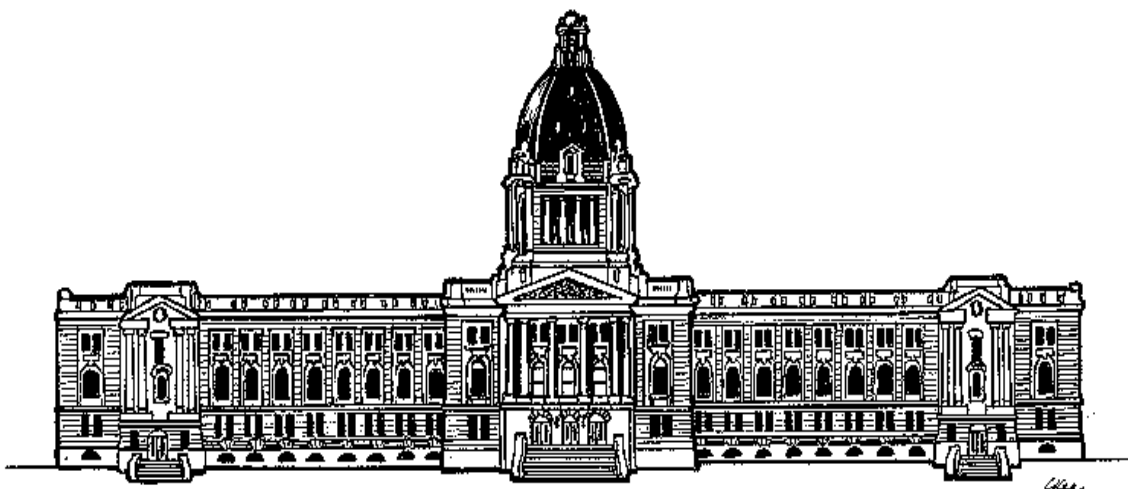




Special Committee on Tobacco Control

Hansard Verbatim Report

Meadow Lake – March 14, 2000



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 7:03 p.m.

The Chair: — Well good evening, ladies and gentlemen, young people. It's very nice to be here in Meadow Lake and it's very nice to see a good turnout of young folks here today. And your attendance along with the older members of the community here tells us that you believe that the topic before this committee is an important one.

I'm going to go through the agenda, more or less how we're going to set this up. What I'm going to do is first of all is go through a bit of a presentation that will include some introductions. That will take about 10 minutes to 12 minutes. Then we will ask presenters to come forward and sit at these tables. If there's need for another chair, bring another one along.

When you speak into it we'll ask you to give your names, and everything that you say is recorded and it's put down in the official record of the legislature of Saskatchewan. We use the same process here as we would right in the legislature, and your words are preserved till eternity in a vault some place in Regina.

Then after each presentation . . . we're allowing about 20 minutes. Most presentations don't take that long, maybe two minutes to five minutes or 10 minutes, but we allow for up to 20 minutes for questioning if committee members have comments or questions they might want after each presentation. So I think we've got a half a dozen or more presenters today so we're going to get going as fast as we can.

This committee is called the Special Committee on Tobacco Control. And this technology really works good most of the time. It needs just a little . . . it needs just a little . . . oh wrong cord, okay.

Here we go. My name is Myron Kowalsky. I'm the chairman of the committee. I'm MLA (Member of the Legislative Assembly) from Prince Albert Carlton. The Vice-Chair is Doreen Eagles. She's MLA from Estevan. Doreen is right over here. Okay. This is a case of match the picture against the person. Can you find Bob Bjornerud in this group here? He's MLA from Saltcoats. Graham Addley from Saskatoon Sutherland, Deb Higgins from Moose Jaw Wakamow, Mark Wartman from Regina Qu'Appelle Valley, and Brenda Bakken from Weyburn-Big Muddy.

The committee is made up of seven MLAs; four on the government side and three on the opposition side. Did I say seven? Seven members, four on the one side . . . four on the government side, three from the opposition side.

Staff. We have with us Donna Bryce who is the committee Clerk, right here; and Tanya Hill a research officer, right behind me. Then we have working on the switching and setting up the microphones and so on, Darlene Trenholm. And Alice Nenson was at the door, met you at the door. And one *Hansard* technician. That's Kerry Bond. And if you get a signal on TV from the legislature of Saskatchewan, Kerry's one of the people responsible for transmitting that signal.

What's our job? The legislature asked us to assess the impact of tobacco use in Saskatchewan, especially how it affects children and youth and we're doing that in light of the information that's come out, mostly in the last 10 years, about the health effects on the human body by the use of tobacco, and the addictive qualities of tobacco.

The legislature wants us to bring a report to recommend to them what provincial laws we need to protect people, particularly again children and youth, and what we should do to protect people from public . . . and the public from second-hand smoke. Should we be designating more smoke-free places? Who should be doing the designation? Should it be the province of Saskatchewan, or should it be city or town council, or should it be the health board, or somebody else?

What should we do to prevent and reduce the tobacco use? Should we be changing the enforcement procedures? Should we be looking at pricing? Should we be approaching the education and public awareness programs in a different way?

So to do this, we're going through a public hearing process to listen to the views of people of Saskatchewan. This is our 16th community out of 17. We've still got . . . let's see . . . La Ronge left and then we're going to couple of the high schools. And we've been at 14 schools altogether. We just came from Beauval this afternoon.

Here's a little bit of information I just want to bring to your attention . . . Uh-oh, what's this mean? I need help. It means I'm taking too much time . . . Thank you.

This graph along this axis talks about the population, per cent of the population that smokes, for each province across the bottom here, BC (British Columbia), Manitoba, right up to Saskatchewan. The black bars represent people ages 15 to 19.

You can see that Saskatchewan has one of the tallest black bars, for all Canadian provinces, second only to this bar here which belongs to the province of Quebec. So our young people, there's 34 per cent which is a pretty high percentage that smoke, compared to everybody 15 and over is only 25 per cent.

There's a bigger uptake in smoking in Saskatchewan by young people and that's a concern. It seemed to have happened after the price of cigarettes came down, after there was that smuggling case in the East.

Another graph that I want to just spend a moment on is this one which gives you a number of cigarettes smoked daily by — first line — by all males, across here. And this is over a period of time, from 1981 through to 1999. You can see that this top graph is a slow downward trend so we, the average . . . all males used to smoke an average of about 23 cigarettes a day. And now it's down to under 20, to about 18 cigarettes a day.

For females, a downward trend except towards the very end here. For young males, this one again a downward trend — about 12 cigarettes per day here.

And young females, that's this real wobbly one here, this volatile graph — you see what happened here since 1996. Since

1996 the trend has been upwards again, an increase in uptake about the number of cigarettes smoked by young women, a particular concern in Canada.

In Saskatchewan we have a real big uptake by young women, particularly in northern Saskatchewan. You see this bar here tells us that 51.6 per cent of young women report that they smoke cigarettes or cigars or chew, I suppose, everyday. That's northern Saskatchewan, from Saskatoon, north of Saskatoon. They smoke, they smoke more than young men do — 38 per cent for young men.

And for central Saskatchewan the bars go a bit lower. And for southern Saskatchewan it's lower yet.

This is of concern of course because the more people smoke, the more prone they are to lung cancer or emphysema or asthma, heart attacks, and so on.

Now, we're responsible for legislation. The current legislation in Saskatchewan, we are told, is outdated. It was put into place in 1978, and here's what some of it says: no sale of tobacco to people under 16 unless you get a note from a parent. And you can get fined up to \$10 for that, if you sell to a minor as a vendor. Now I haven't heard of anybody getting a \$10 fine lately.

There is also The Urban Municipality Act, 1984 which gives town councils and municipalities the authority to regulate smoking in public places. They could make the law for the local area. Some have done it, some haven't.

There's The Occupational Health and Safety Act, 1993 where the occupational health and safety committees have the authority to regulate smoking in workplaces, in places like elevators or at mills or any workplace, any inside workplace.

The tobacco control legislation that is enforced in Saskatchewan is the federal Act of 1997. Much more modern Act. It prohibits the sale of tobacco to anybody under 18, not 16 but 18. That's the one that's currently enforced and this one's got a little stiff fine for it. A vendor can be fined for up to \$3,000 for a first offence. Usually they get a warning first. And up to \$50,000 for a second offence for selling to minors.

The federal Act prohibits advertising of tobacco products on radio, TV, and in the newspaper but remember there is advertising that slips over the border from the U.S. And the federal law does allow sponsorship of certain events such as sporting events and cultural events by tobacco companies. It is the federal government that regulates the packaging of tobacco products. We've heard a lot about that in the last month and the new packages should be coming on stream pretty soon.

Here is a little cartoon where this fellow's looking at one of these new packages and he says, "These pictures of diseased lungs on my cigarette pack really make me nervous." And she shudders and she says, "Me too." And what's their reaction? I need a smoke. Well it tells us a little bit about what . . . how we use tobacco. We use it a bit as a stress reliever and . . . but it also talks about how addictive tobacco is. We figure hey, anytime we're stressed we got to have a smoke. That addiction happens very early in life for many people.

