Special Committee on Tobacco Control

Hansard Verbatim Report

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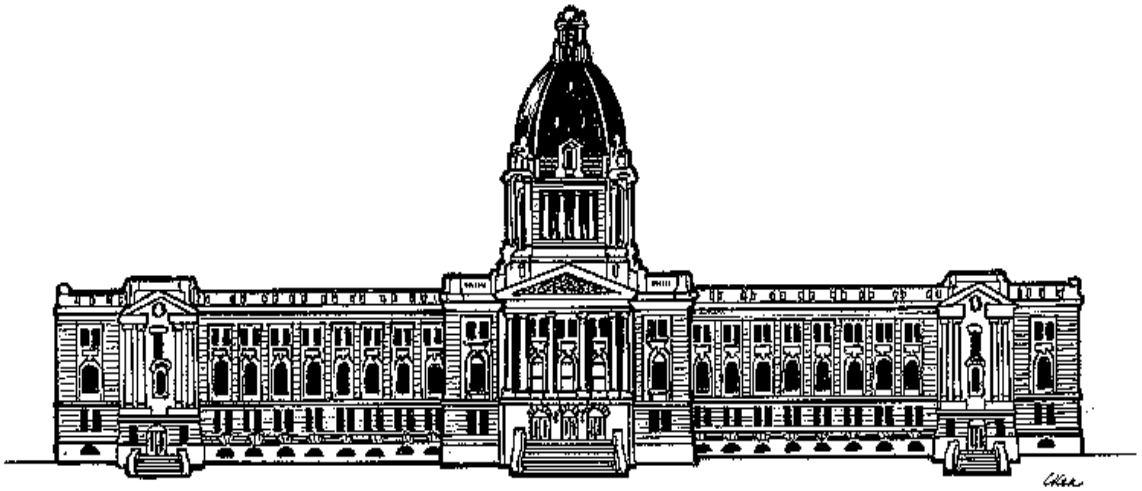

Legislative Assembly of Saskatchewan

Twenty-fourth Legislature

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

Published under the authority of The Honourable Ron Osika, Speaker

The committee met at 1:05 p.m.

The Chair: — Well good afternoon ladies and gentlemen. First of all thank you for coming and thank you for considering that this is something that's important enough for you to take your time to actually spend an hour or two with the legislative committee. This is our first and opening session of this committee in Saskatoon. We'll be meeting also this evening and tomorrow we'll be going to one of the high schools, Walter Murray high school.

The way the afternoon will go is I'll take about 10 or 15 minutes to make a bit of a presentation which will include some introductions. Then after the presentation we will ask people to come forward to this witness table and make their presentations. We've allowed approximately 20 minutes per individual or group and you can use those 20 minutes however you see fit. If you want to use the entire 20 minutes for a presentation that's fine. If you want to use just 5 or 10 minutes that's fine too and then there may be time for questions and answers from the committee members.

This committee was struck by the legislature of Saskatchewan. Its official name is a Special Committee on Tobacco Control. And now I've got to see if I can get my technology working.

My name is Myron Kowalsky and I'm the Chair of this committee. I'm the MLA (Member of the Legislative Assembly) from Prince Albert Carleton. The Vice-Chair of the committee, sitting on your left, in yellow, Doreen Eagles. She's the MLA from Estevan. Bob Bjornerud, MLA from Saltcoats, is also a member of the committee. Mr. Graham Addley seated right here, from Saskatoon Sutherland, is on the committee, and Deb Higgins — seated between the two good looking gentlemen — MLA from Moose Jaw Wakamow. And on the far left Mr. Mark Wartman, MLA for Regina Qu'Appelle Valley.

I should mention that this is an all-party committee. Seven people, four from the government side and three from the opposition side. There's also Brenda Bakken who is the MLA from Weyburn-Big Muddy, not with us at this time.

We have also staff to the committee: Donna Bryce, committee Clerk, and Tanya Hill is our research officer right here. We have with us Darlene Trenholm who is in control of the mikes and also . . . is Alice here? Yes. Alice Nenson is the one that greeted you at the door. And we have *Hansard* technician with us today, Ihor Sywanyk, who is the man behind the cameras in the legislature and delivers the picture to you and today he's in charge of all of the technical stuff that's here.

Our job as a committee is outlined in sort of four main questions. Question number 1 is what is the impact of tobacco use in Saskatchewan, particularly how does it apply to children and youth. The second question is what provincial laws do we need to protect people, particularly again with emphasis on children and youth? What should we do to protect the public from second-hand smoke? Should we be designating smoke-free places or should some other bodies like city councils or health boards or employers be doing it?

And what should we do to prevent and reduce tobacco use? Should there be changes in the way we enforce the laws? Should there be changes in the pricing of tobacco through taxes? Should there be changes in the way we deliver education about tobacco or do public awareness campaigns about tobacco? So it's a pretty wide mandate.

We're going through this public hearing process to listen to the views of people in Saskatchewan. This is the ninth of 17 communities that we'll be visiting. And we're going to go to 14 schools.

I want to take just a minute to describe, using graphs, a little bit about what we know about tobacco use in Canada and in Saskatchewan. This graph has on it — this axis — the per cent of the population that smokes. And along here we see it by province — BC (British Columbia), Manitoba, Ontario, Saskatchewan.

If you take a look at the black bars, they represent young people in the ages of 15 to 19. And you can see that Saskatchewan has one of the tallest black bars — 34 per cent of our young people smoke — second only to Quebec at 36 per cent. The adult population of Saskatchewan falls approximately in the middle — oh, roughly around 25 per cent.

I want to spend a moment also on this graph. This graph details the number of cigarettes smoked daily across the country. These are national stats given to us by the Labour survey for . . . and some other sources. Along this axis is the number of cigarettes smoked daily, and this goes from 1981 through to 1999.

The top line represents all males. And you can see that the general trend from 1981 through to here has been one of decreasing consumption — down to approximately 18 cigarettes daily. The next line is all females. And again a general downward trend. But if you look carefully at the very last few years, starting about here, it's levelled off.

When you look at young people though, ages 15 to 19, young males — this line — general downward trend; went up a bit here, then down again here to about 12 cigarettes per day. About 12 . . . 12,13.

And the graph following the consumption of cigarettes for young females is a little more volatile — something like the stock market. But over here we have, since 1996, an upward trend. And we've been told repeatedly by people working in the health field that this trend is worrisome.

Some stats that were taken right here in Saskatchewan. If you divide Saskatchewan into three zones — a northern zone, a southern zone, and a central zone — they can see that the northern zone which is a dark bar here for females and a dark bar here for males, the dark bars are taller than the other bars. That tells us that females in the northern part of Saskatchewan smoke more than anybody else. They have an uptake rate of 51.6 per cent and I should just be more specific, this is young females. And young males at about 38 per cent. Now the northern zone is from Saskatoon north.

The central zone in this graph includes Saskatoon and all the way down to the No. 1. And that's this middle bar. And you can

see that the uptake of smoking by young people is a little less than on the northern part of the province. And then the southern most part, No. 1 south including Regina, is . . . the smoking uptake is less.

But once again, you can see that our youth are smoking more than the older folks. Or reporting to . . . At least more of them are smoking is a more accurate way of putting it.

Tobacco in Saskatchewan has been controlled by The Minors Tobacco Act of 1978. It prohibits the sale of tobacco to people under the age of 16, but it does allow merchants to sell tobacco to minors providing they have written consent from their parents. And there's a fine for up to $10. I haven't heard of anybody getting that fine lately.

There's also The Urban Municipality Act, 1984 which gives urban authorities power to regulate smoking in public places. Regina has acted on this just this last week. There's The Occupational Health and Safety Act, 1993 which gives occupational health and safety committees the power to regulate smoking in their workplaces.

There's tobacco control in Saskatchewan which is enforced, and that's the Tobacco Act of 1997, the federal Act. And this is the one that prohibits the sale of tobacco to people under the age of 18. And it allows for fines which are considerably stiffer than $10 — as high as $3,000 for the first offence and $50,000 for the second offence.

It's the federal Act that prohibits the advertising of tobacco products. And it is the federal Act that does allow sponsorship of some cultural and sporting events around . . . that adults participate in.

It is also the federal government that is regulating the packaging on cigarette packages and all tobacco products.

I haven't seen one of these new pictures yet, but this gentleman here apparently is holding one of those new packs, and he says, these pictures of diseased lungs on my cigarette pack make me nervous. And she says, me too. And guess what the reaction is.

Well it speaks a bit to the addictiveness of tobacco, and it also speaks to how our society uses it.

I want to speak a little about the cost of tobacco smoking. These are 1997 stats. There are direct costs to the province in the way of hospitalization, physician services, drug costs, and fire loss — about $87 million directly to the provincial treasury.

There are indirect costs which have been estimated to us by Sask Health using the same methodology that is applied across the nation, actually across the continent. They are estimated at $179 million. That's a cost due to mortality. That's people who have passed on as a result of tobacco and are no longer earning a wage; cost of morbidity. The cost of wages lost due to absence from work. And there are other costs such as low birth-weight costs which are not included under direct cost.

So the two together come up to 266 million to the society for the people of Saskatchewan. But there's the other end of it as well. There's the income from tobacco. The province charges a tax of $17.20 per carton, plus PST (provincial sales tax), and that comes out to about $125 million is the estimate for this year.

Federal government taxes tobacco 10.85 per carton plus GST (goods and services tax). That comes out to about 2.2 billion revenue to the federal government. Of that, our estimate is that Saskatchewan people pay $67 million in federal taxes.

So using some of that basic information, we're trying to assess and get information on the health effects on youth issues, on smoking in public places, recovering health care costs, and accountability.

Here's another bit of information that I find quite eye-opening really. When you compare the number of deaths that physicians attribute to smoking, you can see that this bar's quite long, over a thousand annually, compared to traffic accidents and suicide and AIDS (acquired immune deficiency syndrome). Less then 200 in each of these, yet these are the dramatic ones that you hear about all the time, repeatedly. But the numbers here . . . and we've had people estimate, this graph tells me about 1,100, we've had physicians mention to us that it goes up to 15, 1,600.

Just a graphical representation of the costs to the province, about 266 million compared to the tax revenue to the province only of a hundred and twenty-five million.

This gets so intense that we have to put in a little relief here once in a while. Here's momma, here's what she says are you okay son. Oh yes, he's just gone through a little experience with his first cigar — some of you might remember that — and he's got a tummy ache, and she says, you smoked some of that cigar, didn't you. And he says, yes, momma, I think I've caught the cancer. And dad is a little concerned about this. He says, shouldn't we just tell him that it's just nausea, and mom says, well all in good time.

Perhaps the ideal balance between having control of your own destiny and your own workspace and your own air — these two can have a nice little chat about what's going on while he at the same time only . . . (inaudible) . . . enjoy all of his own smoke.

Well some of those things that we've mentioned are things that we want to hear about as we go around the province and we want to now turn this over to people who will be making presentations. I just want to mention that there is a web site, www.legassembly.sk.ca/tcc for those of you have access to Internet, and if you've got any young people at your homes they might want to just fill out this survey. It will get them at least interested in the topic.

I understand we're going to get a PowerPoint presentation first from Dr. Graham so you might want to take a minute to just set up and . . . It's all ready to go? Very good. I'll just give the order of how everybody is coming down. Please have a chair, doctor.

After Doctor, will be Bob Bundon, and then Emily Alstad, Mary MacDonald, Gay Hovland, Rob Parker, Dr. Findlater, Leah Wolf and Joan Wolf, then the SMA (Saskatchewan Medical Association) and then the Federation of Saskatchewan Indian Nations, then the Saskatoon Health District.

And hopefully we can get through and ask Judy Lambie, Blair Magnuson, and Ruth Collins-Ewen to make a presentation before we break. Then we have another list, not quite as long, after 7 p.m.

So welcome, doctor. As anybody takes their place, we'd ask that the first thing you do is identify yourself and then just go right to it.

Dr. Graham: — My name is Brian Graham. I'm the executive director of the Saskatchewan Lung Association and I wish to express, on behalf of the lung association, our appreciation for being able to make this presentation to your committee today.

As MLAs you know that the number one issue for the people of Saskatchewan is health. Other crises do arise from time to time and health may not always be the number one issue for everyone in the province, but by and large, in the long term, health is the number one concern.

As MLAs you have accepted responsibility for governing Saskatchewan health policies. The people of this province look to you for leadership. Tobacco is the number one preventable cause of illness and death in this province. It is inconceivable to me that our legislature has done almost nothing to fight the number one enemy of health when health is the number one concern of so many people.

Saskatchewan is shamefully tied for last place among Canadian provinces in terms of tobacco control legislation. Even Quebec has passed legislation over a year ago that addresses many of the concerns of the health community. There have been many attempts in Saskatchewan by municipal governments and health boards to regulate tobacco use in Saskatchewan, but these efforts have been hampered by the lack of clear provincial legislation.

It is not only those who have become addicted to tobacco whose health is ruined, but also anyone who happens to be exposed to tobacco smoke. In 1964 the evidence that tobacco caused extensive and varied health problems had become so overwhelming that the first US (United States) Surgeon General's report on this issue was released.

The reaction of the tobacco industry was deny, deny, deny. They continually tried to cast doubt on the findings of research studies and always suggested that more studies were needed. More research was needed. More analyses were needed. Anything to keep their lucrative profits rolling in.

They denied that tobacco caused any health problems at all. They denied that tobacco was addictive. They deny now that second-hand tobacco smoke is a health hazard.

The truth is that scientific evidence is overpowering. There is no safe level for exposure to the toxins and carcinogens in tobacco smoke. This applies not only to the smoke that is drawn through the cigarette, but the smoke exhaled by smokers, and the smoke coming from the burning end of the cigarette. Any industrial process which produced these kinds of toxins and introduced them to the indoor air would be shut down.

The only way to completely eliminate toxic tobacco smoke from indoor environment is to eliminate the source. Filtering and other attempts at air cleaning do not work.

In the slides we just saw, we saw percentages of smokers in this province at about 20 per cent . . . 25 per cent of the adult population. Well about 20 per cent of the population overall suffers from lung disease. In children lung disease is the number one cause of hospital admissions. People with lung diseases like emphysema and asthma, and even those with transient respiratory infections are far more adversely affected by second-hand smoke than the rest of the population. The presence of second-hand tobacco smoke can effectively deny such people access to public places.

The Saskatchewan Lung Association spends a lot of time and effort and money on education about tobacco use. Does education work? The short answer is yes, it does. But the long answer is that education comes in various forms.

Now if a parent is talking to their child and they say . . . (inhale) . . . smoking is bad for you . . . (inhale) . . . I don't want to see you smoking . . . (inhale) . . . you really shouldn't smoke, and this child goes on to start smoking — is this child rebelling against their parents? Or is this child actually conforming with the type of education and message that they've been receiving all of their lives?

And we do the same thing in society. We give all kinds of education to children about tobacco use. But what is the real message we're giving them when we allow tobacco use in public places?

The most frequent contact and the earliest contact a child usually has with a "health institution" is the local pharmacy or drug store where mommy buys the medicine that's needed to get better. However, in this same store the child will see large displays of cigarettes, and would you blame him or her for doubting that cigarettes aren't healthy.

Similarly, when a child is taken to a restaurant which is not totally smoke-free and the child is therefore forced to breathe second-hand smoke, society is again giving the message that smoking can't be that bad for you because we permit it to happen in these environments. How many children would independently reach the conclusion that somehow our society has an insane tolerance for allowing the hospitality industry to serve us poisonous air?

Here's an example of another health issue which is now well accepted but went through many of the same struggles as the tobacco problem. Pasteurization of milk was a controversy when it was introduced. The process was scientifically shown to reduce the spread of disease. However, the regulations proposed by the health community were opposed by commercial interests. They used the same tactics that the health . . . that the tobacco industry is using now.

There was denial of scientific evidence. There were calls for more education and studies. There were suggestions that if people really wanted pasteurized milk they would create their own demand for it without regulations.

There were statements that these regulations would kill the

dairy business. Attempts were made to make this an urban versus rural issue rather than a health issue for rural and urban people alike. And of course there was the claim that any regulations would be completely useless because you can't control what goes on in people's homes, and farm families would continue to consume raw milk anyway.

Well fortunately we had legislators with the political fortitude and integrity to do what was right for the people of Saskatchewan rather than bowing to commercial interests. The regulations have been put in place, they have saved countless lives, they've prevented countless diseases, and probably saved us countless dollars in health care.

We can have an impact on childhood smoking if we adopt a tobacco-free mindset. Detractors say that one whiff of tobacco smoke or second-hand tobacco smoke won't hurt you. But consider the seat belt — consider the parallel with seat belt legislation which has also saved many lives. In that program it's well accepted that there is no safe distance that you can drive without wearing a seat belt. The program works when seat belt use becomes automatic and there's never a question about whether a given trip requires a seat belt or not. You just put it on automatically.

We need the same attitude for tobacco smoke. There is never a safe time to breathe second-hand tobacco smoke. There's never a safe amount of environmental tobacco smoke that one can breathe.

In the presentation before, we saw that for the adult population of this province, 25 per cent of people are smokers and there were a higher amount of our young people. But if we include the whole province — if we include the babies, the toddlers, the school children — the figure is actually much lower. And it's closer to 20 per cent of people in Saskatchewan that smoke and 80 per cent that don't smoke, and we shouldn't forget that when we look at these figures, that the figures are based on adult populations and not the population of the whole province.

And we've heard from people throughout this province who support the need for a tobacco control regulations — young and old, male and female, urban and rural, First Nations people, and even smokers as well as non-smokers. There's a large majority which has been far too silent on this issue and who look to you for leadership to do the right thing. The vast majority of people in Saskatchewan are having their health compromised because we permit the rights of a minority of commercial interests to supersede the health rights for the majority.

So what are these commercial interests? We've already heard from this committee that tobacco use costs the people of Saskatchewan money, and if we reduce tobacco use we will not only have health benefits but financial benefits for the community as a whole. Businesses in the tobacco industry are making claims that they will lose some of the lucrative money they make from getting our children addicted to nicotine and servicing this addiction for as long as they possibly can. There's big money to be made.

The illegal sales of tobacco to underage children in the province of Saskatchewan is worth from one and a half to $2 million alone. As elected representatives of the people of Saskatchewan, what do you think is more important — that some businesses may suffer if tobacco control regulations are introduced, or that their customers and employees will suffer and die if they are allowed to maintain the status quo.

Tobacco profits come at our expense. Money is being made by a few people who then leave it up to the rest of us to pay for the health care costs, to pay for all the damage from fires, and to clean up all the litter from tobacco. We pay the money, we suffer the diseases and death, we clean up the mess and deal with the consequences; they get the money.

If people stopped spending as much money on tobacco as they do currently, the money saved will not be withdrawn from circulation but will be more likely redirected to other areas of consumer spending in our economy, and our economy will not suffer.

Please consider implementing legislation now, and legislation that will protect our children from exposure to toxic tobacco smoke, legislation that will prevent our children from becoming addicted to tobacco, legislation to protect the health of the people of Saskatchewan, and legislation that will protect all of the workers and employees in Saskatchewan from being forced to breathe environmental tobacco smoke.

Tobacco is a unique product which requires unique regulation. Tobacco is the only legal substance which causes addiction, disease, and death when used exactly as intended. There is no safe way to use tobacco. This separates it from many other legal products such as alcohol or automobiles or guns or junk food or any other product that people are concerned should be regulated.

Tobacco stands alone as having killed more people than any other product on our planet. As duly elected legislators, the people of Saskatchewan look to you to take leadership in dealing with this number one problem. Thank you.

The Chair: — Thank you very much, Dr. Graham. There may be questions from some of our panel members, so I've just looked left and right to see who's going to be first. Doreen Eagles, please.

Ms. Eagles: — Thank you, Dr. Graham, for your presentation. Do you think that limiting the places where tobacco is sold would have an impact on kids smoking?

Dr. Graham: — I think that any time that you can reduce access to tobacco, that there will be an impact, and particularly on younger children.

And limiting tobacco sales, particularly in the example I used with pharmacies, also gives the message to the young people that we really are serious about tobacco and that it is a problem, that we do need to take steps to control it, that it should not be offered for sale in any kind of a health setting or a health environment. Certainly I think that that's an important part of this.

Ms. Eagles: — The reason I ask is because I live in a rural area, and I mean in the winter especially you hear people say, well gee, instead of buying one carton of cigarettes at wherever I'm

buying it from, I better buy two, because the weather's supposed to get rough. And I'm just wondering if maybe they wouldn't just load up because the access isn't so easily obtained or . . .

Dr. Graham: — It may change buying habits, but what we're looking at is, again, getting the message to our children that, where does society accept or not accept the role of tobacco.

Ms. Eagles: — Do you think raising the age?

Dr. Graham: — Certainly raising the age would be helpful. Raising the age when you consider that in this province the age of majority is 19 — it's a reasonable age. Raising the age would also help within our high school settings. There would be fewer people of legal age that would be in high schools that could buy tobacco for their fellow students. Raising the age would be a beneficial factor again to reduce access to tobacco by our youth.

Ms. Eagles: — And yet so many of the children that we spoke to, when we ask them how do they get their cigarettes, a lot of them will say, my parents buy them for me.

Dr. Graham: — And parental smoking, yes, is a strong factor and it's something we have to work at. But on the other hand it works both ways. We also find that children are one of the best promoters for helping their parents to stop smoking. And they become good lobbyists within their own families saying, as they discover education about tobacco, that they're able to do that.

We saw the cartoon about the cigarette packages that really one of the audiences, one of the most important audiences, for those cigarette packages will be the young people who will get the message very clearly and will begin again lobbying for adults to stop smoking.

Ms. Eagles: — Well I agree that education is the key. I thank you, Dr. Graham.

Mr. Wartman: — Thank you. We've heard from a number of people that ventilation really will solve the problem of environmental tobacco smoke. Do you have a perspective on that that you would share with us?

Dr. Graham: — Ventilation is a . . . if you have a source of pollution in the indoor air, the steps to take are to remove the source, to try to dilute the source of pollution by adding more air with ventilation, or to try to remove particles through filtering and so on.

With tobacco smoke, the removal of the source is always the best and probably the only effective method of really getting rid of the pollution. Some of the problems are that tobacco smoke is an incredible mixture of both particles and gases and fumes. And some of the things are very difficult to filter out.

One of the components of tobacco smoke for example is carbon monoxide. You can't clean that out with a filter, you can't . . . no matter what type of a filtration system that you have.

The other thing about tobacco smoke is that it's capable of being stored in various sinks around the room — a carpet, curtains, walls, ceilings can all act as sinks for tobacco smoke which then leeches back into the air. There really is no substitute for removal of the source in trying to maintain clean indoor air, especially where tobacco smoke is concerned.

One of the other problems that can occur with various types of air cleaning devices is they can remove some of the components that you can smell and that you can see, but they don't remove the other toxins. And so the air can look clean because many of the toxins and carcinogens are tasteless, odourless, and the air can look clean, it can smell clean, but it's still full of these toxins.

Mr. Wartman: — Thank you very much.

The Chair: — Doctor, in your last statement towards the end you said there's no safe way to use tobacco.

Dr. Graham: — That's correct.

The Chair: — I thought that, you know, I could have just one or two cigarettes or maybe a package.

Dr. Graham: — Well it's, again, it's like the analogy — is there a safe distance you can drive without your seat belt?

One of the other . . . one of the things is that within the nature of the diseases — like, for example, lung cancer — an analogy might be that suppose that every time you were going to cross the street, there was someone a block away with a rifle that got to take a shot at you. So every time you go to cross the street, he gets to take a shot at you, free shot. Now he may be not a very good shot and so he doesn't always hit you, but the chance is there.

The other thing is that he's shooting with these funny bullets and these bullets are ones that you can't see and you can't feel. So you don't know if you've been hit. And the thing is that a lot of his bullets might end up being duds, and even though they've hit you, they don't cause any harm. But every once in a while there will be a bullet that will have an effect. And maybe it'll take 20 years to have the effect, but it will be there.

All you need is to have one dose of a carcinogen hit the right place at the right time and you can have problems.

Now the reason that we see things like lung cancer coming up after 20 years in a statistical average is that it's a statistical thing. The more frequently you're exposed to the danger and the more frequently, the more likely, it's going to happen. But there's no guarantee that one small amount will be safe.

In looking at these toxins and carcinogens, the work that's been done by the Department of Environment through Canada and Saskatchewan's Department of Environment, sitting on that committee, has come up with the conclusion that there is no safe level for many of the toxins and carcinogens that make up tobacco smoke.

The Chair: — What about the converse? Can you attribute it, you know, lung disease or something to tobacco use 10 years previous or 20 years previous?

Dr. Graham: — There's certainly . . . there are a wealth . . . the

literature is full of studies showing . . . epidemiologic studies showing just that thing. There are also studies which have picked out particular chemicals in the make-up of tobacco and showing that exposure to any one of them can cause cancer in animals, and very aggressive cancer, very quick cancer in animals. I think the case for that has been proven very strongly. And the smoke, the second-hand smoke, the smoke that's coming off the unlit end of a cigarette can contain these carcinogens and toxins in much higher concentrations than either the mainstream smoke that the smoker breathes out or the exhaled smoke, the second-hand smoke as we call it.

The Chair: — Mark has one more question.

Mr. Wartman: — Yes, just along the same line then. You mentioned a couple of times as you were speaking that tobacco smoke for smokers is a causative factor and not just a statistical correlation. Is that so for second-hand smoke as well?

Dr. Graham: — For second-hand smoke, a lot of the same things apply. In looking at the studies of the chemicals that are there and their carcinogenic abilities. When a smoker breathes in the smoke and breathes out, not all of the carcinogens are absorbed; they're breathed back out again. There's nothing magical that happens so that the smoke that's breathed out is safe but the smoke that was breathed in was harmful.

Similarly of the burning end of the cigarette. There are the same or even higher concentrations of nitrosamines and other very highly carcinogenic agents. And of course the US Environmental Protection Agency has labelled environmental tobacco smoke as a class A carcinogen, same as asbestos.

Mr. Wartman: — Thank you very much.

The Chair: — Doctor, thank you very much for your presentation. Appreciate you taking the time.

Next we have Bob Bundon. Hello, Bob. Last met Bob on an airplane and he told me he was actually going to come and make a presentation. So here we are.

Mr. Bundon: — Thank you. My name is Bob Bundon. I'm here today as the Vice-Chair of the Saskatchewan Association of Health Organizations. We'll refer to it hereafter as SAHO (Saskatchewan Association of Health Organizations). It was established in 1993 through the amalgamation of the Saskatchewan Health-Care Association and the Saskatchewan Association of Special Care Homes and the Saskatchewan Home Care Association.

As the voice of 180 health organizations across the province, SAHO vigorously urges and supports continued efforts to reduce the use of tobacco by minors and to eliminate exposure to second-hand smoke in enclosed public spaces. SAHO and individual health districts and agencies are working to build healthy communities.

One important step toward this goal is to address health issues related to tobacco use. Our office building has been smoke-free for more than a decade, as have events held under the auspices of our association.

We have been a member of the Interagency Council on Smoking and Health for more than two decades. The interagency council, which is now called the Saskatchewan Coalition for Tobacco Reduction, is a coalition of representatives from community agencies and organizations, government departments, professional groups, and committed private citizens. Its activities are directed toward achieving a tobacco-free society and are carried out through education, advocacy, and coordination.

In March 1995, the SAHO board of directors approved the following position statement:

> The Saskatchewan Association of Health Organizations:
>
> supports strong provincial legislation restricting tobacco sales to minors that goes beyond the minimum standards set by the federal legislation;
>
> urges the establishment of appropriate means to ensure compliance with the legislation;
>
> recommends awareness programs to ensure that retailers understand the restrictions and the penalties set forth in the legislation; and
>
> endorses the use of ongoing education and multi-media campaigns to caution Saskatchewan youth on the dangers of smoking.

In January 1996, the board endorsed the following statement:

> Smoking has great costs attached to it in terms of human lives and health care dollars. SAHO fully supports municipal initiatives aimed at reducing — and eventually eliminating — smoking in public places.

In recent years, SAHO has furnished efforts . . . furthered efforts on these position statements, not only through lobbying but also by participating regularly in meetings of health promotion professionals from around the province and in province-wide health promotion initiatives, which often address smoking cessation and smoking control programs.

SAHO member agencies have also influenced the association's position and spurred action on tobacco and smoking-related issues. They have done this through resolutions at the association's annual meeting. In 1997, the membership passed a resolution to:

> go on record as supporting the legislation on tobacco control then before the House of Commons (Bill C-71) and to communicate this support to the minister of health for Canada and to the members of Parliament elected from the Province of Saskatchewan.

Among their arguments, supporters of the resolution cited cancer statistics, the cost of tobacco-related illnesses to our health system, the growing use of tobacco by young people, and the ease of access by young people to tobacco products.

The resolution also had an auxiliary provision calling on SAHO to ask the provincial government to re-introduce Bill 68, an Act

to prohibit the sale of tobacco to young persons, if the federal Bill failed to pass. We were pleased that the federal Bill did pass.

At our 1999 annual general meeting, the SAHO members approved three more tobacco-related resolutions. The first resolution asks SAHO to:

> lobby the provincial government on a number of concerns, including: restricting the sale of tobacco to minors, providing disclosure of tobacco product ingredients, and eliminating exposure to environmental tobacco smoke in all enclosed public places by the year 2000.

In response, our association adds its collective voice to the expression of rising concern about smoking and tobacco use — in particular tobacco effect on our young people. We are urging the provincial government to develop a comprehensive tobacco strategy and to assist health agencies across the province by coordinating an awareness education program on second-hand smoke.

With respect to the issues raised in this resolution, we draw specific attention to information provided in Health Canada *Fact Sheets*, February to June, 1999, and a document entitled *Recommended Tobacco Control Action Items for Saskatchewan* prepared by the Canadian Cancer Society in February, 2000. These materials provide extensive support for the need to address the range of tobacco-related concerns.

The *Fact Sheets* contained information and statistics from Canadian tobacco use monitoring survey and demonstrate national concern for tobacco use, particularly among young people.

The Canadian Cancer Society's document echoes the need for proactive tobacco awareness campaigns by the health districts, and recommends that specified tobacco controls be included as part of mandatory core programs for health districts.

The second resolution passed last year asked the association to:

> request the ministers of health to allow district health boards to use the authority granted in The Public Health Act to pass bylaws restricting smoking in public places.

The Public Health Act, 1994 provides health districts with the authority to pass bylaws restricting smoking in public places, but districts have been unable to exercise this authority because municipal councils — not district health boards — are empowered to pass smoking bylaws.

We are aware that the provincial government is currently examining this overlapping or competing authority regarding smoking in public places. By way of letter from Assistant Deputy Minister of Health Marlene Smadu, dated January 27 of this year, the provincial government encouraged health districts: ". . . to continue holding back bylaw development work until . . . jurisdictional issues are resolved."

In the interests of health and well-being of people of this province, SAHO is looking for a speedy resolution to this jurisdictional issue. The health districts are committed to their mandate to improve the health and health status of the province residents. They do this by promoting healthy lifestyles, educating the public, and addressing health determinants. They need the tools to carry out this important role.

The document prepared by the Canadian Cancer Society also supports the intent of this resolution by calling for:

> Health districts (to) have authority to adopt workplace/public place smoking bylaws stronger than the provincial standard.

The third smoking-related resolution passed last year brings forward a new challenge address — the impact of exposure by children to second-hand smoke. Specifically the resolution asks:

> that SAHO lobby the minister of social services to introduce legislation to ban smoking in licensed family child care homes.

Regulations already exist that ban smoking in licensed child care centres. We are asking for similar regulations to be applied to licensed child care homes which care for an estimated 1,900 children in this province.

Last fall our association sent a letter to the Hon. Harry Van Mulligen, Saskatchewan's Minister of Social Services, asking for the government's support in addressing this issue. Deborah Bryck, the director of child day care, responded to our letter. She wrote:

> Although strongly supportive of prohibiting smoking in the family child-care homes, we are concerned about the impact on recruitment and retention of care providers as well as the significant resources required to enforce such a legislation.

She also expressed concern about requiring family members of child care providers to comply with a ban on smoking in their own homes. In our view, recruitment and retention of care workers as well as compliance with a ban may not be as difficult as the government anticipates.

Statistics from a survey conducted for the Regina Health District by Prairie Research Associates indicate that 90 per cent of those questioned think there are at least some serious health risks from second-hand smoke, while 82 per cent support a smoking ban in any indoor public areas used by children. These results indicate there is general public awareness of the dangers of second-hand smoke, particularly in relation to the health of children.

In conclusion, the Saskatchewan Association of Health Organizations is proud to speak for its 180-member organization in support of legislation as well as individual and collective action that makes healthy public policy a priority in this province. This includes strong steps to restrict the sale of tobacco to minors, education and awareness initiatives aimed at lessening young people's desire to smoke, and regulations directed at eliminating exposure to the many dangers of second-hand smoke.

We thank the committee for allowing us to make this presentation and hope our voice will contribute to a sense of

urgency in addressing this most serious health issue.

The Chair: — Thank you very much, Mr. Bundon. Any committee member have a question?

Mr. Wartman: — Thank you. Thanks, Mr. Bundon. You referred a number of times to enclosed public spaces. BC, in its legislation, has defined what that means, and I was wondering if you have a definition in mind for what is enclosed. Are you familiar with BC's definition?

Mr. Bundon: — Not entirely. I understand what the legislation attempted to do out there. I guess the enclosed public places means any place that's indoors in our interpretation. That's the way we would interpret it.

Mr. Wartman: — Taylor Field then wouldn't fit into that with no roof on it?

Mr. Bundon: — Nor the golf courses. I remember there was some discussion about that but our understanding is that that is not what we lobbied for.

Mr. Wartman: — Okay, thank you.

Ms. Eagles: — That was actually the same question I was going to ask. But do you consider bars as a public place where smoking should be banned?

Mr. Bundon: — Yes, should be.

Ms. Eagles: — Should be banned?

Mr. Bundon: — Yes. That's our . . .

Ms. Eagles: — Despite the fact that there's no children there?

Mr. Bundon: — It's not only children, we must protect from other adults too, I mean it's a general policy. Smoking in public places that are enclosed is what we are lobbying against.

Ms. Eagles: — Okay, we've heard from a lot of people in the hospitality industry that say that they have documents that show that there would be a significant decline in their business if in fact smoking was banned. And apparently there are a few bars around that are smokeless. Do you think that's acceptable if there are some that are completely smokeless? Shouldn't some have the right to have smoking? And further to that, do you think that they should have the control of that, or do you think it should be legislated if it's a privately owned bar?

Mr. Bundon: — I think our position on it is that is we're coming from the health side of it, and any type of smoking is harmful to one's health whether it be second-hand smoke or first-hand smoke, and we have the employees to consider and the other patrons, etc. We are doing everything within the health districts towards creating a healthy community and the payoff is way down the road. And certainly the quicker we can eliminate exposure to smoke of any kind, the sooner we can get on with our payoff action so to speak.

The cost of smoking — there's been many surveys and studies — but it's astronomical and, as you all know, our health districts are struggling with the dollars that they have to try and provide health services. And it's somewhat frustrating to see those actions continue when you know that that's going to create additional costs down the road.

Ms. Eagles: — So you don't think that the bar owner would have any right as to whether there'd be smoking. I mean a lot of them are saying that it's dictatorship if they say, lookit, you can't have smoking in your bar any more. A lot of people are saying well that's dictatorship.

Mr. Bundon: — We don't let them shoot each other either.

