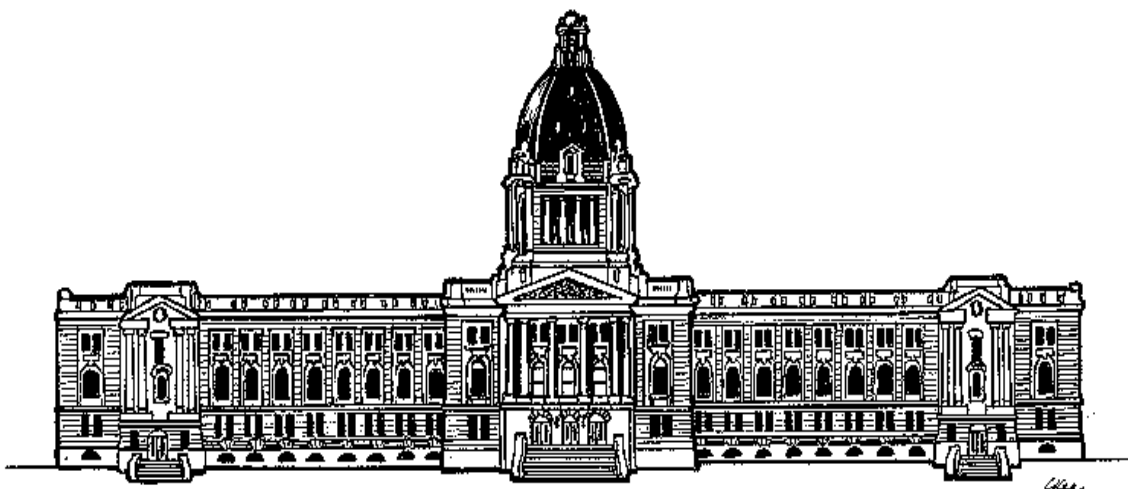




# **Special Committee on Tobacco Control**

## **Hansard Verbatim Report**

**Regina – November 30, 2000**



**Legislative Assembly of Saskatchewan**

**Twenty-fourth Legislature**

**SPECIAL COMMITTEE ON TOBACCO CONTROL  
2000**

Myron Kowalsky, Chair  
Prince Albert Carlton

Doreen Eagles, Vice-Chair  
Estevan

Graham Addley  
Saskatoon Sutherland

Brenda Bakken  
Weyburn-Big Muddy

Bob Bjornerud  
Saltcoats

Debbie Higgins  
Moose Jaw Wakamow

Mark Wartman  
Regina Qu'Appelle Valley

**The committee met at 9 a.m.**

**The Chair:** — Good morning, visitors. And a special good morning to the coalition against tobacco use.

And what we're scheduled to do today is to proceed with what we believe would be our final or close to our final presentation from witnesses prior to the committee recessing into an in camera session where . . . so that we can make our final recommendations with respect to tobacco control in restaurants, bars, casinos, bingo halls, the remaining part of our report. And also dealing with the issue of jurisdiction.

So this morning we were scheduled to meet with your group, Mary. And in our conversations prior to this, I understand that there have been some logistical problems that have arisen as a result of the foggy weather here. So the first thing I want to do is say welcome, and perhaps we might have to deal with some logistics here to arrange . . . make some arrangements as to how we can best accommodate your presentation.

But I think in order to do that, we just need some background from you as to what the situation is now. So let's just take about . . . you know, the necessary time so that can get an understanding of the problem, the issue, and see if we can resolve how to best deal with it.

**Ms. Smillie:** — Part of our presentation today was to provide the committee with an expert in the area of ventilation and air quality — indoor air quality — and a fellow who has been sort of on the forefront of environmental tobacco smoke and methods of controlling that with an indoor air quality. His name is Mr. James Repace and he's from Baltimore, Maryland.

He was scheduled to fly in here yesterday afternoon at 2 o'clock and that is . . . there was a lot of fog in Regina and Northwest Airlines was unable to land and rerouted him back to Minneapolis. And at 10:30 last night, when he still didn't have a way of getting to Regina, he opted to return to Baltimore. So that's where he is this morning.

So we would suggest sort of three options. We feel he's a very important component of our presentation and I think would provide the committee with substantial information on this whole topic and would be very worthwhile for you to hear. He is going to be in Winnipeg next week presenting to a similar group as yourselves and may be available to us on Monday morning, if that was open to this committee to hear him in person then.

The second option that we've explored is video conferencing, which is a technology that is available here in Regina. We would have to move to a different venue to set that up and he would have to go to a spot in Baltimore and then he would be able to see us and we could see him. That would be the second option.

And the third option is to bring him in here this morning by speakerphone. And he is waiting in Baltimore to hear of, sort of, your committee's decision on this.

**The Chair:** — I've been talking to the Clerk, Greg Putz, and he is investigating the possibility of the speakerphone option. I don't . . . if I can call on you, Viktor, if we . . . just how far are we on this in terms in knowing our capabilities of getting a speakerphone into here?

**Mr. Kaczowski:** — I'm under the impression that it is a definite possibility. It will take a little bit of time to set up. So I think the idea might be, assuming it is feasible, perhaps start off with the first part of the presentation, and then once we can set up, confirm a time that the system will be set up, contact the witness and start. So it's within the realm of possibility this morning anyway.

**The Chair:** — To me it seems that that would be our best option. And I would make that recommendation to the committee that we proceed with the hearing as scheduled. There are other parts of . . . other pieces of evidence and that I'm sure that you want to present. And in the interim we'd be able to get the speakerphone hooked up. We may have to recess for five or ten minutes.

First of all what I want to do is I want to ask the committee if they would concur with that or if they would prefer a different option? I see concurrence here and here. Thank you very much then. I think we'll proceed with that option.

I believe in order for this to happen, Greg, we may have to have a special motion or shall we wait with that?

We'll ask the Clerk to come up with the wording of the motion. According to committee rules and the rules of the legislature, no one is permitted to record or to transmit proceedings other than through the legislature or with the permission of the legislature. So because this is a unique situation and because there is a possibility of such a thing happening via electronic media, we would need a special motion passed by the committee. But I will bring that motion to the committee when it's prepared.

With that, maybe we might have to interrupt to pass that motion but I think we still want to hear the initial part of your presentation, Mary.

**Ms. Smillie:** — Do we have a sense of how long before the speakerphone will be set up here?

**The Chair:** — The question is, do we have a sense . . . No. Our technicians work as quickly as they can. But I expect that it will take at least a half an hour.

**Ms. Smillie:** — Okay.

**The Chair:** — Perhaps you could start by introducing . . . (inaudible) . . . to committee members and maybe restate your name into the microphone. And anybody, any committee members making a comment, I'd appreciate if you also would state your names first as you're speaking into the mike. So the floor is yours.

**Ms. Smillie:** — Thank you. My name is Mary Smillie. I'm the president of the Saskatchewan Coalition for Tobacco Reduction

which is a broad-based coalition of agencies and consumer groups and health organizations such as the heart and stroke foundation, the lung association, the cancer society, the Saskatchewan Medical Association, the Saskatchewan Registered Nurses' Association. In my experience this is probably the most broadly based coalition I've ever been a part of.

My role is I work in the Midwest Health District as a community development worker. And our health district, as many of the health districts are, are quite concerned about tobacco use in our communities.

Joining me here today is Dr. Ross Findlater, he is the deputy medical health officer for the city . . . or for Regina Health District, and also the Chair of the Medical Health Officer's Council. And on my left is Mr. Fred Soofi, a local restaurant owner and bar owner in Regina, who I think some of you may also know.

And then as I said, we will be joined by Mr. James Repace, who is in private consulting now, but has a long history of science in the area of indoor air quality and I will speak to that a little bit more . . . later on in my presentation.

So on behalf of Saskatchewan Coalition for Tobacco Reduction, I'd like to express our appreciation for this opportunity to meet with your committee today. We plan to share with you the consensus opinion among health experts and Saskatchewan residents for legislation that would protect us all from second-hand smoke. We congratulate the committee for its serious consideration of the most important health issue facing this province.

Since this committee began its deliberations in December last year, 1,600 more people have died as related to tobacco-related illnesses. Two hundred of these deaths are directly as a result of second-hand smoke. I'd like to illustrate the extent of this loss in terms of depopulation.

