Alberta*, is attached to appendix F.

Another province, Ontario, has also announced significant enhancements to their tobacco strategy. The Health minister identified tobacco use as the leading cause of preventable illness and premature death in that province. The government will spend an additional 10 million above annual funding of 9 million to make a total of 19 spent on tobacco control programs this year. Without a doubt, these recent moves put Saskatchewan at an all time low with regards to funds spent on tobacco.

Second, strategies to reduce second-hand smoke in public places. This has been shown to be one of the most effective tobacco reduction strategies. Smoking bylaws, legislations, and policies increase the numbers of persons quitting smoking and influences the youth. A survey conducted by the SPHA last year showed that Saskatchewan has at least 45 smoking bylaws, the majority which are directed at restricting smoking in recreational areas.

The third point is to raise the age of sale of tobacco to 19 years and develop provincial legislation to assist federal legislation in restricting the sale of tobacco to minors.

The fourth one, and I've heard this this morning as well, denormalize the tobacco industry in Saskatchewan. This is also the newly added fourth goal of the national tobacco strategy towards tobacco reduction. Evidence already exists of the tobacco's industry's activities in Saskatchewan. A lawyer in Saskatoon has indicated he is representing the tobacco industry's interests in this province.

The tobacco industry's program, Operation ID (identification), has been promoted in many communities across the nation. In the fall of '99, it was promoted extensively in Regina although leading organizations in the community declined to take part in it. When analysed, it becomes clear that the program lacks the necessary components to make it effective.

Links between the tobacco industry and other organizations are often suggested. In the south ... (inaudible) ... of British Columbia, a link between the hospitality association and the tobacco industry was illustrated and that is attached as appendix I.

We suspect the public remains somewhat naïve about the tobacco industry's role in Saskatchewan. Public education is needed to facilitate tobacco reduction initiatives in this province. A last strategy is to sue the tobacco industry for the

health costs and the illness and death this product has caused in Saskatchewan.

To summarize the recommendations from the Saskatchewan Public Health Association to this committee is, firstly, to develop a provincial tobacco reduction strategy including a budget for implementation.

Secondly, to develop legislation in the following areas: to increase the age of sale . . . for sale of tobacco to 19 years; to further restrict the sale of tobacco to minors; to license tobacco retailers, including procedures for ticketing or restrict the sale of tobacco to liquor or other outlets; to ban smoking in public places or restrict smoking in public places and amend The Urban Municipality Act, 1984 to allow for discrimination among areas; to ban second-hand smoke in Saskatchewan workplaces; to ban smoking in family child care homes.

Thirdly, to denormalize the tobacco industry through education and mass media campaigns.

And fourthly, to take legal action against the tobacco industry with respect to loss of life and health.

I thank you.

The Chair: — Well, Dr. Denier, thank you very much for a very well-documented and thorough presentation. This is also the first time the committee has had anybody present any kind of documentation with respect to follow-up on what's happening in British Columbia. And I just want to ask you one or two questions about that.

First of all, you say here there is no economic impact. I assume that what you're talking about here is it's an overall average. There may be dips in certain places.

Dr. Diener: — Yes. What they find is that maybe initially there might be a dip, but in the end it basically cancels out. And there's quotations in this appendix where they actually have spoken to bar owners and restaurateurs, where they were quoted as saying that they definitely did not see a decrease in it and some of them reported that they've seen an increase. But this information in this appendix is based on looking at sales. So it's not a feeling of the owner; it's based on the sales that they had on average.

The Chair: — Do you feel that this research is reliable?

Dr. Diener: — Yes. Yes, I would never . . .

The Chair: — From your professional experience.

Dr. Diener: — I would never have used it. And this is also what, what we will use in trying to get a bylaw for the city passed. Yes, I would never have used anything that I don't trust.

The Chair: — And you're talking about penalizing the seller. Is there any evidence anywhere that you might have found or are there any laws anyplace with respect to penalizing the purchaser? Youth in particular.

Dr. Diener: — I'm not aware of any. I've got this listed there,

but no, I'm not aware of anyplace where they actually penalize the user; as far as the law is concerned, no.

The Chair: — And my last question is what is a candy tobacco product?

Dr. Diener: — You get it either in a little candy with a red tip. You buy it in a . . . it looks like a small cigarette pack.

The Chair: — Oh.

Dr. Diener: — And there's 20 or so candy cigarettes in it. And you also get them in a chocolate form . . .

The Chair: — I see.

Dr. Diener: — . . . in a little white paper. So to kids it looks like cigarettes and they like to . . .

The Chair: — All right. They imitate cigarettes.

Dr. Diener: — Yes, yes.

The Chair: — But they don't have nicotine or tobacco in them?

Dr. Diener: — No, no, no. It's just candy.

The Chair: — All right. No, no. I know that. I've used those things. All right. Do any committee members have any questions? Yes, Doreen.

Ms. Eagles: — Yes, Doctor, I was just wondering here, it says about the Saskatchewan Public Health Association recommends the following components of provincial legislation. Now do you think this is up to the province to legislate? Or do you . . . On point 7 it's got . . . should we allow basically municipalities to develop their bylaws?

Who do you actually think should be, should be making the laws regarding this? The province? Or should it be left up to the individual municipalities?

Dr. Diener: — There's certain areas that definitely should be addressed on a provincial level. But as far as the bylaws by municipalities are concerned, we unfortunately . . . is currently in a situation where the municipality is in the position of passing a bylaw, but the health is actually in the hands of the health districts.

So municipalities can pass bylaws if they want under The Urban Municipality Act, 1984. But if we use The Public Health Act, 1994, we still need the approval of the minister. So there's a few areas there that's actually hampering the passing of bylaws on a municipal or district level.

So there's some areas it should happen on that level, but it's difficult. You know about the Saskatoon court case that was thrown out. And then there's areas like the increased age for sale of tobacco to 19 years. That should be a provincial issue. Currently it actually is 16 years for Saskatchewan, but on a federal level it's 18 years. So we have a federal Act that supersedes our provincial Act. Those things should be dealt with on a provincial level.

Ms. Eagles: — And does a municipal act supersede a provincial Act then?

Dr. Diener: — They cover different areas because here in the municipal bylaw we're talking about public places. Those type of things are not covered by the provincial Acts.

Ms. Eagles: — And what do you say — getting back to the results you had regarding BC's Worker's Comp — what do you say to a person out there that owns a restaurant and he says of course it's non-smoking. The police can't police it, Worker's Comp can't police it so people are in fact smoking in my restaurant in BC.

I mean he . . . this . . . this man says it's happening out there. He's says nobody can police it. How do you police this?

Dr. Diener: — Right. You'll always find people that will not comply, but we found in general, if looking at the literature, that once you have legislation or bylaw in place, once you have your signs up in place, people in general would adhere to those more often than not. So yes, you always get people, and it is difficult to police every outlet, but we find that once those things are in place and proper signs are up that most people will adhere to that.

Ms. Eagles: — Thank you, Doctor.

The Chair: — Thank you very much. And now from the Regina Health District, Lynn Greaves.

Ms. Greaves: — Good morning. Public health history . . . Public Health Services, Regina Health District has one of the longest histories of tobacco reduction initiatives in Saskatchewan. In 1980 we passed the first smoking bylaw in western Canada. It since . . . we've since been involved in passing another Regina bylaw reviewing Regina's current bylaw, which we are still in the process of doing, developing a district-wide smoking policy, promoting smoke-free workplaces locally and provincially, promoting recreation areas and homes, and operating a smoking cessation program developed under a Health Canada grant.

The district currently has smoking bylaws in Regina, Pilot Butte, and Regina Beach. The district's tobacco reduction strategy developed in 1998 and its smoking policy updated in 1999 are attached in appendices A and B.

We developed our report along the lines of the terms of reference of the committee so the effect of tobacco use, we thought it important to say that the tobacco is a unique consumer product. It kills when used exactly as intended by the manufacturer. In the Regina Health District alone, tobacco kills an estimated 300 residents annually. That's one in four deaths. These deaths are totally preventable.

It's important to recognize the vulnerability of children. A University of Regina School of Journalism survey a few years ago reported that children as young as 8- and 9-years old can buy tobacco in Regina. We know children and youth vastly underestimate the addictive properties of tobacco. Half the teenagers think it's safe to smoke for one or two years.

One study reported that 92 per cent of teenagers said they wouldn't be smoking in a year. A year later, 99 per cent were still smoking.

Youth also overestimate the number of people who smoke. It is a deadly mistake. Health Canada reports eight out of ten children who try smoking become addicted. Half of those who become regular smokers die prematurely due to its use.

Since tobacco is highly addictive and readily available to children in Saskatchewan, we commend the provincial government parties for addressing tobacco-related deaths. The Regina Health District believes these deaths will not abate unless tobacco reduction strategies are developed at the provincial level.

The need for and content of tobacco control legislation — of course, as I'm sure you've heard before, Saskatchewan falls behind other provinces. The Minors Tobacco Act passed over a century ago is out of date and not enforced. Saskatchewan does not have up-to-date provincial legislation to support the federal Tobacco Act and actually it's only one of two provinces in all of Canada that does not have this type of legislation.

Regulations with The Occupational Health and Safety Act, passed in 1995, are too weak to protect Saskatchewan workers from the health hazards of second-hand smoke.

Provincial legislation should include: increasing the age for sale of tobacco to 19 years, which is where most other provinces are today, and measures to further restrict the sale of tobacco to minors; licensing tobacco retailers, including ticketing or else restricting the sale of tobacco to liquor stores or other government outlets; protecting Saskatchewan residents from the health hazards of second-hand smoke in public places; enabling legislation for municipal smoking bylaws; a ban on second-hand smoke in the workplace; and a ban on smoking in child daycare homes.

Strategies to protect the public from the risk of second-hand smoke. First, to ban second-hand smoke in public places. It should be banned through provincial legislation. We have enough support for this type of legislation in the government's own omnibus surveys.

There's strong support for banning second-hand smoke in rural areas as well. A breakdown of the 1998 omnibus survey in appendix C indicates that attitudes of rural and urban residents are similar. In January 1999, the Regina Health District's National Non-smoking Week promotion recognized more than 100 businesses, town halls, village offices, rinks, and other smoke-free areas in its rural communities.

If provincial legislation is not drafted to ban smoking in all public places, then The Urban Municipality Act, 1984 should be amended to enable Saskatchewan municipalities to pass smoking bylaws consistent with their community's wishes. For example, the district's recently released survey showed 82 per cent of Regina citizens support a ban in public places where there are children. Sixty-one per cent support a smoking ban in restaurants, and 60 per cent support an outright ban in all indoor public areas. A summary is in appendix D.

Although The Urban Municipality Act, 1984 provides Saskatchewan municipalities with the ability to pass bylaws to regulate smoking. The judgment in the Saskatoon court case determined that the Act did not give municipalities the right to develop bylaws that could discriminate among similar areas. Therefore restaurants, bars, and any other areas serving food may have to have the same smoking requirement or be at risk legally.

This is not practical since in Saskatchewan many bylaws provide more protection from second-hand smoke in restaurants where there are children than they do in bars. In fact, few Saskatchewan bylaws have smoking restrictions in bars.

An amendment to The Urban Municipality Act, 1984 would allow restaurants which serve children and families to be treated differently than bars. This component is already in existence in the enabling legislation of many other provinces.

As well The Public Health Act, 1994 could also allow municipalities and health districts to pass smoking bylaws following consultation with residents. However the Act has not been used. The Public Health Act, 1994 is a stronger piece of legislation since discrimination is explicitly allowed.

Restaurants and smoking bylaws — a 1999 survey of restaurateurs in Regina revealed that the average Regina restaurant actually has a non-smoking area of 60 per cent and 32 per cent of Regina restaurants are a hundred per cent smoke-free.

With respect to ventilation, it might be important for the committee to know that both the Saskatchewan and the Regina hotel associations did agree to the bylaw section banning smoking in the common area of hotels, but nationally the Canadian hotel association promotes a ventilation-based program. The association does not accept Health Canada's stand of zero tolerance for second-hand smoke but is promoting ventilation systems as a solution. Experts in the field say no workable ventilation system can create a healthy smoke-free environment.

Bogus economic concerns — during Regina's bylaw review, the hospitality industry aggressively put forward a number of concerns about the perceived negative economic impact of bylaws. A report from the Canadian Restaurant and Foodservices Association claimed there had been a negative economic impact in other jurisdictions when smoking was banned in restaurants. As a result, Regina city council referred the bylaw back for more public consultation.

Summaries of research about the economic impact of smoking bylaws has been done by both the Alberta Tobacco Reduction Alliance, which is their provincial organization that includes all health organizations and health districts, and the BC (British Columbia) Workers' Compensation Board. Both reveal smoking bylaws cause either no economic impact or an increase in business.

The committee may find it interesting to know that a thorough review of CRFA's (Canadian Restaurant and Foodservices Association) report revealed most statements were untrue. PHS (public health services) has contacted other jurisdictions and

found that claims of negative business impact were anecdotal at best whereas research based on actual sales receipts and other hard evidence showed no negative impact.

One Vancouver health official was so appalled by the CRFA's report to council, he wrote a critique of the document and all these documents are supplied to you in appendix G.

We just recently also received a letter from Dr. Blatherwick, medical health officer of Vancouver/Richmond Health Board, and it is also included.

Recently stories about economic concerns in British Columbia are being further highlighted by the hospitality industry as evidence that smoking bylaws and legislation negatively impact business. Evidence that no negative impact has resulted includes several items.

We have a news release from the BC Workers' Compensation Board showing that overall employment in hospitality industry is essentially the same this January as it was last January. And then because I spoke with a person from the BC Workers' Compensation Board, and he said they have just determined that January and February statistics are both the same as they were a year ago. And these are rates of employment.

Information from Victoria, BC, where really we've had the BC situation in existence for a year now, a smoking ban similar to the provincial ban has been in effect and actually it's stronger because it does not allow for designated smoking areas. A memo from the BC Workers' Compensation Board, who studied Victoria before introducing their own legislation, says that the evidence does not support the hypothesis that the smoking bans in Victoria have had a negative effect. Payrolls in bars and pubs have increased in Victoria, while remaining unchanged or decreasing in the other centres.

A newspaper article from *The Vancouver Sun* stated it more succinctly. It said pubs were supposed to close, patrons were supposed to stay home, but nine months after tough anti-smoking legislation was imposed in BC's capital, business remains steady and bar sales are up. Also they pointed out to me that public support for the legislation is up as well. And that information is in appendix K.

Public Health Services might address the idea . . . the concept of enforcement. We often hear people worrying about whether something can be enforced or not. Our experience is with smoking-related bylaws for over 20 years, and our experience is that bylaws restricting smoking in public places do not require a great amount of enforcement. If signage is adequate, smoking bylaws virtually enforce themselves. Also when there is a bylaw the public does feel more empowered to point out that an area is non-smoking if that need be. This issue was also addressed by the director of environmental health in Vancouver who said recently in a letter, smoking bans are largely self-enforcing.

Workplaces, as mentioned before, are not adequately protected from second-hand smoke — the workers in workplaces.

And finally, child care homes is an important issue because, as part of our stakeholder consultation for a Regina smoking

bylaw, we surveyed all the licensed family child care home operators regarding a smoking ban. We were forewarned that there were . . . that operators in homes might be negative towards the idea of banning smoking while children were in the home being cared for. In fact our survey showed the opposite to be true.

Of operators who voted to agree or disagree with the proposed bylaw section, 75 per cent agreed with banning smoking in homes while children were being cared for. Since the Department of Social Services also wanted this section to apply to unlicensed homes because of perceived recruitment issues, a survey was also done of unlicensed family child care home operators who advertised in the *Leader-Post*. Amazingly the same percentage of unlicensed operators also agreed with the proposed bylaw section. This is evidence . . . we feel that there is likely much more support provincially for banning smoking in homes where children are being cared for than is now perceived. Children really have no recourse when exposed to second-hand smoke in a care provider's home and regulations should be developed that would provide children with protection from second-hand smoke.

With respect to special care homes, we also consulted with them. We also looked at a survey of nursing homes across Canada and found that the trend is either to be smoke free or have an enclosed and separately ventilated smoking room. Staff and non-smoking residents are becoming much more vocal now about working and living in unhealthy environments containing second-hand smoke.

All Regina nursing homes agreed with the proposed bylaw section to have no smoking in nursing homes except for smoking areas that are enclosed and separately ventilated to the outside which would be used for residents only.

With respect to homes, we know that from the onerous surveys that approximately half of homes in Saskatchewan do have children in second-hand smoke so promotion of smoke-free homes would start to protect children. Many homes now do allow . . . are non-smoking even though their parents may smoke, but they create a smoke-free environment for their children.

Our strategies — To develop a provincial tobacco reduction strategy for Saskatchewan and a provincial organization including staff and budget to initiate tobacco reduction activities. We do not have our tobacco reduction strategy here or a budget or organization to fight tobacco. Reduce second-hand smoking in public places in Saskatchewan and increase the age for sale of tobacco to 19 years, as I said before. Restrict the sale of tobacco to certain locations and denormalizing tobacco industry in Saskatchewan.

And here we might note that the tobacco industry's program Operation ID was promoted extensively in Regina last year. At about the same time a Regina smoking bylaw was being reviewed and was going to council.

We feel the program is a public relations exercise for the industry. We estimated several tens of thousands of dollars to have been spent on promoting the program through ads in the *Leader-Post* and mail outs to almost every household in Regina.

The program has been analyzed and found lacking key elements to make it effective. For example, participation in the program is voluntary and the program does not include enforcement. Organizations were approached by the tobacco industry and the following refused to sponsor the program in Regina. They include the Regina Public School Board; the Regina Catholic Schools; the RCMP (Royal Canadian Mounted Police); the Regina City Police; Health Canada, tobacco enforcement officers from Health Canada, the Saskatchewan Pharmaceutical Association, the Regina Chamber of Commerce, and the YMCA (Young Men's Christian Association).

Analysis of the programs and elements is included in Appendix I and more, we believe more effective for Saskatchewan, the provincial legislation including strong enforcement. With respect to denormalizing the tobacco industry, education plus a mass media campaign would educate Saskatchewan residents about the tobacco industry's activities in Saskatchewan. Suing the tobacco industry for loss of life and health of Saskatchewan residents would further denormalize tobacco.

Also we would like to see increased the health districts' ability to deal with tobacco issues and requiring health districts to have staff and budget dedicated to this area. Education — making tobacco education mandatory in schools.

Finally smoking. We thought it might be of interest for the committee to know that we've had much experience with people asking us about smoking rights and smoking being a human rights issue. And so we have talked to the Saskatchewan Human Rights Commission who assured us that it is not in any human rights legislation here or nationally or in other countries, and there's a letter to that effect.

So our final recommendations are to develop the tobacco reduction strategy for the province and to develop legislation to increase the age of . . . for sale of tobacco to 19 years; further restrict the sale of tobacco to minors; license tobacco retailers or restrict the sale of tobacco to liquor or other government outlets; ban smoking in public places; and amend The Urban Municipality Act, 1984 to allow for discrimination among areas.

Allow the health districts to use The Public Health Act, 1994 to protect residents from second-hand smoke, ban smoking in the workplace, ban smoking in family child-care homes. Also to promote smoke-free homes for the health of children and others and denormalize the tobacco industry through education and mass-media campaigns.

To take legal action against the tobacco industry with respect to loss of life and health, make education about tobacco mandatory in Saskatchewan schools, and increase health districts' ability to develop and implement tobacco reduction strategies. Finally to facilitate distribution of nicotine-replacement therapy and other smoking-cessation products.

Thank you very much for the opportunity to present.

The Chair: — And thank you, Ms. Greaves. I have a couple of questions but I'm going to defer if there is some member that would like to go first. Doreen, would you . . .

Ms. Eagles: — Well you go first.

The Chair: — You talked about the Saskatchewan occupational health and safety regulations and you say that they're weak and they do not adequately protect Saskatchewan workers from second-hand smoke. What would you advocate in terms of changes to that Act to strengthen it?

Ms. Greaves: — I think in order to protect workers from second-hand smoke, you virtually have to eliminate second-hand smoke from the workplace. Health Canada says there's no safe level of second-hand smoke. So you either have to ban it entirely or create designated smoking areas which have to be enclosed and separately ventilated to the outside.

But quite frankly the trend is towards banning smoking in workplaces. There are many workplaces that already have this implemented.

The Chair: — Do you think this should be done through the committees — occupational health committees?

Ms. Greaves: — You mean the implementation or . . .

The Chair: — Or that . . . in the . . . (inaudible) . . . of this concept of local control of their own situation. I believe now they have . . .

Ms. Greaves: — You mean the writing of the legislation or the implementation of the legislation?

The Chair: — The . . . No, instead I guess what I was thinking of is that right now I think that it's sort of a "may" clause — they can get together and regulate if they so wish. And instead though we could . . .

Ms. Greaves: — I think it puts an awful lot of power in the hands of people who are themselves workers, and many of whom smoke. I rather suspect that sometimes these situations are set up where certain people have power and certain people don't have power. I think to be equal, you have to supply a healthy environment for everybody and at that.

The Chair: — Okay. Then when you're dealing in this section on talking about taking care of children and you refer here to providers of child care, are you extending this . . . are you including in that definition parents as well? There should be no smoking in homes, private homes, where on the part of the parent who is the home care provider, or are you talking about public?

Ms. Greaves: — We're talking about family child care homes as defined under The Department of Social Services Act and these are homes where the caregivers are being paid by other parents to care for children. And there is no regulations right now to protect children from second-hand smoke in those situations.

The Chair: — Thank you. Earlier, on page 3 in your submission, you talk about ventilation and you say that experts in the field say that no workable ventilation system can create a healthy smoke-free environment. Can you identify what experts?

Ms. Greaves: — We were actually discussing this sentence yesterday because we didn't know how to say that these are experts in the field of ventilation and in health who have said in order to create an absolutely smoke-free environment you would have to have wind gusts so strong that it wouldn't be workable to be in the situation. So that's what we mean by that.

The Chair: — Is it in the documentation anywhere, in your documentation?

Ms. Greaves: — It isn't but I certainly could get you some information on that.

The Chair: — I think that would be helpful.

Mr. Wartman: — . . . other places to the, I think it's the AES (American Engineering Society) and they've done . . . (inaudible) . . . but I'll have to check.

Ms. Hill: — Is that in the BC stuff . . .

Mr. Wartman: — I can't even identify which . . .

The Chair: — Mr. Wartman believes that we do have access to that information. I have one more question and that is, when you were advising us on what provincial legislation should include, you talked about enabling legislation for municipal smoking bylaws. Do you think that the province would be better served if this enabling legislation was given to health boards rather than to municipalities?

Ms. Greaves: — I'm not sure we have a district policy on this but personally I feel that in some cases, municipalities wish to pass a stronger bylaw unless the province is prepared to ban smoking outright in public places which I believe would be the preferable solution. If they are going to give the opportunity to others, I think it's possible for both to have it. I wouldn't want to see it just municipalities. I think health districts should also have the ability.

The Chair: — Well, thank you for venturing with your personal opinion here. Yes, we'll go to Doreen now.

Ms. Eagles: — Lynn, do you think that individual, private restaurant owners should have a say whether their establishment is a smoking place or non-smoking or sectioned off? Do you think they have any rights at all?

Ms. Greaves: — Not only do we believe it, but in the Regina bylaw — the consultation — we consulted with them and, and had a lot of input from them. And I believe it to a point except that I also believe it's a public health issue.

And so I'm not sure that you would . . . when you're making changes you have to consult, but if you are going to have a situation where public health is being effected . . . We don't see consultation with regard to having clean plates and with regard to other public health measures. But since this is something new, we do have to have consultation in order to move forward on it. But it also has to be recognized that it is a serious public health issue.

Ms. Eagles: — Well I'm . . . I know what you're saying but I

don't think you can compare clean plates with smoking because, I mean, you don't say that I'm not going to go to this restaurant because you know, you know they have sanitized plates and that in restaurants, so you don't, you know . . . or does that come up in Regina? I don't live in Regina. I mean where I live it certainly doesn't come up.

Ms. Greaves: — Actually, we just did a survey that showed that it did. A lot of people, a quarter to a third of people, are staying home because of second-hand smoke. So restaurants and bars are losing their business. And I believe it's 82 per cent said that if you banned it, they either would go the same or they would go more often. So in . . .

Ms. Eagles: — Okay, so in your presentation you said that 30 per cent of the restaurants in Regina were smoke-free.

Ms. Greaves: — Thirty-two, yes.

Ms. Eagles: — Yes. So I mean, in order to get the other restaurants to come on board without passing legislation couldn't you just say, hey if you want to, you know your business certainly won't decrease. It probably will increase.

So we don't even have to pass this legislation. This is just what happens if you go smoke-free. I mean do you, don't you think that if they were seeing such a big increase in business in other restaurants that were smoke-free, that the ones that were allowing smoking would automatically go.

Ms. Greaves: — Some do and some don't. It's my impression that in Saskatchewan we're quite polite people here. And it's been my impression that people will phone us up and complain but they won't phone the restaurant owner.

Ms. Eagles: — Okay. Thank you.

Ms. Greaves: — That's part of the problem.

The Chair: — Thank you very much. We have time then for one quick question.

Ms. Higgins: — Quick question.

Thank you very much for your presentation. You had made a comment early in it that youth overestimate the number of people that smoke.

Is that within your peer group or within the whole population? And do they assume by that that it is more publicly acceptable?

Ms. Greaves: — I believe that's the case. They perceive that smoking is very publicly acceptable and is part of life.

And quite frankly, that's the role of the tobacco industry is to normalize tobacco, and that's why I think Health's role is denormalize it. Because we have even now billboards and things down Albert Street saying, go your own way, and with the tobacco industry logo on it. Well, if you go their way, it won't be your way — it will be their way. And the addiction will . . . if you become addicted, you'll die — 50 per cent will die prematurely too.

So the whole role of the tobacco industry is to normalize tobacco. And if nothing is done, kids will continue to see tobacco as the normal thing to do. And it only takes a year or so and they're addicted and nothing can be done.

Mr. Wartman: — Myron, I wasn't here for the presentation, but I do have a question that you might be able to help with. Imperial Tobacco sent me some promotional material, and one of the points that they made in their material was that according to a WHO (World Health Organization) study — I think 1998 — there was no evidence that ETS (environmental tobacco smoke) is a carcinogen. Do you have any comment or challenge to that statement?

Ms. Greaves: — Well, the World Health Organization doesn't agree with them.

Mr. Wartman: — So they've misrepresented the position of the World Health Organization in that document?

Ms. Greaves: — No. They've misrepresented the factual information.

Mr. Wartman: — Okay. Thank you.

The Chair: — I want to thank you very much.

Ms. Greaves: — Thank you.

The Chair: — And the committee would now be pleased to hear from Katherine Ross.

Ms. Ross: — Hello. My name is Katherine Ross.

Ms. Koehler: — And I'm Lynn Koehler. I'm just here to give Katherine some moral support. I'm her aunt, and I've been her mentor in a project that she's worked on in Fort Qu'Appelle.

Ms. Ross: — I am a grade 9 student currently attending Bert Fox Composite High School in Fort Qu'Appelle, Saskatchewan. I am concerned about the health of my community.

I can't even go to my local rec centre and enjoy clean air. I've been trying for over a month to get the Fort Qu'Appelle's rec centre declared smoke free. It's something that's very hard to accomplish, and I'd appreciate if the provincial government would help my and others' attempts to rid smoking in our province.

The steps I've taken in my community include contacting Lila Banks, the owner of the recreational centre in Fort Qu'Appelle. I have her support. I also contacted my local health promotion and education worker, Tanya Benson, to get statistics and her support. I am currently circulating a petition amongst my community.

Another issue that disturbs me is how cigarettes, an abnormal product, are advertised in your face like bubble gum.

The past three years I've been taught that cigarettes are a lethal product that damages my health. And because of that knowledge, I'm expected to make the right decision and not smoke when every time I look around I see smoking advertised

so freely and normally. How can teens be expected to make the proper choice with such a controversy?

If the provincial government keeps treating smokes like a normal product, then all the tobacco education in the world will not change these perceptions and use of that product.

I've noticed when a youth enters a store, they are quick to notice a big wall of red or blue-and-white packaging displays for cigarettes. I also think that if alcohol is sold in a separate store for that purpose only — like a liquor store — cigarettes, which are a highly-addictive drug, should not be treated like a normal product and sold alongside of candy, chocolate bars, gum, stickers, and other youth products in convenience and grocery stores. They should be treated like alcohol and put in their own stores so youths don't have them in their face.

I appreciate you listening to my concerns and hope that I've accomplished something.

The Chair: — Well, you certainly have, Katherine, and thank you very much for coming. And I'm kind of impressed that you've done all this work. How did you come about to do this?

Ms. Ross: — Actually, it was an assignment for my health teacher, Ms. Fitz.

The Chair: — Are you hooked now, that you're going to continue working on this advocacy?

Ms. Ross: — Yes. I'm going to continue.

The Chair: — Good for you. Good for you. Have any committee members have any comments or questions?

Ms. Eagles: — I just think Tanya should be, or Katherine I'm sorry, should be commended for her work. And I'm in sports facilities where there are a lot of kids; I mean it isn't healthy for them to be in that smoke and I, I just wish you the best of luck.

Ms. Ross: — Thank you.

The Chair: — Do you think there's any chances of, of a SWAT group getting started in your school?

Ms. Ross: — I don't know.

The Chair: — Not sure.

Ms. Ross: — I'm not sure.

