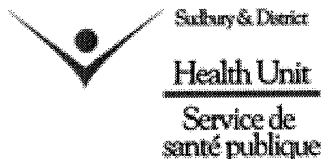
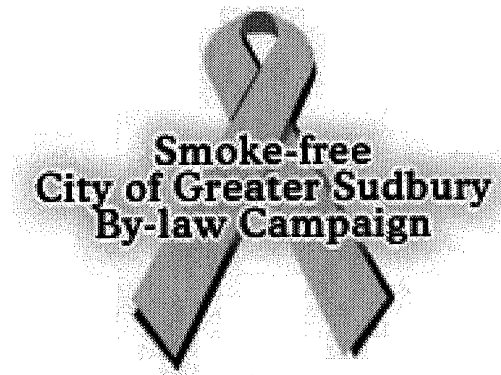


R E P O R T

100% Smoke-Free By-law for the City of Greater Sudbury



Dr. Penny Sutcliffe
Medical Officer of Health

**Report to
City of Greater Sudbury Council**

**SUBJECT: 100% SMOKE-FREE BY-LAW FOR
THE CITY OF GREATER SUDBURY**

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Date of Submission: October 23, 2002

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1.0 EXECUTIVE SUMMARY

100% Smoke-free By-law for the City of Greater Sudbury

Mayor Gordon and Councillors of Greater Sudbury:

At the January 17, 2002 meeting of the City of Greater Sudbury Council, Sudbury & District Medical Officer of Health, Dr. Penny Sutcliffe, made a presentation on 100% smoke-free communities. Council then carried the following motion:

“THAT the Council of the City of Greater Sudbury hereby endorses the work of the Sudbury & District Health Unit in working towards ‘100% smoke-free’ City and encourages their work in this endeavour; AND FURTHER, this Council urges all citizens of the City of Greater Sudbury to observe “No Smoking Week” by butting out.”

With the support of the Sudbury & District Board of Health and under the direction of the Medical Officer of Health, Health Unit staff commissioned a public opinion survey and conducted extensive public and sector consultations on a 100% smoke-free by-law. Verbal and written submissions were invited. The scientific literature was reviewed and relevant experience in other communities was scrutinized. Approximately 3,225 voices were heard in total.

The findings of this work are summarized in the October 23, 2002 report to the Greater Sudbury Council, “100% Smoke-free By-law for the City of Greater Sudbury”.

The overriding conclusion of the health unit’s work is unequivocal. Deciding to create smoke-free public places and workplaces is arguably the most important public health decision that municipal governments have the authority to make. The deadly impact of exposure to second-hand smoke is a public health issue, not a fiscal one.

The Medical Officer of Health of the Sudbury & District Board of Health recommends that the Council of Greater Sudbury:

1. Develop a 100% smoke-free by-law that prohibits smoking in public places and workplaces, including all entranceways, by May 31, 2003 and that phases out existing separately ventilated designated smoking rooms (SVDSRs) in existence as of October 23, 2002, by May 31, 2004; and
2. Implement an enforcement strategy in partnership with the Sudbury & District Board of Health as described in the report; and
3. Implement a public information and business education campaign in partnership with the Sudbury & District Board of Health as described in the report; and
4. Create a multisector task force to determine the local feasibility of creative strategies used in other communities to address the concerns of charitable and non-profit organizations that raise money from bingos.

These recommendations are based on the following 11 findings of the consultation and review process.

1. Second-hand smoke is a health hazard.

The research cannot be disputed. Second-hand smoke is a proven health hazard. There is consensus on this among the most reputable scientific and medical academics and among government agencies. Second-hand smoke causes cancer and other chronic diseases. There is no safe level of exposure to second-hand smoke.

Exposure to second-hand smoke ranks as the third leading preventable cause of death in Canada, following smoking and alcohol use. Three thousand Canadians are killed every year by second-hand smoke. Many victims of second-hand smoke are exposed against their will to carcinogens present in other people's smoke.

The harmful health effects of second-hand smoke were not at issue during the Health Unit's extensive consultation. Supporters of and opponents to a 100% smoke-free by-law as well as smokers and non-smokers alike all agree that second-hand smoke is a health hazard.

2. Separately Ventilated Designated Smoking Rooms (SVDSRs) are costly to install and have not proven to be effective in eliminating the hazards of second-hand smoke.

Designated separately ventilated smoking rooms are not effective. No ventilation system can effectively remove second-hand smoke from the workplace. Ventilation systems do not remove the toxic chemicals in tobacco smoke from the air. They provide no solution to the problem of exposure to second-hand smoke.

Research in this field and knowledge concerning safety standards have increased since Council's first by-law of 1999.

In Canada and the United States, the accepted engineering standard for indoor air quality is provided by the American Society of Heating, Refrigeration and Air Conditioning Engineers (ASHRAE). With the increasing research regarding second-hand smoke and legal obligations to ensure safe environments, ASHRAE has rescinded a recommendation that ventilation rates safely accommodate a moderate amount of smoking. It is expected that ASHRAE will make even stricter recommendations in upcoming ventilation standards.

SVDSRs were proposed by several sectors during the Health Unit's consultation process. Proponents of SVDSRs argue that smoking rooms offer smokers a choice while protecting others. The science does not support this argument. Toxins still escape from SVDSRs. The report describes the 20 existing designated rooms within the City of Greater Sudbury, their dates of construction, and whether air quality has been ever tested in these existing SVDSRs.

In addition to being exposed to escaped toxins, workers must also enter these areas as part of their employment. Further, there appears to be no monitoring or enforcement of even existing ventilation requirements.

3. All workers should be protected equally by a municipal by-law.

The current City of Greater Sudbury by-law regulates smoking within designated public places. This by-law does not regulate smoking in workplaces although such a by-law is permitted under the *Municipal Act*.

Up to 25% of a workplace may be designated as a smoking area under the provincial *Smoking in the Workplace Act*, 1990. The *Smoking in the Workplace Act* does not adequately protect workers but expressly states that a municipal by-law will prevail over the Act if the by-law is more restrictive in nature.

There is an uneven patchwork of worker protection within the City of Greater Sudbury under the existing by-law and provincial and federal laws. Workers in federal, provincial and some municipal buildings are already protected from second-hand smoke. But many other workers are not protected and are regularly exposed to the harmful effects of second-hand tobacco smoke. There is no reason why workers in hospitality, mining, entertainment and other sectors should not expect the same health protection rights.

Workers within the hospitality industry are of particular concern. There are 315 restaurants and 163 bars in the City of Greater Sudbury. The thousands of workers in this industry are often young and non-unionized and may be less likely to ask for protection from second-hand smoke. Scientific research shows that non-smoking hospitality workers are at higher risk of negative health effects caused by second-hand smoke than other non-smokers. Bar and tavern employees have higher rates of lung cancer than almost all other occupations. Non-smoking food service workers are 50% more likely to develop lung cancer than other non-smokers.

During sector consultations, it was argued that workers have the choice regarding working in smoke-filled environments. It was also stated that employees could look for work elsewhere. A 100% smoke-free public places and workplaces by-law ensures the same protection for all workers and ensures that workers are not faced with having to choose between their health and their job.

4. By-law restrictions should include entranceways to all public places and workplaces.

Under section 213 of the *Municipal Act*, municipalities are allowed to regulate smoking in any public place with the exception of any public street, road or highway. Section 213 does not require that the public place be indoors or that it be enclosed. A smoking by-law could therefore regulate any outdoor public place.

During the public and sector consultations, arguments were made for the inclusion of entranceways to all public places and workplaces in a smoke-free by-law. To prevent smokers from gathering in entranceways, it was argued that entranceways should be smoke-free.

Currently, establishments regulated under the Ontario Tobacco Control Act (e.g. hospitals, universities, colleges) have restrictions preventing smoking within nine meters of any entranceway.

5. Liabilities related to exposure to second-hand smoke are a reality.

A recent Ontario landmark ruling could set precedent for hospitality workers across Canada. A 57-year-old non-smoker and former waitress diagnosed with lung cancer claimed disability from second-hand smoke in the workplace. It was reported in October 2002 that she was awarded worker's compensation. The ruling is a precedent setting case in establishing second-hand smoke as a workplace hazard. It was even more recently reported that two more Canadians working in the restaurant industry have been awarded compensation after developing cancer from second-hand smoke.

During the public consultations, questions were raised concerning whether a municipality could be held accountable for the protection of the public from the hazards of second-hand smoke, particularly if some municipalities offer inferior protection than others. By providing smoke-free workplaces, municipalities and employers protect themselves from the increasing potential for liability related to exposure to an identified workplace hazard.

6. The "bar is being raised" as more Ontario communities go 100% smoke-free.

When the Regional Municipality of Sudbury passed its smoking by-law in 1999, the Region was a leader in responsible management of second-hand smoke. The standards have changed and a growing number of Ontario municipalities have responded by going 100% smoke-free. The Region of Waterloo, Ottawa-Carleton, and Chatham-Kent are three examples where 100% smoke-free public places and workplaces by-laws have been passed.

As standards change, liability becomes a bigger issue. Greater Sudbury's leadership role is also being challenged by other Northern Ontario municipalities that are vying for recognition as healthy communities.

7. A 100% smoke-free by-law without exemptions creates a level playing field for all businesses and avoids any unfair advantages for some.

Many owners indicated that they were willing to go smoke-free under the conditions of a level playing field. A level playing field means that all geographical areas of the City of Greater Sudbury are under the same no-smoking by-law and all sectors must abide by the same rules. All participants in the consultation process agree that if the by-law was passed, it would be critical that a level playing field be established. Bingo hall operators and bowling proprietors strongly expressed the need for the casino to be smoke-free as well. Allowing for the continued use of SVDSRs would create an uneven playing field. Economic advantages would be created for those businesses that could afford to build them.

8. There is strong public support for 100% smoke-free.

Community support for the implementation of a smoke-free by-law in the City of Greater Sudbury is high. The results of a public opinion poll commissioned in June 2002 revealed widespread support for smoke-free public places and workplaces. Seventy-seven percent of respondents indicated that they would support a by-law that would make all indoor public places 100% smoke-free (meaning no allowances for designated smoking rooms). When participants were asked whether or not they would support a by-law that would make all workplaces 100% smoke-free, 80% of respondents indicated they would support such a by-law. Most people surveyed (86%) said they would not travel outside their community to attend places that did allow smoking.

Of the many written submissions to the Health Unit, the majority were in favour of 100% smoke-free by-law. For example, the Sudbury and District Labour Council, which represents approximately 45 local unions, supports smoke-free workplaces. The details of other submissions are contained in the report.

9. The impact on charities needs to be minimized.

Bingo operator representatives reported that in Sudbury in 2001, more than \$5.4 million was provided by bingo to approximately 200 distinct local charity organizations. Local charities expressed their opposition to 100% smoke-free by-law, arguing that communities with such by-laws have seen significant charity revenue losses.

Research by Health Unit staff indicates that the reality of the effect on charity revenues is complex.

Recent studies conducted by the Registered Gaming Suppliers of Ontario Association and the Ontario Charitable Gaming Association concluded that many of the gaming products offered by charity bingos are outdated. This is due to changing demographics and competition from new gaming options such as casinos, slots, internet gambling, instant win, lotteries and video lottery terminals (VLTs).

Changes in market conditions, have resulted in a significant reduction in the number of players, revenue and returns for the charities. For example, the profit for charities has been cut by more than half province-wide in the last 15 years. The industry is under duress and is undergoing a significant restructuring.

In light of the complex factors affecting bingo operations and bingo charities, communities need to develop strategies to reduce charity dependence on gaming, regardless of smoke-free by-law decisions. As an example, Ottawa's Corporate Services and Economic Development Committee Four-Point Action Plan to address declining charitable bingo revenues is highlighted in the report. This is a comprehensive strategy that could be considered locally.

Workers and charity volunteers need protection from the harmful effects of second-hand smoke as well. Charity groups have been vocal in opposing the proposed by-law, but individuals within these groups have complained to Health Unit staff about the risk of volunteering in smoke-filled venues.

10. The public and all businesses and workplaces need to be educated on the by-law.

Health Unit staff extensively reviewed best practice interventions in communities that have successfully gone 100% smoke-free. Extensive mass media campaigns to educate the public and affected sectors were integral to the successful implementation of their tobacco by-laws.

Local experience with the 1999 by-law also demonstrated the importance of upfront and ongoing education. Public education and sector and employer education is crucial to ensuring voluntary compliance. This education ranges from mass media to individual meetings with employers. The report highlights further details including the recommendation that the Health

Unit and the city partner extensively in this area. It should be emphasized that education measures must begin well in advance of the date the by-law comes into effect.

11. A comprehensive enforcement plan must be in place to ensure compliance with the by-law.

A strong commitment to enforcement is key to successful implementation of a 100% smoke-free by-law. A partnership between the Sudbury & District Health Unit, Health Protection Division and the City of Greater Sudbury, By-law Enforcement Division is critical to ensuring effective enforcement. Discussions have already taken place regarding the need for dedicated, full time By-law Enforcement Officers.

An implementation committee consisting of representatives from the Health Unit, City of Greater Sudbury, City of Greater Sudbury Police Service and Ministry of Labour is recommended.

The report outlines details of the enforcement plan and the establishment of this by-law enforcement implementation committee.

Financial Implications

The Sudbury & District Health Unit and the City of Greater Sudbury commit to contribute resources, both human and fiscal, to ensure the successful implementation and enforcement of the 100% smoke-free by-law. Contributions include:

- The Sudbury & District Health Unit will dedicate enforcement staff to assist with enforcement strategies. In addition, Health Promotion staff will be allocated to assist with the educational, smoking cessation, and mass media strategies. Health Unit staff, in partnership with the City, have applied for funding from Health Canada for the mass media campaign and will continue to seek other external sources of funding.
- The City of Greater Sudbury By-law Enforcement Division will dedicate enforcement staff and continue to allocate by-law educational funds as per the current year. Potential revenues generated from fines for violations related to the by-law could be redirected.

Summary

In May 2003, the City of Greater Sudbury can reduce the risk of exposure to second-hand smoke to its 155,219 citizens by implementing a comprehensive 100% smoke-free by-law in all public places and workplaces. A strong 100% smoke-free by-law creates a level playing field for businesses, minimizes enforcement challenges and protects the health of each and every citizen and worker without exception.

Implementing a 100% smoke-free public places and workplaces by-law will achieve the final phase of creating indoor no-smoking by-laws and put the City of Greater Sudbury on the map as leaders in promoting a healthy, world class community.

**Report to
City of Greater Sudbury Council**

Submitted by :

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SUBJECT: 100% SMOKE-FREE BY-LAW FOR THE CITY OF GREATER SUDBURY

2.0 BACKGROUND

Smoke-free by-laws are designed for one purpose, to protect citizens from the known hazards of second-hand smoke. Creating smoke-free public places and workplaces is the single most important public health intervention that can occur at the municipal level of government.

In September 1999, the City of Greater Sudbury, then the Regional Municipality of Sudbury, passed a region-wide smoke-free by-law. This by-law was implemented in stages with restaurants and billiard halls scheduled to become 100% smoke-free in May 2003. Varying levels of restrictions were included for other public places.

Affected premises and the general public adapted readily to the 1999 by-law as demonstrated by a high rate of voluntary compliance (only 31 charges have being laid to taxi drivers to date).

Three years later, on January 17, 2002 and during National Non-Smoking Week, the Medical Officer of Health for the Sudbury & District Board of Health presented to the City of Greater Sudbury Council on the provincial "Go for Gold" theme. This campaign promotes the creation of gold standard by-laws (100% smoke-free) in all communities across the province. City Council was encouraged to consider new research and trends across the province reflecting the need for 100% smoke-free communities. City Council unanimously passed a motion supporting the Health Unit's work in moving Sudbury toward 100% smoke-free. The Sudbury & District Board of Health passed a similar motion at their February 21, 2002 meeting. They adopted a position in support of 100% smoke-free public places and workplaces within the City of Greater Sudbury by May 2003. They anticipated economic arguments and struck a balance supporting the ongoing operation of separately ventilated designated smoking rooms (SVDSRs) for another year until May 31, 2004. (See Attachment 1 for the City of Greater Sudbury Resolution and the Sudbury & District Board of Health motion).

Between January and October 2002, Sudbury & District Health Unit staff and community partners on the Sudbury Council on Tobacco or Health, Tobacco By-law Working Group conducted a comprehensive community education campaign to raise awareness about hazards of second-hand smoke. Research was conducted into best practice for tobacco control policies and the

experiences of other 100% smoke-free communities were reviewed. A full and open public and sector consultation process was conducted to gather input into the best process for building a 100% smoke-free community.

This report documents the findings from the health unit's work over the past year. Emerging issues are highlighted and discussed and implementation strategies are reviewed. Four key recommendations are made for the consideration of Mayor Gordon and Councillors of Greater Sudbury.

3.0 RATIONALE FOR TAKING ACTION

3.1 Need to Protect the Health of All Citizens

The harmful health effects of second-hand smoke are now well known. An international scientific panel has concluded that second-hand smoke causes cancer, a finding that should end one of the more stubborn controversies in cancer research. Twenty-nine experts convened by the International Agency for Research on Cancer, an agency of the World Health Organization, also concluded smoking causes several types of cancers for which it had not previously been blamed.

The panel, including experts from 12 countries, reviewed all significant published evidence related to tobacco smoking and cancer, and its conclusion on the effects of second-hand smoke was unanimous. The panel found that smoking can cause cancer of the stomach, liver, uterine cervix (renal cell carcinoma) and the myeloid leukemia. Those cancers have not previously been definitively linked with smoking. For more information on this study, link to the following website: <http://www.iarc.fr/pageroot/PRELEASES/pr141a.html>

Second-hand smoke exposure is the third leading preventable cause of death in Canada after smoking and alcohol use, killing over 3,000 Canadians annually.¹ Many victims of second-hand smoke are exposed against their will to carcinogens present in other people's smoke. Approximately, 330 non-smokers die from lung cancer due to exposure to second-hand smoke.² Other health problems include Sudden Infant Death Syndrome (SIDS), low-birth weight babies, stroke and emphysema.

