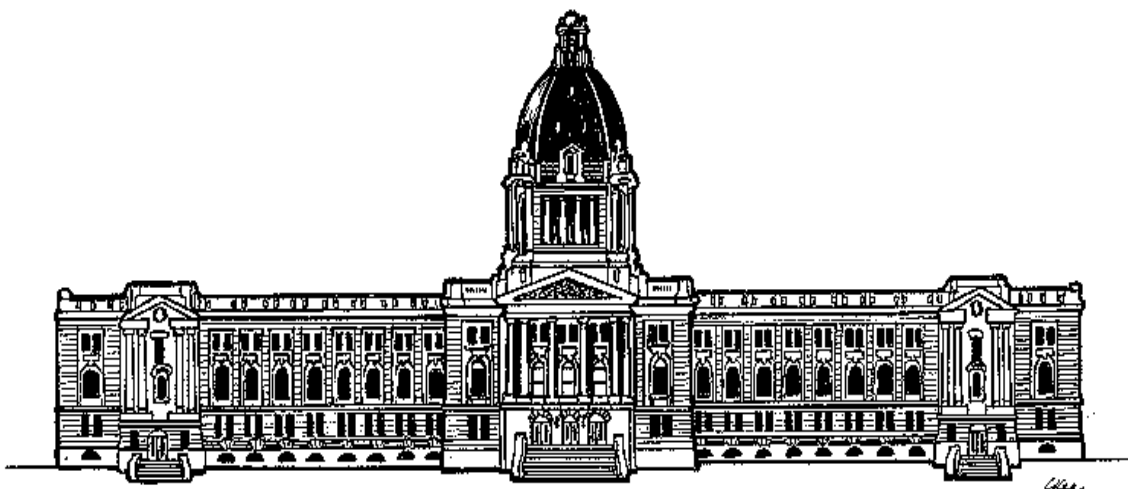




Special Committee on Tobacco Control

Hansard Verbatim Report

North Battleford – March 8, 2000



Legislative Assembly of Saskatchewan

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**SPECIAL COMMITTEE ON TOBACCO CONTROL
2000**

Myron Kowalsky, Chair
Prince Albert Carlton

Doreen Eagles, Vice-Chair
Estevan

Graham Addley
Saskatoon Sutherland

Brenda Bakken
Weyburn-Big Muddy

Bob Bjornerud
Saltcoats

Debbie Higgins
Moose Jaw Wakamow

Mark Wartman
Regina Qu'Appelle Valley

The committee met at 7:03 p.m.

The Chair: — Good evening ladies and gentlemen. Welcome to the, I think, about the 10th hearing of the Special Committee on Tobacco Control. This committee was constituted by the legislature of Saskatchewan, and we've done the tours through the southern part of the province, been to Saskatoon and now we're heading to sort of North Battleford, Lloydminster, and Kindersley. Next week we're going further north to Beauval, Meadow Lake, Prince Albert, and Nipawin.

Your attendance here tells us that you feel, as we do feel, that this work, something about the work around tobacco control is important. This whole thing started really because many of us as MLAs (Member of the Legislative Assembly) and certainly the Department of Health were being told that we were behind, behind many other provinces in our legislation with respect to tobacco control.

And so the minister established a committee with the co-operation of both sides of the House and we expect to be coming back with a report probably towards the end of April. We will be done our set of hearings, public hearings, next week, and then after that it's the homework that we have to do to put everything together.

I'm going to start today by going through a little presentation — it will take about 15 minutes — and then we've got a list of presenters and we'll go into that, and we'll call you one by one. When we call you in we'd ask the presenters to come and be seated here, and first thing we want to do is make sure that you identify yourselves because everything is recorded into *Hansard*.

We're glad to be here, right here in North Battleford which is . . . Not yet. This is where I'm supposed to make a . . . Is it the connection or is it . . . Okay, here we go. In North Battleford, a place where I grew up actually during my high school years.

My name is Myron Kowalsky, I'm the MLA from Prince Albert Carleton. I'm Chair of the committee. The Vice-Chair is Doreen Eagles. Doreen wave so we can identify you. See if you can match the picture with the person. Doreen is the MLA from Estevan, and sitting beside there, the good looking guy there, Bob Bjornerud from Saltcoats, and to keep them . . . Oh no we have to go over here now.

Now we move to the left. Graham Addley, where is he? He'll be back.

A Member: — He's late.

The Chair: — He's late. He gets one notch down for this, the Saskatoon Sutherland MLA, but he's here. But Deb Higgins is sitting right here keeping the two guys apart, keep them from fighting, MLA from Moose Jaw Wakamow; and Mark Wartman, MLA from Regina Qu'Appelle Valley, who also spent some of his youth here in North Battleford. And also seated between Bob and Doreen is Brenda Bakken from Weyburn-Big Muddy.

We have with us also, staff to the committee, Donna Bryce—

give her a wave please — Donna is a committee Clerk. And Tanya Hill, the research officer who's compiling all the reams of material that we have to go through.

We have Darlene Trenholm is managing the mikes for us and she's a switcher. And, let's see, Alice Nenson — is at the back — was at the front door when you walked in, was at the registration. And we have with us Ihor Sywanyk who is our technician and he's also the person that delivers the . . . one of the people that delivers the signal from the legislature through cable to your homes if you get it here.

What is our job? First of all we're asked to assess the impact of tobacco in Saskatchewan, particularly on children and youth. And then what laws do we need to protect people, particularly children and youth. What should we do to protect the public from second-hand smoke in addition to smoking? Should we be looking at smoke-free places; and who is it that should be responsible for it — health boards, municipalities, the province, the owners?

And what should we do to prevent and reduce tobacco use? Should we be making any changes to the law enforcement, in pricing of tobacco? Any difference in the education that we provide?

We're going through this public hearing process. We're going to 17 communities altogether and 14 schools; tomorrow we're going to John Paul II about 9 o'clock in the morning.

We've got two graphs here I want to bring to your attention. This one, this graph speaks to percentage of the population that smokes, across the country by province. You can see Saskatchewan here. There's two bars for each province. The black bars represent young people and the white bars represent those over . . . everybody over 15. The black bars just represent age 15 to 19.

You can see that Saskatchewan has got a particularly high black bar indicating that 34 per cent of youth in Saskatchewan smoke, outdone only by the youth of the province of Quebec at 36 per cent. Our general population 15 and over — about 25 per cent of them smoke. If you took in the entire population, of course, you'd be down to about 20 per cent, that is if you included every child under 15.

This graph deals with the number of cigarettes smoked on a daily basis in Canada and the trend over a period of time from 1981 right across to 1999. The top bar shows a slow, downward trend and it's the bar for all males of all ages. The next one is all females of all ages and it shows a slight downward trend. You notice that it's quite level towards the end here.

The next bar is all young men, 15 to 19, and you can see a slight downward trend again to about 12 cigarettes per day . . . about 12. The most bottom line represents the cigarette consumption by the average young female, a lot more volatile.

We notice a disturbing trend in the last few years. There's been quite an uptake in young females smoking in Canada in recent years. Actually they end up right now at about 12 or 13 cigarettes, on the average, each.

Getting another graph closer to home that's even more pronounced, that is the uptake of smoking by young females particularly in our northern areas. Now this graph shows that about 51 per cent of females in northern Saskatchewan, young females, report that they smoke, and about 38 per cent of young males in northern Saskatchewan.

In central Saskatchewan the graphs are a little bit lower and in southern Saskatchewan considerably lower. The dividing line for southern Saskatchewan is about the No. 1 Highway including Regina, north is up to Saskatoon . . . pardon me the central is up to Saskatoon including Saskatoon. And in general terms sort of everything north of Saskatoon is in the northern area. So you can see that this is rather an alarming statistic.

Right now there is some legislation in Saskatchewan. There's The Minors Tobacco Act which was revised last in 1978 that prohibits the sale of tobacco to anybody under 16, that is unless they had a note signed by their parents. And there was a fine that merchants could have been assessed to the tune of \$10. I don't remember anybody getting a \$10 fine recently.

There is The Urban Municipality Act, 1984 which gives city councils and municipalities the power to regulate smoking in public places. Some municipalities have moved on this, but not very many. Oops, I missed one there, there was also the one about the workplaces. There's the occupational health and safety committees which can regulate smoking in workplaces.

There's other legislation though and that's the federal Tobacco Act of 1997 which is enforced in Saskatchewan but it prohibits the sale of tobacco to anybody under 18. And it allows for fines considerably higher than \$10 up to a maximum of \$3,000 for the first offence, and up to \$50,000 for the second offence. There's no minimum to this fine. And there have been a few people charged under that.

Prohibits the advertising of tobacco products on television, radio, and in newspapers — in Canada only. We know that there's a lot of American advertising that sort of creeps across the border. Currently allows sponsorship of adult-oriented events — mainly cultural and sporting events.

And it's the federal government that regulates the packaging of tobacco products in Canada. Particularly, most recently, you may have heard the, the announcement by Allan Rock about the changing face of the cigarette packages. They should be arriving on the counter pretty soon.

There's one of those new drawings there. And this guy says: "These pictures of diseased lungs on my cigarette package make me nervous." And she says: "Me too." And their reaction is: "I need a smoke." Well this cartoon sort of speaks to the addictive nature of tobacco.

We know that it — or we've been told and I'm tending to believe it — that tobacco is more addictive and harder to shake than narcotics and alcohol, heroin . . . and hard narcotics — heroin and cocaine.

There are costs associated with tobacco smoking directly — \$87 million to the province. This is for hospitalization, for doctors, for drugs, and fire loss. There are indirect costs given

to us by the Department of Health — same costing systems that are used across the country — as indirect costs due to mortality of people who have died and are no longer collecting wages and feeding their families, people who are away from work due to illness or some smoking-related cause, the cost of low birth weights, a much, much higher incidence with smoking mothers. Total cost — \$266 million to the province of Saskatchewan. But there are also . . . taxation is also income — \$17.20 per carton of cigarettes — which comes out to \$125 million; \$125 million coming in, 266 going out.

The federal government also takes its share of tobacco tax — \$10.85 per carton plus the GST (goods and services tax) which comes out to 2.2 billion and Saskatchewan people pay about \$67 million worth of that.

We are listening to people make presentation on health effects, on issues related to youth, on smoking in public places, and about accountability and recovery of health care costs.

Just another graph, and this one speaks to deaths attributable to tobacco use compared to traffic accidents, suicide, and AIDS (acquired immune deficiency syndrome) in Saskatchewan. You can see the longest bar by far is the deaths related to smoking, well over a thousand, estimated to be up to as big as 1,600 annually. Traffic accidents which we hear more about in a sense — less than 200 annually.

That's just a graph comparing the health care costs, \$266 million for this bar and with tax revenue, \$125 million for the current year.

If you recall maybe the first time you had a cigarette, way back, you might have felt like this guy does — a little bellyache here, not feeling too good. She says, are you okay? You smoked some of the cigar, didn't you? Yes, he says, I think, mom, I've caught the cancer. Dad says, well shouldn't we just tell him it's nausea? Reverse psychology says, well yes, maybe, but all in good time.

Maybe the ideal situation here — for the balance between those who insist on having a nice clean air in which to have a visit and a person who would like to smoke here under these conditions has got the benefit of all his own smoking.

So now it's your turn and we're going to be sitting down and listening to you. I just want to bring to your attention our web site. There's a little youth on-line survey at this web address and if you have youngsters or somebody who might want to fill it out, please take it down — www.legassembly.sk.ca/tcc.

Here is the order that we have before us. There's Mary, first of all, from the Midwest District, then Ruth Robinson, then Rhonda Patterson, Bryce Martin, Eialeen Hanson, Pat Bonaire, Jill Eyolfson, and then Jennifer and Andrea from Cut Knife High School.

We're allotting you approximately 20 minutes. We try to stick to that timeline to get everybody through, so you can kind of judge how you want to use your own time. If you want to use the entire 20 minutes for a presentation that's fine; we won't ask you very many questions. If you are done before that, what happens is the panel members usually like to ask a question or

two. And if it doesn't take that much time, then we'll just get through the whole thing a lot sooner.