The Chair: — All you have to do is find two or three other students and you've got yourself a little nucleus. And it sounds like you've got a support group right, a support person beside you. So good luck and thank you very . . . Oh, we have one more question from Debbie.

Ms. Higgins: — A quick comment. I had made the comment that you have been working on this for over a month. At your age it may seem like a long time to work on something for a month and not gain very much, but it's not really. So keep up the good work and build on your group larger.

Ms. Ross: — Thank you.

The Chair: — You are now recorded into the *Hansard* of the Saskatchewan legislature.

Well thank you very much. The committee will now recess and will resume at 2 p.m. and our first presenter will be Rob Cunningham. We'll make a judgment call at that time. If we have some new people in I'll go through the presentation again; if we don't have a different audience, then we'll go right into Rob's presentation.

Thank you very much.

The committee recessed for a period of time.

The Chair: — Let's proceed directly with submissions to the committee and here is the order that I have before me: Rob Cunningham first, and then Doug Lambert, followed by Craig Dotson, Yvonne Graph, Tom Fuzesy; then Larry Bird, and then Winston Knoll High School is due here about 5.

I would remind presenters that we have done is scheduled about approximately 20 minutes for each presenter so it would be good if we . . . We've been holding fairly close to that although we have some flexibility if there's certain new information that we haven't heard before.

So Rob would you please start and just identify yourself and carry on.

Mr. Cunningham: — My name is Rob Cunningham. I work as a lawyer and senior policy analyst with the Canadian Cancer Society's office of public issues. I'm also author of this book, *Smoke and Mirrors; the Canadian Tobacco War* which looks at the history of the tobacco issue in Canada.

And I'd like to thank you, Mr. Chair, and members of the committee for the opportunity to participate in these very important hearings. I think your deliberations inevitably will play an important role in the evolution of the tobacco strategy in this province.

I have a number of things of written material. I fear it's not going to be information overload, but I was hoping that to give maximum assistance to you because I know your deliberations are going to continue for some weeks ahead and you would have these on file.

I would like to table a copy of my book for the committee. The written submission that you have from the Office of Public Issues *Controlling the Epidemic: A Submission to the Special Committee on Tobacco Control under the Legislative Assembly of the Saskatchewan*.

Perhaps I can refer briefly to some of the components of this. Tab 1 contains recommended tobacco control action items for the province. And I'll come back in more detail and I would certainly welcome any questions that you would have.

Tab 2 contains a draft Bill that Saskatchewan could consider adopting, this committee could consider recommending, drafted especially with Saskatchewan in mind. It was done a couple of

years ago; that's why you have the 1998 date. But I think that this Bill attempts to present a comprehensive legislative response on the tobacco issue.

Tab 3 contains a summary of existing Canadian tobacco legislation at the federal/provincial and territorial levels. Often, there's a question as to exactly what measures are in place elsewhere, and I just hope that this would be a useful reference.

Tabs 6 to 12 contained a number of recent reports of committee investigations or other analyses of the tobacco issue and recommendations. Tab 6 is from Expert Panel on the Renewal of the Ontario Tobacco Strategy prepared for the Ontario Minister of Health, completed a year ago. And there is a comprehensive list of recommendations which I think would be of interest to you as you consider recommendations for Saskatchewan.

Tab 7 is a discussion paper prepared in Manitoba — *Reducing Tobacco Use* is the title — by a committee that included the provincial Department of Health and a coalition of health organizations. It contains extensive possible measures that could be implemented.

Tab 8 is a very significant 1999 report from the World Bank, a very conservative institution recognizing economic benefits of tobacco control, recommending higher tobacco taxes, restrictions on smoking, package warnings, and other measures. Ban on advertising and promotion. A very, very authoritative and informative report, including the references that are contained in it.

Tab 9 contains resolutions from the ninth World Conference on Tobacco and Health in 1994. This resolution contains proposed components of an international strategy for tobacco control, many of which will sound familiar to you based on the other reports and recommendations being put forward to you by witnesses before the committee.

Tab 10 is *Best Advice*, recommendations from the Addiction Research Foundation of Ontario.

Tab 11 is a report by the Ontario medical officer of Health in terms of tobacco control.

And very interestingly, tab 12 is the 1969 report of the House of Commons Standing Committee on Health, Welfare and Social Affairs — really the first modern era investigation of what to do in terms of the tobacco issue. And some of the language, some of the recommendations, some of the forcefulness of the words of that committee still ring true today.

Unfortunately, some of their recommendations made more than 30 years ago, such as a total ban on advertising and promotion, have yet to be implemented. And that's something that this committee could also address.

Turning then to tab 1. And I'd like to highlight a number of things in terms of the recommendations in this submission to the committee, one of which is taxation, a very, very important measure. I think tobacco taxes could be increased in this province without the risk of smuggling.

There's a particular problem with roll-your-own tobacco where you have a much lower rate of taxation. I just purchased this product today in Regina and it can make something like 350 cigarettes for \$31. A normal carton would cost \$48, including all taxes. So on a per unit basis, a roll-your-own cigarette can be sold at a 70 per cent discount. That is resulting in people that would otherwise quit remaining in the market and consequential higher disease and death down the road. This is an opportunity that could be addressed — something that British Columbia has already done.

In terms of smoking restrictions, I've seen previous proceedings of this committee, how this has received a lot of attention. I would like to echo the recommendation for a total elimination of involuntary exposure to second-hand smoke in workplaces and public places. And just to note for your information, tab 4 contains a list of those municipalities in Canada which have already adopted bylaws to prohibit smoking in bars and/or restaurants with a date of implementation.

At the present time we have 40 municipalities requiring smoke-free restaurants with 26 that are currently in force. Some of those municipalities have a population greater than the province of Saskatchewan. And of course, as you know, British Columbia has a province-wide ban.

But there is a growing movement — and if we look at some of the municipalities, some of them are small communities, rural Alberta, Pincher Creek, Magrath, Taber, Lethbridge, I mean, you know . . . and we have much larger communities such as Vancouver and Toronto which have — maybe there's implementation dates to come in the future — but very different communities, different parts . . . even Yellowknife in the Northwest Territories where it's colder than the southern parts of Canada has adopted something with a future implementation date.

With respect to tobacco promotion, I would like to table with the committee, a four volume set, a very comprehensive compilation of evidence as to how tobacco advertising and promotion increases consumption. Saskatchewan has an opportunity to do what some other provinces have done in terms of having provincial restrictions on marketing. BC has some, Quebec has very extensive, New Brunswick has some to complement the federal Tobacco Act and to act in areas where they have not acted.

An important area is retail displays. You could have a countertop display of cigarettes immediately beside hockey cards or candy, and that's simply unacceptable that children grow up seeing cigarettes displayed in this manner. You could have a power wall of cigarettes seen by everyone — smoker or non-smoker, children, adult — going into stores, and that increases the perceived popularity of cigarettes that's very deceptive.

Tobacco companies are increasing their efforts in this area as other avenues of marketing are closed. We know that there's lots of research from other consumer products that if you have good display, it increases sales. That's why you want Captain Crunch cereal at eye level for kids because it increases sales when it catches their eye, and you get the spontaneous purchases so on and you get increased sales.

Another area is sponsorship promotions. A lot of the sponsorship promotions seen in Saskatchewan are for events that may be thousands of kilometres away. They're not really promoting events. They're just promoting a lifestyle image associated with the tobacco product.

That is something that is easy for this province from a constitutional point of view, from a practical, impulsive point of view, to address in the three-and-a-half-year transition period before the federal law has a total ban on October 1, 1993.

Recommend that the committee adopt enabling authority to regulate packaging — something that several other provinces have done, including neighbouring Manitoba, Ontario, Quebec, British Columbia are in that list.

Recommend that the committee adopt measures and enabling authority over product design. In our society, we have strict regulations on automobiles but we have no regulations on the design or the content of a tobacco product. Even though the number of deaths is many, many times more for tobacco.

And we have a situation — I just purchased these in Regina today — where you have chewing tobacco that tastes like cherry or you have chewing tobacco that tastes like spearmint. I'll pass these around so that members of the committee can just smell how this very much seems like . . . (inaudible) . . . if they are so interested.

But it is unacceptable to me that tobacco companies can market a product with candy flavouring. We know that it is easier for children to take medicines when they're nicely flavoured. It's also easier for children to consume smokeless tobacco, chewing tobacco, when it's got a candy flavouring. And if a person puts it in their mouth, the first thing they get is the candy flavour and then over time you get the nicotine hit.

There are some that are contained in little pouches that make it easier for a starter to begin. So they don't have the loose tobacco that's moving around in their mouth.

The consumption of smokeless tobacco is much higher in Saskatchewan than in the national average.

Recommend that point-of-sale messages, health warranted point-of-sale, be adopted as some other provinces have done. Eliminating the sale of tobacco from pharmacies — completely unacceptable. It's not done very much anywhere in the world outside of North America, and we have four provinces — Ontario, Quebec, Nova Scotia, and New Brunswick — that have addressed that issue. Eliminating the sale of tobacco to minors through effectively worded legislation with well-drafted enforcement provisions.

Right now, in terms of the programming and education efforts of the Saskatchewan Department of Health, I think that they would be of very much of concern to members of this committee to know that the annual tobacco control budget is just \$20,000 — for the leading preventable cause of disease and death in this province. That's just 2 cents per person per year.

There's a real opportunity to follow the dramatic success in California and Massachusetts where they've had per capita

tobacco control budgets of 4 and \$8 respectively, in Canadian dollars. And it's had a tremendous impact in reducing adult per capita consumption far greater than the national average. And we've seen how Saskatchewan is behind other provinces in Canada in terms of their programming efforts.

In terms of medicare cost recovery suits, just to point out that in the submission today at tab no. 5 there's an article of mine which discusses various options as to how this could be pursued. Manitoba, Ontario, Newfoundland have all announced their intention to sue, and of course British Columbia has already filed the lawsuit.

There was a judgment this week of the B.C. Supreme Court. Despite the news reports, the government was substantially successful in defending the constitutionality of their provincial Act, the tobacco damage and health care cost recovery act to facilitate their lawsuit. And I think that would provide encouragement to other provinces, including Saskatchewan, to follow that lead.

We see how tobacco manufacturers which have no presence in this province — no tobacco farmers, no factories — they take their profits out of the province. Saskatchewan residents, Saskatchewan taxpayers, pay the medical bills and that's unjust enrichment, and there's an opportunity to address that.

I welcome your questions. I know I've raised a lot of issues, but please don't hesitate to ask anything where you think I may be able to be of assistance.

The Chair: — We'll start with Doreen Eagles.

Ms. Eagles: — You said you'd like to see tobacco banned — the use of tobacco banned in public places. How do you define a public place?

Mr. Cunningham: — Well it would not include . . . it would be enclosed areas that would not include private dwellings. I think if you had workplaces and public places it would include other places. It would not include a vehicle used for private purposes, but it would include a police car or a hydro vehicle that had several occupants. Or it would include public transit.

Ms. Eagles: — What about a bar?

Mr. Cunningham: — Certainly the recommendation is from a health point of view that there should be an elimination of second-hand smoke exposure in bars for the sake of the health of employees. It needs to be done. There are studies that show that their health risks are much greater than people who do not work in a hospitality sector.

And also it's just simply unfair to a woman who becomes pregnant while working in an establishment and she's forced to make a choice to either quit her job or to expose a fetus to harm. And that's discrimination against women that we in society find unacceptable and indeed illegal under provincial human rights codes. The same for a person with asthma who would like to attend a particular music group but they can't because of their physical disability. Or a child that wants to attend a birthday party at a restaurant not a bar — that's another type, an example of discrimination.

Ms. Eagles: — Thank you.

The Chair: — Deb Higgins please.

Ms. Higgins: — We've heard a few people comment that Saskatchewan is quite a bit behind in our legislation. How far behind would you say we are and where do we sit on the scale?

Mr. Cunningham: — How far behind? How about 1896? Of course that's the date when the existing The Minors Tobacco Act was passed. It remains on the books. It's, you know, abysmal in terms of comparison to what other provinces have done.

I know that in 1994 the government introduced a Bill, Bill 68, The Young Persons and Tobacco Act, that would have improved things, but it didn't get past first reading. There wasn't opposition to the Bill. It just didn't happen.

There is tremendous public support for measures. I know that there are certain areas that draw more attention, such as the restrictions on smoking in bars. And that's been an issue and undoubtedly will be the subject of further committee hearings in terms of witness representations.

But in terms of other issues, such as eliminating the sale of tobacco in pharmacies, eliminating vending machines, requiring warnings at point-of-sale, having a regulatory framework over the packaging and the product, Saskatchewan is just not on the map. There's just nothing in place.

There is measures in terms of smoking restrictions. In British Columbia they're stronger, but also in Quebec where the workplace smoking restrictions are far stronger despite the fact that smoking is far more socially and culturally accepted in Quebec than in either urban or rural Saskatchewan.

Mr. Wartman: — Well you said the tobacco control budget is \$20,000.

Mr. Cunningham: — Yes.

Mr. Wartman: — For Saskatchewan?

Mr. Cunningham: — Yes.

Mr. Wartman: — You didn't say whether it was national or provincial.

Mr. Cunningham: — For Saskatchewan, yes.

Mr. Wartman: — Okay. And does that . . . what does that apply to? What areas of work does that tobacco control budget apply to?

Mr. Cunningham: — Is this for the current fiscal year. And I understand that there's \$16,000 for printing of materials and there's \$4,000 contribution to the National Clearinghouse on Tobacco & Health.

In addition there are two people who together have one full-time equivalent person, in terms of officials within the ministry of Health. But that's it.

Mr. Wartman: — And those officials would be responsible for . . .

Mr. Cunningham: — Working on tobacco, but . . .

Mr. Wartman: — Not enforcement?

Mr. Cunningham: — Well no. Certainly there's no activity by the provincial government to enforce The Minors Tobacco Act at the age of 16. The federal law is 18. It's the federal government which is on the ground. So no enforcement.

Now I don't know, in terms of health districts, what money they may be spending. My understanding is that it varies and it's typically or very often very poor. My understanding is that there's no mandatory core program for health districts on tobacco, as you find in British Columbia, in Ontario, and some other places. It really should be at the local level.

Mr. Wartman: — One other thing that hits a lot of people when we walk into stores, if you pick up a magazine, a lot of the magazines come in from the States and there's a massive amount of tobacco advertising in them. Is there any work being done currently that you know of to try and bring a ban to that type of advertising?

Mr. Cunningham: — Well if it's a split-run publication, where they print separately in Canada such as *TIME* Canada or print separately for the Canadian market, then they would be subject to the restrictions in the federal Tobacco Act. I know that there are efforts by the health community in the United States to ensure that there are much more significant restrictions on marketing.

Now there is a food and drug administration regulation that is pending in terms of its applicability. Should that become . . . should that be fully enforced, there will be more restrictions on print advertising than we currently see.

I think it would be problematic for Saskatchewan to attempt to regulate all print advertising because of the large proportion that originates outside the province. But there could be things done for things that are printed in the province, a weekly entertainment publication, which has a large youth readership typically and lots of tobacco sponsorship advertising, typically.

But there's other things that we see in terms of sponsorship advertising that could be actively addressed.

Mr. Wartman: — Thank you.

Mr. Cunningham: — One thing, Mr. Chair, perhaps I could leave with the committee for one of your future hearings — where you may have a moment — I had some television commercials prepared in the United States by Massachusetts and California, and they're successful campaigns. Some by British Columbia that have been used. These are potential things that could be aired if there were resources available in this province. So I'll just, I'll just leave these with the other things I've tabled with the committee.

The Chair: — One more question. You indicated that you thought we could . . . that Saskatchewan could control

packaging?

Mr. Cunningham: — Yes.

The Chair: — What kind of a package would you recommend?

Mr. Cunningham: — Well I think it would be good to have the regulatory authority. Ultimately health groups have recommended, and some of the material that has been provided to you recommends, plain packaging. Many provinces feel that for plain packaging they would like to have a number of provinces co-operate and adopt measures together if and when they get to that point.

A particular measure that could be done in Saskatchewan — and I know it's under consideration by the Department of Finance — and the federal government and provinces and federal — provincials have considered is to have a tax marking that is specific to the province. So that's right on the package, not just on the plastic cellophane tear tape that we now have so when you open it the marking for Saskatchewan disappears.

And you could have markings for on-reserve, off-reserve. I know that there are legal issues right now in terms of the applicability of Saskatchewan tobacco taxes, provincial tobacco taxes for sales on reserves, but markings could help address that.

I think it would be very desirable as well to have provincial health warnings that could be specific to the province. Perhaps they could have a particular message for the aboriginal community that may have more impact because there is a higher First Nations population in this province than elsewhere. So these would be options that could be considered if there was a regulatory framework.

The Chair: — Thank you. Well you've given us information. I'm sure we could ask questions for several hours on, and it sounds to me like you'd have answers for several hours as well. But I think our time is up. So thank you very much for this and all the information that you're supplying the committee.

Mr. Cunningham: — Thank you, Mr. Chair.

The Chair: — Thank you.

Mr. Cunningham: — And members of the committee, thank you.

The Chair: — And next the committee would like to hear from Doug Lambert.

Mr. Lambert: — Mr. Chairman and committee members, I believe you have before you just a brief background paper that we put together. Really the way we approached this was just to give you some background information on the tobacco tax, the rates, and a little bit about how it's collected.

And I don't really have a formal presentation although I'll maybe just give you a little bit of background on The Tobacco Tax Act, 1998 in the province and any questions that may come out of here with the material that I've presented or what I discuss here would certainly be . . . I'd be certainly prepared to

answer.

The tobacco tax legislation in the province was first introduced in 1965. Prior to that the tobacco taxes were taxed under The Education and Health Tax Act at the retail level. In '65 it was moved to a fixed rate of tax under a tobacco tax Act where it was pre-collected basically at the wholesale level and that's the way it is currently handled.

We have approximately 38 licensed wholesalers and the three or four major manufacturers from central Canada are also licensed with us because they occasionally do drop shipments and the like so these firms are required to report and pay the tax to us by the 20th of each month based on everything they've purchased in the preceding month.

The tobacco tax legislation was largely unchanged until about 1998. There were various amendments made over time but we did a complete overhaul in 1998 and there were a number of reasons why we looked at it. The new tobacco tax Act actually came into force January 1, 1999. The main thing we were looking at was how the tax was being collected, how it was being described as being collected, because you can't impose an indirect tax as a province. It has to be a direct tax. In other words it has to be the actual purchaser that pays the tax.

And the way our previous legislation was worded, and our Department of Justice had advised us on a number of occasions, we should really clarify more exactly how the tax was being collected. And on previous legislation we talked about deputy collectors as being retailers and collectors as being wholesalers. We changed a lot of that based on Justice advice and basically still accomplished the same thing whereby the tax is pre-collected but is less subject to the constitutional challenge on the way that it's being handled. Because ultimately the consumer or as we refer to a recipient in The Tobacco Tax Act, 1998, ultimately pays the tax.

So one of the main thrusts of changing the Act was to address constitutional concerns of how it was being collected and administered and described as such. The other area that we were looking at is we had to update the legislation with respect to our enforcement measures. A number of our provisions weren't really compliant with the Charter of Rights and Freedoms and we had to revise those provisions. And also the impetus behind that was the smuggling problem that was created for the western provinces in 1994 when the central Canada and the federal government lowered their taxes substantially and then we became, you know, a stomping ground I guess for tobacco coming in from Eastern Canada.

And 1994 was an active year for us. At that time we worked very closely, and still do, with the four western provinces in putting together a strategy to combat tobacco smuggling. One of the issues and one of the measures we implemented at that time was to bring in province-specific marking on the tear strips that you'll see on your packages of cigarettes. Those little brown slips that refer to, for sale in Saskatchewan, for sale only in Canada, Saskatchewan duty paid, tax paid.

That was brought in in '94. We also, at that time, got some federal resources. We got a couple of employees that worked with us for about three years in helping us address the tobacco

smuggling problem. And we also assigned three people at the time, so we had five people at that time looking at the tobacco smuggling issue.

The big problem that really surfaced was the mail order problem. There was something like over a hundred different firms that sprang up in Eastern Canada and advertised cheap cigarettes for the western provinces. So we worked closely with our neighbouring provinces, and basically over time that smuggling problem I think has gone down significantly from what it started out in say '94, '95, '96. One of the key measures was the federal government introduced legislation to prohibit mail-order cigarettes sent through the mail and that really . . . that did help. It helped stamp out a lot of the mail order firms that we're having problems which was, like I say, was one of the major sources.

We still have some, occasionally, bulk shipments that come through and we work closely with the RCMP and between them and ourselves we have been able to intercept a certain . . . a reasonable amount of quantity of it. Hopefully . . . we feel our tax rates haven't had a real negative impact on our consumption and the smuggling problem hasn't been really severe in Saskatchewan in that our tax revenues have remained relatively constant since '94. In fact in some years they actually increased a little.

BC, on the other hand, has a much more significant problem and it may be because they're the highest taxed province. We're third highest in terms of tobacco tax rates right now. We have the third highest cigarette tax, the third highest cut tobacco rate and I think we are the highest in cigar tax rate.

One of the things we do in looking at tax rates is we do keep a close eye on the smuggling concern and also what our neighbouring provinces are doing. The concern being is, if we get too high relative to the other provinces, we just become a haven for smuggled product and really that's what has happened in BC. The problems that Ontario and Quebec were experiencing six, seven years ago are really more . . . they're not as severe in BC as they were in Ontario or Quebec, but they're certainly up there. They do have major smuggling problems.

Manitoba, Saskatchewan, and Alberta also have smuggling problems because the four of us kept our tax rates up when the central provinces reduced theirs. But our problems aren't nearly as severe as they are in British Columbia. So we do monitor the tax rates to try to be somewhat competitive and don't get way out of line.

There was some reference, I think Rob had mentioned, when they cut tobacco, that's perhaps an area that could be addressed without having a major smuggling problem. It seems to be cigarettes is the main thing that ends up being brought in from the other jurisdictions. Although, if you get out of line in any one product too much, you still leave yourself open for potential problems in that area.

As I mentioned, the comparison of the tax rates are attached in the document that I gave you of the different provinces. Also I gave you, attached, a breakdown of the components of a price of a carton of cigarettes.

The tobacco tax revenue for 1999-2000 is budgeted at about \$125.8 million. When we brought in our legislation in 1998, effective '99, we certainly increased the fines for anybody who does get involved in smuggling, so the deterrent is there. We updated that substantially; and anybody caught counterfeiting tobacco, we have a fine of up to a million dollars. We haven't encountered that here so much although it's happened in, certainly British Columbia, Ontario, Quebec, where individuals have gotten organized rings going and counterfeited the markings on the tobacco products.

We've had a little bit where we've seen what they call fishing, where somebody pulls the Saskatchewan tear strip out and puts in, or sorry, they pull out the Ontario strip and then put in a Saskatchewan strip to make it look like it's Saskatchewan tax paid. But then they do a little messy job because the cellophane's ripped and so forth. We found that on two or three cases, but it's not a substantial abuse problem. But enhanced marking, I think Rob had referred to it, we're part of a committee that, the western . . . well all the provinces and federal government have looked at the whole area of marking and have been dealing with the major tobacco companies on this for about the last year and a half. And basically the manufacturers have been co-operating with us and are looking at enhancing the markings. It's just a case of, I guess for them, of timing and cost to implement it, but they are looking at making some improved features. And again those will probably be more of real benefit to provinces like British Columbia where they have extensive problems with the smuggling.

I think that sort of covers the main points that I have to raise, and I guess maybe I'll leave it open to anybody that has any questions on either the material or information that I've provided here today.

The Chair: — Thank you very much.

Mr. Wartman: — Thanks, Doug. Doug, there's concern of course that we might get out of step with other provinces if we significantly increased our tax. But I'm wondering if we also restricted our point of sale, whether we would still run into the same kind of problems with smuggling. What I'm thinking is, if we try to do some kind of a full cost . . . health cost recovery on the pricing of cigarettes, maybe put them up to — I don't know whether that would take doubling the taxation approximately — if we were to do that and we were to restrict sales to licensed outlets, just for instance to liquor board stores, do you think that smuggling would still be a major problem if the point of sale is restricted?

Mr. Lambert: — Well I think if the tax rates get way out of line there's still that potential problem. And whether you say tax rates or you set a minimum price or look at that as another concern if, you know, have something that says you can't sell it below a certain level, but it would still be a concern.

To what extent? You know one thing that we have in our favour in Saskatchewan is that in a sense is that we don't have any really large centres like Vancouver, Toronto, Montreal, where that tends to be the type of areas where the major smuggling tends to occur. At least we're small enough, our cities, that usually when we hear of black market tobacco we're able to get on it reasonably quick and people tend to pass that information

around so between working with the RCMP we can generally shut it down. But there's still that potential problem, you know, how big it might be. You know, I guess it would depend on how big the profit margin might be in terms of making that tax difference.

Certainly in '94-95 was a significant problem for us, particularly with the mail order. Like I say, it's diminished somewhat in the last year or two — but whether we're just getting a better handle on it or some of the things have come together a bit — but to say how significant a loss we might . . . you know, I really couldn't give you a dollar figure of where that magic figure might be. I just say it could be a potential concern.

In terms of setting something up like liquor control or something, or licensing stores, specific stores, that has another whole set of problems probably more that aren't tax related; more that it would be related to the business concerns of, you know, businesses that would use this as a loss leader and so forth to get people into buying the other products may have a concern with that.

Mr. Wartman: — I'm thinking more specifically of if it were only available through Liquor Board stores, tobacco products only available through Liquor Board stores so that you don't have this wide net of distribution that is currently available. Would smuggling still be the same kind of a problem if we increased the price significantly?

Mr. Lambert: — I don't think that that would really help our smuggling problem because, if the price was really significantly increased, people would just go to Alberta, Ontario, Quebec, wherever to get their product. I mean they could still do that. There are some networks that have been arranged and set up. Like I say, we get a hold of them or find out about it and we try and shut it down, but it's been relatively low-scale operations in Saskatchewan compared to, say, some of the bigger provinces but the potential's still there.

So I think it's still a potential problem. How big it might be, you know, it's hard to say. You have to kind of look at the situation. But I think any time you get a major price difference, people are going to shop around and see where they can get the cheapest source of cigarettes.

Right now, for example, with Ontario and Quebec still being quite a bit lower, it's a problem. If they would somewhat, you know, raise their rates up to the rest of the standards of North America that would help a lot. But then again if we were to double the price of ours or something, then you run the risk of that smuggling problem.

You know, I just . . . to what extent we can control it, I can't really say. I think it would be problematic though if we got too far out of line. There's a lot of money to be made in it.

The Chair: — Thank you.

Ms. Eagles: — Thank you, Doug. Just one comment. I do agree with you that higher taxation on cigarettes would probably lead to more smuggling and not only from other provinces but also from the States.

I live about 15 miles from the US (United States) border and it's happening all the time, you know, whether it's gasoline or whatever. And I'm sure if they jacked the prices of cigarettes here, people wouldn't hesitate to go down there to buy.

The Chair: — With respect to smuggling, is there a differential in price on one or two First Nations reserves at the time?

Mr. Lambert: — We have two pilot projects that we've had for some time on two of the First Nations where they basically can get the benefit of exempt tobacco products on those reserves. But the way we operate it is reasonably well-controlled because it's tax paid in . . . the retailer buys tax paid from the wholesaler and the retailer, really the band-owned stores apply back to us for a refund. And what we've found over time . . . originally they were passing most of the tax savings on to their consumers when they first started, but right now, like, for a carton of 200 cigarettes you're talking \$17.20. They were probably selling . . . they were maybe keeping about \$2 of that and passing on say \$15 to the consumer, roughly speaking.

Right now though, as time has passed, both of those First Nation stores have cut their prices virtually competitive with off-reserve prices, so what they're doing with the revenue is they're keeping it for band-approved projects and so forth. So they're really . . . right now on those two reserves, isn't really a cheaper source of tobacco, or if it is, it's very much . . . it's very close to what the off-reserve rate is. In fact, I've had people phone and complain that gee, you know, we understand we have this exemption but we're paying more here than if we go into town so . . .

But that is largely up to the First Nation band council and Chief to really determine how they handle that. You can't really impose on them what they do with the revenue on that reserve or whether they pass it back on the individual. I mean that's the kinds . . . we've had those kinds of discussions and talked about trying to do that and, ultimately though, we've seen with the two pilot projects they've moved the direction. They realize too it's a source of revenue for them and for the most part they're responsible. They don't want to have cheap cigarettes to underaged, or to anybody for that matter.

So those two pilot projects have actually worked reasonably well, but that's a . . . We're, I think, the only province in Canada that hasn't provided the fuel and tobacco tax exemption on reserve. Which of course section 87 would indicate that was the direction to go. But it's an ongoing issue with us obviously.

The Chair: — You mention that it's illegal now to mail order cigarettes. Is it also illegal then to get cigarettes over Amazon.com?

Mr. Lambert: — That's a hard one to control because I mean if somebody has it shipped directed by FedEx to their door or something, I mean, you know, how do you do it.

The federal legislation on that, and I'm not really . . . know all the ins and outs of this. It is fairly general, but it was a general provision in there that helped to shut down the tobacco mail order firms per se but for somebody to try and order it through, as you say, Amazon.com, I'm sure that does happen to some

degree and that's a pretty hard one to do anything about, especially if it's just an individual consumer and not somebody who's buying it and turning around and reselling it.

The Chair: — Any other questions from any committee members? I see none so thank you very much, Doug. Thanks for your presentation.

Craig? I don't see Craig, but Jane Thurgood, is Jane here? Then we'll just go to the next one. There's nobody here from the Department of Education at this time. Is Yvonne Graph here? Then is Tom here?