Many victims of second-hand smoke are exposed against their will to carcinogens present in other people's smoke. More than one quarter of the Canadian population has medical conditions, which are exacerbated by second-hand smoke including children who have asthma. A United States analysis of over 100 reports on pediatric diseases concluded that children's exposure to tobacco smoke is responsible for approximately 220,000 ear infections in Canadian children, 16,500 tympanostomy tube insertions, 2,100 tonsillectomies and adenoidectomies. It is also responsible for 43,600 cases of bronchitis, 19,000 cases of pneumonia and 13-20 deaths from lower respiratory infections.³

¹OTRU (2002). Protection from second-hand smoke in Ontario – A review of the evidence regarding best practice.

² Public Health and Long-Term Care (2002). Smoke-free By-laws for the City of Ottawa: Final Report and Recommendations, Ottawa, ON.

³ US Dept. of Health & Human Services. Health Effects of Exposure to Environmental Tobacco Smoke, 1999.

Second-hand smoke is the largest source of indoor air pollution and contains a mixture of over 4,000 chemicals – more than 50 of, which are known carcinogens (cancer causing agents). The Ontario Health Survey (1996/97) found that 88% of Sudbury/Manitoulin Districts residents felt that second-hand smoke is harmful to non-smoker's health.⁴ The Ontario Occupational Health and Safety Act lists 15 substances that have no safe level of exposure and six of them are found in tobacco smoke. The U.S. Environmental Protection Agency lists second-hand smoke as a Class A carcinogen, for which there is no safe level of exposure.⁵ (See Attachment 2 for a more detailed look at the health effects of second-hand smoke).

3.2 Protection for All Workers

Currently, the City of Greater Sudbury tobacco by-law regulates the smoking of tobacco within designated public places. The existing by-law does not regulate the smoking of tobacco in workplaces although such a by-law is permitted under the *Municipal Act*.

Up to 25 percent of a workplace may be designated as a smoking area under the provincial, Smoking in the Workplace Act, 1990. The *Smoking in the Workplace Act* does not adequately protect workers but expressly states that a municipal by-law will prevail over the Act if the by-law is more restrictive in nature.

Protection for all workers means that all geographical areas of the City of Greater Sudbury are under the same no-smoking by-law and that exemptions are not granted to any one type of establishment (i.e. restaurants are treated the same as bars).

Workers in federal, provincial and some municipal buildings are already protected from second-hand smoke. But numerous employees within our community are being exposed on a constant basis to the harmful effects of second-hand tobacco smoke. Given that some workers in the City of Greater Sudbury already benefit from smoke-free workplaces, we need to provide the same protection to hospitality, mining and entertainment workers and any other workplaces that are not currently smoke-free.

Of particular concern are workers within the hospitality industry. There are 315 restaurants and 163 bars in the City of Greater Sudbury employing thousands of workers. These workers are often young and non-unionized and are less likely to ask for protection from second-hand smoke. Scientific research shows that non-smoking hospitality workers are at higher risk of negative health effects caused by second-hand smoke than other non-smokers. In bars, second-hand smoke levels are four to six times higher than in offices where smoking is permitted.⁶ Bar and tavern employees have higher rates of lung cancer than almost all other occupations. In fact, non-smoking food service workers are 50% more likely to develop lung cancer than other non-smokers.⁷

⁴ Ontario Health Survey (1996/97). Smoking Behaviour Highlights of the Ontario Health Survey (OHS) 1996/97 for the Sudbury and Manitoulin Districts. Sudbury & District Health Unit. Sudbury, ON.

⁵ OTRU (2002). Protection from second-hand smoke in Ontario – A review of the evidence regarding best practice.

⁶ Siegel, M., MD, MPH. (1992). Involuntary Smoking in the Restaurant Workplace: A Review of Employee Exposure and Health Effects. *JAMA*, 270, 490-493.

⁷ Siegel, M., MD, MPH, Involuntary Smoking in the Restaurant Workplace: A Review of Employee Exposure and Health Effects 1992; 270 *JAMA* (pp. 490-493)

Some workplaces have separately ventilated designated smoking rooms (SVDSRs). SVDSRs are very costly to install. In 1981, the U.S. National Academy of Science released a report entitled *Indoor Pollutants*. It concluded that a “ventilation system capable of completely removing tobacco smoke from the air did not exist”. Today, over 21 years later, this fact remains the same.⁸ Allowing SVDSRs still requires workers to be exposed to second-hand smoke.

Reducing exposure to second-hand smoke is public health issue. Non-smoking workers should be protected from the harmful effects of second-hand smoke. Addressing this public health issue is not about denying smokers their right to smoke. Instead, it is about giving non-smokers the right to cleaner, healthier indoor air.

3.3 Success in Other Jurisdictions

Smoke-free spaces are a growing trend throughout North America. Many American states have taken smoke-free initiatives. For example, the state of Utah does not allow smoking anywhere in its restaurants. Vermont prohibits smoking in all places of public access except in licensed “cabarets.” Californians enjoy clean air in bars and restaurants. New York City introduced legislation in January that strengthens existing ordinances, making all restaurants 100 % smoke-free, a move that has the support of that city's top labour unions.

Hundreds of Canadian municipalities have adopted smoking bylaws, and seven provinces have adopted province-wide laws restricting smoking. Of these jurisdictions, a growing number require restaurants and bars to be smoke-free. Two provinces, Newfoundland and British Columbia, have provincial laws requiring smoke-free restaurants. These come into effect on January 1, 2002 and April 30, 2002 respectively.

In Canada at least 45 municipalities have passed by-laws requiring smoke-free restaurants and 31 of these municipalities have included bars.

In Ontario, the number of municipalities passing 100% smoke-free by-laws is growing. In 2000, the Region of Waterloo implemented 100% smoke-free restaurants, bars and other public places. In 2001, Ottawa also implemented a smoke-free public places and workplaces by-law. Guelph and Peterborough also require completely smoke-free bars and restaurants. In October 2002, Chatam-Kent passed the most progressive 100% smoke-free by-law in the province allowing for no exemptions. All public places and workplaces will be smoke-free by June 2003. Bars, restaurants and bingo halls will all be smoke-free.

On September 1, 2002 the Town of Tecumseh implemented a 100% smoke-free by-law. They are looking forward to the same kind of success that Waterloo has experienced.

At the time of its 1999 smoking by-law, Sudbury was a leader in responsible management of second-hand smoke. The standards have changed and a growing number of Ontario municipalities have responded by going 100% smoke-free. Clearly the City of Greater Sudbury is lagging behind. Implementing the proposed by-law will allow our city to catch up to other municipalities, and move to a leadership role, in Northern Ontario, as well as in the rest of the province.

⁸“ Directed Air Flow Ventilation, Does it Acceptably Control Second-Hand Smoke in Restaurants,” James Repace, August 21, 1999. Repace Associates, Bowie, MD

Smoke-free public places and workplaces are inevitable. Not only must municipalities protect the public from the dangers of second-hand smoke, but also the public is demanding that we do so. Public opinion has changed dramatically on this issue over the past five years. More municipalities are going smoke-free and at a quickening pace.

3.4 Precedent Setting Law Suits

In 1996, the Alberta Workers' Compensation Board recognized second-hand smoke as a workplace hazard when they ruled in favour of four prison guards who claimed that second-hand smoke had aggravated previously existing medical conditions.

A recent Ontario landmark ruling could set precedent for hospitality workers across Canada. A 57-year-old non-smoker and former waitress diagnosed with lung cancer claimed disability from second-hand smoke in the workplace. It was reported in October 2002 that she was awarded worker's compensation. The ruling is precedent setting case in establishing second-hand smoke as a workplace hazard. It was even more recently reported that two more Canadians working in the restaurant industry have been awarded compensation after developing cancer from second-hand smoke.

During the public consultations, questions were raised concerning whether a municipality could be held accountable for the protection of the public from the hazards of second-hand smoke. By providing smoke-free workplaces, municipalities and employers, protect themselves from the increasing potential for liability related to exposure to an identified workplace hazard.

4.0 PROCESS

With the support of the Sudbury & District Board of Health and under the direction of the Medical Officer of Health, health unit staff commissioned a public opinion survey and conducted extensive public and sector consultations on a 100% smoke-free by-law. Verbal and written submissions were invited. The scientific literature was reviewed and relevant experience in other communities was scrutinized. In total approximately 3,225 voices were heard.

Much of this work was completed in collaboration with a working group comprised of community partners (representation from Chamber of Commerce, Labour, Northeastern Ontario Regional Cancer Centre, Mayors Roundtable on Seniors Issues, and health professionals) and called the Sudbury Council on Tobacco or Health, Tobacco By-law Working Group. The Sudbury & District Health Unit, in partnership with the working group conducted, eight sector consultations, one public consultation (200 people), twelve presentations to key agencies within the community as well as nine displays at various community events.

5.0 RESULTS

The following sections summarize the key findings from the public and sector consultations.

5.1 Public Opinion Poll

Community support for the implementation of a 100% smoke-free by-law in the City of Greater Sudbury is high. The results of a commissioned opinion poll revealed widespread support for smoke-free public places and workplaces. The public opinion poll conducted by Veri/Fact in May 2002, surveyed 1060 residents. The poll found that when the survey participants were asked if they would support a by-law that would make all indoor public places 100% smoke-free (meaning no allowances for designated smoking rooms), a majority (77%) of the city's population were in favour. When participants were asked whether or not they would support a by-law that would make all workplaces 100% smoke-free, 80% of respondents indicated they would support such a by-law. Most people surveyed (86%) said they would not travel outside their community to attend places that did allow smoking.

The results indicate that there is strong support for a smoke-free by-law in the City of Greater Sudbury. The telephone survey results are scientifically valid at +/-3% nineteen out of twenty (confidence interval at 95%). The Sudbury & District Health Unit commissioned Veri/Fact in 1997 and the support for smoke-free by-laws has increased. (See Attachment 3 for an executive summary of the Veri/Fact public opinion survey).

5.2 Community Support

The Sudbury & District Health Unit received many endorsements from individuals and agencies. (See Attachment 4 for a complete list of endorsements). Some written objections were also received. (See Attachment 5 for a list of objections)

The Sudbury Council on Tobacco or Health, Tobacco By-law Working Group also launched a post card campaign. To date collected 1,459 postcards in support of 100% smoke-free public places and workplaces have been collected. Also, a dedicated phone line was set up for public input. Two hundred and twenty supportive phone calls were received and 24 non-supportive. To date, 61 supportive faxes were received. (See Attachment 6 for a complete list of faxes). In September 2002, a poll was added to the www.sdh.u.com website. Residents could go on-line and vote for smoke-free public places and workplaces. Sixty visits were made to the Sudbury & District Health Unit web page. The web site indicated support for 100% smoke-free by-law at 59 and opposition at 1. Copies of all letters, resolutions, postcards and faxes can be obtained from the Sudbury & District Health Unit.

From April 2002 to October 2002, the Tobacco Action Team of the Sudbury & District Health Unit and members of the Sudbury Council on Tobacco or Health made numerous presentations to many organizations. Many displays were set up throughout the community to educate the public about the proposed changes to the tobacco by-law as well as to gauge community support. A mass media education campaign was launched in April of 2002 and remains on-going to educate City of Greater Sudbury residents about the health effects of second-hand smoke. The Tobacco Action Team has also been working in partnership with the City of Greater Sudbury with its media campaign to promote and educate residents on the existing tobacco by-law. (See Attachment 7 for

an overview of presentations, display opportunities and highlights of the mass media campaign from the Sudbury & District Health Unit and the City of Greater Sudbury).

5.3 Focused Consultations

A series of meetings was held with groups who would be directly affected by the new proposed no-smoking by-law. The purpose of these meetings was to discuss the position statement of the Sudbury & District Board of Health, and to obtain feedback and answer any questions specific to the consultation process. Each consultation included a PowerPoint presentation including the Sudbury & District Board of Health position statement regarding a smoke-free City of Greater Sudbury. (See Attachment 8 for a copy of the Sudbury & District Board of Health position statement).

1. April 25, 2002 Sector Consultation with Bingo Hall Operators

All bingo hall operators within City of Greater Sudbury were invited to a consultation meeting on April 25, 2002. Representatives from each of the four major bingo operations plus one bingo charity executive from each bingo participated. Participants started off by saying they understood the Board of Health position regarding the hazardous health effects of second-hand smoke. However, bingo hall operators voiced serious concerns about the impact a 100% smoke-free by-law would have on both the bingo operations and their affiliated charities. They shared information they had received on several bingo hall closures in communities such as Waterloo and Guelph that have gone smoke-free.

A bound document entitled, "Together we are partners – Charities Municipality Gaming Centre" was provided to health unit staff. The document contains figures and un-audited statements from bingo halls across the province. Bingo hall operators admitted that the racetrack/casinos across the province have resulted in revenue declines of up to 20% and that with the addition of the tobacco by-law they are seeing up to 50% decline in revenues. Bingo hall operators voiced concern for charities whose revenues they claim will decline significantly as they receive a 60% split of net profits.

The operators explained that bingo charities raise over 5.4 million dollars in Sudbury, which is redirected into the community. Bingo hall operators argued that they are different than other businesses as they are driven by attendance and the prize board is set (meaning the amount has to be paid out no matter the attendance). They also claim that 8% of the population plays bingo but of that 8%, 70% of the players are smokers. Finally, the bingo hall operators claim they operated in good faith with the existing by-law and put in the separately ventilated designated smoking rooms (SVDSRs) as specified. They feel they are offering a non-smoking environment with the existing SVDSR's and what they feel is adequate ventilation – smokers are able to smoke and play bingo and non-smokers can sit in a non-smoking environment. They would like to see the by-law restrictions regarding bingo halls remain status quo. (See Attachment 9 for bingo hall position statement).

2. May 22, 2002 Sector Consultation with Restaurant and Billiard Hall Operators

All management of businesses within these sectors was invited to a consultation meeting on May 22, 2002. Six participants from this sector participated in the consultation. The businesses included two restaurants, two roadhouses, and one bar. Concerns were voiced that a 100% smoke-free by-law would have a negative impact on their businesses in terms of sales and ultimately

employment for staff, as smokers would stay at home instead of frequenting their establishments. A claim was made that smokers drink more, spend more money and tip better than non-smokers. Several businesses claim they have information from the Pub and Bar Coalition of Ontario (PUBCO) and other sources indicating that spending in licensed establishments in Ottawa for instance was significantly down post-by-law. Claims were made that in Sudbury the effect on businesses will be greater as the banks will not back businesses here as they do in Ottawa.

Businesses agreed there should be an economic impact study done to look at the effects of the smoking by-law on the business community but felt the Health Unit was biased and should not be the agency looking at such a study. Participants did not support designated smoking rooms due to the cost of installing them plus the fact they may be asked to take them down at some point.

One restaurant owner explained how he had gone smoke-free on his own without the by-law and how positive the experience has been for him, his staff, and the patrons. He explained how customer demand helped him make the decision to go smoke-free and that he is happy that he made that decision.

All participants agreed with the health arguments and that workers' health needs to be protected. Their argument was one of choice – patrons have the choice as to whether they come into the establishment and workers have the choice as to whether they work in a place that allows smoking.

The issue of enforcement was also of concern with questions as to why the Health Unit was no longer enforcing the by-law and that the health inspectors should do it.

A solution offered by this group of participants for regulating smoking in these sectors was that establishments be smoke-free until 8:00 or 9:00 p.m. and then smoking be allowed.

3. May 27, 2002 Sector Consultation with Bowling Alley Operators

All bowling establishments within the City of Greater Sudbury were invited to a consultation meeting on May 27, 2002. Participation by this sector included representation from nine of the ten bowling alleys. Several of the participants indicated they were tired of government telling them how to run their businesses and that they know their customers and their needs the best. Several participants indicated that the vast majority of their bowlers are smokers (upward to 60% in the adult leagues) and that a 100% smoke-free by-law would hurt business. Another participant indicated they had just visited London and a bowling alley that had gone non-smoking and it was the best atmosphere he had ever seen. They went non-smoking 7 years ago before the by-law and they lost business the first year and then actually gained business after that. Another participant indicated that since the by-law passed in 1999, they have seen more kids and families coming in.

Participants explained that their business is different in that if they don't sign up customers in September they lose them for the whole year. Also, it is difficult to schedule breaks for smokers in league bowling, as the non-smokers would then have to wait for them and become frustrated. Several participants admit they are in a declining marketplace. The casino with its large revenue, the big box stores, all have had an impact on their business and therefore they can't afford to lose even 5% of their business. One bowling alley owner claimed to have lost 100 bowlers to the casino. Several participants asked that if the by-law was going to come into effect that we not

leave the SVDSR's in place as bowling alleys will lose business to them. There was concern that casinos can afford to put in a SVDSR for one year.

All participants agreed that if the by-law was going to be passed creating a level playing field for all businesses was a must. Also, implementing the by-law in a warm weather month would be wise. The majority of participants felt that status quo with the existing by-law was their preferred option.

4. June 4, 2002 Sector Consultation with Unions

Twenty-seven unions representing many businesses were invited to a consultation meeting on June 4, 2002. Only two participants attended this consultation – one representing ONA (Ontario Nurses Association) and one representing the Sudbury District Labour Council. Issues raised included the fact that norms are changing and that the community needs to hold a bigger vision with respect to creating smoke-free spaces. One participant talked about how people can no longer smoke on flights or in the airport or in movie theaters and how people have adapted to those changes.

It was pointed out that unionized workers in places like the mine will argue that they already work in dust and carcinogens but do not realize the synergistic effect of being exposed to these workplace contaminants as well as second-hand smoke.

One participant indicated that it is important to point out to workers that some of these chemicals act together and are worse on your health than if you are exposed to one alone. It was pointed out that tobacco industry workers are unionized and the unions will protect them. Participants claim there will be much opposition to the by-law and it would be important to have a good support system in place including smoking cessation programs. Participants agreed with each other that this should be treated as an occupational health and safety concern and that it is an employees right to work in a smoke-free environment. It was also indicated that it would be important to stress the positive economic impact smoke-free policies can have on workplaces. As well, it is a fact that class action lawsuits are becoming more prevalent. Finally, it was recommended that due to poor turnout at this meeting, the Health Unit should present at the Sudbury District Labour Council. On June 27, 2002 a presentation was provided to the Sudbury District Labour council with Council unanimously passing a motion in support of 100% smoke-free.

