100% Smoke-Free Lambton
Technical Report

June 18, 2003

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1. Executive Summary

Smoking, and particularly non-smoking bylaws, can be controversial issues. The debate surrounding control of tobacco use in public places is often clouded by an infinite number of factors including business interests, rights of smokers and non-smokers as well as public health concerns. In a debate that can often be distorted by emotion, protecting the health of the residents of Lambton County must take precedence over all other issues. The facts contained in this report are based on scientific evidence.

In Ontario there is currently a groundswell of municipally led action to protect citizens from exposure to second-hand smoke in public places. Recognizing this, on February 5, 2003, Lambton County Council passed the following motion:

That Lambton County Council ask staff to prepare a report on the status of smoking bylaws in the local Municipalities of Lambton. The report should also comment on what is the status of County-wide Smoking Bylaws in other counties in southwestern Ontario. As well, the report should comment on what steps would have to be taken, including public input, should the County proceed with adoption of a County-wide Smoking Bylaw. Finally the report should be brought back to County Council for its July meeting for consideration.

This request was directed to staff of the County’s Community Health Services Department, who have specific responsibilities for tobacco regulation and control, as mandated under the Mandatory Health Programs and Services Guidelines (1997) and the Province of Ontario Health Protection and Promotion Act. The department also has a responsibility for health promotion in the County.

Introduction: A Duty to Protect

The impact of tobacco use is well documented. Every year, more than 5,000 Canadians lose their lives to tobacco-related illnesses caused by Environmental Tobacco Smoke (ETS), more commonly known as second-hand smoke. In Lambton County, an estimated 21* premature deaths can be attributed to ETS every single year. No community would stand idly by year after year and bear witness to 21 preventable and senseless deaths, by train wreck, by automobile crashes or by industrial disaster. So what makes tobacco use any different?

(* 21 is an estimate based on the Canadian average.)

Throughout history, community action, government leadership and effective legislation have had the combined effect of creating communities safe from environmental pollution, highway fatalities and occupational hazards. Despite an overwhelming body of medical evidence, people continue to die needlessly from exposure to tobacco smoke – every day.
Removing the Handle from the Pump

There’s a story taught to most first-year public health students that illustrates the capacity of public policy to protect community health. In mid 19th century London England, a physician noticed an unusual number of deaths from cholera in a particular area of the city. After an investigation, it was revealed that the illness was water-borne, and the source was a communal water pump that had been contaminated. Upon confirmation of the cause of illness, the physician successfully petitioned the local council to remove the handle from the offending pump. New cases of illness stopped immediately.

Across the province, a growing number of Ontario municipalities have successfully “removed the handle” from the second-hand smoke pump.

Ontario municipalities have the legislative authority to prevent exposure to Environmental Tobacco Smoke and the support of the majority of their constituents to enact effective legislation. Public consultation and input from all stakeholders is an essential element of the bylaw development process.

Relationship to County of Lambton Vision

The vision of the County of Lambton, as defined in an Area of Effort, and reiterated as a Principle and Value in the Strategic Plan, County of Lambton, is to enhance the quality of life and to build a healthy community.

“The County of Lambton Believes…
…in the value and importance of a healthy community which provides an array of cultural and healthy lifestyle services, understands and respects its environment…

…leadership and accountability by realistic and sound decisions…champions initiatives on behalf of the community and accountable to its stakeholders

…takes reasonable risks for the betterment of the whole community.”

Relationship to Public Health Mandate

The mandate of the County of Lambton Community Health Services Department, as defined by the Ontario Ministry of Health and Long Term Care, Mandatory Health Programs and Services Guidelines (1997), is: to promote and protect the health of Lambton residents by understanding the needs, identifying minimum standards and delivering a local solution. Under the Program Standards for Chronic Disease Prevention, the direction is more specific:
The Board of Health shall contribute to the reduction of second-hand smoke exposure to the public, particularly pregnant women, children and youth. This shall include as a minimum:

.... b) support and encourage municipal policy development, including the consideration of appropriate bylaws and their enforcement to reduce smoking in public places and workplaces.

The reduction or elimination of exposure to second-hand smoke has enormous benefits in terms of reducing the burden of chronic diseases including lung disease and cancer, heart disease, diabetes and asthma.

There are a number of issues related to tobacco bylaws that have been debated by many other Ontario municipalities. While complete and thorough analyses of the key issues are contained in detail in the full report, highlights of the most significant issues follow.

A. The Human Cost of Tobacco Use

The cost of second-hand smoke can be measured in economic and human losses. A regulatory Impact Analysis Statement prepared by Labour Canada estimates that $32.2 million (1989) “could be saved” from reduced smoke, related property damage, maintenance and cleaning costs, depreciation and savings to the health care system from reduced health effects of ETS. The Conference Board of Canada has estimated the average cost to an employer of employing a smoker is $2,565² based on absenteeism, lost productivity and other issues.

Direct health care and other economic costs of tobacco use in Ontario have been estimated at $4 billion³ annually. In contrast provincial revenue from tobacco taxation (1998-99) was approximately $703 million.⁴

A study by researchers at the University of Toronto, and published in the 1998 peer-reviewed journal Addiction, calculated the average cost to hospitals of smoking-related illness and death at $61 per Canadian.

Using the University of Toronto formula, the annual cost to Lambton County’s 127,000 residents is $7.75 million. Based on that amount, Lambton Hospitals Group could purchase three MRI machines at a cost of $2.5 million each.
It should also be noted, that in jurisdictions across North America where comprehensive tobacco control programs have been introduced – including smoke-free public places – the rates of smoking and cigarette consumption have dropped by as much as 30 per cent. Moreover, a decrease of one cigarette smoked per day for daily smokers may be linked to a 3.2 per 100,000 decrease in lung cancer. In Canada, if there was a combined one per cent reduction in smoking, direct health care savings could top $65 million.

In Helena, Montana heart attacks fell by more than half in the summer of 2002 after voters passed an indoor smoking ban. The smoking ban, which lasted six months until enforcement was suspended after a legal challenge, led to an “immediate and dramatic decline” in the number of heart attacks – from seven a month to three. Heart attacks climbed back to usual levels after smoking returned.

The study, the first to examine what happens to public health when people stop smoking and breathing second-hand smoke in public places, suggests cleaning up air in bars and restaurants quickly improves the overall health of the community.

**B. About Second-Hand Smoke**

Environmental Tobacco Smoke (ETS), more commonly known as second-hand smoke, is a health hazard.

ETS consists of two types of smoke:
- Mainstream Smoke - inhaled and exhausted by smokers.
- Sidestream Smoke - emitted directly from the lit end of a cigarette. According to Health Canada it represents about 66 per cent of all ETS.

Both types of smoke contain the same compounds, but in different proportions. Sidestream smoke is the most toxic and contains twice the nicotine, three times more tar, five times as much carbon monoxide, six times as much toluene and 40 times more ammonia.

While cigarettes burn for approximately 12 minutes, smokers usually only inhale for 30 seconds. As a result, for 11 minutes and 30 seconds, cigarettes spew sidestream smoke for non-smokers and smokers alike to breathe. The smoke from one cigarette lingers in the air for more than two hours.

There is no safe level of tobacco smoke. Second-hand smoke contains 4,000 chemical compounds, 50 of which are known carcinogens. (**Tobacco Smoke Components: Carcinogens - Appendix 1**)

Findings by Health Canada, and hundreds of other researchers, paint a tragic picture.
Annually more than 5,000¹¹ Canadians -1,000 in Ontario¹² - die from the long-
term, adverse health effects of second-hand smoke (3,700 to heart disease,
400 to lung cancer and 1,200 to other cancers). The Canadian figure is
equivalent to the population loss of Forest and Wyoming, or Petrolia or
Warwick Township on an annual basis.

Second-hand smoke irritates the eyes and throat, causes asthma, dizziness, nausea,
headaches and is known or suspected to cause breast cancer, cervical cancer, stroke,
Sudden Infant Death Syndrome and decreased pulmonary functions in children.

C. Current Municipal Bylaws Inequitable and Inadequate

Lambton County is a patchwork of municipally-instituted smoking restrictions - from a
maximum smoking designation of 15 per cent in Sarnia restaurants to no restrictions in Oil
Springs, Wyoming and Brooke-Alvinston. Smoking is still permitted in the north-end stands
at the Watford Arena. (Municipal Smoking Bylaws - Appendix 3)

Neighbours to our north, south and east - Chatham-Kent, the City of London, Middlesex
County, Woodstock and Huron County have emulated the healthy examples of centres like
Ottawa, Guelph and Kitchener-Waterloo by creating smoke-free communities that include
bars, billiard and bingo halls and bowling centres. Some temporary exceptions are in place in
Middlesex and Huron counties. A true “level playing field” can only be achieved by
following the example of our neighbouring municipalities of Huron County, Chatham-Kent,
and London-Middlesex.

D. Economic Impact

Economic calamity is the greatest fear created by a 100-per-cent smoking ban. Evidence
suggests differently and that includes 79¹³ thriving smoke-free restaurants in Lambton
County.

In Ottawa, KPMG LLP Chartered Accountants, hired by the city to monitor the economic
impact of its August 2001 no-smoking legislation, stated in its first quarterly report that
employment in the accommodation and food services industry rose 6.5 per cent,¹⁴ a trend
that continues to echo. To date, 181 establishments have opened since the implementation
of the bylaw. No closures have been attributed to the smoking bylaw.¹⁵

West Carleton (Ottawa) councillor Dwight Eastman said on April 25, 2003, “The hospitality
industry has adapted to the city’s smoke-free bylaw and is expanding.”¹⁶
The Grand Bend Legion, in July 2002, voluntarily extinguished cigarette smoking at its weekly bingo. The Legion estimates it lost six regular players as a result of the smoking restriction but 40 to 60 non-smoking players joined after the ban was imposed. The bingo provides a 10-minute break to facilitate smokers. While smoking is permitted in the Legion lounge area, smoking is slowly being weaned from other functions.

E. Changing Public Attitudes

Societal attitudes toward smoking have changed. While inherent health risks and the fear of liability have softened hard-core attitudes, there is an emulative risk that must be considered. Current research studies have shown that allowing smoking in environments that are frequented by children and youth sends the message that “smoking is acceptable.” In Lambton County 2 per cent of 2-to-7-year-old males and females will experiment with smoking. About 27 per cent of Lambton adults smoke, and survey data indicates that about half of those have tried to, or would like to quit.

Perhaps the single most significant statistic in this report is the fact that 73 per cent of adults in Lambton County are non-smokers.

F. Employee Health and Safety

A labour market analyst with Human Resources Development Canada estimates that about 5,300 (full and part-time) Lambton employees and 350 employers work in an environment where smoking is an impact. That includes 187 restaurants, 25 bars, four bingo halls, three billiard halls, six bowling centres and two gaming establishments (Point Edward Charity Casino and Slots at Hiawatha Horse Park). (Appendix 4, 5)

A study commissioned by the Nova Scotia Department of Health found restaurant, bar and casino workers are exposed to the highest level of ETS of any occupational or demographic group. They have less protection from second-hand smoke than other employees.

Dr. Michael Siegel of the University of California concludes: ETS is a significant occupational health hazard for food-service workers. To protect these workers, smoking in bars and restaurants should be prohibited.