Mr. Fuzesy: — Good afternoon committee Chair and committee members. My name is Tom Fuzesy, I'm from Regina and I represent myself. First of all I'd like to say that I'm pleased to have the opportunity to address the Tobacco Control Committee this afternoon. I believe Saskatchewan has serious problems when it comes to smoking, with the two major ones being environmental tobacco smoke and the prevalence of smoking in our province especially among our youth. I believe the committee has an important role in addressing these issues and I'd like to give some thoughts of my own on them.

The environmental tobacco smoke issue and the banning of smoking in public places was a popular topic of discussion at the first three public meetings of this committee. The number of speakers supporting some sort of public smoking ban certainly indicates that people are concerned about this issue and is a sentiment supported by several public opinion polls done recently.

Given the dangerous components of cigarette smoke — which I'm sure we're all aware of — it makes perfect sense to ban smoking in public places especially where children are present, and it should be banned in order to protect the health of the general public and employees.

I have great difficulty accepting the argument that business owners should have the right to choose for themselves what their smoking policy in their own establishment should be based upon what they think their customers demand. I think this is a logically flawed argument.

First of all, environmental tobacco smoke is most certainly a serious health issue which the general public deserves protection from. If this is indeed a health issue, it then must really be questioned whether a business owner has a right to set their own public health regulations based upon what they desire or what they perceive their customers to want.

As soon as someone opens a business to the public, there is a long list of health and safety regulations which they must follow to respect public health. For example there are regulations to ensure the cleanliness of the kitchen, the safe quality of the food served, and there are also fire regulations to follow.

Each individual owner does not have the right to unilaterally set any of these standards just for themselves, or worse yet ignore them, based upon their own perceptions of their business. Therefore it makes little sense that owners should be able to set their own smoking policy.

If they are given the right to choose whether to allow or disallow smoking in their own establishments, then by logical extension a business owner may in fact be given the right to ignore any health or safety regulation which they feel they don't want to or they don't need to follow.

Some sort of smoking . . . some sort of public smoking ban in Saskatchewan would certainly force a social change that both businesses and smoking customers would need to accommodate. Whenever strong smoking bans are introduced, there are fears from some business owners that they will suffer an economic loss. These fears have always been there in the past whenever strong smoking bans were introduced.

There was a time not so many years ago that it was the social culture to smoke in airplanes, buses, and movie theatres — just to name a few. I'm sure when the time came for these businesses to go smoke free, there was a certain amount of concern about losing business because of a loss of smoking customers. An example of the scare comes from an article in the January 16, 1993 edition of the Regina *Leader-Post*. At the time Regina City Council had recently passed an amended smoking bylaw which in part banned smoking in barbershops, beauty parlours, and tanning salons. An owner of a barbershop expressed concern by saying that banning smoking in these establishments was a very foolish move. He went on to say that business is tough as it is and that he was worried that the no-smoking rule would cost him customers.

However, today in 2000, it would appear that these early fears were largely unfounded and no one can seriously argue that these businesses lose money today because they disallow smoking.

The thought of people smoking in airplanes, buses, movie theatres, and even barbershops — at least in Regina — is as inconceivable today as seeing someone smoking in church.

Years from now when we're enjoying a 100 per cent smoke-free public places, we'll likely look back at these current debates and wonder what the fuss was all about, just as we wonder today about the fears of those early smoking bans.

A smoking ban in public places would have some side benefits beside the primary one of protecting the public and employees from harmful effects of second-hand smoke. First it will begin to denormalize smoking as it would be seen less often in public. It would become less of an accepted social habit and would no longer be perceived as a normal activity.

It is with rather mixed signals that as a society we teach children that smoking is an unhealthy and dangerous activity, while at the same time people are seen smoking all over the place in full public view. Another benefit is that the more inconvenient it is for people to smoke in public, the less likely they are to smoke, and may eventually quit altogether. A smoker who is forced to go outside all the time to smoke may find the inconvenience would be an added incentive to quit smoking or at least smoke less.

I feel a couple of other things can be done to alleviate the tobacco problem in this province. Although better education should be part of the solution, by no means is education by

itself adequate without tough legislation to accompany it. Besides banning smoking in public places, I think restricting the purchase of cigarettes to only where alcohol is sold would put a better control on who is buying cigarettes along with making it more inconvenient to buy them and make it less of a normal social activity. I believe measures like these should certainly be considered.

In closing, I look forward to tough, new legislation to combat the tobacco problem in this province. We live in a province with the expectations that reasonable health measures will be invoked to protect the health of all citizens. We have a right to expect to be protected from the ill-health effects of second-hand smoke and are just as deserving of this protection as the residents of British Columbia or any other place which have tough anti-smoking laws.

Public opinion surveys indicate support for tough measures and it is not beneficial for us to lag behind the rest of Canada or the rest of North America. To quote the last sentence in an editorial in the *Weyburn Review* from February 16 of this year, quote:

The province should also follow BC's example and outlaw smoking in public places to stop endangering the health of the public. It's the right thing to do.

The Chair: — Thank you very much, Tom. Does any committee member have any comment or question?

Ms. Eagles: — I just got a comment. You said that smoking should be banned from all places of business. How far can you carry that? And I'm not saying I agree or disagree with you, but how far can you go with that? I'm a farmer; that's my business. So does that mean on my farm nobody can smoke?

Mr. Fuzesy: — I think any business which is open to the public, and also employees, you know, people who work there, have to be protected from second-hand smoke.

I think in British Columbia and in California their main impetus for invoking a smoking ban was the employees' health. And so I think any public smoking ban has to look at both sets of people who would benefit from it — first of all the public and second of all the employees.

Ms. Eagles: — Okay. Thank you.

The Chair: — You make an interesting comment, Tom, about who should be setting the public health standards and including tobacco smoke as one of the standards that we have to date really not included within the mandate of public health. It's just one of the comments we're hearing more often certainly than I heard before we established the committee. So thank you for that.

Mr. Wartman: — I think just another affirmation too, that a lot of the people who have spoken to us, and I think particularly younger people, some of them even who are smokers have talked about how restricted access would help them not to smoke. And you referred to selling only from licensed outlets which would deal with age restrictions and so forth.

And I'd just like to affirm that that is something that we are

hearing from a variety of sources and is one avenue that I'm sure we'll look very closely at.

The Chair: — Thank you very much. At this time our committee would hear from Larry Bird, if Larry is here. Larry Bird.

Mr. Bird: — Thank you for the opportunity to represent the Hotels Association of Saskatchewan. I've got a package for each of the committee members that expresses our general position as an association. Also with some examples of the effects and effectiveness of smoking bans in other jurisdictions attached to the front of it there.

My name is Larry Bird and I'm here representing hoteliers throughout the province of Saskatchewan, which includes a majority that are located in rural areas. We must remember that this issue affects hotels and restaurants province-wide and we cannot be city-centric when we look at the issue of tobacco control.

There are unique challenges facing hotels and restaurants in rural areas which must not be overlooked. A rash, sweeping decision could seriously affect the economic viability of rural establishments. Some of our rural members believe that 70 to 80 per cent of their regular patrons are smokers.

But even in a larger centre, we may not realize how important hotels are to the social fabric of rural communities. They provide a significant number of jobs, contribute to the economy, and provide a meeting place for the people in the community. If these towns lose their hotels, the social fabric starts to unravel — the job losses, less money being invested into the local community, and the ongoing loss of other businesses. If towns lose their hotel, it pretty much eliminates any chance of tourism or any motivation to build in that community.

And we hope that we can look at solutions that make sense for everyone, solutions that focus on improved health and comfort of patrons, and solutions that allow for establishments to remain fully operational. None of them can afford to lose 70 or 80 per cent of their clientele.

We're not here to oppose change. We believe in the health of our communities, large and small, and particularly we believe in the health of our children and young people. We want to appeal to the committee to find a rational, workable solution that takes everyone's rights into account.

By looking at all angles of tobacco control, we can set a standard for smoking legislation that could become a prototype across Canada. But to do that, we can't jump on the first call for a total smoking ban even if that ban is to occur two years from now. Saskatchewan has a reputation for reaching compromise solutions that balance social well-being with economic viability. That is the goal of the Hotels Association of Saskatchewan.

If we look at some of the statistics from 100 per cent bans in other provinces, there's a few examples I wanted to point out. British Columbia imposed a province-wide total ban on smoking in public January 1, 2000, and already hard data that we have in hand from the BC Yukon hotel association shows

that 540 jobs were lost due to the ban in only six weeks. Payroll losses in the provincial economy was approximately \$11 million in that same six weeks.

Some rural restaurants saw lunch revenues drop from \$1,000 a day to \$50 a day in the early stages of the ban. Rural coffee shops were particularly hard hit, and even some of the high-end destinations catering to foreign tourists on the coast suffered from the ban.

Further in BC, a ban starting in January '99, the hospitality industry in Victoria suffered losses of \$6 million in the first three . . . (inaudible) . . . — this is hard data collected by the hotel association — and \$18 million overall for the year. And this happened despite a mini economic boom in the city of Victoria due to the extended Leonardo da Vinci exhibit that was on there for three months.

What else is happening in BC? Well the jobs lost . . . there were jobs lost. These are entry-level jobs and particularly hard hit were young women that lost their jobs in that category.

As well there's been a large show of non-compliance from establishments across British Columbia and that is not someplace we want to go either. The Worker's Compensation Board, who is regulating the ban, was accused of being overzealous and ridiculous and the situation prompted Opposition Leader Gord Campbell to state that the WCB (Worker's Compensation Board) was out of control in what they're doing.

Similar problems have occurred in Ontario. Occupation health and safety has took responsibility for enforcement in places where a full ban was imposed, including Kitchener-Waterloo region, city of Guelph and the city of Peterborough and Vaughan. Toronto is no longer 100 per cent smoke-free; they have backed away from their ban due to the incredible losses they suffered.

And interestingly enough, there's an article in *The Globe and Mail*, February 2, just a couple of days ago. Kitchener city council, for the double city area there, is set to refund \$100,000 in licensing fees to help struggling charities survive a ban on smoking at bingo halls. Attendance at the 72 bingo halls in the two cities fell by one-third in January as did revenues after they banned smoking in public places. That's somewhere around 13,000 players lost in one month; \$100,000 refund to charities. Again heavy-handed, 100 per cent bans do not work and I guess that's the reason for pointing these things out.

Similar things have been discovered in Ohio, in California; the trend is very loud and very clear. We don't want to see Saskatchewan follow in the footsteps of a very bad idea. We need to take a whole different path that works for the people of this province.

And I guess, in fact, the survey done by the Regina Health District shows that people — a lot of things in that survey showed that there is a lot of disapproval of smoking and that's true — but as many people oppose the banning of smoking in bars as approve it. The survey shows that people would support non-smoking areas in bars, in hotels; our members don't oppose that. Some of our rural members accurately point out that it

isn't always feasible in a small town to have a non-smoking section, and we might have to look at size in relation to non-smoking sections.

One of the things that does stand out in the report is that people — non-smokers and smokers alike — don't like to be bothered by tobacco smoke. They don't like the smell of it. But that doesn't mean that smoking is the issue. It means that the quality of the air is the issue and that's what we want to focus on.

Smoke is definitely an irritant, but do you devastate an entire industry so that an irritant can be removed. I certainly hope not. Groups that are saying — and have said this in all the other provinces — that say that 100 per cent bans on smoking do not result in loss of business are telling a vicious lie to promote social engineering or some other agenda. Smoking in bars is not a health agenda; it's not about health agenda at all. Stopping youth from smoking, now that's a health agenda.

Past examples have shown that with one or two exceptions, business does not increase with a smoking ban, especially in rural areas. To say otherwise is just not accurate and until anti-smoking groups accept that there is going to be business losses, there's little to be gained from any studies or research that they produce.

But in our industry we are concerned about the health risks from second-hand smoke, as is the public in general. I can understand that the public is concerned. We've been inundated with messages telling us that second-hand smoke increases our risk of cancer, AIDS, and other diseases.

And I'm not here to argue the research. I do want to emphasize that a very credible study done by the World Health Organization proved . . . of second-hand smoke shows little or no statistically significant connection between the inhalation of second-hand smoke and lung cancer. And that's a quote direct from the World Health Organization published in the journal, the national journal, of Cancer Institute.

There has been proof that second-hand smoke in the homes of smokers causes an increased risk of cancer but there has been no comparable data done even in smokers, non-smokers, in a smoking workplace, and certainly no data link to make any link at all between second-hand smoke in bars and restaurants and health.

In order to get to the control of the situation, our first preference would be to let hotels and restaurants moderate the situation themselves. We've shown ourselves to be responsible, and I guess an example of that would be the non-smoking rooms in hotels. There is no — at present — no requirement in Saskatchewan to have non-smoking rooms at all in hotels, and yet — on a voluntary basis — hotels are anywhere from one-third to 100 per cent smoke free in this province right now.

When I started in business in Regina 17 years ago, we had, like, four non-smoking rooms at the Seven Oaks motor inn. We now have 102 and that basically fits in with public demand. At the end of the day — when you have eight rooms to rent — you should have some smoking and some non-smoking. If you do, then you're very responsive to the public demand, and that's where we want to be.

Hotels respond to our clientele. That's our business. And it makes sense that people are asking for smoke-free areas. We will try to match the demand. So we respond.

It's a situation that should allow the market to direct itself. But as I said, that's our preferred option; I don't think that we're probably going to get quite the chance to do it that way. We want to eliminate smoke and not eliminate the smokers.

We understand that your committee is facing strong public pressure to take a stand and impose some stricter regulations on public areas. Therefore our second option is to have a reasonable amount of control on tobacco for our members, particularly in lounges, bars, and dining rooms. We're adamant that we don't want to face situations like that in BC or Ontario. And I don't think anybody else does either.

Essentially we propose a central source of regulation and licensing for tobacco products. As you know, tobacco is a regulated substance in Saskatchewan just as alcohol is. Laws governing the sale and use of tobacco come from several sources including provincial revenue, health departments, and individual municipal bodies.

The Hotels Association of Saskatchewan strongly recommends that rules related to the use of tobacco in public places be similar to those already in place for the use of alcohol. Areas that allow tobacco use would have to be licensed and would be subjected to the rules determined by whatever the regulating authority may be.

Our association further believes that the Saskatchewan Liquor and Gaming Authority would be a logical, effective choice to regulate tobacco use. The Saskatchewan Liquor and Gaming Authority has an established track record in both regulatory design and enforcement.

The structural framework already exists. They have got enforcement division so the development period would likely be very short. Existing training programs could be easily adapted for tobacco as a controlled substance. A Saskatchewan liquor and gaming licensing system would also provide an additional safeguard to prevent minors from buying tobacco products.

The province of Saskatchewan benefits financially from tobacco sales, and a central regulatory body would help to insure that revenue stream . . . that it's not lost, and at the same time, it would not compromise the health of our children.

Moreover, a single provincial regulatory body would insure that over-zealous regulations, developed on an ad hoc basis, would not negatively affect jobs and business in tourism and the hospitality sector.

The Minister of Liquor and Gaming has been notified of our board's decision — of our board of directors for the hotel association — of their decision to ask for controls enforced by Liquor and Gaming, and we're looking forward to corresponding with them and with yourselves to develop these regulations.

Ladies and gentlemen of the committee, I thank you for the

time and just point out, it's an important issue, extremely important issue to our members and I hope you'll take a very moderate approach to reform.

And I'm prepared to answer questions.

The Chair: — Well thank you very much and thank you, Larry, for your offer of working together on this. I think you recognize some of the overall thrusts and in order to . . . and certainly of the information that this committee's been given. And I appreciate the attitude you've expressed in terms of wanting to work with the committee and with the regulatory agencies.

I expect there are members that have got questions.

Mr. Wartman: — Larry, I don't have the statement here, but our researcher may have it available. Tanya, Larry referred — when you were out — referred to the WHO study and said that it proved that there is no connection between environmental tobacco smoke and cancer, and apparently there is some recent documentation that is challenging that. Do you have that available?

Ms. Hill: — I saw a press release in my office from the WHO contradicting that statement.

Mr. Bird: — I haven't seen that obviously but the . . . I guess prolonged exposure to second-hand smoke can certainly be a health hazard. I'm not going to argue that at all. Even minor exposure to second-hand smoke is an irritant as we point out, and it's not something that we in the industry want to have at all.

I guess I should have explained this a bit. In the city of Regina and in Saskatoon, there's a national program called Courtesy of Choice. And what this is, you, as a hotel, register for it — or as a restaurant or a bar or whatever the case may be — and there's . . . UNIES is an environmental air management firm from Winnipeg . . . actually comes out and does measurements of the particulate matter part per million in your establishment and then makes recommendations on how you could better flow your air, how you should make up your air and so on, like that, in order to have good quality air.

And I mean, that's what we're talking about here, really, is good quality air because tobacco smoke is an irritant. I mean like I don't smoke; I don't like tobacco smoke while I'm eating. But I'm in the business and I don't want to have to lay off a bunch of people either.

Mr. Wartman: — The other thing that you referred to — let's see where I've got it here — oh yeah, you suggested there was a significant loss of revenue in BC over the main tourist season and the figure, if I got it correctly, was around \$18 million.

Mr. Bird: — For the city of Victoria.

Mr. Wartman: — For the city of Victoria. And what was that based on? Previous years' revenues or . . .

Mr. Bird: — Compared to the previous year. And that was with higher hotel occupancy than they had had. The Leonardo da Vinci exhibit was huge. It's a really major undertaking and they

had higher hotel occupancy and lower food and beverage revenues for the 1999 calendar year in the city of Victoria.

Mr. Wartman: — Okay, thank you.

The Chair: — Larry, you talked about air quality. Is there any accepted and easy and cheap way of measuring the quality of air that you use in your industry? Or do you depend on your customers to tell you whether it's fresh or not?

Mr. Bird: — The sniff test is the easiest and cheapest way. Beyond that you get into paid-for engineering tests and they're not particularly easy or cheap. Four hundred and fifty dollars is what we paid — but that also includes directional flow of air in rooms and so on like that — for recommendations for non-smoking sections. This is what the Courtesy of Choice program is.

There's seven hotels in Regina and a couple of eating establishments that have qualified; eight in Saskatoon and I don't know how many eating establishments.

The Chair: — I suppose it varies from hotel to hotel, but is there any carry-over in quality of air from your smoking rooms to your non-smoking rooms that just . . . that the system, do you know, in your re-circulatory system or how does that work?

Mr. Bird: — The guest rooms all have their own air supply. The commercial rooms — the bars, lounges, and dining-rooms — that there's a common air supply that's mixed and you have to have it . . . to keep good air you have to have fresh air make up and some filtration if you're going to have smoking areas.

The Chair: — And now there is also this question of how to protect your employees who are subjected . . . who are working in the bars in the smoke-filled places. And I suppose ultimately — I don't know where society is going but it looks to me like it could end up going in the way of litigation — ultimately protecting the establishment itself from any harm that might come to employees due to second-hand smoke? Has the association given any thought to that or got any recommendations on that?

Mr. Bird: — We don't have a legal opinion. Of course the hospitality industry has been involved with alcohol for literally hundreds of years. And if you, I guess break the law so to speak in terms of over serving or allowing people to hurt themselves or others as a result of alcohol, there's a liability for . . . (inaudible) . . . and I guess you would have to think the same thing would apply with tobacco.

If you've got an employee that says I've got asthma, and I can't work in a smoking environment then, you know, we absolutely would try to find them other work where they're not going to get it. But you know the majority of our employees are quite happy to work in the areas where there's smoking. We haven't had any . . . well it hasn't been a problem that I'm aware of anyway.

The Chair: — Okay. And the last question. You talked about second-hand smoke — and I'm not sure if I heard you correctly — but did you say second-hand smoke and AIDS are related?

Mr. Bird: — That's one of them that's listed. It makes people more susceptible to infection, and that was a list. It was again from I think a World Health Organization report that ear infection and chronic bronchitis and cancer and heart disease and . . .

The Chair: — Oh, I understand. I understand. What you were saying it makes them more susceptible to. Okay. Well thank you very much, Larry.

Mr. Bird: — Okay. Thank you.

The Chair: — Unless somebody else has got questions? Thank you.

Mr. Bird: — That's it?

The Chair: — That's it. I would suggest to the members that we take about a four or five minute break. And then we would call on the people from the Department of Education — Craig Dotson and Jane Thurgood. Are we in agreement?

Then we would, let's just say, take five.

The committee recessed for a period of time.

The Chair: — The committee will resume its hearings and we now are calling on Craig Dotson and Jane Thurgood-Sagl with the Saskatchewan Department of Education.

And we ordinarily would be using 20-minute time allotments, but I think in this particular case and in view of the fact that the committee's trying to put a special emphasis on youth and children, we may want to take just a little longer with your permission, Mr. Dotson.

So would you like to go ahead?

Mr. Dotson: — Sure. Of course. Thank you very much, Mr. Chair.

We're very pleased to be before you today. And I would first off like to express our appreciation at the invitation from your staff that we would appear before your committee. It is certainly a pleasure, and we have looked forward to it.

I will just make a couple of very brief introductory comments and then ask my colleague, Jane Thurgood-Sagl, a director in our curriculum and instruction branch, to speak to you about the, some highlights of the short written submission that we have distributed to members. And then if you would wish, she can comment as well on the two much longer curriculum documents that we brought along. And then we'd be delighted . . . I would be delighted to have Jane answer any questions that the committee might have.

We take health education in Saskatchewan — within the provincial curriculum — we take that seriously. It is a holistic approach to health education that commences in the elementary grades and continues on as one of the required areas of study up through the end of the middle years. And our emphasis — in this part of the curriculum as on other parts — entails the acquisition of both knowledge as well as the acquisition of skill

on the part of our students. And so when Jane shares with you some of the content at the different grade levels, I just invite you to note that some of the elements that are . . . that she will choose to highlight are acquisition of knowledge, and other elements are the acquisition and practice and absorption and self-confidence with skills.

And so with those very brief comments, I will invite Jane to share with you some highlights from the short document that, that we've distributed.

Ms. Thurgood-Sagl: — I also want to take this opportunity to thank the committee for hearing us this afternoon.

And I wanted to begin by saying that Saskatchewan Education supports the framework for action described in the national strategy. And that within the five strategic directions outlined in the strategy, Saskatchewan Education's activities fall within public education and within building and supporting capacity for action.

So specifically, we educate and build skills among school-aged Canadians. And Craig has mentioned that students in Saskatchewan are required to take health education from grades 1 to 9. Within grades 10 to 12, they must take one health education or physical education course to meet provincial graduation requirements. So at the secondary level, there is some choice for students.

The provincial curricula — as Craig has mentioned — emphasized both content and process, and the content includes the topics and a perspective for studying the topics within each grade level. For example, if I just take the grade 7 level, the topics include assertiveness skills, peer pressure, conflict resolution, HIV (human immunodeficiency virus)-AIDS education, and factors that affect decision making in relationships. These topics are taught through a perspective or emphasis on committing self at grade 7, so that within these topics grade 7 students determine personal actions they will take to commit themselves to increasing their personal health.

In addition, a three-step decision-making process is used at each grade level to support students in extending their knowledge base, making informed decisions, and carrying out action plans. The other background piece has to do with comprehensive school health. Saskatchewan Education believes in this, and it involves a broad spectrum of programs, activities, and services that take place in the school and their surrounding community.

We are committed to supporting schools and working with parents, churches, community organizations, and social agencies to achieve comprehensive school health. That is why we recommend the establishment of a local health education liaison committee to provide a valuable link between the school and the community in working toward comprehensive school health.

We believe that schools share responsibility for tobacco prevention education with parents, youth organizations, community agencies, tobacco vendors, and health care providers. Our commitment to tobacco prevention education is evident in its inclusion within the required provincial health education curriculum at both the elementary level, grades 1 to

5, and the middle level, grades 6 to 9.

If I could draw your attention to the appendix of the written submission, page 3. I'll begin by saying that at the elementary level there are four units or strands, and that teachers must teach these four units every year — within the particular perspective that I spoke to earlier and the decision-making process — and teachers actually choose from a list of topics within each unit.

So if we take grade 3, you can see on your sheet that at grade 3 the unit or strand where tobacco prevention education is addressed is self-esteem. So teachers must teach that particular unit, and a key point they could focus on there is resisting media stereotypes including those in tobacco ads.

Now what the grade 3 teacher can also choose from in that same unit on self-esteem is growth and development, appearance, and self-knowledge. So what you need to know about the elementary level is that even though these are tobacco prevention education topics that are addressed in these units, teachers may choose to use other topics within those units.

So you might ask, well why do we do that? Why do we give that choice? Don't we want this addressed at the elementary level? And we do this because we believe that teachers are professional decision makers and that communities do have different needs. So at the elementary level, this is what you will see.

For more information, I would direct you at some point if it helps you in your deliberations, to look at the elementary level curriculum guide, pages 18, 19, and 20. Those three pages give you an overview of the elementary level. They show you the four units per year and they show you the range of topics. This page in the appendix specifically focuses on tobacco prevention education.

If we turn to the next page, page 4. Now when we come to the middle level, we require a little bit more when it comes to tobacco prevention education. There is not as much choice for teachers. So in grade 6, the body image and nutrition unit is a required unit, and you can see the key points that we address in that unit. The other two units at grade 6 are optional. At grade 7, the assertiveness skills unit is a required unit, and so is the peer pressure unit.

If you turn the page over, the grade 8 unit is optional but the grade 9 unit on the tobacco industry is required. So at the middle level, we still give choice but we also do require more time spent on the topic of tobacco prevention education. For a one-page overview of this in the middle level health education curriculum, it is page 14. Page 14 would show you all of the required units and the optional units.

So I don't know if the committee members have any questions.

Mr. Wartman: — A number of young people who have spoken to our committee have indicated their perception that education around tobacco and emphasis on not smoking should start much earlier than what they got it in their early years. They were talking about kindergarten, grade 1, grade 2 should get heavy emphasis on it. They talked about seeing kids that age smoking, and older brothers and sisters giving cigarettes to the young

ones.

And I note that the options are there, and I know teachers are professional decision makers, but from the kids themselves there was concern that it doesn't start early enough and the emphasis isn't clear.

Ms. Thurgood-Sagl — I guess what I should mention is that both of these curriculum guides were implemented in the fall of '98 so that before that time teachers would have been working with curriculum guides that, especially in the case of the elementary level, were quite old — 1974. So it is possible that those topics may be addressed more now because of the new curriculum.

Mr. Wartman: — I had one other question and this one's come up out of my own, my own life experience. Our daughter is class of '82, grad of 2000, and there was a program started when they first got into school about smoke-free grad class, smoke-free 2000, and yet when I look around at her class there are many, many smokers particularly amongst her girlfriends.

Just wondering about the emphasis, the change of emphasis, did you . . . have you monitored that program? Have you seen what kind of results there were in it?

Ms. Thurgood-Sagl — I think the same as the committee has seen. What we've seen is young women taking up smoking that we have been quite surprised at. And so one of our strategies was, we thought, perhaps we maybe need to spend more time on media and the tobacco industry and images; that we think some of it may be tied to body image and self-concept.

Mr. Wartman: — Thank you.

The Chair: — When it came to dealing with drinking and driving, there was quite a lot of . . . many, many schools that established chapters of SADD (Students Against Drinking and Driving), and I thought that they were quite influential really in helping us move that, and move in the direction that we wanted to move, and that is to reduce people drinking and driving. To the extent that you know, it's quite common now for young people who are in bars, for one of them to always be the designated driver and abstain.

And now we've got a sort of a parallel movement, a fledgling parallel movement called SWAT — Students Working Against Tobacco — in schools.

And I'm thinking about . . . I want to know about the kind of support that was given to SADD, the student groups against drinking and driving. Did the department supply any support for them or was that done on a local basis or on a voluntary basis? And is there something we can learn there in terms of promoting the SWAT groups?

Ms. Thurgood-Sagl: — As far as I know the department was not involved, that these were local decisions made by and supported by local school division boards.

The Chair: — Another question has to do with the application of this curriculum. Now this would apply to every school in Saskatchewan, or would it not apply to schools on reserves?

Ms. Thurgood-Sagl: — It does not apply to schools on reserves, but most schools on reserves tend to refer to our provincial curricula, even though they are not required to.

Mr. Dotson: — We don't . . . The province has no authority to require band schools on reserves to do anything, but the Government of Canada and/or the bands themselves have to choose what curriculum they will use in their schools. And I believe that the choice has been made in all band schools that the Saskatchewan provincial curriculum will be used, but it's not within the jurisdictional purview of the provincial government to make that choice.

The reasoning by bands, I think, is straightforward. They would wish their own youngsters to be able to live in the city of Prince Albert, for example, and if they move . . . if they finish grade 5 in the city, to move back onto the reserve to go to grade 6, they would like them to do so fluidly. And if they move back into the city after grade 6 to take grade 7, they would like those youngsters to have as seamless an educational experience in the province as possible. And so I think they understand the wisdom and utility for their youngster's benefit, that they would follow the Saskatchewan curriculum. But it's nothing that we can require them to do.

The Chair: — I think we may have an opportunity later to meet with band administrations and schools in bands and discuss this issue with them.

Mr. Dotson: — May I just elaborate here for a moment? We invite the directors of education of the band schools to participate in our regional meetings of provincial public school board directors. We invite and facilitate and welcome band school teachers to participate in the in-service that the department organizes. And on many, many occasions across the province, teachers in band schools and administrators from band schools avail themselves of those professional development opportunities, and that includes the in-service opportunities that we provide when we're implementing a new provincial curriculum. They are welcome at and invited to attend the in-services that we put on, and in many cases do indeed attend.

