

**Second Session - Thirty-Eighth Legislature**  
**of the**  
**Legislative Assembly of Manitoba**  
**Standing Committee**  
**on**  
**Social and Economic Development**

*Chairperson*  
*Ms. Marilyn Brick*  
*Constituency of St. Norbert*

**Vol. LV No. 3 - 6:30 p.m., Tuesday, May 25, 2004**

**MANITOBA LEGISLATIVE ASSEMBLY**  
**Thirty-Eighth Legislature**

<b>Member</b>	<b>Constituency</b>	<b>Political Affiliation</b>
AGLUGUB, Cris	The Maples	N.D.P.
ALLAN, Nancy, Hon.	St. Vital	N.D.P.
ALTEMEYER, Rob	Wolseley	N.D.P.
ASHTON, Steve, Hon.	Thompson	N.D.P.
BJORNSON, Peter, Hon.	Gimli	N.D.P.
BRICK, Marilyn	St. Norbert	N.D.P.
CALDWELL, Drew	Brandon East	N.D.P.
CHOMIAK, Dave, Hon.	Kildonan	N.D.P.
CUMMINGS, Glen	Ste. Rose	P.C.
DERKACH, Leonard	Russell	P.C.
DEWAR, Gregory	Selkirk	N.D.P.
DOER, Gary, Hon.	Concordia	N.D.P.
DRIEDGER, Myrna	Charleswood	P.C.
DYCK, Peter	Pembina	P.C.
EICHLER, Ralph	Lakeside	P.C.
FAURSCHOU, David	Portage la Prairie	P.C.
GERRARD, Jon, Hon.	River Heights	Lib.
GOERTZEN, Kelvin	Steinbach	P.C.
HAWRANIK, Gerald	Lac du Bonnet	P.C.
HICKES, George, Hon.	Point Douglas	N.D.P.
IRVIN-ROSS, Kerri	Fort Garry	N.D.P.
JENNISSEN, Gerard	Flin Flon	N.D.P.
JHA, Bidhu	Radisson	N.D.P.
KORZENIOWSKI, Bonnie	St. James	N.D.P.
LAMOUREUX, Kevin	Inkster	Lib.
LATHLIN, Oscar, Hon.	The Pas	N.D.P.
LEMIEUX, Ron, Hon.	La Verendrye	N.D.P.
LOEWEN, John	Fort Whyte	P.C.
MACKINTOSH, Gord, Hon.	St. Johns	N.D.P.
MAGUIRE, Larry	Arthur-Virden	P.C.
MALOWAY, Jim	Elmwood	N.D.P.
MARTINDALE, Doug	Burrows	N.D.P.
McGIFFORD, Diane, Hon.	Lord Roberts	N.D.P.
MELNICK, Christine, Hon	Riel	N.D.P.
VACANT	Minto	
MITCHELSON, Bonnie	River East	P.C.
MURRAY, Stuart	Kirkfield Park	P.C.
NEVAKSHONOFF, Tom	Interlake	N.D.P.
OSWALD, Theresa	Seine River	N.D.P.
PENNER, Jack	Emerson	P.C.
REID, Daryl	Transcona	N.D.P.
REIMER, Jack	Southdale	P.C.
ROBINSON, Eric, Hon.	Rupertsland	N.D.P.
ROCAN, Denis	Carman	P.C.
RONDEAU, Jim, Hon.	Assiniboia	N.D.P.
ROWAT, Leanne	Minnedosa	P.C.
SALE, Tim, Hon.	Fort Rouge	N.D.P.
SANTOS, Conrad	Wellington	N.D.P.
SCHELLENBERG, Harry	Rossmere	N.D.P.
SCHULER, Ron	Springfield	P.C.
SELINGER, Greg, Hon.	St. Boniface	N.D.P.
SMITH, Scott, Hon.	Brandon West	N.D.P.
STEFANSON, Heather	Tuxedo	P.C.
STRUTHERS, Stan, Hon.	Dauphin-Roblin	N.D.P.
TAILLIEU, Mavis	Morris	P.C.
VACANT	Turtle Mountain	
WOWCHUK, Rosann, Hon.	Swan River	N.D.P.

**LEGISLATIVE ASSEMBLY OF MANITOBA**

**THE STANDING COMMITTEE ON SOCIAL AND ECONOMIC DEVELOPMENT**

**Tuesday, May 25, 2004**

**TIME – 6:30 p.m.**

**LOCATION – Winnipeg, Manitoba**

**CHAIRPERSON – Ms. Marilyn Brick (St. Norbert)**

**VICE-CHAIRPERSON – Mr. Bidhu Jha (Radisson)**

**ATTENDANCE - 11 – QUORUM - 6**

*Members of the Committee present:*

Hon. Messrs. Rondeau, Struthers

Ms. Brick, Mr. Dewar, Mrs. Driedger, Messrs. Jha, Loewen, Rocan, Mrs. Rowat, Messrs. Santos, Schellenberg

**APPEARING:**

Hon. Jon Gerrard, MLA for River Heights  
Mr. Leonard Derkach, MLA for Russell

**WITNESSES:**

Bill 21–The Non-Smokers Health Protection Act  
(Various Acts Amended)

Mr. Rob Cunningham, National Cancer Institute of Canada and Canadian Cancer Society, Manitoba Division

Mr. Aaron Yanofsky, Manitoba Youth for Clean Air

Ms. JoAnn Douglas, Manitoba Lung Association

Ms. Vhana Moldowan, Manitoba Lung Association

Mr. Jay Duncan, Past President, Manitoba Medical Association

Mr. Mervin Toderian, Parkland Regional Health Authority

Ms. Deanne Olston, Rivercrest Motor Hotel

Mr. Walter Kuz, Rennie Hotel

Ms. Sandra Burt, University of Waterloo, Political Science Department

Ms. Heidi Howarth, Trails West Hotel

Ms. Edna Milne, Fort Rouge and Imperial Veterans

Mr. John Petrinka, Veterans Association

Mr. Murray Gibson, Executive Director, Manitoba Tobacco Reduction Alliance

Ms. Margaret Bernherdt-Lowdon, Heart and Stroke Foundation of Manitoba

Mr. Dhali Dhaliwal, President and Chief Executive Officer, CancerCare Manitoba

Mr. Ken Leslie, Alliance for the Prevention of Chronic Disease

Ms. Sande Harlos, Winnipeg Regional Health Authority

Mr. Joel Kettner, Chief Medical Officer of Health, Province of Manitoba

Mr. Jim Baker, Manitoba Hotel Association

Mr. Rob Hilliard, President, Manitoba Federation of Labour

Mr. Peter Walker, Manitoba Federation of Labour

Ms. Sheila Babaian, Duke of Kent Legion

**WRITTEN SUBMISSIONS:**

Ms. Roslyn Cullen, Assiniboine Regional Health Authority

Mr. Larry Hogue and Ms. Carmel Olson, Brandon Regional Health Authority

Mr. Michael Ferrabee, Canadian Restaurant and Foodservices Association

M. Ebbitt for Randy B. Lock, Regional Health Authorities of Manitoba

**MATTERS UNDER DISCUSSION:**

Bill 21–The Non-Smokers Health Protection Act  
(Various Acts Amended)

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**Madam Chairperson:** Good evening. Will the Standing Committee on Social and Economic Development please come to order.

**Bill 21–The Non-Smokers Health Protection Act  
(Various Acts Amended)**

**Madam Chairperson:** This evening the committee will be considering Bill 21, The Non-Smokers Health Protection Act. We do have presenters

registered to speak to this bill. It is the custom to hear public presentations before consideration of bills.

Is it the will of the committee to hear public presentations on this bill? *[Agreed]*

I will then read the names of the persons who have registered to make presentations this evening: John Petrinka, Veterans Association; Dr. Jay Duncan, past president, Manitoba Medical Association; Rob Cunningham, National Cancer society and Canadian Cancer Society, Manitoba Division; Murray Gibson, Executive Director, Manitoba Tobacco Reduction Alliance; Margaret Bernherdt-Lowdon, Heart and Stroke Foundation of Manitoba; Doctor Dhaliwal, CancerCare Manitoba; JoAnn Douglas and Vhana Moldowan, Manitoba Lung Association; Ken Leslie, Alliance for Prevention of Chronic Disease; Dr. Sande Harlos, Winnipeg Regional Health Authority; Dr. Joel Kettner, Chief Medical Officer of Health; Aaron Yanofsky, Manitoba Youth for Clean Air; Mervin Toderian, Parkland Regional Health Authority; Deanne Olston, Rivercrest Motor Hotel; Jim Baker, Manitoba Hotel Association; Water Kuz, Rennie Hotel; Dr. Sandra Burt, University of Waterloo, Political Science Department; Heidi Howarth, Trails West Hotel; Cameron Oberton, private citizen; Rob Hilliard, president, Manitoba Federation of Labour; Eric Murphy, St. James Legion; Gert Chipka, Henderson Highway Branch Legion 215; Sheila Babaian, Duke of Kent Legion; and Edna Milne, Fort Rouge and Imperial Veterans.

Those are the persons and organizations that have registered so far. If there is anyone else in the audience who would like to register or has not yet registered and would like to make a presentation, would you please register at the back of the room. Just to remind you that 20 copies of your presentation are required. If you require assistance with photocopying, please see the Clerk of the committee.

I understand that we do have some out-of-town presenters in attendance this evening and one individual who is a teenager. These names are marked with an asterisk on the presenters' list.

Is it the will of the committee to hear from out-of-town presenters and young adults first? *[Agreed]*

I would like to inform the committee that written submissions have been received from the following organizations: Roslyn Cullen, Assiniboine Regional Health Authority; Larry Hogue and Carmel Olson, Brandon Regional Health Authority; Michael Ferrabee, Canadian Restaurant and Foodservices Association; Randy B. Lock, Regional Health Authorities of Manitoba. Copies of these briefs have been made for committee members and were distributed at the start of the meeting.

\* (18:40)

Does the committee grant its consent to have these written submissions appear in the committee transcript for this meeting? *[Agreed]*

I would like to inform presenters that in accordance with our rules a time limit of 10 minutes has been allotted for presentations and 5 minutes for questions from committee members. As well, in accordance with our rules if a presenter is not in attendance their name will be dropped to the bottom of the list. If the presenter is not in attendance when their name is called a second time, their name will be removed from the presenters' list.

I would also like to advise all in attendance that, in accordance with our rules, if there are fewer than 20 persons registered to speak at 6:30 the committee may sit past midnight. I would like to advise that as of 6:30 p.m. there were 23 people registered to speak. Therefore, unless unanimous consent of the committee is given the committee must rise at midnight.

With agreement from the NDP and PC caucuses, arrangements have been made for staff from Information Services to be in attendance this evening in order to videotape parts of this meeting for inclusion in *A Day in the Life of the House*, an educational video produced by the Assembly. If there are any presenters in attendance who do not wish to be videotaped please inform our staff and arrangements will be made to turn off the camera during your presentation.

Just prior to proceeding with public presentations, I would just like to advise members of the public of the process when it comes time for questions from committee members on your presentation, that proceedings of our committee meetings are recorded in order to provide a verbatim

transcript. Each time someone wishes to speak, whether it be a member of the committee or a presenter, I have to first say the MLA's name or the presenter's name. This is the signal for the Hansard recorder to turn your mike on and off. Thank you for your patience. We will now proceed with public presentations.

Based on the will of the committee, we will proceed with out-of-town presenters.

**Mr. Rob Cunningham (National Cancer Institute of Canada and the Canadian Cancer Society, Manitoba Division):** Thank you, Madam Chair, and members of the committee.

**Madam Chairperson:** You may proceed with your presentation, Mr. Cunningham. Thank you.

**Mr. Cunningham:** My name is Rob Cunningham. I work as a lawyer and a senior policy analyst for the Canadian Cancer Society in Ottawa, and I very much appreciate the opportunity to testify before you today. In my testimony, let me begin by praising members of all parties in the Legislature for their non-partisan support and work in moving smoke-free legislation forward province-wide. I am aware of the extensive work, in terms of an all-party committee, that committee's report. I am also aware of the private member's bill by the member from Carman. I am also aware of the minister introducing the bill and showing leadership in that regard, which is consistent.

This is the right thing to do. We have public support in the public, as we do in other provinces, for this legislation. We have knowledge of the health effects of smoking that dates back decades in terms of exposure to second-hand smoke.

It was 1986 when the U.S. Surgeon General concluded that exposure to second-hand smoke causes lung cancer in otherwise healthy non-smokers. That was 18 years ago. The evidence in the subsequent years has accumulated. It is stronger than ever, confirms that conclusion. Second-hand smoke, in terms of exposure, causes heart disease. The warnings have been on Health Canada's package requirements for some years now. There is no debate.

We have seen Brandon, Winnipeg, Thompson as examples of municipalities in this province which

have adopted 100% smoke-free laws for their communities. I would submit that if they can do it, it is certainly possible for all of Manitoba to have that legislation.

It is consistent with developments nationally. We have Saskatchewan introducing the bill within the last couple of weeks, 100% smoke-free requirement province-wide for public places, including restaurants and bars. We have regulations already in force since May 1, 2004, in the Northwest Territories and in Nunavut. You cannot smoke in restaurants and bars today in those two territories.

We have, with the assistance of committee staff, just a news report from Saturday how the Minister of Health in New Brunswick is going to be introducing the bill imminently to have smoke-free legislation in that province.

In Ontario the Minister of Health has repeatedly committed to introduce a bill this fall, province-wide, 100% smoke-free workplaces and public places, all restaurants and bars, and in all of these cases, no exemptions, no private clubs, no exemptions, no designated smoking rooms.

The experience in those communities that have permitted designated smoking rooms has not been good. There has been poor compliance. There has been an unlevel playing field, because small establishments cannot afford the cost of implementation. There is a high cost of enforcement to government, and they do not work. That is why we have seen municipalities begin to have sunset dates with respect to the designated smoking rooms. That is why we have seen the Premier of Nova Scotia, Doctor Hamm, announce that government's intention to do the same thing because of the problems that have developed.

The tobacco industry has opposed, municipally and provincially, efforts to have laws such as the one that you are considering in Bill 21. They have funded opposition. They have given millions of dollars to fund opposition to these laws. I think we should be recognizing that we are on the right track when the tobacco industry is opposed. Smoking goes down as a result of these laws.

I would welcome your questions, Madam Chair, but let me put forward three possible amendments

for your consideration that would improve a bill that is good, a bill that deserves praise, but there are improvements that I would submit could be made to make the bill better.

First of all, there is a proposed provision that would have an exemption for tobacconists. I would recommend that this be deleted. It is not found in other provinces. It is a potential loophole that we should be concerned about. Now, there may only be a small number of tobacconists actually in the province. I know that in the Winnipeg by-law this exemption is there and has not really led to a problem.

But as I read this, there is a potential loophole that could be exploited, because you could have a designated smoking room in a bar suddenly become a tobacconist. You could have a cigarette girl as part of this. You could potentially have a vending machine. Or you could have a little kiosk, a little stand in what would become a designated smoking room that otherwise this bill would not allow, smoking in bars and designated rooms.

So to deal with this, one option would be simply to delete the exemption. That would be the easiest thing administratively. Another option would be to have a grandfather provision, so that it only applies to tobacconists in existence on the date of first reading of the bill. Another option would be to have a sunset clause so that this would apply for two years, and so on. There is no health benefit to this current exemption. It would be easy to delete. We do not see it in any other places in Canada.

As I comment about the national and international trends, let me just mention that in the U.S. there are now five states that have state-wide bans on smoking in restaurants and bars, New York, California, Maine, Connecticut and Delaware, and there are a whole bunch more under consideration. Massachusetts is almost finalized. Internationally, you cannot smoke in a restaurant or bar in Ireland today. As of March 29, 2004, it is smoke-free country-wide. With that country's pub culture, if it can be done in Ireland in rural and urban municipalities, it can be done anywhere in the world. June 1, Norway goes smoke-free country-wide. December 10, New Zealand goes smoke-free country-wide.

Second proposed amendment, and that deals with the part of the bill that would give regulatory

authority to Cabinet to have exemptions for classes of premises that have a liquor licence. Well, that is of concern because potentially you could drop a nuclear bomb on the bill as a whole from many parts because you could exempt all casinos, you could exempt all bars, you could exempt classes of bars. That exemption is not found in, for example, the Saskatchewan legislation. If the intent was, for example, to deal with one particular building, Canad Inns Stadium is something that has been discussed in the health community, well then, perhaps that exemption or regulation could be limited to that specific circumstance and not open it up to everything. But if it was deleted altogether we certainly would not support permitting continued smoking in indoor places associated with Canad Inns Stadium.

\* (18:50)

Finally, with respect to reserves, there is a provision, and I am familiar with the proceedings in the Legislative Assembly with respect to the proposed Section 9.4 of the bill. I have looked at this, as a lawyer, and there is no other smoking legislation in Canada that has a similar exemption. There is no other tobacco legislation in Canada province-wide that has a similar exemption.

In fact, in British Columbia they have had enforcement action with their provincial smoking laws on reserves, in hospitality facilities and so on. This is a law of general application and would be constitutionally valid for it to apply on First Nation reserves. There is no exemption in the Saskatchewan bill that was just introduced, and the Minister of Health speaking on behalf of the government, the former Minister of Justice, gave that answer when asked by the media.

What would be the options for this committee? I think there are three options. From a health perspective the best option would be to simply delete the proposed 9.4. There are other provisions in there that refer to federal undertakings, things within federal jurisdiction. That is not necessary; it is implied. Other laws do not have it but it is implied. For example, banking or communications, these are regulated by the federal non-smokers health act; that is not necessary. The law is settled in this area. So, for example, there has been a Supreme Court of Canada decision, highway traffic act of a province can apply on a reserve. There is another decision of the Supreme Court of Canada recently with respect to destruction of heritage property, a 2002 decision

from British Columbia. That law could apply on reserve the same way that liquor legislation, gaming legislation, Highway Traffic Act of this province, the Workplace Health and Safety Act of this province apply on reserve. This is an example of workplace health and safety.

One option is to delete it. Another option would be to have a transition period because the concern is a law suit. Would there be a law suit challenging the constitutional validity of it? If you had a transition period of, say, three years, two years, that would allow enough time for there to be that legal challenge. The bill, otherwise, would go in place as of October 1.

A third option would be to delete section 9.4 and then, through administrative arrangements, decide that the government would not enforce the law on those reserves where the band council asked the government not to. So there would be an opt-out provision.

**Madam Chairperson:** Mr. Cunningham, I just want to tell you that you have 30 seconds remaining.

**Mr. Cunningham:** Thank you.

So that third option is not the preferred one from a health perspective, but it would be an improvement to the wording in the current Bill.

Those are my remarks. I welcome any questions.

**Madam Chairperson:** Thank you, Mr. Cunningham.

**Mr. John Loewen (Fort Whyte):** Thank you for your presentation. I had indicated I had a question. I think you answered most of it with regard to the issues on reserves, but just for clarification, you know of no other situations in Canada where the exemptions have been granted? I know we are cutting it a little short. Do you have any other recommendations in terms of handling that issue at clause 9.4?

**Mr. Cunningham:** There are no similar exemptions in any other provincial laws with respect to smoking or tobacco.

**Hon. Jon Gerrard (River Heights):** The situation in British Columbia does have designated smoking rooms allowed, but that does apply in First Nations communities. Has there been any, you know, problems with the application or challenges to the law on that basis?

**Mr. Cunningham:** There has been some enforcement action by the provincial government. There have been no legal challenges with respect to the ability of the provincial law to apply on reserve.

**Hon. Jim Rondeau (Minister responsible for Healthy Living):** Thank you very much, Mr. Cunningham.

**Madam Chairperson:** We do have one individual here who is a teenager. I would like the permission of the committee to hear from him. *[Agreed]*

Aaron Yanofsky, from the Manitoba Youth for Clean Air. Is Aaron Yanofsky here?

Thank you very much for appearing before the committee, Mr. Yanofsky. The clerks will distribute your presentation. Mr. Yanofsky, please feel free to begin your presentation at the mike. Thank you for appearing before us. Feel free to start.

**Mr. Aaron Yanofsky (Manitoba Youth for Clean Air):** Good evening, committee members. My name is Aaron Yanofsky. I am 15 years old. I am a Grade 9 student at Sisler High School. Today I am here on behalf of MYCA, Manitoba Youth for Clean Air, a youth advocacy group with over 3000 young people ages 6 to 17 and their families who strongly support protecting all Manitobans, kids and adults alike, from tobacco addiction and exposure to second-hand smoke.

MYCA strongly advocates for a 100% smoke-free environment in all indoor and outdoor public places in Winnipeg and Manitoba. Today MYCA strongly supports Bill 21, The Non-Smokers Health Protection Act, and a complete province-wide smoking ban. With a total smoking ban throughout all of Manitoba coming in October, all Manitobans and visitors, young and old alike, will soon be able to participate in all hobbies and activities that they enjoy without having to breathe in the dangerous second-hand smoke and wheeze, cough and/or feel ill.

MYCA is very concerned about the unhealthy messages and dangerous effects of smoking and second-hand smoke, especially on children and their families in Manitoba in all indoor and enclosed public places and also on outdoor public grounds of schools, day cares, hospitals, sporting facilities, stadiums and community centres.

MYCA also believes that people should not have to smell and walk through clouds of second-hand smoke to enter and exit public places. Not smoking outdoors right in front of entranceways and doorways in public places will prevent the drifting of smoke into the faces of people inside the doorways. Families and kids sometimes have to smell and walk through drifting cigarette smoke in the inside of entranceways and hallways because of people smoking outside and right next to the doorways of important public places such as hospitals and schools. This is not healthy or right and is sending a terrible example and message to kids.

Restricting smoking on hospital, school, day care and stadium sporting grounds will help a lot in the denormalization and prevention of youth smoking behaviour. Also, outdoor public places where crowds of people gather in close proximity and especially where children and families are permitted to be should ban smoking there too, because this is, first and foremost, unhealthy, and, secondly, what kind of positive, healthy lifestyle message are we sending to our young people? CanWest Global Park and the Winnipeg Goldeyes, for example, do a wonderful job at promoting sports, wellness and examples of a positive, healthy lifestyle behaviour. Their smoke-free, outdoor ballpark sends a very powerful anti-smoking message, especially to all children.

\* (19:00)

"Tobacco-free sports. Play it clean. No ands, ifs or butts."

MYCA believes that Bill 21 is critical in protecting Manitobans from second-hand smoke and denormalizing tobacco use and helping to promote smoke-free lifestyles encouraging smokers to quit. Bill 21 will guarantee a smoke-free environment for the health and safety of all young and adult customers and workers in all towns and cities in Manitoba.

The exciting fact is that Manitoba is soon going to be the first province in all of Canada to be smoke-free in all indoor and enclosed public places. Way to go. We are taking the necessary lead in this very important public health issue and setting the healthiest of examples that no other province has ever done before. Manitoba will be No. 1 in protecting its citizens, friends and visitors from the dangerous and harmful effects of second-hand, environmental tobacco smoke in enclosed and indoor public places. Way to go, committee members and the Province of Manitoba for making the obvious, healthiest decision in banning second-hand smoke in all workplaces and enclosed public places throughout Manitoba. After all, it is only the health and safety of Manitobans we are talking about.

Having a level and safe playing field for all Manitobans is a no-brainer and certainly the right thing to do. We will be taking the lead in Canada to protect our citizens, workers, visitors and customers from the dangerous effects of second-hand smoke.

Heather Crowe was a worker who never smoked a cigarette in her life. However, as you all know, she now suffers from terminal lung cancer from inhaling the second-hand smoke in her workplace. Bill 21 will indeed prevent other future tragedies such as this one. A total provincial smoking ban in October is a great reason for everyone to celebrate. Thank you and have a nice evening.

**Madam Chairperson:** Thank you very much for your presentation. The committee thanks you. I know it is hard to come in front of a group of people like this. You did an excellent job. Are there questions for the presenter?

**Mr. Denis Rocan (Carman):** Mr. Yanofsky, your enthusiasm is second to none. I appreciate you taking the time, along with your group of individuals, to come and make this presentation here this evening.

You are not the first young people to come and support this piece of legislation. There have been several others before you that have taken the time also to come and make a presentation. Yours is extremely valuable because you touch on a few other places where you believe we should ban smoking such as doorways, entranceways to public places. You say, right at doorways. Would you be recommending something like 5 metres, 10 metres, 15 metres from a door?



**Floor Comment:** Yes. Like the other day, I was—

**Madam Chairperson:** Just a moment, we just have to recognize you first. Mr. Yanofsky, you can answer the question.

**Mr. Yanofsky:** The other day I was at school and it was snowing. Everyone was huddled in underneath the sheltered area. There were kids my age that were smoking. That is unacceptable. There are a whole bunch of kids huddled up together and there are people smoking, affecting the lives of 20 or 30 other students. That is not fair, is it?

**Mr. Rocan:** On that same topic, would you, sir, agree with my granddaughter who tells me when she is out playing soccer she can actually smell the smoke coming from the sidelines of other parents who are smoking while their little children are playing?

**Mr. Yanofsky:** Yes. I play baseball too for the Triple A Pirates and yes, same thing. I can smell the cigarette smoke from the plate when all the crowd is behind me. A 15 to 20 metre designated area from all doorways and sporting facilities would be another great step.

**Mr. Rocan:** Your slogan that you have used in your presentation, sir. I will tell you right here and now that this slogan, you will probably hear an awful lot more of it, "Tobacco-free sports—play it clean! No ands, ifs or butts!" Is that something you sat up all night thinking about?

**Mr. Yanofsky:** Not really.

**Mr. Rocan:** Again, your enthusiasm, sir, and if you were fortunate enough to have the opportunity to stay a little bit longer here this evening you will hear, if you will use, I will coin the terminology, the other side of the coin because there will be several other organizations or individuals making the complete, opposite argument that you are making.

**Madam Chairperson:** Mr. Yanofsky, did you want to respond?

**Mr. Yanofsky:** Yes. It is the healthy thing to do. It is not healthy, so why should it be permitted.

**Mr. Gerrard:** Thanks for your presentation, Aaron. One of the things that we have all been concerned about for a long while is helping to provide an

atmosphere where young people do not start smoking and one of the measures that you mentioned was making sure that sports fields are clear. Maybe a comment in the context of how this bill and the additional measures you have talked about would make sure or help to provide a continuing message to young people that it is not a good thing to be smoking.

**Mr. Yanofsky:** Well, for young kids growing up now, since this Bill 21 is going to be coming into place people will not grow up with having people smoking right next to them so it will not be in their mind. So that is going to denormalize the habit of smoking and will, eventually, hopefully, prevent many young youth and minors from starting.