I live in rural Saskatchewan. I live in a very small town called Bladworth, you pass it on the No. 11 highway all the time. Most people don't realize it's there, it's so small. I live in rural Saskatchewan where depopulation is a constant and worrisome trend. The loss of 1,600 people in one year is equivalent to the entire communities of Davidson, Bladworth, and Girvin, plus all the surrounding municipalities.

Imagine the depth of this loss in terms of the people it represents. The people who are dying are not only elderly, but in fact, people in the prime of their work lives raising children, keeping the local rink open; and in the case of second-hand smoke, a portion of our lost people are infants and children.

In my home community of Davidson, we suffered the loss of four men this summer related to heart disease — a man in his 30's, a man who was just barely 40, a man in his 50's, and an elderly gentleman in his 70's. I'd like to tell you about the man in his 40's.

Bob, which is not his real name, turned 40 last spring and everybody in the community knew about it because his family

had put a goofy picture of him in the paper. Before he could celebrate another birthday, he had a massive heart attack. Surgery was considered, but deemed too risky due to the fact that the damage to his heart was so extensive. The physicians were also concerned about his surgical risk because he was a smoker.

I happen to know from his wife that whenever he quit trying to quit smoking, she would feel desperately afraid and angry. And I happen to know from him and his wife that he tried many times. I happen to know from his girls, who are 12 and 14, that they pleaded with him to quit. I happen to know that he tried his very best.

Bob died this summer and there wasn't a church big enough to hold his funeral. His children no longer have a dad, his wife is a widow in her 30's, and our community has lost a vibrant and contributing member.

So from my point of view and from the point of view of our coalition, your committee's deliberations are extremely important. Your invitation to us to ask for our input on protecting children and workers from second-hand smoke, suggested timelines for implementation of legislation, specific information regarding ventilation and any other concerns that we had with regard to second-hand smoke — we plan to address all these issues today.

Our member agencies have studied these issues extensively in recent years. We have spoken with colleagues in British Columbia, Alberta, Manitoba, Ontario, Ottawa, which is almost like a jurisdiction unto itself, and New Brunswick. We can tell you about legislation in the United States that has effectively reduced tobacco consumption among youth and adults. We have recommendations from Health Canada, the World Health Organization, the U.S. Surgeon General and our own medical officers of health in Saskatchewan.

The conclusions from all these eminent agencies are the same. Environmental tobacco smoke or second-hand smoke is a class A carcinogen. That means it causes cancer.

Smoking in public places is harmful to human health. A complete ban on smoking in public places is an effective legislative means of protecting human health.

We also believe that a complete ban on smoking in public places has many advantages. We know that it works. We know that it benefits everyone including children, adults, and workers. It promotes cessation among people who are current smokers and it helps to de-normalize tobacco.

In terms of its effectiveness, a complete ban eliminating cigar and cigarette smoke from public places eliminates exposure to customers and staff completely. There is no safe level of exposure to second-hand smoke. As you know, it contains 42 known or suspected cancer-causing agents. It causes heart disease, lung disease, asthma, and other respiratory problems. No one should be exposed to this hazard.

Becoming a smoke-free establishment saves the cost of building separate smoking rooms. It reduces cleaning and maintenance

costs and provides incentives for smokers to quit.

In Saskatchewan we have even another reason to believe that regulating tobacco smoke in public places will work. We have the public onside. The opinion polls conducted by this legislature over two years show that 74 per cent of our public support smoke-free public places, especially where children are present.

In terms of that benefit to everyone, according to the medical . . . Canadian Medical Association, one in five Canadians, 21 per cent, have a pre-existing heart, lung, or allergic condition that can be aggravated by exposure to tobacco smoke — one in five people.

Workers in the hospitality industry, many of whom are youth, are entitled to the same protection from second-hand smoke as people who work in the white-collar jobs currently enjoy.

Eliminating smoke from the workplace can have surprisingly fast, positive results. We have copies of a study where in California they went entirely smoke free in January of 1998 and the researchers took a random sample of bartenders before the complete ban and studied them in terms of their lung-function test and their symptoms of respiratory problems before the complete ban, and then within one to two months after the ban on smoking. And 78 per cent of the bartenders reported improved health and, in fact, also showed improved lung-function tests.

I'm in a business where I do do lung-function tests and I can tell you that that's extraordinary; to be able to improve your lung-function tests in that short period of time is extraordinary.

In terms of smoking restrictions in public places and the effect on cessation, it is also quite profound. Evidence shows that where there are smoking restrictions in place, there is an increased likelihood that workers will quit smoking. According to the *American Journal of Public Health*, research found up to 26.4 per cent more smokers chose to quit who worked in communities with strong ordinances — smoke-free public place ordinances — within six months of the survey, and remained quit.

Even Philip Morris, one of the big tobacco companies, acknowledges that workplace smoking bans lead to an increased quit rate among cigarette consumers. That's a problem for them in their bottom line.

In terms of denormalization, denormalization strategies are important because they help reshape our community norms. Somehow we have gotten to the point in our lives where smoking is considered a normal behaviour, and it's not. As I've said to this committee in a previous presentation, if tobacco were introduced today there wouldn't be a government in this world that would allow for its sale.

Banning smoking in indoor public places reduces the social acceptability of smoking, including among youth. Every living smoker is an advertisement for smoking.

Now this is the part of the presentation where I would be

turning it over to Mr. Repace. Now are we at that point or should we . . . (inaudible interjection) . . . We are? Okay.

I just . . . before I go there, I would like to say that there is no provincial jurisdiction or territorial jurisdiction in Canada to date, has opted for the ventilation option. There are a couple of municipalities in New Brunswick that have, that have a ventilation option on their books as an option for the hospitality industry. But in our discussions with the local officials there, they tell us that very few restaurants are actually using that option.

Our position is that the ventilation is not an option. It's not, in terms of supporting health of the public, it's just not an option. But we will turn that over to Mr. Repace.

We're very honoured to have him with us, as close as he can be here this morning. He's very well known as an international expert in the area of indoor air pollution. He's conducted research on environmental tobacco smoke for 24 years and has published 50 scientific papers.

He was a science policy analyst and staff scientist at the Environmental Protection Agency from 1979 to 1998 when the Environmental Protection Agency produced its landmark report concluding that environmental tobacco smoke is a class A carcinogen. He's now in private practice as an international consultant on second-hand smoke.

So I'm going to . . . I don't think I can . . . I'm think I'm going to have to turn it over to you, Mr. Kowalsky, in terms of contacting him and setting it up from there.

**The Chair:** — Thank you very much. What we'll do is we'll ask our technicians and our staff to . . . We have his phone number and we believe him to be at the other end of the line.

So before we dial in, what I would like to do is receive the proper authority from the committee in order to do this. I have a form here, suggested motion. The motion would read:

That the committee accept evidence by telephone from James Repace on behalf of the Saskatchewan Coalition for Tobacco Reduction, and further

That the testimony be included as part of the verbatim record.

The way the system would work is the telephone has been extended to here. The dialing would be done from here I understand. The mike would be picking up Mr. Repace's comments and recording it. The telephone is also hooked through to a speaker system, which is located towards the rear of the room, so that everybody could hear his comments.

However, in order to make sure that he clearly hears your questions, I will probably have to restate them as you make your questions. So your questions will be repeated once on record from your mikes, committee members, and once in my interpretation of your question. So that might take a little, but we'll try to do our best.

So at this time, could I have somebody move this motion? Ms. Higgins. And a seconder? Do we need a seconder? The motion has been moved. All in favour? The motion has been passed.

I guess the next stage then is to dial in.

**Dr. Repace:** — Okay. I'm James Repace. I'm an international consultant on second-hand smoke and I've studied second-hand smoke science policy now for 25 years.

**The Chair:** — Good morning, Mr. Repace. My name is Myron Kowalsky. I'm Chair of the committee, the Legislative Committee on Tobacco Control. Thank you very much for making yourself available to the committee through this means. We were hoping to see you in person, however we understand that you got fairly close to Regina but were not quite able to land.

**Dr. Repace:** — That's right. It was very frustrating circling above the fog for an hour, and then we had to fly back to Minneapolis. Unfortunately we . . .