So could we call now, please, on Mary Smillie to come forward.

Ms. Smillie: — Hello. My name is Mary Smillie, I'm representing Midwest Health District which takes in the communities of — the major communities anyway — of Rosetown, Davidson and Outlook and as far south as Beechy, Lucky Lake, that area.

I'd like to thank you for this opportunity to speak to you here tonight and to speak to you what I believe is about some bold, comprehensive tobacco legislation which is needed here in Saskatchewan.

Midwest Health District has been working very diligently in the last few years to prevent young people from using tobacco, assisting smokers and chewers to quit, and supporting smoke-free places in our communities. Public health workers join with educators to work in our schools to help educate our young people. We've offered several group smoking cessation programs in the district as well as offered one-on-one counselling by nurses and physicians.

We work with restaurant owners. We've had quite a successful campaign with restaurant owners throughout the district to explore creative ways of reducing environmental tobacco smoke. And overall I would say from the efforts that we have been able to achieve in the last few years, we've been quite effective.

However we have had no impact, to my knowledge we've had no impact on the rates of youths smoking in our health district. And to me this fact is the most troubling. We cannot hope to eradicate tobacco as the leading cause of preventable death and disease until we can effectively prevent young people from ever starting.

It is our view that the efforts we expend on tobacco reduction as a health district are almost futile in the absence of a strong provincial legislation. Strong comprehensive legislation would include: sales of tobacco only in liquor board outlets or some similar regulated spot like that; eliminate tobacco industry advertising at the point of sale; prohibit smoking in any public space that children frequent; ban sponsorship by the tobacco industry; prohibit sales of candy cigarettes, candy cigars, and similar products; and to develop a creative, profound social marketing campaign that would highlight the many and creative ways the tobacco industry has worked to lure young people into the habit of either smoking or chewing.

Your challenge as legislators is to create a tobacco-free zone for young people in this province. You will need to be bold on this front because our society has somehow come to the conclusion that it is normal for young people to experiment with tobacco. How did we get to this point in our country when it is socially sanctioned to inhale tar, cadmium, formaldehyde, arsenic, turpentine, and lead into our lungs. Your job is to implement changes to the way tobacco is sold, how it is marketed, where it can and cannot be consumed, in order to denormalize tobacco for our youth, children, and adults in our province.

So how have we become so afraid to regulate this most toxic substance. I believe much of this answer lies in the creative, slick marketing efforts of the tobacco industry. Tobacco consumption has become normal in our communities by keeping tobacco and the brand names that we associate with tobacco in our faces.

When you're in a grocery store, a pharmacy, a convenience store, a gas station, the only product that you are pretty much guaranteed to see at the checkout counter is tobacco. I can think of a lot of products out there on the market that would love to have that space.

This has been a very important marketing strategy on the part of the tobacco industry. To ensure retailers remain on board with this idea, there are financial supports to keep the tobacco products in the public eye through financial supports to the retailers. Then when governments suggest public hearings on tobacco control, the retailers can speak for the tobacco industry about the potential loss of revenues and the loss of business.

The issue of sponsorship by tobacco companies has been in the press many times in recent years. The front for the tobacco industry when it comes to sponsorship is the arts and the sports groups. It is clear to me that the tobacco industry through sponsorship of the arts is not being benevolent. In fact sponsorship is only good for tobacco sales. Keeping their brands in our faces through entertainment and sports, skews what we know to the true fact of tobacco as a toxic substance.

The issue is similar in bars. Here we are supposed to assume that drinking and socializing go hand in hand with smoking for everyone. Smoke in a bar is normal. Don't bother calling the fire department; we like to mix our carbon dioxide with our drinks. Bar owners then will appear before committee hearings and insist governments shouldn't meddle with the way they carry out their businesses.

Smoking in restaurants is even more absurd, in my opinion. As a non-smoker I don't have to patronize bars and I choose not too because of the tobacco smoke. But I do however have to eat in a restaurant from time to time. Tobacco smoke is frequently the pollution one has to endure in a restaurant. We've come to accept this as normal. I believe this is truly absurd. It's not normal to willingly pollute the air that a group of people must breathe for the time the cigarette is lit, as well as long afterwards.

I believe you people on this committee have been given the greatest opportunity to positively affect the health of the Saskatchewan population since the implementation of medicare.

You have options, and if you choose only to placate the anti-tobacco lobbyists and offer to modestly curtail the hospitality industry through safe, non-threatening legislation, then you will have missed an opportunity to have a positive impact on the health of this population.

However, if you choose to have a real impact on health, you will work to denormalize tobacco in Saskatchewan. Legislation which would support denormalization of tobacco would include smoke-free public places, permit the sales of tobacco only in designated licensed outlets such as a liquor board store or a

tobacconist, prohibit the sale of candy cigarettes, cigars, and other similar products; and ban sponsorship in advertising by the tobacco companies.

My last recommendation to you is to designate funding for a comprehensive social marketing campaign that will provide the rationale for the legislation. Such a campaign would inform the public about the activities of the tobacco industry to lure youth in using their products. This information is readily available, but seldom released to the public.

Many of the actions of the tobacco industry are scandalous. By informing the public through a well-designed social marketing campaign, you will generate tremendous support for your legislation. Once the public is fully on board, the community members will assist with the enforcement of your legislation.

Denormalization strategies are important because they help reshape community norms and values. By denormalizing tobacco, you will generate community interest in the defence of public health. By focusing on the tobacco industry and the tobacco products, you will minimize any suggestion that legislation pits smokers against non-smokers. Only the tobacco industry benefits from that kind of rivalry.

In conclusion, I urge you to be bold. I would say this is one of those rare moments where I wish I was a politician, because you have opportunity, and you have an obligation, and I hope you embrace it boldly. Thank you.

The Chair: — Thank you very much, Mary. Indeed it's not a position many people are seeking right now.

Ms. Smillie: — No, it's not popular.

The Chair: — Who would like to start? Anybody got a comment or a question? Yes, Deb Higgins.

Ms. Higgins: — Right in the beginning, you had made a comment about working with restaurateurs and that you had been fairly successful within the health district. What kind of programs have you done or what kind of work?

Ms. Smillie: — Well two are the . . . two being the principal ones. One, we sought from the various restaurants in our health districts who were offering an entirely smoke-free space for people to eat. And it went from when I started the job three years ago from three perhaps entirely smoke-free restaurants to five . . . six, six recently. And so we have certificates from the health district which they post in their restaurants saying that this is a smoke-free facility and the health district appreciates the effort on this part.

And the second one was an initiative that I borrowed from Alberta and we invited all the restaurants in our health district last National Non-smoking Week, 1999, which is in January of 1999, to make the restaurants smoke-free for one day. And we offered the posters that would go with it announcing it, announcing it in the press, and we encouraged non-smokers to patronize the restaurants on those particular days.

And people who went to those restaurants could put their name in for a draw for a free meal at that particular restaurant that

they patronized.

And I was surprised. I was expecting a fairly low sort of uptake of this idea, but out of the 54 restaurants that we had . . . 54 that I contacted, 29 participated. And we had a few restaurants that had trouble with it. But I would say from the evaluation which we also had people give us feedback on how it went, there were several restaurants that said I wish we could do this more often. There were people laughing in here today when they don't normally, and it was an overall reasonably effective mechanism and people found that it really . . . you really could lure, bring out the public that don't normally go to the restaurant because it's too smoky.

Mr. Addley: — Thank you for your presentation. It was a pretty thorough and accurate assessment of what we have heard to date.

With regards to the restaurateurs or people in the hospitality industry that do sit in that seat and say that they will be harmed economically if any kind of legislation comes forward. Pretend you're sitting here; what would your answer to them be when they make that argument?

Ms. Smillie: — I think just look to the future. I think the statistics are all in the favour of more business for smoke-free businesses. It's looking forward rather than backwards. I think that historically and particularly in rural Saskatchewan it's . . .

Mr. Addley: — The usual answer to that is then let the market decide. That if the demand of the market is that the majority of the people want a smoke-free restaurant that . . .

Ms. Smillie: — They will say that.

Mr. Addley: — The market will occur.

Ms. Smillie: — And we attempted that particular strategy as well. We had cards that we distributed through whatever place we could find — pharmacies, a whole bunch of retail places, as well as the health district offices. And because one of the things that we know to be a fact in rural Saskatchewan is even if you don't want to, you don't want to say to the restaurant owner publicly that I really wish you would create a smoke-free place because this person is your neighbour, you might offend the person who's down the road — we know that people have a hard time saying those things.

We provided little cards, like business-type sized cards, that said I would appreciate a smoke-free restaurant. And you know that was a start. But it is very difficult for people in the current normative behaviour of smoking to come out and say. So no, I think that you need leadership on the part of legislators to help that. Values that change.

Ms. Eagles: — Thank you, Mary. By letting the market decide, do you think the private restaurateur should be able to make that decision himself or do you think he should be legislated to go smoke free and let the market decide from that point or do you think he should have the ultimate decision?

Ms. Smillie: — No, I wouldn't. I would say that as I said to Mr. Addley that I believe that the legislators should be bold and to

go ahead.

Ms. Eagles: — Okay, you also mentioned that some restaurants have went completely smoke free. Would you object to a private restaurateur just strictly catering to smoking, the smoker if he had it visibly marked from the outside that this is a smoking establishment, or don't you think he should have that right?

Ms. Smillie: — Well for rural Saskatchewan that wouldn't work very well because there isn't that many options for people, and you know if there is only one restaurant in town, and you want to eat, then you really don't have an option then.

Ms. Eagles: — Yes, yes. I mean and that's what we've been hearing from some of the people that run kind of a bar-restaurant set-up in rural Saskatchewan. Thank you.

Ms. Higgins: — ... had also talked about advertising and focusing on young people. When you talk about young people, what age group are you referring to?

Ms. Smillie: — In terms of the social marketing campaign?

Ms. Higgins: — Yes.

Ms. Smillie: — I think the social marketing campaign should really be targeted at the whole population. But I think what is probably the most scandalous information that's come out of the tobacco industry documents is how they say on the one hand that they are not targeting young people, but clearly with all their activities, they are targeting young people. And I think that kind of bringing that out that, you know, the less than pristine practices of the tobacco industry would be useful for the public and for the young people to know.

I know in the work that we do with young people in our health district, we do spend some time looking ... talking about how they have been duped. And they can easily figure it out — it's not hard. We have a few activities that sort of speak to addiction. And then they say well, how, how would ... how do you think tobacco works on this front? And they've figured it out in terms of movie characters and sports heroes and advertising and all the games that have been played to get them hooked.

Ms. Higgins: — Thank you.

Ms. Bakken: — We've talked about that — sorry, I lost my train of thought — the young people. But how do you think it's going to stop them from smoking? If you're working with them in the schools now and you said there hasn't been any effect on the amount of children smoking, so how is an ad campaign going to help the situation?

Ms. Smillie: — The denormalization activities are what you need to do first. You got to make it almost impossible for kids to access tobacco by putting it in ...

Ms. Bakken: — Right.

Ms. Smillie: — ... a tobacconists or in a Liquor Board-like activity. You need to remove it from their face and right now it

is very much in their face.

Ms. Bakken: — But from what we've heard from young people, it isn't any different than alcohol or drugs. If they want to get them, they know how to get them and they have access to them.

Ms. Smillie: — Well and right now it's very, very easy in Saskatchewan to get tobacco — much easier to get tobacco than any other product like that.

Ms. Bakken: — I'm not arguing that. I guess that from all the meetings that I've been at, I have not heard any solution to how we're going to stop young people from smoking. We all understand the problem and we know that it's there. But we haven't heard any ...

Ms. Smillie: — So why are you suggesting that what I'm offering wouldn't work?

Ms. Bakken: — I'm not saying it won't work.

Ms. Smillie: — No.

Ms. Bakken: — I'm just saying that you've worked in the school. You've tried to educate them and that hasn't helped. So you know, I'm just asking you if you have any idea of how we could actually help stop young people?