**Mrs. Myrna Driedger (Charleswood):** Aaron, you have been here before, speaking before a committee. You have grown a lot since the last time you were here. Why are you so passionate and committed to this issue? What makes you want to make a difference in this issue and, you know, come before a committee, giving up your own evening time? Why are you so passionate about this?

**Mr. Yanofsky:** Well, in the past I have had family members who have passed away because of smoking and its harmful effects. I am also allergic and so is my family. So it is just something that I feel passionate about, to really strike and make sure not. Thanks.

**Mr. Rondeau:** Thank you very much, Mr. Yanofsky. I have to congratulate you for taking the time and effort to get involved in democracy. You have to care about what you want in democracy and I have to commend you for taking the time and effort to get involved.

**Madam Chairperson:** Thank you, Mr. Yanofsky.

With the will of the committee, the other presentation we have from a group of young adults is JoAnn Douglas and Vhana Moldowan from the Manitoba Lung Association.

If we could just recognize who is speaking.

**Ms. JoAnn Douglas (Manitoba Lung Association):** Yes. I am JoAnn Douglas from the Manitoba Lung Association, and Vhana will introduce herself. If you can stop me at eight and a half minutes, we are sharing this presentation.

**Madam Chairperson:** Stop you at eight and a half minutes?

**Ms. Douglas:** Yes.

**Madam Chairperson:** Yes. I can do that. Thank you.

**Ms. Douglas:** I feel like I am cheating getting in here, but I am from out of town.

**Madam Chairperson:** Thank you very much. You can proceed.

\*(19:10)

**Ms. Douglas:** Okay, thank you. On behalf of the Lung Association, I would like to speak in favour of Bill 21. I am sure that is no surprise. The Lung Association is a non-profit health organization and a leader in respiratory care. We represent hundreds of volunteers and 25 000 donors in this province who support our work.

Second-hand smoke is by far the most dangerous air pollutant Manitobans are routinely exposed to. I think that is something we all need a reminder of.

We tend to have grown up with smoke all around us and start to think that it is an innocuous substance, but just to remind you, a burning cigarette is like a little toxic waste dump on fire emitting 4000 chemicals, at least 50 of which cause cancer in humans; 30 are considered mutagens, a word that my kids like. Those are chemicals that have the ability to actually change human cell structure.

In Ontario workplace laws, there are 23 chemicals listed that employees cannot be exposed to. Strangely enough, 17 of those 23 chemicals also are in tobacco smoke. I will just give one example. It is a substance called 2-aminoaphtalene. It is present in tobacco smoke, causes cancer, no safe exposure limits, so a little bit of it is not okay. Absorption occurs through inhalation and through the skin. Because it causes cancer, industrial use of this chemical is restricted.

Ontario also lists 11 chemicals that require special precautions, such as wearing a respirator when using them. Six of these also happen to be in tobacco smoke. Again, one that you may have heard of, benzene, is confirmed to cause cancer and can produce chromosomal aberrations in humans.

In other words, if you worked in a factory, you would be protected from these substances. If you happen to work in an office or you are a child who goes to an arena or a social activity, tough luck. You are fair game for these chemicals.

I am sure that if someone came in this room right now and said that they were going to release a chemical cocktail in the air, and "don't worry folks, DDT, arsenic, benzene, carbon monoxide, it may irritate your system a little bit, but don't worry," I bet we would all flee from the room. We, certainly, would not say, "Let's stay in here for seven and a half hours and inhale it and let's go get our kids so they can inhale it too."

So I think we need to realize how serious second-hand smoke is. It is not just a harmless substance. No one, in order to earn a living, should have to unwittingly or unwillingly be exposed to those chemicals.

As you know, we currently have a situation in Manitoba where urban Manitobans are protected because of by-laws in Brandon and Winnipeg. I am sure the government would agree that one's health should not be unfairly compromised because one lives in a small town rather than a city.

Because I am from Brandon, I am speaking for people in some of the smaller centres, Brandon excluded. Bill 21 will protect the health of all Manitobans and will ensure that people living outside of Brandon, Winnipeg and soon Thompson will have equal protection.

I know even for myself, living in Brandon, many of you living and working in Winnipeg, when you are not in your constituencies you do tend to forget how it used to be, how smoke used to surround you everywhere you went. I would just like to remind you that at the Lung Association I get calls every day from people who work in small towns and are exposed to smoke.

These people are scared. They are worried about their health. They are very concerned. You may think, first thing is, well, go get another job. In a lot of small towns there are not a lot of other employment opportunities. A lot of these people are young. They do not have a big voice. They are non-unionized, lower-paying jobs. They just do not have the options that you may think that they do. So to

them earning a living means inhaling cancer-causing chemicals, something I do not think is fair.

In my written presentation to you, I talk a little bit about economic concerns, but I am going to leave that to other people. I would just like to quote something that the Saskatchewan Health Minister said: "Becoming a smoke-free province is an important public health step and not an attack on businesses or communities. It is an attack on preventable death and disease."

Mr. Cunningham very thoroughly covered other jurisdictions, so I will skip that in my presentation, just to say that Manitoba has no reason to delay passage of Bill 21. It is now or later, but if it is later, please consider how many people will be exposed, will get sick and may possibly die in that lapse of time if action is not taken.

Since I am from Brandon, I would just like to share the experience of our by-law. It is 21 months old now, so getting past toddler stage, that we have had this by-law, 100 percent smoke-free in workplaces and public places. I would just like to let you know that, despite what you may hear from a few people, the by-law is meeting with great satisfaction from the people of Brandon.

Now, this may seem weird to you if you are from the city, but in a small city like Brandon they recognize our faces as being involved in the by-law and, truly, I know this is anecdotal, not scientific, but every time I go out, whether it is to the grocery store, to something with my kids, I get somebody coming up who I do not know, who says, "thanks, we love that by-law; it sure is great; gee, it is horrible when we have to go to a small town now and go to a restaurant." People are still talking about how happy they are.

Sure, we have had some restaurant closures in Brandon, no proof that they are by-law related. On the same hand, we have had openings, everything from fast foods to fine dining, that seem to be doing fine. On a very positive note, one of the hotel owners in Winnipeg who very publicly opposed the Winnipeg by-law is building a 13-storey hotel in Brandon complete with a restaurant, huge lounge and huge bar. It is a bad business move if you think the town is going under due to a by-law.

In Saskatchewan, because of public pressure, several towns and cities have skipped ahead because they felt the province was lagging on the issue. You have five communities in Saskatchewan, the same as we have two in Manitoba, and I do not want you to think that I am trying to say, let us just wait and have each town do it bit by bit. What I am saying is, please pass this for the province and get past this little patchwork quilt that we have in the province. It is really unfair; if you live in one community, you are safe; you live 20 miles down the road, you are a potential victim of cancer, heart disease or lung disease. I do not think anybody wants to see that kind of unfair, inequitable system in our province.

Vhana will talk more about youth, but the Province has recently put a lot of funds into discouraging youth smoking. We have had media campaigns which have been great; effective enforcement which is working; the minister's Youth Advisory Committee; school-based programs are in development and we are involved with that; and at the Lung Association, we have been running the Not On Tobacco quit-smoking program, with many thanks to Manitoba Health for funding that.

Bill 21, although its main thing will be to protect the public, this is also going to have a spin-off that it will enhance and strengthen your other programs that you are doing. An expert that we rely on a lot through the guru of smoking cessation in Canada, Doctor McDonald from the University of Waterloo says that no-smoking legislation may save the lives of more smokers than anything else we can do.

In conclusion, Bill 21 will protect the health of all the citizens of the province regardless of where they work or live. I would just like to thank you very much for your work to date and urge you to move forward with Bill 21. It is probably the opportunity to pass the most important health legislation of your political careers and save lives. Thanks, and I will pass on to my partner here.

**Ms. Vhana Moldowan (Manitoba Lung Association):** I have my written—

**Madam Chairperson:** They will distribute it. Please proceed with your presentation.

**Ms. Moldowan:** My name is Vhana Moldowan. I am a Senior 4 student from Stonewall, a community just north of Winnipeg. I became interested in

tobacco issues about two years ago when I was trained for the Lungs Are For Life program and began giving presentations to Grade 4 to 6 students in my area, hoping to help prevent smoking and spread awareness in the future generation. I also presented to the all-party task force when they came around. I am a member of the Youth Advisory Council for Manitoba, and I am here again to say what a huge accomplishment this will be for Manitoba.

To me, smoking is a choice. You do not have to smoke. You choose whether or not to participate in this lethal but legal activity. Second-hand smoke, on the other hand, is not optional. If it is in the room then you are breathing it in. Regardless of ventilation or open windows, you are inhaling 4000-plus chemicals. This is not right.

Unfortunately, I do not live in Winnipeg or Brandon, so I do not have smoke-free buildings in my area. When going out in my town my right to breathe in clean air is taken away almost anywhere I go. At some restaurants the tables from the non-smoking section are separated by only a table from the smoking section. Smoke obviously does not stop at this imaginary line, so you are affected no matter where you sit. Children in these restaurants are forced to inhale it, not being able to remove themselves from the situation. In our local bar, the air is so thick from smoke, not only from local residents but from people from Winnipeg venturing out to enjoy smoking indoors and adding to our air pollution.

It is nice to go to a bar or restaurant in Winnipeg and not be forced to breathe in the result of someone else's addicting habit. Now, I understand that cigarettes are addicting and that it is hard to quit and that maybe some people did not know the effects when they started or were pressured into it, but some of us have made healthy decisions and decided to stay away from it.

**Madam Chairperson:** Ms. Moldowan, you have 30 seconds left.

**Ms. Moldowan:** I do not want to acquire any disease related to smoking, especially after not having smoked a single cigarette in my life. Brandon, Winnipeg have set a great example, and it is just a matter of time until our communities will have to

follow suit, decrease our air pollution, and increase our overall health. Thank you.

**Madam Chairperson:** Thank you. Are there questions for the presenters?

**Mrs. Driedger:** I guess one of my questions would be related to youth smoking, and would ask if you have any suggestions as to how we can move forward in a more effective way so young people would stop, or not start in the first place, I guess.

\* (19:20)

**Ms. Moldowan:** The Lungs Are For Life program, which I teach to Grades 4 to 6 students, I think that is an amazing program, and I know that every single time you go to a classroom they are just willing to learn, and there are a couple of different sessions that go with it, so every time you go back they tell you more stories. They tell you that they went home to their parents, told them to quit. They talk to their older brothers, they see kids on the street and they tell them bad facts. I think just prevention is with education to little kids is definitely a huge step in the right direction.

**Mrs. Driedger:** Has there been any research, any follow-up research with those students in later years to see if that has stayed as effective as they become teenagers and older teenagers?

**Ms. Douglas:** Unfortunately, we have not had funds available to do that, so basically our evaluation right now is how has the teacher felt about the classroom and what response has she got from the kids at this point. So anything we could tell you would probably be anecdotal.

**Mr. Rondeau:** I would like to thank you very, very, much. You guys did very well, and thank you for your work with younger kids to get them to stop smoking.

**Madam Chairperson:** Thank you very much. We will now return to our out-of-town presenters' list.

Dr. Jay Duncan, past president of the Manitoba Medical Association. Doctor Duncan, you have a presentation for us? Please proceed.

**Mr. Jay Duncan (Past President, Manitoba Medical Association):** Thank you for the oppor-

tunity to be here tonight. It was a quick drive in from Brandon, but it was easier than the last time I drove in which was just before the roads closed a couple of weeks ago.

I am pleased to be here to present the views of the Manitoba Medical Association in support of Bill 21, The Non-Smokers Health Protection Act. Clearly, the majority of Manitobans who believe compromise is not an option when it comes to health protection were heard and understood as a result of the consensus obtained by the all-party task force during its hearings throughout the province last year. Things have definitely moved in the right direction and we applaud the political will and leadership that have brought us to this stage.

That all indoor public places across Manitoba and Canada will one day be smoke-free I believe is inevitable, for scientific and expert panels throughout the world are very clear and consistent as well as unanimous, that there is no safe level of environmental tobacco smoke, and involuntary exposure should be eliminated.

The issue of protecting the worker from ETS exposure, however, continues to be a lively public debate. But even worker organizations and employer groups who have been reluctant to enter this debate are now publicly coming to the conclusion that there need to be controls which apply to all workplaces, i.e., a level playing field.

The issue of fairness to the worker, business, and patron alike can only be achieved if the same rules apply to all workplaces across Manitoba. A total ban on smoking in all workplaces has been endorsed by the Canadian Auto Workers union, as well as the City of Winnipeg Labour Council, and the Manitoba Federation of Labour. The public in Manitoba and elsewhere were strongly supportive of workplace smoking bans.

In 1999 a survey of 904 Manitobans found that 80 percent felt that restaurant and bar workers deserved to be protected from second-hand smoke.

In Victoria, B.C., 81.4 percent support the total ban on indoor smoking. My hometown of Brandon reviewed its complete ban on smoking in public places last year. This by-law, by the way, is probably one of the best, if not the best, in Canada, for it covers not only all bars and restaurants but also

outdoor patios as well. I think it is something we can be proud to have achieved.

Brandon City Council asked for written comments on the by-law and received 301 submissions; 89 percent of those who responded wanted the by-law left as it was. The City of Winnipeg has had its complete indoor ban in place since September 1, 2003. I think it is clear the sky has not fallen and that the vast majority of the population has adjusted to this new environment and are expressing a lot of pleasure about it.

The methods for controlling exposure are well understood, feasible and very simple. The proposed Bill 21 would ensure that most workplaces are smoke-free. We strongly support this. However, we would like to express our concern about the exposure of Canad Inns Stadium's employees and the public to the environmental tobacco smoke in the areas underneath the stands.

The policy of allowing unrestricted smoking in these areas is not consistent with good health or good public policy. In the view of the MMA, the areas of the Canad Inns Stadium underneath the stands are enclosed areas and therefore the ban should apply to these areas.

We did contact other CFL stadiums throughout the country. Vancouver, Calgary, Edmonton, Regina, Hamilton, Ottawa and Toronto do not permit smoking under the stands. Winnipeg and Montréal are the only two cities that permit this practice. It would seem to us that a very straightforward solution is available to the stadium. Smoking could be permitted in a fenced-in outdoor area at the south end of the stadium. A similar arrangement is apparently working fairly well at CanWest Global Park.

In discussions with the Honourable Jim Rondeau, the Minister of Healthy Living, we asked for his assurance that the law would be enforced at the stadium. He did encourage us to contact and meet with Winnipeg Enterprises to discuss their intentions regarding compliance with the law. I am advised that staff did speak with Winnipeg Enterprises as late as this morning. I am quoting what I have been advised, "The Province is also looking into all areas in the stadium, and we will, of course, abide by their decision." So I think they are prepared to respect the law, as I find in our own city almost everybody is respecting the law.

The Manitoba Medical Association urges you to do the right thing and insist that public spaces underneath the stands be smoke-free, and, as clearly stated by Winnipeg Enterprises and the Winnipeg football club, they will abide by that decision.

Another area of concern for the MMA is the potential First Nations casino exemption. We believe it essential that any law that is brought forward to treat Aboriginal communities should do so in the same manner as non-Aboriginal communities. Any proposed law must protect the ceremonial and spiritual use of tobacco in Aboriginal cultures, but it is quite obvious that the tobacco industry has long ago misused and abused whatever element that perhaps first brought them to start distributing tobacco products to the vast majority of Canadians and in fact the world population. A simple clause, it is our understanding, can be inserted into the provincial casino rules and regulations which would eliminate the unlevel playing field among casinos across the province.

We applaud the efforts of the members of the task force committee and the tenacity of the Minister of Healthy Living in introducing Bill 21 to protect and improve the health of all Manitobans. As a long-time proponent of such legislation, the MMA is very delighted and proud to see Manitoba poised as a national leader in this regard. I certainly believe this could well be the most important health care milestone in a generation. I invite your questions.

**Madam Chairperson:** Thank you very much, Mr. Duncan.

**Mr. Gerrard:** Just a clarification. I know there are a lot more than casinos in First Nations communities, restaurants, and so on, and workplaces. Your presentation seems to suggest that what you are asking for is exactly the same in First Nations communities as other communities. Is that correct?

**Mr. Duncan:** Certainly, I think we have to discourage smoking in all areas. We need to get the environmental tobacco smoke legislation in all areas of Manitoba and Canada. The problem I have is I am not a lawyer and I have already been advised there are some jurisdictional issues. However, where there is not a jurisdictional issue, I would encourage you to act and lead.

We, through the Canadian Medical Association, are trying to encourage the federal government to work towards this. We have contacted Aboriginal community leaders and, certainly, have received back some positive support. We know, from the standpoint of percentages, there are more people smoking on reserves and they have a greater health burden than the average Manitoban that is off of reserve. We think that is a problem and we certainly should not set up a law that encourages that to continue to be the case.

**Mr. Gerrard:** You said you had contacted some Aboriginal leaders, and I presume there are a fair number of Aboriginal physicians within the MMA. What are their views with regard to this legislation and what should happen in terms of First Nations communities?

\* (19:30)

**Mr. Duncan:** We do have an Aboriginal committee that is under the board of the MMA. On that is Dr. Barry Lavallee, who is the chair. He is an Aboriginal Canadian. His views, obviously I cannot speak for him except in talking with him in the past, he has said that he is certainly in favour of this type of legislation. He feels that there is a great challenge, but great challenges are something that good laws and great leaders need to accept and work toward changing.

I would not be afraid of the concern that you may alienate people within the Aboriginal communities by pointing out that the tobacco industry has corrupted the use of tobacco. It has addicted and poisoned millions of people worldwide and it is time for that to end. It ends with intelligent and well-thought-out public health policy. What you are doing here is all part of it.

**Mrs. Driedger:** Mr. Duncan, I was made aware of a study that came out, It is a two-and-a-half-year study of Canadian First Nations and Inuit. It is the first conducted by and for Aboriginals. According to the people reporting on it, they said it produced some startling information about the health of Aboriginals. A synopsis said that widespread smoking among First Nations people is going to lead to an explosive growth in lung cancer and other health problems if nothing is done about it. One of the findings was also that there is rapidly rising smoking among Aboriginal people. One of the researchers charac-

terized it as an epidemic of huge proportions and said that if it is left untreated, it will lead to an epidemic of lung cancer and other associated conditions.

Is this something that the MMA is following, is encouraging the CMA to address, is looking at the scientific research as it relates to this, and moving forward with that information to Health Canada, to see where this could go?

**Mr. Duncan:** I have heard similar things. I have heard up to 70 percent on some Aboriginal lands of people who are smoking. There are so many reasons why people start smoking. The challenge is once you start, it is extremely difficult to quit, but healthy public policy helps people quit. I heard that in my own practice. I did not lose many people from taking the stand I took in Brandon among my patients, many of whom still smoke. They respected what I was doing and also understood that I was actually trying to help them.

I had one patient describe that he used to smoke every coffee break when he was out of town. He got to the point where even though he could smoke out of town in some of the smaller places, he was forgetting his cigarettes, just because he was changing his habits and he was smoking less. This is what this type of policy does. It drives home the point that although you still see it in the movies as a socially acceptable thing, it is a very deadly and unsociable thing to do. But once the tobacco industry has hooked you, you are left dealing with it.

If we do not change, if the data is correct, if we cannot help Aboriginal communities change the direction, then there is going to be some serious, serious health problems related to tobacco that perhaps we are not seeing yet.

**Mr. Rondeau:** I would like to thank you very, very much for your presentation and your continued advocacy. I really appreciated it when you met with me and the communications that your organizations and you have had over the life of the bill.

**Mr. Rocan:** Thank you very much, Doctor Duncan, for making your presentation on behalf of the Manitoba Medical Association. I am pleased that you were able to make this presentation tonight. It is unfortunate that Dr. Mark Taylor, who happens to be on call, could not be here this evening, because he has attempted to participate in all of our meetings.

He and Nicola have done an admirable job of getting the public aware of the dilemma that was facing certain individuals.

Your organization is to be congratulated for bringing Heather Crowe and giving us that wonderful opportunity to meet with this fine person to explain to us the dilemma of contacting second-hand smoke.

My question to you, and you touched on it a second ago, I guess I could have asked, are you an orthodontist or a psychologist, because of the doctor in front of you. I am assuming now that you are a general practitioner and therefore you are probably more than qualified to tell me whether or not individuals from the First Nations, if the make-up of their bodies is any different than mine, and, if they are, what is it that they have that gives them the luxury of not contacting cancer with regard to smoking?

**Madam Chairperson:** Doctor Duncan, you have about 30 seconds to answer, so please proceed.

**Mr. Duncan:** There are a couple questions there, but I do not think fundamentally there is a large difference between Aboriginal human beings and anyone else. Their risk of developing cancer, COPD and all the other smoking-related diseases is as significant as mine or yours.

**Madam Chairperson:** Thank you very much for your presentation. We appreciate it.

Our next presenter tonight is Mervin Toderian from Parkland Regional Health Authority. Thank you very much, Mr. Toderian. Please proceed with your presentation.

**Mr. Mervin Toderian (Parkland Regional Health Authority):** My name is Merv Toderian. I am the board chair of the Parkland Regional Health Authority.

First, I commend the government for recognizing that second-hand smoke is a very real health issue. It is important to ground our discussion in the facts about second-hand smoke and its effect on the health of Manitobans.

Tobacco is the leading cause of preventable disease and death in Manitoba. It has been clearly established that tobacco smoke from any source causes cancer, heart disease and respiratory illnesses.

In children it causes sudden-death syndrome, bronchitis, pneumonia, middle-ear disease and asthma flare-ups. Researchers have also made links between second-hand smoke and other illnesses such as stroke, various kinds of cancer and even behavioural problems in children.

Health Canada estimates that at least a thousand Canadians die each year from second-hand-smoke-related lung cancer and heart disease alone. The evidence is clear. Second-hand smoke in workplaces in public places is a threat to the health of Manitobans. The two populations most at risk from second-hand smoke are children and workers in bars and restaurants. Heather Crowe helped us to put a face to the statistic that restaurant and bar workers are 50 percent more likely to develop lung cancer than the general public, but we know that there is no safe level of exposure to tobacco smoke. If we are to protect the health of Manitobans, we need to eliminate all involuntary exposure to second-hand smoke.

In my region, Parkland, we have high rates of exposure to second-hand smoke. Thirty-eight percent of non-smokers in Parkland are regularly exposed in their workplace or in public places, in addition to those who are current smokers. Is this exposure affecting the health of the Parkland residents?

Our rate of respiratory illness is among the highest in the province, at 16.3 percent. Parkland also has the highest crude rates of heart attack and stroke in the province, with 200 of our residents affected each and every year. Although we are not able to determine what portion of these illnesses related directly to tobacco, we can be sure that smoking and second-hand smoke exposure are among the factors affecting our respiratory and cardiovascular health.

As the Parkland RHA, we have taken some steps to reduce the harmful effects of tobacco use to our residents. Our own facilities are smoke-free. Our programs and services promote smoking prevention and cessation, as well as encouraging protection from second-hand smoke. We partner with community groups throughout the region to educate people about the hazards of smoking and second-hand smoke, advocate for healthy public policy, and support those businesses and organizations that have voluntarily made their buildings smoke-free.

We have done what we can, but more is needed. Parkland residents and other rural people need the protection from second-hand smoke that Bill 21 will offer.

The municipal by-law option has been effective in some places, but in rural areas we have not been able to achieve the results that Brandon and Winnipeg have seen. In our meetings with municipal councils throughout the region, we have been discussing the issue of second-hand smoke since 1997, encouraging councils to develop policy on smoking in public places and workplaces. Many councils have eliminated second-hand smoke from municipally owned buildings, including several recreation centres and other public buildings.

When Brandon and Winnipeg brought in their by-law, the discussion echoed throughout our region. Rural people are largely supportive of the smoke-free legislation. We heard this loud and clear in the Parkland, but we heard equally loud and clear that our municipal governments need support at the provincial level.

In rural communities, where the politics are personal, the cost of controversy is very high. In one of our communities a proposed by-law failed, not because the people did not support it, but because the debate became so divisive in the community. Our communities need legislation that applies equally to all, not a patchwork of inconsistent by-laws that creates confusion for the public, businesses and officials alike, and that value the health of one group of people more highly than another.

Provincial legislation is the right way to protect Manitobans from second-hand smoke, therefore we thank the government for doing the right thing in introducing this bill. We appreciate the all-party process that has prevented partisan division among one of the most important actions that our political leaders have taken to protect the health and the future of Manitobans. We hope to see this bill passed quickly into law, and in effect in our communities in October as planned. This is the right step toward protecting all Manitobans from the harmful effects of second-hand smoke. Thank you.

\* (19:40)

**Madam Chairperson:** Thank you very much, Mr. Toderian. Do the committee members have questions?



**Mr. Rondeau:** Thank you very much for your presentation, and the time it took to get here.

**Mr. Loewen:** Just a quick question, would you see any reason to provide an exemption for reserves in your area?

**Mr. Toderian:** I do not see it. In fact, we have the highest rate of respiratory illness among children in Manitoba, also the longest stay associated with respiratory illness, and we have a fairly high Aboriginal population in our region. I think the health effects are fairly prevalent, and I do not see any reason for an exception.

**Madam Chairperson:** Thank you very much, Mr. Toderian.

Deanne Olston from Rivercrest Motor Hotel. Thank you very much; we will have copies of your presentation distributed. You can proceed, Ms. Olston.

**Ms. Deanne Olston (Rivercrest Motor Hotel):** Okay. Good evening. My name is Deanne Olston, and I am representing myself, my family, 224 of our customers, and the 26 employees of the Rivercrest hotel. I want to show you what Bill 21 means to our business, how it is going to affect our staff, and suggest an alternative.

From Thursday night of last week to Sunday morning, we offered a small questionnaire to all our beverage room customers, smokers and non-smokers, regarding the upcoming province-wide smoking ban, also known as Bill 21.

The response was awesome. We had hoped to get about 50 or 60 replies to include in this evening's presentation. On Thursday night, in seven hours, we had over 90. People began requesting to fill them out, and some made a special trip to the bar to fill one out. One couple even took theirs home to photocopy so they could add in a bigger comment than the space allotted.

We collected 224 completed questionnaires in less than three full business days. Our local smokers and non-smokers want their say. I have included the sample of the questionnaire, and the work sheet I used to tabulate my numbers. Actually, the sample questionnaire was left out. Sorry.

The seven questions we asked were: Do you smoke? Yes or no. Do you play VLTs? Yes or no. How often do you visit the Rivercrest hotel? Once a week or less, twice per week, three times per week or more. Do you support the proposed smoking ban? How will the ban affect your visits to the Rivercrest hotel? Visit more often, visit less often. How will the ban affect the time you spend at the Rivercrest hotel? Longer visit, shorter visit. Would you favour a compromise like designated, ventilated, non-staff smoking rooms? Yes or no. There was room for a small comment, their signature and the date.

