MINUTES

COMMUNITY SERVICES COMMITTEE

REGIONAL MUNICIPALITY OF OTTAWA-CARLETON

CHAMPLAIN ROOM

5 DECEMBER 1996

1:30 P.M.

PRESENT

Chair: M. Meilleur

Members: M. Bellemare, R. Cantin, L. Davis, D. Holmes, A. Loney, B. McGarry, A. Munter

Regrets: D. Pratt (away on Regional business)

CONFIRMATION OF MINUTES

That the Community Services Committee confirm the Minutes of the Meeting of 21 November 1996

CARRIED

Notes: 1. Underlining indicates new or amended recommendations approved by Committee.

2. Reports requiring Council consideration will be presented to Council on 11 December 1996 in Community Services Report Number 38.

PRESENTATIONS

1. PRESENTATION BY "VOICES FOR REINVESTMENT"
- Committee Co-ordinator report dated 25 November 1996

The Committee heard from Mr. Anthony Leaning, Architect, representing “Voices for Reinvestment”, a group consisting of several organizations and businesses with a strong interest and belief in the health of the community. Mr. Leaning expressed concern about the removal of approximately $120 million in health care dollars through the Health Care Restructuring process of the Ontario Ministry of Health. He asked that the Committee endorse a Resolution calling for the Ontario Government to reinvest health care savings into community-based services for Ottawa-Carleton.

Mr. Gregory Clunis, President, Board of Directors, Carlington Community Resource Centre, pointed out that reinvestment is important economically and is not solely a health care issue.

Committee Chair M. Meilleur congratulated the group for its excellent work. She pointed out that the approach advocated by bodies such as Voices for Reinvestment and Ottawa-Carleton’s Regional Council has received support from the Health Restructuring Commission.

Moved by A. Munter

That the Council of the Regional Municipality of Ottawa-Carleton add its name to the list of endorsers of “Voices for Reinvestment” and reiterate its position that reductions to hospital services are unacceptable without adequate and early investment in community and preventative services; and

That this resolution be circulated to area MPP’s and to the Minister of Health.

CARRIED

That the Community Services Committee receive this presentation for information.

RECEIVED

REGULAR ITEMS

2. FOLLOW-UP REPORT CONCERNING THE ONTARIO BUILDING CODE
- Medical Officer of Health report dated 19 November 1996

That the Community Services Committee recommend Council authorize Health Department staff to submit a response in the appropriate format to the Ministry of Municipal Affairs and Housing concerning the proposed changes to the 1997 edition of the Ontario Building Code, as contained in this report.

CARRIED

Moved by A. Munter

That Council be requested to waive the Rules of Procedure and consider this item at its meeting of 11 December 1996.

CARRIED

3. NO-SMOKING BY-LAW IN PUBLIC PLACES
- Medical Officer of Health report dated 14 November 1996

The Medical Officer of Health, Dr. R. Cushman, introduced Dr. E. Ellis, Associate Medical Officer of Health and Ms. D. McCulloch, Tobacco Use Prevention Co-ordinator, Healthy Living Program, Adult Health Directorate

Dr. Ellis introduced Ms. Nathalie Lacey, Principal Investigator, Angus Reid Group. Ms. Lacey highlighted some of the findings of the No-Smoking By-law survey undertaken by the Group in September 1996:

- the survey consisted of a random sample of 400 respondents and has a margin of error of plus or minus 4.9%, 19 times out of 20;

- support for sites being 100% smoke-free is higher for private child care centres (89%), and lower (less than 50%) for racetracks and bars/lounges. Consistently throughout the data, there is a higher level of support for making restaurants and cafés smoke-free. Support increases significantly for bars/lounges when respondents are told smoking would be restricted to a separately ventilated and completely enclosed area whereas the numbers are slightly less significant for restaurants and bars.

- the majority of respondents said there would be no difference in their patronage of various types of establishments if all were 100% smoke-free. The largest increases in this area were observed in restaurants and food courts (22 and 21% respectively).