One of the most alarming facts is that youth comprise the largest percentage of accommodation and food/beverage service workers where exposure to smoke is more frequent. According to the 1996 census, 87 per cent were under the age of 45. As Sarnia-Lambton increases its tourism profile, that number can be expected to grow.


**G. Designated Smoking Rooms (DSRs)**

Designated Smoking Rooms (DSRs) have often been offered as a viable solution and compromise. However there are four factors to consider:

- The American Society of Heating and Air-Conditioning Engineers (ASHRAE) found displacement ventilation systems provides no definitive solution to the problem of exposure to second-hand tobacco smoke.\(^{22}\)

- Cost of ventilation systems ranges from $50,000 to $250,000 based upon area and technology.\(^{23}\)

- Corporate operations (i.e. franchises, casinos, racetrack slots) with deep pockets would be able to absorb the costs and create an unfair advantage over small business.

- Once in place, DSR smoking legislation would be difficult to repeal.

**H. Liability Issues**

In 2002, Heather Crowe, a 57-year-old non-smoker and career waitress with over 40 years of service, was diagnosed with inoperable lung cancer. The Ontario Workplace Safety and Insurance Board (WSIB), in an unprecedented decision, ruled her deteriorating health was linked to exposure to Environmental Tobacco Smoke.

The WSIB ruling not only stirred questions of liability for the province and for municipalities, the judgment raised serious concerns about the ability, or inability, to provide employees with a healthy and safe work environment.

In the early 1990s, the federal and provincial governments, faced with compelling evidence about the danger of ETS, introduced tobacco-controlling strategies. Since then, municipalities across Ontario followed suit by examining the issue of smoking control bylaws. The list of smoke-free communities in Ontario grows daily.

**I. The Issue of “Smokers Rights”**

In Canada, there is no legal statute that enshrines smokers’ rights. While smokers may feel maligned, discriminated against and feel their right to use tobacco has been removed, this is not the case. A non-smoking bylaw is not a bylaw against smokers. The legislation simply dictates where you can, and cannot smoke, similar to the Liquor Licence Act that regulates the consumption of alcohol and the conditions.
Conclusion

In keeping with the County of Lambton’s recently adopted Strategic Vision of a healthy community, and taking into consideration the human and health care costs, the only way to protect people from the danger of ETS is to eliminate the source of environmental tobacco smoke from indoor air. A 100-per-cent smoke-free bylaw is designed for one purpose, to protect the public from the harmful effects of ETS.

The creation of a bylaw to create 100-per-cent Smoke-Free public places and workplaces is perhaps the single-most effective public health intervention available to the County of Lambton today.

Through public consultation and participation in the bylaw process, Lambton could achieve significant gains toward the principles and values outlined in its long-term strategic plan.

**Recommended Public Consultation Process:**

A public consultation process would consist of:

- Public meetings in Sarnia, North, South and Central Lambton County. These meetings would be publicly advertised and invitations would be sent to key stakeholders. Delegations would be allowed to present brief statements.

- A telephone survey of a representative sample of Lambton County households.

The results of the public consultation would be transcribed and incorporated into a report for council. See section12 for a detailed description of the proposed consultation process.

Without question, the medical evidence supports bylaw development as the most effective means of protecting people from the harmful effects of ETS in public places and the workplace. Elected officials have a decision to make that has the capacity to save the lives of hundreds of residents.

**Recommendation:**

*That The County of Lambton direct staff to immediately engage in a public consultation process to educate stakeholders and measure public support for the creation and implementation of a county-wide bylaw that would create 100-per-cent Smoke-Free public places and workplaces in Lambton County.*
2. Ontario and Regional Summaries

What Others Are Doing

Ontario

The Ontario Tobacco Network (OTN) has developed Standards of Second-Hand Smoke Exposure in Ontario Hospitality and Recreational Premises. Their “Go for Gold!” map, available in poster format or on their website (www.theotn.org), lists municipalities that are currently developing or have passed 100 per-cent smoke-free bylaws. There are three categories of standards - Gold, Silver and Under Development. Gold Standard bylaws are those that legislate 100 per cent smoke-free public places and workplaces without exemptions or exceptions.

Gold Standard bylaws are sweeping across Ontario as more and more communities aggressively work to pass smoke-free bylaws to protect their residents from the health hazards of second-hand smoke.

By December 31, 2003, 32 communities in Ontario will have achieved Gold Standard Status.

Communities and regions that have or will implement Gold Standard by-laws:

- Region of Waterloo – January 2000
- Guelph – December 2000
- Ottawa – August 2001
- Clearview Township – May 2002
- Essa Township – May 2002
- Milton – May 2002
- Oakville – May 2002
- Springwater Township – May 2002
- Orillia – June 2002
- Tecumseh – September 2002
- Ear Falls – September 2002
- Grey County – September 2002
- Collingwood – September 2002
- La Vallee – January 2003
- Sioux Lookout – January 2003
- District of Muskoka – January 2003
- Township of Oro-Medonte – January 2003
- Kingston – May 1, 2003
- Belleville – May 1, 2003
- Cornwall – May 1, 2002
- Niagara Region – May 31, 2003
- Thessalon – May 30, 2003
- Chatham-Kent – June 1, 2003
- Cobourg – June 1, 2003
- Barrie – June 1, 2003
- Timmins – June 1, 2003
- London – July 1, 2003
- Middlesex – August 1, 2003
- Woodstock – September 1, 2003
- West Nipissing – December 3, 2003
- North Bay – December 31, 2003
- Kapuskasing – May 31, 2004

**United States**

There is a growing trend in the United States toward smoke-free environments. Many states, cities and tourist destinations have smoke-free bylaws in place, including:

- **California** - prohibits smoking in all bars and restaurants throughout the state.
- **Vermont** - prohibits smoking in all places of public access except licensed “cabarets.”
- **New York City** - introduced legislation in January 2001 prohibiting smoking in all restaurants. Efforts are now underway to ban smoking in all public places.
- **Walt Disney World** - one of the world’s biggest tourist attractions, prohibits smoking in its four theme parks, except in designated areas, and in all Walt Disney World-owned restaurants, except in designated outdoor seating areas.
- **Boston** – prohibits smoking in indoor workplaces including the city's 700 bars and nightclubs.

Adapted from information produced in the City of London 100% Smoke-Free Public Places and Workplaces By-law Report of The Technical Implementation Panel, November 2002.
### Smoke-Free Bylaws Enacted in Ontario Cities and Regions (June 2001 – May 2003)