Every one of these customers is old enough to drink, gamble, smoke, vote and make their own decisions. Out of the 224 questionnaires filled out, 83 percent smoke, 82 percent play VLTs. It was split pretty much equally between how often they visit, once a week or less, twice a week, or three times a week or more. Madam Chairperson, 87 percent do not support the ban, which you can notice is more than the number that smoke. Five percent said they will visit more often; 4 percent said there would be no change; and 91 percent would visit less often. Seven percent intend on having longer visits; 4 percent said there would be no change; and 89 percent will have a shorter visit.

I just want to read a couple of comments off of these. This lady says, "Let smokers have a place to smoke away from their kids." This one is from our reeve, Cliff Dearman, his comment was, "Every municipality should have a say." There are several references in here to Communism and democracy. Basically, the bottom line for this is people want choices. This lady puts, "This will be terrible for this little place we have come to love." This lady puts, "If I can't smoke, you won't see me."

This ban is going to be detrimental to rural hotels. Our customers, whether they smoke or not, will be coming less often and not staying as long. Out of the 37 customers that do not smoke, only 11 of them will be coming in more often, and only fifteen of them staying longer. Many non-smokers come in with a smoker. I can say from experience that this will be the case. My mom used to go about once a week to either Club Regent or McPhillips Street Station. She said that after the smoking ban, she would not go often, and she would not stay as long. Knowing how much she likes the casinos, we did not believe her. We figured she was all talk. To this day, she has only been maybe four times since

last September, and never stays very long. By the time she is ready for a cigarette, we just continue on to the car.

When you have the urge to go out for a glass of wine and a nice dinner, you do not go somewhere that does not serve alcohol. When someone has the urge to get out of the house for a few hours, enjoy a beer, play some VLTs, and relax while smoking a couple of cigarettes, it is not likely they will go if they cannot fully enjoy what they intend to do. I have no reason not to believe our customers when they say they will not come as often, or at all, and will not stay as long, if a smoking ban is imposed. It does not take a financial wizard to figure out that this is going to hurt our business, our employees' incomes and, on a much bigger scale, the revenue of alcohol sales, tobacco sales, and millions of dollars raised through VLTs.

Now, I would like you to meet our 26 employees, myself included: 8 are students; 4 are single moms. The Rivercrest hotel is a primary source of income for 20 of them; 81 percent are women; 25 out of the 26 are over 18; 19 of them are smokers. That is 73 percent of our staff who smoke. I am one of the 7 who does not smoke.

Every one of them is worried about the ban, the inevitable decline in customers and what is going to happen to their hours and their jobs. They are scared, and with very good reason. They have heard what has happened in Winnipeg, Brandon and places like New York and Ontario. I spent a lot of hours in the last few days on the Internet researching how smoking bans affect business, the effects of second-hand smoke on non-smokers, and whether or not there are alternatives to smoking bans.

There is no doubt the ban severely hurt the hospitality industry. I have included a 10-page, actually it is a 9-page, list of business names, locations and the percentages lost to business due to smoking bans. Lost business varied from 12 percent at the lowest to 100 percent at the highest when the business closed. It is in no way comprehensive, but simply an example.

I came across a poll commissioned by the B.C. hospitality industry in 2000, their geography, demography and type of establishment. We know that Brandon VLT revenue is down 30 percent, and I understand Winnipeg is experiencing similar drops.

Ontario and New York are standing open-mouthed at their losses. Some bars in New York are seeing losses of 50 percent since July 24.

Recently, New York Governor Pataki announced a plan that bars can apply for waivers to exempt them from the no-smoking legislation. Pressure from losses also caused the B.C. government to amend its ban shortly after it was set in place. Governor Pataki was warned about the imposition of a 100% no-smoking legislation and he chose to ignore it. Now, 10 months later, as a result of the financial disaster incurred, he is attempting to extricate himself from the implications of a huge mistake.

I will just say what they are doing in New York, and this was dated May 22 of last week. He is putting forth a waiver for any bars that can show a decline in sales of 15 percent or more to apply for a waiver to have smoking exemptions. PUBCO, where the information came from, has estimated that one in four bars will be applying for the waiver.

Anyway, last week the Washington, D.C., smoking ban was extinguished. It failed to win support from the legislative branch, the executive branch and now from the judicial branch of government. It was a victory for those who argued the initiative "illegally infringed upon powers of local government officials to make decisions that affect city revenue." They knew and proved that a smoking ban would harm city revenues. They only had to look at the available data from the smoking ban failures all over North America.

The Pub and Bar Coalition of Canada estimates the province-wide smoking ban in Ontario would result in the closure of at least 900 small pubs and bars, most of which are family owned. That is why I am standing here tonight. Manitoba will suffer under Bill 21. I do not want to lose my family's livelihood. We have worked hard to get where we are and we enjoy our business too much to let government legislation destroy it, especially when there are viable alternatives and compromises.

I am sure you are aware of the study printed in the *British Medical Journal*. It could not be concluded that people suffered ill health due to second-hand smoke. The study was initially funded by anti-tobacco groups and, when they realized the study was not going to help their argument, they

dropped the funding. Some time later, the tobacco industry funded the completion of the study.

\* (19:50)

Another study compared air quality in a non-smoking restaurant with that of filtered air in a smoking restaurant. The study was commissioned by the Hotel Association of Canada and carried out by the United States Department of Energy's Oak Ridge National Laboratory. It concluded that proper ventilation could provide comparable air quality for non-smokers in smoking establishments as that in non-smoking establishments.

At the moment, two New York lawmakers are finalizing identical bills that would permit smoking where specific air filters are installed. One particular model is the Airistar 1000. It costs about \$3,500 U.S. and cleans 1000 cubic feet of air per minute. It can eliminate 99 percent of cigarette smoke in minutes. They can make room air cleaner than the outside air; 78 percent of our customers indicated that they would be satisfied with a compromise. Of the 22 percent who said they would not, many were smokers who do not want to compromise at all. They want to be able to smoke. Even some who indicated they do not smoke and do support the ban indicated they would be receptive to designated ventilated non-staff smoking rooms.

It is interesting to note that the B.C. poll found 79 percent believe ventilation solutions should be considered by the government, and a poll in Toronto by the Pub and Bar Coalition of Canada found that 75 percent of everyone surveyed felt ventilation should be used in pubs and bars, as opposed to an outright ban.

You have already made exceptions to Bill 21 for group living facilities and motel rooms. The common thread in those exceptions is highlighted below, which on my sheet it is.

First of all, in group living facilities exemption is designated as a smoking room. It is fully enclosed by floor to ceiling walls, a ceiling, and doors that separate it physically from any adjacent area in which smoking is prohibited by this act, and has a separate ventilation system.

Ventilation appears to be important and accepted by the Manitoba Legislative Assembly members that

prepared and submitted the bill and its exceptions. Through the use of proper signage, construction regulation and a state of the art ventilation, there is no reason why exceptions cannot be made for adult-oriented establishments.

**Madam Chairperson:** Ms. Olston, you have 30 seconds left. Sorry to interrupt.

**Ms. Olston:** Well, I am not going to finish.

My bottom line is there is an overwhelming amount of information that shows smoking bans are detrimental to the economy. However, you cannot use the California smoking ban as an example. We see temperatures below minus-40 and wind chill factors. We have maybe 16 weeks of T-shirt weather a year. Ventilation is an option that needs more consideration. If the toxic air in a mine shaft a kilometre deep can be properly ventilated, the air in a smoking room can be filtered to meet specific air quality standards.

If ketchup caused cancer, it would not be on the shelves in various types of packaging under numerous brand names. Until you completely remove cigarettes from the store shelves, there is no reason not to provide a safe place for people to smoke out of their homes, away from their children, either during work or recreation hours.

**Madam Chairperson:** Thank you, Ms. Olston. Does the committee have questions for Ms. Olston? Any questions?

**Mr. Rondeau:** Thank you very much. Good presentation and good work as far as the survey results.

I am just wondering whether you could think of any incentives there might be to assist your business in bringing non-smokers into your business and helping out your business to grow and not experience the decline.

**Ms. Olston:** We are always working on things to bring people into the bar, whether or not it revolves around bringing smokers versus non-smokers. No. We work on things to bring people in, as a general rule. We have terrific customers. We like them all.

**Madam Chairperson:** Seeing no other questions, I thank you very much for your presentation.

Mr. Walter Kuz from the Rennie Hotel. Mr. Kuz, do you have a written presentation for the committee?

**Mr. Walter Kuz (Rennie Hotel):** Unfortunately, I was told very late to appear here, and I do not have one available. So I will be ad libbing.

**Madam Chairperson:** That is fine. You can proceed.

**Mr. Kuz:** I do have some footnotes in my pocket, if I can refer to them as I go along.

**Madam Chairperson:** Sure, absolutely.

**Mr. Kuz:** I have to change glasses for the reading.

**Madam Chairperson:** Okay, we will wait for you.

**Mr. Kuz:** My name is Walter Kuz, and I am the 50% owner and operator of the Rennie Hotel in Rennie, Manitoba, with my youngest son. You have to forgive me, because I am a little bit nervous appearing before such an outstanding committee as this. This is my first time ever doing this. So I hope you bear with me.

I am here to appear and talk against Bill 21. It is because of concern that it goes against the freedom of choice of my customers. It is not so much the health, because talking with my late doctor and other doctors, et cetera—and there are so many surveys and you can just about make graphs to whatever you want them to come out with. If you feed them the right information, they can be positive, or they can be negative. You tell me how you want the graph to turn out and I can make it that way, and it will look terrific.

But, anyway, my youngest son decided to get into this vocation. He is 26 years old, has a university degree, knows of all the ramifications of this type of business, what it is all about, including the smoking. He is a non-smoker, and has not smoked all of his life. I am a non-smoker as well, but I do like to go ahead and have my customers have that privilege of deciding whether they want to come into my place or not. They have to be of a legal age to walk in through that door; they cannot be minors. I have heard comments here today that there are 15-year-olds smoking cigarettes outside the doorways of high schools, or junior schools. Well, the law in Manitoba says you have to be 18 to buy a package of

cigarettes. Why are these minors smoking cigarettes on school grounds? There is no law against it. There is no law of them possessing the cigarettes, yet they can do it.

In my place you have to be 18 to walk through that door. You have to be able to decide for yourself whether you want to come in or not. You should know, with the age of majority, what is going on in that room. There is drinking, there is smoking, there is gambling, there is loud noise, there is even some colourful language every once in awhile. You still have that choice whether you want to come in or not. Nobody is forcing you, nobody is dragging you off the street to bring you in.

This is why I am here to talk against Bill 21 and implore you, the committee, for some type of an exemption. One thing it will not do, in imposing this in a public ban, if anything, it will not improve the health situation. Thinking that it is going to improve the health of Manitobans is a fallacy. It will not happen because people will still get cancer even if they do not smoke a day of their life. They will have heart attacks. My late sister passed away with a heart attack. She did not smoke one cigarette in her life. Now let me ask a doctor how this happened. It happens because maybe you eat the wrong things, maybe you drink the wrong things, we do not know.

There are so many laws and regulations stifling private business. Again, I am going to go ahead and emphasize the word "private". My hotel is a private business. It is owned by myself and my son. All of a sudden I am getting a public ban on it. How does that apply? Because I have a licence from the liquor commission, all of a sudden it is a public ban? This is a private place. I have the right and the privilege to refuse anyone any service in my place for no reason. That is the way the law states. So, how can it be a public place? A public place is because anyone can come in, so now that makes it a public place, but I still have the right to say you cannot come in, or you cannot come in, so why is it a public place? Why is there a public ban on there?

\* (20:00)

In my dining room, because of a mixture of customers and mixture of ages, I will enforce a non-smoking policy, because I believe myself being a non-smoker, when you are enjoying a meal and maybe a fine glass of wine, that, yes, you can do without a cigarette for two hours, everybody can.

But, anyway, with all these rules and regulations and wondering just what we can do about it and looking for an exemption, maybe what we should be doing is, just like they have on the highways, et cetera, have a warning sign saying, "Look, do not come in because they are smoking inside. You know, it is up to you if you want to come in or not come in."

Secondly, with all the rules and regulations that are in place, they are slowly stifling private business. This leads me to believe that maybe, just maybe, we are entering an era of statism. Are we entering an era of statism? I am going to go ahead and just make one comment by Senator Nurgitz, I believe, and I think it went something like this, "That I hope that all the good-willed people that are against us smokers would just leave us alone, because we probably know what we are going to die from and surely to goodness they will probably die as well from some other mysterious causes."

Again, I am going to go ahead and read a little quote that I got from a publication which I did not have time because I got a call Friday late afternoon to see if I could get into this committee. I mean, I am all, as you can tell, just really riled up about this Bill 21, but I read this little excerpt from a little publication where a judge, I believe, some place ordered the removal of a four-year-old child from a mother because she smoked at home.

Now that smells of statism, and it says here that people who applaud the court's decision because the issue happens to be smoking should pause to think. The next child to be removed from a mother's home will be on account of the carbohydrates in her cooking or for the violent computer games in the home, or she lets a child ride a horse or a bicycle which her estranged husband and his hired experts consider too dangerous.

I say to you that now the judge has opened the door and it does smell of statism. Another legal fact that I just found out about this weekend, the health authority of Kenora, Ontario, the City of Kenora, Ontario, has imposed a public ban on cigarette smoking in pubs and restaurants. They had a lengthy court battle and without too much public knowledge, the courts overturned that ruling and they now can smoke.

It is now going to the Attorney General of Ontario, who is going to have to order a judicial review and, of course, there is going to be a lengthy

court battle again. But this has happened to date. So, in closing, I respectfully ask this committee to seriously look at entering some type of exemption for places that are only visited by mature adults who have the freedom of choice whether they want to come in or not. I thank you.

**Madam Chairperson:** Thank you very much for your presentation, Mr. Kuz. Do the committee members have questions for Mr. Kuz?

**Mr. Rondeau:** Thank you very much for your time to come here and make the presentation, and thank you for working hard at your business.

**Madam Chairperson:** Thank you. Our next presenter is Dr. Sandra Burt from the University of Waterloo, Political Science Department.

**Ms. Sandra Burt (University of Waterloo, Political Science Department):** Thank you very much. I am very pleased to be here.

**Madam Chairperson:** Do you have copies?

**Ms. Burt:** I have copies of an article that I would like to use as a support for the comments that I have to make. The comments I have to make are here.

**Madam Chairperson:** Okay, just, all right, just one moment. The presentation will be distributed. Please feel free to proceed, Doctor Burt.

**Ms. Burt:** Thank you very much. I am here because I am a tobacco public policy researcher at the University of Waterloo, and am just in the final stages of a study of 10 communities in Ontario that have been grappling with the by-law issue.

Just as a follow-up to the previous presenter, I would just like to clarify the point about Kenora, because as it happens, I have just finished the analysis of the Kenora/Rainy River District, and in fact the situation that arose in Kenora was that the council agreed with the Medical Officer of Health that environmental tobacco smoke is a health hazard.

The disagreement was over whether or not municipal councils should have responsibility for health, and indeed, with that note, I applaud the decision of the Manitoba Legislature to take the responsibility for introducing this very important bill.

One of the most powerful observations that was made by stakeholders, both proponents and opponents of environmental tobacco smoke legislation at the municipal level in Ontario, was that it is a provincial responsibility. That one of the most important features of ETS law is that there must be a level playing field, and it is impossible to have that level playing field if you have a piecemeal grid of municipal by-laws that vary sometimes quite dramatically from one municipality to the other. So I begin with a note of applause.

The second point I want to make, also is, in a sense, a response to some of the observations that have been made by some of the people who have spoken just before me. It is on the second point that I ask you to refer to the copy of the article that I have distributed by M. Scollo, et al., which was published in the 2003 December issue of *Tobacco Control*. Let me just begin by making the point that, when one is evaluating the economic consequences of tobacco control, it is very important to distinguish between anecdotal evidence and science. It is so compelling to listen to the stories about the mom-and-pop establishments that appear to be in danger of disappearing as opposed to the quantitative and often very remote and aggregate data that appeared to be from somewhere else and hard to rebut in the here and now.

This particular article takes a look at about 100 studies that have been published around the world. The media release that was put forward by the researchers indicates that what they found was that the studies that concluded that smoke-free policies have a negative economic impact were almost always based on anecdotal information or subjective measures, rather than on hard information, such as sales figures and employment data. The studies funded by sources clearly independent of the tobacco industry tended to be of a much higher quality and found no such negative impact.

In the media release, Ms. Scollo, the principal author, said that of the nine Australian studies included in the review only one concluded that smoke-free policies may have a negative impact, but that study, which was a survey of proprietors of Tasmanian bars and clubs, was not of much use in assessing smoke-free legislation as it was conducted just weeks after the September 11 attack on the World Trade Center, the collapse of Ansett Airlines that would bring people to Tasmania, and meningococcal outbreak among nightclub patrons.

In other words, this 2003 review of the quality of the studies carried out on the economic impact of smoke-free policies on the hospitality industry found that none of the studies funded by tobacco, either directly or indirectly, used objective measures. All of the tobacco-funded studies reported negative impact; of the more objective studies that were not funded by the tobacco industry, none of those that met their stringent criteria for objective reporting of data reported a negative impact economically with ETS laws. It is important to understand that there is a relationship between funding source and type of information and outcome.

\* (20:10)

The third point I want to make is that I urge you very strongly to consider your initial decision to have an exemption in your legislation. If we return back to my first point about the level playing field, if not at the health stage, now, I will say something about that as well. Certainly, in terms of enforcement it is absolutely essential that proponents and opponents, that the stakeholders who are involved in the process of working through their lives after the law have the sense that it is fair and equitable. A level playing field is absolutely essential. There should be no exemptions.

Finally, again, along the lines of my observation about exemptions, when you recall that this legislation was introduced because you understand the significance of the health hazards of environmental tobacco smoke, I urge you to reconsider your decision to exempt the Aboriginal community, which is, after all, the group that is at most risk for health-related diseases, in view of their higher rate of smoking than the rest of the Manitoba population. Thank you.

**Madam Chairperson:** Thank you very much, Doctor Burt. Are there questions from the committee for Doctor Burt?

**Mr. Rocan:** In the document that you have passed around, to compare the quality and funding source of studies concluding a negative economic impact of smoke-free policies in the hospitality industry to studies concluding no such negative impact, conclusion: all of the best-designed studies report no impact or a positive impact of smoke-free restaurants and bar laws on sales or employment. Policy makers

can act to protect workers and patrons from the toxins in second-hand smoke confident in rejecting industry claims that there will be an adverse economic impact.

Now, you sat there when there were two presenters just prior to your making your presentation saying the complete opposite. What have you got to say about that?

**Ms. Burt:** Well, I think that the response is in the study. You need to know who is funding the research, and you also need to know what sorts of criteria they are using in order to arrive at the conclusions that they are making. This group of researchers that put together this overview of the 91 studies took a look at those kinds of studies. They developed a four-part criterion that they applied.

They wanted to know if the researchers had used objective data. That is to say, did they look at tax receipts or employment data? That was the first criterion.

Secondly, did they include a data point from before and after the legislation was introduced and put into effect?

Third, was there an appropriate use of statistical methods to control for other extraneous variables like September 11 or SARS or mad cow or changes in the dollar value?

Finally, their fourth criterion was, did the researchers control for overall economic trends in the time period of the study? In other words, were other establishments also encountering these kinds of difficulties?

Of the industry-funded studies, only one was in a peer review journal. You know, that does make a difference. If you send it out to people who are doing similar work in the area, who have accreditation, it adds legitimacy to your work. Only one of the industry funded studies was in a peer review journal. None of the industry funded studies met the four criteria that were set up by this group of researchers evaluating the research results. That is a pretty persuasive argument for me.

**Mrs. Driedger:** Doctor Burt, when there is an indication that the studies found no-smoking policies did not hurt businesses, were they looking short term

or more longer term? If they were looking longer term at the effects of the non-smoking on business, was it over half a year, a year? Were they variable in time frames?

**Ms. Burt:** They were variable in their time frames.

**Mrs. Driedger:** Do you have any ballpark figures over what period of time they might have looked at these, the shortest one to the longest one?

**Ms. Burt:** I do not actually think that they report on the time period, but given the fact that this was published in 2003, it probably was a fairly short time period because these environmental tobacco smoke laws have only been brought in relatively recently.

**Mr. Gerrard:** Two questions and they are related. One is that the studies would tend to look at an overall group of businesses and within that group some businesses may actually see their business going down and some would see their business going up. So your studies do not say that all businesses are necessarily going to do better. Some may do worse and some may do better would be my impression.

Second, does your review of these studies suggest any approaches that businesses can take to avoid the negative impacts?

**Ms. Burt:** Well, of course, that is correct. You know, it is a quantitative measure of the overall success or failure of these businesses following the introduction of the legislation. Of course, that brings us back to the contrast between anecdotal evidence which focusses on a particular business that may in fact go under and the range of businesses that continue to do well following the introduction of this legislation.

In terms of things that businesses can do, restaurants have a much easier time responding to this kind of legislation because even smokers prefer to eat in restaurants where there are no smoking rules. There have been some creative responses by bars to add food into their venue, to improve their entertainment possibilities, to put part of their emphasis on attracting the coffee club crowd in addition to the traditional bar crowd. Of course, it requires some innovative measures, but I think we also have to remember that there are certain categories of bars that tend to have a fairly high turnover rate. One of the, I think, persuasive

elements in this article is that they factor the general pattern of turnover into their analysis of the impact of the legislation. So I urge you to read the report. It is very illuminating.

**Mr. Rondeau:** I thank you very, very much for a very informative presentation. You said there are certain categories that do better and some that do trend worse. Can you give us a little bit of elaboration on that?

**Madam Chairperson:** You have about a minute to answer.

**Ms. Burt:** Well, generally the bars that are just bars will have a more difficult time responding to the legislation because they have historically attracted a group of people who like to smoke. So those are the owners who have to look to innovative ways to work around the problem of attraction and that means they may have to change their profile, but here the level playing field is again absolutely crucial because if it is possible for their clientele to go easily 20 or 40 kilometres away to a bar where smoking is permitted, they have a much more difficult time. If all of the bars are smoke free the customers will return.

**Mr. Chairperson:** Doctor Burt, the committee wants to thank you very much. I know you came a long way, and we really do appreciate your coming here to Manitoba to present to the committee.

**Ms. Burt:** Thank you very much for the opportunity.

\* (20:20)

**Madam Chairperson:** I have been requested to ask if Mr. Jim Carr is in the room. Is Jim Carr in the room? You are wanted in the other legislative committee room. If you are in this room if you could please go to Legislative Affairs to present at Legislative Affairs.

Our next presenter is Heidi Howarth from Trails West Hotel, and you are from Brandon, right? Did you have a presentation you wanted distributed to committee members?

**Ms. Heidi Howarth (Trails West Hotel):** No, I just have notes for myself.

**Madam Chairperson:** Please proceed.

**Ms. Howarth:** Hi. My name is Heidi Howarth, and I have been involved with the Trails West Motor Inn for the past 20 years. I should also say I have been involved with a hotel in Winnipeg for 17 years before this.

I have never seen any event or by-law that has impacted businesses as quickly and as drastically as this smoking by-law that we have in Brandon. This is fact, I know we had a presentation done before about studies that have been done. During the first four months, September to December, 2002, my sales dropped \$96,000, an average of \$24,000 a month. Now, a small operation, I do the books, actually I can log all my sales for every month for the past 20 years if you want to come to my operation.

The year 2003, my bar sales \$250,000, an average of \$21,000 a month. The most significant is weekday trade. Mondays were never big sales days. My average was approximately \$900. Now the average is probably around \$300 and, shocking also, there are many days below this.

In Brandon the smoking by-law has changed our pattern of business, drastically reduced weekday trade. Most bars close early Monday to Wednesday. Weekends are reduced also, since patrons comes out later. Bars do not get busy until 11:30 or past midnight. VLT revenue we know in Brandon is still down 25 percent to 30 percent. This is 21 months past the initial by-law. Restaurants, we understand, are not impacted as much.

What I wanted to let you know is that I have been involved with the hotel industry a long, long time and I have seen, certainly in the 1980s we have had 26 percent interest rates, we have had liquor by-laws that have been really strong and stringent. In the Melita area, we have seen a flood area that has been devastated. Those have impacted us, too, but not like this by-law.

What I really did not understand until I really got behind it, and I am not a smoker, I lived with a mother that smoked for 30 years and she finally has quit, is that it is different. I did not realize only 20 percent of society goes to bars. I did not know that 10 years ago. We have a real challenge on our hands because, out of that 20 percent, 85 percent of them smoke, and that is why you are going to see a real reduction in revenue with a lot of these hotels in Manitoba.



One senior liquor inspector told me he believed 25 to 30 hotels would close with the provincial by-law. I have been told otherwise, that it could be up to 50 hotels. That is very significant.

We also know that the majority of people out there do not smoke, which is great. But what about that minority? do we treat them like lepers? I have had some customers, unfortunately, that are in wheelchairs. They cannot go outside when it is snowing and 40 below weather.

I find it interesting, I just came back from Halifax and I came back from Jasper from the hotel convention and they mock Winnipeg, the airlines, because if you touch down if it is 40 below you cannot go to a smoking room, which is what I really want to push for or I hope that this committee would look into. It works in B.C. You know, we have to recognize there is a minority, certainly that 25 percent of society that still smoke, but they are people. They are human beings. My father-in-law was in the St. Boniface Hospital and I saw all the people certainly outside that hospital smoking, and people with I.V. units out there. That is terrible, but why could we not build a smoking room for them? Realistically, I mean other places have done it. The airport, when I went through I saw people being allowed to smoke in Toronto. I have been to Montréal. I have seen a smoking room in Montréal. At least we have got a location. We do not have to let them walk a mile away from the doors.

I am not a smoker and never will be a smoker and I really think what we should be doing is promoting not smoking. Get to the youth and educate them. But we also have to understand that we cannot let all of these hotels close. What is significant, and which I probably did not realize is smokers do not come to the bars and, because they are not coming to the bars the non-smokers are not coming to the bars. Believe it or not, business has not come back, and I do not believe it will come back for a long time, maybe five years, ten years.

So let us go the gradual route. Let us provide them with a room. You know, I am hoping that the provincial by-law will at least look like the B.C. by-law and allow a smoking room. Certainly the unlevel playing field issue comes out all the time. It is uneven right to begin with. I would venture, if you asked every Brandon operation that would like to see some smoking, they would spend the dollars to add a

smoking room. That is how I would like to conclude my presentation.