The Chair: — Now I want to just ask some questions with respect to employees of school boards. Are the smoking cessation programs amongst teaching staff and other employees of school boards, are these under the purview of the boards or is the Department of Education got any policy on that at all?

Mr. Dotson: — We do not have any policy on it just as we have no policy on benefit plans or sick leave plans or vacation entitlements that boards may or must offer to their non-teaching staff. These are, in law, the employees of boards of education. They are not employees of the province and we're respectful of the locally elected boards of education in that regard.

The Chair: — So any smoking cessation programs would be handled by the boards, local boards?

I guess I should relate the smoking cessation program that I went through. I think it was in 1961 and I was teaching at a school, and there was a staff room that was about the size of this little cubicle here. Eight of us in there and it turned so blue

that that turned into my smoking cessation program.

Mr. Dotson: — We wouldn't recommend that.

The Chair: — No. And I expect then that the department itself does not lay down any kind of regulation about the . . . that is imposed on teachers or on school premises?

Mr. Dotson: — No, we don't, member . . . Mr. Chair. The analogy I would cite is the provincial Labour Standards Act and the provincial Occupational Health and Safety Act, 1993. Saskatchewan Legislative Assembly, in law, has passed The Occupational Health and Safety Act, 1993 and we expect boards of education as employers to comply with that statute in all aspects and particulars just like we would expect — I think just like the Legislative Assembly would expect — any other employer, and similarly with The Labour Standards Act But the department takes no interventionist nor regulatory attitude nor posture towards the employees of boards of education, no.

Mr. Wartman: — Yes, it was answered by your question. I was just wondering in terms of department policy around smoking on or around school property by students, and I assume that also is up to the local boards and local schools.

Mr. Dotson: — It is . . . just as smoking on or around the school property would be a matter for the policy determination of the board, that smoking by adult visitors or parents who may be attending for a ball game or adult staff as well as students, all of those would be under the appropriate purview administrative decision making of the Board of Education.

Mr. Chair, I don't know who . . . which groups your committee has invited to appear before you, but given this latter line of questioning, I'm wondering if you might wish to consider inviting the Saskatchewan School Trustees Association to appear before you, which is the provincial association of the locally elected boards which assert — and I think in law correctly — their responsibility and obligation to make those determinations with respect to their own employees.

We feel, within the department we feel that we have a statutory and moral and socio-political responsibility with respect to the curriculum, curriculum policy, and what our youngsters shall be taught and in what sequence they shall be taught it and how they shall be evaluated on their learnings.

And we feel a great deal less responsibility for presuming to regulate or intervene in the management of a board of its premises or its staff relations or its employment of whomever.

A Member: — You make a good point.

The Chair: — We have had . . . the committee has had suggestions that we should be looking at school grounds, for example, and there certainly, anything the committee might recommend would impact on the jurisdiction of the school boards. So that may be something we could follow up on.

Now I'm glad that you provided us with this outline of what the new curriculum offers on topics and processes which relate to the topic that we're addressing. In view of the fact that it's only been implemented since the fall of '98, it's a little premature to ask for

any kind of evaluation of this.

But I'm sure that — knowing the processes that the professionals and the people in the department go through when they implement a curriculum — that this must have taken a lot of research and discussion and evaluation before you put it in. And so I wish you the best and I wish us the best in dealing with this topic.

Okay. I'll pass over to Deb Higgins.

Ms. Higgins: — Just, while you're here . . . I feel like I'm taking advantage of your expertise. Obviously education in itself — or maybe the new curriculum will do more — isn't a total solution to dissuading young people from starting to smoke. In your experience, what is the best way to approach this for us?

Media may be a problem. Is access to tobacco and tobacco products too much of a temptation? Are we just too invincible at that age?

Mr. Dotson: — Thank you, Member, for the question. I would seek to give you a layperson's answer first, and then I'm going to invite Jane to give you a more professional expert educator's perspective.

Your observation at the outset was that the evidence around us in society appears to demonstrate that our school system and our educational system in our schools have thus far been disappointingly successful in deterring youngsters from smoking. And I think we have to acknowledge that that is true.

When we note, though, the very small fraction of a child's life that's spent in school as compared to the much larger proportion of a child's life that's spent in the home or on weekends and summer holidays or at the mall or watching TV, I think we may be less surprised that the schools have had not as much success as we would wish with respect to a wide range of behaviours — violence, abuse, domestic violence, abuse of all sorts, criminality, addiction, and other distressing and destructive behaviours that the school system is certainly dedicated to seek to prevent have not — and the evidence is around us as we wake up every morning. The school system has not in our society nor in any other succeeded in using the classroom to eradicate social ill; of course not.

Within our ministry, and I think within the teaching profession and within all of our society who have some regard for public education, we believe and we believe that we know, that public education has made an enormously positive and constructive impact on the lives of Canadians and is one of the foundational elements upon which our liberal democracy rests. But that it has succeeded in eradicating social ill from our society — the evidence has manifested it has not.

That's a layperson's view and I don't know if . . . I invite my colleague to give you a more focused, educator's perspective.

Ms. Thurgood-Sagl: — Well, I actually have three points — two related to curriculum and one not.

And the first one has to do with what we spoke about earlier and that is the actual topics that we choose in health education because this is a concern for us. The aim of health education is

to enhance healthy behaviours and decrease health-risking behaviours. So of course, this is something that we're very concerned about.

So that many of the topics we pick and the perspectives have to do with helping students be comfortable within themselves. So that at grade 6, we have a focus on self concept and we have a focus on personal standards and a focus on body image and nutrition, changes in puberty. And that entire year is spent on affirming standards — what are my standards as a grade 6 student based on the decision-making process of knowledge, and then trying things, and then the action plan.

And with every grade level, I could give you those examples. So that's one of our strategies: can we help students become individuals who are not choosing to smoke for some of the reasons we've talked about earlier, that they have a low self concept or a poor body image.

The other curriculum piece has to do with the decision-making process. Can we actually give students the skills to make decisions to lead healthy lifestyles? And if we do that for nine grades in a row — essentially using the same process over and over again — will this become a process that I just use then. When I'm with my friends and they are wanting to smoke, then I might actually use the decision-making process and say, hey, I need to get some background information. I need to then do this and do that.

The third point does not have to do with curriculum; it has to do with some reading. I'm sure you've seen where people are suggesting raise the cost, raise the price, so that young people can't afford to smoke.

The Chair: — Well, thank you, members, and thank you, Craig and Jane.

Mr. Dotson: — Thank you, Mr. Chair, thank you very much.

Ms. Thurgood-Sagl: — Thank you very much.

The Chair: — I'd like to hear from Yvonne Graph.

Ms. Graph: — I'm a member of the Canadian Institute of Public Health Inspectors in the Saskatchewan branch, and I do things on behalf of my branch and smoking regulations and things. And today I just wanted to talk to you about some of my personal experience with my job as being a manager of environmental health, first with the city of Regina and then later we were transferred to Regina Health District.

So the city of Regina had the first smoking bylaw in Western Canada which was in 1980 and then it was updated in about 1992. And at the time that it was updated, as soon as the bylaw was changed, as public health inspectors, there was a really large number of calls. So we might have had hundreds of calls a day for maybe about 6 weeks. We had one staff member who spent everyday going to visit all the premises that were public places to explain the new bylaw updates and how they impacted the businesses and to give them signs and just information. And we also investigated complaints.

So in that first year we would have all spent a large amount of

time just getting information out to people. But as the years go by, you spend less and less time doing that, and it becomes just the normal situation. And then the actual sort of enforcement of bylaws and the time spent on them becomes a lot less.

And it also helps promote just the general public, once there is a bylaw in place, to say to somebody who's smoking in a public place, could you go to the smoking area or would you go outside. And people in other areas that don't have bylaws don't necessarily feel that they have the right to say that to someone. So a lot of times once the bylaw is in place, it actually does the enforcement on its own.

The other areas that we would like looked at would be just the legislation. So right now under The Urban Municipality Act, 1984, places like the city of Regina can pass smoking bylaws. But in the rural area there's only a small number of smaller places that actually have bylaws. And then I'm sure the other problem that you would know about is the Saskatoon bylaw that was turned down because under that piece of legislation the same criteria has to be used for all public places.

So, for example, in our health district we would have had a staff member that would have spent a lot of time working with different businesses. So there's a — say an organization of bingo halls — and bingo halls might say we feel that if we were included in the smoking bylaw, we could have an area this size and we think that that would work for us. A mall might say we feel a much larger, non-smoking area would work for us. And bars might say we don't feel that we can have any area that would work.

But it would allow you to have regulations that would govern different businesses with different percentages, rather than saying every business needs the exact same percentage — although the goal would always be to go to 100 per cent smoke-free.

Then the other piece of legislation would be The Public Health Act, 1994, and that has a section that would allow health districts to pass bylaws. And one of the advantages I would think under that would be it would cover all of the areas in the health district or it could be passed provincially and cover everybody — no matter what size your community is.

And the other piece of legislation would be labour legislation. For example, in BC they've just recently passed legislation that workplaces are to be 100 per cent smoke-free, and that would protect all workers no matter what kind of business that they're working in.

The other thing for bylaws, one of the things that they do . . . when you talked about children is that now, when we did a survey, a fairly large percentage of children feel that the majority of adults smoke because if they go to public places they see people smoking. By sort of reducing the number of people that they would see smoking in public places then it says it isn't the norm, you don't go everywhere, and not everybody is smoking.

Having bylaws also supports people that quit smoking. They can now go to restaurants, go and pay bills, shop, do all of their business without being exposed to other smokers that may then

. . . have them set back. The percentage of people with asthma in our population is increasing. In our health district it might be say 10 to 20 per cent of our population.

But there's you know, people with cystic fibrosis, heart disease, emphysema, many other health conditions who can't go into businesses because there is smoking allowed. And by having bylaws or hopefully getting them to places to where it's 100 per cent would allow people freely to go to any kind of business or entertainment without having to sort of say, I can't go there and I can go here and sort of . . . have to really pick and choose where they can have access to.

Having a bylaw that would say all public health or all public places are 100 per cent smoke-free also protects the workers in those areas. For example there are some places where they would allow a business to build say a room . . . that this would be the smoking room and then we would have a non-smoking area. But the workers in that smoking area they're always going to be exposed.

And often in the service industry there are people that are lower-paid jobs and the people need a job so they may end up having to work in that smoking room. And once a business spends money building a smoking room and venting it, and they may spend a fairly large amount of money doing it, then they're not going to be easily encouraged to say we want to be 100 per cent smoke-free absolutely everywhere.

So I think it's easier to have a bylaw, even if it starts in small steps like the city of Regina, where restaurants started at 15 per cent, went to 33 per cent and now we're recommending higher percentages . . . that at some point it would be 100 per cent smoke-free.

In other provinces public health inspectors are involved in other pieces of tobacco legislation, not just smoking in public places, so it may be in the sale of cigarettes or advertising or those other kinds of things. And public health inspectors do many different kinds of inspections of large numbers of public places. So for us now in the city of Regina we would do a restaurant inspection, it may take five minutes to do a little add on, which would be in the smoking bylaw. So now it's a very tiny amount of time.

In the city of Regina we've have two court cases, one with the 1980 bylaw, and one with the newer amended bylaw. So the actual sort of court costs and court time is fairly small once you have a bylaw in place.

I think those were my main points that I wanted to talk about.

The Chair: — No questions. Do you have any experience . . . sorry. Sorry, I was just collecting my thoughts, Yvonne. I'm sorry.

Ms. Graph: — I thought you said no questions.

The Chair: — I wanted to ask you whether you have any experience with the use of signs?

Ms. Graph: — The non-smoking signs?

The Chair: — Yes, the effectiveness of them.

Ms. Graph: — Yes. I think they're really effective and I think where they work is that if you have a little town and there's a no-smoking bylaw and no signs and somebody's smoking, people are more uncomfortable to say, you are smoking in a non-smoking area. So that I think that they actually do work.

The other thing that they work in that . . . you're trying to say to smokers is, there's no smoking in public places unless you find the little sign that says this is a smoking area. So don't start smoking until you find the sign that allows you to smoke. So yes, I would say signs have a fairly large impact.

But if you then got to the area where you'd say every public place is 100 per cent smoke free, then you wouldn't really need signs. But until you get to that stage, I think they work.

The Chair: — Now, were you . . . I understand that you experienced right through your career, the implementation of this Regina bylaw.

Ms. Graph: — Yes.

The Chair: — How did this all work out now? If you could just trace it back for us. Did the city just make the bylaw? Did they come up with any kind of an advertising program or were they . . .

Ms. Graph: — You have to do a lot of advertisement first and a lot of work with the media. So with the very first bylaw, the one from '92 which was the amendments and the one that our department is presently assisting the city with, you normally have say at least one staff person who meets with various businesses. So there's a mall association; you may have a group of theatres that have a representative, restaurant associations, and hotel associations. So you actually meet with a large number of businesses first, trying to discuss what percentage they think might work for them.

And then once you get up to the bylaw drafting stage, then city council would do that through The Urban Municipality Act, 1984. So the city council would pass it.

But at that time we were the city of Regina Health Department so we were city of Regina staff. So we would have done a lot of TV (television) media work, just the *Leader-Post*. Lots of things to let people know about the bylaw and what the percentages were.

But we also on our staff had one person that after the bylaw was passed, we actually visited the majority of businesses in Regina. So they'd start at one end of Albert Street and just go into every business and say, this is how the bylaw impacts a grocery store. This is how it impacts a gas station. And so we gave them information sheets for their particular business and we gave them signs. So we did almost every business in our city.

The Chair: — And when it came to the cafes, you mentioned that they would set out a certain percentage of their . . . Who decided that percentage?

Ms. Graph: — It would have been originally that you would

have discussed it with the restaurants, at that time there was a Regina Restaurant Association. Also with feedback from various people because then and now, we've done a survey of restaurants. So, a little bit, it's sort of a going in back a kind of negotiating thing, but it still may be a health department always wanting to have a higher percentage for non-smoking than what a business might want to have.

The Chair: — Is this on an individual business basis or is this . . .

Ms. Graph: — No most of the time it was not, before the bylaws passed. Normally it's more with groups and organizations and associations. Because there are some businesses where there are such a large number of members that it isn't easy to discuss it with each and every owner. So we also use sort of the survey method where you could send it — and we've done that in the past — send it to either all of one type of business or a percentage of a certain type of business to get some feedback from them.

The Chair: — And what businesses does the current bylaw not apply to?

Ms. Graph: — Okay. The Urban Municipal Act, 1984 would only allow the City of Regina to pass smoking legislation for places that are deemed public places. So you could have a garage where you go to get your car repaired and the area that you walk in as a customer, that's a public area, so the bylaw covers that. But the work area where your car is getting fixed isn't covered.

So the same if you go into like a travel agency or a lawyer's office, those kinds of services, the area where you have free access to walk into, that's the public area, there's no smoking. But the work area, it's up to the workplace to decide their own policy. And that's because that legislation can only cover the public area. So right now it may . . . the major place that I can think of would be bars aren't included in that legislation. And almost all other public types of places are. So they're either 100 per cent or they're sort of a percentage.

So right now in the city of Regina, restaurants have to have 33 per cent non-smoking, but the average restaurant has over 66 per cent. So they've actually gone quite a bit farther than what the bylaw has required them to do.

The Chair: — And in the case of pool halls or bingo halls or bowling alleys.

Ms. Graph: — They have a small percentage that they have to have, as non-smoking, but it's quite small. So in a bingo hall it's about 20 per cent. And some types of businesses are based on seats. Like a restaurant it's your 33 per cent of seats have to be non-smoking. Some types of businesses are based on your square footage, so an area.

The Chair: — In the case of something like a bingo hall, are there physical barriers?

Ms. Graph: — No.

The Chair: — It's simply a cordoned off area.

Ms. Graph: — Yes, it's a marked area. The same way in a restaurant, I could be sitting at my table and it's a non-smoking table, and that table could be smoking. So the idea with the city of Regina bylaw was that restaurants are at 15 per cent, they went to 33 per cent. We're hoping to have them much higher with the new bylaw that will go to city council in March.

And it doesn't give the person any protection. So if I'm sitting here, I'm breathing in the smoke, all the workers are breathing in the smoke. So all it does is sort of set the idea for people that we're trying to protect people. It's only at 33 per cent. You're breathing that smoke in but as it gets up to 100 per cent, then all people will be protected.

There are bylaws that say you can build, as I said, the smoking rooms. But the problem with that is then you don't send the message to children that smoking isn't acceptable any more. We want to protect everybody from smoke.

And if you have an area where there is no smoking, there's kind of the nuisance factor. So smokers have to now go out when it's 40 below and there's a percentage of smokers that actually will quit because you've kind of added to their nuisance factor. Or they'll say I got through, you know, half a day of work and I didn't have a cigarette and I got through another half day. And then before you know it, they can sort of say, well gee, maybe I can go three days or four days and then they can actually sort of quit. So it gives them a little bit of support to actually help people quit.

Whereas if we just made smoking rooms all over, you don't give that same encouragement to people who are smoking or the support to people who have quit smoking and you don't protect the workers.

The Chair: — And have you encountered in your work, any discussions about the desirability of giving this type of authority to health boards as opposed to municipal councils?

Ms. Graph: — The advantages of having one do it over the other or just . . . because right now legally both groups could do it. So under The Public Health Act, 1994, a health district board could but they haven't really been given the go-ahead yet to pass bylaws. So either one would work. I mean if the city of Regina passes a smoking bylaw, that can be just as effective as Regina Health District passing it. But if it was Regina Health District, we could do it for a whole district which would be all of the communities, no matter what size you are. Because right now it tends to be the larger communities like the city of Regina that have a smoking bylaw and little places tend not to have bylaws. But you could work sort of one community at a time or one little town and they could pass their own smoking bylaw.

So I guess to me it probably doesn't matter. It would be effective if the community passes it, like the city of Regina, and it could be effective if the health district passes it.

The Chair: — Thank you very much. And I think now there are no more, no further questions. Thank you, Yvonne.

The committee would now like to hear from Wilfred Smith.

Mr. Smith: — Mr. Chairman, panel, my name is Wilfred Smith

and I'd like to thank you for taking this time out to hear what I have to say. When I came here this afternoon I had no intention of speaking, but I was asked to say a few words. So what I'm about to say is going to come off the top of my head and based on other talks that I have given, like to city council.

I was born into a family where my father smoked heavily, and I was subjected to second-hand smoke all my life. When I was 16, I started smoking myself. I joined the navy when I was 18 and I was discharged three and half years later with pulmonary TB (tuberculosis). My lungs had been weakened through smoking. I continued to smoke until about 20 years ago. And I had great . . . a lot of difficulty breathing. I have gone through the lung clinic here and my condition was . . . They told me it was irreversible.

I regret now in later years that I had put my family through having to put up with second-hand smoke. I have a daughter that . . . she used to get car sickness, and it wasn't till just a few years ago that we come to realize that her car sickness was caused from asthma from inhaling second-hand smoke. And when I was smoking, I didn't realize how offensive my smoking could be to non-smokers until after I have quit smoking. And then I realized what I put my friends and family through.

When it comes to going to restaurants, I find it offensive to have to walk into a restaurant and, first of all, walk through a smoking section of the restaurant in order to get to a non-smoking section. And it was . . . it has been said here today that the restaurants and hotels would like to control this situation themselves, of controlling whether you smoke and whether you shouldn't smoke. They've been given this opportunity for a number of years and there's still many places in this city where you, in order to get to a non-smoking section, you have to walk through a smoking section. This doesn't make sense.

This is pretty well what I have to say except if we find children, small children who are inclined to want to start smoking, why not take them out to the Wascana hospital or a senior citizens home and see the number of people that are using oxygen tanks, they have their legs cut off, have their amputees as a result of poor circulation because of smoking.

I have a brother who's lost his leg, just about lost his second leg; he's lying in bed now dying. And he never has quit smoking; he still smokes today but he won't listen. And I just think that inhaling second-hand smoke, and that smoking itself is very detrimental to and offensive to a lot of people.

And I thank you again for listening to what my personal affidavit is. Thank you.

The Chair: — Well thank you very much Wilfred. It's just so good sitting here as a committee member to hear the stats but also to hear the personal testimony. And so I appreciate that you took the time to come up here.

Mr. Smith: — Thank you very much.

The Chair: — Just reminded us of what things are really like.

Mr. Smith: — All right, thank you. Thank you very much.

The Chair: — Thank you. Now is there anybody else in the audience that would like to make a presentation at this time? We have one more group which is scheduled to come . . . this is a group from Winston Knoll high school, and they're scheduled to come here at five. If they arrive before then I think we will probably reconvene before then. If not, we'll just wait for them because they aren't expecting to get onto the agenda until that time.

So I think we'll just recess until 5 p.m. then. Agreed? Thank you.

The committee recessed for a period of time.

The Chair: — Members of the committee, the committee will reconvene. I'm welcoming two students from Winston Knoll high school here in Regina. I want to just take a minute to introduce the committee members because you weren't here when the earlier introductions were held.

So this committee is made up of seven members of the Saskatchewan legislature: and over on my left we have Mark Wartman, who is a member from Regina; Deb Higgins, from Moose Jaw Wakamow; my name is Myron Kowalsky, I'm an MLA from Prince Albert; sitting over here is Doreen Eagles, MLA from Estevan.

We also have with us today Tanya Hill, our research officer. And Donna Bryce will likely be walking in later as well.

So welcome, and what we will do in the process here is that we've allotted up to 20 minutes and that will allow us time for question and answer. And we'd ask you, before you start with your presentation, to identify yourself and that way you'll have your name down in *Hansard*.

Ms. Dejaegher: — I'm Kali Dejaegher. Okay, basically this speech that we want to present to you . . . Okay, we're two grade 11's from Winston Knoll Collegiate who are involved in a group at our school called Smoking Cessation. We are going to talk to you about banning smoking. This is a suggestion that we highly agree with and have reasons and statistics why we should ban it.

Ms. Fellingner: — Hello. I'm Simone Fellingner. I'm a grade 11 student and I'm a smoker who is trying to quit. That is why I joined the Smoking Cessation group. I find smoking in restaurants and public places is really revolting. I mean you go to eat and you have people smoking and it totally ruins your appetite and you get the smoke in your food.

The second-hand smoke in the air is responsible for 120,000 deaths a year and 80 of those deaths are babies and young children. I just think one of those deaths could be someone you know, maybe your child or grandchild, grandparents, or maybe even you. It could happen to anyone, even you or myself. The way to cut back the deaths is to cut back the second-hand smoke.

Ms. Dejaegher: — I was a smoker. I quit last June. I am now Simone's support person. A support person is someone who

helps the other person try to quit by keeping them from going outside at breaks, lunch, or even at home. I also feel that smoking should be banned in malls and restaurants. Non-smokers have a 26 per cent chance of developing lung cancer and/or a fatal heart disease. These chances are even higher if they live with someone who smokes.

Again, like Simone said, second-hand smoke is responsible for 120,000 deaths a year and up to 80 of those deaths are babies as well. So I believe we should ban smoking in public places for the health of everyone.

And I leave you with this thought: do you want to realize that 120,000 deaths and 80 deaths of babies are the government's fault just so people can have a cigarette after a meal.

Thank you for your time.

The Chair: — Well thank you for coming. Are there any committee members with comments or questions?

Ms. Eagles: — You girls are both in grade 11 so I assume you're 16, 17 years old, something like that?

Ms. Fellingner: — Yes.

Ms. Dejaegher: — Yes.

Ms. Eagles: — How do you get your cigarettes?

Ms. Fellingner: — Parents and older friends.

Ms. Eagles: — Your parents will buy your cigarettes? Do they pay for them as well?

Ms. Fellingner: — Yes.

Ms. Eagles: — They do. So raising the age limit to buy cigarettes probably wouldn't be a factor in your own cases. Or would price be a factor if they raised the price of cigarettes?

Ms. Fellingner: — I think more or less price, yes.

Ms. Dejaegher: — And well it depends. Like with some people, it's just older students at school that buy them for you. But like other people whose parents don't even know they smoke, so even if you did raise the age it would have a bit of an effect on it too.

Ms. Eagles: — Did your parents buy them for you as well?

Ms. Dejaegher: — No.

Ms. Eagles: — Okay. Thank you.

Mr. Wartman: — Simone, you're currently trying to quit smoking?

Ms. Fellingner: — Yes.

Mr. Wartman: — And Kali is your support person — is this part of the group program that you have set up there?

Ms. Fellingner: — Yes.

Mr. Wartman: — And is it . . . I'm not sure I heard correctly but I thought I heard you say smoking cessation which is like quitting. But did you say smoking sensation?

Ms. Dejaegher: — It's either way. Like people pronounce it two different ways, but basically the group is to help students quit smoking and, like, try to promote other students who aren't in the group around schools to quit smoking as well.

Ms. Fellingner: — We try to make them aware of, like, how many deaths it causes and we do fundraisers and stuff like that to raise money for the lung association, and we just try and make everyone aware of the risks of smoking.

Mr. Wartman: — How did your program get going?

Ms. Dejaegher: — Our health nurse at the school.

Ms. Fellingner: — Yes, our health nurse started it last year. They came in and they asked who all wanted to stop smoking. And at first it was like all smokers went in just so they could get out of class, and then after that it got cut down to about 14 of us that were serious about it and we've been in it ever since.

Mr. Wartman: — And you smoked at one time as well, Kali?

Ms. Dejaegher: — I quit last June.

Mr. Wartman: — And is it all based on support, like mutual support, or do you each get a partner to help you?

Ms. Fellingner: — Yes.

Ms. Dejaegher: — It's mutual or you can have a partner, because Simone's usually . . . like we're usually together so I actually, like, if she wants to smoke and I'm like, no. Like I try to convince her from going away from it and she . . . It usually works pretty well.

Mr. Wartman: — Well what got you smoking?

Ms. Dejaegher: — I think friends because I started, like I think, grade 7 in elementary school.

Ms. Fellingner: — I think it was by friends. I was in grade 5 and one of them stole a smoke from her mom and she brought it to school. And I started then and I've been smoking since then.

Mr. Wartman: — Okay. Thank you very much. I also want to especially welcome both of these young women in that they're in the school in my constituency. And the school does lots of good work with their students, and I'm very glad that you came to present a petition and a paper today. So, thank you.

The Chair: — Kali, do you feel that you're hooked?

Ms. Dejaegher: — No. I never really smoked all that heavy in, like, the first place because there was times when my parents did catch me and I was grounded for a while.

But I guess the main reason like I really stopped like for good is

last June is I got my tongue pierced and basically you're not allowed . . . like, you shouldn't smoke after you get it pierced because you have risks of infection and stuff and, like, that really scared me away from it so I stopped.

The Chair: — And from people that you associate with and your friends, do you feel that they're hooked, a lot of them are hooked, that they're gone?

Ms. Dejaegher: — A lot of them, yes. Like my boyfriend smokes a lot too and I'm trying to convince him to quit, and it's kind of working because he really shouldn't be. He has asthma and he plays a lot of sports, so it's not all that good for him. So I'm convincing him to quit.

But a lot of my other friends, you try and tell them you should really quit smoking and stuff, and they're like, no. And it's just like, well, okay then, it's your choice I guess.

The Chair: — And do you find as a prevalent attitude that people say, well, I can smoke for a year or two or three and then quit any time I want?

Ms. Dejaegher: — No, I don't agree with that because that's what my mom thought too when she was younger and she's still smoking today. So I've never really believed that.

The Chair: — So if you can't quit, you know what you're in for.

Ms. Dejaegher: — Yes, basically.

The Chair: — And now in terms of what you're taking right in the classroom in school, when was the last time you had some discussion on this topic or were learning about it?

Ms. Fellingner: — When I was really young was the last time.

The Chair: — When you were quite young?

Ms. Fellingner: — Yes.

Ms. Dejaegher: — I think either it was like, I think . . . (inaudible) . . . health maybe, went over like a bit but not even . . . Like, I remember they got really in depth with it, like when we were in elementary school, but high school you don't really hear about it.

The Chair: — Now there's a new curriculum now that was started just two years ago, so you probably went through before that curriculum was put into place. It's probably not completely implemented yet. And it deals much more now with issues related to self esteem and peer pressure and as it relates to . . . and evaluating advertising and so on and I think there's going to be much more emphasis on that and Mark has another question.

Mr. Wartman: — If you could draft the laws around smoking or not smoking, what would you do? What kind of laws would you make?

Ms. Dejaegher: — I'm not too sure about that, like I just find that smoking in restaurants it does . . . it ruins the taste of your food and stuff. Like I don't mind if people smoke outside, but

then like the other problem is, is you get butts all over the ground and stuff too. Like I'd just rather see all the cigarette companies close down because of it.

Mr. Wartman: — Okay, thank you.

The Chair: — Well thank you very much. And we do have a web site and you can get the address of the web site from Tanya and maybe pass it around. There's a little on-line survey . . . youth survey.

Ms. Dejaegher: — I did that this morning in my homeroom class.

The Chair: — You did that, good. Oh great, great. It's a . . . thank you for doing that.

Ms. Fellingner: — Thank you for having us.

The Chair: — All right. I think then what we have lined up is a recess until 7 p.m. at which time I expect that we're going to have a new crew here. And we'll be starting with Roberta Cox and then Dr. Jachak.

So at this time then I think we will just recess. Are we in agreement? Agreed, agreed.

The committee recessed for a period of time.

The Chair: — Good evening, ladies and gentlemen, the committee will start its proceedings.