5. June 4, 2002 Consultation with Casino Management

A meeting was organized between casino management, the Medical Officer of Health and one staff member from the Health Unit's Tobacco Action Team. The management representative voiced concerns that a 100% smoke-free by-law may affect business as their industry tends to attract smokers.

As well, he talked about competition in Sault Ste. Marie and that there would be an unlevel playing field. Presently, the casino claims to accommodate non-smokers the best they can. They recently re-located the smoking area to the other side of the gaming floor but workers continue to be exposed to second-hand smoke. Their position at present was that they would prefer not to be 100% smoke-free but that they will adhere to whatever decision council makes and they will enforce it diligently.

6. June 5, 2002 Sector Consultation with Workplaces/Management

Fifty-nine larger workplaces and their management were invited to a consultation meeting on June 5, 2002. Eight participants participated in this consultation. The workplaces, in attendance included three Long-Term Care Facilities, the Sudbury Regional Hospital, Laurentian University, Inco Ltd. and Brake Parts Service. Several of the long-term care facilities were already looking at restrictions on the hours for smoking as well as policies relating to the protection of personnel who must supervise clients in the SVDSRs. In one facility, respiratory masks are offered to personnel having to enter the smoking areas. Concerns were expressed for the smoking rights of the residents of the hospital, long-term care and retirement homes. These facilities provide residents with a "home-like environment" and should therefore be seen differently than other establishments. As well, the long-term care facilities voiced concern for shifting the problem outdoors and the need to ensure smoking is not allowed near the entranceways. There was a general concern that people should not have to walk through smoke to get into the buildings.

Issues around the difficulty of enforcing a 100% smoke-free establishment were brought forward specifically with respect to underground workers. As well, all workplaces present indicated that there is a need to look at the smoking cessation services and programs available to help people quit. Finally, there were questions as to how the Health Unit plans to educate the general public and suggestions that the messages will need to be repeated many times through a mass media campaign. On September 27, 2002 a follow-up meeting was held with Occupational Health and Safety and Union representatives from INCO. Issues discussed included the need for workplace and community smoking cessation programs, the need for adequate enforcement, and avoidance of employer litigation.

7. June 19, 2002 Sector Consultation with Bar Owners/Operators

All bars and roadhouses were invited to attend a consultation meeting on June 19, 2002. Turn out for this consultation included 8 participants representing 3 local bars, 2 legion branches and the Laurentian University Pub. Participants were opposed to a 100% smoke-free by-law claiming it would have a negative impact on their businesses. They shared anecdotal information from other bar owners in communities that had gone 100% smoke-free indicating that businesses would close down if the by-law were to be passed. The Laurentian University Pub claimed that their business would suffer, as students would simply go to their residences to drink and smoke instead. They also claimed that non-smokers would stay home as well because their friends who smoke would now be staying home.

Concerns were also voiced that they should have the right to run their business the way they choose and they do that based on customer demand. It was suggested that a non-smoking business would close down due to lack of business. SVDSR's were considered a ridiculous option for them because they would have to take them down in 2004. One bar owner claimed he had information from the Brewers Retail in Ottawa showing beer sales were down since passage of the by-law.

8. September 11, 2002 Consultation with Bingo Charities

One hundred and thirty-four charities were invited to a consultation meeting held September 11, 2002. For those charities for which we did not have contact information, ads were placed in three local newspapers advertising the consultation session being held at Tom Davies Square on September 11, 2002.

Approximately 70 charity representatives participated in the consultation session. Participants who spoke did not argue the health risks associated with second-hand smoke but talked about weighing that risk against the risk of charities being hurt as a result of the by-law. Participants were very vocal, claiming economic devastation to their charities should the 100% smoke-free by-law be approved.

Arguments were in favour of maintaining the designated smoking rooms in the bingo halls in order that bingo revenues would not be affected. Participants were quite vocal about the effects of decreased charity revenues on programs in the community such as the breakfast programs, the Food Bank, Festival Boréal and other charities. Participants argued that if they didn't have the bingo charity revenues coming in, many of their programs would have to fold. The Health Unit was asked if they were going to supplement the funds these charities were going to lose, as alternative sources of revenue were quite limited due to competing charities/fundraising initiatives. The position of most of the participants in the room was leaving the bingo halls as they are presently regulated in the by-law.

5.4 Public Consultation

A public consultation on the Sudbury & District Health Unit's position statement and recommendations for 100% smoke-free public places and workplaces by-law was held at Tom Davies Square on October 2, 2002. Staff from the Tobacco Action Team of the Sudbury & District Health Unit organized and staffed the public consultations. There was also considerable media coverage at the time of the session. Seven of the thirteen City of Greater Sudbury's Councillors were also in attendance.

Attendance at the public consultation was approximately 200 people. Participants included members of the public, health care professionals who had a strong interest in the recommendations for a smoke-free by-law, as well as business owners including bar and restaurant owners and bingo operators.

There were 30 delegations that had asked to be on the agenda prior to the event. The majority of the delegations were in favour of smoke-free public places and workplaces. Some indicated that second-hand smoke severely restricted their lifestyle preventing them from going to work or to socialize in most public places. Supporters were adamant that individuals and their families had the right to clean air in all public places and workplaces. Several health professionals spoke passionately about what it was like to have to work with clients who had suffered the ravages of tobacco and second-hand smoke. Several participants spoke on behalf of various health sectors about the health effects and economic toll illnesses related to second-hand smoke have on our health care system and medicare. Participants in favour of the smoke-free by-law recommendations did not see non-smoking sections or SVDSRs as an option as they would continue to put citizens at risk. Some business owners spoke in favour of smoke-free by-laws citing their own businesses as establishments that had already gone smoke-free, ahead of the existing by-law, and were doing very well.

Those participants who spoke in opposition to the by-law were largely bar owners and bingo hall operators who reiterated their concerns about the economic impact the 100% smoke-free by-law would have on their businesses. A representative from PUBCO referred to the health research

related to the hazards of second-hand smoke as “junk science” and suggested ventilation as a reasonable option to allow choice for smokers.

The Director for the Ontario Campaign for Action on Tobacco provided a brief presentation countering PUBCO’s ventilation solution.

One person spoke about the rights of special groups e.g. the elderly and long-term care facility residents.

6.0 DISCUSSION

6.1 Economic Impact to Business

A common concern among businesses is that smoke-free by-laws will cause financial loss. However, study after independent study, based on sales tax receipts confirms that the hospitality industry does not lose business when bars and restaurants go smoke-free.⁹

In addition, studies show that after going smoke free: insurance costs are lower, cleaning costs are reduced, there is less damage to furniture and equipment and there is less risk of fire. It has been documented, however, that businesses that are already in trouble feel the effects immediately following by-law implementation. After a short adjustment period, most businesses get back to their usual level of sales and many even increase sales, based on a whole new market of people who were staying home because they don’t like or can’t tolerate second-hand smoke.

A recent study of the American Medical Association found that smoke-free restaurant by-laws in three American states and six major cities had no adverse effect on tourist business, and may have actually increased it. One year after a smoking ban was in place in restaurants and bars in Victoria, B.C., business trends confirmed a public opinion survey that found the public was frequenting these places as often or more often. For example, the B.C. Liquor Distribution Branch found an increase in hospitality beverage sales in the Capital Regional District in the first nine months after the by-law came into effect as compared to the same period the previous year. The B.C. Workers’ Compensation Board found an increase in the number of persons hired by the hospitality industry after by-law implementation as captured by increased premiums paid the WCB by this sector.¹⁰

More recent are the lessons of smoke free by-law implementation in the Region of Waterloo in January 2000. Although there are no formal reports available on the impact to their businesses, it appears that fewer businesses closed in 2000 than in 1999. As well, it is important to note that the Ontario Court of Appeals dismissed two court actions directed against their Regional Municipality of Waterloo. One suit challenged the right of the Region to pass the by-law while the other centered on 145 plaintiffs who raised the issue of economic loss. Both suits were dismissed.

⁹ Public Health and Long-Term Care (2001). Smoke-Free By-laws For The City of Ottawa: Final Report and Recommendations. Ottawa, ON.

¹⁰ Public Health and Long-Term Care (2001). Smoke-Free By-laws For The City of Ottawa: Final Report and Recommendations. Ottawa, ON.

Waterloo's experience with Oktoberfest is another example of their success. This annual fall celebration attracts tens of thousands of visitors to the region, and includes the operation of a number of large Fest halls where beer and German food are served. These establishments, which traditionally allowed smoking, were smoke-free for the first time in 2001 and only five charges related to smoking were laid throughout the entire event. The event was completed with virtually no negative publicity and many compliments from both participants and hall operators. Oktoberfest executive director Larry Blundell recently told the Ottawa Sun: "All the doom and gloom reported about this ban hasn't really happened. It's healthy and it's workable".

The City of Ottawa engaged KPMG, a financial advisory service, to provide assistance in the ongoing monitoring of the economic and health impacts of no smoking legislation enacted on August 01, 2001. The first of a series of quarterly reports indicated an increase in employment in the accommodation and food services industry (6.5%). This result is surprising as total employment in the Ottawa area fell, yet employment in the accommodation and food services industry grew over the period the new by-law went into effect. By June 2001, the number of licensed and unlicensed restaurants increased (3.6%) and the number of bars, nightclubs and taverns had grown (6.5% in 6 months). In May 2002, a City of Ottawa staff report noted that 82 new bars and restaurants had opened since Ottawa went 100% smoke-free. (See Attachment 10 executive summary for the KPMG first quarter results).

KPMG carried out their second quarter survey during the months of March, April and May of 2002 to focus exclusively on bars and pubs in Ottawa to determine if they were adversely affected by the no-smoking by-law as PUBCO felt that the study was limiting. PUBCO agreed to encourage owners and managers to participate in the study. Despite extensive efforts, KPMG was unable to obtain enough data to produce statistically valid results. Extensive and repeated efforts were made by KPMG staff to obtain the cooperation of each establishment in obtaining the necessary data. It was explained to businesses that the failure to participate in the study could result in the study producing no results, and therefore, no opportunity to demonstrate and economic impact of the smoking by-law, if such an impact exists. If PUBCO's allegations of economic losses from the by-law were true, it follows that these establishments should have been eager to participate in proving any losses. Whatever the reason for not participating, the only conclusion that can be drawn is that the establishments are unable or unwilling to provide information to substantiate these claims. (See Attachment 11 an explanation for the unavailable second quarter results).

Fear has been expressed by several businesses about the loss of business to other communities should this proposed by-law be adopted. We know from the recent public consultations as well as the findings from the Veri/Fact public opinion poll that the large majority of people prefer smoke-free and will not travel outside the City of Greater Sudbury to smoke.

6.2 Effect on Charities

Bingo charities fear significant revenue losses because of the high smoking rates among their bingo clients. They have learned of a negative impact on businesses in the other areas such as Waterloo and are claiming the 100% smoke-free by-laws are responsible for these losses. Charities send volunteers to bingo halls for fundraising purposes and depend on the money they raise there to sustain their activities.

A recent study in 2000, jointly carried out by the Registered Gaming Suppliers of Ontario Association and the Ontario Charitable Gaming Association, concluded that many of the gaming products offered by charity bingo have become outdated. This is due to changing demographics and competition from new gaming options like casinos, slots, internet gambling, instant win, lotteries and video lottery terminals (VLTs).

As a result of these changes in market conditions, there has also been a significant reduction in the number of players, revenue and hence returns for the charities. For example, the profit for charities has been cut by more than half province-wide in the last fifteen years. The industry is under duress and is undergoing a significant restructuring.¹¹

Other Ontario municipalities have recently addressed the problem of declining charity bingo revenues. The General Committee of the City of Mississauga received a report on June 7, 2000, which concluded that competition from slots had been responsible for a decrease of up to 35% in charity profits over the previous year. The report also concluded that policies of the AGCO were a significant constraint on innovation by the bingo industry compared to other gaming options.¹²

York Region Council adopted a report on January 24, 2002, which analyzed the impact of that municipality's new no-smoking by-law, and concluded that, while the new by-law might have had some initial impact, it was competition from a variety of new gaming activities which had reduced profit for charities.¹³

Local bingo hall operators have provided information on bingo hall closures in areas such as Waterloo and Ottawa, which have gone smoke-free. The Regional Municipality of Waterloo Health Department is aware of two bingo halls that have closed, one of which was located in an area of major re-development and the building where the bingo was located was scheduled for demolition. Several other factors besides the no-smoking by-law may have contributed to problems for bingos, such as the opening of Brantford Casino and Mohawk Raceway Slots, which allow smoking. As well, casinos are known to do a better marketing job to attract patrons, providing transportation, meals and other discounts.

In light of the complex factors affecting bingo operations and bingo charities, communities such as Ottawa have addressed the issue of declining charitable bingo revenues by adopting a four-point plan for action with the aim of reducing charity dependence on declining revenues from bingo. (See Attachment 12 for copy of Ottawa's 4 point plan). This is a comprehensive strategy, which could be considered locally.

It is important to remember that workers and charity volunteers need protection from the harmful effects of second-hand smoke as well. Charity groups have been vocal in opposing the proposed by-law, but individuals within these groups have complained to Health Unit staff about the risk of volunteering in smoke-filled venues.

¹¹Corporate Services Department (2002). Ontario's Declining Charitable Bingo Revenues: A Four Point Action Plan For Ottawa. Ottawa, ON.

¹²Corporate Services Department (2002). Ontario's Declining Charitable Bingo Revenues: A Four Point Action Plan For Ottawa. Ottawa, ON.

¹³Corporate Services Department (2002). Ontario's Declining Charitable Bingo Revenues: A Four Point Action Plan For Ottawa. Ottawa, ON.

6.3 Level Playing Field

A level playing field means that all geographical areas of the City of Greater Sudbury are under the same no-smoking by-law and all sectors must abide by the same rules. All participants in the consultation process agree that if the by-law was passed, it would be critical that a level playing field be established. Bingo hall operators and bowling proprietors strongly expressed the need for the casino to also be smoke-free. Also, many owners indicated that they were willing to go smoke-free under the conditions of a level playing field. Allowing for the continued use of SVDSRs would create an uneven playing field. Economic advantages would be created for those businesses that could afford to build them.

6.4 Separately Designated Smoking Rooms/Ventilation

There has been much debate between the tobacco industry, the hospitality industry and the health care sector on the merits of ventilation as a solution to smoking by-laws in controlling second-hand smoke in indoor environments. In Ontario, the hospitality industry believes and promotes that ventilation technology can create smoke-free indoor air without resorting to separately ventilated designated smoking rooms.¹⁴

On the other hand, the current position of the health care sector is that the only way to effectively protect workers and the public against exposure to second-hand smoke is through the implementation of 100% smoke-free by-laws.¹⁵

A separately designated smoking room (SVDSR) is defined as an enclosed room where smoking is permitted that has a separate ventilation system from the one in use by the smoke-free area of the establishment. The second-hand smoke generated inside of the SVDSR must be 100% exhausted to the outdoors. The ventilation system must be designed so that no second-hand smoke is permitted to leak from the SVDSR into the smoke-free area of the establishment. If second-hand smoke does leak into the smoke-free area and can be proven, the SVDSR cannot be approved. If the SVDSR has been previously approved, then the approval shall be rescinded.¹⁶

However, one must consider the following. Even if the ventilation system of a SVDSR was made to be totally separate, ETS would travel into the smoke-free area due to the movement of serving staff, maintenance staff and customers in and out of the SVDSR. According to Professor Roberta Ferrence, director of the Ontario Tobacco Research Unit “the most advanced ventilation techniques can reduce ETS by up to 90%, but even with this drastic reduction, the remaining 10% is still 2,000 times greater than what would be considered acceptable”. Ventilation systems lose effectiveness if not cleaned regularly (at least weekly in smoky places) and as a result, they may be over-exposing workers and patrons to the very substances they were meant to collect. Ventilation systems may dilute tobacco smoke but they do not clean the air of the toxic substances in second-hand smoke.¹⁷

¹⁴ Ontario Campaign for Action on Tobacco (1998). *Clearing the Air: Ventilation and second-hand Smoke*. Toronto, ON.

¹⁵ MacCom Systems Ltd. (2001). *Engineering Analysis of Designated Smoking Rooms*. Ottawa, Canada

¹⁶ MacCom Systems Ltd. (2001). *Engineering Analysis of Designated Smoking Rooms*. Ottawa, Canada

¹⁷ Simcoe County District Health Unit (2001). *Protecting the health of the public from environmental tobacco smoke: Establishing no-smoking bylaws in Simcoe County*. Simcoe County, ON.

In Canada and the United States, the accepted engineering standard for indoor air quality is provided by ASHRAE (American Society of Heating, Refrigeration and Air Conditioning Engineers). With the increasing research regarding ETS and the legal obligations of providing safe environments, ASHRAE has removed a recommendation that ventilation rates accommodate a moderate amount of smoking. It is expected that ASHRAE will make even stricter recommendations in upcoming ventilation standards as they are closely monitoring the ETS issue.

During the consultative process with many of the City of Greater Sudbury businesses, the push towards the continued use of existing ventilation systems was recommended as a solution to the proposed changes to the tobacco by-law. There are currently 20 SVDSRs in the City of Greater Sudbury (5 restaurants/donut shops, 3 bingo halls, 1 funeral home and 11 long-term care facilities). (See Attachment 13 for a complete list of SVDSRs, date of construction and whether the air quality has been tested).

It is of extreme importance to note that only one establishment Tim Horton's – Kingsway location performed air quality testing. They are now smoke-free. Inspections and testing must be performed to ensure systems are being utilized properly which has not been occurring in Sudbury. Some businesses (particularly the Bingo industry), invested a great deal of money to relocate and renovate existing buildings to construct SVDSRs. They believe that these steps were taken in good faith to comply with the existing 1999 tobacco by-law. In fact, the existing tobacco by-law allows for the construction of SVDSRs as an option for businesses, but does not require businesses to do so. (See Attachment 14 for a copy of the 1999 Smoking By-law).