Ms. Lacey cautioned this finding is not the result of a formal economic analysis. She noted however that material from the United States has shown that, over time, there is no difference in patronage of bars and restaurants after the initial impact of a by-law being introduced.

- Almost 1 in 2 respondents would support a local by-law for all enclosed public places being 100% smoke free; 15% would somewhat support this and a total of 34% would oppose it: consistently regular smokers tend to oppose, and non-smokers support, the introduction of such by-laws;

- respondents favour the by-law principally because of the impact of second hand smoke and smoking being unhealthy. Respondents cite people being able to make the choice and smokers' rights as the principal reasons for opposing the by-law.

Ms. Lacey said approximately 51% of respondents did not believe the introduction of non-smoking by-laws would represent a threat to the restaurant industry, whereas 47% believed this would represent a threat. There is a perception there would be a bigger impact on bars. Ms. Lacey reiterated that the survey is not a formal economical analysis, however it does point to the fact there is support for a by-law in restaurants and bars with separately ventilated areas.

Dr. E. Ellis began his presentation by recalling the tobacco use targets approved by Regional Council in 1992. He spoke about the relevance of Point 5, 100% smoke-free schools, workplaces and public places by 1995 and Point 6, no tobacco sales to minors by 1995. He recalled the three primary objectives of reducing tobacco sales to minors, reducing involuntary exposure to Environmental Tobacco Smoke (ETS) and supporting smoking cessation.

Speaking to the health risks associated with ETS, Dr. Ellis highlighted the following:

- there are approximately 500 asthmatic children in Ottawa-Carleton and their condition worsens by exposure to ETS;

- ETS is responsible for 10 lung cancer death and 90 cardio-vascular deaths per year in non-smokers;

- food service workers face a 50% increased risk of developing lung cancer over non-smokers not working in public places.

Dr. Ellis addressed the issue of ventilation, saying it can be set to maximize the comfort of, or limit irritation to, restaurant/bar patrons or it can be based on occupational health

standards. He added that the only way to maintain indoor air quality is to restrict smoking to a separately ventilated, enclosed area with specific criteria, called the Designated Smoking Room (DSR) or to ban smoking completely. Speaking to the issue of economics, Dr. Ellis pointed out that four systematic studies in the United States have shown there was no significant effect on restaurant business when smoking was banned.

Dr. Ellis cited the principles on which the review of options was based:

- there is the will to reduce involuntary exposure to ETS as soon as possible;
- people who voluntary expose themselves to ETS should be aware the risks in order to make an informed decision;
- any by-law must rely primarily on voluntary compliance and receive general support from those affected;
- the Health Department will work with community health partners and with the Ontario Restaurant Association to promote smoking cessation programs for workers;
- the belief that food/bar service workers should have the right to refuse to work in smoking areas without reprisals, whether this is specified in a by-law or not.

Dr. Ellis outlined the Options put forward in the report. He said staff recommend Option 3 be chosen as it has the public support needed for compliance; it offers restaurateurs and the public a choice; it provides for truly smoke-free areas by the year 2000, and it calls for health warning signs on the smoking side to inform patrons of the risks they incur. Other public places such as bingo halls, bowling alleys, billiard halls, should be smoke-free by the year 2000 unless they provide a separately ventilated smoking room (DSR): the only exception would be halls which are rented for private events.

Dr. Ellis concluded his presentation by outlining the benefits of a regional versus local by-laws. He indicated staff have valued the frank discussions held with the Ontario Restaurant Association regarding Option 4 which it favours.

Committee Chair M. Meilleur congratulated Health Department staff for preparing an excellent and comprehensive report.

In reply to a suggestion made by Councillor A. Munter, legal counsel Mr. Rick O'Connor said he thought it may be best to keep the proposed public places by-law separate from the workplace by-law at this point, to avoid possible misinterpretation of the Health Department's intent. Councillor Munter expressed the view that "turf wars" might prevent any legislation from being put in place. Dr. Ellis pointed out that, under the Tobacco Control Act, the RMOC must have the agreement of 6 municipalities otherwise it is powerless to act.