What about the costs — in 1997 the province of Saskatchewan directly cost the treasury \$87 million for the hospital, for doctors, for drugs, and for fire losses. It's a lot of money. Indirectly another 179 million because some people died and they're no longer collecting wages to support their families. Morbidity for people who are missing work due to smoke-related diseases or illness.

The effects of second-hand smoke or the effects of smoking on low birth weight. We've got a lot of new evidence about the effect that tobacco has on young women who are pregnant and smoking, and many cases you get the low birth weights which is quite costly and not to say what it does to the kid of course. So in total when you add those up that's 266 million, when you add those two numbers up. That's the annual cost. It's a pretty big cost to us in the province. That's like \$266 for each one of us — man, woman, and child.

But we do get some money back from the tobacco. Every carton as you know is taxed \$17.20 and that comes out to \$125 million. A hundred and twenty-five coming in — that's for what we expect this year — 266 going out. The federal government also taxes it \$10.85. So the federal government gets a whole pile of money too, 2.2 billion. Of that \$67 million comes from Saskatchewan. If you put those two numbers together, \$67 million in taxes from Saskatchewan plus the other costs that I just had — 125 million — that's still less than the total cost, the total health cost inflicted by tobacco. We didn't know those things of course when I was your age, for example. At least I didn't know them.

So what are the things we're hearing about at these hearings — about health defects, about how they affect youth more than anybody else, and what we should be doing in our schools, and with respect to access of tobacco . . . access for youth of tobacco. We're hearing about smoking in public places and we want to hear if it's the same from you — how you think it would work best. Some people are giving us some suggestions about how to recover health care costs and make tobacco companies accountable.

Just pause here for a minute on this graph. This graph tells us how many people died from smoking, from traffic accidents, due to suicide, in one year in 1993. You can see that these two bars are relatively short compared to these two. That's fewer than 200 people die annually from suicide and traffic accidents in Saskatchewan, but our medical profession tells us that well over 1,000 — up to 1,600 some say — die annually from tobacco-related diseases. And of course the further north you go, the more pronounced is this difference. Just reviewing the costs on the graph: health care costs, 266 million; revenue, 125 million.

Oh yes. Those of you that smoke, do you remember way back? Way back when you might have had your first cigarette and you might have felt a little woozy like this guy does here? And mom says, "Are you okay?" And says, "You smoked some of that cigar, didn't you?" And he says, "Yes mom, I think I must have caught cancer." And the dad says, "Come on now, shouldn't we tell him it's just nausea?" And she says, "Well take it easy, all in good time." A little good homespun psychology there.

What about smoking in public places. Well if you had a

situation like this people might not complain. Here's a public place, they can have a nice little chat, good clean air around them, and just a couple of metres away in his little cage, he can enjoy all of his own smoke.

So now what we want to do is hear from the presenters.

But I want to bring to your attention — particularly the young folks — the web site that we have. There's an on-line survey, it's not a scientific survey, but it's just a youth survey to see . . . Maybe if you can take down this web site address, that you can take about five minutes and fill it out, maybe pass it on to somebody else.

Here is the list, the way it goes. We start with Jonas Samson Jr. High, then Carpenter High School, then the Northwest Health District, then Meadow Lake Tribal Council, then Dr. Kapusta.

Now from the Jonas Samson High School, I've got six names. I'm not sure how you want to do it, whether you want to all come up at once, or two or three at a time.

Ms. Hill: — Well I kind of discussed it with them. They're all going to stand up there and they all have something to say and they'll kind of rotate through the chairs and say their names.

The Chair: — Okay, well good. Why don't you just come up and organize yourselves the way you feel that it would be best for you to do so.

You want to bring a couple more chairs, that's fine too. Make sure that as each one of you starts, pull the mike a little closer to yourself and . . . That's the stuff, very good. And then state your name first and go right to it.

Ms. Colbert: — My name is Becky Colbert. We are Jonas Samson students from Meadow Lake representing grade 6 through 9, in a school of almost 600 students. We conducted a survey of the whole school and would like to present it to you at this time. We used your survey off the web site that you showed us.

Mr. Gunderson: — I'm Mark Gunderson. The views we would like to express now are from a group of 10 to 12 students. They include where cigarettes should be sold, the cost of cigarettes, legal age to purchase and smoke cigarettes, and the consequences of underage smokers. We hope these comments will assist you in making amendments in the current tobacco legislation.

Ms. Demmans: — My name is Dayna Demmans. Our group of students believes that cigarettes should be sold in an outlet just like liquor is sold, in a store of its own. For example, liquor isn't sold in 7 Eleven or Turbo, instead liquor is sold in a liquor store. It would be possible to sell cigarettes in a liquor store because this way underage people would be less likely to purchase them.

We believe that if they were sold in separate stores it would be easier for officials to watch for underage people and underage people would be less likely to be in these outlets. Also we believe that if convenience stores discontinued sales of cigarettes, the break and enter rate would decrease thus

decreasing the work for our local police station and increasing the feeling of safety for our store clerks.

Ms. Fincham: — I'm Meagan Fincham. There are some places in which we think cigarettes should not be sold as well. To us it is misleading and wrong to sell cigarettes in pharmacies. These places sell medicine to maintain or improve our health, so if we see cigarettes there we begin to think that it is okay to smoke and not harmful to our health.

We also feel cigarettes should not be sold in grocery stores. This gives younger children the message that cigarettes are just something to buy. But the truth is, sadly, cigarettes can kill. They are treated too lightly, just like candy, and they are definitely a product that shouldn't be treated like this.

Mr. Nordby: — I'm Ashley Nordby. We would now like to address the cost of cigarettes, which in our opinion should be raised. However we are concerned about the crime factor involved. What will happen when people such as teens can't afford them. Will the crime rate increase? We hope that by raising the cost, teens will not be able to afford to smoke, therefore decreasing the number of teens who smoke.

A key issue is still the age at which young people can legally purchase cigarettes. If the legal drinking age is 19, then the legal smoking age should be 19 as well. What is the difference between the two — there're both drugs.

Ms. Matchee: — I'm Jessie Matchee. And in our group we discussed the topic of where should smoking should be allowed. If smoking is allowed in offices, restaurants, malls, and parks, we feel there should be a physical boundary separating the smokers and non-smokers, like the glassed-in areas at different Tim Hortons locations.

When eating in a restaurant cigarette smoke makes our eyes water, noses itch, and throats burn. We also find the food doesn't taste as it normally would and we don't appreciate leaving smelling like a dirty ashtray.

Recent studies show that second-hand smoke is more harmful to the lungs than actual smoking, so why should people have to be uncomfortable and put their health at risk because others have an addiction to nicotine.

Ms. Fincham: — I'm Meagan Fincham. In regards to our, we feel that smoking should not be allowed within viewing range. We hope that this can be changed and other schools would follow our positive example.

There are two street corners just barely a block away from school that have adopted the name, smokers' corner. At times when we walk by they show us how much they respect us by throwing cigarette butts at us. We are disgusted and angry. Not only does this give our school a negative image, the smokers vandalize property and younger students may be influenced to try smoking.

Ms. Rascher: — My name is Karen Rascher. We would like to see fines put in place for underage smokers who are caught. To issue these fines there should be a person hired much like the police, only for underage smokers.

A reasonable amount of money such as \$50 should be charged and increased by \$25 for every offence up to a maximum of \$200. Also a specific fine due date should be given, and if not paid by then, the young offender should have to appear in front of a court of law.

Ms. Colbert: — My name is Becky Colbert. In our opinion, all of the above factors affect how many and why people smoke. There should be boundaries set as to where to smoke, where cigarettes should be sold, and who can buy them.

Actions should be taken against nicotine addiction and smoking, just as there is against alcohol addiction and drinking.

Thank you for taking the time to listen to our thoughts and concerns, and we hope you will take them all into consideration.

The Chair: — What we have to do is we'll have to thank you for a very well organized and thoughtful presentation. I'm sure that committee members will have some comments or questions. So just stay where you are, please, and I'll start maybe over here. Doreen usually likes to start.

Ms. Eagles: — Thanks, Myron. Thank you, students, very much for your presentation. You raised a lot of good points.

When you mentioned about, if cigarettes are not sold at convenience stores, the break and enter rate would decrease, do you think that by selling tobacco only at Liquor Board stores that the break and enters might increase at those places?

I think it was Melissa's section there. I don't know if she wants to answer that or . . . I don't mean to put you on the spot. It's just something to think about, if you don't have a comment on it.

And another thing that you also mentioned about the underage buyer being fined, do you think in a situation where an underage person can't afford to pay a fine that he should do maybe some community work? You know, help shovel a sidewalk or something for a senior citizen or just do something in the community? Do you think that's a good idea?