Ms. Smillie: — I think we need a multiple level of strategies. We continue to get it out of their faces, to remove it as a socially sanctioned substance by eliminating it as an adult — normal adult — behaviour in our society, as well as removing it from easy access in the retail departments and that sort of thing.

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

Ms. Smillie: — Thank you; good luck.

The Chair: — And the committee would now like to hear from Ruth Robinson.

Ms. Robinson: — Hi, I'm Ruth Robinson and I'm president of the Saskatchewan branch of the Consumers' Association of Canada. And we thank you very much for the opportunity to speak to this all-party committee and to express our views about tobacco reduction.

First of all, I'll tell you a little bit about the Consumers' Association — I can't miss this opportunity. It's a non-profit volunteer organization whose mission is to inform and represent consumers and to advocate action on their behalf.

In Saskatchewan, for individual consumers we provide information about products and services to enable them to make choices which are best for them. We also advise consumers about their rights in the marketplace and help them solve their consumer problems. We act on behalf of consumers as a group by appointing representatives to boards and committees, to ensure that the point of view of consumers is part of the discussion when decisions are made. We study issues which affect consumers and make recommendations about them.

For many years health issues have been at the top of CACs (Consumers' Association of Canada) priority list. Tobacco use, a health issue, has been a concern for a long time. In the mid-'80s, 15 years ago, along with other countries in the International Organization of Consumers Unions, we called for a ban on the advertising and sponsorship of tobacco products. At that time we also advocated for smoke-free public transportation — that was just sort of, just pre to the airlines going smoke-free — and called for increased regulation of smoking in public buildings. So this is not a really new issue for our organization although it's not one that we spend most of our time on.

Tonight I will address a few issues very briefly and make a few recommendations. I was at the hearing yesterday so I know that you've heard over and over much of what I could say. I will not talk about the adverse health effects from tobacco both to non-smokers exposed to second-hand smoke and to smokers. These have been well-documented by many of the health groups much more knowledgeably than I would be able to do.

If there were no users of tobacco products eventually tobacco use would be eliminated from our society. It would take awhile but it would happen. We see the issue of tobacco control as one of preventing people from starting to smoke while at the same time protecting non-smokers from tobacco smoke and providing help for those who wish to quit.

We know that most people start smoking as children and in their early teens — average age I've heard at these hearings is 12 to 13 — and that this experimentation often leads to a full-blown addiction which has serious, future health implications for the child. It is impossible in most cases for children to grasp the probability that they will become addicted.

As a consumer group, we are also concerned that the choice to smoke is made by young people without any consideration of the personal economic reality of that addiction over many years. At 150 to \$200 per month — which is around \$2,000 a year — the cost of this new habit, addiction, whatever, is very significant especially when you consider it over a number of years.

To reduce the numbers of new smokers, particularly among children and youth, we recommend prohibiting the sale or giving of tobacco products to anyone under 19 years of age. This would make the legal age of purchase the same as for alcohol and would make most high school students ineligible to purchase.

We would recommend that ticketing be allowed to enable easier enforcement; that a licence be required to sell tobacco products — this licence then could be revoked for repeat offences.

That the price of tobacco products be raised. And that's odd to hear anything should be raised from a consumer group, but anyway. This is because young people are particularly sensitive to the price of tobacco.

Now about second-hand smoke. You've already heard a lot about the harmful effects of second-hand smoke for the non-smoker. International consumer rights include the right to information to redress and so on, but there's also the right to a

healthy environment. Environmental smoke is not part of a healthy environment and it's particularly cruel for the 70 per cent of adults who do not smoke, for those with chronic conditions and allergies, and for children who have little control over their environment.

We recommend that all enclosed public places be legislated smoke-free for protection of the public and workforce. The ideal would also include outdoor events where there is assigned seating with people seated close to one another. Because the smoke does not linger outside as it does inside, smoking sections there might be an option.

Now about tobacco cessation, the people who are already smoking, some of whom want to quit and others may be ready sometime in the future to quit, I think we should provide help for them by ensuring that there are trained professionals and a variety of smoking cessation strategies available at low or no cost and these should be across the province.

Now I'd like to address the issue of tobacco sales in pharmacies. This has bothered us for a long time. Tobacco sales are not allowed in most health care facilities currently and we think that they should be removed from pharmacies as well. At the rear of the store, a pharmacist fills prescriptions to help patients stop smoking and then at the front of the store sells them tobacco products.

In 1990 the Saskatchewan Pharmaceutical Association began a campaign encouraging their members to voluntarily remove tobacco products from their pharmacies. At that time, 24 per cent of Saskatchewan pharmacies were tobacco free. Now according to Dr. Laxdal who called the association, it is now 25 per cent. Not much of a move in 10 years of voluntary encouragement.

We think that it is time to ban through legislation the sale of tobacco products in any establishment in Saskatchewan which has a pharmaceutical dispensary. Four provinces — New Brunswick, Nova Scotia, Ontario, and Quebec — have already banned sales in pharmacies. We feel that this action would have another important feature, that of enhancing the importance of pharmacists as part of the professional health care team.

In closing, just a couple of points. This is a health issue, and listening to people in our province we hear a lot of concern about health. This concern should translate into support for strong legislation.

Education efforts have succeeded to a point and should continue, but we now need to support these efforts with provincial legislation.

Province-wide legislation is needed. When representing the CAC on the heart health coalition, I did some presentations to the health boards about tobacco control. They asked, wouldn't it be easier to have a provincial law instead of each municipality developing its own. There's also the problem that each municipal bylaw is bound to have some type of variation.

And lastly whatever you do, make it uniform, across the board, and consistent. Keep it simple. It's time to act, and I urge you to recommend strong legislation to protect the health of our

citizens, particularly children and youth. Thank you.

Mr. Bjornerud: — One question on . . . you were talking about the prevention of new smokers and I was kind of curious here. You have ticketing be allowed to enable easier enforcement. Could you explain that a bit more?

Ms. Robinson: — Well, for example, instead of having to go into the courts, establishments which were found to be selling to a minor could be ticketed and pay a ticket. But eventually if they were licensed, after so many tickets — just like drivers — you would lose your licence.

But it saves the big court thing and all of the confusion and the waiting and so on, that actually tickets could be . . . And of course if somebody disagreed with the ticket, they would have the option, I presume, of fighting it in court just as we do with traffic violations.

Mr. Bjornerud: — Right now the seller of tobacco products can be charged if they sell to someone under age.

Ms. Robinson: — Right.

Mr. Bjornerud: — What's your opinion of the person purchasing the cigarettes also being charged?

Ms. Robinson: — This is a really interesting point. And I think we all see the strangeness of this situation. The difficulty is we'd be out charging 8- and 9- and 10-year-olds at times too. And so it's very difficult.

Now this issue comes up as well in talking about bicycle helmets and some things like this; that if bicycle helmets are mandatory in certain jurisdictions, some of them have dealt with it in the way that the parents are then responsible and so on.

So I think it's a very, very difficult thing to do and would take an awful lot of thought of how to go about it. But certainly it makes sense; it's just that how would you do it exactly.

Mr. Addley: — Thank you for your presentation. We've heard quite often the proposal that a licence be required to sell tobacco products. I'm wondering if you could expand on that a little bit, or whether any details, thought had been given into that. For example, would anyone be allowed to obtain a licence, would there be a fee for it, that type of thing.

Ms. Robinson: — Well I couldn't . . . I mean I wouldn't know if there should be a fee and so on, but the advantage of having a licence is the licence can be revoked. And that is the advantage of having a licence.

Now what system for licensing was put in place, I wouldn't want to comment on particularly. But it's the importance . . . the importance of a licence is that that licence can be removed and then that establishment would no longer be able to sell tobacco products. And of course another option is to allow sales of tobacco products only in designated outlets such as liquor stores and so on.

But if that weren't the case, then we would favour licensing so

that it would be really . . . losing your ability to sell it and having the customers who come to you go somewhere else even if it's only for a month or two months or three months — you know, the first loss of licence might only be for a certain period — that's quite a severe penalty for an establishment.

Mr. Addley: — Are you aware whether or not that is being done in other jurisdictions either in Canada or United States?

Ms. Robinson: — I think it is but I'm not sure where. Now I might need some help, Tanya.

Ms. Hill: — I have that.

Mr. Addley: — Okay. Because just the other day in Saskatoon, I guess, we've heard from some convenience stores that are taking a good, strong corporate initiative to ensure that no sale to minors is taking place. And then we hear of other convenience stores that that's where a lot of their profit is being made. So I think that idea seems to be . . .

Ms. Robinson: — And I believe that 7 Eleven did say that they would favour licensing at the hearing yesterday.

Mr. Addley: — They were supportive of the idea.

Ms. Robinson: — They were supportive of it and if . . . You know, I mean I maybe wouldn't go out and advocate for them, but they certainly would find it all right.

Mr. Addley: — Well thank you.

Ms. Eagles: — Thank you, Ruth, for your presentation. Bob had asked you about ticketing the underage buyer, and eight- and nine-year-olds that would pose a problem. Do you see community service as a way of making them pay?

Ms. Robinson: — Gosh, as director of volunteer services, I think community service would be wonderful. We'd get all these free volunteers.

Ms. Eagles: — Like you know whether it would be raking the lawn or picking garbage up or anything just to . . .

Ms. Robinson: — Well I really wouldn't have a comment on how it should be done but that sounds like an interesting thing to look at.

Ms. Eagles: — Okay, thank you.

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

Ms. Robinson: — Okay, thank you.

The Chair: — And the committee would now like to hear from Rhonda Patterson . . . (inaudible interjection) . . . She's not here? If Rhonda isn't here then we'll proceed to Bryce Martin.

Mr. Martin: — Good evening. My name is Bryce Martin. I work in the health promotion field. I'm with the Greenhead Health District which is just southwest of here, takes in the larger communities of Biggar, Wilkie, Unity, and Macklin.

One of the core concepts in the health promotion field is that of population health promotion, that is creating conditions which support the best possible health for everyone. Its success requires the involvement of many individuals, groups, and sectors of society. The entire issue of tobacco use is a concept that requires such an approach. Many players must be involved, and this includes the provincial government, municipal government, business sector, education sector, health sector, general public, all of which have a common goal in mind which is reducing the negative effects of tobacco use.

I'm sure over the past couple of weeks you've heard over and over the national and provincial statistics regarding cancer rates of incidence morbidity and mortality rates caused by tobacco-related diseases, incidence of smoking by age and demographical group, etc. I'd like to share some information from a student health needs survey that our health district recently completed and this was done in the fall of '97.

We surveyed 700 grade 5, grade 8, and grade 11 students throughout our district — 47 per cent of grade 11, 27 per cent of grade 8, and 2 per cent of grade 5 students responded that they smoked cigarettes on a daily basis.

One of the questions related to where do you get your cigarettes. Again a very high percentage in grade 11 of 49 per cent, 21 per cent of grade 8, and 13 per cent of grade 5 indicated that they get their cigarettes from the store.

Nineteen per cent of grade 11, 13 per cent of grade 8, and 2 per cent of grade 5 responded that they use chewing tobacco, which often seems to be forgotten in the entire realm of tobacco products — is the entire issue of chewless tobacco.

In regards to a question "Do you feel the unpleasant effects from cigarette smoke of others?" 38 per cent of grade 11, 56 of grade 8, and 67 of grade 5 responded yes.

These survey questions that related to tobacco use told us several things. They indicated that our smoking rates are above the national and provincial averages, and this is scary stuff from the perspective that these children and youth are going to be tomorrow's leaders and policy makers.

The responses tell us that today's youth are not having problems getting their cigarettes from stores and elsewhere, and it also tells us that the majority of youth do not like being around the second-hand smoke of others. Through my position with the health district, I've come across a number of comments and situations regarding the use of tobacco and there are a few of these personalized stories that seem to stick with me.

I once asked an ex-smoker what was the one thing that she would not miss about smoking, having smoked cigarettes since she was about 12 years old. She replied that she had become a slave to tobacco and that she definitely would not miss serving that role any longer. She said that when she smoked and as she prepared for a family vacation, she would worry more about having enough cigarettes on hand for the time of their vacation instead of worrying about whether or not she packed the right amount or the right type of clothing for her children.