**Madam Chairperson:** Thank you very much, Ms. Howarth. Are there questions for Ms. Howarth from the committee?

**Mr. Rondeau:** I understand the Brandon by-law does not allow patios. Do you have a patio on your establishment?

**Ms. Howarth:** No, I do not.

**Mr. Rondeau:** Do you also have a restaurant in your establishment?

**Ms. Howarth:** Yes, I do.

**Mr. Rondeau:** Has it experienced the same sort of drops in sales?

**Ms. Howarth:** No, I have not seen a drop in sales.

**Mr. Rondeau:** The other last question would be have you ever tried any promotions or things to draw new people into the bar that would have gotten the old clientele back or new clientele in.

**Ms. Howarth:** Absolutely. I have done a lot of promotion. I do a lot of country music or concert acts. One act was Streethart, who had not been performing in Brandon for four years. I thought it would be a great night. Believe it or not, it was not as great as I thought. What was missing were the smokers.

**Mr. Rondeau:** Thank you very, very much.

**Madam Chairperson:** Thank you, Ms. Howarth.

I have been requested to ask the committee permission to—we have one presenter here who has a husband at home who is not well. Can I have the will of the committee to allow this presenter to come forward? *[Agreed]*

Edna Milne from the Fort Rouge and Imperial Veterans. Is Edna here?

Thank you very much, Edna. The clerks will distribute your presentation. You can proceed.

**Ms. Edna Milne (Fort Rouge and Imperial Veterans):** Some may argue that what I am about to present into the record is possibly redundant. I do not

believe so, given that the previous machination of the past 10 years put our branch into wrongful tax closure.

It may be too late for us, but the cleanup of this administrative mess now may prevent other such closures. Again, as past president of Imperial Veterans Legion Branch 84, I ask you to accept the changes proposed by Mr. Petrinka to make an equal playing field for all our branches and units. There was no confusion in Mr. Schroeder's mind as to the necessary action.

I brought my husband here. He is a World War II veteran. He fought in Dieppe and in the Mediterranean, was in Italy and all the area around there. He really missed the closure of the Imperial Veterans. He enjoyed cribbage, enjoyed darts, enjoyed his dances. Mind you, now he is getting on in years and it is a little more difficult, but he enjoyed the comradeship that he got over there. We are now part of Fort Rouge, but it is not home; it is different. Thank you.

**Madam Chairperson:** If you could just stay at the mike. Are there questions for Ms. Milne?

**Ms. Milne:** Mr. Petrinka will answer any questions later.

\* (20:30)

**Madam Chairperson:** Okay, you did not want to stay for questions. Is that what you are saying?

**Ms. Milne:** That is right.

**Madam Chairperson:** Okay. Thank you very much.

**Ms. Milne:** Thank you.

**Madam Chairperson:** Our next presenter on the list is Mr. Petrinka from the Veterans Association. Mr. Petrinka, the clerks will distribute your presentation. Please feel free to proceed with your oral presentation.

**Mr. John Petrinka (Veterans Association):** I would appreciate waiting a minute or two until that picture is circulated, because it forms the basis of my opening statement. Please do not hog it there, Mr. Rocan. Where is the picture? Has he still got it?

**Madam Chairperson:** Mr. Rocan.

**An Honourable Member:** I have seen it before.

**Some Honourable Members:** Oh, oh.

**Madam Chairperson:** I understand, Mr. Petrinka, you would like us all to look at this picture before you proceed.

**Mr. Petrinka:** Yes, just the picture, Madam Chair, because it forms the basis of my opening statement.

**Madam Chairperson:** Okay, we will circulate it around the table before we start.

**Mr. Petrinka:** Okay. Thank you very much.

**Madam Chairperson:** Before Mr. Petrinka begins his presentation, have all committee members seen the picture? Yes. Thank you, Mr. Petrinka, you can proceed with your presentation. Please proceed.

**Mr. Petrinka:** Well, the two letters that I submitted with the picture are letters from Doctor Gerrard and from Mr. Derkach as members of the opposition who are in support of the action taken by your Premier (Mr. Doer). On the 6th of December, that is when that picture was taken, it was taken at the Christmas party and ostensibly it was taken because we were going to be doing an article for the Legion magazine.

We were going to be reporting to the rest of Canada how Manitoba treated its veterans with fairness. The level playing field that everybody has been talking about today, the fact that we have a mishmash today in the non-profit section of The Municipal Assessment Act and the opportunity here was available for this legislation that is being brought forward to correct all that.

Now to say that we are unhappy with what has been brought forward would be an understatement. But, on the other hand, we must be thankful for small measures, and we are, to that extent, thankful, because what has been brought forward has, in essence, provided an equality factor here equal to the Dauphin exemption that we keep talking about, as Mr. Struthers' constituency.

The Dauphin exemption, for those that are unaware of it, is an exemption whereby veterans and other non-profit organizations in section 6 of The Municipal Assessment Act pay no tax—no tax, no school, no municipal tax. They have not been paying

tax since 1921, since the incorporation of the British Empire Service League. That was before your time, Stan.

So what we have here is a situation where we have been after the government for the last 10 years now, since 1995, to provide this level playing field that everybody has been seeking and asking for. Pages 20 and 21 of your brief attest to that fact, that, on the 3rd of December, the Premier made comments to Mr. Derkach outside the House which granted the Dauphin exemption. The only measure that was unavailable at that time was how it was going to be done, whether it would be done by way of legislation, or by way of regulation. Regulation would be an Order-in-Council, and it would account for the one unknown fact as to when this was going to become effective.

The Order-in-Council always becomes effective on the date of registration. We only need look to a number of issues that have been dealt with in that manner, including the universities' grants exemption, which was registered in January 2002. That registration of that particular regulation made it effective for 2002, not 2003, not 2004, or 2005, like we had with our 1995 bill that was passed. This is extremely important because we kept after the bureaucrats as to when this was going to happen.

We have three outstanding facts that need resolution. One is the municipal exemption. Half of the province is done one way by of municipal exemption, including Winnipeg, Portage la Prairie, Carman and Beausejour. Then, you have the leasehold title. The Chinese Cultural Centre won a court case in '97. It resulted in legislation for '98. We were tied at the hip with this group of non-profits by way of a bill in 1995, and, yet, we were passed over. The "whys" were added to it. We asked, "Why? Why were we passed over?"

They said, "Well, we do not feel," and this seems to be the touch word of the bureaucrats today. When they cannot explain something, they revert back to "we do not feel." "We do not feel at this time it would be appropriate." Well, this went on for two or three years, from 1999 through 2001, and we finally got it on the record here. We go to page 13, I think it is. My mouth is a little dry; I could use a little water, Madam Chairman.

On page 13, just very quickly from the acting provincial assessor. He again states that we are not going to—all I can say is that such an amendment is highly unlikely in the near future, but I will make a note to discuss it when consideration of amendments is next made.

And, yet, in '98 we had that bill come through on the "i's" and the "h's" in the non-profit section. We had, in 2002, the university amendments exemption and then, again, this year. This probably would not have surfaced had the greed of the City not surfaced. They want to rent out all their community clubs. The only way they can do it is by providing another leasehold title exemption to these so-called sponsoring non-profit associations that will be taking over these community clubs.

Well, let us not get into that because it is a pretty long explanation. Enough said that we have leasehold titles all over the place. We still do not have them. We have four in town here. Four leasehold titles. What do you say to these people who are eligible for, but have not received an exemption?

They are paying \$20,000-plus in taxes. Imperial Vets that you just saw was paying \$63,000 in taxes. Their assessment was \$1,145,000 before we started. We got it down to \$625,000; from \$62,000 down to \$11,000 in taxes.

In fact, if you take a look at the presentation that she gave you, we did a calculation on the tax overdraft. The amount of taxes that were wrongfully collected from 1970 through 1996 amounted to \$1,105,000, and yet they were closed for a so-called \$30,000 tax arrear bill. What kind of sense does that make to anybody?

\* (20:40)

Yet we got into a problem with, at the city it was wait until Mr. Kaufman is elected. He did not get elected, so we lost there. Wait until the Conservatives are re-elected in '99. They did not get re-elected. Okay, so we have a situation here now where we have the former minister, who is now somewhat more informed than he was when he was the minister. We have a situation where the time is right now to make this thing right. We do not pay any business tax inside the Perimeter. There are a few jurisdictions outside of the Perimeter that do—

it is the other way around, some that do not, but most of them do.

With the exception of the three that I just mentioned earlier, Portage, Carman and Beausejour, all the rest of them, 42 of them, are paying municipal tax. That grid that your presenters talked about earlier is exactly the same here. Unless you make it mandatory for the exemption as opposed to leaving it permissive, heck, I do not even know if once this thing gets done here and this thing gets passed what is going to prevent the City of Winnipeg from rescinding that municipal by-law. There is absolutely nothing.

So do one of two things. Either make us equal to everybody else or exclude everybody from exemptions. That includes all of the properties under the Centennial properties tax act. That includes the francophones du Manitoba, the Ukrainians, the Mennonites, the Jewish, and the list goes on and on, including the ballet and the Prairie Theatre company.

Let us do away with all the exemptions. Let us make everybody equal. We do not mind that these people have these exemptions. We just want to know when you are going to treat us fairly. When are you going to treat us the same way you have treated everybody else? When is it going to be our turn? When will I be able to give up living in the damn hallways here for the last five and a half years? Tell me, tell me that you are going to make the change. These people here want to know. This is the first time these people have come out. I have been invoked to get the people in the wheelchairs and the crutches, and so forth, and parade out in front of your building. They do not operate like that. They have a little bit more dignity than some other people that I know.

So, in closing, I would just like to say one more thing. In 1995, when we started this thing, and I would like to read this, because this forms the basis of this whole argument. This comes from the Royal Canadian Legion—

**Madam Chairperson:** Mr. Petrinka, before you proceed—he has 30 seconds remaining in his presentation.

**Mr. Petrinka:** I would like to ask leave for another two or three minutes or possibly you—

**Madam Chairperson:** Is there leave from the committee for him to proceed with the understanding that his questions would be reduced. Is there leave from the committee? The amount of time remaining for his questions would be reduced. Is there leave from the committee? *[Agreed]*

Please proceed, Mr. Petrinka.

**Mr. Petrinka:** This will not take long, Madam Chair. In 1994 I was approached to help the Legions, my own branch included, because we were all in dire straits back in them days. This was just at the time of VLTs and all the other stuff that happened. This is the first authorization, and I must indicate that in order for me to operate or to act on anybody's behalf, I needed an authorization. The act requires it. The act says that, to whom it may concern, this letter will confirm that the St. James Legion, No. 4, has authorized you to act as their representative concerning the appeal for the removal of their school tax assessment. It does not say partial assessment. It says school tax assessment with the City of Winnipeg,

To that extent I went to see the provincial assessor on the 10th of April. He indicated to me, because of the fact that there were these two previous law suits, one with the Pembina Curling Club and the other with the German Society of which I was involved with the second one. He indicated to me that if I went to the City, he would recommend to the City that there be a grant made in lieu of the fact that this legislation was not up to par at that point and he would, in fact, during the next legislative session bring it into lock step with everybody else. Okay?

I engaged a lawyer, Vic Schroeder, the former Attorney General, and that thing that we just handed in to you from Ms. Milne includes that presentation to EPC on City Council which he reviewed at the time he was the acting member of the government in transition. You had just been elected. He was already acting in that transitional government. I asked him to make a phone call to somebody that he knew here and explain to them what was happening. He said, "John, I cannot do it in the event that they box you and you have to go to court, I may have to end up as a witness for you. So I cannot do that." So I have asked a number of people. But he said, "If they call me, I will tell them exactly what was in that report to EPC on the 27th of October, 1999."

We had money coming to us at that time. We would not be here today if that would have happened. Then there was further exacerbated by the exacerbation of circumstances that happened within the provincial government and the city assessor. Do not ask me what happened, why it happened or otherwise. But we went to the City, myself, Vic Schroeder, we talked to their legal people and their assessment people and it was agreed upon that it probably would not happen because Board of Revision was only a couple of days off. It was also agreed that it would have to go to legislative change in order for this to become effective.

Now, the one thing that bothers me here is something happened between writing the letters to Mr. Derkach and the letters that we got back. The letters that we got back make no mention of a 23(1)(i) clawback and I will not get into that, but it means that instead of making us equal to them, which was no tax, they made them equal to us by clawing back. There was a change in policy somewhere down the road and then it just confused the issue all the way down the road because from there on in all we were doing was arguing amongst ourselves and that is, in essence, the sum and substance of my story.

**Madam Chairperson:** Thank you very much, Mr. Petrinka. I will entertain questions for one minute.

**Mr. Leonard Derkach (Russell):** Mr. Petrinka, I am quite familiar with the amount of time you have spent on this file and it is one you have spent many years on, lobbying on behalf of veterans across this province

I am somewhat confused in terms of whether or not the legislation that is before us today addresses all of the concerns that you had, and whether you are satisfied that even though you have to wait to January 1, 2006, I believe, whether that is acceptable to you or whether this seems to be unusual in terms of when the effective date is.

**Madam Chairperson:** Thank you very much. Mr. Petrinka, you have 30 seconds to answer. Please proceed.

**Mr. Petrinka:** Very good question. That legislation that came forward in 1995, it came into force on the 1st of January, 1996. The City argued because the

roles closed on the 31st of December, 1995, therefore 1996 was precluded. It could not happen until 1997, but because it was new legislation, or new methodology, it could not happen until a general reassessment year, yet, in the same breath that city lawyer argued that even the Province was not doing it until 1999. So her statement became redundant because then the province could not do it till 2002.

I mean this is the kind of stuff that we have been dealing with. I would like to say that page 22 is what we are recommending. We are recommending that this legislation be rescinded and that an Order-in-Council be drafted and we have done it for you.

**Madam Chairperson:** Thank you very much for your presentation, Mr. Petrinka. I would like to thank you on behalf of the entire committee. I know you have worked very hard and very long, and we appreciate your appearing before us.

**Mr. Petrinka:** Madam Chair, could I just say one more thing, because of just—

**Madam Chairperson:** Okay, Mr. Petrinka, if you can—

**Mr. Petrinka:** This is extremely important, 15 seconds.

\* (20:50)

**Madam Chairperson:** Yes, perfect.

**Mr. Petrinka:** We have to consult with the AMM, okay? I can assure you that those 40-some-odd AMM members that were concerned have all replied, and this was presented to the minister in 1999, not 2001, not 2004, 1999. You have had this for four years, and they have all said the same thing, that pass the legislation and we will do it.

**Madam Chairperson:** Okay, thank you, Mr. Petrinka. I have other people who have to present. Thank you very much.

Murray Gibson, executive director for Manitoba Tobacco Reduction Alliance, do you have a written presentation?

**Mr. Murray Gibson (Executive Director, Manitoba Tobacco Reduction Alliance):** Yes, I do.

**Madam Chairperson:** Thank you. Mr. Gibson, you can proceed.

**Mr. Gibson:** Madam Chair and members of the standing committee, I want to thank you for the opportunity to speak to Bill 21 at this important stage in its development. I also want to thank the all-party task force for the many opportunities that were provided to people around this province to have input into this important bill. I think the process is to be lauded.

It has been my privilege to work on a brief for dissemination by the organization I work with, MANTRA, to our partners around the province, and we hope to have it in their hands as soon as this bill goes forward. Tonight what you are going to hear is a brief of a brief. Probably, I have about nine minutes left, so I am going to make nine points.

I want to quickly share with you nine reasons why this needs to move forward.

First of all, to eliminate a major health risk. The international agency for the research on cancer lists 17 cancer-causing chemicals found in tobacco smoke to which all exposure should be avoided. A Harvard report on cancer prevention, and this puts it in perspective, shows that only 2 percent of cancer deaths can be attributed to risks posed by environmental pollution compared to 30 percent linked to tobacco. We need to understand where the priorities are.

My thoughts. Smoking, and I use it in a commercial use sense, is in and of itself a major health risk causing needless death and disease, and that is fact. That is not fiction. Environmental tobacco smoke turns clothes, workplaces and public places into veritable toxic waste dumps, and needlessly causes disease and death in non-smokers.

By proceeding with this legislation, this government will eliminate, according to the Centers for Disease Control, average exposure to environmental tobacco smoke by 60.5 percent. People in this province will be spared 60.5 percent of exposure, and I thank you for that.

We must not stop here, however. We must come up with constructive ways to protect the health of all Manitobans, including those living on First Nations reserves. I also take you to the fact that 24 percent of

children in this province in 2001 were still living in homes where smoking was the practice. We have a lot of work yet to do, and I think we need to move as far as we can and as fast as we can.

My second reason is to protect workers and others from environmental tobacco smoke. Bar and tavern employees have higher rates of lung cancer than almost all other occupations, including firefighters and miners.

Non-smoking food service workers are 50 percent more likely to develop lung cancer than other non-smokers. The reason I have focussed on the cancer issue is because I have spent the last 15 years of my work life working for the Canadian Cancer Society prior to moving to this position.

My thoughts. The Manitoba Workplace Safety and Health Act applies to all provincially regulated workplaces equally. If the province upholds that act, it must uphold it with all workplaces. All workers need to know that their right to a healthy workplace will not be compromised by an employer who fails to act or to accept that responsibility, be they government, corporate or individual employer—

My third reason, to avoid litigation. In 2002, the Ontario Workplace Safety and Insurance Board upheld the claim of Heather Crowe, who has been mentioned here tonight, a never-smoking waitress who said that her terminal lung cancer was a result of working in smoke-filled restaurants for 30 years. Similarly, the British Columbia Workers' Compensation Board allowed a recent claim from a woman who filed for disability because she developed breast cancer in a smoke-filled workplace.

My thoughts. The Manitoba Workplace Safety and Health Act specifies that it is the employer's duty to maintain a safe and healthy work environment. This legislation should be recognized by all employers, and I would say that what you are proposing here today should be looked on favourably by all employers, because they do have a liability in these situations, and you are protecting them from the risk that is involved therewith.

My fourth point, to help smokers quit and prevent young people from starting. An Environics poll conducted by the Canadian Cancer Society in December 2003 indicates that 84 percent of Canadians wish they had never started smoking, and 82 percent indicated they intend to make a quit

attempt in the future. Research commissioned by the Centers for Disease Control indicates that smoke-free workplaces and public places reduce tobacco consumption and increase quit attempts. If you want to know the number, it increases quit attempts by 9 percent according to the Centers for Disease Control. The *Journal of Health Economics* reported in 1997 that smoking bans in public places deter young people from smoking.

My thoughts. Making it easier for smokers to quit is consistent with what they claim is their own desires and intentions. This legislation assists those who wish to quit smoking, and is only a threat to those who thrive off that addiction.

My fifth point, to make economic sense. Health Canada estimates that the societal costs of smoking are \$15 billion, of which \$3.5 billion was spent on direct health care costs. Study after independent study based on sales tax receipts confirm that the hospitality industry does not lose business when bars and restaurants go smoke-free. I have made a little project, starting the last couple of weeks, to compile reports on studies that have been done. This is what I have come up with so far. I am going to continue that and will be filing a report on what I find. These are reports that indicate exactly what I have said to you.

My thoughts. Since 1965 the rate of smoking amongst males has dropped from 60 percent to its current 21 percent. In the last two years smoking rates in Manitoba have declined from 26 to 21 percent. I would suggest to businesses who depend on smoking clientele for their business, they just lost, in the last two years, 20 percent of their potential customers. I write a business plan for the organization I work with. I check the environment. If it was telling me that, I would soon alter my plan. If I knew that since 1965 we had gone from 60 percent to 21 percent, I would be saying, "Shouldn't I be writing a different business plan?"

My sixth point is to promote fairness. Fairness means that those who compete, do so from a level playing field. The City of Winnipeg created an unlevel playing field with the introduction of its initial by-law by restricting smoking to those places where minors could not attend. It was neither fair to patrons nor to competing businesses and was subsequently changed. One of the stories that came forward in that was that hotel industries started to provide more food services to attract the patrons who

could not smoke in the restaurants, and the restaurant association considered it was an unlevel playing field.

My thoughts. Designated smoking rooms are one more example of a measure that is both unacceptable from a health perspective, and unfair to those who cannot afford costly renovations and ventilation systems. We applaud the government for not considering these types of unfair and unacceptable measures.

My next point, to increase employee and customer satisfaction. In 1999, Prairie Research Associates conducted a poll of 904 randomly selected Manitoba residents. It revealed the following: 93 percent of respondents believed ETS or environmental tobacco smoke to be harmful to others in public places; 90 percent of respondents agree that workers are entitled to a smoke-free workplace; 88 percent of non-smokers believe that bar and restaurant workers should be protected.

Note this statistic, 51 percent of smokers believe that bar and restaurant workers should be protected. Now is that not interesting?

**Madam Chairperson:** Mr. Gibson, you have one minute left, just to tell you.

\* (21:00)

**Mr. Gibson:** We all hold a high ideal about that, but I think we have to realize that this is all about 10 minutes, about a 10-minute walk outside to have a smoke.

To halt the manipulation of the tobacco industry. That industry has knowingly marketed its product to youth, knowingly engaged in smuggling to avoid taxes, knowingly resisted every effort to demonstrate the severe health affects of its products. Dr. Gro Harlem Brundland, the Director-General of World Health Organization, asked this question which all Manitobans should understand: "Why is the tobacco industry like a mosquito?" He said, "Because both are blood-sucking, disease-spreading parasites which cause epidemics." Pretty straightforward.

My thoughts. A *Reader's Digest* poll suggests that 62 percent of Canadians believe the most trustworthy organization is the medical research society. At the bottom of that poll was the tobacco

industry at 8 percent. Excuse me, where would you like to get your information?

To respect the will of the majority of Canadians. That is what the report, "What Manitobans Said" to you, 70 percent said this is what we want. Thank you.

**Madam Chairperson:** Thank you very much, Mr. Gibson. Are there questions for Mr. Gibson from the committee?

**Mr. Gerrard:** Thank you for coming. You have clearly put in a lot of effort and a lot of research. I just want to say thank you for being stalwart, and attending so many of the sessions that we have had.

**Mr. Rondeau:** I would also like to thank you, and thank you on your advocacy and direction of this issue. You have not been quiet and shy, and you have certainly got your message across loud and clear. So thank you for all your efforts on behalf of the health of Manitobans.

**Hon. Stan Struthers (Minister of Conservation):** Thank you very much, Murray, for your presentation. I enjoyed listening to you tonight, as well as I did when you presented to our task force that I chaired and we toured the province.

That task force heard some varying opinions and research having to do with designated smoking rooms. What is the problem? What is the problem with putting out a smoking room that is ventilated for people to take part in? What is the health reason not to do that?

**Mr. Gibson:** The Environmental Protection Agency from the U.S. and also ASH review set standards for that. They have both indicated that you cannot totally remove all the carcinogens from the air. Just taking the smoke out of the air does not take out the carcinogens. There are problems with the maintenance of that equipment. There are problems with those who have to inspect those rooms and make decisions about that, whether or not those rooms are safe.

There are problems with those who leave doors open on those rooms. We saw it in our own Winnipeg airport and, eventually, that room was closed. I went by there many times and saw that door open. So there are a number of problems and that presents a health problem as well to the workers who

must go in and clean up those facilities, even though they do not have to go in there during the time people are smoking there.

**Madam Chairperson:** Thank you very much, Mr. Gibson.

Margaret Bernherdt-Lowdon from the Heart and Stroke Foundation of Manitoba. Thank you very much, Ms. Bernherdt-Lowdon. You can proceed.

**Ms. Margaret Bernherdt-Lowdon (Heart and Stroke Foundation of Manitoba):** First of all, I would like to start by thanking you for the opportunity to come out and speak tonight on something we feel is very important.

I will start off with the mission of the Heart and Stroke Foundation. Our mission is to improve the health of Manitobans by preventing and reducing disability and death from heart disease and stroke through research, health promotion and advocacy.

We firmly believe at the foundation that there is no safe level of exposure to environmental tobacco smoke, and we applaud your efforts and the efforts of the all-party task force on environmental tobacco smoke to protect Manitobans. We support Bill 21, The Non-Smokers Health Protection Act.

Bill 21 shows that you have listened to the majority of Manitobans who are in favour of a province-wide smoking ban in enclosed public and work spaces and, as you know, approximately 70 percent of the participants in the hearings were in favour of such legislation.

Manitobans understand that the environmental tobacco smoke, or ETS, is a universally-recognized health hazard. This is not merely the opinion of the Advisory Council on Workplace Safety and Health. It is scientifically proven.

Exposure to ETS is the third leading cause of death in Canada, and it is estimated that up to 8000 Canadians will die this year from illnesses caused by ETS. According to Health Canada, at least 700 non-smoking Canadians will die this year from heart disease, because they have been exposed to second-hand smoke.

ETS, as you know, contains over 4000 chemicals. More than 40 of these are known to cause



heart disease and over 200 are known poisons, and we know that exposure to ETS has been shown to increase the heart rate, decrease the heart's oxygen supply, raise blood pressure and increase blood clot formation.

*Mr. Vice-Chairperson in the Chair.*

All of these have been shown to lead to the development of heart attack, heart disease and stroke. In fact, people regularly exposed to second-hand smoke in their homes or in their workplaces have a 30 percent increase of heart attacks alone.

Now, we also know that the amount of exposure to ETS does not have to be prolonged to cause damage. A recent study reported in JAMA demonstrated that ETS damages the blood vessels leading to the heart even after only 30 minutes of exposure.

We know that heart disease and stroke have a severe impact on Manitobans. Together, they are the leading cause of death for Manitobans. Over 37 percent of deaths in Manitoba, or 3656 Manitobans will die this year from heart disease and stroke.

We also know that approximately 280 000 Manitobans are living with the effects of stroke and heart disease. These Manitobans cope daily with the effects that include chronic pain, activity restrictions, depression, disabilities and unemployment. We also know that heart disease and stroke remain the most costly disease to treat in Manitoba. In 1998, Health Canada estimated the total economic burden of cardiovascular disease to be \$753 million, and that was in 1998.

People with risk factors for heart disease and stroke are vulnerable to exposure to ETS as well. So, if a non-smoker already has risk factors for heart disease like high blood pressure, high blood cholesterol, they are put at an even greater risk by being exposed to ETS. People with existing heart diseases like angina or congestive heart failure are also vulnerable. They find that their condition is worsened by exposure to environmental tobacco smoke.

A recent study in Helena, Montana, observed that hospital admissions for heart attack declined by 40 percent during that time period where they had a smoking ban in their community. The ban lasted for six months and, unfortunately, the ban was repealed

and as soon as it was repealed the heart attack rates went right back to normal again.