The Chair: — Do you want to answer the first question first . . . (inaudible) . . . sitting down to do.

Ms. Fincham: — I guess we think that the crime rate would increase at liquor stores. But then they could have, like increased security maybe as well to, like make it more secure for the liquor store clerks.

Ms. Eagles: — Okay. Do you just want to identify yourself again?

Ms. Fincham: — Oh. Meagan Fincham. Sorry.

Ms. Eagles: — Okay.

The Chair: — And who wants to answer the second question? Yes, because you . . . Oh, the second question was?

Ms. Eagles: — Well it was about whether they figure kids

should do community service if they can't afford to pay a fine. And if you want to answer it, just identify yourself before you do answer.

Ms. Nordby: — Ashley Nordby. I think what we're trying to say is we weren't exactly sure what kind of punishment they should really have. But what we're trying to say is that they should have a penalty for smoking underage because it's a bad . . . It's like bad to your health. So it's . . .

Ms. Eagles: — Okay. I thank you very much. You kids did a great job.

The Chair: — Anybody else? I have one other question. You talked about the smokers' corner in schools. Okay.

If we were to phase that out, do you think it would be best just to phase it out blank or phase it out one year at a time, starting at grade 9 and working it up? Have you given any thought to that at all? Or do you have any comments on it? Or does it matter to you?

Ms. Nordby: — I really . . . I don't really know what you're asking.

The Chair: — Okay. That's fine. I'll just . . . that's a problem we have to wrestle with.

Mr. Wartman: — I think part of the question is answered in your first part where you're saying that people who are underage should have to pay a fine. And if you've got people who are underage possessing or smoking, then it's against the law.

And the question that Myron is asking is: should you still have a smokers' corner, should it be phased out, or if we change the law, should that just be it? There's no more smokers' corner. Should there be, should we say next year — I don't know how you'd phase it out, Myron. Only 19-year-olds can smoke, only 19-year-old students can smoke at the smokers' corner.

The Chair: — One school that actually did this, is doing that in Regina. That's why I prompted that question. Prompted that question. But they made a school policy . . . or is it Saskatoon . . . they actually made that as their school policy.

Ms. Nordby: — I'm Ashley Nordby and I'm just saying, it wasn't like smokers' corner. That's just sort of the name it took. It wasn't like they said this is where you can smoke. It wasn't, it just came that they . . . yeah, it's not designated. So, it wasn't they said you can't smoke on school property so now you can smoke right here. They didn't say that. It wasn't . . .

Ms. Eagles: — So what you're saying is that . . . (inaudible) . . . down the street from butt lounge. That's what all the other kids call theirs is butt lounge at the schools so that's probably the same thing.

Ms. Bakken: — So do you actually have a designated spot at school though that kids can smoke? Or is it banned from the school and the school grounds?

Ms. Nordby: — It's banned from the school. There's no

designated area where you can smoke.

Ms. Bakken: — So what you're talking about is a street corner. A public street corner where the kids kind of hang around and they smoke and congregate.

Ms. Nordby: — Yes.

Ms. Bakken: — So you have a policy in your school then of no smoking?

Ms. Nordby: — Yes.

Ms. Bakken: — Okay.

The Chair: — Thank you. Okay, Mr. Addley.

Mr. Addley: — Ashley, thank you for your presentation. It's pretty thorough and covers a lot of the issues that have been presented throughout the province.

One of the areas that you haven't touched on I was just going to ask you about and that's quitting smoking for kids. Are there any programs or support mechanisms or support groups in your school for kids that do want to quit?

Not right now?

Ms. Nordby: — No.

Mr. Addley: — Do you think it would be helpful if there were a peer group for helping smoking or where the stop-smoking programs that are available through prescriptions would be free. Would that be of help?

Ms. Nordby: — Yes, I think that might help. Like at school we have like, people who will help you work out your problems so if you're talking something like that then I think that might help.

Mr. Addley: — Because I know in my . . . my son's in grade 5 and they have the Just Say No club for all kinds of drugs including alcohol but not nicotine. So I'm just wondering, do you have a Just Say No club or a Don't Do Drugs club in your high school.

Ms. Nordby: — No we don't. No.

Mr. Addley: — Nothing like that? Okay. Thanks for your presentation.

The Chair: — Well thank you very much. And thank your teacher and your principal for helping you out on this, from us. Thank you. We'll applaud you.

I would just like to mention that this being a public hearing, ordinarily we ask the audience not to participate, but when we get a group like this of young people who have taken the time and the courage . . . and have the courage to come and speak publicly about an issue like this. I think it's worth an applause so we just kind of waived the rule for that.

Next we'd like to hear from Carpenter High School.

Mr. Jenson: — I'm John Jenson. I represent Carpenter High School from Meadow Lake, Saskatchewan. And we are from grade 10 to 12. And we started by making a survey which was made March 9, year 2000, where 165 students at Carpenter High School completed the survey. Twenty-seven per cent of the students were regular smokers; 53 per cent of the students who buy their own cigarettes have not been asked for ID (identification); 43 per cent of smokers say don't start.

The age at which students start to smoke ranges from 7 to 16. Reasons why students started smoking: peer pressure; smoking is relaxing, rebellion, boredom; and problems in life. Among the males, 62 per cent have tried smoking and 28 per cent are regular smokers. Among the females, 80 per cent have tried smoking and 25 per cent are regular smokers.

We also found in the survey from the Northwest Health District that was made in 1996, which shows that at Carpenter High School, 40.6 per cent is involved in tobacco use.

Ms. Scissons: — I'm Virginia Scissons. We also gathered some statistics on youth smoking. Very few people begin smoking after the age of 18. In addition, hundreds of children in the province begin smoking each year, the average age being 12 to 13 years. Research indicates half of those children who begin smoking will die prematurely due to tobacco. Each year over 1,600 Saskatchewan residents die from tobacco-related causes.

According to a Health Canada news release, one in three young Canadians smokes. Research shows that about 85 per cent of current smokers began smoking before they were 16 years old. Health Canada estimates that between one-third and one-half of Canadians who now smoke will die prematurely of a tobacco-related disease — more than 3 million people.

According to the Canadian Cancer Society, tobacco causes 80 to 85 per cent of all lung cancers. The risk of lung cancer has been estimated to increase by 30 per cent for non-smoking spouses of smokers.

Ms. Winkler: — I'm Kelsey Winkler, and we've come up with a lot of solutions to help to stop, eliminate, teenagers from smoking. Our biggest thought, like that that we came up with, is that it's so hypocritical to have a law that allows minors to buy these cigarettes . . . which doesn't allow them to buy the cigarettes but allows them to possess them. If they weren't allowed to possess them, we wouldn't have all these problems about smokers' corner at the school and about the public restaurants.

These restaurants are there trying to sell food and the schools are there trying to teach. Why do they have to worry about the smokers. They shouldn't have to worry about that. It should be illegal, period, and then we wouldn't have all those other problems to deal with. In Alberta there is a fine for possession of cigarettes, and there's nothing here. Kids are smoking all the time. I don't know, it's not working.

Ms. Scissons: — Underage teens should not be allowed to sell cigarettes in stores. So if kids underage are selling them, then they have access to them and they have access to give them to their friends. And we know that's happening; we know of people that are doing it.

And there should be more severe fines for selling to minors, and the ID checks in stores should be ongoing. And I've talked to a lot of students in our school and I've talked to a lot of smokers, and they've said, you know, before we could buy them quite easily, and our survey said 53 per cent of them that do buy their cigarettes haven't been ID'd.

So you say you've got that one law there, but that's not even doing anything. So there has to be something done there because these students are obviously getting cigarettes somehow if one in three are smoking. And cigarettes should be more expensive to discourage use from starting.

Ms. Winkler — We have some statistics here in the Canadian report which studied the effects of pricing among teens from 1980 to 1989. It concluded that a 10 per cent increase in the relative price of cigarettes would likely result in a 6 per cent decrease in consumption per smoker. And 14 per cent less people would smoke from the ages of 15 to 19. And a 10 per cent increase is not that much money, so if it does that much, they should go up.

And I talked to a lot of students about that too, about if cigarettes were up, would you quit? And they said oh yes, if they were like 9, \$10 a package, no way would I keep smoking. Like they would stop.

There should be education about smoking in the junior high and the high schools. I know in grade 5 or something, we do. Someone comes in and we sign a paper that says, oh we're never going to smoke. And maybe in grade 7 we do a little report. But it's just so socially acceptable. Nobody's hammering it down our throats to quit smoking.

We should have extreme attitude campaigns for smoking to make it less socially acceptable. We've got PRIDE (Parent Resources Institute for Drug Education) and we've got SADD (Students Against Drinking and Driving), and there's people coming into our school saying don't drink, don't do drugs. Nobody is telling the kids not to smoke. There's nobody out there. There's nobody coming to the schools, there's nothing in the curriculum. The kids aren't learning anything about that at all.

There should be incentives for businesses that comply with non-smoking laws, just things like tax breaks and stuff that would cause them not to sell them as much.