Councillor A. Loney proposed that the Health Department simultaneously put forward a request to comply with a region-wide by-law while asking municipalities to update their own by-laws: this will convey the intent that the by-law will apply to all of the RMOC. Mr. O'Connor confirmed a Draft By-law could be approved in principle and circulated but he reiterated it could not take effect until six municipalities approve it.

Councillor R. Cantin asked whether there were any statistics about restaurants becoming totally smoke-free. Dr. Ellis cited a Conference Board of Canada report which looked at 16 such restaurants and at another 50 restaurants that converted to smoke-free: eighty percent (80%) were able to overcome transitional difficulties. There are no published reports about the impact on franchise restaurants in Canada. In reply to questions from Chair M. Meilleur about the New York experience, Dr. Ellis indicated results are controversial, with some operators reporting business has decreased while others say there has been no impact.

Speaking to the proposal to exempt private events from the provisions of the by-law, Councillor M. Bellemare said he expected there would be a flurry of these events to side-step the by-law. Dr. Ellis pointed out this issue was the focus of debate when Toronto reviewed its public places by-law. At that time, it was clarified restaurant owners could not legally declare every event a private event. Dr. Ellis noted that appropriate wording to this effect would be inserted in the by-law.

Dr. R. Cushman pointed out that information on ETS lags behind information on direct smoking by 25 years. He said it is now known ETS is a major danger to health, it is unsafe for non-smokers and it does not meet the standards for a safe work-place. The current demographic context indicates 75% of the population does not smoke, and that number increases when children are added. Dr. Cushman posited that the 70% proposed is a catch-up step and bolder means will have to be taken to address the problem in the year 2000.

Delegations

Dr. Thomas Kovesi, Paediatric Respirologist, Children's Hospital of Eastern Ontario

Dr. Kovesi began by saying that the health benefits to the community now and in the future vastly outweigh any of the potential effects of a no-smoking by-law on businesses. Some of the consequences of smoke on smokers and non-smokers alike include:

- increased risk of lung cancer (the number one cause of death from cancer in men and women);
- increased risk of throat and oesophageal cancer, breast and bladder cancer, cancer of the kidneys, the pancreas and cervical cancer;
- cigarette smoking is a key factor in heart attacks, high blood pressure and stroke (heart disease is the most important cause of death among Canadians);
- cigarette smoking causes chronic bronchitis and emphysema;

- women who smoke are more likely to have premature or of low-birth-weight babies.

Dr. Kovesi said the new federal legislation on tobacco advertising which allows limited advertising and sponsorship of sporting events and maintains low taxation levels will continue to encourage children and adolescents to start smoking and get them addicted at a lower age. This will increase their risk to contact devastating diseases for the rest of their lives.

Dr. Kovesi posited that the more smoking is stigmatised, made socially unacceptable, inconvenient and unappealing, the more people will be encouraged to quit. People who smoke do so partly because of addiction to nicotine, partly for social and emotional reasons; making it difficult and ultimately impossible to smoke in common, social situations will remove one of the key factors that perpetuate smoking. Discouraging people from smoking in public places will also eliminate one of the common reasons for relapse among people who have quit smoking.

Dr. Kovesi pointed out that three-quarters of Canadians are non-smokers and that no level of second hand smoke has ever been shown to be safe. Its impacts include:

- significantly higher rates of lung cancer;
- increases in the rate of asthma in children, and in the risks of attacks for children who have asthma (in Ottawa-Carleton, 40,000 children have asthma. The emergency room at CHEO receives 3000 visits per year, and admits 1000 persons suffering from asthma per year);
- increases in the risk of serious lung infections in babies and small children, plus pneumonia and bronchitis: risk of recurring ear infections and the need for replacement of ear tubes.
- significant increases to the risk of crib death or SIDS for new-borns; harmful to children with underlying heart and lung conditions or with immune problems such as AIDS.

