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Monday 9 June 2008

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des débats
(Hansard)**

Lundi 9 juin 2008

**Standing Committee on
General Government**

Smoke-Free Ontario
Amendment Act, 2008

**Comité permanent des
affaires gouvernementales**

Loi de 2008 modifiant la Loi
favorisant un Ontario sans fumée

Chair: Linda Jeffrey
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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

**STANDING COMMITTEE ON
GENERAL GOVERNMENT**

**COMITÉ PERMANENT DES
AFFAIRES GOUVERNEMENTALES**

Monday 9 June 2008

Lundi 9 juin 2008

The committee met at 1401 in room 228.

**SMOKE-FREE ONTARIO
AMENDMENT ACT, 2008**

**LOI DE 2008 MODIFIANT LA LOI
FAVORISANT UN ONTARIO SANS FUMÉE**

Consideration of Bill 69, An Act to protect children from second-hand tobacco smoke in motor vehicles by amending the Smoke-Free Ontario Act / Projet de loi 69, Loi modifiant la Loi favorisant un Ontario sans fumée pour protéger les enfants contre le tabagisme passif dans les véhicules automobiles.

**STATEMENT BY THE MINISTER
AND RESPONSES**

The Chair (Mrs. Linda Jeffrey): Good afternoon. It's 2 o'clock and the Standing Committee on General Government is called to order. We're here to talk about Bill 69, An Act to protect children from second-hand tobacco smoke in motor vehicles by amending the Smoke-Free Ontario Act.

Our first delegate is Minister Best, the Minister of Health Promotion. Welcome. Minister, once you get yourself settled—

Hon. Margaret R. Best: I appreciate that, Chair.

The Chair (Mrs. Linda Jeffrey): Any staff that you'd like to bring, if you could introduce them, if they're going to be speaking today, for Hansard. Once you begin, you'll have 15 minutes to make your presentation.

Hon. Margaret R. Best: Good afternoon, everyone, and thank you, Madam Chair. I would like to introduce my deputy minister, Ms. Cynthia Morton, who is sitting here with me, and we do have some additional staff behind us. I have Michelle Mysak, Halyna Perun, Dean Williams and Jackie Wood with me today from my office. Just give me a minute so that I can get organized here. I'm not quite organized to start.

First of all, I would like to begin by acknowledging my colleague David Oraziotti, who's not here, who was the person who initially brought this smoking ban in cars with children to our attention. His drive and his dedication have brought us to this milestone hearing on Bill 69, an act to amend the Smoke-Free Ontario Act and an

act that will protect our children from second-hand smoke. I want to thank David for his hard work.

Tobacco use is the number one cause of preventable disease and death in Ontario. Over 13,000 Ontarians die every year from tobacco-related illnesses. Tobacco-related diseases have been estimated to account for \$1.6 billion in direct health care costs and \$4.4 billion in productivity losses every year.

Our government has made remarkable progress. We accomplished this by introducing one of the most aggressive and comprehensive tobacco control strategies in North America—

Mr. David Oraziotti: Good afternoon.

Hon. Margaret R. Best: Good afternoon, David. I must say that I started off by thanking you for introducing the bill and for all your hard work with it.

Mr. David Oraziotti: I see that. Thank you very much.

Hon. Margaret R. Best: We established a province-wide law for smoke-free environments when the Smoke-Free Ontario Act became law on May 31, 2006. We have helped more than 150,000 smokers in their efforts to quit smoking through programs like the Driven to Quit Challenge and the smokers' helpline.

In the 2008 budget, we have committed to a permanent retail sales tax exemption for nicotine replacement therapies to help Ontario smokers to quit. Just a little bit more than a week ago, on May 31, we took the power walls down, and once again, we have achieved widespread voluntary compliance, estimated at 95% compliance by May 31.

Bill 69 is indeed the next step forward. The primary objective of the Smoke-Free Ontario Act has always been to protect people from second-hand smoke in enclosed public spaces and workplaces. This amendment will extend province-wide protection to children in motor vehicles.

Science shows that second-hand smoke in vehicles is particularly harmful, and even more so for children. Recent studies suggest that the concentration of toxins in vehicles can be up to 27 times worse than in a smoker's home. The Ontario Medical Association found that children exposed to second-hand smoke are more likely to suffer sudden infant death syndrome, acute respiratory infections, ear infections and more severe asthma. The medical science is clear: Second-hand smoke is dangerous to our children's health. Yet a Health Canada study

in 2005 estimated that 140,000 children in Ontario between the ages of 12 and 16 years old were exposed to second-hand smoke in vehicles during a one-month period.

As a government, we are also very aware that even acting in the public interest needs public support. In January of this year, a poll released by the Canadian Cancer Society showed that over 80% of Ontarians, including 66% of smokers in Ontario, support a ban on smoking in vehicles with children. We are confident that the public is ready for this proposed ban to protect the health of our children.

Support also comes from leading non-governmental health organizations, such as the OMA, the Ontario Lung Association, the Heart and Stroke Foundation of Ontario, and also from the Ontario division of the Canadian Cancer Society, whose CEO, Peter Goodhand, has said, "Children don't have a choice when it comes to exposure to second-hand smoke while travelling in a vehicle.... We congratulate the Ontario government for taking this step to protect children's health." That's a direct quote. The people of Ontario are ready for legislation to protect our children from being exposed to second-hand smoke in motor vehicles.

Our experience with the Smoke-Free Ontario Act, including the display ban on tobacco products, has been a high level of voluntary compliance. We are confidently anticipating wide voluntary compliance for this amendment, especially given the level of public support.

As with any legislation, this ban will still require some level of enforcement. The proposal includes a partnership with police services across the province to enforce the legislation. Enforcement of the law is important, but voluntary compliance is always our goal, and our government knows that public awareness is key to making this happen. This legislative process alone has brought greater public awareness and education. If this bill is passed, we also plan to deliver a multi-layered public education campaign with the Smoke-Free Ontario partners across the province that will reach out to people whenever and wherever they think about their vehicles and their children.

In addition to public education and enforcement, we will also be leveraging all the components of the smoke-free Ontario strategy to ensure voluntary compliance, including programs to help smokers quit and working with our partners in public health to continue to champion this worthy cause and to raise awareness about the dangers of tobacco smoke, in particular the dangers to our children.

This is about the safety and well-being of our children. The Premier and our government are committed to this, and our partners are also committed to this. I appeal to all Ontarians to commit to smoke-free cars for our children's sake. In the words of the Ontario Lung Association, this is about giving a voice to the backseat, and I would say this is the next step towards a healthier, smoke-free Ontario.

The Chair (Mrs. Linda Jeffrey): Thank you, Minister. As agreed to at subcommittee, all parties will

be able to ask questions or comment on your presentation. The first group will be the opposition.

1410

Mrs. Joyce Savoline: Minister, thank you for agreeing to be with us today. I think it was really important for you to be here at the top of the meeting before we begin our delegation process. So I appreciate that you've taken the time to be here.

I know you've quoted from a Health Canada study that 144,000 children are affected every month by second-hand smoke. In December 2007, my colleague from Kitchener-Waterloo tabled a resolution which asked you to begin an education component immediately with respect to the negative effects of second-hand smoke. So as a mother and now, happily, as a grandmother, I wonder if you could explain the delayed implementation of such an awareness campaign—an educational component that could have helped perhaps thousands of children every month between December and now.

Hon. Margaret R. Best: Thank you very much for your question. I will answer and then I will turn it over to my deputy to also answer this question.

First of all, I am a mother as well. I have three children who are now adults, and they have never smoked. I certainly believe that in terms of educational awareness with respect to this particular piece of legislation and getting the information out to the public, I think it was very much out in the public domain from the moment it was introduced as a private member's bill by David Oraziotti. People have been talking about this particular piece of legislation and how important it is for us to pass it, because it is so important to the health of the children of Ontario.

While the formal process of educating the public has not been started because we are presently waiting for the bill to actually become legislation, certainly, in a very informal way, with the process of the bill coming to the House and going through the first and second reading, it has raised awareness. There has also been an enormous amount of coverage in the media about this particular piece of legislation. As I said before, a huge percentage of the population of Ontario is indeed in favour of it—up to 80% of people who are non-smokers and up to 66% of smokers. So I believe there has been much awareness raised over the period between the initial introduction and where we are today.

Mrs. Joyce Savoline: As you are aware, Minister, I presented a private member's bill some short weeks ago, and what I was trying to do was include the smoking of marijuana in public places—what I think is a very good act. It didn't cover just controlled substances, where, as opportunity strikes, people take advantage of those opportunities, and we're having people smoking marijuana for medicinal purposes in public places. It didn't go forward and never really saw the light of day, unfortunately.

I'm wondering if you think that is an important component, that marijuana smoking and controlled sub-

stances should be included in your act. It isn't just tobacco smoke; it's marijuana smoke as well. To specify it, I think, really nails it down for people, because it isn't just the driver, who probably—hopefully—would not be smoking a controlled substance in a car, but any passenger might be. I'm wondering if you think that's an important component that should be included in your bill.

Hon. Margaret R. Best: As I believe you are aware, and most people here in this room today are also aware, the Smoke-Free Ontario Act, in fact, predates my coming into this ministry. When it became legislation in Ontario, the act dealt specifically—and still deals specifically—with tobacco products. I understand the dilemma that is faced by people who have a situation where they have to rely on smoking of—

Mrs. Joyce Savoline: Yes, and I'm not making a judgment call on that in the least.

Hon. Margaret R. Best: Can I please—

The Chair (Mrs. Linda Jeffrey): I'm sorry; the time has expired.

Ms. Gélinas, you have five minutes.

M^{me} France Gélinas: All right; I'll speak fast. First of all, the Smoke-Free Ontario Act is something the NDP supports and will continue to support. We think the amendment through Bill 69 is something good. We would like to make it just a tiny bit better.

At the end of the day, as you said in your opening comments, the Smoke-Free Ontario Act has always been to protect people from second-hand smoke in enclosed public places. We understand that there are some physiological issues with small children, with breathing rates, etc., but we would really like to see all children to age 19 protected. There is an opportunity now to do this right. I have talked to you about it, and hope you will consider not only children below 16 but below 19 present in a car. Your comments on that?