Smoking should not be allowed in public buildings. And I know in the local arena they've cut it down to that there is no smoking allowed in minor hockey events. But we've got the senior hockey league where there's a hundred kids going to that game, and that's where all the kids are going is to the senior game. And you go into the lobby area and all the adults are smoking because the non-smoking law is only for the minor hockey games. But when all the kids go to the senior games, so that's not doing anything either.

And I know there's a couple of restaurants in town where kids can smoke and that should not be allowed.

Ms. Scissons — Society needs to make a commitment to helping teens find solutions to other problems in life. This can

be seen in our survey and the reasons why students start to smoke and in other factors in the survey by the Northwest Health District.

Ms. Winkler — Because of the reasons that we had, people are starting to smoke because they're bored and it helps them solve problems. When you've got . . . if you look at the Northwest Health District, they've got people suffering from physical, emotional, sexual, all this abuse, and they say cigarette smoking relaxes them, it calms them. So it's obvious that there's a lot of other issues that we have to deal with just besides making them want to quit smoking.

Ms. Scissons — That's all we have. Thank you.

The Chair — Thank you. Well you put a lot into that report. I'll go to Mark Wartman.

Mr. Wartman — Thank you for your report. There's some good ideas in there and some good statistics. One of the questions I had — you'd mentioned I believe it was 40.6 per cent of students are involved in tobacco use and that was up significantly from the 27 per cent that you named as regular smokers — is there a fairly high degree of chewing tobacco use and snuff use as well? Is that what you're referring to there?

Mr. Jenson — My name is John Jenson. From my experience around the school, I would say there is not so much use of smokeless tobacco or chewing tobacco as smoking. I would say that's the major.

Mr. Wartman — Smoking is the major?

Mr. Jenson — Yes.

Ms. Winkler — I think one thing is why ours are so different is our survey only had 165 students out of the entire school, so I don't know if it got everybody.

Mr. Wartman — Oh okay. Thank you.

Ms. Eagles — Mark had mentioned about smokeless tobacco and a lot of people assume that it isn't as dangerous as cigarette tobacco but in fact one pinch of smokeless tobacco or snuff or whatever you want to call it is the equivalent to four cigarettes and it's very, very potent.

A lot of girls are chewing tobacco now and apparently guys spit their tobacco out and girls don't think it's cool to spit it out — I guess they figure it's cool to chew it but not to spit it out — so they swallow it and therefore they're getting a lot of cancers in their throat and esophagus and stuff. So you know, when we had a dentist make that presentation to us, like it really surprised a lot of us because I for one certainly didn't know that chewing tobacco was more toxic than cigarettes.

Mr. Bjornerud — You talked about a point that I think we've heard from many of the school students around the province is that very little has been brought in in each year of your education. You know, you said grade 5 I believe, and then maybe grade 7.

How low should it start I guess is the question that we need to

know. Like should it be grade 1, right off the bat — the harmful effects — or is that too low? Or should we start having that in the curriculum maybe at grade 3? What are your opinions on that? I'm talking about the harmful effects of tobacco and . . . Like at what point would it really start. If we harped on it every year, all the way up, would we get the message through?

Ms. Winkler: — Well I think most kids do start smoking 12, 13, so junior high should really be hammered in there, but I don't know where. We talked to some of the science teachers in the high school, and in biology 30 the teacher said it could fit in the curriculum, you know, where they take the human body. But I don't know where it could fit in; but I would say in junior high, grade 6 — 5, 6 — around there.

Mr. Bjornerud: — I even wondered though like if you go down even to grade 3, if you keep hearing this over and over, all the harmful effects, all the things it does to your body, if you're in sports, all the harmful effects it has to you as an athlete. Would it finally be so ingrained in there that by the time you were 10 or 12 or 13, whatever the point you might start smoking, that you'd have such a bad taste in your mouth about tobacco that you may not consider it?

Because I think we've been very slack. I think this is one of the areas maybe that we've really missed the boat is we haven't had all these harmful effects in there so students, you know, could understand these things. And I think the public in general is starting to learn the harmful effects of tobacco.

We're looking for ways to help down the road as well as now. You know if we can get the younger generation to not start as often as many starters have been, we're starting to win the battle a bit more.

Ms. Scissons: — Yes, definitely younger ages have it as ingrained in their minds that it will be there for the rest of their life and they'll realize that smoking is definitely a bad thing. I believe that's true.

Mr. Bjornerud: — Thank you.

Mr. Jensen: — I also think that there should be a program that is followed through the whole education so that it's built up on and it's every year you get a little of it and it's easier to get into it and understand it.

Mr. Bjornerud: — That might be a real good point. You could get, you know, a little more in depth every year; as the student gets in a higher grade you can probably relate more to what you're trying to teach. But that might be a really good point, that you kind of graduate it as you go right through till grade 12 and so on.

Ms. Winkler: — I think another thing that should be looked at in the education is not just why not to smoke, is how to turn down the peer pressure and how to avoid all those problems that caused it in the first place. Because a lot of the comments that we got from our survey was, well all my friends are doing it, my older cousin showed me, I was bored, you know. If we teach the kids to say no also, I think that would do something, like also . . . and turn to the harms it does to your body.

Mr. Bjornerud: — Just one more question, Myron. Have you seen the commercial where the lady actually puts it . . . I'm a smoker and to me that was gross. I mean it woke me up a little bit; I still smoke of course, but I've tried to quit many times. But do commercials like that have an effect on young people?

Ms. Winkler: — I don't think so.

Mr. Jensen: — I would say rather maybe that would scare you there and then. But I would rather go in for a commercial that show a teen society without smoking where it's cool not to smoke because that's half of it . . . Half of it is I'm doing what my friend is doing. So you have to go to the bottom of it and take it out.

Ms. Scissons: — And showing more ads where it's not older people that are sick, where it's teens that have the lung cancer and have a hole in their throat, maybe it would save them more.

Mr. Bjornerud: — Yes, it's a good point. Okay.

Mr. Addley: — Thank you for your presentation. You put a lot of work into it, I can tell. So I appreciate you taking the time to do that.

I didn't quite catch the part that you mention on tax cuts for businesses. Could you expand a little bit on that?

Ms. Winkler: — Well there's Tim Hortons is a non-smoking restaurant. If there was more incentives, more restaurants would do it if they got something out of it perhaps; a tax break was just one of our ideas.

Mr. Addley: — Okay. So what kind of a tax break do you have in mind? Or just basically a benefit to them if they're smoke free. Is that what you're saying?

Ms. Winkler: — Yes.

Mr. Addley: — Okay. Do you have a smoking area in your school, either indoors or out?

Ms. Winkler: — Yes, we have one outdoors. It is by the bus lane, right in front of the bus lane, so all the kids standing to wait for their bus are there in the big cloud of smoke.

Ms. Scissons: — Right in front of the school.

Mr. Addley: — Okay. Because it's funny, when you interview or survey elementary students and they're asked how many . . . what their opinion is of high school smokers, they assume that 80 per cent of high school students smoke because they see all those people outside smoking. So peer pressure's a big impact on that.

Just getting on to peer pressure — two things on that. We heard from another high school group that a couple of students actually went out and tried to buy cigarettes in businesses in their community. And when they found out they could, they actually wrote a letter telling them about the law. And if they didn't sell cigarettes to the students, they sent a letter congratulating them. And another area that did that, a second time, the amount of . . . it really changed the attitudes of the

people selling cigarettes.

I guess the last thing I was going to say is the peer pressure that you guys provide to junior high students or elementary students, don't underestimate that. Because we're finding throughout the province that what you guys say and what you guys do, the model that you provide, has a greater impact than anything else on younger kids when they make a decision to smoke or not. So I just want to commend you for doing this. Thank you.

Mr. Wartman: — Along the same lines, I would like to also ask you to keep your eyes open and ask your teachers to keep their eyes open for information coming out from SWAT — Students Working Against Tobacco. It's like SADD; their offices are right beside each other. There have been some tremendous work done by them already. And there's a conference coming up soon. I think . . . you have the address don't you, Tanya? Okay, we have the address available for you. And they're doing some really good education work.

And the other thing is, and Graham touched on this, the influence that groups like SWAT can have, not just in the high schools themselves but by going to the junior high, going to the elementary and talking to them about tobacco use and what it means. And talking to them about a positive image as you said, Mr. Jensen, those kind of things can be very, very helpful for them.

At one of our presentations we had a young woman get up and talked about her two friends, 18-year-olds, who died from lung cancer. And that had quite an impact on all of us, I think, who were there in the room. But it certainly had an impact on some of the other kids in there, some who were smokers.

So I think the more that we can bring it home that it seriously does effect teens as well, the better off we'll be.

So thanks for your good work and the presentation you've given.

Ms. Bakken: — Asking one question. You mentioned about that we need to have a program to teach kids not only to say no to peer pressure about smoking but about other issues as well. Do you have any suggestions of what kind of a program or what format that could take to be effective?