Ms. Eagles: — No, but I don't think that's a fair comparison though because I mean you don't have to go . . . if you choose . . . if you don't smoke and don't want to go in there, you don't have to go in.

Mr. Bundon: — Well that's true but there is employees involved and there is the very individual themselves. Should we not treat that individual when they come in and . . . when they finally contact ailments from smoke? Should that be the other side of the equation?

Ms. Eagles: — Well I suppose you should treat them if you're going to treat them if they have a bad liver from alcohol or if they have a stroke because they've ate wrong.

Mr. Bundon: — That's correct, that's correct, and we believe that education is very valid in this in trying to correct those measures as much as possible.

Ms. Eagles: — Yes, I agree with the education portion, thank you.

The Chair: — You mention your organization would like to see, I think, sort of overall provincial legislation and, if there's any local body that should have regulatory powers, it should be the health boards.

Mr. Bundon: — That's what's in the health Act at present. Were you talking about creating bylaws to . . .

The Chair: — As opposed to municipalities. We've got health boards that . . .

Mr. Bundon: — Well what happens now is that, for instance, if you take the Saskatoon Health District — which I'm most familiar with — it has the city of Saskatoon, it has the communities of Warden . . . or Borden and Delisle and Hanley and all of Allan, etc. Well unless you can get each . . . Your smoking legislation isn't going to be too effective unless you can get to cover all those municipalities. And going piecemeal at it, it doesn't seem to be an effective way.

The Chair: — Would all of the health boards, would there be unanimity among, amongst health boards on that? Or do you think it's . . .

Mr. Bundon: — I think, I think it . . . I'm not sure about unanimity. I'm certainly sure . . . I'm quite confident there would be majority. But it's been an issue that has been tackled in a couple of the communities and hasn't been effective. Now I

don't know what the results of last night's meeting in Regina were before city council, but it's an issue that is being brought more and more to the forefront.

The Chair: — Okay. Thank you very much. Thanks, Bob. And now the committee would like to hear from Emily Alstad.

Ms. Alstad: — Thank you for the opportunity to speak to you. My name is Emily Alstad, and this is Dr. Linda Baker. We are here on behalf of the Gabriel Springs Health District. Dr. Baker is a family physician who has lived and worked in this district for the past 20 years. I coordinate the district's tobacco-related research project.

The Gabriel Springs Health District covers a rural area. Our discussion will focus on tobacco smoke and the problems it causes individuals living in a rural community.

In our district a community survey identified tobacco smoking as an issue that needed to be addressed, so for the past five years there has been a concerted effort made through a variety of strategies and intervention programs to try to reduce the exposure of individuals to tobacco smoke, but particularly pregnant women, infants, and children.

These programs were not just minor attempts at change; these were in our opinion well-planned programs which had their own paid coordinators, support from other staff members, as well as from community volunteers and local businesses. Financial support over and above the usual provincial funding to health districts was received from Health Canada, the University of Saskatchewan.

We continue to address the problem by conducting a unique research project to learn whether a strategy we have developed will help to lower children's exposure to second-hand smoke.

All this help and all these resources for a community of 12,000 people. The question is, were we successful? Did we make a significant change? Unfortunately, not really. Although evaluation showed some measure of success, people are still being exposed to second-hand smoke everywhere in our community. What would have made the difference was support through strong provincial legislation — a provincial ban on smoking in all indoor places accessible to pregnant women and children.

I would like to outline some of the experiences and observations from our activities, but particularly from the research project to illustrate why provincial tobacco legislation of this kind would have helped our efforts to make change, perhaps a significant change, in a rural community.

As I've already said, we are examining a new strategy to learn whether it will help to reduce children's exposure to second-hand smoke. Our principal investigator, Dr. Muhajarine is also in the audience, from the University of Saskatchewan.

In our study we found that participants did not know that two-thirds or 66 per cent of the smoke from the burning cigarette laying in an ashtray curls into the air. The smoke has burned at a higher temperature making the chemicals in the tobacco more concentrated, as you've already heard, therefore making the second-hand smoke more harmful than the smoke which is inhaled by the smoker.

An analysis of 15 brands of Canadian cigarettes showed that second-hand tobacco smoke contains six times the nicotine, five times more carbon monoxide, and over three times the tar. Other chemicals are more concentrated too.

Babies and children have smaller airways and breather faster than adults so they inhale more air and more tobacco smoke relative to the body weight . . . to their body weight, when they're in a smoky room.

Participants didn't know that only 5 to 9 per cent of the harmful substances in tobacco smoke are visible in the tobacco that you see in the air. The rest of the gases, the toxic chemicals, and tar are invisible. And they fall everywhere.

In a restaurant, for example, the invisible particles fall on food, clothes, toddler's high chairs, in both the smoking and non-smoking sections. Air is circulated by diffusion and by customers and wait-staff who move through both sections. You can see that view on the overhead.

Adults and children ingest these harmful substances — nicotine, benzene, formaldehyde, and asbestos, to name some — from what has fallen on the table, the cutlery, eating finger foods, and children licking their fingers. A separate ventilation system can't change this.

When a human inhales tobacco smoke, the nicotine breaks down in the body and becomes a by-product called cotinine, and you see how that's spelled there. The cotinine spreads throughout the body and can be found in the blood, amniotic fluid, urine, hair, and saliva.

No plant or other product that humans ingest or inhale is known to contain cotinine. Our participants and most people don't know that there is a simple test which can be done to learn whether a person is smoking involuntarily and inhaling nicotine. It is a saliva test for cotinine using a specimen stick like this. And I gave a sample to Tanya if you want to see it.

When a saliva test is analyzed, comes back positive for cotinine, it means that an adult or child has nicotine in their body and all the other harmful substances that were inhaled along with the nicotine. The younger the person, the longer it takes for the cotinine to leave the body — anywhere from seven hours in an adult to up to three days in an infant.

So what does this have to do with tobacco legislation and our recommendation? Let me give you some of the anecdotal findings from our research project.

One of the participants in our study was a mother and her eight-year-old daughter who went to an arena in our district to watch the brother play hockey in a tournament. Three days later I obtained a saliva specimen from the daughter which was analyzed and came back showing that there was still evidence of nicotine in the child's body.

Since no one is allowed to smoke in that child's house and she had not been exposed to second-hand smoke anywhere else, she

had inhaled enough nicotine in the arena that there still was some left in her little body three days later.

This overhead shows . . . I don't know if you can see it; the light isn't good. Anyway, this overhead is supposed to show the results that we ran . . . We did a test run before the research started, to validate our procedures. We knew that half the children for whom saliva tests were obtained had not been exposed to second-hand smoke; the other half were.

If a smoker were tested, a positive result would read at least 15 anagrams per millilitre, and that's on the top there. So if you were tested and you were a smoker, your result would come back at 15. And as I hoped you could see, all the children who had been exposed to second-hand smoke had positive saliva tests. In those that were not exposed, none was detected.

Note how much nicotine from second-hand smoke was inhaled by no. 7 and 10. I have to read them to you. No. 7 was a child eight months old and her nicotine was 11, over 11. And the two-year-old down below was 9.9. And a smoker has 15 to 20 anagrams per millilitre.

There are families who couldn't have gone to this arena at all, or any other place where tobacco smoking is allowed, because their children get ill from inhaling tobacco smoke. A significant number of parents enrolled in our study reported that they take their child to the doctor every four to six weeks with smoking-related illnesses. Conditions ranging from ear infections to pneumonia, asthma, bronchitis, and other chest problems, and you'll hear from Dr. Baker.

It is well documented and also reflected in answers on our questionnaire that people do not really believe that lowering exposure to second-hand smoke makes a difference in the child's health.

In one family it wasn't until both parents were presented with the reality of a positive saliva test were significant changes made to lower exposure to second-hand smoke. Their seven-year-old child whose cotinine level was high was being taken to her doctor every four to six weeks, sometimes as often as once a month, for colds and related conditions as well as large tonsils and was on the hospital list to have her tonsils removed.

When I interviewed the mother two and a half months later, I was told that as a result of the positive test the parents immediately made smoking rules. Now no one is allowed to smoke in the house. Seven months later, the child is still off the surgery list, getting fewer colds, and when she does get one, it doesn't last as long. A significant contribution to reduction of health care costs for a preventable illness, and it certainly helped the child.

The mother also reported that all four of the children in the family are much less irritable and the mother is not so tired. Carbon monoxide in cigarette smoke robs the body of oxygen and can make children and adults tired. This was not the only case where children's health improved when they were removed from a smoking environment.

The saliva test we use in our research project is the same one that is given to people buying life insurance policies to check whether the applicant is a smoker or non-smoker. Non-smokers get reduced rate policies, except in the case of individuals working in bars and lounges. They take in so much second-hand smoke that their tests come back as positive as a smoker's and they must pay the same premium as a smoker does. Smokers in bars and lounges are getting double doses of harmful substances because they also inhale the more concentrated chemicals from the second-hand smoke.

Now I would like to answer the following questions. Where in rural indoor areas do infants and children smoke involuntarily? Are there sites unique to rural areas? Should tobacco legislation target these sites?

Towns, villages, and hamlets have small populations. We range from 90 people in a hamlet to 1,200 people in our largest town. There are many similar rural communities in Saskatchewan. Restaurants, hotels, ice and curling rink seating areas, bowling alleys and bingo halls are smaller. Non-smoking areas are not feasible. This is very different from many urban centres.

Also, no one is anonymous. If you were the parents of an asthmatic child, would you go to the manager or owner of any one of these businesses and ask the owner in person or in a letter to ban smoking? The owner could be a relative, a friend, and at the very least a familiar face.

Provincial legislation banning smoking would support the 74 per cent of the population who don't smoke. It would stop the need for neighbour to confront neighbour.

In rural areas there are public places accessible to children and pregnant women which may not be sites that you would think would need a smoking ban in an urban area. Provincial legislation must include bans in these spaces. The signs says: when are we going to quit smoking.

Hairdressing establishments where the hairdresser . . . in the rural areas, hairdressing establishments where the hairdresser smokes while she does your hair and children are allowed to come with their parents because there is no place to take them.

Supermarkets where there are two to three tables set aside at the end of a food aisle as a coffee corner and smoking is allowed. The smoke diffuses and is moved by customers. The poisonous chemical particles fall on fruits, vegetables, and other open food.

Gas bars — all of them sell candy, pop, and chips. Children come into buy. The staff, the owner, and customers smoke everywhere.

Small convenience stores where they still . . . where the staff actually leave their burning cigarette in the ashtray beside the till when they stop to serve you.

Many mom-and-pop food businesses where babies and small children are brought to work; in one case the grandfather who owns the store smokes and his daughter works for him. She has to bring her new baby to work but doesn't want the child exposed to tobacco smoke. She tells me she's not looking forward to the confrontation.

Restaurants in towns, in villages . . . restaurants in small towns and villages. One of the few social activities available for one of our participants, a stay-at-home mom, is at coffee break with friends and their children but all three restaurants allow smoking everywhere. When she does go to one of the restaurants without her child she leaves a little card surreptitiously, which reads: I would like a tobacco-free environment. Please consider making your restaurant smoke free. She gave them to her friends as well.

A small hotel in a village has a restaurant and a bar. The door to the bar opens into the restaurant, the smoke diffuses into the restaurant or is moved there when a customer goes to eat.

Video stores that sell ice cream and have pool tables in the back for recreation, smoking is allowed in that area. Of course, children are brought in for the videos and the ice cream.

Children are brought to bingo halls, auction houses, and bowling alleys in rural areas.

In conclusion, we would like to state that legislation should not only be urban based. Rural areas must have a level playing field. The rules must be the same for all. Banning smoking in all indoor public places accessible to children is necessary in order for us to protect them. This legislation will impact on their health of course, and it will lower health care costs.

In addition, we strongly recommend that more money be obtained from cigarette taxes and directed into education strategies. These dollars should not be confined to educating only children and adolescents. The scope of the funding must be expanded and be more diversified. The children and parents who participate in our research were educated formally through face-to-face discussions and informally through the reality of the salvia test results. This is an example of a diversified education program. It could be expanded for use by public health nurses, health educators, and in health care centres and physicians' offices to support tobacco and smoke reduction programs.

Our future tobacco reduction interventions will be more successful with provincial legislation in place. And you do have the power to do that.

I will leave you with a look at our poster, developed by community members in the district, and then ask you to give your attention to Dr. Baker. Thank you.

Dr. Baker: — Good afternoon. I am not here to give you statistics. I am here to put a human face on the physicians of the Gabriel Springs Health District and elsewhere, who are concerned about smoking.

I'm here to give you a glimpse of my family practice as it is impacted by tobacco use.

I see several types of patients. First I see the patients who choose to smoke. At least, they chose to at one time in their lives. Now they suffer from chronic lung disease and heart disease and struggle to quit smoking. But in spite of the knowledge, the counselling, the gimmicks, and the medications, their enslavement to the weed makes it difficult. I see addiction daily in my office.

Then I see a whole range of patients who do not choose to smoke but are impacted by the often unavoidable second-hand smoke in their lives. They work in restaurants where smoking is allowed, they volunteer at bingos to raise money for minor sports, and man the concession at the local arena.

And I remember a grandmother, a patient of mine who required continuous portable oxygen, thrilled that she was finally able to watch her grandson play hockey when the Wakaw town council had the courage to ban smoking at the local arena allowing her to safely attend.

I daily see the children Emily was telling you about, the ones who smoke second-hand. Our district has a high rate of premature and small-for-dates babies from the high rate of pregnant smokers, especially amongst our Aboriginal community. These young teen moms would rather smoke than eat.

Unfortunately the children from these families are also exposed after birth. The number of wheezy, asthmatic children seem to outnumber the ones not affected in this way. Inhalers and aerochambers and nebulizers for treatment have acceptance in the community but suggestions that smoke exposure needs to be eliminated are less welcome.

The recurrent ear infections are enough to keep an autolaryngologist very busy testing hearing and surgically placing ear tubes.

A third group I see are the smokers dying of lung cancer, laryngeal cancer, and end-stage cardio-respiratory diseases. All I can do is help alleviate their symptoms and suffering as they leave this world.

A fourth group I see are teenagers who are about to make decisions that will affect them the rest of their lives. They don't come to discuss these important decisions. They come because of sore throat or sports injuries or the need for birth control. I quietly ask them, do you smoke? I don't wait for an answer. I chime in with, please don't start unless you want to spend the rest of your life in my office trying to quit.

The whole subject is very easy and simple for those of us who never started smoking. But we all know how difficult it is to change established behaviour. Witness our unimpressive record in changing the activity levels and eating choices of the myriads of new type-2 diabetics.

I therefore urge you to make the initial choice to smoke as unattractive, expensive, and difficult as possible, to save my patients and our society from the scourge of tobacco I see all around me. Thank you.

The Chair: — Well thank you very much, Emily, and Dr. Baker, for first of all acquainting us with your salvia test strategy. I found that rather unique. And I'd like to find out if you know if there's any other people that use it around the province. And thank you also for the very practical example that you gave us of what you're faced with in rural Saskatchewan.

Ms. Alstad: — As far as using it in . . . the cotinine test across the province, life insurance companies use it. Our information came from the director for Canada about the insurance policies. As far as we know, nobody else in the province, in Canada, or in our literature search, is using this type of method to try and reduce second-hand smoke.

And that's why we're testing the . . . We're just in the process of testing whether it'll really work. These were just examples that we have. Our data entry is just being done now.

The Chair: — Okay. And on your little chart that you gave about cotinine concentrations, where were these children exposed?

Ms. Alstad: — Some in homes. Most of these that were very high were in homes plus in arenas, a lot in the Aboriginal community because there's so much smoking there. We just asked our staff to give us the names of people that we knew smoked because we wanted to know for sure that all those who smoked, that the nicotine test was working. And we asked for others who we knew there was no smoking in the house.

The Chair: — Thank you. Mark Wartman.

Mr. Wartman: — Thanks. Just going over the section on rural community and the rinks and how difficult it is for neighbour to confront neighbour brought to mind one of the witnesses that spoke to us, I believe it was in Yorkton, about what they had done in their small town. The children got together and did a survey in the community. And people didn't like smoking in the rink, and then they did a petition and they presented it to their council, and their rink is now smoke-free.

Ms. Alstad: — They have to be congratulated. We have tried some of those things too but it just depends on where you live and who knows who.

Mr. Wartman: — Okay.

Mr. Addley: — Thank you very much for your presentation. In earlier presentations in other communities, individuals have made comments that second-hand smoke is an annoyance or it's equivalent to a bad perfume that bothers a person. It's interesting to see the figures that you say that, you know, a two-year-old and an eight-month-old almost have the same levels as a smoker.

I'm also interested, and I wanted you to expand a little bit on . . . We've heard quite a bit that the solution, the magic bullet, to all of this is education. And as long as we educate and give facts, that everything will be taken care of, and young people will no longer be smokers when they hit a certain age. And I really like what you're talking about. Could you expand a little bit on the need for enforcement as well as education?

Ms. Alstad: — Well in our — I might ask Dr. Muhajarine to help me out here — but what we're finding . . . we have a group who does not get the saliva test at all; they just get the education. The other group gets the same education and the saliva test and we're comparing the two groups to see who makes any changes, more changes, the most changes — how effective is the education program.

And right now the way we're leaning — and as I say the data entry isn't done — but it seems as if people do not believe that the kids really . . . that their children really are smoking. And it was just amazing to me, and I think also to Dr. Muhajarine, that when they actually saw that the test came back positive they believed that maybe there was something going on.

Mr. Addley: — And just to clarify, so you're advocating banning anywhere that is accessible to children. So if it's a bar that is limited to people over the age of 19, you're not suggesting that there'd be a ban on that?

Ms. Alstad: — Well how would . . . I'm suggesting that how would you handle that if the bar is so small that it's — like in the hotels that we have; I mean one place has 90 people the other has 203 — how do you separate the bar which has smoking from the restaurant when the doors open right into it?

Mr. Addley: — So you are suggesting that we ban . . .

Ms. Alstad: — Yes.

Mr. Addley: — Okay, I just wanted to clarify. Thank you.

Ms. Alstad: — At least in rural areas.

The Chair: — Thank you very much. The committee would now like to hear from Mary MacDonald. And to committee members we're getting along not too badly; we're about five minutes behind so we'll try to catch up over the next . . . right, we're doing not badly.

Ms. MacDonald: — My name is Mary MacDonald, and I'm president of the Heart and Stroke Foundation of Saskatchewan. Joining me is Verity Moore-Wright, a staff person at the foundation. Following the presentation, we will answer any questions you may have.

I thank you for the opportunity to speak today and to express how strongly the foundation and the overwhelming majority of our volunteers — which also include health care professionals — support the need for legislation to protect our children and ourselves from exposure to tobacco smoke in public places. This support is based on the huge body of scientific evidence which is available along with experiential evidence which I know you've heard in other committee . . . other meetings.

The Heart and Stroke Foundation has long been recognized as a leader in research and education. Our goal is to reduce death and disability from heart disease and stroke. We have had tremendous success in reaching toward that goal, but right now we are facing a closed and a locked door.

You see the improvements we have made to mortality rates from heart disease and stroke have largely been the result of research leading to better treatments. Our researchers have worked at improving treatments and medications so that now people who have had a stroke or a heart attack have a better expectation of surviving. But we can't continue to wait until people have a heart attack or stroke and then treat them. The cost to our health care system and the personal and emotional costs as well are just too great.

Heart disease and stroke are already the greatest burden to our health care sector of any disease category. The newest projections from Health Canada only point to this number increasing, unless we act now to prevent these catastrophic diseases and illnesses in the first place. That is where we face the locked door, a door made out of tobacco smoke. The means to opening that door is prevention, and you, as members of this committee, have a key role.

This year more than a third of all people who die in Saskatchewan will lose their lives because of heart disease and stroke, and smoking is the single most significant preventable risk factor. The most effective step that people can take to prevent having a heart attack or stroke is to stop smoking and to avoid smoke-filled environments.

A new concern for those of us involved in preventing heart disease is that our young people, and especially our young women, appear to be taking up the habit in record numbers. It appears that after decades of public education that young people now know that smoking is addictive and causes health problems. Yet, they continue to respond to the lure of tobacco as promoted to them by the tobacco industry.

In 1999, as you know, a little more than one-third of young people in Saskatchewan were smokers. This is significantly higher than the national average of 28 per cent. If this trend continues it appears we are raising a new generation of tobacco users in our province with all the health problems associated with that usage.

So, while organizations like the Heart and Stroke Foundation continue to work at educating people about the risks of exposure to tobacco smoke, our activities can only be effective when they are part of a province-wide comprehensive tobacco-reduction strategy.

Yes, education is effective but only when combined with measures to protect our vulnerable groups — groups like children too young to avoid environmental tobacco smoke, as we just heard, and youth who are particularly vulnerable to tobacco marketing tactics.

As president of the Heart and Stroke Foundation, as a researcher, and as an educator, I work to open the doors to understanding and knowledge. I urge you to unlock the door to tobacco legislation and to open the way to a healthier population through the following actions.

First of all, comprehensive legislation. This legislation needs to be twofold: one, to provide for smoke-free enclosed public spaces including workplaces, service and entertainment facilities, sporting and recreational venues, educational institutions, health care facilities, and transportation services.

And the second part of that is to prevent tobacco use, especially by children and youth, through measures that will prohibit and enforce the giving or selling of tobacco products to anyone under 19 years of age, restrict tobacco sales to licensed outlets, and maintain or increase the price of tobacco.

The second strategy is to prevent young people from starting to smoke through mandatory prevention, education in grades K through 12, through community-based prevention programs and initiatives, and through public awareness and education campaigns.

Third strategy is to help individuals who want to quit by making smoking cessation programs available and affordable.

Fourth, to support the denormalization of tobacco use in Saskatchewan through ongoing education about the marketing strategies of the tobacco industry, the effects of the industry's products, and the addictive and hazardous nature of its products.

And finally, to ensure that a system is in place to monitor and evaluate the results of these strategies.

Tobacco use is taking a serious toll in Saskatchewan on the hardworking citizens of our service industries, on the majority of our people who are non-smokers, and particularly on our children. Through your leadership and through legislation that you recommend, you can unlock the door to a smoke-free future and help the people of Saskatchewan walk through it in the pursuit of healthier lives.

Thank you.

The Chair: — Thank you. Doreen Eagles has a question.

Ms. Eagles: — Thank you, Mary, for your presentation. And I agree with you that education is the key so that the kids don't get started.

You also mentioned preventative tobacco use. How would you suggest the policing of something like that? We've heard from people that have said in BC with the way the legislation is out there, the police can't police it, the Workers' Comp can't handle it. Do you have any suggestions on how it could be policed as far as minors are concerned?

Ms. MacDonald: — I know it's been a problem. I think that the businesses that are selling tobacco, I think we need to work with them somehow. I know my son worked in a video store and they sold cigarettes. And he would not sell tobacco to anybody unless they had a birth certificate if he was not sure of their age, to show . . . something to show that they were of age. And my feeling is that we are having too many businesses that are thinking of profits and not the health of our children and are selling tobacco when they shouldn't be.

So I'm not exactly answering your question but . . .

Ms. Eagles: — Do you think penalizing the vendor, or do you think all the onus is on the vendor, or do you think some of the responsibility is the person buying too?

Ms. MacDonald: — Well there needs to be penalties to the vendor, that's for sure. That's one of the ways of controlling.

Ms. Moore-Wright: — Certainly one of the ways that's been suggested is that, through the issuing of licences, the requirement that businesses that sell tobacco be provided with a licence which the thing can be withdrawn if they're not complying with regulations is one way of coming at it.

As far as requiring young people, if I'm understanding it correctly, certainly they have a responsibility. But there are also young people under the age of 18 and so we need to change, I guess, or monitor or adjust I guess our expectations of them as young people and protect them from behaviours that are going to hurt them in the long run.

Ms. Eagles: — I understand what you're saying. But, you know, according to the way the law is now, they're considered a parent's responsibility when they're under 18. But at the same time, when they're over 16 the parents can't tell them what to do. So it's kind of a tough situation there, isn't it?

Ms. Moore-Wright: — Right. That it is. Certainly we take responsibility as a community not to sell alcohol to young people, and certainly it would make sense that the same would apply for tobacco.

And it's also a right, or excuse me, a privilege that's being granted vendors to sell this product which has certain health hazards connected with it. And so perhaps the onus should be on them, seeing as they're making profits from selling the product.

Ms. Eagles: — I know there's a group of students in Regina, wasn't it, where we were at, and they go around just to see if they are allowed to buy cigarettes and then they record the name of the places that sold it to them and kind of snitch on them. So . . . (inaudible) . . . I don't know.

Ms. MacDonald: — It's called community action.

Mr. Addley: — Thank you for your presentation. I really appreciated your four-point strategies. And could you give us some examples of the fourth point on the tobacco marketing strategies that you wanted to be publicized? Because I don't think I'm familiar with what those are.

Mr. Wartman: — Can I add to that? Part of what I want to ask around that same question, and I think it can be addressed all at the same time, is we've heard that tobacco manufacturers target the young, so if that's a part of those strategies, marketing strategies, could you illustrate that as well?

Ms. Moore-Wright: — Well I'll do my best. There have been strategies adopted in the States — probably you're familiar with Massachusetts, Florida, and California — where there have been campaigns designed around the marketing strategies of the tobacco industry and how they do target young people.

It's a very sort of subtle way of coming at it in some cases, and so certainly we would need to look at how we would address that question. It certainly seems to be something that's working in . . . for example in Massachusetts, where young people are being made aware of how the tobacco industry is targeting them as consumers of tobacco, and sort of feeding in on their notion that they don't want to be manipulated by the tobacco industry.

There's some new information out about a very aggressive campaign out of Florida that has been very successful in dropping the rates of smoking amongst middle school children and high school children. I believe in the case of middle school children, it dropped by 54 per cent, and amongst teenagers by, I think, around 25 per cent. So obviously these campaigns do work but they have to be very targeted, they have to be well funded, and they have to be sustained.

The Chair: — Did you get your question answered?

Mr. Addley: — I think you'd outlined what it would be. But I guess I'm not familiar with what the strategies the tobacco company is using to market to youth. If you had examples of that, I would be interested and I'm sure the committee would be as well.

Ms. Moore-Wright: — Well one pops into my mind, in terms of Joe Camel, the cartoon. I don't know whether you're familiar with that cartoon. But I was reading recently that, I believe, it's preschool children are more familiar with Joe Camel as a cartoon than they are of Mickey Mouse. And that's a very young group to be aware of tobacco.

The Chair: — Thank you very much for your presentation.

Ms. Hovland: — Hello. Thank you very much for letting me have this opportunity. I'm here representing myself today, as a parent. I actually work at the heart and stroke foundation and have made that my goal for the last five years to help in this research and education towards preventing heart disease and stroke. But as a parent I'm here just to share a couple of quick stories with you.

I've had a lifelong opposition to smoking. Ever since I was a very, very young girl and was able to print, I would put no smoking signs all over our vehicles and not allow anybody to smoke in our vehicles. My dearest uncle, my favourite uncle, Uncle Fred, would smoke everywhere. He smoked three packs a day. He respected my signs. He didn't smoke in our car. He didn't smoke in our truck. He didn't smoke in our three-ton. He didn't smoke in our tractor. I'll remember him always for that.

My second little story is about curling. I love curling. I used to curl three games after school. So I wouldn't get home till 11 p.m. at night. I got to the point where I had to stop curling. It bothered me so much to be in an area where there was smoke. I just decided, you know this sport isn't for me. Since then I've given up curling.

Recently I was home at Christmas time to curl in our Christmas bonspiel at our hometown rink, and I left very, very discouraged. They're still smoking in our rink on the ice. I was very, very disappointed. It's not my community any more. I don't live there. I left quietly and decided, you know, this is their problem. But it hurt me very much, and I won't be back. I won't be taking my children to the rink where I grew up.

The third was this morning, a quick, little story my dad told me about the Brier. They've been here so far going to all the draws at the Brier, and my dad used to curl in the provincial Tankards a few years ago. He's 56 years old now. And he made a comment this morning saying that after meeting up with all of his buddies after all these years, all his curling buddies, they've all quit smoking. That's the 55-plus age group, and I found that just astonishing that they've all now quit smoking. So I had to share that.

Now talking about my two children, I have a four-year-old daughter and a two-year-old son. And at this age I can control where they go, and that makes me happy. When they get older I can't control where they go.

A year ago my son, who was 13 months, was diagnosed with asthma. I was devastated. I couldn't believe it. We had never been around smoke. I didn't . . . I have never smoked. He's never been in an environment where there was. I was devastated and . . . realizing that asthma can be caused from other causes.

Anyway, now we've had to make some very firm choices and those include not going absolutely anywhere where there is smoke. And that's a choice that we've made as a family. And, you know, if a restaurant isn't 100 per cent non-smoking, we don't go — and we won't. We go to places that are 100 per cent non-smoking.

That's really all I had to say. I just wanted to share those stories with you because it has been a passion for me for the last 33 years. Thank you.

The Chair: — Thank you very much for your presentation. Now . . . (inaudible interjection) . . . just arrived? Okay. We're a little ahead of time here, but if you're here, we'll go ahead. Mr. Parker. Okay.

Just one thing that you mentioned there, Gay, that you wouldn't be going back to your home community. Something the committee has not heard of yet is anybody in tourism and studies tourism or is responsible for Saskatchewan Tourism. I'm hoping we can hear to see whether there are trends developing in that way that would encourage tourists to visit our province on a more regular basis if there was a greater number of tobacco-free places. Thank you for mentioning that.

The committee would like to hear now from Robert Parker and David Laundy.

Mr. Parker: — Thank you, Mr. Chairman, and good afternoon, ladies and gentlemen. We have submitted a brief to the committee. Given the brisk pace that you're setting for witnesses, rather than speak to it, I think we'd prefer to ask questions, either based on the brief or anything else that you would like to ask.

I'm the president and CEO (chief executive officer)of the Manufacturers' Council which represents Canada's three largest tobacco manufacturers. They account for about 99.5 per cent of the Canadian tobacco market. And David Laundy, on my right, is our vice-president for Western Canada. And we're pleased to be here and I'll open it up to questions from you.

The Chair: — Who wants to start? Anybody set? We've got ample time here, so . . .

Ms. Eagles: — Okay. Good afternoon, gentlemen. Thank you for coming to answer some questions for us.

How do you people feel about eliminating smoking in the workplace, in what's been defined as public places, bars — how do you feel about that?

Mr. Parker: — The position is . . . I mean two different things. I guess first of all, there are many people that are concerned about possible health impacts from second-hand smoke. The science on that as we've referred to briefly in the brief, is contradictory at best. But certainly nobody can rule it out and say there are no health risks.

Secondly, health risks or not, there are a fair percentage of people who simply don't like tobacco smoke. They don't like the smell of it; they may not like tobacco smoke for political reasons. And I don't see any reason why a non-smoker should have to be exposed to tobacco smoke if they don't want to. And it also stands to reason that people should not smoke around very young children.

Is the solution to that a complete ban on smoking? And with respect, I don't think so. There is ventilation technology available that can do a good job of eliminating particulates and volatile organic compounds, other things that are in second-hand tobacco smoke, which is a very dilute product anyway compared to mainstream smoke.

Secondly, separated smoking areas. The idea that restaurant owners or bar owners could make a choice on their own and say, you know, I want this to be a non-smoking establishment because the majority of my customers want that and that's my business choice. No problem at all with that.

What we find upsetting, and so do a lot of the hospitality industry people who have come to us for help in various places, is that somebody would issue an order and say that no one can smoke anywhere. I think that's simply unfair treatment to the 25 per cent of adult citizens of Saskatchewan who choose to smoke.

Ms. Eagles: — One more question. Do you feel that tightening the reins on places where cigarettes can be sold, perhaps even banning them in a lot of places, do you think that would just encourage a huge black market? Like our borders aren't that far apart. I myself, I live 10 minutes from the US border. You know from Manitoba to Alberta isn't that far. Do you see that as a problem?

Mr. Parker: — Yes, indeed I do. And we've heard that kind of suggestion and I don't know whether it's been put formally to you. We simply know that it has been discussed in front of the committee. I believe that it would be sold in liquor stores. But in Saskatchewan if I understand it correctly, even liquor sales are not, strictly speaking, restricted to liquor stores themselves. There are also licensed premises that have the ability to sell and so on.

It's usually done as a . . . or proposed as a progressive step towards simply banning the product in its entirety. It would do two things immediately as I would understand it. First of all, it will put out of business virtually all small convenience retailers in the province. Whether you have heard directly from any of these organizations or their associations or not I don't know; but the profits from a small convenience store attributable to tobacco, range between 30 and 50 per cent, depending on the store.

And that's not only because of the markup or the margins on

the product itself. It's because of what retailers call drag sales. Somebody comes in for a package of cigarettes but they also buy an impulse item which might be a bag of potato chips or a bottle of pop or whatever. The result is that if they were not allowed to sell tobacco, they simply would not be in business in many cases. Others obviously would just be smaller.

And the second impact is the black market. Now you've got black markets anywhere in the world for only two reasons. One is that there's a price disparity between one jurisdiction and another. And two, is that a product that people want is not available. So I can't think of anything that would constitute a more wholesale invitation to bootleggers than banning sales in convenience stores.

Ms. Eagles: — I thank you, sir.

Mr. Parker: — Not at all.

Mr. Addley: — Thank you for coming here to answer questions. You made mention that there's no health effects or no proven health effects for second-hand or side-stream smoke. And the previous presenter just was talking about some of the cotinine tests of children as young as eight months old having the same level in their bloodstream and saliva as a smoker. So you're still maintaining that there's no health effects . . . (inaudible) . . . or indirect from second-hand or side-stream smoke?

Mr. Parker: — No. I want to be very careful with what is attributed to me. I didn't hear the previous witness, and I don't know what she presented to you.

The science on the health risks posed by second-hand smoke is contradictory. There was an EPA (Environmental Protection Agency) study done in the United States that has been criticized because of the way it was done and the methods that it used and the evidence that it left out; as well as the evidence that was included.

One of the largest studies ever done — completed two years ago by the International Agency for Research on Cancer in Europe and sponsored by the World Health Organization — found no statistical connection between lung cancer and exposure to second-hand smoke.

Some researchers in Britain recently re-examined a number of studies with relative risk ratios that averaged I believe 1.25 — also for lung cancer — and suggested that the relative risk ratio was probably lower than that, closer to 1.15.

So there are studies that have found a low correlation of risk but a statistically significant one. There are other studies that have found no statistically significant correlation; in other words no change in risk. That is just for one disease. It's impossible for anybody to say with any authority that future research and future science may demonstrate some connection in risk.

But there are two things that are important to say. One is that a relative risk figure of 1.25 or 1.15 is misused and misunderstood very often by laymen as to what it actually represents. And the fastest way to explain it is to say that epidemiologists themselves say that any relative risk ratio of lower than two to three is very weak indeed. For example, keeping a pet bird has about a 1.5 increase in risk for lung cancer. Drinking a glass of milk and eating two cookies a day has about the same.

Now I would not argue for a minute that there is no risk. I would argue only that, first of all, the science is contradictory. Secondly, that in the case of young children, people suffering from asthma for example, for which tobacco smoke is clearly an irritant — they should be protected from that. The question is how we protect them. Do we ban it everywhere? I think that's impractical and probably unfair.

Mr. Addley: — Well just staying on the issue of second-hand smoking, the same, the same group that presented also indicated that insurers provide . . . charge the same premiums to those people who are tested for exposure to second-hand smoke, the same rate, the premium is the same as a smoker. So how would you explain to me, who, I'm not someone who sets premiums for insurance, that that . . . how would you explain that to the insurance company?