**The Chair:** — We do have a beautiful city. It's too bad you weren't able to see more of it.

**Dr. Repace:** — Yes.

**The Chair:** — The committee members are prepared to listen to your testimony. Do you suggest that we . . . and then they will likely have questions. We can give you the time that you need.

We do have some information that's been given to us, printed information. So if you're referring to that it probably would be helpful if you identified what part of the information it is that you're referring to. Otherwise I think what we can do is just ask you to proceed.

**Dr. Repace:** — Well, that's fine. I don't think I'll refer specifically to the printed information but rather more generally. The fact sheet that you probably have there is on my web site. And I'm not sure what else it is that you have, but it may be one of the reports that I did.

I've done several reports for the health authorities in Canada. And one of those was for the city of Windsor, which was on the Black Dog Pub, which I understand that it has a film on that I have seen. The second one that I did was for the Workers' Compensation Board in British Columbia for Mr. Rex Eaton. And a third one I've just done for the city of Winnipeg and actually I'm going there next week to talk about it.

In each of those reports I've done an analysis of the ventilation option that's been proposed by the hospitality industry. In the case of the Black Dog Pub, it's what they call a directed flow ventilation. And in the case of Winnipeg it was air cleaning. And in British Columbia it was simple ventilation recommendations.

And perhaps we can approach this subject very simply by considering the following . . . (inaudible) . . . experiment. Since I'm a physicist, I like to do what Einstein used to call in

German, Gedanken experiment, or in English it's called the Freud experiment. And you can sometimes get to the simple physics behind a complex problem by just thinking about it in very simple terms.

So let's visualize a bathtub and we're going to fill up the bathtub with water until it gets near the top. Then we're going to open the drain partially and leave the water running so that the level of water in the bathtub stays the same. That's what we call a steady state, okay.

And that's a simple way of looking at a ventilation system, okay. You have the water coming in from the tap will be the same as the air coming in from outside the building, and the water going down the drain will be the same as the air which is being pumped out of the building, okay. And it doesn't matter whether you have air cleaning or anything else; the principle is the same, okay.

Now I'm going to take a two-litre bottle of India ink and I'm going to pour, very slowly, that India ink into the tub. And immediately you can visualize that the tub water is going to be very black where I'm pouring it in, okay, and it's going to be, in general, as time goes on, it's going to turn the water in the tub grey.

This is the same as tobacco smoke being generated, or any other pollutant being generated in a space and being removed. And you . . . what you could see would be that the ink has had to migrate through the water to the drain. And on its way it's going to spread around and just make everything else . . . it contaminated all the water in the tub.

Now if you want to increase the ventilation rate, you can turn the tap on and pour more water in the tub, and open up the drain and drain more water out, so the water level stays the same, but you're increasing the flow through. But I think you can easily visualize that you're never going to be able to put enough water in the tub, or drain enough water out, to keep the water from staying grey.

Now if I replace that India ink with toxic waste, now we've got a situation where it's just like tobacco smoke because tobacco smoke contains literally hundreds of toxic chemicals and 60 known or suspected carcinogens. And so it's really the same kind of pollutant as asbestos or arsenic or coke oven emissions from steel plants. It's a very toxic chemical. And we know that because there have been more than half a dozen authoritative reports which have dealt with environmental tobacco smoke.

And so this really is the issue: would you want to take a cup of water out of this bathtub and drink it? And somebody comes along and says well, you know, I'm just going to pour more water in the tub and drain it out faster but you know it's safe to drink.

That really is what the ventilation system is like, okay. And if you want to substitute air cleaning or you want to put the water in at one end of the tub and drain it out of the other, and you know, it's all going to be the same thing, more or less, that the toxic waste is distributed throughout the volume. So it's not something that you can control with ventilation.

In indoor air pollution science, we think of the problem in the following terms. That if you want to control the level of a pollutant in a room of a given size, you'll have a certain ventilation rate, and that's limited by how much you can afford to pay and whether or not you want to put more ventilation in the room than it really can handle because then you get drafts.

And secondly, it's really determined by the source strength; in other words, the rate of generation of the pollutant in the space. And the problem has been throughout Canada and throughout the United States, because this is happening all over North America, is nobody who is proposing to use ventilation or air cleaning as a control ever talks about source strength.

In other words, if you have so many people in a room of a given size who are smoking, they're generating so much pollutant. And if you're going to propose a ventilation rate, you're going to limit the level of that pollutant to a steady state depending upon how many people are smoking.

Well the problem is the room factor is fixed; the ventilation rate really is fixed once you've specified it, but the number of people smoking is not fixed. It's going to vary. Sometimes there might only be one person in the room smoking and at other times most of the people in the room will be smoking.

And so really you'd have to design your control for the maximum number of people who are smoking and maximum possible rate. But none of the provisions that I have seen proposed by the hospitality industry has ever dealt with that issue.

The other thing they haven't dealt with is: what is the nature of the health threat that is posed by environmental tobacco smoke?

Well the reports that have come out as long ago as 1986 said that the Surgeon General's report in the United States, the National Academy of Sciences report, they said that environment tobacco smoke was a carcinogen that caused lung cancer. And back in 1986 there really only were three studies of lung cancer from second-hand smoke. Today there are more than 37.

And over time, the National Institute of Occupational Safety and Health Administration said that it was an occupational carcinogen. The American Heart Association said that environmental tobacco smoke caused fatal heart disease. The California EPA (Environmental Protection Agency) and the US EPA said it was a human carcinogen. The OSHA (National Institute of Occupational Safety and Health Administration) said it caused lung cancer and heart disease.

And finally the national toxicology program, in its compendium of carcinogens, which came out last year — actually came out the beginning of this year — listed environmental tobacco smoke in between coke oven emissions and mustard gas as a carcinogen. So we're really dealing with a toxic substance.

And so what people are saying is, it's okay to ventilate all the toxic substance. But it isn't okay to do that, you see. That's really the issue. And you simply cannot control and should not control exposure of either patrons or workers in a bar or

restaurant to a toxic substance using an engineering control because there is no way that you can eliminate that exposure.

And so what you're saying is, well it's very vague. I'm going to just put in this ventilation and it's going to . . . because it has a high efficiency of removal of tobacco smoke, it's adequate to control tobacco smoke to an acceptable level. But they never tell you what the level is that they're trying to control. They never tell you what the risks are either before or after the control. And so you're left with really a very vague statement, that the hospitality industry is asking you to take on faith that these risks are now trivial or acceptable and they're not.

Now I know that all of you have received a videotape of the Black Dog Pub in Ontario and, as I said, I did a long analysis of the Black Dog Pub for the city of Windsor because they had the same issue proposed to them and they wanted an independent check on it. And the problem was this: it was pretty clear that a very bad situation was discovered in the Black Dog Pub. The levels of tobacco smoke were enormous. They were about five or six times higher than you'd see in any particular, ordinary pub. It was like a gas chamber in there.

And they came in and they ventilated it according to code, according to the ASHRAE (American Society of Heating, Refrigerating and Air-conditioning Engineers Inc.) standard, and of course the levels decreased down to where you'd expect to see them in a typical pub. But that doesn't say, even though the concentration came down quite a bit, the resulting concentration at the position of their control, which in this particular case was a directed flow of ventilation, it wasn't low enough to be an acceptable risk. It was very high and that really was the basic problem.

Secondly, they never really tell you what the ventilation rate was at the pub before they imposed their control. They never really specified very carefully how many people were in there smoking. They did measure the level of contamination. Afterward everything was described very meticulously.

And so it really wasn't a scientific experiment at all, you see, because in a scientific experiment you specify meticulously the situation before you perform the experiment or do the intervention and then you specify it meticulously afterward. So it was a mismatch and it was clearly something which was designed really as a propaganda effort to push their ventilation rather than as a legitimate scientific experiment.

The fact is the case really on ventilation was closed a long time ago. In 1988, the United States Environmental Protection Agency put out a fact sheet on second-hand smoke in which it said that you couldn't control environmental tobacco smoke through ventilation. I mean if it were that simple, that's what would have happened.