Like, what do you as high school kids, what would you . . . what would have an impact on you? Or what, you know . . .

Ms. Winkler: — I'm not sure I know. One of the big things though, when people get to our high school they're bored and they go for coffee and they smoke. And there's got to be something. I think the main reason is they're bored and everyone else is doing it. I think that's one of the biggest factors. So give them something to do. I don't know, we have lots of extra curricular activities so . . .

Ms. Bakken: — But they just don't get involved or take part in those.

Ms. Winkler: — They just don't care — just smoke and drink.

Ms. Bakken: — So is it a deeper problem than boredom or . . . I

guess the thing to me is there's no point in us trying to put in a program or something that doesn't work. So if we're going to try and do something like this it needs to be something that kids are going to buy into and it's going to make a difference or there's no point in doing it.

Well, if you think of something or if you talk about this and come up with some ideas, please let us know because this is what we need is some ideas that will work.

Ms. Scissons: — I think maybe one thing would be making all the kids in the school feel equal. Probably kids get into smoking because they feel left out or bored, I don't know.

Having some kind of program . . . we've sort of started a culture club in our school which sort of relates around the idea of making everybody feel the same. And maybe starting more things like that or making them more active in the school, making kids more aware that they really are like somebody.

Ms. Bakken: — So you have started something like this in the school.

Ms. Scissons: — Yes. Something little, yes.

Ms. Bakken: — Good. Thank you.

The Chair: — Thank you very much for your presentation. Thank you for facing the tough questions as well. Students of Carpenter High School.

Next the committee will be pleased to hear from the Northwest Health District, community health.

While they're getting ready, I might mention that there's coffee on the side. If anybody wants a cup of coffee or a glass of water, please feel free to help yourself.

Ms. Ferland: — I'm Armande Ferland and I'm a public health nurse and I work here in Meadow Lake for community health. And this is Bernadette Le Boeuf. And we are pleased to present a small brief on behalf of the Northwest Health District. We hopefully will influence your future strategies on tobacco control and tobacco use prevention.

I would like to commend the youth who have done presentations here tonight. It's sure a good feeling to know that we have such intelligent future leaders in our community.

The negative impact of tobacco use and the environmental tobacco smoke is well documented and well recognized by the medical profession, different levels of government, and the general public. In this brief presentation I would just like to acknowledge this well-known information, and demonstrate why our health district has such a concern about this topic.

Our local pattern of tobacco use and the consequences have been well demonstrated statistically with the Northwest Health District's mortality rates. In the 1989 to '93, it exceeds that of the provincial rates in causes such as malignant neoplasms of the lung, bronchus, and trachea. We have higher rates than provincial norms for heart failure, malignant neoplasms of the stomach, and acute pulmonary heart disease.

Tobacco use is a major concern for our youth. In our youth needs assessment of 1996, of the three high schools surveyed, tobacco use was among the top three health concerns identified.

The slide that's up above is a slide of the survey done at Pierceland High School, and you can see that tobacco use was one of the issues that the students identified. And 29.2 of the youth identified tobacco use as being an issue.

In the study we didn't differentiate chew tobacco from smoking tobacco. And I think some of the pattern uses amongst the communities varies, and it's too bad we weren't able to do that in this study to give you more of a comprehensive picture of what our youth is doing.

The second school that was surveyed was the Goodsoil high school. And again you can see that 26.3 per cent of the students identified tobacco use as one of their major issues.

And then the next slide is Carpenter High School where 40.6 per cent of the students identified tobacco use as being a health issue.

Tobacco use also increases with age and is more of a concern for our young women. And this slide demonstrates tobacco use for the females is just a little bit more than the males. And as the bottom of the slide demonstrates, as the children become older . . . or the youth become older, it becomes more of an issue. So even though there are some education programs being done in the higher end of elementary school, as the youth become older, tobacco does become more of a concern.

And the number on the slide there I think is 88 per cent . . . or 66 per cent . . . 68 per cent of the youth over 18 identify tobacco use as a major issue.

So hopefully that presents some impression of what our youth are doing with tobacco.

Ms. Le Boeuf: — In a province-wide survey done by the dental health educators it was shown that spit tobacco use was prevalent in Saskatchewan, with usage rates increasing with middle and older teens.

At the youth awareness fair held in Pierceland two years ago, it was evident that spit tobacco was commonly used among teenage males. The term smokeless tobacco was commonly used for tobacco products used orally. This term is promoted by the tobacco industry and suggests that the product is less harmful. We know that is not true.

One can of spit tobacco delivers as much nicotine as approximately 60 cigarettes, or 2.5 packages. In addition, spit tobacco products contain over 2,000 chemicals, many of which have been directly implicated in causing cancer.

In 1996 it was estimated that 3,090 Canadians would develop oral cancer; about 1,070 would die because of it. In Saskatchewan it's estimated that there are approximately 130 cases of mouth cancers per year. It is estimated that only half of the oral cancer patients survive after five years.

It seems clear that tobacco companies' marketing strategies are

targeting youth to create consumers of tobacco products. Spit tobacco products come in a variety of flavours such as mint, cherry, wintergreen, and orange, and contain as much as 30 per cent sugar.

Because spit tobacco is absorbed rapidly into the bloodstream through the mucous lining of the mouth, it may be more addictive than smoking.

Many products targeted to young children are manufactured to look like cigarettes and chewing tobacco. I went shopping, and I was a little bit surprised at some of the products we have. We have packages like this, and it looks like the Marlboro man, and it's a chocolate cigarette. We have bubble gum that comes looking like a cigarette, and if you blow, you actually get a puff. We have Bigley chew, which is bubble gum. It's packaged the same as chewing tobacco products. And then we have bubble gum packaged the same as Skoal chewing tobaccos.

Something that's really popular is jerky chew. This is beef jerky that's packaged and actually they look alike inside, except one is beef jerky and one is chewing tobacco. And this leads me to ask the question, are some candy companies subsidiaries of tobacco companies.

Adolescent users of spit tobaccos are more likely than non-users to become cigarette smokers. The health consequences of these behaviours I'm sure will follow.

Ms. Ferland — One of the slides that was presented here by this commission at the beginning of these presentations demonstrated that in northern Saskatchewan 51.6 per cent of northern young women smoke. I found that interesting, so I thought I'd make note of it. In 1995 a chart audit was done in our local hospital here in Meadow Lake. This was done to determine the prevalence of smoking among pregnant women and to identify characteristics of women at risk of smoking during pregnancy.

The conclusions showed that smoking rates of pregnant women that delivered at Meadow Lake Union Hospital were among the highest recorded in the literature — 56.6 per cent of the women smoked through the pregnancy. The highest rate of smoking was 64.4 per cent, and that was among the 20- to 24-year-olds. Women who had greater than three children also tended to smoke more than those who had two or less.

This brief study indicates the risk to women, fetuses, and children. The cost, time and resources required in doing such studies make it very difficult to present a comprehensive picture and pattern use in our district. However, it does provide us with an impression that we are justified in our concern.

The health promotion team and our community health of the Northwest Health District has been involved in promotion strategies and encouraging cessation, prevention, and control of environmental tobacco exposure.

Ms. Le Boeuf: — As you have heard, a broad, more comprehensive approach is needed throughout the province. A message of denormalizing tobacco use must be sent. The population of our communities, province, and country must be encouraged to recognize that all exposed to second-hand smoke

are at risk. It is easy to conclude that many children born and unborn are being denied their fresh air — their fair share of clean air.

Remember there is no safe way to use tobacco. All forms of tobacco are dangerous, no matter whether it is smoked, spit, chewed, or swallowed.

Ms. Ferland: — We have a variety of recommendations that we would like to make. We would like to see that all public facilities are tobacco free.

And at the beginning of this presentation you had made the question who should be responsible for having that legislation? I think it's very difficult for small communities to enforce that. The issue hits very close to home sometimes. And it's probably much easier for community members who are lobbying for tobacco-free spaces to have the province do it than the local people in the community do it.

We would like to see no tobacco use on school property. Businesses such as restaurants should be smoke free. We would like to have cessation support such as patches, medication, or behaviour modification paid for, for those who cannot afford it — the working poor and Social Services recipients.

We would like to see control over marketing of tobacco, such as making products invisible for the consumer. Tobacco products are the first thing that you see behind the counter at most gas stations and convenience stores. This should not be. It would be best if tobacco could be sold in specially licensed establishments, perhaps sell tobacco only in liquor vending outlets.

Ban the addition of flavourings to tobacco products as youth may find smoking or chewing flavoured brands easier than others, and are more likely to continue until an addiction is formed.

We would like to see environmental smoke in the workplace recognized as a — pardon me . . . environmental smoke in the workplace is recognized as an environmental hazard. Although current legislation with The Occupational and Safety Act, 1993 may protect workers in the workplace, there is still need for better education for employers and employees as to their rights and responsibilities.