<table>
<thead>
<tr>
<th>Ontario Municipalities</th>
<th>Smoke-free Restaurants</th>
<th>Smoke-free Bars</th>
<th>Designated Smoking Room (DSR) Provisions</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barrie</td>
<td>June 1, 2003</td>
<td>June 1, 2003</td>
<td>Allows DSRs in bingo halls, (50% unenclosed) until December 31, 2006.</td>
<td>Applies to all public places and workplaces, including private clubs (legions).</td>
</tr>
<tr>
<td>Belleville</td>
<td>May 1, 2003</td>
<td>May 1, 2003</td>
<td>Allows DSRs in bingo halls (50%)</td>
<td></td>
</tr>
<tr>
<td>Brantford</td>
<td>May 31, 2002</td>
<td>May 31, 2002</td>
<td>Allows DSRs (30%) in restaurants, bars, gaming establishments, bowling alleys, billiard halls, bingo halls.</td>
<td>Private clubs are exempt.</td>
</tr>
<tr>
<td>Burlington</td>
<td>May 31, 2003</td>
<td>May 31, 2003</td>
<td>Allows DSRs in bingo halls (50%), restaurants, bars, bowling centres and billiard halls (20%) until January 6, 2006. No one under age 19 is permitted in a DSR.</td>
<td></td>
</tr>
<tr>
<td>Chatham-Kent</td>
<td>June 1, 2003</td>
<td>June 1, 2003</td>
<td>DSRs not allowed.</td>
<td>Applies to all public places including bingo halls, bowling alleys, billiard halls, bars, restaurants and casinos.</td>
</tr>
<tr>
<td>Clearview Township (Simcoe County)</td>
<td>May 31, 2002</td>
<td>May 31, 2002</td>
<td>DSRs not allowed.</td>
<td>Legions may apply for exemption to allow 40% DSR provided it is only accessible to members.</td>
</tr>
<tr>
<td>Collingwood</td>
<td>September 30, 2002</td>
<td>September 30, 2002</td>
<td>DSRs not allowed.</td>
<td></td>
</tr>
<tr>
<td>Cornwall</td>
<td>May 1, 2002</td>
<td>May 1, 2003</td>
<td>DSRs not allowed.</td>
<td>Applies to all public places including bingo halls, bowling alleys, billiard halls, bars and restaurants.</td>
</tr>
<tr>
<td>Cobourg (Town of)</td>
<td>June 1, 2003</td>
<td>June 1, 2003</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collingwood (Town of)</td>
<td>November 12, 2002</td>
<td>November 12, 2002</td>
<td>DSRs not allowed.</td>
<td>Implementation in public places – November 12, 2002; implementation in workplaces – September 30, 2002</td>
</tr>
<tr>
<td>Durham Region</td>
<td>June 1, 2004</td>
<td>June 1, 2004</td>
<td>Allows DSRs (50%) in bingo halls, casinos and race tracks.</td>
<td>Applies to all public places including bars and restaurants.</td>
</tr>
<tr>
<td>Ontario Municipalities</td>
<td>Smoke-free Restaurants</td>
<td>Smoke-free Bars</td>
<td>Designated Smoking Room (DSR) Provisions</td>
<td>Comments</td>
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<tr>
<td>--------------------------------------------</td>
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<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Ear Falls</td>
<td>September 3, 2002</td>
<td>September 3, 2002</td>
<td>DSRs not allowed.</td>
<td>Applies to all public places including restaurants, bars and patios.</td>
</tr>
<tr>
<td>Elliott Lake</td>
<td>May 31, 2004</td>
<td>May 31, 2004</td>
<td>DSRs not allowed.</td>
<td>Allows smoking in 50% of the seating area of a patio.</td>
</tr>
<tr>
<td>Essa Township (Simcoe County)</td>
<td>May 31, 2002</td>
<td>May 31, 2002</td>
<td>DSRs not allowed.</td>
<td>Applies to all public places including bingo halls, bowling alleys, billiard halls, bars and restaurants.</td>
</tr>
<tr>
<td>Grey County</td>
<td>September 3, 2002</td>
<td>September 3, 2002</td>
<td>DSRs not allowed.</td>
<td>Does not apply to Royal Canadian Legion branch.</td>
</tr>
<tr>
<td>Hamilton</td>
<td>June 1, 2002</td>
<td>May 31, 2004</td>
<td>Allows DSRs in restaurants, bars,</td>
<td>Bars, billiard halls, bingo halls gaming centres and nightclubs may allow unenclosed smoking until May 31, 2004.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>billiard halls, bowling centres (25%),</td>
<td>May 31, 2008, use of all DSRs will be discontinued.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>and in bingo halls and nightclubs (50%).</td>
<td>��</td>
</tr>
<tr>
<td>Huron County</td>
<td>May, 2004</td>
<td>May, 2004</td>
<td>DSRs not allowed.</td>
<td>��</td>
</tr>
<tr>
<td>Kingston</td>
<td>May 1, 2003</td>
<td>May 1, 2003</td>
<td>Allows DSRs in bingo halls (50%).</td>
<td>Applies to all public places, including restaurants, bars and patios.</td>
</tr>
<tr>
<td>La Vallee (Township of)</td>
<td>January 1, 2003</td>
<td>January 1, 2003</td>
<td>DSRs not allowed.</td>
<td>��</td>
</tr>
<tr>
<td>London</td>
<td>July 1, 2003</td>
<td>July 1, 2003</td>
<td>DSRs not allowed.</td>
<td>��</td>
</tr>
<tr>
<td>Middlesex County</td>
<td>August 1, 2003</td>
<td>August 1, 2003</td>
<td>No DSRs allowed.</td>
<td>One bingo hall in Strathroy exempt until August 1, 2004.</td>
</tr>
<tr>
<td>Milton</td>
<td>May 31, 2002</td>
<td>May 31, 2002</td>
<td>Allows DSRs in bingo halls (50%).</td>
<td>Applies to all public places including bars and restaurants.</td>
</tr>
<tr>
<td>District of Muskoka</td>
<td>January 1, 2003</td>
<td>January 1, 2003</td>
<td>DSRs not allowed.</td>
<td>Applies to all public places except bingo halls, casinos and racetracks.</td>
</tr>
<tr>
<td>New Tecumseh (Simcoe County)</td>
<td>May 1, 2003</td>
<td>May 1, 2005</td>
<td>DSRs not allowed.</td>
<td>��</td>
</tr>
<tr>
<td>Ontario Municipalities</td>
<td>Smoke-free Restaurants</td>
<td>Smoke-free Bars</td>
<td>Designated Smoking Room (DSR) Provisions</td>
<td>Comments</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>------------------------</td>
<td>-----------------</td>
<td>-----------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Niagara Region</td>
<td>May 31, 2003</td>
<td>May 31, 2003</td>
<td>Allows DSRs in workplaces, restaurants (25%), bars (50%) and bingo halls (60%).</td>
<td>Racetracks and casinos have no restrictions.</td>
</tr>
<tr>
<td>North Bay (City of)</td>
<td>December 31, 2003</td>
<td>December 31, 2003</td>
<td>DSRs not allowed</td>
<td></td>
</tr>
<tr>
<td>North Perth (Town of)</td>
<td>June 1, 2004</td>
<td>June 1, 2004</td>
<td>DSRs not allowed</td>
<td></td>
</tr>
<tr>
<td>Oakville</td>
<td>May 31, 2002</td>
<td>May 31, 2002</td>
<td>Allows DSRs in bingo halls (50%).</td>
<td>Applies to all public places including bars and restaurants.</td>
</tr>
<tr>
<td>Orillia</td>
<td>June 1, 2002</td>
<td>June 1, 2002</td>
<td>DSRs not allowed</td>
<td>Applies to all public places including bingo halls, bowling alleys, billiard halls, bars and restaurants. Effective date for bingo halls is January 5, 2005</td>
</tr>
<tr>
<td>Oro-Medonte (Township of)</td>
<td>January 1, 2003</td>
<td>January 1, 2003</td>
<td>DSRs not allowed</td>
<td></td>
</tr>
<tr>
<td>Ottawa</td>
<td>August 1, 2001</td>
<td>August 1, 2001</td>
<td>DSRs not allowed</td>
<td>Applies to all public places including restaurants and bars.</td>
</tr>
<tr>
<td>Peel Region</td>
<td>June 1, 2001</td>
<td>June 1, 2004</td>
<td>Allow DSRs in restaurants, bars, bowling centres, billiard halls (25%) and bingo halls and casinos (50%).</td>
<td></td>
</tr>
<tr>
<td>Sault Ste. Marie</td>
<td>May 1, 2004</td>
<td>May 1, 2004</td>
<td>DSRs not allowed</td>
<td>Applies to all indoor public places and workplaces.</td>
</tr>
<tr>
<td>Sioux Lookout (Municipality of)</td>
<td>January 1, 2003</td>
<td>January 1, 2003</td>
<td>DSRs not allowed</td>
<td></td>
</tr>
<tr>
<td>Springwater Township (Simcoe County)</td>
<td>May 31, 2002</td>
<td>May 31, 2002</td>
<td>DSRs not allowed</td>
<td>Applies to all public places including bingo halls, bowling alleys, billiard halls, bars and restaurants.</td>
</tr>
<tr>
<td>Ontario Municipalities</td>
<td>Smoke-free Restaurants</td>
<td>Smoke-free Bars</td>
<td>Designated Smoking Room (DSR) Provisions</td>
<td>Comments</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>------------------------</td>
<td>-----------------</td>
<td>------------------------------------------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>Thessalon (Town of)</td>
<td>2002</td>
<td>2002</td>
<td></td>
<td>bowling alleys, billiard halls, bars and restaurants.</td>
</tr>
<tr>
<td>West Nipissing (Municipality of)</td>
<td>January 1, 2000</td>
<td>January 1, 2000</td>
<td>DSRs not allowed.</td>
<td></td>
</tr>
<tr>
<td>Woodstock (City of)</td>
<td>December 3, 2003</td>
<td>December 3, 2003</td>
<td>DSRs not allowed.</td>
<td></td>
</tr>
<tr>
<td>York Region</td>
<td>September 1, 2003</td>
<td>September 1, 2003</td>
<td>DSRs not allowed.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>June 1, 2001</td>
<td>June 1, 2004</td>
<td>Allows DSRs in restaurants, bowling centres, billiard halls, bars (25%) and bingo halls (50%).</td>
<td></td>
</tr>
</tbody>
</table>
### Smoke-Free Bylaws Enacted in Ontario Regions (June 2001 – May 2003)

<table>
<thead>
<tr>
<th>Ontario Municipalities</th>
<th>Smoke-free Restaurants</th>
<th>Smoke-free Bars</th>
<th>Designated Smoking Room (DSR) Provisions</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chatham-Kent</td>
<td>June 1, 2003</td>
<td>June 1, 2003</td>
<td>DSRs not allowed.</td>
<td>Applies to all workplaces and public places including bingo halls, bowling alleys, billiard halls, bars, restaurants, private clubs and race tracks.</td>
</tr>
<tr>
<td>Durham Region</td>
<td>June 1, 2004</td>
<td>June 1, 2004</td>
<td>Allows DSRs (50%) in bingo halls, casinos and race tracks.</td>
<td>Applies to all public places including bars and restaurants.</td>
</tr>
<tr>
<td>Grey County</td>
<td>September 3, 2002</td>
<td>September 3, 2002</td>
<td>DSRs not allowed.</td>
<td>Legions are exempt; all other private clubs are exempt only if not open to the public or not a workplace with paid employees and/or volunteers.</td>
</tr>
<tr>
<td>Huron County</td>
<td>May, 2004</td>
<td>May 2004</td>
<td>DSRs not allowed.</td>
<td>Applies to all workplaces and public places.</td>
</tr>
<tr>
<td>Middlesex County</td>
<td>August 1, 2003</td>
<td>August 1, 2003</td>
<td>No DSRs allowed. One bingo hall in Strathroy exempt until August 1, 2004</td>
<td>Applies to all workplaces and public places.</td>
</tr>
<tr>
<td>Niagara Region</td>
<td>May 31, 2003</td>
<td>May 31, 2003</td>
<td>Allows DSRs in workplaces, restaurants (25%), bars (50%) and bingo halls (60%).</td>
<td>Racetracks and casinos have no restrictions. Bowling alleys and billiards are 100% smoke-free. Private clubs exempt only if not open to the public and not a workplace with paid employees.</td>
</tr>
<tr>
<td>Ottawa</td>
<td>August 1, 2001</td>
<td>August 1, 2001</td>
<td>DSRs not allowed.</td>
<td>Applies to all public places including restaurants and bars.</td>
</tr>
<tr>
<td>Peel Region</td>
<td>June 1, 2001</td>
<td>June 1, 2004</td>
<td>Allow DSRs in restaurants, bars, bowling centres, billiard halls (25%) and bingo halls, slots and casinos (50%).</td>
<td></td>
</tr>
<tr>
<td>Waterloo</td>
<td>January 1, 2000</td>
<td>January 1, 2000</td>
<td>DSRs not allowed.</td>
<td></td>
</tr>
<tr>
<td>York Region</td>
<td>June 1, 2001</td>
<td>June 1, 2004</td>
<td>Allows DSRs in restaurants, bowling,</td>
<td></td>
</tr>
<tr>
<td>Ontario Municipalities</td>
<td>Smoke-free Restaurants</td>
<td>Smoke-free Bars</td>
<td>Designated Smoking Room (DSR) Provisions</td>
<td>Comments</td>
</tr>
<tr>
<td>------------------------</td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>centres, billiard halls, bars (25%) and bingo halls (50%).</td>
<td></td>
</tr>
</tbody>
</table>
3. Support for Smoke-Free Public Places

A telephone survey of over 319 randomly-selected Lambton County residents shows that the majority of them favour controls over smoking in public places. The survey was conducted by York University’s Institute for Social Research. Respondents were asked a number of questions in order to measure public attitudes regarding smoking and exposure to second-hand smoke.

Support for Smoke-Free Restaurants

When asked how they felt about smoking in restaurants, almost all respondents (96%) favoured some type of restriction. Table 1 shows that the majority (43%) of those surveyed feel that smoking should not be allowed in any restaurant section, and 37% believe that smoking should be allowed only in an enclosed section and 16% believe that smoking should be allowed only in a designated smoking section.

Table 1: Smoking in Restaurants

<table>
<thead>
<tr>
<th>Response</th>
<th>Number</th>
<th>Percent</th>
<th>95% confidence intervals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not allowed in any section</td>
<td>136</td>
<td>42.5</td>
<td>+/- 5.4</td>
</tr>
<tr>
<td>Allowed only in enclosed section</td>
<td>119</td>
<td>37.2</td>
<td>+/- 5.3</td>
</tr>
<tr>
<td>Allowed only in smoking section</td>
<td>52</td>
<td>16.3</td>
<td>+/- 4</td>
</tr>
<tr>
<td>Allowed in all sections</td>
<td>6</td>
<td>1.9</td>
<td>+/- 1.5</td>
</tr>
<tr>
<td>Don’t know</td>
<td>7</td>
<td>2.2</td>
<td>+/- 1.6</td>
</tr>
</tbody>
</table>

On the subject of smoke-free workplaces, most respondents (42%) reported that their workplace is smoke-free, while 25% of the total said that their workplace is not smoke-free.

When asked about how they felt about smoking in the workplace, again the majority (97%) were in favour of some kind of restriction, with respondents evenly divided between a complete ban and allowing smoking only in a separately enclosed section. Table 2 shows the breakdown. Again, 16% believe that smoking should be allowed only in a designated smoking section.

**Table 2: Smoking in the Workplace**

<table>
<thead>
<tr>
<th>Response</th>
<th>Number</th>
<th>Percent</th>
<th>95% confidence intervals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not allowed in any section</td>
<td>130</td>
<td>40.8</td>
<td>+/- 5.4</td>
</tr>
<tr>
<td>Allowed only in enclosed sections</td>
<td>128</td>
<td>40.1</td>
<td>+/- 5.4</td>
</tr>
<tr>
<td>Allowed only in smoking section</td>
<td>51</td>
<td>16.0</td>
<td>+/- 4</td>
</tr>
<tr>
<td>Allowed in all sections</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Don’t know</td>
<td>7</td>
<td>2.2</td>
<td>+/- 1.6</td>
</tr>
</tbody>
</table>

* Numbers less than 5 have been suppressed due to limited reliability.