And in 1994 when the United States Occupational Safety and Health Administration, or OSHA, proposed to regulate second-hand smoke in all American workplaces, it said that the use of general ventilation was discounted as a control measure for environmental tobacco smoke because there was no way that you could stop the smoke from the end of someone's cigarette, on it's way to being removed by ventilation or air

cleaning, from going up someone else's nose. And that really is the issue.

And if you get back to the Black Dog Pub, what they did was they divided the place up into two parts; and one was the non-smoking section and the other one was the smoking section. And they pumped air into the non-smoking section and exhausted it from the smoking section. And so there was a flow from non-smoking to smoking. And what they tried to say was that the risk to the patrons was acceptable. But it wasn't, and the non-smoking patrons who were sitting in the non-smoking section — what they very conveniently ignored was the fact that now the people who worked in this establishment, the waiters and the bartenders who had to work in the smoking section, were now faced with a situation in which they had a larger number of smokers in a smaller space and so the concentration of tobacco smoke was even higher than what it was before because they were in very close proximity to the smokers. And so the risk to the workers in there actually went up rather than down.

So you see that this was something which was really designed more to convince people that this was a good way to do business rather than a legitimate scientific experiment.

And when you looked into it in more detail you began to realize that there were other peculiarities as well, because the company that did the research was the Chelsea Group which was involved with the tobacco companies. And so it looked to me very much like a propaganda effort; and also the Centre for Toxicology and Environmental Health, another group which has funding from the tobacco companies.

And so I think if you go to the web sites, the Philip Morris and RJ Reynolds, British American Tobacco — you know, it's all philipmorris.com, rjreynolds.com, bat.com — you'll see that the very kinds of control measures that are being proposed by the hospitality industry in Canada are the same ones that are being proposed by the tobacco companies.

So whether or not these people are taking directions from the tobacco companies or not is irrelevant; they're really proposing the same kind of thing. And they are proposing that market forces be the primary consideration instead of occupational health or worker health, or public health for the patrons.

And if you look at the diseases that are known to be caused by second-hand smoke exposure, they include lung cancer, nasal-sinus cancer, heart disease, and the latest information suggests that you can get strokes and breast cancer as well from exposure to second-hand smoke.

And in addition, if a pregnant woman breathes second-hand smoke, it's going to cause the weight of her baby to be depressed and cause all kinds of developmental problems.

So these are issues which are of enormous importance to people who work in this industry — and my recollection is that in the province of Saskatchewan there is something of the order of 30,000 people who work in this industry — and so really it is primarily an occupational health issue, and for people who come into these establishments it's a public health issue. And

this is . . . again you don't use engineering controls when you're trying to clean up toxic waste, always the case that you isolate the toxic waste where there can be no human exposure.

Now that is the issue in a nutshell. And now I want to talk about the economics because the whole reason that ventilation has been proposed is that the hospitality industry is trying to get across the notion that somehow if smoking is banned in their establishments they are all going to go broke.

And this is the same argument that the hospitality industry has used in the United States. I think many of these people actually really believe that they are going to go broke and in fact, if you look around many bars and some restaurants, you will find that there is a preponderance of smokers in those places. So what the owner of the establishment says to himself or herself is, well gee, if most of my customers smoke and if I'm going to ban smoking in here, these people are somehow going to stop coming here. They're not going to eat out any more in restaurants, they're not going to drink out any more, because they really come here to smoke and the eating and drinking is just an incidental.

Well that's not so. Smokers are like the non-smokers. They go to restaurants to eat and they go to bars to drink and they're going to continue to do that afterward. But the other side of the coin is this: that the non-smokers can eat and drink in other places and if they don't like being exposed to tobacco smoke, they're not going to go to a smoky restaurant or bar.

In fact, in the state of Massachusetts, a study was done by the University of Massachusetts, and what it found was this: that there were 80,000 more non-smokers in the States who avoided smoky restaurants and bars in 1996, than there were smokers in the entire state. So in other words, while it might be true that most people who are in bars are smokers, it is also true that they've lost the non-smoking trade because most non-smokers do not like to go into a bar or a restaurant, have their eyes irritated by tobacco smoke, come away with their clothes and their hair smelling of tobacco smoke, and have difficulty breathing because they've just breathed a cloud of toxic waste. And so they avoid those places.

And as we found out in the state of California, they banned smoking in restaurants in 1995; they banned smoking in bars in 1998; and, if you look at the annual receipts based on taxes collected by the state of California, for the three sectors of the hospitality industry in California, and I believe I faxed you that information. You should have the . . . (inaudible) . . . from the California Department of Health there, which reports that information.

But a sector of the industry that sells liquor, wine, and beer; and then it was a second sector that sold just wine and beer; and a third sector which didn't sell alcohol at all; and those three graphs . . . those three lines are on the graph. You'll see that after the smoking was banned in restaurants in 1995, that receipts continue to go up; and after smoking in bars was banned in 1998, receipts continue to go up for all three sectors of the industry.

Now everybody likes to say, well California is a strange place,



you know, and it's warm and people are flaky. But the fact is there were 81 localities throughout the United States where this issue has been studied — the issue of economics — and it ranges from California all the way up to Massachusetts and beyond. And in none of those places have we found that the industry as a whole has suffered economically. It's been exactly the opposite. The receipts generally have gone up for the industry.

And this is because three out of four adults don't smoke. And those three out of four adults also eat and they also drink; and they like to go out to restaurants and bars, they like to go out to nightclubs, they like live music. And when they finally can go and do these things without having their eyes and throat irritated and getting sick from the exposure of environmental tobacco smoke, they do it more frequently.

And so it really is an issue that was manufactured by people's fears more than reality. So it's not so. In other words, smoking in restaurants has been banned in Maine which is very cold as you know, like your neck of the woods. It's been banned in Vermont. They have pretty limited controls in New York City, but they still don't allow it in most restaurants.

And as I said, the state of California has banned it totally in all workplaces including restaurants and bars. In Utah you can't smoke in any restaurant; and in the state of Maryland here, as an occupational safety and health rule, it went in several years ago and smoking was banned in all restaurants and all bars, and all other workplaces.

Now Maryland is a tobacco-growing state so the state legislature got very upset and they forced our bars and restaurants with bars to allow smoking areas in them and so that's where we're stuck today.

But again when the professionals had the chance to consider what they were going to do and they heard of all the arguments that you folks have heard up there on economics, they went ahead and banned it anyway.

Because they said, we don't believe the economic arguments, and certainly from the standpoint of the workers we can't allow this to go forward. You know, if we're going to ban smoking on health grounds in white-collar workplaces and offices, how can we make people who work in restaurants and bars second-class citizens who have to trade their health for a paycheck, and we're not going to do that.

And, you know, there have been no places that have gone out of business here. But the people who are in the hospitality industry continue to embrace the notion that somehow they're going to go broke, and it gets even to the point of ludicrousness.

Right here in the Washington metropolitan area, there are several counties which are right around the District of Columbia. One of them is Howard County, which banned smoking in its restaurants and bars years ago. In Montgomery County, they did the same thing, which is a neighbouring county right north of the District of Columbia.

And after the state legislature allowed it in restaurants with

bars, they decided they would pass a county law which overrode the state, which they had the right to do. And it was the ludicrous scene of restaurateurs and bar owners who came in from . . . who had a chain restaurant in Howard County and Montgomery County. In Howard County, as I said, they had smoking banned for years, and they came and testified in Montgomery County that they were afraid they were going to go broke. I mean it was ludicrous.

But these people, who I think were sincere, and they just had this fear that people would go someplace else, never realizing that the great bulk of their customers who don't smoke have already gone someplace else, and it isn't to their establishment, because they don't like to breathe in tobacco smoke.

And so in a nutshell, that's the issue. It's an occupational health issue. It's a public health issue. And it's not something which is amenable to engineering controls. You have to protect people totally from this toxic substance, and the economic fears are really totally baseless.

And so at this point I think I've said what I wanted to say and I'd be very happy to answer your questions at length.

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

I will ask the committee members whether they have any questions to put at this time. We may have to repeat the questions so that you're able to hear it clearly.

But I want to know if there's any committee members that want to put a question at this time. Yes, Mr. Graham Addley.