I want to take a minute to just welcome you to this evening's proceedings. You're attending about the eighth or ninth session of the Special Committee on Tobacco Control. This committee was constituted by the Legislature of Saskatchewan. We spent all afternoon here and morning listening to presentations. And this will conclude our Regina hearings and then from thereon we will be moving a little further north and going to here and there.

I want to introduce you to the members of the committee. My name is Myron Kowalsky. I'm the chairman of the committee and my constituency is Prince Albert Carlton. Behind me, on my right here, is the vice-chair of the committee, Doreen Eagles from Estevan. This is an all-party committee — seven members altogether. Mr. Bob Bjornerud, the MLA from Saltcoats, not here right now. Neither is Mr. Graham Addley, MLA from Saskatoon Sutherland. Ms. Deb Higgins, MLA from Moose Jaw Wakamow, right here. And Mr. Mark Wartman, MLA from Regina Qu'Appelle Valley is with us this evening. Also on the committee is Brenda Bakken, MLA from Weyburn-Big Muddy.

We have with us committee staff, Donna Bryce who was just in here and will be seated on my right. Tanya Hill who you see busily working in front as well — our research officer. Darlene Trenholm is one of our *Hansard* technicians and Alice was at the door.

We have a sound crew who is recording every word that's being said here, but they're not in this room — Ihor and Kerry.

What is our job? There are four statements.

First of all our job is to assess the impact of tobacco use in Saskatchewan particularly as it applies to children and youth. We want to answer the question of what provincial laws do we need to implement to protect people, especially children and youth. We want to hear from you what we should do to protect the public from second-hand smoke. Particularly, should we be designating smoke-free places and who should do it? Should it be the province, the municipalities, health boards, or somebody else? And what should we do to prevent and reduce tobacco use, particularly as it applies to enforcement? Should we be changing that? Should we be changing pricing? Should we be doing more in our schools or should we be doing more in the area of public awareness?

So we're going through a public hearing process. We want to hear your views. Going to go to 17 communities altogether, and we're going to be going 14 schools because this committee does feel that it wants to put an emphasis on children and youth.

Our current situation is described partly by this graph. This graph is an indication of a measure of the per cent of the population that smokes by two categories. The black bars are ages 15 to 19 and the white bars represent the ages of over 15. And it goes by province across the bottom here. And if we single out Saskatchewan, you take a look at the black bar and you notice the black bar at 34 per cent for ages 15 to 19 is almost — well, it's second highest, second only to Quebec. So this we know from the source of the Canadian Tobacco Use Monitoring Survey; some federal statistics.

However, if you take a look at the overall Saskatchewan smokers, we're about in the middle of the pack at about 25 per cent of the population.

Another graph that gives us quite a great deal of information is the amount smoked daily measured by the number of cigarettes smoked daily over a period of time, from 1981 until 1999. We've got four lines in this graph. The top line is the line that represents males of all ages. And you can see that the trend has been downwards generally.

The next line is females of all ages and that's also had a slow downward trend until about this time. At that time, in about 1996, you can see that it levelled off. When you look at the next line, this is young males, slow downward trend overall. The bottom line which represents females 15 to 19 is quite a bit wobblier. And more recently, you can see that there's been an upward trend again.

So the young people, both male and female, at this age at this time across Canada smoke approximately 12 to 13 cigarettes per day. It's this trend here that's, I suppose, of great concern to health authorities.

Here is a stat that represents how our youths are faring with respect to their taking up of smoking. There are three bars . . . three for females and three for males. One for the northern area, which is Saskatoon . . . or north of Saskatoon. Central area, which would include Saskatoon and down to the No. 1 Highway and the southern area, which would include Regina and sort of south of No. 1.

You can see that the tallest bar here is for northern females,

young females, in the North; 51 per cent take up smoking compared to females in the South, for example, at only at 32 per cent take-up. So we have a bit of a cultural difference right here within our province, and also quite interesting that far more young women smoking than young men.

The current situation in Saskatchewan — ah, coffee arriving. Just in time — current situation in Saskatchewan. We have a Minors Tobacco Act, which was last revised in 1978, prohibits the sale of tobacco to people under 16, allows merchants to sell tobacco to minors providing they have consent from their parents, provides a fine for \$10 for people who sell this tobacco. There's also the urban municipalities Act which gives urban authorities the power to regulate smoking in public places. And there's The Occupational Health and Safety Act, 1993 which regulates smoking in workplaces through the occupational health committees.

But that legislation is superseded now by the Tobacco Act of 1997, which is a federal Act, and this particular piece prohibits the sale of tobacco to people under the age of 18, and it provides for fines, maximum fines of up to \$3,000 for a first offence, and \$50,000 for a second offence for merchants who sell to minors. It also prohibits the advertising of tobacco products on television and newspapers and over the radio, but does currently allow sponsorship of adult-oriented events such as cultural and sporting events.

More recently you've heard news about the new packaging of tobacco products — that would be under federal legislation.

Tobacco — we use tobacco for all kinds of things. For those of you that can't see it from the back I'll just read this. This first little plate says, these pictures of diseased lungs on my cigarette package make me nervous. And she responds, me too, so nervous that I need a smoke. Well it speaks a bit to the addiction and to our culture too.

What about the costs of tobacco smoking? In 1997 it cost the province of Saskatchewan's treasury directly \$87 million. This is due to the sum of cost of hospitalization, physician services, drug costs, and fire losses. In addition to that people who no longer earn money because they're no longer with us as a result of smoking, and people who lose money because they're away from work and they're not productive, and other costs such as low birth weight are another 179 million, for a grand total of \$266 million as the estimated costs as given to us by the Department of Health, Saskatchewan.

We get some money in though. We charge tax of \$17.20 on every carton of cigarettes. That's 125 million we expect to go into the treasury this year, provincial treasury. The federal government taxes each carton by \$10.85, plus the GST, which yields about \$2.2 billion in revenue to the federal government. Saskatchewan smokers pay about \$67 million of that.

We're interested in hearing from you on these topics, on health effects, on issues respecting youth, about smoking in public places, recovering health care costs and accountability, and what other topics you might want to bring forward.

But I want to bring one more Saskatchewan-specific graph to your attention and that is the number of deaths attributable to

tobacco compared to traffic accidents, suicide, and AIDS. There is one really big long bar here attributed to smoking and the stats we have are about 1,100 people, more than 1,000 a year, die in Saskatchewan as a result of smoking. That's especially alarming when you think of it compared to traffic accidents and suicide, which we hear much about, but these numbers are far smaller, under 200.

There are some . . . there have been some settlements, lawsuit settlements in the States and of course, you've heard about BC's recent attempt, but they're based on the difference in these costs that this graph points out: the cost of health care to Saskatchewan about here, 266 million; and the estimated revenue about 125 million. So the difference between those would be the kind of thing that there's a shortfall in. There's no costs recovered. And of course, that graph does not include the federal taxation.

A little psychology here, let's see. This little fellow here has got a tummy ache because he just had his little cigarette. And mom says "are you okay". She says "you smoked some of that cigar, didn't you"? And he says "Yeah mom, I smoked it, I think I caught the cancer". And dad says "shouldn't we just tell him it's nausea". Mom says "well yes, but all in good time".

The ideal situation, maybe, for the balance between freedom of choice and freedom to breath clean air: you can enjoy a little visit in this part of the room and at the same time he can enjoy the smoking and all of his own tobacco.

What we want to do now is hear the witnesses that have come here today. I want to bring to your attention that we have the web site, www.legassembly.sk.ca/tcc. There's a youth survey on-line there and if you know of any youngsters or people that you associate with that might be interested in filling out that survey, we want to be able to tally it up after we're done.

So what I'm going to do now is read out the order the people have registered in. If there's somebody that has not registered and wishes to speak after we're through, then I would invite you to just come forward at that time. We're trying to set this up in about 20-minute time slots. If some of you take a little bit less time, that's fine, and we'll just go on to the next presenter. And we want to set it up so that there's at least time for one or two questions after each presentation.

Here's the order of presentations: Roberta Cox, Dr. Jachak, Dave Abbey, Patti Pacholek, Doug Alexander, Elisha Kapell, Don Richardson; and then we have from the Plains hotel, Kate Kangles and Stephanie Johnson. And one more. Oh yes, and then we have a representation from the Landmark: Lester, Leon, and Donna.

So the committee would now like to hear from Roberta Cox. When you come to the mike, I'd appreciate it if you would state your name, and if you're representing a group, also put that on record for us please. Thank you.

Ms. Cox: — My name is Roberta Cox and I'm representing Regina Heart Healthy Partners. Mr. Chairperson, committee members, staff, ladies and gentlemen. Regina Heart Healthy Partners is pleased that the government is seeking input to determine the need for provincial legislation regarding tobacco

control. Thank you for giving me the opportunity to present to you tonight.

Regina Heart Healthy Partners is a community-based organization composed of more than 15 organizations and agencies who are working together to reduce the incidence of premature death and disability from cardiovascular disease. The partnership is composed of recreation, education, and health agencies, and support groups.

Cardiovascular disease is responsible for 36 per cent of all deaths in Canada. Tobacco use is a major risk factor for developing heart disease or having a stroke. Smoking is responsible for more deaths from heart disease and stroke than deaths from cancer. Cardiovascular disease is the leading cause of hospital admissions for men and women, excluding childbirths and pregnancy. To provide health care for one person who requires coronary bypass surgery or who has suffered a debilitating stroke is costly.

In a 1997 Health Canada survey, over half of Canadians said that they are physically irritated by cigarette smoke. For people with asthma and allergies, tobacco smoke can pose an immediate health danger and often limits their participation in the community. They cannot be assured that they will not be exposed to tobacco smoke as it drifts through restaurants, the bowling alley, the arena, or other indoor public spaces.

Other people find the smell extremely obnoxious. Some, including several members of our group, suffer from burning eyes and throats when exposed to the smoke. After attending an event in a smoky venue, the smell when I return home is nauseating, and I have become choosy about which events I will support.

It is very important that we effectively address the public health issue of tobacco use and exposure to second-hand smoke. We need provincial legislation so that smoke-free spaces are universal across the province. It is important that we protect the health of Saskatchewan's citizens from second-hand smoke. Visitors to and residents of the province need to know where smoking is allowed and not allowed.

Currently we have a variety of municipal bylaws that vary greatly from community to community. Until we are actually in that community, it is difficult to know whether there will be a smoke-free sports facility or a smoke-free eating place.

Although we cannot legislate what happens in any particular home, we can protect children from exposure to tobacco smoke in public places. This would include all child care facilities, restaurants, recreational facilities, and public entertainment events — anyplace that children are allowed to go.

Exposure of children to environmental tobacco smoke affects their lung function and overall health. Children exposed to second-hand smoke have more colds, ear infections, bronchitis, and pneumonia. It is quite ridiculous that we allow smoking to take place in sporting venues when the negative effects of that smoke . . . that smoke has on the body physically are well documented.

Our society exposes children to role models who smoke which

influences the child's own smoking behaviour. In '96-97, 32 per cent of children aged five and under and 35 per cent of children aged six to 11 were regularly exposed to tobacco smoke.

Restaurants need to be totally smoke free. Ample evidence exists that smoke-free restaurants can make money in today's marketplace. The benefits of being smoke free are increased revenues and reduced costs. These include: not having to purchase ashtrays; or to replace upholstery, flooring, and tabletops due to burns; to repaint as often; or to change the air filters.

Yet restaurants seem to be afraid to make the step to go smoke free voluntarily. I know of very few smokers who can't go for an hour to an hour and a half without a cigarette — the average time required to order and consume a meal in most restaurants.

I recently had what started out to be a nice evening spoiled by cigarette smoke. My party of four was seated in the non-smoking section and spent over a hundred dollars on food and beverages. By the end of the meal, the air above our table was blue with smoke and the atmosphere was generally unpleasant. We are unlikely to return, yet it was good food, good service, and decent parking.

There is a disregard in our marketplace for the approximately 70 per cent of the population that do not smoke and who have given up dining out or enjoying a performance in a lounge because of experiences such as this. The hospitality industry is very good at calculating potential losses if they are required to go smoke free, but they don't take into account the business that they will gain.

Research has shown that ventilation systems are not a viable option. An independent engineering company in British Columbia found that to provide adequate levels of ventilation to remove the nicotine to a level that would not affect health would require an airflow of 21 miles per hour if in a horizontal direction or 13 miles per hour in a vertical direction. The cost to operate such a system for 12 hours per day, seven days a week, at our current gas prices, is prohibitive.

Hospitality industry personnel such as bartenders and waitresses are usually exposed to levels of smoke far greater than those created by one person smoking 20 cigarettes a day. The level of second-hand smoke found in restaurants is consistently one and a half to two times greater than the level found in homes. Levels in bars were three times greater. Nicotine can be found in the blood of a non-smoking staff for up to 40 hours after they were exposed to the smoke.

A non-smoker who lives with a housemate who smokes 20 cigarettes a day has an increased risk of four times greater for having a heart attack. The risk for bartenders and waitresses is even greater. Passive smoking increases the risk of stroke in non-smokers by 82 per cent in men and 66 per cent in women.

Legislation will prevent people from becoming addicted to tobacco products. Youth become addicted very quickly. Up to one quarter of children who've smoked their first cigarette by age 12 and among those who continue to smoke, daily cigarette use began by age 16. Early smokers are less likely to quit.

It is imperative that we do everything we can to prevent youth from starting to smoke. Research shows that if a person is not smoking by age 20, they will not likely start. Raising the age to 19 will mean that most high school students cannot legally purchase tobacco products.

Limiting where tobacco can be sold makes enforcement of an age limit easier. Enforcement can be simplified by using ticketing and meaningful fines with court prosecutions being a last resort for the continued breaking of the law. A business that has broken the law should be required to post a sign saying that they are prohibited from selling tobacco products for a specified length of time.

To support people who want to quit smoking, we need adequate funding to provide the best possible smoking cessation programs on an ongoing basis. I know many people who want to quit smoking and have tried unsuccessfully to do so. Nicotine is a powerful addiction. It takes roughly four to eight tries before a person is able to successfully quit. I have people tell me every week that they wish they could quit. We have youth in our high schools who say they want to quit.

We need different cessation programs suitable for segments of our society such as youth, women, children, and ethnic groups. Getting people to quit smoking is a complex problem requiring input and support from all segments of the community, including health care. Doctors who are known to be influential in behaviour change need to receive appropriate remuneration for counselling. Personnel — knowledgeable about the complexities of smoking cessation — should be available not only in health organizations and departments, but also in the areas of education, justice, and social services.

It is important that we have ongoing education programs and monitoring of tobacco-related issues within the province. What are our smoking rates, especially in different segments of the population? For example, how many children under 12 are smoking? I've been told of children as young as 5 and 6 smoking their first cigarette and being addicted by age 10. What happens to a child's growth both mentally and physically with this kind of substance abuse. It has been reported that babies born to mothers who smoked can have decreased physical and mental development that can affect them up until age 16.

Make tobacco education mandatory within the education system and start it at an age before children start experimenting with tobacco. Teach them how to say no, to respect others, and help them develop good self-esteem. The profile of teenage smokers is frequently a person who is not good academically, not good in sports, lacking self-confidence, and looking for a way to fit into a group. Smoking provides them with their own group.

By creating smoke-free spaces, we make smoking appear abnormal rather than accepted activity. Requiring that tobacco products not be visible in grocery, convenience, or drug stores, or gas stations, and prohibiting advertising in any form by tobacco companies, will support denormalization of tobacco.

Provincial initiatives are needed to promote smoke-free lifestyles. It's often difficult to do effective initiatives at a local level because the cost is prohibitive, and if these initiatives can cover the whole province, the cost per person can be reduced.

When I travel outside Saskatchewan — as a resident of the province where medicare was born — I often get asked about our tobacco legislation. People think that since we were a leader at one time in the health care field we must still be. It's embarrassing to have to say that our province has no recent tobacco control legislation and must rely on federal legislation or local municipal bylaws for limited protection.

On behalf of Heart Healthy Partners, I urge you to bring in comprehensive, enforceable legislation to provide smoke-free spaces and limits on how and where tobacco products can be displayed and sold.

Appropriate funding of prevention and cessation strategies, and ongoing monitoring and research are also required so that the public health issue of tobacco use can be dealt with effectively. We can't afford to have the residents of Saskatchewan get sick from tobacco.

Thank you.

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

Ms. Eagles: — Thank you, Roberta, for your presentation. You'll have to forgive me, I have a cold.

You mentioned in your presentation about raising the age to 19 and about how enforcing by ticketing and meaningful fines. Who were you talking about ticketing — the person selling or the person buying?

Ms. Cox: — At this stage, the person selling, although I also would like to . . . I would like to see tobacco on the same basis as alcohol — that if you're under 19, you cannot purchase it and you cannot have it.

Ms. Eagles: — Like a person that is, you know, has a service station said to me: why, if a kid comes in that's 17 or 18 years old, why should I have to act as a babysitter?

And I mean I'm not saying I disagree or agree with this, but he thinks that the onus should be on the parents to bring their kids up responsibly. And if they don't want them to smoke, why should he face the whole responsibility and, you know, face subsequent fines if indeed they are underage?

I think education is very key for the youth, you know, so that they don't start smoking in the first place. And I think if you can educate kids sooner than high school — elementary school — I think that's the key.

And another thing I think is very important is respect. I know non-smokers have rights. Smokers have rights. But I think that there has to be a lot of respect in there as well.

Ms. Cox: — Oh, I'd agree with that.

Ms. Eagles: — I thank you for your presentation.

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

Ms. Cox: — Thank you.

The Chair: — I would now like to call on Dr. Jachak.

Dr. Jachak: — Good evening, Mr. Chairman, members of the committee, and friends. My name is Shreedhar Jachak. I'm a family physician in Regina. I practise out of the Broadway Medical Clinic.

Now to start with — as someone mentioned just now — the question of human right comes in here. But in my opinion, see this presentation I am going to make and the other people are going to make, it's not a transgression on the rights of the smokers. We do not want to sort of take their human right away. If they want to smoke, that's fine.

But I think human right comes next to the social right or the community rights. So basically if they are not willing to look after the rights of the others in the society and the community, I do not think they can claim as their human right to keep on smoking and hurt others. So I think they have to consider the society first, the community, and then they can claim that they have a right to smoke. We all have rights, but at the same time we take care that we do not hurt when we are exercising our right.

Now so far as we know, and the speaker before me said, that Saskatchewan doesn't have that much of legislation. It's very poor. And personally, it's my personal view — because I am representing myself — is that government is probably afraid to lose the huge amount of tax they collect from this if they start legislating people from not buying, especially these younger people; then of course the taxes will be not there. And then the government is going to say, well if the sale is less, I'm not going to get that much of money. So probably they have that ideology that if we legislate very badly or very heavily, the sales will go down and the taxes will not be collected.

Now we also — Mr. Chairman, you presented some statistics, and speakers before me also presented some statistics; we can talk about the statistics all day long — but initially what one finds out, and especially in my office when I talk to the kids, to those who come with several lung conditions and things like that, I have some graphs and charts in front of my office, they look at it and they laugh at it. They don't even care about the statistics so you can keep on throwing statistics — nobody cares.

It's the same thing like you have pictures on the tobacco package, you know. How many people really look at it? All they're interested in is open the package, take the cigarette out, and throw it away.

So although statistics are useful for our general information, but those who really want to smoke, I wonder if it really makes that much of an impact on them.

In reviewing the statistics of course, approximately 1,600 people die each year from tobacco-related causes, which is more than the combined motor vehicle accidents, drugs, suicide, and homicide.

Smoking, of course, is a major risk factor as we know in our practice. It relates to almost 29 per cent of heart attacks — being a major risk factor — 40 per cent of strokes,

atherosclerosis, chronic obstructive pulmonary disease, and ulcers of the stomach, etc.

This also affects the pregnant woman because those who smoke during pregnancy, we find that they have babies with low birth weight and their mental function also is reduced to a certain extent. This amounts almost to 50 per cent of those ladies who smoke, their babies are low in weight. Out of the 6,800 people who die in the province here, the cancer of the lung takes the cake at 660 deaths. And of course in addition to that, we also have cancer of the oral cavity that goes along with the smoking.

Now the cost factor as you had pointed out in the graph, but the information I have is that in 1997 the direct and indirect cost to the taxpayers was approximately \$280 million. Well . . . and basically it's coming out of all of our pockets so why are we subsidizing the people who are smoking and getting this expenditure.

Now if we go and ask the smokers themselves what they think about their smoking habits — you know, like patients come into my office I always ask them — and they say: doc I agree with you, I shouldn't be smoking; it's a bad habit, I want to quit. And yet when you advise them about the ways to quit and the things that are available for smoking, I find that 50 per cent of them will come and say, I never cashed that prescription, it is still on my table. Or they start and half-way, half-heartedly they'll leave.

So they don't really have that desire to quit but they want to put up a big show in front of their families that they are really taking care of the smoking habit, but they do not want to. But when you ask them they do agree, and they are aware of the effects of smoking on themselves and the society and the havoc it can cause.

Ninety per cent of the youth surveyed, they wanted stricter rules and higher costs for buying the cigarettes; 60 per cent of the youth supported stronger penalties for the store owners who sell cigarettes and tobacco products; 77 per cent of Sask residents support banning smoking in public places and stricter legislation to control it.

Now what are the provinces doing about it? We know about Saskatchewan that our legislation is not all that good. But if you go to Manitoba, their present Act that they have, it bans smoking in the daycare, nurseries, schools, retail stores, shopping malls, hospitals, and other places. And they also have heavy fines up to \$5,000 for selling tobacco products to a minor.

Now as you have suggested that the first time it should be a little less, like \$50, \$100, and the second time around it should be more like \$50,000 or whatever it is. But knowingly when we know that something wrong is being done — selling tobacco products to the minor — why should we give them this leeway of a very little tap on the wrist first time and then second time we'll catch you around. You know, why not just fine him the first time so he learns his lessons and does not sell the products to a minor.

What the Manitoba government is doing — planning for the future — is to take X measures to increase the price of

cigarettes. They are also going to ban smoking in all public places. It literally means all public places — there are no exceptions — as well as workplaces either by new legislation and/or creating new workers' compensation legislation.

Now, we know, for example, the people who'll say well we cannot go without a cigarette for two hours, three hours; the same people when they are going overseas, they can travel 11 hours continuously in a plane without smoking and they can do without that. Some patients when they go to the hospital, they can stay in the hospital for a number of days and not smoke a cigarette and yet there are others who continue to do that.

And one good example is there is a patient in the Regina General Hospital who's almost at death's door. He carries his IV (intravenous) and poles and everything else, and every morning he comes out and keeps on smoking. And that's his problem. He doesn't care. And no amount of advertising or showing him the picture is going to change his mind. He continues to do that.

Then the Manitoba government — they are also going to raise the legal age of smoking to 19 years, and enforce this with photo identification so that if the boy or a girl, they look older than their age, if they do not have a photo identification, the product should not be sold to them.

Alberta government — they have increased the provincial funding for efforts to reduce the smoking. But I think spending our taxpayers' money into funding all these societies and committees and all the things that we do, it's not really going to do anything when we come up with a legislation which is very weak. So we have spent all the money, taxpayers' money, and yet the legislation is so poor that they can — as someone said — the tobacco seller says: well why should I be the babysitter; you know if he comes and asks me, I'm going to give it to him.

So, it's not going to work with weak legislation. And if we spend funds on that kind of thing, it doesn't really get us anywhere.

British Columbia, for example — there the companies are required to report any additives and ingredients today and to test their cigarettes for their toxic chemicals. They also have started initiating lawsuits and recovering the cost of health care from the tobacco manufacturers. They are also considering heavy fines and long suspensions of violations.

Going next, eastward, Ontario — they are also spending millions of dollars and they're giving it to the Canadian Cancer Society, lung association, and heart and stroke foundation. Basically this is — as someone suggested — that education is a big factor and we should be going to the schools, educating the children from the ground level up so that they know from the start and not wait till they are 17, 18 years old.

While in Saskatchewan — as we have heard before — we have weakest tobacco control legislation in Canada. And last time we heard, when I went to the meeting, they were trying to have some sort of effective legislation this year. So I hope this new millennium will bring an effective legislation and we'll be able to do something to prevent the misuse of tobacco. Thank you very much.

The Chair: — Thank you very much. Any of the committee member have a comment or question?

Mr. Wartman: — Thank you. You made a comment — or maybe it was a question you asked — whether the government is afraid to lose revenue. And I think the evidence that we have seen overwhelmingly points out to the fact that this is a major net loss for the people of the province in terms of cost for health care. And I don't think there's any question of it being a fear of loss of revenue. We're paying out to support this habit.

And I just wanted to make that clear — if that was a question — there's no fear of losing revenue.

Dr. Jachak: — Now I also want to make it clear that although, as you say, it is a net loss to the province of so many millions of dollars, what about the loss of 660 lives? Do you think that for 16 million or 20 million, you can buy 660 lives? You cannot.

So where is the justice in this because you are getting it . . . and I'm sure if you look at the gas prices now, the amount of tax dollar that is going into the Saskatchewan government and federal government, it's enormous. And there are some other ways where you can get this deficit or fall in your revenue and collect some more money but why should it be at the cost of the health of the people?

Mr. Wartman: — It shouldn't.

Dr. Jachak: — Exactly. That's what my point is.

Mr. Wartman: — I'm agreeing with you.

Dr. Jachak: — Thank you.

The Chair: — Thank you very much then, Doctor. Next the committee would like to hear from Dave Abbey.

Mr. Abbey: — Good evening. My name is Dave Abbey. I'm here this evening representing myself and I don't have a written submission in terms of a prepared one, but I have some notes here that I want to speak to. I'd like to thank the committee for the opportunity to speak to them about tobacco and the problems with tobacco.

I want to break this sort of comment into two parts. One is I want to share some personal experiences of being the parent of two young people — both of whom smoke — and situations that these kids have put me in and how I dealt with those situations being firmly of a view though that young people . . . nobody should be smoking.

We have two . . . we are parents of two young people. They are currently 18 and 21, both of whom smoke, both of whom started smoking at a fairly young age. The problem is what do you do with youth who smoke who you also happen to love as your own kids?

Two incidents, two experiences. It was many, many years ago, our older daughter, who was well under the age when she could legally acquire cigarettes, came to me and said: Dad, I'm going to give you money; please go into the drugstore and buy cigarettes for me. And she knew that I did not approve of kids

smoking and I didn't think she should smoke, but she said: Dad, I know you don't like it but, please, I want cigarettes, can you please go to the store and buy it for me.

I'm mindful, by the way, of what I say and I hope it's not a violation of the Tobacco Act, but it shouldn't be based on what you put on the screen before.

So I said I didn't know what I'd do and I said I would try . . . I'd stalled her for a day or so and I called a special physician she was seeing because of a medical condition she had, and I said, what should I do? This young person who is about 15, 16 wants me to buy her cigarettes. She'll give me the money. I've got to buy her cigarettes.

He said well, think of it this way, if you don't buy cigarettes for her, if that'll cause her to quit, then by all means don't buy them for her. But if you realize that she's going to get them anyways, if you don't buy them for her, somebody else will. And in order to keep the relation going — because this young person wasn't living with us then — it is probably a good idea to buy them for her. And so I did, second-guessing myself all the time, it wasn't the right thing to do. And I told her I wouldn't do it very often. I may have done it a couple of times over the years.

But you know, what do you do? You have this youngster who you try to keep a relationship with — and we'd have some troubles with our youngster — and we were faced with this conundrum and sort of the personal relationship outweighed the public policy or the public good of not encouraging her to smoke. And it's happened with our other daughter, too, despite a different relationship.

And the second incident I want to mention happened just about 10 days ago or so. I recently — because I was involved in the heart and stroke fund campaign — had occasion to attend the brunch they have — at least here in Regina — for the kickoff of the heart and stroke fund campaign. And they were having several speakers talking about how important it is in terms of lifestyle, what you eat, and what you consume. And there was the comment made that, particularly young women but also true of young men, how there's so much pressure on young people to light up.

Well I was with four young people who I took to this brunch. Three of them were out of the room when that point was made and guess what they were doing? Having a smoke . . . one girl and two of the guys were having a smoke. And now you can sort of see that despite all the best efforts, young people are smoking.

And so moving to the second part I'm sort of torn what to suggest we can do. I mean I read . . . I saw the material on the screen and I've read some of the stuff on the web site. Arguably you could say that government and everyone should do all of the above, all of the suggestions that have been made should be done.

I mean I generally concur with the submission you received from Mr. Knox and others calling for action. But you look at the various choices and all of them are good but all of them seem to me to be problematic. For example, government could legislate some sanctions against people issuing second-hand

smoke to stop people being exposed to second-hand smoke, or against selling tobacco products to kids, or letting young kids have tobacco products.

But we all know, the experience is that if you pass a law saying kids under 19 can't get tobacco, they'll get it anyways. I mean you see the media reports when there's talk about young people not smoking and you go to high schools and there's a smoking area where the kids are smoking. If it's not on the school property, it's off the school property.

I doubt if you'll get much support from an enforcement community to go out and give tickets to kids for having smoked. So that's one alternative and I'm not sure whether it will be effective although it certainly can't hurt doing it.

The second one is — and I know people in the retail sector will likely promote this one — is make it the customer choice. I go to restaurants in this city and a few of them do tend to have people who smoke in those restaurants and they aren't as nice as those that are smoke-free. But what I should be doing — and the example given earlier tonight what that person should do — is tell the restaurant you have wonderful food, but I ain't coming back until it's smoke free. My sense is that if customers generally told providers and establishments, you've lost our business until you're smoke free, if enough people tell them that, they'd quickly become smoke free.

