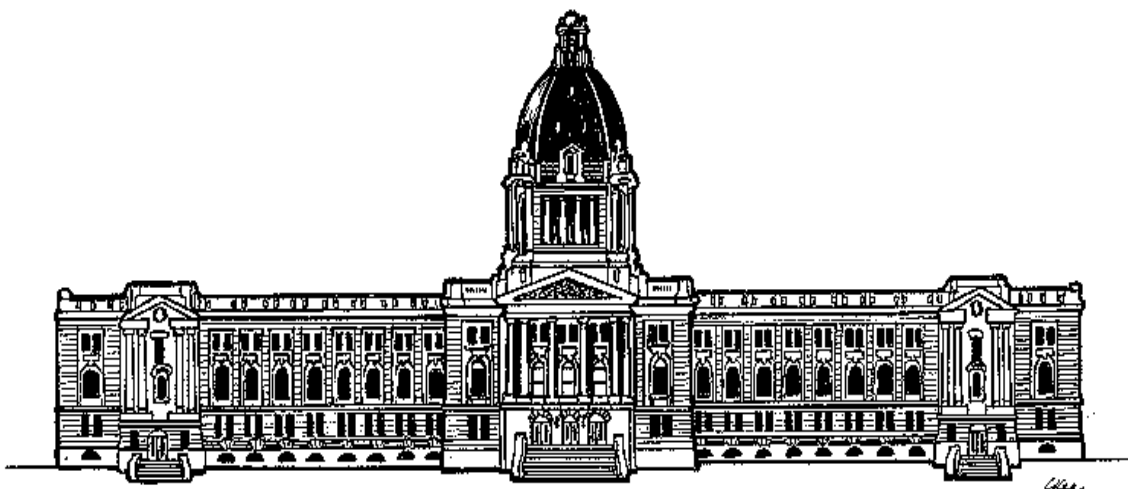




Special Committee on Tobacco Control

Hansard Verbatim Report

La Ronge – March 15, 2000



Legislative Assembly of Saskatchewan

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**SPECIAL COMMITTEE ON TOBACCO CONTROL
2000**

Myron Kowalsky, Chair
Prince Albert Carlton

Doreen Eagles, Vice-Chair
Estevan

Graham Addley
Saskatoon Sutherland

Brenda Bakken
Weyburn-Big Muddy

Bob Bjornerud
Saltcoats

Debbie Higgins
Moose Jaw Wakamow

Mark Wartman
Regina Qu'Appelle Valley

The committee met at 7:03 p.m.

The Chair: — Welcome to this our final, really, public session in this tour for the Special Committee on Tobacco Control.

Thank you. First, thank you all for coming and thank you ahead of time for those of you who have prepared presentations and will be making presentations today.

The order for the evening will go something like this. I have, on behalf of the committee, a presentation that takes about 12 minutes. And that includes introductions. Then once we've done that, we will then be inviting witnesses — we've got a list that's being made up — to come forward, and we'd ask you at that time to take one of the chairs. If there's more than two of you, bring another chair. And we'd ask you to give us your names. Speak directly into the microphone.

This is all being recorded. It goes down in *Hansard*, as all committee meetings do in the legislature. And you'll actually be able to access it to give to your grandchildren several years from now.

But, I say welcome again. It's good to be here in La Ronge, the lake that's closest to the geographical centre of Saskatchewan I believe.

A Member: — It's hard to believe.

The Chair: — Hard to believe, but it's true we think.

And I'm going to proceed with this now. My name is Myron Kowalsky. I'm the MLA (Member of the Legislative Assembly) from Prince Albert Carlton. It's my honour to chair this committee. Our Vice-Chair is Doreen Eagles, who's sitting over here, MLA from Estevan.

On the committee as well is Bob Bjornerud, member from Saltcoats; he's not here right now. And Graham Addley, MLA from Saskatoon Sutherland, who's not here with us today.

But Deb Higgins is here — she's from Moose Jaw Wakamow; Mark Wartman, MLA from Regina Qu'Appelle Valley; and Brenda Bakken, who is here on my right, Weyburn-Big Muddy.

This committee is made up of members of both sides of the legislature: the government side — four members; the opposition side — three members.

We have with us as well some staff members: Donna Bryce, who is the committee Clerk, and Tanya Hill, who is our research officer. And Darlene Trenholm is manning the switchboard over there and Alice Nenson is at the door — our gatekeeper. We have Kerry Bond, who is responsible for the sound system, and Kerry is one of the people that sends signal from the legislature down to various communities in Saskatchewan.

What's our job? Briefly stated, our mandate is first of all to get an assessment of the impact of tobacco use in Saskatchewan, particularly as it applies to children and youth. And what, to answer the question, what provincial laws do we need to protect

people, again with the focus on children and youth.

What should we do to protect people from second-hand smoke? Should we be designating more smoke-free places, and if we should have that, who should do it? Should it be the province, municipalities, health boards, our individual business owners or owners of . . . whoever happens to own that establishment?

And what should we do to prevent and reduce tobacco use? Should there be a greater emphasis on enforcement, change in the pricing system, should we do more in the school system? Or do we need more done in terms of public awareness in terms of the health effects of tobacco?

So we're going through this public hearing process to listen to the views of people. We're going to be in 17 communities; this is our 17th community actually. We've got one more hearing left and that's in the 14th school which is going to be in Prince Albert tomorrow.

I'm just going to draw your attention to a couple of graphs. This is a Canadian scene but it refers to the percentage of the population that smokes, and it's by province, starting with BC (British Columbia) and moving on to Saskatchewan here. And you can see that this tall black bar here for Saskatchewan is the second tallest of all the black bars here. It tells us that 34 per cent of young people age 15 to 19 smoke, according to Health Canada. Quebecers tend . . . young people in Quebec tend to smoke . . . more of them tend to smoke.

But when you get the overall population in Saskatchewan, you can see that at 25 per cent we're about in the middle of the pack — this is for people over 15 years of age. When it gets right down to the total population including little kids, that would go closer to 20 per cent. So the majority, the vast majority are not smokers.

Here is the trend over the last 20 years nearly, but since 1981 through to 1999, the number of cigarettes smoked daily by smokers. The top line is for all males, and see the general trend has been reduced, going down. For females it's been going down, except for the last part here, just a little flat line there. For young males, a little volatile, but it's been going down, the general trend until young males right now smoke an average of 12 cigarettes a day. Right there — about 12.

Young females age 15 to 19, you can see the trends have been changing, reduction, increase, reduction, more increases. Big reduction until about '96, and that's when the prices went down after the smuggling situation in the East and the consumption went up. And so right now young men and young women, which is really our major focus, is an average of 12 cigarettes a day.

There's an interesting graph here for Saskatchewan. This is a graph dealing with young people again, and it deals with three regions in Saskatchewan — the northern region, the central region, and the southern region. The northern region being from Saskatoon north; the central region being Saskatoon and up to but not including Regina; and the southern region being Regina and No. 1 Highway and south.

You can see the tallest black bar here is us folks who live up in the North. Young females, interestingly enough, report the greatest incidence of smoking, 51 per cent. Young males in the North also smoke more than young males . . . or more of them smoke, rather, than young males in other parts of the province. But the difference here isn't quite as pronounced as it is here. But the alarming trend is right here, I think, in this area because these are young people that are at or near child-bearing age, male and female.

There is now some tobacco control legislation in Saskatchewan, but it was put into place way back in 1978. And that's one of the reasons we've mandated this committee because it's time to update it. It prohibited the sale of tobacco to persons under the age of 16 and allowed merchants to sell to minors only if they had written consent. And anybody that . . . any merchant that disobeyed could have been fined up to 10 bucks.

Now there's The Urban Municipality Act, 1984 which gives municipalities the power to regulate smoking in public places. Some took advantage of that, other municipalities didn't.

There is The Occupational Health and Safety Act, 1993 which gave the power to occupational health and safety committees to regulate smoking in workplaces, and this varies a great deal across the province.

But there is tobacco legislation that was implemented in 1997 by the federal government which is much stiffer. It's enforced here. It's illegal to sell tobacco to people under 18 under the federal law. In this case the fines are a little bit stiffer than 10 bucks, or it could be stiffer, as high as \$3,000 for the first offence and up to \$50,000 for the second offence for merchants who want to sell tobacco to minors.

Now in most cases what's been happening in reality is merchants have been receiving warning signs, but there have been a couple that have been taken to court and given fines.

Now it is the federal legislation that prohibits the advertising of tobacco products on TV, radio, and newspapers. But there is a trickle over, as you know, from the States where there appears to be no restriction on tobacco advertising. Currently tobacco companies are allowed to sponsor cultural and sporting events.

It is the federal government that regulates the packaging of tobacco products. We've heard a lot about that recently — the new packages that are coming out with all of the graphic pictures on it.

Here's one of those packages right here. Diseased lung over here, clear lung over here. He says, these pictures of diseased lungs on my cigarette pack make me nervous. And she says, me too; and they both react, I need a smoke.

It tells us a little about how our culture traditionally has used tobacco. And I don't mean traditional in the sense that First Nations mean traditional — I mean customarily. We think that it's a stress reliever or use it for stress relief. But it also tells us how addicted people react the minute there's some type of stress; that this is one of the solutions to look for.

What about the costs to the province? Eighty-seven million

dollars directly — that's the cost annually every year to the treasury for hospitals, for doctors, for drugs, and fire loss. Another \$179 million indirectly — that's as a result of the people who have died as a result of tobacco consumption and no longer draw a wage to support their families. Morbidity refers to time away from work due to tobacco illness or related illness.

Then there are other costs like costs to others who are non-smokers. Environmental tobacco smoke or second-hand smoke as we know it. And the cost of low birth weight babies who are much more prevalently born to smokers than to non-smokers.

The total cost, if you add these two up, is \$266 million to the province of Saskatchewan annually. But we do get some money in through taxation. There's fairly high tax on tobacco — \$17.20 per carton plus the PST for \$125 million dollars estimated this year. And it's going up every year by the way.

And the federal government takes its share, \$10.85 per carton, and that comes out to be \$2.2 billion for the federal government. Saskatchewan pays approximately \$67 million of that to the federal government.

So you can see Saskatchewan people pay \$67 million plus the \$125 million that I had in the other in taxes. But if you add those two up, that still doesn't come close to the \$266 million cost.

So the topics that this committee has been listening to and we expect to hear more on are: health effects and how it affects young people; about smoking in public places; a little advice on should we be recovering health care costs more than we do.

Oh yes, one more graph. We've heard a lot of evidence about the health effects but this graph sort of sums it all up. And this is stuff that I certainly didn't know as a youngster, and I guess maybe the physicians knew it, but it's now very well documented through Health Canada.

But this is 1993. Number of deaths due to smoking compared to traffic accidents and suicides annually: suicides and traffic accidents, less than 200 a year; smoking related deaths, 1,200. Some doctors go up to, say 1,600 a year now, because this was 1993. So it's not only a tremendous cost, it can be actually put to numbers, quantified. But there's also of course the effects on families losing loved ones.

Just a review of the numbers that I had up earlier. Compare the two blocks: cost of health care, 266 million; tax revenue, 125 million — directly to the province of Saskatchewan.

Oh, yes. This is just dreaming back to the days when we were 11, 12 years old or whenever, had our first puff at a cigarette, got a little dizzy — like this guy. And mom says, are you okay; you smoked one of those cigars, didn't you? And he says, yes, Mom, I think I've caught cancer. And dad says, well, shouldn't we tell him it's just nausea? And mom says, well, all in good time. A little homespun philosophy there.

Okay. When it comes to the balance between the rights of people to have clean air and the right of somebody who claims

he wants to smoke, there is the situation that can solve both cases. All you need is a cage like that, then you can enjoy all your own smoke.