Some Long-term Care Facilities such as Extendicare York and Village Finlandia who have DSRs are very supportive of the Sudbury & District Health Unit's position on a 100% Smoke-Free City of Greater Sudbury. With the increasing research on the effects of second-hand smoke and the inability of ventilation systems to clear the air of toxins, they too would like to fully protect their residents, staff and visitors from second-hand smoke and are currently working towards making their establishments smoke-free by removing their SVDSRs. Village Finlandia is taking things one-step further by also making their property smoke-free by January 2003.

The dangers of second-hand smoke exposure are not eliminated through the use of SVDSRs, ventilation or air cleaners. SVDSRs should not be an option in a smoke-free by-law that is aimed at eliminating environmental tobacco smoke and its toxins. SVDSRs need to be phased out as soon as possible. Reducing exposure to second-hand smoke is a public health issue. Non-smokers need to be protected from the harmful effects of second-hand smoke.

6.5 Entranceways

Under section 213 of the *Municipal Act*, municipalities are allowed to regulate smoking in any public place with the exception of any public street, road or highway. Section 213 does not require that the public place be indoors or that it be enclosed. A smoking by-law could therefore regulate in any outdoor public place.

During the public and sector consultations arguments were made for the inclusion of entranceways to all public places and workplaces in a smoke-free by-law. It was argued that entranceways should be smoke-free as more people will smoke outdoors.

Currently, establishments regulated under the Ontario Tobacco Control Act (e.g., hospitals, universities, colleges) have restrictions preventing smoking within nine meters of any entranceway.

6.6 Long-Term Care Facilities/Rights of Seniors

Smoking in nursing homes, homes for the aged and rest homes are regulated under the Ontario Tobacco Control Act (OTCA) and are not covered by this proposed by-law. The OTCA permits a designated smoking room for the seniors in these residences, as they are not permitted to smoke anywhere else.

The existing City of Greater Sudbury by-law prohibits smoking in common lounges of multiple dwelling apartment buildings. Seniors, as all residents of these types of buildings, are permitted to smoke in their private residences i.e. their apartments or condominiums. It is only the common areas, to which all residents have access, where smoking is prohibited. Every person deserves access to activities and events in their buildings, including exercise programs, card-playing, conversation, and residents' meetings. This is a vulnerable group when it comes to health, as many seniors suffer from existing conditions such as heart disease that are aggravated by second-hand smoke.

Pioneer Manor strongly supports the position taken by the Sudbury & District Health Unit for a 100% by-law in the workplace. However, they consider themselves not only a workplace but a home to 342 residents. Should the City of Greater Sudbury move towards a 100% smoke-free by-law, they recommend that provisions be made within the by-law to permit long term care facility operators to designate smoking areas for residents' use. Pioneer Manor believes that restricting residents from smoking may infringe upon their rights to individuality and dignity as well as the increased safety risks of residents smoking in their rooms. To date, we have only received such recommendations from Pioneer Manor. (See Attachment 15 from Pioneer Manor) In fact, several other long-term care facilities have voiced support for the removal of SVDSRs within a 100% smoke-free by-law. By January 2003, Village Finlandia will be smoke-free including the property.

6.7 Private Clubs

Private clubs that have employees will be subject to the provisions of the proposed work-place by-law. There would be no provisions in a public places by-law dealing with private clubs since they are not facilities to which the general public are invited. Some City of Greater Sudbury businesses suggested that they would become a private club if the proposed changes to the by-law occur. The protocol in becoming a private club was discussed with these individuals. Once it was realized that private clubs are non-profit, there appeared to no longer be an option for some business. (See Attachment 16, protocol for private clubs).

7.0 SUCCESSFUL IMPLEMENTATION OF THE BY-LAW

7.1 Communicating to the Public and Business Sector

Health Unit staff extensively reviewed best practice interventions in communities such as Waterloo and Ottawa, which have successfully gone 100% smoke-free. In these communities an

extensive mass media campaign to educate the public and affected sectors was an integral part of the successful implementation of their tobacco by-laws.

In addition, review of reports completed following the implementation of the existing City of Greater Sudbury by-law and its enforcement clearly demonstrated that voluntary compliance was easily gained through ongoing education and mass media intervention.

To effectively implement a new smoke-free public places and workplaces by-law for the City of Greater Sudbury by May 31, 2003, this educational campaign needs to be enacted as soon as possible to allow for adequate time for public and businesses to be informed, in advance of the by-law's effective date.

The Sudbury & District Health Unit in partnership with the City of Greater Sudbury will implement a comprehensive communication/mass media campaign to begin immediately following approval of the by-law. This mass media campaign would include:

1. Public Awareness Media Campaigns

A bilingual mass media campaign will be developed and launched, including radio ads, bus signs, billboards and a household mail-out. This mass media campaign will build on the current second-hand smoke prevention initiatives in the City of Greater Sudbury. It will aim to increase awareness of the community at large on the need for protection from second-hand smoke and encourage them to support the by-law. As well, the mass media campaign will be implemented to inform the public of the new by-law, its requirements and the implementation date.

2. Business Owner/Employer Education

This will begin as soon as the by-law has received approval by City Council. It entails a mailed package to all affected businesses and workplaces outlining the by-law, the reasons for creation of the by-law, the penalties for non-compliance by patrons and owners or their managers and staff and initial signage and promotion materials. Where needed, the mailed package will be followed up by a personal visit by a by-law enforcement/educational officer who will review the by-law's conditions and give any possible assistance to the owner(s) and staff. In addition, workshops and information sessions for business owners and employers will be offered. The education will continue until the implementation date.

The Sudbury & District Health Unit, in conjunction with the Sudbury Council on Tobacco or Health Tobacco By-law Working Group recently submitted a proposal for funding to Health Canada in the amount of \$155, 800. The proposal was submitted under the Federal Tobacco Control Strategy Mass Media Project Initiative to support a by-law mass media/education campaign with the goal of educating all business sectors/workplaces and the general public on the 100% smoke-free by-law for the City of Greater Sudbury.

Other sources of funding will be explored with provincial organizations such as the Media Network, the Ontario Tobacco-Free Network and the Ontario Campaign for Action on Tobacco.

7.2 Enforcement

Key to successful implementation of the by-law is a strong commitment to enforcement. The City of Greater Sudbury By-law Enforcement Division will be the lead agency with respect to enforcing the 100% smoke-free by-law. A partnership between the Sudbury & District Health Unit

Health Protection Division and the City of Greater Sudbury By-law Enforcement Division has been developed to ensure dedicated, full time By-law Enforcement Officers to enforce the by-law. In addition, the Sudbury Regional Police have agreed to identify a police officer to participate on the by-law enforcement committee and will provide support staff where needed to deal with non-compliant establishments. The Ministry of Labour will also be asked to assist with widespread enforcement measures within workplaces.

A by-law enforcement implementation committee will be established immediately upon passage of the 100% smoke-free by-law. This committee will be responsible for monitoring/overseeing process issues related to the educating and enforcement strategies so as to coordinate and maximize enforcement efforts.

The City By-law Enforcement Division will commit dedicated enforcement responsible for monitoring compliance and enforcement of by-law including laying charges. In addition, two educational officers will assist with the educational component including delivering of educational materials to all affected businesses. They may also be available to act as witnesses in certain circumstances with non-compliant establishments.

The Sudbury & District Health Unit will also dedicate enforcement staff. Both the City and the Health Unit staff will work together under the leadership of the City. The Sudbury and & District Health Unit Health Inspectors will assist with the distribution of educational materials to affected establishments and will also act as witnesses in compliance visits where necessary. Health Promotion staff from the Health Unit will continue to work with City staff in the development and implementation of mass media campaign materials and ads to ensure the education of all affected sectors and the general public is wide-spread and comprehensive in nature.

Public Health and By-law Enforcement will also work together to ensure a database is created to record all interactions with business. This database will provide accurate records for reporting to the provincial government, to the courts and to City Council as required.

Enforcement of the by-law will include three staged components: education, warning and charging. It will begin with an education component as described under the communication strategy. This education will begin immediately upon passage of the by-law and will continue until the May 31, 2003 implementation date. Following this education period, there will be a period of time post by-law implementation where businesses will be given warnings for non-compliance. The warning period will commence on the date of implementation of the by-law (May 31, 2003). By-law Enforcement Officers will make routine inspections of establishments and will issue courtesy warnings to patrons, staff, or owners who are not complying. The warnings carry no penalties and are meant as a means of further education. During the warning period, every effort will be undertaken to eliminate confusion. By the time the charging period comes into effect, most establishments will already be in compliance.

The final and permanent component is the charging period. During which time the By-law Enforcement Officers will issue regular Provincial Offence Notice tickets. The tickets will carry the specified by-law charge and an out-of-court cost, which allows the recipient to plead guilty without the need to go to court in accordance with the accepted practice already in use. There will be no more courtesy warnings in the charging period regardless of prior warnings.

The enforcement strategy is designed to ensure voluntary compliance and eliminate as much resistance as is possible thereby preventing confrontations. The database will supply a statistical analysis of actions taken, provide an accurate picture of issues arising, identify problem establishments and stand as a document supporting prosecutions, should they arise.

Following the passage of the by-law by Council an application will be made to the Chief Justice of Ontario requesting official short form wordings (the wording to be used on the actual charges on the Provincial Offence Notices) along with the amounts for the set fines on the tickets. The ticket fines should range between \$200-\$300. The maximum fine for any by-law offence is \$5,000.

7.3 Increased Need For Smoking Cessation Programs

Cessation programs are integral to the implementation of no-smoking regulations in workplaces and public places. It is expected that the demand for quit-smoking courses will increase after the by-law is in place. The Sudbury & District Health Unit and partners in the community have formed a task group to address the variety and types of smoking cessation services offered in our community, to develop a comprehensive tobacco cessation framework and to identify gaps in cessation services and resources for the Sudbury and area. The task group has forwarded a proposal to the Ontario Tobacco-Free Network (OTN) requesting funding for \$2000. The task group has successfully secured \$5,000 to move forward with this initiative. (See Attachment 17 for a copy of the OTN proposal). According to a recent study, totally smoke-free workplaces are associated with increased quit rates and fewer cigarettes smoked per day per continuing smoker.¹⁸ Depending on the community demand the Sudbury & District Health Unit will commit to investigating ways to increase the number of smoking cessation opportunities offered in our community.

7.4 Evaluation

The Sudbury & District Health Unit will work in partnership with the City of Greater Sudbury to develop and implement routine and ongoing surveys to monitor compliance and public opinion. Public, workplace and business understanding of the by-law and effectiveness of public awareness campaigns will be assessed.

7.5 Financial Implications

The Sudbury & District Health Unit and the City of Greater Sudbury commit to contribute resources, both monetary and fiscal, to ensure the successful implementation and enforcement of the 100% smoke-free by-law. Contributions include:

- The Sudbury & District Health Unit will dedicate enforcement staff to assist with enforcement strategies. In addition, Health Promotion staff will be allocated to assist with the educational, smoking cessation, and mass media strategies. Health Unit staff, in partnership with the City, have applied for funding from Health Canada for the mass media campaign and will continue to seek other external sources of funding.

¹⁸ Glantz, A. S. & Fichtenberg, C. M. (2002). Effects of smoke-free workplaces on smoking behaviour: systematic review. Center for Tobacco Control Research and Education, Institute for Health Policy Studies, Cardiovascular Research Institute of California, San Francisco, CA 94143, USA.

- The City of Greater Sudbury By-law Enforcement Division will dedicate enforcement staff and continue to allocate by-law educational funds as per the current year. Fine revenues will be directed to assist in offsetting the cost of enforcement and prosecution of offenses.

7.6 By-laws

The City of Greater Sudbury is not breaking new ground. Other municipalities have developed 100% smoke-free by-laws. Attachment 18 contains examples of other communities' 100% smoke-free public places and workplace by-laws.

8.0 SUMMARY

In May 2003, the City of Greater Sudbury can reduce the risk of exposure to second-hand smoke to its 155,219 citizens by implementing a comprehensive 100% smoke-free by-law in all public places and workplaces. A strong 100% smoke-free by-law creates a level playing field for businesses, minimizes enforcement challenges and protects the health of each and every citizen and worker without exception.

Implementing a 100% smoke-free public places and workplaces by-law will achieve the final phase of creating indoor no-smoking by-laws and put the City of Greater Sudbury on the map as leaders in promoting a healthy, world class community.

9.0 REPORT RECOMMENDATIONS

The overriding conclusion of the health unit's work is unequivocal. Deciding to create smoke-free public places and workplaces is the arguably the most important public health decision that municipal governments have the authority to make. The deadly impact of exposure to second-hand smoke is a public health issue, not a fiscal one.

The Medical Officer of Health of the Sudbury & District Board of Health recommends that the Council of Greater Sudbury:

1. Develop a 100% smoke-free by-law prohibiting smoking in public places and workplaces, including all entranceways, by May 31, 2003 and phasing out of existing separately ventilated designated smoking rooms in existence as of October 23, 2002, by May 31, 2004; and
2. Implement an enforcement strategy in partnership with the Sudbury & District Board of Health and as described in the report; and
3. Implement a public information and business education campaign in partnership with the Sudbury & District Board of Health as described in the report; and
4. Create a multisector task force to determine the local feasibility of creative strategies used in other communities to address the concerns of charitable and non-profit organizations that raise money from bingos.

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Attachment 1

**City of Greater Sudbury Resolution and
Sudbury & District Board of Health Motion**

CITY OF GREATER SUDBURY
VILLE du GRAND SUDBURY

RESOLUTION / RÉSOLUTION

Moved By/ "G. McIntaggart" No. 2002-02
Proposée Par

Seconded By/ "A. Davey" Date: 2002-01-17
Appuyée par

THAT the Council of the City of Greater Sudbury hereby endorses the work of the Sudbury & District Health Unit in working towards a "100% smoke free" City and encourages their work in this endeavor;

AND FURTHER, this Council urges all citizens of the City of Greater Sudbury to observe "No Smoking Week" by butting out.

Board of Health Motion
April 2002

WHEREAS 100% smoke-free municipal by-laws remain the only viable way to provide the public with 100% protection from second-hand smoke in public places and workplaces;

AND WHEREAS the City of Greater Sudbury Council recently passed a motion endorsing the work of the Sudbury & District Health Unit in working towards a 100% smoke-free city and encouraging their work in this endeavor;

AND WHEREAS the City of Greater Sudbury has continued to demonstrate leadership in the North around the protection of citizens from the hazards of second-hand smoke;

Therefore be it resolved that the Sudbury & District Health Unit Board of Health

Endorse the position statement prepared by the Medical Officer of Health entitled "Smoke Free City of Greater Sudbury" dated April 17, 2002

AND THAT this position statement is forwarded to City of Greater Sudbury Council along with a progress report on the development of a 100% smoke-free implementation plan for the City of Greater Sudbury.

AND FURTHER THAT this position statement be forwarded for information and action to other municipalities within the Sudbury & District Health Unit catchment area

Attachment 2

Health Effects of Second-Hand Smoke

Ontario Tobacco Strategy Media Network
Background document
Second-Hand Smoke: Health Effects
March 14, 2001

Charles Harper, R.J. Reynolds Chairman - "If children don't like to be in a smoky room, they'll leave." When asked by a shareholder about infants, who can't leave a smoky room, Harper stated, "At some point, they begin to crawl."⁹

What is Second-Hand Smoke (a.k.a. Environmental Tobacco Smoke or ETS)
--

Second-hand smoke and environmental tobacco smoke (ETS) are synonymous. ETS consists of two types of smoke, mainstream smoke, which is inhaled and exhaled by smokers, and sidestream smoke, which is emitted directly from the lit end of a cigarette. Sidestream smoke represents about 66% of all ETS. Both types of smoke contain the same compounds, but in different proportions. Side stream smoke is most toxic and contains almost twice the nicotine, three times more benzo(a)pyrene, six times as much toluene, and 50 times more dimethylnitrosamine. Chemically, sidestream smoke contains these carcinogens and toxins regardless of the brand, the amount puffed, or whether the cigarette is filtered.¹⁰

It is an error to regard ETS as consisting only of the smoke surrounding the smoker. Many of its constituents are invisible. ETS contains more than 4,000 chemicals, over 50 of which are known or suspected carcinogens, others are known or suspected mutagens, capable of changing the genetic structure of cells.¹¹ In fact, the U.S. Environmental Protection Agency has recently declared ETS to be a class-A-carcinogen.¹² It contains tar, benzene, vinyl chloride, cyanide, arsenic, and chrome among others.¹³ A person standing at 50-cm distance from a burning cigarette may inhale 10 times more carboxylic compounds than the smoker himself.¹⁴ Some human carcinogens (2-Naphthylamine, 4-Aminobiphenyl) are 31 to 39 times more concentrated in sidestream smoke.¹⁵ ETS has been classified as a Group A carcinogen. This means that it is in the category of known human carcinogens just like asbestos, benzene and arsenic.

⁹ Carrig, David, "RJR Wins Fight", *USA Today*, B1, April 18, 1996

¹⁰ K. H. Ginzel, MD, "Hazards Smokers Impose," *New Jersey Medicine*, April 1990, p. 312. Ginzel's figure is based on earlier work by American researchers. See J.E. Cuddleback, J.R. Donovan, W.R. Burg, "Occupational aspects of passive smoking," *American Industrial Hygiene Association Journal*, 37, 1976, pp. 263-267.

¹¹ Health Canada, Smoking and Indoor Air Quality, <http://www.hc-sc.gc.ca/hppb/tobaccoreduction/factsheets/indoors.htm>

¹² Ibid.

¹³ *Reducing the Health Consequences of Smoking—25 Years of Progress: A Report of the Surgeon General*, U.S. Department of Health and Human Services, 1989.

¹⁴ Highlights – "Environmental Tobacco Smoke: General Health Effects", National Clearinghouse on Tobacco and Health, March 1996, pp.3-4.