Hon. Margaret R. Best: Certainly the issue of the right age for the cut-off was raised during discussions surrounding Bill 69. It was decided that 16 was the right age for this particular bill, because it coincides with the Health Care Consent Act age of 16. Also, in the many discussions I had around different tables, people were of the opinion that after age 16 young people are able to voice their concerns if they are indeed in a motor vehicle with someone smoking, as opposed to a young child who may not be able to ask someone to butt out. That was the reason we looked at the age of 16 for this legislation. Also, there were other jurisdictions that had passed legislation, and the age in some of the other jurisdictions was 16.

M^{me} France Gélinas: I would just end by saying, never underestimate the power of a 17-year-old telling his dad or his mom not to smoke because it's the law. We have a golden opportunity for health promotion here that I wouldn't want to let go.

The other one is about compliance. I agree with you that we expect high voluntary compliance, etc., but to achieve 100% it would be good if, when the law is put in motion, there is a grace period, maybe 90 days, when it

would be enforced but there wouldn't be a fine; there would just be a warning. Our public health, and people involved in health promotion in and around the northeast, would be very interested in having this 90-day grace period to really focus, work with police enforcement, do some spot checks etc., but don't give them fines, give them warnings. Have a 90-day period built in. I hope you'll also consider that.

Hon. Margaret R. Best: I guess I should have said, and apologize for not saying first of all, thank you for supporting this piece of legislation. We appreciate that support.

With respect to the grace period, I have to say that once a bill becomes legislation in the province, I, as a minister of the crown, cannot fetter the discretion of the people who are called on to enforce that particular piece, or any legislation, for that matter. We can certainly discuss it within the ministry to see how we can deal with the issue you've raised.

We certainly understand the issue, but as I said before, this issue has been in the public domain for quite some period now, and so I believe the public are well aware of the issue, and most people, whether they're parents or not, are aware that second-hand smoke is dangerous to one's health. But we will work with the police officers who are going to be enforcing this to see if there is some way we can effect some kind of progressive enforcement, when and if this particular bill becomes law.

M^{me} France Gélinas: I know that at the local level—

The Chair (Mrs. Linda Jeffrey): I'm sorry; the time is up. Are there any questions on the government side?

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Mr. David Oraziotti: I just want to thank the minister for introducing the bill in the Legislature, and as well my colleagues and members of the opposition who support the bill. I'm very pleased with its introduction in the present form. I think there are a number of reasons why, and I think we can certainly talk about those in committee today.

I think the biggest challenge to the amendment is that if we're going to have 17- and 18-year-olds operating vehicles, we're going to be pulling them over and fining them for smoking while operating the vehicle and having a cigarette. I don't think that's where we want to be with the legislation. I know there are a few individuals who would say otherwise and that the age should be changed, but I think it's a good bill in its current form.

We're still very much on the cutting edge in North America in this regard. Nova Scotia has passed this legislation, but there are no other provinces that have passed it yet. There are some private members' bills that have been introduced in places like British Columbia and Yukon, and some U.S. jurisdictions where it has passed as well.

I like the fact that it is primary enforcement. In my conversations with enforcement officers, they have indicated that enforcement is not an issue. This is something that perhaps they can do when pulling over someone who

is not wearing a seat belt, and dealing with it in that fashion.

I think I would be remiss if I didn't recognize all the health organizations that have stepped up to the plate and really helped carry this bill, and been really supportive of what our government is doing in this regard: the Heart and Stroke Foundation, the Lung Association, the Ontario Tobacco-Free Network. I see some familiar faces in the chamber today, and I'm very pleased to see them. I want to thank them very much for their support; I think it has certainly helped raise awareness across the province.

I think it will become one of those things where you see other provinces pass this legislation. If you think back to the time when you could smoke on an airplane, people would think that's pretty outrageous today, but yet, it happened. This is one more step forward in the right direction on this, and I want to thank you, Minister, for leading this bill in the Legislature.

Hon. Margaret R. Best: Thank you very much, David, and I want to say again that I really appreciate the work you have done on this. I want to echo the things you have said with one exception: I want to correct what I believe is a misconception regarding young people over the age of 16 smoking in a motor vehicle by themselves.

It has come up a number of times that people have said they may be fined for second-hand smoking. If a person is alone in a motor vehicle smoking by himself or herself, this is not second-hand smoke; it's primary smoke and will not be subject to this legislation. We do have many different programs within the ministry that are aimed and targeted at young people and teenagers to help them stop smoking or prevent them from starting. In fact, our recent studies show that the incidence of smoking among young people between grades 7 and 12 has decreased by about 72% over the last few years.

The Chair (Mrs. Linda Jeffrey): That concludes our presentation portion of the meeting. Thank you, Minister. We appreciate your being here today and taking time to speak to us.

Hon. Margaret R. Best: It's my pleasure.

CANADIAN CANCER SOCIETY,
ONTARIO DIVISION

The Chair (Mrs. Linda Jeffrey): Our first delegation is the Canadian Cancer Society, Ontario division. Welcome. We thank you for asking to appear and appreciate your being here today. Once you get yourselves settled, could you introduce yourselves, if you're both going to speak, and the organization you speak for. You will have 15 minutes. If you leave sufficient time at the end, there will be an opportunity for all parties to ask questions about your presentation.

Mr. Peter Goodhand: Thank you. I am Peter Goodhand. I'm the CEO of the Canadian Cancer Society in Ontario. With me today is Irene Gallagher, senior manager of public issues. I'll be doing the presentation; we may both be answering the questions.

It's my pleasure to be here today to express the Canadian Cancer Society's support for Bill 69, An Act to protect children from second-hand tobacco smoke in motor vehicles by amending the Smoke-Free Ontario Act. The introduction of Bill 69 builds on the government of Ontario's strong leadership in cancer prevention, following the introduction of the colorectal cancer screening program and the implementation of smoke-free Ontario, which included, this last month, the much-lauded and much-awaited-for ban on display in retail environments.

As I'm sure you're aware, cancer is a leading health issue in Ontario. This year alone, 63,000 Ontarians will be diagnosed with cancer and 27,300 deaths from cancer will occur. Fifty percent of cancers can be prevented through healthy lifestyle changes made by individuals and by policies put in place by legislators like yourselves to protect the public, such as banning smoking in motor vehicles where children are present.

The Canadian Cancer Society staff and volunteers have long advocated for tobacco control measures in Ontario, and although progress has been made in some key areas, tobacco remains a high priority for this society, as it is by far the major cause of both cancer morbidity and mortality.

The following facts illustrate the impact that tobacco has. Tobacco is responsible for 30% of cancers and 85% of lung cancers. As Minister Best said a few minutes ago, 13,000 Ontarians die every year from smoking.

Second-hand smoke contains 50 known carcinogens. Simply put, according to the World Health Organization, there is no safe level of exposure. In 2005, the state of California's air resources board compared a large number of studies measuring second-hand particle concentrations in different environments and found that in-car concentrations can reach many times those found in a smoker's home. A study conducted closer to home in March 2008 confirmed previous results indicating that a cigarette in a car creates a hazardous environment. A single cigarette can generate very high levels of tobacco smoke, sometimes on a par with those found in those smoky bars that we remember.

The passage of Bill 69 is essential, not only because young children don't have a choice when it comes to exposure to second-hand smoke while travelling in a vehicle, but also because the risk to their health is serious because of this confined space and because children breathe more air relative to their body weight.

Health Canada reports that children regularly exposed to second-hand smoke are 50% more likely to suffer damage to their lungs or breathing problems. In addition, those exposed to second-hand smoke for a long period are more likely to develop and die from heart disease, breathing problems and lung cancer.

The passage and implementation of this bill will also support current educational efforts around the risks of smoking and will further denormalize tobacco use, as children will see parents and caregivers refraining from smoking while they're in the vehicle.

Legislation similar to Bill 69 has passed in 14 other jurisdictions, including the provinces of Nova Scotia and British Columbia, Yukon Territory, and states such as California and Maine.

The public expects and wants the government to act to protect children from second-hand smoke. As mentioned earlier, 85% of Ontarians support this type of legislation according to a poll conducted for us in January this year, and in one conducted in 2007 for the Ontario Tobacco-Free Network, even 66% of smokers supported this direction.

In addition to legislation, a very effective way to eliminate children's exposure to second-hand smoke is to provide help to parents and caregivers who smoke. The Canadian Cancer Society operates, with support from the Ministry of Health Promotion, the smokers' helpline, a free, confidential service that provides personalized support, advice and information about quitting smoking. We know that quitting smoking is one of the most difficult addictions to deal with, and it's something that requires a lot of support and encouragement, rather than criticism.

The society also encourages parents and others not to wait for legislation to protect children. We would like it that when they buckle up, at the same time they butt out. Parents and caregivers should refrain from smoking in their vehicles at all times, as second-hand smoke can be diluted but not completely eliminated from a vehicle.

1430

The society encourages the government of Ontario to educate Ontarians that even after a cigarette is put out, second-hand smoke remains in the environment—for instance, on upholstery, carpeting and clothing—for days and weeks and can still be toxic to children and their families.

Thank you all for your time and consideration. Once again, the Canadian Cancer Society applauds and commends the government for its commitment to cancer prevention. We'd be pleased to answer any questions.

The Chair (Mrs. Linda Jeffrey): Thank you. You've left about three minutes for each party to ask questions, beginning with Ms. Gélinas.

M^{me} France Gélinas: It's a pleasure to meet you, Mr. Goodhand. I've certainly heard lots of good things about you. I've read attentively lots of the research that the Canadian Cancer Society has put forward. You already know our position: We support Bill 69 and think that it is a step in the right direction.

My background is in health promotion. I spent 13 years in community health centres, with some of that as a health promoter, and I certainly view an opportunity with this bill to do more than what is there. I would like, if you're comfortable with it, your opinion as to making it 19 and younger rather than 16 and younger. Is it your view that this bill would be strengthened or weakened by it?

Mr. Peter Goodhand: As we were preparing for that as a potential question, I think we would probably support an older age, apart from some of the complexities

that it brings around drivers and things like that. Taking it forward to 19 would not be a problem for us, but looking at the most vulnerable parts of our society and the people who don't have that voice, we're comfortable with the way the act is today. We wouldn't oppose it going longer.