Living on the farm, she also reflected back to a number of times

where she coerced her husband to drive into town during snowstorms or other terrible weather for the sole purpose of getting her some cigarettes.

Our health district also had the pleasure of working with a young lady who was interested in preventing the youth of her community from taking up smoking. She was a single mother of two young girls, an ex-smoker, was diagnosed with cancer at age 29, had several surgeries — had her larynx removed and was forced to relearn how to speak.

But she still wanted to help stop others from making the same mistake she made as a youngster. She was willing to help us in developing a personalized video that would help in educating the youth of our district, and particularly her community in which she lived, in, in educating youth as to what she faced after smoking and how it affected her life.

One week prior to sitting down and doing some initial work in the studio, this 36-year-old woman passed away from complications regarding or relating to her cancer and her two young children have since had to go through life without their mother to guide them.

While thinking of these two stories, I always have to remind myself that the tobacco industry is very skilled in doing what it wants to do. And that is primarily to attract our youth to use their products. Smoking is not a habit — it is an addiction — and the cigarette manufacturers are in the nicotine delivery business. The industry's marketing techniques are giving them exactly what they want — young people who like the ads, and especially the ads that portray young men and women having fun while having a cigarette in their hand, ones that pay attention to the ads and ones that can identify the ads when asked.

And I make reference to a United States survey done in 1992 asking eighth graders to identify product symbols — 95 per cent correctly identified the Camel logo which is a popular brand of cigarettes in the States versus 57 per cent correctly identifying the Coca-Cola sign which seems very universal.

So what are some of the potential solutions to deal with the issues of tobacco use within our province?

Firstly, we feel that powerful tobacco control legislation to reduce the risk of exposure to second-hand smoke is imperative. Due to the fact that the majority of one's time at work, home, or play is spent within an indoor setting, the risk of being exposed to another person's second-hand smoke is high. Infants and young children are often within enclosed public spaces and they may not be able to move away from the smoke and nor should they have to.

Such legislation must make it appealing for those with asthma, respiratory illness, and allergies to go to places where they could not normally go to now because of their disease.

The legislation should be provincial based versus municipal or health district based. This way it would be consistent to all parties across the entire province.

Legislation can enhance The Occupational Health and Safety

Act, 1993 and regulations to prohibit smoking from indoor sites. Second-hand smoke is a health risk for all employees not only the non-smokers. Second-hand smoke increases a smoker's chance of early death and/or disability.

I refer to a '99, 1999 omnibus survey that speaks to 74 per cent of the respondents feeling that smoking should be banned in public places open to children. As well 62 per cent were in favour of banning smoking in cigarette . . . or in restaurants — excuse me.

Secondly, strategy should be developed to remove the stigma that tobacco use is a regular part of society, or normal. The straightforward fact is that an overwhelming amount of youths and adults — two very large majorities amongst the two groups — are non-smoking. One doesn't have to smoke in order to be considered in the in crowd. Youth feel that they can quit at any time. However, once the addiction kicks in, they find it extremely difficult to quit.

As well the normalized part of society that has come forth relates to the fact that children often model adults. They do it from a very early age when they mimic ourselves as babies. They mimic adults as they grow through their young years. They mimic athletes. They mimic their mom's cooking. They mimic their dad's working on the implements. It happens time and time again. And it is normal for the kids to mimic adults smoking, and you see it with the candy cigarettes and similar items.

Thirdly, implement legislative changes as to where tobacco products are available and who can purchase them. Limit the sale of tobacco products to provincially licensed outlets and prohibit the sale of tobacco products in pharmacies, health care, education, and recreational facilities. Prohibit the sales of tobacco products to anyone under 19 years of age. This would coincide with the legal liquor purchasing age, which may allow for sales to be transferred to the liquor stores.

Limit the amount and types of advertising allowed for tobacco products and keep them away from public places frequented by children and youth. And increase the taxes applied to cigarettes, with the additional revenues directed towards education and prevention strategies.

Again, referring to the 1999 omnibus survey, 44 per cent of respondents stated that there should be some restrictions as to where tobacco products are sold. And another US (United States) survey in '96 related to 38 per cent of 13-year-old California youth stated that they are more likely to smoke if exposed to countertop advertising.

Now tobacco is often referred to as a gateway drug, and what I mean by that is that the hit that nicotine provides often leads youth to try other forms of drugs including alcohol, marijuana, cocaine, and hash — and that will give them an even higher hit. Once they are addicted to the nicotine, they seem to crave more and more.

Fourthly, develop a province-wide education and awareness campaign focusing on prevention and cessation strategies. This would include mandatory — and I stress mandatory — curriculum-based tobacco education for kindergarten straight

through to grade 12, resource allocation for a Department of Health branch specifically targeting tobacco education and awareness throughout the province. Revenue raised via the additional taxation may be directed towards this initiative.

Smoking cessation products and programs must be readily available and accessible by all. The inclusion of nicotine replacement therapies under the provincial drug plan and special granting funnelled through health districts for tobacco-related programs may be the targets for this.

In consideration of your committee's stated terms of reference, I'd like to offer a few comments. In regards to the effect of tobacco use in Saskatchewan, tobacco is a killer, it's a disabler, it affects our youth, and it is getting much worse. It is relatively safe to say that everyone in this room has been affected by the use of tobacco products either by him or herself or someone they know or knew.

The need for tobacco control legislation is absolutely necessary. Strategies to protect the public from second-hand smoke is again absolutely necessary due to the fact that side-stream smoke is 10 times more chemical-filled than the smoke that is exhaled by a smoker. The strategies must come from a multidirectional approach and include legislative requirements and be consistent from one part of the province to another.

Strategies to prevent or reduce tobacco use, again must be multidirectional and include legislation, education, and plenty of the almighty dollar. The strategies should include students in the development and implementation of them.

The issue of tobacco use and the development of strategies to prevent and reduce its use should not come down to a smoker versus non-smoker war as it has in the past. The strategies recommended by your committee and the resulting strategy adopted by the Legislative Assembly should combat the underlying causes of the problems that tobacco cause, the use of it, and more importantly, the tobacco industry.

We have to bond together to make it tougher for the industry to get our kids addicted to the terrible drug of nicotine. Thank you for the opportunity.

The Chair: — Thank you, Bryce.

Ms. Eagles: — Thank you, Bryce. In your presentation you had mentioned that tobacco is often referred to as a gateway drug — a gateway to alcohol. And above it, it says that perhaps tobacco should be sold in liquor stores. Do you think by selling tobacco in liquor stores that maybe kids would be . . . or you know, if they're 19 years of age, they would be encouraged to drink as well?

Mr. Martin: — I don't believe that by the time . . . Or I believe that by the time kids are the age of 19, they have either made up their choice to smoke or not to smoke, to drink or not to drink. By moving it into the liquor stores for sale, I don't think that's going to increase the percentage of youths that are smoking.

Most kids start smoking before the age of 12 or around the age of 12. That's seven years that they will have to make up their mind as to whether or not they are going to smoke or not, so I

don't believe they will.

Ms. Eagles: — Okay, thank you.

The Chair: — Bryce, you mentioned in your survey that you actually surveyed and asked for responses on the chewing tobacco.

Mr. Martin: — Yes.

The Chair: — The results here, I must say, rather surprised me. Did they surprise you as well?

Mr. Martin: — They did. Not as much as a survey did back in '94-95 which the number of . . . I never indicated the amount of or the split between males/females here. The number of females, young females, using chewing tobacco back in the '94-95 survey was extremely high — around the 20 to 25 per cent range going as high as 60 per cent in one of the schools that we surveyed.

A Member: — Six zero?

Mr. Martin: — Six zero, yes.

So it was high. And this did surprise me, especially when we get down to the grade 8 students and even down to the grade 5's who could be doing other things other than chewing tobacco.

The Chair: — What surprises me is I can't see how any youngster could think it could be cool to chew, you know. Is it the flavour or what?

Mr. Martin: — I believe what is appealing at that point in time is, again, the modelling, and I referred to that earlier. We talk about it being part of the norm.

Our population of course is mainly rural. We have a mixture of farming and ranching within our district. The kids see their dads doing it. The kids model their dads out . . . after everything they do. They're out in the field with them, here do you want to have a little pinch just to taste it? How does that taste, Dad? And we've all gone that way with our children and grandchildren.

Another thing that they model is the athletes. Young boys have the aspiration to become ballplayers, major league ballplayers when they grow up. They see the ballplayers on TV and in person and they've got a great big wad in their mouth. And they think this guy's making \$12 million a year; he's chewing tobacco. I think I'm with him; I'm going to try it.

So it's the whole modelling thing, the whole normal part of society that I refer to, as well as Mary.

Mr. Addley: — Thank you for your presentation. Yesterday in Saskatoon we had a presentation by representatives from the tobacco industry and they made reference to everyone knows that smoking is a risky behaviour, and it's risky. So everybody knows that. So if you do that, you know you're being risky. It occurred to me afterwards that a lot of the students in the schools say they start smoking because they want to rebel, they want to be risky.

In your opinion, would that be part of the marketing that they're trying to portray?

Mr. Martin: — Yes, I believe it would be. Part of the marketing techniques again and the ads that they go for — I know of a couple off the top of my head where a young man is surfing; where another young man is on a motocross bike going over a big jump — and it's glamorous in the eyes of 10— to 12— to 14—year-old boys. Getting on a motocross bike and jumping over a dune has absolutely nothing to do with the underlying factor that this ad is sponsored by Marlboro, but it's the graphic that catches them.

So yes, I believe it is, and again referring back to our survey about why do you choose to smoke, why do you think young people smoke? The rebelling, the curiosity came up time and time again as the top two reasons for starting to smoke.

Mr. Addley: — Thank you.

Mr. Wartman: — Just give a reflection on that. It seems almost contradictory and yet I think understandable that children look at their parents, look at the modelling that's there — and I believe that parents are still primary modellers for children — and yet look at these ads and see the behaviour and it's risky and it's cool and so I think . . . I mean there's a rebellious side but there's also a conformity side, and both of those are being worked on. I mean the modelling is there and the, you know, the cool — you're a rebel if you do it.

And I think it's just like every angle is played as they seek the new market for the kids.

Mr. Martin: — And they have to do that because they're losing a percentage of their market all the time through early deaths. If somebody passes away from cancer at the age of 36 — as the young lady that I spoke to before — they have lost 40 to 50 years of tobacco—buying power from that individual.

So they constantly have to come up with several new marketing techniques all the time in order to attract a new crew of smokers. And they'll do that from the ads on the rebellious side, and then they'll do that with the ads on the conforming side.

So I think that their multi-targeted approach to advertising and marketing has the sole purpose as, that if you don't conform or if you don't appeal to the risk-taker, perhaps you'll go the conforming way and vice versa with yourself — but sooner or later we're going to get both of you to try it. And that's why I think that their marketing techniques are so strong and that's why they put that many dollars into their marketing campaigns.

Mr. Wartman: — Thank you.

The Chair: — Thank you very much for your help, Bryce.

Mr. Martin: — Thank you.

The Chair: — The committee would now like to call on Eialeen Hanson.

Ms. Hanson: — My name is Eialeen Hanson, and my family and I have chosen to be non-smokers.

The first point is that the government says that they would like to see teenagers refrain from starting smoking and more smokers quit smoking altogether. Unfortunately the government also turns around and allows cigarettes to be sold in almost every corner store, gas station, drugstore, etc. Studies have proven that cigarette smoke is dangerous to our health.

Therefore I feel it should be more tightly regulated and only sold in places such as, say liquor stores. If you make it more difficult to get to a place that sells cigarettes, then more people may be tempted to quit.

Also a higher tax placed on cigarettes making them more expensive to purchase may also deter some people. Also I feel that it should be illegal for any one under the age of 18 to possess cigarettes.

The government says that children can't purchase cigarettes, but then they also turn a blind eye when children somehow obtain cigarettes and smoke them. I see children smoking on the streets, outside schools, etc.