Mr. Parker: — Well, I mean, again, I'm at a disadvantage. I did not hear the testimony, and I don't know exactly what was presented to you.

I would find it astonishing that exposure to second-hand smoke results in cotinine levels that are equivalent to those of a smoker.

Everything I know about it says that . . . I mean the equivalent of somebody working in a bar — and this has been measured, not by us, our industry — somebody, working in a . . . full-time in a room where there is smoke all the time, consumes the equivalent of two cigarettes over the course of a year. I'm not sure that even directly smoking two cigarettes would result in cotinine levels that would be traceable. But I'm not an expert in the field and if your previous witness is, you should rely on whatever they presented, assuming it's scientifically valid.

Mr. Addley: — Well I guess we're hearing different, different information from yourself than from others, and I guess we're taking latitude because we've got the time. The average age for starters . . . for people who start smoking is age 16 and I guess I need assurance from you because . . . I mean you're being accused, not you specifically, but the tobacco industry is being accused of marketing to young children.

And I know in other literature that I've seen that that you're not . . . that you're saying that you're not . . . and I just want confirmation of that. But also explain why the average age of starting is 16. I mean, you don't market to children, do you?

Mr. Parker: — No we don't market to children; we don't think that children should smoke. And we have a number of programs aimed at either denying them access to the product where we work with retailers — two of those are mentioned in the brief and another one that we're working on — that's very . . . a very early stage that may have some utility in the education area; the smoking decision itself, in other words, rather than access to the product.

The reason for that is quite simple — tobacco is a very risky

habit. If anyone who smokes increases significantly their risks of contracting a long list of diseases and conditions. It's a legal product in Canada for adults. And because they're not in a position to fully understand the risk they are running, it is not a decision that should be made by children at all.

We're happy to work with anyone who is interested in ensuring that children don't get access to it. Why do they start when they're 16? Adolescents are rebellious as a group. It's an age at which they do all kinds of things that their parents wish they wouldn't do or wish they would at least postpone until they're old enough to understand them. And that applies to alcohol, it applies to marijuana, and it applies to sexual experimentation — a long list of potentially risky behaviours including tobacco.

Some people start smoking much younger than 16, some at much older ages. If I had a magic bullet, I'd happily share it with you. But you know we have the same percentage of youth trying tobacco in Canada now as we had 50 years ago — 80 per cent of adolescents try tobacco. Less than half of them — 25 to 30 per cent — go on to become smokers. And that's the StatsCan measurement between their 15 and 19 — the youngest age component they measure.

It seems quite clear that just say no does not work and has not worked.

Mr. Addley: — Well I appreciate that. And I guess where I'm having difficulty is that it's also shown that if you can get to the age of 20 or 21 and not have smoked, you're not going to start smoking. So I mean that's why, I think, zeroing in on people under the age of . . . in that age group that we can . . . But there's a disinterest, disincentive for you in some ways because your job is to provide profits for your companies, and if people don't smoke, you don't make any money.

So I mean I appreciate your Operation ID (identification) program. And I wanted to know are there any sanctions against those retailers who don't live up to what is in the literature for that? Do you do any follow-up testing that if someone within one kilometre, or anyone is selling — that's a member of the Operation ID — to children under the age of 18 or 19, do you follow up to ensure that they are doing that?

And if they aren't doing that . . . and if you are doing that and these retailers are not living up to what you're saying in the literature, is there any sanctions against them that you don't permit them to sell your products or that there's any kind of cost to them?

Mr. Parker: — That's a complicated list of questions.

Mr. Addley: — Well, okay.

Mr. Parker: — I'll try and . . .

Mr. Addley: — Two questions. Do you follow up to make sure . . .

Mr. Parker: — Well I'll try and cover all of them if I can.

Mr. Addley: — Okay.

Mr. Parker: — The companies would not agree that if somebody does not start smoking by the time they're 20 or 21 that they would not start afterwards. The fact of the matter is, at the moment, that the exposure to tobacco happens and the youth begin experimenting with it in their teenage years, and they have usually made their decision by the time they are 18 or 19 or 20. But there is a significant minority that starts after that.

Secondly, if it was true that the entire population until that age had no access to tobacco whatever — if you could push the magic button — we would have three member companies who would happily compete for the business of those over 21 who decided to smoke at that age. We do not want or need the business of underage smokers.

In terms of Operation ID, our companies do not sell direct to retailers. The product is sold through wholesalers, some of whom may have appeared before you because they would be affected by the liquor store proposal as would retailers. Each of the companies have a sales force that call on retail stores to check on freshness of product and they use display allowances because the companies are competing with one another. They each would rather have, if you are a smoker, that you smoke one of their brands of cigarettes rather than their competitors. They are not competing to try and persuade you to smoke because as far as they know it's impossible to do — you make that decision for yourself. And then your second decision is what brand.

If a retailer is convicted of selling to minors, he is punished under the law either by a fine or by a suspension of his right to sell the product. In the latter case, he would lose the display allowances that he receives from any manufacturers which are under contract. Obviously if he's not selling cigarettes he can't be displaying them, and therefore he's not entitled to display allowances.

Is there an additional penalty that the companies could exert on top of the one already imposed by the law? Lawyers have suggested to the companies that they could be properly accused of abusing their customers if they tried to do that. The law is the law; they've paid the penalty.

Secondly, there is no way to stop a retailer who is still allowed . . . from obtaining cigarettes through another source. If this wholesaler says I will not sell to you, there is another wholesaler who competes with him who will. If both wholesalers say they won't, he can go to a cash and carry out outlet like Costco and buy them. If Costco says no we've seen your number and you're convicted, we won't sell to you, he can combine his order with another convenience store across town.

So there is no way to stop it other than putting out of business repeat offenders. And we believe they should be put out of business and so do retailers themselves.

Mr. Addley: — From what I understand you're saying, is that any kind of enforcement or any kind of sanctions are not within your Operation ID but that you're leaving it to the provincial legislations.

Mr. Parker: — No, there are enforcement and sanctions that are in the law that are severe. You can lose the right to sell the

product for three to six months or permanently — depending on the legislation. That's a huge penalty if it accounts for 30 to 50 per cent of your earnings.

Secondly, there's a community sanction and that's where ID: School Zones comes in, because it puts community groups behind retailers in their efforts to train and supervise their staff not to do this. It essentially says to people who are neighbours of the store, if you're standing in line to buy a quart of milk and it takes a little longer because the clerk is carding an underage youth who's trying to buy cigarettes, tell the clerk good for you if he doesn't have proof of age and he refused the sale. If the clerk makes the sale without asking, criticize him.

And that kind of community support is the reason why ID: School Zone communities have the highest rate of compliance with no sale to minor laws in Canada as measured by Health Canada, not by us. It works, in other words. It's not all the answer because there are older kids who are over the age who will buy cigarettes and give them to youth, but it's part of the answer.

Mr. Addley: — I just have two quick questions. Sorry to take up so much of the time.

One of the business groups in Saskatoon that I've spoken to is talking about a carrot-and-a-stick approach. One of the stick approaches is increasing the sanctions; different kind of legislation is the carrot approach that perhaps an organization or a business that chooses to go smoke free gets an official sanction that this is a smoke-free business or this is a business that doesn't sell to kids and doesn't sell cigarettes and that, you know, 75 per cent of the population will then go to that store to purchase.

So that if a store chooses to sell the cigarettes and you don't smoke and you don't want to support a business that doesn't smoke, what would your thoughts on that be?

Mr. Parker: — I would have to say that I find it a little naïve. I think it implies . . . I mean I've heard that kind of suggestion from, you know, virulent anti-smoking, anti-tobacco campaigners.

Mr. Addley: — Well this was a fellow from the chamber of commerce, so I don't . . . It wasn't, it didn't seem to me . . .

Mr. Parker: — I have no idea where you heard it from; I've heard it from there.

Mr. Addley: — Okay, I hadn't heard . . .

Mr. Parker: — The polling that we've done of public opinion shows that that kind of attitude towards tobacco is very much in the minority. The public recognizes — non-smokers and smokers alike — that tobacco is a risky product. They understand that it's legal. They believe it ought to be regulated sensibly and effectively, and they believe that governments and tobacco manufacturers — among others — ought to be working together to do so.

I have not seen the suggestion — in any of the polling or opinion research that we've done, or what the companies have done that has been shared with us at the industry association — that says that the public would reward in large measure with their business people who say I will not sell cigarettes. They might say good for you, but will they go out of their way to go to a store like that as opposed to the one that is convenient to where they live that continues to sell cigarettes and where they know the guy and like him? That's why I say I think it's a little naïve.

Mr. Addley: — Okay. And my last question. You made mention earlier on that you had people from the hospitality industry coming and asking for your assistance . . . (inaudible) . . . What kind of assistance have you been providing?

Mr. Parker: — We have provided them with a program that the tobacco industry internationally finances. I mean, they pay for the program but tobacco companies in Canada and elsewhere originally designed it. That's called Courtesy of Choice and I think you've heard about some aspects of that.

Essentially that is to assist hospitality establishments in dealing with the preferences and needs of both smoking and non-smoking customers. At its base, it's fairly simple. Don't put the non-smoking section downwind from the smoking section; they ought to be arranged the other way around. If you have ventilation equipment, turn it on. Make sure it's well maintained. It's surprising the number of small bars or restaurants that have ventilation equipment but simply don't use it.

Finally, we have provided, in some cases, expertise on new approaches to ventilation — high efficiency filtration and other equipment that can work quite effectively in the view of the experts that we consulted and whose advice we've made available. And that's about the extent of it.

Mr. Addley: — Okay, thank you.

The Chair: — Thank you. Are there any questions?

Ms. Higgins: — Yes. I have a couple of things kind of buzzing around in my mind right now. When you look at the data from the ID program and you're saying it's been very successful and it has been around for what, 10 years?

Mr. Parker: — No, Operation ID itself I believe is about five years old. There were predecessor programs that would go back to probably the mid-'80s of different names. Operation ID was started after I was retained by the industry, so about five years.

Ms. Higgins: — Now I'm assuming.

Mr. Parker: — ID: School Zone, which is the separate, is at the pilot stage and that's two years old.

Ms. Higgins: — That's two years old. Okay. So they're successful but they're not very widespread.

Mr. Parker: — The reason they're not very widespread is they're very expensive to run. ID: School Zone — and we have a pilot program just started a few weeks ago in Regina — will cost us between 150 and $250,000 a year. Its purpose . . . And there will be, there are now eight of those I think across

Canada; there will be 10 or 11 by the time they're all begun by the end of this year.

It's a learning process. How do we work with community groups? What's the most effective way of getting community groups involved, and that could be anything from service clubs to local media to sport teams.

But in Kelowna, which is the first one of those starter and it's about a year and a half old now, Health Canada does an annual compliance check nationally on retail stores on refusing to sell with minors and Kelowna's rates were 98 per cent of retailers refusing to sell. That's a significant increase above the national average which is in the high 60s. It's a significant increase from where they were when that program first went in and it's enthusiastically support by health groups, local politicians, and others.

The thing I find ironic about that program is that the very people that we would expect would be most enthusiastic about a program that works and most willing to support it — not to support us, but to support that program — would be anti-tobacco groups, health groups, government departments, departments of health, and we have asked them all repeatedly to participate in those local steering committees that make the decisions about the local program. And instead they've spent a great deal of time and energy in fact trying to sabotage the programs by threatening community groups that they will boycott or criticize them publicly if they don't back off endorsing it.

Ms. Higgins: — Well my understanding was that the programs had been around longer than that. But I mean and how successful they are . . .

Mr. Parker: — If it's ID: School Zone, no. If it's Operation ID — that's about five years old.

Ms. Higgins: — About five years.

Mr. Parker: — And under different names — about 12 to 14 years. I didn't start with the council until 1992 so I don't know the exact number of them.

The problem is a pretty simple one. A lot of the clerks in retail convenience stores are underage themselves. They work there for a couple of years and then they go away to university and you've got a new generation that has to be trained again. You get young and impressionable men and women. One of the traditional areas of problem is a 17-year-old clerk dealing with a 16-year-old female would-be tobacco purchaser. Well it's not hard to figure out what's going on there.

Ms. Higgins: — That's a whole other topic of minimum wage and part-time workers. But that's another commission, I'm sure, somewhere along the line, or a whole set of public hearings.

I guess what's running around in my head right now is when you made the statement that if you as an industry penalize a supplier for selling to underage people and you in effect police your own industry, and you're saying you can't do it because they will just buy the product from somewhere else, that's a little scary of a statement. It is and it isn't. Because I would think you would be willing to protect your industry or that the industry would be willing to police itself.

And if you can't, then it makes it all the more legitimate and important for us as legislators to do it.

Mr. Parker: — Well I mean I certainly hope you find tobacco control strategies that work and are effective. But I mean what we're dealing with, you refer to the industry as if it's monolithic. Retailers are not, directly speaking, our customers. They buy through middlemen that the companies sell to.

The question is how do you legally, can you legally stop a retailer who has broken the law in terms of selling to minors but has paid the penalty, the fine or a suspension, whatever it is, can you stop him from selling your product for any reason? And the answer that we have had — if you can get us advice that shows us how to do it, I'd love to hear it — is no, you can't.

I mean you could be sued by a retailer who said that's double jeopardy. My clerk made a mistake, we paid the penalty, I'm back in business and I'm entitled to be, and you're penalizing me a second time. That's unfair.

Ms. Higgins: — I would think that the passing along of information and what the rules and regulations are and ensuring that retailers are aware of these would be advantageous to you, and that if that was a concern of retailers that if they do step over, those products may be withdrawn from their store. Is that not within your means?

I mean I used to work in retail and I have seen it done for a variety of reasons where retailers have pulled their products from stores over various disagreements.

The Chair: — We're running a little short on time. I'm wondering if I can get the committee members to really crisp . . . get your questions really crisp, because I know we've still got a couple of questioners. Go ahead. And I'd ask for crisp answers too if possible.

Mr. Wartman: — Thank you. You said there's little scientific evidence or that scientific evidence is contradictory at best. That's true. That's the statement you made.

Mr. Parker: — Yes.

Mr. Wartman: — But scientific evidence which has been upheld by the courts, which is sound and solid, has pointed to the fact that second-hand smoke is indeed a causative factor in cancer and in other disease. That's a fact.

Mr. Parker: — I don't know that.

Mr. Wartman: — The WH . . . Well I do. We've had it presented to us. The WHO (World Health Organization) study which you refer to, do you know what the statistical sample size was?

Mr. Parker: — Huge.

Mr. Wartman: — No, it wasn't huge enough and that's why it isn't relevant.

Mr. Parker: — It's the second largest study ever done I believe, Mr. Wartman.

Mr. Wartman: — And we were told that the problem with that WHO study was that the sample size that was used in that study was not enough to make it statistically significant, and that's why . . . and the other studies that have been done were upheld in the court cases. And I think it's really important . . . Like it's not a matter of, like, it's close, it's close — it's not like they're in balance. It's not like there's a mutual contradiction. The courts have upheld the evidence around second-hand smoke.

Mr. Parker: — I don't know of any court decisions that have done that, Mr. Wartman, but what I can do is this. I'll send the committee a copy of the IARC (International Agency for Research on Cancer) study which will contain the answers on sample size and how it was done and how long it took.

I'm told it's the second largest study ever done, commissioned by the WHO, and there was a controversy over it because it was not released for eight months after it was finished because the result was not what WHO expected or wanted it to be.

But let me send it to you.

Mr. Wartman: — Absolutely. You're free to submit that to us. That's not the understanding that we have to this point. If you have other evidence and it needs to be clear, we would like to see that.

Secondly, with regard to ventilation systems, we have been presented with evidence that says the only ventilation system that would really clear the particulates and the toxic elements of the smoke would have to be running at something like 20 miles per hour in order to adequately ventilate a room and clear out the toxic substances.

Do you have and can you present us with evidence of ventilation systems that are in fact effective in cleaning, clearing, that have been approved by groups like ASHRAE (American Society of Heating, Refrigerating and Air-Conditioning Engineers Inc.). Do you have that evidence?

Mr. Parker: — Uh-huh.

Mr. Wartman: — Can you present that to us please?

Mr. Parker: — Yes.

Mr. Wartman: — Thank you. And I guess the other thing, I just want to make one statement . . .

Mr. Parker: — What I will send you, Mr. Wartman, our offices in Ottawa are equipped with state-of-the-art filtration devices for the smoking rooms that are on those premises. And we have the offices tested regularly by independent consultants who tell us if the air quality in our office is better than the air quality in non-smoking offices elsewhere in the same building. And I will send their studies and results to you.

Mr. Wartman: — Okay.

The other thing that I get from listening to you is the sense of how impossible it is for the tobacco companies to really do anything to even be expected to do anything other than voluntary programs to try and convince children not to smoke. To me that tells us very clearly that we must legislate in ways that will make accessibility, that will make price, that will make the possibility of children getting started smoking very, very difficult.

Mr. Parker: — Well, sir, I would certainly encourage you in your goals. I don't know how I have managed to leave the impression that we are reluctant to act in this area or unconcerned about youth smoking. We're very concerned about it.

We spend more money, as I think I've pointed out and I gather than the government of the province does, on youth smoking programs in Saskatchewan alone.

All I would point out to you is that this is far from a simple issue. In 1976, there were 6 million smokers in Canada. Today, there are 6 million smokers. In 1980, 15- to 19-year-olds in Canada smoked at a rate of 30 per cent, 29 per cent. By 1989, that had fallen to about 22 per cent. By 1994, it was back to nearly 30 per cent and it's since stayed the same.

We have had advertising bans. We've had virtually the highest taxes in the world. We've got another advertising ban now. We've had three generations of warning labels. We've had education programs in the schools. We've had millions of dollars on anti-smoking programs of various kinds. And the rate, the decision made by Canadians about this product, it's certainly not related to ignorance of the health risks involved — has not changed.

Now I think that's a shame. I think it's particularly a shame as far as young people are concerned. But there are some very . . .

Mr. Wartman: — It's a highly addictive toxic substance. I mean when it's highly addictive, people get into it, they can't quit.

Mr. Parker: — Well except there are another 6 million Canadians who are former smokers — 95 per cent of whom quit without any assistance.

Mr. Wartman: — Is it addictive?

Mr. Parker: — In the way the term is normally used, yes.

Mr. Wartman: — Yes it is. Thank you.

The Chair: — We are running desperately short of time, but I wondered if you would oblige by sending us if you have, if you are monitoring any business losses or changes in business in British Columbia, if you are monitoring that, would you please send us your results?

Mr. Parker: — We're not monitoring it, Mr. Kowalsky, but Mr. Laundy lives in Vancouver, and we can ask the hotel association of BC or the restaurant associations to send you the information that they have.

The Chair: — Thank you. If you have any stats or evidence of

the success of your ID program with respect to smoking decreases by youth, where it's used, Kelowna or whatever, if there are any results on that.

Mr. Parker: — No, it doesn't. And I hope I didn't sound like I was claiming it reduces youth smoking — it reduces access to youth. It's only part of the problem. The decision itself is the sticky one, and that we're only at the beginning.

The Chair: — Could you tell us more or less how much you spend in ID in Saskatchewan — Operation ID?

Mr. Parker: — ID on a national basis, the big national program, is about $2 million. ID School Zone, the pilot program that is on in Regina, is between 150 and $250,000 per year. So I'd hazard a guess that something in the neighbourhood of 3 to $400,000.

I should tell you also that the industry pays a surtax to Ottawa, beginning in 1994, that is something in excess of $80 million a year that was imposed supposedly to fund anti-smoking strategies, particularly aimed at youth.

Last year the federal government took in $2 billion from tobacco and their total anti-tobacco budget got up to $20 million, or 1 per cent.

The Chair: — And could you give us some information, probably in written form, about your Courtesy of Choice program that you mentioned earlier.

Mr. Parker: — Surely. I'll have . . . Yes. Yes, of course.

The Chair: — Mark, one tiny, quick question.

Mr. Wartman: — Okay . . . No, I'll pass on it.

The Chair: — Go ahead.

Mr. Wartman: — No, I'll pass, thanks.

The Chair: — Pass? All right.

Thank you very much then, for the time that you've taken and thank you very much for your presentation which you prepared to us in advance.

Mr. Parker: — You're more than welcome. Thank you, Mr. Chair, ladies and gentlemen.

The Chair: — And the committee would now like to hear from Dr. Findlater.

Dr. Findlater: — I think you've got copies of the presentation. Actually I was afraid on driving up here that maybe after Mr. Parker left half the audience might leave too.

I'm a public health doctor from Regina and I'm here as the Chair of the Medical Health Officer Council of Saskatchewan. That's an organization that . . . it's an association of the community medicine and public health specialists across the province who work for health districts and for First Nations communities.

And I think the basic message of my presentation is that we badly need in Saskatchewan a comprehensive, strategic plan on how to address tobacco use in Saskatchewan.

You've undoubtedly heard over and over again a lot of the health statistics, although coming after Mr. Parker, I'm not quite sure if I should touch on a few of them. Anyway, certainly the 1,600 people dying each year in our province is a commonly quoted figure. Most of that is from smokers themselves.

There's definitely a much higher risk for smokers to smoke cigarettes than there is from second-hand smoke. But the health effects of second-hand smoke are well established medically. And no matter what you've heard in the last half hour, they're really not a matter of controversy medically. I just thought I'd mention, and I suppose the . . . I should also mention that the studies that have established that have included a lot of studies of home exposure where one's spouse smokes, but there's quite a body of studies now accumulating in terms of occupational exposures. And that's certainly one of the things that led to the Workers' Compensation Board regulations in BC.

I just thought I'd highlight a few trends that you probably are aware of already — but they're the most important ones I think that we need to worry about in Saskatchewan — related to tobacco use. Lung cancer in women is now the leading cause of cancer death in Canada. It passed breast cancer a few years ago. That's the legacy of girls taking up smoking 30 or 40 years ago.

And as smoking rates in men dropped from their peak in the '50s and '60s, the tobacco industry specifically targeted young women in its advertising — and that's been going on since the '70s.

The second trend that's very worrying for people who have to try and either deal with the diseases or try and prevent them is the rising smoking rates in youth. After about 20 years of slow but steady decline in youth smoking rates — and I'm speaking the age group between 15 and 19 — rates have increased from 21 per cent in 1990 to 29 per cent in 1997. The tobacco industry specifically targeted youth in its marketing strategies over that period with kiddie-packs prizes aimed at youth and advertising targeted at youth. New customers have to come from somewhere and adult smoking rates were dropping.

The average age of smoking initiation — according to our figures — has dropped from 16 in 1966 to 12 in 1996. The peak adverse health effects from this change will be seen 30 or 40 years down the road unless we do something.

The third important problem for Saskatchewan is smoking in the Aboriginal population. The First Nations and Inuit regional surveys in 1997 showed that 62 per cent of First Nations adults smoke cigarettes, compared with about 30 per cent of adults in Saskatchewan as a whole.

The higher rates of other diseases in Aboriginal populations — and notably diabetes — multiply the adverse health effects that are associated with smoking for things like heart disease and stroke.

Although tobacco-related diseases cause one in every five deaths in the province, up till now the province hasn't had a

comprehensive strategy to deal with the problem. The legislation that's currently in place — the tobacco minors Act . . . The Minors Tobacco Act of 1978 and The Occupational Health and Safety Regulations from 1997 — are inappropriate. There are only minimal dedicated resources for tobacco reduction at Sask Health. There's been no leadership at a provincial level in the past.

The all-party Committee on Tobacco Control of which you are members is a key first step in providing that leadership and in developing a plan to handle this problem.

I just thought I'd . . . we've just recently completed development of a bylaw to restrict smoking in public places in Regina, and I thought I'd share a little bit of the data from that with you.

During meetings leading up to that bylaw, one of the series of meeting we held was a series of public meetings to get input from the general public on the bylaw. We only had 63 people show up for four meetings.

And one of the criticisms by the hospitality industry of the bylaw process was that this indicated nobody was interested. In fact when we ended up doing a survey, people were very interested. The survey firm remarked that there was a much higher response rate and a much lower refusal rate to the survey than they usually have for their surveys.

And among the results from that telephone survey were that 56 per cent of citizens in Regina had been bothered by second-hand smoke in public places in the previous three months; 71 per cent believe that second-hand smoke is a serious or very serious health risk. And there was strong support for a ban on smoking in public places that ranged from 82 per cent for a ban in public places used by children, to 61 per cent for a ban in restaurants, 60 per cent for a ban in all public places.

And then the question of a ban in bars resulted in a split — 43 per cent for and 43 per cent against; 26 per cent of people in our survey had decided not to go to a bar or restaurant in the previous year due to the presence of second-hand smoke.

We also asked questions about the economic impact for businesses. And certainly from the answers to our survey as from the evidence in the literature, it would appear that the impact would be positive or neutral, and certainly not detrimental.

We've given you . . . attached to my presentation there's a summary of the highlights of the survey.

So what we need in Saskatchewan is a comprehensive tobacco reduction plan. This is the most important preventable health problem that we deal with in Saskatchewan.

The plan, as well as focusing on the highest priority areas, also needs to include adequate resources to be a successful plan.

It needs to focus on a range of components, which include preventing people from becoming addicted to tobacco; protection of non-smokers from the effects of second-hand smoke in both public places and workplaces; support for cessation attempts and social marketing, which strengthens attitudes that regard tobacco as unacceptable.

Funding a provincial tobacco action unit with staff and a budget to undertake tobacco reduction activities should be part of an overall plan. And tobacco reduction activities should also be a core health district program.

I've listed in the paper several of the most obvious components that such a comprehensive tobacco plan would likely include. Under prevention, certainly people start smoking when they're young. One of the tools we have at our disposal is the education system. And there needs to be a mandatory component in the education system aimed at a young enough age to actually influence the kids in grade 4 to 6.

Another issue in terms of prevention is to raise the age of sale of tobacco to minors to 19 from the current 18, with resources for enforcement. And there needs to be social marketing aimed at youth.

Protection from second-hand smoke. It's the major indoor air pollutant which most of us encounter in our everyday lives, at home, in public places, and in most workplaces. Legislation is the major tool for protecting against it. Typically in Canada this is dealt with by legislation by a range of levels of government.

There's a role for provincial legislation to ban or restrict smoking in public places. There also has to be a role for local public place bylaws. Most progress in protection against environmental tobacco smoke in public places is actually being made through local bylaws.

For Saskatchewan either The Urban Municipality Act, 1984 has to be amended to allow for discrimination, or we have to be able to use The Public Health Act, 1994, or both. The Occupational Health and Safety Regulations need to be revisited. They are an inadequate tool for protecting workers from the effect of ETS (environmental tobacco smoke) currently. With a revision a process to ensure that there's adequate input of health-related opinion should be in place. There wasn't in the last one.

It's hard to believe that the same evidence which led BC to ban second-hand smoke in all indoor workplaces resulted in regulations in Saskatchewan that permit smoking in designated areas within workplaces with resultant exposure both of workers and of the public.

Cessation is another focus. Supporting effective smoking cessation is one component, but it's not usually one that public health needs to emphasize much. People usually think of it quickly. One issue there related to cessation is access to drug therapy, particularly nicotine replacement therapy by low-income smokers. Although the cost of nicotine replacement is in the same range as that of cigarettes, the total cost for two or three months of therapy will add up to 240 to $360.

And with other competing priorities this may well make it inaccessible to low-income smokers, even if they're saving money from not buying the cigarettes. They also have the highest rates of smoking these days.

Denormalization is another focus. It's the fourth goal of Health Canada's tobacco control strategy. And it means making use of social marketing techniques to support the point of view that tobacco use is not a normal acceptable behaviour. And it would also include a focus on tobacco industry behaviour. Such social marketing techniques haven't been widely used in Saskatchewan in recent years, but they've been an effective component of successful strategies in other provinces and countries.

Legislation is an important tool and certainly one component of an overall strategic plan to deal with tobacco here would include legislation. I have listed quite a number of individual components that such a legislation might focus on. Certainly decreasing access for youth by raising the minimum age would be part of it; licensing tobacco vendors; prohibiting the sale of tobacco in specified places like pharmacies and educational institutions and recreational facilities is a common component.

Banning or restricting smoking in public places across the province is an important move. Making enforcement more practical by allowing for ticketing of offences would make any kind of legislation more effective. Banning smoking in indoor workplaces is another important method of protecting the public and workers.

And I've already touched upon the need for having some kind of legal framework accessible to municipal councils or health districts interested in making local bylaws that are tougher than whatever is available at the provincial level.

The Urban Municipality Act, 1984 currently does not allow for discrimination between classes of facilities or things. And that's resulted in the smoking in restaurants section of the current Saskatoon bylaw having been thrown out by the courts. That needs to be fixed.

The other alternative to that would be to use The Public Health Act, 1994. And the only current roadblock to that is that the successive ministers of Health have told health districts they don't want health districts producing bylaws at this point. The Public Health Act, 1994 could be stronger if wording mentioning tobacco smoke specifically as a health hazard was included.

And another component of an overall strategy should include lawsuits against tobacco companies. Direct lawsuits against tobacco companies have been a successful strategy in the United States. British Columbia, Ontario, and the federal government, are currently involved in lawsuits to recover costs from tobacco companies. Saskatchewan should seriously assess and consider this strategy, either independently or in partnership with other governments.

There are a number of issues which are raised repeatedly, certainly were during our bylaw development process, and likely have been with you. The evidence in the literature is that there's no adverse economic impact to smoking bylaws. There's a solid body of evidence with measurable outcomes that shows this. They include studies which look at sales receipts and other studies which look at employment levels in a variety of settings across North America.

Despite this, it's very easy to make claims — and make them with passion — about whatever the newest situation is in the struggle against tobacco. Certainly in the last six months, BC has been in the news first with the bylaw in Victoria and now with the Workers' Compensation Board regulations. The hospitality industry — both in BC and in other parts of Canada where people have been trying to bring in bylaws — has repeatedly brought up stories of doom and gloom in BC. However, when you look at the available objective data, things seem to be going quite well.

Victoria has had a bylaw that's smoke free for over a year now, and as part of tracking the impact of that bylaw, actually a Workers' Compensation board has looked at figures — including employment roles and liquor sales in Victoria — and Victoria has done quite well compared to other parts of BC.

Since January 1, workplaces in BC have been smoke free with a few exceptions. There certainly had been a lot of stories in the media around January 1 about how job losses were imminent but the objective evidence so far that has been published by the Workers' Compensation Board — which is tracking unemployment levels in the hospitality industry — is that there really hasn't been an adverse affect on employment in that industry. There's data from January and February. So it's really easy to make these accusations and it's really hard to develop the evidence properly to refute them.

It's also a very threatening thing for a lot of business people. They see stories like this. You don't see the follow-up story in the newspaper or the national news saying that everything's all right, and you're worried about your own business. Because if these public place bylaws come into play, you may have to change the way you do business a bit. The evidence may be very good that you're not going to lose business in the long run, but it is a period of change that you may have to go through. So usually when bylaws are being brought into place, the hospitality industry is the chief opposition to bringing them in.

Some of the data related to BC — you've probably been given it a couple of times already — but anyway they're attached as attachments to my presentation.

Bylaws aren't hard to enforce. The general experience across Canada has been that bylaws are quite easy to enforce when they're supported by the local population. And certainly for instance in Regina, from our survey, we know that the local population is very supportive in Regina of smoke-free public places.

Ventilation is not an acceptable option. It's brought up repeatedly by the hospitality industry. The chief hospitality industry program is the one that you've just heard described by Mr. Parker, the tobacco industry-funded Courtesy of Choice program in Canada. There is no accepted health standard for a safe level of exposure to indoor tobacco smoke. That's related to tobacco smoke being a cause of cancer and an accepted cause of cancer. And the general assumption is with things that cause cancer that there is no safe level. A smaller exposure to it will give you a smaller risk — but still a risk.

Health Canada's stand on this is that there's only one way to eliminate ETS from indoor air — by removing the source.

Nevertheless, during a couple of bylaw development processes in Toronto and in Victoria, the local public health departments did hire consultants to assess, well, if you wanted to get close to a zero amount of tobacco smoke in the air, what would you actually have to do in terms of ventilation. And I think you've probably heard the numbers already. I mean the numbers in terms of airflow are really impractical and the costs in terms of energy costs are impractical.

That issue has been most recently assessed by a Worker's Compensation Board in BC. They were twice presented by proposals from the hospitality industry seeking ventilation solutions to the whole problem. And twice the Worker's Compensation Board has seriously looked at them, including getting engineering reports and toxicologists in on it, and they've twice concluded that ventilation is not a viable option.

I've enclosed a three page summary of the Worker's Compensation Board reply to the second proposal.

So in summary, tobacco-related diseases — Saskatchewan's most important preventable disease. And I think it's crucial that this committee end up leading Saskatchewan to develop a comprehensive tobacco control strategy, and something that has resources attached to it enough to make it an effective strategy.

The Chair: — Thank you, doctor. And thank you for giving us an idea about — and even a model to follow on — what a strategic plan. That's valuable.

You mention about, in your discussion, about rising smoking rates in youth. You talked about kiddie packs, prizes aimed at youth, and advertising aimed at children and youth. I presume this was in the States. Or do you know if that's been happening in Canada as well?

Dr. Findlater: — Well there have been kiddie packs. I mean the advertising that's in the States has an effect in Canada as well.

The Chair: — Do you know if anybody's studying this? Or are there any, any . . . where you could sort of draw in the correlation between the dates and what was done? But is there, is there anyway of . . .

Dr. Findlater: — Oh well, you know, what they . . . whether there is a cause and effect by that?

The Chair: — Right.

Dr. Findlater: — Well I suppose you could always find some other cause for it as well. But it's just striking that there was a lot of social marketing directed at youth for a period, and that youth smoking initiation age has dropped.

The Chair: —Most advertisers say they don't . . . they think it's helping, but they don't know when they advertise for any product I suppose. It only shows up on their bottom line in the end. Does anybody have a quick question?

Mr. Addley: — A very impressive presentation. And I like the facts concerning what's going on in British Columbia, because we are hearing horror stories of the sky falling in. One of the more recent examples is a convenience store in Saskatoon saying that if there's any kind of impact or legislation that impacts on their business, that they'll pull out of Saskatoon and pull out of Saskatchewan. Can you comment on that — without naming the business — as to whether or not that will have an impact on them? I guess . . .

Dr. Findlater: — That if they're not allowed to sell cigarettes, they'll pull out?

Mr. Addley: — Well I think the concern was that if there's any kind of legislation on where tobacco is sold or any kind of restrictions on tobacco sales, that they'll pull out of Saskatchewan. Is that an example of . . .

Dr. Findlater: — Well most of the . . . most of the threats have been made and the claims have been made by the hospitality industry. I know in Ontario when they brought in their Tobacco Control Act there, they restricted what kinds of places you could sell tobacco, including having it banned from pharmacies.

So I would suppose there's probably good evidence from Ontario if you want to find the evidence about that stuff. I mean I would . . . yes, I guess that's all I can say. I'm from Regina actually, so I'm not quite sure what, you know . . . for that particular story.

Mr. Addley: — Okay, that's fine. Thank you.

Dr. Findlater: — I did spend quite a while talking to a couple of contacts in Workers' Compensation in British Columbia in the last couple of weeks. And certainly I think this committee should hopefully feel like it can avail itself of contacts both there and in places like California where there's been smoke-free legislation for a while longer. And certainly if you want any contact names, be it myself or Lynn Greaves who's here and is our tobacco person, would be able to give you some more names.