**National Level Statistics**
The prevalence of smoking continues to drop according to the latest results from the Canadian Tobacco Use Monitoring Survey. An estimated 5.4 million Canadians or 21 per cent of the population aged 15 years and over were smokers in 2002 - about 23 per cent were male; 20 per cent were female. Young adults aged 20 to 24 continue to be the highest smoking rate of any age group – 31 per cent - with little difference between sexes. The rate of smoking among teens aged 15 to 19 years is 22 per cent down from 28 per cent in 1999.

Not only are fewer Canadians smoking compared to the 1980s, but they are also smoking less. In 1985, daily smokers consumed an average of 21 cigarettes per day. Since then, cigarette consumption has gradually declined to 16.4 cigarettes per day in 2002. Men smoke an average of 17.7 cigarettes compared to 14.9 for women.

More than half of current smokers were advised to quit smoking by a doctor, nurse or dentist. Of the smokers who dropped from daily to occasional smoking, 45 per cent were motivated by concern for their future health. 24

**In Ontario**

In Ontario, in 2001, one quarter of adults were smokers, a rate unchanged from recent years and men were significantly more likely to be current smokers than women (28 per cent for male vs. 21 per cent for female). 25

Growing public concern for protection from second-hand smoke is largely a result of the increased awareness of its harmful effects. In a recent Ipsos-Reid poll, the support for 100-per-cent smoke-free public places was clearly on the rise. When asked if they would support a bylaw that makes all public places 100-per-cent smoke-free in their community, 68 per cent of the respondents said they would support it, compared to 63 per cent in April 2002.
4. Health Effects of Environmental Tobacco Smoke (ETS)

With the local petrochemical industry, Lambton County residents have always had a heightened sense of environmental consciousness. While industry is regulated by strict environmental guidelines that govern hazardous emissions, one of the worst and most preventable health hazards in our midst - Environmental Tobacco Smoke (ETS), more commonly known as second-hand smoke – has largely been ignored.

Second-hand smoke not only irritates your eyes, nose and throat, it causes headaches, asthma, nausea, coughing, wheezing and dizziness. And that’s just the beginning. ETS causes heart disease, lung cancer and nasal cancer and is linked to stroke, breast cancer, cervical cancer and miscarriages in adults. In children, exposure causes Sudden Infant Death Syndrome (SIDS), fetal growth impairment, middle-ear disease, bronchitis, pneumonia and other respiratory symptoms. It has also been connected to decreased lung function, impacted cognition and behaviour and the induction of asthma.

Environmental Tobacco Smoke is dangerous. It contains over 4,000 chemicals including 50 known or suspected carcinogens. The Ontario Occupational Health and Safety Act bans workplace exposure to 17 chemicals, at least six of which (benzene, arsenic, acrylonitrile, lead, vinyl chloride and mercury) are present in the smoke emitted from 33 brands of Canadian cigarettes.

More than two decades of scientific research confirm the hazardous legacy of second-hand smoke:

- Exposure to ETS is the third leading preventable cause of death in Canada.
- Second-hand smoke is responsible for over 5,000 deaths per year in Canada, (3,700 to heart disease, 400 to lung cancer and 1,200 to other cancers).
- For every nine people killed by tobacco smoke, one is a non-smoker.
- ETS is classified as a human carcinogen. It contains some of the most deadly cancer-causing chemicals known to man.
- Smoke emitted from a smoldering cigarette (sidestream smoke) contains 50 times more cancer-causing chemicals than exhaled smoke (mainstream smoke). About two-thirds of the smoke from a cigarette is not inhaled.
- The risk of developing cancer from ETS is 57 times greater than the risk posed by outdoor air contaminants regulated under U.S. environmental law.
• Non-smokers exposed to ETS face a 1-in-500 to 1-in-1000 lifetime risk of developing lung cancer. Governments frequently act when carcinogens in water or soil present risks of one part per million to humans.\textsuperscript{37}

• Canadians smoke 52 billion cigarettes annually emitting almost 5000 tonnes of pollutants into the atmosphere. (\textit{Comparison of Sidestream Cigarette Smoke and Air Pollution from Industry - Appendix 6})

• ETS contains higher chemical concentrations than those released from major industrial polluters such as the petroleum and mining industries. (\textit{Appendix 6})

• ETS may contain pesticides, herbicides and other toxic additives used to manufacture tobacco products. Tobacco manufacturers are not required to list ingredients or inform the public about tobacco product additives.\textsuperscript{38}

• The tobacco industry spends millions of dollars to distract the public from medical evidence by masking the facts as a human rights issue (smoker’s rights vs. the rights of non-smokers). In Ontario and Quebec, Canadian tobacco giant, JTI Macdonald Corp. denied that exposure to ETS can cause serious health problems.\textsuperscript{39}

• Non-smokers exposed to ETS experience similar physiological effects to those of active smokers, including hardening of the arteries that lead to arteriosclerosis.\textsuperscript{40}

• A Japanese study measuring real-time effects of ETS exposure on the coronary arteries of non-smokers found that ETS does more harm to a non-smoker's heart than to a smoker's.\textsuperscript{41}

• Like the bacteria that causes tuberculosis and cholera, and the virus that causes polio, the toxins in ETS have insidious and long-term effects on health. Bylaws that reduce public exposure to ETS compare to legislation requiring milk to be pasteurized to prevent tuberculosis and chlorination of water to prevent cholera, polio\textsuperscript{42} and e-coli.

• Tobacco kills nine times more Ontarians prematurely than suicide, traffic accidents, HIV/AIDS and homicide combined.\textsuperscript{43} Tobacco kills over 45,000 Canadians annually.\textsuperscript{44}

\textbf{Children}

Children and people with chronic lung and heart conditions are most at risk from exposure to ETS. Children’s bodies are developing and are especially susceptible to poisonous fumes inhaled at home, in restaurants and in other places where smoking is allowed because they breathe in more air and absorb more harmful chemicals than an adult.\textsuperscript{45} In 2000, an estimated 800,000 Canadian children under the age of 12 were regularly exposed to ETS.\textsuperscript{46}
In addition, second-hand smoke is responsible for about 400,000 illnesses each year in children. This includes ear infections (7%), tubes in ears (14%), lung infections in children under five (16%), and tonsils removed (20%). Furthermore, insidious long-term effects of ETS can emerge later in life as full-blown cancers and heart disease.

**Workplace Health**

Environmental Tobacco Smoke (ETS) is widely recognized to have long-term detrimental effects on health. Despite the fact that ETS has been identified as an occupational health hazard since 1980 many workplaces are still failing to protect their employees.

In Sarnia-Lambton, smoking is virtually banned in federal, provincial and municipal buildings. Many independent business have voluntarily become 100-per-cent smoke-free. However the smoking restrictions in Lambton County are a patchwork of legislative responses to the hazards of second-hand smoke. Municipal policy ranges from 85-per-cent smoke-free in Sarnia restaurants to nothing at all in outlying communities. (Municipal Smoking Bylaws - Appendix 3)

Ontario has introduced four provincial laws covering smoking and workplace issues: (Appendix 7)

- The Smoking in the Workplace Act
- The Tobacco Control Act
- The Ontario Occupational Health and Safety Act
- The Health Protection and Promotion Act

**Smoking in the Workplace Act (1990)**

- Does not protect workers from second-hand smoke.
- Smoking restricted in workplaces to 25 per cent or less of the total floor area.
- Smoking areas are not limited in number, enclosed or separately ventilated providing little or no health protection.
- Stipulates that a municipal bylaw prevails over the Act if the bylaw is more restrictive.

**Tobacco Control Act**

- Restricts or prohibits smoking in indoor places where members of the public may go: i.e. provincial government offices, schools, health care facilities.
- Does not address workplace smoking, nor does it apply to hospitality venues like restaurants, bars, bingo halls, bowling alleys or billiard halls.

**Ontario Occupational Health and Safety Act**

- Standards in the Act protect all Ontario workers except domestic workers, teachers, farmers, construction workers and workers governed under the federal labour code.
• Limits amount of harmful chemical exposure in workplace.
• Covers 587 chemicals - regulations render some chemicals so dangerous exposure should be avoided.
• Of the 26 defined cancer-causing chemicals named within the Act, 17 are found in tobacco smoke. The legislation mandates that exposure should be avoided, and for six others, exposure is either forbidden or subject to specific conditions.
• The Act has never been thoroughly applied to protect workers from second-hand smoke. If appropriately applied, it would ban smoking in all workplaces in Ontario – including bars, bingo halls, restaurants and casinos.

British Columbia’s Airspace Action on Smoking and Health estimates the number of workplace deaths attributable to second-hand smoke over a 10-year period is 12 times higher than those reported in the logging industry that traditionally has the highest workplace death rate. The following table provides a comparison from the BC Workmen’s Compensation Board records of workplace deaths by the top six industries suffering the most work-related deaths, and compares it to deaths from exposure to secondhand smoke.

### Seven Leading Causes of Workplace Deaths in BC – 1989 to 1998

<table>
<thead>
<tr>
<th>Number of Deaths</th>
<th>Industry or Cause</th>
</tr>
</thead>
<tbody>
<tr>
<td>3,000+</td>
<td>Second-hand smoke (lung cancer and heart disease)</td>
</tr>
<tr>
<td>252</td>
<td>Logging</td>
</tr>
<tr>
<td>126</td>
<td>Trucking</td>
</tr>
<tr>
<td>104</td>
<td>Construction</td>
</tr>
<tr>
<td>94</td>
<td>Heavy Mfg.</td>
</tr>
<tr>
<td>86</td>
<td>Road Building</td>
</tr>
<tr>
<td>59</td>
<td>Fishing</td>
</tr>
</tbody>
</table>

In addition to the human toll, second-hand smoke exacts a financial burden on business. (Also see section - Cost of Smoking)

• Labour Canada estimates millions could be saved from:
  - Reduced smoke and related property damage
  - Maintenance and cleaning costs
  - Depreciation
  - Health-care system savings

• Direct health care and other economic costs of tobacco use in Ontario have been estimated at $4 billion per year. In contrast, provincial revenue from tobacco taxation in 2001-2002 was approximately $703 million.
Employers are required by law to provide employees with a safe workplace. Under no other circumstances does government let profit-motivated business decide whether or not to offer health protection to their employees and patrons. Second-hand smoke exposure causes death and disease for workers and patrons alike. The regulation of second-hand smoke should not be treated any differently than any other regulation of a hazardous workplace substance.\textsuperscript{51}

In health and safety matters, including pollution controls and food preparation, government mandates the behaviour of business, regardless of whether or not compliance affects their bottom line.\textsuperscript{52}

Even if the public could make the choice to frequent only non-smoking establishments, the workers in the smoking establishments and the children who must accompany their parents would not have that choice and their health would still be at serious risk.\textsuperscript{53}

A Nova Scotia report on the economic impact of smoke-free workplaces (2001) estimates that 80 per cent of a non-smoker’s exposure to Environmental Tobacco Smoke occurs in the workplace. It also cites productivity losses due to second-hand smoke exposure in the form of increased sick-time and replacement costs for the employer, and costs to the economy as a result of premature deaths from heart disease, lung cancer and other cancers.