Heck, we also provide comfortable environments such as shopping malls and restaurants here in the Battlefords for them to smoke. So we're saying it's socially acceptable here in the Battlefords, and that really bothers me.

Another point I wish to make is that there must be more help for those wishing to quit smoking. I'm told that there are no support groups for those wishing to quit, and I can't help but wonder why. It's such a harmful addiction that I think that maybe more health care dollars could go into that, to helping people quit.

My next point is without doubt the most important point I wish to make tonight. There needs to be protection for existing non-smokers. My family, including my children, have made the decision to not smoke. Yet here in the Battlefords if we want to go to the main shopping mall, all restaurants except one or two, the curling rink, the Legion hall, etc., we are bombarded with toxic garbage called second-hand smoke. How can we lead a smoke-free life when people are still legally allowed to smoke indoors?

My family and I travel in Saskatchewan periodically and it is difficult to find restaurants where there is no smoke, and we just simply don't have the time to drive around, say, Regina looking for a smoke-free restaurant.

Restaurants may have so-called no smoking sections, but unfortunately the smoke from smoking sections does not respect the no smoking signs. Everyone in the facility is forced to breathe in second-hand smoke. Now about 25 per cent of Canadians have conditions such as asthma, angina, or allergies whose symptoms are worsened by second-hand smoke. In order to use many public facilities here in the Battlefords, these people must literally risk their health or refrain completely from patronizing these facilities altogether.

Smokers should not have the power to restrict access to businesses open to the public. If you have smoke-free facilities, no one will be restricted from entering. The facilities will be cleaner for everyone, including the workers, which leads me to

another point.

My 17-year-old daughter works in a fast-food restaurant. Her health is protected while she is at school, but then in the workplace she is not protected. Why is that? Why is it that governments say in one place your health is important, but then in another place your health isn't important? My daughter and I just don't understand that contradiction.

And tonight when I was leaving the house, my 17-year-old daughter told me: good luck, mom, on your presentation; give them heck because I'm so sick of the cigarette smoke.

She tried to get in at Tim Horton's to work there, but she wasn't accepted. She tried at a grocery store to get a job. The first job she could get was at A & W and, of course, turns out that they have a fair amount of smoke. I wasn't aware of that.

So you don't always have a choice as to where you want to work. That choice is just not always given to people. And I really feel very strongly that no one should have the legal right to force second-hand smoke onto my daughter and possibly injure her health.

We all know the cigarette smoke is dangerous to our health; therefore smoke in the workplace is very much an occupational health and safety issue. And there is such an easy and inexpensive solution to this problem: ban smoking in all facilities open to the public and the workplace. It is as simple as that.

You know, I've had the manager of one shopping mall tell me that they had an excellent ventilation system. But if that were true . . . if it were true, why couldn't my mother who is asthmatic sit down and rest in the hallway without feeling sick from the smoke. I have yet to see a ventilation system that will suck the smoke straight up into the air and not affect a non-smoker sitting close by.

I would now like to talk about the cost involved in implementing a no smoking policy. Really all that is required is a few no smoking signs, however the health benefits would be tremendous. If businesses don't comply with the no smoking laws, then I believe they should be levied a heavy fine.

When we eliminate places to smoke, I feel confident that many people will cut down or quit smoking altogether. These people will then have more money to spend elsewhere in the community. I believe the money will simply just keep circulating but instead of buying cigarettes, you're going to be purchasing maybe more clothes, more chips, or something like that.

Will businesses lose customers because of the smoking ban? I say no — as long as it is a complete smoking ban for all businesses and workplaces. A complete ban on smoking will protect the health of everyone and restrict access to no one.

Ladies and gentlemen, I trust you will have the courage and the wisdom to make the correct decision to ban smoking completely. I feel very strongly that it has to be a provincial responsibility because a lot of the smaller communities don't want to take the chance of perhaps being sued by someone and

are very reluctant to invoke no smoking laws.

And that's our problem in North Battleford. Our local government is very reluctant to do it. So we need the help of a bigger group, say the provincial . . . like the province — pardon me — the province. We need your help because we are not as smoke free as say, Saskatoon. We simply aren't as big.

And as far as restaurants going smoke free, so far we've only managed to get a Tim Horton's and one restaurant I think over in Battleford. The rest so far just won't go voluntarily. And I've complained to the shopping malls; they do nothing so far. So you see, we're not getting the co-operation from the business people here in the Battlefords.

The last point I'd like to make is that British Columbia has managed to make this very important decision to ban smoking, and I feel very strongly that we can here as well. All we have to do is maybe check to see how they did it, see what drawbacks there are, and maybe we can invoke legislation that will have fewer problems.

Ladies and gentlemen, thank you for allowing me to speak my mind.

The Chair: — Thank you, Eialeen.

Mr. Addley: — Just an observation and if you wanted to comment on it. First question, is the McDonald's restaurant here non-smoking?

Ms. Hanson: — No, it's not smoke free.

Mr. Addley: — Okay. Because we're finding that in a lot of locations that we were holding hearings, that the McDonald's restaurants are non-smoking. And part of the reason for that is a corporate push because they're finding or they're concerned that if their workers develop a cancer later on from side-stream or second-hand smoke that they'll come back and sue their employer. And so that's a strong motivation to stay in business in the long term.

So in a way that may answer some of the concerns that businesses may have that they'll . . . may lose a little bit of money now. That's better than being out of business in five or ten years when a former employee sues them. So would you care to comment on that?

Ms. Hanson: — Well what I was told was that the decision was left up to the local McDonald's restaurant. And at that time they had a fair amount of smokers patronizing their facility and they felt they might lose them, and they decided no. And I think they polled — don't quote me on that — but I think they asked their customers what they thought. But now I don't patronize McDonald's because of the smoke.

I would certainly go out more to restaurants if they were smoke-free. I mean I patronize the Tim Horton's restaurant now. I got out of the habit completely of going to restaurants because of the smoke. And if I was travelling, I would simply get my food and go and sit out in my vehicle and eat it because I had no choice when I was travelling.

Mr. Addley: — Thank you for your presentation.

Ms. Hanson: — But that's not very pleasant.

Mr. Addley: — No. Thank you.

The Chair: — Thank you very much, Eialeen, for your presentation. Is Pat Bonaire here? If not then we would ask Jill Eyolfson to come forward please.

Ms. Eyolfson: — Hi. I'm Jill Eyolfson and I want to tell you my story about cigarettes and me . . . (inaudible) . . . a puff away from a pack a day. I started experimenting with cigarettes when I was 13 and I was addicted by the time I was 14 and now at a non-disclosed age I've been tobacco free for three years.

Back when I was a kid — and that would be Janis Joplin, Carole King, Simon and Garfunkel — smoking wasn't considered an addiction nor was it considered particularly harmful for your health. It was considered a habit, a bad habit, possibly morally harmful. Now of course we know better. It's a deadly addiction and we've even started to treat nicotine addicts as addicts instead of ethically—deficient people of weak willpower.

So when I was first experimenting with tobacco, I didn't know it was harmful and I didn't know it was addictive. Not that, in retrospect, I think it would have made any difference. I did know the image I wanted to attain. I wanted sophistication, decisiveness, independence, pretty much the same thing as any kid — and I think then as now. And I figured cigarettes would do it for me.

I don't remember any particular advertisement, although I do remember big-screen characters and TV characters looking just totally cool as they lighted up . . . lit up, excuse me. You know even that little sophistication where the man would put his hand . . . oh it's so glamorous. And of course there were adults all around me smoking. It was the era of totally unregulated smoking. I mean we could even smoke on airplanes, good grief.

And as any smoker will say, and especially if they're trying to quit, I wish I had never started. So looking back, I ask myself what would have helped me to not start. First I have to say it's the image. If I wouldn't have seen smoking and smokers as so totally cool, I would never have been drawn to experiment.

As a province, I don't think we can do much about tobacco promotion and advertising. But we can with adult role modelling. If smoking is not allowed in public places, especially as frequented by children, it can't be viewed as a totally normal, cool adult behaviour.

Second, cigarettes then, as now, are easy to get. They're available at every gas station, at every grocery, corner drugstore, 24 hours a day, seven days a week in most communities. Way back when I was a kid there wasn't a prohibition against selling tobacco to youth. Now of course there is, although I think it's a very difficult one to enforce at present.

Lastly I think of education. Would knowing the health consequences and addictive nature of tobacco have stopped me

from starting? Now I've got to say, I was like the totally rotten kid I wouldn't wish on any parent, so I really don't know if it would have.

Serious health effects of smoking don't kick in for about 20 years. And as a healthy, self-respecting 13-year-old I didn't think I would live to the old age of 30, let alone the extreme geriatrics of 40 or 50. However, knowing about heroin stopped me from experimenting with that drug.

In my early 20s I made my first serious quit attempt. It was spring. And what I remember is that every tree had a different smell. It was absolutely marvellous. However, smoking is neat, smoking is cool, and I decided I would be a social smoker. I would only smoke once in a while, like when I was out on the town. Yes, right.

So I quit again in my mid- 20s and I took up running. I was up to 10 miles at least when I decided once again I would be a social smoker. Inside of a week, I wasn't running any more.

And thus begun a long era of quit and start. Some quits would last three weeks, some would last three months, but always I found myself smoking again.

Sure enough after 20 years I started to have some serious health effects. I was starting to have a decreased lung capacity; I was having trouble walking up a flight of stairs. And this is for the girl who could run ten miles. And I did make the Canadian national paraski team twice, although I didn't make the money to actually go and compete, but I made the national team.

At this point, my quit attempts became a little more frantic, but no more successful. I started having bronchitis at least a couple of times a year. I was sick. I was smoking. It was killing me, and I couldn't quit. My bronchitis picked up in frequency.

I remember thinking, yes, I am going to die — not quick, painless, and above all, heroically, but slowly pushing an oxygen tank around. And I am going to die because I'm addicted to cigarettes and I cannot quit. I gave up — nobody loves me, everybody hates me. Going to the garden to smoke cigarettes.

Now with this hopelessness I did trip over some absolutely marvellous people. The staff at the Kyle Health Centre were going through a group quit at that point and they were using the patch. They told me of their successes and convinced me to give it a try.

And I have to be eternally thankful to Dr. Tony Hamilton who gave me a prescription, because patches were only available by prescription then. And he gave it to me over the phone, without an interview, on the theory that if a smoker is even thinking about quitting, get everything that can help them in their hands immediately while they're hot.

And I got them. When I got them, it wasn't so much that I was going to really seriously quit smoking because I thought it was impossible for me to do that, that my addiction was too over powerful. What I was going to prove was that the patch didn't work.

And the first morning I put the patch on, again not with the . . . not with the idea I was going to quit smoking, but with the idea that I would maybe see how long I could go. And of course I had been lectured quite sternly by that good doctor about not even thinking about smoking with the patch on. So when I got home I took the patch off and I smoked. I went from 25 cigarettes a day to four cigarettes a day.

And I even got out the CPS (Compendium of Pharmaceuticals and Specialties), that lovely drug book that tells you all about drugs, and read their insert on patches. And they said that if a patient continues to smoke while using the patch for a full month, they're absolutely hopeless and should immediately be cut off and don't give them another prescription.

Well I did this for six months and I would probably still be doing it to this day except for a niece. I had a young niece who wanted to quit. I purchased her the patches and we set a quit date together. And that's what actually got me to quit.

Since that day I've never tested myself. I know I'm a nicotine addict. I know how powerful that addiction is. I can never be a social smoker. I can never control smoking; smoking controls me. As a result of my years of smoking, I am asthmatic. Incidentally tobacco smoke is one of the triggers and I do have to leave smoke filled places.

So what would I like the province to do? Protect those kids that are as dumb as me. Move all cigarette sales to . . . preferably the moon. But to make it harder to get. Limit adult role modelling. Smoking is not a normal behaviour. And of course, help the addicts.

I'd like to close with my family history. My father came from a family of 11 children — all but three smoked. My grandmother was advised to start smoking in the '30s to settle her nerves. Grandpa — 1893 to 1959, died of a stroke. Grandma — 1897 to 1985, suffered cataracts, died of an MI.

