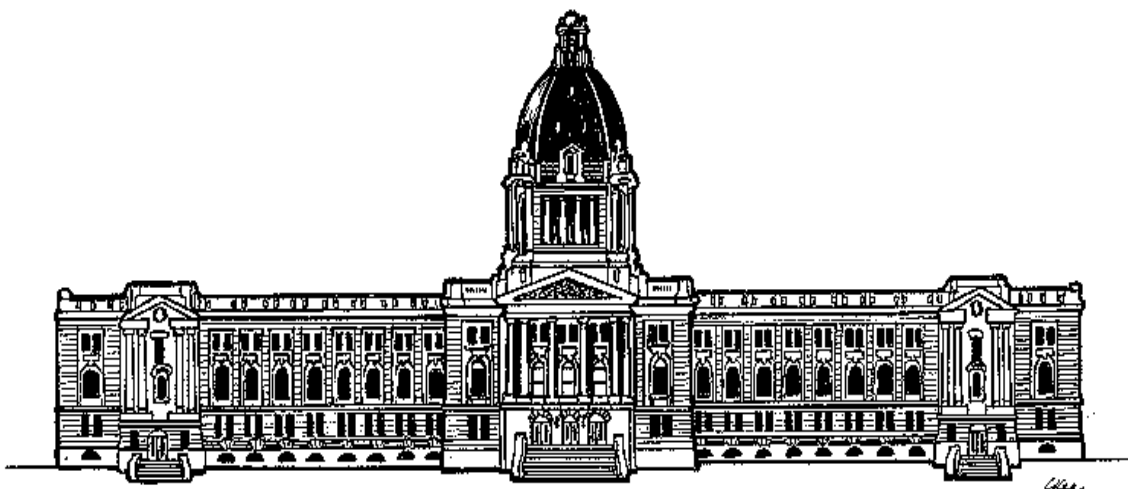




# **Special Committee on Tobacco Control**

## **Hansard Verbatim Report**

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**Legislative Assembly of Saskatchewan**

**Twenty-fourth Legislature**

**SPECIAL COMMITTEE ON TOBACCO CONTROL  
2000**

Myron Kowalsky, Chair  
Prince Albert Carlton

Doreen Eagles, Vice-Chair  
Estevan

Graham Addley  
Saskatoon Sutherland

Brenda Bakken  
Weyburn-Big Muddy

Bob Bjornerud  
Saltcoats

Debbie Higgins  
Moose Jaw Wakamow

Mark Wartman  
Regina Qu'Appelle Valley

The committee met at 7 p.m.

**The Chair:** — Good evening, ladies and gentlemen. Welcome to this session. I think it's about our 12th session to the Special Committee on Tobacco Control. This committee has been travelling around the province. We've been to everything south of Saskatoon that we're going to go to, and we've got left yet to go to, let's see now, I got Meadow Lake, La Ronge, Beauval, and Nipawin, besides Carlton high school.

I want to thank you all for coming out today because your attendance tells us that this is an important issue to you. The committee is open. We want to hear all points of view. In the end our job is to come up with some type of report to the legislature of Saskatchewan.

This evening what I'm going to do is going to go . . . I'll just give you an outline of the way it will go. I'm going to go through a presentation. It will take about 10 minutes, and then we have, at least what it looks like, a dozen presenters, and we've scheduled everybody for about 20 minutes. If it takes less than that per person or per group, that's fine. We'll just get through it faster, but we'll ask you to go up to 20 minutes including the question and answer period.

So right now what I'm going to do is start with some introductions and then we'll go through the presentation. My name is Myron Kowalsky. I'm the Chair of this special committee. It's a committee of seven legislators: four government members and three opposition members.

Vice-Chair is Doreen Eagles, MLA (Member of the Legislative Assembly) from Estevan; Bob Bjornerud, MLA from Saltcoats on the committee. And Graham Addley, MLA from Saskatoon Sutherland; Deb Higgins, MLA from Moose Jaw Wakamow; and Mark Wartman, MLA from Regina Qu'Appelle Valley. And Brenda Bakken, MLA from Weyburn-Big Muddy, probably had the farthest to travel today.

We also have with us some staff to the committee. There's Donna Bryce, who is the committee Clerk, on my right; and also beside her Tanya Hill, our research officer, who some of you have made contact with.

We also have Darlene Trenholm who is working on the microphone system. She's our switcher. And Alice Nenson is at the registration desk. And we also have *Hansard* technician here, Kerry Bond, who sets everything up. And Kerry is one of the people that's responsible for sending the legislative signal down through cable TV to all parts of the province.

What is our job? Four questions we're trying to answer. First of all, assess the impact of tobacco use in Saskatchewan particularly as it applies to children and youth. What laws do we need or do we need to change to protect people? And again an emphasis of children and youth.

What should we do to protect the public from second-hand smoke? Should we be designating smoke-free places and who should do it? Should we do it provincially; should it be up to health boards; should it be up to municipalities; should it be up to the owners.

What should we do to prevent and reduce tobacco use? Should we change the way we enforce the law now; should we be looking at different pricing system; what should we do about education and public awareness.

So we're going through this public hearing process to listen to your views. We're going to 17 communities altogether, and 14 schools.

I want to just spend a moment looking at a couple of these graphs that sort of tell the story about where we're at nationally, in this case, with respect to the percentage of the population that smokes. On this line, on this axis, the per cent of population that smokes, along this one, right from BC (British Columbia), by province, right through to Saskatchewan. I want to spend some time here.

You can see that Saskatchewan has one of the tallest black bars. Black bar represents those people that are age 15 to 19. And you can see that our population, about 34 per cent of our young people smoke in Saskatchewan — second only to the province of Quebec. As a total population, 15 and over, we're about in the middle of the pack. It's a bad pun, I know.

This graph speaks to how many cigarettes are smoked daily on the average. First of all, all males is the top line and this is what's happened over a period of time from 1981 through to 1999. So you can see that graph has a slow downward trend. Likewise for all females — this line, slow downward trend except till about here; here it levels off. The next line represents males, young males, 15 to 19. And the most volatile line here is young females, 15 to 19.

And you can see since 1996 this graph here shows that there's been an uptake in young female smoking, the number of cigarettes that they smoke daily. And right now the amount smoked by young female and young male smokers is about 12, 13 cigarettes a day. And the concern here of course is what's happened recently in this case, is the uptake.

These stats are supplied to us by Health Canada, by and large, and they've used all of these various sources to get that.

I want to give you one more graph on Saskatchewan only. This graph tells about the percentage of people that report that they smoke — young people that is — and this is for males and for females. And you can see that the tallest graph here is this one. And that represents the young women in northern Saskatchewan have the highest rate of smoking — about 51 per cent of them report they're smoking.

The next graph is for central Saskatchewan and the one after that is southern Saskatchewan. Northern Saskatchewan represents everything north of Saskatoon. The central region is Saskatoon down to, but not including, Regina. And the southern region is Regina and No. 1 Highway and south.

You can see the pattern's the same for young males. Again people in the North tend to smoke . . . more of them tend to smoke than do people in the South. But young women taking it up far more frequently. And of course you know the health risks associated with that for young females, probably. Well

especially with prenatals.

There is some legislation in the province now. There's The Minors Tobacco Act, which hasn't been revised since 1978 — and one of the reasons why the committee is on the road now; we've been told we're quite a ways behind — prohibits the sale of tobacco to people under 16. Merchants cannot sell to minors unless there's a written note, and merchants can get fined up to \$10 under the Saskatchewan law.

There's also The Urban Municipality Act, 1984 — city councils, municipalities can regulate smoking in public places in their municipalities. And there's The Occupational Health and Safety Act, 1993 which regulates smoking in workplaces. It gives the ... regulates smoking in workplaces through the committees — occupational health and safety committees.

There's other legislation, the federal legislation of 1997, which is enforced in Saskatchewan. This is the legislation that prohibits the sale of tobacco to people under 18. It allows for fines as high as \$3,000 for the first offence and up to \$50,000 for the second offence. There is no minimum fine on that. There have been people that have been charged under this law. In most cases so far though, they've just been given warnings.

It also, with federal law that prohibits the advertising of tobacco products, and they also ... What is allowed is sponsorship of cultural events and sporting events by tobacco companies. And it's federal legislation that regulates the packaging of tobacco products, the new packages that you may have heard of in the news about two weeks ago, that I don't think they're on the shelf yet. But that's a federal legislation.

This little cartoon here speaks to these pictures on the packs here. He says, these pictures of diseased lungs on my cigarette pack make me nervous. She says, me too. And guess what their reaction is? Well it tells us a little bit about the nature of tobacco, how addictive it is. It also tells us a little bit about the way we use tobacco, as a stress reliever — or at least we think we use it for that.

What about the costs? Directly to the province of Saskatchewan, \$87 million for hospitalization, for doctors, for drugs, and fire loss. In addition to that, there's an estimate of \$179 million in indirect costs — people who have died and no longer draw a wage but somebody is supporting those families; people who are ill or away from work due to smoking or chewing. Other costs such as low birth weights and second-hand smoke — 179 million. Add those two up and that's 266 million going out, costing the province and the people of Saskatchewan.

But there's money coming in. We tax every carton \$17.20 plus PST (provincial sales tax), \$125 million this year to the provincial treasury — 125 coming in, that's in taxation. The federal government taxes \$10.85 per carton plus GST (goods and services tax) — 2.2 billion to the federal treasury. We pay from Saskatchewan about \$67 million of that.

We are asking, and we have been hearing from people who have been presenting to us on health effects of tobacco, we're very interested in listening to issues as they affect youth, because we feel that this is where we probably can make the

biggest impact. We want to know about smoking in public places, what you think of it. And we're wanting to hear about recovering health care costs and accountability for the costs.

Oh yes, one more rather startling graph. This talks about the number of deaths in Saskatchewan due to smoking, traffic accidents, suicide, and AIDS (acquired immune deficiency syndrome). If you see this graph here, this bar is by far the longest. And we could have had other things in here like alcohol as well, but it doesn't nearly compare to this one. Over a thousand people, actually about over 1,100, near 1,100 — some doctors have been saying 1,600 deaths annually, compared to less than 200 for traffic accidents and suicide.

This graph just pictures the provincial revenue at 125 million, and the health care costs at about 266 million.

Just a little psychology here. Remember when some of you smoked, had your first cigarette or cigar. Might have felt like this guy here, moaning and groaning. And mom says, are you okay; you smoked some of that cigar, didn't you? Yes, mom, I think I've caught cancer. Shouldn't we tell him it's just nausea? The mom says, well maybe so, but all in good time.

Maybe a good situation in terms of balance between those who want to live in clean air, here they can have a conversation and good clean air around them. And right beside them is the fellow that's working but he's in a situation where he can enjoy all of his own smoke.

So our job is to listen to you. I'm going to turn it over to people that brought and prepared briefs. I want to thank you for that. I want to bring to your attention that we have a web site for ... there's a youth online survey and if any of you have youngsters that use the computer, you might just jot this down — [www.legassembly.sk.ca/tcc/](http://www.legassembly.sk.ca/tcc/).

So now we'll proceed with the hearing. What I'll ask the witnesses to do when they come forward is come here and sit down. And whether ... if you come in ones or twos, if you come in threes or fours, that's fine too; just bring a chair with you.

First thing we want you to do is just give us your name and then go through your presentation. The committee members may or may not have questions, because we'll try to keep it fairly brief so that we can get everybody that's come here, through here tonight. So I'll just go and find my list.

Now everything that you're saying is being taped; it will go down in *Hansard*. But if you have a copy of material with you, please hand it in to Tanya before you leave as well.

Here's the way our list goes: start with Lynnda Berg; then somebody from Living Sky Health District; then Randy Friesen, then Dr. Vooght, and Mitchell Wilson; then Bette Hartsfield, Maryanne Kramchynsky, Doris Lund, Stuart North, Canadian Diabetes Association, and Jacquie Calvert.

So the committee would now like to hear from Lynnda Berg.

**Ms. Berg:** — Committee members, ladies and gentlemen, my name is Lynnda Berg and I'm the director of health services for

Parkland Health District. And it's an honour to be able to present to the all-party committee on tobacco legislation on behalf of our health district.

The Parkland Health District is actually a very close neighbour to P.A. (Prince Albert), being just to the west. And I guess the unique factor in our health district which challenges us daily, is our very rural, the rural nature of our health district in that we have basically no large urban core.

We are a group of small communities and the largest centres being Spiritwood, Shellbrook, and Big River which number about a thousand, and the remainder are rather small communities and a large number of schools. So a big challenge in delivering things in a population health standpoint and community-based care.

The vision that the board has selected for our health district is healthy living in rural Saskatchewan. And in setting its mission, narrowed it down to three areas that we would hope to achieve our vision, which is the establishment of healthy environments, healthy lifestyles, and finally, healing.

Traditionally our health system has dealt largely in the area of healing — that is the actual treatment of illnesses and spending our money in institutional care. And only now in the later years as we as health professionals challenge to move more into the area of healthy lifestyles that is changing behaviours. And finally the creation of the healthy environments that really affect our health in the primary preventive area.

To focus directly on the healthy environment as it relates to this committee would be the establishment of clean air, water, and environmental contaminants. And these are some of the health outcomes which we as health workers now work together with the board. To narrow it down a little bit, the board did set this as an outcome which is decreased smoking in places frequented by children. So I will focus the main part of my presentation on that area.

We then sort of looked at what are the environments that are frequented by children in our health district. And we looked at how we are doing in each of these environments, and basically we found out we weren't doing very well. We were able to identify one restaurant, a rather small community that had one smoking area. The remainder remained totally, basically open air, free smoking, no restrictions at all.

The one area we did find some progress was in hockey arenas. For some reason adults seemed to identify this as being an important area where children are, and we did find that the majority of our hockey arenas are becoming smoke free. We're tending to see the adults outside providing a fine example to our young people as they enter the doors, but the insides remain smoke free to a large part.

The issue of curling rinks was quite another story. And I'm sorry I couldn't find a curling rink; I had to use a dart board. But they basically remain 100 per cent smoking, and even the suggestion that they become somewhat smoke free is causing some discontent. It was interesting as I was driving in, they were talking about the Brier Patch being a very smoky area just this past weekend. So it's something we with our rural curling

rinks could certainly identify. And we are finding that family curling is becoming a trend albeit that we still have the smoking.

We found that schools — when we looked around Parkland we have approximately 33 schools — were basically becoming smoke free. Gone are the days of the blue staff room of my . . . the plus-40 era. And we're finding that the interiors basically of the schools are smoke free.

However, the youth are basically, in a lot of cases, crossing the street and throwing butts into five-gallon pails and causing a bit of a litter problem. So we have had a few schools in our health district actually digress to where they have created blue rooms or lounges for this. But they do struggle with this issue recognizing that it isn't necessarily desirable. But for public perception they have moved in that way.

Mr. Kowalsky alluded somewhat to the smoking rates for girls. And I took these figures out of the national population health survey. And you'll see girls as young as 12 to 14, we're finding 10 per cent. Now in the national survey there was only 6 per cent of boys in that age group. In the age 15 to 19 age group, a very significant jump there, up to 29 per cent and 22 per cent for boys.

Now when we looked at our health district, and this was a youth needs assessment that we did in 1996 specifically for those grades listed, 6, 9, and 11, and we asked the question of who was smoking approximately once per week. Incidentally, the daily rates were almost identical, those that smoked once per day. But the once per week category showed that there were a few grade 6's smoking, and that is the boy line there.

In the grade 9 and 11, and those percentages were pretty close to what Mr. Kowalsky had shown as well, 21 per cent of girls, and 30 per cent when they get to grade 11. The difference we found in our health district was that there was a high number of males, as you can see, 32 and 39 per cent respectively, smoking in grade 9 and 11.

So not only do we have the issue of the girls smoking, we are also finding a significant number of young men who are smoking in that age group. So that's somewhat different from the national trend.

And as I mentioned, those who smoke every day, pretty much exactly the same figures as well, again seeing the males as being a high number.

This is a bit of a cluttered slide. I'm sorry, I just got this one from Sask Health and I didn't have a chance to condense it. But it is of particular concern to us in our health district. It's avoidable hospitalizations of infants. And among the diagnoses that would be categorized in there would be pneumonia, bronchitis, and asthmatic conditions.

And we have noted, although it's difficult to see, our health district is one of the longer lines, which isn't a good thing. So we know in our health district that we do have a lot of infant hospitalizations that we need to work on, that are avoidable. And I think we can surmise in view of the fact we have so many smoking environments, that this is a factor in these

hospitalizations.

Another factor in the population health areas, we do know our health district is one of the health districts with the lowest incomes. And that becomes, in the population health point of view, causes a lot of problems in that we found people with lower incomes tend to have poorer health status in general.

And so it is with cigarettes. Even though you have less income, you do tend to smoke more. So this graph is taken from actually a national survey showing that 40 per cent of people in . . . that is men and 36 per cent of women in the lowest income bracket are smokers. So for our health district with a low income, again we know that we have to struggle with that more so than a health district such as Saskatoon which rates as one of the higher incomes.

In our health district we have a very high Aboriginal population. I believe we have seven reserves; a couple of smaller ones that just don't have a large population. But in the 10 to 15 age group, which is where we find that people, especially young people, are taking up smoking, that we have approximately 1,500 youths in that population. Our general population in the health district numbers about 20,000. So we have a lot of youth that we're looking at.

In the First Nations and Inuit health survey where this data came from, it was found that First Nations people smoke on average 62 per cent — a very alarming rate — but when you think of the fact that they're often in the lower income bracket as well it's perhaps explained.