It has been estimated that working in a smoke-filled environment has the same long-term health effects as smoking 10 cigarettes a day.\textsuperscript{54}

Public smoking bans contribute strongly to the social inappropriateness of smoking and thus discourage smoking startup. In California\textsuperscript{55} following the introduction of smoke-free public places and other elements of tobacco control elements, the smoking rate among 14 to 15-year-olds was cut roughly in half over a three-year period.

A California study found that a smoke-free workplace was independently associated with a 14 per cent overall decline in smoking prevalence, a 26 per cent decrease in per capita consumption and increased quit rates over time.\textsuperscript{56}

Children are twice as likely to smoke if their parents are smokers.\textsuperscript{57}

$65 million in direct health care cost savings would be realized by every one per cent decrease in smoking prevalence in Canada (a reduction of 1,479 cases of heart disease and 1,108 cases of lung cancer).\textsuperscript{58}
5. Cost of Smoking

- A smoker loses an average of 13.8 years of life.\(^{59}\)

- Designated Smoking Rooms are expensive propositions and could create financial hardship on some businesses. Engineering and construction run upwards of $250,000 not including maintenance, utility costs, and costs to municipalities for regular inspection. York Region found a 77-per-cent failure\(^{60}\) rate upon inspection, and of those re-inspected only 14 per cent passed.

- Smokers are three times more likely to crash a car than non-smokers. They are also more likely to forget things, lose concentration, driver faster and make more errors than non-smokers.\(^{61}\)

- Labour Canada’s Regulatory Impact Analysis Statement for Non-smoker’s Health Act estimated $32.2 million (1989) could be saved from reduced smoke and related property damage, depreciation, maintenance and cleaning costs.

- Smokers incur higher life insurance premiums than non-smokers.\(^{62}\)

Absenteeism

- Dow Chemical discovered that one of its divisions was losing about $600,000 annually from absenteeism of ill smokers.\(^{63}\)

- On average, smokers are absent from work four more days per year than non-smokers. In total, this amounts to 28 million days of absenteeism.\(^{64}\)

- Female smokers, aged 15-19, were absent from work an average of two weeks longer than non-smokers over the course of the year.\(^{65}\)

- Male smokers, aged 55-64, were absent from work an average of seven days longer than non-smokers.\(^{66}\)

- Compared to non-smokers, smokers have about 50 per cent more work days lost.\(^{67}\)

- Australians who smoke take more sick leave than non-smokers.\(^{68}\)
Lost Productivity

- Approximately 40,000 smoking-related deaths translates into about $10.6 billion in lost future income.\textsuperscript{69}

- The Conference Board of Canada has estimated the average annual cost to an employer of employing a smoker, based on absenteeism and lost productivity, is $2,565.\textsuperscript{70}

- Each pack of cigarettes sold in the United States costs approximately $7.18 — that is $3.45 per pack in smoking related diseases and $3.73 per pack in job productivity lost because of premature death from smoking.\textsuperscript{71}

Health Care Costs

- Effects of second-hand smoke costs almost $4 billion annually in health care expenditures and lost economic output in Ontario.\textsuperscript{72}

- Smokers spend more time in hospital than non-smokers. Smokers spent four million days in hospital in 1991.\textsuperscript{73}

- Smokers visit the doctor more often than non-smokers. Among Canada’s seven million smokers, there were an extra 3.3 million doctor visits in 1991.\textsuperscript{74}

- Smoking-related disease accounted for 38,000 people residing in long-term health care facilities in 1991.\textsuperscript{75}

- Male and female smokers have higher absenteeism rates than non-smokers, are sicker and require more medical care.\textsuperscript{76}
6. Economic Impact on Business, Hospitality and Tourism

Will business suffer from a 100-per-cent, smoke-free bylaw? This is the single most important concern of the business owner.

Economic stagnation is a reasonable fear of the hospitality industry. To date however, no verifiable data are available to suggest smoking restrictions have induced long-term economic turmoil for bars and restaurants. While the hospitality industry has argued that smokers choose to dine in neighbouring communities or will dine out less often, evidence, including 79 flourishing non-smoking restaurants in Lambton County, suggests otherwise.

Smoke-free legislation may have an immediate impact of discouraging smokers from dining out, but basic logic suggests that bars and restaurants will not lose business since only 27 per cent of Lambton adults smoke. In fact, potential customers avoid smoky establishments.

Researchers recognize that the hospitality industry experiences a period of adjustment following the introduction of legislation with revenues returning to their usual level within three to six months. Several studies found that restaurant, bar, hotel and tourism receipts increase following the introduction of smoke-free legislation, indicating that it may be good for business as non-smokers frequent eating and drinking establishments more often and smokers adjust to the new rules. Therefore, a sufficient time span is required to examine the short and long-term impact on business.

Since the Region of Waterloo introduced one of Ontario’s most comprehensive smoke-free bylaws on January 1, 2000, not one closure of a restaurant or bar has been attributed to the bylaw. That same year, a $106-million lawsuit by some 150 Kitchener/Waterloo businesses was dismissed when claimants failed to substantiate economic losses caused by the legislation.

Following the introduction of its smoke-free legislation in August 2001, the City of Ottawa hired KPMG LLP Chartered Accountants to monitor the economic impact of the ordinance. In its first quarterly report KPMG stated that employment in the accommodation and food services industry rose 6.5 per cent. By November 2002, KPMG found continued growth in the food and beverage industry. Between August 2001 and March 2003, 181 new or expanded bars and restaurants have opened for business.

- Overall the food and beverage industry appears to be stronger than one would expect …and suggests the smoke-free bylaw has had little or no negative impact on the industry as a whole.

West Carleton (Ottawa) councillor Dwight Eastman, on April 25, 2003 said “The hospitality industry has adapted to the city’s smoke-free bylaw and is expanding.” Eastman cited a city
study that says a total of 181 new and expanded bars and restaurants have opened since the bylaw was enacted in September 2001.\textsuperscript{82}

California offers researchers the largest window of study. In 1994, California became the first state to ban smoking in virtually all-indoor workplaces while California bars went 100-percent smoke-free January 1, 1998.

Taylor Consulting Group, which examined the impact of a smoking ban in San Luis Obispo, California, concluded “The smoking ban appears to have no significant effect on the profitability of the restaurants and bars of San Luis Obispo … as measured by sales tax revenues. Furthermore, sales in neighbouring cities did not increase when the ban was instituted in San Luis Obispo.”\textsuperscript{83}

- Examining sales tax data in five California cities and two counties that enacted prohibitions on smoke in bars between 1990 and 1994, University of California researchers found “Smoke-free ordinances do not adversely affect either restaurant or bar sales…”\textsuperscript{84}

- Tobacco Control, which analyzed and published California bar revenue data, concluded “These data further discredit industry claims that smoke-free bar laws are bad for bar business. Quite to the contrary, these laws appear to be good for business.”\textsuperscript{85}

- In Bellflower, California, where bylaw-based business loss claims led to a repeal of the community’s smoke-free statute, researchers, studying tax data, found that the smoke-free ordinance was actually associated with a marginal increase in restaurant sales.\textsuperscript{86} Ironically, after the Bellflower ordinance was repealed, restaurant sales dropped.\textsuperscript{87}

- Based on raw aggregate receipt data, a Massachusetts study found that all models indicate that smoke-free restaurant restrictions increase restaurant receipts in towns adopting smoke-free policies by five to nine per cent.\textsuperscript{88}

- Center for Survey Research, University of Massachusetts, found that 61 per cent of respondents predicted no change in their use of restaurants in response to smoke-free policies while 30 per cent predicted increased use and eight per cent predicted decreased use. As for bars, 69 per cent predicted no change, 20 per cent predicted increased use and 11 per cent predicted decreased use. Results suggest smoke-free policies are likely to increase overall patronage.\textsuperscript{89}

Hospitality establishments in Sarnia-Lambton may express concerns that a smoke-free bylaw will push patrons from the region, most notably to Michigan to dine and consume alcohol because of smoking restrictions. In British Columbia, Pacific Analytics studied liquor sales in
regions close to Alberta and U.S. borders to determine if smokers would cross the border because of smoking restrictions. It indicated:

- “We can say with confidence that being close to a border did not result in greater loss of business…it will not impact on BC’s competitiveness in terms of customers frequenting out of province restaurants and bars.”90

As for tourism it added:

- “…long-run tourism activity in the Capital Regional District was not negatively affected by the introduction of no-smoking bylaws … and will cause neither a substantive dislocation of BC residents to drink and dine in Alberta and US facilities, nor will there be an impact on tourist visits to BC.”91

- “…in the longer term, no measurable impact on either employment or sales would be likely.”92

Independent studies below are based on official sales tax receipts and include data before and after the enactment of smoke-free legislation.


   - Every objective study using official sales tax data demonstrated that smoke-free legislation has no adverse impact on restaurant, bar, hotel, and tourism receipts.

   - Given the consistency of the evidence, the enormous and costly toll of second-hand smoke exposure, the economic benefits of smoke-free workplace legislation, and the demonstrated lack of any adverse impacts on business, there is a clear case for such legislation in Nova Scotia.


   - In March to May 2002, KPMG focused exclusively on Ottawa’s bars and pubs to determine adverse effects of the bylaw. The Pub and Bar Coalition (PUBCO) agreed to encourage owners and managers to participate in the study. KPMG was unable to obtain sufficient data to produce statistically valid results. Establishments that claimed bylaw-based financial losses were unable or unwilling to provide information to substantiate their losses. (51 out of the 150 bars/pubs submitted sales tax receipts).
• According to the report, this suggests that the smoke-free bylaws have had little or no negative impact on the food and beverage industry.

3. The Economic Impacts of the Proposed Amendment to the ETS Regulations, Pacific Analytics Inc., prepared for the Workers’ Compensation Board of British Columbia (February 2001).

• Sixteen studies, examining the economic impact of smoking regulations on hospitality facilities across North America, concluded that smoke-free bylaws do not impact negatively on hospitality sales, employment or tourism activity in the long run.


• The study found that close to two-thirds of the restaurants it surveyed did not see a sales drop when smoking became prohibited. In fact, 19 per cent experienced a sales increase.

• The study and the validation survey do not support the fear that going smoke-free would be detrimental overall for business… the experience of going smoke free was a positive one for a majority of restaurants examined in this study.


• The study based on sales tax receipts from three American states and six major cities showed no adverse effect on tourist business and sales may have actually increased.