M^{me} France Gélinas: I see. But you wouldn't oppose it if it was 19?

Interjection.

M^{me} France Gélinas: Okay. Have you ever polled to see if there's a difference in support at 16 or 19?

Mr. Peter Goodhand: I'm not sure—

Ms. Irene Gallagher: No, we haven't done a poll specifically on the age. The poll conducted by the Ontario Tobacco-Free Network was for age 16.

M^{me} France Gélinas: I know that for one of the provinces out east, they've put it at 19 and below. So I was just curious to see.

The other part was towards enforcement, where we could put an amendment in the bill that says that the first three months that the bill comes into effect, you couldn't fine; you would only be able to give warnings. You addressed that a little bit in your presentation by saying that it's really hard to quit smoking, and that usually help and support goes a lot further than a big stick. Again, your view as to giving three months' grace to give people on the ground level time to work it out?

Mr. Peter Goodhand: I think we were very pleased that moving forward is primary enforcement. I thought that was a key aspect of this. In terms of a grace period, I'm not sure I could see it. It's a double-edged sword, in that what you wouldn't want to do is create the impression that it was a soft stop, or that people could just get a warning and keep getting a warning forever. So I guess the challenge with a grace period is for how long and whether it depends on which police officer stops you and how you speak to him. This is something that is so black and white—that it is the wrong thing to do—I'm not sure that a grace period is a great idea.

M^{me} France Gélinas: Yes, smoking in cars is the wrong thing to do. We also expect a high level of compliance, but we also know—in my riding, anyway—that there are pockets of people that have already been identified, as it will be hard for those people to comply with the law. The opportunity to work for three months with those people to get them to find strategies to not smoke in cars is something that would be welcome at the local level with people who work in health promotion.

The Chair (Mrs. Linda Jeffrey): Thank you, Ms. Gélinas.

From the government side, Mr. Mauro.

Mr. Bill Mauro: Mr. Goodhand, thank you for being here today. We appreciate your attendance.

Just a comment on the previous question before I ask you my question: As an organization that clearly favours no smoking at all by any segment of the population, let alone 16- or 19-year-olds, it would come as no surprise to any of us sitting around the table, I'm sure, that your organization would not be opposed to seeing the age

raised from 16 to 19 years. I think that's obvious to all of us sitting around the table. I want you to know I did appreciate your sensitivity in the way you answered the question that was posed to you. It was very well handled.

My question for you is that, in your role—and I'm not sure how long you've been with the Canadian Cancer Society, or your predecessors. Can you outline for me and for those of us in the room and around the table any of the work or requests and advocacy that your organization conducted with previous governments, or even with our government, when it came to issues like the Smoke-Free Ontario Act, second-hand smoke, if in fact you were there and are able to speak to any of those issues? Because I think, as the second province in Canada, we're feeling pretty good about what we're bringing forward here today.

Mr. Peter Goodhand: I've been there almost four years. I guess it's four years next month. So in lots of respects I arrived at exactly the right time to be riding the crest of the wave, after people like Michael Perley, who is in the back of the room, had probably spent a decade or more raising the issues, trying to bring them to the fore; at times, I know, being a voice in the wilderness and at other times getting some traction, whether it be federal or provincial.

Clearly, we were very pleased with Smoke-Free Ontario. It did lead the way. It did include some great pieces of progress that we were pleased with. As I say, we waited three years for the retail display ban. It's the same issue of normalization versus denormalization. We are reaching the point where children growing up cannot easily be fooled into thinking that tobacco smoking is normal. There are not many places now where it is normal, where it's business as usual, and I think that's a huge shift.

The minister talked about the reduction in youth smoking. Still, the last statistic I saw is that 90% of people will start smoking before the age of 20. The behaviour starts then, the addiction starts then, and when we're getting people to quit in their 20s, 30s, 40s and 50s, it's because they were introduced to tobacco and to tobacco smoking in their teens.

We don't think by any means that the tobacco job is done. There are other aspects of tobacco regulation and access that we're not particularly pleased with at the moment, but I would say that Smoke-Free Ontario has been a huge step forward.

Mrs. Joyce Savoline: I too want to congratulate you, Mr. Goodhand, for, first of all, being here today, but also for the kind of work that the cancer society does in our communities.

My mother died of lung cancer over 30 years ago, so I was very personally touched, and have since had family members and friends who have also been touched by cancer. I doubt there's anybody in this province who has not been touched by it. So thank you for the work that your organization does.

I too am very supportive of this bill. I'm very supportive of the no-smoking act that we have here in On-

tario, but I wonder if it goes far enough, given that we've got opportunities now to add some strength to it. As I said to the minister, I had a private member's bill that I know members of your organization supported, and that was to eliminate the smoking of marijuana for medicinal purposes—for that to be included in the no-smoking tobacco. I'm wondering if it is recognized by your organization that second-hand smoke from marijuana is as harmful as tobacco smoke in enclosed places.

Mr. Peter Goodhand: I'll answer it and then, as the minister did, I'll ask for some support to my left. The latest information we have on marijuana is that there is suggestive evidence that there is also a carcinogen effect as a risk. Anything of that nature that you burn and is combustible has a high potential to produce carcinogens. We don't have anything like the data on it that we do for tobacco smoke. What I wouldn't want is to see the bill in any way confused, diluted, complicated by mixing that message. I think if we've got a substance that is controlled in a different way, with different legislation, then where it's smoked and when it's smoked should be addressed by that piece—

Mrs. Joyce Savoline: But it isn't. Medicinal marijuana can be smoked in public places, which includes automobiles. We're talking about smoking in cars with kids under the age of 16. Right now, a passenger in a car could smoke marijuana for medicinal purposes. Would your organization support that?

1440

Mr. Peter Goodhand: I'll pass it to Irene in a minute. I'm pretty sure that, based on what we know today, there is a similar potential for harm from that kind of smoke as there is from tobacco. We would want it to be dealt with. Whether this is the right approach, I'm not sure.

Irene, do you want to comment?

Ms. Irene Gallagher: I would just add that the bill that I know you had put forward—the Canadian Cancer Society, when that bill was introduced, was interested in commenting on it, and we will look forward to an opportunity, potentially in the future, if that goes to committee—

Mrs. Joyce Savoline: I hope that you have one.

Ms. Irene Gallagher: As Peter said, right now in the Smoke-Free Ontario Act, the definition is lit tobacco. To ensure that this bill is consistent with that and to ensure that it has a speedy passage and implementation, we are supportive of it as is. But just to add to that, the bill you introduced does raise some other very important issues around smoking outside of public entrances and on patios. We absolutely would look forward to an opportunity to comment more on those issues as well as marijuana at a separate committee hearing.

The Chair (Mrs. Linda Jeffrey): Thank you very much. We appreciate you being here today.

HEART AND STROKE FOUNDATION OF ONTARIO

The Chair (Mrs. Linda Jeffrey): Our next delegation is the Heart and Stroke Foundation of Ontario.

Mr. Rocco Rossi: I love the fact that Peter's my warm-up act.

The Chair (Mrs. Linda Jeffrey): We try to accommodate. Is it Mr. Rossi?

Mr. Rocco Rossi: Yes.

The Chair (Mrs. Linda Jeffrey): Welcome. As you get yourself settled, I'm sure you know that you have to introduce yourself and the organization you speak for, and after you've done that you'll have 15 minutes. If you leave us some time at the end, we'll be able to ask questions. We have your handout already delivered to us.

Mr. Rocco Rossi: Thank you, Madam Chair. My name is Rocco Rossi. I'm CEO of the Heart and Stroke Foundation of Ontario. I'm delighted to be here on behalf of the foundation to congratulate the government on this initiative and to offer our advice and input.

As most of you know, the Heart and Stroke Foundation is a community-based foundation. We have 300 full-time staff, 40,000 volunteers across the province in 30 offices from Cornwall to Chatham to Timmins, and this year we will invest in excess of \$85 million in research, education, prevention and health advocacy in the province of Ontario.

Before I begin my remarks, I'd be remiss in not offering really hearty congratulations to David Oraziotti for the work that he did in championing this. It gives hope to all of us in the power of one person taking on a cause and pushing it forward. You have every reason to be proud to see your work resulting in the introduction and passage of this legislation. We'd like to congratulate you on that.

I'd also like to acknowledge the contribution made by Minister Best in making the legislation a reality. She was key in convincing the government to adopt the legislation as government policy. Congratulations to the minister. I think this is an important additional jewel in the crown of Smoke-Free Ontario; it was a missing piece. I congratulate the government for moving forward.

Frankly, we had our doubts that the day would come. The Premier's comments initially were not encouraging. Let me say that we admire and appreciate his political courage in taking a second look at the evidence and in doing the right thing. If I may offer some advice to the Premier, remember the words of the great British Prime Minister Benjamin Disraeli. After changing his mind on a key policy issue, Disraeli was criticized by an opposition member of Parliament. His response to the member was, "When I am faced with new evidence, I examine it with an open mind. If it is persuasive, I alter my opinion. What do you do, sir?" Of course, there was no answer to that because Disraeli was describing the right, honest and logical course of action. Thank you, Premier, for following the same path.

Just recently, we were able to come to Queen's Park with a message of support for Bill 8. Today we bring another positive message, offering our backing for Bill 69. Once again, we are far from alone in this stance. As I'm sure these hearings will show and as I've heard from the prior presentation, a wide range of medical and health experts agree with the legislation.

Because members of the committee will likely face a long parade of statistics, I'm not going to cite a long list in this deputation. I would, however, like to point out a few facts that put this legislation in perspective.

First, the dangers of second-hand smoke in cars have been clearly and scientifically established. The evidence comes from many detailed studies and sources: the OMA, the US EPA, the University of Toronto, the Journal of Exposure Science and Environmental Epidemiology, the University of Waterloo, the Canadian Cancer Society, the Ontario Institute for Cancer Research and so on. The point is that we have a clear, credible body of evidence that says second-hand smoke in cars is very dangerous.