The Chair: — We certainly appreciate the work that you've put into this, doctor. Thank you very much.

Dr. Findlater: — Okay, thank you.

The Chair: — Now the committee would like to hear from Leah Wolf and Joan Wolf.

Ms. Joan Wolf: — I'm Joan Wolf.

Ms. Leah Wolf: — I'm Leah Wolf.

Ms. Joan Wolf: — This is a speech that she prepared on her own so she's a little nervous.

Ms. Leah Wolf: — I don't like smoke. It stinks. It makes people sick. It's not good for your lungs. Don't sell cigarettes to kids. Don't put out ashtrays in public places and put no smoking signs on doors. Smoking stinks.

Thank you for listening.

The Chair: — Now ordinarily, ladies and gentlemen, we ask the audience not to participate, but this time I think . . .

Some Hon. Members: Hear, hear!

Mr. Wartman: — Why did you write that? Are you around smoking sometimes and it bothers you or what? How come you wrote that?

It's okay, I didn't mean to put you on the spot on it. I just was curious because it's really neat. I really appreciate that you did take the time to write that and come and read it to us; that means a lot that you would do that. So thank you for doing it and I really just wondered what had kind of moved you to do that? So thank you.

Ms. Eagles: — Thank you, Leah, for that presentation. That was very good. How old are you?

Ms. Leah Wolf: — Seven and a half.

Ms. Eagles: — Seven and a half. And do you know what? Every word you said is recorded — probably forever — in the legislature. So congratulations. Thank you.

Ms. Joan Wolf: — Do you want me to answer on her behalf. She's a little shy. This is the first time.

Leah's a little girl that's quite opinionated, and has strong feelings on smoking. So when this opportunity came up, she jumped at it; she liked the idea. And we did do the . . . on the Internet where they have the questionnaire — we had done that. And as we were doing it, she's flying off her comments and I'm writing them all down, and then I said now you put it into your own words on how you feel and what you think — and that's how she came up with her own speech.

And she was able to speak in front of her class today with this same presentation and now they're learning a lot more about tobacco use and other various heart and lung functions. So at any rate, she does thank you for this opportunity. Sorry she didn't answer you, Mark, though.

The Chair: — I'll mention that these things — as was earlier mentioned — are recorded in *Hansard* and we will be sending you a copy so you'll be able to take it to school and prove that you spoke to people in the legislature. Thank you very much.

Ms. Joan Wolf: — Thank you.

The Chair: — Now, is there somebody here representing the Saskatchewan Medical Association? Oh, I think it's Stan, Daniel, and Donna. All right, I didn't have your names until now, sorry. Hi doctor, how are you doing?

Dr. Oleksinski: — I'm Stan Oleksinski, this is Daniel Kirshgeshner, and Donna Dawson just behind us here.

The Chair: — Donna, if you'd like to pull up a chair to here, it's quite fine.

Dr. Oleksinski: — I believe you have a brief that we had submitted to you earlier that looks like this, and the first thing I want to say is thank you for allowing us to come and speak to you here today.

I'm a family physician from Prince Albert and I'm currently the president of the Saskatchewan Medical Association, and I'll introduce Daniel Kirshgeshner to my right here as the past president of the Saskatchewan Medical Association. He is a family physician from Humboldt.

So when we're here today we're not just representing our own views, we're representing the views of the physicians of Saskatchewan. We represent 1,700 physicians in Saskatchewan and this is what we are making our comments on is the comments of all the physicians of Saskatchewan.

So this comprises both GPs (general practitioners) as well as specialists in the province as well as the medical students as well as the interns and residents as well as the faculty of the College of Medicine. We're also part of the Canadian Medical Association which also has strong opinions on smoking, and there's 56,000 physicians in Canada.

So I'm just going to read part of our brief that we have here today. Our mission statement of the Saskatchewan Medical Association states:

> To advance the educational, professional and economic welfare of Saskatchewan physicians,
>
> To advance the honor and integrity of the profession, and
>
> To promote quality health practices, quality health services, and advocate for a quality health care system for Saskatchewan.

And that's basically why we're here today — to promote quality health practices and services in Saskatchewan.

There's been many motions and requests of government in the past — in terms of smoking legislation, in terms of how cigarettes are packaged, how they're sold — and also most recently in our last representative Assembly, our governing bodies have made motions in terms of preventing smoking or stopping smoking in public places.

Smoking has been recognized as the number one cause of preventable death and disability amongst Canadians. The burden of illness and death arises not only from lung disease and cancer, also heart disease, stroke, vascular diseases, cancers of the mouth, throat, esophagus, stomach, and the cervix, also contributes to ear, nose, and throat and lung disease in children from environmental tobacco smoke. Workers who smoke or are exposed to workplace smoke also have significantly more sick days.

Seventy per cent of the Canadian population are non-smokers while the majority of the 30 per cent who smoke wished they didn't.

Tobacco companies are well aware of not only the serious consequences of cigarette smoking but also importance of recruiting young people to their product. A result of their marketing initiatives: the incidence of smoking amongst teenagers is increasing particularly amongst females, and the incidence of smoking is also greatest amongst those of lower socio-economic status who can ill afford the financial burden of

this addiction.

A comprehensive provincial initiative is required to address this significant health problem. Cigarette smoking is an issue not only for individuals and families, but also for the public at large. It affects — seriously impacts — population health, occupational health and safety, and the quality of our public places. A comprehensive tobacco strategy requires provincial leadership to avoid a patchwork of bylaws and mixed messages.

SARM (Saskatchewan Association of Rural Municipalities), SUMA (Saskatchewan Urban Municipalities Association), and many chambers of commerce have repeatedly requested a level playing field within the province.

And the SMA then proposes the following as critical components to an effective provincial strategy: one — restricted access and promotion to minors; licensed tobacco vendors with loss of licensure for sale to minors; prohibit smoking on school property; ban tobacco vending machines; ban the sale of tobacco in designated premises such as health care facilities, pharmacies, recreational facilities, and education facilities.

Two — the elimination of tobacco smoke in enclosed public places. This would include all office buildings, retail stores, commercial establishments, health care facilities, day cares, educational institutions or facilities, restaurants, bars, recreational facilities, hotel lobbies, commercial motor vehicles, and common areas in residential buildings.

The above restriction in workplaces — including restaurants and bars — may require associated occupational health and safety legislation. Businesses that are affected by such legislation will not experience a negative impact if all are treated equally province-wide. In fact in jurisdictions where a comprehensive ban has been implemented, the number of patrons attending lounges and bars actually increased rather than decreased with the improved environment.

Third — tobacco packaging and labelling. Saskatchewan-specific customizing of tobacco products will discourage smuggling and provide a further opportunity to inform consumers of the health risks.

And number four — non-smoking health promotion. Saskatchewan Health should be provided with funding to embark on mass media promotion of healthy lifestyles particularly directed towards youth. The messages should promote healthy decision making in a world of risk taking, drugs, alcohol, and sexually transmitted diseases.

Those are the main points that I wanted to make today. I'll just ask . . . Daniel, did you have any comments that you wanted to make as well?

Dr. Kirshgeshner: — Thank you, Mr. Chair. I'm not sure if there's anything that I can add to what Stan has already said or, indeed for that matter, to what has been submitted previously and what are going to be some more submissions I'm sure.

The literature, as accumulated over the years, is just phenomenal with respect to the ill effects of tobacco smoke — either first-hand or second-hand — and I don't think there's any need to go over that once again. That field has been harrowed repeatedly and I think everybody's well aware of it.

We're probably all aware of at least one friend or relative or more who has eventually succumbed to the ill effects of tobacco smoke — be it again either first- or second-hand — and again it seems that only when there is a disaster on the horizon or one that has occurred does the message sink home.

I've said repeatedly that those that are on in years, so to speak, are probably not going to benefit a great deal from the improvement of the environment, particularly with respect to smoking. But the upcoming generations are the ones, hopefully, who will merit from it. And it is on that account that we direct our efforts in the hope that we can improve the environment and improve the health of future generations. There's been far too much grief caused by cigarette smoke and second-hand smoke. I don't think that has to be furthered.

I'd certainly be prepared to — and likewise with Stan — prepared to answer any questions or take up some discussion or comments.

Mr. Wartman: — Thanks. We just heard from the tobacco manufacturers. And one of the things that they pointed to was that the scientific evidence around tobacco smoke — particularly ETS, environmental tobacco smoke — is not really credible, that it's contradictory at best, was the statement that's in their brief. And yet you have pointed to tobacco, to smoking, as being number one cause of death and disability amongst Canadians. Do you believe, do you know whether the evidence that says that second-hand smoke is a cause of cancer is credible?

Dr. Oleksinski: — Yes, it most certainly is. There have many studies looking at not only initial primary smoke for someone who smokes themselves, but also secondary smoke. I don't have those studies right in front of me, right here, but we could certainly get those for you if you would like.

Mr. Wartman: — Thank you very much.

One of the other things that a number of people have mentioned are initiatives of the tobacco companies to entice young people into becoming smokers. Do you have . . . can you describe some of those initiatives that they use to entice young people into smoking?

Dr. Oleksinski: — Yes, there's many, including advertising, and then there's also secondary advertising such as sponsoring rock concerts, sponsoring car racing, skiing events, and that sort of thing. And that indirectly they have all their tobacco logos at the sporting events and the music events. And that definitely does increase smoking amongst younger people.

Mr. Wartman: — In terms of advertising — since there's a ban on a lot of advertising in the country — I'm wondering if you have a clear sense of where and how that advertising is happening?

Dr. Oleksinski: — As I just mentioned, for a lot of sporting events. They were allowed to sponsor sporting events such as ski jumps and ski competitions in the past, car racing, music

concerts. And with that, then their tobacco logo would be there at those events. And many young people are attracted to those types of activities, and so they would be exposed to it at that time.

And there has been associated risk with some I think such as motocross, bicycle racing, where there's greatly heavily sponsored by the tobacco industry, and smoking is much higher in those individuals that partake in that sport than they are in some other sports where there's less tobacco advertising.

Mr. Wartman: — Okay. Thank you.

Dr. Kirshgeshner: — If I could add just a comment to that as well. You may recall in our youth we witnessed the progress of advertising as it was unprecedented and perhaps isn't even paralleled again to date, particularly with respect to cigarette advertising. There were talk show hosts who were very popular both with the males and with the females. There was movie stars and previous prime ministers' of countries who have become involved in — either directly or indirectly — in advertising. These are very influential people and particularly the TV personalities, phenomenal sales they've been able to promote on that account.

With respect to kids, the 'kiddie pack' — or whatever designated name it goes by — has been a boon to these promotions as well because it allows a smaller quantity of affordable cigarettes to be bought and it's enough to get into the school or the locker — whatever the case may be.

We're well aware too, that the Southeast Asian countries in part are dependent on their tobacco purchase from the United States, or embargoes on their other products will be put into effect. So the strength of the advertising is just incredible.

Mr. Wartman: — I have to admit this one's a little bit tongue-in-cheek, but is it possible that the laws against public smoking drive people to drink and that's why the business in bars didn't decrease after legislation was put in?

Dr. Oleksinski: — No, I don't think there's an association there.

Mr. Wartman: — Well thanks.

The Chair: — Thank you very much for your presentation. And once again you, I think, have emphasized something that I believe we're getting more and more convinced of, and that is that if we want to be effective we really got to make sure that we're able to direct our efforts at the youth, and with quite a strategic plan. So thank you very much for coming.

Dr. Oleksinski: — Good, thank you once again for allowing the Saskatchewan Medical Association to make our presentation. Thank you.

The Chair: — We'd like to now call on Karen Grauer — is Karen here? — with the Saskatoon Health District.

Ms. Grauer: — I'm Karen Grauer. I'm here presenting a brief on behalf of Public Health Services which is a care group within Saskatoon District Health. We believe that tobacco does affect the lives of kids and I'm here to talk about that.

Why are we concerned? We have been talking about statistics nationally and provincially. I'd like to share with you two statistics that we know about locally: 25 per cent of grade 6 students report having tried smoking at least one puff of a cigarette. Over half those reported that they started experimenting as young as eight years old.

We followed those same grade 6 students to grade 8 and found that 45 per cent had tried using tobacco products — 14 per cent of the boys, which is three times the national average, and 6 per cent of the girls had progressed to using tobacco products on a daily basis. To add to that, our grade 8 students are telling us — 8 per cent of them — that they're using chewing tobacco products.

The reasons why adolescents start to smoke and continue to smoke are complex. Therefore a comprehensive strategy to reduce tobacco is needed. To be successful, we feel schools, public health, retailers, media, legislators like yourselves and the community at large need to work together.

While the focus of this brief and the recommendations contained within it is on youth tobacco use reduction, it's important to remember that to best serve the needs of our youth we need to focus on issues relevant to them but also not to lose sight of the larger, broader tobacco reduction strategy. With this in mind we make the following recommendations. And I will go through the recommendations and provide a brief rationale with each one of them.

The first recommendation is that we need prevention through a comprehensive school program specific to tobacco use which involves knowledge, builds skills, and denormalizes tobacco use. This includes four measures. The first one is mandatory curriculum supporting instruction in classrooms starting at grade 4 and working through to grade 12. We feel schools offer the ideal context for tobacco prevention education.

Health Canada provides us with 25 criteria upon which we can support and develop a program to offer to school-aged children. An interesting criteria that Health Canada suggests is that students should be exposed to 10 lessons specific to tobacco over a two-year period. Our findings in a recent study indicate that although two years will delay the onset of tobacco use, young people are not deterred from experimentation in the subsequent year when programming is not offered. Therefore, reinforcement and support of anti-tobacco messages over several years is warranted.

Sask Ed has provided us the foundation because they now emphasize a comprehensive approach to health education. There is specific mention of tobacco in grade 4 and grade 9. Tobacco is not mentioned though in between those grades unless a teacher chooses to specifically target tobacco under generic health, lifestyle, and decision-making categories. So if a teacher chooses not to do this, the curriculum will not meet the criteria of effective tobacco use reduction education.

In the last three years we have been fortunate in Saskatoon District Health to have implemented a tobacco prevention program in our grade 6 classrooms, a select number of them,

through a grant that we received through Saskatoon District Health, and we evaluated the effectiveness of that program. Consequently we have revised the program and are now delivering that program to 50 per cent of all grade 5 students within our Saskatoon District Health schools.

We recognize the need to expand the program so that all grade 5 students receive it, but we don't have the resources to implement it to the whole . . . (inaudible) . . . We also recognize that we need to develop educationals that go beyond grade 5, and again we don't have the resources to do that.

We also recognize the use of smokeless tobacco and therefore have instituted education in grade 6 classrooms in those schools that we deem high and medium/high need schools. That education is delivered by dental health educators. Although we recognize the need for smokeless tobacco education in low need schools, this hasn't been possible due to limited resources.

The second action towards this recommendation would be to create a healthy physical environment. I'd like to share with you what our grade 5 students are telling public health nurses. They believe that up to 80 per cent of high school students smoke because that's what they see outside high schools. The actual statistic of course is much lower.

This misperception may lead children to act in the belief that smoking is the norm. They're confused. Why is it an acceptable behaviour in high school and they are prohibited to smoke in elementary school? Is it a rite of passage when you move from grade 8 into grade 9? There's no broad and consistent policy in Saskatoon District Health schools which bans tobacco use on school property.

The third measure is social support. In keeping in line with the comprehensive approach to tobacco reduction, we believe out of classroom activities are very important. Programs that exist now are Fly Higher, which is supported by heart and stroke foundation, just say no clubs, health in perspective programs. To succeed in Saskatoon District Health, these programs need dedicated funding.

Last but not least then is the health support services. Current data indicates that a portion of our teens, no matter what actions we take, will still take up the act of smoking. At any point in that transition from trying or experimenting to becoming a regular smoker, we believe that introducing tobacco use cessation interventions may give teens an alternative to becoming an adult smoker. To date in our health district, we have not had the human resources to support teens who express a desire to quit.

Recommendation number two. We're recommending protection through province-wide legislation to require that all enclosed public places be smoke-free and that there be no tobacco use on school property.

We know smoking behaviours are influenced by the values, norms, and behaviours of people in the community at large. When children and youth see their peers and adults smoking in designated areas in public places and on school property, it promotes the idea that tobacco use is acceptable and a possibly risk-free behaviour. This contradicts the message that tobacco has negative consequences.

Now targeting all public places in Saskatchewan may seem a dramatic approach to protecting children and youth from environmental tobacco smoke and to denormalize tobacco use in our province. To support this approach I would like to share with you our Saskatoon experience and suggest that it's essential that a level playing field be established for all businesses and public places in the province.

In 1995 we embarked on working with city council, community groups, businesses, and individuals with the goal of a hundred per cent smoke-free public places. In 1996 a modified bylaw was passed. The bylaw limited the ban on smoking to areas frequented by children. The bylaw was challenged by restaurants and was defeated in April 1999 on the grounds that it discriminated against certain businesses.

Not only did we lose smoking restrictions in our health district, but the judgment also put a great number of workers, many of whom are youth, at risk of high exposure to environmental tobacco smoke. We also have created much confusion in terms of what bylaws still exist that regulate smoking in our health district.

Our experience emphasizes the need for a level playing field not only within our municipality, but also across the province.

Recommendation number three. We believe we need prevention through restricting access to tobacco use and we recommend three measures. The first one is to restrict the sale of tobacco to children and youth under 19 and continued enforcement by federal authorities. We know smoking rates increase dramatically with age as do the number of cigarettes smoked per day and this increase occurs at the age of legal access.

Although access to tobacco through retailers is illegal, 45 per cent of 15- to 19-year-olds state that's where they get their tobacco products. So elevating the age of legal access to 19 years and limiting the type of businesses allowed to retail tobacco may impact on new smoking rates and compel retailers to operate within the law.

We also recommend increased retail price of tobacco, especially a product like snuff and chewing tobacco. In response to tobacco price decreases in 1994, 5 per cent of young smokers, 15- to 19-year-old category, smoked more and there were more new smokers in this age group because of the reduced cost. So if someone makes the inference then, if we increase the cost, we should reduce the rate.

Special attention needs to be paid to smokeless tobacco. One can of snuff delivers as much nicotine as approximately 60 cigarettes or two and a half packs. At present a can of snuff is approximately $6, whereas it should cost approximately 12 to $16 if it truly reflected the nicotine content. We believe that this product has to have a price increased to reduce its use.

The third thing that we recommend here is that we would like to see banning of the sale of flavoured smokeless tobacco products. We feel that this may deter people from using it because of the very unpleasant taste. In some countries like Australia, Hong Kong, and New Zealand, they have banned

smokeless tobacco products completely.

Recommendation no. 4: cessation funding. We need a wide variety of strategies for people who are addicted to tobacco recognizing the unique experiences of youth, of women, and First Nations people. Funding should provide for the planning, promotion and implementation and evaluation of these programs.

We believe that with province-wide smoke-free legislation, health districts and the government have an inherent responsibility to provide accessible support for those who want to quit.

In the spring of 1999, we in Saskatoon District Health surveyed agencies within our health district to see what kind of cessation programs they were offering. What we found was alarming. Except for one, there was no organized, comprehensive, easily accessible tobacco cessation group within our health district.

In December, we brought together agencies and individuals concerned about this issue. There was universal support for the development within Saskatoon District Health for a comprehensive strategy to support individuals that want to quit, in hospital and in the community. There is ongoing commitment by these agencies to participate in the planning process, although each member has identified a lack of resources which will deter participation in the actual implementation.

And the last recommendation is protection through public education. Using the media to increase knowledge about the impact of tobacco use, counterbalance tobacco company advertisements, and denormalize tobacco use. We know the benefit of media, particularly with our youth because that seems to be what they are interested in. Health Canada does remind us though that media is not the only answer and that it needs to be part of a comprehensive strategy whereby it's linked with school programs and reduces youth access to tobacco products.

In this area we've been very limited. Health Canada has done some anti-tobacco advertising targeted to adults and youth. Three years ago the Saskatchewan Coalition for Tobacco Reduction established an annual contest for youth using various medias to encourage their peers to reduce tobacco use. This project has not yet received direct funding from the provincial government.

In Saskatoon District Health, we have done even more limited things. We do an occasional bulletin board, we do a five-minute interview, and we do one article in a newspaper once a year to increase awareness. To be successful, we feel that a media campaign requires provincial funding and coordination allowing for district input and certainly youth participation.

In conclusion, in order to progress in the area of tobacco use prevention we want to stress the importance of a provincially coordinated and funded strategy. For Saskatchewan to take a lead role in tobacco use reduction, activities that have proven effective within individual health districts and member agencies should receive provincial funding and be integrated into a province-wide strategy.

Thank you for listening.

The Chair: — Do you have any comments about giving power to health boards as opposed to municipalities for local regulations?

Ms. Grauer: — It's been our experience that giving the power to municipalities hasn't worked, and that's why we're encouraging the province to take action in this regard.

The Chair: — You'd prefer the province to take action of course, but if there is any sort of regulatory stuff that should be done at the local level? You're saying it should be health boards — or am I putting words in your mouth?

Ms. Grauer: — Ask me the question again.

The Chair: — You're asking the province to take a leadership role and I recognize that.

Ms. Grauer: — Yes, we certainly are. Yes.

The Chair: — And now after that, if there is something that needs to be done at the local level, something . . . Because the province can authorize a health board to do something there as well. Just like, right now, municipalities are authorized to . . . Do you think that would be better?

Ms. Grauer: — Are you talking in respect to enforcement or . . .

The Chair: — No. No. Just laying down the law — regulatory stuff.

Ms. Grauer: — I'm not sure how to answer your question.

The Chair: — Okay. That's fine. I thought maybe you might have an opinion on it, but that's quite fine.

Any questions from members? Okay, two here.

Mr. Addley: — Not a question, it's a comment. My son's in grade 5 and he's going to this program and he's very motivated, and luckily I don't smoke because I wouldn't be able to after this. So it's a very good program. Thank you.

Ms. Grauer: — Thank you.

Mr. Wartman: — I would like to ask you — I've asked earlier about what an enclosed space means to an enclosed public place. What would you include in that?

Let me give the context again. You had said that all enclosed public places should be smoke-free.

Ms. Grauer: — Yes.

Mr. Wartman: — BC has defined an enclosed public space as having, I think it's more than two walls and a roof on it. And so I'm wondering if the health district has talked about that. Would places like Taylor Field in Regina be considered that? Where you've got enclosing walls around it but no roof — well, no roof over the whole thing.

Ms. Grauer: — I'm not sure how to answer that, Mark. I'd have to refer to the bylaw that we instituted where we were looking at our definition of enclosed space. And I can't tell you off the top of my head but I'd be happy to share that with you.

Mr. Wartman: — Would you do that?

Ms. Grauer: — Our definition would be in the bylaw that was struck down.

Mr. Wartman: — That would be helpful. Thank you.

Ms. Grauer: — I have that with me. I can leave that with you.

The Chair: — Well thank you very much.

Ms. Grauer: — Thank you.

The Chair: — Now we have Giselle Lavalley. Is that you?

Ms. Lavalley: — I want to say first of all hello to the committee and I'd like to thank you for giving me this opportunity to speak on behalf of the FSIN (Federation of Saskatchewan Indians) on a matter.

My name is Giselle Lavalley and I'm the director of corrections for the Federation of Saskatchewan Indian Nations, or FSIN as it's also known. And I wish to address the subject of policies related to smoking and tobacco and institutions. Specifically, I'm here today to register the FSIN's concern about the tobacco-free policy that is being implemented in the provincial correctional centres.

Now the FSIN health position on tobacco advocates for the reduction of tobacco use by First Nations youth. And it is a compromise position in that it seeks a balance between health needs and cultural needs.

Regarding the tobacco-free policy, however, the FSIN justice secretariat's position is that the tobacco-free policy was ill-conceived from the start and is unacceptable in its current form. The FSIN has already articulated its position to Minister Axworthy. But we felt it necessary also to have our position noted for the public record.

The tobacco-free policy causes concern for the FSIN for several reasons. First, the denial of access to tobacco would infringe upon chartered rights of the residents. Smoking is not a crime nor were any of the residents incarcerated for smoking. Therefore the ban on tobacco could be construed as cruel and unusual punishment.

The second chartered right to be violated is the First Nations residents' right to freedom of religion. The policy can be interpreted as a disrespectful and sacrilegious policy against First Nations people for reasons I shall articulate further on.

Our second concern pertains to process. The FSIN was not consulted before or during the development of this policy nor were the spiritual advisors who actually work with the residents in the correctional centres, despite the vast overrepresentation of First Nations people in the provincial correctional system.

Third, the FSIN justice secretariat was not officially informed about this ban on tobacco by Saskatchewan Justice or by the centres. Instead we were notified by the spiritual advisors.

Fourth, our information indicates that the spiritual advisors had been asked to assist in the implementation of this policy which would have put them in a compromising position that conflicts with their spiritual beliefs. They have refused to participate in the implementation, in part because they do not feel — sorry — in part because they feel it is not their place to deny a sacred medicine to the residents nor to determine the merits of their request for tobacco.

Tobacco is used at every stage of the First Nation individual spiritual journey. And to ban it completely from the centres would not be conducive to the success of the Aboriginal cultural programming in the centres nor to the healing of the residents.

Last month I attended a meeting at the Regina Correctional Centre at the request of the spiritual advisors to discuss with the centre's management the First Nation peoples' perspective and concerns pertaining to this tobacco ban. The FSIN supports the advisors' position that they do not object to a ban on smoking, rather they object — sorry — they oppose a ban on the possession of tobacco.

Tobacco is one of the four sacred medicines used in ceremonies. For following protocols in approaching elders and teachers, a person has to offer tobacco when he or she wishes to seek advice or help from them, and simply for prayer.

Tobacco must be given when asking for even the slightest bit of help, whether from a fellow human being or from the Creator. It should not be denied from those human beings who need the most help.

It is also used for protection. Our office has been contacted by Aboriginal correctional staff themselves to express concern about the impending ban because they often possess tobacco during late shifts for the purpose of protection. To restrict access to tobacco would interfere with the residents' and staff's ability to use tobacco in the traditional manner. Moreover, the tobacco-free policy oversteps its original intent of preventing exposure to second-hand smoke by banning all forms of tobacco.

According to the report of the Saskatoon Correctional Centre on tobacco-free implementation, any inmate found to be in possession of tobacco products will be considered to be in possession of contraband and charged accordingly. In short, First Nations inmates would be penalized for possessing that which the Creator had given to them and to their people freely.

Consequently, the spiritual advisers and some of the correctional staff have voiced deep concern about the probability of facing negative, even violent reactions from residents when the current policy comes into effect, which is in fact taking place as we speak at the Regina Correctional Centre.

We understand that employees have a right to a healthy work environment. The FSIN does not oppose this right. In addition, we understand that to ban smoking but allow the possession of

tobacco would possess challenges to the correctional centres.

The spiritual advisers have volunteered to work with the centre's management to rework the tobacco-free policy, to devise options for enforcing a culturally sensitive policy that would accommodate these two positions. The FSIN would also be willing to participate in such a process.

In light of the overrepresentation of First Nations people in the population of correctional centres, of the exclusionary process that led to the development of the current flawed tobacco-free policy, of its inconsistency with respect to smoking policies at other institutions in Canada, of the spiritual needs of the First Nations correctional centre's clientele, and of the available First Nations resources to create a more appropriate policy concerning tobacco, the FSIN is calling for an immediate retraction of the tobacco-free policy in the correctional centres so that the policy can be reworked to everyone's satisfaction.

Thank you for allowing me the time to present the FSIN's position on this issue to you.

The Chair: — Thank you very much. Just for clarification purposes, my understanding of what you said is that you're not really against the banning of the abuse of tobacco, or pardon me, or smoking in the jails, but what you're saying is the individuals who use it for religious purposes should be allowed to possess tobacco for that purpose.

Ms. Lavalley: — That's true. But again, as the current policy stands, they want to have someone sort of regulating who gets tobacco and when and for what purposes, and the spiritual advisers have indicated that they're not comfortable with that. They feel it's not their place to determine whether or not someone is using it for an authentic purpose.

And another concern is in terms of practical matters of when someone can access tobacco. It wouldn't be accessible 24 hours under the current guidelines, and that's something else that the advisers and the FSIN are opposed to.

The Chair: — Okay. This is an issue that's ongoing. You know that the committee is not going to be able to make any recommendations until we're all done. But we do appreciate you coming on this.

I want to ask you a question, whether the FSIN will be able to meet us at a later time, perhaps at another hearing, just to deal with more general, a more general case of tobacco use and strategies that could be employed to help us work a system that would target young folks and help young folks from getting hooked.

Ms. Lavalley: — I certainly think that most likely the FSIN health unit would certainly be interested in that. And assuming from our position as well in terms of justice as well, but I think certainly health would be willing to do that.

The Chair: — Okay. Does anybody have any comments? Okay. Thank you very much then. Thank you for your presentation.

Ms. Lavalley: — Thank you.

The Chair: — We have left here on the list, Judith Lambie, Blair Magnuson, Ruth Collins-Ewen, and then Dr. John Owen. And we may be able to get there. If there's any of these people that are thinking of coming back at 7, of this group, this group that's in the list.

A Member: — You missed the district board. Carol Olson was to make a presentation.

The Chair: — The district board. Okay, we'll get that sorted out. Let's just go with — thank you — with Judith Lambie.

Dr. Owen: — I understood — I'm John Owen — I understood I was going to be presenting this evening.

The Chair: — Oh, this evening.

Dr. Owen: — Not this afternoon.

The Chair: — Well then let's do that. Okay. One of our options here is to start right there.

I think, Dr. Owen, what we might do is ask you to come . . . unless we've got a whole lot of new people, what we'll do is not go through our presentation again and we can start with you. So if you're here around here 7, would that be fine?

Dr. Owen: — Yes.

The Chair: — We'll put you in that slot. Okay, now just once again I'm asking for Judith.

A Member: — She's not here.

The Chair: — Not here. We'll go to Blair Magnuson. Is Blair here?

Mr. Magnuson: — My name is Blair Magnuson. I'm the market manager for the 7-Eleven stores in the province. I oversee the 43 stores and the 600 employees that work in them.

Now all of the 43 stores that I oversee sell tobacco products, and what I wanted to do today was present to you the program that we have to prevent tobacco sales to minors. Our program is called Come of Age. And inside of the box that I've given you, it also has Operation ID identification on it; that's the new name that we're moving to from our old program called Come of Age. But I'll stick with just talking about Come of Age, because most of the documents that I have with me state Come of Age.

In our stores we require government picture ID for a purchase of tobacco for anyone that appears to be 25 years of age or under. Now that's our policy. That would include a driver's licence, a treaty card, SGI (Saskatchewan Government Insurance) picture ID, military ID, something like that. We don't accept anything that isn't government issued and doesn't have a picture on it. Every time that a purchase of tobacco is made by someone who appears to be under 25 years old, there is a requirement that they produce this identification.

Now that means if you come in and purchase tobacco and you appear to be under 25 years of age in our store on Tuesday, we'll require that ID and check that ID to see that you are of

age. And if you come in the same day and see me again when I'm behind the cash register, we'll require you to produce it again, even though you had produced it the day before. And that just keeps the door from being opened that we think we checked it before and things like that. So that's the basic requirements we have.

Inside of your package is our training program and it's also got some of the . . . I guess it's got a transcript of the video in there; basically covers off the training that we do with our employees. I won't go right through it but I will tell you that this training program . . . I guess I'll cover off how it works for a new employee first and then how it's followed up on.

When you come to work in a 7-Eleven store, in the first day you spend in the classroom. Part of that classroom training is the Come of Age training. You then spend two days in a training store, and then you move into your home store for two days of follow-up. You've gone through the Come of Age training the first time, understanding the restrictions on the sales of tobacco and the requirements, our company requirements and the law for that.

Before you go to work at your home store, after the two-day follow-up, you go through the training program again. So you have it a second time. And the reason we did that was there's an awful lot of training that goes on and we don't want the Come of Age to get lost in the shuffle of where the gasoline shut-off switch is and how you sign your time sheet and things like that. So we ensure that the last thing that is done for any one of our employees before they go to work, is they go through this training again and it is fresh in their minds.

Another thing we do — the binder that you see there, the red binder is a daily follow-up sheet, and it's got some documents from me in there and it's got a reminder of our policy; and it's also got a brief question and answer in there on the sale of tobacco and what is allowed. And that is gone through before every shift. So every time that you work in a 7-Eleven store, the first thing you do before you start your shift is you're required to review this binder again and then you sign that document.

At the end of three months a new employee with us goes through a performance evaluation. Performance evaluation covers a number of things, but at that time when they sit down with their store manager they again go through the Come of Age training and they sign the documents that they've been through that training.

Every one of my employees also has a performance review every April and October and they go through the Come of Age training and the documentation again at that time. So we go through the follow-up, people that have been with us for four or five years that have been through it you know, 10, 12 times, continue to focus, continue to focus on the training and then the daily focus on the follow-up to remind them of what the restrictions are on tobacco sales.

We also have various point of purchase around our stores and there's door triangles, cash register reminders, Rolodex cards. We also have a small handout that the employees use and basically this handout is our policy stated and the law stated in a small kind of tear-off sheet that they can hand to a customer who might question them on what they're doing.

And earlier when they were talk . . . when the issue was brought up about the 17-year-old boy who might be thinking about something else when a 16-year-old girl wants to purchase tobacco — this was intended for exactly that. So that he has something if the 16-year-old girl is . . . well why are you doing this? Why do you have to do that?

It also has on there a 1-800 number and he can present this to the customer and say, this is the reason I'm doing it, this is our policy. And it's something for the customer to take away that they can understand exactly why it's being done.

Now we also employ a mystery shopper program. Health Canada as you know does enforcement checks and sends young people around to the stores to check for compliance with Bill C-17. Now we do our own compliance checks. We employ a company called Spot Check and they check every store. Basically they take young people from every community — I have stores all over the province — and they employ them to go into our stores and to check for compliance with Come of Age.

And they don't just check to see if we sell tobacco products to someone who is under 18 years old, they check to see that our complete program is followed. Whether or not they ask for ID is not exactly the point, it's whether or not they request picture ID, whether it's checked carefully, and whether or not they offer to sell tobacco products.

Now there's a copy of that in your handout and also a completed one — one of the shops that have been there.

And when we do these mystery shops, we also do a letter of commendation if the employee passes it. And they get the letter of commendation that goes in their personnel file and they also get a small pin that they get to wear on their smock for passing the shop. A failure on one of these shops results in disciplinary action, and up to and has included immediate dismissal.

And then these binders that you see in the stores are also part of our follow-up program and those are checked every week by the field consultants. And when they're completed at the end of each month they come into our office. So all of that is done to follow up, to ensure that our employees understand the importance of following our Come of Age policy and that there is sufficient recognition when they do follow it and appropriate discipline when they don't.

Now one of the most important things that's happened since we've been working on ensuring reliance with Bill C-17 is our meeting with Health Canada. We actually had Health Canada come and meet with all our store managers. And it was an extremely valuable meeting. We had them come in and talk about not only what they see with our program, but what they see other retailers doing, and how important it is to ensure that the customers understand exactly what you're trying to do. They helped basically our store managers understand the importance of following the law, but also how that they can be communicated to the customers.

And what they do because they're in so many businesses, they were able to take and give us some of the best ideas from some

of the other businesses and allow us to incorporate those into our own policies. So that was extremely valuable and I'd certainly like to see more of that done.