That's the end of the presentation. We want to be listening to what you have to say now as presenters. I just want to bring to your attention though the web site that we have. If you have access to a computer you might want to just look this up, and particularly there's an on-line youth survey that we want youngsters to fill out and bring this issue to their attention.

Now the names that I have before me here . . . We'll start with Dr. James Irvine, and then Sharon Feschuk, and then Kathleen Howell. So perhaps we can invite Dr. Irvine to start.

And as I mentioned earlier, doctor . . . I see you brought several copies, that's good. Thank you very much for doing that.

Dr. Irvine: — Okay, sorry for the delay. Yes, I'm James Irvine. I'm a public health physician here in La Ronge. And I serve the area of the northern half of the province, three northern areas here — the Keewatin Yatthe Health District, the Mamawetan Churchill River Health District in the Athabasca area.

I'd like to use this opportunity of you being in La Ronge to discuss some of the northern health issues as it relates to some of the tobacco issues. You certainly heard a lot of concerns about the effects of tobacco. And I just wanted to raise some of the awareness of the particular issues in northern Saskatchewan. So we'll be talking about the area. A lot of the . . . some of the statistics I'll mention have to do with the northern half of the province or the three northern health district areas.

One thing that we find is that the . . . as you walk down the streets in La Ronge, or if you're in a lot of the northern communities, the age structure of the population is very different than similar size of populations in the South. We have a very large proportion of our population being youth. In some of our communities almost 40 per cent of the population is under the age of 15 compared to about 23 per cent in the province as a whole.

These two graphs sort of show what we call population pyramids. It shows the age structure of different communities, and the one up in the top left-hand corner is the age breakdown of the population in Saskatchewan as a whole. You've got a fairly large elder population. We have a large middle-aged population there. We refer to that as the middle-age bulge there in the pyramid. And then as we get into the very youngest population, it's not the largest part of the population.

Whereas in the North you can see it's a very different shape of pyramid. We have a lot of children and a lower number of adults and that has implications for the future. We have very much of a growing population.

This graph here shows that the population in Saskatchewan as a whole between 1991 and '96, the two times that the census was taken, grew by 0.1 per cent; that many census divisions in the province actually decreased in size significantly.

Whereas the northern division, which is the northern half of the province, grew by 16 per cent; and the First Nations in northern

Saskatchewan grew by almost 30 per cent in a five-year period. So it's very much of a growing population with a lot of youth. And so there's a lot of concerns and attention placed on value of youth.

You've discussed some of the smoking rates in Canada being about 24 per cent of all Canadians. For First Nations across Canada it's about 56 per cent; and for Metis across Canada it's 57 per cent. So significant differences in the smoking rates . . . were major concerns about the increasing rates in youth, especially in females, and that it's more common in northern and rural areas.

We also know that smoking prevalence is higher in lower social economic groups compared to higher social economic groups. And so already a disadvantaged group is being disadvantaged again.

For northern Saskatchewan First Nations, this is from about Montreal Lake north, or from Cumberland House north and from north of Meadow Lake Provincial Park north, a survey done in 1997 showed that 61 per cent of northern First Nations over the age of 18 were smokers. So a significant portion of the population were smokers.

At the same time, they asked in that same survey how many people experienced unpleasant effects from other people's tobacco smoke. And 55 per cent said that they had experienced unpleasant effects from other's smoke. And this included things like unpleasant smell; difficulty breathing; red, watery eyes; headaches or dizziness.

This is the same graph that Mr. Kowalsky had shown. The different smoking rates in the southern part of the province for youth between the ages of 13 and 18, the central part of the province for males and females, and then for northern males and northern females reaching over 51 per cent — more than 51 per cent for northern females.

So it's a major concern. We know tobacco is a known or probable cause for over 25 diseases, many of which we see in health centres and hospitals in the North all the time, as we do in other parts of the province. Certainly all forms of cancer . . . many forms of cancer. Many different respiratory diseases: bronchitis, emphysema, asthma, chronic airway disease, and cardiovascular disease of many forms, heart disease.

As well as the many children's issues that tend to be passive — they're not the children smoking themselves in these situations — the low birth weight that you've mentioned; asthma, which is an increasing concern across Canada amongst all First Nations populations; sudden infant death syndrome; ear and lung infections. And most northern health practitioners are dealing with a lot of these conditions on a regular basis.

Second-hand smoke, this is a similar slide to what's been shown but it shows that tobacco itself for smokers is a significant cause of death, but second-hand smoke is actually the third leading cause of preventable death in Canada. Second-hand smoke causes a . . . certainly the asthma aggravation, ear infection, decreased lung function, and those situations in children. And it's a concern.

This is the infant mortality rate in northern Saskatchewan, and it's about double the rate of the province as a whole. Some studies shown among Oregon First Nations, if they look at infant mortality rate, that the only difference infant mortality rate in some First Nations' populations is mainly due to the difference in sudden infant death syndrome. And sudden infant death syndrome is impacted by environmental tobacco.

So how much of this difference in northern Saskatchewan is related to tobacco, it's hard to say. But certainly from other studies across North America, it does play a role in First Nations health.

A fellow named Otto Schaefer had done some studies in cancer in the Northwest Territories some time ago. And he showed that with changing cultural conditions in northern communities, the cancer rates changed, also the types of cancers changed. They went from what they referred to as traditional types of cancer — salivary gland tumours, nasal pharynx, back of the nose tumours, and kidney tumours; to lung, cervix, colorectal, and breast.

The changes were related to factors such as availability of tobacco and the amount smoked, as well as other cultural transition changes. But to him it was obvious that the more westernized that people were, the more access there were to things such as tobacco; that the types of cancers changed and the numbers of cancers increased a great deal.

So in Saskatchewan, we've done studies for northern communities showing the changing pattern of cancer in the North. If you look at all types of cancers together, the North has a lower rate of cancer than the South . . . southern part of the province. The rates are increasing but it's still lower.

However, the big area that we're concerned about is lung cancer. This is just a picture of lung cancer here. And we know that about 85 per cent of all lung cancers are directly attributable to smoking or acid smoking. And all other conditions or all other risk factors together only total up to 15 per cent.

So if you look at the northern Saskatchewan rate -- this is for males, the blue being Saskatchewan rates and the yellow being the North — we can see that the northern lung cancer rates are a fair bit higher than the southern cancer rates. And it's doubled in a two-decade period. So within a life span or within one generation, the lung cancer rate has doubled. And we relate that back to what the smoking rates are today as a major concern for the future.

If we look at females, a similar pattern, but the rate of increase has been much, much greater in women. So it's quadrupled during that one-generation time of 20 years. And if our smoking rates today continue with the increasing rates among young females, I may not be around to do the analysis for the next 20 years, but I think that's something to think about. We know all across Canada now that the death rate from lung cancer in women has exceeded the death rate from breast cancer in women. So it's a major, major concern.

And I think it's also important . . . I think when people are young and feeling vigorous and healthy, they think that lung

cancer is a disease that affects us when we're old. This is a fellow that had requested that, after his death, this picture be used across North America to emphasize the importance to young families of the impact of tobacco. This fellow was 34 years of age when he died.

Diabetes. Today I was in Prince Albert talking about diabetes. The situation here is our rates are almost double the rates of the province as a whole. And it's quite a difference of what's happened in the past. Before World War II there is very little diabetes amongst First Nations or Metis people. And you see here is a graph showing the changing rates of diabetes in northern Saskatchewan and in southern Saskatchewan First Nations, and you can see from 1980 to 1999 there's been almost a quadrupling of the rates of diabetes in the North.

Now you wonder . . . you know smoking does not cause diabetes, but it aggravates just about every one of the complications of diabetes, and we see that impact in northern communities. So heart disease, we see the impact on stroke, we see the impact on retinopathy and blindness. We see it in kidney damage and kidney failure, and there's many hurdles and difficulties for people who are living in Stony Rapids or Sandy Bay, Saskatchewan, trying to get access to kidney dialysis or kidney transplantation and it will be an increasing problem.

We get blood vessel disease as a result. Amputations may occur, and other male problems. It sometimes is the impact in getting people to quit smoking.

This is just a picture showing the early changes of gangrene as a result of tobacco smoke. For those with diabetes this comes along much, much quicker. Stroke — this is a blood vessel rupture in the brain.

We also have a major change in asthma rates across Canada amongst First Nations people. Several generations ago it was felt that asthma rates among First Nations in Canada were much lower than the general population's rate.

Here is a study that we did just a few years ago showing hospitalization rates for First Nations people for asthma. And you see in southern First Nations, in the red, the rates of hospitalizations are about three times that. And so we have the economic impact of hospitalizations as a result, and certainly smoking aggravates that a great deal.

I think in the overall area of tobacco reduction we need to really work together. It's not just government, it's not just individuals, it can't be communities by themselves. But by working together I think we can accomplish a great deal in this whole area of prevention, I think the issue of protection from environment tobacco smoke, smoking cessation.

As well I'd like to throw in the issue of equity, as well, in terms of the issue of being people who are in lower social economic situations already are the ones that are being impacted greatest by tobacco smoke.

I think the strategies that we look for are prevention and promotion, keeping young people from taking up the habit of smoking. Protecting people from the impact of second-hand smoke and helping people quit when they want to quit.

Just wanted to make a comment or two about traditional use of tobacco. We certainly work with people who use tobacco for traditional means and we don't want to discredit that at all, and support it, but the idea that the issue is the abuse of tobacco and not the traditional or spiritual use of tobacco.

I think in the traditional culture as well, there is a great deal of respect for others. I think that's an important consideration when we're talking about environmental tobacco smoke.

Speaking to elders today as well, many people will say they remember in their households that their parents would have a pipe or would smoke, but they would never do it in the house. They wouldn't do it around children. And that was before the days that we were really talking about the dangers of smoking around children. But automatically in many different homes in the North, elders would smoke outside the home or not smoke around children.

Also there's been many differences in availability over the last two decades too. Tobacco is so much more readily available in commercialized form.

I think attitudes are changing. We've had a fairly major change in the desire to have smoke-free homes. We were having some signs that people could put up in their . . . we're providing it to an office complex here in town, on the reserve. And we provided them with some smoke-free signs for around their office.

And within a day they came back and asked for a whole bunch more because all their staff had taken them home. And so what we did was we made them available to a lot of different people. And it was amazing the number of people who wanted those signs to take home for their homes, for their children, for their infants, for their elders.

I think we see a strong desire now, or an increasing desire for smoke-free workplaces. We see band offices in Wollaston, Black Lake, making smoke-free friendship centres, other places. We're seeing an increased desire for smoke-free public places as well as an increased desire to quit. And I think a concern amongst the communities about the decrease or trying to decrease the smoking in youth.

I think in terms of the summary, the discussion here, I think the concerns are the rapid increasing youth population, the smoking rate among youth, especially girls; the high rates of disease related to tobacco use. And part of that is the concern for diabetes, which is a concern in every northern community, and the desire and need for change in tobacco exposure.

I think the one thing that I think is really important is this issue that the status quo is not an option. I don't think we can keep the way we're going now. If we look at the damage from tobacco, multiply that by the increasing youth population and by the increasing youth smokers, the cost implication as well as the personal and family problems is a great deal as a result.

So I think we need multiple strategies. I don't think it's one strategy. I don't think it's education. I don't think it's just legislation. I think it has to be multiple strategies together. It can't be cherry-picking at strategies.

So I think we need to look at a provincial tobacco reduction strategy with adequate staff and resources to assist different communities, to assist health district, assist First Nations deal with this, both in prevention as well as quitting smoking programs.

I think we have to look at the issue of second-hand smoke in public places and support that. We need to look at the restriction of sales of tobacco and whether that's through age restrictions, pricing. We know from slides that by increasing price, youth tobacco smoking is very sensitive to the price or restricting the sale of tobacco in terms of place.

Also we need to denormalize tobacco use in social settings. And we think that up here when we talk about denormalizing it, we're talking mainly about youth. It's very difficult for youth to quit smoking or not to take up the habit when so many people around them are smoking, whether it's their peers, their elders, their friends. I think that's important to denormalize it for our youth's sake.