The people who are especially vulnerable to the effects of ETS smoke are children. Their bodies are still developing. They have smaller airways. They breathe at a faster rate, and they have more lung area per body size than adults.

So, what we need in Manitoba is an effective approach. The foundation is in favour of policies and legislation that would treat environmental tobacco smoke as an environmental toxin from which the public and workers should be protected. So we are in favour of a complete ban on smoking in all public and work places. As a result, we will support Bill 21.

We applaud the efforts of the all-party task force and your recommendations to enact such legislation, to implement a public education campaign and have the provincial government, and I quote, "continue to provide appropriate resources to support education, prevention and cessation initiatives."

All of these recommendations and Bill 21 are part of a comprehensive tobacco control strategy that we will need to reduce tobacco use and its resulting devastation. Any effective comprehensive strategy will need to also include prevention of tobacco use in the young, protection of non-smokers from second-hand smoke, provision of smoking cessation programs and denormalization of tobacco use and the tobacco industry. A complete ban on smoking in all public and work places is really the only sound public health measure that can be taken to control environmental tobacco smoke.

Partial bans have been proven to be ineffective. The Heart and Stroke Foundation and our partners in MANTRA and other groups are working to educate the public about the dangers of ETS; and, given the importance of environmental tobacco smoke as a risk factor for heart disease and stroke, actions of this magnitude have the potential to considerably improve the health of Manitobans.

In conclusion, we applaud the efforts of the All-Party Task Force on Environmental Tobacco Smoke, the Advisory Council on Workplace Safety and Health, and everyone who is instrumental in moving this legislation forward. We commend the provincial government for taking a leadership role in tobacco

control. Bill 21 will be part of an effective strategy to protect and improve the health of Manitobans.

**Mr. Vice-Chairperson:** Thank you, Ms. Bernherdt-Lowdon. Any questions?

**Mr. Rocan:** Margaret, several presenters prior to your arrival, Dr. Jay Duncan being one, the past president of the Manitoba Medical Association, I believe the Cancer Society and certain individuals, they talk with regard to exemptions, that Bill 21 has exempted First Nations casinos. Your thoughts on that, please.

**Ms. Bernherdt-Lowdon:** We would prefer to have legislation that protects all Manitobans.

**Mr. Vice-Chairperson:** Thank you. Any other questions?

**Mr. Rondeau:** Thank you very much and your hard work at the Heart and Stroke. It was great seeing you there today, but I was just wondering about this: When you are talking about this ban, what do you think the all-out public health implications will be over time?

\* (21:10)

**Ms. Bernherdt-Lowdon:** I think we will see a significant impact. Obviously, we are not going to see it right away, but we do believe it will cause a significant impact in particular with heart disease and stroke. We know that if we continue in the rate that we are going, we are going to see triple the amount of heart disease and stroke. We are predicting now that, because of tobacco use and other things that lead to heart disease and stroke, in 20 years people will have their first heart attack by the time they are 30. That is something that the health care system will not be able to handle. So we think it is very crucial that we think about measures like these to prevent heart disease and stroke from happening in the first place.

**Mr. Rondeau:** Thank you very much for your presentation.

**Mr. Vice-Chairperson:** Thank you.

Doctor Dhaliwal.

*Madam Chairperson in the Chair*

**Mr. Dhali Dhaliwal (President and Chief Executive Officer, CancerCare Manitoba):**

Madam Chair, committee members, my name is Dhaliwal. I am the CEO of CancerCare Manitoba. I have just moved here from Ontario where I have spent a long time fighting for legislation such as this. I have been a general physician for eight years and a practising cancer physician for twenty-four years. I have been fighting for anti-smoking legislation all my life.

I thank the committee for this opportunity to support Bill 21. I applaud the government and the non-partisan approach of all the parties that have taken this bill to this stage. The courage and the visionary leadership will be appreciated by generations to come.

Truth, it can be said, is sometimes stranger than fiction. Take, for example, the nature of these proceedings tonight in which a group of thoughtful, wise Legislative members sit listening to honest, well-meaning citizenry plead passionately for and against a law that seeks to restrict at work and public places the exposure of unwitting, unwilling fellow human beings to a lethal mixture of chemicals, a mixture from a product called cigarettes that kills when it is used exactly as intended. I have deliberately tried to save trees and not reproduce a lot of the evidence. You have heard it. You have reams of that scientific evidence which is incontrovertible. You have heard previous speakers so I do not wish to take the committee's time in repeating what they have said, but the harmful effects of tobacco smoke have been documented for nearly four centuries. Clear scientific evidence has been presented for over 60 years. It was exactly 40 years ago this year that a major U.S. report confirmed all these findings; yet here we are tonight continuing to debate and ponder what we should do about tobacco smoking. In the meantime, slowly, inexorably the toll of sickness and death continues. Clearly, reason is insufficient.

So what can I say in ten minutes, eight now, to make a difference? I fear very little since this is sometimes not rational debate. What can I say to strengthen your resolve? As a cancer physician, perhaps I can give my testimony that I have had the misfortune to witness the terrible toll of human suffering caused by tobacco. This began early in my medical career. As a medical student, I vividly recall a 37-year-old man affected by peripheral vascular

disease affecting the arteries to his hands and fingers, which caused gangrene made worse by smoking. He had all the fingers of his hands and all his toes except two digits, the little finger and the thumb of the left hand. The image of him sitting quietly in a wheelchair smoking on the ward—in those days even doctors smoked on the wards—the cigarette held between his two remaining digits was a vivid reminder of the addictive power of one of the most addictive substances we know, nicotine. It is as addictive as heroine for many.

A stint as a respiratory specialist in a unit illustrated more of the havoc reeked in delicate airways, resulting in end-stage emphysema and bronchitis. Some patients as young as 45 years old could not walk to the toilet because of constant breathlessness, and required oxygen at night to sustain them, a living death that many themselves called it. For the past 25 years, I focussed on cancer and will not repeat the stats you are already aware of, that cigarettes are the number one cause of preventable death. Tragedies of generations being affected are only too real when, as a cancer physician, you take a family history, where a grandfather, a father, uncles and aunts dying of smoking-related disease or cancer. Yet their offspring continue to smoke.

Again, they are victims of cynical commercial exploitation through the vehicles of a highly addictive product. Smokers need our help and compassion just like any other addict. The majority want to quit, have tried to quit, but have failed because they have not had professional help to succeed.

Particularly poignant and tragic are those cases of patients afflicted by cancer or heart disease due to second-hand smoke. You have heard the data on second-hand smoke already, so I will not repeat it. But industry has aggressively tried to deceive people into believing there is no evidence; yet, the scientific evidence is running now into hundreds of papers. You only need to check the WHO site.

We know that public policy initiatives do make a difference. The evidence speaks for itself in all the jurisdictions where this has been implemented. We have made progress. We have reduced smoking from 60 percent of our adult population down to about 20 to 22 percent, as you have heard.

This law will accelerate that progress. Smoking-related disease burden is heavier among the disadvantaged and poor and some specific groups such as single young women, Aboriginal youth and those of low socio-economic groups. This group is the same group that finds it harder to quit smoking. High alcohol consumption and cigarette smoking are intimately related in this group. It is a lethal combination.

\* (21:20)

Let me illustrate. If you smoke heavily, your chances of developing mouth and throat cancer are increased six- to sevenfold. If you also drink heavily, another fourfold increase in the risk of cancer. Multiplying the two, you would think that is a thirtyfold increase, but not so. There is a synergistic effect so that the risk is increased seventy-five to a hundredfold when both are practised heavily.

Therefore, removing one exposure, cigarette smoke, can have extraordinary benefits. Similar interactions occur with industrial toxins such as asbestos, radium and many other chemicals. As you have heard, tobacco smoke contains over 50 cancer-causing chemicals. By the way, many of them cannot be legally buried in the rubbish dump. Complete elimination is the only answer, no half measures.

This is an historic step in Manitoba. It will set the stage of eliminating cigarettes from our lives. That is the normal human state. As a society, we were hoodwinked into believing it and accepting it. This law will help to reject that status. The bill will help our citizens, our youth, our economy.

It will particularly set the stage for control in the Aboriginal population. This population, I fear and I do repeat the evidence; you asked for the evidence. We know that many of the Aboriginal youth and community smoking rates are in the region of 60 percent, which is exactly what it was in the 1960's in the general population.

So it is not rocket science—

**Madam Chairperson:** Doctor Dhaliwal, you have 15 seconds remaining.

**Mr. Dhaliwal:** So it is not rocket science to say that we will see an epidemic of cancer. This cancer

agency is charged by the cancer act to control cancer in this province. We support this bill wholeheartedly and urge you to pursue this comprehensive policy.

**Madam Chairperson:** Thank you very much.

**Mr. Rocan:** Doctor Dhaliwal, first of all, let me express my gratitude for you being here this evening on behalf of CancerCare Manitoba. In your opening remarks, you said—I am trying to think of your words, but what can I say in 10 minutes to try and convince the committee members? You have spoken volumes, sir. As you were speaking, I was looking around at the committee members here, and the grimaces that we were making at the way that you were talking about the situations that you have to deal with on a regular basis.

In your comments, sir, you touch on it several times when you talk about Aboriginal people. In fact, your last, No. 6, your point, "without further action smoking-related diseases, including cancer, are predicted to increase dramatically in the next two decades in Aboriginal people." Is it incumbent upon us as a group of legislators to try to see whether or not there would be a way to get First Nations people to also accept the benefits of Bill 21?

**Mr. Dhaliwal:** Absolutely, and we have to find ways, otherwise, we will be looking for treatments that we cannot afford, just as today we are looking for dialysis machines and coronary artery surgery options as a direct result of obesity and diabetes. That epidemic of diabetes was predicted 20 years ago.

**Mr. Rocan:** Doctor Dhaliwal, just a little statement on behalf of all Manitobans. Thank you very much for moving here from Ontario.

**Mr. Gerrard:** Thank you, for your presentation. I just want to give you a moment to expand a little bit more on the implications in terms of heart disease, lung disease, cancer in the Aboriginal people in Manitoba, if the current trends are not turned around.

**Mr. Dhaliwal:** If we do not turn the current trends, we will have large numbers of Aboriginal people dying of cancer and heart disease and the combined effects of the two. Sometimes the heart disease will prevent you from effectively treating cancer as well.

That is why I think we have a chance. We have a chance with the Aboriginal population since at least 50 percent of them are under the age of 30, and we will not see these slow effects for another 10, 15 years. So we have an opportunity to try to eliminate the smoking culture. The Aboriginal people—I was a founding member of the Aboriginal cancer care committee in Ontario—they want this. They want this.

**Mr. Rondeau:** I would like to thank you, and just want your opinion on our efforts with young people. Basically, what we have done is focussed a lot of our campaign on the young to try to stop smoking. I just wondered your opinion on what is the best method of preventing people to start.

**Madam Chairperson:** Doctor Dhaliwal. You have about 45 seconds to answer.

**Mr. Dhaliwal:** The best method is to ensure that our youth and young do not regard smoking as a normal thing to do. It should be a filthy, dirty, dangerous habit and we need to teach that by example. This bill is one of the processes.

**Mr. Gerrard:** Just as diabetes causes vascular disease or is associated with vascular disease, smoking is associated with heart disease. Is there a synergistic or an additive effect?

**Mr. Dhaliwal:** Absolutely. It is—

**Madam Chairperson:** Doctor Dhaliwal, you have about 20 seconds.

**Mr. Dhaliwal:** Absolutely.

**Madam Chairperson:** Thank you so much for your presentation. We really appreciate you appearing before the committee.

**Mr. Dhaliwal:** Thank you for the opportunity.

**Madam Chairperson:** Ken Leslie from the Alliance for Prevention of Chronic Disease. Mr. Leslie, please proceed. Thank you very much.

**Mr. Ken Leslie (Alliance for Prevention of Chronic Disease):** Madam Chairperson, good evening all. I represent the Alliance for the Prevention of Chronic Disease in Manitoba. In my

paper you will see a chart, first of all, which I will refer to.

The Alliance for the Prevention of Chronic Disease wishes to speak in favour of The Non-Smokers Health Protection Act, Bill 21. We are a partnership of six Manitoba health-related organizations committed to working together to reduce the incidence of cancer, diabetes, cardiovascular, kidney and lung diseases.

These six non-profit organizations work together every day to support individuals and families to cope with chronic disease. They engage over 10 000 volunteers and staff members across Manitoba. We came together due to the fact that our organizations address chronic disease that shares modifiable risk factors of physical inactivity, poor nutrition and tobacco and their environments.

The Alliance was formed in 1996, incorporated in 1998 and became a registered Canadian charity in 1999. The Alliance focusses on primary prevention, addressing both the total population and high-risk segments. We take a population approach to support healthy environments and influence behaviour change to reduce the incidences of chronic disease. We applaud the province in putting forth this legislation to protect Manitobans.

**Chronic Disease Behavioural Risk Factors.** Please refer to the diagram provided to visually note the links of smoking to the chronic diseases. It overwhelmingly portrays the immense impact of tobacco smoking in chronic disease. Smoking is responsible for approximately 30 percent of all cancer deaths. Tobacco consumption is related causally to cancers of the lung, mouth, larynx, esophagus, bladder, kidney and pancreas.

Smoking and the exposure to second-hand smoke is the major preventable cause of respiratory diseases, including chronic obstructive pulmonary disease, emphysema, asthma and chronic bronchitis. As well, smoking is a key factor in the incidence of various forms of cancer including lung, bladder, esophagus, stomach, colon, pancreatic and oral neoplasms. Smoking is also a major risk factor for the development of cardiovascular disease and a significant factor in the development of the major complications for diabetes. Finally, smoking is related to kidney disease via its relationship to the development of high blood pressure.

\* (21:30)

What the attached diagram portrays is the commonality of the risk behaviours across the diseases and in some cases the interrelationships of the diseases themselves. Quite frankly, the relationship between smoking tobacco and chronic disease makes smoking a number one killer.

Smokers' risk of heart attack and stroke is more than twice that of non-smokers. Smoking acts with other risk factors to greatly increase the risk of cardiovascular disease and influences several factors that may increase insulin resistance and interfere with insulin action.

There is sufficient evidence based on the studies in humans to show that environmental tobacco smoke (ETS) is a human carcinogen with causal relationship between passive exposure to tobacco smoke and lung cancer in non-smokers. Regular ETS exposure increases the risk of heart attack and stroke in non-smokers.

Environments support unhealthy behaviours. The unhealthy behaviours, such as smoking, do not just emerge in adulthood. Children and adolescents take up unhealthy behaviours through mass marketing and media pressure which are reinforced through peer pressures. Parental and peer tobacco smoking and quitting have been found to be important influences on the uptake of smoking especially with younger children.

Unhealthy behaviours are directly and indirectly shaped by family, friends, peer groups, schools, the broader social and physical environments. The prevalence of unhealthy behaviours shows clear variations between race, gender, social and economic groups indicating the importance that social and economic determinants have on an individual's choice of diet, smoking, and the extent of physical activity.

The Alliance for the Prevention of Chronic Disease of Manitoba supports Bill 21. Research demonstrates that the impact on smoking, on chronic disease, is overwhelming. Granting Bill 21 Royal Assent is a first step to ensure healthier lives for Manitobans choosing not to smoke, including the elderly who already have chronic diseases and respiratory conditions, as well as children. It is also to encourage those who do smoke to consider a healthier alternative. This bill responds to the

research conducted and published in the document *What Manitobans Want*. Manitobans have realized the risk of tobacco smoking and want it minimized. Supporting Bill 21 directly supports Manitobans in their desire for smoke-free environments.

I just want to finish off with a verbal note. Earlier today the Canadian Cancer Society hosted a research luncheon with various members of groups in attendance. We had a good collection of the non-profit organizations, members of the Alliance, as well as researchers in other health-related organizations. The intent there really is to gain a support and a coalition that all of the groups can work together and hopefully put some research funding together so that we can do something with this act. There is going to be cause and effect.

We are really excited about what effect this bill is going to have on all Manitobans. I think this is something that we want a scientific research project done on that can stand the test of scrutiny so that other jurisdictions; provinces, states, countries can take a look at this natural experiment that is available to us right now and hopefully put it to test. So, thank you for your time.

**Madam Chairperson:** Thank you, Mr. Leslie. Does the committee have questions for Mr. Leslie?

**Mrs. Driedger:** When I was doing some research in preparation of this bill, I came across some information of a new study that came out in California recently that also has a link with smoking and breast cancer, particularly in younger women. They said that it was researched by the California Environmental Protection Agency, and it was the first time this link has been made so directly. Also, according to Health Canada, it says, "Pregnant women who smoke have higher rates of miscarriage, stillborn babies, premature birth, low birth weight babies and babies who die of SIDS."

Through the Manitoba Women's Advisory Council it talks about smoking doubles the risk of cervical cancer and it goes on to relate a number of other medical issues, particularly for women. I note that some of it, particularly the breast cancer or the cervical cancer, was not specifically mentioned in your presentation and wondered if you have been doing any research in that particular area and can comment on that.

**Mr. Leslie:** From the Alliance for the Prevention of Chronic Disease perspective, I could not comment on that particular research. Certainly, the members of our organization, who are the Canadian Cancer Society, the heart and stroke, lung, and kidney associations, could support those questions. If you would like those answers, we can certainly have them brought to you.

**Mrs. Driedger:** Thank you. I will certainly pursue that with some of the members of those associations because it is certainly an interesting connection when they start linking smoking and breast cancer, particularly in younger women, and cervical cancer. I mean, it does go on to list a number of other issues. I guess it just made me think that if women were much more aware of these kinds of correlations that maybe we might have a better chance of selling this danger of smoking to women on a broader basis.

**Mr. Leslie:** I would agree with you. Thank you.

**Mr. Rondeau:** I would like to thank you. I have had some dealings with your organizations. I would like to thank you again for your advocacy and your hard work in encouraging good health of Manitobans.

**Madam Chairperson:** Thank you, Mr. Leslie.

Dr. Sande Harlos, from the Winnipeg Regional Health Authority. Thank you very much, Doctor Harlos. You can proceed.

**Ms. Sande Harlos (Winnipeg Regional Health Authority):** Thank you very much for the opportunity to speak today in support of Bill 21, and in particular thank you especially for your patience and your attention to the many of us who have come forward to show our commitment to this issue. It is a long lineup tonight.

I am speaking today as one of the medical officers of health serving the Winnipeg health region, and I am speaking on behalf of the Winnipeg Regional Health Authority. The Winnipeg Regional Health Authority has consistently supported all efforts to protect the health of the public from the effects of second-hand smoke. One example is our support for the City of Winnipeg by-law. I am very pleased with the gains that we have made to date in Winnipeg in protecting the health of the public from the exposure to second-hand smoke over the recent years.

You might wonder why I have come out to speak tonight when in essence the majority of the work in Winnipeg that will be achieved through Bill 21 has been effectively accomplished in Winnipeg. Well, for one thing, not all Winnipeggers are currently protected from second-hand smoke exposure at work. The City of Winnipeg by-law specifically addresses enclosed public places and does not address specifically workplace, so there are Winnipeggers who are still conceivably being exposed to second-hand smoke in their workplace when workplaces are not also public places. Bill 21 would significantly address this disparity for those who are living in Winnipeg and are not fully protected from the benefits of the Winnipeg by-law.

However, a much greater disparity exists throughout the whole of Manitoba where we have some Manitobans protected from second-hand smoke, for example, in Winnipeg and Brandon and many others still not protected from the effects of second-hand smoke. I am here today to encourage you to move forward with this legislation to resolve this gap and create healthier environments for all of Manitobans.

\* (21:40)

We have known for a long time the many health effects associated with second-hand smoke. Certainly, the immediate effects such as the irritant effect, the allergic effects and the triggering of respiratory conditions such as asthma and in addition the longer-term effects with repeated and long-term exposure to second-hand smoke such as the development of cardiovascular disease and cancers, but I think many of us who have followed this issue for a long time had our eyes opened recently with the article published in the British medical journal that was mentioned earlier by the Heart and Stroke Foundation of the experience in Helena, Montana, where they had a short experience with a smoking law that was then rescinded and they found a pronounced reduction in the number of heart attacks that were going into the hospital in that community and it is quite an isolated community where basically the effect of a law such as that would be contained to that particular area.

What that particularly signals is something that we had not really recognized before. We know that to develop heart disease takes many, many years, but what we had not really considered was what their

postulating this means, in that, if people have underlying heart disease and they are exposed even for short periods such as a half an hour even that if you have underlying heart disease this can trigger the acute event of a coronary event. If we were to think about a new medication that was going to come on the market that had the potential to decrease the triggering of an acute heart attack by up to 40 percent, do you think that we would be impressed with looking into this?

I think what we are looking at today, what in essence is within your grasp in looking at Bill 21, is to see health effects that could be as impressive as that. I am the first to admit that this was a very small study in a community of 70 000 people. The authors say this needs to be looked at and studied further, but I would challenge us that we have the opportunity to make those observations here in Manitoba with the passage of Bill 21.

The Winnipeg Regional Health Authority supports Bill 21 in recognizing this tremendous potential it has in improving the health of Manitobans. But we are also working very hard to do our part in reducing the impact of second-hand smoke. Since we know, through studying this issue, that even a small amount of exposure to second-hand smoke can have health consequences, we are starting to recognize that areas even in the outdoor environment where there are concentrated amounts of second-hand smoke that the public are exposed to can become problematic. We heard earlier today Mr. Aaron Yanofsky talking about some of the places that he felt, as a youth of Manitoba, should also be protected from second-smoke in the outdoor environment.

What we are doing in the Winnipeg Regional Health Authority is that we have passed the policy that affects the grounds of health care facilities and starting on July 5 of this year we are going to be phasing in smoke-free grounds on our health care facilities. We recognize that many of the people coming to health care facilities to receive health services are among the most vulnerable of our population and would be the most likely to experience health effects from even small amounts of exposure to second-hand smoke. So we are planning to ban smoking on the grounds of all health care facilities. This would include patients, visitors and staff in all of our locations including places like driveways, green spaces and entrances to buildings

in our efforts to move the exposure of second-hand away from the public who are most vulnerable. This signals our commitment to improving the health of the public from second-hand smoke exposure, and we applaud you in your commitment to that same goal by moving forward with Bill 21.

We have seen and lived through in Winnipeg the amount of controversy and public debate that often accompanies this kind of issue, but what we have also seen, both in Winnipeg, in Brandon and actually all across North America is that the controversy around this debate is somewhat time limited. What happens after the debate and the controversy settles down, what we are left with is a long-term investment in the health of our population, a sustained and ongoing protection from a known health hazard that can be addressed.

What you are proposing today looking at Bill 21 I think is a very significant investment in the health of Manitobans and I encourage you to move forward with it. Thank you very much.

**Madam Chairperson:** Thank you, Doctor Harlos.

**Mr. Loewen:** Thank you very much for your presentation. Congratulations on your initiative as of July 5. I look forward to seeing that in action.

I gather from your presentation that when you say "all Manitobans" you would also be referring to those living on reserves. Do you think it would be wise to have the smoking ban extended to reserves?

**Ms. Harlos:** As a medical officer of health in the Winnipeg Health Region, serving specifically the population of Winnipeg, that is really the jurisdiction I really can comment on. However, I think that you can extrapolate from my comments that all Manitobans, all Winnipeggers from a health perspective, I think what we are striving for is in protecting the health of everyone with equity.

**Mr. Loewen:** Thank you. I am just looking at a possible scenario. We have heard from the City of Winnipeg that they have the intentions of setting up an urban reserve. We have heard talk in areas of possibly as large as Kapyong Barracks. I wonder how you would feel about having a reserve of any size in the city of Winnipeg where the smoking ban was not in effect and what effect that would have on the health of the citizens of Winnipeg if that was to take place.

**Ms. Harlos:** It is my understanding that in situations with urban reserves what is typical is there is an agreement, and voluntarily the urban reserves adopt the by-laws of the community which they are in. That would be my full expectation. I would work hard to achieve that because we want to maintain that standard of health that we have achieved. There are certainly examples of where we may or may not have jurisdictional authority, but we have co-operatively ascertained a level playing field in that regard. For example, the airport, technically, could be exempt, I guess, from the city of Winnipeg's by-law but has come onside. So I would fully expect we would address that issue in a co-operative fashion and make sure that we ensure the same standards of health protection, even in the event of urban reserves being developed in Winnipeg.

**Mr. Struthers:** Thank you, Doctor Harlos, for your input here this evening. When we were in Brandon with our all-party task force, I must admit I was very surprised and quite impressed by the first person to talk to me about that study that took place in Helena. I also have to say that, maybe, I am a suspicious sort, but it just seemed too good to be true. All of a sudden, the by-law was put in place, you had all these heart-attack rates go down, and the minute you had your by-law back, all the heart attacks started reoccurring again.

We have a little bit of history now with by-laws in this province. We must have some data that we can point to within Manitoba, at Brandon, or even our experience at Winnipeg, to show us that there is money to be saved on the health care side of this. I understand the argument that we are going to lose money on the business side. I understand that. I think that we can point to. What about the savings on the health care side? How long is it going to be before we can point to something that says here is hard data showing us that heart attacks are down, that we have saved this much money in health care?

**Ms. Harlos:** Well, first of all, doing the same kind of study that happened in Helena in Winnipeg would not have been technically possible simply because we are a large centre within the entire province and that we are referral base for all over Manitoba. So I do not think we would have had the capacity to do that kind of study and to reproduce it. However, if we are looking at the entire province going smoke-free, we could endeavour to track the rates of acute coronary events and compare before and after.



I would project that there would be considerable cost savings even in the acute hospitalizations for asthma exacerbations. As well, if we find that even a much smaller fraction of acute coronary events would be prevented or delayed by having a smoke-free environment throughout the whole province, I think that there could be considerable savings in that amount as well. Certainly, investing in the long-term health of Manitobans in terms of preventing the actual development of cancers and heart disease would also have considerable health gains, I think, down the road and economic benefits. But I think that there could be some earlier health benefits than what we had been thinking for the past number of years.

**Mr. Rondeau:** Thank you very much, and it is a pleasure to hear from you.

**Madam Chairperson:** Thank you, Doctor Harlos.  
\* (21:50)

I would like to ask leave from the committee. There is one out-of-town presenter who is here from Portage, whom we have just been informed is here from out of town. Do I have leave from the committee to call the out-of-town presenter?

**An Honourable Member:** Leave.

**An Honourable Member:** No, he left, Madam Chair.

**Madam Chairperson:** No, this is Kay Polnark. Have they left?

**An Honourable Member:** Yes, but there is another one from East St. Paul. They have left, too. We have one more. Can we put this last one in?

**Madam Chairperson:** Is the other person here from out of town?

**An Honourable Member:** No.

**Madam Chairperson:** It has to be an out-of-town presenter. I am going to return back to the top of the list. Dr. Joel Kettner, Chief Medical Officer of Health.