**Mr. Addley:** — Thank you for your presentation. I had two questions.

**The Chair:** — Just hold for one minute. Are you able to hear him?

**Dr. Repace:** — Yes. He is not very loud, but I can hear him.

**Mr. Addley:** — Well in real life, I'm real loud.

I had two questions. One was related to whether you thought a gradual approach for implementing a total ban, say over three to five years, is more effective, or a big bang approach whereas, effective in six months, everyone's non-smoking immediately.

And the second question is: all of your evidence relating to job or economic impact is based on the US. And we've heard evidence or information that British Columbia suffered job losses for their . . . Do you have any evidence in British Columbia of what their job loss or their economic impact was?

**Dr. Repace:** — Okay. Let's take the first question first. The question is, should we go for a gradual approach over a three- to five-year period? And the answer is no because you're dealing with an occupational carcinogen, and this is something which is injuring public health and worker health. And so a gradual approach is not indicated at all.

Do I recommend that you do it next week? No. Because this is

something that people have to understand what's going on, and therefore they know a law has to be passed, it has to have a deadline — let's say six months. And then the word has to get out to the people on the ground who are actually going to have to do something as to what it is they're supposed to do and when are they going to do it.

And if everybody does it at the same time, you have a level playing field. And I know the restaurateurs are concerned that you'll delay the implementation in bars, and therefore they'll lose smoking clientele to the bars in the interim.

And so I think, you know, an approach where you set a deadline which is six months from the time that the law actually goes into effect and you let people know and you have them post signs and that there's some enforcement here, then I think that will work. But to protect people, you really have to do it in a reasonably quick fashion.

Now your second question — would you repeat that, please.

**Mr. Addley:** — Well it's just a follow-up on the first one. How was it done successfully in the US? Was it big bang or gradual over a period of years? That was just a follow-up of your first question. I understand the public health, if it could be done tomorrow, that would be better.

But I'm just wondering how it was done successfully in other jurisdictions, whether it was done in a big bang approach.

And the second question was the economic impact in British Columbia.

**Dr. Repace:** — British Columbia, right. Well obviously since I don't live in British Columbia, I can't speak firsthand to that. But when I did read this I called up Mr. Rex Eaton at the Workers' Compensation Board in Victoria. And he called me back yesterday while I was up in the air. And he said it was news to him, but that he would get the people who were in a position to know about this to contact me. And so sometime in the next few days I'm hopeful that they will get back to me.

But, you know, you can have somebody on your staff contact them directly as well. But if there were these widespread job losses as a result of banning smoking in a place which has a smoking prevalence almost as low as California, I would really be surprised. It really hasn't happened anywhere.

And as I said, if the state of Maine and the state of Vermont has banned smoking in its restaurants, and those are cold places where people can't really go outside in winter and smoke either, and I haven't heard anything about job losses there — it's just really not going to happen anywhere.

Now I'm not going to claim that any specific individual restaurant or bar might not go out of business. They go in and out of business all the time. But the question is: what about the economic health of the industry? And that's certainly a legitimate concern for any legislator; it's just there is no evidence whatsoever that it has happened.

There certainly has been a massive campaign by the tobacco

companies and by the hospitality industry to convince people that there have been massive economic losses. We heard for years that there was a 30 per cent drop in receipts in the California hospitality industry as a result of the ban on smoking in restaurants. And that's when the state of California got involved in saying, well let's take a look at the actual receipts here and see if we can detect how big this drop was. And they were stunned to find out that there was no drop at all.

And as I said, I faxed up the information from the California Department of Health and you know, you can see it. And you know, California is a big state and it does have places in it that are cold and wet and . . . particularly the parts of California that are up in the mountains, they can get pretty cold and it snows up there. And there are lots of people who live above 2,000 feet in California. So the weather there is very dependent upon how far above sea level you live. And so if you live up there in the mountains, it gets pretty darn cold, even in the summer time, at night.

So you know, there's just no evidence at all that that's the case and there's just a lot of propaganda blowing around. Some of it, as I said, is from the hospitality industry who have real but misplaced fears that they're going to go out of business. You just have to keep in mind that most adults do not smoke. This is true in Canada, it's true in the United States, it's true throughout most of the world.

I spent three weeks last year on a tour of Australia and New Zealand at the request of the Australian national heart foundation, and I talked with legislators, and the ministers of Health for the Australian states of New South Wales, Victoria, South Australia, and Tasmania. In three out of those four states, after I left, they decided to propose bans on smoking in restaurants. And in South Australia they didn't do that because they had already banned smoking in restaurants.

And so, you know, the data are very clear, you know, where . . . even if there were an economic impact, you'd have to do it anyway. You'd have to ban it because there's a tremendous economic impact on somebody who works in this industry and who gets sick from that employment because they're exposed to toxic chemicals.

But the good news is, if you do what's right for the workers, it's not going to hurt the industry at all. It's exactly the opposite.

**The Chair:** — Thank you very much, Dr. Repace. Just a follow-up on that question. The committee has been . . . this is Myron Kowalsky, Chair, again. The committee has received evidence similar to yours throughout the hearings. And we've also received evidence from the hospitality industry who state that they indeed do fear that they will lose business, and some of them stated quite emphatically based on their direct experience. Some way or the other the committee's got to grapple with some of this contradictory testimony.

Now when you speak of this, the annual sales you're talking about, the industry, would you concede that what was likely happening is that there are certain establishments that likely have lost business or would lose business and this would help explain . . . whereas the overall sales in restaurants continues to

increase. But there could be isolated pockets of business loss.

**Dr. Repace:** — Well I think, you know, profits in this industry are very much going to be dependent on many complex factors including, you know, what's the service like, how good is the food, what's the ambience like. And you know, places go in and out of business all the time, and on their way to going out of business, they lose money.

So you know, if you want to do a controlled experiment, you can do it by simply banning smoking and seeing what happens. And it's been done. It's been done all over North America. And where they've done it, you know, it just hasn't happened.

Individual businesses will go in and out of business. And it's possible certainly that one or two establishments are going to go out of business because they happen to live in a place where everybody smokes. But the fact is that even smokers, many of them do not like to breathe tobacco smoke. They like their own smoke but they don't like breathing someone else's smoke.

And then this is really sort of, I guess, a sleeper issue here, which is getting back to the health issue and away from the economics. But breathing environmental tobacco smoke for smokers is also harmful to their health. It increases their risk of cancer.

But getting back to the economic issue there, overall, I think as legislators you have to do what's best for public health. And you have to consider the economics to the industry certainly. But just based on the evidence that we have, it's healthy for the industry economically to go smoke-free because most of its potential customers don't smoke.

**The Chair:** — Thank you. A second question. There have been some . . . we have received some advice that there are attempts in California to revisit some of the laws through legislation. Is there any information that you could give us on that? Do you know whether that's actually happening, could you confirm it? Or is that something that you're not keeping up with.

**Dr. Repace:** — No, I am a little bit familiar with that. I think if you were to make a call to John Lloyd or Paul Hunting at the California Department of Health, tobacco control section — and I can give you their phone numbers — they can give it to you from the horse's mouth so to speak.

But I do know that there have been efforts to overturn California's laws restricting smoking . . . or banning smoking in restaurants and bars. But those efforts have really been orchestrated by the tobacco companies.

The problem is when you go into these bars, and now we're really getting down to the nub of the issue, is that it isn't so much that the smokers are going to avoid these places, what happens is they wind up smoking less. And so it's cutting into the economics of the tobacco companies. That's why they are so frantic not to ban smoking in restaurants and bars. So yes, there have been efforts to overturn the laws but they're all orchestrated by the industry.

And there's another issue here which cuts even a little closer to

home. And that is that there's a lot of evidence that the tobacco companies have been using bars and venues where they can do promotion of their products. They've been handing out free cigarettes, for example, in bars. And so they are using this venue as a way to continue to hook children, older children, on smoking by handing out free cigarettes and hoping that they will filter down to the younger children who will then experiment with it.

And so this is an important issue for the tobacco companies economically and that's really one of the main things that's been driving all of it. You know, if the tobacco companies chose not to fight this issue, we would have banned smoking everywhere a very long time ago.

