

City of London 100% Smoke-Free Public Places and Workplaces By-law Report of The Technical Implementation Panel

November, 2002





City of London 100% Smoke-Free Public Places and Workplaces By-law Report of The Technical Implementation Panel

November, 2002

Technical Implementation Panel Members

Dr. Graham Pollett, Chair

Ms. Patricia Coderre – Community At Large Member

Mr. Jon Coughlin - Business Sector Member

Ms. Rosemary Dickinson - Community At Large Member

Dr. Stan Hill - Community At Large Member

Mr. Harvey Katz – Business Sector Member

Mr. Don Lowry – Business Sector Member - London Licensed Restaurant Association

Mr. Scott Mead – Employee Sector Member

Mr. Frank Stilson – Employee Sector

For more information please contact:

Dr. Graham Pollett, Chair
Technical Implementation Panel
50 King Street
London, Ontario. N6A 5L7
Phone: 519-663-5317, ext. 2444
Fax: 519-663-9581
e-mail: health@mlhu.on.ca

Table Of Contents

Executive Summary.....	1
Recommendations	3
Exceptions.....	3
Background.....	4
Chronology	5
100% Smoke-Free Draft By-laws	9
100% Smoke-Free Defined.....	9
Moving Forward	9
London's New Draft By-laws.....	9
What Others Are Doing.....	20
Ontario.....	20
United States.....	21
Public And Stakeholder Consultation Process.....	22
Public Awareness Campaign.....	22
Public Consultation Process.....	23
Participation.....	24
Stakeholder Consultation Process	24
Participation.....	25
Written Submissions	25
Health Effects	26
Diseases Linked To Environmental Tobacco Smoke	26
Adults.....	26
Children	27
Workers.....	27
Designated Smoking Rooms And Ventilation.....	29
Options	29
Costs	30
The British Columbia Legislation	31
York Region Ventilation Pilot Project.....	31
Other Municipalities	31
Impact On Business.....	44
Canada.....	44
United States.....	44
Beer Sales.....	45
Figure 1: Percentage Change in Beer Sales.....	45
Common Standard.....	46

Table Of Contents (continued)

Consultation Findings	47
Public And Stakeholders Speak Up.....	47
Public Opinion	47
Stakeholder Opinion.....	49
Environmental Tobacco Smoke Health Effects.....	49
Separately Ventilated Designated Smoking Rooms	50
Freedom Of Choice	52
Impact on Business	52
Patios And Entranceways	53
Bingo Centres	53
Private Clubs.....	54
Air Quality.....	54
Workplaces	55
Mental Health Facilities	55
Suggestions	56
Conclusion	56
Public Opinion Survey Findings.....	57
Figure 2: Enactment Date Of Smoke-Free Public Places By-law	58
Figure 3: Support for 100% Smoke-Free by location	58
Summary And Recommendations.....	59
Recommendations	60
Exceptions.....	60
Reference Readings*.....	61
Appendix List**	66
Appendix 1 – City Of London Smoking Control By-law, PH8, Owner/Operator Information Package	
Appendix 2 - Mediation Terms Of Reference, Smoking Control By-law, PH-8 City of London	
Appendix 3 - Technical Implementation Panel Meeting Minutes DATES	
Appendix 4 - Stakeholder Letter Of Invitation And Registration Form	
Appendix 5 – Notice Of Public Meetings Advertisement	
Appendix 6 (A) - Stakeholder Presentation Notes	
Appendix 6 (B) - Public Presentation Notes	
Appendix 7 (A) - Stakeholder Audiotapes	
Appendix 7 (B) - Public Audiotapes	
Appendix 8 - Written Submissions	

Table Of Contents (continued)

Appendix 9 – York Region Canadian Restaurant And Foodservices Association – Protocol For The Testing Of The Effectiveness Of A Ventilation System In A Restaurant

Appendix 10 – Regional Municipal Of York Health And Emergency Medial Services Committee – Ventilation Pilot Project Report

Appendix 11 - KPMG Chartered Accountants, Economic Impact Analysis Of The No-smoking By-law On The Hospitality Industry In Ottawa, December 2001

Appendix 12 - Peel, Norman, Q.C. – The Chief Negotiator For Ontario Restaurant Hotel And Motel Association

Appendix 13 – Lefcoe, Dr. Neville – “Air Quality In Restaurants, Bars And Grills – Review And Proposal Concerning Guidelines”

Appendix 14 – Sanderson, Ruth – "Tobacco Use And Smoke-Free Places", The Health Index, Issue 2, August 2002

Appendix 15 – Sanderson, Ruth – "Support For 100% Smoke-Free Places", The Health Index, Issue 4, November 2002

Appendix 16 - British Columbia Environmental Tobacco Smoke Guidelines

Reference List.....67

- * Reference Readings available in Binder #1
- ** Appendix 1, 2, 4, 5, 9, 10, 11, 12, 13, 14, 15 and 16 available in Binder #2
- Appendix 3 available in Binder #3
- Appendix 6 (A) available in Binder #4
- Appendix 6 (B) available in Binder #5
- Appendix 7 (A) available in separate container labelled #7
- Appendix 7 (B) available in separate container labelled #8
- Appendix 8 available in Binder #6

Executive Summary

Once a leader in smoke-free legislation, London has fallen far behind other municipalities in creating 100% smoke-free public places and workplaces. The current legislation in London, Smoking Control By-law, PH-8, was initially passed in 1995 and restricted smoking in restaurants to designated areas with the stipulation that all restaurants be 100% smoke-free by January 1, 2002.

The by-law, now fully in effect, has been a contentious piece of legislation creating conflict between restaurant owners and others in the hospitality industry, such as bars and billiard halls, that do not fall under the jurisdiction of the by-law and have continued to permit smoking.

At the same time, scientific evidence has continued to mount linking environmental tobacco smoke (ETS) with preventable death and disease.

On January 1, 2002, London City Council made the first step toward 100% smoke-free legislation consistent with other neighbouring communities. It passed a resolution requesting that the Middlesex-London Health Unit develop a process to undertake the long-term goal of 100% smoke-free public facilities.

The process developed by the Middlesex-London Health Unit and endorsed by City Council on March 18, 2002 called for the creation of a Technical Implementation Panel (TIP) made up of representatives from business, the community at large, and workplaces. The Panel's Terms of Reference directed this group to: conduct consultations with the public and stakeholders; review relevant materials such as scientific reports and other municipal smoke-free by-laws; identify key issues pertaining to 100% smoke-free public places and workplaces as determined by the public and stakeholders; and make recommendations regarding how and when London's draft 100% smoke-free by-laws should be implemented.

The Panel began meeting in May 2002 and between September 11, 2002 and October 30, 2002 conducted four (4) stakeholder consultation meetings and five (5) public consultation meetings. Its final report is based on six (6) months of deliberation and consideration of the following:

- scientific research
- legislation and smoke-free by-laws in other municipalities and regions
- freedom of choice debate
- economic implications and data
- designated smoking rooms research and municipal experience
- local population and health data
- local public opinion survey results.

The Panel has also taken into account London's position as a national and world leader in health care and scientific research and its dedication to providing residents with a "safe, clean, healthy community", which tops the list of goals set out by London City Council in its Strategic Priorities 2002-2006. "*For the well being of Londoners we will provide a high quality of life that distinguishes our city from all others*" is the mission statement of those strategic priorities.

The Panel has found that Londoners themselves want a safe, clean, healthy community. When asked to participate in the consultation process regarding the city's draft smoke-free by-laws banning smoking in all public and workplaces, they did so, and the message was clear. Public opinion surveys as indicated in the report highlighted the same message. Nearly two-thirds of the public want a 100% smoke-free public places by-law enacted early in 2003.

Many business owners want a level playing field where everyone plays by the same rules.

The only safe and reliable way to eliminate environmental tobacco smoke from indoor air and protect people from its dangers is to completely remove the source, the Panel learned from a variety of sources.

Health Canada states that there is no safe level of ETS. The premier ventilation rate standard-setting agency in the world, the American Society of Heating, Refrigeration and Air Conditioning Engineers (ASHRAE), indicates the only air for which it sets ventilation standards, is air that is already smoke-free.¹ The Occupational Health and Safety Act identifies at minimum 6 toxins in ETS to which there is no safe level of exposure. Ontario's Workplace Safety and Insurance Board recognized ETS as the cause for the diagnosis of lung cancer in a woman who had been a waitress in the hospitality industry for 40 years. The woman was a non-smoker. Representatives from other municipalities allowing DSRs told the Panel to avoid their contentious issues and to go 100% smoke-free. Therefore, based on evidence, information and opinions presented, the Panel found insufficient evidence to endorse any kind of designated smoking room (DSR), regardless of its degree of sophistication, as an alternative to creating 100% smoke-free public places and workplaces. The inclusion of any kind of a DSR in the by-law cannot be supported as it does not comply with ASHRAE standards therefore potentially making the municipality of London liable.

It found compelling health and safety reasons to support 100% smoke-free legislation.

It found evidence of potential liability for municipalities if they do not have 100% smoke-free by-laws.

It found many examples of success in other communities with 100% smoke-free by-laws.

It found insufficient evidence to expect any long-term negative economic impact from 100% smoke-free legislation.

It found that the freedom of choice argument was not convincing given the compelling evidence that ETS kills.

It found no compelling argument as to why private clubs should be excluded given the harmful effects of ETS.

It concluded that London City Council move forward with two by-laws making all public places and workplaces 100% smoke-free.

Recommendations

At the conclusion of this process, a member of the Panel did not support the recommendations listed below. Mr. Don Lowry, London Licensed Restaurant Association Representative, has therefore indicated that he will “endeavour to submit a minority report” to City Council.

The City of London 100% smoke-free Technical Implementation Panel (TIP) recommends:

1. That London City Council enact two 100% smoke-free by-laws, one stipulating 100% Smoke-Free Public Places, the other dealing with 100% Smoke-Free Workplaces.
2. That hotel rooms be considered private residences for the rental period.
3. That the requirement for a written 100% smoke-free workplace policy be removed from the workplace by-law. The 100% smoke-free workplace by-law would supersede the need for individual workplaces requiring a policy.
4. That workplaces be required to post 100% smoke-free signs at entranceways.
5. That in accordance with the Ontario Tobacco Control Act (TCA), smoking be prohibited within nine (9) metres of all entranceways to all public places and workplaces. Members of the public and stakeholders were concerned about smoking in entranceways.
6. That in accordance with Recommendation 5, ashtray receptacles not be permitted within nine (9) metres of entranceways to all public places and workplaces.
7. That an information package explaining the by-laws be prepared and distributed to all owners and/or operators of public places and workplaces and a media campaign be initiated to raise public awareness of the by-laws prior to the implementation date.
8. That an enclosed patio means an outside covered area adjacent to a bar or restaurant where more than 50% of the patio area is enclosed by a fixed or temporary floor to roof wall (including canvas or like material).
9. That the 100% Smoke-Free Public Places By-law and the 100% Smoke-Free Workplaces By-law be implemented on April 1, 2003.

Exceptions

10. That London in-patient mental health facilities be exempt from the 100% smoke-free by-laws for a period of one year from the date of implementation.

Mental health patients have special needs. There is scientific evidence linking nicotine to increased metabolism of some psychiatric drugs and to mitigating some symptoms of mental illness. For mental health patients, there may be physiological effects with a complete and sudden ban on smoking without a lead-in period. The Regional Mental Health Centre proposes to develop a smoking cessation plan, including strategies to implement it over the next few months. During this transition period, previous practice/policy would continue to be permitted. After that period, all mental health facilities would be 100% smoke-free.

Background

100% smoke-free by-laws are designed for a single purpose: to protect citizens from the known hazards of environmental tobacco smoke. Creating 100% smoke-free public places and workplaces is the most important public health intervention available at the municipal level of government.

The statistics are staggering. More than 1,000 non-smokers die each year in Canada from second-hand smoke. Of those, more than 300 succumb to lung cancer, about 700 to coronary heart disease.

According to Health Canada, two-thirds of the smoke from a burning cigarette is not inhaled by the smoker but enters the surrounding environment. That smoke contains over 4,000 chemical compounds, 50 of which are associated with or known to cause cancer. Among those 50 carcinogens are 6 toxins for which there is no safe level of exposure. Exposure for as little as 8 to 20 minutes causes physical reactions linked to heart and stroke disease such as an increase in heart rate, decrease in oxygen supply to the heart and constriction of blood vessels, which raises blood pressure and makes the heart work harder.²

A non-smoker in a smoky room, such as a bar, inhales the equivalent of 35 cigarettes an hour.³

In children, second-hand smoke significantly increases the risk of Sudden Infant Death Syndrome and breathing problems such as asthma.

Given the compelling evidence of the dangers of environmental tobacco smoke, provincial and federal governments began developing a tobacco control strategy in the early 1990's. Following that lead, municipalities across Ontario and Canada began examining the issue of smoking control by-laws to protect the health of their communities.

In 1993, the City of London began work on curbing smoking in public places, passing the Smoking Control By-law, PH-8, in 1995. One of the first municipal by-laws in Ontario, PH-8 restricted smoking in restaurants to designated areas with the stipulation that all restaurants be 100% smoke-free by January 1, 2002.

At the time, London was a leader in the effort to control smoking but other municipalities have since taken greater steps to ban smoking in public places. For example, in January 2000, Kitchener-Waterloo became the first region in Ontario to have 100% smoke-free public places including bars, billiard and bingo halls, and bowling centres.

In August 2001, the Ottawa area, with a population of more than 800,000, implemented a by-law that makes all public places as well as workplaces 100% smoke-free.

One way to eliminate environmental tobacco smoke from indoor air and protect people from its dangers is to remove the source. In London, PH-8 was a start. The City is now moving ahead with plans to eliminate smoking in all public facilities and in all workplaces.

Chronology

The following is a timeline of events that has brought London to the next step in the City's effort to control public smoking, from the enactment of the final phase of PH-8, to the creation of two new draft by-laws covering all public facilities and workplaces:

- June 2001** Following a final review of PH-8 by London City Council, the Middlesex-London Health Unit notified by letter all business owners/operators in the City of the impending shift to 100% smoke-free restaurants. Included in the package was information to assist them with this transition. (Appendix 1)
- Fall 2001** The London Licensed Restaurant Association petitioned London City Council to allow smoking in the bar areas of restaurants. The City Solicitor was directed to negotiate an agreement between all parties -- the Middlesex-London Health Unit (MLHU), the Council for Tobacco Free Community (CTFC) and the London Licensed Restaurant Association (LLRA) – regarding the definition of 'bar' versus 'restaurant'. The parties began mediation, which ended after five (5) meetings on December 22, 2001. An agreement on the definitions was not reached. (Appendix 2)
- January 2002** The Middlesex-London Health Unit, the enforcement agency for By-law PH-8, began educating business owners/operators about the final phase of By-law PH-8 --- the move to 100% smoke-free restaurants. Each owner/operator received a visit from a Public Health Inspector to ensure he/she understood the expectations and implications of the By-law.
- January 21, 2002** With PH-8 now fully in effect, London City Council passed the following resolution:
- That the Middlesex-London Health Unit report back to the Community and Protective Services Committee by April, 2002, with respect to a process to undertake the long-term goal of 100% smoke-free public facilities; it being noted that the Middlesex-London Health Unit will address the matter of private clubs, the possible establishment and composition of a Task Force, a process for public input, and proposed schedule for addressing the long-term goal.*
- February 21, 2002** The Middlesex-London Board of Health endorsed a process to achieve the goal of 100% smoke-free public places in London (Board of Health Report No. 043-02) and forwarded it to the Community and Protective Services (CAPS) Committee. The process called for the creation of TIP to consult with stakeholders and the public, and to make recommendations no later than December 2002. The process called for all Panel members to be supportive of a 100% ban on smoking in public places.

**March
11, 2002**

The CAPS Committee endorsed the proposed Board of Health process, including the establishment of TIP and its Terms of Reference as follows:

- A. Purpose - to oversee the process for addressing the direction of London City Council to establish a 100% smoke-free ban in public places by:
1. Conducting consultations with interested parties/stakeholders, including private clubs.
 2. Conducting public consultation meetings.
 3. Reviewing relevant materials such as scientific reports, other municipal 100% smoke-free by-laws and pertinent legislation.
 4. Distilling and identifying key issues pertaining to 100% smoke-free public places as determined by interested parties/stakeholders and public participation meetings.
 5. Developing a final report and recommendations for the CAPS Committee and London City Council regarding how and when the 100% smoke-free provision should be implemented.
- B. Membership
- Medical Officer of Health (Chair).
 - Two business sector members, including an owner/operator who had recently implemented a 100% smoke-free policy.
 - One member directly involved with enforcement of the By-law.
 - Two members from a workplace environment.
- C. Time Line – This process is to be completed by November 30, 2002.
- D. Accountability – TIP reports to London City Council through the CAPS Committee.