You know, the unfortunate part is the first time I met with Eric Thorne, who's the enforcement officer up here, I sat down with him in his office and he showed me his jurisdiction, and essentially it was a line through the province at Davidson and he had the north half. So there wasn't an awful lot of follow-up or ability of him to spend time doing training programs and meetings because he was so busy doing the enforcement checks, and it's very difficult to do all that.

Since then they've hired two more of them and there are four of them. But I know they don't spend a great deal of their time doing anything other than enforcement checks. We happen to be a company that can bring together 43 store managers and field consultants and do a fairly large meeting, but for them to do one-on-one meetings with small retailers it would seem to be extremely difficult. Okay.

I guess the last thing that I wanted to say here is that, well, tobacco is an important part of our business. We really want to be part of ensuring that there are no tobacco sales to minors in the 7-Eleven stores. The tobacco control plan should really include, in my view, an education program for retailers as well. Something that allows them to educate their employees, to do follow-up with them, and to ensure that they have the sufficient tools to make that happen.

It is not an easy task to ensure that every employee does . . . follows the program every time. It's really not that easy. I mean you've got . . . we've got 1,500 customers per day per store coming through, and it's not an easy task. And the more help you can give the retailers, the more education, the more tools you can give them, the better off they'll be and the less chance there'll be that they will sell tobacco to minors. And definitely I think increased enforcement is extremely important.

If you know that there's going to be more shops . . . if you know that you're going to be shopped frequently, then I think that that will certainly motivate you to ensure that you're training your employees and you're following the law yourself.

So that's pretty much all I had to say on that. Thank you for the time and the opportunity. If you have any questions, I'd be happy to try to answer them for you.

The Chair: — Thank you, Blair. We'll go to Debbie Higgins first.

Ms. Higgins: — Thank you very much for your presentation. And we have heard, visiting the various high schools it is well known amongst the kids that you don't go to 7-Eleven if you want to buy cigarettes.

Mr. Magnuson: — That's a good thing.

Ms. Higgins: — We have had that comment actually at some of the schools. And when the kids made the comment that they could get cigarettes quite easily, you would always hear someone kind of chirp in the background, but not 7-Eleven. So we weren't sure what you were doing but it's working, whatever it is. And thank you very much for putting the effort and the time into the program. Because for you people, I think it is paying off.

Mr. Magnuson: — I appreciate your comments.

Mr. Wartman: — I would also like to commend you on the corporate responsibility that your company and that you have shown in developing this and putting the program forward.

I would, however, also like to ask about display of tobacco products themselves. Because we're working at denormalizing, some of the hope is that we can get them out of sight. Do you have any programs around that?

Mr. Magnuson: — No, we don't. Actually we do have cigarette merchandisers on our counters to hold product that is for sale. And we don't really have programs for prevention of visibility of cigarettes in our stores. All of the merchandisers that you see are for holding cigarettes that are for sale.

Mr. Addley: — Just a comment and then a question. The comment again, a very impressive program that you have, showing good corporate citizen that you are.

Which leads to the next question, that there are . . . some of your competitors that aren't doing this and it may be putting you at a competitive disadvantage for some people, for the youth anyway. But the parents I think would probably go to your stores over the other stores if they want to support people not smoking.

But the question I was going to get to is, would you support or would 7-Eleven support a licensing . . . I mean to sell cigarettes, for people that do have this kind of a policy and this kind of a program, to ensure that cigarettes are not sold to minors?

Mr. Magnuson: — Frankly, I think a licensing program that was something that had to be earned and kept would probably do me a world of good. Because if you're not going to have a program in place that prevents tobacco sales to a minor, then . . . Right now I mean there's kind of a . . . there's a couple of strikes and there's a fine, but you generally aren't . . . I think it takes a court order for you to lose your ability to sell tobacco products.

So a licensing program would probably make a great deal of sense and I certainly would support it.

Mr. Addley: — Okay. Well thank you. Again, commend you on your work. That's a lot of work there.

Ms. Eagles: — I too would like to congratulate you on your program, Blair. And just to thank you for using my city of Estevan in your little . . . I had to get that little plug in there, you know. I was just wondering if the other committee members noticed that it is Estevan here. But thank you.

The Chair: — Thank you very much, Blair.

Mr. Magnuson: — Thank you.

The Chair: — Now finally, what I want to do is call on Carol Olson. I apologize for the mix-up, Carol, but we'll get you in, and you're still not going to be last. You're just going to be second last.

Ms. Olson: — Well thanks for adjusting your agenda. And I don't know whether this was something that was a slip-up on our part, but one way or another I'm really pleased to be here to speak on behalf of the board, the Saskatoon District Health Board. And behind me there are a number of health board members here as well who very much support your endeavours. So I'll continue on.

I'm sure you've already heard from numerous hearings through Saskatchewan, the effects of tobacco on the health of residents in Saskatchewan. And tobacco kills more people than AIDS, than motor vehicle accidents, drugs, suicide, homicide — combined. Sixteen hundred people per year in Saskatchewan alone have died as a result of tobacco.

It's a major contributor to heart attacks, stroke, lung diseases, and cancer. It results in low birth-weight babies and increased incidences of sudden infant death syndrome. Also we've heard over and over again at these hearings, the effect that it has, as well, on the teenager and the youth.

During these times of increasing demands on our health system, we, being the board of Saskatoon District Health, certainly applaud any initiatives to decrease the rates of smoking and the health consequences of tobaccos in our communities.

The Saskatoon District Health Board is very supportive of doing more to decrease the negative impact of tobacco. As you have already heard from our staff in public health services, we are active in programs and partnerships which are aimed at reducing smoking rates in the Saskatoon Health District. Our staff continue to try and find ways to do more with our limited resources. Unfortunately, we have not been able to fund tobacco reduction programs to the optimal level which are really required to achieve the best results.

Some examples of our efforts in tobacco reduction area include, you heard the presentation by Ms. Grauer on the kids' program and we're very proud of that. I think it was an excellent presentation. That's one of the endeavours of Saskatoon District Health.

Public health staff also provides public education initiatives via print media and television. And this is in a limited way because of lack of resources, but there are public education initiatives available.

We continue to develop partnerships with other community agencies to coordinate activities in the area of tobacco reduction. And public health and addiction services within the district have jointly met with community partners to explore what existing smoking cessation support programs are available in the district, and actually to identify the gaps for services that are required.

We are also in the process of identifying our own district policy needs in regards to smoking with a plan of action for deficient areas.

Our physicians and other health professionals also support their patients' attempts to quit smoking to the best of their ability, with the resources that they have.

Despite these efforts, there still remains a great deal of work to be done to further reduce the impact of smoking in our district. We realize that.

Our recommendations. It's recommended that there are extra challenges for district . . . That's recognized, I should say that there's extra challenges for districts when it comes to taking action in this area. You've heard before about the blurring of areas between The Public Health Act, 1994 and The Urban Municipalities Act, 1984. And although The Public Act, 1994 allows the district health boards to make bylaws respecting health issues, there has been really a lack of clarity regarding the jurisdiction between these two Acts on the issue of smoking bylaws.

So provincial legislation in this area would really help to solve the problem as well as provide consistency across all areas of the province in this matter. We really feel that consistency across all regions and across all public places is really a necessary condition if legislation is to be effective. We really feel there must be a level playing field for all businesses and all communities.

Legislation which is comprehensive in its scope can also provide much better health protection against . . . oh, excuse me, from second-hand smoke for all Saskatoon Health District residents, but especially our children and youth and those with respiratory conditions and allergies.

We therefore support legislation that not only requires smoke-free public places and school properties but also only permits tobacco being sold in designated licensed outlets, contains adequate support for enforcement, raises the age at which people can buy tobacco to 19 years of age, denormalizes tobacco-use behaviours, and provides adequate resources for prevention, education, and tobacco cessation programs.

You've already heard the details on all of these recommendations, basically, from our staff and from some of our partners throughout these presentations. The Saskatoon District Health Board wanted to briefly address this committee in order to publicly endorse these recommendations. So that's why I'm here.

Thank you very much for the opportunity to show our support for these and for other methods that will effectively reduce the harmful effect of tobacco use in Saskatoon Health District. We encourage you to take the recommendations that you've heard forward.

So that's it. Thank you very much for working me in and giving us a small chance to publicly endorse the work that you're doing.

The Chair: — Well, and thank you for being patient and also to all other health board members or employees who are here today . . .

Ms. Olson: — Yes, thank you very much.

The Chair: — . . . and stuck with you. That's good. Does anybody have any comments or questions? I think it's getting close to that time, so thanks for squeezing it in Carol.

We have one more to hear from, maybe two more. Well, first we'll hear from Ruth Collins-Ewen if she's here. Is she?

Ms. Collins-Ewen: — This is about a ten-minute presentation and you have a copy of it, so in deference to the end of the day I'll try to summarize it. Perhaps also because it's the end of a long day, I can't resist one comment regarding separate ventilation. It's not part of my presentation, but you've heard Dave Barry's comment about it? Standing beside part of a building where it's okay to smoke is like standing beside part of the swimming pool where it's okay to have a pee — it's very accurate.

Anyway, I'll summarize as best I can. I had lost five family members to smoking-related diseases, and that's the basis of my interest. I could see my husband struggling after 40 years of trying to quit. With his agreement, I am speaking for both of us today, but he's here as an ex-smoker.

In spite of my concern for his health and my sympathy for his frustrations, I realized that I wouldn't be able to help unless I knew a great deal more about it. So I started researching on my own for a couple of years. And then when a local group got a federal health grant, I was hired to develop and co-ordinate the program there.

And that was a wonderful opportunity because I could pick up the phone and talk to people all over the world who had programs and I could find out what was working and what wasn't, and why it wasn't working or was working.

The more I learned, the more appalled I became at how serious an addiction it is we are talking about. You've heard this many times I'm sure in your studies and the presentations today. But I'm very concerned about the emphasis on control. I know that's why you're here, and of course it originates in the cost to society from smoking-related diseases. But it seems to me that if you pass a law forbidding people to get sick and you don't bother setting up cancer clinics or hospitals, it's not really going to accomplish a lot.

So legislation controlling smoking in some instances of course is necessary and valuable, but I think it must be supported by publicly funded clinics. People who have hit bottom with alcohol can go to a publicly funded clinic and get help. People suffering from various kinds of addictions, be it street drugs, prescribed medications, alcohol, whatever, can go to a publicly funded place and get help for it.

There is no such place at the moment except for a few very commendable efforts in various health districts, that is clearly identified and clearly known as a place where someone wanting to quit smoking can go voluntarily and get the help they need to quit.

The concern I have about addiction is that, and I'm sure you've heard this before too, the addiction to nicotine is a tougher addiction to beat than cocaine or heroin or alcohol. And I would like to see more emphasis specifically on the physical addiction. When you think in terms of addiction as a change in your central nervous system whereby your body starts to treat the added substance as a necessary part of the system, then you start to realize that it's not a matter of encouraging people to say no, it's not a matter of dealing with attitudes and behavioural programs. It's a very serious medical condition.

Addiction is for life, or the concern about children is the most valid because it's possible they become totally addicted to nicotine for life with as few as three or four cigarettes.

And addicts will say there is no such thing as used to be an addict. Once the changes have taken place in your central nervous system that make your body require that particular chemical, those changes will never reverse to the pre-addiction status. It's possible to learn to live with the addiction, it's possible to learn ways to control it, but it is a medical condition and must be treated as a medical condition, in my opinion.

I've thrown in a few figures here that, frankly, when I read them I find them a little bit painful, but they're generalizations and they make a point.

It has been said that in the traditional North American programs, the recidivism rate is as high as 85 per cent, and that's of the people who actually complete the programs, and many do not. The reason, in my opinion, that they have not been more successful . . . And please understand I'm not knocking the fact that 15 per cent of the people were successful. I tell my students all the time that if it works, don't fix it. Whatever works for any individual is a good approach.

But the reason there hasn't been more success from these behavioural programs is, in my opinion, that they are that — they focus on the behavioural and they don't pay sufficient attention to the medical condition of addiction, the actual physical change that takes place in the central nervous system of an addict.

That's essentially my recommendation. I think that I totally respect all the concern. I know the hours you people have put in listening to people like me beat our drums get on our soap boxes.

And again, of course, there is legislation and control necessary in some circumstances, but I really feel it's vital that the Health department put money into treatment clinics. I don't know. I guess, yes, treatment is the right word for it. Places where people who have the concern and the intelligence to recognize the problem and want to control it, to where they can go and get help.

That's it. I can hear my husband shuttering because that's it. That's a dramatic condensation of what I wrote here. Anyway . . .

The Chair: — I was following you as you were going along. You did very well to summarize it all.

Anybody have any comments or concerns? Well thank you for giving us your perspective from your years of experience with this.

Ms. Collins-Ewen: — Thank you for the opportunity.

The Chair: — Now this will be the last one for today, for this afternoon. Oliver Laxdal.

Dr. Laxdal: — Thank you very much. I'm formerly pediatrician and professor of medical education at the University of Saskatchewan and I am now working with the Saskatchewan Coalition for Tobacco Reduction, formerly known as the Interagency Council on Smoking and Health which represents the heart and stroke foundation, the cancer society, the lung association, College of Medicine, and Saskatchewan Health. My special role is to encourage provincial legislation that would ban the sale of tobacco products in pharmacies in Saskatchewan.

Now everyone recognizes that pharmacists are exceptionally intelligent, well-trained . . . and well trained to dispense healing and health-promoting medicines. It seems to me that it's completely inappropriate, irresponsible, and essentially immoral for these same people to profit from the sale of these products that are addicting and deadly.

Now I expect some pharmacies would complain vigorously that removing tobacco from their stores would seriously impair their profitability. I have recently spoken to several pharmacists in Saskatoon who over the years have introduced many new items to their inventory, the sale of which generates profits far exceeding their former revenues from tobacco sales. I refer to herbal remedies, wound and ostomy care, splints, foot care, back supports, and many others. The several Medicine Shoppe stores provide an excellent example for others to follow. Health promotion is their single goal.

Now for over 20 years, I've served as the director and professor of continuing medical education with province-wide responsibilities. In that role, I work closely with the Saskatchewan heart and stroke, cancer, lung, and perinatal programs. The adverse effects of tobacco use were and are a major issue in all activities of all these organizations.

The provincial government should have a major say in issues like tobacco sales in pharmacies because nearly a hundred million dollars of government money each year flows through pharmacies — $79 million supports the drug plan alone. Now four provinces have already legislated a ban on tobacco sales by pharmacies. British Columbia is also moving forward in that direction. I believe it is important for pharmacists to serve as a, as role models by not selling products that are well-known causes of disease and death.

For most of my life, I've considered Saskatchewan to be a leader in the nation in respect to health care and health promotion. I'm now disappointed to see that we're lagging behind several provinces in this issue. I'm confident that you would receive strong public support for a legislated ban on tobacco sales in pharmacies.

Thank you very much.

The Chair: — Thank you, I believe it would be, Dr. Laxdal, for your passionate words about what should and shouldn't happen in pharmacies.

Does anybody have any comments?

Ms. Higgins: — I just have one question. As you were speaking, I agree with you about pharmacies and tobacco don't make a good mix at all. But how would we do this when you get to the large . . . what they call big box stores, the retailers, the Wal-Marts that also have a pharmacy in them, the Safeways that have a pharmacy, the . . .

Dr. Laxdal: — Wal-Marts don't sell tobacco.

Ms. Higgins: — Don't they sell tobacco?

Dr. Laxdal: — No, surprisingly.

Ms. Higgins: — Safeway does and Superstore does. Those types of stores — what would you do there?

Dr. Laxdal: — Well I think the legislation should apply to anybody that has a pharmacy and sells tobacco. Why exclude them?

Ms. Higgins: — Okay.

Dr. Laxdal: — Sorry to take up your time . . . (inaudible) . . . at this late hour. Thank you very much. I appreciate it a lot.

The Chair: — Ladies and gentlemen, thank you for your patience. We'll adjourn until 7.

The committee recessed for a period of time.

The Chair: — Good evening, ladies and gentlemen . . . (inaudible) . . . underway. I want to welcome you all here this evening.

And I want to just give you an outline of how we'll go through the process this evening. What we'll do is I'll start with some introductions, just to introduce you with the panel members and then we will go through a series of presentations. We have a series of witnesses that have identified their desire to make a presentation.

We'll be starting with Dr. John Owen and moving to Patricia Mess, then Donna Choppe and Eleanor Perry, followed by Earl Hill. And then we've got the Saskatchewan Cancer Agency, the Institute on Prevention of Handicaps, the community clinic, the Saskatoon Community Clinic, and by that time it should be around 9:00 p.m. And then Saskatchewan Coalition for Tobacco Reduction, Gwen Gordon-Pringle; followed by People for Smoke-free Places, Heather; Connie Bowman; Living Sky Health District; Glen Sklaruk; Canadian restaurant association, Mark von Schellwitz; and by that time we'll be played out.

But what usually happens is the . . . we've allowed for up to 20 minutes. Now if your presentation doesn't take quite that long, that's quite fine and we have the time allotted though in case members do have questions they might want to ask.

I'm going to start by introducing the committee. As you know, this is an all-party legislative committee established by the legislature of Saskatchewan. And we have with us today, Doreen Eagles, sitting on my right. She's the Vice-Chair of the

committee. She's the member from Estevan. My name is Myron Kowalsky. I'm the MLA from Prince Albert Carleton, chairing the committee.

Then we have Graham Addley, member from Saskatoon Sutherland; Deb Higgins, Moose Jaw Wakamow; and then Mark Wartman, from Regina Qu'Appelle Valley. The members.

We have with us also running around doing all the background work, Tanya Hill, who's our researcher, and here we have Donna Bryce, who sort of keeps track of things. And you were met at the door by Alice Nenson. And here we have Darlene Trenholm on the . . . she sort of manages . . . She controls the mikes. And Ihor Sywanyk, who sort of sets the whole operation up. Everything is recorded into *Hansard*. Presenters will be getting a copy of the *Hansard* at a time later on when it's all printed up and ready to go.

So at this time, what I would do is I would ask Dr. Owen to come forward and we will start our proceedings.

Dr. Owen: — My name is John Owen and for many years I've been associated with various voluntary groups in the province that has been battling away to achieve tobacco legislation which will prove effective.

I should add that I'm a senior citizen and therefore in a sense my life expectancy is somewhat shortened; but I very much hope that I will see the time to see effective legislation enacted before, as they say in West Africa, you go for up. Nice expression, don't you think?

So, Mr. Chairman and committee members, at this stage of the hearings you have heard a number of views expressing support for, or opposition to, strong tobacco legislation. A variety of scientific and anecdotal material has been presented. You have the task of judging its validity.

I wish to make three points. The first has been made on more than one occasion. I make no apology for presenting it again. Use of tobacco is a health issue. You have the facts and figures to support this statement. I ask you therefore, not to be influenced by economic arguments put forward by the business community which favours less stringent tobacco legislation. Tobacco use is, and always will be, a health problem.

The hospitality industry should not fear legislation prohibiting smoking in public places such as restaurants and bars. There are published reports indicating that following legislative measures, patronage may drop initially but is subsequently restored — sometimes at a higher level.

My second point, Mr. Chairman, concerns something which again you have been alerted to. I refer to the health hazards from exposure to environmental tobacco smoke experienced by workers in the hospitality industry. For them there is no escape from the ill effects of tobacco smoke.

I wish to enter as evidence a journal article showing the improvement in health experienced by bartenders in San Francisco following the introduction of California's tobacco legislation. This carefully controlled study carried out by researchers at the University of California demonstrates improvement in respiratory health of bar employees when their work environments became smoke-free.

California. Yes, you may say, that's not Saskatchewan. But there's good reason to believe results would be similar here. Unfortunately until such time as provincial legislation is enacted, the same type of study cannot be mounted in Saskatchewan.

I believe that any province which subscribes to the wellness model is obligated to protect the health of its workers, in this case the men and women exposed to the hazards of environmental tobacco smoke at work.

The third matter I wish to raise concerns enforcement of tobacco legislation. It goes without saying that legislation which lacks enforcement is meaningless. There are several enforcement implications following the introduction of legislation. I wish to identify two.

First, enforcement of regulations concerning the sale of tobacco to minors. I can hardly believe there is opposition to a measure which in essence parallels federal legislation. Currently there are four federal government employees who are responsible for enforcement of the tobacco Act which prohibits the sale of tobacco to persons under the age of 18 in Saskatchewan and other parts of Canada.

These employees have acquired a valuable body of experience and their enforcement role is proving effective. I very much hope their services can be retained and complemented by provincial enforcement officers who would benefit from the experience of their federal counterparts.

Moreover, the whole question of enforcement of tobacco sales to minors could be made less cumbersome and time consuming by exploring such measures as ticketing and licensing of establishments selling tobacco.

The second enforcement implication concerns legislation preventing smoking in restaurants and bars. In this case a different cadre of enforcement officers is envisaged. Public health inspectors as part of their duties under The Public Health Act, 1994 carry out regular hygiene inspections of these premises. They are the obvious health professionals to enforce tobacco legislation.

Public health inspectors in rural communities, where everyone knows everyone, may view with disfavour their enforcement role. However, as is the case with any enforcement procedure, acceptance by the public of an inspectorate function eventually occurs.

Now I have, Mr. Chairman, a written copy of my remarks and also a copy of this article. But before you invite questions, I would like to make another short observation. I like to look into the future and figure how society in 50 years time will judge our halting efforts to come to grips with the health problems created by tobacco. Surely people will wonder at the inordinate amount of time taken to enact effective legislation.

Unfortunately, Mr. Chairman, neither you nor I will be around

in 50 years time to enjoy the benefits of looking back into history. And even if we were around, my guess is that a new major health problem would have emerged to engage our attention. Let's hope however the problem would be addressed more quickly and more vigorously than has been the case of tobacco control in our province. Thank you.

The Chair: — I rather suspect 50 years from now we'll be going for up. Or we'll have been gone for up.

A Member: — I plan on being here.

The Chair: — Well you may, you may make it. Who would like to start with a comment or a question. I'm interested in your . . . I was interested in the study that you refer to, doctor. This was exclusive to bartenders?

Dr. Owen: — Yes.

The Chair: — And they must have done a, sort of a, pre/post-test or something like that. They tested their . . .

Dr. Owen: — Oh yes, it was a very full investigation of their smoking habits, their exposure to environmental tobacco smoke; and then various tests were done on their respiratory function following the introduction of the Californian legislation.

I say it's a very comprehensive article here which I will leave with you and members of the committee. It may take a little bit of digesting. But you know, I'm sure that you have resource people that will be able to help you to understand the thrust of this particular study.

The Chair: — We appreciate that because we get anecdotal evidence of that type, of course — people who quit smoking or moved to a different environment. But it's good to have that down by somebody who's done it scientifically. And we have Tanya Hill here who's our research officer, who will digest it and interpret it for us.

Well, thank you very much then, doctor.

Dr. Owen: — Can I then leave this documentation with you?

The Chair: — Yes. Is Patricia Mess here?

Ms. Mess: — Good evening, ladies and gentlemen. My name is Pat Mess. I am a 58-year-old daughter, wife, mother, and grandmother who never had a cigarette. I do not consider myself a non-smoker because I have never been allowed that bite.

Growing up, my parents and five siblings smoked. So did I. I am told a child in the smoky restaurant smokes the equivalent of one cigarette every 15 minutes. That's four an hour for an average day in a restaurant.

In the last six months, several members of my family have either stopped smoking or are in the process of doing so. The main reason they quit was for their health. For me, the staggering costs of cigarettes would compel me to quit. But none of my family have even mentioned the money saved.

I have a brother and sister-in-law who are recovering alcoholics and drug addicts. They have been clean and sober for many years, and are only one drink away from their addiction. Heroin and cocaine were easier to conquer compared to the struggle they are trying . . . I am sorry, they are having trying to kick the addiction to cigarettes.

I am very proud of my brother because not only did he join AA (Alcoholics Anonymous) when he needed help, he brought NA — Narcotics Anonymous — to Canada and worked very hard taking the message to all who asked.

Now the most common entry level drug — tobacco — is the hardest habit to overcome. And with God's help, they will.

I had planned a huge, long harangue of how tobacco affects me and how I do not go to restaurants, and walk out even when entering a smoke-filled restaurant. But you, the committee, will hear enough of that. I bet you'll be able to fill a small room wall-to-wall, floor-to-ceiling, with all the facts and figures from your past meetings, your current meetings, and your future ones.

I honestly thought some of you had already had a fixed opinion and this whole thing was just an exercise in futility.

My brief attendance this afternoon, listening to some other presenters, and your subsequent questions have underlined the reason I'm here — I care. Not to have been here could have been interpreted — the public doesn't care.

I wish I could make you feel what it's really like not to have any rights. I have been told so often by smokers in my life that they have a right to smoke. So that means I don't have the right not to smoke.

As adults we know we are the author of our own misfortunes. But with the knowledge we have now, why are we condemning our children to the horrific future tobacco use represents.

In the past, I've supported Saskatoon's attempt to put a bylaw in place to allow me to exercise my right as a non-smoker. At one of their open meetings, I heard the business community state this bylaw was unfair and prejudicial. I agree. Because at that time there were exceptions to some businesses who did not have to follow this bylaw, and I think all businesses should compete on the same level playing field — no smoking in enclosed spaces, period.

I've heard it all in 58 years. The huge uproar and dire prediction that businesses will shut down, can't compete, etc., etc. Over the years grocery stores, movie theatres, buses, trains, airlines, hotels and motels, and even a very dear friend who owns a small eating establishment have bemoaned the fact that they wouldn't make it if they had to ban smokers. Not only have they not gone under, they're holding their own and succeeding.

As a past small-business owner in a small community, I knew our success or failure depended on our ability to compete, and I would find it difficult blaming an outside influence on my inability to make a success of my business.

When the provincial elected officials take the needed step to

ensure the rights of all of our citizens are protected, we will see that the stand for a smoke-free Saskatchewan is correct. This commission may not have the ability or desire to effect change but eventually, sooner or later, we will have legislation that will. It's too bad we in Saskatchewan will be followers of this health trend instead of innovators.

We hear statements indicating that if the government really wanted this legislation to ensure the rights of the majority of its citizens, they would lose money in the form of tobacco taxes. But if you pay attention to the health care facts, we would see it costs a lot more to take care of the health of smokers and second-hand smokers than it receives in the income from taxing tobacco.

To me the best reason for this tax is to ultimately raise the price of cigarettes as a deterrent for the youth of our province, along with the enforcement of the current laws prohibiting the sale of cigarettes to minors.

The statistics in the Ontario scenario where, due to smuggling, the government felt it had to change their direction and lower the taxes on cigarettes to allow an even playing field in the competition to sell tobacco. This only allowed a sharp increase of smoking in youth since cigarettes were again within their means.

Frankly, I live by the motto, live and let live. I try not to impose my ideas and beliefs on others as long as I receive the same consideration.

Now my children have grown. Two of our four children are smokers and have recently quit. One son who lives in BC decided this December that since the law prohibiting his right to smoke will be effected in January, he would stop right then.

I have four grandchildren, and when it pertains to them, I've modified my stand on this motto. As adults we decide what we want, often without taking into account the needs of our children. To turn our backs on the tobacco issue is more than selfish. I feel it's criminal.

The only reasons I hear against a tobacco-free Saskatchewan is an economic one, which is completely unproven.

We don't allow our children to drive, own a gun, or use drugs. Why is it okay to let them smoke? Every parent I know who smokes and can't stop, would give almost anything not to give this addiction to their children.

While watching movies, TV, especially sporting events, we see the billions of tobacco dollars being spent. And I feel we are a nation of hypocrites. We tell our children one thing, and then go and do another.

My oldest grandchildren, they're twins, will be in high school next year and face the worst four years of their lives regarding peer pressure, self-esteem, and life changing choices. I don't envy this generation. We can make a difference in a part of their lives. We can control the ease in which they can become addicted to tobacco.

Please protect the children and youth of Saskatchewan.

I would be pleased to answer any questions you would have.

The Chair: — You said it very clearly then, Pat. Thank you very much for your heartfelt thoughts on this.

Now we'll ask Donna Choppe and Eleanor Perry to come.

Ms. Choppe: — I'm here with my friend Eleanor Perry, and I believe we're the only two smokers in the building.

I polled some of my friends to ask them what they would like to say at this meeting. And there's a few short things I'd like to say.

Maybe I should start off with . . . I wasn't going to bring family into it but the previous speaker did. I smoked while I was pregnant. My daughter chose to smoke later, which was her choice. She's achieved well in school, career-wise, and it has not stopped her in any way. She doesn't take illegal drugs. I don't see the problem with children when they grow up making their own choices. The article of March 4 about having the cigarettes sold only in the liquor board store, I find offensive, along with my friends. You are assuming that, in the article it's assuming that people that smoke automatically drink. And you will be sending people to a liquor board store to buy cigarettes and I'm sure along with that they'll probably acquire a bottle or two on the way.

The age is 18 to buy cigarettes. Kids if they choose to get cigarettes will have someone else buy it for them, and are paying a price of 1 to $2 for a person to go in, buy the cigarettes, and they have a payoff to the person that purchases them.

I was told that smoking affects the birth weight of a child born. I feel alcohol fetal syndrome is a worse disease than smoking. I haven't heard anything on the cost of alcohol fetal syndrome as it's related to the health cost of smoking.

Also there was articles brought up to put graphic pictures on cigarette packages. If that's a choice, then I feel that every bottle of alcohol sold should have pictures on that are more destructive than smoking.

I also have, it was brought up too, if you have an addiction to alcohol or illegal drugs there's facilities paid by the government for you to go and get treatment and, you know, be removed from society for a period of six weeks or more, support groups. If people choose to quit smoking there is no facilities paid by the government to go and quit smoking. You know, to be removed from society for six weeks and be paid from work and whatever as the rights of other addictions are.

I'm very nervous. We were in a discussion before outside and I just feel that . . . I wanted to come and my friend Eleanor wanted to come. I also have a friend who has never smoked and he supports us in our smoking. Like, we have a right to smoke in an area. There's been a lot of changes, like not smoking in malls, not smoking in buses.

I've smoked since I was 15 and I have no problem with that. There are certain, you know in public areas. But I'm a law-abiding, taxpaying citizen and I should have the right to

smoke and not be treated with disrespect.

If I respect other people, if I go into a restaurant that's non-smoking, I don't smoke. But there should be restaurants or, you know, places that are totally smoking, and that should be posted and that people that choose not be smoking not enter those areas.

I go to restaurants, I see everybody in the smoking area and nobody in the non-smoking.

I thank you. Like I say, I'm very nervous. Do you have any questions?

The Chair: — Thank you very much for your presentation, Donna, and I expect there would be a comment or two. Start with Doreen and then we'll go to Deb.

Ms. Eagles: — Thank you, Donna, for your presentation. I was just wondering, do you think that if restaurant owners were allowed to put up a sign, a very visible sign outside — this is a smoking facility — do you think that would kind of solve some of the problem whether it be in a restaurant or a bar? You know, just to warn people before they go in there and, you know, discover that there is a smoking and . . .

Ms. Choppe: — That's right. There should be a sign allowed. My friend doesn't smoke and we've stopped going to restaurants that have all of a sudden become non-smoking with no posting. I mean I have a choice of where I go but all of sudden . . . So we just don't go to those restaurants. Now he doesn't smoke, has never smoked, and he respects my right. And I think a lot of non-smokers and smokers respect each other and I think there has to be a give and take.

Ms. Eagles: — I think that is the key. I think, you know, I know non-smokers certainly have rights and I believe smokers have rights too, but as long as they don't inflict their rights on the non-smoker.

Ms. Choppe: — Well no, we're not . . . I don't think anyone's . . . you know, at least like I said not smoking in the malls, you know, as you're walking — that's not a problem I don't think for . . . well there might be the odd . . . But in public areas, like I as a smoker, don't like that either. Somebody could burn your clothes, you know, you're in a public area.

You also, the odd time I've gone to bingo to work for grad. And a lot of it is, as my friend said, the ventilation. People are not willing to put the proper ventilation in and spend the money to clear the smoke.

Ms. Eagles: — Do you think it should be completely banned in sports facilities where there are children and stuff like that? Would you agree to . . .

Ms. Choppe: — I'd agree to a designated area off-ventilated.

Ms. Eagles: — But not a complete ban in a sport facility?

Ms. Choppe: — No, I mean at Sask Place I've been there. Now you can't smoke so you go outside. But I mean there should be a room or whatever. No, not in . . . while you're sitting, no.

Ms. Eagles: — Okay, thank you.

Ms. Higgins: — Thank you very much, Donna. I just wanted to ask you, you referred to an article when you were first talking. Was that the one from the convenience store owner?

Ms. Choppe: — Yes. I have a copy.

Ms. Higgins: — Yes, we've seen it. Thanks anyway.

No definite decisions have been made, and one of the things that we're looking at is restricting access for younger people. You're not the only two smokers in the building; I smoke. A lot of the same feelings as you — if it's non-smoking, you don't smoke; mostly outside if you go for a cigarette or don't smoke — I mean that's just the way it is nowadays.

But one of the things that we're looking at is dissuading young people from starting smoking and making the access to tobacco, I mean, just less accessible. So those are some of the options that we have heard and have looked at and will be looking at more, but there's no way a definite decision made yet — you know, making people go to liquor board stores. It's something that we have batted around but understand your feelings.

Ms. Choppe: — Well I feel too that there's more problems for young kids than taking up smoking.

Ms. Higgins: — Well, this morning we had a . . . or this afternoon, this afternoon one of the presenters said that public school children have the perception when they're surveyed that 80 per cent of high school kids smoke. So to them it's more appealing, it's more common, it's a normal part of being in high school.

But when you do the actual numbers, it's probably about 24 per cent, I think was the number she used. But being that those are the kids that are standing around outside the school, those are the ones that the younger kids see. So it's those types of things we'd like to stop somehow or make it less normal so it isn't such an acceptable practice.

Ms. Choppe: — But the age is 18 so if they're in high school and in a designated area, they have to be 18. Could that not be brought to the younger kids in public school? When I went to high school, there was no age. We asked for a designated smoking area and had to fight for it — because the teachers were borrowing cigarettes from us.

So times have changed. Now there's a legal age of 18 so there should be a designated area — in high schools if they're 18 — and maybe you don't want it where the younger kids can see it. But that could be enforced in public school that these, you know, high school children they see are 18 years old and legally able to smoke.

Ms. Higgins: — It's a lot of learning by example, I think, too, and it's just considered a normal part of high school.

Ms. Choppe: — I don't think so. My daughter hasn't been out of high school that long, and I don't consider . . . never had I heard that, and I spent — because of my work at that time — I spent every noon with the kids in my house, 12 girls from high

school, and that was not an issue and they were not being pressured.

But that also maybe if parents give their children more self-esteem, they may not be drawn into these areas of other people smoking if they choose not to, but if they don't have the self-confidence, you know I think that's an issue. Give your children the self-confidence to make decisions.

Ms. Higgins: — I think you're right, that it is a whole package of things that can contribute to this. But what we're looking at is the things that we may be able to have some effect on and help in our way. But thank you very much.

Ms. Choppe: — Okay, thank you.

The Chair: — Well I'll take only a minute here. First, once again thanks for your presentation. There is an age restriction on being able to purchase cigarettes but there is not really . . . Can't fine a youngster for smoking. It's not illegal for a youngster to smoke — at least not yet that I know of. And I'm not sure if it's anywhere unless it's a local bylaw.