You are essentially creating a smoke box in your car. Even if you crack open a window or crank up the air conditioning, you will still be producing a highly polluted environment. At best, in a well-ventilated car, the air quality measures as poor and as dangerous to sensitive groups, and in this case, sensitive groups like children. With windows closed, a single cigarette can result in an air quality index reading of more than 270, and that is described as hazardous to all individuals. Just one cigarette can cause the air inside a car to exceed by many times the EPA's safe levels for toxin exposure in 24 hours. Imagine the effects from several cigarettes in a single journey.

The second fact that is inescapable is that children are particularly vulnerable to this form of pollution. On average, children in Ontario spend nearly an hour a day in a car. They're being driven to and from school, to leisure activities and outings with their parents. It's not just a few minutes now and again; it's nearly an hour a day.

Remember too that children breathe in more air relative to their weight than adults do. This means they take in more of the hundreds of harmful substances, such as heavy metals and oxides of nitrogen, found in tobacco smoke. Finally, children are still growing, and not horizontally as the rest of us are. Their immune systems, their lungs and their hearts are still developing and are therefore more vulnerable. Second-hand smoke hurts them more than virtually any other group you can name.

The third and final fact is that people want to see this legislation passed. They want to see children better protected. The recent Ipsos Reid study found that 86% of non-smokers support this bill, not surprisingly. Perhaps surprisingly, even a strong majority of smokers, some 66%, agree that children should be safeguarded through this legislation.

For all of these reasons, we urge the Ontario Legislature to provide swift passage of Bill 69 and we urge the government to waste no time in implementing its provisions. The day this bill passes will be a great day for the future health of our children.

Finally, I want to say a few words to those who still oppose Bill 69—and I know there are none in this room—as an unwarranted intrusion into private lives or decisions. Like many debates, this boils down to a

question of individual rights versus the rights of society and I'd say the responsibilities of society.

You have the right to poison yourself. Society has the right to keep people, particularly children, safe from harm where possible. Bill 69 clarifies where we draw that line. Yes, smoking is still legal in this province. You have a right to make that decision for yourself, as foolish as that initial choice may be. As my colleague Mr. Goodhand from the cancer society put it so well, once you've made that initial choice, there really is no choice afterwards; the addiction is so great. We do not make light of that and we do not make light of the plight of cigarette smokers. All the more reason that these forms of legislation need to be clear and they need to be communicated. That's one of the reasons that, together with the OMA, we put out quite a significant radio campaign to inform Ontario citizens of the coming of this legislation and the importance of it.

We do not have the right to impose those kinds of decisions on others. We don't have the right to expose other people to clearly dangerous chemicals against their will. We do not have the right to increase other people's risk of cancer, heart disease and stroke. Above all, we do not have the right to do this to children, the most vulnerable members of our society.

Society is funny like that. There are certain things we don't let people do to kids. You can't send your kids to work as chimney sweeps. You can't leave them alone in the woods to fend for themselves. You can't lock them, with the passage of this legislation, in a metal box full of formaldehyde and carbon monoxide fumes. It's that simple and, clearly, nothing but common sense. We're pleased to come here today in support of this legislation, and I'd be happy to take your questions.

1450

The Chair (Mrs. Linda Jeffrey): We have about two minutes for each party to ask questions, beginning with Mr. Kular.

Mr. Kuldip Kular: Mr. Rossi, I really want to thank you and the Heart and Stroke Foundation of Ontario for supporting Bill 69. I agree with you that this is a very good step forward. As you know, we have to keep the children safe and healthy.

You said in your presentation that as children are growing, they need all kinds of help from adults. The question I have for you: Is there any data with the Heart and Stroke Foundation of Ontario which clearly says that second-hand smoke is dangerous to adults, but is a much, much higher risk for children?

Mr. Rocco Rossi: There's no question that both are true. There is a great body of evidence around the negative impact of second-hand smoke on all people, including adults. There is also evidence with respect to children. Because they are growing, and because of the amount of air relative to their weight, etc., there are indications that they are more at risk than the general population. But make no mistake: Adults also are at risk from the effects of second-hand smoke.

The Chair (Mrs. Linda Jeffrey): From the opposition, Mr. Bailey.

Mr. Robert Bailey: Thank you for your presentation. I read your deputation a little earlier and was quite impressed with it. I'll get on the record right away that I am a reformed former smoker of over 30 years. I gave it up myself—

Mr. Rocco Rossi: Congratulations.

Mr. Robert Bailey: Thank you. It must be harder today. I see people struggling more today. Anyway, I don't let anybody smoke in my car anymore or in any vehicle I'm in.

The question I have is, would your organization agree—I see you're in great support of this bill, as is our side of the House—to be a full partner with the government in the educational component of this bill, to help promote it to the general public? I know the work you do already, but as a partner?

Mr. Rocco Rossi: We would be absolutely delighted to partner with the government on this. We feel it is an important element.

I heard earlier the notion of a grace period. We're not in support of grace periods. We think that things should be black and white; it's so important. But we do believe that grace should be shown by educating people broadly, making them aware that this is coming, that it is unacceptable and that it will now be illegal. We would encourage that to happen.

Mr. Robert Bailey: Another question I have is about the effects of second-hand smoke from marijuana. I know it's going to come up here at different times during the day, and I know there is a medical component to that, but there must be children in those cars and vehicles as well. What do we do about that?

Mr. Rocco Rossi: Similar to what you heard from our colleagues at cancer, we don't have the body of evidence that we do with respect to tobacco. That said, I as a parent would certainly not want it smoked anywhere near children. We would certainly be open to that discussion at the appropriate time.

The Chair (Mrs. Linda Jeffrey): Madame Gélinas.

M^{me} France Gélinas: It's a pleasure to meet you, Mr. Rossi. I enjoyed your presentation. I was just curious to see that on Wednesday there will be the opportunity for us to make amendments, and the NDP is looking at an amendment to include all children 19 and under. If the bill was to be 19 and under, would you still support it, and why would you or wouldn't you?

Mr. Rocco Rossi: Again, as with our colleagues at the Canadian Cancer Society, we certainly would not be opposed to raising that age. That said, what we have clear indication of societal support on is 16 and under. That's what we polled, and that's where we have clarity and certainly a sense from people of age-of-majority kinds of things.

M^{me} France Gélinas: So you never polled for 19 and under?

Mr. Rocco Rossi: We did not.

M^{me} France Gélinas: So we don't know where that stands. But generally speaking, protecting people 19 and under is not a bad idea?

Mr. Rocco Rossi: Ideally, we'd like to protect all people, 100 and under. That goes without saying. It's a question of making things effective and attempting to assist the broadest number as quickly as we can.

M^{me} France Gélinas: I've heard you say that you're not in favour of a grace period—the amendment for 90 days with no fines but just warnings. I can tell you that in northern Ontario, where we have a higher rate of smokers, we have identified pockets of people where we know there's going to be a lot of reluctance. They also happen to be people who are very price-sensitive, and if you give them a \$125 ticket, it's really going to turn them off this bill. Your view on that?

Mr. Rocco Rossi: Again, as I said in my comments, we're not in favour of grace periods. What we are in favour of is enhanced education and widespread communication of the bill to the general public, and also the efforts and activities of our colleagues at the Canadian Cancer Society and others with respect to assistance in stopping smoking.

But the whole point of having it as a law is to deter, and if people feel the price sensitivity of it, our hope is that that will help them over the hump of deterrence.

The Chair (Mrs. Linda Jeffrey): Thank you, Mr. Rossi. We appreciate your being here today.

ONTARIO CAMPAIGN FOR ACTION ON TOBACCO

The Chair (Mrs. Linda Jeffrey): Our next delegation is the Ontario Campaign for Action on Tobacco. Mr. Perley: Is that right?

Mr. Michael Perley: That's correct.

The Chair (Mrs. Linda Jeffrey): Welcome. Make yourself comfortable. We appreciate your being here today. As you've heard earlier on, please say your name and the organization you speak for so we get that for Hansard. Then, when you've done that, you'll have 15 minutes. If you leave us a little time, we'll be able to ask questions about your deputation. We have your handout in front of us.

Mr. Michael Perley: Thank you, Madam Chair and committee members. Before I start, I want to also echo the congratulations to Mr. Oraziotti for having started this ball rolling and for on two occasions talking to us about a bill. It's great that it finally was a ball that got hit out of the ballpark, so congratulations again.

The Ontario Campaign for Action on Tobacco, whose founders include the Canadian Cancer Society, the Heart and Stroke Foundation, the Lung Association, the Ontario Medical Association and the Non-Smokers' Rights Association, all welcome, as you've heard, this opportunity to support the passage of Bill 69, and we applaud the government and the Premier for the decision to expand the scope of the bill, the already excellent Smoke-Free Ontario Act.

As you've heard, first and foremost this is a bill grounded in evidence. I won't repeat the earlier references to the many studies and summaries thereof. I've attached to my presentation a short summary from the OMA of the evidence specifically concerning exposure effects in vehicles between the time that the OMA put out its first statement specifically aimed at protecting kids, called *Exposure to Second-Hand Smoke: Are We Protecting Our Kids?*, in 2004 and last year. That little summary covers the evidence. I don't want to repeat that.

There have been a number of studies that have tested a variety of in-vehicle environments, and concentrations dramatically increase. There is no doubt that this is a serious problem.

What I would like to touch on is the fact that, on the second page of my presentation, there is some other research showing that kids themselves, when they're asked about exposure to second-hand smoke, don't like it and don't think that it should be allowed.

In a study earlier this year, Canadian researchers found that while it was common for Canadian youth to be exposed to second-hand smoke in their homes or while in cars on a frequent basis in 2004, the vast majority of young people did not think that smoking should be allowed around children in these locations. So when you ask the kids themselves, they're not fond of this.

You heard about the Ipsos Reid poll earlier, which showed very high levels of support in Ontario. This builds on previous research done a few years ago by the Ontario Tobacco Research Unit, so I won't repeat that.

1500

As Mr. Rossi said, some have expressed concerns about government intervention in a so-called "private" space like a vehicle—the rights and freedoms issue. I would like to touch on that for a moment. A vehicle today, contrary to what some people have said, is a very heavily regulated environment—it is not a purely private space—and particularly so when it comes to our children. Fines and loss of points are common for failure to wear seatbelts, and similar sanctions exist for failing to place children in properly installed child restraint seats. Given the extreme toxicity of cigarette smoke in enclosed vehicular environments, it is both reasonable and prudent to enact such legislation eliminating this hazard.