However, the CAPS Committee suggested membership on TIP be revised by:

1. Eliminating the member directly involved in the enforcement of the By-law.
2. Expanding the number of business sector members from two to three.
3. Adding three members from the Community at Large.

**March
18, 2002**

London City Council passed the following resolution:

That, on the recommendation of the Medical Officer of Health, the following actions be taken:

- (a) *The Board of Health **BE DIRECTED** to recommend, for the approval of the Municipal Council, appropriate representation of the Technical*

Implementation Panel, consistent with the attached Terms of Reference as amended in the Middlesex-London Health Unit Report No. 043-02;

- (b) The Technical Implementation Panel BE REQUESTED to begin immediate implementation of the public and stakeholder consultation process to complete a 100% smoke-free public places by-law no later than October 31, 2002; it being noted that a report is to be provided to the Community and Protective Services Committee no later than December 2002; and*
- (c) The budget totalling \$42,700 as defined in the Middlesex-London Health Unit Report No. 043-02, BE REFERRED back to the Board of Health for the purpose of determining alternative ways of implementing the public and stakeholder consultation process utilizing existing resources; it being noted that Municipal Council did not support the concept of a paid facilitator; and*
- (d) The Commissioner of Legal Services & City Solicitor BE REQUESTED to draft a proposed 100% smoke-free by-law, in consultation with the Middlesex-London Health Unit, for the purpose of providing a basis for discussion for the public and stakeholder consultation process by the Technical Implementation Panel. (33.1.1) (AS AMENDED) (4/6/CPSC)*

**April
18, 2002**

The Board of Health endorsed eight (8) nominees for membership on TIP.

**April
29, 2002**

The CAPS Committee approved the candidates endorsed by the Board of Health. They were:

Business Sector Members

Mr. Jon Coughlin – Owner and Operator – Billy’s Deli Restaurant
Mr. Harvey Katz – Owner Fleetwood Bowling Centre
Mr. Don Lowry – London Licensed Restaurant Association

Community At Large Members

Ms. Patricia Coderre – Former Director Middlesex-London Home Care Program
Ms. Rosemary Dickinson – Member London Urban League
Dr. Stan Hill – Retired University of Western Ontario Professor

Employee Sector Members

Mr. Scott Mead – Bartender, Local London Establishment
Mr. Frank Stilson – London Occupational Safety and Health Information System

**May
23, 2002**

TIP had its first meeting and decided to meet twice a month on the second and fourth Tuesdays of the month.

**June
25, 2002**

The panel agreed to conduct nine (9) scheduled consultation meetings - four (4) for stakeholders, five (5) for the public. (Appendix 3) It directed the Middlesex-London Health Unit to publicize the public consultation meetings and to formally notify the stakeholders by letter of invitation to be mailed out in August 2002.

**August
12, 2002**

Approximately 3,700 letters of invitation were sent to stakeholders including: all owners/operators of restaurants; bars; billiard and bingo halls; bowling centres; private clubs; gaming facilities; hotels, and workplaces; community organizations; health professionals; health organizations; the LLRA; and the Ontario Restaurant, Hotel and Motel Association. (Appendix 4)

The four (4) stakeholder meetings were scheduled for every second Wednesday starting September 11, 2002. The five (5) public meetings were scheduled for alternate Wednesdays starting September 18, 2002. All meetings were completed by October 30, 2002.

100% Smoke-Free Draft By-laws

On average, Canadians spend most of their time indoors. As a result, the quality of indoor air can have a significant impact on health. According to Health Canada, the most harmful and widespread contaminant of indoor air is environmental tobacco smoke (ETS) also known as second-hand smoke (SHS).

ETS is a combination of exhaled smoke, known as mainstream smoke, and the smoke produced by an idling cigarette, cigar or pipe, known as sidestream smoke. Scientists have identified more than 4,000 different chemical compounds in ETS, 50 of which are associated with or known to cause cancer. Among the toxic chemicals in ETS are tar, nicotine, carbon monoxide, formaldehyde, hydrogen cyanide and benzene, all of which are emitted when tobacco is burned. In fact, ETS contains more than twice the nicotine and tar of the smoke inhaled by the smoker.

100% Smoke-Free Defined

A 100% smoke-free environment is one that is devoid of all tobacco smoke. According to Health Canada, increasing ventilation will dilute the smoke but will not make it safe since there is no known safe level of exposure to carcinogens found in environmental tobacco smoke.⁴

Moving Forward

In keeping with other municipalities, London is moving forward in its effort to control public smoking with more restrictive legislation than currently exists in the City. This new legislation will eliminate the contentious issues surrounding Smoking Control By-law, PH-8, fully enacted in London in January 2002 but targeting only restaurants. On January 21, 2002, London City Council passed the following resolution:

That the Middlesex-London Health Unit report back to the Community and Protective Services Committee by April, 2002 with respect to a process to undertake the long-term goal of 100% smoke-free public facilities; it being noted that the Middlesex-London Health Unit will address the matter of private clubs, the possible establishment and composition of a Task Force, a process for public input, and a proposed schedule for addressing the long-term goal.

London's New Draft By-laws

A process to undertake the long-term goal of 100% smoke-free public facilities was developed by the Middlesex-London Health Unit and endorsed by the CAPS Committee on March 11, 2002. Subsequently on March 18, 2002, London City Council passed the following resolution:

That, on the recommendation of the Medical Officer of Health, the following actions be taken:

*(d) The Commissioner of Legal Services & City Solicitor **BE REQUESTED** to draft a proposed 100% smoke-free by-law, in consultation with the Middlesex-London Health Unit, for the purpose of providing a basis for discussion for the public and stakeholder consultation process by the Technical Implementation Panel.*

In line with the approach taken by other Ontario municipalities that have gone 100% smoke-free, two by-laws were drafted. One addressing public places, and the other workplaces. This comprehensive strategy would ensure maximum health protection of Londoners from ETS. The City Solicitor provided TIP with the draft Smoke-Free Public Places By-law, and the draft 100% Non-Smoking Workplaces By-law. The draft By-laws are as follows:

DRAFT – FOR DISCUSSION PURPOSES ONLY – May 23, 2002

Bill No.

By-law No. ** A By-law to Regulate Smoking
in Public Places in the City of London

WHEREAS it has been determined that second hand tobacco smoke (exhaled smoke and the smoke from idling cigarettes, cigars and pipes) is a health hazard for inhabitants of the City of London; and

WHEREAS it is desirable for the health, safety, and welfare of the inhabitants of the City of London to provide for a smoke-free environment in public places; and

WHEREAS the Municipal Council of The Corporation of the City of London has the authority to pass bylaws prohibiting and regulating the smoking of tobacco and the carrying of lighted tobacco products in public places within the City pursuant to Section 213 of the *Municipal Act*.

THEREFORE the Municipal Council of The Corporation of the City of London enacts as follows:

SMOKE FREE PUBLIC PLACES BY-LAW

Definitions

1. In this by-law:

“arena” means any building, location or premises comprised of, but not restricted to, a rink, floor or ice surface, spectator seating areas, dressing rooms and canteen facilities, to which the public has access to view or participate in sporting or other events;

“ashtray” means a receptacle for tobacco ashes and for cigar and cigarette butts;

“bar” means an establishment licensed by the Alcohol and Gaming Commission of Ontario;

“billiard hall” means any building, location or premises to which members of the public are invited or permitted entry for the purpose of playing billiards;

“bingo hall” means any building, location or premises where the conduct of bingo events is licensed;

“bowling alley” means any building, location or premises to which members of the public are invited or permitted entry for the purpose of bowling;

“bus” means any public transit bus, school bus or other bus used for hire;

“casino” means an establishment within the meaning of the *Gaming Control Act, 1992*, and includes any building, location or premises where the conduct of one or more gaming events is held for the purpose of raising money for a charity or non-profit organization;

“City” means The Corporation of the City of London or the municipality of the City of London, as the context requires;

“common area” means any portion of any building or structure including a retail establishment, residential condominium or multiple dwelling unit apartment building, to which the public or residents may have access, whether as of right or by invitation, express or implied and includes but is not limited to a reception area for receiving or greeting customers, clients, patients, guests or other persons, service lines, elevators, escalators, hallways, stairwells, foyers, lobbies, laundry rooms, amenity areas and public washrooms;

“Council” means the Municipal Council of the City of London;

“enclosed patio” means an area adjacent to a bar or restaurant that is either partially or completely enclosed, but does not include an open-air, fenced area;

“enforcement officer” means a person appointed by the Middlesex-London Board of Health to enforce this by-law or any person appointed by Council as a municipal tobacco by-law enforcement officer to enforce this by-law or any police officer of the London Police Force;

“food court” means an area within a shopping mall where food or drink is offered for sale or sold to the public for immediate consumption;

“limousine” means a public motor vehicle licensed by the City and used primarily to provide transportation services to the public;

“person” includes a corporation;

“place of public assembly” means the whole or part of an indoor area to which the public has access by right or by invitation, express or implied, whether by payment of money or not and includes an enclosed patio;

“proprietor or other person in charge” means the person who controls, governs or directs the activity carried on within the premises designated as prohibited areas under this by-law and includes the owner of the premises and/or the person who is actually in charge thereof at any particular time;

“public building” means any partially or completely enclosed building or group of buildings to which the public has access;

“public facility” means any hall, room, or banquet area that is publicly owned and is rented for an event or function and includes an enclosed patio;

“public place” means the whole or part of an indoor area to which the general public is invited or permitted access and includes an enclosed patio;

“public portion” means the area of any building to which the public has access;

“public restroom” means any restroom or washroom to which the public has access;

“private club” means an establishment that meets all of the following criteria:

- i) the club has a fixed membership list;
- ii) each member pays an annual or periodic membership fee;
- iii) the club has an executive/leadership that is elected by all of the members on an annual or periodic basis;
- iv) the club has a constitution or by-laws that provide the governing rules for the membership, executive, fees, and related matters; and,
- v) non-members are not to be permitted to enter the premise to consume food or alcohol unless accompanied by a member;

“reception area” means the public space used by an office or establishment for the receiving or greeting of customers, clients or other persons dealing with such office or establishment;

“restaurant” means an establishment engaged in the sale and service of food or drink or both food and drink to the public for consumption on the premises;

“school bus” means a public vehicle licensed for the purpose of transporting children to and from school or to or from any activity, event or function associated therewith;

“service counter” means an indoor counter where a person receives a service including, but not limited to, the exchange of money, sales, provision of information, transactions, advice or the transfer of money or goods;

“service line” means an indoor line of two (2) or more persons awaiting service of any kind regardless of whether or not such service involves the exchange of money, including but not limited to sales, transactions, provision of information or advice and transfers of money or goods;

“shopping mall” means any enclosed building or group of buildings containing one or more retail shops;

“smoking” includes the carrying of a lighted cigar, cigarette, pipe or any other lighted smoking equipment and “smoke” has a corresponding meaning; and,

“taxicab” means a public motor vehicle licensed as a cab by the City or a motor vehicle designed for carrying less than ten passengers and operated under the authority of the *Public Vehicles Act*.

Part I

General Prohibitions for Public Places

Public Places

2. a) The following are designated public places for the purposes of this by-law:
 - the common area of a public building;
 - an indoor service line or service counter in any premise to which the public has access;
 - a place of public assembly;
 - a public restroom;
 - a food court;
 - a public facility;
 - a reception area;
 - a municipally-owned building;
 - a bingo hall;
 - a bowling alley;
 - a billiard hall;
 - the public portion of any restaurant;
 - the public portion of any bar;
 - the public portion of any casino;
 - a private club;
 - an arena;
 - the common area of a shopping mall;
 - a bus;
 - a taxicab; and
 - a limousine.

Prohibition

3. No person shall smoke in any public place designated under section 2 of this by-law.

Part II

Sign Requirements

Signs

4. The proprietor or other person in charge of any public place designated or regulated under this by-law shall ensure that a sufficient number of signs as prescribed by section 6 are conspicuously posted at each entrance so as to clearly identify that smoking is prohibited.

Posting

5. Despite Section 4, in every shopping mall or other public building referred to in section 2, the proprietor or other person in charge of the shopping mall or other public building shall ensure that:
 - (a) signs are posted in accordance with section 6 in every common area of the shopping mall or other public building,
 - (b) signs are posted at every entrance to the shopping mall or other public building, which are visible and in sufficient numbers, clearly indicating that smoking is prohibited in the common areas of the shopping mall or other public building, and
 - (c) signs referred to in clauses (a) and (b) are in accordance with section 6.

Graphic Symbols

6. (1) The signs referred to in this by-law shall consist of graphic symbols that comply with the provisions of this section.
 - (2) The following graphic symbol shall be used to indicate the areas where smoking is prohibited pursuant to this by-law: a black cigarette on a white background with the circle and the interdictory stroke in red.
 - (3) The graphic symbol referred to in subsection (2) shall include the text "City of London By-law" in letters at least five (5%) percent of the diameter of the circle in the symbol.
 - (4) To the symbols referred to in subsection (2) there may be added additional appropriate symbols such as directional arrows.
 - (5) Despite the fact that the symbol referred to in subsection (2) is a cigarette, it shall include a lighted cigar, cigarette, pipe or any other lighted smoking instrument.
 - (6) With respect to size of the graphic symbol, the diameter of the circle in the symbol referred to in subsection (2) shall be not less than the number of centimetres prescribed below, based upon the maximum viewing distance in direct line of sight, as follows:
 - (a) three (3 m) metres or less - ten (10 cm) centimetres,
 - (b) three (3 m) metres or more - fourteen (14 cm) centimetres.
 - (7) Despite subsection (6), the diameter of the circle in the symbol referred to in subsection (6) used pursuant to section 10 to be erected at the entrance to every shopping mall or other public building shall be a minimum of ten (10cm) centimetres.
 - (8) Deviations from the colour or content of the signs prescribed by this section that do not affect the substance or that are not calculated to mislead do not vitiate the signs.

- (9) Despite subsection (6), with respect to taxicabs or limousines, the diameter of the circle in the graphic symbol referred to in subsection (2) and used pursuant to Section 10 shall be not less than ten (10) centimetres.

Prohibited Signs

7. The proprietor or other person in charge of a public place designated or regulated under this by-law shall ensure that no signs stating or implying that smoking is permitted are posted or allowed to remain in any public place where smoking is prohibited pursuant to this by-law.

Part III

General

Ashtrays

8. The proprietor or other person in charge of a public place regulated under this by-law shall ensure that no ashtrays are placed or allowed to remain in any public place where smoking is prohibited pursuant to this by-law.

Duties

9. No proprietor or other person in charge of a public place shall permit smoking where smoking is prohibited under this by-law.

Offences

10. Any person who contravenes any of the provisions of this by-law is guilty of an offence.

Obstruction

11. Any person who hinders or obstructs an enforcement officer lawfully carrying out the enforcement of this by-law is guilty of an offence.

Fines

12. Every person who is convicted of an offence is liable to a fine of not more than \$5,000.00 as provided for in the *Provincial Offences Act*.

Enforcement

13. (1) Enforcement officers shall enforce the provisions of this by-law respecting the designation of non-smoking areas, the posting of signs and the duties imposed on the proprietor, or other person in charge of a public place.

- (2) An enforcement officer may, at any reasonable time, enter any designated public place for the purposes of determining compliance with this by-law, and may make examinations, investigations and inquiries in order to enforce the by-law.

Conflicts

14. If a provision of this by-law conflicts with an Act or a regulation or another by-law, the provision that is the most restrictive of smoking shall prevail.

Severability

15. If any section or sections of this by-law or parts thereof are found in any court of law to be illegal or beyond the power of Council to enact, such section or sections or parts thereof shall be deemed to be severable and all other sections or parts of this by-law shall be deemed to be separate and independent there from and to be enacted as such.