In this particular survey, it was noted that the average age of uptake was 10 years. And I think for all of us — I imagine there are a few ex-smokers in the crowd — know the tremendous addictive qualities of nicotine. And when we're dealing with an addiction that begins at age 10 years, cessation programs have a difficult problem in dealing with that.

Now, in my brief I will leave you the document which is called *New Directions for Tobacco Control in Canada: A national strategy* and this strategy suggests four main goals, the first being prevention, cessation, protection, and denormalization.

And our health district has chosen basically to work in the area of prevention and protection. We have tried a few cessation programs, largely with adults, but again due to the rural nature, travel is often involved and we have found that attendance at these programs tends to wane and we're often not able to complete the program. So cessation for us hasn't been the best. Prevention, again I will mention in my recommendations as I go.

The first recommendation — and I have six — is that tobacco control to minors, another look be taken at that. We know there are laws in place as has been already presented. But we have found in the rural areas that there is minimal enforcement of the basic law on sale to minors, and perhaps even in the urban areas I would second a guess that it isn't always enforced.

There could be measures to minimize access to products. And in an omnibus survey, which I have also included, conducted in 1998 by Sask Health, it was found that 34 per cent of the people

did support restrictions on sale of tobacco in convenience stores. So there already is a fair bit of support for some sort of restrictions on sales.

The second would be some sort of incentive for businesses to become smoke free. And I here have suggested that this could be in the form of recognition grants perhaps tax incentives or tax credits for these. And as a government you certainly would have the power to set these.

As has already been mentioned, The Occupational Health and Safety Act, 1993 does regulate some indoor smoking by virtue of employees who may declare that they refuse to work in a dangerous area. We have had this occur slightly as an employer in the area of home care, where we at times will sometimes even restrict service to clients who smoke heavily because our home care workers perhaps can't work in an environment that's very smoky.

So I think more and more we will see employees coming forward with issues and refusing to work in smoky restaurants or other smoky places.

Again, I have mentioned the area of recreational facilities which is where children frequently are. And there are tips, grants, and different rec grants which I could suggest; bonuses could be given to those places who choose to become smoke free. And again, I think the media could be called upon to promote these things in a positive light and by creating the smoke-free environments.

In the area of the health curriculum, I did highlight the issue of the early age of onset of smoking. And your slide very nicely emphasized that the number of deaths from AIDS and HIV (human immunodeficiency virus) is very small in Saskatchewan. However, AIDS and HIV is actually mandatory content in our health curriculum. Smoking is not. It is actually included as an option under a category of safety, avoiding dangerous situations. So the setting of education curriculums would be a significant way.

And I will give an example of non-smoking week program and materials we had prepared for the schools in our health district. And we had sent this out to the schools and there was in fact only one out of 33 schools that responded and asked for information on this material. So again, as educators, we're not always seeing that as being a high priority area. Yet you know, we see a lot of hype about AIDS and HIV and very little about smoking.

And the fifth recommendation would be to maintain or increase the price, I guess basically for two reasons. I think we saw in 1998, when the smuggling issue was going on in Quebec and there was a change in the price of cigarettes, a number of people documented that the decline, which was nicely noticed on many graphs, stopped at that point.

Also increasing the price I do believe does limit access to some degree, particularly for people in lower income brackets or youth who may have difficulty accessing that. Although one could certainly argue that one as well, because people if they do want to smoke, do seem to find the money somewhere. But it is, I believe, somewhat of a deterrent.

And the final recommendation deals specifically with prevention of tobacco use. And some suggestions I have here is the banning of some products that simulate smoking as being glamorous such as candy cigarettes. The issue of flavoured tobacco now being on the market.

Again in the same Saskatchewan Health omnibus survey, there was a — I can't remember the exact percentage — oh, 34 per cent I believe favoured the ban of tobacco products and moving it to liquor vendors and special tobacconists and not making it accessible through, say, grocery stores.

I think we are finding a move among pharmacies, health care facilities, and some recreational facilities again not to sell tobacco products. I think it also becomes an issue of theft and so on in some of these places as well because of the expense of the product.

So I think that is basically the end of my presentation. I'd like to thank you for the opportunity. And if there are any questions, I can attempt to answer them.

I'm sorry. I neglected to introduce Faith Mazurek, who is a board member from Shellbrook, elected board member. So she's running the overheads for me, so thank you, Faith.

**The Chair:** — Thank you, Lynnda and Faith. Now Doreen Eagles will start.

**Ms. Eagles:** — Thank you, Lynnda, for your presentation. Right now it is against the law for minors to purchase cigarettes, but it isn't against the law for them to possess them. If they are caught purchasing cigarettes, the onus is on the vendor.

Do you think that should be changed so that the underage buyer is responsible? And if so, how would you recommend the policing of it?

**Ms. Berg:** — Oh, I hadn't really given much thought to that question. But yes, you are right in fact that it is the vendor who is taking the onus on. I guess it becomes the issue of possession.

And in the area of alcohol it does become illegal for those under age to possess alcohol as well. So I guess if you paralleled it with that as an addictive substance and wanted to apply the law in the same way, I guess the . . . you know, it probably would make sense that a person would be charged.

However, when you are dealing . . . you would be dealing with a significant number of young offenders, and I think the treatment and rehabilitation might be difficult to prescribe in that way.

**Ms. Eagles:** — Do you think increasing the price of cigarettes might lead to the younger people stealing to support their habit?

**Ms. Berg:** — Well I certainly do agree that that is a factor. We do, we do see that in the rural areas where there aren't, you know, a lot of staff around. You know, I have observed this myself — you know, the clerk goes to the back and somebody runs and steals. And that is an issue.

And price, when it rises, definitely is prohibitive to young

people. Yes, I think that's a distinct possibility.

**Ms. Eagles:** — A lot of the students we've visited in schools have said that the way it is right now, that if they have a choice between gas and cigarettes, they will buy cigarettes and choose to walk rather than buy gas for their car.

And we've also heard when we visited the schools that perhaps we should be targeting the younger kids; like so far, we've visited all high schools. And you know, what they're basically telling us is hey, hit the kids that are nine and ten years old because that's when this habit is starting. And you know maybe you can prevent it then because these kids are, you know, if they're interested in smoking they're pretty well all smoking.

**Ms. Berg:** — Yes, yes.

**Ms. Eagles:** — I thank you for your presentation.

**The Chair:** — Well Lynnda, could you . . . you mentioned in your presentation that you had some stats on seven Indian reserves. Who was it that took that survey and when?

**Ms. Berg:** — That was actually a national survey. It was an Inuit and First Nations survey that . . . I don't know if I . . . I haven't included it in here but I could probably find you the reference if you're interested. It was a national survey; it wasn't actually from our populations. I was just mentioning the number that we have.

**The Chair:** — Good. If you could do that and get that information to Tanya.

**Ms. Berg:** — Yes, I can get that reference. Sure.

**The Chair:** — I was quite interested in your comments about curling rinks, that what you're seeing is that the curling rink is sort of one place that has not accepted this trend of moving towards non-smoking. Is that what you . . .

**Ms. Berg:** — That's correct, yes.

**The Chair:** — Prevalent right throughout the health district?

**Ms. Berg:** — One hundred per cent. Yes, everyone. And again, there's a couple of curling rinks in rural areas . . . We tend to combine things to make as many efficiencies as we can for kitchens and so on, so we'll have a curling rink linked to a hockey rink. And so the hockey rink sometimes might want to be smoke free but you've got your curlers over here who do not want that. So it has been a deterrent to those sorts of joint facilities as well.

For example, in the community of Spiritwood we're building a new . . . in the process of raising funds for our new curling rink and the suggestion has been made it be smoke free and this is just flatly being refused by the group, as I understand. So interesting trend, yes.

**The Chair:** — Well thank you very much for your presentation. The committee would now like to hear from Nona Longstaff, Living Sky Health District.

**Ms. Korsberg:** — Good evening, my name is Edmée Korsberg. I'm the director of health promotion for Living Sky Health District; and Nona will be presenting a brief on behalf of the board. But I would like to echo some of the comments that Lynnda talked about, some of the issues around her health district, Parkland Health District.

Living Sky Health District is a rural district and you had asked, reiterated or asked the question about curling rinks and recreational facilities and we're finding the same issue within our health districts — that there are a few of the hockey rinks that have put in place non-smoking policies, but the curling rinks, it's a very different story. People have difficulty drawing the line about whether or not they will have that public area smoking or non-smoking.

I will turn the rest of the presentation over to Nona.

**Ms. Longstaff:** — Thank you. To the committee, good evening, and to ladies and gentlemen.

The Living Sky Health District, located in rural Saskatchewan, provides a full range of core health services to the population of Lanigan, Nokomis, Strasbourg, Watrous, and Wynyard areas.

The vision of the Living Sky Health Board is to ensure that all residents enjoy a high quality of life characterized by physical, social, emotional, spiritual, and economic well-being, and optimism for the future.

Health services will focus on wellness, health promotion, disease and accident prevention. This will be accomplished through strong leadership, intersectoral collaborations, partnerships, community development, and affordable and accessible health services.

We believe that health is a right not a privilege. Health is multi-dimensional and addresses physical, emotional, social, intellectual, and spiritual needs. Individuals share responsibility for their own health and wellness, and for contributing to the health and safety of the community. And our role is to support the recognition of strengths, and build capacity in individuals and groups.

Shortly after the Living Sky Health District was appointed in 1994, a needs assessment was conducted. It identified the serious health risks that use of tobacco products and environmental tobacco smoke posed to the residents in our health district.

The board considered and still considers tobacco reduction initiatives a priority activity in health promotion and prevention strategies. Numerous focus groups include community people, health district staff, and youth have also identified tobacco use and environmental tobacco smoke as a serious health issue.

We recognize that the effect of tobacco on our population is the leading cause of preventable illnesses, disability, and premature death. Smoking kills more people than AIDS, suicides, and traffic accidents combined.

In 1997 the estimated direct costs of tobacco consumption in Saskatchewan were \$87 million, and this includes physician

costs, drugs, and fire loss. We spend untold numbers on compensating workers for sickness and disability days because they suffer from conditions that result from tobacco use. Over 600 people in Saskatchewan die from tobacco-related causes each year, and that's Saskatchewan tobacco facts.

In its efforts to recognize that smoking and environmental tobacco smoke pose a serious health risk to people, the Living Sky District Board actively implements and supports programs to that end. All facilities owned and operated by Living Sky Health District are smoke free. Staff have access to assistance for smoking cessation programs up to \$100 to \$200.

We are members of the Saskatchewan Coalition for Tobacco Reduction, formerly known as Saskatchewan Interagency Council on Smoking and Health. We support their activities directed towards achieving a tobacco-free society. We have lobbied, and continue to lobby both provincial MLAs and federal MPs (Member of Parliament) in support of stronger legislation, both provincially and federally.

We are actively involved with the delivery of prevention programs such as Tobacco Affects Lives of Kids. Public health nurses deliver the program to grades 5 and 6 youth in an effort to equip them with the ability to adopt a healthy lifestyle and choose not to smoke.

We participate in the Fly Higher program sponsored by the Heart and Stroke Foundation of Saskatchewan. This program equips young women with leadership capacity to work in their schools and communities with youth, to encourage their peers to choose healthy alternatives.

Public health nurses work within their local communities to encourage municipal policy-makers to consider the impact on health when they are developing policies such as no smoking in community facilities.

We are a member of the Saskatchewan Association of Health Organizations and have supported their positions, statements, and yearly resolutions directed toward tobacco use reduction. We are proud of the youth who spoke to you when you visited Wynyard high school on March 1.

We appear before you tonight as representatives of approximately 14,000 residents of Living Sky Health District to consider the following:

Immediately increase taxation on all tobacco products and target these funds towards prevention programs.

All sectors of the community need to be well informed on the effects of tobacco.

Immediately enact provincial legislation requiring all restaurants, bars, and public places to be smoke free; or at the very least, enact provincial legislation banning smoking in all places frequented by children.

Immediately enact provincial legislation which prohibits smoking and tobacco use, including smokeless tobacco, on school grounds. In our health district there are three school divisions. The directors of education express frustration about



making decisions where students will or will not smoke. From our experience working with the schools, we are aware that all children know where the smoking spot is. They observe this daily from the time they start school in kindergarten.

The tobacco industry should not be allowed to promote, initiate, and sponsor merchant educational programs such as Operation ID: School Zone or any other strategies to address issues around tobacco use, especially those programs that target youth.

Information about the negative impacts of these programs must be extensively available to ensure that the business community is knowledgeable about tobacco industry sponsored programs. The tobacco industry would like you to believe that they are opposed to youth smoking when we know that most adults who are addicted have started smoking before the age of 19.

Saskatchewan Labour must recognize the serious health risks that environmental tobacco smoke poses in the workplace and enact regulations that will protect all workers in Saskatchewan.

Health Canada estimates that second-hand smoke causes 300 deaths each year from lung cancer in Canadian smokers . . . non-smokers, pardon me. Since Canadians spend most of their time indoors in their workplace, at home, or in recreational facilities, indoor air quality has an impact on health.

Ban tobacco sales in pharmacies, educational facilities, and all provincial and municipal government buildings. We need to be prepared to be a model for our youth and children. Youth in our district tell us that adults have much influence on how youth behave and make choices for themselves.

Ban smoking and the use of tobacco products in amusement parks, theatres, pool rooms, athletic facilities, recreational facilities, and licensed child care facilities. Regulations currently ban smoking in licensed child care facilities but are not applicable to licensed child care homes which care for an estimated 1,900 children in Saskatchewan. This supports the resolution submitted to the 1999 SAHO (Saskatchewan Association of Health Organizations) convention.

The provincial government needs to pressure the federal government to increase their surveillance of the sale of tobacco to the youth under the age of 18. Youth tell us that they have unlimited access to tobacco products in spite of the legislation. They feel that adults have set a double standard in that it is illegal to sell tobacco to youth but not illegal for youth to smoke.

Include nicotine replacement therapies in the drug plans. Studies show that more people in lower income brackets are addicted. Making nicotine replacement therapies available through the drug plan may encourage people to make the decision to quit smoking.

The Living Sky District Health Board would like to thank you for this opportunity to present its views to the committee. We support any action or legislation that reduces the use of tobacco and risk of exposure to tobacco smoke in public places, especially those places that are frequented by children.

**The Chair:** — Thank you. Would you mind repeating that part

where you talked about nicotine replacement strategies and you talked about studies?

**Ms. Longstaff:** — Studies show that . . .

**The Chair:** — No, just backtrack about one sentence.

**Ms. Longstaff:** — Include nicotine replacement therapies in the drug plan.

**The Chair:** — Okay, and then you said?

**Ms. Longstaff:** — Studies show that more people in lower income brackets are addicted. Making nicotine replacement therapies available through the drug plan may encourage people to make the decision to quit smoking.

**The Chair:** — Okay, thank you for clarifying that. Committee members?

**Mr. Bjornerud:** — Just a comment, and I've noticed those health districts have talked about the curling rinks and that they seem to be 100 per cent, and I'm not sure if you said that was the same in yours.

**Ms. Korsberg:** — Thank you, ours is as well. We didn't conduct a survey. Last winter I had written . . . we had written a letter to all of the municipal governments asking them where they had smoking policies within their facilities. And we had two public rinks in the health district, and the rest of the recreational facilities didn't have any policies or we didn't get any response.

**Mr. Bjornerud:** — I'm from the east side of the province and most of my communities are small too. And within I would say probably just the last couple of years, even this year, there's been a number more. I don't think in any of the curling rinks there you can smoke in the waiting room or out on the ice surface in most of ours now. And it's just happened. The lounge is the only place that they're allowing smoking.

And I constantly lobby my counterparts here that on the east side the sun comes up first and we're a bit ahead, so I think there's hope that it might be coming across the province. You don't have to agree with me if you don't want to.

**Ms. Korsberg:** — I considered those that were the . . . smoking was allowed in the lounge. I still consider . . . I know the community where I live, there isn't any smoking allowed on the ice level, but all of the curling rinks . . . Even two weeks ago, I was in a school that had the curling rink and the skating rink attached to it and there were ashtrays in that school — in fact, there were ashtrays in the school kitchen. And I was quite concerned to see that.

The facility is also used as a community facility, a community hall. I didn't ask the question, but it's quite obvious when there's this huge stack of ashtrays. And I could see ashtrays out in the curling ice that there is smoking that goes on even though you walk right from the gym into the curling rink. The doors were wide open to that school. So we still consider those as smoking places even though just in the lounge.

**Mr. Bjornerud:** — Yes, exactly. But I think people are becoming aware much quicker now than they ever were before. I noticed in our area some of it is by the municipality has legislated it in. But others, like the minor sports association or the curling club themselves, have took the initiative to do it. So I think it's happening. Maybe, you know, what you're saying is let's speed it up a bit; but you know, there's a happy medium I guess.

**Ms. Korsberg:** — We do have . . . Just as an aside comment, one of the bingo halls . . . I live in Lanigan, and I know a friend of mine was having a discussion with me about a year ago as to they were having the discussion within that church group, do they ban smoking at the bingos. This fall it went smoke free and there still . . . I haven't found out to see if it reduced the number of people, but I know they're still advertising the weekly bingo and they're advertising it as a smoke-free bingo. So I was . . . I'm quite excited about that.

**Mr. Addley:** — Just to follow up on Bob's point as someone that's from the very west of the province. We always felt the people in the East needed that extra time because they weren't quite as bright as the people in the West. Kind of applies to Ontario too.