**Mr. Joel Kettner (Chief Medical Officer of Health, Province of Manitoba):** Good evening. I do not have a submission.

**Madam Chairperson:** No submission, okay. Doctor Kettner, thank you very much for appearing. Please proceed.

**Mr. Kettner:** I would just like to start by saying what the job of a medical officer of health is so you will understand why I am here this evening. You have already heard from Doctor Harlos who, of course, is a regional medical officer of health and I am the provincial Chief Medical Officer of Health, but really we do the same job. You can sum it up by looking at four words that all start with the letter "a." One is to assess health threats; the second is to advocate for preservation and improvement of health; the third is to assist, and that means assisting individuals, families, communities, organizations and even governments to protect and promote health; and the fourth is to assure, assure standards of public health practice.

So, given that role and that job, it would be hard to justify not getting up this evening and speaking on an issue as important as this bill that is before the Legislature. So just like you are all doing your jobs here, going late into the evening, I am here doing my job which often during the day means bringing advice directly to government, through the civil service that I work for. But my job is also to speak to all Manitobans and, when it is appropriate, to speak to the Legislature as a whole or members of the Legislature, as in this committee.

I will not speak for long though because most of what I have to say, at least the details of it, have not only been said earlier this evening but were said during the hearings of the all-party task force, at which other medical officers of health spoke and in fact made a joint presentation; a written presentation that I was part of and also that I presented. So I do not mean to repeat any of that.

But I would like, at this opportunity, to just make a few points about why I think it is so important to pass this bill that is before us. First of all, of course, tobacco is still a major public health problem, and I am not going to go into the details of that. But we are often distracted a little bit. Maybe that is not the right word but we certainly are aware of new problems in public health, like SARS and West Nile virus, and we must not forget the old or longstanding public health problems which are so important as tobacco.

The second point is that although we have made a lot of progress toward addressing the public health issues around tobacco, there is still a long way to go and our work is not done yet.

The third point is that, whether we call this disease prevention or health protection, or health promotion, and now I am happy that we have a Minister of Healthy Living (Mr. Rondeau) because healthy living is a term that we use to encompass much of this. Not only do we have to change the living conditions under which we live in order to change behaviours, but we need to still rely on legislation to play its role in that. It is not the whole answer, but it is part of the answer to making progress in public health. In that sense, this legislation will be a great step forward, to send a message to Manitobans that tobacco smoke is harmful and that people should be protected from it.

The fourth point is that this legislation can only help to prevent people from smoking at all, the main danger of tobacco. Denormalization is a very powerful way to change people's behaviour, especially young people, the ones that we do not want to start smoking at all. And this legislation will contribute greatly to the denormalization of smoking.

The fifth point, and the last but not least, is that this legislation sends the right message about our priorities, namely our health and our values, that is that it is right to protect our health.

I am in support of a speedy passage and implementation of this bill. But as I said before, that will not mean that our work is done in the area of tobacco and health. Aside from the challenges of public education and enforcement around Bill 21, there is more to do before Manitoba is ultimately smoke-free. We need to ensure that all Manitobans, including Aboriginal peoples, benefit from the protection offered by this bill. We need to send the right signals, not smoke signals but the right signals, to our schoolchildren about smoking on school grounds, and we need to ensure that outdoor smoking does not result in harmful exposure to people who could still be exposed to it.

So using the right balance of additional legislation over time, of education and other levers of population and public health policy in action, I am confident that with this step forward and with more work that we will continue to make progress on this front until eventually Manitoba is truly smoke-free.

The best way ultimately for Manitobans to be protected from second-hand smoke of course is and will be when nobody is taking in first-hand smoke. So, meanwhile, full steam ahead with Bill 21. Thank you.

**Madam Chairperson:** Thank you very much, Doctor Kettner.

**Mr. Gerrard:** You mentioned the need for the bill to protect Aboriginal people in Manitoba. Does that mean that you would support an amendment to this bill which would ensure that all communities in Manitoba are covered?

**Mr. Kettner:** I need to answer this one quite carefully. I think all Manitobans deserve the protection that this bill offers, including First Nations people on reserve. I appreciate that there are complex issues around legislation, law, public policy, politics, First Nations rights to self-government and many factors. I need to be clear that from a public health perspective protection offered by this bill is important, and I would prefer it to affect all Manitobans.

If that could be achieved through amendment or by some other means that this protection would be made available for First Nations people living on reserve, yes, I would support that. On the other hand, I do not want to see this slowed up.

So if there are considerations around the speed of passage that would be affected by such an amendment, I would want to think carefully about its impact and look at whatever ways this could be achieved over time that would not slow down the passage of this bill.

I am very pleased to be in position as Chief Medical Officer of Health across the country to be proud of the fact that this is going to be the first legislation of its type in any province. I would hate to lose that pleasure.

**Mr. Gerrard:** I am sure there would be plenty of time between now and October 1 to make an amendment. But it would seem to me that what you are acknowledging is very clear to many people who have looked at this bill. It does not adequately protect many people living in First Nations communities and may create some challenges with respect to businesses which are operating in smoke-

free environments near First Nations communities, where there are options for smoke-free and non-smoke-free restaurants depending on where you are.

\* (22:00)

**Mr. Kettner:** I do not think I heard a question there but maybe I should ask it. Can you clarify the question, Doctor Gerrard?

**Mr. Gerrard:** Well, I mean, the question was, that you would acknowledge that in its present form the bill does not adequately protect people in First Nations communities?

**Mr. Kettner:** Well, I appreciate that the bill has exceptions in it of which land reserved for Indians is one, so I appreciate that. Are there other ways of providing the same level of protection on lands reserved for Indians? I am sure there are and the opportunities for First Nations governments and other mechanisms to provide this protection, I know, are under exploration and are not prevented by this legislation. Having said that, I think I have already commented on my views on the broader issue.

**Mr. Rondeau:** In your expert opinion would it be worth a Supreme Court judgment and two years in the Supreme Court arguing over jurisdiction, or is it better to move forward with the public health issue now?

**Mr. Kettner:** Well, I think, Mr. Minister, I already expressed that I would not want to see anything hold up this very important legislation, and the opportunity over time to address that issue and other issues that are still in front of us with regard to public health protection and cessation and denormalization; everything else that goes with this is still work for us to do over time. So I think that is really my answer to your question.

**Madam Chairperson:** Thank you very much, Doctor Kettner. We appreciate you appearing before the committee.

Jim Baker from the Manitoba Hotel Association. Mr. Baker, do you have a presentation for distribution to the committee?

**Mr. Jim Baker (Manitoba Hotel Association):** I do not.

**Madam Chairperson:** Okay, thank you very much. You may proceed.

**Mr. Baker:** Thank you. Good evening to the committee members, the ministers, Chairperson. I am Jim Baker. I am the president and CEO of the Manitoba Hotel Association. I will try and make this brief but first I wanted to give a bit of a history of the Manitoba Hotel Association as it relates to some of these issues.

The industry in Manitoba goes back before Manitoba was known as a province and of course the global industry goes back virtually to the beginning of civilization. It is an industry that is known for change, change that responds to the needs of its customers and change that is created by the owners to anticipate the needs of its customers.

Here in Manitoba there is a direct link of hotels to liquor licences. It was the members of the hotel association that were selected to hold licences, firstly to sell beer, and later spirits to their customers on the hotel premise. Later the hotels were given the exclusive right to retail cold beer.

At the beginning of the 1990s, rural Manitoba hotels were the first site holders in Canada for video lotto terminals. The provincial government recognized that rural hotels needed a new source of revenue to exist. That program now includes all of Manitoba and encompasses many non-hotel premises. This VLT program has been highly successful on many fronts.

Firstly, it saved many rural hotels. Secondly, it provided much needed capital to repair and to renovate and thirdly, it has been the backbone of hotel development throughout the province. Therefore it served many purposes, the continuity of employment, the continuity of the local meeting place, the maintenance of a highly effective liquor distribution system and the advancement of tourism by providing much needed quality accommodation.

Smoking has always been part of a hotel operation. There is a direct correlation between bar and VLT patrons and smoking. Over time as our society has changed hotels have developed changing policies in regard to smoking. These voluntary policies have met the demands of hotel customers and have included increasing numbers of non-

smoking guest rooms, non-smoking function rooms and non-smoking restaurants.

At the same time we are handling equipment and HVAC systems have been installed. Even non-smoking areas in new buildings have sophisticated ventilation and filtration equipment. These changes have taken time and money and were taken at the financial risk of the owner. The Manitoba Hotel Association has always maintained that it is the proprietor who should make the decision as to smoking areas, and it is the responsibility of their patrons to choose if they want to enter smoking areas.

The decision to go non-smoking has been in the mix for many years. In fact, many hotels have gone non-smoking in many areas of their operation. However, at this time the overriding feeling is that this is not the time for their bar areas to go non-smoking. Some have tried and have gone back to permitting smoking. The industry realizes that the public is moving at an accelerating pace toward non-smoking bars. That pace seems to indicate that in the next five years smokers in bars will become an extinct minority because smoking in general will continue to be less and less prevalent.

Health Canada and Statistics Canada have been surveying smoking prevalence and it is clear that fewer younger people are starting to smoke, people are smoking less and people are quitting more.

The education provided by parents, schools, friends, Health Canada, Canadian Cancer Society and the myriad of groups assisting smokers to quit has been highly effective in producing these promising statistics. The most effective measure, besides education and awareness, in convincing people to quit is to make cigarettes very expensive.

It is the Manitoba Hotel Association's position that proprietors should make the decision whether or not their age-restricted licensed premises permit smoking. Further, the association recommends that air quality standards for environmental tobacco smoke should be established and adhered to by age-restricted licensed premises.

This position is based on the evidence that Canada is a leader in the battle to reduce dependence on tobacco products and that the statistics support the position that public smoking will end without bans.

At a time when the accommodation industry has been severely impacted by reduced travel attributable to the war in Iraq, SARS in Toronto, terrorism and a sluggish American economy, the Manitoba hotel industry cannot afford further setbacks. The Brandon and Winnipeg experiences with their bans clearly demonstrate how significant the economic blow will be.

Rectifying the situation in Brandon and Winnipeg is analogous to the British Columbia situation. There it was acknowledged that the total ban was not well thought out, it was rescinded and the current regulation allows choice to the proprietor.

That choice is to provide smoking customers with a segregated area with separate ventilation for those customers to use. Air quality standards have been established and are monitored by the Workers Compensation Board of British Columbia which is responsible for workplace safety in that province.

Many establishments have provided this option to their customers. Many have not, demonstrating that given the opportunity, proprietors and consumers can make the choice and smokers and non-smokers can co-exist in this bar environment.

In my opinion, the only level playing field, a term often used by those supporting a so-called 100% ban is where all businesses have the same options therefore the business can make their own determination as to how they want to proceed. They can apply their business acumen as they have before, be it successful or not.

Specifically to the bill, there are two issues relating to this bill that I would like to have clarified before any further comments can be made. Firstly, our members rely heavily on the provincial VLT program as a form of entertainment and as a revenue stream. Many of our members are located near First Nations that also have VLTs under provincial program.

Although I understand and respect the autonomy that First Nations have by virtue of treaties and other agreements with our federal government, I do not understand why this government maintains that it has no jurisdiction in regard to smoking in areas under contract with the government. I raise this issue because the level playing field which underscores this legislation apparently is not completely level.

Nor is it level to allow property tax concessions to some VLT site holders such as veteran's associations and not extend the same concessions to our members and other VLT site holders that compete, in many cases face to face, with these organizations. I look to the government to compensate our members who have been disadvantaged by this legislation and the consequences of it.

The second issue is the matter of compliance and enforcement. Our association has appealed to this government to support it in a program that would do three things, facilitate successful adaptation by the Manitoba hospitality sector to a province-wide ban, secondly to minimize the negative economic outcomes of a province-wide ban, specifically within the hospitality sector, and thirdly, promote positive health outcomes of a province-wide ban on smoking.

Every other jurisdiction that has implemented a ban has had to put an emphasis on enforcement, at least at the beginning stages. We feel that the above program would lessen the need for enforcement. However, we want to know who will be responsible for inspection and enforcement. Our industry needs to develop a dialogue with whoever will be responsible for compliance in order to bring the right message to the industry.

In closing, I have appreciated the attention given to our association and our members during the all-party hearings. I look forward to working further with the government to ensure that the negative consequences of this bill will be minimized. I am available for questions.

**Madam Chairperson:** Thank you very much.

\* (22:10)

**Mr. Gerrard:** Yes, I would like you to give us some more details of what you feel would be an appropriate transition program for supporting businesses which may have difficulties.

**Mr. Baker:** As I presented to the all-party task force and you may recall, we have made application to Health Canada and have put forward in front of the government a funding request to assist the industry, and I broaden the industry beyond just the hotels because clearly there are some 1600, 1700 licensed premises and there are only 350-odd hotels in Manitoba, to bring a message to a number of people, to our customers and to our employees.

Please remember that in the bar situation employees are predominantly smokers. So, when we have to deal with cessation, we have to deal not only with our customers who cannot smoke on the premises, but also our employees.

We feel that there is room for some creative thinking as far as how that message gets out there. It is my opinion to spend money on billboard ads announcing October 1 as a date when the ban comes into effect is a total misuse of dollars, because that message is out there, clearly it is out there. I would rather use that money in developing ways, sometimes humorous, sometimes informative, in collaboration with the different agencies such as the Canadian Cancer Society, who have supplied me with a tent card that could be placed on tables, here is a help line, those types of things, in a co-ordinated manner so that the message can come through.

I think Doctor Dhaliwal mentioned the need for compassion. Perhaps that is a little strong in the bar environment, but some consideration of the fact that these type of heavy-handed, draconian measures such as bans bring out a reaction. Clearly there have been incidents in Winnipeg and in Brandon, few of which have ever reached the media, because that is really not of any interest to the media. We have an opportunity here, before October 1, to bring a good message to the province.

I forget what the question was, but that is my answer.

**Madam Chairperson:** That is so honest. That is cute.

**Mr. Rondeau:** I would like to thank you very much for working with you. I appreciated our frank meetings and our get togethers. I look forward to working with you in the future to move forward in this initiative.

**Mr. Baker:** We have had numerous meetings, and we have the creative thinking. I will give you credit for being creative in one suggestion, and it is that type of suggestion that I want to be able follow through with a comprehensive program. However, there is much work to be done, and we basically demand to be involved in it. So I will be at your door again.

**Mr. Struthers:** It is good to see you again, Jim. I appreciated all your advice that you gave our all-party task force in every region of the province that you came with us to. I also wanted to tell you that we appreciated your willingness to work with other groups in terms of reaching out to other groups, working on cessation strategies, those sorts of things. You stated those publicly at the meetings that we had, and I appreciate that.

I want to ask you a specific question, though. You had talked a little bit about separate rooms, ventilated. One of the frustrations I found as we went from community to community was all of the contradictory advice that we got on so many different issues. If you remember in Winnipeg when we met, the person representing the B.C. Restaurant Association talked about their law and how well it was working because they had these separate areas and they had the ventilation.

Well, we went to Selkirk and we heard from somebody, a doctor, who said that that does not cut it at all, because the chemicals get on your clothing, they are transferred from your clothing to other people. You take a whole bunch of chemicals on your clothing and pick up your kid when you go home and transfer those chemicals to your kid.

Give me some advice on that. What do you say to people who tell you that those designated smoking rooms and those ventilation units just do not work?

**Madam Chairperson:** Mr. Baker, you do have two and a half minutes to answer.

**Mr. Baker:** Doctors used to cut you to bleed you to cure yourself too. There is always room for advancement in science. The experience in British Columbia, I forwarded to most people at the table here the regulation that the Workers Compensation Board enforces. I rely on their responsibility to provide safety in the workplace. I rely on the study that they have done to determine air quality. There is always, on an issue such as this, there is always an extreme opinion both ways. Maybe I am pretty pragmatic, I usually lop off each extreme and try to deal with the middle portion of that.

There is no such thing as a level playing field in business and these businesses that people are trying to protect have never come into the business on a level playing field. The corner coffee shop is not on a

level playing field with a McDonald's or with the Keg restaurants. So, when you try to legislate level playing fields you are just opening things for disaster. As I mentioned about these approximately 25 hotels in Manitoba that are adjacent to First Nations properties that will obviously be affected to some degree, some greater than others because two kilometres down the way smoking will be permitted, is that level?

We have always, from an association standpoint, we have never denied the health hazards associated with tobacco, however, we have always advocated for a more compassionate way of dealing with it, let the education work, and we really believe that will work. The experience in British Columbia, in my mind, is the closest to levelling the playing field and offers the best option for smokers and non-smokers.

**Madam Chairperson:** Thank you very much, Mr. Baker, for your presentation.

The next presenter is Cameron Oberton. Is there a Cameron Oberton here, a private citizen? I will call that name one more time, if not, the name will go to the bottom of the list. Cameron Oberton, as a private citizen?

Seeing Mr. Oberton is not here, Rob Hilliard from the Manitoba Federation of Labour. Mr. Hilliard, do you have a written presentation for circulation?

**Mr. Rob Hilliard (President, Manitoba Federation of Labour):** Yes, we do. I also have my colleague, Mr. Peter Walker, with me. He is our health and safety representative and also a member of the Workplace Safety and Health Advisory Council.

**Madam Chairperson:** Are you both going to be presenting?

**Mr. Hilliard:** We will be presenting together. We will not abuse our time, and I am sure you will not let us, anyway.

**Madam Chairperson:** I have a reputation, I guess. You can proceed, Mr. Hilliard and Mr. Walker.

**Mr. Hilliard:** Thank you. The Manitoba Federation of Labour is pleased to be able to present this committee with the views and policies developed by our affiliates through our general convention, our

workplace safety and health committee and our workers' compensation committee.

For those of you who are unfamiliar with the MFL, we are an umbrella organization with a mandate to provide supports for Canadian Labour Congress affiliated unions in Manitoba. The collective membership of those unions is over 96 000 working women and men in Manitoba.

Tobacco Smoke and Its Impact: The MFL policy on smoking is clear-cut. We have had policies supporting a ban on smoking from indoor locations since 1979. Our 2003 general convention passed another resolution in support of a ban on smoking in all workplaces, including casinos, restaurants and bars.

\* (22:20)

The reasons for this position are equally clear-cut. There is solid scientific evidence that clearly shows that inhaling tobacco smoke, whether as a smoker or as a bystander inhaling second-hand smoke, is a serious health risk. In 1964, the U.S. Surgeon General warned that cigarette smoke causes lung cancer and an increased incidence of death from that disease. The same office reported in 1986 that non-smokers inhaling second-hand smoke are more vulnerable to disease, including lung cancer.

Globally, scientists and expert panels agree that there is no safe level of second-hand smoke and all involuntary exposure should be eliminated. Second-hand smoke contains more than 4000 chemicals, making it an extremely poisonous gas. Smoke that comes from the tips of burning cigarettes, cigars and pipes contains even higher amounts of toxic and carcinogenic compounds than smoke exhaled by a smoker.

Children are particularly vulnerable. There is a considerable body of evidence to indicate that second-hand smoke is a cause of asthma and middle ear disease, bronchitis and pneumonia and sudden infant death syndrome. Second-hand smoke has a negative effect on the health of the foetus and newborns when their mothers are exposed to it. Even smokers exposed to second-hand smoke have higher illness rates than smokers who are not exposed to it. Pre-menopausal, non-smoking women who work in areas where they are exposed to second-hand smoke have a higher rate of breast cancer compared to women who work in a non-smoking environment.

In terms of labour policies, governments and employers who are slow to act on second-hand smoke in the workplace as a critical issue do so at their peril. In a ground-breaking decision in late 2002, the Ontario Workers Compensation Board accepted a claim from a 57-year-old non-smoking waitress who had done her job for 40 years exposed to second-hand smoke. There will undoubtedly be more claims of this nature in the future across the country, and the cost to provincial Workers Compensation systems and restaurant and bar owners are going to be substantial.

In addition to being a serious health issue, tobacco is also an economic issue. There can be no doubt that government is a major stakeholder in the tobacco industry. The federal and provincial governments collect tax revenues at a level of more than \$5.5 billion, that is in the year 2000, which is 11.82 times more than the industry profit of \$469 million. Labour supports the use of these tax revenues to support effective community-based education programs in our public education facilities delivered by qualified educators. In addition, organized labour fully supports effective restrictions on advertising and particularly the sale of tobacco products to young people.

Strategies that are devised to reduce the use of tobacco must include a worker adjustment strategy. That is a strategy component that addresses job losses, retraining, redeployment and a host of related issues. The tobacco manufacturing industry directly employs 4000 workers who enjoy excellent wages, benefits and working conditions. Another 46 000 workers employed in the printing, transportation, agricultural, hospitality, retail and wholesale sectors are affected by the tobacco industry. In the agricultural sector alone, the tobacco industry provides \$453 million in family income and nearly 9500 full-time-equivalent jobs.

Tobacco smoking is a recognized addiction and many people have difficulty stopping. An effective workplace ban on smoking should include programs that help workers in their efforts to quit smoking. Employers and government have a responsibility to assist in the process by implementing workplace smoking education and cessation programs.

I will turn it over to Peter Walker.

**Madam Chairperson:** Thank you very much. Mr. Walker, you can continue.

**Mr. Peter Walker (Manitoba Federation of Labour):** Thank you.

We have some specific recommendations as it relates to Bill 21. In the issue of temporary living accommodations, workers engaged in construction projects in remote areas of Manitoba have been using a temporary living accommodation commonly called a work camp or bunkhouse. These accommodations have been located on rail cars or stand-alone trailers. We note that the definition of group living facility does not make any reference to temporary accommodations that are used while working away from home in areas where it is not possible to commute to home, nor is there any permanent hotel or living accommodation available.

Work camps could not be classified as a private residence and it would not be prudent to leave their definition to regulation. Therefore temporary living accommodation for work purposes should be clearly referenced in the bill under group living facility as a specific category.

Problems relating to mines. The drafters have also included mines which is an industry in the definition of indoor workplaces. Due to this broad definition it requires a clarification, as many mines in our province are above ground such as an open pit mine and quarries which have very little indoor activity and are essentially outdoor operations. There are specific places within an underground mine that can be considered as indoor workplaces, such as the cage elevators. There are also many large open areas, such as stopes and drifts beneath the surface, that are generally ventilated with large volumes of air exchange.

There is a need to clearly reflect the nature of an underground operation as it pertains to indoor workplaces and provide workers on extended shifts with both the protection in enclosed spaces, for example, lunchrooms, and freedom where access to surface and outdoors is impossible for smoke breaks. Therefore, the reference to mines as an indoor workplace should be clarified to exclude open, ventilated spaces that are a part of a mine.

In relation to the permitted smoking areas in the bill, the bill requires that where smoking is permitted in indoor areas, steps are to be taken to minimize the drifting of smoke into non-smoking areas. With regard to these provisions, the terms "minimized" and "are minimized" should be replaced by the terms "prevent" and "are prevented." The bill also

references the use of designated smoking rooms, but does not clearly define a designated smoking room. This also must be rectified.

To the issue of work in private residences, many workers in our province have a non-standard workplace that increases the difficulty to prevent exposure of second-hand smoke. We refer to the workers that perform functions within other people's private residences such as, home care workers, appliance repair persons and installers, as well as many construction workers who do renovations. It has been acknowledged that employers whose business requires their workers to be in a private residence to carry out their work must develop a policy to address protection from second-hand smoke. We request that such a requirement of employers be addressed within the bill to make those employers fully responsible for the occupational health and safety of their workers.

In conclusion, the Manitoba Federation of Labour urges this committee to take steps to address the concerns raised in this presentation, but there must be a provision of just transition program for any workers impacted, including comparable alternative employment, provisions of income support during transition, retraining and related assistance. Thank you.

**Madam Chairperson:** Thank you very much. Does the committee have questions for the two presenters?

**Mr. Gerrard:** When we are dealing with people who may be in rural areas who have been in restaurant occupations, what sorts of programs would you recommend in terms of retraining assistance, et cetera?

**Mr. Hilliard:** I think it depends on the location and what the options are. I have been familiar, I have worked in places where we have had large closures of businesses like up north in mines, for example. There is usually an adjustment committee that gets developed and takes a look around to see what is possible in the area. So there is a whole assessment that has to take place. It is hard to answer generically, but sometimes it may mean that people have to move. There is no guaranteed answer.

**Mr. Rondeau:** I would like to thank both of you and your organization for your advocacy and your hard work in this area. Thank you very much.



**Madam Chairperson:** Thank you very much.

Eric Murphy from the St. James Legion. No, Mr. Murphy is no longer here. Gert Chipka from the Henderson Highway Branch 215 Legion. No, Ms. Chipka is no longer here. Sheila Babaian from the Duke of Kent Legion.

**Ms. Sheila Babaian (Duke of Kent Legion):** Actually, I am not going to read anything. I just wanted to put these into—

**Madam Chairperson:** Into Hansard.

**Ms. Babaian:** Yes, I think Mr. Petrinka has said it all.

**Madam Chairperson:** You did not want to make an oral presentation.

**Ms. Babaian:** No, I do not think so. I am from one of the Legions, but he asked me to come and he did actually speak to what you were talking about.

**Madam Chairperson:** A couple of people may have questions, so will you entertain questions?

**Ms. Babaian:** I could try and answer them, yes.

**Madam Chairperson:** Okay.

**Mr. Rondeau:** I just wondered whether you knew that this legislation is removing Legions and army, navy, veteran clubs from education taxes and the ESL levy on their entire operation.

**Ms. Babaian:** Yes, that was the gist. We discussed it earlier. The time frame, I think, is what was in question, when it was going to take effect as opposed to what would be part of the legislation. Would leasehold be a part of it? I am the president of a Legion that is a leasehold title. This was happening for many years. I guess what is going to happen is, it will not be retroactive. Or will it be, and what are we going to do with all the years that this was part of the mix and is now no longer part of it? Or is it part of the whole, overall legislation? That was the question.

\* (22:30)

**Mr. Derkach:** Thank you for coming to the presentation. This is an issue that has been outstanding for a long, long time, as Mr. Petrinka pointed out.

The difficulty with the amendment as it is being proposed is that the effective date is January 1, 2006. I know that Legions have asked that they all be treated the same and that the effective date should be actually 2004. Have you had any indication from the minister that in fact government is prepared to look at changing the effective date?

**Ms. Babaian:** I believe in one or the other. There should be two presentations there that were given. There were two piles. I am not sure if you each got one. There is conversation, letters between Mr. Petrinka on behalf of the Legions and the minister at the time. There was a recent letter in May just last week to ask the provincial assessor whether this was part of the upcoming legislation. Mr. Petrinka has left. I believe he has spoken to a number of people in these many years, but I am not sure that he has had any actual contact with the minister.