Repeal

16. By-law number PH-8 of the City of London is repealed.

Commencement

17. This by-law shall come into effect on [date].

PASSED in Open Council on **

Anne Marie DeCicco,
Mayor

G. H. Hallman,
City Clerk

First reading - **
Second reading - **
Third reading - **

DRAFT – FOR DISCUSSION PURPOSES ONLY – May 23, 2002

Bill No.

By-law No. A being a By-law to regulate smoking in workplaces in the City of London

WHEREAS it has been determined that second hand tobacco smoke (exhaled smoke and the smoke from idling cigarettes, cigars and pipes) is a health hazard for inhabitants of the City of London; and

WHEREAS it is desirable for the health, safety, and welfare of the inhabitants of the City of London to provide for a smoke-free environment in public places (**should read workplaces**); and

WHEREAS the Municipal Council of The Corporation of the City of London has the authority to pass bylaws prohibiting and regulating the smoking of tobacco and the carrying of lighted tobacco products in public places (**should read workplaces**) within the City pursuant to Section 213 of the *Municipal Act*.

THEREFORE the Municipal Council of The Corporation of the City of London enacts as follows:

100% NON-SMOKING WORKPLACE BY-LAW

Definitions

1. In this by-law:

"City" means The Corporation of the City of London or the municipality of the City of London, as the context requires;

"Council" means the Municipal Council of the City of London;

"employee" includes a person who,

- (a) performs any work for or supplies any services to an employer, or
- (b) receives any instructions or training in the activity, business, work, trade, occupation or profession of the employer;

"employer" includes any person who as the owner, proprietor, manager, superintendent or overseer of any activity, business, work, trade, occupation or profession, has control over or direction of, or is directly or indirectly responsible for the employment of a person therein;

"enforcement officer" means any person appointed by the Middlesex-London Board of Health to enforce this by-law or any person appointed by Council as a municipal tobacco by-law enforcement officer to enforce this by-law or any police officer of the London Police Force;

"non-smoking policy" means a written policy that prohibits smoking in the workplace in accordance with this by-law;

"smoking" includes carrying a lighted cigar, cigarette, pipe or any other lighted smoking instrument and "smoke" has a corresponding meaning; and

"workplace" means any enclosed area of a building or structure in which an employee works and includes but is not limited to washrooms, corridors, lounges, eating areas, reception areas, elevators, escalators, foyers, hallways, stairways, amenity, areas, lobbies, laundry rooms and parking garages utilized by an employee, as well as any employer-owned or operated vehicles.

Adoption of Non-Smoking Policy by Employer

2. (1) Every employer shall no later than [date], adopt and implement a 100% non-smoking policy that prohibits smoking in respect of each workplace in the City under the control, supervision or ownership of the employer.

(2) Where, after [date], a workplace is created or comes into existence, the employer of such workplace shall forthwith adopt and implement a 100% non-smoking policy that prohibits smoking in respect of each such workplace under the control, supervision or ownership of the employer.

Continuation of Non-Smoking Policy

3. Every employer required by the by-law to adopt and implement a 100% non-smoking policy shall,

- (a) thereafter maintain the non-smoking policy in the workplace for which it was adopted;
- (b) provide a copy of the non-smoking policy to each employee in the workplace within seven (7) days after the day upon which the non-smoking policy in respect of that workplace was adopted;
- (c) post and keep continuously displayed a copy of the non-smoking policy in a prominent place accessible to all employees in the workplace; and
- (d) erect signs in accordance with section 6 at every entrance to the workplace indicating that smoking is prohibited in the workplace.

Smoking Prohibited

4. When the 100% non-smoking policy has been adopted for a workplace, no person shall smoke in the workplace.

Smoking Not To Be Permitted

5. When the 100% non-smoking policy has been adopted for a workplace, no employer shall permit smoking in the workplace.

Sign Requirements

6. (1) The signs referred to in this by-law shall consist of graphic symbols that comply with the provisions of this section.

- (2) The following graphic symbol shall be used to indicate that smoking is prohibited in the workplace: a black cigarette on a white background with the circle and the interdictory stroke in red.
- (3) The graphic symbol referred to in subsection (2) shall include the text "City of London By-law" in letters and figures at least five (5%) percent of the diameter of the circle in the symbol.
- (4) With respect to size of the graphic symbol, the diameter of the circle in the symbol referred to in this section shall be not less than ten (10 cm) centimetres.
- (5) Despite the fact that the symbol referred to in subsection (2) and subsection (3) is a cigarette, it shall include a lighted cigar, cigarette, pipe or any other lighted smoking instrument.
- (6) Deviations from the colour or content of the signs prescribed by this section that do not affect the substance or that are not calculated to mislead do not vitiate the signs.

Inspection of Workplace

7. (1) For the enforcement of this by-law, an enforcement officer, upon producing proper identification, may, at all reasonable hours, enter any workplace or any building or structure in which a workplace is situate and may make examinations, investigations and inquiries.

(2) No enforcement officer may enter a workplace that is also a dwelling without the consent of the occupant or without first obtaining and producing a warrant.

Offences

8. (1) Any person who smokes in a workplace in contravention of section 4 is guilty of an offence.

(2) *Any employer who permits smoking in the workplace in contravention of section 5 is guilty of an offence.*

Neglect of Duty

9. Any employer who refuses, fails or neglects to perform any of the duties imposed upon him, her or it under any of the provisions of this by-law is guilty of an offence.

Obstruction

10. Any person who hinders or obstructs an inspector lawfully carrying out the enforcement of this by-law is guilty of an offence.

Fines

11. Every person who is convicted of an offence is liable to a fine of not more than \$5,000.00 as provided for in the *Provincial Offences Act*.

Exemptions

12. This by-law shall not apply to:
 - (a) any part of a workplace that is used as a private residence;

- (b) those portions of workplaces specified in By-law Number XXX entitled "A by-law of the City of London respecting smoking in public places", as amended, or any by-law enacted in substitution therefor.

Conflict

13. If a provision in this by-law conflicts with the *Smoking in the Workplace Act*, or any other Act or a regulation, the provision that is the most restrictive of smoking prevails.

Severability

14. If any section or sections of this by-law or parts thereof are found in any court of law to be illegal or beyond the power of Council to enact, such section or sections or parts thereof shall be deemed to be severable and all other sections or parts of this by-law shall be deemed to be separate and independent there from and to be enacted as such.

Commencement

15. This by-law shall come into effect on [date].

Passed in Open Council on **

Anne Marie DeCicco,
Mayor

G. H. Hallman,
City Clerk

First reading - **

Second reading - **

Third reading - **

What Others Are Doing

Ontario

The Gold Standard is the term Ontario uses to define by-laws that legislates 100% smoke-free public places and workplaces without exemptions or exceptions. Many municipalities have surpassed London in their efforts to become 100% smoke-free and meet the gold standard. Among the by-laws in place or efforts underway are:

- **Chatham-Kent will be** 100% smoke-free as of May 2003.
- **Huron County** is moving toward becoming 100% smoke-free.
- **Grey County** enacted a 100% smoke-free by-law on September 1, 2002 exempting Legions' private member areas only.
- **Kingston** passed a 100% smoke-free by-law including outdoor patios exempting bingo halls.

- **Kitchener-Waterloo** implemented a 100% smoke-free public places by-law in January 2000 that covers restaurants, bars, billiard and bingo halls, and bowling centres. The region is now moving forward with a workplace by-law.
- **Middlesex County** recently approved a move to ask eight Middlesex municipalities for authority to make all public places and workplaces in the county smoke free. A decision is forthcoming.
- **Ottawa** made public places and workplaces 100% smoke-free in August 2001 with a sweeping by-law that prohibits smoking in indoor places. Outdoor patios continue to permit smoking and hotels can permit smoking in designated rooms as they are seen as private residences for the rental period.
- **Sudbury and Sault St. Marie** have both passed 100% smoke-free public places by-laws with no exemptions.
- **Tecumseh** implemented a 100% smoke-free by-law on September 1, 2002.

United States

Smoke-free environments are a growing trend in the U.S. with many states, cities, and tourist destinations having initiated smoke-free laws. For example:

- **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.

Public And Stakeholder 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, professional, and community groups of all kinds is important in paving the way for any legislation controlling public smoking.

In accordance with the London City Council resolution and TIP's Terms of Reference, public and stakeholder consultation meetings were required to determine how and when the draft by-laws, Smoke-Free Public Places By-law and 100% Non-Smoking Workplaces By-law, would be enacted and/or amended.

All members of TIP were to attend every meeting, unless impossible to do so, and all meetings were tape recorded for accuracy and completeness. Written submissions presented at the consultation meetings, as well as notes from oral presentations were provided to each of the TIP members following the meetings.

Public Awareness Campaign

Encouraging the public to attend the consultation meetings was important to the Panel and the process of reviewing the by-laws. Numerous advertisements were placed with the Londoner, London Free Press, FM96 and Q97.5 FM informing Londoners of meeting times and locations and urging them to make a presentation at the meetings. (Appendix 5) The following is a breakdown of print and radio advertisements for the public consultation process:

The Londoner

- Thursday, August 22, 2002
- Thursday, September 5, 2002.

London Free Press

- Saturday, September 7, 2002 (A Section – full-page, with by-law summaries)
- Wednesday, September 11, 2002
- Saturday, September 14, 2002
- Tuesday, September 17, 2002
- Saturday, September 28, 2002
- Saturday, October 12, 2002
- Saturday, October 26, 2002
- Wednesday, October 30, 2002

Public Service Announcements on FM96 and Q97.5 FM

(Played between 6 a.m. and 10 a.m., approximately three times per day)

- Tuesday, September 3, 2002.
- Thursday, September 5, 2002,
- Monday, September 9, 2002,
- Wednesday, September 11, 2002,
- Friday, September 13, 2002,
- Monday, September 16, 2002
- Wednesday, September 18, 2002.

All advertisements were approved by the Middlesex-London Health Unit and the Communication Division of the City of London.

Public Consultation Process

Five (5) public consultation meetings were held by TIP. In order to provide sufficient opportunity for the public to attend, four of the meetings were held from 7 p.m. to 9 p.m., the fifth from 10 a.m. to 12 Noon.

Locations for the public meetings were chosen in relation to the four corners of the city – north-east, northwest, southeast and southwest. Meeting times were chosen based on the average work day of most Londoners. The inclusion of a daytime meeting provided additional opportunity for retirees, shift-workers or at-home individuals to take part.

Prior to each public meeting, the following information was provided to those attending:

Objectives:

- To gather input on the content and implementation of the proposed by-laws.
- To submit a report to London City Council with recommendations.

Background:

- Fully enacted January 1, 2002, the City of London Smoking Control By-law PH-8 stipulates all restaurants in the city must be 100% smoke-free.

Proposed and Drafted:

- Smoke-Free Public Places By-law.
- Prohibits smoking in all public places including: bars, billiard and bingo halls, bowling centres, private clubs, private arenas, enclosed patios, publicly accessible establishments/businesses not covered by other legislation.
- Non-Smoking Workplaces By-law.
- Prohibits smoking in all workplaces.

Process:

Participants were asked to:

- Sign-up to make a statement regarding the proposed by-laws.
- In five-minutes or less, state their name and indicate:
 - Whether they support the proposed by-laws
 - Which restrictions they support or do not support
 - How the by-laws should be amended
 - How the by-laws should be implemented
 - When (month, year) the by-laws should come into effect.
 - The Panel was able to ask clarifying questions.
 - The sessions were tape recorded for accuracy and completeness.

Participation

The first public consultation meeting was held September 18, 2002 from 7 p.m. to 9 p.m. at the South London Community Centre on Jalna Boulevard. Ninety-two (92) people attended with twenty-three (23) making oral presentations to the Panel. The London Free Press, the New PL, Corus Radio Stations (FM 96, AM 980, Energy Radio, The Hawk) and Standard Broadcasting Stations (Q 97.5, BX 93, CJBK, CKSL) were in attendance.

The second public consultation meeting was held October 2, 2002 from 7 p.m. to 9 p.m. at Fanshawe College, Block B, Lecture Theatre B1073. Twenty-one (21) people attended, five (5) made oral presentations.

The next two meetings were held on October 16, 2002. One was held from 10 a.m. to 12 Noon at the Cherryhill Library in the Cherryhill Mall in which sixteen (16) people attended and eleven (11) made oral presentations. The second meeting was held from 7 p.m. to 9 p.m. at the Western Fair Arena and was attended by thirteen (13) people, three (3) of whom made oral presentations.

The final public meeting was held October 30, 2002 at the Greek Canadian Club on Sarnia Road from 7 p.m. to 9 p.m. It was attended by twenty-three (23) people and seven (7) made oral presentations.

In total, one hundred and forty-nine (149) people attended the five (5) consultation meetings. Of those, thirty-eight (38) made oral presentations. These figures are consistent with the attendance at meetings held by other municipalities that have undertaken a similar process.

Stakeholder Consultation Process

TIP developed a list of stakeholders including: all owners/operators of restaurants; bars; billiard and bingo halls; bowling centres; private clubs; gaming facilities; hotels; and workplaces; community organizations; health professionals; health organizations; the LLRA; and the Ontario Restaurant, Hotel and Motel Association.

On August 12, 2002, more than 3,700 letters of invitations were sent to these stakeholders informing them of the consultation process, inviting them to the stakeholder or public meetings to make a written or oral presentation. (Appendix 4)

Included with the letter was a meeting registration form to be faxed or mailed to the Middlesex-London Health Unit.

The four (4) stakeholder meetings were scheduled for every second Wednesday beginning September 11, 2002 and ending October 23, 2002. All were held at City Hall, Second Floor, Committee Room #3.

To ensure sufficient opportunity to attend, two (2) of the meetings were scheduled from 7 p.m. to 9 p.m., and two (2) from 1 p.m. to 4 p.m.

Participation

In total, one hundred and twelve (112) people attended the stakeholder meetings and forty-five (45) oral presentations were given. Each stakeholder was allotted 10 minutes to address the Panel.

Among the stakeholders who presented were: independent business owners, physicians, bingo hall representatives, various legions, the LLRA, Ontario Restaurant, Hotel and Motel Association, London Hydro, Steel Workers Association, London Labour Council, London Chamber of Commerce, Community Care Access Centre, Ontario Campaign Against Tobacco, Council for Tobacco-Free Community, Lung Association, Canadian Cancer Foundation, Smokers Help Line, Women's Community House and health representatives.

All Stakeholder and Public Meetings were tape-recorded and oral presentation notes were collected from both the stakeholders and the public who presented. Both oral presentation notes and audiotapes are included. (Appendix 6 (A) & (B) and 7 (A) & (B))

Written Submissions

The public and stakeholders were invited to submit a written presentation to the Panel without having to attend a meeting. To date, forty-six (46) written presentations have been submitted to the Panel. (Appendix 8)

Health Effects

Tobacco use is the leading cause of preventable illness and premature death in Ontario. It is responsible for 30% of all fatal cancers and kills 12,000 Ontarians each year. That figure is four times the number of people who die from car accidents, suicide, homicide and AIDS combined.⁵

ETS is also a major killer. In Canada, it is the third leading cause of preventable death after smoking and alcohol use, killing between 1,100 and 7,800 people per year, at least one-third of them in Ontario.⁶ Illnesses linked to tobacco, meanwhile, cost the Canadian health care system billions of dollars each year. In Ontario alone, the annual cost to the provincial health care system is more than \$1.1 billion with another \$2.6 billion lost in productivity.⁷

For more than 30 years, the U.S. Surgeon General's reports have identified tobacco use as a major cause of illness and death. Since 1986, exposure to ETS has been known to be a serious public health hazard.

The United States Environmental Protection Agency estimates that the risk of developing cancer from exposure to ETS is about fifty-seven (57) times greater than the total risk posed by all outdoor air contaminants regulated under U.S. environmental law.

For non-smokers exposed to ETS, the dangers from tobacco can be just as potent. ETS contains more than 4,000 substances, 50 of which are associated with or known to cause cancer. Regulations under the Ontario Occupational Health and Safety Act list known toxic agents for which acceptable levels of exposure have not been established, and to which exposure should be avoided. Six (6) of these toxic agents, acrylonitrile, arsenic, benzene, lead, mercury, and vinyl chloride, are known to be in ETS. For the past ten (10) years, scientific evidence has shown that ETS is a major cause of lung cancer and heart and respiratory disease in people who have never smoked.⁸

Yet, exposure to ETS is still common in public places and some workplaces. Many of those exposed to ETS such as children, are not aware of the health implications or have any control over their environment.