But what I was going to ask you about is the tobacco industry should not be allowed to promote the Operation ID: School Zones, and I would like you to speak a little more on that. But also the next sentence — information about the negative impacts of these programs must be extensively available — that sentence there. I'm not sure I understand the meaning that you're trying to get at there. Could you expand a little bit on that.

**Ms. Korsberg:** — Some of the information that I've been giving is from the interagency committee on the Saskatchewan interagency group. We feel that the tobacco industries exist for one purpose — they make money from selling tobacco. And as far as their involvement in promoting programs . . . or them coming out with . . . We feel that they are masquerading . . . promoting programs to reduce smoking or to create that awareness within youth is probably like the wolf hiding in the sheep's clothing type of thing.

I know that we . . . I was involved with the youth a few years ago on a project. They had identified alcohol and drugs and they talked a lot about smoking. But in producing a video, the youth wanted to approach the liquor companies to help support the cost of this video. And unanimously all of the liquor companies wrote a letter back saying, you know, we encourage you with this promotion but we do not fund or support any of those kinds of activities for youth, and they felt that ethically that it wasn't right. And I guess the same goes for tobacco companies.

**Mr. Addley:** — Thank you.

**Ms. Higgins:** — Thank you very much for your presentation. On page 2 of your document, it talks about the Tobacco Affects Lives of Kids program that the health nurse teaches in grade 5 and 6. How long of a course is it? Is it just go in for a couple hours?

**Ms. Korsberg:** — This is actually a brand new program. Last year they were teaching the PALs (peer assisted learning) program — and I can't remember what the letters . . . Saskatoon District Health . . . we're part of the Saskatoon service area, and Saskatoon District Health has just introduced . . . Our public health nurses about six weeks ago started teaching this program to the grade 5 and 6 youths. So we're just . . . haven't even experienced all of the presentations yet with the youth.

But towards . . . at the end of the year we will be looking at what they've done in evaluating the program.

**Ms. Higgins:** — So do you think grade 5 and 6 is early enough?

**Ms. Korsberg:** — Personally I feel it should be earlier. When we worked with the . . . were working with the youth to produce . . . They produced a video and they were piloting it in the schools over a period of nine months.

And we started with grade 3 children and they were talking . . . That was the thing, the video concentrated on alcohol and drug use. But the younger kids talked right away about tobacco use within the schools, and they knew where the smoking place was and they felt that this . . . So kids at a very young age already know who the smokers are, where they get the cigarettes from. They know all of this stuff. And I would think practically as soon as they start school.

So we feel that the younger . . . And the kids have told us, the youth have told us, like start younger. Exactly what you've been hearing from the youth across the province, that grade 5 and 6 is almost getting too late. Same thing with issues around alcohol and drugs. They say that we should be starting at a younger age.

**Ms. Bakken:** — Just further on that, the same issue of this program — how is this initiated? Is it through the Department of Health or through the Department of Education or . . .

**Ms. Korsberg:** — This is a program that the public health department in Saskatoon developed to deliver within the schools. It's through their curriculum but it's one option. And the public health nurses deliver it to the schools.

**Ms. Bakken:** — So is this at the request of the school, and the school pays for this service?

**Ms. Korsberg:** — The public health nurse generally goes to the school and lets the educators know what she can help them with and what she's available for. And they talk to the teachers about the new program, and we're invited into the schools to present the program.

**Ms. Bakken:** — So it would take place in health class?

**Ms. Korsberg:** — Yes.

**Ms. Bakken:** — And is it paid for by the Department of Education or the Department of Health?

**Ms. Korsberg:** — Health.

**Ms. Bakken:** — Health.

**Ms. Korsberg:** — Our staff are delivering it and we have purchased the resources and we are working with the schools.

**Ms. Bakken:** — Okay. Another question. You have down that staff have access to assistance for smoking cessation programs for up to \$200. How many people have taken advantage of this?

**Ms. Korsberg:** — Very few.

**Ms. Bakken:** — Like how many?

**Ms. Korsberg:** — I would hazard a guess it's been . . . This program has been available to staff since, I think 1996. And I would say possibly five. I do know of some people who have stopped smoking without accessing the program. But there are not that many staff that have.

**Ms. Bakken:** — Five out of . . . how many would you have on staff?

**Ms. Korsberg:** — Our staff, we'd have about 500 staff.

**Ms. Bakken:** — So very little. So then you don't have any rate of . . . you wouldn't be able to tell me what rate of success there is because you've had such a low number.

**Ms. Korsberg:** — No, no. It's a very small number. We began the program wondering if people would access it and . . .

**Ms. Bakken:** — And they didn't. Of those five, did they quit smoking?

**Ms. Korsberg:** — I'm not even sure how many of those . . . I haven't gone back and seen . . . I know about three . . .

**Ms. Bakken:** — This lady back here is saying yes.

**A Member:** — Yes . . . (inaudible) . . . We don't pay . . . (inaudible) . . . We pay after they do.

**Ms. Bakken:** — Oh, okay. You pay after the fact. Thank you.

**The Chair:** — Well thank you once again for the presentation.

**Dr. Friesen:** — Hi. I do not have a written brief for you this evening so you can just relax and listen.

I am a local surgeon and I'm here as a spokesperson for a group of people. We have called ourselves the Coalition of People for Smoke-Free Places. Now we were initially drawn together by a mutual desire to see some control over smoking in public places in the city of Prince Albert.

We fought long and hard in 1998 to encourage our city council to enact legislation to control smoking in public places in this city. As I'm sure you're well aware, there were many feelings about the matter. There was a lot of discussion from many angles.

In the end, we ended up passing a bylaw. Unlike other cities, our bylaw hasn't been repealed or withdrawn because of legal problems or whatever. And I think it's safe to say that in the last five years we have seen, if not a revolution, at least a large

swing in behaviour in this city in terms of smoking in public places.

Our major curling rink, The P.A. Golf and Curling Club, has a smoke-free ice and waiting area. Our P.A. Raiders play in a smoke-free hockey rink. Now there was a human cry that if this happened nobody would come to watch hockey any more. But they don't come for the smoking, they come for, I guess, everything else that happens at hockey games.

Our exhibition centre, which hosts many convention activities, large banquets, and so on, went smoke free a couple of years ago. They seem to be surviving despite all the dire predictions.

We have businesses in this community, and these are not offbeat, off in the corner, select clientele businesses. These are large mainstream businesses — they're right on 2nd Avenue; you can see them when you go by — that have decided to go smoke free. And although I can't give you their books for the last couple of years, I can tell you from conversations with the people who own those businesses that they're very happy with their decision to go smoke free.

We do have a couple of our finest dining facilities in town, as well, that within the last year have decided to go smoke free.

So I'm really encouraged by what's happened within this city. However, aside from the fact that our bylaw is admittedly a weak one, there are a couple of things that happened between 1998 and today that bring me before you today.

The first thing that happened was the overwhelming evidence that has been amassed about the effects of environmental tobacco smoke — whether you want to call it second-hand smoke or whatever. Now this is a difficult area, and there are many opinions about just how dangerous second-hand smoke might be. But I can tell you as a physician that there's no question in my mind about the harmful effects of second-hand smoke.

Those effects have been well documented. And despite all the difficulties in the research which is very, you know, highly technical and difficult to interpret, and despite very vigorous and well-financed attempts by the tobacco industry to disallow that research, the vast majority of physicians, if not virtually all physicians, have concluded on the basis of the scientific information that second-hand smoke is harmful. It's only a question of how bad it is.

We know that the younger you are, the more chronic illness you have, and certainly if you have any underlying lung illness, that tobacco smoke is harmful. There is no question about that whatsoever.

So that, as you know, has started a chain reaction of legislation, lawsuits — there's court action all over the place. If nothing else, it's bringing attention to the fact that this is a public concern; it's not just a private, individual concern. And when somebody lights up in public, the public has to be taken into consideration.

The second thing that came out of our . . . or has happened since we got our smoking control bylaw passed in Prince Albert is

that it's become apparent that there's a vacuum in terms of provincial legislation. If one looks federally, there has been at least some action. The Bill C-71, the Tobacco Act was passed not too long ago.

Now admittedly, a lot of the provisions in the Bill are delayed, presumably till safely after the next election. But nonetheless, there are many provisions federally now that address access to tobacco, and in particular advertising and promotion.

Now if one looks at the provincial level, one sees a rather different picture. We haven't really done anything substantial in terms of tobacco in this province for ages — for many, many years. And that is in great contradistinction to what has happened in every other province. Virtually every other province has enacted major legislation within the last decade to control access to tobacco, and public consumption of tobacco products.

And if one looks at a survey of legislation governing smoking in public places across all of Canada, you'll see Saskatchewan is . . . if we're not at the bottom, we're very, very close in terms of how we regulate that. So I think there's a lot of work to be done.

Now I'm not going to repeat some of the excellent recommendations that have already been made to you. I just want to touch on a few general points about controlling smoking. First of all there is control of sales — taxation is the easy, obvious way, and it's good for you guys too because you'll get lots more money to spend.

Age restrictions — Saskatchewan, I think, is the only province that allows you to take a note from your parent that says you're supposed to buy tobacco for them.

Vending machines — many provinces now require a special licence to sell tobacco products. The reason for that is very simple — if you break the law you don't get your licence back or you get it repealed or revoked or suspended. Right now it's very difficult to penalize people that way.

In terms of kids stealing cigarettes — if you have got all your cigarettes hidden up high behind the counter where they're not readily accessible, not only are they less likely to appeal to people and be in their face but they're less likely to be stolen. So in terms of the point of sale, there's all kinds of things that can be done and that these are not draconian measures; they've all been done elsewhere in this country.

The second area of course is the regulation of working environments. Now this is a hot topic I realize. British Columbia has, I suppose, in one sense gone out on a limb and they'd imposed radical restrictions on smoking in the workplace. I think they saw this as the only sort of logical way to approach the issue. The logic being that if one were to be coerced to expose his or herself to other carcinogens such as asbestos, it simply wouldn't fly. You cannot force an employee to work in an environment that is known to be carcinogenic. Given the evidence about second-hand smoke then, it puts an employer on a . . . on a shaky footing if he knows that those carcinogens are present and doesn't do anything to try and decrease exposure.

Although British Columbia does stand out in this regard — and they've taken a lot of heat for it — Alberta, Ontario, and Newfoundland all have legislation that does restrict smoking in the workplace, and carefully gauges just how much space can be allotted for smoking and it has to be separately ventilated and so on.

Thirdly — and this is the area where our coalition has had the most to do — and that is regulation of smoking in public places.

One can list any number of venues where smoking could theoretically be controlled. The difficulty we have in Saskatchewan right now is that when municipalities enact this type of legislation, they're doing it on their own. And it's difficult; it's extremely difficult especially as the communities get smaller. As communities get smaller, individual businesses can rear up and exert tremendous influence within that given community. Exceptions are made because of this historical fact or that particular situation, and so on.

It also makes it difficult when you have two jurisdictions that are neighbouring each other. For example one fellow was in the jurisdiction that's more restrictive. He feels that he's at a disadvantage business wise to the fellow next door.

And so I think there is a very appropriate place here for the province to provide leadership. It wouldn't have to be radical. Many places already, as you know, have these restrictions in place. And it would certainly provide municipalities with a sense that they're not going out on a limb, that they're not endangering their particular jurisdiction in terms of the businesses and so on.

And then lastly, I think there's a place here for a genuine re-examination and re-emphasis on education and public information. You know, I kind of echo some of the thoughts that were made earlier about the tremendous amount of exposure that AIDS gets. And yet, you know, for every person that dies of AIDS in Saskatchewan there's at least a hundred that die of tobacco-related causes.

I'm not trying to trivialize AIDS or other infectious diseases, but in terms of the magnitude of the problem and the attention and the money that's spent, I think there's some disproportion.

I just want to interject before I conclude, that I guess I'm anticipating that there's going to be at some point — if there hasn't already been — some business people approach you with stories either from the past or the present or what they're sure is going to happen in the future about businesses going down the tubes or suffering great harm if we try to control smoking in public places.

Certainly nobody can give a guarantee that when governments pass laws that it might not affect this business or that business. I'm sure that when asbestos was outlawed, that all the asbestos suppliers in the country went out of business. And I'm sure that there was not a lot of sympathy when that happened. And I'm sure that if there's a restriction on smoking, that some businesses who promote and make their living from smoking might be hurt. And I suppose it's the business of government to face those facts.

But I will say this: in terms of the evidence that's out there right now, there is no clear evidence overall that spending, whether it be restaurants or any other type of facility, goes down when smoking is restricted.

There's tons of places where it's been done. I mean, New York state, they've got millions of people to experiment with. California, they've got 40-million-odd people. They've restricted smoking tremendously, and yet there's no hard evidence that any businesses come to harm in the long term as a result of these measures.

I think that's very reassuring. And I think it points to what we have seen in Prince Albert as kind of a, maybe a hidden fact that for every person who is going to be put out by smoking bylaws, there's going to be another person or maybe two other people who will secretly and silently rejoice that they will now be able to, once again, go out in public. So I see it as, at very worst, a balanced equation.

So in conclusion — I promised I would conclude — on a national scale, I think we probably have the weakest legislation on a nationwide basis. And at present our municipalities and cities need support from our provincial government so that their legislation that they want to enact can be properly enacted and get the public support that it needs.

And finally, I want to thank you for hearing me, and I want to let you know that I'm very encouraged by the fact that you're here because it points to the fact that there is probably something going to be happening soon. Thank you for your attention.

**The Vice-Chair:** — Thank you Dr. Friesen. Do any committee members have a question?

**Ms. Bakken:** — Dr. Friesen, your bylaw, how exactly does it read? You maybe said it at the beginning and I missed what you said.

**Dr. Friesen:** — Well essentially the bylaw bans smoking in public places such as hotel lobbies, art galleries, hospitals, lobbies of city buildings, city hall downtown, and so on. The biggest area of contention had to do with restaurants. And unfortunately at this time we have no restriction except that the restaurant must have a sign clearly indicating whether or not smoking is allowed, just to warn people before they come in.

**Ms. Bakken:** — So you're geared more to lobbies where people enter a building or a business as opposed to making the whole business smoke free?

**Dr. Friesen:** — For the most part, yes.

**Ms. Bakken:** — So has your experience been then once they did that they made their whole facility smoke free or did they . . .

**Dr. Friesen:** — Many have gone that way. Our two biggest malls have essentially gone smoke free. And when the first mall went, again there were dire predictions: things are going to fall down around your ears, nobody is going to come there anymore. It simply hasn't happened. And so now the second mall has gone the same way.

**Ms. Bakken:** — Are any of your bars smoke free? Did any of them take up . . .

**Dr. Friesen:** — I don't go to bars but as far as I know . . . Can somebody help me out with this one?

**Ms. Bakken:** — No?

**Dr. Friesen:** — I don't believe any of them are. And they are quite opposed. They feel that their clientele, as a rule, tend to be heavy smokers and so it would hurt them more.

**The Vice-Chair:** — I have one question for you, Dr. Friesen, and that is, if . . . do you think that the government should . . . or the onus should be on the government to pass legislation for bars to make them smoke free, or do you think if it's a privately owned bar that the owner of that bar should have the right to decide whether he chooses to go smoke free or not?

**Dr. Friesen:** — I'm giving you my own personal opinion here.

**The Vice-Chair:** — Certainly.

**Dr. Friesen:** — Theoretically you're not in a bar unless you're an adult and you can make up your own mind. And my own personal opinion is that if you want to go to bars, you can go to a bar. Where I really have difficulty is places where those who don't necessarily have a choice would go — restaurants in particular.

**The Vice-Chair:** — The reason I ask is, up here it probably wouldn't be a problem but where I live — I live about 20 minutes from the Manitoba border, and I also live 20 minutes from the US (United States) border — and I'm sure that if there was a total ban on smoking that we'd, you know, see a big exodus to points south and points east. And you know, we'd have a lot of people going not necessarily broke but maybe badly bent. And the smokers would still be there and that's why I ask that question.

**Dr. Friesen:** — Right.

**The Vice-Chair:** — Does anyone else have any questions or comments?

**Mr. Bjornerud:** — Just one quick question. And all I'm asking for is your opinion on this but I thought the ladies had a very interesting chart — and it's the first time I've seen it; I don't know if the others have seen it — where the people at the lowest end of the income scale are actually the highest percentage of smokers.

And pretty well every presentation that we get, people say that raising the taxes would help. And I'm not here to argue that. It probably would, although I know a lot of people that said at \$2 a pack they were going to quit and they're still puffing away loud and clear.

But I do wonder — and I'll maybe throw a bit of a flag out — that if the low income people are the highest percentage of smokers, they're probably already spending money that should go towards their kids in the case of having families. If we raise the price of tobacco and they don't quit, I think in one way

maybe all we're doing is taking money away from the kids.

Now if they quit, fine, we've helped the one problem, haven't hurt the other one. If we don't . . . if they don't stop smoking, say for an example, both parents in a low income family smoke and we know what that would cost. I mean they're probably looking at 12, \$15 a day on average. If we raise that tax up, maybe we're actually taking food or clothing off the backs of their kids. I don't know; I'm throwing that out. Do you have a comment on that?

**Dr. Friesen:** — Well I mean I can theoretically envision a situation where that might happen. In fact it's not hard to envision; it's not hard to imagine that. I guess on the other side of the coin, in terms of looking at it, you can look at it from a marketing prospective. The tobacco companies know they get you when you're young, they've got you for life because they know how tough it is to quit, even with all the good programs that are out there.

They know addiction and they have studied this. They've refined the amount of tobacco in their cigarettes. They added . . . you know, they put it in so that they'll get just the right amount of nicotine in there to addict you. They know that's what it's all about. You're addicted — they've got money coming in for the next, you know, 40, 50 years. So you know it's a marketing strategy.