Because any time that you're dealing with a toxic substance like this, the automatic reaction by public health authorities is just to deal with it. I mean whether it be mosquitoes bearing diseases from swamps or whether it's toxic waste from piles of asbestos and mine tailings, you know, they just moved quickly to take care of it. But the problem is that tobacco companies know that these public health and occupational health efforts are going to severely impact their bottom line.

The good news is that the smokers avoid smoking because the venues in which they can smoke are diminishing — up to 20 per cent of them will quit. And so they're going to live longer. And the ones who continue to smoke are going to smoke less because they have less opportunity to smoke.

So what it does is it lowers the burden on the health care system. And that's very important. So there are tremendous benefits that we haven't even talked about in terms of public health and worker health from all of the bans on smoking.

But there is no benefit certainly for the tobacco companies. They're going to lose money and they're going to fight like hell to maintain their profits. And, you know, the fact that every legislator in Saskatchewan has gotten a copy of that videotape has all the earmarks of the tobacco companies. That's a pretty slick videotape. I've seen it, and it's a very nice propaganda effort. It has no scientific credibility, but it certainly can be impressive to people who haven't studied the issue scientifically. But it's very expensive to produce something like that and then to hand them out free to many people. And that really has all the hallmarks of the tobacco companies.

I've seen it done before with Healthy Buildings International where they made a videotape on ventilation. And it just sort of makes me very suspicious in the fact that people from the centre for environmental health and toxicology who would have been taking money from the tobacco companies are featured in it. Again it raises a lot of red flags.

**The Chair:** — Thank you. We now go to committee member Mark Wartman.

**Mr. Wartman:** — Thank you. We've heard a variety of stories on enforcement methods, levels of enforcement, and on compliance. Do you have . . .

**Dr. Repace:** — I'm sorry, sir, I can't hear you.

**The Chair:** — We're just moving Mr. Wartman to a different mike so he can hear you more directly.

**Dr. Repace:** — Okay.

**Mr. Wartman:** — Thank you. I was wondering, we've heard a variety of stories on enforcement and lack of enforcement or difficulty in enforcement. Hospitality owners saying that they won't want to be the smoke police and issues around that. Also we've heard a variety of stories on compliance with the laws. We've heard that in California there is all kinds of ways of sliding around the laws and that they're not really being enforced or complied with. Do you have any information and comments on that please?

**Dr. Repace:** — Yes. Again the issue of compliance. In the restaurant industry, compliance was excellent almost right from the start. In the bar industry, particularly in San Francisco, they had some owners of bars who didn't like the law at all and who went out of their way not to comply with it.

In the first six or eight months after the law was passed, the state of California went slow on enforcement because they felt that in many cases, the word simply had not gotten around, you know. Even though the law had passed it isn't necessarily true that everybody immediately knows that it's been passed and what the provisions are. So they decided they would go slow in the beginning.

But about a year, I believe, after the — and I think there is data on that — the compliance in bars was running about . . . (inaudible) . . . per cent and was increasing. And I think I have some data from the California tobacco control section which deals with that, but I have to try to sort of dig it out of my file here. Let me see what they talk about compliance.

I have brought it with me because I contacted the tobacco control people in California up and they sent me a . . . they have a whole package entitled smoke-free restaurants and bars economics, and this is authored by Mr. Paul Hunting who works for the California Department of Health Services. And somewhere in here they talk about compliance and . . . (inaudible) . . . And I would certainly urge that . . .

**The Chair:** — I believe we have that paper. Is it from the California Department of Health Services, tobacco control section, Paul Hunting?

**Dr. Repace:** — Yes. That's the one. Oh you do have it.

**The Chair:** — Health program specialist? Yes, we do have that.

**Dr. Repace:** — Okay. So I think they may talk about . . . He certainly talks about all the different liquor licences in there. Let me see if they talk about compliance in here. There's tourism, patron approval.

**The Chair:** — There is one page here that is titled "Smoking in Bars and Compliance." First bullet is 75 per cent of California bar patrons don't smoke in bars.

**Dr. Repace:** — There it is. Yes. It was the third one down. I went from the back forward.

Yes, 75 don't smoke in bars, and 75 per cent of bar patrons who smoke comply with the law in 1998.

So you can see the compliance is not 100 per cent, nor would you expect it to be in the beginning. But people basically are law-abiding and, over time, as the word gets out and as people begin to realize it isn't fair to break the law — some people comply with the law and other people not — you know, compliance will become 100 per cent.

You know, if the law is passed sort of tongue in cheek saying, you know, we're going to pass this law but we're not going to enforce it, then you're going to get low compliance. But if you pass the law and gradually begin to enforce it more heavily as time goes on, then eventually people will simply comply with it.

But to expect it to go to 100 per cent compliance in bars overnight, when people have been smoking in bars for many decades or more, you know, it's unrealistic to expect that to happen so quickly. It's going to take a little bit of time. But in a restaurant venue, it's going to happen a lot faster. That was their experience.

And again, you know, in California, there were some pretty rough towns there with a lot of . . . with a high smoking prevalence and, you know, it's happened there too. And in fact there were a lot of people who don't want to breathe tobacco smoke, and that's really the issue.

**The Chair:** — Thank you very much. I see no other questions coming from committee members, so I just want to take this opportunity to thank you for being on standby and thank you for your very clear presentation and response to the questions from the members of the committee.

And I guess what we'll do is we'll be signing off now, so have a good rest of the day and I guess you won't have to travel and look at our fog here one more time.

**Dr. Repace:** — Well thank you very much. It's been a privilege to be able to talk to you and I'm just sorry I couldn't do it in person.

**The Chair:** — Thank you. Goodbye.

**Dr. Repace:** — Okay, bye-bye.

**The Chair:** — Well there we have it. Mary, do you have any other . . .

**Ms. Smillie:** — You know, a little bit more. I'd just like to take this opportunity to thank the committee for hearing this presentation . . . (inaudible) . . . required a little more effort . . . (inaudible) . . . I would just like to introduce Dr. Ross Findlater again who has a few more comments.

**Dr. Findlater:** — I assume I need to bring this over closer. Don't worry, I won't speak too long.

It did occur to me that by this time in your committee process probably a lot of you could be giving this talk. But I thought before I do my own bit here, I'd briefly explain some of the things that are in the package since we did take a bit of time to put it together.

Unfortunately Mr. Repace was circling Regina up in the air and we weren't able to meet with him last night to, you know, just explain what we had in the paperwork that was coming along with you. So there are two major documents by him: the back one, Can Ventilation Control Secondhand Smoke in the Hospitality Industry; and the other one is Can Clean Air Control ETS (environmental tobacco smoke) in Bars, a critical analysis of the Honeywell clean air facility document. So that's that one.

This second document that I've just mentioned is relevant because it's in response to some events taking place in Winnipeg which is revising its current municipal smoking bylaw. So the filtration system — I believe you heard some presentations about last week — is discussed in here. It's the same filtration system by Honeywell.

There are some other appendices that have documents that he was involved with preparing but anyway those are the major ones.

One of the pillars of any comprehensive approach to tobacco control is the protection of children and adults from exposure to second-hand smoke. The strongest tool in accomplishing that goal is the legislative ones that you're addressing.

The health effects of ETS are pretty well established. This is the part I thought you should be able to do by yourselves now — and probably all of you can. The lung cancer and heart disease in adults are the clearest evidence-based, bad health effects. In children respiratory infections, ear infections, a higher risk of sudden infant death syndrome are the most . . . have the most evidence behind them. As well, there's the issue of asthmatics who make up about 10 per cent of our population, and a lot of them are unable to be in the presence of environmental tobacco smoke.

You've already made up your minds to some extent that environmental tobacco smoke is something that you have to regulate. From your first report, recommendation 4.1 deals with banning it in certain circumstances in public places. And you're discussing the more, what are usually viewed as the more, controversial ones now.

From the health point of view, I mean really the only acceptable place to be is zero exposure to second-hand smoke in public places and in workplaces. What you have to decide I guess, for Saskatchewan, is what is the best way of getting there. And I think, in Saskatchewan, really, the most important thing is that we make a start and we have a plan to get somewhere.

Across Canada, the hotel and restaurant associations provide the major opposition to any new public place restrictions. You've been hearing a couple of the arguments that really have been echoed across Canada where different jurisdictions try and bring in restrictions on public place environmental tobacco smoke. Some of them you've heard here. There's the attempt to

reframe the issue in terms of smoker's rights and restaurant owner's rights.