We also need to look at the education and whether it's in all school settings. Have not only an awareness of the risks of tobacco, but skill development and helping youth deal with peer pressure of getting people to smoke as well.

This is just a slide that . . . we've got a contest going on in the North now about tobacco smoke. And this was an entry by a grade 10 student from La Loche, a computer generated tobacco thing, so he's in the running for the contest. The contest isn't over yet but that's what it is.

Thank you very much for your attention and I'd be happy to answer questions now or later.

The Chair: — Thank you, Doctor. Maybe questions or comments. And I would invite members of the panel at this stage to . . . And of course traditionally we will start with Doreen Eagles.

Ms. Eagles: — Thank you, Dr. Irwin for your presentation. One of your strategies was to reduce second-hand smoke in public places. What do you define as a public place?

Dr. Irvine: — You know it could be variable, but I think the idea that where most people are accessing a free access, where people are seeking services that are publicly provided services, that would include schools; it would include government businesses, government offices; it would include community functions — recreational facilities, friendship centres, those types of things, recreational centres.

Ms. Eagles: — What about bars?

Dr. Irvine: — I think we need to look at the issue of bars. We have to look at the issue as well as occupational settings. It'd be a matter of when you'd initiate strategies. I think you'd initiate strategies in some locations first before others. But I think you'd have to include bars as a public place, yes.

Ms. Eagles: — Do you think that it should be voluntary amongst the owner of, like, a private bar? Or do you think that the government should have the power to legislate them to go

smoke free?

Dr. Irvine: — I think there's two aspects of that; that one aspect is the individual who elects to go into a bar to imbibe or be there for social reasons; there's the other issue would be the occupational risk. And I think we've seen in British Columbia that the move has been towards the concerns for occupational exposure.

There's lots of studies showing the health impacts on workers in bars, in hotels, in facilities in which there's a lot of smoking. And in bigger facilities that has an economic impact for the facility itself. And when they have elected to go smoke free in bars, there's been improvements in health situations of bar workers, bar workers who hadn't really realized that they had health impacts until they were free of the impacts. Their health had improved.

Ms. Eagles: — Okay. And finally I would just like to say that your presentation was very good — you obviously did a lot of work on it. And the picture of the lungs and the brain had a lot bigger impact on me just than seeing it written up someplace that this is what . . . you know, this can happen to your lungs. Like when you actually see a picture of the lungs, it's pretty gross. But I thank you, sir.

Dr. Irvine: — Okay. Thank you.

Mr. Wartman: — Thank you for the presentation. A couple of questions came up for me. The first one on the slide, smoking rates in Canada — and looking at the large numbers among First Nations, and particularly youth, we've become aware through this study time that tobacco companies have targeted youth, and they do so in a variety of very subtle ways.

The other thing that they are doing is marketing wildly in nations around the world where there are no restrictions. And I'm wondering if there is . . . you've been in the North for a number of years. Do you see any particular targeting here, any evidence of targeting by tobacco manufacturers that would lead to this significant difference in the amount of smoking?

Dr. Irvine: — I think there's a number of different factors. One is the availability of television from many different parts of the world now — that is something new in northern Saskatchewan over the last 10, 20 years with the availability of satellites — that we see tobacco advertising. We see the macho image. We see what life is supposed to be like in other parts of the world. And that has a great impact on youth in terms of seeing tobacco in movies and on television.

In the North we don't see a lot of tobacco sponsorship of activities here, but we certainly see the impact of that on other parts of the province. So I think the main impact on tobacco advertising would be through the media, through the television, and movies.

Mr. Wartman: — Thank you. And the second question, you indicated that diabetes is not caused by smoking or by second-hand tobacco smoke, and in our presentations in Prince Albert there was somebody from the diabetes society, and I've asked that statistics be provided, but my hearing of what he had to say was that there is growing evidence that in fact type II

diabetes is . . . that smoking and ETS (environmental tobacco smoke) are factors, causative factors in type II diabetes.

Have you seen any evidence in that way? I mean I'm not asking you to contradict. It's just that we are asking him to bring the evidence forward. But have you seen any evidence around that?

Dr. Irvine: — I've seen some editorial comments about the possibility of the vascular effects, the effects of smoking on blood vessels and what impact that would have on the pancreas to cause type II diabetes.

We have — in our education strategies across the North — have not got into that because I think the important issue for us is that smoking, even if it doesn't cause the diabetes itself, will certainly aggravate every one of the complications of it. And so we haven't gone into detail in terms of literature searches about that. We've seen editorial discussions, but no scientific documentation on it.

Mr. Wartman: — And finally I would like to agree with Doreen that the pictures, the graphic pictures, do have an incredible impact. And I think even more you've probably found in your profession and I know I did mine, visiting with people in palliative care who are dying from lung cancer or emphysema, seeing it in person and smelling the smells, and seeing the diabetics who are losing, limb by limb, their lives and continuing to smoke is pretty hard evidence when you're trying to make your mind up around these things.

So I do appreciate the presentation and the slides. And I think we're looking at ways of trying to educate in the public, the graphic nature of those has an impact, so thank you.

Ms. Bakken: — Dr. Irvine, you said that tobacco is more widely available now than say 20 years ago. What do you . . . I mean what do you attribute that to or what do you mean by that?

Dr. Irvine: — I guess it's referring to northern Saskatchewan. In many of the northern communities, in the past tobacco has been available for a long time but it was often roll-your-own or it wasn't as commercially available. I think now with commercial products, being able to buy packs of cigarettes, people are smoking much more because it's more readily available and it's more convenient. There's more service provision for the sale of tobacco throughout the North now. It's been available for many generations, but now it's just packaged such that it's sold much more.

Ms. Bakken: — Okay, also you gave us one of your strategies for the prevention on and reduction of tobacco as a provincial tobacco reduction strategy with staff and financial resources. What exactly do you have in mind there?

Dr. Irvine: — Well I would think in that type of thing it would be important to develop a long-term strategy of what are the approaches for the province of Saskatchewan to take. Looking at multiple strategies — efforts directed toward to youth, directed towards women, directed towards First Nations and Metis populations, as well as lower socio-economic groups; assisting with such things as awareness campaigns. Awareness itself is not adequate enough in terms of raising the awareness

and education, but following that with other approaches.

Working with health districts; working with municipal governments for the development of bylaws, the development of appropriate legislation; looking at strategies for youth whether it's the sale . . . restricting the sales of tobacco to youth or working together with business partners and others to create a level playing field for all businesses during the time which tobacco is being reduced — environmental tobacco — is being reduced in public places.

Ms. Bakken: — Last night we were in — where were we? — Meadow Lake, I think.

A Member: — Meadow Lake.

Ms. Bakken: — Meadow Lake. And we had an elder come and speak to us, and she made a suggestion of the . . . of a total community involvement where the parents need to be educated in conjunction, like to serve as a group with the kids and then the community and business and so on all to buy into this, that we're going to do this together. Does that make sense to you?

Dr. Irvine: — I think there has to be a lot of education, a lot of awareness. But we also know from many other health promotion and health prevention strategies that education by itself is not enough. And we can look towards the issue of seat belts as the common example that's used over and over again. Despite years of educational efforts with statistics showing the safety of seat belts, seat belt usage did not come into play until it was legislated — legislated as well as engineered; that it was automatically put in cars.

So I think the same thing applies here. We need to work on the awareness, the education part of it, but by itself I don't think that's enough.

Ms. Bakken: — And just one last question. You said lower economic groups use more tobacco. How do you see us stopping the use in lower economic groups -- by an increase in price? Will that do it? I mean, cigarettes are expensive now so . . .

Dr. Irvine: — I think the equity issue is important to look at in all parts of the strategy. And one example could be that the educational message and the awareness messages that we send out is important to be received. And if we send it out directed towards white middle-class males in urban settings, those health messages will not be received well from others.

I think they have to be in appropriate language, have to be done in a way that reaches the group at greatest risk and involving those communities as well.

Ms. Bakken: — Thank you. That's a very good explanation because we've been hearing this but yet never had it explained that way, and that makes sense to me. So thank you, and thank you for your presentation.

Ms. Eagles: — Doctor, I'm sorry. I forgot to ask you before. Your whole presentation on tobacco, does that include smokeless tobacco?

Dr. Irvine: — There's different issues that we have here in the North. Certainly smokeless tobacco is a concern for oral cancer. A lot of the discussion I had here in terms of the lung cancer rate was not related to smokeless tobacco. But certainly smokeless tobacco concern is there as well amongst adults as well as youth.

Ms. Eagles: — Well we were talking to a dentist in Saskatoon and I was also talking to a lady here — and I don't know if she's presenting or not so I hope I'm not cutting into her presentation if she is. And he was saying that one pinch of snuff is the equivalent of four cigarettes, and that a lot of girls are chewing. And I guess it's hip to chew but it's not hip to spit so they swallow it, and they're getting a lot of cancer of the throat and esophagus and stuff like that.

I thought that was kind of interesting because I had no idea it was more potent than just a cigarette.

Dr. Irvine: — I've worked in Papua New Guinea and in India before I came back to Saskatchewan — and seeing the impacts a great deal of the use of tobacco in the mouth. And certainly here the concern is both the media and the use of tobacco, smokeless tobacco amongst sports role models, so-called, as well as in the media, it's a concern.

Ms. Eagles: — I thank you, doctor. That was my final question and comment, Myron.

The Chair: — But Deb Higgins has a question yet.

Ms. Higgins: — Actually Brenda covered what I was thinking of in her questions. But I just wanted to thank you for a very good presentation. It's surprising, when we've travelled around the province, the concerns and reception has been different in different areas of the province. So it's very good to see a very comprehensive presentation that you gave on the North.

And also your comments about targeting education, and you know, targeting it to certain groups and areas where it's more appropriate. But actually, as Brenda said, that kind of helped sort out a lot of questions that I had in my mind that we hadn't sorted out. So thank you very much.

The Chair: — And with that on behalf of the entire committee, thank you, Doctor. And I guess you're going to have to disconnect all the stuff now. While the doctor is disconnecting, Sharon Feschuk, we'd ask you to come next and just get ready for the presentation. Just take your time.

Ms. Feschuk: — My name is Sharon Feschuk and I'll be speaking about some of my experience in my work as a health educator and then some of my experience as just an ordinary individual.

And first I'd like to thank you for giving me a chance to speak at this hearing. I'm pleased to see a legislative committee devoting time, energy, and money on tobacco control. It's been a long time in coming and I'm very glad to see it.

You have a very good introductory presentation to the hearings with the slides that you showed us, with excellent statistics and information on tobacco issues and the importance of dealing

with them. And by now, you've heard a great deal of information in addition to your own presentation as well as repetition of it about the health issues.

You've also received excellent presentations on population and health promotion as it relates to tobacco and excellent recommendations for education, legislation, and so on. And I've been reading the transcripts from as many of the hearings as I could and there is some excellent material in there. So I'm not going to repeat that.

How bad is bad when we talk about tobacco? When I first became a health educator, one of the topics on which I had to do classroom presentations and displays was tobacco. I thought well yes, this is logical, everyone knows tobacco is bad for you. But when I started reviewing background information in preparing for the classroom, I soon realized how bad, bad really was. Not only for smokers and users of snuff and chewing tobacco, but also for people who are exposed to second-hand smoke.

Many people think that getting a little second-hand smoke in a restaurant or other public place is no big deal. It's only a small amount, what can it hurt, there's no effect. I want to show you a video clip which illustrates the point that second-hand smoke certainly does have an effect, an immediate effect.

The clip involves a woman undergoing an ultrasound test and this is not just to say that pregnant people are affected but just how the human body is affected. The clip involves . . . the events move along fairly quickly so I hope you'll pay attention to try and catch all of the dialogue that goes with the clip.