As you did hear previously, banning smoking in vehicles transporting children is under consideration in most other Canadian provinces and territories. Not all have legislated yet, but most recently—last week, in fact—Manitoba joined Ontario and other provinces in legislating on this matter, and virtually every other province at the senior political level has expressed interest in also proceeding.

I have two comments about the bill itself. First, we strongly support the need for primary enforcement of this bill and were very pleased when Mr. Oraziotti told us that the Ontario Association of Chiefs of Police had agreed to primary enforcement of his then private member's bill. Second, we understand that there is no increased fine or other penalty for repeat offences. Given the harm that can

be done to children by repeatedly exposing them to second-hand smoke in any setting, we believe there should be an escalation in the applicable fine for repeat offences.

In closing, we once again commend the government for this important initiative—as well as the opposition parties for their support of this bill—and urge speedy passage and implementation of Bill 69. Thank you.

The Chair (Mrs. Linda Jeffrey): Thank you. You've left just a little over three minutes for each party to ask questions, beginning with Ms. Savoline.

Mrs. Joyce Savoline: Thank you, Mr. Perley, for being here today and for the good work that your organization does.

I am in support of this bill; however, I feel that we're missing an opportunity here and something that I believe has some value and is common sense, and that is to include any smoking of medicinal marijuana or controlled substances within the automobile at the same time. I'm wondering whether you have a comment on that.

Mr. Michael Perley: Thank you. I'm certainly aware of your bill, and actually we were very interested, as I think was mentioned earlier, in the other parts of it to do with entryways. This is a part of the smoke-free issue that has not been dealt with yet and is requiring attention.

I think when we get into controlled substances, our first thought would be that it's a matter that's normally dealt with under the Criminal Code. Secondly, as I think Mr. Rossi mentioned earlier, any organic material—it might have been Mr. Goodhand, actually—when it's combusted, produces carcinogens. So I think if we're going to deal with that, given we have herbal cigarettes and we have water pipes and so on—we have other devices that may produce emissions from combustion of non-tobacco material—I think I'd echo my colleagues earlier in saying that we'd welcome an opportunity to have a much better and more fulsome discussion of this at another time. We wouldn't want to hold up Bill 69 to have that discussion, but we would strongly support having that discussion, having a hearing on that matter, because we have marijuana, but we have a number of other substances that are combusted indoors that also would need attention.

Mrs. Joyce Savoline: The private member's bill is, by all signs, not going anywhere, and I'm concerned now about the kids. We have an opportunity here to include something in a bill that talks specifically to our children. I'm wondering whether or not there's any support out there from all the organizations that understand the value of protecting our kids with respect to this issue—whether or not we should err on the side of caution and include this in the bill, which would allow us to go forward more quickly than waiting for a private member's bill to see the light of day.

Mr. Michael Perley: I think I'd have to echo my colleagues in saying that the data set is such that we'd really need to look at this more comprehensively than this opportunity allows. We should do that, but I don't

think this is the opportunity to do it, and I think that's the sense that we all have, having discussed this in fair detail.

Mrs. Joyce Savoline: Okay.

The Chair (Mrs. Linda Jeffrey): Ms. Gélinas.

M^{me} France Gélinas: I'm pleased to meet you, and welcome to Queen's Park. I was really interested in your comment that young people did not think smoking should be allowed around children in these locations. In the research you're quoting, how old were those young people?

Mr. Michael Perley: I believe it was up to 16. I'm not sure; it may have been older. But certainly it included the 16-and-under cohort.

M^{me} France Gélinas: The NDP will support this bill. We're not going to hold it back. On Wednesday afternoon, we want it to go, but we'll also propose an amendment that will be voted upon on Wednesday afternoon to protect children 19 and younger. If it was to be 19 and younger, would your organization still support the bill?

Mr. Michael Perley: We'd still support it. We came at this originally from the point of view of the evidence that was generated—summarized, really, and fully assessed—by the California Air Resources Board a few years ago. I think the report came out in 2005. We were primarily looking at the effects on kids in their earlier growth stages, in particular those who were strapped into child restraint seats, which usually go up to age—I don't know; it depends—10, 11, 12. So from a health point of view, that's the cohort of kids we've been particularly concerned about because of their extreme sensitivity. If the group to be protected went higher than that in terms of age, we would not oppose it at all, but we're primarily concerned with that very young group, purely based on the health effects evidence.

M^{me} France Gélinas: Okay. The second part we're looking at is that, like you, I think the fines do not go up but they also start from day one. In some parts—I'm talking mainly for northern Ontario—we have a higher rate of smokers and we already know that we will have enforcement problems with some particular groups. It would be of benefit to have 90 days where you can target those groups, between the health promoters and the police, to really do education: "Hey, listen, a fine is coming." Would you be in support of this?

Mr. Michael Perley: I would not support a grace period; that is, a period after the law comes into force where it's not applied. We certainly had difficulties with our smoke-free bylaws when a few municipalities did that. They announced, when they passed something, that there would be a period when no enforcement occurred. The result was that those who complied with the bylaws got very aggravated because they felt certain people were getting away with non-compliance and a free ride. So we don't think grace periods work.

What I would recommend to the government, and I think we'd all support it, is a period of education, which we've heard is going to happen. Indicate, "Look, we're going to have three months of education," or however much time we can devote to it, and then past a certain

date, the hammer starts coming down. I think it's very important to have a very clear date when it comes into effect, and then past that point there's no uncertainty about whether or not you'll be subject to a fine if you do it.

The Chair (Mrs. Linda Jeffrey): From the government side, any questions?

Mr. David Oraziotti: I don't have a question; I know my colleagues do. I'll be very brief. I just want to recognize Michael Perley's tremendous advocacy on this issue. I appreciate his comments and his participation for many years in this area, and certainly Rocco Rossi and Peter Goodhand, who spoke earlier, and I know George Habib is going to be speaking shortly. So I thank everyone for coming together to support this particular initiative, and I thank you for being here today.

The Chair (Mrs. Linda Jeffrey): Mrs. Mitchell.

Mrs. Carol Mitchell: Thank you, Mr. Perley, for making your presentation. You've made a number of presentations over the years, and I do thank you for all your hard work.

My question is short. You know as well as I do that the bulk of this bill will be relying on voluntary compliance. I wanted to give you the opportunity to speak to what you think is most effective in the education component, the awareness campaign. What should it look like and who should we target?

Mr. Michael Perley: I think the Heart and Stroke Foundation of Ontario has a long-standing media campaign that's been supported by the government that relied—at least a few years ago, when it was focusing on second-hand smoke—on testimony about the third-party effects of someone's smoking behaviour, whether it's on a spouse or a family member, whatever. I think that kind of approach tends to get people who might otherwise resist, if they're smokers, purely on the basis that they think, "The government is after me" or "The government's trying to tell me what to do."

1510

If the campaign speaks about the effects of what someone is doing on others—and particularly, again, when you bring in children. I think the relatively few Ontarians who still haven't got the message about second-hand smoke, if they're asked to think about the impacts on others, and particularly, in this environment, in the small enclosed space that a vehicle cabin represents, on kids, maybe talking about how sensitive growing children are—Mr. Rossi outlined that earlier. I think that kind of messaging, together with just the pure information of "on such-and-such date," would be messaging that would be effective.

The Heart and Stroke campaign over several years showed very significant changes in attitudes when people were asked to think about tobacco use and its impact on others, as opposed to warnings about the dire consequences if you, Mr. and Ms. Smoker, keep smoking. I think that switch in approach, asking people to think about others, was very effective, and I think you do the same thing here.

Mrs. Carol Mitchell: One of the groups that has done a tremendous job in my riding is young people for tobacco control. I just wondered what your thoughts were on that.

Now, the Chair also gave me the high sign, so—

Mr. Michael Perley: Well, just engage them, enlist them, encourage them and support them in any way possible, for sure.

Mrs. Carol Mitchell: Great. Thank you.

The Chair (Mrs. Linda Jeffrey): Thank you very much for being here today.

ONTARIO LUNG ASSOCIATION

The Chair (Mrs. Linda Jeffrey): Our next delegation is the Ontario Lung Association. Is it Mr. Habib?

Mr. George Habib: Yes.

The Chair (Mrs. Linda Jeffrey): Welcome. Make yourself comfortable, and as you get your paperwork out, we have your presentation in front of us. When you begin, if you could say your name and the organization you speak for so that Hansard gets that, then you'll have 15 minutes. We hope you'll leave some time at the end for us to ask questions.

Mr. George Habib: Thanks very much, Madam Chair. Good afternoon. My name is George Habib. I'm the president and CEO of the Ontario Lung Association. It's a pleasure to be here this afternoon.

First of all, I would be remiss if I didn't extend my appreciation to Premier McGuinty for supporting the implementation of the smoke-free Ontario strategy and, more specifically, the Smoke-Free Ontario Act. The bill we are here to discuss today, Bill 69, introduced by Minister Margaret Best, is proof that this government is committed to the well-being and protection of Ontario's children, especially those with asthma.

As you know, the Lung Association is one of Canada's longest-standing, most respected not-for-profit health organizations. We're a recognized leader in the prevention of tobacco use as well as in the prevention and control of chronic lung disease, including asthma and chronic obstructive pulmonary disease; the acronym is COPD, for future reference.

This bill protects young vulnerable lungs from ceasing, from having an asthma attack, from not being able to get the next bit of air. If a child with asthma is exposed to second-hand smoke, it could prove fatal. As high as 20% of Ontario's children suffer from asthma, one of the highest rates in the country.

Many smokers understand the risks of smoking in a vehicle in the presence of children, but our respiratory health educators who answer calls on the Lung Association's asthma action helpline know that there are smoking parents out there who continue to expose their asthmatic children to second-hand smoke despite the risks.

Bill 69 protects those children from those who are not applying common sense to their smoking addiction. For this reason—reason number one—the Lung Association

supports the quick passage and implementation of Bill 69.