Dr. Kovesi expressed the view Option 3 does not go far enough, as in the initial stages, contaminated air in restaurants will continue to circulate into non-smokers' areas. In addition, children are not prohibited from being in smoking areas, whether separately ventilated or not; as children generally have to go where their parents take them, they will not be able to choose whether they breathe second hand smoke or not. He concluded by saying the most effective methods of controlling smoking and second-hand smoke are public health measures, changing society' s attitudes to smoking, banning adds and raising cigarette taxes and discouraging smoking in places likely to perpetuate the habit and where smoke can effect others. Cigarette smoke is most preventable cause of death and disease in Canadians today.

Daniel Bourdeau, Executive Director, Ottawa-Carleton Lung Association

Mr. Bourdeau gave a video presentation which demonstrates the effects of ETS on unborn children. He noted a recent Ontario Medical Association report refers to second-hand (ETS) smoke as a form of abuse, as victims have no defence against it and should not be exposed to it.

The speaker advocated acceptance of Option 2, which he felt has greater chance of success than sudden and immediate legislated change. Furthermore, a gradual approach will provide time to gain industry acceptance and support. Mr. Bourdeau expressed concern for the health of smokers and non-smokers alike, noting that segregating smokers will not only marginalize them but also confine them in a room where they are exposed to ever-higher levels of ETS. He pointed out that this Option removes the requirement to the restaurant industry of having to provide DSRs. Maintaining public places smoke-free until 9:00 p.m. will address many concerns about children being exposed to ETS. He noted a 24 hour restriction would be preferable and would be the objective by the year 2000.

Ms. Carolyn Hill, Ottawa-Carleton Council on Smoking and Health (OCCSH)

Ms. Hill cited the Addictions Research Foundation, the Canadian Cancer Society, the Heart and Stroke Foundation, the Ottawa-Carleton Lung Association, the Heart Check Centre at the Heart Institute, the Regional Health Department and many committed individuals as partners in the Council on Smoking and Health. She noted two areas are of particular concern, i.e., teen smoking which has risen dramatically primarily because of cigarette price reductions and the fact that pregnant women continue to smoke during pregnancy.

Ms. Hill asked how society can continue to accept the fact that exposure to ETS ranks third as the most preventable cause of death. She expressed support for 100% smoke-free restaurants, bars, pubs, as well as 100% smoke-free bingo halls, billiard rooms, etc. Regulations should take force as soon as possible, ideally by January 1998. She reiterated earlier comments about the impacts on children and on service industry employees, 50% of whom are more likely to develop lung cancer than members of the general population.

Ms. Hill said the OCCSH does not support DSRs. From an economic standpoint, only restaurants which can afford to build DSRs will gain an advantage. She posited that phasing-in or staging of implementation dates usually leads to a complex and hard-to-administer enforcement process. The speaker noted the Angus Reid poll has shown there is majority support for an inclusive by-law requiring all public places to be smoke-free and it illustrates there would be no effect on the patronage of the local hospitality industry.

Responding to concerns expressed by Councillor Munter regarding the difficulty of getting municipalities to support the workplace smoking ban, Ms. Hill said the Council shares the same level of frustration. She pledged continued support in lobbying for both the workplace and public places by-laws.

Mr. Peter McCauley, a Restaurant owner, informed the Committee he has been in business for seven years in a federal government building. He spoke about the fact that 75% of his clients are smokers. He said he felt the Committee should not be imposing conditions on businesses and that if some people are willing to take the risk, it should be left up to them to decide whether they want to take it. He suggested a random survey of businesses be done to see what business people think of the proposals. He said he thought it was unacceptable that 20% of businesses have been affected by the imposition of non-smoking by-laws. He pointed out that both he and his customers are aware of the dangers of smoking, and that this is a matter of choice.

Replying to questions from Councillor L. Davis, Dr. Ellis indicated there are no specific ventilation requirements in restaurants for ETS at the present time. He agreed with the Councillor that the presence of other substances, such as asbestos, in many older buildings, only compounds the problem of air quality.

Councillor Cantin asked whether having a totally separate ventilation system would eliminate the effects of ETS on non-smokers. Dr. Ellis replied that Option 3 calls for ventilation to be at 30 litres per second with air coming from the rest of the restaurant/building then either going out or re-circulating to the smoking area. He added exceptions could granted if air testing were within specific parameters.