And I think if we're going to try and reverse that, we have to try and hit it in that teenage group the hardest. And there's no question among those kids, the amount they smoke is very proportional to the price because they're on limited budgets. And fortunately most of them are still being fed and clothed by their parents.

**The Vice-Chair:** — Anybody else have a comment?

**Mr. Addley:** — So you say that as long as . . . for bars, you would see it's all right to have . . . (inaudible) . . . smoking in bars?

**Dr. Friesen:** — Well I guess there's two ways of answering that question. One is from ideally, and the other one is pragmatically. And I guess I really should be speaking as an idealist. Of course I don't see smoking anywhere as a good thing. In terms of what one allows, I mean that's really fundamentally a political question.

**Mr. Addley:** — We're hearing some people suggesting that people who work in bars that are non-smokers are affected by the second-hand smoke, and so there's health concerns with that.

**Dr. Friesen:** — And they are. And I know some employers who have their employees — in this town — employers who have their employees sign a waiver stating that they recognize that they will be working in an environment that may be unsafe and they specifically list exposure to smoke as a hazard. And the employee signs the waiver saying they recognize the risks, etc., etc.

**Mr. Addley:** — Because that was another . . . We've had a few businesses that have said that they've gone non-smoking for

that reason; that they're concerned with being sued 20 years down the road when an employee gets lung cancer. Is that waiver recognized? Would that hold up in court, I guess, is the question.

**Dr. Friesen:** — Well I don't think it's ever been tested. I mean it's like a lot of things you got to . . . somebody's who looking for a job . . . you know, if they want the job badly enough, they'll take it.

I'm not a big believer in big brother type of government but, you know, I think there's just so much overwhelming evidence out there that what's critically needed at this time is not radical legislation, it's just some legislation that says we recognize it's a big problem and we're going to support, if nothing else, public opinion.

**The Vice-Chair:** — I thank you, Dr. Friesen. Okay. The committee now calls on Bette Hartsfield from the Prince Albert Health District and Dr. Mark Vooght.

**The Chair:** — I should mention there's coffee at the back and also water there. If anybody wishes to help themselves, just please feel free to do so.

**Dr. Vooght:** — Okay. Good evening, Mr. Kowalsky, and members of the committee. Thank you very much for having us here tonight and being able to share our opinions.

My presentation tonight for the health district will incorporate the position of the Medical Health Officer's Council of Saskatchewan. Now you have heard this position being given before so I'm not going to actually repeat it. What I will do, however, is make special references to certain inadequacies in legislation pertaining to workers and their safety in being exposed to second-hand or environmental tobacco smoke.

I will introduce my two colleagues in due course.

You have heard over the last few weeks — in great detail as we've heard tonight — that tobacco smoke is the most serious environmental cause of death and disease facing Saskatchewan's peoples, and it's in fact the most important cause of preventable illness in Saskatchewan. It is so because it can quite easily cause cancer, and both cause and exacerbate heart disease, lung disease such as asthma, and effect other chronic types of lung diseases.

Every year, at least 1,500 people in our province die from illnesses related to tobacco. And that figure for Canada stands at about 45,000 people a year dying due to illnesses related to tobacco. In fact, these tobacco-related illnesses are responsible for about one out of every five deaths.

What about environmental tobacco smoke? Well, we know that non-smokers exposed to environmental tobacco smoke have an increased risk of heart disease, lung cancer, as well as stroke — for adults. And as far as children and babies are concerned, there is now a strong association between sudden infant death syndrome (SIDS) and ear infections for children.

We also know that roughly 10 per cent of our population is asthmatic. I'm one of them in a mild form, I guess. And many

of them — us — experience a worsening of the illness in the presence of second-hand smoke.

Now the importance, I feel, of your committee, this all-party committee, is that you are the first step — the first crucial step in fact — to developing a comprehensive package of anti-smoking measures.

The most important need for our province is to develop this very comprehensive tobacco-reduction package. And I'd like to discuss today one of a four-part or four-goal package. The four-goal package is — this has been mentioned before — prevention, prevention of smoking in the first place. Secondly, protection of citizens, and that includes members of the public, and people who work in public places and other work places. Thirdly, cessation. How do you get someone who's hooked, who's addicted to cigarettes to stop smoking? And fourthly, how do we denormalize what has unfortunately become internationally normalized, as has alcohol?

So I'm going to focus on the protection. In other words, the legislation around tobacco and its misuse.

Environmental tobacco smoke, otherwise known as second-hand tobacco smoke, is the major indoor air pollutant which most of us encounter either in homes when we're visiting, in public places, and in many workplaces, and legislation is the major tool in protecting us against it. And there are different levels of legislation that are involved here.

Firstly, on a provincial level there's a role for strong provincial legislation to either ban or severely restrict smoking in public places. Secondly, what about the local situation? There obviously has to be a role for local public place bylaws. In fact most progress in protection against the second-hand smoke in public places has been made through local bylaws.

Now The Public Health Act, 1994 here may have to be utilized if the necessary amendments to The Urban Municipality Act, 1984 cannot be made. Or we could in fact utilize both avenues — that's both The Public Health Act, 1994 and The Urban Municipality Act, 1984 — in drawing up local bylaws, whichever is most applicable for a certain community of a certain size and description.

I want to focus my brief talk tonight on The Occupational Health and Safety Act, 1993 and its specific regulations. I feel strongly that we need to revisit these as has recently been done in British Columbia. The problem is at this point in time the Saskatchewan occupational health and safety regulation pertaining to smoking is a rather inadequate tool for protecting workers from the effects of environmental tobacco smoke.

Just a bit of background here. We're talking about regulation 77 of The Occupational Health and Safety Act, 1993. The Act itself is the Act of 1996 and the regulation has been in application since July '97. Now this regulation deals with two types of workplaces. Firstly, general workplaces, and more specific workplaces such as institutions, public places such as restaurants and so on. Or it can include private dwellings in certain instances.

The problem with this regulation is that it's fairly vague and it

contains . . . well firstly, it's fairly vague; and secondly, I think it misses the boat because it uses terms such as the regulation is there to minimize exposure to second-hand smoke. Well that's not . . . that's missing the boat because we want to stop all exposure whatsoever to second-hand smoke.

Secondly, the Act feels that . . . (inaudible) . . . regulation feels that exposure to this type of smoke — well the smoke itself must be physically visible, it must be offensive, and it must cause eye, nose, or throat irritation to be considered a problem in the workplace. And it refers to precautions must be taken to workers who are hypersensitive to tobacco smoke. Well we're all sensitive in one way or another, one of our body systems anyway, to tobacco smoke. So this misses the boat somewhat.

Is there a problem with exposing workers to second-hand smoke? Well we know that exposure in the workplace to second-hand tobacco smoke virtually doubles your chance, your risk, of having a heart attack somewhere down the line.

Secondly, workers exposed to such second-hand smoke, including those in the hospitality industry, face higher elevated cancer risks. For example, food service workers including waitresses are at least, at least 50 per cent more likely to develop lung cancer than the general population. Studies have shown that waitresses have 2.5 times the expected heart disease mortality rate, which is quite significant.

Thirdly, heavily exposed service industry employees inhale the equivalent of smoking 30 to 40 cigarettes a day — that's one-and-a-half to two packets of cigarettes a day. However, looking on the more positive, upbeat side, I think Saskatchewan has the basic foundation of a substantial occupational health and safety smoking regulation, and we just need to fine-tune it and we could maximize worker safety quite easy.

All we have to do is the following: what we have to do is firstly make the Act very clear in that we need to protect these workers by prohibiting smoking on the job; or secondly, what we could do is restrict smoking to designated smoking areas or other equally effective means. And these areas have to be either outdoor locations or they have to be separately ventilated, and workers may not enter these areas whilst working except in an emergency.

Thirdly, workers who work in public places such as the food service industry, restaurants, bars, and so on may not, in the words of Act once it's improved, may not be exposed to such environmental tobacco smoke in the course of their duties. And this could complement a very strong municipal bylaw if such existed. It doesn't exist in Prince Albert at this point in time.

As far as public opinions on smoking in the workplace is concerned, I'd just like to briefly mention surveys that have been done. This is from Health Canada's population health survey, highlights thereof, published in January '99. Firstly 95 per cent, 95 per cent of non-smokers, that's both genders, insisted that they should have smoke-free work areas.

Secondly, as far as the daily smokers were concerned, 73 per cent of them reported that there was either a total or partial restriction on smoking in their workplaces — which is a good thing — but I don't think it's too difficult to make it up to close

to 100 per cent.

We said today in the introductory speech that 70 per cent of people age 15 and older, in Saskatchewan at least, are non-smokers. That's the good news. And that's substantiated by the Prince Albert telephonic smoking opinion survey of November '97 which ... where we found a very close correlation with the average in Saskatchewan — 67 per cent of people in this city here where you are tonight are non-smokers, 67 per cent.

Now as far as people's perception of health risk is concerned, using Health Canada's population health survey highlights also published in January '99, 88 per cent of non-smokers, 88 per cent of non-smokers believe that there's a definite link between smoking and disease.

In our survey that we did in 1997 — that's the People for Smoke-Free Places, I did a telephonic smoking opinion survey and 74 per cent of respondents were at least sometimes affected by environmental tobacco smoke in public places.

So in summary then, we need a — amongst others — we need a strict occupational health and safety smoking regulation. And this would eliminate environmental tobacco smoke exposure risked to workers in their various workplaces. And this help under ... (inaudible) ... a major foundation of the provincial tobacco reduction package.

I'm going to firstly thank you for listening to me. And secondly, I'm going to introduce my colleague, one of my two colleagues here. This is Bette Hartsfield, who is our newly appointed health promotion facilitator for this health district, and she's going to be talking about the other three aspects that are mentioned: the cessation, prevention, and denormalization of tobacco. Thank you.

**Ms. Hartsfield** — This is Crystal Asmussen. She's going to be a part of my presentation. She's the dental health educator. So I'm going to start with cessation first because it's some area that I'd like to take up.

I'd like to encourage physicians to be proactively involved in intervention with their patients by providing a level of financial compensation equivalent to that received for treatment of illness. Identify a separate code for physicians to provide cessation information to patients; include nicotine replacement therapies under the provincial drug plan. The cost of nicotine replacement is the same range as that of cigarettes. The total cost for two to three months therapy will add up to be 200 to ... 240 to \$360. With other competing priorities, this may well be inaccessible to low income people ... or low income smokers even if they are saving their money from not buying cigarettes.

It is estimated that the individual drug costs in Saskatchewan in 1994, precluding smoking-related conditions, were 9.56 million.

Promote research to develop a range of cessation strategies that respect the unique experiences of youth, women, First Nations, Metis, and Inuit people who are addicted to tobacco while respecting their traditional values.

We would just like to see the government support the health districts in education, and perhaps we could do it in one big package; we could all do the same thing.

Develop a public education campaign to denormalize — that's a word from the federal government — the tobacco industry and tobacco products and the consumption of tobacco products, exposing the strategies and tactics of the industry while informing the public of the true cost and the health impact of tobacco use.

Provide Saskatchewan people with relevant information concerning tobacco products such as ingredients and constituents of smoke. And Crystal is going to address the dental part of this.

**Ms. Asmussen** — Thank you. I'm a dental health educator with the public health program in Prince Albert and I also cover the Parkland Health District. And as a dental health educator, I would ask your committee to review and give consideration to all types of tobacco products.

We, as a group of dental people, do focus some education in schools to smokeless tobacco products such as snuff and chewing tobacco, and often the risks of these products are underestimated or unthought of by many, many people. Many consider it to be a safer alternative to smoking. It is not safer but is equally as addictive and deadly. Risks can vary from unsightly stained teeth, decayed teeth, gum disease, cardiovascular problems, oral cancers, and ultimately death. A person diagnosed with oral cancer has only a 50 per cent chance of being alive in five years.

As more places become smoke free, the risk of increased smokeless tobacco use is most likely to occur. Flavouring and sugar additives have made it more attractive. It is already regaining popularity and, like smoking, the use of these products begins at an early age. Over 30 per cent of males and around 10 per cent of females 13 years of age and under reported using it at least once a year. And that was from the Saskatchewan Institute of Handicaps document, which I believe you saw a smoking related slide earlier by Mr. Kowalsky.

One pinch of snuff has the nicotine equivalent to smoking four cigarettes. One tin of smokeless tobacco is equal to 60 cigarettes. At a local grocer the price of a package of cigarettes is \$6.20 while a tin of chewing tobacco is only \$5.07. The retail cost of smokeless tobacco should reflect the nicotine content. I ask that you keep this in mind when considering provincial initiatives or legislative changes. Bette will continue, okay.

**Ms. Hartsfield** — I thought I mentioned this before in cessation, but provide Saskatchewan people with education — who want to stop smoking, including low-income groups — with access to appropriate smoking cessation programs, supports, and nicotine replacement therapy when appropriate; and explore the feasibility of establishing a 1-800 counselling line in conjunction with the federal government.

Provide training to help professionals who want to start cessation programs in their districts with a component of the education being the ability of the facilitator to train a trainer. Fifty-one point five per cent northern female youth report they



smoke cigarettes or cigars every day; 38 per cent of the northern males report the same. Both of these groups are smoking more than the central southern or the southern regions of the province.

We want to come up with an education program to involve youth in a range of programs and activities in a variety of settings like in the teen wellness centres, community centres, youth-at-risk programs, cultural centres, detention centres, group homes, and including a school-based prevention program because we know that an estimated one-half of Saskatchewan smokers begin to smoke at the age of 13. Two-thirds of the smokers start the habit before age 18; but once a person reaches age 20, they are far less inclined to begin to use tobacco products.

We want to ensure access to information on tobacco. We want to assist in acquiring knowledge and skills necessary for action on tobacco control. Support coalition developments like the one we have in Prince Albert, which is very active, and include First Nations and Metis and Inuit and other minority groups in these coalitions or encourage them to join these coalitions.

Hold regular tobacco conferences or workshops regionally to promote knowledge, development, and networking. Involve youth as advisors — and I agree with you, Doreen, that we need to start at approximately grade 3.

Involve people who are able to role model for children and youth including parents, caregivers, schoolteachers, sports leaders in particular.

Ensure the curriculum of health and other relevant professionals include tobacco issues in relevant professional practices. Promote the implementation of practice guidelines for health professionals to identify, counsel, and monitor patients who use tobacco.

And we want to denormalize the use by making use of marketing techniques that are out there to support the point of view that tobacco use is not a normal or acceptable behaviour.

**The Chair:** — First of all, I want to thank you for combining your presentation because we do have a long list here today, so that helps.

I'll keep my question much to the point. Doctor, the evidence that you refer to about doubling your risk of heart attack and waitresses have 2.5 times an expected heart disease mortality, where can we find the source of these stats?

**Dr. Vooght:** — I can supply you with that.

**The Chair:** — Would you do that please? Thank you very much.

**Ms. Eagles:** — Crystal, when you said about smokeless tobacco and how much more potent it is than the actual cigarette, when we had our hearings in Saskatoon, a dentist gave us a presentation. And he said that when the guys have smokeless tobacco, they'll actually spit it out, but girls don't figure it's cool to spit. I guess they figure it's cool to chew, but not to spit. So they swallow it, and therefore they're getting a lot of throat

cancers in their esophagus and stuff like that. So I just, you know, so often we don't think of the smokeless tobacco, we just think of the cigarettes.

**Ms. Asmussen:** — And I certainly encourage this group to consider all of the tobacco products in that realm. And because sports figures and many others that children look up to often use chewing tobacco products, they're thought of to be as cool and as exciting as cigarettes. And our concern is really to do with the fact that if places go smoke free, people will look for alternatives, and that will be the alternative that they choose.

**Ms. Eagles:** — I thank you.

**The Chair:** — Thank you very much for your presentation. Next, the committee would like to hear from Mitchell Wilson.

**Mrs. Wilson:** — Okay, just as an introduction, Mitchell is my son, Mitchell Wilson. He's 11 years old. When he wrote the letter he was only 10 — my name is Shelley Wilson — and he did this on his own. And he wrote to the ministers of Environment and Health, so I'm going to have him read the letter. And he got a reply from Judy Junor. And then he just has a little extra to add at the end.

**Mr. Wilson:** — My name is Mitchell Wilson. I am 10 years old. I live in Prince Albert, Saskatchewan. I have asthma. I am very allergic to smoke. I heard that BC has no smoking throughout their whole province. I would like Saskatchewan to be that way too. Could you please make Saskatchewan smoke free for me and other kids that have asthma and for other people that are allergic to smoke.

My address is 1586 1st Street East, Prince Albert, Sask.

**Mrs. Wilson:** — And it goes on to give his phone number, so I guess you don't need to know that.

He did get a reply back from the Minister of Health. He also received one from the Minister of Environment who had referred his letter to the Minister of Health. We really didn't . . . we thought it was a bilateral issue between Environment and Health.

This letter was replied from, Judy Junor for Pat Atkinson. It said:

Thank you very much for your letter about the serious health risks of second-hand smoke especially for children and young people like you. It is encouraging to see a young person take an interest in such an important issue. Our government shares your concerns and we are working hard to ensure all people of our province are safe from tobacco.

Tobacco use is the leading preventable cause of disease and premature death in Canada. Smoking kills about 1,600 Saskatchewan people every year. And while our government is committed to doing what we can to address all aspects of tobacco use, we especially want to prevent young people from starting to smoke and becoming addicted to tobacco.