Ms. Le Boeuf: — Operation ID in retailers should be a provincial program, not an industry-run program. Retailers must receive education and support at a provincial level for the message to have the credibility it deserves. Enforcement should be done more frequently, and there should be an increase in fines for those who are non-compliant.

Support of advertising bans in all aspects.

Increased cost of tobacco products, therein decreasing the opportunity for purchase. Have a portion of this tax put directly into prevention and cessation programs.

Market anti-tobacco as effectively as tobacco has been marketed by targeting precontemplation cessation, cessation, prevention, the companies — not the consumers — as the ones

to blame.

Reorient all levels of health care, education, and child care services in ways to promote prevention, cessation, and control of environmental tobacco smoke. Increased funding and human resource initiatives to conduct research and prevention projects.

The Northwest Health District supports all the recommendations made by the Saskatchewan Tobacco Reduction Coalition.

Ms. Ferland: — I would also like to add in support of advertising bans in all aspects, that would include culture and sporting activities. So when sponsorship is done for cultural events or sporting events, even though the advertising isn't being directly done on the television, the youth are still able to see players, colours, and product lines continuously through any sort of TV shows that show these events.

And we had had a comment about our T-shirts that we are wearing. The Northwest Health District has just given us some money to purchase these T-shirts for youth as incentive for youth to participate in tobacco prevention programs.

So we have a couple of the T-shirts. These T-shirts come from Massachusetts which is quite a leading resource in terms of tobacco reduction. So we hope to be able to give some of these T-shirts to the youth in the health district for their efforts. And this one says, dumb and dumber, and it's just got chewing tobacco and cigarettes.

Ms. Le Boeuf: — This one says, why don't they just call them what they are; cigarettes have names like tumour and stench and bypass and phlegm balls. Can you see them all?

Ms. Ferland: — So hopefully the youth will begin to be their own best advocates in prevention with some support from the health district. Thank you very much for listening to us.

The Chair: — Thank you, I think those T-shirts are real — cool. Do we have any question or comments? Anybody what to start? Yes, Mr. Addley.

Mr. Addley: — Thank you very much for the presentation. A lot of what's in your presentation of course we've heard before from the past six weeks but . . . so we're writing down new stuff that comes up and I guess the T-shirts are something that we hadn't seen before. But most importantly it really drove home when you showed the comparisons between the real tobacco product and the product that gets kids to use them so that it becomes . . . that's a very much marketing to normalize tobacco use in our society.

So that really hit home for me too, and I think that's very effective. So I'd suggest that you keep using that whenever you're speaking to people. But thank you very much for your presentation.

Ms. Ferland: — Thank you.

The Chair: — Have you had a chance to wear these T-shirts elsewhere beside here yet?

Ms. Ferland: — We've just unpacked them out of the box and we thought, well what a great opportunity but to bring them tonight and we hope that our kids will be our best advertisements.

There was a question that was directed to Carpenter High School that when you asked the students that they do get their presentation when they're in grade 5. And it's nice to see that they remember it, but then after grade 5 they don't get necessarily a continuous information or education about tobacco.

Saskatchewan Health did have their workshop done through the satellite last March or February I believe ... satellite presentation done. And they had one of the tobacco experts from Massachusetts come and speak to the health care providers and educators of Saskatchewan, through the satellite.

And this person from Massachusetts really reinforced that education to the youth needs to be done consistently, that we are reaching them currently at the pre-contemplation stage, but as they enter into their teens that reinforcement isn't there.

So I just thought I'd add that to help answer that question that was posed. Thank you.

The Chair: — Good. Well I'm sure there are other health boards that would like to hear what reaction you get to the T-shirts — all over the province. Oh, Mark has still got a question.

Mr. Wartman: — I was really taken by the T-shirts as well, and I think, you know, if we're able to come — as a legislature — if we're able to come to a good, unanimous, common understanding of what we need to do, it would be great on a day that we put the legislation or proclaim the legislation, if we all had T-shirts like that to wear in the legislature.

Ms. Ferland: — We'll give you the address of where to get them. It'll be money well spent.

Mr. Wartman: — Thanks.

The Chair: — We'd now like to hear from the Meadow Lake Tribal Council.

Ms. Cantre: — My name is Barb Cantre. I came from Loon Lake, Saskatchewan. I'm not really prepared on ... I didn't bring anything so I'm not prepared what I'm going to say. But I was listening to the presenters, and I really liked what I was hearing.

And to us as Native people, tobacco is a very sacred thing for us. We use tobacco a lot in ceremonies and we respect this tobacco. And we, when we do it in our lodges we use it like for praying and all that — the traditional stuff.

But I know, I know tobacco hurts a lot of our families, our youth. And I too feel that these retailers should be, they should be given like huge fines for selling cigarettes and tobacco to youth.

That's my ... just my personal feeling. And I'm not sure, I'm

not sure what I'm going to say but I have my teacher and my elder with me and she knows a lot more than I do. So thanks. Thank you very much.

Ms. Martell: — Good evening, everybody. My name is Cecilia Martell and I'm an elder from Waterhen First Nation and Makwa Saheighcan, Loon Lake. I'm glad to be here with you tonight, and I'm happy to hear the students, what they're saying about tobacco, because myself I never smoked since I was young. In those days young people weren't allowed to smoke, and I was one of them. Even I noticed young couples, they never used to smoke, especially pregnant women, they never used to smoke in our communities.

I don't remember when this started all this smoking. I guess I never pay attention to it because I never did care to smoke. But I wanted to tell you, us Native people in our communities are suffering from this situation today, our young children. Mostly when you look at all the young children in schools, you see them smoking cigarettes. Even though they don't have money all the time, they manage to get smokes.

We tried to control them but we couldn't. I have a young granddaughter living with me. She's 13, and she smokes. I tried and I tried what smoking can do to her, but when she goes out to her friends, she smokes. And my old man smokes at home and it's affecting me now. It goes to my eyes, to my head. I notice myself I've been coughing for about a month now. And I blame that smoke. Second-hand smoke can harm you more than the ones that are smoking regularly every day, I found out.

It's true that we used to respect this tobacco long time ago. The elders used to use this tobacco in ceremonies. Only then the young guys, the young people they used to smoke in there, but now it's really popular this tobacco, cigarettes. Although it's expensive, but our lives are more expensive than this tobacco. That's what I'm thinking, the health, our health.

I have a grandson that's in the hospital right now on account of his lungs. And his mom used to smoke so much when she was pregnant. But when I was with her, she won't smoke — I wouldn't let her. But it really affects his lungs. I don't know how many times he ended up in the hospital. And I blame that smoking that does to him. He gets chest infection.

What are we going to do? We have to try and work out something to try and save our young children from all those diseases. In our communities we have young people that have cancer — it's on account of their smoking.

I see lots of young people that even though when one doesn't smoke, and if he's with his friends and if he sees his friend smoking, he'll want to smoke too just so he can act or think he's something. They want to prove themselves, they're something. They have to have that smoke. That's what is going on today. They follow their own, the others, their friends' steps, smoking. Maybe sometimes if one doesn't want to smoke, "are you chicken?", that's what they tell each other.

So we're trying our best to speak to the children in school. We have so much problems in school in our communities, all kinds. Even alcohol. It's just spreading like fire to our communities.

We just have to keep going to be strong for the young people. To understand, them to understand what the . . . it can harm them — smoking, and alcohol, drugs.

Like me when I never used to smoke, look how I am. I'm coughing, my eyes, my head. I could smell that smoke from far away. Even when I used to go to bingos, I'd get all that second-hand smoke. And I'm having a hard time to stay away from those places.

And I'm very glad for listening to me. I'm glad to be here and I thank the Creator for all of us parents for being together here, giving us support to each other. And I thank you all.

Ms. Cantre: — Excuse me. I just want to say I work with addictions, and there's a lot of support like AA (Alcoholics Anonymous) meetings, Al-Anon, and stuff like that. But I never see anything as a smoking, how would you call, smoking support — you know, some kind of a support for smoking. Like AA meetings, it's for alcoholics. How would you call that? Non-smokers. Non-smokers.

Ms. Martell: — Smoke-free world.

The Chair: — It's a very interesting question. I'll just ask if people want to comment on that question. Do you, Mark?

Mr. Wartman: — Yes. I think that's a really important point to note, that within the addictions programs that we have in the province that smoking has not yet been recognized as a drug that is seriously addicting. I mean, people acknowledge it, but it's not acknowledged within the programs.

But when you look at the 12-step-based programs, you know that you can virtually take any problem and put it in the place of alcohol or name the drug, name the problem. And that 12-step program where we turn our lives over to a power greater than ourselves and follow through those steps is probably one of the most successful programs.

And part of it is — because we talk to the children about the peer support that's needed around them — part of it is that in those type of programs dealing with addictions is that you do have people around who are . . . that's your peer support. They understand and they encourage and they don't beat you up if you make a mistake; they help you again.