Magnus, my father — 1916 to 1992, suffered emphysema, and he died of throat cancer. It still bugs me.

Uncle Kris — 1917 to 1953, he was a non-smoker and he died in a plane crash. Baby Franklin — SIDS (Sudden Infant Death Syndrome). Uncle Sig — 1919 to 1990, he died of lung cancer. Aunt Loa — 1923-1989, she died of lung cancer. Aunt Freda — 1927 to 1995, died of a heart attack. Aunt Maria — 1930 to 1999, suffered an MI, died of lung cancer. Aunt Helga, on Monday just underwent her second surgery for cataracts. Aunt Runa is being followed for a spot on her lung. Aunt Joan quit smoking in her early 40's. Aunt Beth who was not a big smoker — 1942 to 1996, leukemia.

I'll finish with the words of my Aunt Runa:

Fate has dealt harshly with our family. I don't know whether tobacco is totally to blame, but I wish none of us had started.

Thank you.

The Chair: — And thank you, Jill. I'll go first to Doreen and then to Bob.

Ms. Eagles: — Eialeen, thank you for your presentation.

You mentioned the patch of course and how it helped you. Do you think if the patch or Zyban or any other product on the market was maybe a little cheaper, do you think that would be a help?

Ms. Eyolfson: — As an addict, my addiction would come before food on the table. At one point I was bewailing my fate about how much money I was spending on nicotine replacements, and my mother, who was the biggest cheapskate there ever was, God bless her soul, said don't worry about it, you'd spend it on cigarettes. So possibly it may help, but possibly not.

Ms. Eagles: — Okay, thank you.

Mr. Bjornerud: — Thanks for your presentation, Jill.

How many years did you say you smoked by quitting and starting, quitting and starting?

Ms. Eyolfson: — Oh, probably about 25.

Mr. Bjornerud: — You said you were 12 when you started?

Ms. Eyolfson: — I said it was an undisclosed age I was at now. No, I was 13 when I started experimenting and I was definitely addicted by age 14.

Mr. Bjornerud: — I'm a little deaf so I didn't hear you say how old you were, so I thought I would do my own math. Thank you for your presentation though.

Ms. Eagles: — Can I just say one thing — I apologize, I called you Eialeen. I'm sorry, Jill.

The Chair: — Jill, did you know then that you were an addict, a year after you started?

Ms. Eyolfson: — You know, I never really admitted I was an addict. But when I was talking about heroin, when I was 16 I was reading an article. It was supposedly an anti-heroin article. And like I mean in that era a lot of the drug articles were actual how to's. And at the end of that I thought, oh wow, does this ever sound like it would be cool to try. And then I thought, no, I'm addicted to cigarettes; that's enough. So at 16 I knew.

Ms. Bakken: — Jill, Doreen asked you about the patch but it wasn't the patch that made you quit, was it? It was because you cared about someone else?

Ms. Eyolfson: — You have to want to quit. There has to be a reason. The nicotine replacement aids . . . cigarette smoke has 4,000 different chemicals in it. The patch or the gum has one. It has nicotine. So it's not going to totally replace the cigarette but it helps to take the edge off the withdrawal as you learn how to face life without a crutch.

Ms. Bakken: — So there is a place for it but there has to be more . . . there has to be the will and a reason to quit.

Ms. Eyolfson: — And relearning. You have to learn so many new things. You have to learn to live without smoking. With the smoker, it's almost like your best friend; although I mean, your

best friend you don't even take to the bathroom with you. They go everywhere with you. What do you do if you're mad? What do you do if you're happy? What do you do if you have a celebration? You smoke.

Ms. Bakken: — Just one more question about the heroin part that you were talking about. I misunderstood you, I think. I thought you meant because you realized the ill effects of heroin at a young age that you decided you were not going to use it, but that's not what you meant.

Ms. Eyolfson: — No, I knew about heroin; I knew about its addictive qualities as a kid. I knew it was a bad thing to do. My mother was a nurse and she had experience with heroin addicts and she shared that with us as kids. So by knowing the ill effects of that drug, I wasn't going to try it.

Ms. Bakken: — Okay, so that is what I thought you meant. So are you suggesting then that by educating young people today — children especially — about the ill effects of cigarettes, that that will have a positive effect on them not . . .

Ms. Eyolfson: — I hope so. I think it allows them to make an informed choice. However I did talk to one principal and his words were more — children know. We do teach them about cigarettes but we're not stopping them from smoking. We're teaching them the ill effects but it isn't having an effect. So I'm not sure.

Ms. Bakken: — Do you have any suggestion of what would work for children? This is our . . . I mean to me this is a major issue, is stopping children from ever starting and I am searching for an answer.

Ms. Eyolfson: — I think the image and the role modelling. For myself I knew that was the biggest thing. And when you think of the image, and with our tobacco advertisements they are getting into the adolescent developmental tasks. And of course as adolescents, what they need to do is grow up and leave home. They need to be independent. And we have cigarette ads that really go into independence, rebellion, some of the normal things of adolescence. And it's associating . . . well, it's bizarre because it's associating an addiction with independence.

So imaging, possibly, and education. I do believe we need to educate children so they can make an informed choice. But not just about the ill effects of tobacco, but how they're manipulated by tobacco companies to take up smoking.

Mr. Wartman: — I noticed that you also indicated something else earlier, Jill, that you felt would help. And I think what . . . I'm starting to see more and more clearly an emerging picture that education alone won't do it, because we've had enough people who have had the education.

But you also spoke about reducing access. And I think we have heard that from quite a number of people, including children who smoke. And so I appreciate your presentation and also the insight from your own experiences. And I think really, as I see it anyway, the challenge is to see how effectively we can combine all of these things to help protect the health of our children and our population in general.

So much appreciate your insightful sharing of your own experience. Thank you.

The Chair: — Thank you once again, Jill.

Now the committee would like to hear from Jennifer and Andrea. And if there are three of you, just feel free to . . . we'll just bring another chair up. There should be room at the table.

All right. It says on top of the sign there: butt out, no sales to minors.

Ms. Wright: — Good evening, ladies and gentlemen. Do I look 18 to you? Do I look better — do I look 25? Eighteen is the legal age to purchase cigarettes. Health Canada suggests that anyone who appears under the age of 25 should be requested to show proper identification.

My name is Jennifer Wright, and I'm a 14-year-old student at Cut Knife High School. And the way I am dressed right now, I was able to buy 10 packs of cigarettes in North Battleford.

Before we continue with the presentation, I want to give you a few facts on teen smoking. We found this information from health class and also from the Health Canada web site.

In North America 3,000 teens start smoking every day, and 1,000 of those teens will die in their lifetime as a result of their addiction. Eighty to ninety per cent of those smokers started when they were teens. And the average age when people do start smoking is fourteen and a half years of age. People are addicted by the age of 18. And 85 per cent of teens that smoke two full cigarettes in their lifetime will become regular smokers. Nicotine, as you know, is the most addictive drug. It is more addictive than either alcohol and cocaine.

In 1999 — this is in Canada — teen smokers ages 15 to 19 report usually getting their cigarettes from small stores.

Ms. Bartrop: — In North Battleford, access to cigarettes by teens is a huge problem. Our objective was to promote health by countering the tobacco industry, by identifying if the current tobacco Act is sufficient in reducing the access of tobacco products to minors.

While working on our health action plan and the science fair project, Jennifer and I visited 18 businesses in the Battlefords. And we discovered that a surprising 55 per cent of businesses we visited sold cigarettes to us, and only 9 of the 18 places requested identification. In one alarming case, we were unable to provide identification and they still carried through with the sale.

Before we started our project, we contacted the RCMP (Royal Canadian Mounted Police) to see if we would be fined as 14-year-old girls purchasing cigarettes. As you probably know, only the businesses and individuals who sell tobacco to minors can be fined. We also contacted an adult smoker to ask what brand he smoked so we could resell the packages back to him.

Ms. Wright: — And we didn't think we'd have that many.

To successfully complete our project, we had to arrange

transportation because we're not old enough to be eligible to have a driver's license or a learner's license. My dad, Jim Wright, volunteered to drive us around North Battleford. When we arrived at the stores, I would exit the car first and enter the store.

Ms. Bartrop: — I followed shortly after so I would witness the conversation.

Ms. Wright: — I would approach the tobacco counter and ask for a pack of Player's Extra Light — that was the brand that we were buying. When asked for identification, I would truthfully answer, no I don't have it with me, or I left it at home. If they made the sale, I would pay for the cigarettes, ask for a receipt, and then I'd leave the store.

Ms. Bartrop: — I would exit the store shortly after. And we would immediately record the data and the anecdotal information.

Ms. Wright: — Upon completing our project, we contacted Eric Thorne, the tobacco enforcement officer with Health Canada, and told him of our findings. He came out to our school to meet with us and my teacher, Mrs. Christiansen, to talk about what we found and what we can do with this information that we gathered.

He informed us that at least three of the businesses that we received cigarettes from had received warning letters and could be prosecuted if they continued to sell to minors.

Ms. Bartrop: — We are shocked with the amount of cigarettes we were able to purchase.

We recommend the following: better monitoring through enforcement; tobacco Act being carefully followed by all businesses.

Ms. Wright: — We did this presentation today because of the rising problem with teens and their ability to purchase cigarettes in the Battlefords. Questions we have for you are, I understand that some of you are representatives here from different parties?

The Chair: — That's correct.

Ms. Wright: — Okay. What are some personal and political views on providing resources to better monitor the current legislation?

The Chair: — Well what I meant to say is the committee at this stage has not got any views that it's consolidated. What we are in is we're in a position where we are seeking information from the public. Individual members may have views, but it's probably better to ask them independently.

Ms. Wright: — Okay.

The Chair: — Because we don't want to spend our time getting into a debate here on this. We're going to have our debate after all of this is over.

Ms. Wright: — Okay.

Mr. Addley: — Myron, would it be appropriate though to read into *Hansard* the questions that you'd like to see answered at some point in the future, just so that we know what the issues are without expecting an answer tonight?

The Chair: — Yes, thank you very much. I think we can do that.

Ms. Wright: — So just read you guys the questions that I have?

The Chair: — Sure, just tell us the questions . . . (inaudible) . . . from your politicians.

Ms. Wright: — Okay.

The Chair: — Or the answers to the questions.

A Member: — These people back there are recording everything so . . .

Ms. Wright: — Okay. And why is there no legal responsibilities for teens if they purchase tobacco products? It's like with alcohol, teens can be fined for possession of alcohol, but why cannot that be with tobacco as well? And why isn't the government using its resources to counter tobacco advertising and the tobacco industry?

Those are all the questions we have for right now. And do you guys have any questions for us?

The Chair: — We probably do. I'll start with Bob Bjornerud.

Mr. Bjornerud: — I want to thank you for giving us your age. We've had presenters tonight that wouldn't do that. And you certainly do look older. If I was selling cigarettes, I would have had a hard time guessing that you were that young.

And then you already answered in a way my question, and I've asked it most places we've gone. But I find it odd that you young people can go and try and buy alcohol and if they're lucky enough to or fortunate to get it, can be charged and fined. But when it comes to cigarettes, we leave the onus only on the businesses who are cheating the system or breaking the law in some cases.

But I find it odd that we're only doing the one side of it when maybe we would help the situation . . . I guess my question for you girls is, would it help?

Ms. Wright: — I think it would, because in situations like me, I don't appear 14. And that's a problem for some of the businesses trying to recognize people who don't appear to be under age or over age. So I think that would help reduce the amounts of teen smoking in Canada. That would help the process, yes, I think so.

Mr. Bjornerud: — Okay, thank you.

Ms. Eagles: — Okay, you mentioned about fourteen and a half being the average age to start smoking. We have been to quite a few schools and actually what they're telling us is that we should be targeting elementary schools because they say the kids are actually starting to smoke, you know, grade 5 — lots of

times younger than that. So they tell us that we should be educating those younger kids. And when they say, you know, they're learning it in health class, like maybe in one health class smoking is discussed, and it should be an ongoing thing throughout the whole school term.