Diseases Linked To Environmental Tobacco Smoke

Adults

Six (6) major scientific reviews carried out in the 1990s have identified 15 major disease groups or conditions known or suspected to be caused by exposure to ETS. In adults, some of those diseases and conditions are:

- Heart and Lung Disease
- Lung Cancer
- Nasal Sinus Cancer
- Stroke
- Breast Cancer
- Cervical Cancer
- Miscarriages.

Children

Since children have higher metabolic rates than adults do, they absorb greater amounts of smoke and are therefore more vulnerable to the adverse effects of ETS. In 2000, an estimated 900,000 children under the age of twelve (12) were regularly exposed to ETS in Canada.⁹

In 1999, an international committee of health experts met in Geneva to consult on ETS and child health. It concluded that:

*ETS is a real and substantial threat to child health, causing death and suffering throughout the world. ETS exposure causes a wide variety of adverse health effects on children.*¹⁰

This committee also stated that exposure to ETS in childhood might contribute to cardiovascular disease in adulthood.

In children, diseases and conditions linked to ETS include:

- Sudden Infant Death Syndrome
- Fetal growth impairment, including low birth-weight
- Bronchitis, pneumonia and other lower respiratory tract infections
- Asthma
- Middle Ear Disease
- Respiratory symptoms
- Adverse impact on cognitive functions and behaviours
- Decreased lung function
- Exacerbation of Cystic Fibrosis.

Workers

ETS has been identified as a leading occupational health hazard since 1980, yet many workplaces still fail to protect their employees. Particularly vulnerable are workers in the hospitality industry who are more regularly exposed to the effects of ETS than those working in other jobs.

Recent studies indicate that levels of exposure to ETS are higher in restaurants and bars than in office workplaces or other businesses. In fact, non-smoking food service workers are 50% more likely to develop lung cancer than other non-smokers.¹¹

Earlier in 2002, Heather Crowe, a 57-year-old who had spent forty (40) years as a waitress and a non-smoker all her life, was diagnosed with inoperable lung cancer due to her exposure to ETS. Ontario's Workplace Safety and Insurance Board ruled in favour of Crowe's claim for compensation because her terminal illness was a result of workplace ETS. This ruling is unprecedented in Ontario and raises questions of liability for the province and for municipalities.

In London, thousands of individuals work in the hospitality industry. There are 586 restaurants, 65 bars, 10 billiard halls, 5 bowling centres, and 6 bingo halls -- a total of 672 establishments. These designations are based on self-declaration by each owner/operator in London.

In London, smoking is prohibited in federal, provincial and municipal buildings. Many independent businesses have voluntarily become 100% smoke-free.

The Provincial Smoking in the Workplace Act, 1990, states that 25% of a workplace may be designated as a smoking area. While that Act does not completely protect workers, it stipulates that a municipal by-law will prevail over the Act if the by-law is more restrictive.

Designated Smoking Rooms and Ventilation

Is there a safe way to permit smoking for some while protecting others?

There is much debate among the health care sector, the tobacco industry and the hospitality industry on the potential merits of separately ventilated designated smoking rooms (SVDSR). Among the questions asked are whether such rooms meet all health and safety standards, comply with the objectives of public health policy, are feasible for all business owners and meet the community's expectations.

The standards for indoor air quality in Canada are set by the North American Organization of American Society of Heating, Refrigeration and Air Conditioning Engineers (ASHRAE). There is no official indoor air quality standard that deals with ETS. In the past, the phrase "moderate amount of smoke" was part of the accepted ASHRAE standards for indoor air. In an addendum to the ASHRAE ventilation standard 62-1999 "moderate amount of smoke" was removed from their ventilation standard because a safe exposure limit to ETS has not been determined. There is a legal obligation for building owners and municipalities to provide safe environments according to ASHRAE standards.

Health Canada states there is no safe level of exposure 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.¹²

Health Canada concluded that even after a cigarette is out, ETS remains in the environment on furniture, carpets, blinds and table cloths: "Any cleaning staff or other employees entering a designated room after the smokers have gone would still be exposed to toxic agents lingering in the air, and this is in violation of the health and safety legislation."¹³ Dr. Lefcoe wrote, "Furthermore, after the smoke production in an area ceases, nicotine may be re-emitted from its absorption on the interior building surfaces resulting in measurable concentrations in the absence of active smoking."¹⁴

A 100% smoke-free environment, as defined earlier in the report, is one that is devoid of all tobacco smoke.

Options

A designated smoking room (DSR) is similar to a designated smoking area except that it is fully enclosed. The objective of the DSR is to attempt to separate smokers from non-smokers and perhaps improve air quality in the DSR both for smokers and employees. Such rooms are often cited as an acceptable compromise to 100% smoke-free policies.

There are four types of DSRs – unfiltered, filtered, outdoor exhaust, and separately ventilated.

1. In an unfiltered DSR, the air is re-circulated in the smoking section without being filtered or cleaned:
2. In filtered DSRs, the air is passed through a filter or cleaner before it is re-circulated in the smoking section. While ETS remains in the air, the amount is reduced.

3. The outdoor exhaust DSR vents air directly to the outdoors and draws replacement air from the non-smoking section of the building.
4. The separately ventilated DSR vents air outdoors and draws replacement air also from the outdoors. This replacement air must be heated and/or cooled. The ventilation system is separate from the main portion of the building. As well, to keep the smoky air from escaping out, as a door is opened, a special mechanism that creates negative pressure inside the DSR must be installed.

Costs

Separately ventilated DSRs come at a substantial cost to the owner and the municipality. Owner costs presented to TIP ranged from \$5,000 to \$250,000 depending on a number of factors such as size of room, air quality standard and sophistication of ventilation system.

These prices do not include utility costs for heating and/or cooling. In addition considerable costs will ultimately be borne by the taxpayer in implementing, regulating and enforcing the operations of DSRs.

The British Columbia Legislation

The British Columbia (B.C.) government recently enacted legislation formalizing acceptable levels of exposure to ETS for workers in public entertainment facilities. (Appendix 16)

According to the legislation, workers in public entertainment facilities can elect to work in a DSR but cannot spend more than 20% of their work shift in that setting. Employers cannot discriminate against workers who choose not to work in DSRs.

The Workers' Compensation Board in B.C. strongly opposed the legislation stating it would be difficult to enforce, and it provides less protection from ETS to workers in the hospitality industry than other workers. In all other workplaces, a worker is not required to enter a DSR except in emergency situations or to investigate illegal activity.

Standards detailed in the legislation reduced the ASHRAE minimum airflow rate requirement from 60 to 35 cubic feet per minute per person (CFM/person).

Enacted May 1, 2002, the B.C. legislation regarding public entertainment facilities stipulates:

- A DSR must be ventilated by a non-recirculating exhaust ventilation system that meets a minimum ventilation standard of 35 CFM/person;
- The flow of air must be from a non-smoking area to the DSR;
- The air only discharges in a manner that does not re-circulate or transfer from a DSR to a non-smoking area;
- A work station must not be located in a DSR;
- No worker must be required to enter a DSR unless she/he agrees;

- Any worker agreeing to work in a DSR must do so on an intermittent basis to perform the worker's functions, such that these functions do not exceed 20% of the workers' work period in a 24 hour day;
- Employers must allow the worker to choose;
 - i. never (except on an emergency basis or to investigate illegal activity) to enter the DSR to perform worker's functions, or
 - ii. for the worker's work period in a 24-hour day, to enter the DSR to perform the worker's functions for a total time spent there that is less than 20% of that work period.

Some municipalities in B.C., such as Victoria and Richmond, have chosen to implement stricter smoke-free legislation than their provincial government and have gone 100% smoke-free with no allowance for DSRs.

York Region Ventilation Pilot Project

Groups within the hospitality industry continue to pursue municipal approval for the pilot testing of ventilation systems. In July 2002, the Canadian Restaurant and Food Services Association appeared before the Region of York's Health and Emergency Medical Services Committee to request the committee's endorsement and participation in a ventilation demonstration project. York Region Council agreed that consideration be given to participation in the project and asked Regional staff to prepare a report describing the conditions under which Regional participation might occur. (Appendix 9)

On September 5, 2002 the Committee received the staff report, which recommended that the Region not participate in the project. Included in the report was the reaffirmation by Health Canada that there is no safe level of environmental tobacco smoke. Mr. Ian Potter, Health Canada's Assistant Deputy Minister, Health Promotion and Programs Branch, stated that, "The problem with ventilation as an exposure reduction strategy is that exposure, even if the system is operating at maximum efficiency, is never zero." Dr. Ugis Bickis, Environmental Hygienist and Toxicologist, provided an objective third party review concluding that the protocol would not address the purpose of the testing in measuring ETS in a smoking area versus ETS in a 100% smoke-free area. The Health and Emergency Medical Services Committee unanimously voted against the ventilation demonstration project. (Appendix 10)

Other Municipalities

At least three (3) municipalities in Ontario include the option of a DSR in their smoking control by-law. However, that has not eliminated the debate about DSRs or efforts to initiate 100% smoke-free by-laws in those communities. The following table identifies the smoke-free by-law specifics in the various Ontario municipalities and/or regions:

CITY/REGION	BY-LAW SPECIFICS
Barrie (City)	May 31, 2002 - Bars, restaurants, bingo halls and other public and work places 100% smoke-free.
Brant County (Region)	June 1, 2002 - 100% smoke-free. Enclosed DSRs are allowed: <ul style="list-style-type: none"> • Not more than 30% of patronage area • Specialized ventilation • Not less than 15% per litre per second per individual of air flow.
Chatham-Kent (Region)	All public places and workplaces will be 100% smoke-free in 2003. No exemptions.
Cornwall (City)	May 2002 – Restaurants and other public places smoke-free. May 2003 – bars, billiards, bingo halls and private clubs are to be 100% smoke-free. (Until then smoking areas are reduced by 50%).
Durham (Region)	September 5, 2002 – Draft by-law sent to area municipalities for information and approval. October 31, 2002 – Committee will review responses and make recommendations to Regional Council. Public places and Workplaces are required to be 100% smoke-free with the following exemption: Premises will be permitted to have a DSR that occupies no more than 50% of the occupiable public space: <ul style="list-style-type: none"> • Bingo halls • Casinos • Race tracks.
Elgin-St Thomas Health Unit (Region)	No by-law to date.
Greater Sudbury (Region)	100% smoke-free public places, workplaces and entrances by-law. Phase out period for DSRs until May 31 st 2004.
Grey-Bruce County (Region)	<u>Both Grey and Bruce – 100% Smoke-Free.</u> <u>Exemptions:</u> <ul style="list-style-type: none"> • Private member areas of the Royal Canadian Legions; and • Any part of a workplace that is used as a private residence. <u>Grey:</u> no other exemptions. <u>Bruce Exemptions:</u> <ul style="list-style-type: none"> • DSRs in nursing homes and homes for the aged and • Bars that meet specific requirements and are registered with Bruce County – age of 19 requirement.

CITY/REGION	BY-LAW SPECIFICS
Guelph (City)	<p>January 2001 – Restaurant and bowling alleys are 100% smoke-free with DSR option.</p> <p>June 2004 – Bars and bingo halls become 100% smoke-free with DSR option.</p> <p>All workplaces are 100% smoke-free.</p>
Halton (Region)	<p><u>Oakville:</u></p> <ul style="list-style-type: none"> • May 31, 2002 - 100% Smoke-Free By-law • No DSRs for any public places <p><u>Exemptions:</u></p> <p>Bingo Halls</p> <ul style="list-style-type: none"> • Establish a DSR permitting smoking • No more than 50% of seating area available to patrons • Completely enclosed by floor to ceiling walls, windows or partitions • No non-smoking patron requires access through the DSR to reach any service line or washroom • Every entrance to DSR is clearly marked. <p>Private clubs and private halls. Smoke-free workplace with DSR option.</p> <p><u>Milton</u></p> <ul style="list-style-type: none"> • April 22, 2000 Smoke-Free By-law. • Workplaces - 100% smoke-free. • No DSRs. • Bingo halls - exempt, and are permitted an enclosed, separately ventilated smoking area no greater than 50% of the seating accommodation available for patrons, and must be built by January 1, 2004. • Horse racing and gaming facilities may permit smoking in an open area no greater than 50% of total seating accommodation. • Private clubs and private halls - exempt. <p><u>City of Burlington</u></p> <ul style="list-style-type: none"> • June 24, 2002 Smoke-Free By-law. • July 1, 2002 100% Smoke-Free Dining Areas. <p>Restaurants</p> <ul style="list-style-type: none"> • Be limited to 30% of the posted occupant load only in, and restricted to within, a stand-up bar where there is no DSR, and that, effective May 1, 2003, no smoking be permitted except in a DSR that is a maximum of the lessor of 10% of the posted occupant load or 75 seats.

CITY/REGION	BY-LAW SPECIFICS
	<p>Bowling Centres</p> <ul style="list-style-type: none"> Limited to 30% of the posted occupant load and that, effective May 1, 2003, no smoking be permitted except in a DSR that is a max of the lessor of 10% of the posted occupant load or 75 seats. <p>Billiard/Pool Halls</p> <ul style="list-style-type: none"> Limited to 30% of the posted occupant load and that, effective May 1, 2003, no smoking be permitted except in a DSR that is a max of the lessor of 10% of the posted occupant load or 75 seats. <p>Bingo Centres</p> <ul style="list-style-type: none"> May 1, 2003 smoking in a bingo hall only be permitted within a DSR that is a maximum of 50% of the seating available for patrons and that no person under 19 years of age will be permitted to enter the DSR. Effective January 1, 2006 restaurants, bowling centres, billiard halls, and other public places will be required to be 100% smoke-free, with no DSR option. No person under 19 years of age will be permitted within a stand up bar or within a DSR. That an annual fee be instituted for administration costs related to DSRs with a fee of \$250. Taxis be required to be smoke free effective July 1, 2002. Private clubs and private halls be exempt for the smoke-free public places by-law, except during public functions, as outlined in the by-law. Effective September 3, 2002 workplaces are 100% smoke-free. <p>Halton Hills</p> <ul style="list-style-type: none"> Public meetings being held to enforce a 100% smoke free by-law effective June 30, 2003 (except in designated and separately ventilated smoking areas). At present, no person shall smoke in any enclosed public place or workplace unless permitted in the by-law: <p>Bar</p> <ul style="list-style-type: none"> Smoking may be permitted provided that not more than 50% of the total seating accommodation of the bar is provided for the purpose of smoking. <p>Private Facility</p> <ul style="list-style-type: none"> Smoking permitted in a restaurant or bar portion of a private facility (complying with applicable regulations). <p>Greater percentage of smoking may be permitted when the Facility is used for a private social function.</p>

CITY/REGION	BY-LAW SPECIFICS
	<p>Restaurant, Bingo Halls, Bowling Alleys, Billiard/Pool Halls</p> <ul style="list-style-type: none"> • Smoking permitted provided that not more than 25% of the total seating is provided for the purpose of smoking. • Smoking permitted in a designated smoking area within the workplace.
Hamilton (Region)	<p>Allow for DSRs with a 'sunset' clause:</p> <ul style="list-style-type: none"> • Establishments are classified under Class 'A' 'B' 'C' 'D' 'E' 'F' and 'G' • Class A – public place used for the sale and service of food and/or drink for consumption on the premise but does not include a food court, an indoor patio or a Class 'E' or 'F' public place, includes a restaurant and take-out service place • Class 'B' – public place used for bowling • Class 'C' - public place used for billiards or a game of a similar nature • Class 'D' – public place used to play or operate games as defined in the Gaming Control Act • Class 'E' – public place used for the sale and service of food and/or drink which is licensed under the Liquor License Association (LLA) and where no person under the age of 19 years, other than an employee, is admitted. A place commonly referred to as a bar or tavern. • Class 'F' – same as E except is licensed as a public hall under the City of Hamilton where pre-recorded music or live performances are provided. • Class 'G' – common areas of a residential care facility, which are used for recreation, socializing or the service of food or drink to tenants of the facility. <p>Each class has a Sunset Clause of either 2004 or 2008. (See the following page for further explanation.)</p>