Other economic factors for consideration include:

• Designated Smoking Rooms are expensive propositions and could create financial hardship on some businesses. Engineering and construction run upwards of $250,000 not including maintenance, utility costs, and costs to municipalities for regular inspection. York Region found a 77-per-cent failure rate upon inspection, and of those re-inspected only 14 per cent passed. (Also see section - Designated Smoking Room)

• Increased organizational efficiency with reduced conflicts between smokers and non-smokers.93
• Reduced absenteeism would boost productivity. As compared to non-smokers, smokers have about 50 per cent more work days lost and former smokers about 30 per cent more.\textsuperscript{94}

• A Massachusetts survey in 1995 found that nearly 40 per cent of respondents avoided an establishment because of tobacco smoke. Only 8.5 per cent of respondents reported avoiding an establishment because smoking was not permitted.\textsuperscript{95}

**Conclusion**

Based on these findings, it is safe to conclude that smoking bans bring important corollary benefits to businesses that:

• Enhance their bottom line
• Reduce employee absenteeism
• Reduce insurance costs
• Boost productivity
• Reduced cleaning and maintenance costs
• Increased customer turnover
• Happier employees and patrons

Hospitality proprietors want a “level playing field” to ensure a uniform set of standards for all business to follow.
7. Gaming, Hospitality and Tourism

One key recommendation in the Area of Effort cited in the Strategic Plan, County of Lambton is active support, participation and enhanced development of a tourist-based economy.\(^{96}\)

Human Resources Development Canada labour market analyst Bert Robertson estimates that between 1996 and 2001, the Sarnia-Lambton travel, accommodation, food/beverage and recreation industry outgrew the labour market in general by 1.2 per cent. The industry added 220 more jobs during the period due primarily to the creation of two local gaming facilities. (Appendix 5)

According to figures based on the Sarnia-Lambton Economic Partnership Office 2002 Business directory:

- Approximately 5,300 (full and part-time) Lambton employees and 350 employers work in employment where smoking is an impact. That includes 187 restaurants, 25 bars, four bingo halls, three billiard halls, six bowling centres and two gaming establishments (Point Edward Charity Casino and Hiawatha Slots). (Appendix 4)

- Seventy-nine restaurants are 100-per-cent smoke-free in Lambton County.

The evidence on the long-term adverse effects of second-hand smoke is well documented. Scientific data have determined those at greatest risk are hospitality industry employees.\(^{97}\) According to the 1996 Statistics Canada census, 87 per cent of service workers employed in the accommodation and food/beverage industry in Lambton County were under the age of 45. That number is anticipated to climb as Sarnia-Lambton increases its tourism footprint.

Epidemiological evidence, based on indoor air quality studies by Dr. Michael Siegel, University of California at Berkley, found the risk of developing lung cancer is 50 per cent higher for food service workers than for the general population.\(^{98}\)

University of California researchers also determined:

- During an eight-hour bar shift, bar workers inhale the equivalent of one pack of cigarettes.\(^{99}\)

- Male bartenders had a death rate from lung cancer, heart disease and overall mortality about 1.5 times higher than other male workers.\(^{100}\)

- Second-hand smoke levels in bars are 390 per cent to 610 per cent higher than in offices that permit smoking and 450 per cent higher than homes with a smoker.\(^{101}\)
• ETS levels in restaurants are 160 per cent to 200 per cent higher than offices that allow smoking and 150 per cent higher than homes with at least one smoker.\(^{102}\)

• Non-smoking bar workers have hair nicotine concentrations similar to those of daily smokers, in all likelihood owing to their occupational exposure to ETS.\(^{103}\)

• Restaurant and bar workers have much longer exposure than patrons.\(^{104}\)

• Restaurant, bar and casino workers are exposed to the highest levels of second-hand smoke of any occupational or demographic group.\(^{105}\)

• Hospitality workers have less protection from second-hand smoke than any other group of workers.\(^{106}\)

• Less than two months after the implementation of a California law prohibiting smoking in bars, both smoking and non-smoking bartenders reported improved respiratory health and showed improved lung function.\(^{107}\)

Health Canada, in a study published in the International Journal of Cancer, revealed that workers in pubs and restaurants have three times the risk of developing lung cancer. It concludes that smoking should be banned in bars.\(^{108}\) This and other studies confirm that the hospitality industry will suffer the heaviest burden of disease and death as a result of worker exposure to high levels of second-hand smoke in the workplace.\(^{109}\)

American researchers in Erie and Niagara counties in New York State measured air quality in 18 workplaces, including bar areas, stand-alone bars, bowling alleys, bingo halls and smoke-free hospitals to determine ambient nicotine levels where smoking is permitted and where smoking is not permitted.\(^{110}\)

Volunteers, wearing a passive nicotine air monitor, collected data from each venue for a minimum of four hours. Monitors were sealed, sent to a laboratory for analysis to measure nicotine levels (in nanograms).

Qualitative survey information was gathered for each venue, including estimates of the number of smokers and the volume of the room. Nanogram readings greater than zero indicate exposure to second-hand smoke.
Results were calculated for an eight-hour period and are as follows:\textsuperscript{111}

<table>
<thead>
<tr>
<th>Worksite</th>
<th>Nicotine Levels for an eight-hour shift (in nanograms)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals (smoke-free)</td>
<td>0</td>
</tr>
<tr>
<td>Restaurant with a dining area outside an enclosed smoking room</td>
<td>20</td>
</tr>
<tr>
<td>Bar areas of non-smoking restaurants</td>
<td>80</td>
</tr>
<tr>
<td>Bowling alleys</td>
<td>110</td>
</tr>
<tr>
<td>Bars/Taverns</td>
<td>539</td>
</tr>
<tr>
<td>Bingo halls</td>
<td>940</td>
</tr>
</tbody>
</table>

- In what has become a landmark ruling, the Ontario Workplace Safety and Insurance Board, in 2002, granted Heather Crowe, a 57-year-old non-smoker, compensation based on health problems directly attributable to ETS exposure during her 40 years of employment as a waitress. The ruling raises questions of liability for the province and for municipalities.\textsuperscript{112}

- A Halifax woman, who quit her job because of second-hand smoke has won the right to Employment Insurance (EI) benefits after a federal EI board of referees ruled May 1, 2003 there is “sufficient evidence to substantiate the hazards of second-hand smoke.” Andrea Skinner, quit her job at the Halifax casino in December. The casino is exempt from Nova Scotia’s no-smoking bylaw.\textsuperscript{113}

- A Manhattan Supreme Court ruled a modeling agency discriminated against an asthmatic employee who complained about smoking colleagues. Victoria Gallegos, 32, was fired seven weeks into her job. The jury sided with Gallegos saying the dismissal violated the city’s human rights law that protects workers with disabilities. She was awarded $5.27 million in damages.\textsuperscript{114}

- On 2 May 2001 the New South Wales, Australia Supreme Court awarded Marlene Sharp a total of $466,000 in damages for throat cancer caused by passive smoking over 11 years working as a bar attendant in the smoke polluted Port Kembla RSL Club.\textsuperscript{115}
Conclusion

There is no safe level of exposure to second-hand smoke. The evidence on the dangers of second-hand smoke is well documented. Environmental Tobacco Smoke is a significant health hazard for workers in the food services industry. To protect workers, and the patrons from the dangers of ETS, smoking in restaurants and bars should be prohibited. Bylaws that enforce tobacco restrictions are critical to public safety by offering protection from ETS, a leading cause of preventable death.
8. Charity Casino and Slot Facilities

The Ontario Lottery and Gaming Corporation (OLGC) operates two gaming facilities in Lambton County - the Point Edward Charity Casino and Slots at Hiawatha Horse Park. Combined, they employ approximately 880 full and part-time employees. The number of OLGC employees is nearly 17 per cent of the estimated 5,300 Lambton residents regularly exposed to second-hand smoke while working in the food services, bar, amusement, gaming and accommodation industries. (Appendix 5.6)

A GPI Atlantic study for the Nova Scotia Department of Health measuring the economic impact of a smoke-free workplace found:

- Restaurant, bar and casino workers are exposed to the highest level of environmental tobacco smoke of any occupational or demographic group, and have less protection from second-hand smoke than any other group of employees.

- Casino workers in a well-ventilated Atlantic City casino were found, at the end of their shift, to have cotinine levels three and six times higher than other workers exposed to ETS at work. Cotinine, the major metabolite of nicotine, is the most common biologic marker of ETS exposure.

- Gaming workers experience significant health problems from exposure to second-hand smoke in the workplace. In the State of Louisiana casino employees were awarded $2.6 million (U.S.) in a class action suit related to poor ventilation and exposure to second-hand smoke in their work environment.

In Ontario:

- The OLG website states, “All charity casinos in Ontario will comply with the smoking bylaws of host municipalities” as will all slot operations.

- Brantford Charity Casino was the first casino in Ontario to have a 100-per-cent smoke-free gaming floor following the city’s lead September 1, 2002. However, the casino has a small, fully-enclosed and separately-ventilated smoking room occupying less than 30 per cent of total floor area. There are no slot machines or gaming tables in that room.

- In January 2003 Sault Ste. Marie passed a 100-per-cent, smoke-free bylaw banning tobacco use in all public places effective June 2004. The Sault Ste. Marie Charity Casino will comply with the bylaw. There is no provision for a DSR.
**Overview of Charity Casinos in Ontario:**

<table>
<thead>
<tr>
<th>Date Opened</th>
<th># of permanent employees</th>
<th>Average # of daily patrons</th>
<th>Annual payroll</th>
<th>Revenue to Municipality</th>
<th># of slot machines</th>
<th># of gaming tables</th>
<th>Smoking Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Point Edward Charity Casino</td>
<td>April 2000</td>
<td>Approx. 700</td>
<td>2,900 (60% from U.S.)</td>
<td>$24 mil</td>
<td>5% of gross slot machine revenues to Village of Pt. Edward</td>
<td>452</td>
<td>36</td>
</tr>
<tr>
<td>Brantford Charity Casino</td>
<td>Nov. 1999</td>
<td>Over 1,000</td>
<td>4300</td>
<td>$36.7 mil</td>
<td>5%</td>
<td>452</td>
<td>50</td>
</tr>
<tr>
<td>Sault Ste. Marie Charity Casino</td>
<td>May 1999</td>
<td>Over 400</td>
<td>2000</td>
<td>$14 mil</td>
<td>5%</td>
<td>450</td>
<td>18</td>
</tr>
<tr>
<td>Thunder Bay Charity Casino</td>
<td>Aug. 2000</td>
<td>Over 460</td>
<td>N/A</td>
<td>$15 mil</td>
<td>5%</td>
<td>452</td>
<td>16</td>
</tr>
<tr>
<td>Thousand Islands Charity Casino</td>
<td>June 2002</td>
<td>Approx. 450</td>
<td>N/A</td>
<td>$12 mil</td>
<td>5%</td>
<td>450</td>
<td>18</td>
</tr>
</tbody>
</table>

**Comparison of Three Slot Machine Gaming Facilities in Southwestern Ontario:**

- There are 15 slot machine gaming facilities in Ontario, all operated by the Ontario Lottery and Gaming Corporation (OLGC). Five per cent of slot machine revenues go directly to the municipality. The following chart provides a comparison of three gaming facilities in our region.

<table>
<thead>
<tr>
<th>Date Opened</th>
<th># of Permanent Employees</th>
<th>Average # of Daily Patrons</th>
<th># of Slot Machines</th>
<th>Smoking Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slots at Hiawatha Horse Park</td>
<td>May 1999</td>
<td>180</td>
<td>2000</td>
<td>450</td>
</tr>
<tr>
<td>Slots at Dresden Raceway</td>
<td>April 2001</td>
<td>60</td>
<td>570+</td>
<td>100</td>
</tr>
<tr>
<td>Slots at Western Fair Raceway</td>
<td>Sept. 1999</td>
<td>190</td>
<td>2700</td>
<td>307</td>
</tr>
</tbody>
</table>
9. Bingo Halls

In 2003, there were four bingo halls in Lambton County, three in the City of Sarnia and one in the Village of Point Edward. The number is down from seven in 1998. Monies generated from bingo by charitable and non-profit organizations are strictly for use within the community.