But it's a slow process and it's got to be important . . . you've got to think it's important enough that you want to do it. I know the restaurant I'm thinking of that I go to, I don't like the fact that people smoke there, but I don't feel motivated enough to tell them I'm not coming back. And when I do, if enough people then say to them, make it smoke free, my sense is — and I suspect retailers would agree with me — it'll become smoke free pretty quick because my sense is economic power tends to speak most effectively.

The other thing I thought of is maybe government could . . . rather than prohibit the sale of tobacco products, make it darn inconvenient to sell tobacco products. I am aware of at least one — and there's probably others — retail stores in this province that don't sell tobacco products. And I remember asking the proprietor why don't you sell tobacco products? And he said: very simple, it ain't worth the hassles. He didn't make that much of a mark-up on them and secondly, he said: I don't want to ask half of my customers for ID; it hurts business, it upsets them, why should I put up with this so I said I guess I won't bother. There's enough stores in the town, there's places that can sell cigarettes so he just doesn't do it.

Now maybe if government could come up with a creative idea to allow tobacco products to be sold but make it darn inconvenient so sellers wouldn't want to do it. What I'm thinking of doing is — and I'll do this privately because I really can't do it publicly — share with you an example where government some time ago did try to do something to make it more inconvenient for something to go on. And the result of it is: the practice they wanted to discourage, it has been discouraged; it hasn't been eliminated, but it's been discouraged.

Maybe there are creative ways that government and society can

look at just making it more difficult to sell cigarettes to young people.

I wrote down two other suggestions that are somewhat tongue-in-cheek, but if there was a way to do it, it would really maybe have an impact on this problem. Everybody says that we have to get young people to stop, to not start smoking. Because as we all know, one thing that's very . . . that young people tend to be preoccupied with is interest in members of the opposite gender or opposite sex.

So perhaps maybe we should figure out some way to — we'd probably have to get the federal government help — to get the tobacco manufacturers to incorporate libido suppressants in cigarettes. When you think about it, if the . . . if what . . . if you get the kids what it's most . . . the biggest impact on their lives — and I know there was those messages that Allan Rock talked about — impact on one's sex drive. If one put some chemical in the cigarette to do that, maybe that might deliver the message.

And the other sort of tongue-in-cheek one — and again there may be some way technology can do this or again it would require industry to help — is the concern about second-hand smoke is always about . . . Say, Mr. Wartman was a smoker, he smokes; I have to inhale his second-hand smoke. Could we not get the industry to design a system where people wouldn't have to exhale? Then there would be no second-hand smoke. Think about that. Thank you very much.

The Chair: — Mr. Abbey, you've dealt with some real practical problems. Does anybody have a comment or a question at this time?

Mr. Wartman: — I just want to let you know that we're thinking of making that law about parents getting cigarettes for children retroactive.

Mr. Abbey: — That's your problem, not mine.

Mr. Wartman: — I know where you live.

Mr. Abbey: — Used to live.

The Chair: — Anybody else, comments or questions for Mr. Abbey?

Mr. Abbey: — Thank you.

The Chair: — All right. Thank you very much for bringing your personal viewpoints to the committee, Mr. Abbey. And next we'd like to hear from Patti Pacholek.

Ms. Pacholek: — I'm Patti Pacholek, and I'm a volunteer with the Canadian Cancer Society at the division level as well as the national level. Saskatchewan is faced with an unfolding tragedy. Today, the use of tobacco products is the number one cause of preventable disease, disability, and death in Saskatchewan. Approximately 1,200 citizens of Saskatchewan will die from tobacco use in 1999. A higher than average percentage of these will be First Nations and Metis people.

Tobacco industry products will kill 90,000 people presently alive in Saskatchewan. The societal impact of smoking, health

care costs, lost productivity, foregone household income, and fires costs Saskatchewan's economy vast amounts every year. Tobacco is the only consumer product that maims and kills when used exactly as the manufacturer intends. Moreover the tobacco companies are earning record profits.

The tobacco epidemic is entirely preventable. We know the measures that are necessary to prevent the addiction of our youth and to assist adult smokers to break their dependency on tobacco. There's nothing magical involved in confronting this problem. What is needed is a comprehensive approach and political will. By any measure, by any standard, tobacco use in Saskatchewan constitutes a public health crisis. Recent increases in consumption among adolescents add a new dimension to the problem.

In September, 1998 — because child and adolescent smoking had risen to disturbing levels — the provincial territorial conference of ministers of Health asked the provincial territorial conference of deputy ministers of Health to develop a national tobacco strategy. Our Saskatchewan people were involved.

A national strategy was then developed through the work of the Advisory Committee on Population Health, which advises the conference of deputy ministers and the steering committee of the national strategy to reduce tobacco use in Canada. This new national strategy is contained in a document entitled *New Directions for Tobacco Control in Canada* which was approved by ministers of Health — including our Minister of Health — and released to the public at their 1999 meeting in Charlottetown.

The Health ministers agreed that effective tobacco control requires a comprehensive approach with research, policy, and program components. There must be coordination between the various levels of government with organizations in the non-government and private sectors. The ministers elaborated four main goals: prevention, cessation, protection, and denormalization.

There's a need for comprehensive approach. It is essential that Saskatchewan's tobacco control strategy be comprehensive in nature and include taxation, legislation, and education and programming components. Consistent with the views of the ministers of Health, a tobacco control strategy should not only seek to prevent young people from starting to smoke, it should be a strategy that should implement measures that will encourage quitting among young adults, reducing exposure to second-hand smoke, and hold the tobacco industry accountable.

Saskatchewan should demonstrate leadership and implement tobacco control legislation that is better than that found in any other province. Not only should the best components of other provincial legislation be taken as a model, but new innovation should be introduced as well.

Saskatchewan has a tremendous history in the health field — leading the way with medicare. But today, despite the magnitude of the tobacco epidemic, the province's tobacco strategy is essentially non-existent. For example, The Minors Tobacco Act — originally passed in 1896 before Saskatchewan was even a province — is antiquated, ineffective, and, indeed, an embarrassment.

Amazingly, Saskatchewan Health has a tobacco control budget of a mere \$20,000 in the current fiscal year. The number of officials at Saskatchewan Health working on tobacco is just one full-time equivalent. The status quo is appalling and unacceptable.

In 1994 the government introduced Bill 68, The Young Persons and Tobacco Act, that would have replaced this Minors Tobacco Act. Despite support for the Bill, the government did not proceed to ensure the passage. Since then there has been one excuse after another to attempt to justify continued inaction.

Higher tobacco taxes are also a very important means of reducing smoking, including among children who are particularly price-sensitive. Many money studies have found that higher prices lead to reduced smoking, and at tab 3 of my report there's a map and that will show you how we compare.

There is argument that there would be perhaps smuggling across borders. But to illustrate, they found that this is insignificant in the provinces that have had it — in fact the difference between Manitoba and Ontario in tab 3 — and they have a solution whereby the risk of interprovincial smuggling is manageable.

There should be a total ban on smoking in all workplaces and public places, as is the case in British Columbia. The existing Saskatchewan occupational health and safety regulation dealing with smoking is inadequate to protect workers and the public. Even in Quebec — where smoking is much more culturally accepted than in Saskatchewan — provincial legislation restricting smoking is much stronger than in Saskatchewan.

Environmental tobacco smoke is a serious health hazard that causes heart disease and lung cancer in otherwise healthy non-smokers. The hazards have been recognized by Health Canada, the US Surgeon General, US occupational health and safety, the US Environmental Protection Agency, the California Environmental Protection Agency, the Canadian Cancer Society, and the Heart and Stroke Foundation of Canada, among others.

Two of the eight rotated warnings currently on cigarette packages deal with environmental tobacco smoke. One says: "Tobacco smoke can harm your children." The other: "Tobacco smoke causes fatal lung disease in non-smokers."

In light of the hazards, involuntary exposure to environmental tobacco smoke in all workplaces must be eliminated.

Smoking in provincial government offices in Saskatchewan was prohibited in 1994. If public sector workers can have smoke-free workplaces, there's no reason why all private sector workers should not be entitled to that same level of health protection — both citizens of this province.

While restaurants and especially bars represent only a tiny percentage of employers in the province, potential smoking restrictions for these workplaces seem to draw the most attention. In other indoor workplaces, an elimination of smoking or limited smoking in separately enclosed, independently ventilated smoking rooms is generally widely accepted.

There's extensive evidence that laws requiring smoke-free restaurants and bars do not lead to reduced sales in the hospitality sector. A summary of these pertinent studies appear at tab 5. I think it's important to look at those statistics.

Failing to eliminate smoking in restaurants and bars discriminates against people with physical disabilities: asthma, cystic fibrosis, various respiratory and heart conditions. If a person is in effect denied access or employment because of a physical disability, our courts have clearly said that that is discrimination.

If a pregnant woman is forced to choose between exposing the fetus to harm and quitting her job, she is faced with both a terrible dilemma and discrimination. An asthmatic child who is unable to attend a birthday party at a restaurant because of environmental tobacco smoke is also the subject of discrimination. Workers should not be forced to pay between their health and a paycheque.

Merely having smoking and non-smoking sections is inadequate, just as having a swimming pool with urinating and non-urinating sections is inadequate.

Similarly, merely having ventilation is inadequate. Not only is requiring all establishments to have enhanced ventilation insufficient to protect non-smokers from the health effects of environmental tobacco smoke, smaller establishments would be relatively less able to afford expensive ventilation systems. It is both impractical and expensive for government to enforce ventilation standards; that is to ensure ventilation is in place, is turned on, is in good repair, and meets all of the performance criteria on a continual basis.

To assist with enforcement, it is essential that there be an obligation on the employer or the proprietor to ensure the law is obeyed, as is the case for occupational health and safety laws. Employers should not be allowed to permit smoking on their premises. Ashtrays should not be allowed in places where smoking is prohibited. Signs should be required to be posted to indicate where smoking is and is not permitted.

The Urban Municipalities Act, 1984 should be amended to ensure that municipalities have the full authority to adopt smoking bylaws that make distinctions among classes of premises. Such an amendment would be consistent with the authority granted to municipalities in other provinces. The need for such an amendment exists following the 1999 ruling by the Saskatchewan Court of Queen's Bench in the Saskatoon bylaw case.

Municipalities and perhaps also health districts should have the ability to adopt bylaws that are stronger than provincial standards.

Not only do smoking restrictions protect the health of non-smoking workers and members of the public, but smoke-free workplaces have a significant impact on smokers quitting or cutting back. This represents a second and yet extremely important benefit arising from smoking restrictions.

I'd like to talk about messages at point-of-sale to discourage smoking. Several provinces have required health warnings at

point-of-sale, and in Saskatchewan we should do the same. Examples of such tabs . . . such fines are found at tab 9 and I have one here that is to scale that you can look at.

These mandatory signs are an extremely cost-effective means to disseminate a health message to both smokers and non-smokers and to both adults and children. Signs could also contain non-health messages such as describing how much money could be saved by quitting.

As previously noted, the existing Saskatchewan law prohibiting the sale of tobacco to minors must be modernized. New legislation should prohibit the sale of tobacco and tobacco accessories — like cigarette paper and cigarette tubes — to persons under 19; 19 corresponds with the minimum alcohol age in Saskatchewan. As well, 19 has been adopted as the minimum tobacco age in six other provinces: British Columbia, Ontario, New Brunswick, Nova Scotia, PEI (Prince Edward Island), and Newfoundland.

Stores that violate the law should be subject to a fine and should have their ability to sell suspended automatically without, without the need for administrative processing. A suspension should apply to the location of the store to prevent a suspended store from simply reincorporating under a different name.

Regulations should specify exactly what types of photo identification are acceptable. Stores should be required to ask for photo identification from all customers who appear to be under the age of 20.

Other provisions with respect to the sale of tobacco to minors should be adopted to facilitate enforcement. Many of the best of such provisions can be found in legislation from other provinces.

Effective, enforced legislation controlling youth access to tobacco products will decrease youth smoking. Given that the overwhelming majority of smokers begin as teenagers or preteens, this is clearly essential.

It's unacceptable that pharmacists, as members of the health care system, are actively selling cigarettes — an addictive, lethal product. Imagine if doctors' offices or local units of the Canadian Cancer Society sold cigarettes as a revenue-generating activity. It simply would not be tolerated.

Four provinces — Ontario, Quebec, New Brunswick, and Nova Scotia — prohibit the sale of tobacco products in pharmacies, with other provinces considering a ban. In Quebec, The Quebec Order of Pharmacists, ruled that pharmacy tobacco sales constituted professional misconduct — a ruling upheld on appeal to the courts.

Despite predictions by some pharmacy organizations that prohibiting tobacco sales in pharmacies would lead to fewer pharmacies, these claims have proved to be groundless. A report on the Ontario experience is found on tab 7.

Much of the opposition to banning pharmacy tobacco sales was led by Shoppers Drug Mart, and who was Shoppers Drug Mart? It was owned by Imperial Tobacco's parents . . . parent company Imasco just until recently. Outside North America, it

is virtually unheard of that pharmacies sell tobacco.

An additional concern is that many pharmacies do more than sell tobacco, they promote tobacco through prominent product displays and through sponsorship promotions. Tobacco sales should also be prohibited in other health facilities such as hospitals.

All retailers selling tobacco should be required to obtain a provincial tobacco licence as is the case in some other provinces. Tobacco sales, through vending machines, should be prohibited. Tobacco sales should also be prohibited in government buildings, in athletic and recreational facilities.

Tobacco sales in licensed establishments should be prohibited. Not only would this help enforce smoking restrictions in such establishments, but it would discourage smoking generally.

Legislation should contain comprehensive regulatory authority to require manufacturers to provide Saskatchewan health reports on sales volumes, marketing expenditures, research, samples of tobacco promotions, yields of substances in tobacco smoke, a list of tobacco retailers. This information reported would enable the government to monitor marketplace developments to enforce provincial legislation more effectively and to develop better programs and policies.

As previously noted, the entire annual tobacco control budget per person is just over \$20,000 despite the fact that tobacco is the leading preventable cause of disease, disability, and death in the province. By contrast, Saskatchewan collects 123 million per year in tobacco taxes, including 4.8 million from illegal sales to teenagers under 18. It cannot be justified ethically that the province would spend less on its tobacco control strategy than it collects in taxes from underage teenage smoking.

On a per capita basis, the province's current tobacco budget works out to be just 2 cents per person per year — a paltry, shocking amount. This compares unfavourably with the very successful state programs in California, Massachusetts, where the per capita budget are about 4 and \$8 respectively. The US Centers for Disease Control recommends that, based on best practice evidence, state tobacco control program budget should be 5 to \$13 on a per capita basis.

There's extensive evidence that educational efforts can make a difference at reducing smoking, but educational campaigns must be intensive and sustained to have the desired impact.

Saskatchewan should move quickly to recover tobacco-related health care costs from tobacco manufacturers. British Columbia has filed a lawsuit; and Manitoba, Ontario, and Newfoundland have announced their intention to file a lawsuit. Quebec has said that it is examining the possibility. Although the tobacco industry has cost millions of dollars in health care costs in Saskatchewan, the provincial government has not yet taken any steps to recover these costs.

Tobacco companies have removed profits from the province, leaving Saskatchewan taxpayers to pay the medical bills.

It is true that Saskatchewan collects tobacco taxes, but these taxes are paid by the consumers and not by the manufacturers.

The fact that tobacco taxes exist should not diminish the obligation on manufacturers to pay compensation. If Exxon was to cause an oil spill, Exxon would not be able to argue that it was not liable to pay the cost of cleanup given that the government already collects gasoline taxes.

In the United States, the tobacco litigation strategy has proven to be very, very successful. By November 1998, 50 state governments entered out-of-court settlements with tobacco manufacturers, with payments totalling \$246 billion US over 25 years.

Tobacco companies agreed to new marketing restrictions. As well, more than 35 million pages of internal tobacco industry documents are now available to the public.

In Saskatchewan, medicare cost recovery could be done through a lawsuit facilitated by the province, by the provincial legislation. BC Tobacco Damages and Health Care Costs Recovery Act is a leading example of such legislation.

While this Act was declared invalid a few days ago by the British Columbia Supreme Court, the court's reasons were on very narrow grounds regarding the issue of extraterritoriality. A simple amendment to the Act might be sufficient to respond to the concerns of that court. On key issues, the court upheld the relevant principles in the Act, soundly rejecting tobacco industry arguments.

Legislation should contain effective, comprehensive enforcement provisions. Potential penalties should be significant, especially for tobacco manufacturers.

In closing, I would like to commend you for listening. Unfortunately, I have not said anything new. I have not said anything that your government shouldn't be aware of already, but for some reason, nothing is being done. Hopefully, that's what'll be what's new. Thank you.

The Chair: — Thank you very much. Well don't apologize for repeating this stuff. One of the ways that the committee judges these things is how fervently people believe it, and who believes it.

I have to say that, you know, while maybe the people in the Department of Health and maybe a few, like the Minister of Health, may have access to the information, as a whole the members of the legislature probably do not have . . . did not have access to the information that we've received, say, in the last week and a half, simply because . . .

Ms. Pacholek: — That surprises me.

The Chair: — I shouldn't say they didn't have access to it. I simply say they probably hadn't accessed it. It's simply a matter of what you have on your plate before you, that's put before you, and you don't deal with it until it's put before you.

Ms. Pacholek: — This is important.

The Chair: — I have one question. Maybe other members have a question. You were talking about . . . you referred to the California, Massachusetts campaigns and their per capita

spending. Do you have any evidence of any results that have been achieved there? Has any been measured to your knowledge?

Ms. Pacholek: — I don't have that in the report and I don't have that at my fingertips. If there is such information, I will see that it gets to your committee as soon as possible.

The Chair: — Thank you. Anybody else? Well, Patti, thank you very much for making this presentation.

Ms. Pacholek: — You're welcome.

The Chair: — Next the committee would like to hear from Dave Alexander. Welcome Dave.

Mr. Alexander: — Thank you, Mr. Chairman. My name is Doug Alexander, for the record.

The Chair: — Duly noted, Dr. Alexander.

Mr. Alexander: — Thank you, Mr. Chairman. It's been well documented that this government and previous governments over the past ten years that smoking is a major risk factor for heart disease, stroke, cancer, and lung disease. Tobacco kills more people in this province than AIDS, car accidents, and homicides. Approximately 1,600 people in this province die from tobacco-related causes each year. One in five deaths in this province are smoke related.

The economic burden and direct costs — almost \$76 million when the last study was done in 1997 — this includes the cost of hospitalization and drug costs. The indirect costs — which include loss of earnings due to premature death and loss of work days — was estimated at \$189 million in 1997.

Provincial governments have had this information through their own research over the past 10 years, and what has been the result? You've ordered more money spent on more surveys and more research.

This province is currently dead last as far as introducing tobacco legislation is concerned; 8 out of 10 provinces have introduced recent legislation. Saskatchewan is only one of two — Alberta is the other — that has not.

We need tobacco control legislation to replace the outdated 1896 and 1995 legislation that is currently on the books. Legislation strengthens the impact of educational and cessation programs to support smoke-free behaviour. It also gives a level playing field to retailers selling tobacco products and to owners of retail establishments that might be affected by smoke-free legislation.

But I believe a much greater effort is needed to address what I consider to be the most major and important concern, and that is smoking amongst our youth and our children.

A 1994 Health Canada survey confirmed that younger people smoke more than older people, and more young people are starting to smoke at a younger age. It's estimated that 29 per cent of 15- to 19-year-olds smoke and they smoke an average of 13 cigarettes a day; 13 per cent of 10- to 14-year-olds smoke

and they smoke an average of 10 cigarettes a day. That survey estimated that 85 per cent of young smokers start smoking prior to the age of 16. This is dire implications for the future health of our young people and additional future costs to our health care system in this province.

A recent survey funded by the Heart and Stroke Foundation of Canada titled the Changing Fact of Heart Disease and Stroke in Canada points out that the rates of smoking among young people aged 15 to 19 continues to increase with the greatest increase evident among young women. The fact is that influence smoking in this age group includes personal factors such as low self-esteem, but it also includes smoking patterns in the family, and the accessibility of cigarettes.

A report by the Centers for Disease Control and Prevention, the CDC, suggested that since 1998 the rate at which adolescents become smokers has jumped by 50 per cent to 77 per 1,000. And the CDC estimates that if current trends continue, this generation will face a much higher rate of heart disease, stroke, cancer, and lung disease.

Health Canada maintains that if a person reaches the age of 20 as a non-smoker, the likelihood of that person ever becoming a smoker is extremely small.

The Heart and Stroke Foundation of Canada did a recent report card on Canadian kid's health, and there was an interesting finding with regard to second-hand smoke. The study found that half of Canadian children are exposed to second-hand smoke by their own parents at home. These youngsters are learning by example to take up smoking in their teens.

Children whose parents smoke are twice as likely to become regular smokers themselves. Even among children as young as 6 to 12 years of age, this report says 7 per cent have already tried cigarettes — between 6 and 12 years of age. The risks to non-smokers posed by second-hand tobacco smoke are well documented. Non-smokers have obviously made a choice to stay healthy and they have the right to have that choice respected and protected I believe.

The government's own recent polls and research have shown support for tobacco legislation in this province. An omnibus survey conducted by Saskatchewan Health in 1998 showed that 79 per cent of Saskatchewan residents were in favour of banning smoking in enclosed public places. This was far higher support than that which existed for seat belt legislation in this province before it was introduced.

Over 77 per cent of Saskatchewan respondents in that survey also said that they would support stricter enforcement of the legislation already in place.

Tobacco legislation in this province is long overdue. It has been researched and studied to death for more than 10 years. It's time for this government to act.

I sincerely believe that new tobacco legislation should, at the very least, contain the following:

Number one, reduced access to tobacco by minors by prohibiting the sale or giving of tobacco products to any person

under the age of 19. This age restriction will match the legal age for the sale of liquor in this province.

Number two, provide health information at the point of sale. Such information will serve as a constant reminder of the long-term and deadly effects of tobacco use.

Number three, license tobacco vendors. This provision will help to raise the profile of tobacco to the same level as alcohol with respect to the serious nature of the product. Licensing fees would then provide revenue for compliance activities.

Number four, ban the use of tobacco vending machines. The current federal law restricts the location of these machines, however a total ban on their use would reinforce the message that tobacco cannot be sold in the same casual manner as candy.

Number five, ban the sale of tobacco in designated places. The sale of tobacco products would be banned in such premises as health care facilities, pharmacies, recreational facilities, and educational facilities.

Number six, tobacco packaging and labelling opportunities. Saskatchewan would capitalize on this direct form of advertising by including provincially focused messages on cigarette packages. Messages might include stats on the number of smoker-related deaths in this province and the incremental cost of health care attributed to tobacco use in Saskatchewan.

Number seven, educational and information programs. Programs to educate and inform citizens about the health hazards of tobacco use, as well as smoking cessation opportunities for smokers who'd like to quit. These activities could be carried out by existing agencies with special tobacco funding.

Number eight, compliance. Legislation without enforcement capabilities is of little value. Compliance with the new tobacco legislation would need to be enforced by appropriate staff and funding. New money for this purpose might be made available from the vendor licence fees that I spoke of.

And number nine, subsidization of health care costs by the tobacco industry. Patti referred to this a few moments ago. This province should consider the example set by BC, Ontario, and several US states in bringing action against the tobacco industry to recover the incremental costs of health care caused by tobacco use.

Let's now compare the tobacco legislation in this province with what other provinces are doing currently.

Number one, reduce access to tobacco by minors by increasing the age restriction to 19. Six provinces call for 19; two call for 16; and two have no minimum. The federal Bill, C-71, that didn't pass, died on the order paper, called for 18. In Saskatchewan it's currently 16.

Two, provide health information at the point of sale. Six provinces called for this provision. Saskatchewan has none of course.

Three, licensing of tobacco vendors. Eight provinces called for

this provision. Saskatchewan has none.

Number four, ban the use of vending machines. Two provinces banned the use. One restricts the location. Saskatchewan has no such provision.

Number five, ban the sale of tobacco products in designated places. Two provinces have this provision. Saskatchewan has none.

Number six, tobacco packaging and labelling opportunities. Three provinces have such legislation to allow for specific messaging. Saskatchewan has none.

Number seven, smoking controlled or banned in enclosed public places. Four provinces have such legislation, and most major cities in this country have bylaws to protect the health of the public from the effects of ETS or second-hand smoke. Saskatchewan has no such regulations.

Number eight, signs required indicating whether smoking is permitted or not; the signs to be seen from outside the establishments. Four provinces have this legislation. Saskatchewan has none.

In conclusion, Mr. Chairman, there is no safe level of tobacco consumption. At least 85 per cent of today's lung cancer is caused by smoking. Many Canadians die each year from heart disease and stroke related to second-hand smoke. Tobacco is as addictive as heroin and cocaine.

Tobacco companies are targeting youth. Legislation strengthens the impact of educational and cessational programs to support smoke-free behaviour. Smoking remains the number one preventable cause of death in this country. Our current Saskatchewan tobacco legislation is outdated and ineffective. Thank you very much.

The Chair: — Thank you very much, doctor, for your very passionate address. There may be some other questions. I have one. In your suggestions of actions to be taken by the government, you talked about health information at the point of sale. Could you give an example of what type of information you mean? A little . . . are you talking about a little pamphlet? Or are you talking about a little button, or?

Mr. Alexander: — Well I think there could be messaging on cigarettes or messaging around tobacco counters where tobacco is sold that stresses some of the points that I've just given on health care risks . . . (inaudible interjection) . . . Yes, yes. Thank you.

Ms. Eagles: — Thank you for your presentation, Mr. Alexander. I would just have one question for you. Do you consider bars a public place despite the fact that there is a age limit of 19 years on them already?

Mr. Alexander: — I really didn't address the issue of smoking in bars and restaurants. I stressed the issue of smoking in our youth because I feel that if we can get that under control, we could do our best to stop our young people from smoking.

We won't have to address the issue of bars and public places

because there will be no smokers. Seventy per cent of the people in this province do not smoke today; 30 per cent do. But it differs. In one town, you know, a restaurateur or hotel keeper might say that 80 per cent of his customers smoke; in another town, it could be 70 per cent that don't smoke.

So I preferred in my presentation to deal with tobacco smoking in our youth.

Ms. Eagles: — And the rest will take care of itself, very much so. Thank you.

Mr. Alexander: — Thank you.

The Chair: — If it's convenient, doctor, if you have a copy of your presentation, we'd like to get it.

Now the committee would like to hear from Elisha Kapell.

Ms. Kapell: — Hello. My name is Elisha Kapell. I am the provincial chairperson of Students Working Against Tobacco or SWAT.

All right. I am 19-years-old. After graduating from high school in Windthorst in 1998, I participated in the katimavik program for a year. I presently work in the food service industry and plan to attend the University of Regina next year.

SWAT is a very new organization, having just been founded in November of 1999. We presently have 11 registered chapters in Saskatchewan in schools in Regina, Saskatoon, Prince Albert, Moose Jaw, Kipling, Buffalo Narrows, Weyburn, and Carrot River. Our older and better known sister organization is Students Against Drinking and Driving or SADD. We share administrative services with SADD and benefit from their organization's experience and help.

Although right now we are a small organization, in its first year SADD had only six chapters in the province but today it has over 130 chapters. We have already surpassed SADD's first year total in three months, so we are confident in the future SWAT will make the same kind of impact on tobacco use that SADD has had on drinking and driving.

SWAT has already submitted a formal, written presentation to the Special Committee on Tobacco Control. It is a seven-page document supported by around 100 pages of documentation. Rather than simply repeat the information that we have already submitted in our written brief, we will instead concentrate on one particular concern we have regarding the committee hearings thus far.

We have heard reports that at most of the hearings held thus far, members of the hotel, restaurant, or bar industries have come forward to express opposition to improvements in Saskatchewan's tobacco control law. They allege that improvements would somehow hurt their businesses. Whenever people want to defend the tobacco industry, they always talk about business, so I would like to talk a little about the business of the tobacco industry myself.

This is what the business of tobacco is all about. First of all they produce a product which is designed to do two things: one, it

causes illness, diseases, and ultimately kills the people who use it; two, it is designed to be addictive and the substance which causes the addiction — nicotine — is carefully controlled by the tobacco industry to ensure the maximum potential of addictiveness is maintained.

From a business point of view, the only problem with nicotine is that it doesn't addict everyone. In fact most people over 20 would have to smoke for a year or more before they would become addicted, and virtually no one who waits till they're 20 to smoke ever continues to smoke.

So if you want people to get addicted, you have to get them young. In fact the younger they are, the easier they are to addict; therefore the tobacco industry markets its products at young people in order to ensure that it maintains its markets. Now if the tobacco industry marketed its products by telling the truth, then we wouldn't have a problem, but the tobacco industry does not tell the truth; it lies.

In 1994 the heads of all major tobacco companies lied under oath to United States Congress by claiming they believe nicotine is not addictive, even while for years they had researched how to use nicotine's addictive qualities most effectively.

The tobacco industry has claimed to be concerned about youth smoking and says it doesn't market tobacco to young people. However, tobacco documents the industry tried to keep secret — uncovered by the media, government, and revealed by industry insiders who have had their crisis of conscience — have revealed that selling cigarettes to young people, especially young women, is a priority of the tobacco industry.

The federal government is presently suing the tobacco industry because they facilitated cigarette smuggling in Eastern Canada to lower tobacco taxes. In numerous jurisdictions when improved tobacco control laws are being considered, tobacco industry will actually create false organizations claiming to represent restaurant and bar owners and generate false information to scare politicians and the public into believing that if tobacco control is improved, business will suffer. The business of selling tobacco is then the business of telling lies. It has to be because when your products are death and disease, you can't tell the truth and expect to stay in business very long.