Ms. Choppe: — If this were true, how could you even enforce it? You can't enforce young offenders from stealing. There's no repercussions for that. Now you're going to . . . If you choose to ticket a child, if the parents — let's say 95 per cent of them — don't care anyway, you're placing more on either police officers or a special unit.

I think there's more issues to deal with other than tobacco. I feel that tobacco is a visible . . . People can see you smoking, okay? They can't see if you've had two or three drinks, if you're pregnant and going to have alcohol fetal syndrome baby. You know, you can see somebody with a cigarette in their hand but you can't see how much they've been drinking or doing other things — illegal drugs — unless you lift up their sleeve, you know. So like tobacco still is, you know, legal and I don't think ticketing the young people . . .

The Chair: — No, I just wanted to clarify that. I guess you did understand it, that's for sure. Thank you.

Ms. Choppe: — Thank you.

Mr. Hill: — Hello. Probably what I'm going to be presenting to you, this panel, is nothing new. I think that probably throughout the day and probably throughout other proceedings that you've heard it all. The reason why I chose to come here is I think it's important to put a face, and I think it's also important to hear the viewpoints probably time and time over again.

I want to speak about the issue of tobacco and smoking both for youth within the workplace and for non-smokers. The tobacco Act which was passed in 1997 outlines, in brief terms, to protect the health of Canadians in light of conclusive evidence implicating tobacco use in incidents of numerous fatal diseases. It's also to protect young persons and others from inducements to use tobacco products and the consequences dependent on them, to protect the health of young persons by restricting access to tobacco products, and to enhance public awareness of the health hazards of using tobacco products.

And I believe that's probably one of the reasons why the Saskatchewan government is having this panel at this time to do this.

I wanted to touch base on smoking behaviours of Canadians. And smoking remains the number one preventable cause of death and disease in Canada. It is estimated that smoking prematurely kills three times more Canadians than car accidents, suicides, drug abuse, murder, and AIDS combined. In 1991, smoking-related deaths accounted for about 62 per cent of the overall increase in deaths from 1989.

I wanted to touch also on what I hear in the newspaper — the issues around our First Nations people and Aboriginal people, and I think that there's been some very good work here, and I think there needs to be more progressive work — and it talks about smoking rates among Aboriginal people are extremely high compared to the Canadian average. Studies show that 32 per cent of the overall Canadian population are regular smokers compared to 56 per cent among First Nations, 57 per cent among Metis, and 72 per cent among the Inuit.

Just recently a new 2.78 million, five-year tobacco-control initiative — which is being launched in '98-99, which has happened — will support First Nations and Inuit in programming efforts focused on prevention, education, and awareness of the non-traditional use of tobacco especially among youth.

I think that one of the things that needs to be addressed is, I think that with the young people of all cultures — and I heard the earlier speaker speaking — I do, I do believe that in the school systems and through media and through the type of recourses that through Internet and that, that they do have the wrong perceptions. And I really would encourage this panel to look at doing more advertising along the lines of what the Health Minister Rock and the federal government is doing and promote it much more in Saskatchewan.

I wanted to talk further about some statistical research about smoking in Canada during the past 16 years. In 1981, 38.1 per cent of Canadians smoked; while now in 1996-97, 28.9 per cent smoked. But when you look at the statistical data on young people smoking, more young men and women 15 to 19 years of age are smoking now than in the late 1980s or the early 1990s. In 1989 23.5 per cent of females 15 to 19 smoked. In '96, '97 it's risen to 31 per cent. The same trend is true for young males. In '89, 21.6 per cent of males 15 to 19 smoked and in '96, '97, 27.2 per cent smoked.

I wanted to touch about, on the issue too, on basically topic — good news for ex-smokers. And I think that the cliché is very clear here, is, it's yes but I'm too old to quit. But the fact is recent studies show substantially reduced mortality rates for ex-smokers of all ages.

And I'll be leaving these documents because I'm not going to bother the committee with all the statistical findings to show, you know the health related and the information that's shown on that. And I'll leave it for Tanya and she can supply it to the committee. Unfortunately my machine broke so I wasn't able to get everybody this.

Further to that, in the area of passive smoking, and like I said, I'm sure that you're fully aware of this, that two-thirds of smoke from a cigarette is not inhaled by the smoker. It enters the surrounding area carrying with it 4,000 different chemicals that scientists have so far identified in tobacco smoke. I think that's important because I think the problem is that I don't think people really think about it affecting other people around them.

And I think it's important to understand that when we, even with all the technology we have today, still do not know what the effects are except that it is proven beyond any reasonable doubt that second-hand smoke hurts people, it affects people.

Well I'm going to touch about smoking and the corporation and the corporate world. I'd like to say that there's no scientific controversy about the health risks of second-hand smoke. Only the tobacco industry disagrees with the conclusive evidence. The concentration levels of second-hand smoke are 1.6 to 2 times higher in restaurants than the office work spaces. The concentration levels of second-hand smoke are 3. to 6.1 times higher in bars than in office work spaces.

Smoke-free ordinances do not lower restaurant sales. Thus it appears that most smokers light up in the restaurant simply because they are allowed to.

Second-hand smoke does not quickly clear from the room. It takes about two weeks for nicotine to clear from an enclosed room. Nicotine is not the only chemical in second-hand smoke. Smoke from the burning end of a cigarette contains, like I said earlier, over 4,000 chemicals and 40 cancer causing substances.

Smoking causes a great deal of discomfort in the workplace. Over 59 per cent of non-smoking employees report suffering from discomfort from second-hand smoke in workplaces that permit smoking. Even 15 per cent of smoking employees report some degree of discomfort from second-hand smoke.

Smoking in the workplace damages property, increases cleaning costs. These costs get passed on to the customers. A survey of 2,000 smoke-free workplaces found that 60 per cent reported a reduction in maintenance and cleaning costs.

Smoking in the workplace increases an employer's liability. Non-smoking employees have won worker compensation and disability payments because their employers failed to provide a safe, smoke-free environment, and that's more prevalent in the States at this time.

Pregnant women in the workforce need protection from second-hand smoke. Exposure to second-hand smoke for one hour or more per day was associated with spontaneous abortion even after adjusting to other factors. Babies born to pregnant women exposed to second-hand smoke have significantly reduced infant birth rates.

And finally smoke-free policies are already very acceptable to most customers. For example, 80 per cent of Hertz Corporation fleet of rental cars are smoke-free, as one example.

I want to go into further the costs of smoking in the workplace placed on the employer. Absenteeism — on average, smokers are absent 50 per cent more than non-smokers. On productivity — research is documenting lower productivity in smoking employees and increases in productivity when smoking is limited or banned.

Insurance — additional health care costs per smoker in this country is slightly over $300 per year in 1983 dollars and this estimate is conservative. Some insurers recognize the differential in mortality rates between smokers and non-smokers, are offering up to 45 per cent discounts on premiums for term life coverage for non-smokers with medical examinations.

Smokers have twice the accident rate of non-smokers due in part to loss of attention, smoking-hand occupied, eye irritation, and cough.

Maintenance costs — employers who have banned smoking report dramatic increases in the maintenance costs of their businesses, and many of those chores done on a monthly basis can be scheduled semi-annually or annually instead of monthly or daily.

Further, many employers in Canada are unaware of the costs associated with smoking in the workplace. Previous studies on the cost of employing smokers conducted in the 1980s are in need of updating drastically. This report calculates some of the costs associated with employee as smoker as compared to an otherwise similar non-smoker. The annual costs of employing smokers, $19.95 per employee; cost factor, increased absenteeism, $230, this is based on a year; decreased productivity, $2,175; increased life insurance premiums, $75; and smoking area costs, $85. And the source of that is the Conference Board of Canada for those studies.

In 1991 smoking-attributed health care costs in Canada were 2.5 billion. Additional smoking-attributable costs include 1.5 billion for residential care; 2 billion due to workers' absenteeism; 80 million due to fires; and 10.5 billion due to lost future income caused by premature death. Adjustments for future costs if smoking had not occurred and smokers had not died were estimated to be 1.5 billion.

According to this analysis smokers cost society about 15 billion while contributing roughly 7.8 billion in taxes. The most important point on this, in 1991 in Canada over 41,000 men, women, and children died prematurely as a result of smoking, at a cost to society and their families of at least 15 billion.

The elimination of smoking might not ultimately save one penny of that cost, rather it would save the 41,000 plus lives that ended prematurely. This together with the significant enriched quality of life makes a smoke-free society that much more desirable.

Smoking in the workplace . . . and I understand it's still a burning issue. Workplace bans and limits on smoking are controversial but gaining support. According to a 1998 Gallup Poll for example, in the United States, 94 per cent of Americans, smokers and non-smokers, now believe companies should either ban smoking totally in the workplace or restrict it to separately ventilated areas.

We're all fully aware of the long ongoing legal battle in most

workplaces boiled down to a question of what is more important, one person's right to preserve health by avoiding co-workers' tobacco smoke or another's unfettered right to smoke.

And within Canada I think that those rules are starting to emerge if you take a look through some of the human relation . . . I mean human resource policies and court battles that are going to be setting the stage in the future for us.

Just leading into that is smoking and the ventilation standards and managing workplace ETS risks. Smoking policy such as separated smokers from non-smokers in the same space or on the same ventilation system expose non-smokers to unacceptable risks. The 1986 Surgeon General's report on involuntary smoking concluded that the simple separation of smokers and non-smokers within the same air space may reduce but does not eliminate the exposure of non-smokers to environmental tobacco smoke, ETS.

Following the basic law of physics, second-hand smoke rapidly diffuses throughout a room. At one air change per hour, it takes more than three hours for 95 per cent of the smoke in a room to dissipate once smoking has ended. And I believe that in that my experience has been, is that there has been very little done to regulate proper ventilation in those areas that are allowed to smoke within the workplace.

I've also got a report here that covers on how provincial and territorial legislators view tobacco and tobacco control findings from a Canadian study. Across all jurisdictions, legislators showed support for a number of tobacco control policies and for major government role in implementing programs and policies to discourage youth from smoking.

Further, substantial numbers of legislators indicated that they did not have enough tobacco-related contact with medical and non-profit health organizations. And I think that's important to think about is, I think, that's one of the key points that needs to be made in this review and that is that we seem to stick our head in the sand when it comes to really looking at the facts and using those medical and non-profit organizations that have expertise information to share.

Further in this study, the findings showed widespread support among legislatures from most provinces and the territories for a range of tobacco control policies such as regulation of tobacco as a hazardous product, government regulation of cigarette advertising, strong penalties for stores convicted of selling cigarettes to minors, and a price increase of 50 cents to $1.00 on cigarette packages. Legislators, though, reported mixed support for a smoking ban in workplaces and a ban on cultural event sponsorship by tobacco companies.

The results also indicated that a majority of legislatures who completed the survey in each jurisdiction believe that their level of government has a major responsibility to implement programs and policies to reduce smoking among youth. Furthermore, although over half of all legislators believe that second-hand smoke can cause lung cancer, the survey data showed that more efforts are needed to make legislators fully aware of the magnitude of tobacco-related mortality rates in Canada.

Representatives from medical associations and non-profit health organizations appear well-suited to fulfil this educational role. Substantial numbers of legislators indicated that they did not have enough contact with these groups. A recent study within the US legislators found that medical and non-profit health groups were considered credible sources for tobacco control lobbying.

The analysts may help explain similarities and differences in legislators' attitudes across jurisdictions, and provide a basis for the development of interventions in support of effective control, tobacco control measures in a legislative arena. And I think the problem is that sometimes I still believe that people personalize it, instead of dealing with the straight fact, base count. And that's why I raise that point.

I think it's important as legislatures to — legislation and the legislators — to be at least a step above that and to think about the bigger picture, and not be lobbied by tobacco behind the scenes and that for the simple cost of dollars when we're talking about lives and we're talking about the youth and that, and the future of our children tomorrow.

A couple points I'd like to raise and I find it really interesting here in Saskatchewan. My understanding is, is that within the government structure — and I want to raise this to the board — is I think . . . I find it really amazing in our young offender institutions that they regularly have tobacco products. It just amazes me. We have laws on this, but when it comes to youth and people in areas that are not acceptable by society that we allow them the out and that still happens. And I think that, I think there should be some recommendations towards that, and I think it should be researched.

The other thing that I think that really digs to the point of this is that it appalls me as a worker and as a non-smoker that the judges within our system can smoke in their chambers. I think that sends a message very clearly that you . . . that there's two sets of standards here depending on who you are. And I don't think there should be two sets of standards. I think there should be one set of standards. I think the government should be deciding what the best recourse is based on all the factual evidence. And I think that any person in society should be following that.

And with that I close my presentation. And I hope that I've put forward a factual base, but at the same time I don't deny the fact that I'm a non-smoker. And I bring this forward on the fact that I think sometimes as non-smokers we sit back and think that we can't have a say in this. But I try to — as I hope I did here — just give a cross view of the whole smoking area, across business, corporation, government, and workers, and the youth most importantly. I think that's where we have to change that. But I think at the same time, we have to change it in all those other arenas. Thank you.

The Chair: — Yes. We have a comment from Deb Higgins.

Ms. Higgins: — Thank you very much for your presentation, Earl. I was just wondering you had made reference to Workers' Comp and disability awards, and you said they had mainly been in the States or a majority had been in the States. Do you have any references to certain examples or do you have it in your

information, or?

Mr. Hill: — Well I can speak a little bit because I tried to obtain some research out of British Columbia, and I think that probably this committee's aware that the Workers' Compensation work that's going on in British Columbia and the controversy that's happening out there. But to be honest with you, Deb, with my work schedule I didn't get to put this report together quite the way I would like. I was hoping to get more recent cases in Canada.

I know that there's a book called *Fairness in the Workplace* that's put out for human resource specialists, and in there it's got a chapter on smoking in the workplace and fairness in there. And I know that in Newfoundland there's a legal case there that an employee refused in I think it was a gasoline industry company and it ended up going to the Supreme Court of Canada and found that the employer had the right to terminate that worker for continuous abuse of the smoking policy and the guidelines.

And I know there's cases . . . I believe also in Alberta there was one, but they're very sporadic. And I think that there's a lot more that's sitting out there within Canada and that. But I think it's . . . the way our judicial system works it's a very long period and you need to have money in order to make those cases come forward, or you need to have an organization that has substantial money to push the issue and be committed to the issue.

And I think that that's the difference between Canada and the States, because the States is a little bit more liberal in their laws when it comes to lawsuits, etc., etc., and I think that's why you see the States probably trend-set the issue a lot more than what we see here in Canada.

But I think that's no excuse for Canadian legislators to, you know, not deal with this in a factual-based account and put in place the proper requirements that I think is needed.

Ms. Higgins: — Thank you.

Ms. Eagles: — I thank you, Earl, for your presentation. You mentioned the First Nations, Aboriginal, Metis, Inuit in your presentation. We had a presenter this afternoon from the Federation of Saskatchewan Indian Nations, and she said that tobacco is actually used as a sacred medicine. It's used for prayer, and correctional officials use it to kind of barter with the Aboriginal inmates and stuff like that.

Do you have any recommendations on how something like that could be dealt with, especially the religious aspect? You know, I mean if it is something spiritual to them.

Mr. Hill: — I think the problem is, and I don't want to get into a big long debate, but I think the problem is I think people are splitting hairs here. I don't disagree with the Aboriginal community in the aspect that it's for religious and cultural, but I think at the same time I think that we're talking a big difference between sweet grass and those type of instances versus the tobacco industry and that.

I think that in the correctional centres, I think it's . . . I think that there's an acceptable compromise. I've read the reports of what's happening right now, presently, in Regina Correctional Centre, and I think that with the elders and that, I think that it's acceptable.

I think there's a division within that community on how that works, but I think that . . . my understanding in correctional centres is that they will, during the religious ceremonies and their meetings with the elder — that they will be allowed to pass tobacco. But it will not be remaining within enclosed confines and rooms like that.

I think that corrections division has got a reasonable solution to that. And I think it's a fair one.

But I think if you go back and you research, I really do feel that there's not a bias here of smokers versus non-smokers, and that they're using some of this to say that they should have this carte blanche. And I don't think that that is necessarily needed to that degree.

I'm not denying the fact that there shouldn't be tobacco change but I don't think it has to be where, they don't have to, you know, deal with the same rules and laws and regulations that we all know that are factual and what it does. And as adults we can't tell everybody what to do, but I think that we can put reasonable safeguards and practices and that to eliminate that so it doesn't infringe on others.

Ms. Eagles: — Thank you.

The Chair: — Thank you very much then, Earl. Thank you very much for your suggestions about young offenders' institutions and courtrooms.

Mr. Hill: — I'll just leave this package here.

The Chair: — Oh, I guess I missed . . .

Mr. Wartman: — Thanks. I just wanted to check one thing — you had referred to the insurance industry and increased charges for insurance for people who are in smoking workplaces. Did I hear that correctly?

Mr. Hill: — My understanding is that in some places that is happening. And like I said, I think most of that stuff is in the States. I think presently in Canada, we know that for residential and stuff like that, if we have certain fire codes and if you're a non-smoker, you get a 5 or 10 per cent. But I think that where the insurance industry is getting those results is probably within the European Community and also within the United States.

And like I said that, you know, I'm basically touching the research that I've left here. And there's a lot more examples and arguments on each side but I think that when the end of the day comes, I think that for business, for government, for corporations — I think it makes sense that we should be in a smoke-free society.

And I think that we need to step above that and not be tied . . . or backroom politics because tobacco industries have multi-million-dollar bank accounts that can lobby people and do more work. And I think that that's demonstrated fairly clearly in

the last 20 years and that, when that same type of lobby group is met with lobbyists on the other side of the coin and show the facts.

And the documents that I have are from very reputable sources like Health Canada and from The Conference Board of Canada and that, and I think that nobody around the table would dispute that their type of sources are very, you know, factual but at the same time I think that they put the true picture out there and it's not slanted.

Mr. Wartman: — Thank you.

Mr. Hill: — Thank you very much.

The Chair: — Thank you, Earl. Next we have Pat Krueger, Dr. David Skarsgard, and Dr. Maghfoor.

Ms. Krueger: — Thank you very much. Your efficiency almost caught us with Dr. Skarsgard in the parking lot. I think we're a bit ahead of time. Thank you.

We thank you for the opportunity to present to the committee, and what we will be presenting this evening is the unique perspective of the Saskatchewan Cancer Agency on tobacco use in Saskatchewan, and providing recommendations for legislative change, its control . . . to provide its control and limited use.

The Saskatchewan Cancer Agency is the corporate body established under and regulated by The Cancer Foundation Act. Its responsibility is for conducting a program for the prevention, diagnosis, and treatment of cancer in the province of Saskatchewan.

To put that in another format, you might regard us as the largest health district in Saskatchewan as our boundaries are coterminous with the boundaries of the province of Saskatchewan, and our responsibility and mandate is cancer management in this province.

As I've mentioned in our mandate, we're not just restricted to treatment or to diagnosis, but we are to prevention. And within our agency we have a whole large spectrum of things that are going on.

We have education, we have our research components, we have the epidemiology, we have a cancer registry which has been tracking cancer patients since 1930. Each person in the province of Saskatchewan who has been diagnosed with a cancer since 1930 is in the Saskatchewan cancer registry. Someone earlier spoke about looking towards the future, and I think it is important for you to understand that this is where we look. And because we have the data and the registry and the information and the tracking that goes on with cancer patients, a lot of what we are doing is in regard to the projections for the future.

The board of the agency governs on behalf of the people of Saskatchewan. It has a strategic perspective in partnership with consumers, providers, educators, researchers, funders, and advocates to ensure continually improving cancer control initiatives for the province.

In this context we would be remiss if we did not take the opportunity to present to you this evening and provide you with the perspective that we have. I would say at the outset we appreciate the challenge that is facing legislators in regard to the issue of tobacco control. Because in fact one way one might look at it is to say that this is a type of legislation which deals with what even might be perceived as behaviour modification.

I understand that all of the committee members have been provided with a briefing document which contains background information on the topic. Am I correct in that, that you have the information?

Some of the background information will be general, but I would just like to draw your attention to the material that is provided in the appendix. And these are the statistics that are presented to us by our biostatistician, Jon Tonita, within the agency and they are the projections, the trends, and the changes in the cancer situation in Saskatchewan. Those are Saskatchewan figures, they are not worldwide or Canadian. This is only Saskatchewan that we are dealing with.

There is much that can be said about the tobacco issue and we feel that the information that has been provided to you will make it eminently clear the seriousness of the problem in this province.

It is my intention to highlight some of the information that has been provided to you, trying to be brief. At that time I would then present Dr. Skarsgard and Dr. Maghfoor to you. These are persons who within the agency on a daily basis treat patients with tobacco-related cancers in Saskatchewan, and I'm sure you may have questions for them as well.

It's estimated that 30 per cent of all diagnosed cancers are tobacco related. At the present time approximately 4,200 new cancers are diagnosed in Saskatchewan each year. And our projections are that there will be an ever increasing number which is projected to grow even more remarkably as the baby boomers come of age, so that we will have that bump about the year 2010. And the other major blip or bump in the demographics of this province are the youth population, hence our great concern about the tobacco issue.

Each year in Saskatchewan, 570 new cases of primary lung cancer are diagnosed. Each year in Saskatchewan, 580 persons die from primary lung cancer. Tobacco is the leading cause of cancer deaths in both men and women. It's related to 660 deaths each year in Saskatchewan.

And while we tend to think about lung cancer, one must understand that included in this number of cancers are cancers of the stomach, pancreas, bladder, esophagus, mouth, and cervix — all of these are ones that there often is an association with tobacco use.

Looking at lung cancer alone — and attributing 80 per cent of these cases to smoking directly — statistical data suggest an estimated 456 persons present with lung cancer due to smoking and 464 persons die from lung cancer caused by smoking each year in Saskatchewan.

I think it's fair to say that there's a certain frustration exists

throughout the agency as in other cancer agencies in Canada as we witness the dramatic increase in tobacco-related preventable cancers.

The consequences in cost place an ever-increasing burden on the public, the health care system, cancer patients, their families, and the resources of the agency. And when we think about dollars, we may be thinking about the ones that are coming out of the public purse — perhaps some of you are on the Treasury Board — but there are a whole lot of other dollars that are not related to that which come from the travel, the time away from work, the expenses, all of those things associated with the illnesses of cancer.

In Saskatchewan we are estimating that 11 per cent of the total budget of the agency is spent on treating lung cancer due to smoking — only one of the tobacco-related preventable diseases of cancer. Survival rates are poor for tobacco-related cancers. Good screening tests for early detection and treatment are also not yet available.

And it should be noted, as I have alluded to the demographics in the province and particularly to the young girls, there is a major concern we have because of smoking or tobacco increases the risk of developing cancer of the cervix and breast in women. And women who are on birth control pills are also at an added risk.

It is our estimation that there could be a 30 per cent reduction in all cancers if tobacco were not around.

One of the other frustrations that we have as a cancer agency and across Canada is that the public is always saying well, what are they doing there. How come they don't have the answers for things? And of course there are a lot of dollars that are being spent treating, which it would be very nice to be able to devote to prevention and to the research aspects.

I'm not going to speak about the environmental smoke — I think that's been covered — and about the content of tobacco smoke.

From the agency's perspective we feel that there's a need to introduce legislation for this province whose goals are to address smoking among young persons — in the short term — and ultimately really the goal to develop a tobacco-free culture. And that's a bit of a mouthful.

We have not always lived in a tobacco culture. And I think if you look at some of the information that is provided there and some of the history of the development of tobacco, society as a whole has to take responsibility to a degree for the fact that a culture where tobacco was strongly accepted was developed. And we are now at the point where we feel that we have to work towards a culture where tobacco is not part of it, as being used as an agent we put into our bodies.

Understandably this is an onerous challenge given that legislation goes . . . any kind of legislation that you would give is going head to head with another culture, that being business and the tobacco industry whose goal is the profit from the sale of the products.

Nicotine is recognized as perhaps the most addictive agent that's known to humans, according to the World Health Organization.

And the concern that we have is that young persons can become quickly addicted to tobacco when they're . . . begin to have that enticement to try it out. We recognize that we all can make choices. But our concern with young persons is that their choice can be influenced by the fact that this is an addictive agent that has been introduced to their systems, and that it will influence their choice because if there is a habit.

And it's not by coincidence I believe that there is a product such as the cherry flavoured, smokeless tobacco that came onto the market a few years ago. Something that tastes like bubble gum can be appealing to children — no doubt about it. Not perhaps not unlike the little bit of Bacardi that is added to some lemonade sort of things called coolers, but there's just a small amount of something but it can begin the influence.

I think that you are aware of some of the statistics in regard to young persons and their starting to smoke. The average age now is 12 years of age; 30 years ago it was 16; and in Saskatchewan 50 per cent of the smokers begin their addiction at age 13. Eighty per cent of children who try tobacco become hooked or continue to use it. And the industry's success in this very, very difficult to go against.

These children and young adults who are beginning smoking now will be presenting as diagnosed cases of cancer in 10 to 20 years. Cancers don't develop just overnight and there is this window, so when we speak about looking forward to the future, what happens today is going to influence the trends and the projections for cancer rates down the road. And that is our great concern — that demographic trends and projections based on our research data and statistics from our own registry can't be ignored.

The agency recommends that the committee work towards comprehensive legislation that addresses the problem of rising tobacco-related cancers with a view to achieving a tobacco-free culture for Saskatchewan. And I guess I speak of the culture again and the idea that legislation sends a message which in some way influences the culture that is developed. And we feel that legislative changes should address two aspects of the issue, where people smoke and where they have access to tobacco products. And perhaps that in this context, tobacco should be viewed as a controlled substance.

The agency supports restricting smoking in all enclosed public places and, as I've said, treating tobacco as a controlled substance for the purpose of sale, and recommends restrictions on vending sites, licensing of vendors and raising the legal age for purchase of tobacco products to 19 coupled with enforcement of the law. Recognizing that that is very difficult, however, it is our view that it is worth the investment to make the changes for the future.

And just to underline again the purpose of legislation is the message that it sends out and the purpose of that is to say that tobacco is a substance that has to be treated with great respect; and as we say, we would work toward that culture where tobacco is not part of our culture in this province.

We further recommend that there would be aggressive educational programs in the school curricula about tobacco products and their effect on the health of individuals. Very important that that should occur.

One of the presenters before me spoke about the . . . and I believe, Ms. Eagles, that you asked about the FSIN. In the past, the agency had an opportunity to express our support to the FSIN around their restrictions on . . . and commend them for the encouragement that they are giving to their youth.

This went back — I believe it was 1996 was the time — when we sent the letter out to them and it followed a youth conference that they had held. And at that time one of the things that had been highlighted in the news was how youth were encouraged to reserve and respect tobacco for its spiritual and ceremonial use within its culture. And that that was the approach that was given to it. In the past, the agency has also supported initiatives around restrictions on advertising of tobacco products and labelling on packages which stresses the risk factor.

There is no simple answer. There is no one answer. But I go back to the point that what we . . . the message that we send out is one that will influence the culture. Another thing is that the agency will continue to partner and support other agencies and groups who share our view of the need to reduce tobacco use in order to say no to tobacco in Saskatchewan.

I suspect that my remarks have gone a little long and I apologize for that. But please, I would like to introduce to you, Dr. David Skarsgard and Dr. Maghfoor, two of the oncologists from the Saskatoon Cancer Centre who will carry on with some comments, and I'm sure you will have questions you would like to ask them.

Dr. Skarsgard: — Well thank you. I'm glad to be able to present before this committee. You've heard from Pat about a lot of the different financial implications of smoking on our health care system and on the budgets of the two provincial cancer centres. What the statistics don't reveal though is the impact of smoking and smoking-related cancers on individual patients and their families and friends.

Now I'm a radiation oncologist at the Saskatoon Cancer Centre. And because of the particular types of cancers I treat, I'd estimate that about 50 per cent of the total patients that I see are there because of tobacco-related cancers. So as a result, every day I'm dealing with the impact of these smoking-related cancers on the patients and on their families and friends.

Now one example that comes to my mind is of a 39-year-old woman who I saw about a couple of years ago. She had smoked a pack per day for thirty years, so in other words since she was nine years old.

And she'd presented to her doctor with a several-week history of double vision, drooping eyelids, and decreased energy. She had a CAT (computerized axial tomography) scan of her head which showed several tumours in the brain which were traced to a tumour in her chest was subsequently biopsied and found to be malignant.

She needed, before anything else, she needed urgent neurosurgical treatment to have a so-called shunt placed, or a tube to bypass fluid from the brain, because it was threatening to be obstructed by the tumours. And she subsequently had radiation, palliative radiation to her head. Palliative in the sense that there was no expectation that it would cure the cancer but rather it was hoped to improve her quality of life for as long as possible.

She didn't receive any radiation treatment or any kind of treatment to her chest because the cancer had already spread and it wasn't causing her any symptoms. Now within less than nine months this young woman was dead from recurrent cancer in her brain and she'd left behind a husband and two young children.

Another story that sticks with me is the case of a 77-year-old woman who I saw within the past year, whose story was fairly unusual for a lung cancer patient in that she had never smoked and her husband had never smoked. But on going more deeply into the history, it was clear she had worked for many years in, of all places, a hospital cafeteria where everybody else smoked.

And although everybody knows that smokers often get lung cancer, it was very difficult to explain to her that she had actually gotten her cancer because of other people smoking. Anyway she was treated with radiotherapy over the past summer and has done well so far but unfortunately, over the longer term, she is more likely than not to die from lung cancer.

Now you've heard about the impact of smoking on what we do at the two provincial cancer centres. The bottom line really is that we're not looking for more work. We are in a situation where the population is getting older. The incidence of most types of cancer is going up. Advances in cancer treatment are being made and they will continue to hopefully bring small improvements in cancer survival. But it's unlikely that a single cure will be found for all types of cancer any time within any of our lifetimes.

As well in the meantime, cancer physicians, technical staff, nursing staff, and all the other professionals who are involved in the treatment of cancer patients are unable, because of our limited resources and limited staffing, unable to provide timely care to everybody who might benefit from care, in our province.

So as a result patients are facing increasingly long waiting lists for treatment and this is, we all feel, an unacceptable situation which unfortunately we're all being forced to accept.

Now smoking is the number one preventable cause of cancer and so, therefore, it must get the attention that it deserves in our efforts to curb the smoking epidemic. Cancer prevention really means smoking prevention since . . . and since very few smokers are ever successful in quitting, this really makes it an important goal. Ironically, it seems that the people who are often successful in quitting smoking are the ones who have just been diagnosed with an incurable cancer, and there's nothing it's going to do for them at that point.

In my own experience, the most common reaction that patients have when hearing that they've got a smoking-related cancer is regret for ever having started smoking in the first place.

Now I'm going to leave it to the other discussants and, and the committee as a whole to explore ways to curb smoking, but I think that the two cases that I just presented really point out two important issues in the prevention of smoking-related cancers.

Firstly, smoking prevention can't start at too young an age. The first patient that I described started smoking at the age of nine years, and there's certainly reason to believe that the age of starting smoking is going to get younger and younger.

Secondly, as my other example shows, smoking has to be removed from the mainstream of society so that innocent people will not be exposed to the health risks of second-hand smoke in the workplace, at home, in restaurants, and anywhere else in the environment where smoking is still permitted and accepted. Thank you.

Dr. Maghfoor: — Well, I thank you for the opportunity to speak here. I am a medical oncologist working at the Saskatoon Cancer Centre. I do have a lot of personal experiences being the main person treating lung cancer here, but I'll try to stick to the scientific data.

Unfortunately, they did not prepare any formal presentation. One of the ways in which we look at the impact of smoking is potential years of life lost. And in 1999, Canadian Cancer Society published the potential years of life lost to cancer per year in Canada at approximately a million. That's an approximate number — it's close to 970,000 or so. Out of those, 26 per cent are due to lung cancer alone, and if you add other smoking-related malignancies, there's approximately 30 per cent of that million potential years of life lost. That's basically calculated from the time a person dies to the potential average age expectancy of that life expectancy of that person. So you're looking at a huge impact as far as potential years of life lost is concerned.

Another important issue is, as contrary to previously thought, that once a person quits smoking, the risk of developing a lung cancer goes down and becomes normal after 10 or 12 years. That's not so any more. There's now data that follows up more than 16 years or so after quitting, and the risk of developing lung cancers remains above normal compared to persons who have never smoked, in a person who has even started smoking a cigarette a day or two cigarettes a day.

Another important thing is even though the number looks small compared to primary smokers, about 3 to 5 per cent of all lung cancers are caused by secondary smoking. And based on this number, in United States, the Environmental Protection Agency now classifies secondary smoke as a known carcinogen. So that has another major impact.

Where smoking impacts is not only cancers but affecting other organs like heart and lung. So a person comes in with a lung cancer and damage to the heart and lung caused by smoking can actually affect our ability to even offer curative therapy. There are patients who have early stage lung cancers, but they cannot undergo curative surgical resections because their lungs are so damaged that if you resect the primary tumour you would leave them a respiratory cripple. So it is affecting even our ability to treat them properly.

As far as overall lung cancers, that concerned approximately three-fourths of the lung cancers present when they're incurable. And when a lung cancer's incurable, the majority of them have an average survival of approximately a year or less.

And sitting here today it reminds me of another presentation made by my teacher when I was undergoing oncology training in Missouri. And he basically said — he's a renowned lung cancer expert — he said that smoking kills more people than heroin, cocaine, or other controlled substances.

So why do we allow smoking like this. This is my personal opinion, but I think dealing with lung cancer, smoking-related illnesses and deaths, it is really frustrating in our everyday life. That's all I have to add.

Ms. Krueger: — I was just going to add the one thing that I think may be included in the information but that is an important thing as we look ahead with the agency.

I said that certainly there are a lot of questions out there in regard to cancer. One of the things that researchers are zeroing in now on has a great deal to do with the genetic base and our — I'm trying to think of the word, the heredity part of it — but our makeup, our genetic makeup. And there is an increasing interest in the kinds of mutations that may be occurring and we really don't know what effect . . . You know, we're having bodies that are exposed to new substances all the time and we really don't know what effect that is having with the introduction of tobacco in terms of the genetic base and all of those things that are being studied and researched. Have I said that right?

The Chair: — We may be evolving in a different way than we would without tobacco is what you're saying.

Ms. Krueger: — Yes. Oncogenes — that's what I was looking for, that was the word; I knew it would come to me — as they identify them.

The Chair: — Anybody have a comment?

Mr. Wartman: — We've looked at the costs of dealing with cancer. The direct costs have been given at somewhere around $87 million direct monetary costs. That's somewhere around $87 million for the province and indirect costs at about $197 million. It's on the chart in the presentation; I think those are the numbers. A little bit less than that? It's 266 altogether. Okay.

The second part of that — $147 million — one of our presenters today in their brief, and it won't surprise you to know that it was the tobacco industry, said that these additional indirect costs the committee has been given by the Health department are not societal costs. How do you respond to that?

Ms. Krueger: — I'm not sure what their interpretation of societal cost is to it. I'm just not quite sure what you're getting at.

But in regard to our budget just for clarification, the money that the Cancer Agency . . . is in the Cancer Agency's budget for treatment is the money that is spent within the agency. We do

not treat all of the cancer . . . Or not all of the cancer treatment dollars are spent by the agency. That is perhaps the difference in it.

For example if someone . . . We do not have oncology surgeons for example. So if a person were diagnosed with a type of cancer that required surgery, that surgery would be done by someone else and it would be in another budget.

Mr. Wartman: — Okay. Part of why I raise this with you is because you talked about some of the overall costs, the human costs, and the losses that we face. That it's not just cancer costs.