Ms. Wright: — Yes, like this year we just took it and there's some people in our class who do smoke, and that they maybe would have learned the consequences before they would have started when they were at a younger age. Because at the age 14, kids can hear the information but they don't put it to practical use maybe. Whereas they're younger, they might form an opinion based on information that they have learned that might prevent them from stopping.

One reason that I don't smoke is because I have asthma already, and I love sports. I'm very active and I don't want that to jeopardize my career or just playing for fun.

Ms. Eagles: — We heard from a high school student in Saskatoon this morning that said that she had lost a friend of hers to cancer, and I believe he was 18 years old — two friends that were 18 years old. Like it was a really heart-wrenching story. And I think when kids hear it from, you know, a person that is 17 or 18 years old such as herself, it has more of an impact than if somebody my age goes around to . . .

But I thank you girls for your presentation.

Mr. Addley: — Thank you for that very innovative project. I was quite impressed. First off, where did you get the idea or the concept to do something like that?

Ms. Bartrop: — Well we were watching TV and it was on *Seventh Heaven*. And one of the kids thought they'd try this but their parents didn't let them in the end. But we actually got the opportunity to try this. So that's where we got it from.

Mr. Addley: — What's *Seventh Heaven*?

Ms. Bartrop: — It's a TV show on CTV.

Mr. Addley: — Oh, okay. Second question. Did you contact the businesses after you did this, that follow-up with them?

Ms. Wright: — Well right now we're in the process of writing letters to them. And also Eric Thorne is sending letters to them — warning letters — that we did this and that we were able to buy cigarettes from these businesses. So Eric Thorne is doing that. And we're writing congratulatory letters to the businesses that didn't sell to us.

Mr. Addley: — Good. Just a comment that where similar kinds of things were done in other jurisdictions, when the kids went back a second time a few months later, they found that there was a marked increase in the number of requests for ID (identification) and the refusals to sell to the minors a second time. So there was a real impact. Is there plans to do a follow-up in a couple of months or . . .

Ms. Wright: — We haven't considered that, no; but after you say that we might consider that.

Mr. Addley: — Okay. And I guess one final comment, something I think Doreen mentioned, who's at least 14 — sorry, not much more than that — but that you have a bigger impact by doing this than you realize, that it has an impact; it shames the business owners. It also educates them because a lot of times they don't realize what the laws are.

And it also has a big impact on your peers. Because I think we saw in Saskatoon today, earlier today, a young girl talking about how she shouldn't be told what to do with smoking and then the next speaker was another 18-year-old girl that had lost her two friends to lung cancer. And the first girl got up and said, well that's pretty powerful; I feel kind of stupid for smoking now.

So you have a very big impact on what's going on. So I just want to commend you on that.

Ms. Wright: — Thank you.

Mr. Wartman: — I'm just wondering — I see that you've done a fair bit of research here as well as just doing your work out on the street. And I'm wondering, we're dealing with all kinds of aspects of trying to understand ways that we can help young people not get started smoking. In your research and in your thinking, outside of enforcement around the current laws, have you thought of other ways that we might legislate, make new laws? Have you thought of ways that we might help keep young people from smoking?

Ms. Wright: — Well like was said earlier, teach children at a younger age the facts about smoking. And also have a stricter legislation on a tobacco Act because I can see it working; it's just businesses maybe aren't necessarily following it.

And when we told Eric Thorne that only half the places asked for ID, he was surprised that none of them asked for our age as well. And I think the businesses have to be aware that this is a big, big problem and that they should be more educated into the tobacco Act and the consequences. And maybe even higher the consequences to, instead of \$1,000, even to maybe 3 or 5,000, so it's a bigger penalty to sell to minors.

Mr. Wartman: — Some of the other ideas that have been put forward to us are that vendors should be licensed, and if they sell tobacco outside of the law that they would lose their licence and not be able to sell at all for a period of time or ever. Others have said that it should only be available from restricted licensed vendors like liquor boards and the few tobacconists that are around.

There's been a . . . I think that we have so many aspects to look at, not just the quitting but . . . or pardon me, not just the keeping young children from starting smoking, but also the cessation and the quitting side. And that too, I think Doreen has pointed to and others have pointed to, how important it is that young people help each other to not smoke and to quit; wherever possible to support one other.

SWAT (Students Working Against Tobacco) — did you want to talk about . . . That's all; go ahead Myron.

The Chair: — I just wanted to mention two things to you. First

of all we've got a web site. I don't know if you were here for the presentation; I think you weren't.

Ms. Wright: — No, I don't think . . .

The Chair: — And we've got a little web site and I'll . . . we'll give you the address . . . Tanya will give you the address. And it just has a online survey and there's some other information there about . . . a little bit about what the committee is doing.

And I also wanted to mention to you that there's a group called SWAT; I'm not sure if you're familiar with it or not.

Ms. Wright: — No, I'm not.

The Chair: — All right, you may have heard of a youth group called SADD, S-A-D-D, Students Against Drinking and Driving. There are now groups forming across the province called SWAT — Students Working Against Tobacco — and they're sort of using the same model that the SADD group did. They're trying to establish and they're just looking for people who might be interested in doing follow-ups like you have already done. And I'm sure they'd be interested, if you were able to send them a summary of what you just did.

And maybe we can give you their address too and . . .

Ms. Wright: — Okay we, as a grade 9 class, are going to one of their presentations, now that you've mentioned it, so . . .

The Chair: — Oh, okay, good. Well good luck to you. Oh, Debbie. Sorry.

Ms. Higgins: — I just wanted to ask you in your . . . you're in grade 9?

Ms. Wright: — Yes, we are.

Ms. Higgins: — What kind of smoking policy do you have in your school?

Ms. Wright: — We cannot smoke on school grounds or have open tobacco in the school, and if there is, the teachers will confiscate it. But that doesn't prevent people from smoking at school. They usually just walk down the back alleys and smoke, but there's no smoking on the school property.

Ms. Higgins: — Thank you.

Ms. Bakken: — Do you have any classes in public school about — in health or anything — about cigarettes? Is it part of your curriculum?

Ms. Wright: — Yes, we just finished a major unit on tobacco. And that's in grade 9.

Ms. Bakken: — But did you have anything prior to that?

Ms. Wright: — We had a bit in grade 7 but it wasn't as in-depth as we had it this year. And also we just touched briefly on it in grade 8 as well.

Ms. Bakken: — Another question is — this has come up

several times — about charging the kids that purchase the cigarettes and that would stop them from buying them. I guess my experience with alcohol is that when kids are under age and they can't purchase alcohol themselves and if they're caught with it, they're fined. It doesn't seem to me that it stops kids from purchasing alcohol or getting alcohol.

So do you think that it would have the effect that we want — by fining children?

Ms. Wright: — I think it would more than it would with the alcohol because smoking is more of a public issue. It happens in public. And that might reduce the amount of teen smoking because they are afraid that maybe the cops will find them and afraid of the penalties that they will be faced if they are caught with it.

The Chair: — Thank you. The committee would now like to hear from Rhonda Patterson.

Ms. Patterson: — Sorry to have arrived so late and I do have a copy for you that you can keep. I'm here tonight just as a citizen of the Battlefords area. My daughter had . . .

The Chair: — Just for the record, would you please just state your name into the record.

Ms. Patterson: — I'm sorry. It's Rhonda Patterson.

The Chair: — Thank you.

Ms. Patterson: — My daughter had a smoke intolerance from birth which we dealt with in a large part by not going to places where she would be exposed to smoke, including decreasing the number and length of visits we made to her own grandparents. That's how seriously ill she became from being around cigarette smoke. Eventually the grandparents all quit smoking due to their own health reasons. Thank goodness.

When she was about 9 years old, however, we were invited to a wedding, and it was a smoke-free wedding; we made sure that that was what we had known about it. But it was in a hotel that had shared space with other people who had rented the facility as well. And so it wasn't . . . the building wasn't smoke free. And that night our whole family struggled as we tried to help her breathe, and she was just having these terrible spasmodic coughs through the whole night.

So the next day I went to the doctor, or I made an appointment to see the doctor. And I had him give her a prescription for Ventolin so that if we were going to a place where we might be exposed again, at least I'd have some medication to give her. I don't even give my kids Tylenol, you know, unless they really, really need it. I'm very concerned about overuse of medication.

And so to give her Ventolin was a really big decision for me because some of the side effects from Ventolin include headaches and palpitations and transient muscle cramps and insomnia and nausea and weakness and dizziness. And I just felt like to have to give my child a medication with those potential side effects, when it was a totally preventable kind of thing — if we just had smoke-free public places — was a real issue for me, a personal issue.

I have actually five points to cover, and they're all very brief. One of them was the Cut Knife presentation, so I'm glad the girls were here from Cut Knife. Because I just heard about their presentation as well, the study that they had done. So I'm glad they were here to discuss that themselves.

I have a concern as well about the issue of tobacco in Aboriginal groups. And I know that these public hearings, you know, have been open to anybody who wished to attend. But I think that sometimes some groups are underrepresented. And I'm hoping that when tobacco legislation is looked at, that you do have some kind of awareness and respect towards making legislation that's respectful to all people. And seeing as how they use it in traditional ceremonies, there should be some consultation process with Aboriginal elders.

They do not agree with abusing tobacco. They do not believe in smoking for an addiction purposes; it's just for ceremonial purposes. So I just think you need to be aware of that if you're making legislation.

A local Cub group was surveyed a couple of years ago, and the conclusion from the Cub group was that they should be able to enjoy a meal in a restaurant without being exposed to tobacco. That's just a little group of eight- and nine-year-olds, but I think it was important for them that they had a voice tonight.

And at a local women's fair in May of '99 here in the city, there was a survey done at one of the booths with over 150 responses from both smokers and non-smokers. And I've obtained the sample of the survey results here. And with the exception of bars and bingo halls, there was at least 50 to 99 per cent response that public places should be smoke free.

So that's the information that I present tonight.

Ms. Eagles: — Do you have the information, the response from the bingo halls and the bars?

Ms. Patterson: — The women or men or whoever was at this fair, they were surveyed and they were given a list of places where they thought should be smoke free or where they thought smoking should be allowed. And the list included bars, bingo halls, apartment buildings, hotels, motels, vehicles, malls, restaurants, halls, homes with children, recreational facility, businesses, workplaces, professional offices, churches, and schools. So people responded whether they thought they should be smoke free or not.

And it was bars and bingo halls that the smokers felt there should still be smoking in; and in fact a lot of non-smokers felt that that was fine too.

Ms. Eagles: — Okay, thank you.

Ms. Patterson: — So that was what that survey results says. It's a small survey but it's information from the local perspective.

The Chair: — Well thank you very much for a very efficient presentation. Now I'd be pleased to ask Darren Berg to come forward.

Mr. Berg: — I have to bring out my props. My name is Darren Berg. I'm pleased to be able to speak with the group. I'm a dental therapist, a dental health educator, and a community developer.

I'm pleased to try and broaden some of the understanding about the impact of tobacco use in oral health issues and how it contributes to that. But I would like as well to invite you to have some broader discussions about tobacco because I certainly have been involved in those issues as well.

My presentation today is intended to raise awareness of the impact of tobacco use on oral health and to emphasize the importance of including spit tobacco products or smokeless tobacco products in our discussions about tobacco use and tobacco control.

The negative health effects of tobacco use, especially cigarette smoking, have been well documented and recognized by the medical community and by the general public as a major public health problem. The use of tobacco products has been shown to increase the risk of developing periodontal disease. The estimated risk for smokers is more than twice the risk of non-smokers.

Oral conditions related and attributed to smoking include the development of periodontal pockets, alveolar bone loss, which supports our teeth and gums, and tooth loss. A number of other oral conditions are caused by the use of spit tobacco products such as: tooth abrasion caused from the grit and sand that is inherent in the product; gum recession caused by the constant irritation of the chemicals in the tobacco juice; increased tooth decay caused by the sugar added to the products to make them more palatable; tooth discoloration; and bad breath.