Class of Public Place	Area or Room Where Smoking Permitted	Terminal Date for Permitted Smoking
Class "A"	Designated smoking room not exceeding 25% of indoor seating area	May 31 st , 2008
Class "B"	Designated smoking room not exceeding 25% of indoor seating area	May 31 st , 2008
Class "C"	Unenclosed designated smoking area not exceeding 25% of indoor seating area.	May 31 st , 2004
	Designated smoking room not exceeding 25% of indoor seating area.	May 31 st , 2008
Class "D"	Unenclosed designated smoking area not exceeding 50% of indoor seating area.	May 31 st , 2004
	Designated smoking room not exceeding 50% of indoor seating area.	May 31 st , 2008
Class "E"	Unenclosed designated smoking area not exceeding 25% of indoor seating area.	May 31 st , 2004
	Designated smoking room not exceeding 25% of indoor seating area.	May 31 st , 2008
Class "F"	Unenclosed designated smoking area not exceeding 50% of the indoor seating area.	May 31 st , 2004
	Designated smoking room not exceeding 50% of indoor seating area.	May 31 st , 2008
Class "G"	Designated smoking room not exceeding 25% of the common area used for recreation, socializing, or the service of food or drink or both food and drink.	May 31 st , 2008

CITY/REGION	BY-LAW SPECIFICS (continued from Page 26)
Hastings & Prince Edward (Region)	<p><u>Belleville</u></p> <ul style="list-style-type: none"> • May 1, 2003 100% smoke-free by-law excluding bingo halls and workplaces. <p><u>Quinte West</u></p> <ul style="list-style-type: none"> • Council defeated 100% by-law in September. <p><u>Prince Edward County</u></p> <ul style="list-style-type: none"> • Vote will be held in December 2002. <p><u>Hastings County Municipalities (14)</u></p> <ul style="list-style-type: none"> • Working on a by-law – will meet in January 2003. <p>Considering DSRs with following criteria:</p> <ul style="list-style-type: none"> • Less than 50% of floor space • No children can enter • Have to register with the City. • Must meet Ontario Building Code. • Be completely enclosed. • Have doors with automatic enclosures. • Have an air supply and exhaust supply separate from air supply and exhaust system for rest of building that is in continuous operation. • Have 3 metre distance between each exterior opening or exhaust system and any other exterior opening of building. • Have 30 litres per second of air per possible occupant drawn from outdoors or non-smoking area indoors. • Air must be exhausted at a rate of 100% rate of supply.
Huron County (Region)	Currently working on 100% smoke-free by-laws.
Kingston (City)	<p>100% smoke-free by-law, including patios and private clubs.</p> <p><u>Exemption</u> – 50% DSR for Bingos.</p>
Kitchener-Waterloo (Region)	<p>January 2000 – all public places.</p> <p><u>Exemption</u> – legions and workplaces.</p> <p>Hotel rooms are not included.</p> <p>Working on a smoke-free workplaces by-law and on defining 'enclosed patio'.</p>

CITY/REGION	BY-LAW SPECIFICS (continued from Page 25)
<p>Lambton (Region) (13 municipalities)</p>	<p>City of Sarnia is the only municipality that has a by-law that addresses restaurants</p> <ul style="list-style-type: none"> • June 1999 by-law consisting of three stages – the final stage commencing January 2002 – restaurants must be 85% smoke-free. <p>Hotels</p> <ul style="list-style-type: none"> • 50% maybe designated for smoking. <p>Bingo Halls</p> <ul style="list-style-type: none"> • 50% maybe designated for smoking. <p>Bars and Casinos</p> <ul style="list-style-type: none"> • 85% maybe designated for smoking. <p>Billiard Parlours and Bowling Alleys</p> <ul style="list-style-type: none"> • 25% maybe designated for smoking. <p>DSR Criteria:</p> <ul style="list-style-type: none"> • Must be contiguous and in an area that you do not have to walk through to get to the exits, food services areas or washrooms. <p>Food Courts</p> <ul style="list-style-type: none"> • A DSR may be maintained if it is enclosed and occupies not more than 25% of the total seating capacity of the food court. <p>Eating Establishment or Public Halls</p> <ul style="list-style-type: none"> • May maintain a designated smoking area (DSA) occupying not more than 15% of the total seating capacity or not more than 15% of the eating area available to the public whichever is less. • At any time a DSA that is enclosed may occupy not more than 50% of the seating capacity or 50% of the eating area available to the public, whichever is less. <p>Bingo Hall may maintain a DSA as follows:</p> <ul style="list-style-type: none"> • On and after January 1, 2002 and prior to be January 1, 2004 occupying not more than 50% of the seating capacity. • On and after January 1, 2004 occupying not more than 25% of seating capacity and at any time a DSA that is enclosed may occupy not more than 50% of the seating capacity or floor area available to the public, whichever is less. <p>Billiard Parlours or Bowling Centres</p> <ul style="list-style-type: none"> • At any time a DSA may be maintained if it is enclosed and occupies not more than 50% of the total floor area. <p>Bowling Centres</p> <ul style="list-style-type: none"> • Shall be exempt from the prohibition on smoking during those times where 100% of the lanes available for bowling are being utilized by adult bowling leagues

CITY/REGION	BY-LAW SPECIFICS
Leeds, Grenville, Lanark (Region)	<p>Most municipalities have a Municipal Building By-law except the City of Brockville.</p> <p><u>Brockville</u></p> <ul style="list-style-type: none"> • 30% in restaurants.
Muskoka-Parry Sound (Region)	<p><u>Muskoka:</u></p> <ul style="list-style-type: none"> • January 2003 – by-law will take effect <p><u>Parry Sound:</u></p> <p>In the process of raising awareness and approaching councils</p> <p>Exemptions:</p> <ul style="list-style-type: none"> • Hospital • Bingo Halls • Casinos and Race Tracks • Accommodation units.
Niagara (Region)	<p>Workplaces</p> <ul style="list-style-type: none"> • No person shall smoke in an enclosed workplace, except where a workplace is also a private club, racetrack or casino. • The proprietor of an enclosed workplace may set aside a DSR which does not exceed 25% of the floor area open to employees. <p>Restaurants, bars and/or bingo hall may set aside a portion of the public place as a DSR as follows:</p> <ul style="list-style-type: none"> • Restaurants: 25% of the floor area open to the public. • Bars: 50% of the floor area open to the public. • Bingo Halls: 60% of the floor area open to the public. <p><u>Exemptions:</u></p> <ul style="list-style-type: none"> • Casinos, Race Tracks and private clubs.

CITY/REGION	BY-LAW SPECIFICS
North Bay (Region)	<p><u>North Bay</u></p> <ul style="list-style-type: none"> • Meetings held – no decision made on by-law. • Health Unit has asked Council to pass a Workplace By-law (for areas where only employees have access) by May 2003. • Asking for a 100% smoke free public places by-law, that would cover areas not covered under the Tobacco Control Act and without exemptions by 2004. • Asking for a level playing field – meaning all places go incrementally and at the same time. <p><u>West Nipissing</u></p> <ul style="list-style-type: none"> • Moving quickly to develop a by-law. • Options will either be a Cornwall style by-law (2 year implementation period) or an Ottawa style by-law. • Business community is starting to get loud there so they are watching it carefully.
Oakville (City)	<p>May 31, 2002- restaurants, bars and other hospitality premises -100% smoke-free.</p> <p><u>Exemption:</u></p> <ul style="list-style-type: none"> • 50% DSRs allowed for the town’s only Bingo Hall and permission to smoke in a sealed-off section of the local Legion for members only provided that there is no event to which the public has access taking place elsewhere on the premises.
Ottawa (Region)	<p>All public places and workplaces are smoke-free. Smoking hotel rooms are allowed as seen as residential areas.</p> <p>Smoke-free taxis.</p>
Peel (Brampton, Caledon, Mississauga) (Region)	<p>June 2001 - Restaurants and Bowling Centres are 100% smoke-free with DSR option.</p> <p>June 2004 – Bars and Bingo Halls go smoke-free with DSR option.</p>
Perth (Region)	<p><u>Stratford</u> – March 2000</p> <ul style="list-style-type: none"> • Restaurants 50% no-smoking. • Bars 50% no smoking. • Bingo Halls 50% no smoking. • Bowling Alleys 50% no smoking. • Workplaces 100% smoke-free (option for designated smoking rooms) that are separately enclosed and ventilated. • Other Public Places 100% smoke-free (minor exceptions). <p><u>North Perth</u> – May 2002</p> <p>Restaurants</p> <ul style="list-style-type: none"> • 50% no smoking – September 2002

CITY/REGION	BY-LAW SPECIFICS
	<ul style="list-style-type: none"> • 75% no smoking – June 2003 • 100% smoke-free – June 2004 <p>Bars</p> <ul style="list-style-type: none"> • 50% no smoking – September 2002 • 75% no smoking – June 2003 • 100% smoke-free – June 2004 <p>Bingo Halls</p> <ul style="list-style-type: none"> • 50% no smoking – September 2002 • 75% no smoking – June 2003 • 100% smoke-free – June 2004 <p>Bowling Alleys</p> <ul style="list-style-type: none"> • 50% no smoking – September 2002 • 75% no smoking – June 2003 • 100% smoke-free – June 2004 • Workplaces 100% smoke-free • Other Public Places 100% smoke-free (minor exceptions) <p><u>Perth East</u> – March 2001</p> <p>Restaurants</p> <ul style="list-style-type: none"> • 50% no smoking • 100% smoke free – January 2003 <p>Bars</p> <ul style="list-style-type: none"> • 50% no smoking – January 2003 <p>Bingo Halls</p> <ul style="list-style-type: none"> • 50% no smoking <p>Bowling Alleys</p> <ul style="list-style-type: none"> • 50% no smoking <p>Workplaces</p> <ul style="list-style-type: none"> • 100% smoke-free <p>Other Public Places</p> <ul style="list-style-type: none"> • 100% smoke-free (minor exceptions) <p><u>Perth South</u> – November 1999</p> <ul style="list-style-type: none"> • Restaurants - 100% smoke-free • Bars - no restrictions • Bingo Halls – n/a • Bowling Alleys – n/a • Workplaces - no restrictions

CITY/REGION	BY-LAW SPECIFICS
	<ul style="list-style-type: none"> • Other Public Places - 100% smoke-free (minor exceptions). <p><u>West Perth – 1997</u></p> <ul style="list-style-type: none"> • Restaurants - no restrictions • Bars - no restrictions • Bingo Halls - no restrictions • Bowling Alleys - no restrictions • Workplaces - no restrictions • Other Public Places - 100% smoke-free arena, community centre, library, town hall (minor exceptions). <p><u>St. Mary's – 1993 and 1995</u></p> <ul style="list-style-type: none"> • Restaurants - no restrictions • Bars - no restrictions • Bingo Halls - no restrictions • Bowling Alleys - no restrictions • Workplaces - no restrictions <p>Other Public Places</p> <ul style="list-style-type: none"> • Arena and community centre smoke-free (policy) except designated areas (by-law). • Smoke-free Town hall policy (except designated area). • Minor exceptions.
Peterborough (City)	Restaurants, bars, bingo halls bowling alleys and workplaces are smoke-free with DSR option – January 2000.
Porcupine (Region)	<p><u>Timmins</u></p> <ul style="list-style-type: none"> • 100% smoke-free restaurant by-law. • No DSR. • Effective June 1, 2003.
Sault Ste. Marie (City)	<p>100% smoke-free.</p> <p>No exemptions.</p>
Simcoe County (Region)	<p><u>Orillia</u> - June 1, 2002 smoke-free.</p> <ul style="list-style-type: none"> • No DSR. • Bingo's exempt. <p><u>Clearview – May 31, 2002</u></p> <ul style="list-style-type: none"> • No DSR. • Legions exempt with conditions. <p><u>Essa – May 31, 2002</u></p> <ul style="list-style-type: none"> • No DSR.

CITY/REGION	BY-LAW SPECIFICS
	<ul style="list-style-type: none"> • No phase in. • Exemptions - private clubs and workplaces used as private dwellings.
Tecumseh (City)	September 1, 2002 – 100% smoke-free.
Thunder Bay (Region)	Proposing Ottawa model with no exemptions to City Council.
Timiskaming Bay (Region)	<u>Timiskaming District</u> <ul style="list-style-type: none"> • Existing by-laws are involved with municipal facilities only and not the public at large.
York Region (Region)	Option for DSRs in public places Exemptions: <ul style="list-style-type: none"> • Private clubs except wherever non-members of Private clubs are admitted • Workplaces smoke-free except where a workplace is also a public place, the provisions of this by-law respecting public places shall prevail • Public Places are classified into class ‘A’, ‘B’, ‘C’, ‘D’, or ‘E’ with the option for DSRs.
Windsor (City)	Restaurants smoke-free. Allowance for DSRs and four different smoking licenses available.

Impact On Business

Will businesses suffer from a 100% smoke-free by-law?

A common concern of business owners is that 100% smoke-free by-laws will result in financial losses. Numerous studies confirm that the hospitality industry experiences a period of adjustment with revenues returning to their usual level in three to six months. Many businesses have also reported an increase in sales due to the 100% smoke-free by-law.

In addition, studies show that a 100% smoke-free by-law results in: reduced insurance costs; lower cleaning costs; less damage to furniture and equipment; and reduced risk of fire.

It has been documented that businesses already in trouble experience more significant downturns following the by-law implementation.

Canada

In January 2000, the Region of Waterloo implemented a 100% smoke-free by-law in all public places. Included in the by-law is a hardship clause, which allows business owner/operators to apply for funds with proof that their establishment went out of business due to the 100% smoke-free by-law.

Of 150 plaintiffs who declared economic losses, 149 would not open their accounting books for a thorough financial review. The only establishment that complied showed an increase in sales for the period the by-law was in effect compared to the previous year when there was no by-law.

The City of Ottawa hired chartered accountants KPMG to monitor the economic impact of its 100% smoke-free legislation enacted August 1, 2002. (Appendix 11) The first series of quarterly reports indicated an increase in employment in the accommodation and food services industry of 6.5%. In May 2002, a City of Ottawa report noted that eighty-two (82) new bars and restaurants had opened since the by-law was enacted.

KPMG's second quarter survey, conducted in March, April and May of 2002, focused exclusively on Ottawa's bars and pubs to determine if they were adversely affected by the 100% smoke-free by-law. The Pub and Bar Coalition (PUBCO) agreed to encourage owners and managers to participate in the study, but KPMG was unable to obtain enough data to produce statistically valid results. Establishments that claimed financial losses due to the by-law were unable or unwilling to provide information to substantiate their losses.

United States

In the U.S., a major study compared sales tax data of 100% smoke-free restaurants and bars with that of restaurants and bars without such legislation. The analysis, the most comprehensive of its kind, assessed changes over time. It was conducted in California and Colorado in 1992, 1994 and 1997 by the Institute for Health Policy Studies in the Department of Medicine at the University of California, San Francisco.