The point that I wanted to make is that when somebody inhales tobacco smoke, either first- or second-hand, within a few breaths the chemicals in nicotine are distributed through the bloodstream to every cell in the body. And I have lots of fun with grade fours and kids in school when they figure out how the lungs and the heart work together.

The response of the body can be as immediate as the ceasing of the breathing motions of the fetus as we saw in the video, an asthma attack, or just feeling tired because your body has taken up carbon monoxide from cigarette smoke instead of oxygen. Short-term effects include ear infections, respiratory infections of young children while longer term effects can include cancer, strokes, heart attacks, and all the things you've seen so far.

The video, by the way, is entitled *Smoking Against Your Will*. It was produced in Alberta in 1985. The general discussion in the video about second-hand smoke is rather out-of-date as you can imagine in 15 years, so bear that in mind if you see the whole tape. However there are some excellent parts like the one we have just seen. And you can borrow it from the Saskatchewan Health Resource Centre. And I checked; they have a copy.

As a health educator, I've talked to every age group from kindergarten to high school to community college classes and adults and community groups. My impression is that what I have been doing is important and necessary but it has a small effect. The people I've talked to say they are glad to get the information, which they did not know before, but don't see it fitting into their everyday world where tobacco use is so

prevalent.

Education is necessary but needs to be expanded greatly and needs to be supported by other measures like campaigns to denormalize tobacco use and possibly more legislation to limit access to youth . . . access of youth to tobacco and to provide more smoke-free public places particularly where youth are involved.

For your interest, I brought a copy of the top 11 entries in the 2000 halt the smoke radio spot contest which our health district co-sponsored with Keewatin Yathe Health District, MBC (Missinipi Broadcasting Corporation) Aboriginal Network Radio, and the heart and stroke foundation. Others here will be reading from some of the spots or quoting from them so I won't read them aloud now. Perhaps at the end of the presentations if there's time and if you're interested.

They will present some of the facts northern youth have about smoking. We started that particular contest four years ago. The first year we had 12 entries; this year we had 120 entries.

I just want to add a little comment on graphic pictures. Mr. Wartman, I think you were saying that you appreciated the impact of graphic pictures and the slides. A few years ago Saskatchewan Health produced posters and pamphlets that had a very graphic picture of a fellow that had mouth cancer and part of his cheek was cancerous. And for some reason somebody in the department felt it was too graphic and people wouldn't like that and they took it away. They took that picture away. We are still getting requests for pictures like that, so the demand is there and people do want to see the gory stuff.

Talking about denormalization. If I had gone into the bush this fall and raked up a pail of leaves, brought them into this room, lit a fire with them, and filled up the room with smoke, I would probably be arrested. But at the very least what I had done would not be considered normal nor acceptable. However, if a few smokers came into this room, lit up their leaves and filled the room with an equal amount of smoke, some people would still consider that normal or acceptable. This is the normal which we must denormalize. And this is the normal which youth, non-smokers, and people trying to quit smoking are facing.

I have promoted this cessation over the years and have run workshops. Adults have attended the workshops but I've also had high school students asking for cessation programs too. People who attend are grateful for the help we could offer, but they always tell us how hard it is to try to quit when so many people are still smoking. They also wonder why there is so little of the way of cessation programs and/or rehab programs similar to alcohol and drug programs.

I see tobacco as a quiet addiction if I may describe it as such. It does not have the easy to see effects of alcohol or drug addiction. Tobacco addiction is seen as the least worrisome of addictions in regards to relationships and social interactions. However, healthwise it has very negative effects and should not be compared to the health effects of other addictions. Watching someone struggle with asthma or die of lung cancer also affects relationships and social interaction.

People can buy tobacco at their local grocery stores. There are many public places which allow smoking and many people still consider it normal or acceptable to smoke. Addictions counsellors tell people to work on their alcohol or drug addictions and leave tobacco to the last. And I agree — that's right. It is easy to see how tobacco addiction is perhaps not considered as important as other addictions, even though it's costing the government and society more to deal with it than both alcohol and illicit drugs and other things as your slides illustrated.

In my work I have enlisted help from addictions staff to design quit smoking workshops, and together we have presented information to addictions staff around the North with the aim of getting them to assist people who want to quit smoking. They were initially wary of the workshops, but as we went through the information they saw the usefulness of it. However, their priority was dealing with alcohol and drugs first — alcohol and drug addictions first — and they did not have the time to devote to tobacco addiction.

We need to expand and support cessation programs. We need more training for people like myself and others not only as facilitators but as trainers of others. And I would like to see programs targeted at youth, women, and Aboriginal people which involve them in the development and delivery of such programs.

Support for communities. Many Northerners are aware of the dangers of smoking and of second-hand smoke and many have asked our office for no smoking signs for their homes because they have young children they would like to protect.

Many communities have smoke-free places, like the friendship centre here in town or smoke-free bingos in Sandy Bay or smoke-free town offices. I have encouraged people to speak up in their communities for more smoke-free places, but many of them say they are too shy or too afraid to confront neighbours and other community members. And this not only happens in the North, it happens in the South as well. We need more support for these people through comprehensive education, strong denormalization campaigns, and legislation.

Smoke-free workplaces. If there's ever a divisive issue in a workplace, trying to make a place smoke free is definitely one of them. We need strong, clear legislation for smoke-free workplaces across the board.

People usually do not have the luxury of choosing from any number of jobs. If someone says, well if you don't like the smoke get another job somewhere else, there's often no place to go, especially in small communities north or south. An employee should not be put in a position of risking their health just to keep their job. And they should not feel intimidated by employers who don't want to hear of smoke-free places.

I know that, at this point, someone will bring up the issue of smoke-free places in bars and employees who smoke. I don't know how that will be settled, but from my own experience as a waitress in a restaurant/lounge where smoking was allowed and the number of jobs available was pretty slim, I vote for smoke-free workplaces.

I was also an employee at the government building in town here a few years ago when the place was finally made smoke free. There was so much hurt and hard feelings stirred up between smokers and non-smokers by the government's foot dragging on making government places smoke free. As you can see, it still makes me angry.

I wanted to say a little bit about tourism. My family and I and friends have travelled all over Saskatchewan through work, through associations that we belong to outside of work, through sporting events, visiting family and friends, going on holidays. We have learned to avoid small-town cafés and bars because they're pretty well guaranteed to be smoky. We take our business to the cities where there's more chance of getting at least non-smoking if not smoke-free service. And I feel bad about that.

I grew up in rural Saskatchewan, and I like small towns — friendly people, unique character, great home cooking. I like going to coffee row. I think there's a great tourist marketing potential in rural Saskatchewan. But if people like me who live here drive through without stopping, how are we going to attract people from cities, other provinces and other countries where they are accustomed to having more smoke-free spaces?

Business owners. I'm concerned about business people who say their bars and restaurants will close if smoke-free spaces are legislated. I know that running a business, especially in a small town, is a challenge. However, I can't believe that people who go to these businesses go there just because they have ashtrays. Yes, there may be smokers who will stay away, but there are smokers who will come for the food, for the coffee, for drinks, entertainment, dancing. And non-smokers will come too.

When I'm in a smoky place my sinuses and eyes hurt. I don't often go to restaurants in La Ronge because of the smoke. It's a small town. I know just about all the restaurant owners, some of whom are neighbours and friends. I'd like to patronize their businesses more often but I can't handle the smoke. Some of them do have non-smoking sections, but when they are in the same room with the smoking section they certainly are not smoke free.

And while on the subject of restaurants and hotels, I would like to know where they, as astute business people, have been in the last 10, 15 or even 20 years while the smoke-free public places debates were going on. They have managed to keep up-to-date with the latest trends in food, liquor, décor, music, satellite dishes, and cable TV, and even VLTs (video lottery terminals), and spent the money to do it. In all that time they have built new places and renovated old ones, but often without a thought to making smoke-free spaces.

Why have they not included separate ventilation to some areas when they were renovating? Why have they not added a bench and ashtrays outside to make comfortable people who want to smoke outside? Why don't they offer free Nicorette gum to smokers while they patronize their business?

And now they're complaining because people are asking for legislation to make them smoke free. I don't know what to make of that.

Finally, this is my first experience with a legislative committee so I hope you don't mind if I ask you a few questions as to how it works. When I heard that the party was . . . that the committee was an all party, it sounded good. You know, set party differences aside and to deal with an issue that touches all people in Saskatchewan.

How are the members of the committee chosen? Do you volunteer or are you appointed? What happens to all the information which was gathered at the hearings, which I understand is a huge pile? How soon will a report be released to the public? What decision-making power do you have as the committee?

And if individuals or groups from who you would like to have heard did not make submissions, how will you deal with that? And how long will web site be in operation, particularly the youth survey?

It seems to me that for politicians dealing with the tobacco issue in Saskatchewan there's a choice between some hurt stretched over a longer time or some hurt stretched over a short time. Or if you wanted to say it more optimistically: some good brought in sooner or some good brought in over a longer period.

Since we are dealing with people's health, I really think we should go for the short-term pain, long-term gain. Start doing the good stuff sooner rather than later. Thank you.

The Chair: — Well, thank you very much, Sharon. First of all, thank you for your gracious words at the beginning; secondly, thank you for your very heartfelt words throughout the entire presentation.

I want to mention also that you're the first person that I can remember that actually referred to tourism and the possible positive benefits to a town like La Ronge, who is quite dependent on tourism for business, to go non-smoking, particularly if you want to attract tourists from outside the region.

I think most of your questions I can supply answers to because they're not ones that require decisions of the committee but they're decisions that have already been made.

All-party committee. What it is, what happens in a case like this is the government party approaches the opposition party and says, would you be in favour of forming an all-party committee? And if they are, then we can go ahead with it.

This was done in the case of agriculture this year. It was done for this committee and it was also done for the case of child abuse due to prostitution. So it takes the agreement of the committees.

Secondly, how are members of the committee chosen. First of all, there's an agreement as to the number of people on the committees and then each caucus or each leader appoints . . . asks the people on each side who wants to sit. So you come to a mutual agreement. If a person doesn't want to sit, of course they don't have to. But it's usually a decision of the leader or of the caucus on each side.

Then what happens is that you actually have a motion of the legislature to appoint these individuals. And us seven were named by a motion of the legislature.

What happens to all of this information? Well we sift it through our heads. We have a researcher and she analyzes it all for us. We haven't got the processes completely finished but in the end we're going to have to come up with a report.

And that report will reflect what we've been able to come to on a consensus. So there will obviously be items that there may not be consensus on, And in that case, before the report is presented, there are votes taken on specific items. That's been the tradition.

When will it be released to the public? The report is voted in committee. Then it's presented to the legislature and, at that stage, it's open to the public.

Decision-making power. The committee has the power to make a report and that's it. The recommendations from them and for any legislation is up to the ministers involved, who would take it from there.

If anybody has a submission that they were not able to give during one of the hearings, we will receive it . . . we are ready to receive it in the mail. And we will be working on this, I expect, for another month, although we'd like to get information in before then if possible. But in a sense we can take information until we finally come up with a report.

About the web site, Tanya informs me that the youth survey . . . our target date is next Wednesday. And we're trying to compile the information from that.

Now with that, I will go to committee members who might have a comment or question.

Ms. Eagles: — Thank you, Sharon. And Myron's cough is not a smoker's cough so, for your information.

We all know that the legal age to buy cigarettes in Saskatchewan is 18 but there is no limit on who can possess cigarettes. Do you think that someone under the age of 18 if caught in possession of cigarettes should be charged, or do you think the onus is on the vendor?

Ms. Feschuk: — I think the responsibility should be spread around not just on the vendors.

Ms. Eagles: — Like I've had some vendors tell me, and not through committee hearings or anything like that, but they've told me that you know, why should we be the babysitter. It's up to the parents to discipline and teach their kids. Do you think that if kids were fined and, I mean, if they can't afford to pay the fine, maybe do community service or something? Do you think that would help?