In addition there is conclusive evidence that spit tobacco products such as chewing tobacco and snuff contain carcinogens which cause cancer and other harmful substances that may lead to oral cancer and other disease. Spit tobacco products contain over 2,000 chemicals, many of which have been directly implicated in causing cancer.

Cancer causing carcinogens such as nicotine are believed to be as addictive as cocaine and heroin. Each tin of snuff, incidentally, contains enough nicotine to be lethal to the average size child — enough nicotine in one can — to give you the sense about the potency of nicotine and its harm on human health.

The average user of spit tobacco products dips or pinches on average once every 30 minutes. One pinch of spit tobacco or spit tobacco products contains the equivalent nicotine of four cigarettes. So on average, if you can imagine, using these products your exposure to nicotine is much greater than what it might be oftentimes when you use smoking products.

Because spit tobacco is absorbed rapidly into the bloodstream through the lining in the mouth, it may even be more addictive than smoking hence the concern with having these products available to anyone, let alone children.

It seems clear that tobacco companies are now targeting youth in their attempt to create consumers of spit tobacco products. Unquestionably, advertisements and product displays glamourize the use of so-called smokeless tobacco — they call them smokeless tobacco centres — in an attempt to suggest or

leave the impression that the concerns or risks normally associated with smoking products are not contained in the spit tobacco products.

Spit tobacco products are now manufactured in a number of different preparations in an effort to appear innocuous or appeal to a broader range of potential consumers. They contain as much as 30 per cent sugar and come in a variety of flavours such as mint, lemon, cherry, orange. It is available in loose leaf, plug, twist, snuff, packets, and pellets.

When I started working in the dental profession in this community in the early '80s, when I would go to a local store I would find one to two different kinds of preparations, maybe a chunk that you would have to rip off and snuff. You might find, the odd time you'd find a bag of loose leaf tobacco.

About five years ago, on surveying what was occurring in this community when Woolco was . . . or Woolworth's was still in our community, at that time there was as many as 35 different products and flavours available at that time. All of these strategies are used, I believe, purposefully[**CORRECT**] to try and attract new tobacco consumers and make the products to appear to be less harmful and addictive than they really have proven to be.

This puts the general public and particularly our youth at a significant risk of some of the health problems that I've just described as a result of this concerted effort of tobacco companies to minimize the risks associated with spit tobacco use, and to suggest through their advertising that this product is somewhat innocuous compared to smoke-generating tobacco products.

A survey carried out in the province of Saskatchewan in 1995 by dental health educators showed that the use of spit tobacco products was prevalent with usage rates increasing in the middle to older teen groups, because of that belief that somehow it is less harmful than smoking products and because of all of the advertising that shows that you can be a jock and you can chew and it's somehow attractive.

And in reflecting with some of the students that I work with over time, what I see is that even girls are chewing. And we heard reference to that. And what's interesting is that they get hooked very, very quickly. They eat these things and, as I said, they come in different preparations.

If you don't like this snuff and things floating around in your mouth, you can now get them in a tea bag form so they're nice and neat there; they don't make a mess all over. These contain about 30 per cent sugar. You can put them in your mouth and you wouldn't know that there's all the carcinogens and all of the problems. You wouldn't know that one packet is roughly equivalent to four cigarettes.

And so these people put these things in their mouth believing that they're somehow less harmful than tobacco products. And because they are coated in sugar — as much as 30 per cent — they have a great taste. They're available in pellets. You can find the right mix for you and the right flavour, and people are being duped into believing that these are less harmful.

And so when I'm asked well, what do you do for strategies, I say we have to start talking about all tobacco products, not just smoking products. And even my criticism with current legislation and current discussions around this issue is that we don't talk about the other aspects of tobacco use. And that's why I chose today to try and highlight that.

It's a very important issue. And because it's seen to be sort of sexy and maybe less harmful, you actually see some kids that take these packets, they put them in their back pocket, and they use sandpaper to get that little white line to look cool like the adults do or the jocks do and everybody else.

And the disturbing part is that guys think it's cool to spit it all over. I mean I'm a jock and I'm cool and I can spit. We see guys spitting in the corner in school even when they're not chewing because they think it's cool.

But what's interesting is girls typically don't spit; they swallow. And that's where we see cancers of the esophagus, cancers of the stomach, and these kinds of things. And where girls or women chew, you see those kinds of things. It's more politically or socially correct for a male to spit but it's not for a female. And so therefore, many of their problems are internalized in their digestive system. And there's a lot of evidence to show those kinds of things.

And so, I just wanted to highlight some of that and say that between 1995 and 1996 in Canada — and this is Health Canada statistics — indicated that there was a 49 per cent increase in the sale of spit tobacco and products in Canada over that period. So it is clear ... (inaudible interjection) ... A 49 per cent increase in the sale of spit tobacco products between 1995 and 1996.

And at that time, in the early '90s to mid-'90s, we were seeing some reductions — according to your own charts — in the use of tobacco products by different groups. And we were having some effect in that area but then all of a sudden we are seeing some increases, right?

And at that time when that was decreasing because of all of the campaigns and all of the literature and people were becoming more aware of the products and the consequences to using those products, but what was also happening is the companies were seeing that they were having a decline in the number of people that were consuming those products. And that's when we saw all of these other products start to come out. Cherry — cherry tobacco? That's incredible.

And I have tried every one of these products just to see how they taste, to see what they're like, and I couldn't believe that there's the carcinogens and that there's the same constituents in these products that there is in tobacco smoke. And most people are the same way.

What I find is that many of the ... even the retailers do not understand that the laws that apply to sale of tobacco products also apply to these things. And so, therefore, kids can get access many times to these things easier, in some cases, than they can to cigarettes. And yet they can compose a very great risk to them.

We know that those people who have a habit and chew spit tobacco every single day develop a patch in their mouth called the leukoplakia — that's because the irritants are so strong the tissue builds a wall up to try and protect itself — and one in five of those over time will become cancerous.

And we know that because oral cancer is such a very fast-growing cancer ... because of its proximity to nerve, blood vessels, and very important parts of the body, that the average time from when you get oral cancer to when you die oftentimes — and this is what the literature tells us — is somewhere around five years.

It's not like lung cancer or other types of cancer where you can simply just start to remove pieces and sometimes you make it; the prognosis is very, very poor. And so we have to understand that in the context when we talk about tobacco products and tobacco control that there are other aspects that are posing a great risk. And when companies lose a market in one area, they respond by trying to create a market in another area, and we have to be sensitive to that.

And some of the recommendations that I'd like to highlight again — and I would like an opportunity to discuss some of the broader ones — would be:

To include spit tobacco or so-called smokeless tobacco products in all discussions, legislation, and strategies relating to tobacco use — I will provide some written comments to the group at a later time.

To enhance education about the negative health impact of tobacco products including spit tobaccos.

To increase funding for tobacco reduction, cessation, and prevention initiatives, preferably coming from more enforcement dollars that we get from fining people for selling products to minors.

Encourage broader participation of caregivers and professionals such as dental professionals like myself in tobacco-reduction and cessation strategies. We all have to step up to the plate. We all have to work together.

To further restrict where tobacco products can be sold and to increase the cost of tobacco products, including spit tobacco products, to make it less affordable for young people to purchase.

And I think the last one — but certainly the one that I think many people have touched on — is the need to employ a number of strategies in concert, in order to have an impact. It's not just about education. People know that things are not good for them, and just because they have that education doesn't mean — or that knowledge — that they're going to change their behaviours.

Children as a normal part of growth and development take part in risk-taking activities — smoking, driving too fast, challenging each other, walking across the railing on your deck — because it's a part of a normal growth and development. Understanding their limitations, understanding their strengths, gaining confidence — and that's a normal part of growth and

development. And I think we've seen — as Mr. Wartman pointed out accurately — that there's that conflict inherent in growth and development of youth that they also want to be non-conformists at the same time when they really need to conform.

And that is the challenge that we have, is trying to support their ability to get through that period of time when they want to participate in some of that risk taking, but at the same time support them by regulating it in an appropriate way. We do that with seat belts, we do that with, you know, conditional licences with youth, we do that with alcohol, and we make decisions as society about how we're going to balance those interests to try and get the benefit that we need.

And if we understand the risks inherent in providing tobacco or having it available in a democratic society, then we also have to understand our responsibility in having appropriate controls and legislation that support healthful behaviours.

And so I think those things would include: appropriate legislation, obviously which would go hand in hand with enforcement; proper cessation programs to support people who are really trying to quit.

I'm an ex-smoker; I've worked very, very hard to be a non-smoker of 10 years. I smoked for a lot of years prior to that. I did need a fair bit of support and I think people need that as well.

We need to increase our efforts for education, and particularly including that in curriculum design and in efforts to change what's occurring within families at a younger age. And of course, the appropriate regulation and enforcement that goes along with that legislation.

There's not one answer that will work. We have to do a number of things and people who are looking for one or the other, I think, are missing the true message that we need to take out of this. Thank you.

The Chair: — The Chair recognizes Mark Wartman.

Mr. Wartman: — I didn't know I had my hand up on this one but I'll say what I just finished saying when you finished. Wonderful. Thank you for the information. And I really appreciate what you're saying in terms of the concerted, the broad concerted effort, because there are so many facets that lead to addictions, continuing addictions, that lead to children starting into this. And I appreciate that you have a unique perspective through your work, and that you bring clearly to our attention the problems with smokeless tobaccos. Thank you.

The Chair: — I knew you would be able to live up to it. You can buy a horse that way you know, scratching your head.

Mr. Addley: — Thank you very much for your presentation. In the hearings that I've been attending, you were the first one to really emphasize this area of tobacco use so I certainly have learned quite a bit about what you're talking about. So it hasn't been emphasized, so it's really good that you took the time to zero in on that area.

The other observation I wanted to make that I appreciate that you spoke quite coolly on, and that's the need for education as well as enforcement. Too much we've talked about the carrot approach in solving this issue as opposed to the carrot-and-the-stick approach. And it's starting to sink into me anyway, that we wouldn't have had the success that we've had in reducing drunk driving and increasing the use of seat belt use if only we relied upon education and the carrot approach, but that we've also had to use the stick approach in the enforcement as well. So I appreciate you emphasizing that so clearly.

Mr. Berg: — May I make one further comment just in supplement to that. I think as governments and as health care providers and just inherent in our own common sense, we all realize that when we're building anything from economic policy to social policy within a community that it takes more than one simple approach to accomplish that. That we have to be really thoughtful and insightful about how to accomplish that at different levels and with different partners and that we have to find a way to balance that. And I think it can be done. We just have to be willing to not just look for that one particular thing.

And I wanted to share one joke that I thought was quite . . . you're welcome to use it in the future in your show. I saw it in our newspaper in town here and it really spoke to me about what I was just talking about and how we're really being targeted and unknowing victims really of a very, very slick campaign.

And everyone's talking about Pokémon. And it's the rage amongst kids, and in this ad — and I'll show it to the audience after — in this ad there's a billboard. It says: "Smokémon Lights." And it says: "Don't be paranoid! The tobacco industry wouldn't target young people with their advertising." And I think many of us have been duped by that.

And we don't have the dollars in a province like Saskatchewan or in a community like North Battleford if we're going to take every little municipality dealing with this. We don't have the resources that these big multi-national companies have, that you've given them or we've given them as a public. We have to rely on tools like legislation and enforcement and different strategies, common-sense strategies, to try and counteract that. They don't have to be big dollar items, but we do have some tools available to us to counteract that that we could never achieve with money, with just money alone in advertising. So this I thought was an interesting comment that appeared in the paper. I think it sort of instructive for us all.

The Chair: — Well Darren, thank you very much, and we may be able to scan that in.

I want to know if there's anyone else here that wanted to make a presentation because we've come to the end of our list. And we're all . . . That being the case then I want to thank each and every one of you for being here and for sitting so patiently, and a special thank you to all those who took the time and the effort to make these very thoughtful and worthwhile presentations to the committee. We're adjourned.

The committee adjourned at 9:25 p.m.