And so I think it's a matter of just naming it and using that as a part of the support for people who do want to quit. Because most people, most people — not all — but most people that we talk to who are smokers say they've tried to quit, they would like to quit. So I hope that within your programs you can name it and maybe that support will be there.

Ms. Koneru: — I'd like to say something. My name is Jhansi Koneru. I work for Meadow Lake Tribal Council. My job is to do health promotion.

Recently we started a . . . We got some stats from Health Canada saying Aboriginal youth, more and more Aboriginal youth, are smoking. The percentage is quite higher than the non-Aboriginal students.

So I haven't got the results yet, but we are doing a survey. In that survey, just a glimpse gave us some of the children even tried smoking at age four. We thought it is quite young; but most started at 7 and they went up to 18. It was more — what do you call — come to your plateau by 18, most of the percentage of the kids have started smoking. We didn't compare male to female, north to south. Actually our survey we talked about is non-traditional use of tobacco which includes smoking, plus chewing. And in our northern communities there's quite a bit of tobacco chewing, both among girls and boys.

When we looked at this, when we started, about age seven starting, when should be start teaching these kids not to smoke. Then when people try, when some of the kids tried at the age of four, so when should we start teaching them? So it seems like we may have to start with the nursery school, talking about the effects of the tobacco and chewing tobacco — non-traditional use among the Aboriginals.

Then we thought the impressive years are also between 8 and 10, and those are the ages before they even start at 12 or 13. If we can put more education programs at that age, maybe we'll be able to reduce the use of tobacco among youth.

We also like to address why these children are able to get it without . . . They're watching the ball game on TV and you see the ballplayers chewing tobacco and spitting. And that's their measure; they say hey, here's a player, nothing is happening to him. There's other methods. How can we control all the media?

But I mean those are the questions we have and how can we address these problems. Would the legislature will help, or is there any other way we can do this.

Mr. Addley: — Thank you, Myron.

I just wanted to thank you for taking the time to give the presentation. I think it's been good. We've heard from other First Nation groups that it's important for this committee to recognize and respect the traditions and the histories of the tobacco use in First Nations people, and I think that that's been heard and we'll take that into consideration.

But I also want to express my appreciation that you're supporting the health side of the issue, that it does affect your kids just as it affects everybody's children, and that we need to make sure that that gets addressed. So I just wanted to thank you for making sure that that gets taken into consideration, that the tobacco use and what your elder's spoken about will be taken into consideration. Thank you.

Ms. Bakken: — The lady here, I can't remember your name but . . .

Ms. Martell: — Cecilia

Ms. Bakken: — You mentioned that you try to help your . . . that you've tried to help your young people. Do you have a program that you use, or are you just talking in general terms?

Ms. Martell: — No. We don't have no program for that. I just have to talk; talk to them myself whenever I have a chance —

my grandchildren especially.

Ms. Bakken: — So do you think it would be helpful if we had something in the schools?

Ms. Martell: — I think it would be, yes.

Ms. Bakken: — Okay. And do have anything where you teach them . . . You talked about how tobacco is used in your ceremonies and stuff like that.

Ms. Martell: — Yes.

Ms. Bakken: — That that is a sacred ceremony as opposed to the use of tobacco for . . . Okay.

Ms. Martell: — Yes.

Ms. Cantre: — I was just going to say that she gets called up, like, sometimes in schools and she go do a presentation to youth. So we use her a lot.

Ms. Bakken: — You do have presentations?

Ms. Cantre: — No. We use . . .

Ms. Martell: — I do.

Ms. Cantre: — . . . the elder . . .

Ms. Bakken: — Oh, you go into the school. Oh, I see. Okay, good for you.

Ms. Koneru: — By May or June, Meadow Lake Tribal Council is going to come about a comprehensive education program on tobacco use in the schools.

Ms. Bakken: — And who's doing this?

Ms. Koneru: — Meadow Lake Tribal Council.

Ms. Bakken: — Oh, they are. So they're developing their own program?

Ms. Koneru: — Well, utilizing everything else and trying to adjust to our Aboriginal youth.

Ms. Bakken: — Okay, good.

The Chair: — I want to make a couple of comments. It's our objective to meet with the Federation of Saskatchewan Indian Nations and, as we come to a close with our hearings, just to see what kind of parallel tracks we might be able to collaborate on.

I think that when I hear what you had to say about emphasis on youth, that sort of seems to be the direction that the committee's taking as well. That there's a lot that we can work on together.

You talked about the baseball players that spit. I guess what we need to find is a hero that doesn't spit, you know, and make him into a hero for our kids.

And thank you once again for making the distinction between

tobacco abuse, you know the addiction, and the use of tobacco in ceremonial and traditional . . . for traditional purposes. It's important for everybody to understand that. And I know in many cases in some of the European religions, they use incense in rather a similar way. And so it really shouldn't be that hard for people to understand. But the parallel's got to be drawn.

So thank you very much once again for making a presentation.

Dr. Kapusta please.

Dr. Kapusta: — I guess that's what I get for coming in late. I'm Peter Kapusta. I'm chief of staff for the Northwest Health District and I come really representing the views of our physicians. Although chief of staff is my official title, I'm not really speaking for the board on this particular issue. And on behalf of the physicians of the Northwest Health District, I would like to thank this committee for the opportunity to express our concerns.

We are certain that the committee is well aware of the statistics regarding tobacco use in the province as well as in the country. But we feel that it is very important to restate some of these, particularly because of the devastating effects that tobacco has on our society.

I'm giving some Canadian statistics because I think the magnitude of this problem on a Saskatchewan basis is large enough, but when you look at it from a national perspective, it's horrific.

Tobacco claims approximately 40,000 Canadian lives annually, of which 1,600 of these are Saskatchewan residents. And the annual cost to the Canadian health care system is \$3.5 billion per year in direct expenses, and an estimated 8 to \$11 billion in disability and lost productivity.

A staggering statistic is about 100,000 Canadian children will start to smoke this year. Thirty per cent of our teenagers aged 15 to 19 smoke; 14 per cent of our children aged 10 to 14 smoke. In our district we found that 15 per cent of youths aged 12 to 14 smoke and 68 per cent of those 18 and over have used tobacco products.

Armande had mentioned the study done by one of our family medicine residents in which 57 per cent of our prenatal patients smoked, with the highest rate being 65 per cent in the 20- to 24-year-old patients.

When we look at admission diagnoses to our hospital in Meadow Lake, approximately 50 per cent of pediatric admissions under age 14 are for respiratory problems.

We know that among our First Nations people there is a 40 per cent higher rate of stroke, a 60 per cent higher rate of heart disease than other Canadians. Smoking among Aboriginal Canadians is 57 per cent, and that's more than double the national rate of 27 per cent. And smoking among the Aboriginal youth is 54 per cent of 11- to 19-year-olds and 60 per cent of the 20- to 25-year-olds.

Now these are well known Health Canada statistics. The problem is certainly not a new one. And one must question

what it must take to motivate governments to address the huge health issue which is not only devastating the lives and health of our population, and most especially our children, but also placing a huge financial burden upon the health care system.

One must question the need of yet another committee to study the problem further. Clearly primary prevention is where we should be targeting most of our efforts. As physicians we support the Canadian Paediatric Society's recommendation to reduce smoking by adolescents.

Some of the points state:

Because the price appears to be a major determinant of the frequency of smoking during adolescence, the current taxation policy with respect to cigarettes and other tobacco products should be reviewed on an urgent basis. Tobacco taxation policy should aim to produce cigarette prices that are sufficiently high to deter regular smoking among adolescents.

Tax rates should apply equally to all tobacco products including alternates to commercially purchased cigarettes such as roll-your-own cigarettes and smokeless tobacco products.

The government should take appropriate measures to discourage unlawful movement of cigarettes across provincial and national boundaries.

Educational campaigns regarding lifestyle, behaviour, and untoward health effects of smoking should continue and should be targeted at pre-adolescents, adolescents, and women at reproductive age.

Research is needed for the development of effective educational programs aimed at preschoolers. Such research should also improve our understanding of adolescent motivation in adopting the use of tobacco products.

Stringent tobacco advertising should continue to be applied, notably with respect to television and other media that influence pre-adolescents and adolescents.

Health professionals and all concerned Canadians should continue to counsel government against tobacco-related sponsorship of high profile sporting and artistic entertainment events.

The Canadian Medical Association and the Canadian Pediatric Society have put forward over the years numerous position papers which detail a comprehensive and coordinative approach to tobacco reduction. In particular, the CMA (Canadian Medical Association) has been advocating against tobacco since 1954. Although we have made some gains, one would think that in 46 years more could have been done to protect our children and future citizens from the ravages of tobacco.

We don't really need to study the problems further. There are numerous studies supporting the deleterious affects of tobacco on our health for both smokers and non-smokers. Our governments — municipal, provincial and federal — need to take the courageous albeit unpopular steps to enact legislation and fund programs which would severely limit the use of tobacco.