According to lottery statistics provided by Sarnia and Point Edward for the period between 1998 and 2001:

- Gross bingo revenues decreased by about 27 per cent
- The number of bingo players decreased by 38 per cent
- The number of bingo sessions declined 20 per cent

To soften the decline in revenues, local bingo operators have reduced prize boards and cut expenses. Pooling, a technique that divides proceeds evenly among the charities, has been introduced.

The decline in revenue, players and sessions coincides with the opening of two provincially-owned gaming facilities - Slots at Hiawatha Horse Park (1999) and Point Edward Charity Casino in 2000. Local lottery statistics show bingo revenue declines of eight per cent and 26 per cent respectively for those periods. The following table offers a snapshot of the status of local bingsos from 1998 to 2001.

### Lambton County Bingo Statistics

<table>
<thead>
<tr>
<th>Date</th>
<th>Number of Games Played</th>
<th>Number of Players</th>
<th>Gross Receipts $</th>
<th>Prizes</th>
<th>Proceeds to Charities $</th>
<th>Number of Halls</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>8569</td>
<td>1,288,682</td>
<td>41,790,867.16</td>
<td>34,195,860.16</td>
<td>2,564,482.92</td>
<td>7</td>
</tr>
<tr>
<td>2000</td>
<td>6449</td>
<td>1,016,286</td>
<td>33,592,059.95</td>
<td>25,551,412.90</td>
<td>3,675,600.95</td>
<td>5</td>
</tr>
<tr>
<td>2001</td>
<td>5986</td>
<td>880,951</td>
<td>33,021,566.02</td>
<td>28,775,155.45</td>
<td>3,313,983.09</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bingo Hall</th>
<th>Percentage of U.S. Patrons (approx.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bingo Country</td>
<td>12%</td>
</tr>
<tr>
<td>Upper Canada Drive, Sarnia</td>
<td></td>
</tr>
<tr>
<td>Bingoland East</td>
<td>10%</td>
</tr>
<tr>
<td>1489 London Road, Sarnia</td>
<td></td>
</tr>
<tr>
<td>Harvey’s Bingo</td>
<td>Less than 20%</td>
</tr>
<tr>
<td>1273 London Road, Sarnia</td>
<td></td>
</tr>
<tr>
<td>Village Bingo</td>
<td>65-70%</td>
</tr>
<tr>
<td>Lite Street, Point Edward</td>
<td></td>
</tr>
</tbody>
</table>
Problems associated with decreased revenue and lower attendance are by no means confined to Sarnia-Lambton. Overall, the Ontario bingo industry has encountered a significant decline for a number of years, well before the smoke-free bylaws became an issue. Evidence\textsuperscript{124} from other communities suggests provincial gaming facilities may be responsible for a large portion of the loss of patrons and revenue in bingo halls.

- A Mississauga bingo industry update (2000) concluded the introduction of two slot facilities significantly impacted attendance and revenue. Revenue decreased from 5.1 per cent to 40 per cent.\textsuperscript{125}

- A report to Ottawa’s Corporate Services and Economic Development Committee (2002) found Ottawa experienced trends similar to Mississauga. Attendance and profits were down by 13 per cent in 2001 and 15 per cent in 2002.

- York Region reported the non-smoking bylaw may have had an initial impact on bingo, but competition from new gaming activities reduced profits for charities.\textsuperscript{126}

- The Registered Gaming Suppliers of Ontario Association and the Ontario Charitable Gaming Association concluded that new gaming activities such as casinos, slots, internet gambling, instant win and lotteries led to reduced profits for charities.\textsuperscript{127} Casinos are known for effective marketing to attract patrons, providing transportation, meals and other discounts. The result, a significant reduction in the number of players, and hence revenue.\textsuperscript{128}

- The Canadian Public Health Association reports that Canadians spent $6.8 billion gambling in 1996, up 2.5 times from the 1992 figure.\textsuperscript{129} Most went to casinos and video lottery terminals.

Although some bingo operators are quick to blame smoke-free bylaws, the Grand Bend Legion is an excellent example that prizes draw bingo players, not smoking. In June 2002, the Legion bingo went smoke-free after recurrent volunteer recruitment problems. Sheila Tiedeman, Legion board member, a non-smoker and the bingo caller, was among those who threatened to quit because of post-bingo health concerns; headaches, insomnia and nausea in addition to routine eye, nose and throat irritation. “It was the best thing that happened. There was no way to regulate the smoke. The only way was to get rid of it altogether."

Tiedeman says six regulars did not return to the first smoke-free bingo but she estimates 40 to 60 new non-smoking members joined. Unlike other centres, the Legion activity is the only game in town and the Legion distributes funds to special-need groups.

There is major discontent among bingo volunteers and employees coerced to work in smoky conditions. However, they are compelled to continue because, in many cases, it is the
primary or sole source of revenue. Bottom line, employees and charity volunteers need protection from the harmful effects of second-hand smoke.

The Ontario Charitable Gaming Association is not oblivious to the realities of non-smoking bylaws. In a memo to members, executive director Lynn Cassidy says “A smoke-free province may well be a reality within three years …Over the past three years, we generally have not been successful in achieving special exemptions for bingo.” Cassidy urges members to ensure municipalities understand their responsibility to assist charities and non-profits impacted by new smoking bylaws and suggests counter measures such as lowered or removed license fees and transitional funding to mitigate losses.”

Bingo Facilities in Ontario

<table>
<thead>
<tr>
<th>Municipality</th>
<th>Effective Date</th>
<th>By-law requirements for Bingo Halls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chatham-Kent</td>
<td>June 1, 2003</td>
<td>100% smoke-free - No option to install DSR</td>
</tr>
<tr>
<td>City of London</td>
<td>July 1, 2003</td>
<td>100% smoke-free - No option to install DSR</td>
</tr>
<tr>
<td>Bruce County</td>
<td>September 2002</td>
<td>100% smoke-free - No option to install DSR</td>
</tr>
<tr>
<td>City of Guelph</td>
<td>September 2000</td>
<td>100% smoke-free - No option to install DSR</td>
</tr>
<tr>
<td>Sault Ste. Marie</td>
<td>June 1, 2004</td>
<td>100% smoke-free - No option to install DSR</td>
</tr>
<tr>
<td>Waterloo Region</td>
<td>January 2000</td>
<td>100% smoke-free - No option to install DSR</td>
</tr>
<tr>
<td>City of Ottawa</td>
<td>August 2001</td>
<td>100% smoke-free - No option to install DSR</td>
</tr>
<tr>
<td>Grey County (Owen Sound)</td>
<td>September 2002</td>
<td>100% smoke-free - No option to install DSR</td>
</tr>
<tr>
<td>Sudbury</td>
<td>May 31, 2003</td>
<td>100% smoke-free - No option to install DSR</td>
</tr>
</tbody>
</table>

Other Restrictions Worth Noting:

<table>
<thead>
<tr>
<th>Municipality</th>
<th>Effective Date</th>
<th>By-law requirements for Bingo Halls</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Sarnia</td>
<td>January 1, 2004</td>
<td>25% unenclosed smoking, or 50% DSR</td>
</tr>
<tr>
<td>Peterborough</td>
<td>January 1, 2000</td>
<td>Option to install max. 25% DSR</td>
</tr>
<tr>
<td>Toronto</td>
<td>June 1, 2004</td>
<td>Option to install max. 50% DSR</td>
</tr>
<tr>
<td>York Region</td>
<td>June 1, 2004</td>
<td>Option to install max. 50% DSR</td>
</tr>
<tr>
<td>Oakville</td>
<td>May 31, 2002</td>
<td>Option to install max. 50% DSR</td>
</tr>
<tr>
<td>Niagara</td>
<td>May 2004</td>
<td>Option to install max. 60% DSR</td>
</tr>
</tbody>
</table>
10. Bowling Alleys and Billiard Halls

Lambton County’s six bowling alleys and three billiard halls are seen as recreation-oriented venues that draw a broad mix of families, youth and children.

A study conducted by the American Cancer Society in New York State found that bowling alleys with designated smoking areas registered ambient nicotine levels that were 37.5 per cent higher than restaurants that restricted smoking to the bar.

Comparison of Smoking-Free Status of Other Communities In Ontario

<table>
<thead>
<tr>
<th>Municipality</th>
<th>Bowling Alleys</th>
<th>Billiard Halls</th>
</tr>
</thead>
<tbody>
<tr>
<td>London</td>
<td>100% Smoke-Free</td>
<td>100% Smoke-Free</td>
</tr>
<tr>
<td>Chatham-Kent</td>
<td>100% Smoke-Free</td>
<td>100% Smoke-Free</td>
</tr>
<tr>
<td>Guelph</td>
<td>100% Smoke-Free</td>
<td>100% Smoke-Free</td>
</tr>
<tr>
<td>Waterloo</td>
<td>100% Smoke-Free</td>
<td>100% Smoke-Free</td>
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<tr>
<td>Durham Region</td>
<td>100% Smoke-Free</td>
<td>100% Smoke-Free</td>
</tr>
<tr>
<td>City of Sarnia</td>
<td>25% unenclosed smoking or 50% DSR</td>
<td>25% unenclosed smoking or 50% DSR</td>
</tr>
</tbody>
</table>

California researchers found that by allowing smoking in environments frequented by children and youth sends the message, smoking is acceptable. In Lambton County 25 per cent of 12 to 14-year-old males and females will experiment with smoking.\(^{132}\) About 27 per cent of Lambton adults smoke.\(^{133}\)

A report to Ottawa City Council dated September 2002, states:

- “A significant, but difficult to quantify impact of bans on smoking in public places is that they help to denormalize tobacco use. The less youth are exposed to smoking among adult role models, the less likely they are to believe that “everyone” smokes – an important factor in reducing smoking uptake among youth.”\(^{134}\)

In conclusion, governments have mandated the promotion of effective parenting and child health initiatives to ensure positive outcomes for all children. As a community, we must do everything we can to ensure that children, youth, and families have access to safe healthy environments where they can spend quality time together.
11. Designated Smoking Room (DSR)

Designated Smoking Rooms are enclosed areas – sealed from floor to ceiling and equipped with a separate ventilation system - within a public place. The objective of a DSR is to separate smokers from non-smokers and to improve air quality in the DSR for smokers and employees.

There are four types of Designated Smoking Rooms (DSR) – filtered, unfiltered, outdoor exhaust and separately ventilated. For the purpose of discussion, this report will deal strictly with the separately ventilated DSR.

At first glance a separately ventilated DSR seems to offer a feasible solution to tobacco restrictions and a “safe haven” for smokers. But DSRs are not 100-per-cent safe and create a host of internalized problems.