On December 9, 1999, I moved a motion in our provincial

legislature to form a special legislative committee to find ways to protect the people of Saskatchewan from the effects of tobacco use. This committee, made up of both government and opposition members, will study this issue and is expected to report back to the legislature this spring.

I look forward to the work of the committee and anticipate it will come up with effective solutions on this very important issue.

Again, thank you for sharing your interest in making Saskatchewan smoke free.

So it was very nice to hear from her seeing as he was only 10-years-old, but it shows that there is an interest in children preventing the addiction to tobacco. So now he's just got a little bit more to say at the end here.

**Mr. Wilson:** — In the past little while several restaurants have gone smoke free. Being smoke free makes it easier to eat my supper and lunch and breakfast. I hope to see more places to go smoke free.

**Ms. Wilson:** — And I don't take him out three times a day.

**The Chair:** — Committee members?

**Mr. Addley:** — Now we're here because of your letter I guess.

**Ms. Eagles:** — Thank you very much, Mitchell, for your presentation. And normally we don't applaud or boo anybody but I think I'd like to applaud you, and I ask everyone to join me.

**Members:** Hear, hear!

**Mr. Wartman:** — Mitchell, I think either you or your mom indicated that you have asthma. What happens to you when you get around environmental tobacco smoke?

**Mr. Wilson:** — I choke up and start coughing and it just gets hard to breathe.

**Mr. Wartman:** — Just really hard to breathe. And does it take very much to do that?

**Mr. Wilson:** — It just takes a little.

**Mr. Wartman:** — Just a little. Well thanks a lot for coming and telling us about it.

**The Chair:** — Thank you for the special effort, Mitchell. Next we would like to hear the presentation from Maryanne and Daryl. Maryanne Kramchynsky and . . .

**Mr. Rudichuk:** — Thank you very much for the opportunity to address you. My name is Daryl Rudichuk. I'm a former mayor of Wakaw. I thought that what I would do is just give you a personal experience of what we had in our town which may represent small town Saskatchewan.

In 1995 Wakaw town council embarked on a smoke-free mission in our town. And we had decided to take steps to

reduce the amount of environmental tobacco smoke in public. And we, by doing this or in doing this, we restricted . . . passed a bylaw that would restrict the use of . . . or smoking within our town facilities.

And what we did was we did not allow smoking in our arena waiting area and our curling rink waiting area, but we did allow it on the ice area where it certainly was a much larger area and there was ventilation fans. It became immediately evident that what we had done was wrong and we had accomplished nothing but offending both the smokers and non-smokers.

We had really failed in our mission, so we stopped and backed up a step and thought it over. And in February of 1996 we decided to announce to our community that we were going to make the town smoke free, now that is the town-owned facilities, by July of 1996.

We then wrote letters to all eight other towns in the Gabriel Springs Health District inviting them and requesting that they join hands with us and do it as well. All but one refused, very quickly. And the one that refused didn't even wait . . . the one that agreed to do it didn't even wait for the July deadline. They pressed ahead and made a smoke-free bylaw in their community.

They were immediately met with a petition and a delegation in their community with threats of boycotting the facilities. They succumbed to that delegation and they made a smoking room in their arena.

Wakaw initiated their ban or bylaw in July, as I mentioned was our target date, and we also were immediately served with a petition and a delegation, very similar to the other community. Our lawyer, the town lawyer, had determined that the petition was not valid because of irregularities, which certainly was welcome news and we decided not to provide smoking areas in any of the facilities.

What happened from that point on was basically almost totally uneventful. We did have the first two or three weeks after the bylaw was a little bit heated with the petition being served and with delegations coming. Once people realized that we were not going to change our position on it, it kind of died down, and within months we began to realize an increase in attendance at all of our public facilities.

We now believe that the attendance at our arena and curling rink, as well as Lions' bingos, and we all know that bingos are smoking majority, we've realized a 5 to 10 per cent increase in attendance in virtually everything in our town. There also were, backing up a step, threats of not booking our local hall for weddings because of the smoke-free ban and so forth. That didn't happen.

My only point is just very, very simply that we experienced firsthand what effect a ban would have on small town Saskatchewan, and it was an overwhelming success. I firmly believe that other communities in the province would have an equal . . . be equally successful if they would only impose them.

Now I don't think that that's going to happen though, unfortunately. Councils are very reluctant to put themselves in a

position of a very unpopular position, a very controversial position in communities. And for this reason I would really like to see the government come forward, help the people within the province by imposing a smoking ban in all public facilities.

The second thing that I want to speak on and just very, very briefly, is during this same period of time from June 1 of 1995 to June 30 of 1996, I was involved in Gabriel Springs tobacco-free youth project. We were basically a committee whose goal was to increase smoking awareness in the schools of our health district. We had a project coordinator hired and a great deal of time and effort went into this.

We had representatives from the schools, three schools in Gabriel Springs, and we felt very, very confident that we were going to be successful in reducing the number of smokers in the schools.

Part of the program focused on grade 2 and grade 3 children with a board game, and a type of a comic book as a preventative measure so that they would grow up not feeling ... or succumbing to peer pressure. Unfortunately, and this has been a few years since we did that, unfortunately we haven't seen the results that we had hoped. It's impossible to tell what it's going to ... how it's going to affect the younger children that we addressed in this program. But judging by the high school students in the schools, the amount of ... the number of students smoking has increased.

So consequently my point is simply ... I am not discrediting education. I think education's very, very important. I just do want to make the point that we have to start early, young. We've got work on this from the bottom up, not the top down.

The peer pressure in schools — I've learned from this, personal experience in this — is incredibly powerful and I don't think we're going to win this battle, us against the peer pressure. I really don't. So for this reason I believe and firmly support a minimum age for smoking regulation by the provincial government.

I just believe that some students, given the opportunity to judge between ... or to choose between peer pressure and an illegal act will ... better judgement will prevail. But right now there's nothing to stop them. It's either peer pressure or hearsay, and we are losing the battle.

Thank you very much for the opportunity. That's really all I have to say.

**The Chair:** — And, Maryanne, do you have something to add?

**Ms. Kramchynsky:** — Yes, I do.

**The Chair:** — Please start with your name.

**Ms. Kramchynsky:** — My name is Maryanne Kramchynsky. My address is Box 11, R.R. 1, Wakaw. I have been involved with health in the capacity as a trustee for five years, formerly with the Rosthern hospital board, and I was a member of the Gabriel Springs District Health Board for four years.

I have two teenage daughters, and I have also a mother who

underwent a lung transplant almost two years ago as a result of chronic obstructive pulmonary disease due to smoking. So I think from those aspects I have some knowledge of the subject.

I'm also a practising lawyer. I've been in practice in Saskatchewan for 12 years, and prior to that I have seven years experience in local government administration. So the practical aspects of administering the law from a municipal standpoint and also as a lawyer are familiar to me.

About two months ago I wrote a letter to Judy Junor and I sent a copy to our district health board, and it was at the suggestion of the district health board that I appear tonight and read it to you. The letter reads as follows:

Dear Ms. Junor: I understand that you are interested in public input into government policies relating to youth and tobacco. As a parent of teenage daughters, the daughter of a lung transplant recipient, and a long-time health care trustee, I have a personal and, I believe, a reasonably informed interest in the matter.

With all the knowledge we possess today about smoking and its effects not only on the smoker but others, I cannot understand why senior governments do not simply outlaw smoking by minors. We dance around the issue, we penalize retailers who sell cigarettes to minors, we put warnings on packages, we use television commercials to try to shock people. But it's still legal for people under the age of majority to smoke. This makes no sense at all.

We do not allow minors to drink alcoholic beverages. And while we know that it does not prevent all consumption by minors, just the fact that there is a law makes it easier for those in authority, such as schools or municipalities, to control behaviour. I've often heard school trustees say that they can't prevent students from smoking because it is a legal activity. Why don't we change that.

A few years ago at a meeting concerning the new public health legislation, I heard Dr. Clarence Claudie who was then the public health officer for the Saskatoon District Health Board tell us that merely passing a law is sufficient to have something like 85 per cent of the public comply. Enforcement measures must then be targeted towards the remaining 15 per cent, and can be tailored to deal with the very small minority that caused the greatest number of problems.

Since so much time, energy, and money is poured into prevention, reduction, and treatment of problems related to smoking anyway, perhaps some investment in enforcing a ban on smoking by minors will pay large dividends in the long run. We all know that peer pressure is a large factor in teen smoking. I believe that a lot of teenagers would welcome an excuse to resist that pressure and in some cases even a \$40 or a \$50 fine would be sufficient incentive to not want to start. It's my hope that taking this bold, if not obvious, step towards protecting our young people will get most of them past those critical teen years.

And in discussing this letter, it's actually brought a lot of attention in the valley area. It was printed in large part in the

*Valley News* about a month ago. I've had very vocal support from people in the district, not only from adults but also from teenagers, which was a real shock to me.

My own kids feel that it should be illegal. I've heard one young lady who's 19 years old, just out of school, who says, well they shouldn't allow it. And it seems like for the kids it's . . . you know they just don't understand why we don't take the initiative in saying this is something that should be illegal.

And another aspect that has been brought to my attention is that, well how are you going to enforce it and so on. But you know those same kind of arguments were given 25 years ago when we started talking about enforcing the use of seat belts in vehicles. Twenty-five years later, we have something like 90 per cent compliance. And if that is, you know, doing what it's supposed to do in preventing injuries, it appears that, with hindsight, it was the right thing to do notwithstanding the arguments that it was infringing on people's personal rights and freedoms.

And in the best interests of society as a whole, I think we need to do the same thing with smoking among teenagers.

I have made copies of this letter for the committee. I'll leave that with you.

**The Chair:** — Committee members?

I have a couple of questions. Daryl, with respect to public places in Wakaw. Does that include cafés, bars, and the school?

**Mr. Rudichuk:** — No, it doesn't. It was really only . . . The bylaw is enforced only in town-owned facilities. So that would be the arena, the rec centre, curling rink, and all town-owned buildings.

**The Chair:** — And do you know if the school has a butt lounge — what kids normally call a butt lounge?

**Mr. Rudichuk:** — No, they do not.

**The Chair:** — They don't. They don't smoke inside or outside the school?

**Mr. Rudichuk:** — They smoke outside of the school, yes — not really in the immediate area, but yes.

**The Chair:** — Well thank you for bringing, you know, to reality some of the practical problems associated with this.

Okay, I'll go to Graham in a minute here. I've just got one question of Maryanne.

So I guess listening to your point of view, Maryanne, you don't really concur with this concept that somehow you're blaming the victim . . . or you're attacking the victim if you would charge the youth. Because we've had organizations express to us that, you know, you shouldn't really charge the young kid who has been duped, as it were, by the advertising and by peer pressure and social pressures to buying the cigarettes. You think we should put some onus on them as well.

**Ms. Kramchynsky:** — I think we should. I think in fact not only on this level but on many levels, young people today are being taught that they don't have to take responsibility for their own actions. And I really do believe that they have to start to learn that they are responsible for their own actions at some point.

We don't allow them to drink alcohol before the age of 19; I don't see much difference. In fact alcohol when taken and used as intended isn't necessarily harmful. Tobacco has no use that is not harmful. Why we protect them from one substance and not another, I don't know.

And as I say, yes they may be victims to a certain degree, but if we can prevent them from starting and say it's up to you not to, it may . . . You know, how many times do you hear the argument, well if this will save one life or if this will make a difference then it's worth it. I don't see why this isn't worth giving it a try.

**Mr. Addley:** — Yes. Daryl, just a question for you. We've heard some opposition to banning smoking in certain areas because, you know, it's an inconvenience. You go into a restaurant, you're not able to have a cigarette afterwards, or I'm surprised bingos in this case, and I will ask the question, won't they just smoke after the meal or something like that. What I was going to ask you is, where do the people smoke during the bingos or at the curling rinks. I mean, those are not half-hour or one-hour events. They're, you know, three, four, five hours long, particularly weddings that are being rented out for the dances.

**Mr. Rudichuk:** — Outside. The only changes that were made in any of the events was that the bingos, a short intermission was placed about at the halfway mark, and the smokers do go outside and have their cigarette and come back in.

As far as the weddings and arena events and curling events go, they literally go outside. They complained bitterly about it at the very, very beginning, but they don't any more. They're used to it. They have grown accustomed to it. Even at the nursing home there's no smoking in the building so they all come outside.

We don't hear. It's been incredibly uneventful. We really expected an all-out war and that we were going to have a very difficult time dealing with this. And it wasn't. There was an initial explosion, if you might say, and that's it. It's just been great. Just terrific.

**Mr. Addley:** — I commend you for the work that you did in Wakaw and also coming here today. And sort of a tongue-in-cheek question, is this the reason why you're the former mayor of Wakaw?

**Mr. Rudichuk:** — No, I don't think so. I'll double check.

**The Chair:** — Okay, well thank you very much for your presentations.

Here's the way the list looks like for the rest of the evening: Doris Lund, Stuart North, Canadian Diabetes Association, and Jacquie Calvert. And then if time permits, Laurie, Grant — just

Laurie and Grant. All right. So now, Doris Lund, please.

**Ms. Lund:** — Tanya, if you could please distribute these to the committee members, thank you. I appreciate the opportunity to be here. Thank you, Myron.

And the goal of this presentation is to help everyone in Saskatchewan to have a better opportunity to be healthy. This goal can be achieved by comprehensive provincial legislation which must create a level playing field for businesses and communities, and by provincial help and support to prevention of tobacco use by children and youth, as well as government supportive tobacco cessation. And I focus on six points with a biography and enclosed references.

Tobacco and effects of tobacco on people. The harmful effects of environmental tobacco smoke, ETS, are well documented. In 1992 the US Environmental Protection Agency officially labelled ETS a class A or known human carcinogen. A carcinogen is a cancer-causing agent. Class A carcinogens to which there is no known level of safe exposure, are considered the most dangerous carcinogens.

And second-hand smoke contains more than 4,000 chemicals, including 50 compounds known to cause cancer — and I've listed them there — and the rest of these chemicals also produce adverse health effects in both smokers and non-smokers. If a non-smoker spends one hour in a smoky room, he or she inhales as many cancer causing compounds as smoking 35 cigarettes.

It has now been publicly and legally documented that tobacco companies put more nicotine in cigarettes, they've tampered with the levels and added ammonia which causes the lungs to absorb nicotine more deeply. Nicotine is very addictive. ETS is harmful to everyone but is very harmful to babies and so on, and this has been already covered today so I'll leave that for you to read.

Today there are smoke-free sections in some businesses. Smoking in only one room or part of a room of a building allows smoke to move throughout the entire room or building. There's ETS in here right now which is bothering me.

The tar in ETS is sticky so it clings to carpets, drapes, furniture, clothing, hair, etc., and anyone using that room can be exposed to harmful chemicals from ETS long after the smoking is finished.

One bowling alley in Prince Albert has scheduled smoking and non-smoking sessions for seniors on Tuesday and Thursday. The problem is that the time frame between sessions is so short as to make it impossible for the ventilation system to exhaust fumes before the non-smoking session begins.

The reality is air exchange systems and most ventilation systems are not capable of extracting all harmful smoke. This type of business policy does not reduce ETS exposure. It takes three hours to clear the air of 95 per cent of the smoke from a single cigarette and the remaining 5 per cent is still harmful. Ventilation systems may double or triple the air exchange rates, but rates need to increase 1,000 times to be effective.

So having smoking or non-smoking sections doesn't do it —

you're still going to be exposed to ETS. And when you have the difference in sections, it causes discrimination, hard feelings, and is terribly expensive for proprietors to construct special smoke free . . . or smoking rooms ventilated. And so a lot of them could end up going out of business. So the best policy is level playing field and a total ban.

Great strides have been made in recent years especially in the work environment. Occupational health and safety committees have ensured that great attention has been placed to the well-being of individual employees. One of the most consistent items was the establishment of a smoke-free environment. Unfortunately not all businesses have committees. Some of them maybe have two employees so they don't have these committees to insure the health of employees and customers — like maybe take a lawyer's office or whatever — and the issue has not been addressed.

Therefore, if the Government of Saskatchewan shares an interest in the health and safety of all its citizens, then it will pass legislation to eliminate smoking from all public buildings and workplaces.

In Canada, the highest percentage of smokers can be found in the personal services industry, and half of the country's young people — between 15 and 19 years of age — are working and most of them have jobs in the service industry.

Health Canada estimates that smoking will account for more than 50 per cent of deaths before age 70 among today's 15-year-old smokers. In contrast, about 6 per cent will die prematurely because of traffic accidents, suicides, murders, AIDS — all combined.

And you had those statistics. You've already given some of the economic costs and the revenue from sales of tobacco. And I'm happy to see, Myron, you have updated figures which are even higher than the ones I have because I've quoted 1997 ones.

So I'll go on to the effect of tobacco on my life. When I enter a smoke-filled building, in less than 15 minutes I'm coughing, sneezing, my eyes turn bloodshot and tears roll down my cheeks, sinuses become plugged, chest tightens, and I am ill for a few days after this exposure with sore throat and cold and flu-like symptoms. The specialist in Saskatoon told me I should not be exposed to smoking or tobacco smoke.

My father, a smoker, died of cancer at age 54. My mother, a non-smoker exposed to second-hand smoke, got lung cancer but a heart attack sent her to her grave at age 78 and saved her from further suffering from cancer. My older sister smoked, had quit for many years, got cancer, was treated, and is still alive. My younger sister smoked, had quit for about seven years, got cancer, and died at the youthful age of 54. Several cousins who smoked have died of either cancer or heart attack. My cousin in California — he used to smoke — is dying of lung cancer. An aunt, who smoked, got cancer, but died of a stroke.