Even if smokers do not wish to be protected from their habit, that's no reason to continue to expose our unborn, our children, and our non-smoking citizens to the extreme hazards of smoking. We have enough studies. We don't need any more committees. We need the courage to work and will to act. Thank you very much.

I want to make a final personal comment I guess. I think we teach by example. And we talk about programs and we talk about all kinds of things that we can be doing. As a physician, I have no credibility with my patients if I smoke and I counsel them against smoking. As a parent I don't have any credibility.

Likewise I think as a society and as governments we don't have any credibility if we condone smoking. We talk about it a lot; we talk around the problem a lot; we do darn little in a direct way to — how should I say — put forward our views in a serious way. When we talk about taxing cigarettes, how much of that money back towards health? How much of it goes into potholes and who knows what?

I mean dollar for dollar taxation should be applied to restoring, I guess, the cost to the health care system. You know we look at . . . For example — and I'm sure it's not only the case in our community but across Canada — the patients that occupy our hospital beds are repeats; people that have been in time and again for respiratory problems, pneumonias, cancers. I mean it's outrageous that we are . . . we have a situation where the same people are in the same beds over and over again, and we have bed shortages. We have line-ups, we have . . . you know, we don't make the efforts that we need to seriously address the problem.

We talk about sporting and cultural events the same way. I mean we, as governments, as communities, and everything else, we don't put the money to these things so we're looking to other sources of revenue to fund these things.

And they're always excuses. As I say, we teach by example. I'm horrified, when my kids were younger, that they would go to school and there's no smoking in school but you walk past the staff room and there's smoke billowing out of the staff room. You know, I mean we have double messages I think all the time. And as I say I think we're not very serious about how we address the problem.

The Chair: — Mark Wartman has a question.

Mr. Wartman: — Thank you. You were pointing to tax and saying that we should be putting dollar for dollar . . . We're putting more by far into health not on a dollar for dollar — it's far more than what we bring in — we're drawing from other places, from potholes and from other places, in order to pay for the massive health costs. And I mean I think that if we move in the right direction hopefully smoking is going to be curtailed severely.

But also the tobacco companies as well as the smokers are going to be paying much more heavily. And hopefully, more resources will be freed for the kind of things that we've talked about in committee and that we've heard from others for cessation, but \$266 million dollars a year it costs; `125 million a year we bring in in revenues.

Dr. Kapusta: — We should be bringing in 266 or more, you know, and I think that's the problem. And I mean we see it on a federal level when prices for cigarettes are raised and then the excuse for going back is, well it's increasing smuggling. Well we have all those kinds of excuses, you know, and I think we're being very two-faced about it as a society. I think we're really not being very honest with ourselves.

Mr. Addley: — I guess a comment and a question occurred to us a couple of days ago that . . . my background is in English and I remember one story that, in the late 1800s that if a person had lung problems, the physician would prescribe smoking as a cure. So I think, you know, that's the basis that we're starting on, that physicians prescribing this as a cure for what ails them. So I think, you know a hundred years — hopefully we've gotten to a point that we can start to get the other direction.

But you made mention that teachers are smoking in teachers' lounges. Is that still going on from what I understand?

Dr. Kapusta: — I don't know, I haven't been in the . . . (inaudible interjection) . . . No? Thank you.

Mr. Addley: — Because that's unusual.

Dr. Kapusta: — Well you know, I . . . on a bit of a personal note. My son was involved — he's out of high school now — but he was involved in high school against campaigning against smoking. And it's incredible the amount of flak that he took and you know I'm very proud of him for the stand that he took, and it was a very unpopular one.

And you know, I think you know, there's also an issue of honesty amongst students that I think that has to . . . I mean it definitely is cool to smoke and everything else. And I think we have to look at this in a very, very serious kind of way and, like I say, particularly very honestly I think. Because I think we all have different motivations for some of these things.

Mr. Addley: — Well just a comment on what you said. Two things, when you say it's popular, well the vast majority don't smoke; and second, I don't think from what we're hearing of kids nowadays around here and all the communities we've been in, except perhaps one, that 16- to 18-year-olds . . . 16-year-olds, 17-year-olds who have been smoking for a number of years say it's not cool. The only people that think it's cool are those 12- to 14-year-olds who think that everybody else is smoking. They start smoking and then for the rest of their lives wish they could quit.

So I think it's . . . don't mean to be challenging you on that but I think that's . . . We've got to start calling it, that it isn't cool that — and most people don't think it's cool — it's tobacco companies that are trying to get us to think that it is cool. So I appreciate your comments.

Dr. Kapusta: — I would just like to make a comment about the students who have come out here. I think they've done a very courageous thing. Because although I think hopefully the movement is towards not smoking, that's not really what the statistics bear. I mean we've had kind of a little dip in past years, but again we're seeing a rise in smoking in all those age groups. And I think as a physician I see the fallouts. I mean you're seeing here students who are motivated and want to be

here. There's a lot of students that don't want to be here.

I just have to go back to the study that we did on smoking moms and the horrific numbers that we see of young women just out of their teens who are smoking through their pregnancies. I mean that's a frightening statistic to me and a huge health issue.

Ms. Eagles: — Thank you doctor for your presentation. I don't know if I misunderstood you. Did you say something to the effect that you didn't think raising the taxes would encourage smuggling? Or did I misunderstand?

Dr. Kapusta: — Did I think that it would?

Ms. Eagles: — Do you think if we raise the price of tobacco that it will encourage smuggling?

Dr. Kapusta: — Well I think we saw that a few years back . . .

Ms. Eagles: — Okay.

Dr. Kapusta: — . . . with some of the smuggling that was going across the border. And the reason . . . I mean we had a little hiatus there, I guess, where the taxes rose briefly and the price of cigarettes rose and then dropped again.

Ms. Eagles: — Okay. Like I just thought that I heard you say . . . and I stood to be corrected on it. But you know, like I myself think it would encourage smuggling. You might not see it maybe up in this part of the province but I live 20 minutes from the Manitoba border as well as 20 minutes from the US (United States) border.

Dr. Kapusta: — Yes.

Ms. Eagles: — And so you probably are familiar with the Estevan, Noonan, North Portal area there. And it's happening all the time.

Dr. Kapusta: — Yes, sure. To me it's not an excuse to go back to where we were. And I guess that's what I'm saying is that oftentimes we take a stand and then we back off for whatever reason. You know, if smuggling's the issue, let's deal with smuggling.

Ms. Eagles: — Yes.

Dr. Kapusta: — Tobacco use is another issue and I think that's separate. And I don't think that you can tie the two and use one against the other to justify a certain position.

Ms. Eagles: — Well, I mean, down there there have been cases where . . . I mean, tobacco has been smuggled across by the semi-load, so . . .

Dr. Kapusta: — Yes, oh I agree. Oh, I understand that, yes.

Ms. Eagles: — So I think they almost have to be tied together in some instances.

Dr. Kapusta: — Yes. What I'm saying is not to use it as a justification for lowering taxes.

Ms. Eagles: — Okay, got you.

The committee adjourned at 8:50 p.m.

Dr. Kapusta: — Yes.

Ms. Eagles: — Thank you.

Dr. Kapusta: — Yes.

Mr. Wartman: — I just thought I might say one other thing in that vein. And that was something that I came across in the Canadian Cancer Society book and I mentioned it I think in Lloydminster. But Manitoba was talking about, and I don't know if they've taken a direct move to charge, basically charge an access fee for the tobacco companies to Manitoba, and they were basing it on about \$7 per capita. So it would be about 7, roughly \$7 million that they would be charging the tobacco companies directly, not adding to taxes.

And I mean, as we've worked as a committee we've been able to pull together a whole lot of material, and hopefully out of that we will find some creative ways that we might be able to help get more cost recovery that won't do the things that Doreen was pointing to leading to more smuggling.

Dr. Kapusta: — Yes. I think the problem is that there has to be kind of a national approach to this . . .

A Member: — International.

Dr. Kapusta: — Yes, international probably. That's right. It's the same that applies to . . . I mean who's responsible for tobacco laws? Is it municipalities, is it provincial governments, is it federal governments?

I think the problem comes that when you have smaller groups of people trying to do something, it plays one group off against the other. And unless there is a national, an international policy to deal with these kinds of issues where you can just blanket it and say, well, this is going to be the law, you know you're always going to have people taking opportunities to, let's say, to pit one jurisdiction against the next.

Mr. Wartman: — Thank you.

The Chair: — Well, thank you very much, Doctor, for coming and giving us . . . really rounding off this set of presentations. We've got a good cross-section and you coming and representing the medical profession has helped us a lot. So thank you very much.

Dr. Kapusta: — Thanks very much.

The Chair: — Is there anybody else here that would like to come forward? I think we've come to the end of our list.

If not, then I want to repeat, once again, a thank you from all of us to those of you who have come forward today. Your work is very valuable to the committee and we hope we will live up to your expectations.

Thank you committee members once again. Good evening. We're adjourned.