The American Society of Heating, Refrigeration and Air-Conditioning Engineers (ASHRAE), the world’s leading ventilation standard-setting organization, concluded that existing ventilation technology cannot effectively remove tobacco smoke from indoor air. Under ideal conditions displacement ventilation may be able to remove up to 90 per cent of tobacco smoke from air.\(^\text{135}\)

Internationally recognized health physicist James Repace, assuming a 90-per-cent reduction was available, found that even with optimum performance of the best available technology, hospitality workers would still be exposed to risks 2,000 times greater than the acceptable risk level.\(^\text{136}\) Using current dilution ventilation (reasonably available control technology - RACT) those workers are exposed to risks 20,000 times the acceptable risk level.\(^\text{137}\) There is no known way to make dilution ventilation 20,000 times more effective at providing protection from ETS, nor any known way of making displacement ventilation 2,000 times more effective.\(^\text{138}\)

- Using current indoor air quality standards - the ventilation rate would have to be increased more than 1000-fold, the equivalent of tornado-like levels of air flow – to reduce the cancer risk from second-hand smoke to an acceptable level.\(^\text{139}\)

- Health Canada has refused to analyze ventilation technology as a possible solution to tobacco smoke because it is unable to reduce the exposure level to what they deem to be an acceptable level – zero.\(^\text{140}\)

- The U.S. EPA stated “research indicates that total removal of tobacco smoke through ventilation is both technically and economically impractical.”\(^\text{141}\)

- Non-smokers within one metre of a smoker are exposed to the highest amounts of smoke. Only a ventilation system that draws smoke straight up will protect all non-
smokers. This kind of system is too costly.\textsuperscript{142} Since no ventilation system will protect everybody, and might even delude non-smokers into a false sense of protection, it is concluded that such systems are not as good as total ban.\textsuperscript{143}

In the search for viable ventilation solutions, the U.S. Occupational Safety and Health Administration (OSHA), searching for technical and economic engineering controls for ETS, found:

- Most ventilation engineers were unfamiliar with displacement technology
- Difficulty in retrofitting existing installations
- Potential for aesthetics problems.
- No data, controlled or otherwise, to substantiate that a 90-per-cent reduction was obtainable
- Development of new technology capable of removing or reducing most of the more than 100 toxic agents in air polluted by tobacco smoke seems unlikely.\textsuperscript{144}

**Occupational Health:**

Employees entering these rooms are exposed to the hazardous chemicals contained in second-hand smoke. For this reason, Health Canada recommends that 100-per-cent smoke-free ban in workplaces includes all workplaces including the hospitality sector.\textsuperscript{145} As a matter of occupational health and safety, a DSR does not protect these employees. When exposed to second-hand smoke, the body has no choice but to absorb its toxic chemicals through the lungs, mucus membranes (eyes, mouth, nose) and skin. The circulatory system sends the damaging chemicals throughout the body. Some are expelled while others, such as mercury and lead, accumulate permanently in the body.

**Protecting the Smoker:**

There is no safe exposure level to environmental tobacco smoke. Separately ventilated smoking rooms have been associated with a significant increase in lung cancer among smokers due to their increased exposure to higher volumes of carcinogens in ETS.\textsuperscript{146}
Unlevel Playing Field:

Some smoke-free bylaws have already created artificial distinctions between bars and restaurants based on the age of persons allowed onto the premises: restaurants allow all ages while bars do not allow persons under 19. Restrictions are artificial since either type of establishment can provide essentially the same service. DSRs are a financial burden on business owners creating the potential for an unlevel playing field. Separately ventilated DSRs are expensive to construct and maintain. While franchise or corporate chains have deeper pockets to absorb expenses, small business would be challenged to install and maintain two separate ventilation systems.

Protecting Children and Infants:

Infants and children are exposed to second-hand smoke in DSRs when they accompany their parents and guardians. It has been established that children are at particular risk to the dangers of second-hand smoke.\(^{147}\)

Municipality Costs:

York Region, which permits DSRs, has developed minimum ventilation submission requirements for DSR construction as follows:\(^{148}\)

1) Three sets of drawings indicating total area, DSR area.
2) DSR area must be 25 per cent or less of floor space and not act as a thoroughfare.
3) Approval based on occupancy statement. Surpassed occupancy voids approvals.
4) Air quality must be no less than 30 litre/second (63.5 CFM) per occupant.
5) Interlock between air supply and exhaust to ensure continuous operation of both systems.
6) Air exhaust must be a minimum 110 per cent of separate air supply.
7) Supply/exhaust separated by a minimum of three metres in all directions.
8) Documentation by independent air balancing contractor verifying air supply and exhaust values prior to occupancy of the Designated Smoking Room.
9) Applicant must verify DSR meets the Ontario Building Code, including barrier free access.
10) Verification the DSR is completely enclosed - sealed walls, floors to slab, or sealed with solid drywall ceilings. Floor to ceiling partitions with acoustic tile not acceptable.
11) A self-closing door.
Owner Costs:

- Hiring a Contractor/Engineer/Architect
  - design and build DSR
  - install ventilation system
  - independent air balance report

- Construction Costs
  - $50,000 to $250,000
  - variables: material costs, DSR size, occupancy load

- Maintenance Costs
  - ventilation systems must run 24/7 to maintain negative pressure in relation to smoke-free area
  - ventilation must be monitored regularly
  - costs do not include supplemental expenses for heating and/or cooling

Annual Health Services Department Costs:

- Administration costs
  - 1 FTE DSR Co-ordinator, $40,000/year approximately
  - 1 FTE Engineer, $70,000/year

- Educational/promotional material - $40,000
- Staff training
- On-going training for staff and municipalities
- Preparation costs
- On-going inspection/monitoring of the DSR
- On-going response and staff time for handling DSR phone calls

Across Ontario, the provincial trends indicate a push toward 100-per-cent smoke-free public places and the elimination of DSR provisions as municipalities legislate health protection measures. Once in place, municipalities have found it more difficult to remove DSR legislation.

- The Ottawa Chapter of the Ontario Restaurant, Hotel and Motel Association does not support DSRs for a number of reasons:
  - DSRs are too costly
  - They don’t protect the health of staff and patrons
  - DSRs cannot work in many establishments

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• On July 25, 2002, the Ontario Court of Justice dismissed a challenge and upheld the ban on DSRs in Ottawa.\textsuperscript{152}

• In York Region where legislation permits DSRs, the municipality found:\textsuperscript{153}
  - 77 per cent of compliance checks failed
  - 14 per cent passed on re-inspection
  - Malfunction and occupancy load were two determining factors for failure
  - Average weekly cost for compliance checks $11,285 (includes engineering, consulting fees, staff time, equipment, rental, mileage)

Elsewhere in Ontario:

• London – DSRs not permitted
• Kitchener/Waterloo – DSRs not permitted
• In a report to Windsor-Essex County Health Unit, Repace wrote “only the smoke-free option protects both patrons and staff.”\textsuperscript{154}
• Peel Region is recommending the phase-out of DSRs by June 1, 2005. DSRs were originally included as a compromise to ease the transition to smoke free establishments.
• Toronto Board of Health reconsidering options to phase out or amend the exemption to allow DSRs.
• Burlington and Hamilton have sunset clauses to phase out DSRs in January 2006 and 2008 respectively.
• Health units are concerned about continued exposure of employees and persons under 19 years of age to ETS in addition to the inequity within the hospitality industry, enforcement and monitoring costs.
• Trends to include DSRs have declined in other North American municipalities.\textsuperscript{155}
• Ontario Medical Association called for immediate action to protect all Ontarians with a complete province-wide work and public place smoking ban. The situation is urgent,” says OMA president Dr. Elliot Halparin. “Up to 2,600 people in this province die every year as a direct result of second-hand smoke. These deaths are 100 per cent preventable.”\textsuperscript{156}
• Electronic air cleaners are not an effective means for protecting the public or workers from the risks of second-hand smoke. Such systems collection only a portion of the most visible substances found in tobacco smoke while leaving behind the gases, volatiles and carcinogenic chemicals in the air.\textsuperscript{157} Machines lose effectiveness if they are not cleaned regularly – at least once weekly in smoky places.
In conclusion, physical separation of smokers and non-smokers within the same airspace may reduce but will not eliminate the exposure of non-smokers to second-hand smoke. Some ventilation systems can remove some of the fine particles but not the gases due to a number of factors including:

- various designs factors
- number of doors
- floor area
- partitions
- furniture arrangements
- number of a rooms

Employees should not have to sacrifice their health for a pay cheque and employers have a responsibility under law to provide safe workplaces. A delay means no protection for health as long as the delay is in effect. Banning smoking in the workplace would remove the risk at no cost while providing health benefits to workers and the public.
12. Public Consultation Process

Public smoking is a long-standing, contentious issue mired in arguments of health and safety, personal choice, customer service, and business viability. For this reason, input from the public, business, professionals, and community groups of all kinds is important. To guide development of the bylaw, the public and stakeholders will be consulted through a survey and meetings to ensure community input for an ETS bylaw. A collaborative approach between the County and the 11 municipalities of Lambton County is required to guide the process and provide a comprehensive strategy. The experience of other Ontario municipalities has been considered in the development of this process.

Proposed Public Consultation Process

The proposed public consultation process would consist of the following:

1. Public “Town Hall” Meetings – these meetings will be approximately two hours in length. It is proposed that 4 public sessions be held in Sarnia, North, South and Central Lambton with invitations extended to neighbouring municipalities.
   - The goal of these meetings would be to give interested parties an opportunity to voice their opinion regarding smoke-free bylaw.
   - The meetings will be publicly advertised in local and regional media well in advance to notify stakeholders of the public meeting.
   - Proposed sample bylaws would be available for public viewing and comment.

The suggested format of these meetings would be as follows:

Participants will be asked to:

I. Register to make a statement regarding the proposed bylaws.

II. In five minutes or less, state their name and indicate:
   - Proposed bylaw support or opposition
   - Restrictions they support or oppose
   - Bylaw amendments
   - Bylaw implementation
   - Timing of bylaw enactment (month, year)

A panel of staff and qualified experts would be available to receive comments and answer questions. All proceedings would be recorded.
2. Written Submissions
   The public and stakeholders should also be invited to submit a written presentation to the panel without having to attend a meeting.  

3. Telephone survey – This survey would be undertaken by a consultant or independent survey research firm in order to telephone a representative sample of Lambton residents to measure public opinion and level of support for smoke-free bylaws. It is estimated that a minimum sample of 260 residents would be required.

Next Steps

Following the public consultations a report will be prepared for County Council. The report will include an accurate summary of the public consultations, written submissions, telephone survey results and recommendations based on the public consultation. A proposed county-wide bylaw based on the consultation results will form a key part of this report.

At this meeting council would be asked to vote on the recommendations contained within this report.

If the recommendation includes a vote on the proposed bylaw, the following three conditions would have to be met in order for the County of Lambton to enact a bylaw affecting the 11 lower-tier municipalities.

I. A vote passed by the majority of County Council
II. The weighted votes of County Council must represent the majority of the electorate
III. The bylaw would then have to be passed by a majority of the lower-tier municipal councils.

Proposed Time Frame:

July 3 – August 31, 2003 Conduct the public consultation process including public meetings, written submissions and telephone survey.

September 2003 A report containing the results of the public consultation and a proposed bylaw based on public input would be forwarded to the Infrastructure and Development /Social and Health Services Committee for consideration at their September meeting.

October 2003 At the regular October meeting of County Council, council would have the option of voting on the proposed bylaw, or seeking further public input.
Appendix List

Appendix 1 – Tobacco Smoke Components: Carcinogens
Appendix 2 – Chemicals from Second-Hand Smoke: What a typical restaurant employee would inhale
Appendix 3 – Current Bylaws for Lambton County 2003
Appendix 4 – Number of employees working in establishments that may be affected by changes to smoking bylaws.
Appendix 5 – Sarnia’s Changing Labour Market
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Appendix 7 – Second Hand Smoke and Ontario Labour Laws
Appendix 8 – Sample Bylaw (Municipality of Chatham-Kent)
Appendix 9 – FACT SHEET (Frequently Asked Questions)
Appendix 10 – Local News
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