¹⁵ *United States Environmental Protection Agency Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders*, EPA/600/6-90/006F, Dec. 1992.

The United States Environmental Protection Agency (EPA) estimates that non-smokers routinely exposed to second-hand smoke face increased lifetime risk of lung cancer of roughly 1-in-500 to 1-in-1, 000. By comparison, governments frequently take action when carcinogens in water or soil present increased risk of 1-in-1, 000, 000 to the general public.

Health Effects

The National Cancer Institute provides the following data for annual deaths related to second-hand smoke¹⁶: Lung Cancer - 3,000; Heart disease - 62,000; total – 65,000. If we use a population-based proportion (Ontario at approximately 12 million and the U.S. at about 276 million¹⁷), this would give approximately: 130.4 Lung Cancer deaths and 2,695.6 heart disease related deaths, for a total of 2,826 deaths in Ontario.

The 4% estimate may be low since home exposure may be higher in Canada than many US states. Because of our colder weather, there may be more indoor exposure. This would occur for two reasons: difficulty going outside to smoke and the widespread use of central heating systems, which diffuse the smoke through buildings. Finally, these figures are very conservative, since they are based on comparisons of those with exposure and those with no exposure. Very few people have no exposure at all, which would weaken the relative risks.

➤ **Respiratory Disease**

ETS is the third most important cause of lung cancer deaths,¹⁸ (smoking and exposure to radon indoors being 1st and 2nd). ETS is also linked to other types of cancer,¹⁹ like those of the bladder, pancreas, liver and brain,²⁰ and various forms of leukemia.²¹ Other acute effects linked to ETS include pneumonia, bronchitis, acute infections of the middle ear, and more frequent asthma attacks, colds and sore throats.²² Recent research has shown that ETS causes 10 to 20 times more deaths from heart disease than from lung cancer.²³

➤ **Cardiovascular and Cerebrovascular Disease**

The harmful effects of ETS on the cardiovascular and cerebrovascular system are apparent even after short-term exposure. Exposure lasting even as briefly as 8 to 20

¹⁶ National Cancer Institute. Health Effects of Exposure to Environmental Tobacco Smoke: The Report of the California Environmental Protection Agency. Smoking and Tobacco Control, monograph No. 10. US Dept of Health and Human Services, National Institutes of Health, NCI, NIH Pub No. 99-46645, 1999

¹⁷ According to the WHO, the US population is 276,218,000 - World Health Report 2000

¹⁸ Wigle, Collishaw, et al., "Exposition des non-fumeurs aux composantes toxiques de la fumée de tabac," *Revue Canadienne de Santé Publique*, 78(3), pp. 151-154.

¹⁹ Highlights – "Environmental Tobacco Smoke: General Health Effects," National Clearinghouse on Tobacco and Health, March 1996, pp.3-4.

²⁰ Sandler, D.P., A.J. Wilcox and R.B. Everson, "Cumulative Effects of Lifetime Passive Smoking on Cancer Risk," *The Lancet*, Feb. 1985, pp. 312-314.

²¹ Op. cit.: Highlights – "Environmental Tobacco Smoke: General Health Effects"

²² Highlights – "Environmental Tobacco Smoke: General Health Effects," National Clearinghouse on Tobacco and Health, March 1996.

²³ S. Glantz and W. Parmley, "Passive smoking and heart disease: Epidemiology, physiology, and biochemistry," *Circulation*, 1991, 83, pp. 1-12. See also: K. Steenland, "Passive smoking and the risk of heart disease," *JAMA*, 267, 1992, pp. 94-99. Wells, "Passive smoking as a cause of heart disease," *Journal of the American College of Cardiology*, 24, 1994, pp. 546-554. Muscat & Wynder, "Exposure to Environmental Tobacco Smoke and the Risk of Heart Attack," *International Journal of Epidemiology*, Vol. 24, No. 4, 1995, pp. 715-719.

minutes have measurable effects linked with heart and stroke disease. The heart rate increases, the heart's oxygen supply decreases, and the blood vessels constrict. Any exposure to ETS makes the blood thicker and stickier, which causes blockages in veins and arteries;²⁴ the heart rate increases, the heart's oxygen supply drops and blood vessels contract.²⁵ That's why ETS is a major cause of heart disease and death from heart disease.²⁶

➤ Cancer

Studies suggest that the risk of breast cancer is greater among women who have been exposed regularly and for long periods of time to second-hand smoke, even though they, themselves, have never smoked. Long-term exposure to second-hand smoke was associated with more than a 100% increase in premenopausal breast cancer risk, and a 30% increase in postmenopausal breast cancer. It was also found that among women smokers, premenopausal breast cancer risk was 90% higher, and postmenopausal risk was 60% higher.²⁷

➤ Other

The amount of nicotine present in the ovaries of some nonsmoking women could be enough to delay conception and increase the risk of infertility.²⁸ More than a third (35%) of all sudden infant deaths are linked to the mother's smoking.²⁹ Children exposed to ETS suffer more infections.³⁰ Among childhood diseases caused or aggravated by ETS are pneumonia, bronchitis, middle ear infections, asthma, tonsillitis and inflamed intestines.³¹

Most Canadian service industry employees are exposed to ETS in their workplace. Chemical concentration in ETS are, on average, 4 to 6 times higher in bars and 1.6 to 2 times higher in restaurants than offices where smoking is allowed. The risk of lung cancer is 50% higher for these workers than the general population.³²

Scientific Evidence vs. the Tobacco Industry

There is widespread consensus in the health community that ETS is a cause of death and disability. In 1995 the U.S. Environmental Protection Agency (EPA) released a

²⁴ Diez-Roux, A.V. et al., "The Relationship of Active and Passive Smoking to Carotid Atherosclerosis 12-14 Years Later," *Preventive Medicine* 24, 1995, pp. 48-55.

²⁵ Judson Wells, A., "Passive Smoking as a Cause of Heart Disease," *Journal of the American College of Cardiology* 24, Aug. 1994, pp. 546-554.

²⁶ Glantz, S.A. and W.W. Parmley, "Passive Smoking and Heart Disease: Epidemiology, Physiology and Biochemistry," *Circulation* 83, pp. 1-12. Also by the same authors: "Passive Smoking and Heart Disease: Mechanisms and Risk," *Journal of the American Medical Association* 273(3), April 1995, pp. 1047-1053.

²⁷ "Passive and Active Smoking and Breast Cancer Risk in Canada, 1994-97", *Cancer Causes and Control*, March 2000

²⁸ Immen, Wallace, "Study Links Passive Smoking, Infertility," *Globe and Mail*, Oct. 24, 1996, p. A-9.

²⁹ DiFranza, J., Lew R., "Effect of Maternal Cigarette Smoking on Pregnancy Complications and Sudden Infant Death Syndrome," *Pediatrics*, 1995, 40:385-294.

³⁰ Gridding, S.S., et al., "Active and Passive Tobacco Exposure—A Serious Paediatric Health Problem: A Statement from the Committee on Atherosclerosis and Hypertension in Children," *Circulation*, Council on Cardiovascular Disease in the Young, American Heart Association, Nov. 1994.

³¹ Highlights – "ETS in Home environments" National Clearinghouse on Smoking and Health, Ottawa, July 1996, p. 2. See also op. cit.: Highlights – "Environmental Tobacco Smoke: General Health Effects."

³² Siegel M, "Involuntary Smoking in the Restaurant Workplace: Review of Employee Exposure and Health Effects," *JAMA*, 1993; 270: 490-493.

report that was critical in identifying ETS as hazardous. The EPA bases its views of ETS on the total weight of evidence from all pertinent studies and information rather than on a single study or type of study, as the industry does. At least seven statistically significant studies conducted in the 1990s have shown a significant link between ETS and lung cancer.³³

On the other hand, the tobacco industry has known since the 1970s that environmental tobacco smoke (ETS) causes cancer.³⁴ To create the illusion that a scientific controversy surrounds ETS, the industry orchestrates worldwide public relations campaigns,³⁵ citing research it has funded itself.³⁶ These are the same tactics it used in the 1950s when tobacco's effects on smokers were being questioned.³⁷

In 1986, Imperial Tobacco Ltd. examined ETS issues in a two-year research called Project Viking. Their document state: "Passive smoking has high relevance to the socially concerned. An attack on the credibility of evidence presented to date may well provide the rational argument to soften their attitudes. [...] The challenge will be to find a sympathetic doctor who can be demonstrated to take a largely independent stance. [...] Perhaps the ultimate objective of advocacy should be to leave the message. 'Now that you have seen that all which has been said is not true, let's be adult and get down to the real business, a respect for each other's choices.'"³⁸

The industry uses front groups to oppose any measure to control smoking. These "associations" of merchants have no office, phone number or membership list and no other function but to oppose the law. Such fronts include Restaurants for a Sensible and Voluntary Policy, the United Restaurant, Hotel, Tavern Association (Albany) (renamed Empire State Restaurant and Tavern Association), the Manhattan Tavern and Restaurant Association,³⁹ the California Business and Restaurant Alliance,⁴⁰ and the Beverly Hills Restaurants Association.

To oppose smoking restrictions proposed in Toronto, the Ontario Restaurant Association (ORA) hired Insight Canada to conduct a survey that was later used as the basis of an economic "study" produced by CCG Consulting Group for ORA. According to this study, smoking restrictions lead to job losses. But after examining the study, Dr. Robert Allen of the University of British Columbia and Dr. Michael Krashinsky of the University of Toronto and the Public Health Department of Toronto concluded that the data used by

³³ "Secondhand Smoke: Is It a Hazard?," *Consumer Reports*, Jan. 1995, p. 27.

³⁴ Barnes, E.B., et al., "Environmental Tobacco Smoke: The Brown and Williamson Documents," *Journal of the American Medical Association* 274(3), June 19, 1995.

³⁵ Repace, Lowrey, "Issues and Answers Concerning Passive Smoking in the Workplace: Rebutting Tobacco Industry Arguments," *Tobacco Control* 1, 1992, pp. 208-219.

³⁶ Bero, L., et al., "Sponsored Symposia on Environmental Tobacco Smoke," *Journal of the American Medical Association* 271(8), Feb. 23, 1994.

³⁷ "Secondhand Smoke: Is It a Hazard?," *Consumer Reports*, Jan. 1995, p. 27.

³⁸ Project Viking, Volume II: An Attitudinal Model of Smoking, The Creative Research Group for Imperial Tobacco Limited, 1986.

³⁹ Smokefree Educational Services, 1994.

⁴⁰ *The 30% Myth*, American Nonsmokers' Rights Foundation, Feb. 19, 1997.

the ORA weren't reliable. They found that the survey was based on strategically biased questions and that it contained faulty hypotheses, clumsy methodologies, internal contradictions, and data that were simply impossible. For example, the study estimates lower business levels after restrictions, but its figures actually exceed current business levels.⁴¹

Considerations and Solutions

Smoke-free bylaws are designed for a single purpose: to protect non-smokers from the known hazards of second-hand smoke. This issue goes beyond a simple matter of individual choice. Exposure to second-hand smoke is a question of public health, on the same level as other sanitary and safety standards. Victims of ETS are exposed against their will to the carcinogens present in other people's smoke. In practice, 47% of smokers light up in public places without asking whether they're bothering others.⁴² Workers would not be expected nor permitted to be routinely exposed to these levels of chemical risks in a manufacturing industry, so why should it be tolerated in the case of second-hand smoke?

A province-wide ban would eliminate the fear of some restaurant owners that their customers who smoke will turn to their competitors, while reduced absenteeism in the work place would boost productivity, as compared to non-smokers, smokers have 50% more workdays lost.

Increasing ventilation will dilute the smoke but will not make it safe, since there is no known safe level of exposure to carcinogens. Restricting smokers to separate rooms will only work if these rooms have their own ventilation systems. Electronic air filters and air "purifiers" may remove some smoke particles from the air, but they cannot remove those that have settled on food, furnishing, skin and other surfaces⁴³.

There is only one way to eliminate ETS from indoor air; remove the source.

Funding for this program has been provided in part by the Ontario Tobacco Strategy, Ministry of Health and Long-Term Care. No endorsement by the ministry is intended or should be inferred.

La Stratégie antitabac de l'Ontario, Direction de la santé communautaire et de la promotion de la santé, ministère de la Santé et des Soins de longue durée finance ce programme en partie. Le ministère ne sanctionne d'aucune façon l'information contenue dans cette publication.

⁴¹ Robert, Allan, *The Economic Impact of Smoke Free Bylaws*, Department of Economics, U. of British Columbia, November 1996; Krashinsky, Michael, *Economic Effects of a Ban on Smoking on the Metro Toronto Food Services and Hospitality Sector: The Severe Limitations of Relying on Survey Data*, Department of Economics, U. of Toronto, November 1996; Patychuk, D., *Review of "The Food Services and Hospitality Sector and a Metro Smoking Ban: An Analysis of Economic Consequences": A Study for the Hotel and Restaurant Employees Union, Ontario Hotel and Motel Association and Ontario Restaurant Association*, City of Toronto Health Services, Dec. 1996.

⁴² Repace, Lowrey, "Issues and Answers Concerning Passive Smoking in the Workplace: Rebutting Tobacco Industry Arguments," *Tobacco Control* 1, 1992, pp. 208-219.

⁴³ Health Canada, Smoking and Indoor Air Quality, <http://www.hc-sc.gc.ca/hppb/tobaccoreduction/factsheets/indoors.htm>

Attachment 3

Executive Summary Veri/Fact Public Opinion Survey



TOBACCO PUBLIC OPINION SURVEY RESULTS EXECUTIVE SUMMARY

Veri/Fact, an independent polling firm, conducted a telephone survey with 1,060 residents of the City of Greater Sudbury between May 14 and 28, 2002 to determine the following:

- Knowledge and attitudes towards tobacco use and second hand smoke
- The level of support among citizens for the creation of smoke-free public places and workplaces

The telephone survey was conducted using a stratified random sample from the areas that make up the City of Greater Sudbury with a confidence interval of $\pm 3\%$ nineteen times out of twenty (confidence interval at 95%). The survey was implemented using computer-assisted randomizing techniques and tabulation methods.

Results

- ☞ A majority of respondents (89%) indicate they believe that second-hand smoke can cause health problems in a non-smoker.
- ☞ On average, 90% of respondents believe that children who are exposed to second-hand smoke are more likely to suffer ill health than children who are not exposed to it.
- ☞ On average, 79% of respondents believe that children who are exposed to second-hand smoke are more likely to suffer developmental problems than children who are not exposed to it.
- ☞ On average, 88% of respondents believe that second-hand smoke can cause lung cancer in a non-smoker.
- ☞ On average, 85% of respondents believe that second-hand smoke can cause heart disease or heart problems in a non-smoker.
- ☞ On average, 80% of respondents believe that second-hand smoke can cause a stroke in a non-smoker.
- ☞ On average, 90% of respondents believe that second-hand smoke can cause bronchitis, emphysema or asthma in a non-smoker.
- ☞ 53% of respondents suggest they are not affected by second-hand smoke.
- ☞ When asked if they would support a by-law that would make all indoor public places 100% smoke-free, 77% of respondents suggested they would support such an endeavor.
- ☞ When asked if they would travel outside their community to attend places that did allow smoking, in each situation respondents indicated (86%) they would not.
- ☞ 70% of respondents indicated they currently work in a smoke-free environment.
- ☞ When asked if they would support a by-law that would make all workplaces 100% smoke-free, 80% of respondents suggested they would support such a by-law.

Summary and Conclusions

It is clear from the results that there is strong support for a smoke-free bylaw within the City of Greater Sudbury. The following conclusions can be made:

- The majority of people are aware of the seriousness of second-hand smoke as a health issue.
- The majority of people support 100% smoke-free public places and workplaces
- The majority of people would not travel outside the City of Greater Sudbury to attend places that do allow smoking.