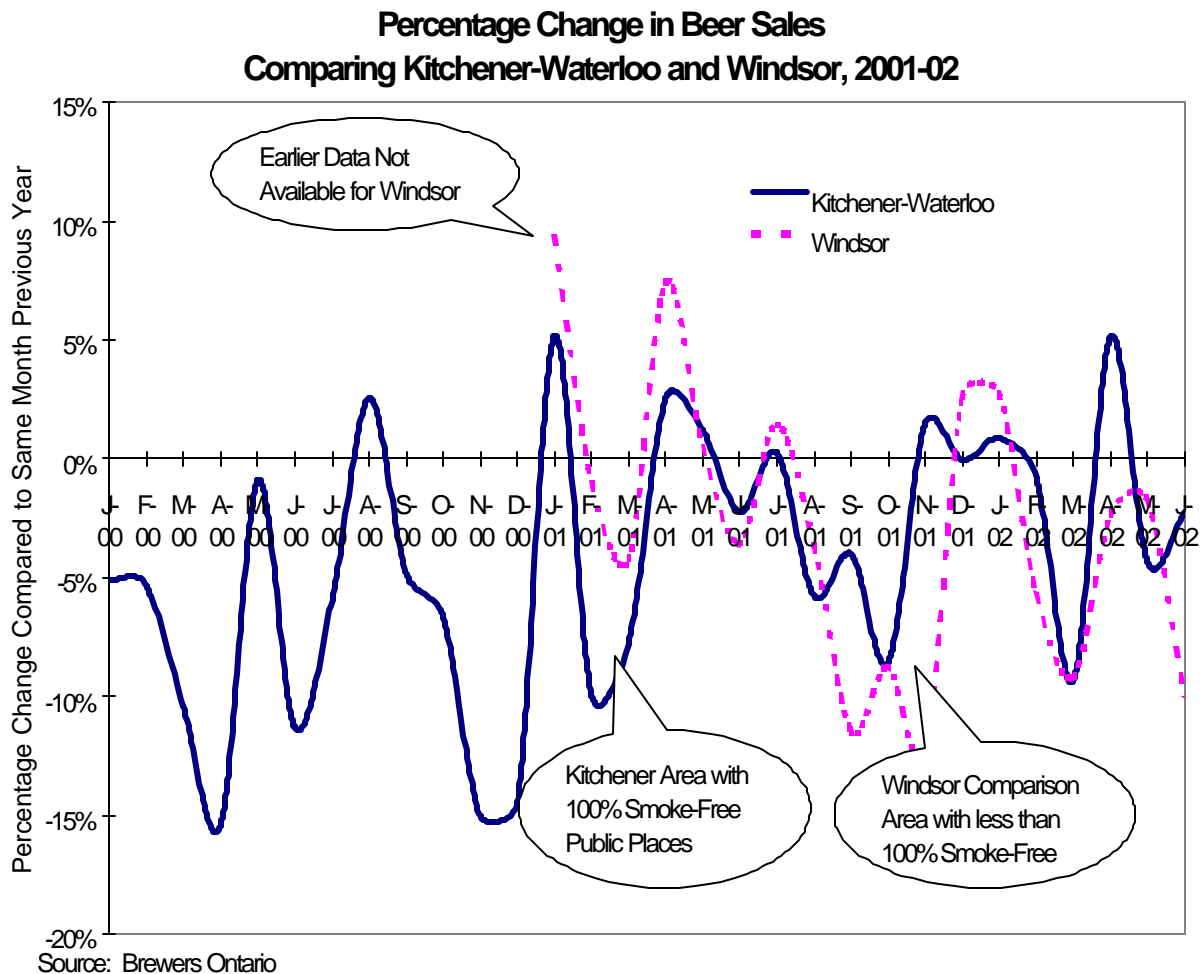
The study found that smoke-free legislation does not adversely affect either restaurant or bar sales.¹⁵

In another U.S. study, the Centre for Health Economics Research in Massachusetts looked at the economic impact of smoke-free legislation throughout that state. The 1997 study demonstrated that sales receipts in restaurants where there was smoke-free legislation increased by 5 - 9% from January 1992 to December 1995 after legislation was enacted. There was no support for the hypothesis that restaurant smoking restrictions reduced restaurant receipts.¹⁶

The study was updated in 2000 analyzing three additional years of data. The later study also separately analyzed alcohol-serving establishments, including restaurants, bar sections of restaurants, and free-standing bars. The final report, submitted in November 2000 to the Massachusetts Department of Public Health, confirmed the conclusions of the 1997 study that there was no support for the hypothesis that smoking restrictions reduced business receipts.

Beer Sales

In the 100% smoke-free by-law debate, fears have been expressed that beer sales will decrease with the implementation of legislation banning smoking. Barry McKay of Ottawa, General Manager of the Pub and Bar Coalition of Ontario contacted London Mayor Anne Marie DeCicco on October 30, 2002 with information indicating that vendor beer sales to licensed establishments in Ottawa were down 9.58% from September 1, 2001 to August 30, 2002.



However, municipal vendor beer data from Brewers Ontario demonstrates that fluctuations in the market exists both in municipalities with a 100% smoke-free by-law and in municipalities without a by-law. For example, Windsor permits DSRs and smoking licenses in their smoking by-law while Kitchener-Waterloo has a 100% smoke-free by-law. Both cities experienced fluctuations in vendor sales over the same period of time.

Overall, neither municipality experienced a decrease in total sales. These fluctuations in sales can be linked to a number of contributing factors, one of which may or may not be 100% smoke-free legislation.

As of November 7, 2002, overall beer sales for Ontario this year have increased by 1.3%, according to Mr. Jeff Newton, Executive Director, Brewers Ontario.

Common Standard

Often heard in the 100% smoke-free debate is the term 'level playing field', a term that may be interpreted by the public and business owners in different ways.

100% smoke-free legislation prohibits all smoking in establishments with no exemptions therefore making the smoking policy within a municipality the same, or level, for all sectors. This prevents the creation of a double standard or legislative vagueness. All public places and workplaces are held to the same, common standard – 100% smoke-free.

Consultation Findings

Public and Stakeholders Speak Up

They came, they spoke, they wrote, they expressed their opinions about, the City of London Draft smoke-free Public Places By-law and the City of London Draft 100% Non-smoking Workplaces By-law.

In total, one hundred and forty-nine (149) people attended the five (5) public consultation meetings, thirty-eight (38) of whom made oral presentations. Another one hundred and twelve (112) people attended the four (4) stakeholder meetings where forty-five (45) oral presentations were made. In addition, thirty-five (35) written submissions were received from stakeholders and members of the public who did not attend a meeting. These figures are consistent with attendance at meetings held by other municipalities that have undertaken a similar consultation process before implementing 100% smoke-free by-laws.

Among members of the public who spoke at London's consultation meetings, the majority overwhelmingly supported the draft by-laws. In a poll of all those who attended the public consultation meetings, ninety-six (96) of one hundred and forty-nine (149) indicated support for the by-laws, twenty-eight (28) were not supportive and twenty-five (25) did not indicate their position.

Among the stakeholders, several issues arose and a variety of views were presented. Stakeholders were defined as any person or group in the community who has a vested interest in the 100% smoke-free by-laws.

Public Opinion

During the public consultation meetings, numerous presentations were made against smoking in public places. A majority of individuals who spoke or submitted written presentations supported 100% smoke-free by-laws covering all public places and workplaces without exemptions. They agreed with the by-laws as drafted.

Protecting the health of individuals, children, employees such as hospitality workers, musicians, and even smokers, provided the foundation for the public's support. The move to 100% smoke-free public facilities and workplaces was considered a positive move for the health and development of the City of London.

Members of the public who didn't agree with the by-laws cited freedom of choice arguments or felt designated smoking rooms should be permitted.

All public meetings were tape recorded and written summaries of oral presentations were prepared. The summaries and tapes have been submitted with this report. (Appendix 6 (B) and 7 (B))

Among comments supporting the by-laws were:

- Those with chronic lung disease are unable to visit some public places due to the ETS.
- One mother said ETS triggers her daughter's asthma and the medication is very expensive.
- The 100% smoke-free public places by-law should be implemented on January 15, 2003.
- A 100% ban on smoking is less confusing than a partial ban.
- A mother stated her eight-year-old boy, who has asthma, cannot go to his favourite restaurant, the Palasad, due to ETS.
- "Smoking is your business but smoking in public places is my business".
- "Non-smokers have rights too".
- 75% of population are non-smokers.
- There is no safe level of ETS.
- DSRs are not practical, smokers don't like them, and children will be allowed in them.
- Musicians who work in bars do not have a choice in order to sustain their income.
- "We should be setting an example for our children. Smoking is not a normal behaviour and it is bad for your health".

Among comments critical of the by-laws were:

- Business owners should have the right to run their businesses as they wish.
- Individuals should decide if they want to be exposed to ETS based on clear signage in the establishment.
- DSRs make the most sense.
- Employees will lose their jobs due to business losses caused by the by-law.
- A fair compromise would be to allow business owners to choose whether to become 100% smoke-free.
- Tobacco is a legal product.
- Ventilation systems are a solution as they would sufficiently decrease the ETS and remove the smell.

Suggestions Brought Forward

The public recommended the following regarding the 100% smoke-free by-law:

- No exceptions or exemptions be permitted in order to eliminate confusion and to make the by-laws fair for everyone
- Include in the by-laws a ban on smoking within 15 feet of all entranceways and intake vents.
- Prohibit smoking on patios as they are extensions of bars and some are within 200 feet of downtown residential areas.
- Exclude the following from the 100% smoke-free by-laws: Veteran's hospital and wards, psychiatric hospitals and wards, correctional institutions and bingo centres

- Implement the by-laws within two months after approval by London City Council.
- Include separately ventilated designated smoking rooms.

Stakeholder Opinion

All stakeholders received a personal letter of invitation to attend one of four stakeholder meetings, one of five public meetings, or to submit a written statement.

Many issues that arose during the stakeholder consultation meetings will be discussed here under the following headings:

- ETS Health Effects
- Separately Ventilated Designated Smoking Rooms
- Freedom Of Choice
- Impact On Business
- Patios And Entranceways
- Bingo Centres
- Private Clubs
- Air Quality In Workplaces
- Mental Health Institutions.

All stakeholder meetings were tape recorded and written summaries of oral presentations were prepared. The summaries and tapes have been submitted with this report. (Appendix 6 (A) and 7 (A))

Environmental Tobacco Smoke Health Effects

Stakeholders from the health profession were adamant about the detrimental health effects of ETS and supported 100% smoke-free legislation.

Dr. David Spence is Director of the Stroke Prevention & Atherosclerosis Research Centre at the Robarts Research Institute, and Director of London Health Science's Stroke Prevention Clinics. He spoke of the harmful effects on the arteries caused by carbon monoxide found in ETS. Carbon monoxide, he said, cannot be adequately removed with ventilation and leaves both smokers and non-smokers at increased risk for stroke

Dr. Diane Logan, an Oncologist at the London Regional Cancer Centre (LRCC), said the LRCC diagnoses 5,000 new patients a year with cancer, 700 to 800 of whom have lung cancer.

Dr. Kathy Ferguson, Associate Professor of Medicine, Division of Respiriology, University of Western Ontario, said smoking is one of the most difficult addictions to break. Smoke-free legislation helps support those smokers who, for health reasons, wish to quit.

Mr. Kevin McDonald, a representative from the Canadian Cancer Society Smokers Helpline, stated that smoke-free legislation has been shown to increase smoking cessation rates. It provides people with less opportunity to smoke and encourages smokers to think about quitting.

The London Chapter of the Canadian Cancer Society, the Lung Association and the Council for Tobacco Free Community, all confirmed their support for 100% smoke-free by-laws in the City of London to protect the community from the harmful effects of ETS.

Mr. Michael Perley, Director of Ontario Campaign for Action on Tobacco, stated no government or independent health agency, including ASHRAE which sets ventilation standards in North America, has established a safe level of exposure to ETS nor approved a ventilation technology to deal with it.

Among those who did not support a 100% smoke-free ban, many concurred that ETS has long-term health effects, but some questioned the evidence.

Mr. Mike Smith, restaurant owner, stated that the hospitality industry fully understands the dangers of tobacco use. "There is no argument from us on this issue".

Mr. Ray Luft, business owner, said the inhalation of ETS on a regular basis may have negative long-term health impacts but the amount and length of exposure necessary to cause the potential consequences are still being debated.

Separately Ventilated Designated Smoking Rooms (SVDSRs)

A number of stakeholders from independent businesses, business associations and workplaces spoke in favour of including SVDSRs in the by-laws. The main proponents for SVDSRs are the LLRA, which consists of 40 establishments and the London Chapter of the Ontario Restaurant, Hotel and Motel Association (ORHMA).

Currently in London there are 651 bars and restaurants. The LLRA represents 6.14% of all bars and restaurants. Mr. J. Drummond, President, London Chapter of ORHMA, indicated a membership of 200 hotels, motels and restaurants.

Five of the stakeholders who supported SVDSRs are also members of the LLRA. They were Mr. Rick Tattersol and Mr. Chris Campbell of the Ceeps, Mr. Norman Peel of Wits End Pub & Grill, Mr. Bob Defrusia of McGuinness Landing, and Mr. Mike Smith of Joe Kool's and Chancey Smiths.

Additional supporters of SVDSRs were Mr. Rob Szabo, owner of Palasad, who currently has a Life Breathe ventilation system installed in his establishment and Mr. Ray Luft, owner of the downtown Market Tower

Mr. Earle Taylor (LLRA) and Mr. Norman Peel, Q.C., (Chief Negotiator ORHMA) presented the following modification to the British Columbia legislation and suggested it be tested in London: (Appendix 12)

1. Design a negative pressure in the smoking room instead of positive flow from the non-smoking area. Extreme temperatures in London may make the system more reliable and secure and less costly if 100% fresh air is introduced at floor level in the smoking room and

is streamed vertically to the ceiling where it is 100% exhausted through a heat exchanger. If that fresh air system in the DSR can run at negative pressure, any time a door opened, air from the non smoking zone will flow in but will not have to be fed from the non-smoking area into the DSR full time.

2. No used air from the DSR should be re-circulated because some gases cannot be reliably filtered.
3. Electronic monitoring and logging of the reliability and security of the system should be required so that policing it will be scientific.
4. Proof should be in the pudding. A test room that is approximately 30' long x 20' wide x 10' high should be built in the facilities of established London company NuTech and the university scientists should become the independent umpire to measure whether the system works. If the university pronounces that the modifications can enhance the British Columbia model, then standards can be set, monitored and met.
5. This solution requires co-operation among the stakeholders because any scientific study will appear tainted unless it is seen to be financed cleanly. The private sector should create the test room and install the test equipment and the City should fund the very reasonable budget of the university to be the independent scientific umpire.
6. If the Panel will keep an open mind to let the university scientists measure the facts, it makes sense to take the short time needed to do so but it makes no sense to proceed if this co-operative approach with the university is not supported by the city.
7. The Panel should listen to the university scientist and not me concerning recommendations for improvements of the B.C. model.

In a presentation by Professor Z. Kucerovsky , Scientist with the Applied Electrostatic Research Centre, University of Western Ontario, and Dr. Neville Lefcoe, Respiriologist, retired Professor of Medicine, University of Western Ontario, the Panel learned the ventilation system proposed by the LLRA and ORHMA was possible at a cost of \$5,000 to \$50,000. However, this system has not been tested anywhere and would reduce the levels of ETS in a room but not eliminate it, the Panel was told.

Dr. Lefcoe discussed his study, "Air Quality in Restaurants, Bars and Grills – Review and Proposal Concerning Guidelines," (Appendix 13) which attempts to set a standard for ETS levels in the hospitality industry. However, the standard has not been determined for ETS because the attributable risk (a reasonable risk of exposure for an individual to ETS) is not known. He stated that any air quality may be a factor in developing cancer but tobacco is a major factor. A SVDSR would require a fair amount of air flow to lower ETS levels for the hospitality staff.

Both Professor Kucerovsky and Dr. Lefcoe told the Panel that they would support testing of this model as presented by the LLRA and ORHMA.

Ms. Soo Wong, Region of York and Councillor Marvin Caplin, City of Hamilton upon request from TIP, individually spoke to the Panel regarding their communities' experience with DSRs. The inclusion of DSRs in the York and Hamilton Regional By-laws was due to political reasons not community support, the panel was told by the representatives. Both the Region of York and

Hamilton warned the Technical Implementation Panel of contentious issues with respect to DSRs and recommended going for the gold standard - 100% smoke-free.

Most hotels retain a small number of their guest rooms for smoking patrons, while the majority are for non-smoking patrons. The London Chapter of the ORHMA expressed concern regarding the possible loss of guest rooms dedicated for smoking patrons.

Mr. George Blair, Manager Environmental Health Team, Middlesex-London Health Unit, spoke about the complexities of enforcing a by-law permitting SVDSR. Enforcement officers are not air quality experts and would require additional training as well as the support of an engineer. More staffing and operational dollars from the municipality would be required to enforce a by-law permitting SVDSR compared to a 100% smoke-free by-law, Mr. Blair told the Panel. Currently restaurant owners are unhappy with the Smoking Control By-law, PH-8, requiring only restaurants to be 100% smoke-free. He stated that business owners repeatedly express their dissatisfaction with the City for creating an unlevel playing field and would have no difficulty going 100% smoke-free as long as all sectors are required to do so.

Freedom Of Choice

When legislation is proposed that imposes new restrictions on people and their activities, the issue of 'freedom of choice' is often raised.

At the London stakeholder consultation meetings, two independent business owners spoke to the Panel regarding their right to run their businesses as they wish, including permitting smoking. Neither was in favour of DSRs due to the size of their establishments and the expense of the DSRs. One of the stakeholders was Mr. Stephen McCann, owner of Mash McCann, who stated that he had no employees and the majority of his customers were smokers. He suggested there be a smoking license for establishments wanting to cater to smokers. Mr. Jim Green of Royal Canadian Legion Branch 263 spoke of the rights and freedom of veterans who frequent the Legions. The draft by-law, he said, impinges on veterans' rights.

Impact On Business

A common concern expressed by businesses has been that 100% smoke-free by-laws will result in financial losses.