Ms. Feschuk: — That's possibly one approach, but we need to have some sort of strategy whether legislation or not. And if vendors are going to take responsibility of selling a substance like tobacco, I think they have to take a little bit of responsibility for who's buying and so on if that's the rules. But

I don't know. It's a toss-up.

Ms. Eagles: — Like at a lot of hearings, especially at the schools, the kids say it's just not a problem, we'll get somebody to buy our cigarettes for us. And of course, I mean the vendor is entirely innocent then, and yet the kids are still in possession. Lot of kids, their parents are buying them cigarettes.

Ms. Feschuk: — Yes they're going to buy them alcohol too, or whatever else is going. But are we going to focus on those small number, or are we going to focus on rules and a denormalization and an environment where the majority, who will stick with the rules, have a place to go?

Ms. Eagles: — I just don't know how small the numbers are. Like we were just at a school in Nipawin this afternoon and like the amount of kids, I'm sure it would've been half the kids there smoked; they smoke at home, it's no big issue. Lots of the kids are saying it's not a problem to get the cigarettes. And I mean I'm just wondering if fining them would help. How would you police something like that?

Ms. Feschuk: — I'm not sure about details like that but it's . . . enforcement and legislation is just only one part of it; education, denormalization, I mean it's the whole package. It's not just enforcement.

Ms. Eagles: — Yes, I agree with that.

Ms. Feschuk: — Details about the enforcement, I'm sorry I can't make better comment than I have.

Ms. Eagles: — Okay, I thank you, Sharon.

The Chair: — Anybody else? Thank you — pass, pass, and pass. Well thank you very much then, Sharon, for your presentation. Next we'd like to call on Kathleen Howell.

Ms. Howell: — I dislike smoking because . . .

The Chair: — I'm sorry, would you start by saying, I'm Kathleen Howell.

Ms. Howell: — I'm Kathleen Howell and I dislike smoking because my grandfather died from lung cancer. So a couple of weeks ago I entered a contest. I wrote a poem about smoking, and I'm going to share it with you.

When you smoke
It's no joke;
Smoking can kill
So you better write your will.
Smoking isn't cool
It's like jumping into an empty pool.
So you better put on some mouth spray
Because smoking doesn't smell okay.
So unless you want to croak
You better not smoke

The Chair: — Thank you very much, Kathleen. Do you have anything else you want to mention to us? Do you want to answer a question or two?

Ms. Howell: — Sure.

The Chair: — Okay, we'll see if anybody's got a question or comment for you.

Ms. Higgins: — Thank you very much, and a good poem. Do you have many kids at your school that smoke?

Ms. Howell: — None of my friends do, but I know some that do.

Ms. Higgins: — And what grade are you in?

Ms. Howell: — Seven.

Ms. Higgins: — Seven? That's good. Thank you. You did a very good job.

Ms. Howell: — Thank you.

The Chair: — You bet. Thank you so much Kathleen for having the courage to come up here and do that. Great. Is there anyone else that wanted to make a submission or a presentation or wants to speak to speak to the committee at this time? Yes. I think I saw you filling out one of these. Have you got it with you or did you hand it into someone?

Mr. Diehl: — I put it in the file.

The Chair: — It's in the file now. Okay.

Mr. Diehl: — My name is Eric Diehl. I'm from Melfort. And ordinarily I would be sitting where the committee Chair is sitting, looking at the public, in that I'm a recently retired Provincial Court judge. I have worked harder since my retirement than I ever expected it would be. And I've spent a great deal of time in the North in the performance of judicial duties.

The committee is to be commended for its being created and to engage in public discussion.

I did not make up my mind to even be here until about 3 o'clock this afternoon when, in talking to a certain restaurant proprietor, I was wondering if anything could be done about smoke pollution in restaurants. One thing led to another and here I am.

Is it accidental that I'm also a member of the Non-Smokers' Rights Association of Canada which has been instrumental in persuading the federal government to bring about quite a bit of legislation. There have been highs and there have been lows, because the powerful tobacco lobby has got power that we have never dreamed of.

But we keep slugging away at it. The non-smokers' rights association has the distinction and reputation of being the most powerful voluntary lobby group in the world, with Mr. Garfield Mahood, the director of that organization, receiving awards in this regard.

This question of environmental tobacco smoke touches my family very, very personally in that my wife and I lost two

children with cancer — one at age 5, the other aged 12. I'm now 72 and I still haven't recovered from that. And we began to realize that maybe we had a particular sensitivity to environmental things that we had not been aware of.

It took me about five years after I was appointed to the bench to get the provincial building in Melfort, Saskatchewan free of tobacco smoke. And — where is she? — I see one of the second witnesses here who gave an emotional reaction to the kind of fight that involves, will understand what I mean. The silent majority has been silent for too long on this topic.

And to put myself on some kind of footing with her when she spoke about foot dragging, I have never forgotten the insulting and demeaning behaviour toward me when after having told a past attorney general of the province of Saskatchewan this very thing that I'm now telling you and imploring him on behalf of myself and everybody else who is victimized by cigarette smoke if he would do something, such as pass an order in council of some kind to clear public buildings of smoke, he sucked on his cigarette and blew it in my face.

When we are addicted to anything, be it heavy drugs or tobacco, nicotine, we've got a big job in trying to become free of that. Nicotine is probably more powerful than almost any other drug that there is.

We're lucky to have people such as Dr. Irvine here. And if he is as good a practitioner as he is a presenter, the North is a very lucky part of the province.

I really don't have anything new to add. My only role here is to reinforce what has been said and to come at it from my own particular perspective. So if I touch on areas which have been presented to you almost ad nauseam by other people in other places, that is only to re-emphasize the universality of the problem, not that you have to be beaten over the head with a two-by-four of information to get the point across. That's not my intent.

You and I know, and everyone in the room here as well, that the most preventable of all preventable causes of death is smoking.

I'm going to give you some statistics. You have them, but I'm going to personalize them.

The death rate is epidemic. If it were a disease from any other cause, there would be legions out in the street. And for some reason we don't handle the problem in this way.

Reflect on the death rate by smoking and compare it with the death rate in World War II. Approximately 40,000 Canadian servicemen and women were killed in World War II. That death rate was equivalent to one person being killed every hour. We were on a war footing to protect Canadians.

I shall demonstrate to you that the problem we have with the death rate from smoking is four times as serious. Deaths attributed to smoking use in Canada — and I don't know where these figures come from but they appear to have gained some credence by the fact that they are so commonly repeated — and that's 40,000 a year in Canada. That is per annum, which means that it's one every 15 minutes, which means that from the

moment this meeting was scheduled to start at 7 o'clock to this moment, seven people have died in Canada. There are no people protesting in the streets.

The deaths attributed to tobacco use in the United States, which has an estimated population according to the 1990 census, of roughly 220 million people, is somewhere in the neighbourhood of 435,000 people a year. To put this down to some image that we can visualize, I want you to think of jumbo jets. That rate is equivalent to four jumbo jets with a passenger load of 300 people crashing daily in the United States.

There are no people on the streets. Such is the power of vested interest and the power of addiction.

Incidentally, that rate of deaths in the United States is 1,200 a day or 12 every 15 minutes in the United States. And to repeat the words I've got here, more graphically stated, this is equivalent to there being no survivors in the crash of four jumbo jet aircraft each carrying 300 passengers each day. If this mayhem were caused by any other disease, we would call it an epidemic. No people are protesting in the streets.

As the good doctor, our first speaker, pointed out — and I will merely summarize for my purposes — there are several, more honestly, there are many toxic chemicals released in environmental tobacco smoke which are so lethal that the United States Environmental Protection Agency has imposed a zero tolerance ban on the release of any of these chemicals into the workplace from whatever source they may come, except perhaps from tobacco smoke where no prohibition against environmental tobacco smoke may exist.

So is the tobacco industry to be trusted in the solving of this awful health problem connected with their product? I think not. Look how our children are targeted. A few years ago a spokesperson for the American Medical Association, James Todd, who is or was their executive vice-president, had this to say on cigarette advertising.

And you may wonder how could I come up with these figures like this at this short notice. I phoned my wife and she took the clipping off the pin board next to my desk in my home, and I had her fax it to me this afternoon. Here it is, quote:

Any industry (and remember this is talking about United States — any industry) which kills (let's not mince words here, eh? — which kills) more than 435,000 of its best customers every year must find new customers. It is absolutely an outrage and immoral that they have targeted our children.

And I'm saying that with some passion.

Is the tobacco industry completely unmindful about problems connected with smoking? Do they in fact have a heart? Let me give you this anecdote. In Tobaccoville, Kentucky, where cigarettes are pumped out of a plant there at the daily rate which, if each cigarette was laid end to end would stretch from, I don't know, halfway here to the moon and something like that — the figures are astronomical — the owners of that plant forbid their employees to smoke in the workplace.

And if you sat here all night you wouldn't be able to come up with the reason. Do you know why? Because it plugs their computers, the environmental tobacco smoke, and they don't want their industry interrupted by such things.

On February 12, 1990, if you check that *Financial Post* you will find that Health minister Perrin Beatty at the launch of the National Non-smoking Week said the following:

For every 100,000 smokers who are 15 years old today, we estimate that by the time (it says here), they reach 70 years of age (I'm going to change it and say that by the time 55 years has passed), 1,200 will die from car accidents, 900 from suicide, 130 from murder and an overwhelming 18,000 from smoking.

This is the enormity and the magnitude of the problem.

So to bring the lethal nature of tobacco products closer to home, let us look at the effect of the Canadian death rate on local communities here. Because if these problems don't speak to us here, they don't speak to us anywhere.

Assuming a start date of January 1, 2000, at a death rate of one every 15 minutes, the destiny of the following communities would be — and for the local people this will have more meaning than it may for the panel before me, but bear with me — January 1, year 2000, the place, Sucker River, the population, I'm told 300; that community would be wiped out in three days. So by January 4, it's gone.

So on January 4, let's turn to Air Ronge, a community of roughly 1,100 people. It's gone in 11 days and that means January 15 — those two have gone. On January 15, La Ronge, population of approximately 2,500 people — it's gone in 26 days. That is by February 10. And on February 10, the La Ronge Indian Band, whose population I'm told is approximately 3000 — it would be gone in 31 days. And that is they've been wiped out, all of them according to the mode I'm using here, by March 12.

So we've got 4 communities, 6,400 people, 71 days — they're gone. And this is the kind of approach that I've used to help committees in the past when I have talked to municipal health committees on the devastating effect of environmental tobacco smoke generally, and the use of tobacco in particular.

The reality is that it would really only take 66 days for these 6,400 souls to die. That is all of these communities would be wiped out — every man, every woman, every child. Because in putting together those previous figures, I made them commence the one after the other; but they would all be dying together. So every man, every woman, every child would be dead by March 7 in the year 2000. Today is March 15 — we're too late. We can all go home from a local problem standpoint.

Let us never forget that we're all victims in this business of smoking, including the smokers, including the man whose head was in that jar in that cartoon. And it is all a cost in the public purse no matter how much they protest their right to smoke.

Dr. Irvine, I was really interested in your panel here. The status quo in northern Saskatchewan should not be an option. And at

the risk of treading on some fairly delicate ground here and in my trying to appreciate the symbolism that is behind the tradition and custom of the use of the gifting of tobacco in the Indian culture, which I have used from time to time out of respect for information given to me by band council members whom I have arranged to visit, and I will bring the tobacco. Others would take a blanket but it's the symbol that's important.

And in support of your position, Dr. Irvine, I'm reminded of a passage that I picked up from a review of one of Noam Chomsky's books, and it went something like this . . . I cut it out and put it on my pin board because it fascinated me . . . any culture whose assumptions cannot be questioned is merely propaganda.