For more information contact the:
Tobacco Action Team
Sudbury & District Health Unit
Phone: 705-522-3433

Attachment 4

Endorsements

Endorsements for a Smoke-Free City of Greater Sudbury

- Anthony – John Teklenberg Ltd.
- Busy Bee Country Store
- Canadian Cancer Society
- City of Greater Sudbury
- Le Conseil Régional des Conseils d'Écoles Catholiques du nord
- Maryann Erickson – Certified Asthma Educator
- Dr. T. David Ewing-Bui – Thoracic Surgeon
- Sue Gates – Community Pharmacist
- Gerry Grimard
- Linda Grimard
- Heart & Stroke Foundation of Canada
- Jubilee Heritage Family Resources
- Lung Association
- Mayor and Council's Children First Roundtable
- Mayor and Council's Committee on Seniors' Issues
- Ontario Tobacco-Free Network
- Paul McNeil, B. Sc. N.
- Darlene McNeil
- Catherine Singbush, CSJ
- Sudbury & District Board of Health
- Sudbury & District Labour Council
- Sudbury Regional Hospital
- Sudbury/Manitoulin Districts Heart Health Project
- Village Finlandia
- Dr. Ray Wiss – Emergency Physician
- YMCA

Attachment 5

Objections

Objections

- Pioneer Manor
- Sudbury's Bingo Centres and affiliated Charity Associations

Bingo Charities

- Lise LeRiche – Bingo One
- Sudbury Women's Centre
- Paroisse Saint-Jean-de-Brébeuf
- Valley East Ringette Association
- Ontario Charitable Gaming Association
- Big Sisters of Sudbury and District
- Minnow Lake Lioness
- Cinéfest Sudbury
- Sudbury Action Centre for Youth
- Carl A. Nesbitt Public School
- Sudbury Food Bank
- Lions Club of Garson
- John Howard Society of Sudbury
- Our Children, Our Future
- Club Richelieu
- Knights of Columbus Council 1387
- Canadian Showcase
- Little Rascals Wrestling Club
- The Royal Canadian Legion
- Royal Canadian Sea Cadets
- Maison "La Paix"
- Catholic Charities Mass For Shut-Ins
- The United Commercial Travelers of America
- Chevaliers de Colomb (11255)
- Canadian Diabetes Association
- PALS Prevent a Litter Sudbury
- Epilepsy Sudbury
- Shooting Star DayCare

Attachment 6

Supportive Fax-backs

**Endorsements for a Smoke-Free City of Greater Sudbury
Fax-back Form**

- Denise Alexander
- T. Ayotte
- Evelyn Beaulieu
- Liliane Bellefeuille
- Joanne Blais
- David Brazeau
- Pam Brown
- Sara Burnside
- Daine Cayen-Arnold
- Rick Clouthier
- Jacques Craig
- Sylvie Despatie
- T. Djaferis
- Todd Duhamel – Pharmacist
- Renée Duval
- Christine Fitzpatrick
- Larry Fitzpatrick
- Terry Fortin
- Jeannine Gough
- Kathy Grace
- Barbara Gray
- Ray Hemmerling
- Jerry Lada
- Jean-Marc Larcher
- Marilyn Larose
- H. Lucko
- Christine Legge
- Ruth Lunn
- Jack Malette
- John Meunier
- Michaud Medical Pharmacy – Robert Kettle
- Patrica Montpetit
- Shelley Moreau
- T. Oliveira
- Garbis Pandjardjian
- Mary Lynn Pelans
- Angie Pelletier
- Gilles Pelletier
- Suzanne Pelletier

- Roger Pitblado
- David Rivard
- David Santi
- Judy Scully
- Denise Smith
- Mrs. & Dr. Smith
- Social Planning Council
- Allan & Carol Spisak
- David Squaszola
- Joy Staskus
- Sudbury Secondary School – Bryan Slywchuck
- Ruth Tagliabracci
- Diane Theriault
- Professor A. S. Tombalakian
- Mary Tombalakian
- Julie Tremblay
- Vanguard Pharmacy – Moira Burden, Pharmacist/Manager
- Beverley webb
- Linda Whiteside
- Faye Wickenden
- Cheryl Woloshyn
- Lisa Zanier

Attachment 7

Presentations/Displays/Media

Presentation/Displays/Mass Media Education

Presentations

- Mayor and Council's Children First Roundtable (motion in support passed) – April 2002
- Brian Hatton (Waterloo Enforcement) for Councilors/Board of Health – April 2002
- Heart Health Annual General Meeting (resolution passed) – April 2002
- Canada Customs and Revenue Agency – May 2002
- Canadian Diabetes Association – June 2002
- Social Planning Council – June 2002
- Ontario Works – June 2002
- YMCA Board (resolution passed) – June 2002
- Finlandia Nursing Home – June 2002
- Sudbury Labour Council – June 2002
- Chamber of Commerce – Sept 2002
- Sudbury Regional Hospital Board – Sept 2002

Displays

- Lung Association Asthma Seminar – May 2002
- Canada Customs and Revenue Agency – May 2002
- Canadian Diabetes Association – June 2002
- Valley East Days – Sept 2002
- Paws for Cause – Sept 2002
- Heart and Stroke Mother Daughter Walk – Sept 2002
- CIBC Run for Cure – Oct 2002
- Sudbury & District Health Unit Breast Feeding Conference – Oct 2002
- Sudbury & District Health Unit Women's Wellness Conference – Oct 2002

Media (Sudbury & District Health Unit)

Radio Ads

- 64 30 second spot radio ads (EZ Rock) x 2 weeks (Oct. 7-20, 2002)
Focus of ads: Ventilation
Health effects of second-hand smoke
Protection of workers from second-hand smoke
- 62 30 second spot radio ads (EZ Rock) x 2 weeks (Apr – May 2002)
Focus of ads: Show your support for smoke-free public places and workplaces
Testimonial from an asthmatic child
Ventilation

TV Ads

- Channel 9 TV Guide 336 30 second spots x 2 weeks (Oct. 4 – 17, 2002)
Focus of ad: To show your support for smoke-free public places and workplaces call the Tobacco Action Line
- Channel 9 TV Guide 336 30 second spots x 1 week (May 2002)
Focus of ad: Ventilation and the dangers of second-hand smoke

Newspaper

- Public Service Announcements to all local papers.
Focus of ads: Inviting the public to a consultation meeting regarding proposed changes to the Tobacco By-law
- Paid advertisement – ¼ page ads in the Sudbury Star, Northern Life, Le Voyageur (Sept. 2002)
Focus of ad: Inviting the public to a consultation meeting regarding proposed changes to the Tobacco By-law
- Paid advertisement – full page ad in the Sudbury Star (June 2002)
Focus of ad: Veri/Fact survey results – public opinion survey
- Paid advertisement – ¼ page ad in the Northern Life (June 2002)
Focus of ad: Veri/Fact survey results – public opinion survey
- Paid advertisement – ad in the Sudbury Star (May 2002)
Focus of ad: Call the Tobacco Action Line to show your support
- Paid Advertisement – ad in the Valley Vision (May 2002)
Focus of ad: Little Girl poster, to show your support for a smoke-free city call the Tobacco Action Line
- Paid Advertisement – ads in the Northern Life (April 2002)
Focus of ads: Ventilation

Bus Ads

- Bus Shelter x 1 for 6 months (May 2002)
Focus of ad: Little Girl Poster and call in if you support a smoke-free city of Sudbury
- Backs of buses x 5 for 6 months (May 2002)
Focus of ad: Take the Smoke Outside and Little Girl Poster: call if in support of a smoke-free city of Sudbury

Billboards

- Billboard x1 x 6 months (June 2002)
Focus of ad: Take the Smoke Outside, call in to voice your support for a smoke-free Sudbury

Amphitheatre

- Use of Bell Park Amphitheatre (May 2002)
Focus of ad: Promoting existing by-law that all restaurants will be smoke-free in 2003.

Media (City of Greater Sudbury)

Radio Ads

- 60 30 second radio spots (Q92) x 2 weeks (Sept, 2002)
Focus of ad: Testimonials of restaurants going smoke-free prior to May 31, 2003
Ventilation systems
- 64 30 second radio spots (EZ Rock) x 2 weeks (June 2002)
Focus of ad: Veri/Fact Survey results – public opinion poll
- 30 second spots radio spots (CHYC FM) x 2 weeks (June 2002)
Focus of ad: Veri/Fact survey results – public opinion poll

Newspaper

- Paid advertisement – ¼ page ad in Le Voyageur (June 2002)
Focus of ad: Restaurants going smoke-free prior to 2003
- Paid advertisement – full page ad in the Northern Life (May 2002)
Focus of ad: Smoke-free restaurants and loving it.
- Paid advertisement – full page in the Sudbury Star (May 2002)
Focus of ad: Smoke-free restaurants

Bus

- Rinkboard x1 (Sept. 2002)
Focus of ad: Going Smoke-free, call in if in support
- Backs of buses x 3 (over 6 months) (Oct. 2002 – Mar. 2003)
Focus of ads: Going Smoke-free, call if in support
- Interior of buses x 43 buses (over 6 months) (Oct 2002 – Mar 2003)
Focus of ad: Going smoke-free, call if in support

Buttons

- Support Buttons (Oct. 2002)
Focus of buttons: Showing support for going smoke-free

Cling-On

- Cling-on
Focus of cling-on: Showing support for going smoke-free

Attachment 8

Board of Health Position Statement



Sudbury & District

Health Unit

Service de
santé publique

Board of Health POSITION STATEMENT

Smoke Free City of Greater Sudbury

"Protecting the public from the harmful effects of second-hand smoke is the single most important public health action we can take at the municipal level."

Dr. Penny Sutcliffe
Medical Officer of Health

Recommendation from the Medical Officer of Health

- That the City of Greater Sudbury implement a 100% no-smoking by-law which prevents smoking in all public places and work places by May 31, 2003.

Public Places include:

- Amusement arcades, arenas, bars, bingo halls, billiard halls, bowling centres, common areas of residential condominiums, multiple dwelling apartment buildings, shelter or drop-in centres, financial institutions, hairdressing establishments and barber shops, laundromats, places of public assembly, public buildings, public restrooms, restaurants, retail shops, transit shelters or stations, service lines, school buses, schools (buildings and grounds), day nurseries, shopping malls, stadiums, casinos, and taxis. Many of these places are already smoke-free under the *Ontario Tobacco Control Act*.

Workplaces include:

- Any enclosed area of a building or structure in which an employee or employer works and includes washrooms, corridors, eating and lounge areas, underground parking garages and common areas. The proposed by-law would not apply to workplaces in private residences. Workplaces in the City of Greater Sudbury have been smoke-free under municipal by-laws passed previously. It is recommended that existing separately ventilated designated smoking rooms be phased out by May 31, 2004.

Next Steps

- Citizens of the City of Greater Sudbury will have the opportunity to voice their opinions about the position of the Board of Health in several ways. These include attending a public consultation session within the City, participating in sector-specific consultations, calling their elected councillor or by making a presentation to City Council.
- The Council of the City of Greater Sudbury will ultimately decide what the no-smoking by-law for the City of Greater Sudbury should be. The Sudbury & District Board of Health, under the direction of the Medical Officer of Health, Dr. Penny Sutcliffe, will bring recommendations to members of Council for their consideration later in 2002.

**FOR MORE INFORMATION PLEASE CONTACT THE
Sudbury & District Health Unit Tobacco Action Line
705-522-3433**

April 17, 2002

Attachment 9

Bingo Hall Position Statement

Bingo One Limited, *Bingo One Association*
Bingo Country Sudbury, *Bingo Country Charity Association*
Capitol Bingo, *Capital Charity Association*
Valley Bingo, *Valley Bingo Charity Association*

VIA FAX (Original to hand delivered)

October 3rd, 2002

Sudbury and District Health Unit
1300 Paris Street,
Sudbury, Ontario,
P3E 3A3.

**POSITION STATEMENT
of Sudbury's Bingo Centres
and affiliated Charity Associations**

Sudbury's four major Bingo gaming centres, and the four affiliated associations representing their respective charitable groups, are pleased to join together in submitting this position statement.

This document represents a distillation of the comments made by a group of our representations at a Sector Consultation meeting with Sudbury and District Health Unit staff on April 25th, 2002.

This position statement responds to the invitation of the SDHU (Aug. 29, 2002) to suggest revisions to the discussion notes prepared by the SDHU of that Sector meeting.

The key element of our position is that **Designated Smoking Rooms should be preserved as contemplated in the 1999 By-law**. Specifically smoking in Bingo centres would only be permitted in D.S.R.'s.

We know, based upon the experience in other municipalities, that eliminating Designated Smoking Rooms in bingo centres will cause serious financial loss

- to 195 local charities, and the tens of thousands of citizens who benefit from this source of funds
- to the proprietors and employees of bingo centres who risk losing their investments and their jobs.

Designated Smoking Rooms in Sudbury's bingo centres work effectively. For non-smokers, bingo gaming may be enjoyed in an environment that is truly smoke free. If the object of our by-laws is to ensure that non-smokers are not subjected to the health hazards of second-hand smoke, then that object is 100% satisfied by Designated Smoking Rooms.

Crushing Impact on Charities

In those few Ontario municipalities where a 100% ban on smoking was implemented, including the elimination of Designated Smoking Rooms, the charitable groups have suffered dramatically.

Decreases in charity revenues have exceeded 50% in some cases with the passage of those by-laws. For many charitable groups their bingo events had to be cancelled outright meaning a 100% loss of gaming revenue.

Extensive statistics have been provided in our 2 volume bound Report of the devastating experiences in Guelph, Cambridge, and Kitchener Waterloo.

In Sudbury in the year 2001, more than \$5.4 million was handed over to almost 200 distinct charitable organizations. We believe the elimination of Designated Smoking Rooms will result in a decrease of \$2 million or more to these worthwhile volunteer groups.

This will directly and adversely impact on those in our community who are most vulnerable and are most in need.

Responsible Investment in D.S.R.'s at Risk

Bingo centres and the charities they support adapted in a cooperative and responsible fashion to the 1999 By-law within the Region.

In order to promote a healthy and 100% smoke free environment for non-smokers, the 3 largest Bingo centres in the region invested large amounts to create Designated Smoking Rooms.

At the Bingo 1 location for instance, the investment for their D.S.R. was in excess of \$600,000. We urge you to come and see how sensible and effective a solution this has achieved. Non-smokers are completely isolated by floor-to-ceiling glass walls from the D.S.R. Within the D.S.R. sophisticated ventilation exhausts the interior air directly outside, on a rapid exchange basis.

The only people exposed to tobacco fumes are those players who voluntarily choose to smoke with zero interference to their non-smoking colleagues.

These investments would not have been made in good faith if bingo centre operators ever thought that D.S.R.'s would be outlawed a few short years later. We believe it is fundamentally unfair to now change the ground rules.

D.S.R.'s are a solution in Other Communities

A number of progressive Ontario communities have recognized that Designated Smoking Rooms provide a sensible and balanced approach to the issue. These communities include Toronto, Mississauga, York Region, Niagara Region, Windsor, Peel, Penetanguishene, Orillia, Milton and Oakville. And as of last week Kingston joins this list in allowing D.S.R.'s in bingo gaming centres.

These communities recognized that the needs and interest of non-smokers were fully addressed and that the community was able to preserve the flow of funds to charities.

Citizens Support D.S.R.'s

As representatives of the bingo centres and the many charitable groups, we know that there is widespread public support from those who work in the industry, from those who play bingo, and from those who see the benefits of the charitable funding.

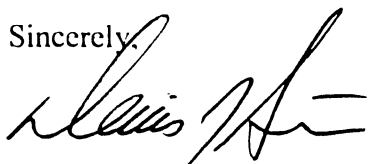
Moreover, based on a public opinion poll commissioned by the SDHU in 1997, we know that the general public supports D.S.R.'s. As the SDHU reported then, between 79% and 87% of the respondents surveyed either "strongly supported" or "somewhat supported" the introduction of separately ventilated smoking rooms in Bingo centres.

Conclusion

We urge the SDHU to recommend the retention of Designated Smoking Rooms in Bingo gaming centres when it delivers its proposal to our City's council. This is a balanced approach that can serve to protect non-smokers and at the same time protect jobs, investments, and charitable funding.

We are convinced, and hope you will be as well, that this is the right thing to do.

Sincerely,



Denis Sivret,

Bingo One Limited

on behalf of:

Rose Van Der Hooft, Bingo One Association
 Garth Moote – Bingo Country Sudbury
 Lucy Eadie, Bingo Country Sudbury Charities Association
 Don Labreche, Valley Bingo
 Serge Parenteau, Valley Bingo Charities Association
 Anne Finnucane, Capital Bingo
 Laurice Barrett, Capital Bingo Charities Association

Attachment 10

KPMG Executive Summary



Executive Summary

KPMG LLP has been engaged by the City of Ottawa to provide assistance in the ongoing monitoring of the economic and health impact of no smoking legislation enacted on August 01, 2001. This is the first of a series of quarterly reports KPMG will issue that will examine the impacts using credible, defensible and methodologically sound data.

The primary purposes of this report are to:

1. Provide a brief review of economic impact studies carried out in other jurisdictions;
2. Examine the methodologies and data sources KPMG will use to reach an objective and unbiased conclusion; and
3. Provide the available preliminary data on potential economic impacts and the economic context.

Methodologically sound studies in other jurisdictions have found restrictive legislation does not have a permanent negative impact on restaurant, bar and pub sales, although short term effects have been observed, generally lasting a month or two, but occasionally as long as six months. Surveys based on establishment owners' or managers' perceptions of impact have often reported significant impacts, but these have not been born out by proper studies.

KPMG will use a variety of data sources and approaches to evaluate the impact in Ottawa. Retail sales tax returns will be the primary measure of sales change, but the analysis will have to consider the impact of the general economic trends, tourism trends, and the "September 11 effect" on sales volumes.



The effects on health and health care costs are hard to measure as they affect a substantial number of people and develop over an extended period of time. It will not be possible to measure them accurately in Ottawa over the current one-year period. However, based upon studies elsewhere, Dr. Ron Colman of GPI Atlantic has estimated the impact of tobacco related illness on the Ottawa economy at between \$270 and \$390 million. Workplace exposure to second hand smoke costs the economy an additional \$40 million in health care costs and lost productivity.

Our next three quarterly reports will include:

1. **March, 2002** – a survey of pub and bar sales in Ottawa, based on random sampling and documentary evidence, and data on smoking prevalence.
2. **May, 2002** – results of a comprehensive analysis of retail sales tax returns for restaurants, bars and pubs in Ottawa (to January, 2002), compared with those in the rest of the province carried out by the Ontario Tobacco Research Unit of the Government of Ontario.
3. **September, 2002** – results of an econometric analysis of restaurant, bar and pub sales in Ottawa, distinguishing the effects of the by-law from the effects of the recession, the terrorist attacks, employment and travel changes and other factors, to be carried out by the Conference Board of Canada.

Each report will also provide other statistical data as relevant to monitor impact or establish the context of any observed changes. Some preliminary findings from this data include:

- Employment in the Ottawa accommodation and food service sector appears to have risen 6.5% from June to October (from 22,800 to 24,300) despite the decline in total employment from 585,500 to 566,900 (a decline of 18,600 or 3.1%).



- Similarly, Employment Insurance claims in the accommodation and food service industries actually declined by 5% in August 2001 compared to August 2000 and by 9% in October over a year previous. Claims increased by 1% in September 2001 relative to a year earlier.
- Bankruptcy and insolvency statistics for restaurants are lower for the period August to November than they have been the last two years (7 verses 12 last year and 8 in 1999). Two “tavern, bar or nightclub” operations underwent insolvency procedures this year, verses one last year and two in 1999.

Attachment 11

KPMG Letter



KPMG LLP
Financial Advisory Services
Suite 1000
45 O'Connor St.
Ottawa, ON K1P 1A4
Canada

Telephone (613) 560-0011
Telefax (613) 232-4430
www.kpmg.ca

Dr. Robert Cushman, Medical Officer
Public Health and Long Term Care
City of Ottawa
495 Richmond Road
Ottawa, Ontario
K2A 4B2

July 15, 2002

Dear Dr. Cushman:

Re: Bar and Pub Survey

KPMG LLP was engaged to provide assistance in the ongoing monitoring of the economic and health impact of the no smoking legislation initiated August 1, 2001. Our report in December 2001 outlined two surveys that would be conducted to ascertain the impact on sales in the hospitality industry.