The last 20 years of my life have been filled with too much death and many hours spent at the hospitals helping with palliative care. The trauma of watching loved ones die has effected my health. And now I wait in fear, knowing my daughter and son-in-law are smoking themselves to death.

Today many families have faced the tremendous suffering due to deaths from cancer. And how much more horrendous suffering must we endure before politicians have the courage to act in favour of the long-suffering non-smokers who are the majority.

The Government of Saskatchewan must take decisive action to reduce the risk and suffering. Various health organizations and educators are encouraging wellness, encouraging seniors like me to remain active, to go out and participate in activities to keep mentally and physically active. The trouble is going out usually involves being exposed to smoke and ETS particularly in the sport I excelled in and had to drop two years ago — bowling.

Now I am 62 years old and have lost so many wonderful family members. If someday it become necessary for me to stay in a group home or nursing home where smoking is allowed, you may as well put a gun to my head — that would be kinder and quicker than allowing me to suffer a long slow death from the effects of ETS.

I have made presentations to city council and to the manager of the bowling alley where I used to bowl. To city council's credit, they banned smoking in all city public buildings. With much fretting and reluctance, city council passed a smoking control bylaw. If the smoking control bylaw were to be contested in court, it might possibly prove to be ultra vires, as was the ruling in Court of Queen's Bench with regard to the Saskatoon Bylaw 7554 of 1996.

Comments from any Prince Albert councillors indicated a preference for provincial control of smoking. Local councillors are too close to the public and the media. This creates more pressure and controversy which many councillors would rather avoid.

Recommendations — the provincial government must enact comprehensive provincial legislation to ban smoking in all public buildings and workplaces. I want to see complete provincial control, as leaving this issue up to municipalities could result in little or no change and could result in helter-skelter governance that could have negative results for Saskatchewan citizens and the communities in which they live.

Complete provincial control will set a province-wide standard which is important in order to create a level playing field for businesses and communities. The perception of unfair advantage for some businesses over others has resulted in destruction of some previous attempts, for example Saskatoon Bylaw 7554 of 1996. All communities in Saskatchewan should have the equal opportunity and the right to be healthy communities without the unwarranted fear of economic loss to neighbouring communities.

And protection of the public health of all Saskatchewan citizens from environmental smoke — this includes legislation which requires smoke free and I've listed all of the places that I think should be smoke free. And then the prevention of tobacco use by children and youth — and I have given several recommendations such as: prohibit giving or selling tobacco products to anyone under 19 years of age, as with alcohol; prohibit sales in pharmacies, in health care, educational, and

recreational facilities; permit sale of tobacco only in designated licensed outlets, for example, liquor stores or tobacconists; ban bad role models like candy cigarettes and cigars; prohibit tobacco countertop displays, require tobacco products to be out of sight; consider mechanism of ticketing for tobacco offences to streamline the enforcement activities.

And tobacco use prevention education should be mandatory in every grade, especially grades 4 to 12 — and I'm a retired teacher. And support tobacco cessation has already been nicely covered tonight; and research and monitor effects of new legislation.

Tobacco ban has had a very positive effect on business, whether urban or rural; and there's less money involved in not having to set up a separate smoking area totally ventilated to the outside.

So I've given quotes from Cornell Hotel; from Dick DeRyk, the owner of Robin's Donuts in Yorkton; and Wendy's, Tim Hortons in Yorkton; Tim Hortons, Prince Albert — Cheryl Saworski; the Settler's Book & Brew in Outlook; and Greg Dionne, manager of Gateway Mall. And of course there's a lot more I could have put in, but this brief's pretty long.

And Prince Albert Co-op cafeteria now went smoke free March 1, and the Dairy Queen in Prince Albert went smoke free.

The summary of benefits to smoke-free businesses: actual increase or no decrease in business; no harmful effects of ETS on merchandise; increased employee productivity; reduced employee absenteeism; reduced costs to employer for employee life insurance premiums; reduced construction and maintenance costs; demonstrated concern for employee health; and demonstrated concern for consumer health.

The majority of Canadians and the majority of restaurant patrons are non-smokers who want smoke-free environments. Theatres have been smoke free for years and have still survived.

In conclusion, the Saskatchewan legislation is outdated and in several ways ineffective and lags behind other provinces, such as BC and Ontario.

A total smoking ban in all public places and workplaces is the best way to go. It has been done successfully — look at California. My cousin in Orange, California is able to bowl in a smoke-free bowling centre, dine in smoke-free restaurants, and so on. A total ban eliminates discrimination and creates a level playing field amongst all businesses and workplaces and amongst various communities, whether urban or rural.

The primary concern of the government should be the health concerns and costs related to smoking and ETS.

There is a growing crisis in medicare funding. The medicare system is in jeopardy. It is underfunded, overextended, and an aging population places more demands on it. Saskatchewan has an aging population. And with an aging population and increased technological advances, more demands than ever are placed on the health care system.

But there are ways of helping to reduce some of the burdens which are placed on it. One of the ways is to clean up the

environment in which people live and work. Clean up all public buildings and workplaces. People are putting themselves at unnecessary risk because all public buildings and workplaces are not smoke free.

In the final analysis, nothing is more important than one's health. Eliminating smoking from all public buildings and workplaces will give people the opportunity to maintain the health they have, thus placing less demand on an already overburdened health care system.

The government of Saskatchewan has the opportunity to provide as healthy an environment as possible for all Saskatchewan citizens — the unborn, the very young to the very old. I do so humbly pray Saskatchewan politicians have the political will to do so.

And although it's not in my brief, I was wondering why the Saskatchewan government, like Mississippi, hasn't taken on the tobacco industry in a lawsuit. And I understand Mississippi got 246 million. And there might be a way to find out how they went about doing this. But they succeeded, and that would sure go a long way to making up for some of the costs and drain to our health care plan.

I thank you.

**The Chair:** — And thank you, Doris. Now the information we have is that the states banded together, several of them in America, and they actually came to an agreement before . . . as they were going to court. And they got \$250 billion — 250 billion. All states together, combined, and that's to be paid to them over a period of ten years to be used for health. And it's certainly one of the things that governments can consider. We're looking for recommendations.

Anybody have any comments or questions? And thank . . . oh yes, Graham Addley.

**Mr. Addley:** — Just to say thank you very much. That's a very good presentation and it's got a lot of good information. It'll be very helpful. Thanks for taking the time to do that.

**Ms. Lund:** — Thanks very much.

**The Chair:** — Stuart North please.

**Mr. North:** — Okay. My name is Stuart North and I'm the coordinator of people for smoke-free places. I'm also a property owner and a business man in Prince Albert. And this is . . . I'm presenting this on my own behalf. I've been the coordinator of Coalition of People for Smoke-Free Places now for about a year and a half. So I've had the opportunity to learn a lot about these tobacco issues.

It's clear from the research work that has been done in the medical field that tobacco use is harmful to the health of people in our society. This information has been available for sometime but it seems that the attempts of the tobacco industry to discredit its validity has delayed decisive action by the government.

Perhaps it is the crisis in the health care system that has finally

brought this issue to a head. Certainly the more that can be done to keep people from becoming addicted to smoking, the less likely they are to end up in hospital with heart disease, cancer, and diabetes.

My personal experience is I was a smoker myself for several years during my teens and early 20's. After suffering chest injuries in a logging accident, I quit the habit because I decided it was bad for my health. I remember very clearly, that while I was recovering in the hospital, seeing patients who had lost a lung to lung cancer smoking again soon after their operation. Seeing these people smoke made me realize that nicotine is a very addictive substance; not even cancer could make them quit.

I have also had the unhealthy experience of working in offices where several people smoked and I spent my days breathing second-hand smoke. The result was that I would get sick from bronchitis on a regular basis.

I know of a young woman in her early 20's in Prince Albert who recently had a child. Both she and her husband smoked before she got pregnant. Despite warnings about the harmful effects of smoking on the fetus, she continued to smoke in her apartment throughout her pregnancy. She continued to smoke after the child was born even though by that time her husband had quit smoking.

I met her husband recently and he told me that their child had developed asthma and that she had not yet overcome her addiction to smoking, but she was doing it outside the home at least.

My daughter, although she doesn't smoke or drink, used to go to various bars and nightclubs in Prince Albert, before she got married, to socialize with friends. Every time she did this she would experience an allergic reaction to the second-hand smoke and return home feeling very unwell. And without fail the next day she would develop a sore throat and be sick for a week or more. To this day she is very reluctant to go anywhere that allows smoking, for obvious reasons.

Approximately 70 per cent of our society does not smoke. The remaining 30 per cent are to a greater or lesser extent addicted to tobacco which is a very unhealthy situation. Not only do smokers harm their own health and thus become a burden to our health care system, but they also do harm to the health of those around them by exposing them to environmental tobacco smoke.

The tobacco industry. The tobacco industry is the business of selling an addictive substance that is guaranteed to damage the health of those who use it and eventually cause them to develop a degenerative disease such as cancer, heart disease, or emphysema.

They say that they do not target young people and that the effects of exposure to environmental tobacco smoke, ETS, are really not that serious. Well I find it hard to believe anything they say. I cannot forget the fact that in 1994 the CEOs (chief executive officer) of the major American tobacco companies swore before the United States Congress that they believe that nicotine was not addictive.

Since then, secret tobacco industry documents have been found that indicate that they knew that nicotine was addictive. In addition, they developed ways of enhancing the nicotine levels of cigarettes and other tobacco products, so that their addictive potential was maximized. These documents also prove that despite protestations to the contrary, they deliberately market it to young people. And I have some attachments which show that.

I do not recall seeing any cigarette advertising that featuring a middle-aged lung cancer patient. They're always young people featured in the advertising, and they're always healthy and happy.

Point three, the costs to the health care system. According to the Saskatchewan Department of Health figures in 1997, direct costs were 75.97 million; indirect were 188.87 million; and together they amounted to 264.84, which is close to Myron's figures. A little less than his.

The direct costs included hospitalization, physician services, drug costs, and fire losses; whereas the indirect costs included loss of earnings due to premature death, productive days lost to morbidity, and costs associated with managing tobacco-related illnesses.

Tax revenue from the tobacco sales in '98, the provincial revenues from taxes on the sale of tobacco products were 122.68 million. Obviously the revenues from taxes on tobacco products fall far short of the costs, by 142.16 million.

Point four, the health effects of tobacco use. Approximately 1,600 people in Saskatchewan die from tobacco-related causes every year and smoking is responsible for a third of all cancer deaths in Saskatchewan per year — 660 people. It is the leading cause of preventable illness in the province and so it makes sense to find ways to reduce its use and thus reduce health care costs and a lot of unnecessary and painful deaths.

Point five, the effect on business. The hospitality industry seems to be concerned that restaurants, hotels, and bars, etc., would lose business if smoking were prohibited in public places. They seem to forget that 70 per cent of the population is non-smoking and when someone goes to a restaurant it is to enjoy a meal or to have a snack.

Smoking is not allowed in the kitchen area for hygienic reasons since smoke and ash pollute the food that is being served. So why should it be allowed in the eating area? Not only does it affect the health of the customers, but it also affects the health of the staff who have to breath second-hand smoke during their workday.

Some studies indicate, and Dr. Vooght mentioned this already, food service workers are 50 per cent more likely to develop lung cancer than the general population. And waitresses have the highest mortality of any occupational group. They have four times the expected lung cancer mortality and two and a half times the expected heart disease mortality rate. Heavily exposed service industry employees inhale the equivalent of 1.5 to 2 packages of cigarettes per day.

The restaurants in Prince Albert — at the last count there was

69 restaurants in P.A. and 21 of these restaurants have gone non-smoking which is really wonderful. The two most recent restaurants to take the plunge are the Dairy Queen and the Co-op café and I believe the Sears café has recently gone non-smoking as well. I heard that today.

To my knowledge the only restaurant that has reversed its decision on non-smoking policy is the Marlboro Dining Room. All the other restaurants seem to be very happy that they've made a decision to go non-smoking, and have not lost money doing so and I have spoken to several restaurant owners.

In 1997 the Prince Albert phone poll was carried out by the Coalition of People for Smoke-Free Places and this was also mentioned earlier. I'll just reiterate a couple of things. There were 223 homes were contacted and an outline of the results of the poll showed that 67 per cent of Prince Albert residents are non-smokers, 74 per cent are regularly bothered by second-hand smoke, and 75 per cent are in favour of a bylaw regulating smoking in indoor public places.

Council did pass a smoking control bylaw in 1998 that allowed restaurant owners to go smoke-free if they chose to. But the majority of restaurants and all of the bars still allow smoking. And it seems that council would prefer that the provincial government take the responsibility to enact legislation that would make all places smoke-free.

And I have spoken with members of council who have indicated that they personally thought it was a good idea but didn't seem to feel comfortable with passing a bylaw on that.

The economic effects of smoke-free ordinances in the hospitality sector. Information compiled by the Workers' Compensation Board of British Columbia in 1999 on the economic effects of smoke-free ordinances in the hospitality sector indicates that smoke-free legislation either has no adverse effect or no impact on impact on sales. This is not surprising since smokers are not going to stop going to their favourite restaurant or bar when they know that all the bars and restaurants are smoke free. And the gentleman who spoke from Wakaw can back that up, I think.

Ventilation systems. Some people in the hospitality industry think that installing special ventilation systems will solve the problem of environmental tobacco smoke. However information from Health Canada shows that this is not an effective solution.

The problem with ventilation systems. Ventilation systems in homes and workplaces were never designed to remove smoke. Their main purpose is to limit the accumulation of carbon dioxide which we exhale, and to keep odours down. At an average ventilation rate of one air change per hour, it takes three hours to remove 95 per cent of the smoke from a single cigarette and the remaining 5 per cent can still be harmful.

James Repace, a Washington DC physicist and international expert on environmental tobacco smoke said that, and I quote:

Typically we see levels of tobacco smoke in occupied spaces that are 1,000 times greater than what regulatory agencies would consider an acceptable risk.



Mary Jane Ashley, principal investigator for the Ontario Tobacco Research Unit said, and I quote again:

Electronic air cleaners, air purification systems and “smokeless” ashtrays can double or triple the rate of clearing the air of smoke. But the air-exchange rate needs to increase a thousandfold in order to be effective. Such a system would have to be so powerful it would create gale-force winds.

Obviously not very practical.

Confining smokers to one room in a house or one section of a workplace doesn't work either, since the laws of physics dictate that the smoke will disperse throughout the area. As for non-smoking sections in restaurants, Garfield Mahood, executive director of the Non-Smokers' Rights Association compares that to having urinating and non-urinating sections in a swimming pool.

Opening a window can help but, depending which way the wind is blowing, it can also direct the smoke straight to a non-smoker. There is only one method to keep indoor space smoke free — send smokers outdoors.

Point seven, youth. Smoking rates among young men and women aged 17 to . . . sorry, 15 to 19 have increased since the late 1980s and early 1990s. This is cause for concern because the end result of this trend, 20 years from now, will be that mortality rates from lung cancer and heart disease will increase.

Young women are more likely to smoke than young men. Most young women who experiment with smoking usually try it before the age of 15. Since the 1980s, the rate of smoking amongst young women has been slightly higher than among young men and now the rate of smoking among young women is rising which is very disturbing.

Health Canada statistical information for smoking rates among youth: in 1989, 23.5 per cent of females 15 to 19 smoked; and in 1996-97, 31 per cent smoked; in 1989, 21.6 per cent of males 15 to 19 smoked, in 1996-97, 27 per cent smoked — which is quite an increase. In 1996-97, 31 per cent of young women 15 to 19 smoked versus 27.2 per cent of young men.

There are four basic reasons that can cause young women to start smoking. Personal reasons — young women who are unhappy about how they look, who want to be cool or rebel, who think they're not good enough or smart enough or skinny enough are often motivated to smoke.

Social reasons — young women who have a lot of friends and relatives who smoke may be socially motivated to smoke. A teenage girl is five times more likely to smoke if one or both her parents smoke and an older sister or brother smokes, than if none of these people smoke.

Environmental reasons — if it's easy to buy cigarettes and smoking is allowed at home or in places that teens hang out like shopping malls and restaurants, then young women may begin to smoke just because it's easy to do so.

Promotion — the way that cigarettes are promoted and sold can

cause young women to believe that smoking is a way to be mature or cool, that people who smoke are adventurous and more interesting, and that smoking is a way to be slim and glamorous.

The tobacco industry has stated that they do not target young people. This is simply not true. A good example of the industry deliberately marketing to young people is RJR Nabisco's Joe Camel campaign which resulted in Camel capturing 33 per cent of the US youth market in three years.

Another example of the industry marketing to youth is the tobacco industry sponsoring extreme sport events, Export A, for example, and in motor racing, Lucky Strikes. Look at Jacques Villeneuve and the advertising on his race car. And there's documentation to back that up, that statement.

Point eight, Aboriginal Canadians. A 1995 survey showed that the rate of smoking amongst Aboriginal Canadians is 57 per cent — more than double the national rate of about 27 per cent. Inuit people have the highest rate of smoking at 72 per cent, followed by 57 per cent of Metis and 56 per cent of First Nations people.

High smoking rates were linked to a lack of education, and poverty. Smoking rates among Aboriginal youth are particularly high — 54 per cent of 11- to 19-year-olds and 65 per cent of 20- to 25-year-olds smoke. And I have attached documentation from the Canadian Pediatric Society to back that up.

Point nine, recommendations. The main goals of tobacco control legislation should be to: (a) protect the health of all Saskatchewan residents against the effects of environmental tobacco smoke; (b) make tobacco use unappealing to young people; (c) make tobacco products less available to the public; and (d) educate the public about strategies and tactics of the tobacco industry.