So we have to persuade people of Aboriginal cultures where the custom and the practice, all surrounded by an aura of respect, that tobacco is used in the manner that I have described. We have to in some way preserve their treasured culture, but at the same time, try to bring about wisdom.

It's interesting too, Dr. Irvine, you reminded me of something that I read somewhere where originally the smoking of tobacco was a practice of the wealthy. It's not now. At least predominately, predominately it was the practice of the wealthy. It's not now. It is predominately the habit of what is described as the lower socio-economic classes.

We have to look beyond the health effect of tobacco. We have to look at the havoc that is being wreaked upon some of the nations in Central Africa where the people, in order to make a living, have moved away from growing food crops for their own sustenance to producing tobacco crops. And the rate at which forests are being cut down and degraded in order to cure tobacco is a serious problem.

When children would come to the courtroom at Melfort for a tour through the premises, after it was over and we gathered to chat, I would give out to them envelopes of literature to do with smoking. I never lost an opportunity.

Where imaginative entrepreneurs would fill my mailbox with literature trying to persuade me to buy something. And they enclosed among their pieces, self-addressed, stamped envelopes. That's right. I would use the envelope by merely enclosing a piece of non-smoking literature and mail it back postage free.

Publicly legislated rules are necessary to control the use of tobacco in public places. It cannot be left on the shoulders of private business people. I think to do so would be patently unfair. The business people take the position, or most of them do, that they've got to think of their own business if they should suddenly foreclose on smokers in their restaurants or whatever other place the public would gather. And they would be forever looking down the street to see where their customers were going. This is not fair. It should be mandated by the legislature.

And in closing, it has been said that there are lies, damned lies, and statistics. And with respect to those statistics that I have given you, some would argue that environmental tobacco smoke and the use of tobacco products saves the health system

huge amounts of money in health costs. And the reasoning is, such patients die younger and tend not to linger as a drain on the public purse as others do who are healthier and live older.

So whatever route the public discussion takes this evening here, there is only one issue and let's not cloud it. It's public health. Every other discussion is of secondary or lesser importance. I've forgotten the name of the piece of federal legislation but it's something like the noxious products Act or some such name — you can find it. But if tobacco were for the first time to be introduced to us, it would not get by the noxious products control Act, whatever that legislation is, such is the toxicity of the product itself.

Since I began these words another loved one has died in Canada. And they have died a painful death full of indignities, of deterioration, dependence, and in most cases dehumanizing, hopeless pain. Let's call a spade a spade. Let us be very clear as to what we are really talking about here this evening. Thank you very much.

The Chair: — Thank you very much, Mr. Diehl. Are there panel members that may have a comment or a question at this time?

I have a question for you, sir. I'm going to ask you to, sort of, go back to your days of being a judge for a moment if I could . . .

Mr. Diehl: — Well there will be limits on that, but go ahead.

The Chair: — . . . presume on that. It's a matter of should we . . . would you advise for example — let's not say as a judge, let's just say as a lawyer — would you advise legislation that would make it illegal not only for . . . now it is illegal for somebody to sell to minors, that would make it illegal for minors to possess tobacco like there is to possess alcohol?

Mr. Diehl: — That's a really tough question. And I think one of the things that we should not lose sight of, in all legislation, is the power of moral suasion which is something distinct from the power of the actual enforcement of the legislation itself. I don't really know any other way to answer your question.

The Chair: — Okay. Yes, I'll go over to Mark and maybe come back later.

Mr. Wartman: — I just want to say I think one of the children that spoke with us this afternoon maybe gave a bit of sense of that when he said that if you make it against the law that will be enough to get many of us not to smoke and not to possess tobacco.

The Chair: — Because of the respect for the law.

Mr. Wartman: — Exactly, and it's that side of the moral suasion that I think is key. Somebody else said if you make a bylaw it's for the most part self-enforcing, early on in our hearings. And it's the same sense that people generally do respect the law, and so I think that side of it is there.

The Chair: — Thank you very much for your passionate words, Eric Diehl. The committee would now like to hear from

Clarence, La Ronge Motor Hotel.

Mr. Neault: — Thank you very much. Clarence Neault, La Ronge Motor Hotel. And with much respect to all the people here, it's not really my venue to be judging. I don't have the expertise — not that I don't care on tobacco and the effects it has — and with great respect, I bow my head to their expertise.

I speak as industry, and my statement — and I'll make it very brief — is that the La Ronge Motor Hotel would like to speak about indoor air quality, the industry standard, and all that that means.

The La Ronge Motor Hotel promises to provide as a community . . . part of the community industry standard environments for its employees and guests. This includes clean air policies and best practices for the safety of all. The city of Regina in this province has legislated some clean air policies under bylaw no. 10167 for its community, attached and available, and presented to you.

We ask that you consider this model and we endorse it. The only thing that I can add after hearing heartfelt and very factual presentations here is that we depend upon legislation to create a level playing field; that's been said once. And that is what allows us to responsibly administer any type of safety aspect in our establishments, liquor included. That's one of our responsibilities; we're licensed for it. So we're willing to work with community and we feel there's a model here.

I don't feel, I guess, qualified upon tobacco and its effects and I can't answer those questions; that's not my expertise. I can only give a view of what industry has to say. And that's about it, so I can answer from that . . . from that viewpoint, questions. Hopefully, if I can't, then please respect that.

The Chair: — Thank you for your presentation. Who wants to ask questions first?

Mr. Wartman: — Thank you, Clarence. Clarence, the issue of a level playing field has been raised a number of times. And there are so many factors in that based on the types of establishment, the communities, where they are. And I'm not real clear personally that I've got my head wrapped around what the industry means when they're talking about a level playing field.

So let me put a scenario before you and ask you if you can see this. If, for example, legislation was set that there could be no tobacco use in any place where children had access, that covers the board for every industry. The only place where smoking would be allowed in any kind of a public place in that scenario would be where age restrictions were firmly held. From my perspective, that would mean bars alone, or possibly clubs like the Legion, if the age restrictions are clear.

Can you reflect on that? Do you have . . . I know I'm putting it to you. You maybe haven't had time to think about it.

Mr. Neault: — That's pretty clear cut.

Mr. Wartman: — Thank you.

Mr. Neault: — It's a pretty . . . If that was a clear-cut law and it was accepted, a level playing field, I'd have absolutely no problem with it in any way, shape or form. It's pretty simple to trust legislators and people of competence that sit around here and other ones that have come to a reasonable law; that certainly helps me in carrying on.

I won't say that the impact of that is not going to be difficult, because don't forget, we're front line, addressing these people that are legislated to. And we certainly ask that you come to us not only with the progress of what you're doing, to go to the industry, because we are the ones who are serving ourselves and the people that are selling tobacco. But also perhaps in helping us give reasonable reasons to people why we're doing these things. Because when you're up away from it and we're here explaining to somebody why that can't be, it can get pretty volatile — and that's a customer we've nurtured.

And we ask for help in that area, and education, and that's available. If you look at models such as the alcohol and how we handle that in our licensed establishments, we have the It's Good Business which is responsible service of alcohol. And again, our service is to understand how that's done. I'm not saying it's an identical situation but there is training for our people and for the public in a way they would understand. But straight imposition without consideration for maybe the thought processes and emotions of others is . . . if it can be instrumented and still provide safety, I think it certainly should be.

Mr. Wartman: — Thank you very much.

The Chair: — I have a question for you. How reliable do you feel the ID system is for identifying youth coming to a licensed premises? Do you think you get snowed a lot on that or is it pretty good? And I'm thinking about if you used it . . . Would it be practical to use the same system for tobacco, I guess, is where I'm headed. But are there problems there or are there things that need to be tightened up?

Mr. Neault: — I guess the people that monitor that — and there are different agencies — I leave it up to them to create a level playing field. If I feel that another — I may as well take that stance — if another establishment is gaining business because they're not adhering to the law, I would make a complaint.

What I'm saying is, no, the answer out there is no, people can get in under age.

The Chair: — They can?

Mr. Neault: — They can. And there's no . . . Well we're talking front line here. And we've got . . .

The Chair: — You find that it's a difficulty for, I would imagine, for a bar owner because that's something you have to contend with daily.

Mr. Neault: — Yes. At our place we have a lot less problem because a lot higher risk. Other places have a less risk. And what I'm saying at the end is it is difficult. So as long as there's a level playing field in how it's enforced and the law is there for me to use as well if I feel that I'm being treated unfairly, I will

use it. I hope I'm explaining myself carefully, how things really work.

The Chair: — Well it's not very clear. What do you mean by risk? You have a higher risk.

Mr. Neault: — By a higher risk I mean that we have a large business and people are served under age. If there's any kind of liability because of that, we're the one that are going to get hit first — our insurance risks, those types of things or considerations not just the law. The law is there for a reason.

The public image to serving under agers; under agers now that gambling is there, it's actually far worse to have somebody come in at the age of 17 with their father's credit card than it is drinking because of the norms. There's all kinds of risks that we have.

So if you're asking about judging who is under age and not under age, there's all kinds of mechanisms and laws that can ensure that, and a number of fines — how high the fines are for doing so. And the types of identification are there. In our particular establishment we watch very carefully for two reasons. Level playing field, and also other places that do it only encourage more young ones to attempt. So there's sort of a double edge to it.

It's the industry standard. We accept it — 19 is the age here, 18 in Alberta. We don't judge either one. When I go to Alberta I'll enforce 18 and meet the wishes of the legislature. We just want a level playing field and help in instrumenting any laws you have.

Did I answer your question?

The Chair: — Yes, but I just want to make sure that I understood what you said. A youngster comes in, he looks to you like he might be under age. One of your employees goes to serve him. He challenges him. The youngster produces an identification. Is that a standard identification that he has to produce?

Mr. Neault: — Well you're asking me how it's done? In Saskatchewan, no. The law states that it's illegal for me to serve anyone under age no matter what their identification is. There's no standard identification that's accepted, that I'm free of. I'm responsible for making sure they are of age no matter what their ID (identification) is, and I am not required to ask everybody for ID and I'm not required to ask for three pieces or two pieces or one piece.

It's up to the individual place to make sure they don't serve under ages. I'm not sure what you're trying to get at.

The Chair: — Yes, well, so there's considerable judgment here that's necessary then on your part, that is if a person produces a driver's licence, you sort of have to accept that or if they produce something else.

Mr. Neault: — No, I don't have to accept anything. If I feel somebody is under age even if they produce me that birth certificate, a sworn affidavit, I do not have to serve them. I have the right not to serve them if I feel they're under age.

The Chair: — So now I'm asking this question. If that works reasonably well for alcohol control and you had a person under the same conditions came and asked you to buy cigarettes and it was a similar age restriction, would that system work equally well for tobacco control, for sale of tobacco? You know, that you'd have to ask them or if you felt that you weren't satisfied. I'm just asking for practical advice here, basically.

Mr. Neault: — Yes, I'm just trying to think . . .

The Chair: — I'm just trying to make it practical, you know. It's not a trick question.

Mr. Neault: — No, I know that. I know it isn't. The cases are very similar. I'm just trying to speak . . . trying to think what our local confectionery goes through. He has a different situation and a different fine looking him in the face. Okay? I think the fine is actually larger, okay, for tobacco selling than tobacco . . . or than alcohol selling. So naturally the industry standard is going to be probably a little more lax. We are probably more lax than the confectioners. However, we have a reason ourselves because our risk is higher than other places.

The Chair: — That's been a help. That's been a help to me. Anybody else have questions or comments?

Ms. Bakken: — Do you have any non-smoking, like do you have a lobby that's non-smoking now, or rooms, and . . .

Mr. Neault: — I have industry standard.

Ms. Bakken: — Well I'm just asking what that is.

Mr. Neault: — I have industry standard. I have non-smoking rooms. The minute I instrument any more non-smoking than anybody else, then I have to say it's not a level playing field. I am on level playing field right now and, no, I have very little non-smoking areas.