Dr. Kapil Khatter, Family Physician

Dr. Khatter spoke about the occupational health issue, noting a large percentage of restaurant and bar workers are young women of child-bearing age. He put forward the view it is not legitimate to offer a choice of a toxic environment or employment. He voiced support for Option 1 saying it is the only one that addresses the principle of workplace health and safety. Speaking to the possible economic impacts on businesses, Dr. Khatter pointed to the U.S. experience where as many people said they would go to restaurants more often as those who said they would not go any more. Acceptance of such policies is based on the quality of the information being disseminated.

Dr. Khatter said he thought Option 3 undermines the principle of workplace standards by allowing exceptions to be made. There is also the question of costs and how this will discriminate against smaller facilities. Other factors that should be part of the debate include the environmental hazards of ventilation systems themselves and the cost of power usage.

Dr. Khatter concluded his presentation by saying implementing a 100% ban might be problematic at this time, possibly because other municipalities do not have the information they need. Implementation should be coupled with a large education campaign focusing on the occupational health issue, to help public service workers mobilize and state they should not have to be forced to chose between their health and their livelihood.

Mr. Clarence Dungey, representing Restaurant Workers

The speaker noted many employees in the service industry are afraid to take a position on this issue in the workplace as they fear losing their jobs. He added that refusing to work in unhealthy environments is not yet covered under the Occupational Health and Safety Act, therefor the only meaningful options are Option 1 (health) and Option 3 (political) and representing a compromise position. Mr. Dungey posited the large chain restaurants banned smoking on their premises because they were charged for not informing their employees and their customers the ventilation systems in place were not adequate to protect them. He ended by saying the Committee must enact Option 1 and others will follow; if they don't the electorate will judge their lack of action.

Mr. John Myers, President, Ontario Restaurant Association, accompanied by Mssrs. Phil Wasserman, President, Byward Market Business Improvement Area and Jeff Erskine, Past-President, ORA.

Mr. Myers began by thanking the Health Department for hearing the Association's thoughts on this matter. He said there is no denying health concerns, however restaurants are trying to find a compromise that will satisfy both parties.

Mr. Myers said Option 4 would result in a 70% smoke-free environment by January 2, 1999 and this number truly reflects the percentage of non-smoking seats that could be arrived at. On the matter of ventilation, the Association's principle is that bringing air into the non-smoking area from the outside and ventilating it through the smoking area back through the non-smoking areas would result in outdoor quality air in the non-smoking areas. Mr. Myers posited the Health Department's proposal to monitor the air quality in restaurants where smoking is permitted would not be feasible and he noted separately ventilated areas represent a major investment for restaurateurs.

Mr. Myers put forward the view Option 4 is the only one that addresses all areas of concern and he pledged support for it in all municipalities to make it a regional by-law. Option 3 will result in possibly not having a regional by-law, the compliance rate will be low and compliance is crucial. He asked that restaurants be trusted to do things voluntarily, pointing to the fact that the 50% ban currently in place is based on voluntary compliance.

In response to a question from Councillor Cantin, Mr. Myers said the restaurant association represents approximately 700-800 businesses out of 1500.

Committee Discussion

Councillor R. Cantin proposed approving Option 4 with an earlier implementation date of January 2, 1998, saying this would represent the middle ground. This will give restaurants a one-year period to adjust and review their options. Many are facing difficult times and nothing should be done that would contribute to putting them out of business.

Councillor A. Loney called the staff recommendations "steps that have to be taken". In conjunction with this, area municipalities are being put on notice the RMOC believes there should be a region-wide, non-smoking policy. Councillor Loney proposed a Motion, the premise of which is that, if public health is a mandated regional responsibility, the RMOC should not have to get approval from six municipalities for something which is a public health issue. The Councillor pointed out that Health Department staff have worked hard to get the co-operation of other municipalities, to no avail to-date. Given the current climate of uncertainty, it may be difficult to get their co-operation and this is the rationale for the Motion.