It's really a health protection issue. We're not trying to stop people from smoking; we're trying to prevent the exposure of others to the tobacco smoke by these regulations. It's a clear health protection issue, just like regulating exposure to asbestos or like regulating the way food is prepared in a restaurant so that it's done safely.

Smokers can still smoke in other locations as long as they're not affecting the health of others. We're not saying the restaurant owners are bad or the smokers are bad; we're just trying to protect people by these.

You've heard the economic arguments. Certainly it's the standard approach of the Canadian Restaurant and Foodservices Association to stress the fear of dire economic consequences. I think you know from the published evidence that there's a lot of accumulated evidence that there aren't any adverse, overall impacts, economically.

Now restaurant owners presumably are just as wary of change as other people and they've got their lives invested in their businesses. So of course they're nervous. But the overall impact, adverse impact, of these bylaws or regulations is not there. Businesses do well afterwards.

The other issue that you're looking at today is the ventilation issue. It's a fairly standard approach of the Canadian Restaurant and Foodservices Association to emphasize ventilation options rather than bans. And so you can track across Canada where these ventilation options have been brought before committees like your own and assessed properly, and the assessment has consistently been that there isn't a practical way to get to zero exposure using current ventilation technology.

So if you kind of track where this is being discussed across Canada, you go from the city of Toronto to the city of Victoria, Vancouver. The Workers' Compensation Board had one round of this kind of thing about two years ago — the city of Winnipeg's doing it now. Edmonton is also looking at revising their bylaw now and presumably they're going to have to deal with the same thing.

The answer, once it's assessed properly, always has been, so far, that current ventilation technologies really can't get you to zero tolerance, and that's the zero exposure. And that's the only acceptable place where we want to end up.

The issue of a level playing field is a tricky one. Mr. Repace discussed it as well. By level playing field I guess we mean having the same rule for all facilities. And I guess for practical purposes this means the same rule for restaurants and for the hardest to deal with types of facilities, the bars, bingo halls, and casinos.

While it does seem to make sense it does lead you to a situation where you feel a bit paralyzed that you're not able to act. Here you're being told to treat bars and restaurants exactly the same. And certainly it was our experience here in the city of Regina bylaw development that the same people came and told us, you

have to treat us the same for bars and restaurants, and that it was impossible to get anywhere in bars. So that does lead you to a situation where you feel like you can't do anything.

So I think that in terms of a level playing field, you want to end up at a level playing field, it does depend on what your previous situation is like in your location whether you can get there in one jump or you have to go there in a few increments. Even in Regina we didn't have any smoke-free areas in bars until this current bylaw. So we certainly felt it was a more practical way to go to put in a couple of increments.

There were in the presentations last week to your committee by restaurant and hotel association representatives, there are some statements that we felt needed to be addressed because we felt that they were a bit misleading. There certainly was what we felt was good information on the other side.

Rather than trying to address those point by point here, what we've done is we've included them in one of the appendices that deals with some of the information about the economic impact in BC (British Columbia) which we've discussed briefly.

The shopping centre issue up in Saskatoon, have things been good or bad since they banned smoking? Our information is that they've done quite well. But anyways, so you might have a look at that later.

The last major issue I thought I'd touch on was the issue of enforcement with public place laws. There does have to be some kind of regulatory framework and an ability to enforce. However, the vast majority of the population will go along with the rules. It's certainly the key to getting most people to abide by the regulations is appropriate signage.

In our bylaws in the city of Regina, we have had an enforcement capability since the first bylaw was passed in 1980. We've actually only twice gone through courts to get a judgment once under each bylaw, and they both supported the bylaw. So most of the behaviour of the average citizen in public places conforms easily with current bylaws. They're not hard to enforce.

The workload issue with enforcement is usually upfront. We passed our current bylaw in March in Regina. We put in an education period up until early September, before we were actually going to go out and enforce the new rules in the bylaw.

We felt it was very important to make sure each business was educated individually, so we had hired two staff to work full-time over about three months in the summer. They've ended up visiting 1,600 facilities, and at the time of their visit, 86 per cent of them were in compliance with the bylaw.

The enforcement issue related to ventilation options looks a lot trickier to me. The way we currently enforce bylaws where there are rules for facilities, is you go into the facility and check whether the place is posted, and you can also check whether people's behaviour is appropriate to where they are.

For ventilation options, you can't just rest on the basis of what

equipment is in place, you have to be able to guarantee that the equipment is working properly. And so you're either looking at air sampling with it, or you're looking at some way of assessing whether the ventilation equipment is working properly. And that does become a lot more complex process than just going into a facility and seeing what their set-up looks like.

We have suggested, on page 7 of our document, there's a table 1. We've suggested one way that you might consider getting to 100 per cent non-smoking in restaurants, bars, and bingos. So what this table suggests is starting at 50 per cent smoke-free seating in restaurants and 30 per cent in the harder to regulate category, and going to 100 per cent smoke-free in restaurants by 2003, and in bars, casinos, and bingos going to 100 per cent by 2005.

Of course strictly from a public health point of view, exposure to second-hand smoke should stop right now. And it's a black and white issue whether it causes problems. They're well documented. We just felt that a staged approach in Saskatchewan would allow both the businesses and the consumer base to adjust more easily to the rules.

So that's the end of my part of the presentation. I'm not sure if you want to ask me any questions now, or . . .

**Ms. Smillie:** — I just have one other small part; we can do questions to Dr. Findlater if you like, or I can . . .

**The Chair:** — I don't see anybody raising their hands. Yes, Mark Wartman.

**Mr. Wartman:** — Just looking at the phase, like one of the things that we talked very seriously about was 100 per cent ban where children have access. And it seems to me that if we decide to go there, with the . . . you know, giving ourselves a lead time to inform the public, to inform those people who will be affected, the owners of establishments where children have access. And that might be six months, somewhere in that range, for the information to take place. At least there we probably could go to 100 per cent and the other side — bars, casinos, bingos — maybe a phasing-in in those places.

But I'm inclined to agree that being it's the health issue that it is, that moving in that direction, moving as quickly as we are able and as quickly as we can estimate that the affected business would adjust, I think would be wise.

That's my opinion on it. I hope that that's where we end up. Could you comment on that?

**Dr. Findlater:** — We'd be quite happy with faster movement than this table as well.

**The Chair:** — Can you advise the committee, who does the enforcing in the city of Regina?

**Dr. Findlater:** — It's a shared responsibility. The kind of shoe-leather enforcement is done by the public health inspectors of the health district. The city solicitor is the one who's responsible for the court process.

**The Chair:** — And is the police force involved in any way?

**Dr. Findlater:** — No, it's not in Regina, no. There's a variety of enforcement options across Canada and across the province but it's fairly common in some jurisdictions to have public health inspectors do it, that's a common way in Ontario. In Saskatchewan there's quite a mix of different organizations that do the enforcement.

**The Chair:** — Thank you.

**Ms. Bakken:** — Under the ventilation system, the cost would be borne by the restaurant or bar owner. The onus to enforce it would be on government to find a way to do that, so why are you opposed to that?

**Dr. Findlater:** — The opposition to ventilation is solely on the grounds of it not being able to get to zero exposure to environmental tobacco smoke with current ventilation technology.

**Ms. Bakken:** — But that's not the evidence that we received last week. We have a . . . You know we keep hearing conflicting evidence. We hear evidence on one side saying this, and then you come in and tell us the opposite because you have your studies.

I guess, to me, most people that are doing these studies have a vested interest before they start. And as committee members it's becoming increasingly difficult to draw the line and say, well who does have the real facts?

**Dr. Findlater:** — I guess that's the crux of your problem here is who to believe in this situation. I would hope that you look at how well you think . . . how good you think the evidence is on whatever issue you're looking at.

I think last week you heard a fair amount about an option in Winnipeg that's . . . where the system is a Honeywell system that involves filtration. There is pretty good data in Mr. Repace's article there about how that doesn't work. In fact, there's some of that data is using the statistics provided by the company on filtration.

It's difficult for you. I guess you have to decide who's the most believable.