One survey was to be conducted by the Ontario Tobacco Research Unit (OTRU) of the Government of Ontario using data from the retail sales tax submissions of restaurants and bars in Ottawa. The data would be provided by the Government of Ontario, and as a consequence, would be comprehensive in addressing the sector. It will look not only at the experience in Ottawa, but at municipalities across the province and be able to compare sales in municipalities with comprehensive bans (such as Ottawa and Waterloo) with sales in other cities. This study is proceeding and results should be available in the near future, although they have been delayed by the recent strike of provincial employees which impacted data availability.

However, the provincial sales tax data does not distinguish between restaurants and bars. PUBCO, an association of pubs and bars opposed to the smoking by-law, argued that the impact on bars and pubs is much greater than the impact on restaurants, and would be hidden in this sector-wide examination. A second survey was therefore planned to focus exclusively on bars and pubs in Ottawa to determine if they were adversely affected as a sub-sector.

KPMG carried out this survey in March, April and May of this year after consultation with PUBCO and the Ottawa Chapter of the Ontario Restaurant Hotel and Motel Association concerning the methodology and approach. Despite extensive efforts, we were unable to obtain responses from a sufficient number of the bars and pubs identified in the sample to produce statistically valid results. We were also unable to obtain from Brewer's Retail or the breweries other data which allow us to establish the representativeness of the establishments that did respond. As a result, we are unable to report results from this survey.



Dr. Robert Cushman
July 15, 2002
Page 2

Following is a summary of the methodology employed and the results achieved during the survey of bars and pubs in the City of Ottawa.

KPMG met with PUBCO and with the Ottawa Chapter of the Ontario Restaurant Hotel and Motel Association to review the methodology and approach, including the range of information to be collected and to establish a list of "bars and pubs" to be surveyed. KPMG was provided with a listing of the top 300 beer-selling bars and pubs by PUBCO, based on data it apparently received from the breweries. While some "restaurants" are on the list, it clearly included all substantial bars and pubs and generally all establishments earning substantial income from bar and pub-like activities. It was agreed to use this list as a foundation and 150 establishments were selected randomly in a process agreed upon by KPMG and PUBCO.

The study methodology was designed by KPMG and comprised of two sections. First, operators were to be asked a series of standard questions relating to establishment size, age, date of opening, any changes to the establishment size and consumer conformance to the bylaw. Second, operators were to be asked to supply monthly sales information supported by Ontario Retail Sales Tax (RST) returns. Two seven-month periods were selected for comparison purposes, these being August 2000 through February 2001 and August 2001 through February 2002.

A letter was sent to establishment management introducing KPMG, explaining the purpose of and procedures for the study and requesting the cooperation of management. The letter mentioned that both PUBCO and the Ottawa Chapter of the Ontario Restaurant Hotel and Motel Association encouraged establishments to participate in the study. One week after the letters had been mailed attempts were made to contact management of each establishment by telephone to inform each establishment of the purpose and procedures for the study and to request cooperation.

Establishments that were successfully contacted and that agreed to participate were asked for an appointment to allow KPMG staff to visit the establishment, conduct the interview and collect the sales data. As the data collection phase progressed it became apparent that many establishments did not have the required RST forms at their disposal. KPMG took mitigating steps as described below to facilitate the provision of verifiable sales data. These included reliance on data provided by accounting professionals, and designing a form which would be faxed by the establishment to the Ontario Ministry of Finance authorizing release of the data from the Ministry of Finance. Establishments that did not have the required RST forms at their disposal were not ultimately visited and procedures were conducted by telephone instead. Procedures and results are noted as follows:

Extensive and repeated efforts were made by KPMG professional personnel to locate, contact and obtain the cooperation of each establishment in obtaining accurate data. Establishments initially refusing to participate were contacted again and it was explained that the failure of establishments to participate could result in the study producing no results, and therefore no opportunity to demonstrate an economic impact of the smoking by-law, if such an impact exists.



Dr. Robert Cushman
July 15, 2002
Page 3

Responses to the survey were categorized as follows:

1 Completed

A. Completed (From RST Records)

- i. Operators that were fully cooperative and responded to all questions and provided the requested sales data and the RST forms or who provided sales data which was prepared and/or certified by third party accounting professionals or by the Ontario Ministry of Finance (see following).
- ii. Operators that had initially refused and who cooperated after KPMG contacted them again.

B. Completed (From non-RST Records)

- i. Operators that were cooperative and responded to all questions and provided the requested sales data from general ledger or sales receipts ledgers. These operators stated that they could not locate RST forms and did not obtain information from the Ontario Ministry of Finance. Others were unable to locate the RST forms but were able to provide sales data from the receipts or general ledger reports. If the sales data was held by the establishment's third party accountant (or bookkeeper), KPMG provided the operator with a release form authorizing the third party to prepare and/or release the sales data and RST forms directly.
 - If the third party was a designated accounting professional (CA, CGA or CMA) then KPMG relied on their certification that the sales data had been compiled from the operator's RST records.

2 Incomplete

A. Incomplete (No Response)

- i. Operators that were contacted repeatedly and from whom no response was ultimately received.

B. Incomplete (Refused)

- i. Operators that were contacted and refused to cooperate. All of these operators were contacted later during the data collection period (generally repeatedly) and again asked to participate. Some of these operators did eventually cooperate, and are included in the completed category.



Dr. Robert Cushman
July 15, 2002
Page 4

- ii. Operators that agreed to cooperate and responded to some or all questions but were unwilling or unable to provide complete or reliable sales data.
 - If the operator did not have the information readily available, KPMG provided the operator with a pre-printed form and the contact numbers for the Ontario Ministry of Finance to assist the operator to obtain a summary of reported sales data from the Ministry's database. We noted that some operators did submit the form, obtained the sales data and forwarded the sales data to KPMG. They are included in the completed category.

C. Incomplete (Not Possible)

- i. Operators who had ceased operations and were not available for participation, or who opened recently and could not provide data for the comparison period.
- ii. Operators where business was deemed too seasonal to be relevant
- iii. Operators that could not be located.

D. Incomplete (Outside City)

- i. Operators outside of the City of Ottawa jurisdiction (the initial list provided by PUBCO was for a larger area than the City of Ottawa).

Table 1- Responses to Request For Survey Participation

SAMPLES AVAILABLE FOR ANALYSIS	Sample	% of Available	% of Selected
1A: Complete (from RST records)	39	32.50%	26.00%
1B: Complete (from non-RST records)	10	8.33%	6.67%
2A: Incomplete (No response)	20	16.67%	13.33%
2B: Incomplete (Refused)	51	42.50%	34.00%
SUBTOTAL SAMPLES AVAILABLE	120	100.00%	80.00%
SAMPLES UNAVAILABLE FOR ANALYSIS	Sample	%	%
2C: Incomplete (Not Possible)	21	n/a	14.00%
2D: Incomplete (Outside City)	9	n/a	6.00%
TOTAL SAMPLE SELECTED	150		100.00%



Dr. Robert Cushman

July 15, 2002

Page 5

A completion rate (including confirmed sales from RST records) of 60% of the establishments that were available for participation was required in order for any statistically significant conclusion to be possible. This rate was set to ensure the results received were representative of all establishments (i.e. to ensure the sample did not overly represent establishments doing well, or doing poorly).

We noted the following:

- 33% of establishments contacted participated fully in the study and provided sales information from RST records
- 8% of establishments contacted participated fully in the study and provided sales information from other than RST records
- 17% of establishments contacted did not respond to contact efforts
- 43% of establishments contacted refused to participate in part or in full in the study

Despite repeated and persistent attempts to achieve the cooperation of all participants selected the required rate of participation of 60% was not achievable. This was mostly attributable to the very high rate of refusal and non-response from the selected establishments. In fact data was only obtained from 41% of the establishments.

A second approach was developed in an attempt to measure the representativeness of the respondents. Efforts were made to obtain ordered lists of the "Top 300" establishments during the period of the study (the list initially used to select the sample) and from a year earlier. This would have allowed a comparison of the position of respondents on the list at the time of the survey and a year earlier during the pre-by-law comparison period. This would have made it possible to determine whether the respondents had moved up the list (performed better than average) or down the list (performed less well than average), and therefore, to determine whether the respondents, on average, had performed over the year in a manner consistent with the performance of others on the list. We were unable to obtain the list from a year earlier, and therefore unable to perform this check.

With data only available from 40% of the selected, possible respondents, and no available means to verify the representativeness of the respondents, no conclusion can be drawn from the data collected.



Dr. Robert Cushman
July 15, 2002
Page 6

As mentioned earlier, the study being conducted by OTRU does not suffer the limitation of voluntary participation. It will be based on the retail sales tax returns of all licensed establishments in Ottawa, and indeed from municipalities across the province. While it will not be able to distinguish the results among establishments heavily dependent upon beer sales from those of other establishments, it will be able to determine the effect upon the sector as a whole.

Should you require any further information, please contact the undersigned.

Yours truly,

A handwritten signature in cursive script that reads 'Brian Bourns'.

Brian Bourns, MBA
Senior Manager

Attachment 12

Ottawa's 4 Point Plan

Report to/Rapport au :

**Corporate Services and Economic Development Committee
Comité des services organisationnels et du développement économique**

and Council/et au Conseil

28 February 2002 / le 28 février 2002

**Submitted by/Soumis par : Kent Kirkpatrick, General Manager/Directeur général
Corporate Services Department/Services généraux**

*Contact/Personne-ressource : Pierre G. Pagé, Director/City Clerk, Secretariat Services/
Greffier/Directeur, services de secrétariat
580-2424 (Ext. 22408) / Pierre.Page@city.ottawa.on.ca*

Ref N°: ACS-2002-CRS-SEC-0009

**SUBJECT: ONTARIO'S DECLINING CHARITABLE BINGO REVENUES:
A FOUR-POINT ACTION PLAN FOR OTTAWA**

**OBJECT: DIMINUTION DES RECETTES DES BINGOS DE BIENFAISANCE
DE L'ONTARIO : UN PLAN D'ACTION EN QUATRE POINTS POUR
OTTAWA**

REPORT RECOMMENDATIONS

That the Corporate Services and Economic Development Committee recommend Council approve:

- 1. That staff assist charities, where possible, to reduce dependence on declining revenues from bingo and to mitigate the effects of the ongoing re-structuring of charity bingo by facilitating fundraising training, streamlining the administration and reporting requirements of charities, and by assisting charities in maintaining access to bingo operations.**
- 2. That charities be assisted to reduce their costs during the ongoing restructuring of charity bingo by temporarily reducing licence fees from the current 3% of the total prize value to 0% in 2002 and 1.5% in 2003.**
- 3. That staff work with other large Ontario municipalities to pursue changes to the provincial charitable bingo regulations that would help charities and non-profit organizations.**

RECOMMANDATIONS DU RAPPORT

Que le Comité des services organisationnels et du développement économique recommande au Conseil municipal d'approuver :

- 1. que le personnel aide les oeuvres de bienfaisance, dans la mesure du possible, à moins dépendre des recettes de bingo, qui sont à la baisse, et à atténuer les effets de la restructuration en cours des bingos de bienfaisance en facilitant la formation aux collectes de fonds, en rationalisant l'administration et les exigences de déclaration des oeuvres de bienfaisance et en aidant ces dernières à maintenir leur accès aux opérations de bingo;**
- 2. que l'on aide les oeuvres de bienfaisance à réduire leurs coûts, durant la restructuration en cours des bingos de bienfaisance, en abaissant les droits d'immatriculation de 3 % sur la valeur totale du prix actuellement, à 0 % en 2002 et à 1,5 % en 2003;**
- 3. que le personnel travaille de concert avec d'autres municipalités importantes de l'Ontario à poursuivre les modifications aux règlements provinciaux sur les bingos de bienfaisance, qui aideraient les oeuvres de bienfaisance et les organismes à but non lucratif.**

BACKGROUND

At its meeting of April 25, 2001, City Council passed a motion directing staff to find solutions to the concerns of charity bingos. A copy of the motion is enclosed as Attachment 1.

Corporate Services staff have been working cooperatively with charity bingo stakeholders since the passage of the motion. The stakeholders were given the opportunity to identify problems and potential solutions.

This report provides background information on charity bingos and an analysis of recent trends. In response to City Council's direction to find ways to assist charity bingos, the report recommends a four-point action plan to help charities find new sources of revenue and to give them some assistance for a time-limited period while they undergo a restructuring that is happening in response to changing market conditions.

Charity Bingo

Charity bingos raised 7.8 million dollars in 2001 for community groups in Ottawa. Many of these charities and community groups are highly dependent on bingo revenue to support their work in the community.

The charities run bingos using premises and equipment rented from a hall operator. The operator may be a for-profit company or a charity. Given the way the bingo system is structured, charities only receive a small fraction - roughly 10% - of total revenues (\$7.8 million of \$79.8 million for 2001 in Ottawa).

The rules governing the operation of charity bingos are set by the Alcohol and Gaming Commission of Ontario (AGCO). The City licences the operation of charity bingos and is permitted by AGCO to collect a licence fee of up to 3% of the total prize value. The fee is currently set at 3% up to a maximum of \$105.00 and the total collected in fiscal year 2001 was \$1.36 million.

The hall operators and the charities organize themselves on a province-wide basis and are represented by the Registered Gaming Suppliers of Ontario Association and The Ontario Charitable Gaming Association, respectively.

A profile of charity bingos in Ottawa can be found in Attachment 2.

Recent Trends in Charity Bingos Across Ontario

A recent study in 2000, jointly carried out by the Registered Gaming Suppliers of Ontario Association and the Ontario Charitable Gaming Association, concluded that many of the gaming products offered by charity bingo have become outdated. This is due to changing demographics and competition from new gaming options like casinos, slots, Internet gambling, instant win, lotteries and video lottery terminals (VLTs).

As a result of these changes in market conditions, there has also been a significant reduction in the number of players, revenue and hence returns for the charities. For example, the profit for charities has been cut by more than half province-wide in the last fifteen years. The industry is under duress and is undergoing a significant restructuring.

Other Ontario municipalities have recently addressed the problem of declining charity bingo revenues. The General Committee of the City of Mississauga received a report on June 7, 2000, which concluded that competition from slots had been responsible for a decrease of up to 35% in charity profits over the previous year. The report also concluded that policies of the AGCO were a significant constraint on innovation by the bingo industry compared to other gaming options.

York Region Council adopted a report on January 24, 2002, which analyzed the impact of that municipality's new No-Smoking By-law, and concluded that, while the new By-law might have had some initial impact, it was competition from a variety of new gaming activities which had reduced profits for charities. The No-Smoking By-law, which became effective on June 1, 2001, limited smoking to 25% of the floor area of the bingos.

Recent Trends in Charity Bingos in Ottawa

Although no statistical information is available before 2000, it is widely accepted among charity bingos in Ottawa that the province-wide trends have been mirrored in Ottawa. Significant new gaming opportunities are now competing with bingo since the opening and expansion of the Casino du Lac-Leamy, the growth of the local VLT industry, and the opening of Rideau-Carleton Slots in 2000. As a result of this new competition, and other changes in market conditions, attendance and profits for the charities have been declining for many years and continue to do so. For example, attendance and profits fell 15% and 13% respectively between 2000 and 2001. The impact of smoke-free bingos is only one element of the changing bingo environment. Details on the recent performance of charity bingos can be found in Attachments 3 a) and b).

Because of the change in market conditions, it is generally believed that there are now too few bingo players for the number of establishments in Ottawa. This potential oversupply in halls has likely contributed to a further depression of profits in an industry where fixed costs are high.

DISCUSSION

As a result of the changing market forces outlined above, a restructuring of charity bingo is likely. Such restructuring may eventually lead to an increase in profits as hall operators and the charities find new ways to attract players and as the number of halls is reduced.

The April 25, 2001 motion directed staff to assess solutions to the concerns of charity bingos. In response, staff have developed recommendations that support the following goals:

- assist charities to reduce the cost of operating bingos,
- help mitigate the effects of the re-structuring by helping charities diversify their sources of revenue and find new bingo time slots.

Recommendation 1

During the consultations with stakeholders, a number of areas were identified where the City could assist immediately. The following four measures were identified by staff as effective and inexpensive ways to help charities reduce costs and mitigate the impacts of re-structuring.

Diversification of revenue sources

At the suggestion of stakeholders, plans are underway to facilitate training seminars to assist charities to diversify their sources of revenue and become less dependent on the declining revenues from charity bingo.

DVA Navion International Fundraising Consultants, a world leader in fundraising campaigns and marketing, has offered to provide twenty two-hour sessions for bingo charities, at minimal cost. The training would be provided in both French and English and would focus on grass roots, volunteer-based fundraising activities and innovative marketing. In addition, the firm would offer its new product - "Fundraising in a Box" - to all charities who wish to use it. This program provides a step-by-step, self-directed approach to effective community-based fundraising. Tracking services to monitor results would also be offered. In return for these services, the City would coordinate the training sessions in April of 2002 and provide a large pool of community-based charities to assess the effectiveness of the firm's new product.

Improving the efficiency of the reporting system

A concentrated effort by Lottery and Informatics staff has produced an automated reporting system that

will improve the efficiency and accuracy of the current paper-based reporting system, saving the charities a significant amount of time and effort. The automated system will also assist charities in taking advantage of the efficiencies offered by the new electronic banking system that is being contemplated by AGCO.

Charity bingos are required by the AGCO to report financial results on an event basis. In the past, the paper-based reporting of this information has proven to be cumbersome for volunteer groups and often contained inaccuracies due to the varying interpretations of AGCO's rules. Stakeholders have long expressed frustration at the prospect of having no remedy for this problem.

The new automated system is currently being piloted with a selected number of charities and will be made available to all charities. The feedback received to date has been very favourable.

Assistance to charities during re-structuring

If a bingo operator were to close, staff will assist, where possible, those charities that want to continue to raise money through bingo to find time slots with other operators.

Ongoing monitoring

In September 2001, Corporate Services staff began to collect financial information on charity bingos in a consistent and reliable manner. The collection of this information has been and will be essential in providing City Council and stakeholders with reliable information about charity bingo in Ottawa.