Councillor A. Munter expressed reluctant support for the staff recommendations, voicing his preference for an 100% smoke-free option. He noted, however, that given the obstacles faced in getting municipal support for the workplace by-law, and even with 97% public support, the Region has gone as far as it can go. He expressed the hope that the issue would be revisited if and when the Province approves Councillor Loney's request.

Councillor M. Bellemare said he thought staff had chosen the most workable solution with Option 3. It should be seen as an intermediate step which does not leave restaurants without choices, i.e., having separately ventilated smoking room or choosing to adopt a 100% smoke-free policy at no cost. In the event businesses can prove economic hardship because of the by-law, there is transition period of two years before full compliance. He spoke in support of Councillor Loney's Motion, indicating the belief this represents a step in the right direction. In reply to questions of clarification from Councillor Bellemare, legal counsel R. O'Connor indicated once the RMOC receives resolutions from 6 area municipalities and a regional by-law is in place and enacted, the regional by-law would supersede all local by-laws.

Committee Chair Meilleur asked for a comment from the Medical Officer of Health regarding the option put forward by Councillor Cantin. Dr. Cushman put forward the view the public has already gone beyond the time-frame suggested by Option 4, as amended by Councillor Cantin's Motion. He noted there are real concerns about ventilation standards that will still expose smokers and children to ETS in public places, in addition to persons working in those environments.

At this point Chair Meilleur read the following Motions:

Moved by R. Cantin

That Option 4 be adopted with a change to the 79% no-smoking requirement implementation date to January 1998.

LOST

YEAS: R. Cantin, M. Meilleur
NAYS; M. Bellemare, L .Davis, D. Holmes, A. Loney, A. Munter

Moved by A. Loney

That the Medical Officer of Health be directed to prepare a No Smoking by-law using the provisions of Option 3 in the report dated 14 November 1996:

a) That Regional Council adopt "in principle" this new by-law;

b) That the by-law be circulated to all area municipalities with a request that they endorse the by-law;

c) That upon 6 or more municipalities adopting the terms of the by-law, Regional Council put the Regional by-law into effect and enforce its provisions region-wide.

CARRIED

Moved by A. Loney

WHEREAS public health is clearly a Regional mandate under provincial statute. and;

WHEREAS the current system results in considerable difficulty in effecting good preventative health measures;

BE IT RESOLVED THAT full jurisdiction for regulation of compliance/enforcement in public health matters be granted to the RMOC and that the Province of Ontario be asked to immediately effect this change.

CARRIED

Moved by M. Bellemare

That the Community Services Committee recommend Council approve:

1. **That area municipal councils within Ottawa-Carleton develop or revise a public places smoking by-law with respect to restaurants, bars and pubs, using the provisions of Option 3 in this report;**

2. **That area municipalities within Ottawa-Carleton develop or revise their public places smoking by-law as necessary with respect to shopping malls, arenas/community centres, bingo halls, billiard halls and bowling alleys, using the provisions in this report;**

3. **That area municipal councils pass a resolution endorsing a regional smoking by-law for public places as stipulated in recommendations 1 and 2.**

CARRIED, as amended

4. REVIEW OF THE 1997 DRAFT OPERATING AND CAPITAL ESTIMATES
- Committee Co-ordinator report dated 25 November 1996

That the Community Services Committee approve that the start time for the review of the 1997 Draft Operating and Capital Estimates on 06 February 1997 be 9:00 a.m.

CARRIED

OTHER BUSINESS

TEACHING HEALTH UNIT LIAISON COMMITTEE

Councillor R. Cantin informed the Committee he had chaired his last meeting of the Teaching Health Unit Liaison Committee, as this body will soon be replaced by the Eastern Ontario Public Health Research Education and Development (PHRED) Partnership. Councillor Cantin acknowledged the contribution made by Dr. Paula Stewart, Associate Medical Officer of Health, Interim Director of PHRED, and he noted her high level of commitment and expertise.

ADJOURNMENT

The meeting adjourned at 5:15 p.m.

NEXT MEETING

16 January 1997

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CHAIR CO-ORDINATOR