Ms. Krueger: — Yes, that's right.

Mr. Wartman: — You had indicated that. And I'm not pleased with the statement that we got from the tobacco industry. It doesn't make sense to me. And all I basically wanted to know was you folks who are working with cancer all the time but you are also seeing some of the spinoff costs, what I really wanted to do is get your reaction to a statement that these are not societal costs — they're just purported costs to individual adult smokers.

Dr. Skarsgard: — I think a point that needs to be made as well is that, I mean we're representing the Cancer Agency, but cancer just presents one aspect of what tobacco does in terms of health effects. I mean cardiovascular disease, heath disease, heart attacks, strokes — those are the number one killer and those are very, very strongly associated with tobacco.

And so I think trying to just pinpoint the direct costs to the Cancer Agency for the treatment of cancer for one thing, as Pat has pointed out, that's inaccurate because most patients who have cancer will have some type of surgical procedure associated with their treatment, and there are a large number of diagnostic tests that are done that occur outside the cancer clinic and those cost money as well.

And I think that the numbers that we're quoting in terms of millions, even just for the cancer problem, they don't begin to, I don't think, estimate what the real cost is.

Ms. Krueger: — Perhaps I can add to that now and I apologize for being such a dolt. I didn't quite . . .

Mr. Wartman: — I didn't ask the question very clearly perhaps.

Ms. Krueger: — That's all right. I wasn't sure whether it was an outtern or an intern. Guess where I've been, eh?

In Saskatchewan, there are huge costs associated with cancer. If you live in Eastend, Saskatchewan, for example, and are required to travel to . . . And I know from personal experience of individuals who were travelling, making a 500-mile return trip to a cancer centre for treatment. They have the expenses of being away from their business or their farm, of having to have someone look after children, the travel expenses incurred — all of those kinds of things.

If they are staying up here to receive radiotherapy treatment and are, say, on the five days of the week that they would have to be in . . . If they lived in Saskatoon, they could go to the centre for their 15 minutes or half an hour and return home after the treatment. If they're living in Eastend or Estevan or Beauval or wherever, that's not possible.

So there are huge expenses related to it, to their families, to their time away from work, time away from their families, and the cost of being in another location.

Mr. Wartman: — Thank you. You saw through the fog of my question and gave me a clear answer.

The Chair: — There's one more question from Graham.

Mr. Addley: — I can assure you, after sitting on this committee, it's mostly Mark and not you.

Thank you very much for a very sobering presentation. You indicate that 30 per cent of all cancers are directly caused by cigarette smoking.

Ms. Krueger: — By tobacco-related.

Mr. Addley: — Tobacco-related.

Ms. Krueger: — And I think that there's an important difference.

Mr. Addley: — Right, okay. Now I'm starting to do it. What is the second, third, and fourth . . . or what are the other major causes of cancer? And how large of an impact . . . If tobacco is related to 30 per cent, what is the second and third and . . . Or is that identifiable? Can you speak to that?

Ms. Krueger: — Dr. Maghfoor, can you . . .

Dr. Maghfoor: — Well I probably . . . I mean offhand I can't really clearly comment on that. I can tell you, however, that just taking lung cancer for example, is the second commonest cancer in both men and women after breast cancer in women and prostate cancer in men.

And I can only quote you numbers across the country. There are about 20,000 lung cancer patients in the country. So if everyone stopped smoking today, 20 or 30 years down the road we probably will . . . we won't have those 20,000 lung cancers.

We're still going to have the number one cancer — in men, prostate cancer, and in women, breast cancer — but we are making progress very quickly in the treatment of these cancers compared to the lung cancer itself.

Mr. Addley: — I guess what I meant is we know . . . you say on page 3 here that if there was zero use of tobacco in society the decrease of total cancers would be 30 per cent. Is there any other environmental factor that's out there — you know, diet, exercise, farm chemicals, whatever — that if we stopped doing that or started doing that, that it would have as large of a number decrease?

Ms. Krueger: — There are a lot of questions that we don't know the answers to, and unfortunately we don't have the research dollars to . . . I'm making a pitch here.

Dr. Skarsgard: — If I could just put in a point here. I mean there's an awful lot about cancer that we don't understand in terms of what causes it, but it basically breaks down into genetic and environmental and some interplay between those two factors.

Of the genetic causes of cancer, this is probably the most active area of research, looking into how this actually works and eventually hopefully how it can be controlled. But really all that we can actively control at this time is environmental causes.

Smoking is by far and away the biggest known environmental cause of cancer. There are others that are responsible for a much smaller portion of cancers — things like farm chemicals, other types of chemical exposures, alcohol exposures associated with some types of cancer, and so on. Even radiation exposure early in life can cause some types of cancers. But really by far and away smoking is the number one.

The Chair: — One final question then for Mark.

Mr. Wartman: — Thank you. I just wanted to check one fact that you mentioned earlier, and I'm not sure if I heard it correct, Dr. Maghfoor. It is 3 to 5 per cent of cancers are caused by ETS? Is that the figure that you gave us — 3 to 5 per cent of lung . . .

Dr. Maghfoor: — Yes, 3 to 5 per cent of lung cancers are thought to be caused by passive smoking. That's what I said.

Mr. Wartman: — Thank you very much.

Ms. Krueger: — Just perhaps for one clarification for Graham. I don't know that it's an observation or a comment, and not really a cause, but an aging population. The longer a person lives, the longer the period of time that they have in which to develop cancer, and certainly that is one of the demographics that affects . . . The incidence of cancer in Saskatchewan now is the increasing numbers based on the increased age of our population. Would that be . . .

A Member: — Not much we can do about that one.

Ms. Krueger: — No. That's right.

The Chair: — Pat, when you started, you mentioned you appreciated our challenge, and I thank you for that. And I want to say the committee appreciates the fact that the three of you got together to make this presentation. And we also appreciate the daily challenge that you have in your work. Thank you very much.

I would like to call on Margaret Shearer.

Ms. Shearer: — My name is Margaret Shearer. I'm the chairperson of the Community Health Services Association, which operates the Saskatoon Community Clinic. I welcome the opportunity to address this all-party committee of the legislature on the number one public health issue facing our province.

I appreciate the fact that all members of the legislature, regardless of a political affiliation, respect the need for the government to take serious and concerted action to protect the health of all Saskatchewan citizens from the many harmful effects of tobacco products.

My organization has a long and proud history of working to prevent disease and promote good health through our community-based programs and our primary care services in the two clinics which we operate. We have worked for many years to educate our clients about the harmful effects of tobacco and to provide cessation support services to smokers wishing to quit. However, we realize that we can't do it alone. Our efforts will continue but they must be backed by strong provincial legislation.

Our children and youth must be protected from the aggressive marketing strategies of the tobacco companies. They must be free to study, work, and play in smoke-free environments. They need the opportunity to learn that the use of tobacco products is not cool, that it is a serious addiction and not just a bad habit, and that the personal costs, health-wise and dollar-wise, are tremendous.

The people of Saskatchewan have the right to expect that all communities in our province will be healthy places to live, work, and do business. People must be free to participate fully in all the opportunities that exist in our province. Individual choice is severely restricted when people must make their decisions based on exposure to environmental tobacco smoke — whatever it is; whether it is choosing child care, entertainment or recreational outings, or even a workplace and a livelihood.

On a more personal note, as a parent and a grandparent I am happy to say that our children grew up in a home free of tobacco smoke, and my grandchildren too have the good fortune to be growing up in a smoke-free environment since the parents as well are non-smokers. So while we do all we can as parents and grandparents to ensure that our children and grandchildren are safe and healthy, my concern is exposure to tobacco smoke outside the home.

I would like to be able to take my grandchildren into any restaurant without having to worry whether or not it is smoke free.

I was in Vancouver about two years ago with two of my granddaughters, and upon entering a restaurant I asked for non-smoking. I was advised that all restaurants are now smoke free. And guess what — the restaurants were full of people enjoying their meals.

I look forward to the day when all workplaces are free of smoke. My grandchildren will some day have to earn a living and I would like to think their workplaces will be a healthy place to spend a good portion of their daily lives.

Thank you for your consideration of this important issue. I look forward to new tobacco control legislation which will protect and promote the health of all Saskatchewan citizens. Thank you.

The Chair: — Thank you very much, Margaret.

Next I'd like to call on Gwen Gordon-Pringle. And while Gwen

is coming to make her presentation, I'd like to take this opportunity to welcome a former colleague of mine in the legislature, Bob Pringle, who is sitting there enjoying this I think. Nice to see you, Bob.

Go ahead, Gwen.

Ms. Gordon-Pringle: — Good evening. My name is Gwen Gordon-Pringle. I am the president of the Saskatchewan Coalition for Tobacco Reduction. I welcome this opportunity to present the coalition's position to this Special Committee on Tobacco Control.

Our provincial coalition is comprised of various non-governmental health organizations, interested health districts and private citizens, representatives of Health Canada, Saskatchewan Health, and health professional organizations.

While we come from varying perspectives, experiences, and areas of responsibility, we are united in our common concern about the impact of tobacco on the health of Saskatchewan citizens, especially our children and youth.

Many of our members have worked for years, personally and professionally, in the areas of preventive education and smoking cessation. We have realized for some time that it is critical those efforts be enhanced and reinforced by comprehensive tobacco control legislation that is effectively and consistently enforced.

I realize that by this point in your committee's process you have heard reams of statistics about both the health impact and the economic burden of tobacco use in our province. I will therefore not go into great detail. However, I am compelled to say that 1,600 preventable tobacco-related deaths per year in our small population is 1,600 too many.

Equally bad, or perhaps worse, is the long-term disability due to tobacco-related heart attacks, strokes, and chronic obstructive lung disease. Furthermore, we are becoming increasingly aware of the impact of tobacco on developing fetuses in young children. Low birth weight, pneumonia, asthma, middle ear infections, and sudden infant death syndrome.

These impacts are all the more tragic because they are entirely preventable where tobacco is the causative or a contributing factor. Infants and children are completely dependent upon the adults of the world for their safety and well-being. How can we let them down so drastically?

At this point, I would like to take a few minutes to outline our coalition's perspective on the critical points for legislation. Saskatchewan is a rather unique province in the sense that we have a small population scattered over a large area. Many people living in our larger urban centres have rural roots and certainly all citizens of our province access health, education, and other services that are available only in the larger centres.

On the other hand, urban people travel regularly to the vacation spots situated near smaller communities all around our beautiful province or home to rural communities to visit family and friends, which leads me to the point that it is essential that the Saskatchewan government to pass progressive and comprehensive tobacco control legislation that will benefit all citizens of Saskatchewan.

We are not confined to the boundaries of the communities we live and work in. Comprehensive provincial legislation will create a situation where all communities in this province share an equal opportunity to be healthy communities for their own residents and for those who visit for business or pleasure.

The Government of Saskatchewan has a responsibility to protect the health of its citizens. Consequently we have a variety of regulations pertaining to public health, occupational health and safety, transportation, etc., that we all live with quite comfortably. Unfortunately for far too long, the issue of tobacco use was seen as a private matter even though large amounts of health care dollars were spent dealing with the consequences, everything from low birth weight infants to chronic diseases of the cardiovascular and respiratory systems.

Our coalition wishes to stress three critical areas requiring legislation which will protect the health of the Saskatchewan public from the effects of tobacco use. The first major area I will address is the prevention of tobacco use especially by children and youth. Given that the tobacco industry loses many of its adherents prematurely due to death and disease, it must continually recruit new young smokers. Governments, parents, educators, and health professionals, on the other hand, must do everything possible to ensure that children and youth can resist that pull to experimentation and subsequently addiction to tobacco products.

There's a range of legislative measures the government must put in place to enhance the preventative efforts of others. Legislation must include prohibiting the sale or giving of tobacco products to anyone under 19 years of age as with alcohol products. The government must institute measures to denormalize the use of tobacco products such as banning candy cigarettes and restricting sales to licensed outlets.

What could possibly convey a greater sense of acceptance and normalcy than the present situation where tobacco products are in clear view in those very stores where people shop for basic items that promote health and well-being such as grocery stores and pharmacies.

If the government is serious about its commitment to preventing tobacco use by children and youth, it will also ensure that tobacco use prevention education is mandatory in every grade and that the necessary resources are available to do so. Knowing that children and youth purchasing power is very price-sensitive, we commend the government for their refusal to lower tobacco taxes in 1994 and strongly recommend an increase in the retail price of tobacco at this time.

Of course many of these strategies are only as effective as the enforcement measures in place. We are proud of the work that our colleagues in tobacco enforcement do, however we ask the provincial government to consider a mechanism of ticketing for tobacco offences. This would streamline the enforcement activities and enhance the capacity to prevent tobacco use by our children and youth.

The second area I will speak about is the protection of the

public from environmental tobacco smoke especially infants, children, youth, the unborn, and people with respiratory diseases and allergies. We are particularly concerned about infants and young children who may be exposed to tobacco smoke in daycare settings where they spend a large portion of their waking hours, most of it indoors. Children are especially vulnerable at this stage of life as their physical bodies are still growing and developing, and socially they're susceptible to role modelling of the adult caregivers who play such a significant role in their lives.

Children and their families must be able to participate fully in the life of their community and province without compromising their health status. This means that the provincial government must pass legislation requiring that all enclosed public places including service or entertainment facilities, recreation or sporting facilities, health care and educational facilities, transportation services and parkades, be smoke free. Furthermore we expect that the school grounds of both elementary and secondary schools will be smoke free as well.

We applaud the very definitive action that the Workers' Compensation Board of British Columbia has recently taken to protect the health of all workers in that province. We are particularly concerned about the exposure to environmental tobacco smoke experienced by our young people working in the restaurant and hospitality industry.

The current situation is truly a double-edged sword for many of our young people who must have paid employment to meet the costs of their post-secondary education programs or indeed to support themselves and possibly a young family, but at the same time compromise their health each day they go to work in a smoke-filled environment. Of course in the case of pregnant women working in such an environment, we have a situation of a double negative where both the mothers' and the developing babies' health are jeopardized.

Current occupational health and safety regulations in Saskatchewan are totally inadequate with respect to protecting workers from environmental tobacco smoke. This must change. The process of developing regulations must be open to input from those with expertise in the field of tobacco control.

The third area requiring attention is support for tobacco cessation, and I say tobacco rather than smoking because there's also a serious concern about the use of chewing tobacco. We understand clearly now that smoking behaviour is based on a very serious addiction to nicotine. This is not a habit which can be easily broken with just a little more willpower.

We also know that there are gender, age, and cultural differences with respect to smoking behaviours, and that two or more supports for quitting ensures a greater chance of success. Consequently there must be more research into a range of strategies for cessation support.

Furthermore, nicotine replacement therapy should be included in the prescription drug plan, and physicians should be remunerated for cessation counselling at the same level they receive for treating tobacco-related illness. Such a move would be entirely consistent with the wellness model of health care in our province.

Governments have a responsibility to act in the best interests of the citizens of their jurisdiction. I have briefly alluded to the human health costs related to tobacco use in our province. The economic cost of tobacco use is equally staggering. Total direct and indirect costs of tobacco use in Saskatchewan in 1997 dollars was estimated conservatively at 264.84 million.

Provincial tax from tobacco products in Saskatchewan in 1998 dollars was 122.68 million. That means tobacco-related costs exceeded tobacco tax revenues by 142.16 million. We hear so much about our health care system being in crisis, and I wonder why.

We expect you to act now to reverse this tragic and absurd scenario. Governments are elected to provide leadership. We know that implementation of legislation is an essential part of the process of changing attitudes towards tobacco use, the denormalization of such a legal product.

The government must also commit ongoing resources to a comprehensive tobacco strategy for our province. Potential new smokers are born every day, and the tobacco industry knows it. Adequate resources are essential for enforcement of our new legislation, preventive education, and smoking cessation.

Generally speaking we seem to have come a long way in our understanding of and attitudes towards the impact of tobacco use on society. The recently released Canadian tobacco use monitoring survey done in 1999 tells us that the overall trend shows a decrease in the number of smokers, and that the percentage of ex-smokers is 1 per cent higher than the percentage of current smokers.

However there are some alarming trends as well. More teenage girls smoke now than boys — 29 per cent versus 28 per cent. Teenage girls who smoke every day consume the same number of cigarettes as teenage boys. Teenage girls start smoking at a younger age than boys.

These are the mothers of the future. A significant portion of these young women will continue to smoke through their pregnancies and the child rearing years. And so the damaging ripple effect goes on and on while the tobacco companies count their profits.

As a provincial coalition we have worked and will continue to work at promoting the health of Saskatchewan citizens through our varied efforts in preventive education and smoking cessation. But the rest is up to you. Comprehensive provincial legislation is the absolutely essential foundation to protecting the health of Saskatchewan citizens, present and future, from the serious damage inflicted by the use of tobacco products.

To quote from David Suzuki in his book, *The Sacred Balance*, and I quote:

> We have to pass beyond rancour, confrontation, and divisiveness to establish the real bottom line, the non-negotiable human needs that must be met by any society that aspires to a sustainable future and a high quality of life for its citizens. The decision US legislators have to make is not about politics, it's not about profits, it's about public health.

Thank you.

The Chair: — Thank you, Gwen. Could you tell us a little bit about your coalition?

Ms. Gordon-Pringle: — The provincial coalition has existed for quite a number of years, I would say close to two decades, and for many years, as I said, worked in the area of preventive education and smoking cessation support.

We have always worked as a voluntary group of people in this province. We have worked with very little in the way of resources and no paid staff. So it's been a challenge to create and sustain a provincial organization that could really meaningfully reach out to all corners of this province under those circumstances.

We have managed to with small grants from some of our supporting agencies and from the support in terms of human resources from most of the agencies we work for, although as I mentioned there are private citizens, there are some members of church groups; you've heard from a couple of retired physicians today who have long supported the organization.

We came to the conclusion back in 1995 when we had a conference called Tobacco-Free Saskatchewan and invited some guests from out of province, notably Ontario who has done some very leading edge work in this area, that all of our efforts in terms of preventive education and smoking cessation were really almost for naught without a good, strong underpinning of legislation.

Because as fast as we were trying to prevent children from falling into the water, so to speak, or fishing people out with our smoking cessation programs, they were hooking them in far faster than we could, because they had the megabucks to promote their product and they did it very successfully. And of course we know they are hugely successful financially.

From that point forward we've directed our efforts towards seeking legislation at the provincial level. But I must stress we have never stopped in our home agencies our work in the area of preventive education and smoking cessation support.

The Chair: — And do you stretch into many communities across the province?

Ms. Gordon-Pringle: — We have contacts all around the province and certainly into the North, into La Ronge. We are not able to get people out to our regular meetings from all over the province because in terms of the geographics of this province. That's just an impossibility. But we have managed.

And I must say with the marvels of e-mail and access and whatnot, it's becoming more and more possible all the time to engage people. I would say the standard attendance at meetings when I first started six or so years ago might be six to eight people. And now we will have upwards of 20 people at a meeting. Plus the contact we keep with people via telephone and e-mail and whatnot.

So the interest is growing, the involvement is growing, and certainly the commitment is growing.

The Chair: — Let's go to Graham first.

Mr. Addley: — Thank you, Gwen, for that clear and thorough presentation. I appreciated it.

You made mention on page 5 about passing legislation that requires all enclosed public places, and then listing them, to be smoke-free. We've heard a number of cases where there's support for that, but then there seems to be a misunderstanding of what private and what public place would be. It seems that if, down the street, well that's a public place. But my business, whether it's a bar or restaurant, well it's my private business so it's not a public place.

Could you expand on that and clarify or explain the difference between private residence versus a public place of business?

Ms. Gordon-Pringle: — Well our understanding is that if you're inviting the public in and you're expecting the public to come in to do business in that setting, then it's a public place. That's quite simply what we . . .

Mr. Addley: — I should write that down and just answer that back. Because we've had that stated a number of times — it's my private business so I should be able to do certain things in the business. But I appreciate your presentation.

Ms. Gordon-Pringle: — Thanks.

Mr. Wartman: — Thanks, Gwen, for your presentation.

Today the tobacco manufacturers indicated that they don't target children and underage young people; that in fact they claim today that they don't want underage children smoking and that they want to help the stores not sell to them with their programs. Do you have evidence to prove the claim that they're trying to cultivate young smokers just to support their profitable industry?

Ms. Gordon-Pringle: — No, I don't, but there certainly is growing evidence that the younger the children start smoking, the more susceptible they are to developing an addiction to nicotine. So that would certainly be one compelling reason why they wouldn't be sorry if children started younger and younger.

The very fact that people who smoke and people who spend their lives in the presence of second-hand smoke or environmental tobacco smoke are much more likely to die a premature death would indicate that they would have to continue to recruit new smokers all the time. Because they're going to lose their older smokers at a premature age.

There's also statistical evidence to support that if people do not begin smoking at the very least by age 20 or 21, they are very unlikely to ever take it up at that point.

So there's a lot of compelling evidence about why . . . If they're not already recruiting kids, I don't know why they wouldn't want to.

Mr. Wartman: — Well I got the sense they were trying to convey to us that as citizens of this country that they really didn't want to go against the laws and that there's no way that

they would want children to take up smoking. And what I'm asking is if you have any kind of evidence at all that points to the fact that contradicts that claim that they were laying before us today?

Ms. Gordon-Pringle: — Not with me, I don't, no. Perhaps we can find some, and if we find some, we'll certainly forward it to Tanya.

Mr. Wartman: — Thank you.

Ms. Eagles: — Thank you, Gwen. Do you think that a non-smoking law should be legislated upon a private restaurant or a private bar even when they have a sign posted on the outside very visibly stating that this is a . . . like, smoking is permitted in this facility and they are willing to sacrifice the business of a non-smoker? Do you think that legislation should still be imposed on people such as that?

Ms. Gordon-Pringle: — I guess one of the greatest concerns we would have in that area is the workplace health issues for the staff.

Ms. Eagles: — Like, we've had several people from that area meet with us and a lot of them are saying the owners themselves don't smoke, it's their employees that are the smokers in the place. So I, you know, I was just wondering what your feelings were on that.

Ms. Gordon-Pringle: — Well it's interesting because on the surface you would think that that argument makes a lot of sense. On the other hand, research is also showing that in workplaces that have gone smoke free, the workers in those workplaces who are smokers and remain smokers actually smoke considerably less once they're no longer smoking in the workplace. So that in itself is a compelling reason because if they haven't quit, at least they've considerably reduced the amount they smoke and that would be the same for the workers exposure to other people's smoke.

Ms. Eagles: — Okay, thank you.

The Chair: — Thank you very much, Gwen.

Ms. Gordon-Pringle: — Thank you.

The Chair: — We've got Heather Banica, then followed by Connie Bowman, followed by Glen Sklaruk, followed by, let's see, we have Mark von Schellwitz and then Aaron Schroeder, Judith Lambie, and Steven Lloyd and Kirt Gibb and Kathrine Mehler. Now some of these might want to come up as a group so I think if we kind of keep in mind the people that are behind us, particularly in our questioning and we will now go with . . . Heather would you take over.

Ms. Banica: — Good evening, hon. members. I'm Heather Banica. This is Doris MacLachlan. She's here to hold my hand, and I am presenting for People for Smoke-free Places. This is a local group that was assembled when private individuals, individuals from NGOs (non-governmental organization), business persons, and restaurant persons were invited to meet to sit down and discuss bylaws for Saskatoon, bylaws that would give fair legislation locally and safeguard health. And since 1995 these people have been meeting and discussing and a lot of hard work has gone into this. But a lot of confusion and conflict has also arisen. In fact, we really don't know what the status of our present Saskatoon bylaw is. Our city solicitor was not even able to clarify things for us. So there's a lot of confusion out there.

The air needs to be cleared in Saskatoon; indeed, over the whole province of Saskatchewan. And we appreciate the important work this committee is doing. This committee can make that happen. You're spending lots of time, lots of energy, touring this province and our faith in the political process is increased when we see you listening, communicating our recommendations, and making the necessary changes.

We need a level playing field which strong provincial laws can create. There is a lot of confusion and conflict over the whole province in and between communities, citizens, neighbours and businesses. Saskatchewan communities need to stand together to support one another. One set of rules for everyone will stop the division, the confusion, the conflicts.

Who are People for Smoke-free Places? They're people like you and me who want to protect health and the best interests of all. I speak as a member of this group, as a mother, and as a citizen of Saskatoon. I have three children — one young adult, two teens. All have experienced tobacco at the tender age of 10, 11, 12 on the hill by the elementary school. I knew it would happen and I did my parental duty. I warned them, cautioned them about addiction; but I wasn't really worried because ours is a non-smoking home, I'm a non-smoking role model.

But one evening when I was tucking my young son in — he was eight, nine or ten, I can't really remember which — he said to me, mom, I'm worried. I thought oh, what's coming? I'm worried I might smoke. Oh, he was already feeling that peer pressure.

Now as I read that 9- and 10-year-olds are becoming addicted, the average age of starting is 12 years. Eight- and nine-year-olds can purchase tobacco? Indeed a 1994 Canada youth survey showed that 10- to 14-year-olds were successful 50 per cent of the time in their tobacco purchases. And 15- to 19-year-olds, 63 per cent of the time.

Every year in Saskatchewan, $5.6 million are collected by the illegal sale to youth. Children — yours and mine — can go into a pharmacy, a grocery, a gas station, or a convenience store, and it's in their face. They can purchase a substance that is as addictive as heroin and cocaine —80 per cent of children who begin become addicts.

These facts are appalling and they must be changed. And yet the tobacco industry is smart. They style their messages and their product to these young smokers, to their new consumers — who else are light, cherry-flavoured products for? — making the first smoking experience pleasurable. They can deeply inhale, and they do become much more quickly addicted. For in the last 30 years, the concentration of nicotine — the addictive ingredient — has actually increased by 53 per cent. What is the industry doing? My son did have something to worry about.

When my youngest was a baby, I suspected she might be

sensitive to tobacco smoke. My husband occasionally smoked in the home and we had . . . sometimes had visitors in who smoked, and I noticed that she had a lot of ear infections, coughs, croup — you know, the usual childhood — but after a particular friend who chain-smoked, I noticed she coughed a lot.

Well one evening we were going out for supper and somebody next to us lit up a cigarette and she started to cough and she coughed and coughed. Finally we just left. We couldn't even have our supper in that restaurant. After that I said, that's it — our home is smoke free. No more smoking here.

My oldest had also had a lot of tonsillitis to the point that if she was to have one more incident, she would have her tonsils out. After I declared no smoking zone, her problem seemed to alleviate. But they recurred again as a teenager when I noticed she'd go out with her group of friends — and she had a boyfriend and he smoked and some of her friends smoked — and they'd go out for coffee as teens do. And I would say to her oh, Melanie, maybe you could just ask your friends not to smoke around you. How cool is that? How did that go over? That doesn't work.

Now she's legal age. She can go into the bars. She again gets the sore throats, the stuffed up, the congestion.

Now my worst experience as a mother of tobacco-sensitive or allergic children came this December when my daughter went down to a soccer tournament in Regina. She travelled down with another parent and four other teammates. When she got home Sunday night, she had no voice. She had a severe sore throat. She missed a week of school before exams. She missed all her soccer and basketball games and practices and her Highland dance lessons. And she told me that the parent driving them down smoked all the way down in the car and all the way back.

Now this was this woman's private vehicle so I hadn't made my checks whether there would be smoking in the vehicle. The woman's own daughter is allergic to cigarette smoke. I think this speaks for the addiction that a parent would smoke even when her own daughter is allergic, when other children are in the car going to a sporting event. This is a very serious addiction.

In February she went down to a basketball tournament — the same daughter — and we thought we had all the bases covered. She went down in a van with teammates and no smoking. I was watching her play the game. On Sunday she came up to me and she said, Mom, I have no voice. And she had no voice; it was gone. We couldn't figure out what happened. Then she said they stopped at the A & W and we had supper, and it was smoky in there — the A & W in Davidson. The chemicals again had got into her throat. Well now my family can avoid these dangers. My kids could just not go out — not go out with their friends, but that's an important life stage to teens to go to a sporting event out of town, to go to the bar, to go to a restaurant for coffee.

Besides the social exposure though, I worry about our young people where they often will spend hours being exposed at their summer job or part-time work — as my older daughter had a job in a restaurant — and if smoking is allowed they're spending hours subjected to ETS, environmental tobacco smoke. And it has been documented, the increase in asthma and infections. And I hear even tonight lung cancer, an increase of 3 to 5 per cent of lung cancer.

My next daughter is thinking about getting a summer job; I said to her not in a smoking restaurant.

Bar and restaurant workers often have few other job opportunities — these students trying to put themselves through work — and they're often women and, as was pointed by the previous speaker, often not just affecting their own health but the health of an unborn child.

Well this is just a little tiny picture just from my family life, and I do know the bigger picture and you know it too. Many suffer from tobacco-related illnesses, you have heard the numbers. They worry you, I'm sure, and they worry me,

And People for Smoke-free Places is asking for freedom from worry to be able to go into any public place in Saskatchewan and have clear and clean air; to be able to take our children to any mall or recreation centre or fast food restaurant wherever in Saskatchewan and not be in danger; to know our students have safe workplaces; that our young people are not able to make a quick purchase of an addictive substance.

For products displayed in groceries, gas stations, pharmacies, send a message that this is a safe and normal substance. Controlled outlets send a different message, a more correct message.

The tobacco industry tell us it is concerned. They advise children to wait, wait till you're an adult to make your decision about smoking. Well I'm the mother of teenagers and I know this kind of wait till you're adult, holding it up as adult behaviour, it's more like a red flag to a bull, like an open invitation.

I suggest that instead of promoting a smokeless generation we must promote a smokeless society, a tobacco-free culture as has been previously mentioned. We must denormalize tobacco.

Many Saskatchewan businesses are already promoting a smokeless society. They realize they can operate successfully. They gain in other ways — decreased maintenance, cleaning costs, decreased employee illness. And I would be very sure of the increase of customer satisfaction, for taste and smell are very related and tobacco smoke affects taste and smell which affects enjoyment of food.

And I would think in the future we may have customers actually being brave enough to say, I'm sorry, I will not pay the full cost of this meal; I did not enjoy it to the full extent. My taste was affected, my sense of smell.

Even worse risks may happen as already have been in other countries and other industries, where legal suits may come from employees seeking compensation for illnesses down the road. Now this is the risk to businesses.

We need to look more on the successes of businesses that have

chosen to not sell or permit smoking in their businesses, in their — whether we call public or private businesses. But these successes need to be shared by all Saskatchewan businesses. We need a level playing field. One set of rules for everyone, everywhere.

The most important effect of strong provincial legislation would be the message sent to children, teens, and smokers of all ages who want to quit. For I have read that 70 per cent of smokers would actually like to quit their habit. The message of a smokeless society, a tobaccoless culture.

We must stop the free advertising we are allowing for the tobacco industry where we can see their product visibly in use — what better advertising. When we wear our Calvin Klein label, or an Adidas, or a Nike, what better advertising can there be than the use of the product right out there in public.

Controlled sales and no smoking in public places firmly states tobacco is not normal and is dangerous to children and adults alike. Rob Cunningham stated in his book that the biggest battleground for the industry will be the smoking in public places debate and the control of venues for sale. Because to lose on that, in that battleground, the war is lost. They lose the public image, the free advertising. The social norms are changed.

People for Smoke-free Places recommend, number one, increase the age to purchase to 19 years. Number two, restrict vendors to tobacconist and licensed liquor stores and have a license to handle the substance. Number three, ticketing for offending vendors. Number four, media education and campaigns to promote the tobaccoless culture, and mandatory school education to promote this tobaccoless culture. And number six, to support education, a complete ban on smoking in all public places. Legislation must be comprehensive and immediate.

Saskatchewan politicians are leaders in caring for their public. Our politicians and political processes are the primary mechanism to protect public interest and public health. Your committee will place Saskatchewan amongst leaders in strong legislation that protects and cares for citizens in the tradition that is Saskatchewan.

Thank you.

The Chair: — Thank you, Heather. I see no questions.

Ms. Banica: — No?

The Chair: — No, no questions. So thank you very much for preparing that.

Ms. Banica: — All right. Thank you.

The Chair: — We'll proceed on. I want to now call on Connie Bowman.

Ms. Bowman: — Hi, my name is Connie Bowman. I am a concerned citizen with regards to tobacco use in our province. I have a couple of ideas for legislation with regards to preventing tobacco use.

The access to purchase tobacco is far too easy. I work in a drug store pharmacy which sells tobacco. I believe this is defeating the pharmacy image environment. Tobacco sales should be prohibited from all drugstores, grocery stores, and convenience stores to make the access of purchasing harder. Create licensed outlets, using liquor stores as an example, that are the only place to purchase tobacco products. The hours of operation will decrease the opportunity to purchase these products for use.

Increasing the retail price of tobacco will make it more costly for someone to smoke, deterring some from continuing to purchase tobacco.

We need to create awareness early in a child's life to let them know the effects of smoking. I am a volunteer for the cancer society public education unit who believes awareness of tobacco use should be mandatory in every grade of public and separate school divisions. The more the students understand the effects of tobacco use, this will affect their decision later on in life to be or not to be a tobacco user. That's it.

The Chair: — That was brief.

Mr. Addley: — Thank you as a citizen for taking the time to give your presentation. I appreciate it.

Ms. Bowman: — Thank you.

The Chair: — I'd like to call on Glen Sklaruk. Is Glen here? If not, we go on to . . . (inaudible interjection) . . . Oh, is anybody here from Living Sky Health District? Then is Mark von Schellwitz here?

Mr. Richardson: — Don Richardson. I had the privilege of being in front of this committee last week, and guess what, I'm back.

During my presentation I got the distinct impression that my restaurant in Stoughton, Saskatchewan . . .

The Chair: — What we want to do is we want to get your remarks on tape, so that's why. Okay.

Mr. Richardson: — Oh, I get to sit down then, right?

The Chair: — Right.

Mr. Richardson: — Fine. Here we go.

My name is Don Richardson. I run a small restaurant in Stoughton, Saskatchewan. It is not age restricted. From the last time I met in front of you people, I got the distinct impression that my restaurant was about to become the battleground for this issue and I've given a lot of thought to that. And I decided I could use some expertise in the area. As I've said, I'm a director of the Canadian restaurant association. I approached the association and got their approval to bring Mark von Schellwitz in from Vancouver.

Mark is a government affairs manager for Western Canada for the Canadian restaurant association. He has lived in Vancouver. He has seen what's happened in Vancouver over the last two years, the first year of a non-level playing field where just

non-age-restricted locations were involved in the no smoking scenario, and most recently it's now the level playing field scenario.

And Mark will be addressing you and hopefully answering your questions as to what has happened in BC in the past and what is happening in BC now. The handout we've given you are basically news clippings coming from newspapers as to where the situation is. And once Mark is finished and you've questioned him at length, I would like a couple of minutes to finish off my little wordy presentation.

Mr. von Schellwitz: — Thank you, Don. Thank you very much for the opportunity of being here. Just by way of introduction, as well, I would like to say that I'm a non-smoker. I'm a father. I did smoke for about 10 years from the age of about 16 to . . . actually about 11 years until the age of 27, until my first son was born.

I grew up in the hospitality industry. I've done every position from busboy, server, right up to manager. And I've also done a little stint working in government circles as well. And I've now been working for the Canadian restaurant association for the past three years.

And as I joined the association was just when the municipal bylaws in British Columbia were coming into effect, namely the Vancouver bylaw is the one that creates most of the headlines and the controversy, and I'm sure the one that you're most aware of, and certainly from our members' perspective, which by the way include bars and nightclubs, all sorts of food service establishments from the quick service fast food industry to licensed restaurants, licensed restaurants with attached lounges — the whole gambit.