I can already hear the tobacco industry's defender saying, oh sure, tobacco is bad but it's legal, and if we make smokers mad they won't come to restaurants and we will all go out of business. So let's talk about the restaurant business a bit. We have health codes for restaurants that apply to the cleanliness of the restaurant and to the cleanliness of food preparation and serving. I'm sure the restaurant industry would tell you that these codes are important and that customers expect restaurants to obey them. In fact customers would quickly stop patronizing restaurants where health conditions were anything less than pristine; that's just good business sense.

The tobacco industry will tell you that second-hand smoke isn't that unhealthy, and that a little second-hand smoke won't kill you. Well it won't kill you . . . kill you if a restaurant doesn't clean up tables between customers either, or if food-preparers don't wash their hands or wear hairnets. That doesn't mean that

it's good business to not require restaurants to do these things.

Tobacco smoke contains the same substances as found in the human mouth and nose — things like saliva and mucus — and they are mixed in with the substances in tobacco smoke, chemicals ranging from cyanide to butane and including 40 substances that cause cancer. When smoke is in the air it settles on food, clothing, skin, and is of course breathed in by everyone in the room. Now that's no big deal according to the tobacco industry, but for the restaurant industry cleanliness is supposed to be an important part of business.

I mean I'm sure it wouldn't let patrons spit on other people's foods or sprinkle lighter fluid or poisoning other people's foods, even amounts so small that it won't really hurt them that much — at least small according to the tobacco industry — but the restaurant industry seems to think that letting people smoke is good for business. It seems very strange that a business so interested in being sanitary would be so supportive of such an unsanitary practice as smoking.

Of course it's because they believe that 30 per cent of our population who smoke will never darken their restaurant doors again if they are not allowed to smoke in the restaurant. For some reason these 30 per cent of the population seem to be more important to the restaurant, hotel, and bar industry than the 70 per cent of people who don't smoke. It seems odd that businesses would cater to the minority instead of the majority.

It is even stranger since surveys show that smokers have less income and are less sociable than non-smokers. It also seems strange since surveys show that non-smokers avoid places that are smoky. It seems very odd that these businesses so worried about going out of business would not try to reach out to the larger, more lucrative market of non-smokers. Non-smokers are more upwardly-mobile, have more disposable income, go out more, and are better educated on average than smokers. Therefore they, and not smokers, should be the main market for the hotel, restaurant and bar industry.

One of the things we are already hearing from most businesses — including the various food service industries — is how important it is that Saskatchewan will be competitive in the marketplace, that we attract tourists, and that we be world-class. That's why we had to have Sunday shopping, why our hotel prices had to go up, why our liquor laws had to be loosened up, why we had to have gambling and VLTs (video lottery terminals). After all we don't want people from outside Saskatchewan to portray us as backward hicks. Tourists from Toronto or BC or California or New York City or numerous other American cities could be excused if they thought we were backward when they came into one of our restaurants or the food court in one of our malls and they are forced to sit within a few feet of someone who is smoking. There is nothing world-class about Saskatchewan smoking policies. In fact, we are so far behind it is an embarrassment.

The fact is that there is no evidence that banning smoking has any effect on business. The only people who believe it are either being paid by the tobacco industry to front their lies or are so naïve about the tobacco industry that they have been scared by lies.

Yes, smokers will be upset if you ban smoking. They're addicted to tobacco so of course they will be upset. Alcoholics don't like the drinking and driving laws either, but that doesn't mean we repeal laws to protect the roads from impaired drivers. The fact is, if you ban smoking from all Saskatchewan restaurants, bars, and hotels, then they won't have any choice.

As in every other situation where smoking is banned, smokers will simply stand outside and take smoking breaks. No one's business will suffer. In fact, with the increase in non-smoker usage, businesses will probably improve. Studies show this happened in several jurisdictions.

In conclusion, I would like to briefly summarize these recommendations we have made in our written submission to this committee.

Sue the tobacco industry. The recent setback in British Columbia is no reason for the Government of Saskatchewan not to take this action. In the United States, several of the lawsuits also suffered initial setbacks before ultimately succeeding. Suing the tobacco industry would help educate the public about the tobacco issue, provide funding for the anti-tobacco program, and discourage legitimate individual and organizations from partnering with the industry.

Substantially and annually raise cigarette taxes. It has been clearly established that higher taxes on tobacco products are the most effective way to discourage smoking, especially among younger people.

Ban smoking from all public places, especially food service facilities like restaurants, bars, hotels, and malls. There is no reason why food service workers should not be extended the same protection as all other workers in this province are.

This was the basis for the recent Worker's Compensation Board order in BC which protected food service workers from exposure to second-hand smoke. If the food service industry cares about the majority of its customers and its employees, it would voluntarily enact this ban.

Ban all forms of tobacco advertising and sponsorship in Saskatchewan. The sole purpose of tobacco advertising and sponsorship is to attract young people to smoking. Allowing the tobacco industry to advertise is a failure to protect young people.

Despite the federal legislation, the tobacco industry still is able to promote its product through billboards, foundation sponsorship, and other means.

I am certain that the tobacco industry, through its friends, will castigate what I have said here today, no doubt calling me a Nazi or a health nut or some other insult. No doubt SWAT will be called radical and anti-business. Perhaps members of this committee will even dismiss me in such a way.

I would not be ashamed to be called a radical and here is why. Being opposed to slavery was once called radical, being in favour of votes for women was once called radical, and being in favour of voting at all once meant you were a radical.

I have here with me even a more recent example. In 1992, Students Against Drinking and Driving released its legislative agenda. Included were proposals for a probationary driver's licence, vehicle impoundment for suspended drivers, lowering the blood alcohol content, and increasing penalties for impaired driving. This is the *Leader-Post* article describing the legislative agenda and the headline reads: "SADD proposes radical changes."

In 1996, new laws were introduced into Saskatchewan regarding drinking and driving. These laws were introduced after three separate series of public hearings that SADD actively participated in. The new laws included a probationary driver's licence, vehicle impoundment for suspended drivers, lowering of the blood alcohol content, and increased penalties for impaired drivers. In four years, SADD's proposals went from radical ideas to the law of Saskatchewan.

John Stuart Mill wrote: "Every great movement must experience three stages: ridicule, discussion, and adoption." I am confident SWAT, like SADD, is on the right side of history.

SADD supported the provincial government when it brought in changes on drinking and driving legislation, and if the government does the same thing with tobacco, SWAT will be sure to support them.

Now in reference to some of the comments I have heard tonight, I would like to add the following. There are no such thing as smokers' rights. Being a smoker does not give you the rights to blow toxic chemicals in someone's face or anywhere near other people. The person intruding on someone else's right is the smoker, not the person who simply wants to enjoy the actual human right of clean air.

I know I'm young. I know I'm not a businessman. I only work in a restaurant; I don't own one. I am, however, part of the vast majority of people in this province that don't smoke. I am also part of the group who the tobacco industry has victimized. That group is young people.

This committee is supposed to be a committee on tobacco control, not on protecting the interests of the tobacco industry. They have enough money to protect themselves without your help.

Thank you for your time, and I hope I have given you something to think about.

The Chair: — Thank you, Elisha, for your spirited address. I'm sure that there may be questions, although I know that we've ... some of us have heard you before, at the recent press conference that you held on behalf of SWAT at the health building.

I want to ... (inaudible) ... I want to just take a moment to encourage you to continue your work through SWAT. I do believe, as you do I think, that the work of SWAT can be as influential as the work of SADD has been. And I think that our committee members feel that our focus of our work, it will be most effective if we can reduce or prevent the addiction from taking place. And I think our likelihood of success there will be much greater than it can be if we help somebody drop the habit.

Ms. Kapell: — Yes.

The Chair: — And so any work that you do will certainly be very helpful.

Ms. Kapell: — Thank you.

The Chair: — Doreen, you had a comment.

Ms. Eagles: — Yes, Elisha, it was me that said smokers have rights. I also said that non-smokers had rights. And I also did say respect comes into play and by respect I mean if a smoker goes out and has a cigarette or is alone and has a cigarette and his smoke isn't bothering me, I could care less whether he's smoking or not.

Ms. Kapell: — Right.

Ms. Eagles: — I mean, you know, so I wasn't in anyway insinuating that every time somebody has a smoke, they're blowing it on a non-smoker. I just wanted to clarify that.

You mentioned about banning smoking in several public places. I was talking to a gentleman that owns a restaurant bar in BC where smoking has been banned. And the police can't or won't police it; Worker's Comp has been given the responsibility and they aren't having much luck policing it. How do you suggest policing such a ban?

Ms. Kapell: — Well I think that the health officials can do it but I also think that there is an onus on the bar owner as well. I mean, he can go up and ask them not to smoke in the area. I mean that's where it should start from as well — the owners of the restaurants.

Ms. Eagles: — Do you think that the owner of a restaurant or bar should have the right to decide — if it's a privately owned and operated place — if he should have the right to decide whether he wants it to be smoking or non-smoking, or if that should be legislated upon him?

Ms. Kapell: — No, I don't believe he should have the choice. I think it should be legislated.

The Chair: — Well then thank you very much for your presentation.

Ms. Kapell: — Thank you.

The Chair: — The committee would now like to call on Don Richardson.

Mr. Richardson: — This is very ... (inaudible) ... timing. I doubt that I will be able to make a presentation that equals the ability to speak like the young lady before me, but I am going to try.

My name is Don Richardson. I am a director with the Saskatchewan restaurant association previously; presently a director with the Canadian restaurant association. The amalgamation of those two associations took place one year ago, and during that time we have now formed an association that is one of the largest in Canada representing 14,500

members who control over 42,000 food outlets in Canada.

The CRFA's position is that restaurant operators and not government should decide the smoking policies that make sense for their establishments.

The market best determines the appropriate level for smoking versus non-smoking sectors in restaurants. Although restaurants are only presently required to have a 33 per cent non-smoking area in their places, the average restaurant presently in Saskatchewan has approximately a 60 per cent non-smoking section.

The number of non-smoking restaurants in Saskatchewan has also increased dramatically over the past decade to 32 per cent of all restaurants in Saskatchewan.

As a demand for less smoking in restaurants and for non-smoking restaurants increases, the market will change to accommodate them as it happened, as it has happened over the last decade. Therefore, there is absolutely no need to upset the market by imposing artificial regulatory smoking limitation on the hospitality industry.

Smoking bans have proven to be very difficult and costly to enforce. Most municipalities do not have the people or the resources to adequately enforce smoking bylaws. It is also unfair to force hospitality industry employees or employers to try to enforce the bylaw on their guests. And I would use an example if I can.

We might take a 17-year-old waitress working in a restaurant who is up against a 240 pound truck driver that's just come out of Manitoba, and she's going to tell him that he can't smoke in her restaurant if he's already lit up? I don't think that's fair.

If we're going to enforce non-smoking, then the laws have to enforce it, not the proprietors.

If smoking bylaws are being considered, they must apply equally to all food service establishments if they apply to any food service establishments. Fairness and equity in the control of smoking throughout the industry is critical to continued success and survival of many restaurants and food service industry locations.

Smoking restrictions that differ between sectors of the food service industry must be avoided. The food service industry is very diverse and cannot easily be divided into sections based on their smoking or non-smoking clientele. In a competitive market where businesses have been built, it does not work to create new rules and place unfair restrictions on some businesses that serve food while giving other businesses that serve food a competitive edge or advantage by not applying the same rules to them.

Any second-hand smoke debate should focus on getting rid of the smoke, not getting rid of the smokers. That is why the CRFA supports a ventilation technology or indoor air quality option. An indoor air quality option will allow hospitality operators to serve all of our customers while improving the overall air quality in our establishments without forcing operators to build separately ventilated smoking rooms they

can't afford.

The cost for food service operators to improve their ventilation system varies depending on a number of factors. However considering that operators could lose thousands of dollars a month under a smoking ban, there is a business decision that we as operators would be allowed to make. As a responsible industry, we believe that this is a responsible solution.

CRFA supports a market-driven position on smoking that accommodates operators, employees, and customers, and it allows for establishing air quality standards as an option to smoking bans or designating smoking enclosures.

If faced with non-smoking legislation, CRFA will seek a level playing field between all sectors of the food service and hospitality industry. Attempts at imposing smoking bylaws that discriminate within the industry have proven to be politically, financially, and legally very costly. Thank you.

The Chair: — Thank you very much for your presentation. Are there any comments or questions from members of the committee?

Mr. Wartman: — Yes, thank you, Don, for your presentation. You say if there's any non-smoking legislation put into place that the CRFA will seek a level playing field with regard to the whole food service industry.

Mr. Richardson: — That's correct.

Mr. Wartman: — Are bars included in that or are you just talking restaurants?

Mr. Richardson: — I'm talking anyone that serves food in Saskatchewan — be that bars, be that legions, be that Elks, be that private clubs. If you're serving food and you're going to legislate restaurants to be non-smoking, then it will be our intent to attempt to convince you to legislate everyone that serves food to be non-smoking.

Mr. Wartman: — Okay, thank you.

Mr. Richardson: — If you take, as an example, a husband and wife, one that smokes, one that doesn't, and you give them an opportunity to choose, the odds are that they are going to end up in a smoking environment.

Or if I may be so pointed as to use two examples in answer to your question. If we go down on Albert Street here and you take Earl's Restaurant on one side of the street, which is definitely a restaurant, and you legislate against them so that they must be non-smoking; and then you go across the street to the Blarney Stone, which is a bar, and they will be smoking — as a non-observing individual I defy you to tell me the difference between whether one is a restaurant or the other is a bar. And yet the food menu in a bar can be equal to the food menu in a restaurant.

Mr. Wartman: — Okay. Thank you.

Ms. Higgins: — Mr. Richardson, when you have other options here, it said that the CRFA supports a ventilation technology.

What is that? Or have you done any research on it? Or is that just you'd rather go that way instead of this way?

Mr. Richardson: — When you get down to a decision as an operator as to whether you're going to take 30 per cent of your market and restrict them from doing what they do normally — which is smoking — or whether you're going to spend some money and put in ventilation that is acceptable to standards put in place by the provincial government in this case, a lot of operators would opt to go the ventilation route.

Ms. Higgins: — So it's an option you're looking at, but there's no research or anything. It's just . . .

Mr. Richardson: — There is research in place. I'm not carrying that.

Ms. Higgins: — Okay.

Mr. Richardson: — But it can be made available. I mean there's various states and various provinces that have research — not Saskatchewan.

Ms. Higgins: — Okay. I have a what-if situation. What if, under occupational health and safety, you as an employer are required by law to provide a safe workplace for your employees? Okay.

Mr. Richardson: — I am now and I do.

Ms. Higgins: — Okay. Now what if second-hand smoke is proven dangerous and to cause all kinds of things? And what if 10 years, 20 years from now your employees come back to you and say you didn't provide a safe workplace for me? I mean those are situations that 30 years ago we never would have dreamt of.

Mr. Richardson: — Yes.

Ms. Higgins: — In this day and age they are getting more and more possible.

Mr. Richardson: — Right.

Ms. Higgins: — Like, I guess that's part of what we're struggling with also. I mean there is a responsibility for people's health.

Mr. Richardson: — Yes, there is. And you are relating to a parallel which has happened in British Columbia presently. Workmen's compensation has been successful in making British Columbia non-smoking in all public buildings. What they have failed to do is take the onus off the operator to be the policeman. And as a result it's running rampant out there right now that there's . . . the compliance level is just gone.

My answer to your question is, if you are going to tell me that I must have a non-smoking location to protect the health of my employees and indeed my customers, then I will have to comply with your requirements. That will be the law. But the unfair portion of that law is to make me the policeman.

Right now in British Columbia, it's about a five-step program. The first one is when you phone . . . you're phoned as an owner

of a place, told that someone has been smoking in your place. You get another phone call. The third time, there's a fine. The fourth time, there's a larger fine. And I believe it's either the fourth or fifth time, workmans' comp comes out and does a complete audit on your place.

Ms. Higgins: — I guess almost what I'm wondering is, as a business, do you give those kind of things consideration? Some restaurateurs we have heard from have, but they are parts of larger chains that maybe have head offices in the States or other franchises in the States where those types of lawsuits are probably more likely than they are in Canada.

Mr. Richardson: — At this time.

Ms. Higgins: — At this time, and I guess it's a concern. I mean we wonder, do people doing business in Canada consider those things? Or in Saskatchewan?

Mr. Richardson: — As a small businessman, I run a restaurant at Stoughton. I spend a lot of time, as do my family which basically manage it, to make sure that the work environment is safe for our employees. In fact, if I may be blunt, I spend a lot of time out at the kitchen cleaning out the waitresses' ashtray back at the staff table. But does that mean that I want to regulate their lifestyle? No.

At the present time, they have the right to smoke. It obviously is an option on your part to remove that right. And if you're going to do that in restaurants, then that is the decision you will make. But we will not quietly accept you making that decision for just restaurants.

Ms. Higgins: — Sorry I feel a little stunned because you do have that option. I mean, my current employer and my previous employer both made my workplace smoke free. So you do have the option of whether you want to clean that employee's ashtray or whether you want to have no employees smoking in your workplace.

Mr. Richardson: — Can I give you a basic answer from one individual to another . . . group? Right now of my seven waitresses, I would have two remaining with me because five of them smoke. It's a human condition.

Ms. Higgins: — Well I guess, I guess I could get in an argument with you here because I'm a smoker. Now I have been here all day . . .

Mr. Richardson: — I'm not.

Ms. Higgins: — We have gone out for lunch; we have gone out for supper. I would prefer to be non-smoking.

Mr. Richardson: — Right.

Ms. Higgins: — I have smoked for a major portion of my life. I guess, as a smoker, you go through a series of steps where if someone tells me I can't smoke, I take it personal and I'll get my back up. But then I have to agree that they're right and that it is much more enjoyable being smoke free.

Mr. Richardson: — Debbie, without telling me where did you

go for lunch, did you go for lunch at a restaurant that allowed smoking?

Ms. Higgins: — This committee walked in the door and they said, do you want smoking or non-smoking?

Mr. Richardson: — Correct. And this committee was not placarded ahead of time so no one knew.

Ms. Higgins: — Oh no, no. That's right. We had a choice.

Mr. Richardson: — You had a choice and that's my point. We give you a choice. Most restaurants do, other than the 32 per cent that are non-smoking. We give you a choice.

Now if the group that was there today — let's get right to it — you were offered a choice.

Ms. Higgins: — Both my husband and I smoke and we more often than not go non-smoking than smoking in a restaurant because it is a nicer environment. It is a much nicer environment. If we smoke, we smoke at home or outside.

Mr. Richardson: — Okay. But you have a choice.

Ms. Higgins: — No, honestly I don't think we do.

Mr. Richardson: — Okay.

Ms. Higgins: — And that's a personal choice. But I guess I get annoyed when people tag smokers that we have these uncontrollable urges that we can't go an hour without a cigarette or can't go . . . It's not that uncontrollable of an addiction.

Mr. Richardson: — Debbie, will you accept the following from me then? I agree with you, but what I don't want to be placed in the position is where I am the only part of the food industry that can't offer you the option if there is an option out there.

Ms. Higgins: — Okay. Point taken.

The Chair: — Mark, you have a follow-up question.

Mr. Wartman: — Yes, I do. You asked a question about enforcement, about whether owners of restaurants should have to enforce legislation that is put in.

Mr. Richardson: — That's right.

Mr. Wartman: — You do enforce some legislation already. Bar owners enforce age restrictions. If they do not, they face severe consequences for not enforcing them. So that is the same case in British Columbia. They will face consequences if they do not ultimately enforce. If we legislate, it will be the same here. It won't be a matter of whether you should or shouldn't enforce. It will be, if you want to face the consequences, you won't enforce and you will face consequences.

And as the person who has taken up the responsibility of running this public establishment, making sure that all of the other legislation is enforced in order to run that establishment,

you must enforce or face consequences. If the legislation comes through, that's the way it'll be.

Mr. Richardson: — I agree with you. There's a two-point answer here. I built a restaurant some 11 years ago and I've complied with every law that existed since it was built. The liquor laws existed before it was built and I've complied with those because I knew what they were when I went into the business.

What's happening now is you're changing the rules with regard to an existing, established trade. And if you're going to do that, then operators are going to need assistance by way of good enforcement, and not similar to what we've got going on in BC right now.

And secondly, if we are the only place that serves food in my small town that happens to be non-smoking, we're going to need it really a lot more.

It's got to be broad-based and there has to be inspection and enforcement. Whether it be hotels or restaurants, we don't want to be the policemen. We will obey the law, but we cannot get down to a fisticuff.

Mr. Wartman: — Yes, I don't think that's expected. It's not expected in most places.

Mr. Richardson: — Well right now if I pick up the phone in Stoughton and phone Daryl Roach, a local policeman, and say, I've got an 18-year-old here in the bar that I've carded and he's not of age and I want him out of here, Daryl's going to come and take him out.

But unless you put teeth in this newly proposed potential law, I doubt very much there's any policeman in Saskatchewan who's going to show up in my bar to remove a smoker.

Mr. Wartman: — Thanks. If we do it, we'll put teeth in it.

Mr. Richardson: — Anyone else?

The Chair: — I have a question for you. Would you please explain for me, from your point of view, the difficulty in distinguishing between a restaurant and a bar. Because my interpretation is that the bar has restricted access by age.

Mr. Richardson: — Well that is correct. A bar is 19 or older. But if I can ask you a question? If you had happened to be in BC, January 4 of last year when the situation went in there where they did limit restaurants to non-smoking and bars were still allowed to be smoking, the white tablecloths went out. The bars went into a full food service industry and for a year it was a heyday.

But that's not the big one. It's not the bars; it's private clubs. It's everyone else that serves food. And a private club — if you want to pick a name, let's pick a Legion — minor accessible. And yet it's possible if you single out restaurants, or let's say you single out restaurants and bars and ban us from smoking and you don't include private clubs, well the same scenario continues.

The Chair: — Yes. Wouldn't a bartender argue that you serve booze, which is his primary business, so . . .

Mr. Richardson: — The bartender would like to be able to sit in this chair beside me and say that we serve the same products at a different level. My point is, as I suggested to you, a bar can be a bar and a bar can be a restaurant real quick, especially if there's an opportunity there.

But I don't want to use bars as an example. I want to use anyone that serves food, be that private club.

The Chair: — Okay. Thank you.

Okay, Kate and Stephanie from the Plains Hotel.

Ms. Kangles: — My name is Kate Kangles and I'm the occupational health and safety co-chairperson at the Plains Hotel. I'm also a bartender.

Ms. Johnson: — Hi. I'm Stephanie Johnson. I also work at the Plains Hotel. I work in . . . I'm also a bartender with Kate.

As members of the occupational health and safety committee at the Plains Hotel, we would like to provide our written comments on tobacco control issues in Saskatchewan.

We strongly believe that there is no need for a mandatory, provincially mandated ban on smoking in restaurants or lounges. Our food and lounge areas have non-smoking areas that exceed the required limit. The number of tables in these areas reflects the customer demand, and in a service industry satisfying customers is the bottom line.

We have grave concerns that forced changes will discourage customers from patronizing our restaurants and lounges and will cause a dramatic drop in revenue. This not only affects the business's viability, it could signal job losses for the employees.

We hope you will consider our position carefully when making decisions about tobacco control in the food and beverage industry. It is an issue that could affect thousands of jobs in this province.

Thanks.

Ms. Kangles: — We just want to add that when you go to a bar or a restaurant and you look at the non-smoking sections and the smoking sections, the odds are . . . you always look . . . like even at the hotel, the smoking section is always full. It's the non-smoking section that's with one or two tables in it.

There are lounges and restaurants in the city that are completely non-smoking. And I know, and I have talked to a lot of smokers since this has come up, and they will not go to those restaurants or those lounges because they cannot smoke. And I won't. I am a smoker. But even if I didn't smoke, I would still be fighting this because we're more concerned about job loss than anything.

And it's not threats from tobacco companies that say, you know, you're going to have . . . like your clientele's going to drop because people can't smoke. But it's not threats, that's

reality. There are people that will not go out if they cannot have a cigarette with their drink after work.

Or in our case, like we've got a lot of construction workers that come into our bar, stuff like that — when they come in after work, they want to sit, they want to relax, to have their drinks, to have their smokes. You can't . . . they're not going to, they will pick up a case of beer and go to somebody's house.

And I know for a fact, like I've worked there for quite a while but the concern is that the people that haven't, there — if this goes through — there is going to be job losses. There will be. It's a . . . that's a reality.

Ms. Johnson: — A lot of people that do work in this industry too like that are our age, around our age. We're trying to do . . . we're using it to do other things like, such as pay for school. Like we don't want to lose our jobs. I don't want to lose my job.

I make a lot of money doing what I'm doing, and a lot of . . . probably 80 per cent of the patrons that come into our establishment are smokers. And I really believe that if they couldn't smoke there, they wouldn't be there. And therefore, I wouldn't, you know, be doing anything. I wouldn't have my job and I definitely wouldn't be in school.

Ms. Kangles: — Also if non-smoking is more profitable, they say . . . well I've heard a few times that it . . . because there's more non-smokers, it's more profitable. Then how come I'm wondering, how come more bars and lounges and restaurants aren't completely non-smoking if it's more profitable, either. That's about all we have to say.

The Chair: — Thank you very much. There's a comment. I'll go to Mark Wartman first.

Mr. Wartman: — I think you raise a point that a number of people have raised in terms of concerns around job loss. We have . . . we've got a number of reports that have come in. Primarily the reports that we have got have indicated that there isn't significant loss of business or jobs. Those reports have come from California and from British Columbia.

We have also heard, just people who've basically given us, told us stories about loss of business and loss of jobs in BC. We're trying to get clear statistics on that, trying to get a really good sense of whether it does mean job loss.

Because I think in this province we don't want either business loss or job loss. On the other hand we are also responsible for making decisions around people's health and well-being, and the statistics are very, very clear in terms of what cigarette smoke does both for the smoker and those who are exposed to environmental tobacco smoke. These are the responsibilities that we're charged with in this commission as we're trying to make decisions.

So we will take those things into account as we're trying to make the best decision that we can. But we do know that we have to make some decisions around smoking in this province. We have the weakest legislation in this nation pretty well and it has not been updated.

We know . . . I mean they're, just in front of me here, clearly identified in the book from the Canadian Cancer Society:

Measures to prevent exposure to second-hand smoke in the workplace and public places.

Second-hand smoke, also known as environmental tobacco smoke . . . was identified as a cause of lung cancer and other tobacco-related diseases by the U.S. Surgeon General in 1986. In 1993, the U.S. Environmental Protection Agency . . . classified (environmental tobacco smoke) as a class A carcinogen, the most certain category of cancer-causing substances. The EPA and the U.S. Department of Health and Human Services have concluded that (environmental tobacco smoke) causes lung cancer in non-smokers and impairs the respiratory health of infants and children.

And we would not be doing our job if we didn't consider what happens to you and to other workers, your boss who is a non-smoker and works in that environment where the smoke can get so thick you can hardly see the other side of the room at times. And we've also had raised for us — and I just want you to consider these realities — we have also had raised for us the possibility of litigation against owners who have not implemented some protection, health and safety protection, for their workers.

If you, either of you, came down with lung cancer a few years from now and it was determined that it was from environmental tobacco smoke, and you're up against a wall — you're still trying to get an education, maybe you have a child to look after, you're going, I need help — you may take your boss, his company, to court, sue them. This is happening throughout other jurisdictions. These are things that we have to be aware of and we have to keep in mind as we're trying to make the best decisions that we can for the future of this province okay.

Ms. Kangles: — I just want to say that people have the choice though. I know that I'm going to go to work in a smoking environment. We have non-smokers that work in the bar that are totally against this. They work in a smoking environment, they're not smokers though, but they're still against it. It's their choice to come into that and work. They know that when they apply for the job that you can smoke, you're going to be around cigarette smoke. You know like, it's your choice. They have the choice to go and work in a non-smoking facility too. Like the choice is there.

Mr. Wartman: — For some it's they just need jobs and these are the jobs available to them.

Ms. Eagles: — I just want you to know, and everyone here to know, that I am keeping a very open mind on this whole thing. Like my mind isn't made up on anything. I'm keeping an open mind until the last presentation is made and then I will decide what I would like to see. Thank you.

Ms. Kangles: — Thank you very much.

The Chair: — You're on the Occupational Health and Safety Committee here . . . I understand you're their Co-Chair. Is this a committee that . . . Are you representing people who work in

the bar or in the restaurant or is there two establishments here?

Ms. Kangles: — I represent the entire establishment.

The Chair: — And is there a separate restaurant from the bar?

Ms. Kangles: — Yes. There is a bar, there is a lounge, and there is a restaurant, and there are three separate facilities within the hotel.

The Chair: — Okay.

Ms. Kangles: — Each is a separate . . .

The Chair: — I see. And so that what you're telling me is the clientele to your restaurant are largely smokers, or not?

Ms. Kangles: — Oh yes, definitely. In the bar I would say, I bet you 90 per cent of the people that come in the bar are smokers.

Ms. Johnson: — The bar, definitely, yes.

Ms. Kangles: — At least.

The Chair: — And the restaurant?

Ms. Kangles: — The restaurant. I couldn't say a per cent but it's . . . The smoking section is . . .

The Chair: — But it's pretty high.

Ms. Kangles: — Yes.

The Chair: — And your restaurant has access . . . it's open access. It's not restricted access by age.

Ms. Kangles: — The restaurant? No, it's all ages.