COPD is a disease that leaves you gasping for air, just like an asthmatic. This disease can be prevented by eliminating its number one risk factor, tobacco use. According to the Public Health Agency of Canada, in 80% to 90% of COPD cases, cigarette smoking is the principle underlying cause.

You may be asking what COPD has to do with not smoking in cars with children, because COPD usually affects a population much older than 16 years of age. Well, through banning smoking in vehicles with children, it is likely that some smokers may see this as an opportunity to quit smoking. COPD can be prevented by good public education about the health risks of smoking and second-hand smoke, and by good legislation that makes it more difficult to smoke, leading smokers to making their first quit attempt. For this reason, reason number 2, the Lung Association supports the quick passage and implementation of Bill 69.

The Lung Association's mission is to improve lung health. The Lung Association provides evidence-based information to Ontario residents, supports people with lung disease and offers professional education opportunities to health care providers across the province.

The Ontario Lung Association funds medical research through its two member-based medical societies comprised of respirologists and other allied health professionals: the Ontario Thoracic Society, OTS, and the Ontario Respiratory Care Society, ORCS. OTS and ORCS provide the Lung Association with a strong presence in the medical and health professional communities throughout the province. We trust the research and opinions of our medical societies. We know that our societies' members support the amendment to the Smoke-Free Ontario Act, protecting children from second-hand smoke in vehicles. For that final reason, reason number 3, the Lung Association supports the quick passage and implementation of Bill 69.

In conclusion, Ontario's kids will breathe easier when this legislation is passed. However, it is important, as has been mentioned previously, that it not simply be passed and done with, but that the general public, inclusive of priority populations, the media and health care professionals, must be part of this bill's implementation through a comprehensive public education strategy. We call on the government to ensure that this legislation is implemented with a strong public education component. The Lung Association, in conjunction with its two medical societies, the Ontario Thoracic Society and the Ontario Respiratory Care Society, wholly support Bill 69 and applaud the government for its quick response to the private member's bill originally introduced by Sault Ste. Marie MPP David Oraziatti last December.

The science speaks for itself: Children face the greatest health risk and are the least able to protect themselves against second-hand smoke in a vehicle. This legislation gives a strong voice to the back seat of that vehicle. It is absolutely the right thing to do.

Thank you for the opportunity to present here today.

The Chair (Mrs. Linda Jeffrey): You've left about three minutes for every group to ask you a question, beginning with Mr. Bailey or Ms. Savoline.

M^{me} France Gélinas: I think it was mine.

The Chair (Mrs. Linda Jeffrey): You are absolutely right. I'm sorry, Ms. Gélinas. I didn't look at my notes.

M^{me} France Gélinas: And I have three minutes?

The Chair (Mrs. Linda Jeffrey): Yes, you do.

M^{me} France Gélinas: It's a pleasure to meet you, Mr. Habib. I must say that my grandmother had COPD, and you have been the charity of choice for our family for a long time. I appreciate the work you do.

We, as the NDP, support the quick passage and adoption of this bill and think it is a good bill. We are looking at an amendment to protect kids 19 years old and younger.

I was interested in the comments you made about your helpline, that there are smoking parents out there who continue to expose their children to second-hand smoke. Do you have an idea if that includes children aged 19 and under or just 16 and under?

Mr. George Habib: The evidence we've looked at has just been in the 16-and-under range. I'm sure there is other work out there that can be done to demonstrate that, but generally it has been 16 years of age and under that we've looked at.

M^{me} France Gélinas: We will be looking at an amendment on Wednesday—not to hold this bill back; it will go full speed ahead, and we are interested in speedy passage and adoption. The amendment will look at changing 16 and under to 19 and under. Would you still give your support to the bill if it was so?

Mr. George Habib: As others before me have indicated, we certainly would support it. We don't want to do anything to hold this up. This is critical, and we would certainly support it. But we are working from evidence at the age of 16, just to be clear around that.

1520

M^{me} France Gélinas: We're also looking at a period of awareness and education—I won't call it a grace period. We would like it to be clear in the legislation that it will be 90 days, and that at a certain date everybody knows, the fines will come into effect. Is this something you would support also?

Mr. George Habib: We would definitely support a public education program; we've been explicit about that. I outlined the audiences in this, and we certainly have more detail around that. We'd certainly support it. We're not in favour of a grace period once legislation comes in, but of public education prior and then implementation.

M^{me} France Gélinas: I guess it's a question of language. We're looking at doing the same thing: having a clear education period. There are some specific target groups—especially in the north, which is the area I know better—that need that period to make the changes necessary to comply with the law.

Mr. George Habib: So we're saying the same thing.

M^{me} France Gélinas: I think we're saying the same thing. Thank you very much.

The Chair (Mrs. Linda Jeffrey): Mr. Kular.

Mr. Kuldip Kular: Mr. Habib, thank you very much for supporting this bill and for asking for quick passage of Bill 69. I also want to thank the member for Sault Ste. Marie for bringing forward this initiative. The Minister of Health Promotion has brought this bill forward and also needs congratulations.

Mr. George Habib: Thank you, and we would like to thank him for including us in this as well.

Mr. Kuldip Kular: I, as a physician turned politician, have been involved with the Ontario Lung Association in the past through my membership in the Ontario Medical Association. The question I have for you is, one of the other presenters asked for some equitable fine for secondary offenders. Besides public education, do you have any other solutions for better compliance with this bill, or are you in favour of any fines for offenders against this bill?

Mr. George Habib: We're certainly in favour of public education; I think that's important. But I do think that, if enacted, there need to be fines to go along with the bill. Whether there are secondary fines to others in vehicles and so on, we haven't given that much thought, but we're certainly very supportive of the way it has been proposed to this point.

The Chair (Mrs. Linda Jeffrey): Mr. Mauro.

Mr. Bill Mauro: Mr. Habib, thank you for being here today. Like many others, the Lung Association is the group in the province and nationally that has resonated with me in terms of leading the fight on issues like this. So thanks for the work your group has done over a number of years.

Power wall advertising, which you know we've taken action on, and the Smoke-Free Ontario Act are looked at as activities that hopefully are going to lead to fewer people beginning to smoke, especially younger people. I'm not sure this particular act is viewed that way by many people in terms of perhaps the incentive for a parent who already smokes to quit smoking. As I understand it, one province—Nova Scotia, I believe—was first to pass this legislation. Do you have any sense of any success that might have been achieved in that province or any sense of what success might be achieved here in Ontario in terms of this legislation encouraging people who already smoke to quit smoking, beyond its primary goal of protecting children?

Mr. George Habib: I think it is early days to comment on success or non-success in Nova Scotia and other provinces, if I could say that. We are following it as closely as we can. I think the engagement of the broader community through the public education program—there was a question earlier about what we can do with youth. We are already funded to do youth advocacy through our Youth Advocacy Training Institute, funded by the Ministry of Health Promotion. We have 600 very highly motivated high school students across the province, who work with all the public health agencies. So we're very

well positioned to use those young people as part of this and they are motivated and mobilized to do that, not only with bringing down power walls but educating other young people and hopefully others through the public health agencies and on their own to be able to deliver that; also I think the work around that within aboriginal communities will be extremely important.

My sense is that what seems to be common sense would be a period of public education, implementation of the legislation and enforcement of the legislation. What I hear, what calls I get, and when I speak to and am interviewed by the media, I think they're addressing the whole area of too much legislation, and people are reacting more to that. But when you break it apart for them and talk about the science that we have and the research that we have, and that kids cannot speak for themselves at this stage of the game, people tend to back down and think about it again and then say, "Aha." It's an "aha" moment for them.

I'm not sure if I've answered your question directly, but that's really what we're seeing right now.

The Chair (Mrs. Linda Jeffrey): Thank you. Mr. Bailey.

Mr. Robert Bailey: Thank you, Mr. Habib, and Madam Chair for the opportunity. Thank you for the good work you've done with the Ontario Lung Association. I know a number of people who are affected by COPD and it certainly is a dreadful disease.

I've asked this of a number of other deputations today. I know the work you do already on your own. Would you and your organization be willing to partner with the government in a real educational campaign to help promote this bill and the non-smoking aspect in cars with respect to children, please?

Mr. George Habib: I can give you the long and the short answer. It's yes.

Mr. Robert Bailey: Okay, good. Thank you. I guess I've got a minute?

The Chair (Mrs. Linda Jeffrey): You've got time.

Mr. Robert Bailey: Can you give me any impression you have on the effect of medical or non-medical marijuana—to me there's no difference—and its effect on children? We understand there could be the possibility of people smoking in cars in the presence of children, parents who are taking this medical—I don't see there's a difference.

Mr. George Habib: Well, we don't have all the evidence on that. There is work underway around that. I think it's equally as bad, if not worse. In fact, there are indicators that it may even be worse.

We're also concerned about indoor air quality and we do a lot of work in that area. We've done a lot of work in launching our website—yourhealthyhome.ca—where someone can go through and actually make their home asthma-friendly. People can go on that website. As was mentioned earlier, we're concerned about all kinds of things that might cause triggers to asthma. Certainly that would be one. So we are continuing to work on that area, but the evidence, the science, is not quite there as much

as it is around this particular bill at this stage. I've hopefully answered your question.

Mr. Robert Bailey: No, that's right. That's what I wanted to hear.

The Chair (Mrs. Linda Jeffrey): Thank you very much, Mr. Habib, for your being here today. We appreciate your thoughtful answers.

Mr. George Habib: Thanks very much, Madam Chair. Thank you to the committee.

TORONTO PUBLIC HEALTH

The Chair (Mrs. Linda Jeffrey): Our next delegation is Toronto Public Health. Welcome. Do you have anybody else joining you?

Ms. Mary-Anne McBean: Yes, I do.

The Chair (Mrs. Linda Jeffrey): All right. As you get yourself settled, if you're both going to speak, could you say both your names and the organization you speak for. After you've done that—that would be for Hansard—you'll have 15 minutes to speak. If you leave a little bit of time at the end, we'll be able to ask questions. So when you're ready to begin, introduce yourself. You have the floor.

Ms. Mary-Anne McBean: Do you want us both to introduce ourselves at the beginning?

The Chair (Mrs. Linda Jeffrey): Yes, please.