One of the problems that we saw initially, when smoking bans began with this unlevel playing field, was initially an enormous emotional response from our members that were feeling extremely hard done by and felt it was extremely unfair — and I think with some good reason — that by having a slightly different liquor licence than the pub across the street, suddenly they were losing a lot of their clientele at lunchtime that were smokers, and especially patrons, for example, that wanted to watch sporting events, things of that nature. And in some of those types of establishments, they did suffer losses from 25 to 40 per cent. It was quite significant.

As a result of that, non-compliance in those types of businesses became quite rampant, and I think for a couple of reasons, first of all for the unfairness. And those particular members felt that the fines that were being offered, the cost of doing business for them, it was hurting their business more, to the point where they may not survive any longer if they continued to comply with the bylaw, which was becoming increasingly difficult to do because on the enforcement side the bylaw officers came around less and less frequently.

And there's a number of reasons for that, and I don't think anybody from the regional health district would say that, but their officers did not enjoy that job. It was very, very difficult to enforce from their perspective, and it's very emotional as well. I mean you tell a smoker that they can't smoke in a certain place, it's a very, very difficult problem for staff to deal with and even for the health officers to deal with.

So just by way of background, that's where we were in Vancouver and it was a tough sort of scenario. So seeing the problems that developed in Vancouver, the Victoria regional district then imposed a bylaw, as you are aware, starting about a year ago that covered all hospitality industry, the bars and the restaurants equally.

I think it's unfair. It's been reported that there hasn't been any economic impact in Victoria as a result of that. This came in at the same time as a Leonardo da Vinci exhibit which attracted thousands of visitors to Victoria and yet sales were relatively stagnant. And if you'll go right outside the downtown Victoria core and the surrounding municipalities, actually business was down quite substantially.

But from the restaurant tourist perspective, from the licensee at least, they said, well at least it's a level playing field. As long as everybody is living by the same code of practice we can live with it because everyone is in the same thing. Now that's not to say that they support it. They still think that it's primarily their right as business owners to decide to what degree they're going to cater to smokers or non-smokers.

And I think you'll find, regardless of smoking bylaws, regarding of smoking legislation, that where you come into a situation where your clients are saying, look it's smoky in here, I don't like it — you're going to change. The incredible increase in non-smoking restaurants voluntarily has been quite outstanding.

So I think the private sector and the marketplace itself will move in the direction of where the population is heading. And that is each year I think you're getting a greater and greater percentage of people that are non-smoking.

So I think the industries definitely in certain segments are moving faster than others. For example on the quick service side, you'll find actually very few communities now where the quick service restaurants still allow smoking. A lot of those have gone voluntarily smoke free. And with them the smoking business doesn't necessarily hurt their business because the meal occasion is a very short period in length. They're in, they have their food, and they go.

It gets a lot more complicated however when you get into a liquor licensing and when you get people who go in for liquor as well as food. And the meal occasion is longer, people can stay longer, there's entertainment involved as well. It gets a lot more complicated.

So that's where we were until the latest WCB (Workers' Compensation Board) thing. And I've been involved in the Workers' Compensation or the occupational health and safety non-smoking measure for the last couple of years. Once again, pretty much since I started working with the association. And right from the outset WCB was always keen on the idea to pursue with us ventilation options. The way the 4.82 of The Occupational Health and Safety Act, 1993 reads is, other equally effective means. And that was specifically put in there to go with ventilation.

The industry, there's a coalition that came together of hospitality organizations that put some money together, we did some studies as far as where ventilation levels were at in various communities, and what we could be doing as sort of a risk analysis. We're really still to this day really concerned that we can't get a definitive answer as far as, if there's a health risk to second-hand smoke, which I think nobody would decline that there probably is, given how detrimental smoking is to one's health, but what is the level. At what level is it safe and at what level is it not safe?

We did a risk assessment on that particular point. What we came up with was that you can, through ventilation technologies, take air quality to the levels, and they used ASHRAE guidelines, and I don't have all the specifics off the top of my head. But if you . . . what we proposed in a voluntary code of conduct is that you reduce particulate levels to 100 parts per million for bars and I think 60 for dining rooms, parts per million.

And this was really quite a substantial improvement of where we are before, and it's certainly a huge improvement over trying to enforce a bylaw which in a lot of cases don't work, and there's considerable non-compliance. In fact I could take you in Vancouver to a number of different hospitality establishments where there still is smoking despite the heavy risks of fines that are there right now.

So the point is we . . . The difficulty we had, however, is politics enters into these equations, as we all know. And I think there was all of a sudden, no, we don't want to see ventilation; we want to go completely non-smoking. So we could never narrow them down. For example, what is the difference, we asked, of exposure to second-hand smoke on an outdoor patio as opposed to exposure to second-hand smoke in a very well ventilated indoor establishment?

We had dinner tonight at a place in town here. Now, granted, it was where they cook in front of you. So once again we were with a smoker; both of us are non-smokers; we didn't even smell his cigarette. I can name certain establishments that have put in new ventilation systems where it literally sucks the smoke up in the air. So I think that if we can put a man on the moon, we can certainly come up with ventilation solutions to deal with this.

Having said that though, we worked with the Workers' Compensation Board, come up with some sort of solution, and it didn't work. Finally we realized that we were going to be up against it in the fall of this year and we did start a campaign called, Get Rid of the Smoke Not the Smoker, as a coalition. And we had over 50,000 postcards that were sent in to the Premier saying, look, you know, we really don't want to see this thing happen.

And what was really surprising is we also had a bunch of letters and faxes called Don't Do Me Any Favours in the thousands from employees in the industry. In fairness, a lot of that came from northern areas, interior areas, where it's a higher percentage of smokers versus non-smokers.

But I guess the difficulty that we saw as well with the WCB occupational health and safety legislation is the very simple fact that once again we're stuck in a situation where we're supposed to enforce a bylaw where the smoker himself, the person who's actually doing the dirty deed, as it were, can smoke with complete impunity in our establishments.

The police officers, as far as we're concerned, are not interested in coming to arrest smokers in our place. They won't respond. And technically under the occupational health and safety legislation they cannot expose themselves to second-hand smoke in order to go arrest somebody who's smoking.

You've got a situation where we tell people in our establishments that smoke you're not allowed to smoke in here — the signs are posted, there's no ashtrays on the tables. And what the response has been is somewhat belligerent on the fact of smokers. They'll still light up. You refuse them service. They put out their cigarette and what happens? Then they say, okay, I'm not smoking any more now please serve me. You serve them. They light up a cigarette again.

It's kind of a difficult situation even for those who are really trying hard to comply. And I've talked to a lot of operators, just out of frustration, and a lot of these people have spent a lot of money trying to comply — heaters on their outdoor patios where they exist.

But once again there's no level playing field there. You get one operator who has a competitor across the street who has a patio, who has an outdoor area, who can cater to a smoking clientele. You've got another operator across the street who doesn't have that same option so he's losing all his smoking clients.

So it's a tremendously complicated and complex problem and it is hurting our businesses. Through actual testimonials there is 145 businesses to date since January 1 of this year — more bars than restaurants admittedly — but there have been real job losses in Vancouver. And I know certain people have gone forward and saying that's not true, that's not true. But quite frankly, I wouldn't be here before you today if this was all a great thing and there was no economic impact and, you know, we're actually increasing business as a result of the smoking ban. I don't think you'd be seeing us sitting before you here today.

So those are some of the problems that we're facing in British Columbia right now. And I'll certainly be interested in discussing some . . . or answering your questions on that.

But just generally, just talking about this economic impact a little bit further, a lot of comparisons are made to other jurisdictions that have smoking bylaws — New York is one, California is one, for example. It's important to note that in both those jurisdictions there are a number of exemptions to the smoking bylaw.

In New York, for example, if you're under 35 seats, it doesn't apply. You can go to the bar and smoke in New York. It's not a complete ban as some would have you believe.

In California as well there's 18 different exemptions to the bylaw. And still they have enforcement difficulties, and that is in an area where the smokers themselves can get fined for smoking in a restaurant or a bar. So I just wanted to make that

point as well.

And no matter what you do with surveys . . . I mean you're all in the political world, you know how surveys work. You know depending on what question you ask you can usually get the results that are going to help your position. There's enormous amount of studies done by anti-tobacco groups that point to actually no economic impact on our industry when in fact the evidence of experience shows otherwise.

The other thing which really, really, I must say, personally annoys me, given especially where I stand personally on the issue of smoking, is something . . . And I heard it again last night at a Regina bylaw hearing where we were referred to as the Canadian restaurant association, that we were funded by tobacco money, that by simply not agreeing with them that somehow we're in bed with the tobacco industry. So I want to make sure that's very clear to you that I, my association, our members, have absolutely nothing to do with the tobacco industry. We're not funded by them in any way, shape or form, and they have not dictated in any way any of our presentations to you.

We feel actually that we're the victim of this debate that's going on. We're very much caught in the middle of the anti-smoking lobby on the one side and the tobacco industry and their lobby on the other side.

Where do we go from here? What's the best way to sort of regulate where we're going to go in this? In my opinion, really as long as smoking is still a legal product, our industry . . . Let me go back a step first. Our industry really caters . . . we're people's home away from home. We treat everybody that walks through our doors as guests. How we treat them — the cleanliness, the types of food and beverages that we offer them — we're trying to accommodate them no matter what they are. Whether they be in some way challenged physically, we try and accommodate them by having wheelchair access. Allergies, we try to accommodate and make sure that people are aware as far as our servers, that you know certain foods have certain types of ingredients in them so if you're allergic to peppers or nuts or this, that, and the other, we try as much as we can to cater no matter who walks through our doors.

The fact of the matter is though in British Columbia, and I believe it's the same in Saskatchewan, that still about a third of the people smoke and the highest percentage of those smokers are young people. And also coincidentally, it is young people that are the number one . . . we are the largest employers of young people in the country, in Saskatchewan, and in British Columbia, all across Western Canada— we are the number one employer.

And the interesting thing and the interesting irony is that in most of our establishments the people that we're trying to protect, the very young people, are smokers themselves. And I just heard a previous argument here, which I just wanted to comment on briefly, about how in a non-smoking atmosphere a smoker will smoke less than the non-smoker . . . or will smoke less if they're in a non-smoking work environment. Clearly, she hasn't worked in a hospitality establishment. When it gets busy you don't have a cigarette any time. You're working, you're running, you're trying to make your money, get your tips, and it's a pretty hectic lifestyle. So whether or not, you know, there's a non-smoking or smoking environment is really I think — as far as how much the employees that work in our industry smoke — is I think irrelevant; it's just a non-issue.

So I guess where we're at right now, and where you're at I guess in the province of Saskatchewan, is at a crossroads. We really don't want to put in a situation, as restaurants, that suddenly we're in an uncompetitive position versus other people that service . . . serve food and beverages. If you start trying to pick winners and losers in the hospitality industry, it's not going to work. It's going to create a lot of emotional hostility and it's going to create a lot of economic hardship on certain aspects of the industry.

So I would say where you're thinking of going with that, please don't have that in mind.

The only real courageous thing to do for any government — and unfortunately it takes an enormous amount of political will and there's a financial cost perhaps to doing this as well when we are getting such an overwhelming body of evidence of how bad smoking is for us — at some point we have to tackle the issue of should we be selling cigarettes. And that is where the provincial and federal governments have got a role to play.

Don't treat the symptom, treat the cause. Don't treat what's after people are smoking, trying to limit where they can smoke or not smoke. Try instead to deal with the product. If it is that bad, we should not be allowing it to happen.

I think that that is sort of a key component. And I think the hypocrisy of this whole issue that goes on right now is very much the fact that, you know, on the one hand, you're trying to say it's bad to smoke. We shouldn't smoke in public places. We shouldn't smoke in restaurants. We shouldn't smoke in bars. However, where is somebody that is saying why are we not limiting parents from smoking in an enclosed vehicle when they have children inside? Where is a bylaw that says that parents should not, should have more, you know, control over smoking in front of their children? There's nothing there.

So, you know, really what you're doing is sort of half measures unless you want to tackle that very basic principle about how bad cigarette smoking is to our health and how bad exposure to second-hand smoke is. And as far as the second-hand smoke argument, I would argue that there's still a lot of conflicting sort of evidence about how serious the implications are, and you know, let's not throw the baby out with the bath water. If we really are convinced that smoking is that bad for us, let's ban the sale of cigarettes period.

I think that's all I've got to say. Thank you.

Mr. Richardson: — I would like you to go . . . (inaudible) . . . any questions you might have. If that's okay?

The Chair: — All right, let's try and keep the questions crisp and answers crisp because we're just about over time.

Mr. Addley: — Okay. There was previous to you arriving, there was three doctors that basically said 3 to 5 per cent of lung cancers are caused by second-hand smoke so I would take their

expertise and most of the other experts that says it is. The only people you've agreed with on that are the tobacco industries.

I guess the only question, question that I have, two questions I have, is we've heard from some pretty successful business people that they've gone non-smoking for a lot of reasons. But one of the key reasons they went is a concern by legal challenges by their staff who are working in the environment. You say 30 per cent of young people smoke that work in the hospitality industry which means 70 per cent don't. If any one of those people . . .

Mr. von Schellwitz: — Actually I didn't say 30 per cent. I said overall the numbers are 30 per cent, 70 per cent.

Mr. Addley: — Okay. Well the majority of young people who work in the hospitality probably don't smoke. But regardless, what their concern was that at some point down the road those people would come back and sue that business, and that there's a real cost to that business to do that. Is that a concern to you, and do you have an insurance to cover that eventuality? That's the first question.

Mr. von Schellwitz: — Do you want me to answer that first? Or do you want to . . .

Mr. Addley: — Sure. Go ahead.

Mr. von Schellwitz: — Okay. With the whole WCB process, in fact there have not been any successful claims against Worker's Compensation for occupational disease as far as smoking is concerned. WCB, even now with the new . . . or with the new regulation in place will not look at a claim by somebody saying that they're getting cancer by their exposure to cigarette smoking in . . .

Mr. Addley: — This was through the courts that they were concerned about not . . .

Mr. von Schellwitz: — Through the courts, I don't think to my knowledge that there has been . . . perhaps one that I'm aware of where there's been any sort of successful claim against somebody saying I picked up an occupational disease in the workplace because I was exposed to second-hand smoke.

Mr. Addley: — So it's not a concern to your industry?

Mr. von Schellwitz: — Is it a concern to our industry as far as getting sued? I don't think so because I think there's so many other factors that are involved in that.

Mr. Addley: — So you're not covering any . . . carrying any insurance to cover that eventuality?

Mr. von Schellwitz: — I think that's covered under your Workers' Compensation.

Mr. Addley: — Okay. And the last question I guess is just to clarify. From what I understand you have some real concerns with a lot of different legislations, but your bottom line is you can live with it as long as you're being treated fairly in the sense that everybody in the same circumstances as you're in would be treated the same way — so that we're not picking winners or losers. So as long as it's across the board, you'd be willing to live with it. You wouldn't support it, but you'd live with it.

Mr. von Schellwitz: — I think that's a pretty accurate summation. Certainly we'd not advocate it. But if you're going to go in the direction and something's going to be done, then it should be done to apply equally and fairly to everybody, certainly.

Mr. Addley: — Okay. I appreciate that.

Ms. Eagles: — Thank you, Mark, for your presentation. Am I right when I say that you think cigarette sales should be banned, and perhaps it should be the provinces working in conjunction with the feds?

Mr. von Schellwitz: — My personal opinion would be yes. I don't think our association's got an opinion one way or another about what the provincial and federal government want to do in this area. But my personal opinion is yes, I think they should do it.

I mean this whole perspective is . . . I think as long you've got a legal product out there, an individual has a right to partake in that legal product. And when you start taking away those rights you get into difficult territory. However, if we can say that something is so terrible for you that it's going to cause a real health risk for you doing so and it's costing us as taxpayers an enormous amount of money to do that and you ban the substance, then I think you're treating it, as far as future generations are concerned, a little bit different.

Now part of the skeptic in me says, however, though they tried going back to I think King Charles' day in England 500 years ago when he tried to abolish alcohol, it didn't work. So sometimes I think the human nature is they want to have their vices and somehow, someway, they're going to get it.

And I think it's a very, very much longer term process to actually stop somebody . . . stopping society from smoking overall in the world. But certainly if you really want to effectively stop the negative effects of smoking that's the only real way to do it.

Ms. Eagles: — Don't you think it would create a black market? I live, you know, 10 minutes or 20 minutes from the US border. Don doesn't live too much further than that. And I mean people up here, they wouldn't probably drive all the way down to Noonan to go buy a package of cigarettes, but I know people in my hometown certainly would.

Mr. von Schellwitz: — I think that no question, maybe now is not the time to approach that because we've still got 30 per cent of the population that want that product. However, you can address those types of things through really strict enforcement. It's a financial issue, I realize, but if you're going to go that way.

But by saying that I think, Doreen is what you're really saying is, you know what, it won't work. We can't ban the sale of cigarettes at this particular moment in time because there's too much of a demand for the product. And therein lies the

dilemma. And that's what makes it such a difficult issue.

Ms. Eagles: — I thank you.

The Chair: — Thank you very much.

Mr. Richardson: — I run a restaurant as I've said. I don't want to become your policeman. I don't mind to be the battleground.

There are options here which affect all of us. I've listened to people here with very heartfelt statements. I've got two grandchildren — I don't want them exposed to improper smoking environments either.

We've got a couple of questions. Just supposing you've got an 18-month-old child in a recliner in a home where you have two chain-smokers and those smoke levels aren't ventilated and they're down to here. What are you going to do about that? Nothing. Let's put that same child in that same recliner in the parents' car driving down the road and it's so blue in that car. What are you going to do about that? Nothing.

My suggestion to you is that you take a package of cigarettes and you make them the same reference in this province as a six-pack of beer. Right now if I put a 14-year-old on the street with a six-pack of beer, it's going to take 20 minutes and he's going to be in a cop car. Do the same thing when you see him smoking in the street. When you find out who bought him his cigarettes, you arrest that person.

Don't put it in my restaurant as a battlefield — put it out where alcohol is right now. Control it as a controlled substance.

And when an 11-year-old is thinking about smoking two years from now and he knows that the minute he lights up on main street he's going to get arrested, or his best friend who is 18 is going to get arrested because he bought him those cigarettes, maybe the peer pressure that these young people are feeling in today's world will not be quite the extent it is now. They might even be able to say to the peer who is trying to get them to smoke, are you kidding; I don't need the hassle. But don't put it in my restaurant.

I run a restaurant that's got air that's clean enough that I will have my grandchildren in there. I've got a fan at the end of my restaurant that sucks the air so hard that when you put your hand against the electrical outlet at the far end of a 120-foot building, you can feel the air being pulled through. And my smokers are next to the fan. From my perspective, I am doing more for the problem than you are right now.

Make a package of cigarettes and a six-pack of beer the same thing and you will go a long way to solving the problem. And hey, if it's the same thing, then as I mentioned the other day, I can bring Daryl Roach in as the cop and he will be able to arrest the person with the six-pack of beer improperly put, he will also be able to arrest the kid with the cigarettes.

Go that route. Leave me to run my business, and treat it as a controlled substance. Thank you.

The Chair: — Thank you very much, Don, and thank you, Mark, for making the trip down here. We appreciate it. And I'd ask for more questions but we've got three or four more presenters for tonight and I don't want . . .

Mr. von Schellwitz: — If any further questions after or any other time, you know how to get a hold of me. And I'm still in town for . . . actually not in town but in Regina for a couple more days.

Mr. Richardson: — Sir, are you familiar with the bylaw that just passed in Regina last night?

The Chair: — Well just what I've seen in the news and on paper, but actually I've spent the whole day in here so I haven't spent that much time reading.

Mr. Richardson: — Just an overview of the situation. The city of Regina is attempting to treat all the hospitality industry on a level playing field, or arriving at that. They are not at this time entertaining a 100 per cent smoking ban anywhere. That was passed last night by council.

The Chair: — No, I'm sure we'll get a chance to look at it in detail.

Mr. Richardson: — Thank you.

Mr. von Schellwitz: — Thank you very much.

The Chair: — Now where were we here? Aaron? Aaron Schroeder.

Mr. Schroeder: — Good evening. I recognize the fact that we are behind so I will abbreviate my comments.

My name is Aaron Schroeder and I'm a graduate of Leroy High School in Leroy and I am presently an engineering student at the University of Saskatchewan. I've been involved in a wide variety of student leadership positions and organizations. And I have for the last three years been a representative on the Saskatchewan Council of Children. Throughout my high school years I was an active member of Students against Drinking and Driving or SADD, and in 1996 and '97 I was the provincial president of SADD.

I'm quite excited by the idea that was started by our provincial board just recently to start facing the issue of tobacco. And this is the reason why I helped coordinate the first conference of Students Working Against Tobacco in November of 1999.

This organization, Students Working Against Tobacco or SWAT, is very young and has just gotten started, but already we have 11 chapters and several hundred students signed up to attend workshops we are hosting in Saskatchewan by the end of March. I am confident that SWAT will eventually make a big difference on the issue of tobacco, just as SADD has on the issue of drinking and driving.

I'm here tonight as a spokesperson for SWAT. SWAT has already submitted a written proposal to the committee so I won't go into that.

An organization known as the Canadian Restaurant and Foodservices Association, known as CRFA, has made a

presentation to this committee tonight and in other hearings I believe. In addition, at many hearings a variety of local hotel, bar, and restaurant representatives have made presentations. These people have all told this committee that smoking regulations aimed at their businesses are unacceptable and would cost them so much money that they would have to lay off staff and perhaps even go out of business if smoking was banned from the facilities that serve food. It is these claims that I wish to discuss tonight.

This is what the business of tobacco is all about. First they produce a product that is designed to do two things. One, it causes illness, disease, and ultimately kills the people who use it. Two, it is designed to be addictive, and the substances which cause the addiction, nicotine, is carefully controlled by the tobacco industry to ensure the maximum potential 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 until they're 20 to smoke would ever continue to smoke. So if you want people to get addicted, you have get them while you're young. That's why I'm here tonight.

The younger people are, the easier they are to addict, therefore the tobacco industry markets its products at young people in order to ensure that it maintains that market. One example is in a question that was asked here tonight actually — how does the tobacco industry do that?

Well if you look at some of their ad campaigns, for example, the camel, which was a cartoon ad — that can't be aimed at adults. How many adults watch cartoons compared to youth and young people. That campaign was aimed at youth. Therefore the tobacco industry markets its products at young people in order to ensure that it maintains its market.

Now if the tobacco industry markets its product 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 the major tobacco companies lied, under oath, to the United States Congress by claiming that 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 young people smoking, and it says that 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 crises 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 were being considered, the tobacco industry will actually create false organizations, claiming to represent restaurant or bar owners — such as what's done in California — and generating false information to scare politicians and the public into believing that if tobacco control is approved, 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.

Now I understand why the tobacco industry would not want smoking bans. Obviously they will hurt business. Less smoking means less money for themselves.

What is difficult to understand is why anyone in the food service industry would want smoking in their establishment. 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 to their customers and they expect restaurants to obey them. In fact, customers would quickly stop patronising restaurants where health considerations 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 a little second-hand smoke won't kill you. Well it won't kill you if a restaurant doesn't clean up its tables between customers either, or if food preparers don't wash their hands or wear hair nets. That doesn't mean it's good business not to require restaurants to do these things.

Tobacco smoke contains the same substances found in the human mouth and nose — things like saliva and mucous — and they are mixed in with 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 of course is 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 food, or sprinkle lighter fluid or poison on other people's food, even in small amounts so that it wouldn't really hurt them that much. Or at least small amounts 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 unsanitary practice as smoking. The fact is that in spite of these claims, it is obvious that most restaurants are not concerned about smoking regulations. If they were, they would have come here in droves to these hearings. If the predications of the CRFA were even half accurate, these hearings would feature an endless line of restaurant owners.

If restaurant workers were really in danger of losing their jobs, they would have come to these hearings in protest. Instead we have seen only a handful of owners and their staff.

Not everyone is as easily fooled as some people. Most restaurant owners and their staff are not so naïve as to be fooled by tobacco-industry-inspired lies. In spite of poorly researched, overly emotional presentations of a handful of people at these hearings, the fact is that many people in the restaurant industry

hope for smoking bans in the food service industry.

I have many friends who work in the food service industry and they have told me on numerous occasions that they hope that smoking will be banned in the areas where they have to work.

Yes, smokers will be upset if you ban smoking. They are addicted to nicotine and so of course they'll be upset. Alcoholics don't like it when drinking and driving laws are passed either. But that doesn't mean we repeal laws to protect the roads from impaired drivers.

Treating smoking like it is a socially acceptable form of behaviour is the main reason tobacco industry is still able to attract millions of young people to their products every year. That is why the tobacco industry so strongly opposes smoking bans. They know that it makes their product less attractive for young people to start, and helps smokers come to grip with their addiction.

Anyone who thinks that they are doing smokers a favour by giving them the opportunity to smoke is doing the same thing that someone who gives an alcoholic a drink. It's called enabling. The people who are truly sympathetic to smokers are those like myself who practice through love. Only by confronting an addict can you hope that they will eventually change. Looking the other way only keeps them addicted.

The fact is if you ban smoking from all Saskatchewan restaurants, bars, and hotels, 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 patronage, business will probably improve. Studies show this has happened in numerous jurisdictions.

Finally, the tobacco industry has told its defenders to say that smokers have rights too, that people should have both a smoking and a non-smoking option in restaurants, and that there must be a level playing field.

First of all the act of smoking is the removal of choice for the non-smoker. Smoking is in and of itself the invasion of privacy of this person who is not smoking. The imaginary lines in a restaurant between smoking and non-smoking sections is comical. There's no difference in air quality from one to the other.

The only choice is whether or not to allow the minority of people to dictate their wishes to the majority of people. Presently smokers are dictating to the majority of non-smokers which, as I understand a democracy, not how it's supposed to be.

In conclusion, I realize that as politicians you must listen to everyone. And just because someone gets a cheque from the tobacco industry does not mean they lose their rights as citizens.

I also realize that most people are very poorly educated about the true nature of tobacco industry tactics. That is why one of our hotel owners, or one of the hotel owners at the meeting in Regina, referred to SWAT, my SWAT colleagues as zealots.

A lot of people have been called zealots over the years — Martin Luther King, Nelson Mandela, Pope John Paul II, Galileo, and even Mother Theresa — so I think SWAT is in good company. However, all these people who have, who were once condemned for their radical ideas, turned out to be just ahead of their times. Once people became educated about the issues, they went from sinners to saints; from zealots to heroes.

That is why SWAT urges the government of Saskatchewan to sue the tobacco industry. Not only would this provide the revenue to run anti-tobacco campaigns, as has been done in several other jurisdictions; but the mere process of suing them would educate the public about the tobacco issue and show the tobacco industry's true colours. It would make it difficult for anyone to associate themselves with the tobacco industry without dirtying themselves with the same lies of the tobacco . . . same lies the tobacco industry tells.

Thank you for my opportunity to speak here tonight. And I'd gladly field any questions.

The Chair: — Thank you, Aaron. And I know we'd have all kinds of questions, but there are two other presenters. So unless somebody's got a really quick short one.

Mr. Addley: — I want to make one comment. One of the things we've heard is that it may be all right for older people to say to younger kids what should happen; but if a younger person says to another younger person to not smoke, that that has a greater impact than anything we can do. So I appreciate what you're doing.

Mr. Schroeder: — One thing I might add is that in . . . I went to a restaurant just this last weekend, and I heard twice people coming in the door say oh, the smoking section's full, well we'll have to sit in the non-smoking section then. And there were both smokers and non-smokers in the group and they settled to sit in the non-smoking section.

I believe that smokers do respect the rights of non-smokers, and they will abide to the law.

The Chair: — Thank you very much. Is Judith Lambie here?

Ms. Lambie: — Good evening. I'll be brief. I would like to thank you in advance for giving me the opportunity to express my concerns, ideas, and suggestions on the issue of tobacco control in Saskatchewan.

My name is Judith Lambie. I am a wife, mother, grandmother, and retired high school teacher. As well I am a volunteer with the Canadian Cancer Society, and in my public education role I do what I can to inform people about risk reduction related to cancer. But this evening I am speaking as a concerned citizen.

As you have learned and heard many times, tobacco is the only consumer product that maims and kills when used exactly as the manufacturer intends. Does this seem reasonable or rational? The tobacco epidemic is entirely preventable and I am here to ask you to do everything in your power to prevent it. What is needed is a strong political will and a comprehensive approach.

As a former high school teacher I am well aware of the number

of young people already addicted to tobacco. Preventing tobacco use among young people should be a major goal for a tobacco-control strategy. A strategy employed not only by governments, but also by non-governmental agencies, health care workers, communities, and individuals.

What are some of the ways in which this could be done? Recognizing that higher taxes are a deterrent to tobacco use, I urge you to support a federal-provincial initiative for increasing taxation for tobacco products across Canada. This increase could help cover the health costs associated with the heavy expenses that tobacco usage places on our health care system.

In addition there needs to be legislation increasing the legal age for purchasing tobacco to 19 years. Legislation to regulate the marketing and sale of tobacco products must be strictly enforced.

Government funding should be provided for the development and implementation of programs to target specific populations. Since our young people comprise the largest number of new smokers, we must provide school-based prevention programs to reach them before they smoke that first cigarette. Youth could also be reached through community centres, cultural centres, teen wellness centres, youth groups, youth-at-risk programs, and so on.

The needs of high risk and high tobacco use groups such as pregnant women, ethnic groups, First Nations, Metis, and Inuit peoples need to be addressed to reduce addiction and disease from tobacco products. Information about the ingredients of tobacco and tobacco smoke, about the strategies and tactics of the tobacco industry, about the true costs and health risks related to tobacco use, and about cessation programs need to be provided.

And finally, people need access to appropriate smoking cessation programs and support services with the cost of their nicotine replacement therapies being covered by the provincial drug plan. This is a health issue and we must protect the health of Saskatchewan residents.

A smoke-free Saskatchewan is a laudable goal. A goal worth pursuing. Higher tobacco taxes, tobacco control legislation, and government funded public education campaigns are but some of many considerations in the pursuit of this goal.

Thank you. Would you like a copy or . . .

The Chair: — Yes, please.

Now Steven, Kurt, and Katherine, are you working as a team . . . (inaudible interjection) . . . If they want to join you up here, that's fine. I understand you're with the Saskatchewan Youth Parliament. And you are Steven, Steven Lloyd.

Mr. Lloyd: — Yes.

The Chair: — Welcome.

Mr. Lloyd: — Thank you. Basically what our organization is, just for those of you that don't know, is we're an organization of youth from around the province age 16 to 21 who get together and we debate issues such as this. And the resolutions that we pass then usually get forwarded on to the respective ministers, both federally and provincially. Or if there's hearings such as this, or more recently the one with the municipal task force one, we tend to come do presentations.

We do presentations on behalf of the youth of the province, although we obviously can't claim to speak for the entire youth of the province as that's a little bit unrealistic.

The topic of second-hand smoke and the issue of smoking in public places has come up in our forum on numerous occasions. And from a youth perspective, the debates that we have often tend to centre around what I think is one of the crucial things that you people have to deal with and that's — as in all decisions made by government — it's a conflict of rights, a conflict of rights between individuals who feel they have a right to smoke and individuals who feel they have a right to exist in a smoke-free environment.

And that's really what all, in a nutshell, what all legislation comes down to, is whenever there is a conflict of rights you have to come down on one side or the other.

For people who want to smoke in public places, I tend to equate it — and people accuse me of being melodramatic about this — but I tend to equate it with, for example, people who want to drive recklessly in public or fire off guns in public or do all kinds of things that you know, that people can claim they have a right to do in public.

And I think as a government we shouldn't be trying to step on people's rights until it gets to the point where another individual could be harmed by someone's actions.

And smoking, I mean you've had testimony from doctors and medics and people far more qualified to talk about the dangers of second-hand smoke than myself. If you acknowledge the fact that second-hand smoke places people at risk, then you have little choice but to try to alleviate the problem by eliminating second-hand smoke. And if that's the perspective you take from it, then any legislation that you come up with or anything that you try to put forward, should be about that — should be about getting rid of second-hand smoke.

Now the restaurant agencies say well, okay, if you want to ban second-hand smoke, make sure it's fair, make sure it's across the board, make sure it's in . . . come up with ventilation options or whatever — fine. No opposition to any of that because it achieves the goal of getting rid of second-hand smoke.

Conversely banning cigarettes, as was talked about, the black market that would ensue, well, you know, if you . . . I've never liked the argument that if people are going to break a law, don't enact the law, because that would kind of apply to every single law we have except for the ones that have never been broken which aren't really causing a problem then.

And I mean I find it a little bit incongruous that the restaurant agencies are so opposed to this. Because I mean, the more and more restaurants I see, are turning smoke-free. Like for example McDonald's turned smoke-free within, I believe, two years ago.

And I mean last time I checked, McDonald's was having problems attracting staff, not customers. So it doesn't seem to be affecting them all that much. And a lot of other restaurants have followed suit.

And I mean I can understand where the restaurateurs are coming from when they say, well causing us hardships, and it's not that we want smoking in our restaurants, it's that we want smokers. That's fine. But if we can eliminate the smoking without eliminating the smokers, that should make everyone happy.

And whether you choose to put in ventilation options or whether you choose to make it so that every single public arena has to be smoke free, either one of those options is acceptable. I mean, I equate it to wheelchairs — wheelchair accessibility. We force restaurateurs, we force mall owners, we force all kinds of people to make their buildings wheelchair accessible because we think people in wheelchairs should have equal access.

And we have no problems putting inconveniences down on restaurant owners and inconveniences down on mall owners to ensure that they comply to that standard. And it doesn't seem to be costing them business that they make their things wheelchair accessible. And if you make it an across-the-board ban for smoking, then where's their alternative.

I mean if they say, people aren't going to come to my restaurant because I can't smoke, well if you make it a smoking ban across the board, where are they going to go? Well, I mean, I suppose they could choose to stay home. But I know of very few people, at least in youth, which seems to be one of the areas you talk about targeting, who would opt to stay home and smoke rather than go out to a restaurant with their friends. That's just usually not the common attitude that a youth would have, from my experience.

I guess I'm leaving the specifics up to you in that however you want to come . . . I don't have any written proposals, I don't have any specifics for you. But I mean a lot of information gets tossed around at meetings like this and I kind of want to remind you to keep in mind that if we all agree that getting rid of second-hand smoke is good, and I don't think the restaurant owners and anybody except possibly the tobacco companies will argue that second-hand smoke is good, then just come up with an option to get rid of it that helps everybody.

Ms. Eagles: — I would just like to say one thing, and that's that I don't think the restaurant owners and that are disputing anything other than they'd like a level playing field. That's what I was hearing from them anyhow. They want a level playing field, not to be discriminated against because you couldn't smoke in their place and you could in another establishment, and I think that's what they were saying.

The Chair: — Well we've given you the final word.

Mr. Lloyd: — Well thank you. Hopefully it was at least a bit entertaining.

The Chair: — It was refreshing, to say the least. So thank you very much. And, ladies and gentlemen, thank you all for your patience and for your contributions to the deliberations of this committee. And thank you, committee members, and staff.

And now we'll adjourn until tomorrow morning at 9:30 a.m. at Walter Murray.

The committee adjourned at 10:24 p.m.