**Mr. Derkach:** Well, the Dauphin exemption is one that has been in effect since 1921, I believe. Was it '47? Nevertheless, regardless of the date, the Dauphin Legion has enjoyed the exemption, whereas other Legions have not been treated equally. So the time has come to treat all Legions equally. We have seen by the presence of Legion members here this evening that this is indeed an important issue. We also know that there are Legions that are in financial difficulty because of smaller numbers today and because the costs are getting almost prohibitive for them to be able to keep up with. It is my understanding that it is for this reason that Mr. Petrinka has been fighting so hard on behalf of the Legions, to make sure that there is a level playing field and that Legions are not treated separately just because they did not get the exemption way back when. Is that your understanding?

**Ms. Babaian:** Yes, that is my understanding. It is different even from municipal and city taxes. Outside the Perimeter, one of the Legions, East St. Paul, still has to pay. They are in a municipality that is not covered. So again there is a discrepancy between the city and a municipality. Then some cities like Carman or Selkirk maybe have their own by-laws that have exempted them. But you are right, the Dauphin exemption is not applied equally over all Legions, and, yes, you are correct that many Legions are in serious financial difficulty, ours being one of them.

**Mr. Derkach:** So having the effective date changed to January 1, 2004, would alleviate a lot of the difficulties that Legions are having right now with this piece of legislation. Is that correct?

**Ms. Babaian:** Yes, it is. In our case, in the Duke of Kent's case, we have been around for over 60 years. If this happens in 2006 it will not be to benefit us. We will no longer be in existence as with many other Legions in the city and in the province, I believe.

**Mr. Derkach:** I want the members of the committee to take note because that is the single request. Legions have been a part of the history of this province and have been an important part in the development of this country and our province. I think it is important that government take note that this exemption was requested for a long time. I was minister when it was requested and we did not get it accomplished. I have to say that I have come around to understanding the issue far better and have supported the change wholeheartedly. Mr. Petrinka had made mention of that and so I have to acknowledge it, but I have to say that I think the Liberals and ourselves are supporting and endorsing this change.

**Madam Chairperson:** Did you have a question, Mr. Derkach? No? Okay.

**Mr. Rondeau:** Well, I would like to thank you and I would like to thank all the Legion people who are here because I think it was great that they were here and showed their presence and just for your information, Mr. Petrinka's request was that the change be in January, 2006. If you look at the legislation it is January 2005, which is very shortly after the smoking ban goes in.

**Madam Chairperson:** Seeing no other questions for Ms. Babaian, I thank you very much for entertaining our questions. I appreciate you staying here and allowing us an interchange of ideas. Thank you.

It is my understanding we have two more presenters remaining, Ray Louie from the Canadian Restaurant and Food Services. Is Ray Louie here?

**An Honourable Member:** I know he has his name but he is not here.

**Madam Chairperson:** I am going to recall the names of the people who, when we called them the

first time did not appear: Kay Polnark, she will be dropped from the list; Cameron Oberton, Cameron Oberton will be dropped from the list; Eric Murphy, Eric Murphy will be dropped from the list; Gert Chipka, Gert Chipka will be dropped from the list; Ray Louie, Ray Louie will be dropped from the list.

That concludes the list of presenters that I have before me this evening. Are there any other persons in attendance who wish to make a presentation?

Seeing none, is it the will of the committee to proceed with detailed clause-by-clause consideration of Bill 21? *[Agreed]*

Does the minister responsible for Bill 21 have an opening statement?

**Mr. Rondeau:** Yes, I do. I have a very short opening statement. I think we have heard from a lot of people who have been working on this very important public health issue. I hear a lot of people who are far more learned than I as far as the research and the medical implications of second-hand tobacco smoke, environmental tobacco smoke, and I think we have heard the importance of introducing this ban.

I would like to publicly thank the Member for Carman, Mr. Rocan, for his hard work, dedication on this important issue. I think it was through his tenacity that it moved as fast as it did and through his efficiency and I would like to publicly thank him because I think he will leave a legacy of positive health for generations to come. Thank you for making a major step.

I would also like to thank the all-party committee. I think that was a very good process. All members spent a lot of time across the province. They heard from lots of people. They have done a very good job of listening to people and putting it down into a very good report. I think the report was exceptional because it provided a good basis to base this legislation on. I think by doing that we have heard from Manitobans, we reacted to Manitobans and I think we have a wonderful piece of legislation that will stand up in the test of time.

I think it is important that we make sure that this legislation is not hung up in legal wranglings. We have heard from many people of the importance of expansion of the smoking ban across the entire province. I think one of the recommendations of the committee was to ensure that we would look after the

areas under which Manitoba had clear jurisdictional control and I think that is what we did here.

I understand that there have been certain precedents, such as the gun law, where the law was thrown out on certain First Nations, and there are other cases where certain laws have been held up in legal wranglings. I think it is very important to move forward on an important public health issue and not have the law stopped or thrown out because we did not have jurisdictional issues. I understand there was a Saskatchewan law on tobacco advertising and display that has not been able to be enforced for in excess of two years now because of procedural and jurisdictional wranglings and arguments in the court case.

\* (22:40)

So I think this is a very important first step. I do not think it will be the last step, but I think it is a very important step in the whole public health and health of Manitobans. I would like to thank all the people who presented today and all the people who worked very hard to make this possible. Thank you.

**Madam Chairperson:** I thank the minister. Does the critic from the official opposition have an opening statement?

**Mrs. Driedger:** Well, we heard tonight from many people in the public regarding Bill 21 which is a historic bill for this province and its place in Canada. A lot of thought was put forward from all sides. A lot of thought has gone into this bill and into this debate.

I would like to, on behalf of our caucus, congratulate the Minister of Health Living (Mr. Rondeau) and the Doer government for bringing this bill forward. We would, also, like to congratulate the member from Carman for his commitment, his strength and his perseverance to keep pushing this issue forward. It is going to leave a legacy in this province and he is to be commended for that effort. We also would like to acknowledge the work of the all-party task force who travelled Manitoba and heard from a number of people about their thoughts and concerns about smoking and second-hand smoke. Madam Chairperson, many people have played important roles to get us where we are tonight and we want to congratulate all of them for speaking up.

To those who may be adversely affected by this legislation, I do urge this Minister of Healthy Living and his government to find common ground to work with them. I think that is absolutely imperative. We have all been made aware of the harmful effects of smoking or inhaling second-hand smoke as well as the health-related economic costs of tobacco smoking. It is staggering.

Many speakers referenced examples in second reading, and I want to make a special reference to a study which I did mention earlier tonight and I did refer to in second reading. I referenced an Aboriginal health study revealing significant health concerns. A synopsis of that study said that widespread smoking among First Nations people will lead to explosive growth in lung cancer and other health problems if nothing is done today to stop it.

The two-and-a-half-year study of Canadian First Nations and Inuit, the first conducted by and for Aboriginals, produced some startling information on their health. One finding says that smoking among Aboriginals is on the rise. One of the researchers characterized it as an epidemic of huge proportions and said that if it is left untreated it will lead to an epidemic of lung cancer and other associated conditions.

So, Madam Chairperson, if this bill is about health it should be about the health of all people. For us it is problematic in that the bill as it stands does not reference the health and welfare of all people. It should be about the health and welfare of all people of this province.

With those few comments, Madam Chairperson, I appreciate the opportunity to have been part of this effort, this really historic moment in this province. I think we have all been part of, as I said before, weaving a tapestry that is really quite unique. It has been an interesting opportunity for all of us to be part of this debate and to see the engagement of the public as it has been in such a passionate way, no matter which side people were on.

It certainly does give one I think the appreciation of what democracy in this country is all about, because no matter where we stand on an issue we have all had an opportunity to put those comments forward. It definitely has been a privilege. Thank you, Madam Chair.

**Madam Chairperson:** We thank the member.

During the consideration of a bill, the enacting clause and the title are postponed until all other clauses have been considered in their proper order. Also, if there is agreement from the committee, the Chair will call clauses in blocks that conform to pages, with the understanding that we will stop at any particular clause or clauses where members may have comments, questions or amendments to propose. Is that agreed? *[Agreed]*

Shall clauses 1 and 2 pass?

**Some Honourable Members:** Pass.

**Madam Chairperson:** Clauses 1 and 2 are accordingly passed.

**An Honourable Member:** The definitions; that is clause 2. I have amendment for clause 2. Sorry.

**Madam Chairperson:** Is there leave to revert to clause 2? *[Agreed]*

**An Honourable Member:** Then clause 1 has to be called.

**Madam Chairperson:** Clause 1—pass.

Shall clause 2 pass?

**Mr. Rondeau:** I move that we change section 2, and change it:

*THAT the proposed clause (g) of the definition of "enclosed public places", as set out in Clause 2(2)(b) of the Bill, be amended by striking out "other than a licensed premises of a class prescribed by regulation."*

**An Honourable Member:** Dispense.

**Madam Chairperson:** Dispense. The amendment is in order.

**Mr. Rondeau:** What we are doing is, "other than a licensed premises of a class prescribed by regulation." What it basically is doing is shortening down the definition. We did not need the rest of the definition. You do not need other than a "of a class prescribed by regulation." That means that we do not have the power to set regulation to allow it. There is no exemption.

**Mr. Rocan:** Madam Chair, now if I am understanding the minister correctly here, and maybe we will paraphrase here a little bit just to make sure we get this clarified for everybody, I believe what you are attempting to do, Mr. Minister, is remove the power that the minister would have to make an exception. Am I correct?

**Mr. Rondeau:** Yes, that is correct.

**Mr. Rocan:** Through Madam Chair to Mr. Minister, would you then, sir, want to clarify that on the record for the other committee members?

**Mr. Rondeau:** What it is exempting is the ability of the minister to remove things under the ban. I have another amendment.

**Madam Chairperson:** Amendment—pass.

**Mr. Rondeau:** I have another amendment.

**Madam Chairperson:** It has been moved by the honourable minister

*THAT the proposed clause 1(2)(b), as set out in Clause 2(6) of the Bill, be amended by striking out "that is an enclosed public place under subsection (1)."*

The amendment is in order.

**Mr. Rondeau:** Again, what this is doing is limiting the power of the minister to exempt things under the regulations so that, following what the MMA has requested, what we are doing is limiting the power of the minister to exempt facilities.

\* (22:50)

**Mr. Rocan:** Are we limiting or eliminating? Are we eliminating that ministerial prerogative?

**Mr. Rondeau:** What we are doing is that we are limiting the power of the minister so that the minister cannot exempt an enclosed public place under the regulations. An example would be Canad Inns Stadium could not be exempted under the ban.

**Madam Chairperson:** Could members please raise their hand and I will recognize them?

Mr. Rocan, do you have a follow-up?

**Mr. Rocan:** I am listening.

**Madam Chairperson:** Are there any other questions or debate on this proposed amendment? Shall the amendment as indicated pass?

**Mr. Rocan:** Just for clarification, Madam Chair, I just want to make sure. The minister touched on Canad Inns Stadium. Are you telling me that you have jurisdiction there under the stands, you are bringing them in?

**Mr. Rondeau:** What this means is the enclosed portions of the stadium are brought in under the ban. So, if they fit the definition of enclosed space, then they would be covered by the ban.

**Mr. Loewen:** So, for clarification, you are dealing with basically the press box and the enclosed area on the east side of the stands. You are not dealing with anything underneath the stands because they are not enclosed. Am I hearing you right?

**Mr. Rondeau:** Yes, that would be the case right now.

**Mr. Loewen:** What is the case tomorrow? What do you mean by "right now"?

**Mr. Rondeau:** If the amendment passes what that would mean is in the enclosed places in the stadium it would be covered.

**Mr. Loewen:** So the enclosed places in the stadium would be covered. Are you going to cover the stadium? What are you saying? What you are saying basically is that what was requested and that is to ensure that smoking does not take place underneath the stands, you are completely ignoring that.

**Mr. Rondeau:** If the definition of an enclosed public space fits where that is not an enclosed public space it would not cover. If you are serving inside the concessions, the concessions would be covered because that would be an enclosed public space. If the washrooms, the washrooms would be covered because that would be an enclosed public space. If it has a roof and walls, then it is enclosed. If it is open to the elements, it is not an enclosed public space.

**Madam Chairperson:** Are there any other questions on the amendment? Seeing no other questions on the amendment, shall the amendment pass?

**An Honourable Member:** Pass.

**Madam Chairperson:** The amendment is accordingly passed.

Clause 2 as amended—pass; clause 3—pass; clause 4—pass; clause 5—pass; clause 6—pass; clause 7—pass; clauses 8 and 9—pass.

Is it the will of the committee to revert to clause 7? *[Agreed]*

**Mr. Rondeau:** We have another amendment.

The amendment is:

*THAT the proposed clause 9(1)(a.1), as set out in Clause 7(a) of the Bill, be struck out.*

So all of section (a.1).

**Madam Chairperson:** The amendment is in order. Are there questions on the amendment? Honourable Minister, did you want to speak to the amendment?

**Mr. Rondeau:** Yes. The section 9 as amendment, what you are basically doing is again the minister has the right to take out, this is removing the right of the minister to exempt licensed premises from the bill. In other words, again it is limiting the power of the minister to exempt certain facilities.

**Madam Chairperson:** Are there questions on the amendment? Seeing no questions:

Amendment—pass.

Clause 7 as amended—pass.

Shall clauses 8 and 9 pass?

**Some Honourable Members:** Pass.

**An Honourable Member:** No.

**Mr. Rocan:** I hesitate somewhat getting into the fray of all this. Let me be right up front with the entire committee. I appreciate the individuals who take the time to come and make a presentation because, on several occasions, you will tweak us somewhat and our curiosity gets going and then we find ourselves trying to amend the particular piece of legislation that is presently before us and that you have taken the time to come.

Several individuals here this evening, well-respected people, in fact they are all well-respected but those from the medical community, and we posed the question to several individuals with regards to where should this act apply. We have heard in several instances where First Nations people should also be protected under this particular piece of legislation. So I will be moving—

**Madam Chairperson:** Just a moment.

**Mr. Rocan:** What is the matter? You wanted the floor or what do you want here?

**Madam Chairperson:** No, please proceed with your motion.

**Mr. Rocan:** Okay. Do you want me to speak to it now or do you want me to speak to it later?

**Madam Chairperson:** Please proceed with your motion.

\* (23:00)

**Mr. Rocan:** Okay, my motion, Madam Chair, will be that I move, seconded by the honourable Member for Charleswood (Mrs. Driedger)

*THAT the proposed section 9.4 as set out in Clause 8 of the Bill be struck out.*

**Madam Chairperson:** It has been moved by Mr. Rocan, seconded by—the motion to amend is in order. Please proceed, Mr. Rocan.

**Mr. Rocan:** My comments, and I guess prior to putting them on the record and I think I just heard Madam Chairperson tell us that the amendment was in order. I believe that is what she said, right?

This amendment is coming forward because certain individuals have come forward this evening asking us to take a look at this particular section of the bill.

When we talk of "on First Nations land," if you will, the Indian Act gives us Canadians an opportunity to help individuals on First Nations to better promote themselves, give them better health, better welfare, a better way of living. This we have done in the province of Manitoba on several occasions when we have dealt with The Gaming

Control Act, The Liquor Control Act, The Highway Traffic Act, The Workplace Safety and Health Act.

We have done these things for individuals. We have never excluded First Nations people from any particular piece of legislation. I said when I spoke on this bill quite a while back that I could never recall when I was in the Speaker's Chair a particular piece of legislation coming forward excluding a particular group of individuals.

This amendment coming forward this evening at this particular time, because I am beseeching the members opposite, the member for Broadway, the Member for Radisson (Mr. Jha), the Member for Rossmere (Mr. Schellenberg), the Member for Selkirk (Mr. Dewar), the Minister of Conservation (Mr. Struthers), indeed, the Minister of Healthy Living (Mr. Rondeau); I am asking the individuals that are present here tonight to give us an opportunity to bring forward this particular amendment, to let this amendment come forward into the House so that the House would have an opportunity to decide whether or not we should exclude a particular segment of our society, individuals who have a right to the same sort of protection that we are giving other individuals. What is there in this particular piece of legislation that we are so afraid of, what is it that we are afraid of, where we say the Constitution, the Constitution of Canada will prevail, that it would restrict us from helping these individuals? What is it in the word "Indian-ness," if you will?

We are not hurting their hunting. We are not hurting their fishing. We are not doing that. We have, by the way, taken great lengths to make exceptions for the traditional Aboriginal practices. We have gone out of our way. You are not going to tell me here tonight that there is a judge in this land that would tell us that what we are attempting to do here tonight is not right. There is not one of us that can tell us here tonight that, by not supporting this little amendment, we will be doing great justice to these individuals on First Nation land, the Indians that are resident in the province of Manitoba.

We have a right, we have a responsibility, we as legislators, that we do not exclude anybody, because if we do the word would become that we would use, and we do not like using the word, would be racist. Why would we exclude anybody from the protection that we are affording white folk? Why would we want to exclude a particular segment of our society?

Why would we want to hide behind the fact that they are under federal jurisdiction? Well, you find me one federal legislator who will disagree with us. You will not find one. You will not find a judge anywhere in Canada.

What we are doing here, we are doing what is right. We have gone at great lengths for several years, several years, promoting this particular piece of legislation, in different forms mind you, private member's bill, now a government-sponsored bill. I appreciate that, I appreciate the work of all the members who took the time and the individuals who have spoken out on behalf of the people of the province of Manitoba, but we have come to a crossroads right now. The crossroads is very simple, do we look after all Manitobans, Mr. Minister, or do we look after just those that are white?

I believe the Indian people in the province of Manitoba have a right to be represented. Now let us stand up for the courage of our conviction. Let us stand up, support this little amendment. I mean it is not going to defeat the government, but it will give this bill an opportunity to go into the House, at which time the entire House—why should a small group such as ourselves exclude a particular group of people? The Member for Rossmere (Mr. Schellenberg), you want to be responsible for that? The Member for Radisson (Mr. Jha), I know does not want to be responsible for that, nor does the Member for Selkirk (Mr. Dewar), because the Member for Selkirk has spent a lot of time on this particular committee, in fact, I believe, every day.

The Minister of Conservation (Mr. Struthers) has heard this many times also. We have a responsibility. The member for Broadway will stand front and centre and he would be the last person to exclude anybody. The strong Christian values that he holds so dear to his heart. He will stand front and centre and we know the member would want to be there with us.

So, Madam Chairperson, this small amendment that we on this side of the committee room, we bring it forward and we beseech each and every one of you on the opposite side, think of these women and children, think of the men who are suffering. You have heard the doctors here tonight tell us that they are at risk. I do not want to be an individual saying that I have excluded them. I do not want to have to say that to anybody. We are all-inclusive here. We

are 57, and we have said it quite publicly, the sharpest minds in Manitoba. That is why we are here because we do not exclude anybody.

The people you represent, the people I represent expect us to have the courage of our convictions, to stand up and represent each and every one of the citizens. If you walk on two legs and if you breathe the air in Manitoba, this bill should protect you. If you are not walking on two legs and if you are not breathing air, well, then, get back in your spaceship and get out of here. But everybody else that walks and talks and breathes the air has a right to be protected.

Now, like I said to the individuals who brought forward their discussions here tonight, especially the one individual who really got my curiosity, this fine, young lawyer by the name of Rob Cunningham, who tells me himself in our private conversations that in the Constitution of Canada there is no way, no way that this would be excluded. Why in every other jurisdiction in Canada does this particular clause not apply? Are there no Indians in other provinces? Are they only in Manitoba? I do not think so. Conrad, are they only there? Where are we? Conrad knows.

So I am asking the members of the committee, think hard before you vote. Think hard of the women and the children, the men who we are supposed to be representing here tonight. Think hard, because we have one chance, we have a chance here this fine evening.

I will go to my grave thanking each and every one of you who took the time on the committee to work hard on behalf of the people of the province of Manitoba. But let us not let anybody go. Let us cast a big net. Let us catch them all. Let them try and take us to court, because you know what? There is not a court in the land that would tell you that you are crazy. Better than that, they will tell you that you had the courage of your conviction to stand tall and represent everybody. We represent the Province of Manitoba. These are the people that we want to stand up for.

Madam Chair, I believe the words that I heard from you were that the amendment was in order. I understand you have a job to do. All I am saying to the members of the committee, join us, join us. Support us in allowing this to go forward into the

Chamber where the entire House will have an opportunity to debate it.

Thank you, Madam Chair.

\* (23:10)

**Mr. Rondeau:** I would like to thank the Member for Carman (Mr. Rocan) for his strong convictions. I agree with him that we have to move forward with the public health issues. However, often we have to face the realities of legalities and jurisdictional disputes. I would think that the gun registry, which is applicable across the nation, which should be applicable across the nation, was voted not applying on First Nations just recently.

The health inspector who in Kenora had the conviction and put in a ban in Kenora, that was thrown out because he did not have the legal right to enforce the ban. I would think that often what we would take as something that could possibly go forward should but cannot because of legal concerns.

I think it is much more important to walk forward sure-footedly, to put the ban in where we have clear provincial control. I think by putting in this ban and dealing with people, though, I learned a great deal.

First, I learned that the First Nations have already taken a lot of proactive steps. In fact, Opaskwayak Cree Nation in The Pas, you have Peguis, they already have smoking bans. They have smoking bans in their businesses, in their band halls. They have them in a lot of places. In fact, Opaskwayak mall and Peguis put in a ban before Winnipeg had the ban. So it is interesting to note that it is not just our province enforcement ban, you have responsible governments in the First Nations moving forward in this important issue.

They also have tobacco cessation activity. I was really impressed in The Pas, because it was not necessarily the chief and council who put in the ban, it was the kids. The kids pushed the chief and council to put a ban in Opaskwayak mall. I was very pleased and happy to hear that, because I think they are moving forward.

I also had a chance to meet with elders. The elders, on a very interesting weekend, told us in no uncertain terms that there is a big difference between ceremonial use and addiction, addiction to a very

harmful chemical. They said that they have a responsibility to their generations coming behind them that they have to get rid of this health scourge.

The First Nations and the leadership of the First Nations, I have met many, Grand Chief Garrioch, Grand Chief Dennis White Bird and many others who are working hard on this. It is an initiative that they are working hard on and moving forward on, in fact sometimes in front of us, sometimes with us, but what we are doing is moving forward on a public health issue.

I look at other legislation, like the Saskatchewan legislation on tobacco advertising, which was held up because the Supreme Court is fighting about jurisdictional issues, about whether the law can apply. It has been held up for almost two years now. For me, I agree with Dr. Joel Kettner, who said that it is better to take a step now, a step now in the right direction.

The former government took the first step. This is another step in being proactive in protecting people's public health. I think that is what we do. I am not going to predict the future. What I can predict is that if we move forward here we will not be challenged in court. We will spend the money on tobacco cessation. We will spend the money on youth cessation and we will not spend it—and I am sorry for the lawyers in public—on the lawyers. We are going to spend it on the education and on the people to improve health. I think that is what we have to do.

**Mrs. Driedger:** It is interesting that in Estimates the Minister of Health (Mr. Chomiak) said it was time to throw away the rulebook that speaks to jurisdictions. I guess he forgot to pass that on to the Minister of Healthy Living (Mr. Rondeau), because he was quite prepared and does move in the direction to look past jurisdictions when it comes to serious health issues. So I am curious as to why not with this issue. This is such a serious, serious health issue. Research is showing it. Doctor Dhaliwal talked about it tonight, saying that without further actions smoking related diseases including cancer are predicted to increase dramatically in the next two decades in Aboriginal people.

The research I cited earlier just cries out to all of us to do something for Aboriginal people. I am dismayed that this Minister of Healthy Living and



the Doer government is so ready to turn their backs so easily on this public health issue for Aboriginals. This is worth a fight.

I would like to say to the Minister of Healthy Living, his rhetoric is not going to fix this. This is an extremely, extremely serious health issue, one that I think by walking away from he is not addressing the challenge that is before not just Aboriginal people, but it is going to have a dramatic affect on everybody in this province.

So, if the Minister of Health says that it is time to throw away the rulebook that speaks to jurisdictions, I would challenge the Minister of Healthy Living to maybe have a talk with his colleague and see where we can make this work for Aboriginal people and all people in Manitoba.

**Madam Chairperson:** I am going to put the question to the committee. On the proposed motion of Mr. Rocan to amend clause 8, shall the motion pass?

**Some Honourable Members:** Pass.

**Some Honourable Members:** No.

#### Voice Vote

**Madam Chairperson:** All those in favour, please say yea.

**Some Honourable Members:** Yea.

**Madam Chairperson:** All those opposed, say nay.

**Some Honourable Members:** Nay.

**Madam Chairperson:** In my opinion, the Nays have it. The amendment is accordingly defeated.

\* \* \*

**Madam Chairperson:** Clause 8—pass; clause 9—pass; clauses 10 and 11—pass; enacting clause—pass; title—pass. Bill as amended be reported.

What is the will of the committee? The hour being 11:17, committee rise?

**An Honourable Member:** Rise.

**Madam Chairperson:** Thank you very much for your participation tonight, ladies and gentlemen.

**COMMITTEE ROSE AT:** 11:18 p.m.

#### WRITTEN SUBMISSIONS PRESENTED BUT NOT READ

Re: Bill 21

Smoking Ban in all Indoor Public Places and Workplaces

Delegates of the Bill 21 Standing Committee, the Assiniboine Regional Health Authority would like to thank you for giving us the opportunity to address the issue of environmental tobacco smoke in our province.

Background Information: Assiniboine Regional Health Authority and its Involvement in Tobacco Reduction

The Assiniboine Regional Health Authority (ARHA) was created on July 1, 2002, when the South Westman RHA and Marquette RHA amalgamated. The Health Authority provides services to a diverse population of approximately 73,000 people who live in the southwest corner of Manitoba. The Assiniboine RHA has seven First Nation communities, 28 Hutterite colonies, one French-speaking community and a relatively high percentage of older adults with 20 percent of the population being age 65 and older.

The Assiniboine Regional Health Authority supports actions towards tobacco reduction. Previous activities in the region include:

Partnering with The Manitoba Medical Association and Manitoba Lung Association (Westman Chapter) to implement a smoking prevention initiative to 1,000 plus students in Grades 4-6.

Offering rural municipalities the opportunity to learn about the effects of Environmental Tobacco Smoke (ETS) on communities and sharing information on ETS By-Law development.

Supporting the City of Brandon in developing smoking legislation, which eliminates exposure to

ETS in all enclosed public places, outdoor public sporting venues and patios.