Ms. Bakken: — Okay. Do you have more requests for non-smoking or more requests for smoking, or do you keep, do you have a way . . .

Mr. Neault: — We have no real way of telling that. The non, the smoking nobody requests — it's there; that's by default. We have smoking. It's there already, it's obvious, no signs are up.

Non-smoking, I won't say we don't have requests, there are some and we are willing to meet them all, the people that request them. But like I say, I'm not prepared to be the first, I would prefer to follow legislation.

Ms. Bakken: — No, and so what you're saying is if it was banned across the board, then you can live with that because everyone would be on a level playing field, right?

Mr. Neault: — Yes, and there's other issues as I mentioned. There's education of my people, and I'd like to back off to this document from Regina that we feel is reasonable for us to live with.

So answer your question, yes I'm willing to follow reasonable legislation. I'll have to follow any, but I'm hoping it will be

reasonable and allow us to introduce non-smoking into our environment, both for our workers and for our customers, in a way that's acceptable that we can work with.

Ms. Bakken: — Okay, just on that note then do you think that a progressive legislation would be better than immediate?

Mr. Neault: — Yes.

Ms. Bakken: — Thank you.

Mr. Neault: — Only because that's what it states here . . .

Ms. Bakken: — Oh I don't know what the bylaw says.

The Chair: — Well thank you very much. It's been very helpful.

Mr. Neault: — Thank you.

The Chair: — Now I have to ask a question. Is there anyone else here that would like to make a presentation at this time? Yes. Please come forward and then we'll go with you next.

Ms. Smith: — Good evening. My name is Phyllis Smith and I come from a small northern community, population of about 1,300.

And we have a restaurant in our community that's the only one in the community. It's the size about 16 by 32. It's pretty small and no ventilation in the restaurant, and windows are shut frozen during the winter. So there's really no way for smoke to escape. So it gets pretty smoky in there.

So it gets frustrating sometimes because I would go there, take my family, and most of the time we have to walk out again because of the smoke. And my four-year-old would get pretty upset because we couldn't stay at lunch or whatever.

So what I've done was . . . first of all when you walk in there's also a confectionery there. When you walk in there's a big shelf full of cigarettes. So I know each time youth walk into the building, it's sort of like eye-catching thing because of all the cigarettes there. Like they're hung up on the ceiling. And then with that sign beside it that whatever the legal age is to buy cigarettes. So there is a sign beside it.

And then you would go downstairs to the restaurant and there would be full of youth smoking. So I couldn't really understand what the system . . . why would they allow the kids like maybe 12-, 13-, 14-year-olds smoking in the building.

So I tried to do something about it on my own. And I've written a letter to the manager. I've gotten a support letter from public health nurse and also the community health educator of Pinehouse. I also added pamphlets. They denied my letter. They said if they make the place non-smoking, they would lose out on money. So there wasn't much . . .

But I still . . . I'm still worried about the kids from being affected from second-hand smoke.

And the other thing too is we do a lot of education, health

education in our community on the effects of second-hand smoke. We go on our local radio; we have pamphlets out, posters. And I'm pretty certain that the whole community knows the effects about second-hand smoke.

And I was wondering, in some places I walk into, there's some people gamble at their homes. There's about maybe six people sitting around, every one of them with a cigarette. And they would be playing downstairs and kids will be sleeping upstairs with the doors open. So that really bothers me a lot. It really bothers me.

So I was wondering, you know, does the . . . we did all the education that we could, the health education. Is there a second step? I was just wondering, does the government have a second step after educating people? And if they refuse to not smoke, say, like in front of their children, what else could we do? Because to me I see it as a child neglect if they refuse . . . if they know that the side effects of second-hand smoke and if they refuse to do it in front of their families. Like I say, to me I see it as a child neglect.

And I still think today I still need to do something, but I got no support from my community. I've talked to numerous people. But I still want to somehow protect the children that cannot protect themselves in my community from second-hand smoke, from all public places like recreational things or, you know, bingos, or social gatherings that we have. They're all smoking places.

So I'm hoping to see something in the future, some positive things to protect these children and youth from second-hand smoke.

The Chair: — Phyllis, thank you very much for your comments and for your suggestions. And you're faced with a little dilemma there. We have the committee at this stage and I don't know if the government has an answer to that question right now. Maybe at some stage in the future we will. There may people who have individual answers. So I'll turn it over to committee members.

Ms. Bakken: — So one of your concerns is that kids cannot . . . they can't buy the cigarettes but they can smoke them because there's no law against possession.

Ms. Smith: — Yes.

Ms. Bakken: — So you would like to see the law even across the field. They can't buy them and they can't possess them and they can't sell . . . like a level playing field for everyone. So that a business owner would have the right to say, you're underage, you can't smoke in here.

Ms. Smith: — Yes, that's right. Or just maybe I'm hoping to see in the future just to ban smoking from public place, like a restaurant.

Ms. Bakken: — Well that in conjunction, but also the possession part so that people would have some teeth and be able to say it's against the law, you can't smoke in here. That would help?

Ms. Smith: — Yes, that would help a lot. But like I say, I'm still working on it and I'm going to try and get the cigarettes off view, maybe put them under the counter or something so the kids won't see them. Something like that anyway.

The Chair: — Okay. Well keep up the battle; keep the faith. Thank you very much.

Yes, sir, you had your hand up a moment.

A Participant: — I'm not registered, but I'd like to . . .

The Chair: — That's fine. We'll register you.

Mr. Robertson: — My name is Scott Robertson. My family are retailers in La Ronge and Air Ronge. And I have had some previous experience with tobacco legislation, none of it pleasant.

I applaud your efforts on trying to establish some method to deal with smoking and to curb its use and hopefully do away with it altogether. What concerns me here is the methodology that may result from this and how that will affect us as retailers.

What I've seen to date is downloading of enforcement onto retailers without any onus being put on, what I would call, the perpetrators of the crime and those are those who smoke.

Since the tobacco legislation has been in place and retailers and clerks can be fined or dismissed for selling to underage smokers, I suspect the number of underage smokers who have stopped or have not started is small or insignificant. It's not enough just to make it difficult for them to get the product, they have to share in the penalties.

In Alberta they've just recently introduced legislation that will begin fining teenagers for smoking. And I would love to have had some time to see how that's working because I have actually made that argument to the tobacco enforcement people for this province.

It never ceases to amaze me that when I drive my children to school, within 50 feet of the main door of the high school in this town, you will find a dozen or two kids smoking, even when it's 35 below, in plain sight of everybody that goes in and out of that school. These kids today have more information about the effects of tobacco than has ever been available in human history. They still continue to smoke.

Somebody is getting them cigarettes and society has sort of said, well that's good enough. I mean if they're not allowed to buy it, I guess we've put the problem to bed. The problem hasn't been put to bed. I think the public is probably being misled into thinking that this is being dealt with effectively and it's not.

The numbers of teenagers smoking continues to maintain at current levels or increase. I believe that teenage smokers should be involved in the penalties for tobacco use.

The Chair: — Thank you. Well you certainly struck on the dilemma. That is we can pass all kinds of laws but whether or not they'll be effective or not . . . We have to do it in a way that

does make it effective. Does people have a comment or question?

Ms. Eagles: — Thank you, Scott, for your presentation. We've met with a lot of students and that, and their feeling is generally that the onus should be on the buyer as well as the vendor. And you know they feel, why should the vendor have all the responsibility.

I mean it's almost contradictory, the law as it is right now. I mean you have to be 18 to buy the cigarettes but you don't have to be . . . you know, you can be any age and possess them.

So, you know, I think that that's a good point that you brought up, where the onus should be on the buyer as well. I mean let these kids be responsible for their actions; if they think they're adults by smoking, we'll treat them like adults.

Mr. Robertson: — I think the public has the perception that there are malicious vendors out there preying on children, feeding them cigarettes in hope of making great profits. That tends not to be the case.

Our personal experience is that when mistakes are made and cigarettes are sold to tobacco enforcement officers without asking for ID, it tends to be new employees or somebody having a bad day or somebody overworked and harried and just not doing what they know to be right. The fact of the matter is it's not a malicious intent. It's just simple errors.

Ms. Eagles: — How much do you make off a package of cigarettes?

Mr. Robertson: — I think it's \$4 a carton roughly, and about 85 cents on a package.

Ms. Eagles: — Okay. So you probably are making more money by maybe the pop and chips or milk or something that somebody's picking up when they buy these cigarettes than you are actually off the cigarettes.

Mr. Robertson: — Margins on those items would be higher for sure, but the volume of tobacco sold, particularly in the North, is tremendous.

Ms. Eagles: — Okay. Thank you.

The Chair: — With respect to what you raised about Alberta, my understanding of it at this stage is that this was brought in by a private member. It wasn't really a government policy Bill. And as a result . . . and everybody voted for it in the end because it was sort of like a motherhood Bill.

But there hasn't been a policy developed, government policy, to really enforce it. Apparently what they do is they've given municipalities the authority to crack down on it. So that's why we haven't got any good feedback yet in terms of any kind of effect that it might have had.

Mr. Robertson: — So here again, with police forces being overworked and there not being enough manpower to actually deal with the problem, we have legislation sitting on the books that will probably never be enforced.

The Chair: — Well, unless they do something new about it. Usually something like that, just from my own practical experience, a private members' Bill, you know, will sometimes be passed. But of course it hasn't got any funds behind it. And for something to work, you usually have to put some . . . cabinet has to put some money in behind it, some kind of a program.

Mr. Wartman: — Thank you. One of the things that I came across in my research is from Manitoba where they are talking about access fees for tobacco companies. Just simply to have access to a province, that the tobacco companies themselves would have to pay a certain amount per capita. I believe the Manitoba figure was \$7 per capita. Roughly to have access to Manitoba, that would mean about \$7 million per year to the tobacco companies.

That would go a long way to providing funds for more enforcement and more education and more of the kind of information that Clarence spoke of earlier, needing to help explain why the laws are there.

So I think that's one of the things that we may take a good look at and it might help to deal with the fact that enforcement is difficult for police who are already working hard on a variety of issues. And we'll have to see, but there are possibilities that are there, and rather than putting the onus on the population through increasing taxes significantly, that putting it on the perpetrators of this — tobacco companies — might be a better route.

The Chair: — Thank you very much, Scott.

Mr. Diehl: — Mr. Kowalsky, could I just add a piece to Mr. Robertson's concern?

The Chair: — Yes. We have another person that wants to make a presentation, if you care to wait for a moment . . . (inaudible interjection) . . . Oh, you just have a comment on this? Well please come up to the mike then and identify yourself once again for the record.

Mr. Diehl: — It's Eric Diehl. What this man has been speaking to is a vacuum that has been created by a change in The Education Act, 1995 from the former education Act, where the school administrator used to have authority over the discipline and control of students going to and from school. Now I think — I could be wrong on this — but I think that if you checked the current education Act, that provision is not there except perhaps with respect to school buses.

What arises here is a very serious conflict that this man has addressed in that the kids, in particular if they're beyond the school boundary line and are in disobedience of a bylaw or something, the local municipal authority doesn't normally respond to this and the school takes the position, it's not our problem. And that creates a real dilemma and I think it creates a very bad image from the children's standpoint as to the relationship between school authority and municipal authority and the overall rule of law.

The Chair: — Thank you for that clarification. It's helpful. And thank you, Scott, for your presentation.

Now I understand you would like to make a presentation. Please.

Mr. Longpre: — My name is Dave Longpre, I'm the owner/operator of the Harbour Inn here. I decided to make a presentation when I heard Ms. Bakken ask that question about tracking non-smoking and smoking areas.

Ten years ago we bought this hotel and it was 20 rooms and it was all smoking, lobby, everything here. Seven years ago I built an addition on here which included 14 new rooms and the medical clinic which was put on the bottom. We turned that building into a non-smoking building. So all of our rooms became non-smoking in that section, and the bottom part.