The Chair: — Okay, yes, thank you very much.

Okay. The committee now would like to call on Lester Henry, Leon Pelletier and Donna Bear. Feel free to pull up another chair and sit alongside them.

Mr. Henry: — He's . . . now after he heard all the opposition he's . . .

The Chair: — He's your silent partner.

Mr. Henry: — He wimped out on me back there so . . . we're badly outnumbered here tonight.

The Chair: — Okay, could you start by giving us your names please, so we don't get you mixed up.

Mr. Henry: — Well I just wonder if this is an exercise in futility, Mr. Wartman, but in any event, my name is Lester Henry. I'm the general manager. Donna Bear to my left, works in the sales and marketing department, and her and I co-authored this document we handed out earlier. I think some of the committee members may have received it.

The Chair: — Just . . . Lester . . . just to make a comment here.

The committee members have felt rather freely to express their individual opinions at this stage, or up to now. But the committee itself you know, has not formed its opinion. It will not have its opinion formed until it's all written out and voted so . . .

Mr. Henry: — Well I certainly hope so, Mr. Chair, but . . . We're both from Ochapowace First Nation, Donna and myself. I'm a non-smoker and like many of you in the room I'm a parent and a grandparent. And I believe in healthy lifestyle choices, not only for my children but for other people's children, so clearly I'm not here as a defender of the tobacco industry, I'm here as a business person trying to protect an investment we made in the city of Regina.

And based on some of the presentations I heard here earlier, I think I have a pretty good idea of what Ochapowace First Nation's next business investment is going to be and that's a smoke-free hotel, restaurant, and bar. I mean if that's where the smart business money is at, then that's probably where we'll be, you know, in the not-too-distant future.

But at the present time 65 per cent of our business is people who smoke. As many people in this room are aware, the Landmark Inn has been a very troubled property . . . very troubled business for many, many years. Ownership groups, management groups have come and gone. We took over a failing business in 1996 when we purchased it. We knew what we were getting. We knew we were buying a property that had a lot of negative history, and previous ownership groups had taken what they could out of the business and put very little back.

We're the first ownership group in . . . probably since the, I don't know, perhaps late '70s, early '80s that have really made a long-term commitment to rebuild this business so we've got considerable investment tied up in this business.

And I'm not going to read through our entire letter but I do want to highlight a couple of points we make in the letter, is one of the reasons Ochapowace bought this business was for the employment opportunities. And we recognize that we all want our kids to grow up and receive a post-secondary education and become, you know . . . in whatever profession they choose. But the reality of the situation in Regina and other urban centres is a lot of our First Nations people that migrate and gravitate to the urban centres are not, don't have that post-secondary or high skilled training level, so we tried to find a business situation that would fit with their education and I guess job entry requirements. And we saw the Landmark Inn as a very good fit. And when we purchased the business almost four years ago, there was one Aboriginal person on staff. I'm proud to say that as we sit here tonight, 50 of our 110 staff, 45 per cent is of Aboriginal descent.

We have people from 20 different First Nations. It's not just about job creation for Ochapowace First Nation. We have people from 20 different First Nations working at the Landmark Inn. And we are very, very proud of that.

But our concern is — because we've inherited a unionized property, and we're not speaking against unions, that's not the issue here — but we're talking about seniority and the fact is,

based on our clientele, we feel that there will be significant job loss. You know, and as I say, I'm not a defender of the tobacco industry. I'm a defender of our business, our investment. We feel that there will be significant job loss.

Now I know there's stats say otherwise, but based on the fact that right now two-thirds of our clientele that support, that buy rooms in a hotel, hold their meetings at the hotel, use our restaurant, use our bar, two-thirds of those people are smokers. So I think if we were forced to comply with a complete smoking ban, I do believe that there would be business loss and ultimately, you know, job loss. And because a lot of the people that we've hired in the last three, four years don't have seniority, obviously they would be the first to feel the effects of cutbacks. And again, that's not a threat; I'm just talking about, you know, reality here.

And I don't want to get, you know, overly melodramatic about it, but the fact is a lot of these people would not have had employment opportunity had it not been for Casino Regina — and this legislation that they've had to comply with as far as Aboriginal employment — and places like the Landmark Inn. I would say that at this point, the Casino Regina and the Landmark Inn are leading the way in employment opportunities for Aboriginal people. I don't know what's happening with the federal and provincial governments, but I would say in terms of the private sector, Casino Regina and Landmark Inn are leading the way. And we're happy to do that because we feel that a lot of people, given the opportunity, do want to work instead of be on welfare.

And you know, again, a lot of our people, you know, have told us that. There's more pride and dignity in receiving a paycheque than a welfare cheque. And, you know, I would hate to think that if we had to comply with bylaws or laws like this, that we would have some of our people going back, you know, to welfare. I don't think nobody wants to, you know, see people back in that rut.

As far as . . . There's a couple of other notes I made here. If there was smoke-free restaurants, I'd be there. I mean I'm a non-smoker as I said. I would most definitely support a smoke-free restaurant. But like the young ladies from the Plains Hotel, we are looking at this from a business perspective, a job-loss perspective, and about people's right to choose. If they . . . if the people want smoke-free bars and restaurants, then I believe the marketplace will determine that and there will be smoke-free hotels, bars, and restaurants, you know, out there.

But at this point, I don't feel comfortable with this, you know, heavy-handed legislation. And again I'm concerned about the health and well-being of everybody's children, including my children and my grandchildren. That's not the issue here. So I said, I'm going to bring up my kids and my grandchildren in a way that, you know, I think is going to be best for their health, and that includes their physical and emotional well-being.

And I came here, as I said, not to defend the industry, the tobacco industry. I didn't come here to tell lies. I came here to speak from the heart, and we're . . . and you know that's where I'm coming from. As far as, you know, one of the comments that was made by Patti Pacholek about the incidence of smoking, and ultimately I guess deaths, among First Nation and

Metis people being higher — I don't take issue with that. Part of our culture I believe, you know is . . . you know, there is significantly more smoking in First Nation culture. I think I don't . . . Again, I don't have anything in the way of research or stats to back that up, but I believe that is the case.

As far as the comment about smokers being inherently, you know, not as smart as non-smokers, I think my neighbour, Del Anaquod, who happens to be one of our most educated First Nation people in Saskatchewan — he's one of the handful of Saskatchewanites that holds a master's degree from Harvard University — I think my good friend and neighbour would certainly take issue with that.

I think that pretty much concludes our presentation. The only thing I wanted to add in closing . . . maybe, did you want to add anything, Donna?

Ms. Bear: — No, that's fine.

Mr. Henry: — In closing, I just want to urge the committee to try to look at this issue, you know, from the business owners' perspective. And we've made significant investment as I say, and we're not the only ones. There's dozens, maybe hundreds of people who've made that investment. And I would just urge the committee to try to, you know, take those things into account before, you know, coming up with a final decision.

As I said, I certainly hope this is not an exercise of futility, that it's sort of a foregone conclusion that Saskatchewan's going to follow the way of British Columbia, because I think ultimately that will hurt not only our business but many other businesses. So, Mr. Chair, that concludes our presentation.

The Chair: — Mr. Henry, thank you very much and for your presentation. And it's very . . . I guess all I can say is it's very easy if we just adopt one position, you know, a business point of view or if we adopt just a health point of view. Our problem somehow is just to balance it off. And I'm not sure how we're going to do it yet to be quite . . . perfectly honest with you.

Does anybody have any comments or questions at this stage? Yes. Mark.

Mr. Wartman: — Mr. Henry, with looking at a variety of options that we may be confronted with, your . . . is the Landmark Inn? It has restaurant, bar . . .

Mr. Henry: — We are a hotel. We are a restaurant. We are a bar.

Mr. Wartman: — Okay. And if for example, we, in legislation, legislated that anyplace that children have access to cannot have cigarettes smoked in it at all. Would that limit, to the point of causing job loss . . . Would that limit your business to the point of having job loss?

Mr. Henry: — I'm not sure I quite understand the question. So are you talking about like our rooms for example being banned from any smoking as well. Is that . . .

Mr. Wartman: — I'm thinking more in terms of the restaurant, bar, etc. So if we said basically that licensed dining rooms

which children of any age can come into, could not have smoking in them. On the other hand, bars that are already age restricted could have smoking in them. The choice would be there. Would that . . . would you feel substantial job loss do you think? Have you looked at it? Have you broken it down in any other ways?

Mr. Henry: — That's hard to try to come up with an answer for that.

Mr. Wartman: — I won't pressure you to come up with an answer now but if you could think about it and if you can get an answer back to our committee that may be helpful.

Mr. Henry: — Yes, we certainly will.

Mr. Wartman: — Excuse me, if I might address Mr. Bird. You were up earlier. You may also have some breakdown that you could give us on that as well. Thank you.

The Chair: — Thank you very much for taking the time to come here and make this presentation and to wait patiently before you could have your say. So thank you.

Mr. Henry: — It was a little intimidating back there with . . . As I say, a lot of people who were taking an opposing viewpoint. And like I said, I have the same concerns but also we have business concerns and I ask the audience and the people on the committee to take those into account as well.

The Chair: — Yes. Thank you. The committee would now like to hear from Norm Kish.

Mr. Kish: — Good evening, ladies and gentlemen. My name is Norm Kish. I'm many things. I'm a hotelier, I'm a father, I'm a smoker, I'm a drinker, third-generation hotelier, and director of the Saskatchewan hotels association.

With these number of things that I am, I have taken the time to make three different presentations. Each one represents a hat that I wear. As a director of the hotels association, I'd like to address an issue and relay my thoughts. I had an opportunity to have a professionally done presentation, but I chose to sit in my office for seven hours this afternoon and write this out by hand from my heart, so here it goes.

In the past 20 years our industry has faced a number of challenges and changes. For the most part we have adapted very well.

When drinking, driving, and liquor laws changed, we responded with designated-driver programs and server-intervention programs. With the trend to lower consumption in beverage rooms, we moved into food service.

In the late '70s and early '80s it became clear that non-smokers were increasingly unhappy and began to demand changes. I believe smokers realized at the time that there was a problem and for the most part began to accept that they would have to make changes to their habit.

Non-smokers started not allowing smoking in their homes and cars. Companies began banning or providing smoking areas in

the workplace, and government followed by banning smoking in their buildings and they also set forth guidelines to private industry to accommodate non-smokers and smokers alike.

The times they were a-changing but most smokers accepted these changes as a responsible compromise. Our industry began providing no smoking areas in restaurants and smoke-free accommodation. We started our Courtesy of Choice program where the customer determined the smoking policy in our convention and banquet facilities.

Over time the number of non-smoking accommodation rooms have steadily increased. Smoking sections are getting smaller and there are more and more smoke-free functions every year. A large number of restaurants are now smoke-free and this number continues to grow.

There also has been major advances in ventilation and filtration systems providing more acceptable air quality in the vast majority of our properties. These trends are strong and over a few years result in greatly reduced public smoking.

In order for our industry to thrive we must be able to adapt to customer demand. Each day we must determine why people patronize us and why they do not. We simply cannot afford to alienate any sector. We must provide good service to everyone — not just the politically correct.

I believe the awareness, will, and technology exists today to be able to please smokers and non-smokers alike. Over time, as customer demands change, so will the levels of service provided.

Any further changes to provincial smoking policy is needless and merely a witch hunt by the zealots. The concerns of all people are being addressed at present and a workable compromise now exists. Any further legislation is unnecessary and discriminatory and will be devastating to the hotel and hospitality industry.

My challenge tonight is to the health boards, legislators, and zealots. You take a 30 per cent decrease in pay across the board. Fifteen per cent of you give up your job completely. And 6 per cent give up your whole house, cars, and savings accounts and claim personal bankruptcy. The reason? If a total ban is implemented, this is what you're asking our industry to accept.

Just like the rights of non-smokers had to be taken into consideration, now the rights of smokers must be considered.

Thank you. That was the calm one.

Again, my name is Norm Kish, and I'm a smoker. Ten years ago I had a dream to start my own business. I went out and found a location — risked my home, my car, every cent of my savings. I had a wife, two small children that depended on me. The decision was torturous.

Knowing the consequences, I continued on my path. I built my small hotel and opened in January, just in time for the '91 recession and the Gulf War. My friend, Pepto-Bismol, and I carried on six months to a year later. Pepto became less of a friend, and my wife and I began to see we might have a future.

The future turned out to include seven-day workweeks, 12- to 14-hour days and much time away from my home and children. However, the pros seemed to outweigh the cons. Our business grew steadily. From a piece of ground that only gophers were on, now gives income to 16 people and ourselves.

We generate over \$450,000 directly to governments at all levels. We also generate \$250,000 indirectly to various levels of government with approximately 75 per cent going provincially. Pretty good for the province and country for a guy having a dream.

Anyway, that's enough background information. Now, I'd like to try to get to my point.

Last fall, my wife fell ill. Her appendix ruptured, and I rushed her to emergency. She had her operation and spent the next ten days in hospital. The problem started a couple of days after the surgery when she started feeling a little bit better. After three days of severe pain and trauma, she was forced to grab her IV and antibiotic bottles and haul her sick body outside in the cold to have a bloody cigarette. This is absolutely unbelievable.

Because of her ambition, her hard work, the government received over \$7 million in the last ten years — because of her labour. What's the reward does she get? She's sent outside like a dog, because she's a smoker.

This is an unforgivable insult to us as taxpayers and to her as a decent human being. I cannot begin to express my contempt for the compassion shown to her by the health boards.

To make matters worse, while she was in the hospital the policy changed. Smoking was not even allowed outside. How low a place have we reached when the do-gooders need to regulate the outdoors also. The reason for this change, we were told, was because non-smoking staff didn't like to walk by the smokers in the doorway. Well isn't that something.

The reason I bring you this story is to illustrate that this issue is not about finding a compromise or an equitable solution to a problem, but a power play. The anti-smoking lobby is riding a winning horse but they are still whipping it for all it's worth. I urge this committee to see through the propaganda and use fairness and common sense for all citizens — smokers included. Thank you. That's my second hat.

My third hat is as a taxpayer in this province. As a taxpayer, I am deeply angered by the taxpayers' money being spent on the smoking issue. If someone were to take the time and add up all the public monies spent on studies, research, legislation, enforcement, funding lobby groups, and hearings, the amount would be staggering.

The lobbyists say non . . . sorry, the lobbyists say smoking increases the cost of health care. I say anti-smoking increases the cost is far greater. For the amount of money spent on an issue that really isn't a major problem any more, we are crazy throwing away more at a compromise that has already been reached. This money could have been used for research or upgrading health systems and boards. This committee must draw the line. Automatic jail time, public meetings perhaps, banishment to the Arctic — these are all solutions. You decide.

After the smoking issue is licked, and we spend my . . . and we spend more money . . . what should we spend more of my money on? I've got some ideas for government to continue on. We could regulate clothing to minimize the cost of cold and flu to the system. You know if we dress the people properly, we'll have less cold and flu. Government-controlled diets to prevent gastrointestinal problems and obesity would be another area that we could all work on and spend some money on. We could start making everyone follow an exercise program and keep logbooks to prove them are in good shape. This would cut down on heart attacks.

Maybe we should just genetically screen newborns at birth so we can determine their cost to the system over their lifetime. We could just eliminate the problem right at birth. You know, why even bother going through the whole loops and whistles and bars. All these items sound ridiculous; they could never happen. Just ask anybody in 1975 when you tell them that in the year 2000 smoking would be regulated outdoors.

I beg this committee, bring some sanity to the issue. Perhaps the best thing you could do is to quit spending tax dollars and just go home.

Thank you for this opportunity and your time to express my thoughts. Other than this, I have no opinion.

The Chair: — Thank you, Norm — taxpayer, smoker, and businessman.

Mr. Kish: — Oh you forgot drinker, and I do indulge in sex twice a year.

The Chair: — Well you didn't talk . . . you didn't give us your fourth speech. You didn't give us your fourth speech. All right, Norm, I'll just ask you a couple of questions. I can see that the whole issue rings pretty deep for you. And I wanted to ask you about, in your establishment, have you got a bar and a restaurant or separated or not?

Mr. Kish: — I've a small rural hotel with a beverage room that allows family dining.

The Chair: — A beverage room that allows family dining. So you're not restricted by age?

Mr. Kish: — Just until 9 o'clock. Well, after 9 o'clock, I'm sorry.

The Chair: — Oh, I see. Okay.

Mr. Kish: — So children are allowed in my premises between 11 and 9 at night for food service with their parents or an adult.

The Chair: — And who's your competition? Have you got somebody close?

Mr. Kish: — Well, we have a restaurant type of operation close by. We also have a clubhouse that has a full food service, banquet facilities, and a bar.

The Chair: — This is a privately owned clubhouse?

Mr. Kish: — Yes. And also a truck stop type restaurant nearby. Oh by the way, I'm from Emerald Park. The Ice House Tavern is my establishment.

The Chair: — So it's kind of a . . . This is a fairly common thing now, is it not, in rural part?

Mr. Kish: — Allowing family dining?

The Chair: — Yes, where you convert to a bar after . . .

Mr. Kish: — Yes. Since the crash of 1984 when the bottom fell out of the liquor industry, it was seen at that time that this would be an equitable solution to help the small hotels stay alive in rural Saskatchewan. And there are quite a few hotels taking advantage of that.

The Chair: — You'd qualify for VLTs too?

Mr. Kish: — I do, but they must remain out of sight of the children.

The Chair: — Okay. It just helps us put things into context about what your business looks like. Anybody else have any comments or questions?

Mr. Kish: — No questions on restaurants or anything? You were quite interested earlier about the breakdown of restaurants and that sort of thing.

Mr. Wartman: — As I understand it, your situation is somewhat different in that you're time-regulated. You use it for a mix and that's basically what my question was about — what type of establishment; what might that mean in terms of legislation.

Ms. Higgins: — I have a question. Actually Emerald Park is a different mix of an area, too. What percentage of your clientele do you figure smoke?

Mr. Kish: — Smoke? I've never taken an opportunity to pay any attention. Smoking is allowed in our premises. You're perfectly allowed to smoke or not, whatever you wish. And it doesn't matter in my opinion what percentage does or doesn't, as long as . . . If my business starts to fall off or to go in the toilet and it's because of smoking, I will definitely be prepared to make some changes to accommodate that. However, being legislated to do such a thing is totally unacceptable.

The Chair: — Okay. Well thank you very much then, Norm.

Now we have one more presenter and I would like to call now on Dr. James.

Dr. James: — My name is Raj Kuma Das James. I don't represent any groups except myself. I am a health worker for 44 years and I have worked in Regina for 32.

I'm married to a wonderful person. I have two great daughters and a superstar grandson. I'm concerned about their health.

And I know I chose Saskatchewan and Regina to bring my children up. I think it's a very good place to bring people . . .

bring your family. The people of Saskatchewan are compassionate and very health conscious and they have a great sense of social conscience. I found this out. I have been around the world. I've lived in three continents and I chose to live in Regina.

What I'm going to tell you now is well-known. It's been told many times today. You have heard both sides of the story. Why are we against tobacco? We are not against any business or any people. Why are we against tobacco? Tobacco is the biggest killer.

You can put all . . . it kills more people in the world than wars, AIDS, drugs, accidents causing death, everything put together. Just to make a few statistics. In India, 5,000 people die every day. Tomorrow morning 5,000 dead. Six million people die in the world every year, more than 6 million. We lost 6 million people in the Holocaust.

And the death rate among women, especially the younger age women, has replaced breast cancer as a cause of death. So women . . . we make a lot of good decisions about breast cancer. If a woman lives up to the age of 90, 1 in 10 will die of breast cancer, but they're losing more women to lung cancer due to smoking.

Now it is not only cancer of various parts of the bodies is caused by smoking. There are other diseases have caused by: emphysema, asthma, allergies, cardiovascular disease — that's heart attacks, strokes, where you lose the use of one side of your body or limbs — and peripheral vascular disease where the leg goes gangrenous. So it's . . . it is a killer. So there's no argument about it.

And death by . . . cigarette-caused deaths is very cruel. I've watched them. It's slow — that's why most people don't realize it — and it's horrible. And when you talk to these patients — I've done this for 44 years — they tell me I wish I had not known this . . . I had known this before, I would have never, ever taken up smoking.

There is a new slogan, "poison for profit." Tobacco companies have no conscience, absolutely none. They are motivated by profit and greed.

When tobacco companies learned that there will be opposition in the West, they directed their attention to the Third World. You know, most Third World countries are corrupt, easy to get in. And they said we are going there to produce employment and as economic aid. They never told them that it is a killer. I told you, India loses 5,000 people a day, China over a million a year.

So if you are going . . . if any of you have gone to the Third World or watched movies or film clips you'll see all of . . . most of the men smoking, and women smoking. When asked in one of these Senate committees, the CEO (chief executive officer) said, I would never allow my children to smoke. This is a tobacco company CEO telling people that he wouldn't like his children to smoke. I don't think any of us would like our children to get addicted to smoking if you know the dangers of it.

Tobacco has about 4,000 chemicals in it. The main one is tar which causes cancer. It has carbon monoxide; it has nicotine. Nicotine is more addict forming than cocaine. You fear of nicotine addiction. It's extremely difficult to treat. Cocaine addiction is less difficult to treat. We are all against drugs and this is a drug.

Should we expose our children to tobacco, whether first-hand or second-hand smoke? If a child is exposed to second-hand smoke in the earlier age it will take up smoking because they have become already addicted to nicotine. And I think children should never be exposed. Second-hand smoke has been found in babies' nails, hair. Nicotine has been found in babies' nails and hair, so this chemical can get through the placental barrier to get to the babies. And smoking as you know runs in families.

Now there are solutions. The proper solution is to ban smoking. Unfortunately there is no law against smoking or against smokers. People have a right to smoke and non-smokers have a right not to be exposed to second-hand smoke. If in a restaurant you have one section smoking and another section non-smoking, it does not work.

We were in BC recently. It was a pleasure to go to a restaurant there. You can enjoy a meal. Nobody smoked. And I spoke to the restaurant managers and the various workers. They were pleased. The managers said they have not lost any customers. There was no loss of income. This was the thing that the people told. Of course I didn't go into every restaurant but I stayed there and I ate mostly at restaurants.

You know tobacco companies are extremely wealthy. They are billionaires. They hire top lawyers to defend their cases. They have the best lobbyists in the world. Everywhere they have lobbyists lobbying for tobacco companies.

They, until recently, supported athletic meets, sports meets. Even today motor racing is sponsored by cigarette companies. And they also used organized crime to smuggle tobacco into Ontario.

What I am trying to tell you is they'll resort to any means to promote their product and make profit out of it. They knew for 30 years the dangers of smoking, but they withheld the information from the public. And those are tax-free cigarettes. They lied to the grand juries and senate committees about the carcinogenic content of the cigarettes.

And it's a very popular belief that non-smokers' taxes are subsidized by smokers. I would like to give you one in Quebec: 300 million was collected from cigarette taxes; 900 million was spent in health care costs alone. The other work loss, etc. is three times the 9 billion so it's almost . . . 900 million. So it almost comes to 2.7 billion . . . So it is a large sum of money is lost because of this smoking. This is true in Saskatchewan and in the rest of Canada, the statistics are almost similar.

Now what can we do? I think number one is education. We have to use all means of education to educate people about the dangers of smoking. This should start at home, schools, church, religious institutes, television, radio, Internet, etc. And I think we should also have commercials during prime time like Hockey Night in Canada. Maybe we can get some top players

like Gretzky, Tiger Woods, to come and tell the evils of smoking to people. Then they might listen, because in North America we make all money through advertisements. Advertisement sells, so we have to make efforts to sell the effects of tobacco on people's health.

I think also they must make the access to smoking very difficult. Members suggested we should get rid of vending machines. I agree with them. We also should increase the non-smoking age for children to 20, not 19, because a study shows if you take up smoking after 20 you can easily treat it. So I think it should be made 20, not 19.

And they also mentioned about having licensed tobacconists selling cigarettes, and it should be made an offence for others to purchase cigarettes for minors. And companies, shops which sell cigarettes to children must be severely dealt with. There are existing laws which should be used. When I came to this country, if I went to any conference they had free cigarettes distributed. This sort of thing should stop.

Three, we should increase taxes on cigarettes. I feel cigarettes should be taxed at the factory level to prevent smuggling. And you know what happened in BC. They recently they tried to . . . (inaudible) . . . health's costs and it had not come through so I think we should have a health tax levied on cigarettes at the factory level. If somebody wants to smoke, fine, they can pay the tax at the source that is at the factory level. Am I making myself clear?

You know we should tax cigarettes at the factories where they're manufacturing cigarettes. Instead we pay tax to the tobacconist or the merchant who sells tobacco, okay. So if you . . . they need . . . then smuggling can't be done.

The Chair: — . . . The way I interpret it, you were saying if you tax it at the factory level . . .

Dr. James: — Yes.

The Chair: — . . . Then the tax is evened out for everybody and reduces smuggling.

Dr. James: — Yes, that's what I'm trying to . . .

The Chair: — Okay, yes.

Dr. James: — And we must stop this 200 cigarettes tax-free for travellers returning from foreign countries. Why should we subsidize their smoking? They should pay for it.

I think United States has showed us how to carry out lawsuits. I think individuals and small groups should take class action against the tobacco companies, okay. And here they also should allow contingency plans so that . . . the individual cannot now afford to fight the tobacco companies, so if there is contingency plans they can sue the companies.

I'll give an example of one of the . . . In Florida, the cigarette companies were fined \$11 billion. The lawyers got 2.7 billion. That year the tobacco company profit was \$16 billion. So the tobacco companies made about \$5 million. So they are very clever people. They are very elusive to fight. So one has to be

very, very careful with them.

I think we also should carry out lobbying. Concerned groups, health organizations should lobby the MLAs, aldermen, the MPs (Member of Parliament), and governments to enforce cigarette laws already in existence and to update these.

Smoke-free zones. I sympathize with the gentleman who said his wife had to be turned out to smoke in the cold weather. I suggest we start in big institutions, like health institutions, have separate area, well ventilated. And in . . . Say in wintertime it can be a room; in the summertime it can be an area. But they should . . . the smokers should pay a fee to go and use these facilities so that they can smoke in comfort if they want to, and provided that second-hand smoke is not transferred to any non-smoker.

Example. You know, if you go to General hospital now, they're all smoking in the entrance halls, littering cigarette butts all over. It looks very dirty and it's not very nice for the non-smoker to pass through.

So in the United States, they have a 20-yard area where you can't smoke. I think they should make the entire property non-smoking area.

In conclusion I have mentioned what I've mentioned and what I've talked about has already been said several times. When I came to this country, 30-odd years ago, I was . . . one of my patients got severe burns smoking in bed. I tried to address this issue in a medical meeting, staff meeting. I was almost lynched and was told to get out of town. Today things have changed. It has improved, but there's a long way to go yet. And I think we can do it.

The Chair: — Thank you very much, Dr. James, for your presentation. Does anybody have a comment or a question at this time? I have . . . Yes, Mark Wartman, go ahead.

Mr. Wartman: — I just want to make sure that I heard you correctly. Did you say that there is a concerted effort now by the tobacco industry to target Third World countries?

Dr. James: — Yes.

Mr. Wartman: — Okay, and the other thing that kind of intrigued me — and I hadn't heard this before — was your comment that companies should be taxed at the factory level. Do you know if this is happening in any other jurisdiction or is that just something that you thought?

Dr. James: — I've written to the Health minister in Ottawa and also to the Health authorities in United States. I thought this should be done on a continental basis; otherwise it will be rather difficult. The suggestion, you know, to avoid smuggling and, you know . . . if the prices of packs of cigarettes go up, consumers' level will go down. This is just a thought.

Mr. Wartman: — But you don't know of any jurisdiction at all that is . . . (inaudible interjection) . . . you don't know of any jurisdiction that is . . .

Dr. James: — No, I don't.

Mr. Wartman: — Okay, thank you.

The Chair: — Doctor, there's a couple of creative ideas that I haven't heard of before. This concept of a user pay smoking zone. Do you know of anyplace where's there's one like that?

Dr. James: — I tried to, I tried to suggest to the Regina Health District many, many years ago because I feel sorry for the patients when they come there, you know, half dressed, standing in the cold, smoking. I think that's a very sad thing. And they not only litter the area badly, it's a sad thing.

So I think you can make an area where they can go and smoke in— with respect. If they have to smoke.

The Chair: — And earlier you made a comment — I've put you down here as a quotation — nicotine is more difficult to treat than cocaine. What do you base that on? That comment.

Dr. James: — This is a fact of people who treat nicotine addiction as opposed to cocaine addiction. And nicotine forms a very strong bond in the brain, so these people can't function without their smoke.

The cocaine addiction can . . . you know, it's sort of a cycle, it's a chain. The nicotine and cocaine enter into the chain and they break, you know. Unless you provide nicotine or cocaine, they can't function. Okay.

It's more difficult to break the nicotine chain than the cocaine chain.

The Chair: — Is that sort of like your personal experience or are you talking about scientific studies?

Dr. James: — No, it's a scientific thing. It's not . . . and I don't treat, I'm not in . . .

The Chair: — Okay. Well, thank you very much.

Dr. James: — Thank you.

The Chair: — And ladies and gentlemen, thank you very much for your patience and your attention to this. This will end the Regina portion of our hearings. Well, we're going to a school tomorrow morning.

However, if anybody has any submissions that they might want to add in written form, the committee would be very pleased to receive it. And we're on the road for the next three weeks as to complete our hearings. We've gone sort of No. 1 and south, and now we're going to be moving north.

So thank you very much. Good night. Have a safe journey home.

The committee adjourned at 10:10 p.m.