The development of a Regional Respiratory Committee, which surveyed schools in the southern part of the region to learn about the supports needed to effectively address tobacco use within the school environment.

Presentation to the All-Party Task Force in support of a province-wide ban on smoking in all indoor public places and workplaces.

The Assiniboine Regional Health Authority supports a provincial ban on smoking in all indoor public places and workplaces and acknowledges that protection from environmental tobacco smoke is a crucial and important component of a comprehensive approach to tobacco reduction in the province of Manitoba.

#### Facts About Environmental Tobacco Smoke:

The health case for banning smoking in public spaces is irrefutable. We all know that smoking indoors leads to highly polluted air. Of the 4000 chemicals found in tobacco smoke, 40 of them are known carcinogens. The Ontario Occupational Health and Safety Act has identified 15 substances that have no known safe level of exposure – 6 of these 15 substances identified in their Act are chemicals found in tobacco smoke.

The dangers of exposure to second-hand smoke affects everyone – the greatest effect is on workers who are constantly exposed to a smoke-filled environment. These workers need protection and it is the responsibility of the employer and society to ensure that every workplace is a safe place to work. Exposure to second-hand smoke is the third leading cause of preventable death in Canada. It is responsible for the death of 3000 Canadians every year, primarily from lung cancer and cardiovascular disease. Exposure to second-hand smoke is a major cause of respiratory illness and loss of quality of life for individuals from such conditions as asthma, pneumonia, bronchitis and emphysema.

Bar and tavern employees have higher rates of lung cancer than almost all other occupations, including fire fighters and miners. However, research has shown that respiratory health and lung function improved among both non-smoking and smoking

employees shortly after the implementation of a smoking ban occurred in those establishments.

The employees working in these smoke filled establishments and the patrons who frequent them need protection. It is up to the employer and society to ensure that every workplace is a safe place to work by providing air that is not filled with the harmful toxic components of tobacco smoke. The position of the Ottawa Carleton Council on Smoking and Health supports this by stating that: "as a society we do not force workers in any other industry on any other health issue to choose whether or not to endure serious preventable risks to health and safety in order to earn a paycheque. Employers have a responsibility under the law to provide a safe workplace. Second-hand smoke has been declared a "class A" carcinogen – a toxin for which there is no safe level of exposure – and as such is clearly a hazardous workplace pollutant."

#### Economic Impact of Smoking Legislation:

Do businesses suffer economic hardship from smoking bans? The tobacco companies would like to make you believe this. According to the Ottawa Carleton Council on Smoking and Health, all research conducted independent of the tobacco industry has concluded that there is no evidence that the hospitality sector suffers economic losses from smoking bans. Numerous studies have looked at the proportion of restaurant sales in relationship to total retail sales in each region, the studies show that smoking bans have no negative impact on the proportion of consumer spending in restaurants.

In fact, smoking bans have brought about many positive benefits to the surprise of retailers. Some of these benefits include reduced employee absenteeism, reduced insurance costs and reduced cleaning and maintenance costs.

#### What We Have Learned from By-Law Implementation in Manitoba:

The Assiniboine Region had the opportunity to participate in numerous public forums in Brandon as they began their process of passing one of the most aggressive smoking by-laws in the country. There were several concerns raised about implementing a by-law that was seen as being too restrictive.

I would like to briefly touch on a few comments that both the Brandon City Council members and the public raised as issues of concern.

It was suggested that exemptions to the Brandon by-law be made by placing a restriction to ban smoking in only those places frequented by children. It has been demonstrated by many municipalities (i.e. Ottawa and Waterloo) that enforcement and understanding is better facilitated if all establishments follow the same rules. Equal treatment also helps to eliminate the potential unraveling of smoking legislation. Brandon council was strongly encouraged to continue their effort in prohibiting smoking in all public spaces including bars, gaming establishments and public outdoor patios.

The rationale: If gaming establishments were to be granted an exemption or phase in, then bars would demand equal treatment. If bars were granted any sort of an exemption, restaurants would then object to the lack of a level playing field. To maximize the effectiveness of smoke-free legislation, all establishments must follow the same rules. As well and most importantly, the employees of bars, bingo halls and all other establishments in which children are not permitted deserve the same level of health protection as do office workers already enjoying the benefits of a smoke-free worksite.

Other comments made to the Brandon council included the need to focus their attention to "where the real issue is," that being youth uptake of smoking tobacco products. While the concerns may have been genuine it was most likely an attempt to sidetrack the smoke-free issue. A total ban on Environmental Tobacco Smoke is about workplace health and safety and health protection of all individuals – non-smokers and smokers alike. It should also be noted that a major determinant of youth uptake of smoking is the general social acceptability of tobacco products – which in turn depends to a considerable extent on the levels of adult smoking. Smoking restrictions are an extremely powerful component to tobacco control, having the power to reduce consumption in both the adult and youth populations. So if people are genuinely concerned about youth smoking rates, smoke-free legislation only compliments the other youth prevention initiatives that currently exist.

Can a Smoking Ban be Enforced?

Smoking is not permitted in public places in four U.S. states. The California example has been going strong since 1995 – whereby smoking in restaurants has been banned and more recently in 1998 no smoking is allowed in all bars. A little closer to home, over 50 Canadian municipalities have banned smoking in restaurants and more than 38 have prohibited smoking in bars and now Manitoba's two largest cities are smoke-free. There are many good examples that can be modeled from our nation.

Conclusion:

The Assiniboine Regional Health Authority strongly encourages provincial action on this issue. The provincial government needs to be the leader rather than leaving each individual municipal council to sort through this highly emotional and often personal issue. It is recognized that the issue of smoking in public places divides people within communities. Smoking causes tension between those who would like to see greater restrictions on tobacco use and those who feel that tobacco is a legal product and that every adult has the right to smoke without restriction. The smoking debate becomes heated and clouded by personal opinion and bias.

The Assiniboine RHA strongly advocates for provincial action and encourages the province to make a clear separation on what this issue is all about. This is not a rights debate; this is a health protection issue, one that has great potential to protect all Manitobans from the harmful effects of environmental tobacco smoke and positively impact the health status of our residents.

The Assiniboine RHA would like to commend the All Party Task Force on their efforts of obtaining information through a public consultation process and for recommending a complete ban of smoking in all enclosed public and indoor workplaces where the provincial government has clear jurisdiction. The Assiniboine Regional Health Authority would also like to commend the members of the Legislative Assembly on moving Bill 21 through the first and second readings. We hope and are confident that it will pass the third reading in the interest of the health of all Manitobans. The ARHA will continue to assist in this initiative by contributing available resources to support education, prevention and cessation initiatives as part of the approach to control tobacco. Everyone has a responsibility to ensure Manitobans

are adequately protected from environmental tobacco smoke.

Thank you.

Roslyn Cullen, Health Protection Coordinator  
Assiniboine Regional Health Authority

\* \* \*

Re: Bill 21

To Members of the Standing Committee:

The Brandon Regional Health Authority (Brandon RHA) commends the Province of Manitoba on its visionary leadership in health protection of its workers, residents and visitors. The Brandon RHA would like to offer its support to the Standing Committee in considering provincial legislation that would achieve 100% smoke-free public places and workplaces, outdoor public sporting venues and patios.

The burden of illness and death from smoking and exposure to second-hand smoke on the health and quality of life of residents of the Brandon Health Region is staggering. The Brandon RHA has developed a tobacco reduction strategy aimed at reducing the burden of illness. It includes the prevention of smoking initiation, facilitating smoking cessation, protection from second-hand smoke and the denormalization of tobacco use. Progressive smoking provincial legislation is a key and necessary element in protection from second-hand smoke.

The Brandon RHA Board adopted a Position Statement on Tobacco Reduction in June 2003. Enclosed is the Position Statement as well as background material on the health effects of environmental tobacco smoke. In addition, the Board recently adopted a resolution to restrict smoking on RHA property at its May 18, 2004, board meeting.

An ever-growing number of cities and municipalities are becoming 100% smoke-free in public places and workplaces. It is only a matter of time before smoking will not be tolerated in public places or workplaces anywhere. It is a trend all across North America that local governments initially take the lead on smoking ordinances, as their

local populations demand them and provinces or states later follow.

It is an opportune time for the Province of Manitoba to consider provincial smoke-free legislation in view of the 2003 unanimous upholding of the City of Brandon's and the City of Winnipeg's smoking by-laws. By virtue of these two by-laws, more than half of the provincial population is now protected in public places and indoor workplaces from the health hazards caused by second-hand smoke.

The Canadian Public Health Association and the Canadian Pediatric Society have passed resolutions that they will no longer hold meetings in cities without smoke-free by-laws and are encouraging other nursing and medical groups to do the same. When Manitoba becomes the first province to adopt provincial smoke-free legislation in public spaces and workplaces, it will make our province very attractive to national health associations.

The Brandon RHA looks forward to continuing its productive partnership in addressing this important issue.

Best wishes in striving to make Manitoba smoke-free and in protecting the health of its citizens.

The Brandon Regional Health Authority Position Statement on Tobacco Reduction

The Brandon Regional Health Authority

Acknowledges that tobacco use and exposure to Environmental Tobacco Smoke (ETS) is harmful to health.

Supports effective comprehensive action towards tobacco reduction including prevention, cessation, protection and denormalization efforts and has demonstrated leadership in developing a comprehensive tobacco reduction strategy for the Brandon region.

Acknowledges that protection from ETS is an important part of a comprehensive approach to tobacco reduction regarding both protection and denormalization.

Supports the City of Brandon, City of Winnipeg and other municipalities and/or the Province of Manitoba in working towards smoking legislation, which would eliminate exposure to ETS in all

enclosed public places and workplaces, outdoor public sporting venues and patios.

Supports the elimination of ETS in all facilities for which it has responsibility.

Will address tobacco-related policies that support smoke-free public places and workplaces.

Will contribute towards the establishment of effective prevention and cessation programs.

Will contribute towards the denormalization of tobacco use.

Will communicate its position on tobacco reduction to the Province of Manitoba and the public.

#### Background

Cigarettes are the leading cause of preventable death in Canada

45 000 Canadians die from smoking each year and the number is growing – 29 000 men, 16 000 women and 100 infants.

Smoking is responsible for one in five deaths in Canada – about five times the number of deaths caused by motor vehicle injuries, suicides, drug use, homicide and AIDS combined.

Manitoba smoking rates rank among the highest in Canada.

For 2000, the Manitoba projected smoking-attributable deaths totalled 1810 (1175 males and 635 females).

Efforts to prevent the initiation of smoking, facilitate smoking cessation, provide protection from Environmental Tobacco Smoke (ETS) or second-hand smoke and denormalize tobacco use are key elements of a comprehensive approach to tobacco reduction.

Second-hand smoke is the third leading cause of preventable death worldwide – after smoking and drinking alcohol

Estimates of the number of deaths in Canada from second-hand smoke range from 1000 – 7800 per year.

More than 300 non-smoking Canadians die annually as a result of lung cancer caused by exposure to environmental tobacco smoke (ETS).

At least 700 non-smoking Canadians die each year from coronary heart disease attributed to exposure to ETS.

Involuntary smoking has been associated with cancer of the lung, esophagus, sinuses, brain, breast, uterine cervix, thyroid, leukemia and lymphoma.

Even low levels of ETS can contribute to the development of heart disease and stroke.

Infants of women who smoked or were exposed to ETS during pregnancy are, on average, smaller at birth than babies of non-smoking mothers. They are more prone to perinatal complications and illnesses. Sudden Infant Death Syndrome (SIDS) is also linked to ETS.

Children exposed to ETS are more likely to suffer from impaired lung function; eye, nose and throat irritation; respiratory illness, including asthma, pneumonia and bronchitis; chronic middle ear infection.

There is no known safe level of exposure to ETS.

Larry Hogue  
Board Chair

Carmel Olson  
Chief Executive Officer

Brandon Regional Health Authority

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Re: Bill 21

I am writing with respect to the public meeting that has been called to examine Bill C-21. Needless to say, we are very disappointed that we will not be able to attend the hearings in person.

Please find attached a copy of our submission to the committee on Bill C-21.

In light of the fact that:

One in four adult Manitobans still smoke;

Smoking patrons represent a disproportionately higher share of customers in certain types of hospitality business, such as sports bars, bingo halls, Legions, pubs, taverns and gaming facilities;

Designated smoking rooms (DSRs) have become the most effective and common solution for the hospitality industry in Canada;

Thousands of operators across Canada have invested in DSRs to accommodate their non-smoking and smoking customers and protect employees from second-hand smoke.

It is our recommendation that the legislation be amended to include provision for Designated Smoking Rooms (DSRs) in Manitoba hospitality establishments.

I would request that you distribute copies of this letter and the attached submission to members of the Committee.

Yours Sincerely,

Michael Ferrabee  
Executive Vice President of Government Affairs  
Canadian Restaurant and Foodservices Association  
Introduction

The Canadian Restaurant and Foodservices Association is the national trade association for the foodservice industry and represents more than 17 000 members across Canada, including more than 500 outlets in the province of Manitoba.

CRFA has been involved in the smoking issue on behalf of our members across Canada for more than 10 years. We have consistently supported provincial regulation of the issue as an alternative to the municipal patchwork that exists in Manitoba as well as other jurisdictions in Canada.

#### The Impact of Winnipeg and Brandon Smoking Bans

As an industry association, we are extremely concerned about the impact that smoking bans have had on the economies of Winnipeg and Manitoba. Implementation of the Winnipeg ban in the summer of 2003 was followed by a disastrous drop in foodservice sales. There were declines of 7.2 percent and 6.7 percent through August and September, a modest bump in October and then a further negative decline in November which continued into the new year. Based on data available from the rest of

Canada, it is virtually impossible to explain Manitoba's under-performance relative to anything other than the Winnipeg smoking ban.

On a sales per unit basis, Manitoba recorded the worst growth in sales per foodservice outlet of any province in Canada in 2003. A disastrous decline of 3.8 percent in average sales per unit is 7.9 percentage points behind the leading province of P.E.I. and a full 3.3 percentage points below the Canadian average.

The Manitoba Lotteries Corporation has confirmed that it is losing tens of millions of dollars as a result of the Winnipeg and Brandon smoking bans. Many operators in the hospitality industry also rely on gaming revenues from video lottery terminals (VLTs). The difference between government and the hospitality industry however is that the industry cannot manipulate these revenues. We cannot regulate faster patron turnover or install special machines that will encourage people to spend more money in our businesses.

#### The Impact of a Province-wide Smoking Ban

In early 2000, the province of British Columbia implemented a complete smoking ban. In the first two months of that year, the hospitality industry experienced the following:

- Liquor sales dropped 11 percent (January-February, 2000 versus January-February, 1999)
- Beer sales dropped 13 percent
- 910 employees were laid off and industry payrolls dropped \$20.2 million
- 14 hospitality businesses closed
- 5 bingo halls closed
- Charitable bingos reported a \$5-million drop in revenue

The British Columbia legislation was struck down by the B.C. Supreme Court after 80 days for failure to consult with the hospitality industry. The Workers Compensation Board had initiated the smoking ban out of concern for the health of employees in hospitality establishments but it ultimately concluded that it could manage worker exposure to second-hand smoke through the establishment and regulation of Designated Smoking Rooms (DSRs).

British Columbia's revised regulation permitting DSRs was implemented in May of 2002, with the complete co-operation of the province's hospitality

industry. Most hospitality establishments chose not to construct a DSR because the nature of their businesses did not warrant the expense. But more than 600 bars, pubs, nightclubs, bingo halls and casinos have installed a DSR because they have a significant proportion of smoking customers.

British Columbia's Workers Compensation Board has concluded that the revised regulation permitting designated smoking rooms and controlling employee exposure to tobacco smoke is a success because of broad stakeholder support and the high degree of voluntary compliance which has accompanied its implementation. British Columbia's hospitality industry has supported the implementation and enforcement of the regulation because it is considered fair and reasonable.

When the City of Winnipeg reviewed its smoking by-law in the spring of 2003, CRFA commissioned a public opinion poll that demonstrated widespread public support for province-wide legislation that would restrict smoking to properly ventilated smoking rooms, limit employee exposure to second-hand smoke, and restrict the smoking room to patrons of legal smoking age (see attached news release, March 2003). These results mirror results from polling done in the rest of Canada, most recently in Ontario (see attached press release).

It is our recommendation that the Province of Manitoba amend its legislation to include an option for Designated Smoking Rooms.

What is a DSR?

DSRs, or designated smoking rooms, have been legislated in several Canadian provinces and numerous cities as a means of controlling customer and employee exposure to second-hand smoke. DSRs have been installed by hospitality businesses such as bars, pubs, nightclubs, restaurants, bingo halls, casinos, racetracks, Legions and airports that cater to both a non-smoking and smoking clientele.

Typically, a DSR is isolated from the rest of a hospitality establishment with a design that ensures non-smoking patrons need not enter the DSR for service or the use of facilities such as washrooms. In addition, minors are prohibited from entering the DSR. Most DSRs regulate ventilation standards in a manner that keeps smoke out of the non-smoking area by means of negative air pressure or an entirely separate ventilation system.

Some DSR legislation, such as British Columbia's Occupational Health and Safety Act, are very specific about employee exposure to tobacco smoke in DSRs. The British Columbia regulations give employees the right to refuse to work in a DSR and those employees who choose to do so can only spend a minority of their shift in the smoking room.

Where are DSRS Being Used?

Designated smoking rooms have been implemented in airports, offices, plants, bars, pubs, restaurants, bingo halls, casinos, racetracks and Legions as a means of separating smokers from non-smokers as well as regulating employee exposure to second-hand smoke.

Today, there are thousands of DSRs operating in Canada. Some of these are regulated provincially and some municipally. DSRs have also been installed voluntarily by hospitality establishments and other types of businesses to protect non-smoking customers and employees from tobacco smoke.

DSRs are permitted under provincial legislation in Newfoundland, Prince Edward Island, Nova Scotia, Quebec and in British Columbia. They are also allowed under the municipal by-laws in communities such as Edmonton, Calgary and Toronto.

The following are comments from DSR operators in Nova Scotia, one of the more recent provinces to include DSRs as an option for hospitality establishments, "I went over seven months without a smoking room and my business was down over 25 percent. Building a room saved my business from going under. I needed it (DSR) in order to keep going." Bob Covey, Pilots Pub and Dining Room.

"I am in an office complex and smokers are a big part of my business. If they could not come in here to smoke, they would be outside and I would lose their business. What I find interesting is I am in a pedway between two hotels and I have tourists coming from the hotels to my place to have a coffee and a smoke. I would be finished without it." Paul MacNutt, Red Pepper.

"Fifty-five hundred bucks lets me keep my smoking and non-smoking customers happy. It (DSRs) works for both my customers and staff. It would really hurt my business if I did not have a smoking room." Don Webster, Fireside.

"I have a state-of-the-art ventilation system and it works beautifully." Eli Chater, Eastside Billiards.

"It has been a good investment. It keeps my customers in the pub." Brian Doherty, Old Triangle Pub.

"It works like a charm and customers are happy. It is a good compromise. Staff like it because it confines smoke to one part of the building and then directly exhausts it outside." Peter Sickles, Thirsty Duck.

#### Conclusion

There is clearly an economic impact on the hospitality industry from a complete smoking ban which is concentrated in certain sectors like pubs, taverns, Legions, bingo halls and gaming facilities.

Designated Smoking Rooms (DSRs) are an excellent alternative to a complete ban and should be adopted as part of the legislation in Manitoba. They are currently working and working well in five other Canadian provinces. DSRs address concerns about second-hand smoke for both the public and hospitality workers. In provinces like British Columbia they have dramatically reduced smoking in public places while softening the blow on these operations where they service of alcoholic beverages and gaming predominate.

It is the recommendation of CRFA that the province of Manitoba amend its legislation to include an option for Designated Smoking Rooms.

DSRsolution.ca

The province of Ontario has recently announced that they will be bringing in provincial regulations, an action that the industry supports. Ontario has yet to decide upon how comprehensive their legislation will be but the industry is encouraging the government to permit DSRs. The committee and interested parties may want to visit [www.DSRsolution.ca](http://www.DSRsolution.ca) for more information on DSRs.

#### NEWS RELEASE

Poll shows little support for smoking ban in Winnipeg bars, restaurants.

WINNIPEG—Three out of four Winnipeg residents say the issue of smoking in bars and restaurants should be dealt with at the provincial level, not by city council. Only 4 percent of respondents in a poll of over 400 Winnipeg residents—83 percent of whom are non-smokers—identified smoking in bars and restaurants as a top concern for council. Instead they said council should focus on issues such as streets and taxes.

Most Winnipeg residents (63 percent) say it would be unfair to ban smoking in local bars and restaurants while neighbouring communities have no such restriction. The poll shows strong support for legislation that would confine smoking in bars and restaurants to properly ventilated rooms that are restricted to patrons of the legal smoking age. Similar legislation has been introduced in British Columbia, Nova Scotia and Prince Edward Island.

The Winnipeg poll, conducted by Western Opinion Research shows the following:

Sixty-three percent of Winnipeg residents think it is unfair to ban smoking in local bars and restaurants while other communities have no such restrictions.

Seventy-five percent of residents say it would be preferable to regulate smoking on a province-wide basis.

Sixty support legislation that would restrict smoking in bars and restaurants to properly ventilated smoking rooms, limit employee exposure to second-hand smoke and restrict the smoking rooms to patrons of legal smoking age.

Four percent of Winnipeg residents think that smoking in bars and restaurants is the most important issue that Winnipeg City Council should be acting on. This compares to 22 percent who identified streets, roads and bridges as the most important issue and 17 percent who identified taxes.

Winnipeg City Council is voting Wednesday morning on a recommendation from the Executive Policy Committee to ban smoking in city bars and restaurants. A coalition of restaurant operators is hoping councillors will listen to public opinion and consider the impact of a smoking ban on local businesses.



"The citizens of Winnipeg are not asking for a smoking ban in bars and restaurants. This issue is being pushed by a few councillors and, as the opinion poll suggests, they do not represent the wishes of most residents or business owners," says Jeff Glover of The Old Spaghetti Factory and a member of the Winnipeg Restaurant Owners Association.

"Many bars and restaurants have a high proportion of customers who smoke. There is no question that a smoking ban would result in a huge loss of business for those establishments," says Bruce Gouriluk of Big Guy's Ranch and Saloon. "It is time for the Manitoba government to introduce province-wide ventilation standards to address the issue of smoking in bars and restaurants in a reasonable and fair manner."

The telephone survey of 401 randomly selected Winnipeg residents was conducted by Western Opinion research Inc. between March 17 and March 18 and is considered accurate within 4.9 percentage points, 95 times out of 100.

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#### PRESS RELEASE

Poll shows strong support for Ontario-wide law on designated smoking rooms

TORONTO/May 25, 2004—The majority of Ontarians strongly support provincial legislation that would allow designated smoking rooms (DSRs) in hospitality establishments such as bars and bingo halls, according to a new poll by COMPAS Inc.

The poll shows that 72 percent of Ontarians support province-wide legislation so that all municipalities would be consistent in their regulation of DSRs. The poll also shows that 66 percent of Ontarians support separate, ventilated DSRs that are restricted to patrons of the legal smoking age, are properly ventilated, and have controls to limit employee exposure. Supporters of province-wide legislation and DSRs outnumber opponents by a 3-to-1 margin.

Provincial Health Minister George Smitherman has promised to introduce legislation this fall concerning smoking in public places, including hospitality establishments. Currently, 30 municipalities in Ontario have DSRs in hospitality establishments, but the rules and regulations vary. DSRs are also incorporated into province-wide legislation in British Columbia, Quebec, Nova Scotia and Prince Edward Island.

The hospitality industry in Ontario supports a province-wide law on DSRs modelled after regulations in British Columbia. The B.C. regulations protect employees, children and adult non-smokers from second-hand smoke while allowing entertainment facilities such as bars, pubs, lounges, casinos and bingo halls to have a separate place for smoking. The DSR must be properly ventilated and the air must not recirculate or transfer to a non-smoking area.

The COMPAS poll was conducted on behalf of a group of hospitality associations, including the Ontario Horse Racing Industry Association, Ontario Accommodation Association, Ontario Restaurant Hotel & Motel Association and the Canadian Restaurant and Foodservices Association. COMPAS interviewed a representative sample of 500 Ontarians from May 15 to May 17, 2004, and results are deemed accurate to within 4.5 percentage points, 19 times out of 20.

A coalition of hospitality organizations has established a Web site, [www.DSRsolution.ca](http://www.DSRsolution.ca) to provide customers and business operators with more information about DSRs including how they operate and where they currently exist in Ontario and across Canada.

For more information:

Ron Reaman, Weber Shandwick Worldwide (416) 642-7978 or cell (416) 893-1267  
Jill Holroyd, Canadian Restaurant and Foodservices Association (416) 649-4217  
Wendy Rinella, Ontario Horse Racing Industry Association (905) 812-0168  
Bruce Gravel, Ontario Accommodation Association (705) 745-4982  
Ryan Parks, Ontario Restaurant Hotel & Motel Association (905) 361-0268

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Re: Bill 21

As you are aware, Manitoba has eleven Regional Health Authorities, consisting of nine in rural/northern Manitoba, one in Brandon and one in Winnipeg. Collectively, the RHAs represent the health system in Manitoba with the exception of CancerCare Manitoba and the Addictions Foundation of Manitoba.

The RHAs are responsible for the direction, operation, coordination and provision of the full continuum of health services. The continuum includes acute and long-term care facilities as well as community, mental health, public health, home care and emergency medical services.

The Regional Health Authorities of Manitoba Inc., known as RHAM, is a non-profit, legal umbrella organization formed by the RHAs to pursue and coordinate joint activities of mutual benefit to two or more RHAs.

I have been asked to write on behalf of the Regional Health Authorities.

It is well recognized that tobacco use has a significant negative impact on the health of Manitobans. Exposure to second-hand smoke has numerous adverse health effects – both short term and long term.

As Regional Health Authorities, we provide care for the thousands of Manitobans afflicted with tobacco-related illnesses. We also work together with our partners on the prevention of smoking initiation and in support of smoking cessation. Protecting Manitobans from second-hand smoke largely requires a legislative approach.

The Regional Health Authorities recognize not only that Bill 21, The Non-Smokers Health Protection Act, will provide widespread, consistent protection from second-hand smoke in public places and workplaces all across Manitoba. It will also model healthy (non-smoking) behaviours to our developing youth, and make tobacco consumption less available and less attractive to more people.

On behalf of the RHAs, I would like to express our full support for Bill 21 and encourage you to move forward with this significant measure to improve the health of Manitobans.

Sincerely,

M. Ebbitt for:

Randy B. Lock  
Executive Director  
Regional Health Authorities of Manitoba