Ms. Mary-Anne McBean: Okay. I'm Mary-Anne McBean and I'm a manager in planning and policy at Toronto Public Health. I'm representing Carol Timmings, our director. She was unable to come today. I actually brought a youth with me, and I think you'll be interested in hearing what he has to say.

Mr. Salvatore Anania: Hi. My name is Salvatore Anania and I'm a grade 11 student at Chaminade College School.

Ms. Mary-Anne McBean: I'll begin and then Sal will speak after me.

Toronto Public Health and the Toronto Board of Health strongly support Bill 69, legislation to protect children from second-hand smoke in cars. We applaud the government in addressing this important health issue. The Toronto Board of Health officially endorsed this legislation in January 2008—actually, that was the predecessor, Bill 11—and we wrote letters of support to the Premier, the Minister of Health Promotion and Toronto-area members of the provincial Parliament.

Children exposed to second-hand smoke show a greater likelihood of respiratory infection, sudden infant death syndrome, ear infections, and severe asthma, as has already been discussed. Due to smaller airways, they have a greater oxygen demand and less mature immune systems and this makes them more sensitive to second-hand smoke.

Exposure to second-hand smoke in a car for just 10 seconds can cause asthmatic episodes in children. New evidence implicates second-hand smoke in childhood cancer, leukemia and brain cancer. I have quite a few other statistics, but I understand you've already been

presented with a lot of the evidence, so I'll skip over that and give more time to Sal.

1530

The Smoke-Free Ontario Act and Toronto's no-smoking bylaw have provided protection from exposure to second-hand smoke in all public places and workplaces in the province and the city respectively. However, children continue to be exposed to second-hand smoke in private homes and in cars.

Toronto Public Health demonstrated leadership on the smoke-free-homes issue in 1998 as a founding member of the Breathing Space: Community Partners for Smoke-free Homes partnership. The resulting provincial partnership, mass media campaign and community activities focused on the protection of children and encouraged people to make their homes and their cars smoke-free. Toronto Public Health's comprehensive tobacco control program includes a strong emphasis on reducing exposure to second-hand smoke.

Despite concerted efforts to reduce exposure to second-hand smoke and the harmful effects to children from exposure in vehicles, approximately 22% of Torontonians continue to allow smoking in their vehicles. One in 10 adults reported exposure at least once a week, while one in 30 reported exposure to second-hand smoke in a vehicle on a daily basis. This information is from something called the rapid risk surveillance system. That is a system that's used throughout the province by a number of health units to collect this type of information on a broad range of health issues.

Toronto Public Health implemented the first Breathing Space smoke-free-vehicles campaign in partnership with select Canadian Tire stores in 2005 and has continued to educate the public about exposure to second-hand smoke in cars since then. In November 2007, Toronto Public Health supported a province-wide smoke-free-vehicles radio campaign that was coordinated through the seven tobacco control area networks in Ontario. Toronto Public Health and partners distributed educational resources through Canadian Tire, the car seat safety programs and select RIDE program locations.

I would like to conclude by narrating some experiences on a personal level. As a public health professional, it has really been gratifying to have been a part of this public health movement to protect the public from exposure to second-hand smoke. When these changes began, many segments of the public and the business community were anxious about the forthcoming changes. Through public health education campaigns, we were able to ease these anxieties. Thanks to smoke-free legislation, workers and the public are not breathing in dangerous carcinogens from tobacco every day. It's time that we afforded young children the same protection while travelling in vehicles. Nova Scotia, California, Louisiana, Arkansas, Maine, Puerto Rico, South Australia and Tasmania have passed similar legislation. I would encourage the government to pass Bill 69 without further delay.

I'm going to hand it over to Sal now.

Mr. Salvatore Anania: Hello. I'm currently the president of the Empowered Student Partnership, which takes care of the welfare of students in the school, and I am also a member of the leadership class. I've been involved in various initiatives in my school and community to make a difference that will improve the health of people.

Two weeks ago, I spoke to the Ontario Film Review Board regarding changing the rating of movies that have smoking in them. I participated in our school's smoke-free-vehicle campaign, and during March of this year I went to several elementary schools to speak to the children about exposure to tobacco in vehicles. I am a student who wants change, and I am passionate about living a healthy and prosperous life. I would like to thank you for allowing me to represent the youth of Ontario. I would like to see change, such as the passing of Bill 69 to protect children and youth from tobacco smoke in vehicles.

In October 2007, the leadership class received a grant from Smoke-Free Ontario through Toronto Public Health. With this grant, we were able to undertake the initiative to support Bill 11, which at the time was a private member's bill, to prevent youth from being exposed to second-hand smoke in motor vehicles. When I first heard what this bill would bring to Ontario, I decided to put all of my time and effort into helping this become a reality. This issue is of great interest to me because when I was younger, I was exposed to second-hand smoke in motor vehicles. That's why I want to see this change. So I stand here in front of you today because I'm an advocate for change.

Have a Voice was the smoke-free-vehicle campaign's name that we chose when we decided to get on board with this initiative. We want to have a say in matters that affect our lives. As you are aware, children under the age of 16 are not allowed to vote. So this campaign allowed us to have a vote and to be heard. I feel strongly that children's opinions and knowledge are often underestimated. Furthermore, the youth of today have very few opportunities to have a say about issues that affect their life and well-being.

During the Have a Voice campaign, we conducted presentations to children, faculty members and parents in over 25 elementary schools, to raise awareness about the effects of second-hand smoke on children. At these presentations, we discovered that many children are exposed to second-hand smoke in vehicles. Like most Ontarians, the majority we presented to agreed that children and youth should be protected from second-hand smoke. Therefore, we received over 700 signatures to support a bill that will protect children. Every person who signed the petition received and wore a button to acknowledge to society what they are in favour of. This petition was sent to our local MPP, Ms. Albanese, who presented it to Parliament in April.

This bill will protect children across Ontario from exposure to second-hand smoke, to be able to live a smoke-free and healthier life. At the same time, I believe

that if fewer children see tobacco products, it is more likely that they will not take up smoking.

Bill 69 is a bill that I believe will influence many people to make that change that will protect children and youth. Young people are not able to tell their parents, "Mom, Dad, can you please stop smoking? You're ruining my life." This is unrealistic, and the simple answer that most parents would give to their children is, "It's my car. I can do whatever I please," or they'll simply ignore the concerned youth and light up that cigarette that will one day kill them and their loved ones.

Being a youth, I want to see change in this world. Having a voice in order to speak one's mind and to stand for something that one believes in is the most influential tool one can use to make change and to see it be done. We rely on you, our elected officials, to bring about legislation that will protect us.

Thank you for your attention.

The Chair (Mrs. Linda Jeffrey): Thank you. You've left about two minutes for each party to ask questions, beginning with Ms. Jaczek.

Ms. Helena Jaczek: Thank you so much to Toronto Public Health for coming to present. I have a comment and then a question. I think what you've told us about the educational efforts that Toronto Public Health has engaged in—those of you in public health and those of us who were in public health were very aware of this since the Ontario Medical Association revealed the evidence related to smoking in cars with kids—is a very comprehensive educational campaign to increase knowledge and so on.

I have a question related to what I see will occur with this legislation, that there will be increased demand for cessation programs. Perhaps you could just detail for us what you are doing in that regard through Toronto Public Health.

Ms. Mary-Anne McBean: We've done a variety of things. We have run groups in the past, but we found that cessation groups are really not something a lot of people want to access. So we have worked with the Centre for Addiction and Mental Health in training care providers. We did a special project that was actually funded by Smoke-Free Ontario called Bent on Quitting. It was a specifically developed cessation program for people in the LGBT community, and we worked with them. We did do groups, but the whole focus was really to have people who are already providing services to people in the community to incorporate cessation messages, cessation support, when they're caring for someone. That may be social workers, community workers, people in community health centres. We worked with Sherbourne Health Centre in doing this. We also developed the teaching component with CAMH that is specific for this community.

1540

The Chair (Mrs. Linda Jeffrey): Thank you. Mrs. Savoline.

Mrs. Joyce Savoline: Some of my question will be consistent—I'm sorry, I didn't catch your name. You spoke so quickly—the young gentleman.

Mr. Salvatore Anania: It's Salvatore Anania.

Mrs. Joyce Savoline: Sal?

Mr. Salvatore Anania: Yes.

Mrs. Joyce Savoline: Thank you for being here today. I hear your message loudly and clearly, and I know that you do speak for the majority of young people in Ontario. I have an issue with marijuana for medicinal purposes being smoked in public places, which for me extends to this issue. Logically, if you can't smoke tobacco in a confined, small space like an automobile when children are present, an adult should not be able to smoke marijuana for medicinal purposes in a small, enclosed space like a car. Could you comment on that, please?

Mr. Salvatore Anania: When we went to the elementary schools, we found that the parents of the majority of the students smoked in their car, and the majority of parents smoked cigarettes. When we spoke to the students one on one—because if not, the parents wouldn't say, "I've smoked marijuana in front of my child"—it was more the peer pressure, not from their parents but from their idols, that got them smoking marijuana, and it was because they were in an enclosed space with their parents that got them initially smoking that cigarette. That's why we focused more on tobacco usage in an enclosed space than on marijuana.

Mrs. Joyce Savoline: Do you think it would be an opportunity to include that in this bill, so that it becomes more all-encompassing, rather than wait for something to be introduced months or years down the line?

Mr. Salvatore Anania: No, I think that this would be a perfect opportunity to introduce it.

The Chair (Mrs. Linda Jeffrey): Madame Gélinas.

M^{me} France Gélinas: It was a pleasure to hear you, Salvatore. I'm really proud of the work you've done. It's really nice that there are youth out there who take their health seriously and not only think about but act upon it. Certainly the NDP, which is the party that I represent, wants to see speedy passage of this bill. We want Bill 69 to become law. But we don't only want to protect children from second-hand smoke in cars; we also want to get youth involved, which is why we want to amend the act. It's not going to delay it or anything; it's an amendment that would be done the same day. Rather than say "16 and under," we would like it to say "19 and under," with the understanding that there are youth like you. If we give them the tools to say, "Mom, Dad, I don't want you to smoke in the car," they'll have a law that backs them up. I wanted your view on this. Do you think we should go that way?