I think, you know, from our point of view, we're biased. I mean we think that exposure to second-hand smoke is not acceptable at any level. Any level of increased risk of health effects from exposure to second-hand smoke is not acceptable. It's just as unacceptable as exposure to asbestos would be or something else like that.

I'm not sure if that helps you or not.

**Ms. Smillie:** — Can I offer something there. It's Mary Smillie.

I would encourage you to look at your evidence in terms of its source. The evidence that Mr. Repace was alluding to and sort of the work that we do in terms of understanding what is truth in terms of evidence and in terms of science is to look at articles

or research that has been published in credible journals. So the Canadian Medical Association, the *American Journal of Public Health*.

The process of getting those articles published involves a scientific review committee that requires that the study bears out in terms of its process, also bears out in terms of its conclusions. And that it also recognizes, within its own study, the possible confounders to the results that they found.

I think if you would look at the two sides, if you would, the two sides in terms of the evidence that they are offering you, our evidence pretty much comes solely from that level of journal that has been thoroughly scientifically reviewed.

**The Chair:** — Thank you very much. Do you have further comments?

**Ms. Smillie:** — I just have a few more and then I would encourage the committee to ask us any additional questions, as well as of Mr. Soofi. He's not going to be providing a formal presentation per se but he is here as a restaurateur to answer any of the questions that you might have for him.

Again, our position is a complete ban on smoking in public places is the way to go, and it has many advantages both to you as legislators as well as the Saskatchewan public. It's effective. It will work. It benefits everyone. It promotes cessation; fewer people will be smoking. And it helps to denormalize tobacco, which is what you really need to do in order to achieve youth rates that are less than what they are today.

All of us can understand teenage behaviour in terms of; do as I say, not as I do. They, of course, know very well that that just doesn't quite follow. They want to see us as adults to pattern a behaviour for them as well as encourage them not to do that sort of thing.

My conclusion is that I would like to remind you of the events in Walkerton, Ontario this past summer. As you may recall, the people of Walkerton suffered illnesses and deaths in their community as a result of a contaminated water system. And what I heard yesterday is that there were seven deaths in all, and over 200 people were harmed or feeling ill as a result of the events there.

All across Canada, people were shocked and outraged at the government's failure to act when information available to them indicated they should do so. In the case of water quality, the federal government has guidelines that provincial and territorial governments should try to adhere to. In the recent federal election, every political party platform identified how they would entrench these water quality guidelines into binding legislation — currently they are just guidelines. The issues here are exactly parallel to environmental tobacco smoke.

In the 1990s, Canadians were appalled to learn that our blood system had been contaminated with tainted blood. They learned that government agencies knew there was a risk, had viable options for eliminating the risk, and they chose not to act. The issue of the blood scandal is exactly parallel to environmental tobacco smoke.

We know . . . sorry. My point is the public expects government to protect their health. When governments fail to take action when they know in fact there is a risk to human health, the public demands retribution through public inquiries. There is no reason to think that environmental tobacco smoke is any different. We know that environmental tobacco smoke is harmful to human health — unquestionable.

We have governments across this country that are taking decisive action to protect human health through legislation to eliminate tobacco smoke in public places.

We have ample evidence from the US that we can identify exactly what government should do if they really want to protect the health of the public.

I would encourage you to keep all this in mind as you carry on your deliberations. And again I thank you very much for hearing from us today. We'd welcome any questions you may have.

**The Chair:** — Yes, one.

**Ms. Bakken:** — Is it Mr. Soofi, or how do you say your last name? I'm sorry.

**Mr. Soofi:** — My name is Fred Soofi. I do have a restaurant which is completely non-smoking, a hundred per cent non-smoking. And when I was opening this restaurant before, like three years ago which I trying to open it, everybody was telling me you know, how can you have beer and wine and have a non-smoking atmosphere. And I said, I mean I will try, and I believe that, so there's something to. And fortunately I'm very successful you know; and lots of people appreciate that non-smoking environment. So that's one thing.

But going back, I studied the hospitality industry a lot and people are going to a lot more healthy food; organic food is increasing. Organic food is increasing 20 per cent, 25 per cent a year. So that means those type of people are increasing, those type of view which they want more healthier atmosphere with their food. So that indicates people want less smoking probably because they want healthier food. So if somebody wants to have organic food and then smoke, I think this doesn't go together.

Also the studies shows more people are going out as a family, that people want to go together. So usually when they go, they go as a group and that is why they say sales of the minivan has increased because people don't want to go any more just adult, two people. So that again, I see people are going with their family, with children, so children are coming.

And also with the British Columbia, I think the British Columbia job loss was all because of the economy, and then happened at the time of the ban of non-smoking. Because you know all the jobs, if you look at British Columbia, I think in every sector, jobs got lost because of Asian, economic and different . . . I don't think because of the smoking.

And most people who are working this industry are the student. Most student, you know, work in this industry and they don't have a choice to tell, you know, I want to work in a

non-smoking sector. I don't think any restaurant gives them that choice. And I don't think they will ask even, I want to work in non-smoking section. And they need that job, because, I mean, the thing is they're in age, they have to go to school and they need this job, and where they can find, you know, as a waitress. They want to work. And so again, this is exposing them to the smoke, which I don't think is fair.

So I don't know. I mean, something is no good. So I know that.

If you look at only own benefit, I mean, a human being shouldn't look at just themselves, how much they can benefit. But the long term, I think, is harming of society.

So I don't know what else I can say. I mean, altogether, I'm against it.

**Ms. Bakken:** — Have you had any problem with your patrons wanting to smoke in your establishment?

**Mr. Soofi:** — People? Well, no. I don't think I have . . . I mean, there was some people actually was an interesting case sometime. There was a young couple came, you know, and we said . . . you know, they said smoking section. It's completely non-smoking. And the gentleman, he says okay, we should go somewhere else. So they went out. And then when they went out, the fiancée or girlfriend, she talked to her for two minutes and they came back. And they said, you know, I guess we can stay for dinner.

**Ms. Bakken:** — So you don't find that you lose customers . . .

**Mr. Soofi:** — I don't think so you know because the thing is . . .

**Ms. Bakken:** — And you've always been non-smoking and you advertise it as such.

**Mr. Soofi:** — At this restaurant, yes. It's been non-smoking. And I mean, I'm selling beer and wine too, you know, not because people, they don't want to drink because it's non-smoking. I'm saving a lot of money on painting the walls too . . . it's clean.

**Ms. Bakken:** — Exactly.

**Mr. Soofi:** — And then plus your food, you know. I mean you're dealing with the food, you know. So taste of the food will change. Even the smoke, you know, will change, I believe, the taste of the food by the time you get it to . . . So nobody smokes in my establishment, not even my . . . you know, everybody accepted that. I do have people who are smokers, but they obey the law and the rule and they go outside and smoke and . . .

**Ms. Bakken:** — Do you have an outdoor patio?

**Mr. Soofi:** — Patio?

**Ms. Bakken:** — Do you have a patio for use in the summer?

**Mr. Soofi:** — Yes, I do have a patio, but I don't even open my



patio. Last year I didn't open it.

**Ms. Bakken:** — So that's not something that people are . . .

**Mr. Soofi:** — No. And I get lots of kids. And I mean, the thing is, you know, we go with the ten-year-olds, eight-year-olds, I mean they're . . .

**Ms. Bakken:** — Okay. Thank you.

**Mr. Soofi:** — This is not very good. I believe, you know, that killing somebody is not just taking a gun and shooting, you know, you can indirectly harm somebody. And then, you know, I mean it's no good. So that's my opinion. It may be not . . . it may be right; it may be not right, but that's what I believe. Thank you.

**The Chair:** — Thank you.

**Mr. Addley:** — I didn't hear the name of your restaurant.

**Mr. Soofi:** — Oh, Pasta Prima.

**The Chair:** — Well there being no other questions, then I would take this opportunity to thank you very much, Ms. Smillie and Dr. Findlater and also Mr. Soofi.

And I think this will wrap the witness portion of the committee's deliberations. The committee is scheduled to recess, I believe till 1:30, at which time we'll go into camera in room 218, I believe. Thank you very much.

**The committee recessed for a period of time.**

**The committee continued in camera.**

The committee adjourned at 3:27 p.m.