And the first point, to protect the health of all Saskatchewan residents against the effects of environmental tobacco smoke. Legislation should require that enclosed public spaces are smoke free. Restaurants and bars are workplaces and workers in these facilities should be entitled to the same protection as all Saskatchewan workers.

Other workplaces that should be covered by the legislation include workplaces; child care facilities, including home care; recreational and sporting facilities; entertainment and service facilities; educational institutions including school grounds; shopping malls; and government institutions.

Make smoking cessation programs a part of existing addictions counselling efforts. Encourage physicians to provide cessation information to their patients.

Point (b), make tobacco use unappealing to young people. We should ban all tobacco advertising and sponsorship in Saskatchewan. Billboards, sports, cultural sponsorship of events and organizations which include any reference to tobacco companies, foundations, or logos should be banned.

Increase the sales tax on tobacco products and use the money to fund cessation programs. Make education on the harmful health

effects of tobacco use a more important part of the health education program in schools starting in the elementary grades. And I believe some people are recommending grade 3.

My wife has a daycare and she has children there who are preschoolers, and even they can understand the detrimental effects of smoking and they actually influence their parents. So starting young works.

Provide support to youth organizations that are focusing on encouraging youth to adopt a smoke-free lifestyle through the workshop training. Ensure that information on the harmful health effects of tobacco use reaches schools, youth groups, teen wellness centres, youth activity centres, youth-at-risk programs, cultural centres, group homes, and detention centres.

Point (c), make tobacco products less easily available to the public. Legislation should cover the prevention of tobacco use by children and youth. The sale of tobacco products should be restricted to licensed outlets, and it should not be permissible to sell tobacco products in pharmacies or stores that include a pharmacy as well as health care, educational, and recreational facilities. Prohibit the selling or giving of tobacco products to anyone under the age of 19.

And the final point, educate the public about strategies and tactics of the tobacco industry and negative impact of tobacco use. And we should develop public education campaigns that denormalize and discourage the use of tobacco products, and expose the strategies and tactics of the tobacco industry. And develop special education and smoking cessation programs that target First Nations youth and adults who really are severely affected by the use of tobacco in our society.

Thank you very much for listening to my presentation, and there's a list of attachments and you have it in your documentation.

**The Chair:** — Committee members, any comments or questions? Okay, I guess we're ready to move on. Thanks very much, Stuart, for your presentation and for the well-documented material that you've presented us with. I think this is the first time we've got a copy of the secret document.

Bill Grosskleg and Brenda.

**Mr. Grosskleg:** — Good evening, ladies and gentlemen. My name is Bill Grosskleg, and I'm a senior volunteer with the Canadian Diabetes Association having served as the past president of the Saskatchewan division, and I currently serve on the national board of directors with the organization.

So on behalf of the Canadian Diabetes Association in Saskatchewan, I would like to thank the all-party Committee on Tobacco Control for holding these hearings across the province and giving the public the opportunity to speak on a very important public health issue.

The Canadian Diabetes Association is here today because our mission is to promote the health of Canadians. The Canadian Diabetes Association supports government initiatives aimed at protecting people from the hazards of second-hand smoke and programs which encourage smoking cessation.

In 1996 there were approximately 38,000 people living in Saskatchewan who had been diagnosed with diabetes. Thousands more are thought to have the disease but haven't yet been diagnosed. The prevalence of diabetes is much higher in the Aboriginal population than in the non-Aboriginal population and the age, sex-adjusted prevalence rate is approximately three times higher for First Nations at 11.1 per cent than the general population at 3.5 per cent.

And those facts come from the epidemiology, research, and evaluation unit of the population health branch of Saskatchewan Health.

Diabetes and its complications represent a significant burden both to individuals and to the health care system. While people with diabetes represent 3.7 per cent of the Saskatchewan population, they account for nearly 12 per cent of hospitalizations and it is estimated that one in every seven health care dollars is spent treating diabetes and its complications.

Studies have shown that cigarette smoking increases the risk of developing a complication to diabetes, yet nearly one-third of all people with diabetes smoke. People with diabetes have a risk of heart disease and stroke which is two to four times greater than persons who do not have the disease, and smoking and exposure to second-hand smoking increases this risk to the person with diabetes.

Due to excessive glucose and lipids, which are fats in the blood, people with diabetes may experience damage to both the large and small blood vessels in the body. Often the smallest blood vessels are damaged first, those in the kidneys and the eyes. Exposure to tobacco smoke constricts the blood vessels and therefore increases one's already high risk of diabetes complications like blindness and kidney disease.

Blood vessel narrowing also effects circulation to the lower limbs. When blood vessel damage in people with diabetes involves the feet, foot ulcers and infections can develop and these sometimes lead to amputation. One US study found that persons with diabetes who develop gangrene were smokers in nearly all cases. In addition, of those persons with diabetes who needed amputations, 95 per cent were smokers.

Another published paper that studied women with diabetes showed that non-smoking women with diabetes who were exposed to second-hand smoke throughout their lives died almost four years earlier than those women with diabetes who were not exposed to second-hand smoke.

In addition woman with diabetes who smoked died five years earlier than women smokers who did not have diabetes and this again is backed in the references.

Finally there is some early evidence that smoking may be a risk factor for the development of type II diabetes. Data suggests that smokers have an increased risk of developing the disease of diabetes.

And it is very positive — the Health Canada surveys are finding that there is a trend towards less smoking amongst most age groups. Smoking cessation programs are clearly having an

impact and should continue to receive strong government support.

Unfortunately the group that is bucking the overall trend to less smoking are the very young. The smoking rate amongst teenage girls is rising faster than any other age group. Since studies show that most smokers start smoking at age 13 and are addicted by age 17, it is clear that the population health strategy which would have the most significant impact on reducing tobacco consumption would be to prevent young people from starting to smoke.

The Canadian Diabetes Association would therefore like to recommend the following: first, that the provincial government encourage family physicians to be proactively involved in helping their patients to quit smoking and that a billing code be created that would allow physicians to be reimbursed for this service.

Secondly, we would like to recommend that nicotine replacement therapies be included for coverage on the provincial drug formulary; that the provincial government introduce enabling legislation that would allow municipalities to enact laws protecting citizens from exposure to tobacco smoke in public areas, including but not restricted to child care facilities, restaurants, educational institutions and health care facilities, and workplaces.

And finally, point four, that the provincial government prohibit the sale of tobacco products to anyone under 19 years of age and consider restricting the sale of tobacco products to licensed outlets.

I would like to thank you for giving me the opportunity to speak here tonight and I would be happy to answer any questions you may have. And I do have several copies of this brief for the committee and the media.

**The Chair:** — Yes, thank you for bringing the extra copies. That's good. The committee's played out . . . Mark Wartman.

**Mr. Wartman:** — You referred a couple of times about the possibility of smokers having increased risk of developing — is it type II diabetes?

**Mr. Grosskleg:** — Yes.

**Mr. Wartman:** — Do you have some figures on how much that risk is increased?

**Mr. Grosskleg:** — Offhand, I don't. I can only refer you to the references that are included at the back of the brief. I can certainly get that for you.

**Mr. Wartman:** — Part of why I'm asking is because we had a cabinet delegation earlier in the year and it was from the Canadian Diabetes Association. They talked about the significant increase in diabetes amongst Aboriginal people, and I just wondered if the smoking might be a factor there because we've also heard significantly larger numbers of smokers.

**Mr. Grosskleg:** — Yes, it is. Speaking with people that work there professionally, it does seem to be higher. But why — I'm

at a loss. But I can research that further for you and then provide that information if I can get it.

**Mr. Wartman:** — If you could, and you could provide that for our committee, that would be helpful. Thank you.

**Mr. Grosskleg:** — Sure. How would I submit that? Just e-mail to the TCC (Tobacco Control Committee)?

**The Chair:** — That's one way or just sending it by mail to the legislature.

**Mr. Grosskleg:** — Okay.

**The Chair:** — In care of Tanya Hill. She'll give you our address and so on.

Bill, just one other question. Does the diabetes association have any volunteers working in northern Saskatchewan in kind of a group or organized group?

**Mr. Grosskleg:** — We currently have a branch in La Ronge and that's as far north in the province as we go with an established branch, but we serve every square mile of the province one way or another.

We have a membership in the province of approximately 2,300 people and those are centred in . . . We have 21 — I believe the last number was 21 — branches and chapters across the province. But the Far North is a logistics issue for us to, you know, to attend, but we certainly serve by mail and by phone and by Internet of course.

**The Chair:** — Okay. Thank you. Well thank you very much for your presentation.

**Mr. Grosskleg:** — Thank you for all your time.

**The Chair:** — We're doing very well here, and next we'd like to call on Jacquie Calvert.

**Ms. Calvert:** — Good evening. My name is Jacquie Calvert and I have been an employee of the Canadian Cancer Society for 25 years, mainly working in the areas of public education and, most recently, the last 10 years in public issues.

We have made great strides. I'm very happy to say that. And now I'm going to take retirement in June and my hope is that my retirement gift will be what this committee will recommend. So I'm really looking forward to that.

Now tonight I'm just expressing my views as a private citizen. In 1965 we lost a child with cancer. This was not smoking related as he actually died from leukemia, but thus my involvement with the Canadian Cancer Society began. I also watched my father die from emphysema, which was and is smoking related. And I also work in a cancer patient lodge now, that I see daily patients that are taking treatment that are so addicted that they're outside smoking and this really concerns me. And I also, over the years, I have managed to quit smoking myself.

From what I have read and written is people presenting before

your committee have described their frustration with second-hand smoke. Doctors have described the medical problems, especially those associated with children. Parents have discussed how smoke in recreational areas have wreaked havoc on their children's health.

Community leaders have reiterated how youth with chronic health conditions have problems knowing how to deal with exposure to ETS in public places. Individuals have discussed how they are affected personally and others have discussed their remorse at having exposed their very own children.

Both our federal government and our provincial government have stated that there is no safe level of exposure to passive smoke. Nearly 15 years ago Health & Welfare Canada wrote all available scientific information on passive smoking is consistent with policies which eliminate all voluntary exposure. Please note the word eliminate.

Hotel owners and members of your very own committee have indicated that they agree with the relationships that exist between compromises to good health and environmental tobacco smoke. The hospitality industry is very adamant in saying they will make no attempt to no longer expose their employees to this public health menace.

As a committee you will have to make some serious decisions, answer some serious questions. While it has long been recognized that ETS is aesthetically offensive to many non-smokers and is often a personal discomfort, there is now a very strong body of evidence to show that ETS has longer-term adverse effects upon health.

Are we willing as a society to continue to ignore these concerns at the behest of primarily the hospitality industry who are really the only ones in opposition to this move towards a healthier public workplace?

And, yes, in every other jurisdiction in North America, privately owned businesses like restaurants and bars are considered, even before the courts, public places. Are we willing as a committee to say that this is not a public health issue which warrants stronger actions than simply education, as some people seem to imply?

We have legislated seat belts because it adds to both our individual adult safety and to the safety of our children as passengers. It was only when legislation was enacted that compliance rose.

Education is always a necessary component of any legislation and yet we have as a society designated special areas in restaurants in which we allow persons to pollute the indoor air, even in the presence of children. Education did not even work in your own workplace. Why do we think it would stand a chance in the private sector?

Do you think it is wrong that the Legislative Building is a smoke-free facility? Do you think it is wrong that it became thus as a result of legislation? Do you think it is wrong that the employees in the legislature building do not have to be exposed to tobacco smoke? These are questions that you need to address. If it is right, then do what has to be done to get other employees

to follow your lead.

Yes, we can and should have sound educational programs in place to fully inform our adolescents about the negative effects of tobacco smoke on both the user and non-user. Yes, we should educate in every manner possible to help people understand this public health problem.

This will not be the key to changing public attitude. Public health policies are best received when legislation and education are combined. Education is a slower and continual process. We should not be thinking in terms of another generation before we experience changes.

Teaching children in early elementary school about healthy lifestyles has not in the past, nor is it likely in the future, to cause employers to protect their employees. Remember here that we are talking about the protection of innocent people, not just about developing behaviour change within individuals themselves.

Our business communities have adapted very well to changes in the past and will continue to do so in the future.

The tobacco industry is continually defending itself in court. They are constantly funding front groups within the hospitality and retail sectors. They are continually buying legitimacy and respectability — not easy to do when your product causes illness and death to both the user and non-user.

It is well known that the tobacco industry markets to our youth. They persuade us to debate what should be obvious. They have created an environment within which tobacco use is seen as the norm. Today we still assume that you can smoke anywhere unless there is a sign that tells us otherwise. Your committee can help turn this attitude around.

The tobacco industry needs the hospitality industry. They work expediently to develop their philosophy within other organizational structures. The hospitality industry might better serve their members by trying to assist with their move forward into the new century rather than trying to help them defend the status quo.

It is adults who make the rules about where children are exposed to smoke. It is adults who determine the environment of our work areas. It is adults who need to be educated about the health problems they might be creating.

Is it fair to educate children and then put them into environments where they have learned, what, where they have learned are unhealthy. The majority of young persons in the hospitality industry occupy entry-level positions. Do we really believe that they can dictate their own working conditions?

Tobacco marketers have a problem. They must continually recreate a new market. Each crop of young people must be addressed anew. The children must choose to smoke and they must choose brands.

At young ages — and for the tobacco industry this is defined as the 12- to 18-year-old crowd — it is not the taste and nicotine boost of a cigarette that is initially important. The centre of their

market is the image. The crux of the matter is how teens can use forbidden fruits for their own crucial needs. Will they help with their need to appear confident, their need to ward off fear and childishness? Will it assist with poses that appear certifiably adult?

Marketers know that adolescents seek to display their new urge for independence with a symbol. Imperial Tobacco documents from the mid-70s state:

If the last ten years have taught us anything, it is that the industry is dominated by the companies who respond most effectively to the needs of the younger smokers. Our efforts on these brands will remain on maintaining their relevance to smokers in these younger groups in spite of the share performance they may develop among older smokers.

It is commonly stated by the tobacco industry that they do not market their product to children, and I quote

In mature markets such as the one for tobacco products, everyone already knows about the product. The function of advertising in a mature market is to promote brand loyalty or brand switching.

They argue that, and I quote:

Advertising cannot influence a non-user to begin using the product.

In 1987 to celebrate the 75th anniversary of the Camel brand, RJR imported into the US from France a rakish looking camel cartoon character. With a quick facelift and new wardrobe, Joe Camel was portrayed as an aloof but smooth character often with a young woman in the background. Designed to convince older adults that smoking is the easy road to confidence, popularity, and improved image, the campaign was a dismal failure.

Instead of causing large numbers of older males to switch brands, it inadvertently caused vast numbers of adolescents to become Camel fans. Before 1998, less than 1 per cent of the illegal US market smoked Camels. By 1991, they had cornered 33 per cent of this valuable market. Ironically only 4 per cent of the adult market are Camel users. Many of us truly consider this to be a smooth move.

In Canada we have further examples. Tobacco industry documents tell a unique story. In the '80s a document titled *Players Filter Creative Guidelines* states:

The activity (and here they refer to one which is portrayed in an advertisement) should be one which is practised by young people 10 to 20 years old, or one that these people can reasonably aspire to in the new future. And people, referring to the models, should appear less than 25 years old.

Note that Canadian law forbids the use the persons under the age of 25 years in tobacco ads.

Another Player's advertising strategy document states:

When image advertising is used, it will continue to reflect a lifestyle realization of youthful self-expression, independence, and freedom with subject matter that is particularly relevant to young females.

Another document puts it quite bluntly:

The brand has a special role for young people starting the smoking habit.

Project 16 was a tobacco industry marketing research study carried out in Canada. According to documents, project 16 was designed to learn everything there was to learn about how smoking begins, how high school students feel about being smokers, and how they foresee their use of tobacco use in the future.

The information learned from this project concluded the following:

Thus the companies must appeal to children successfully between 12 and 18 so the habit may become an integral part of the image of themselves. It must become part of their emerging adulthood, attached like a limpet to the person emerging from the teenage years. The temptation must be pressed just as a sense of self is forming, just as the child is facing the world at large for the first time where it will not take hold.

There is no doubt the tobacco industry needs youth smokers and uses target marketing as one strategy to achieve this end. An advertisement that shows electric guitars and simply says, either you like it or you don't, is not designed to attract the cohort to which your committee members belong.

It is interesting to note that tobacco ads do not talk about the product itself but constantly refer to image and independence. Ironic, considering the total lack of independence that most smokers have when it comes to using tobacco. An ad that says, go your own way, appeals to a particular audience and gives a very clear message.

Public places should be smoke free to protect the public. Workplaces should be smoke free to protect employees. Smoke is smoke is smoke. It does not discriminate between patron and employee; it does not discriminate between young and old. Thank you.

**The Chair:** — Well, Jacquie, thank you very much.

**Ms. Calvert:** — Sorry.

**The Chair:** — That's fine, have a drink of water. Does anybody have a question or a comment? Thank you very much for your presentation.

**Ms. Calvert:** — Good.

**The Chair:** — Laurie Dent.

**Ms. Dent:** — My name is Laurie Dent; I work for the Canadian Cancer Society, as well as Jacquie. I'm also a member of the Coalition of People for Smoke-Free Places in Prince Albert. I'm

speaking to you tonight just as an individual, but because I work for the cancer society, I'm a member of the coalition.

I knew the quality of the reports that you would be hearing tonight — the statistics, the well documented facts and figures and quotations, and studies quoted — and so I'm not doing that. Mine is very brief. As you can see, it's one page.