In a written submission, Ms. Janette MacDonald of MainStreet London states that there will be "significant negative impact on businesses" with the 100% smoke-free by-law. She recommends SVDSRs limiting employee time in the SVDSRs by rotating their work shift.

Mr. Bob Defrusia, owner of McGuinness Landing, reported losses in the Waterloo Region of 8% and Oakville of 12%. He is currently in the process of opening a 100% smoke-free restaurant on Richmond Street in London.

One owner addressed the issue of the uneven playing field when it comes to 100% smoke-free by-laws that permit smoking in some establishments but not in others. In London, for example, smoking is currently banned in restaurants but not in other public venues. Mr. Tim Mantzavrakos, owner of Major's Restaurant, stated he wants the city to permit designated smoking areas for all businesses, or ban smoking completely for all businesses. SVDSRs

create an unlevel playing field he stated. Mr. Mantzavrakos emphasized that they permit large establishments to continue to have smoking while penalizing the small establishments for not having the space or the financial resources to accommodate the cost.

Written statements expressing concern about SVDSRs have been received from Mr. Dormer, Operations Manager of Kelsey's National Franchise, Mr. Nils Kravis, President and Chief Operating Officer of Kelsey's International and Mr. Tom Kroeger, President, Ontario Restaurant, Hotel and Motel Association, Ottawa Chapter. All three statements identify the business owner's concern regarding an unlevel playing field created by the SVDSR. The letters requested no DSRs and a level playing field for all sectors.

Other written submissions received were:

- Mr. and Mrs. Arroyas, owners of Archie's Seafood Restaurant, wrote, "As a restaurateur with four restaurants in the City of London we support this By-law with it applying equally to restaurants and bars".
- Mr. and Mrs. Jendhoff, owners of the Horse and Hound Restaurant, wrote, "Loss of business is mentioned frequently. We have not lost any business and we are 100% smoke-free, in fact we hear comments from guests saying how nice it is not to be in a smoky environment...and support wholeheartedly a 100% Smoke-free by-law for all restaurants and all public places in London".
- Mr. J. H. Flynn, Executive, Goderich Lion's Club Smoke-free Bingo, stated that "...overall attendance is only down about four people per night from the usual crowds last year. We are averaging 150 people per night but this fluctuates each night..."

Patios And Entranceways

Many members of the public and stakeholders encouraged the Panel to amend the by-laws to include a ban on smoking within a set parameter or radius of entranceways. Such a stipulation exists in the Tobacco Control Act, which prohibits smoking within nine meters of a hospital entrance way.

Ms. M. Bright, a resident of the downtown neighbourhood located behind Barking Frog, Joe Kool's and the Ceeps, advocated for smoke-free patios as an extension of a public place. Residents of the neighbourhood, stated Ms. Bright, are subjected to ETS that blows from the patio into backyards less than 200 feet away. She did not support DSRs as a solution given that the ETS would be vented into her backyard.

Currently, the draft by-laws cover ETS in indoor public places and workplaces but do not address outdoor spaces.

Bingo Centres

The Panel heard arguments both for and against 100% smoke-free by-law exemptions for bingo halls.

Mr. Robert Parker, Vice President External, London Jaycees, wrote that his organization raises a significant amount of funds for community programs with a particular focus on youth. He

stated that the ability to raise that money will likely be negatively affected by the draft by-laws since the organization currently raises most of its money through bingos. However, the organization supports a 100% smoking ban in the City of London. "In our view, the benefits to a reduction in environmental tobacco smoke in public places far outweighs the negative impact on our ability to raise funds for the short-term... In summary, the London Jaycees officially support this proposed by-law".

Mr. Lou Innocente, a bingo hall representative and owner of establishment across Ontario, stated that 8% of the population play bingo and of that group 70% are smokers. He stated that bingo revenue in Ottawa and the Waterloo Region decreased significantly with 100% smoke-free by-laws, and London will likely experience the same losses with the implementation of 100% smoke-free legislation. He reminded the Panel that everyone in London benefits from bingo, either directly or indirectly.

Stakeholders recommended the following regarding the 100% smoke-free by-laws:

- Patios remain exempt.
- Private member areas of Legions be exempt.
- Mental health facilities be exempt until further development of a cessation program.
- Hotel rooms designated as smoking be exempt.
- A level playing field ensuring that all businesses are governed by the same rules.
- The age of 19 years and older becomes the criteria for distinguishing a smoking establishment and a 100% smoke-free establishment.
- Separately ventilated designated smoking rooms be included in the by-law.
- Women's Community House be exempt or allowed a designated smoking room.
- Bingo halls be exempt or allowed a designated smoking area or room.
- A modified version of the British Columbia model as presented by the London Licensed Restaurant Association and the Ontario Restaurant, Hotel and Motel Association, be incorporated into the by-law.

Private Clubs

Three oral presentations were made to the Panel with respect to private clubs. Mr. Jim Green of the Royal Canadian Legion Branch 263 and Mr. Don Gilbrook, Canadian Core Veteran Club, spoke of the rights and freedom of veterans who frequent the Legions. Mr. Sal Iannelli, a member of the Marconi Club spoke in support of the 100% smoke-free by-law as it relates to private clubs. Mr. Iannelli spoke of the health effects and the scientific research that demonstrates the detrimental effects of ETS to the individual as well as to the health care system. No further submissions related to private clubs were received.

Air Quality

Three stakeholders who presented during the consultation process advocated for a clean air policy as a compromise to 100% smoke-free legislation. They were the Sheet Metal Workers International Association, London Labour District Council, and the Hospitality Employee

Restaurant Association. These groups stated that legislation is required to clean up all indoor air and by-laws should not deal solely with smoking. Tobacco, they said, is 27th on a list of indoor contaminants. As well, they stated that business owners should be permitted to decide whether or not to prohibit smoking in their establishment.

Workplaces

The majority of workplace representatives who spoke or submitted a written presentation to the Panel were in favour of 100% smoke-free workplaces.

London Hydro stated it has decided to remove its DSR and implement a 100% smoke-free policy. ETS from the DSR, located in the lower level of the building, was being vented to the outside but was permeating the upper floors and led to complaints from employees. Included in London Hydro's policy is a ban on smoking in company vehicles. The company also told the Panel it is offering smoking cessation programs to employees who would like to quit.

Mr. Gerry McCartney, General Manager, London Chamber of Commerce, Ms. Pamela Welland, Director of Public Relations, 3M, Mr. John Kime, President & CEO and Mr. Steve Glickman, Director of Business Growth and Retention, both of the London Economic Development Corporation, and Mr. Fred Fretz, Vice-President, Human Relations, McCormick's Canada individually expressed concern on behalf of some larger businesses in the City. Their concerns addressed collective agreement clauses regarding DSRs and/or the investment of significant dollars in building and ventilating smoking rooms. Mr. Fretz, identified changes to the food regulations that will limit workers' ability to go outdoors during the workday. There was additional concern expressed about the safety of employees smoking outdoors in the event of an emergency requiring the employer to locate employees quickly.

Fluid Powerhouse, London Society of Architects, and a representative from a London accounting firm all stated smaller businesses do not have the ability or desire to build DSRs as they are costly and impact on the productivity of the employees. The representative from Fluid Powerhouse also stated that it is difficult for employers to implement 100% smoke-free workplaces independently. A City by-law would facilitate the process by providing the employer with municipal backing.

Mental Health Facilities

During the consultation process, a concern was raised regarding mental health patients. Mr. John Adamczyk, Vice Chair, Regional Mental Health Care-London, requested an exemption for mental health facilities. He stated that almost all the patients smoke at the facility he was representing.

Dr. Gillian Kernaghan, Regional Mental Health Centre-London, submitted a written presentation requesting a permanent exemption on the total ban of smoking for inpatient psychiatric units, while they develop a smoking cessation plan and pilot strategies to implement this plan. She states that "there is evidence that the incidence of smoking is higher among people with mental illness as compared to the general population" and cites scientific evidence indicating that nicotine increases the metabolism of some drugs.

There is concern, she states, that a complete ban may lead to increased levels of anxiety, stress and aggression among clients. Currently smoking is restricted to a separately ventilated smoking room.

Penetanguishene and Brockville psychiatric hospitals are planning to implement a smoking ban in 2003, which Dr. Kernaghan will be investigating.

Suggestions

Stakeholders recommended the following additions or changes to the workplace by-law:

- Provision of an outside structure to protect smokers from the elements. The structure should include a roof and supportive walls built so that no more than 50% of the wall structure prevents circulation of ambient air.
- A 100% smoke-free written policy not be required by businesses.
- Signs not be required telling employees of the smoking ban.
- DSRs for large workplaces be included.

Conclusion

All consultation sessions ran smoothly with members of the public or stakeholders presenting their views to the Panel. A cross-section of presentations were made thus providing the Panel with a broad range of opinions and supporting documentation to consider during their subsequent deliberations.

Public Opinion Survey Findings

Public opinion surveys are essential components in the 100% smoke-free by-law discussion. The results provide decision makers with an assessment of public opinion in this important public health matter.

All data are from the Rapid Risk Factor Surveillance System (RRFSS) and collected for the Middlesex-London Health Unit (MLHU) by the Institute of Social Research, York University. The objective of the RRFSS is to provide local information on key public health topics as well as those associated with major causes of death and disability. Data were collected in a series of waves of monthly telephone surveys. Households were selected randomly from all households with telephones in the City of London and Middlesex County. Respondents aged 18 years and older were systematically selected from within each household for the adult that had the next birthday. Each month approximately 100 different households are contacted and asked survey questions.

RRFSS began collecting public opinion on 100% smoke-free restaurants in 2001 prior to the implementation of the last phase of the Smoking Control By-law, PH-8, requiring all restaurants to be 100% smoke-free in January 2002. In 2001 and 2002, the survey determined that about one in four adults are smokers yet opinion against public smoking is strong.¹⁷ The survey also indicated the following: (Appendix 14)

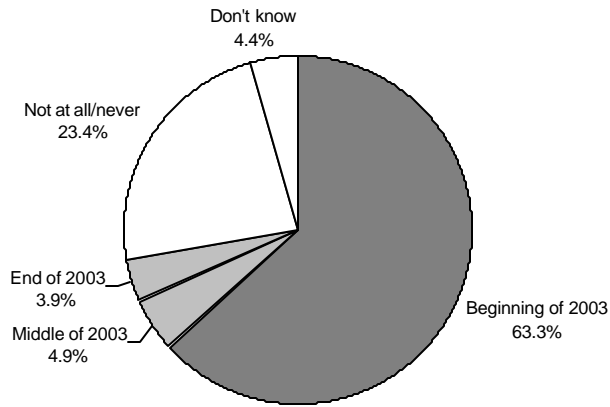
- 79% of adults supported smoke-free restaurants. That figure jumped to 90% in 2002 following the implementation of the final phase of the current Smoking Control By-law, PH-8.
- 70% of smokers wanted to quit.
- The greatest number of smokers were ages 18 to 24, but the same age group also had the highest “never smoked” rate.

Following the implementation of 100% smoke-free restaurants and the move by London City Council toward 100% smoke-free the RRFSS broadened the scope of questions from restaurants to all public places and workplaces. Data on 100% smoke-free public places were collected from January 15 to September 10, 2002. A total of 779 responses were obtained for questions related to support for 100% smoke-free restaurants, bars, bingo parlours and bowling alleys. Additional questions were added to the survey starting May 11, 2002 to capture support for 100% smoke-free workplaces and billiard halls, and a suggested enactment date for a 100% smoke-free by-law. A sample of 401 respondents answered these additional questions. The survey indicated the following: (Appendix 15)

- Nearly two-thirds of adults in Middlesex-London prefer that a by-law be passed in the beginning of 2003, making all public places 100% smoke-free,
- Since the implementation of 100% smoke-free restaurants public support remains high (87%),
- 88% of the public support 100% smoke-free workplaces, and
- The majority of adults support 100% smoke-free bowling alleys (76%), bingo's (68%), billiard halls (70%), and bars (63%).

The 2001 and the 2002 survey results indicated that there is strong public support for 100% smoke-free public places and workplaces by-laws in the City of London and the County of Middlesex.¹⁸

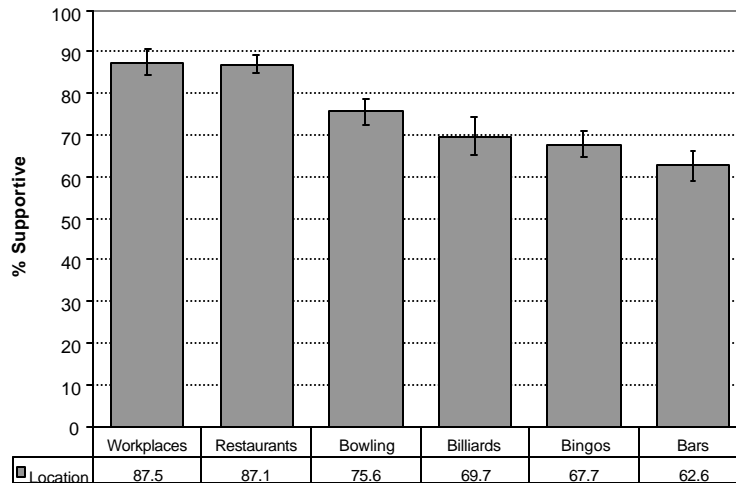
Figure 1: Enactment Date of Smoke-Free Public Places By-Law
Middlesex-London Health Unit, 2002



Source: RRFSS 2002, Waves 17-20

Figure 3: Support for 100% Smoke-Free by Location

Middlesex-London Health Unit, 2002



Source: RRFSS 2002, Waves 13-20

Summary And Recommendations

The final recommendations by the Technical Implementation Panel (TIP) is based on six (6) months of deliberation, which began in May 2002 following the London City Council resolution of January 2002 to undertake the "long-term goal of 100% smoke-free public facilities". The Technical Implementation Panel have considered the following during this process:

- the public and stakeholder opinions and expertise presented during the consultation process,
- the scientific research,
- the legislation and smoke-free by-laws in other municipalities and regions,
- the freedom of choice debate,
- the economic implications and data,
- the designated smoking rooms research and municipal experience,
- the local population and health data, and
- local public opinion survey results.

At the conclusion of the process, a member of the Panel did not support the recommendations in this report. Therefore Mr. Don Lowry, London Licensed Restaurant Association Representative, has indicated he will "endeavour to submit a minority report" to City Council.

The only safe and reliable way to eliminate ETS from indoor air and protect people from its dangers is to completely remove the source. Considering that the evidence states there is no safe level of exposure to ETS. For this reason, the Technical Implementation Panel cannot endorse any kind of designated smoking rooms (DSRs), regardless of its degree of sophistication, as an alternative to going 100% smoke-free in public places and workplaces.

The Panel was not swayed by arguments of a potential negative economic impact on the City of London with 100% smoke-free legislation. The evidence does not indicate any long-term business losses. While there may be an adjustment period, results show that business revenues return to their usual level in the months following the implementation of 100% smoke-free legislation. Repeatedly in regions and cities where 100% smoke-free legislation has been implemented, businesses have been requested to demonstrate their losses. To date, these businesses have either refused or not responded. The only business that did open its books for a court of law actually showed an increase in revenue in the year following implementation of 100% smoke-free legislation compared to the previous year when there was no 100% smoke-free by-law.

The argument of freedom of choice was also presented during the consultation process. In reviewing this issue the Panel believed that the health hazards associated with ETS supersede freedom of choice, as the primary goal of 100% smoke-free bylaws is to protect the health of the public and employees.

The freedom to choose was also cited in relation to private clubs. However the health implications associated with ETS are no different in these environments. Therefore the Panel found no compelling argument as to why private clubs should be excluded in the 100% smoke-free by-laws.

Throughout consultations the majority of those who presented indicated strong support for 100% smoke-free by-laws. This support was verified through public opinion polling. It also revealed that Londoners want these bylaws enacted in early 2003. Implementing these bylaws is also in keeping with the City of London's mission statement, "for the well being of Londoners we will provide a high quality of life that distinguishes our city from all others."