Mr. Salvatore Anania: In regard to 19 years old, a 19-year-old usually drives a car. The students I've spoken to all have their own cars.

M^{me} France Gélinas: Under 19?

Mr. Salvatore Anania: Under 19, yes. Even an 18-year-old. You get your licence at 16 years old, and so my question is, would you get a fine if a 16-year-old is driving and smoking at the same time or do you have to be a passenger in the car in order to get that fine?

M^{me} France Gélinas: The 16-year-old who's smoking is in violation of many laws. He's not allowed to smoke,

period, so we're not talking about second-hand smoke anymore. The idea of the bill is really that it's a non-smoking 19-year-old and under who's in the car where somebody else is smoking.

Mr. Salvatore Anania: When we focused on 16-year-olds, we found that more parents smoked in their cars with 16-year-olds and under than 18-year-olds. Their parents take their opinions more in regard to younger people, so if a 17-year-old were to say, "Mom and Dad, I don't want you smoking in the car," they would take their comments and their welfare more into consideration.

M^{me} France Gélinas: And the same thing with 16? Because right now if you're 16, you're not covered; it's under 16. So in general you're not in favour of increasing it to age 19?

The Chair (Mrs. Linda Jeffrey): It's going to have to be a one-word answer.

Mr. Salvatore Anania: No.

The Chair (Mrs. Linda Jeffrey): Thank you very much for being here, both of you. We appreciate your delegation.

COUNCIL FOR A TOBACCO-FREE TORONTO

The Chair (Mrs. Linda Jeffrey): Our last delegation for today is the Council for a Tobacco-Free Toronto. Is it Ms. Hoffmeyer? Great. Welcome. Do you have a handout or anything for us?

Ms. Jane Hoffmeyer: No, I have no handouts.

The Chair (Mrs. Linda Jeffrey): We appreciate you being here today. If you could say your name and the group that you speak for. When you begin, you'll have 15 minutes, and if you leave some time, we'll be able to ask questions about your deputation.

Ms. Jane Hoffmeyer: Thank you, Madam Chair and committee members, for the opportunity to come and speak with you today. My name is Jane Hoffmeyer, and I'm pinch-hitting. I'm actually representing our chair, who had wanted to be here today. She's spent many years working in advocacy. Her name is Judy Myrvold. But because of the weather today and her health situation, she wasn't able to come out and attend. So I'm actually going to read her speech, word for word, for you. I don't know if any of you have met Judy before, but try to imagine Judy sitting here and not me.

"Good afternoon. My name is Judy Myrvold. I am the chair of the Council for a Tobacco-Free Toronto. As their representative before you today, I want to add our support for Bill 69, the Smoke-Free Ontario Amendment Act, 2008.

"The council has been active for over 25 years. Our council consists primarily of grassroots volunteers who are supported by members of the Canadian Cancer Society, the Lung Association, the Heart and Stroke Foundation, Toronto Public Health and the Centre for Addiction and Mental Health in our work to advocate for smoke-free initiatives, both for the city and all Ontarians.

“Over the years, we’ve been active in supporting a host of policy changes and education initiatives, such as the smoke-free Toronto bylaw, the Not To Kids! education campaign for retailers of tobacco products and the smoke-free-movies campaign. At the present moment, the council is involved in the second-hand smoke in multi-unit dwellings issue.

“My own involvement with the council spans 13 years. As a nurse, I was a witness to a lot of pain and suffering experienced by patients with smoking-related illnesses. Their families were also deeply affected. I wanted to make a difference by being involved in helping to prevent these illnesses. It’s taken commitment, patience and hard work, but the benefits are tangible. I can now go into a restaurant and fully enjoy the experience.

“When my daughter was pregnant with her second child, we went shopping and went out for lunch in downtown Toronto. My daughter loves to dine at Mr. Greenjeans, so we ate there. At that time, all the restaurants in Toronto were 100% smoke-free. Therefore, we could enjoy smoke-free dining. I remember thinking, ‘This is wonderful, that we do not need to worry about being exposed to second-hand smoke. Most importantly, we do not need to worry about the baby being exposed. This is not only wonderful; this is priceless.’ Bill 69 could also serve to be priceless for those Ontario children who are at present being exposed to second-hand smoke in automobiles.

“Information at the provincial and municipal levels tells us that changes in policy have influenced the reductions in smoking rates that Ontario currently enjoys.

“Protecting ordinary citizens from the harmful effects of second-hand smoke is central to our work. Many of us are parents; some of us are grandparents. Legislation that will protect children and youth is long overdue. We should be putting their interests and rights first, not as an afterthought. It’s shocking to learn that exposure to cigarette smoking within a car compared to a home is 25 times more toxic. We want legislation enacted which will protect children and youth under the age of 16 from exposure to second-hand smoke in vehicles.

“Many appliances such as car seats, for example, are legally required for children to keep them safe when riding in vehicles. Likewise, requiring vehicles to be smoke-free will also protect children so that they’ll be able to breathe air free of second-hand smoke.

“We’re especially concerned about young children and infants who have no voice and rely on the actions of adults to protect them from harm. I think it’s fair to state that most parents are conscientious about the safety of their children and would not willingly do anything to harm them. However, there is a segment of the population that is either not aware of the hazards of second-hand smoke in the confined space of a motor vehicle, or who are aware but choose not to drive smoke-free when children are present. This amendment to the Smoke-Free Ontario Act, coupled with a public education campaign, will serve to protect those children whose parents or guardians cannot be relied upon to do so.

“Ontario, let’s not be the last to enact this type of legislation. Ahead of us are Puerto Rico, Australia and California, and in Canada, the list of provinces with similar legislation in place or being introduced is growing: Nova Scotia in January and British Columbia this May. If you delay on this decision, it may result in Manitoba jumping the queue ahead of us.

“I spent this past weekend babysitting my grandchildren and I couldn’t help but think how fortunate they are to live in a smoke-free home. As children, they’ll never have to worry about being exposed to second-hand smoke. How very fortunate indeed. The enactment of Bill 69 is for those children who are less fortunate.

“In conclusion, I would like to argue that everyone has a right to breathe smoke-free air.”

Those are Judy’s words.

1550

The Chair (Mrs. Linda Jeffrey): Thank you. You’ve left about three minutes for each party to ask questions, beginning with Mrs. Savoline.

Mrs. Joyce Savoline: I’ll be consistent with my questioning. I don’t know if you’ve been here all afternoon.

I think it’s also important to be inclusive, once we’re embarking on amendment, to try to think of all the factors that apply. I think that one of the factors that applies, which was inadvertently missed in the Smoke-Free Ontario Act, is the fact that smoking marijuana or other controlled substances in public places is prohibited, because there are people who have used this as an opportunity to smoke marijuana in public places. Given that the car is such a confined place, and there may be parents or adults who feel the necessity to smoke marijuana for medicinal purposes at that time when they’re in the car with children, I would like to include in this act an amendment that includes no smoking of controlled substances, like marijuana for medicinal purposes, in a car with children present. I’m wondering what your thoughts are on that.

Ms. Jane Hoffmeyer: I think the council would be in agreement with some of the other comments that people have responded to your question with this afternoon. There’s probably evidence to indicate that that is a risk, and that as long as those sorts of amendments wouldn’t delay the implementation of this bill—

Mrs. Joyce Savoline: I have no intention of delaying the bill. I just see this as an opportunity to take it to another level of safeguarding our kids.

Ms. Jane Hoffmeyer: I think they’d be in total agreement.

Mrs. Joyce Savoline: Thank you.

The Chair (Mrs. Linda Jeffrey): Ms. Gélinas.

M^{me} France Gélinas: Welcome to Queen’s Park. My question is also along the same line of reasoning, as I ask the same question of every speaker. The NDP would like to protect children from second-hand smoke, and also youth. Right now, the bill reads “under 16,” so that means children up to 15, and we would like to change it so that it protects youth under 19. I don’t know if you could talk about your council’s position about protecting

youth to 19, and if you would still be in favour of the bill if we were to protect youth up to age 19.

Ms. Jane Hoffmeyer: I don't think it's something that's been actively discussed, so I'm not feeling that I can really comment or represent the comments of the council. I apologize.

M^{me} France Gélinas: I know that your council usually includes all ages, so the linkage is, for me, easy to be made, but not for you. You don't think that your council would go to 19?

Ms. Jane Hoffmeyer: They probably would. I think you're right: It's not a big stretch to move to that, in terms of giving some tools to people who are under the age of 19.

M^{me} France Gélinas: The other amendment we're looking at—here again, I guarantee you that we're not going to slow this process down; we want it to go ahead, but it's all done in the same conversation—is to put a fixed period for the education to take place, so that everybody knows that from that date to that date, education takes place on the bill, and 90 days later, the bill comes into effect with financial penalties. Is this something that you can comment on?

Ms. Jane Hoffmeyer: I think that the council would definitely be in support of that, and has in the past. A strong educational component is really important to enhance policy changes.

M^{me} France Gélinas: Thank you for your comments.

The Chair (Mrs. Linda Jeffrey): Mr. Orazietti.

Mr. David Orazietti: Thank you, Chair. No further comments from this side. I just want to thank you very much for the work that you do. On behalf of the government, thank you for your support on the bill.

Ms. Jane Hoffmeyer: Thank you.

The Chair (Mrs. Linda Jeffrey): No other questions?

Thank you, Ms. Hoffmeyer. We appreciate your being here today.

Committee, this brings to a close the delegations that we have appearing on this issue. For administrative purposes, amendments need to be filed with the committee clerk by 5 o'clock tomorrow—that's Tuesday, June 10. The committee will meet for the purposes of clause-by-clause consideration of the bill on Wednesday, June 11.

Mrs. Savoline, do you have a question?

Mrs. Joyce Savoline: Can I table my amendment now, or do I have to wait until tomorrow?

The Chair (Mrs. Linda Jeffrey): Just give it to the clerk, as long as you do it by tomorrow at 5.

Mrs. Joyce Savoline: Thank you.

The Chair (Mrs. Linda Jeffrey): Any other comments or discussion? We're adjourned.

The committee adjourned at 1555.

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