I want to thank each of you on the committee for taking time for these meetings. You are to be commended for this initiative in grappling with such an urgent health issue. I urge you and the Government of Saskatchewan to seize this opportunity to pass legislation that will protect Saskatchewan's children and young people from the already well-documented dangers of using tobacco products. Your leadership in this area will have a tremendous impact on Saskatchewan's economy.

As you already know, the conservative estimate in direct and indirect costs of tobacco consumption to Saskatchewan residents is \$280 million — that is higher than Myron's figures because it is the estimate for this upcoming year — while the projected revenue for this year to our province from tobacco taxes is less than half that amount.

The decision you make after hearing from medical professionals, health care agencies, victims of tobacco use, and concerned citizens will help to define the future of our province.

Will we continue to see the horrendous cost in lives? Sixteen hundred people die in Saskatchewan each year including 660 cancer deaths — all caused by using a product exactly as it is intended.

Listen to what the tobacco producers themselves are telling us.

On Monday, March 6, in a radio interview, Mr. Ron Parker, head of the tobacco retailers association, three times referred to tobacco products as health risks. Near the end of the interview he reiterated that using the products he sells is a risky behaviour. The tobacco companies acknowledge the danger inherent in their products. They find it possible to ignore the health concerns of their fellow Canadians because of the enormous profits their companies record each year.

Imperative, therefore, is legislation that will protect children and those suffering from respiratory diseases from the ill effects of second-hand smoke. Legislation that prevents sales of tobacco products to young people for they are most susceptible to early addiction. Recognition of the need for physicians to be involved in intervention with their patients and a commensurate financial commitment to them.

I'm sure you all have a copy of the Comprehensive Approach to Tobacco Control for Saskatchewan, prepared and signed by the Canadian Cancer Society, the Heart and Stroke Foundation of Saskatchewan, the Saskatchewan Lung Association, and the Council on Health and Emergency Services, Saskatchewan Medical Association. Please read it carefully.

Recognize in its pages the tragedy that is unfolding among Saskatchewan residents, your constituents, and then take the action that is necessary and that at this moment is in your power to accomplish. Introduce legislation that improves the quality of

life for the people of Saskatchewan. Fight the scourge that is decimating our health and our economy. Please be doers and not hearers only.

Thank you for this opportunity.

**The Chair:** — Thank you, Laurie, and yes we do have copies of the Comprehensive Approach to Tobacco Control for Saskatchewan. It's a sizeable document and comes with a lot of good information in it. Thank you very much then, Laurie.

Before I call on the next presenter, Grant Gustafson, I just want to lay on the table a presentation that was given to me by seven businesses — no, six of them, sorry — the National Hotel, Uncle Charlies at the Prince Albert Inn, That Bar at the Marquis Inn, Players, the Travelodge, the Avenue hotel, and Suzy Cues. They were unable to be here today because they had other commitments, but I do want to lay it on the table.

I've only got one copy so I'll lend this to the press if you promise to give it back to me. But you might want to peruse this today so that you get a more rounded picture. To date so far all we've had is presentations from the one side, and there are other points of view also that we've heard in other places.

**Mr. Gustafson:** — Well thank you right now for the opportunity to speak to this. For those who have followed some of my letter writing and some of the presentations I've done when I was on school board and the likes, you'll know this is something that I've wanted to see some action on for quite some time.

I don't have a lot of statistics. In fact, I only have one — 13 out of 25. And where do we get that from? My son in grade 7 taking the class picture and saying, mom, do you know how many kids smoke in my class? — 1, 2, 3, 4, till he hits 13 out of 25 in grade 7. A little alarming.

Just some thoughts, recommendations, whatever you want to call them. I'd like to see us treat tobacco the same as alcohol as far as possession, use, and supplying to minors. Providing tobacco to minors should be like a trafficking offence in any other drug.

Institute mandatory sentences for adults violating such laws, and have sentences for minors that actually involve treatment. That's probably the only thing we're going to come up with that will actually help some of these kids.

Do not hesitate to go so far as confiscating or impounding vehicles or other property where and when offences occur. Make all fines and sentences meaningful and better ensure payment by requiring the completion of a sentence or payment of fines before a driver's licence can be renewed. Make people take these seriously.

Charge parents who endanger their children's health by smoking in the home. This is the place where children have no choice but to be. And why should we let their parents kill them in that way when we won't let them do it with any other weapon?

Further remove the temptation of peer pressure by making it

illegal province wide to smoke on the properties of institutions which cater to children. And we're talking schools, young offender facilities. And regardless of age, don't let the staff smoke outside — nothing. Make them tobacco free, make them butt free.

Ban smoking at all locations where food is sold and/or served, with the possible exception of your bars, bingo halls, and gambling facilities where nobody really has to be.

I'd like to see that we don't get carried away with more graphic or restrictive package advertising. If you're that serious about stopping tobacco use, just make it illegal. Or is the government just a little too addicted to the revenues?

Recovering health care costs. It's not done with other substances. I don't know why we would do it with this one. But I guess if you want to allow it to reclaim costs, go ahead.

As you put more and more restrictions on tobacco use and those restrictions are because of the bad health effects, I would expect that these scientifically advanced companies will come up with safer tobaccos. They have some of the best scientists working for them. If they know exactly how much sugar to put in a Skoal Bandit, believe me, they can come up with a tobacco that should be relatively safe.

Stop giving any government grants to any group or individual which location allows smoking. If you want to be serious, say if there's smoking on your site, no government money — with one exception. If they are trying to do a program to defeat or to reduce smoking, maybe help them out.

Include municipal governments, health boards, and school boards in this. If the Wakaws of the world want to say no smoking in our municipal facilities and are willing to, you know, have some backbone and stick with it, continue giving them their regular monies. If another jurisdiction says, oh no, we're going to back down because the curlers don't want to have a non-smoking curling rink — fine, we'll cut your money off; get it from the curlers.

Don't keep pumping money in when these organizations, when governments and boards are not doing maybe what they should be for the public good.

My experience in this community is the local governments do not have the will to do anything serious. As was suggested earlier, do it for them by creating that provincial legislation.

And if you'd like a little bit of research, because I understand the committee is going to be going to Carlton on Thursday, if you're in town, I'll give you some places where you can do some really neat research. If you were to drive by 20th Street and Central Avenue at about 10 before 12 tomorrow, you will see the junior high students from P.A.C.I. (Prince Albert Central Institute) crowded around a corner store smoking their little heads off.

If you continue driving, about 12 o'clock you should get down on to 14th Street — between 3rd and 4th Avenues — you'll see the grade 9 to 12 students of St Mary's overflowing from the school grounds onto the sidewalk and onto the street so they can

have a smoke. Good thing we've got staggered lunch hours.

About 12:20 you drive by the main entrance of Carlton, and careful you don't run over the kids that are dashing across the drive so they can have a smoke on the front lawn.

And my guess is that 90 per cent or more of the students that you'll see smoking, have not legally purchased what they were smoking.

If there is one thing you do, give us legislation that has some teeth in it so that school boards or any other jurisdiction can say there is no smoking; there is a punishment for those who encourage youth to smoke; and there is some help for the youth who succumb to smoking. Thank you.

**The Chair:** — Okay, Doreen has got a question.

**Ms. Eagles:** — I've just got one comment. Thank you, Grant. Did I understand you correctly when you said to punish the parents if they smoke in their homes where there's kids?

**Mr. Gustafson:** — Definitely.

**Ms. Eagles:** — How would you ever go about going into someone's home and telling him lookit, you can't smoke, there's kids here. I mean, wouldn't that . . . that's their private domain.

**Mr. Gustafson:** — It's a private domain. However, if you hear a child screaming as you're trying to go to sleep on a hot afternoon or as the parents are trying to put them to sleep on a hot afternoon, the neighbour across the park hears a child screaming because they don't want to go to bed, because it's the hottest day of the summer and you don't have air conditioning, all they have to do is call mobile crisis and I'll tell you, you have two exuberant workers at your door; you have two police officers. And within three days you have social workers in your home. And they will question you and your wife separately, to the point where your wife is in tears and you stand basically accused without the benefit of even knowing who levelled the accusations, over nothing.

Now if that can be done, can we not do the same thing for a child who is being abused on a daily basis. Can social services, can someone not go in and say, this child is being harmed; can you not investigate? Can you not treat the parents, punish them if necessary; remove the child from a dangerous situation? It's for the good of the child. And maybe their health is more important than staying in that family unit while they're being harmed.

**Ms. Eagles:** — I certainly wouldn't want to be the one to go into a home and tell the parents we were taking a child out because you are smoking.

**Mr. Gustafson:** — That's why we have social workers trained for that.

**Ms. Bakken:** — Well I guess as you indicated, the first case has some real misgivings with it as social workers being able to come into your home and assume that you are guilty before you have a chance to prove you're innocent. And I think the same

with the smoking. We do still live in a free country and I would hope that we would maintain that.

**The Chair:** — Thank you very much, Grant.

**Mr. Gustafson:** — Thank you. Now we have Jerry Garvin.

**Mr. Garvin:** — I came to Prince Albert today on my goal to promote my youth group that I started a week ago.

**The Chair:** — Jerry, just for the sake of the record, would you just put your name into the mike, please. Just say, I'm Jerry Garvin.

**Mr. Garvin:** — Oh, I'm Jerry Garvin and I'm the representative of the youth healing group in Red Earth that I started about a week ago. And I'm behind that all the way, what he just said about his little presentation here.

And I wasn't expecting to come here and do this little presentation here. But the reason why I'm starting this youth group is because I went through a lot of . . . and I seen a lot of drugs in my life. I seen people overdose on cocaine, needles, pills, and all that. And all together there's about over 150,000 drug dealers in Saskatchewan, and my goal is to cut every dealer off in Red Earth, Shoal Lake, all the surrounding reserves in Saskatchewan, all the surrounding communities, all the cities, probably by the . . . in about two years time.

And my youth group is based on — how may I put this — it's based on keeping our youth of Saskatchewan and Canada from getting their hands on any sort of hairspray, nail polish, Wite-Out, pens, ink, Listerine — anything with alcohol or anything that can get them high, including drugs and alcohol . . . drugs and stuff like that.

And in Red Earth about . . . Well I started smoking when I was nine years old; I started smoking on my birthday. And I have friends that are like three years older than me and they got me a cigarette. And I started smoking and I had a hard time the first time I started smoking. And it took me only two years to get myself connected at the store because I have older cousins that bought me cigarettes when I was nine.

And probably by age 13, I was buying cigarettes from the store for myself saying that they were for my auntie and uncle and my grandpa and my grandma. And right now in Red Earth, there's only about six or seven students that don't smoke in the high school — six or seven students altogether. And they are all athletes and I'm very proud of them.

And I still smoke today. And as this guy was saying about . . . I used to go to school at Carlton, and during break and lunch hour I used to go and smoke. And it'd be close to like 25 people in one area smoking by the stairs by the old folks' home, and it'd be scattered all throughout the school grounds. And on weekends there's a lot of kids that go out, get drunk, get into trouble, do drugs, drink, just to have a good time, or just to get away from their problems and stuff.

And I started drinking and smoking drugs when I was 12. The first time I came across drugs was when I was six years old. My mother came to my grandfather's place, but I went under the

bed and I was hiding from her, and she was drunk and she was with her boyfriend, a Native guy. But he's gone.

And then I went to go visit my mom under my grandpa's supervision, because my mom would have temper tantrums and she'd get mad at me for no apparent reason at all. And just as I was about to go to sleep that guy told me to go look for some matches for him. So I went and looked for some matches — said he had a pop for me and he had a two litre pop on a table — so I went to go look for matches. I got him matches and he asked me to go outside with him then tell him if my grandpa comes out, out to the living room . . . I mean out of his master bedroom. And I lived in that trailer most of my life and my grandfather just got a new house.

So I was watching out for him and then he sparked up a little cigarette, a real tiny cigarette. I thought it was pretty neat at first and then he told me what it was. And then he said that he was going to get me high when I get a little older but I said no because I didn't like it. But I knew about it.

And then I started off . . . when I was 11 my mom passed away from . . . she got murdered out in Edmonton. And that's because of drugs and alcohol. And the reason why I'm doing this is because I don't want to see any of the youth of Saskatchewan and maybe Canada get their hands on any sorts of artificial instilments that'll get them high in any way.

And Red Earth will be drug free probably by this Friday. And I'll have a pot patrol on the reserve. And all the drug dealers in Red Earth and Shoal Lake are . . . they have charges and stuff and fines. And anybody who'll be giving . . . anybody that will be supplying cigarettes in Red Earth to any of the youth will be fined.

I didn't get it ready yet, but I have papers and stuff back at home about what I'll be doing for the reserve. And anybody that'll be supplying cigarettes . . . Because there's an old lady on the reserve that sells cigarettes for 25 cents and she probably makes close to, like, \$70 a day. And there's a couple of other people that sell cigarettes, but they're not important.

And I was hoping that that guy over there, that just spoke, I was hoping that you'd really consider what he said. Because I really care about our youth and I don't want them to go what I went through. And basically that's what I'm here to do, yes. Thank you.

**Members:** Hear, hear!

**The Chair:** — Jerry, there may be some people that might want to ask a couple of questions if you don't mind.

**Mr. Garvin:** — Yes, no problem.

**Mr. Wartman:** — Thanks, Jerry. Jerry, you're talking about doing what you can to make changes and clean up Red Earth. Are you talking about working with band council to get legislation passed? How are you going to make sure that there are no people selling cigarettes or drugs on reserve?

**Mr. Garvin:** — All right. I have a meeting in Shoal Lake at 11 a.m. I'm going to be doing a presentation over there and telling



them what I'll be doing for Red Earth and Shoal Lake and Saskatchewan.

I already got that old lady cut off from selling cigarettes so I don't have to worry about her. And I'll be talking to Douglas Barks. He's the justice worker at the PATC (Prince Albert Tribal Council) and he's going to help me with getting drugs, alcohol, and turning Red Earth and Shoal Lake into dry reserves. And the RCMP (Royal Canadian Mounted Police) will be helping with my marijuana patrol — my pot patrol, I'll be calling it.

And I'm thinking of jacking up the fine for selling cigarettes in Red Earth to \$500, probably like in two weeks.

**Mr. Wartman:** — Thanks, Jerry.

**The Chair:** — Jerry, how are you going to be able to do that? Have you got some support? You know, what kind of support have you got? I know you can't do it all by yourself.

**Mr. Garvin:** — Yes, I know that. I have a bunch of meetings on . . . probably my meetings will start on Wednesday. My first meeting will be with Shoal Lake and a lumber company that they'll be entertaining there.

And my second meeting will be on Tuesday, probably in Red Earth with the chief and headmen; and that meeting in Shoal Lake will also be with the chief and headmen. And I have another meeting on Wednesday and Thursday with PATC, FSIN (Federation of Saskatchewan Indian Nations), and INAC (Indian and Northern Affairs Canada). I'll be talking about my program.

And I did a speech here last week on Thursday — there was an assembly on the reserve and they were talking about issues, financial problems, and all the problems that reserve goes through — and I did a 25-minute presentation about my plans for Red Earth and Saskatchewan.

And the FSIN and the PATC said that the youth is a very important issue because we are the leaders of the future, and they are behind me 100 per cent.

And I'll be getting funding. I'll be getting \$35,000 to get my youth program started from my father. He got run over by a drunk on his way to the pharmacy here in P.A., that Shoppers Drug Mart pharmacy, the one that's open until midnight, and he'll be getting close to \$175,000. And I'm entitled to half of that money, but I only need 35 because my secretary said that . . . I told her to get me a budget of how much I'll be spending and how I'll be spending it. And hopefully, I can get a book written up, an information booklet of my programs and stuff. And also in that booklet there will be — how do you say this — how I'll be spending my money. And I have to turn in receipts and stuff.

And the woman that . . . well the girl that I hired is only 14 and she's in grade 8, and she just came back from Vancouver. I guess my auntie was getting abused by her husband. She's a teacher, and she's going to be tutoring me all year.

And my grade level is at . . . well I didn't finish. I barely

finished grade 8 and I didn't finish grade 9 because of alcohol and drugs. It robbed me of — how can I put this — it robbed me of my ambition. And how do you say this? My grade level is at a grade 11 right now — and I did not know that — and I didn't even pass grade 9. I was in grade 9, but I dropped out because of alcohol. Yes, thank you.

**The Chair:** — Well, thank you very much.

**Mr. Garvin:** — All right.

**The Chair:** — Thanks, Jerry, and good luck to you. Is there anybody else that might want to step up to the witness stand and make a comment or two?

**Mr. Garvin:** — I can be reached at (306) 768-2134. And I'll have a 1-800 number — 1-800-768-2134 — in about three weeks. And you guys can just . . . You can call any time, day or night. I have a voice mail and a secretary that will be working for me for 18 hours a day for my first two weeks because I got a whole bunch of programs I'll be starting.

I'll be having a youth conference sometime in June. It's going to be for 30 reserves, 10 students from each reserve. And we purchased . . . The place that these youth will be sleeping is in . . . I'm going to be renting three or four trailers for the youth and the rest of the youth will be staying at the elementary school.

And I'll have a youth conference happening at both schools. At the elementary school it will be for the younger people and at the high school it will be for the older teenagers. Like I'm going to basically cut off everybody from cigarettes to marijuana to alcohol and drugs. Thank you.

**The Chair:** — Ladies and gentlemen, this has been a long night but it's been a good night. I want to thank each and every one of you that came with a presentation and those of you that sat very patiently through the presentations for your assistance. And I thank the committee members for their work tonight as well.

Good night and let's have a safe journey home.

The committee adjourned at 10:36 p.m.