Recommendations

The City of London 100% smoke-free Technical Implementation Panel recommends:

1. That London City Council enact two 100% smoke-free by-laws, one stipulating 100% Smoke-Free Public Places, the other dealing with 100% Smoke-Free Workplaces.
2. That hotel rooms be considered private residences for the rental period.
3. That the requirement for a written 100% smoke-free workplace policy be removed from the workplace by-law. The 100% smoke-free workplace by-law would supersede the need for individual workplaces requiring a policy.
4. That workplaces be required to post 100% smoke-free signs at entranceways.
5. That in accordance with the Ontario Tobacco Control Act (TCA), smoking be prohibited within nine (9) metres of all entranceways to all public places and workplaces. Members of the public and stakeholders were concerned about smoking in entranceways.
6. That in accordance with Recommendation 5, ashtray receptacles not be permitted within nine (9) metres of entranceways to all public places and workplaces.
7. That an information package explaining the by-laws be prepared and distributed to all owners and/or operators of public places and workplaces and a media campaign be initiated to raise public awareness of the by-laws prior to the implementation date.
8. That an enclosed patio means an outside covered area adjacent to a bar or restaurant where more than 50% of the patio area is enclosed by a fixed or temporary floor to roof wall (including canvas or like material).
9. That the 100% Smoke-free Public Places By-law and the 100% Smoke-Free Workplaces By-law be implemented on April 1, 2003.

Exceptions

1. That London inpatient mental health facilities be exempt from the 100% smoke-free by-laws for a period of one year from the date of implementation.

Mental health patients have special needs. There is scientific evidence linking nicotine to increased metabolism of some psychiatric drugs and to mitigating some symptoms of mental illness. For mental health patients, there may be physiological effects with a complete and sudden ban on smoking without a lead-in period. The Regional Mental Health Centre proposes to develop a smoking cessation plan, including strategies to implement it over the next few months. During this transition period, previous practice/policy would continue to be permitted. After that period, all mental health facilities would be 100% smoke-free.

Reference Readings

BC Clean Air Coalition: "Non-smoking waitress contracts lung cancer, wins compensation", Outlook – A Newsletter for Clean Air Coalition/BC Supporters. Sept – Oct 2002

BC Clean Air Coalition: "BC leads the pack as smoking rates drop", Outlook – A Newsletter for Clean Air Coalition/BC Supporters. July - Aug 2002

Bourns, Brian; Malcolmson, Andrew: "Economic Impact Analysis of the No-smoking By-Law on the Hospitality Industry in Ottawa", KPMG Chartered Accountants, December 2001

Bourns, Brian, Malcolmson, Andrew: "Economic Impact Analysis of the Smoke-Free By-Laws on the Hospitality Industry in Ottawa", KPMG Chartered Accounts, November 2002

British Columbia Workers' Compensation Board (WCB): "Changes to the Environmental Tobacco Smoke Sections of the Occupational Health and Safety Regulation", May 1, 2002

Calamai, Peter: "First-hand experience of second-hand threat", The Toronto Star, October 11, 2002

Canadian Institute for Health Information: "Respiratory Disease in Canada", September 2001

Canadian Press: "Second-hand smoke award a first", The London Free Press, October 10, 2002

Canadian Occupational Health & Safety News: October 21, 2002, Vol. 25, No. 41

Canadian Occupational Health & Safety News: October 28, 2002, Vol. 25, No. 42

Chiarelli, Rick: "Eighty-two New Bars and Restaurants Since No-Smoking Law: City Study", Ottawa City Council, May 5, 2002

City of Hamilton: "By-law No. 02-054 – A By-law to Regulate Smoking in Public Places and Workplaces", March 6, 2002

City of Hamilton, Social and Public Health Services Department: "A Guide to Hamilton's Smoking By-law No. 02-054 – For Proprietors of Workplaces"

City of Hamilton, Social and Public Health Services Department: "A Guide to Hamilton's Smoking By-law No. 02-054 – For Proprietors of Public Places"

City of Hamilton, Social and Public Health Services Department: "City of Hamilton By-law 02-054 – Registration Information Class C, D, E, & F Public Places"

Colman, Ronald: "The Economic Impact of Smoke-free Workplaces: an assessment for Nova Scotia", GPL Atlantic, September 2001

Corporation of the County of Grey: "A By-law to Regulate Smoking in Public Places and Workplaces in the County of Grey", May 7, 2002

Corrigan, Ed: "Report from City Hall", Forest City Connection, July 2002

Reference Readings (continued)

County of Grey: "A By-law to Regulate Smoking In Public Places and Workplaces in the County of Grey", 2002

Decima's Ottawa Market Pulse: "Public Support Grows for City's Smoking By-law: No net reduction city-wide in visits to bars and restaurants", Decima Research Inc. 2001, July 15, 2002

DeMara, Bruce: "Smoking room alternative rejected – Pilot project based on dubious technology, says York Region", The Star.com, September 6, 2002

Dunfield, Allison: "Governments must act, non-smokers groups say", globeandmail.com, October 10, 2002

Ellison, Larry F.; Mao, Yang and Gibbons, Laurie: "Projected Smoking-attributable Mortality in Canada, 1991-2000", Health Canada, Volume 16, No 2 – Spring 1995

Elovitz, Kenneth M.; Gordon, David; Cashman, Daniel J.: "ETS in Restaurants", ASHRAE Journal, October 2002

Fischer, Steve: "No ill effect from smoking ban: study", Ottawa.cbc.ca, December 6, 2001

Galt, Virginia and Immen, Wallace: "Second-hand smoke case may spark more claims", The Globe and Mail, October 11, 2002

Goldman, Henry: "Mayor Says New York City Smoking Ban Would Save Lives", October 10, 2002

Grey Bruce Council on Smoking and Health: "Regulars Return, Business Improves"

Health Canada: "Top 6 toxins – Exposure to these chemicals occurs whenever a tobacco product is burned"

Health Canada: "Canadian Tobacco Use Monitoring Survey" (CTUMS)"

Health Canada: "More than 45,000 people will die this year in Canada due to smoking"

Health Canada: "Smoking and the Bottom Line: The Costs of Smoking in the Workplace"

Health Canada: "The Economics of Workplace Smoking Restrictions – Impact of Smoking Restrictions on Restaurant and Bar Revenues"

Health Canada: "The Economics of Workplace Smoking Restrictions"

Health Canada: "Smoking and Indoor Air Quality"

Health Canada: "Second-Hand Smoke – The Facts"

Herman, Robin: "Measures of Hair Nicotine show Non-Smoking Bar and Restaurant Workers inhale Smoke Equivalent to Active Smokers", Harvard School of Public Health Press Releases, April 4, 2001

Reference Readings (continued)

IARC Monograph on Tobacco Smoking: "Tobacco Smoking and Tobacco Smoke – Group 1", Vol.: 83 (2002)

IARC Monograph on Tobacco Smoking: "Involuntary Smoking – Group 1", Vol.: 83 (2002)

Jaakkola, Maritta S. and Samet, Jonathan M.: "Occupational Exposure to Environmental Tobacco Smoke and Health Risk Assessment", Environmental Health Perspectives Volume 107, Supplement 6, December 1999

Laghi, Brian: "Ailing ex-waitress wins second-hand smoke case", globeandmail.com, October 10, 2002

Lefcoe, Neville M., B.Sc., M.D., FRCPC: "Air Quality in Restaurants, Bars and Grills – Review and Proposal Concerning Guidelines"

MacCom Systems Ltd: "Engineering Analysis of Designated Smoking Rooms", February 28, 2001

Martin, Chip: "Smoking bar lobby won't look at facts", The London Free Press

Ministry of Health: "The Ontario Tobacco Strategy Overview", October 15, 1993

Ministry of Labour: "Second Hand Smoke/Entitlement – Heather Crowe Decision", October 30, 2002

Ministry of Skills Development and Labour: "Report of the Government Caucus Committee on Environmental Tobacco Smoke Regulation", October 31, 2001

Municipality of Chatham-Kent: "Being a By-law to Regulate Smoking in Public Places and Workplaces in the Municipality of Chatham-Kent", 2002

O'Connor, Elaine: "Water seeks compensation for cancer. Wants re-evaluation of workplace safety, second-hand smoke", The Ottawa Citizen, August 22, 2002

OMA Committee on Population Health: "OMA position paper on second-hand smoke"

Ontario Campaign for Action on Tobacco: "2nd Annual Ontario Tobacco Control Report Card", October 2002

Ontario Campaign for Action on Tobacco: "Memorandum – PUBCO", November 13, 2002

Ontario Campaign for Action on Tobacco, The: "1st Annual Ontario Tobacco Control Report Card", April 2001

Ontario Tobacco Research Unit, The: "Smoking in Ontario Workplaces Contravenes Existing Legislation and Should be Banned: Report", University of Toronto News, May 16, 2001

Ontario Tobacco Strategy: "Actions will speak louder than words – getting serious about tobacco control in Ontario", February 1999

Reference Readings (continued)

Ontario Tobacco Research Unit, The: "Environmental Tobacco Smoke – protection from second-hand tobacco smoke in Ontario", May 2001

Ougler, Jeffrey: "Council snuffs out puffing in public buildings", The Sault Star, October 22, 2002

Our View: "Widen effort on smoking", The London Free Press, May 28, 2002

Pacific Analytics Inc.: "The Economic Impacts of the Proposed Amendment to the ETS Regulation", February 2001

Picard, Andre: "Peers pushing teens to smoke, report states", globeandmail.com, August 12, 2002

Pub and Bar Coalition of Canada (PUBCO): "100% Smoking Bans Continue to Wreak Financial Havoc in Ontario. Ottawa Sales continue to slump, Oakville commences slide", October 31, 2002

Regional Municipality of Niagara: "A By-law to Regulate Smoking in Public Places and Workplaces", April 4, 2002

Regional Municipality of Waterloo: "A By-law to Regulate Smoking in Public Places in the Regional Municipality of Waterloo", September 12, 1996

Regional Municipality of York: "By-law No. A-0285(a)-2002-034 – A By-law to Amend By-law No. A-0285-2000-105 Regulating the Smoking of Tobacco in Public Places and Workplaces within The Regional Municipality of York", May 16, 2002

Regional Municipality of York: "By-law No. A-0285-2000-105 – A By-law to Regulate the Smoking of Tobacco in Public Places and Workplaces within The Regional Municipality of York", October 26, 2000

Regional Municipality of York, The: "Report of the Commissioner of Health Services – Ventilation Pilot Project", September 5, 2002

Repace, James, MSc, Health Physicist: "Can Ventilation Control Second-hand Smoke in the Hospitality Industry?", June 2000

Sanderson, Ruth, Middlesex-London Health Unit Epidemiologist: "Designated and Smoking Rooms & Ventilation Options", September 10, 2002

Sanderson, Ruth, Middlesex-London Health Unit Epidemiologist: "Tobacco Use and Smoke-Free Places", The Health Index, Issue 2, August, 2002

Sanderson, Ruth, Middlesex-London Health Unit Epidemiologist: "Support for 100% Smoke-Free Public Places", The Health Index, Issue 4, November, 2002

Stewart, Dick: "Smoke-Free By-laws for the City of Ottawa", Health, Recreation and Social Services Committee and Council, March 14, 2001

Reference Readings (continued)

Sutcliffe, Penny, Dr. Medical Officer of Health, Report 100% Smoke-Free By-law for the City of Great Sudbury. Sudbury & District Health Unit

Van Brenk, Debora: "Exeter Legion bingo set to go smoke-free", The London Free Press, June 6, 2002

Wong, Soo: "Best Practices for No-Smoking By-law Implementation", October 8, 2002

Wong, Soo: "ETS and Energy Recovery Ventilation in Restaurants", July 30, 2002

Workers Health & Safety Centre: "Second-Hand Smoke: No more ifs, ands or butts", Winter 2001/2002

World No Tobacco Day: "Standards of Second-Hand Smoke Exposure in Ontario Hospitality and Recreational Premises"

Appendix List

Appendix 1 – City of London Smoking Control By-law, PH8, Owner/Operator Information Package

Appendix 2 - Mediation Terms of Reference, Smoking Control By-law, PH-8 City of London

Appendix 3 - Technical Implementation Panel Meeting Minutes - (2002)

DATES - Thursday, May 23; Thursday, June 11; Tuesday, June 25;
Tuesday, September 10; Tuesday, September 24; Tuesday, October 8;
Tuesday, October 22; Tuesday, November 5; Tuesday, November 12;
Tuesday, November 14; Tuesday, November 19; Tuesday, November 26.

Appendix 4 - Stakeholder Letter of Invitation and Registration Form

Appendix 5 – Notice of Public Meetings Advertisement

Appendix 6 (A) - Stakeholder Presentation Notes

Appendix 6 (B) - Public Presentation Notes

Appendix 7 (A) - Stakeholder Audiotapes

Appendix 7 (B) - Public Audiotapes

Appendix 8 - Written Submissions

Appendix 9 – York Region Canadian Restaurant and Foodservices Association – Protocol for the Testing of the Effectiveness of a Ventilation System in a Restaurant

Appendix 10 – Regional Municipal of York Health and Emergency Medical Services Committee – Ventilation Pilot Project Report

Appendix 11 - KPMG Chartered Accountants, Economic Impact Analysis of the No-smoking By-law on the Hospitality Industry in Ottawa, December 2001

Appendix 12 – Peel, Norman, Q.C. – The Chief Negotiator for Ontario Restaurant Hotel and Motel Association

Appendix 13 – Lefcoe, Dr. Neville – “Air Quality in Restaurants, Bars and Grills – Review and Proposal Concerning Guidelines”

Appendix 14 – Sanderson, Ruth – "Tobacco Use and Smoke-Free Places", Health Index, Issue 2, August 2002

Appendix 15 – Sanderson, Ruth – "Support for 100% Smoke-Free Places", Health Index, Issue 4, November 2002

Appendix 16 - British Columbia Environmental Tobacco Smoke Guidelines

Reference List

- ¹ Ontario Tobacco Research Unit, University of Toronto, (2001). Protection from second-hand tobacco smoke in Ontario: A review of the evidence regarding best practices. Toronto, May, 2002
- ² Health Canada (2002). The Facts About Tobacco. Ottawa. Health Canada.
www.hc-sc.gc.ca/hecs-sesc/tobacco/facts/health_facts/second_hand.html
- ³ IBID
- ⁴ IBID
- ⁵ Ontario Tobacco Strategy: "Actions will speak louder than words – getting serious about tobacco control in Ontario", February
- ⁶ Ontario Tobacco Research Unit, University of Toronto, (2001). Protection from second-hand tobacco smoke in Ontario: A review of the evidence regarding best practices. Toronto, May, 2002
- ⁷ Ontario Tobacco Strategy: "Actions will speak louder than words – getting serious about tobacco control in Ontario", February
- ⁸ Ontario Tobacco Research Unit, University of Toronto, (2001). Protection from second-hand tobacco smoke in Ontario: A review of the evidence regarding best practices. Toronto, May, 2002
- ⁹ IBID
- ¹⁰ World Health Organization. Tobacco Free Initiative. International Consultation on Environmental Tobacco Smoke and Child Health: Consultation Report. WHO Technical Document Number Who/TFI/99.10.1999.
- ¹¹ Health Canada (2002). The Facts About Tobacco. Ottawa. Health Canada.
www.hc-sc.gc.ca/hecs-sesc/tobacco/facts/health_facts/second_hand.html
- ¹² Siegel, M., MD, MPH (1999). Involuntary smoking in the Restaurant Workplace: A Review of Employee Exposure and Health Effects. *JAMA*, 270, 490-493
- ¹³ Ontario Tobacco Research Unit, University of Toronto, (2001). Protection from second-hand tobacco smoke in Ontario: A review of the evidence regarding best practices. Toronto, May, 2002
- ¹⁴ Lefcoe, Neville M., B.Sc., M.D., FRCPC: "Air Quality in Restaurants, Bars and Grills – Review and Proposal Concerning Guidelines"
- ¹⁵ Glantz, Stanton, and Smith, Lisa (1994) "The Effects of Ordinances Requiring Smoke-Free Restaurants on Restaurant Sales, "*American Journal of Public Health*. 84(7), 1081-1085. July 1994; Glantz, Stanton and Smith, Lisa (1997), "The Effects of Ordinances Requiring Smoke-Free Restaurants and Bars on revenues: A follow-up", *American Journal of Public Health*, 87(10): 1687-1693, October 1997
- ¹⁶ IBID
- ¹⁷ Sanderson, R. (2002). Tobacco Use and Smoke-Free Places. *The Health Index*, 2, August, 2002.
- ¹⁸ Sanderson, R. (2002). Support for 100% Smoke-Free Public Places. *The Health Index*, 4, November, 2002.