We started tracking that in terms of what people were asking for in terms of the rooms, and those 14 rooms booked first before the other rooms were asked for. So four years ago I guess it is now, three years ago, I turned another six rooms in another wing I have. And I have a unique situation in the way the building was designed that I can play around with it a bit. So I turned another six rooms into non-smoking, so I now have more non-smoking than I do smoking.

Two years ago I turned my lobby non-smoking. Six months ago I turned this room non-smoking. I've not lost. If anything, I've gained over it. I'm reluctant at this point to go completely non-smoking although I'd love to.

In talking with Eric Diehl today, in fact there is probably some marketing that I'm missing out on by just not advertising that we are a non-smoking building, a non-smoking hotel and restaurant.

Our restaurant is half non-smoking and half smoking. And I would love it to be all non-smoking. I would urge this committee to work on a cold turkey basis. In the short term it's hard. In the long term I think it has a lot of benefits for it. Thank you.

The Chair: — Thank you very much, Dave. Anybody that's got a comment?

Ms. Bakken: — Thank you for telling us that because that's been, you know, a question that I've had in my mind. Because we're certainly not here to drive people out of business, and we need to hear things like that that it's, you know, that it is a benefit and that people can benefit.

I'm a small-business owner myself, and I would like my business to be non-smoking too. But I understand what it means when you're not on a level playing field, and you have to, you know, fight one against the other or compete with. So I hear what you're saying and I...

Mr. Longpre: — I just find it's really too bad in business when you have to maintain your business through vices.

Ms. Bakken: — Right.

Mr. Longpre: — And that becomes a little abhorrent when you're in the business, but...

Ms. Bakken: — Thank you.

The Chair: — One more question.

Mr. Wartman: — A comment, basically. Thank you for giving us this background, but also for providing us with a smoke-free place to have a meeting. It really is much appreciated. Thank you.

The Chair: — Well I think that's bringing it to a close unless there's somebody that's got another thought. Okay. Yes, sir.

Mr. Smith: — Well I'm not going to say very much. I'm from Pinehouse. I'm George Smith. I quit smoking 33 years ago.

The Chair: — I'm sorry, sir. I just missed your name. Would you mind repeating it.

Mr. Smith: — George Smith.

The Chair: — Thank you, George.

Mr. Smith: — Yes. I'm just, I'm just really happy to be here, like you know. I think this is a very good conference, like here. And I like this, all the speakers. And what I'd like to see if this... the whole, the whole show to come to Pinehouse because we have a real problem in Pinehouse with our children, like.

I think there is kids smoking at eight years old up here. And access to get the cigarettes are very simple. Like there's a lot of people who can't afford cigarettes after drinking or something or... well they go to those people. And you know, they'll buy them the cigarettes because they may ask for two or three cigarettes and then they give them to our kids and we've got nothing to do. Can't do nothing about that.

But what I'd like to see if this show, especially with Dr. Irvine, and this show come there and let the kids look at all the negative things about smoking, I think it would help a lot in Pinehouse.

I also like to play VLTs, and the government put those VLTs there. But there's a lot of smoking in the VLTs, and it bothers me. Like, you know, I like to play that but if I see the people who smoke and every time they hit something there, well they take a cigarette right away and started smoking, you know. Every time. Every time they make a little bit of money.

And the other thing is the casinos, like especially in Prince Albert. It's just full of smoke and it's just clouded in there, so many people. And I bet you there's a lot of non-smokers in there, but they sure get a lot of second-hand smoke in there. And it's always full, you know.

I think it would be good if the business part of it would have non-smoking. I think it would sure help. And I think it's time to do something about smoking.

I got asthma but I don't know if I got it from my smoking. I smoked for 18 years, but I didn't smoke until I was 16, and then I quit for 33 years. But my dad was a heavy smoker, real heavy smoker. And I don't know. I'm getting a lot of second-hand smoke now and I don't think it's doing very good for my

asthma.

But I'd sure like to see this if this would become final. You got a few places you're going but that's not enough. Not enough. I think you should go to some smaller communities as well. But I'm sure glad I'm here tonight to . . . (inaudible) . . . I sure like this program.

Ms. Eagles: — Just a quick comment. And I'm not familiar with the northern part of Saskatchewan at all. I'm from Estevan, which is about 20 miles from the US border.

But we were in a cab yesterday and the cab driver was telling us, well if you guys want to see something you should go up to La Loche. Is it La Loche? He says kids up there are chewing tobacco at age 5. He says, well that's where you guys better go. So, you know, there is a problem out there and it's just trying to find a solution for it.

And education, as it's been said, education alone can't do the trick so we've got a challenge ahead of us.

Mr. Wartman: — George, I think our time as a committee and for going about doing hearings is pretty limited. This is scheduled to be the last community that we visit.

But Dr. Irvine, as your medical health officer for this area, I think has one of the clearest presentations that we have had. And I am quite sure . . . I'm sorry, Sharon? Sharon is nodding her head that I expect that he probably would be available to go to Pinehouse and Sharon probably does as . . . You travel the area. And I think they could do that presentation there and have some of the discussion that we've had tonight. And I hope that happens soon.

Mr. Smith: — Well I do think if the businesses would go non-smoking and take the VLTs away and everything, they would do me a favour.

The Chair: — Thank you, and say hello to the Pinehouse . . .

A Member: — And that's on *Hansard*.

The Chair: — Yes, sir?

Mr. Wiens: — Just a question.

The Chair: — Just please come up and speak into the mike. And give us your name, please.

Mr. Wiens: — Well I'm Alfred Wiens from La Ronge. Some of us sit on the Northern Lights school board and our concern is that with students . . . Like in your travels, what are high schools doing to cope with what you heard here, what Scott was saying?

The Chair: — Well who wants to relate a little . . . Mark, will you start?

Mr. Wartman: — We've run into a variety of attempts at solutions. Our first school that we went to, Estevan, they had made clear no smoking on school property. Unfortunately the place where the kids went was across a busy highway, and the

school board and the school had to back off on that. They built a cage and put a tractor tire in it for homey comforts and the kids can go out into this caged area and sit on the tractor tire and smoke out there.

Many of the schools are very concerned about the fact that kids huddle around the doorways, and kids with asthma or other problems have to come through that and it's very harmful. So some of them have tried to push it off to a place distant. A lot of the smoke comes back in so they've tried to designate an area that's further away. One school they designated — was it the soccer field? And the soccer players are very put out that there's butts and crap all over their field. To my recollection we haven't come across any that have banned.

But I want to talk about another little part that I think has been very helpful. And that is the students who themselves, and with health teachers, public health nurses in the schools, have taken it upon themselves to try and challenge their peers to quit smoking, to encourage and support them in quitting smoking. And there is an excellent group that is just in its very beginnings of formation. It's like the Students Against Drinking and Driving. It's called SWAT (Students Working Against Tobacco).

Mr. Wiens: — What school would that be in?

Mr. Wartman: — That is in a number of schools already. There is a provincial conference of SWAT coming up soon — Students Working Against Tobacco — and schools in your division, I'm sure there will be material coming out and invitations to that conference. We have the address available here which Tanya is just bringing up on the computer.

And other schools have done really some good work in terms of programs where they are partnering with kids; non-smokers, smokers partnering and helping them to quit.

The other thing that a number of schools have done — sometimes just the kids on their own, but they've done quite effectively — is going around to merchants in the area and purchasing or attempting to purchase cigarettes without producing any kind of ID. Two 14-year-old girls from a school in Cut Knife went into North Battleford and found that 58 per cent of the merchants there sold them cigarettes.

They wrote . . . they called the enforcement officer to let him know which businesses those were. The enforcement officer wrote to them. The girls themselves also wrote telling the merchants what had happened, informing them about what the law was, and encouraging them not to do that in the future. And they also wrote to those retailers who refused to sell to them, congratulating them on their good work.

So I think part of what we have tried to do — and at times each of us has probably told some of these stories in other high schools — is let the kids know what other kids are doing. And some of them like the ideas. They pick up on it, and I think they're . . . I mean as that happens, it's all a part of the process of denormalizing, of people helping one another to live healthier lives.

So that's what we've encountered from my recollections.

Others may have things to add to that.

Ms. Higgins: — Some of the kids that we had talked to at Balfour . . . We had had a particularly long day on the Thursday in Regina at hearings, and Friday came and all we had was the one high school to go to. So we all kind of dragged over there, but it was just a blast to be there because they were so positive.

And the things they had done in their Fly Higher group were done in a real positive vein. They had created or they had worked on getting a lot of activities going over the noon hour and different kinds of things that the schools didn't normally have, just to keep the kids busy over noon hour.

And then what they had done is declared areas of the schoolyard smoke free. So it was just . . . you know, cleaned them up and they were smoke-free areas. So in effect what they did was move the smokers to the back of the school, out of view. But they did it in a more positive way where the kids who were smoking didn't really take offence or get defensive about it.

A Member: — . . . elementary kids.

Ms. Higgins: — Oh yes, one of the things that was told to us the other day was that when they poll elementary school students, they have the perception that 80 per cent of high school students smoke when in actuality it's only 20, well about 24 per cent, 25 per cent . . . (inaudible) . . . Well it's higher here in the North.

But those were the kids that they seen standing around the school were the smokers who were outside smoking. So then you question what kind of role modelling is that for young kids when they assume that 80 per cent of the high school kids smoke. You know is it something that they see as more acceptable. I mean, there's just all kinds of things. So moving the kids to the back of the school out of sight may seem like a small move, but who knows, I mean it may accomplish big things. But there's been lots of things we've seen that are encouraging.

So going to Balfour was a great way to end the week because they were a really good bunch of kids. They were encouraging.

The Chair: — Yes, did you want to say something here?

A Participant: — I just wanted to add something in connection with a comment that was made.

The Chair: — Okay. We'll take you up here if you like.

I just wanted to say, yesterday we were at one of your schools in Beauval, Valley View, and the committee had a very positive impression of the school. It was just a cheerful school and I think you should be proud of it and pass it on to your staff there.

Yes. State your name please.

Ms. Pauls: — Oh sorry. My name is Carmen Pauls and I'm here representing the newspaper but I just thought it might be interesting for the committee and for the people here to hear that I was at a meeting earlier this afternoon that was held by the Lac La Ronge Indian Band, education branch, and they were

informing the public about a change they've made to their school policy.

And Mr. Wartman commented that he hadn't, you haven't encountered any schools that have banned smoking. Well, as of next school year all of the schools in Lac La Ronge Indian Band and their vehicles and their buildings — anything that belongs to the band education branch — is going to be designated tobacco, drug and alcohol free.

And that includes staff. Staff are no longer going to be allowed to smoke in the staff room or anywhere on the school property. There will be, if they're caught, they'll . . . first a verbal reprimand, then a written reprimand and then they'll be terminated. Third time smoking on the school property.

That job will be terminated. And some of the parents and staff are worried. And it's actually generated so much heat they haven't put it in place this year. They're going to try for next year because then those staff who refuse to co-operate can leave if they want to.

And one of the teachers said it'll be tough at first chasing the kids around, but in the long run it'll be good. So there you go, for information.

Ms. Bakken: — What's the name of the band?

Ms. Pauls: — This is the Lac La Ronge Indian Band.

Ms. Bakken: — Lac La Ronge, okay.

Ms. Pauls: — Yes, they're the biggest band in Saskatchewan so.

The Chair: — Thank you very much. We've had some very powerful presentations today. And I think unless somebody raises their hand we'll thank you, each and every one of you, for taking the time to come here and to make the presentations. And I guess before I close, I will recognize Mr. Wartman.

Mr. Wartman: — Thank you very much. I just want to say that this is our last public hearing and we really haven't been able to clap, you know, and there have been powerful informative, helpful presentations at many. But for you and for all, I'd like for us as a committee to offer our thanks just with a round of applause.

Some Hon. Members: Hear, hear!

The committee adjourned at 9:54 p.m.