Recommendation 2

The effect of this recommendation, if approved, would be to reduce the cost to the charities of running bingos by over \$1.2 million over the next two years.

The City licences the operation of charity bingos and is permitted by AGCO to collect a licence fee of up to 3% of the prize value. The fee is currently set at 3% up to a maximum of \$105.00 and the total collected in fiscal year 2001 was \$1.36 million.

The reduction of licensing fees would provide a significant benefit to both the charities and the bingo halls. It is estimated that, based on fiscal year 2001 figures, reducing the licence fee to nil in fiscal year 2002 would leave an extra \$816,000 in the hands of the charities. In fiscal year 2003, the reduction of the licence fee to 1.5% would translate into \$408,000 in reduced fees for the charities. These estimates are approximate as the value of the licence reduction depends on many factors, including the number of bingos held and the size of the prize boards.

Recommendation 3

During the consultation with stakeholders, a number of issues were raised that could be of assistance to charity bingos but fall within the jurisdiction of AGCO. For example, ACGO could waive some of the fees it charges charity bingos.

Many of these suggestions have been brought to the attention of AGCO by Corporate Services staff. Furthermore, staff facilitated a joint meeting of the Registered Gaming Suppliers of Ontario Association and the Ontario Charitable Gaming Association, on January 17, 2002, to discuss recommendations that might be beneficial to charity bingo in Ottawa and across Ontario. The recommendations will be submitted to the ACGO by the stakeholders.

In order to effect helpful change at the Provincial level, staff believe that working with other large Ontario municipalities would be an appropriate next step. If this recommendation were approved, staff would begin such consultations immediately.

CONSULTATION

Corporate Services staff have met regularly with charity bingo stakeholders since May 2001. Careful consideration was given to all problems and solutions identified during these consultations.

Corporate Services staff facilitated a joint meeting of the Registered Gaming Suppliers of Ontario Association and the Ontario Charitable Gaming Association, on January 17, 2002, to discuss recommendations, to be submitted to the ACGO by stakeholders, that might be beneficial to charity bingo.

In the preparation of this report, People Services as well as several Corporate Services branches, including Legal Services and Financial Services were consulted.

FINANCIAL IMPLICATIONS

Recommendation 1 and 3

Funds are available in the tabled 2002 draft operating estimates for the Provincial Offences Act/Lottery Division for the implementation of these recommendations.

Recommendation 2

The tabled 2002 draft operating estimates anticipate bingo licencing revenues at the same level as 2001 (\$1.36 million). Approving this recommendation would result in a budget adjustment of \$1.36 million in reduced revenues.

The tabled 2002 estimates include a provision for revenue from the Rideau Slots of \$1.2 million. This is the part year amount that was estimated to be available after the funding of related infrastructure built by the former City of Gloucester was complete. The full year amount from this revenue source had originally been estimated at \$2.4 million per year. This revenue source has surpassed its original revenue targets based on higher than anticipated business activity at the Rideau Slots. As a result, the actual annual revenue to the City has been closer to \$2.8 million per year. Consequently, the capital infrastructure project has been funded earlier than was originally planned. The 2002 provision for slot revenues in the operating draft estimates can be increased by \$1.4 million. This funding can offset the budget adjustment required to implement recommendation 2.

ATTACHMENTS

1. City Council's motion of April 25, 2001
2. Profile of charity bingos in Ottawa
3. Attendance, Revenue and Net Profits for Charities in 2000 and 2001

DISPOSITION

City Clerk to take appropriate action.

ATTACHMENT 1

OTTAWA CITY COUNCIL MINUTES
25 April 2001

MOTION NO. 10/11

Moved by Councillor Meilleur
Seconded by Councillor Doucet

THAT City staff prepare a report to address the concerns of charitable and non-profit organizations that raise money from bingos, and that staff bring back solutions, which could include but not be limited to:

- **reducing/waiving bingo licensing fees**
- **priority for funding from non-committed casino revenues;**
- **priority for funding from new dollars in the People Services envelope; and**
- **any other measures that could assist the organizations in meeting the needs of the community.**

CARRIED with Councillor Hunter dissenting.

ATTACHMENT 2

BINGO HALLS INFORMATION

BINGO HALLS	CLASS	ADDRESS	# OF CHARITIES
Bingoland South	A	9 Slack Road	31
Convention Centre	A	1545 Merivale Road	27
Canata Theatre	A	100 Walter Baker Place	21
Friend's Bingo Hall	A	70 Montreal Road	33
Blackburn Hamlet	A	2536 Innes Road	25
Club 90	A	355 St Laurent Blvd	32
Side Door	A	114 Merton Avenue	40
Le Rendez-Vous	A	1190 Newmarket	25
Hunt Club	A	1195 Hunt Club Road	29
Overbrook	A	1150 Lola Street	27
Sub-Total - Commercial Halls			
Salle St-François	EXEMPT	1062 Wellington Street	2
Le Patro	EXEMPT	40 Rue Cobourg	3
Royal Legion Greely *	EXEMPT	8021 Mitch Owens Road	1
Chevalier de Colomb #5571	EXEMPT	260 avenue McArthur	1
			297

Royal Canadian Legion

P.O. Box 189 Stn Main , Greely, ON K4P 1N5

ATTACHMENT 3A

Monthly Lottery Report January to December 2000

	CLUB 90	SIDE DOOR	R. VOUS	HUNT CLUB	PATRIOT
CLASS	A	A	A	A	C
NUMBER OF PLAYERS	197631	270684	145909	164442	
REVENUE (A) BINGO	6,310,321.50	7,624,175.00	4,224,992.50	6,054,018.10	796
(B) SUPER JACKPOT	1,654,373.00	1,988,138.50	1,314,892.00	1,496,889.00	193
(C) NEVADA	928,869.50	1,165,706.71	510,300.00	1,037,551.50	102
(D) SUPER LINK	0.00	75,912.00	0.00	0.00	
(E) OTHER REVENUE	12,633.24	14,595.83	13,009.11	15,050.02	
TOTAL REVENUE	8,906,197.24	10,868,528.04	6,063,193.61	8,603,508.62	1,093
LESS (A) PRIZES - BINGO	5,122,580.25	6,013,976.25	3,772,234.00	5,073,732.25	670
(B) PRIZES - SUPER JACKPOT	1,186,662.00	1,404,300.00	1,030,129.80	1,123,745.50	124
(C) PRIZES - NEVADA	632,885.70	793,846.26	347,490.00	711,569.10	70
(D) PRIZES - SUPERLINK	0.00	18,558.07	0.00	0.00	
(E) LICENCE FEES (BINGO)	152,843.10	190,284.00	121,065.00	150,444.00	16
(F) PROVINCIAL FEES	114,031.13	167,473.82	71,397.30	120,537.38	11
(G) PAID RUNNERS	0.00	0.00	0.00	0.00	
(H) GST ON PAID RUNNERS	0.00	0.00	0.00	0.00	
(I) PROMOTIONS / ADVERT	29,340.00	48,125.00	0.00	29,600.00	4
(J) RENT (BINGO, NEVADA, SUPERJP)	656,621.76	855,521.42	286,019.56	547,341.51	64
(K) GST	39,307.02	60,847.56	16,449.26	38,313.81	4
(L) 1% ADMINISTRATION	81,241.34	90,808.37	46,072.44	78,514.48	2
(M) HONORARIUMS	0.00	0.00	0.00	0.00	7
(N) SHORTAGES	15,083.60	15,744.87	6,530.30	11,048.96	
(O) NEVADA TICKET COST	0.00	0.00	0.00	0.00	2
(P) OTHERS	4,334.93	23,211.21	3.01	0.04	
TOTAL EXPENSES	8,034,930.83	9,682,696.83	5,697,390.67	7,884,847.03	982
NET PROFIT BINGO	517,448.37	722,604.51	157,295.97	402,389.75	56
NET PROFIT NEVADA	129,220.97	163,337.78	72,354.30	143,724.66	18
NET PROFIT SUPER JACKPOT	224,597.07	283,739.10	136,152.67	172,547.18	36
NET PROFIT SUPER LINK	0.00	16,149.82	0.00	0.00	
TOTAL PROFIT TO CHARITIES	871,266.41	1,185,831.21	365,802.94	718,661.59	110

ATTACHMENT 3A (cont'd)

	BINGOLAND	FRIENDS	BLACKBURN	KANATA	K.COLUMBUS VANIER	S
CLASS	A	A	A	A	EXEMPT	
NUMBER OF PLAYERS	198927	296199	141132	122699	8493	
REVENUE (A) BINGO	7,675,171.00	8,301,709.00	4,553,814.00	4,442,693.50	240,054.00	
(B) SUPER JACKPOT	1,802,548.50	2,265,567.50	1,241,028.00	1,096,246.00	0.00	
(C) NEVADA	1,052,836.00	1,151,327.50	331,800.00	1,224,924.50	0.00	
(D) SUPER LINK	266,612.00	157,509.73	0.00	0.00	0.00	
(E) OTHER REVENUE	23,264.91	12,229.72	5,685.01	115,493.38	0.00	
TOTAL REVENUE	10,820,432.41	11,888,343.45	6,132,327.01	6,879,357.38	240,054.00	
LESS (A) PRIZES - BINGO	5,950,279.50	5,989,237.43	3,983,224.80	3,684,359.00	203,942.00	
(B) PRIZES - SUPER JACKPOT	1,217,598.00	1,443,793.99	928,773.00	771,680.00	0.00	
(C) PRIZES - NEVADA	717,240.00	921,062.00	225,940.00	835,414.00	0.00	
(D) PRIZES - SUPERLINK	61,372.50	39,546.10	0.00	0.00	0.00	
(E) LICENCE FEES (BINGO)	159,507.15	190,478.95	127,610.70	122,760.78	6,405.00	
(F) PROVINCIAL FEES	231,373.80	210,674.16	59,274.35	104,413.74	0.00	
(G) PAID RUNNERS	146,804.93	0.00	22,761.94	0.00	0.00	
(H) GST ON PAID RUNNERS	10,276.35	0.00	1,593.34	0.00	0.00	
(I) PROMOTIONS / ADVERT	49,588.40	52,200.00	29,300.00	10,820.00	800.00	
(J) RENT (BINGO, NEVADA, SUPERJP)	848,425.59	1,267,292.11	283,774.09	467,049.14	10,880.40	
(K) GST	66,845.29	0.00	19,861.20	25,874.69	0.00	
(L) 1% ADMINISTRATION	59,628.84	36,412.40	61,266.46	42,673.09	0.00	
(M) HONORARIUMS	46,212.46	0.00	33,760.00	6,570.00	3,900.00	
(N) SHORTAGES	14,406.76	0.00	5,684.58	8,370.56	0.00	
(O) NEVADA TICKET COST	20,192.12	0.00	0.00	18,911.67	0.00	
(P) OTHERS	105.47	55,608.75	8.21	0.00	0.00	
TOTAL EXPENSES	9,599,857.16	10,206,305.89	5,782,832.67	6,098,896.67	225,927.40	
NET PROFIT BINGO	696,574.12	1,016,891.59	157,839.55	444,087.76	14,126.60	
NET PROFIT NEVADA	148,596.80	158,396.09	45,992.85	173,283.98	0.00	
NET PROFIT SUPER JACKPOT	309,524.21	472,267.29	145,661.94	163,088.97	0.00	
NET PROFIT SUPER LINK	65,880.12	34,482.61	0.00	0.00	0.00	
TOTAL PROFIT TO CHARITIES	1,220,575.25	1,682,037.56	349,494.34	780,460.71	14,126.60	

ATTACHMENT 3B

Monthly Lottery Report January to December 2001

	CLUB 90	SIDE DOOR	R. VOUS	HUNT CLUB	PATRIOT
CLASS	A	A	A	A	C
NUMBER OF PLAYERS	170263	228404	112930	147989	
NUMBER OF EVENTS	1036	1232	869	1010	
REVENUE (A) BINGO	5,646,280.50	6,551,704.00	3,675,456.00	5,356,885.80	622
(B) SUPER JACKPOT	1,533,469.50	1,831,472.50	1,047,465.50	1,430,131.50	169
(C) NEVADA	602,532.00	528,543.00	298,964.50	537,159.00	81
(D) SUPER LINK	0.00	0.00	0.00	55,912.00	
(E) OTHER REVENUE	5,741.39	4,169.56	575.65	6,061.79	
(F) PROGRESSIVE GAME	282,754.00	365,434.00	141,956.00	236,390.00	
TOTAL REVENUE	8,070,777.39	9,281,323.06	5,164,417.65	7,622,540.09	873
LESS PRIZES PROGRESSIVE	177,476.41	211,193.62	92,750.49	182,942.42	
(A) PRIZES - BINGO	4,715,105.50	5,133,955.00	3,336,361.90	4,668,756.50	588
(B) PRIZES - SUPER JACKPOT	1,135,847.00	1,254,450.00	848,345.00	1,101,968.00	128
(C) PRIZES - NEVADA	410,295.60	362,987.50	203,663.60	365,779.50	55
(D) PRIZES - SUPERLINK	0.00	0.00	0.00	0.00	
(E) LICENCE FEES (BINGO)	155,265.00	181,715.10	120,798.00	152,850.00	16
(F) PROVINCIAL FEES	84,988.82	99,967.80	55,103.49	74,537.66	10
(G) PAID RUNNERS	0.00	0.00	0.00	0.00	3
(H) GST ON PAID RUNNERS	0.00	0.00	0.00	0.00	
(I) PROMOTIONS / ADVERT	33,777.67	53,900.00	17,414.25	38,048.66	4
(J) RENT (BINGO, NEVADA, SUPERJP)	531,261.37	770,314.05	180,276.95	402,060.14	16
(K) GST	37,188.33	53,884.20	12,444.52	28,145.22	1
(L) 1% ADMINISTRATION	80,650.38	88,651.70	51,100.31	75,515.94	1
(M) HONORARIUMS	0.00	0.00	0.00	0.00	5
(N) SHORTAGES	5,744.62	19,202.81	1,103.36	5,522.43	
(O) NEVADA TICKET COST	0.00	10,814.49	1,122.11	0.00	2
(P) OTHERS	21,336.33	24,260.64	3,450.00	22,061.06	
TOTAL EXPENSES	7,388,937.03	8,265,296.91	4,923,933.98	7,118,187.53	834
NET PROFIT BINGO	369,679.84	585,251.24	78,254.58	238,600.83	4
NET PROFIT NEVADA	83,520.36	74,043.25	56,121.86	72,406.73	13
NET PROFIT SUPER JACKPOT	185,712.30	283,270.19	83,666.06	147,617.03	20
NET PROFIT SUPER LINK	0.00	0.00	0.00	0.00	
NET PROFIT PROGRESSIVE GAME	42,927.86	73,461.47	22,441.17	45,728.97	
TOTAL PROFIT TO CHARITIES	681,840.36	1,016,026.15	240,483.67	504,352.56	38

ATTACHMENT 3B (cont'd)

	BINGOLAND	FRIENDS	BLACKBURN	KANATA	K.COLUMBUS VANIER	S
CLASS	A	A	A	A	EXEMPT	
NUMBER OF PLAYERS	162815	263214	128062	113094	8328	
NUMBER OF EVENTS	1045	1131	905	720	32	
REVENUE (A) BINGO	6,198,217.15	7,321,314.50	4,233,781.00	4,244,909.59	238,642.00	
(B) SUPER JACKPOT	1,428,770.00	2,117,196.71	1,162,904.00	1,021,520.00	0.00	
(C) NEVADA	674,100.00	935,488.50	228,900.00	1,052,796.50	55,965.00	
(D) SUPER LINK	191,952.00	0.00	0.00	0.00	0.00	
(E) OTHER REVENUE	4,431.86	33,266.69	3,174.05	5,748.87	0.00	
(F) PROGRESSIVE						
GAME	338,162.00	578,582.00	201,030.00	223,519.00	0.00	
TOTAL REVENUE	8,835,633.01	10,985,848.40	5,829,789.05	6,548,493.96	294,607.00	
LESS PRIZES PROGRESSIVE	204,639.00	325,439.82	123,795.71	143,885.00	0.00	
(A) PRIZES - BINGO	4,924,495.75	5,255,673.25	3,759,528.00	3,550,938.05	190,887.00	
(B) PRIZES - SUPER JACKPOT	1,053,669.00	1,308,850.50	851,209.00	709,200.00	0.00	
(C) PRIZES - NEVADA	459,030.00	637,079.00	155,870.00	719,454.00	38,180.00	
(D) PRIZES - SUPERLINK	50,318.30	0.00	0.00	0.00	0.00	
(E) LICENCE FEES (BINGO)	154,170.00	179,707.98	132,490.50	56,595.00	5,715.30	
(F) PROVINCIAL FEES	179,946.40	120,148.13	54,277.50	91,488.46	948.60	
(G) PAID RUNNERS	126,566.40	0.00	52,224.25	0.00	350.00	
(H) GST ON PAID RUNNERS	2,894.27	0.00	3,635.15	0.00	0.00	
(I) PROMOTIONS / ADVERT	21,545.00	70,345.09	36,000.00	12,710.00	0.00	
(J) RENT (BINGO, NEVADA, SUPERJP)	670,302.25	1,237,028.16	253,648.46	451,851.50	15,052.70	
(K) GST	13,478.58	54,772.66	18,179.64	23,972.52	0.00	
(L) 1% ADMINISTRATION	80,154.10	41,160.75	57,540.85	35,901.43	6,961.50	
(M) HONORARIUMS	7,290.00	0.00	0.00	700.00	5,193.25	
(N) SHORTAGES	3,707.15	6,162.49	0.00	2,486.03	0.00	
(O) NEVADA TICKET COST	3,644.14	14,577.15	588.00	27,116.60	0.00	
(P) OTHERS	27,572.66	42,294.72	15,112.46	8,438.66	0.00	
TOTAL EXPENSES	7,983,423.00	9,293,239.70	5,514,099.52	5,834,737.25	263,288.35	
NET PROFIT BINGO	475,471.47	1,023,037.85	110,451.33	361,418.31	23,072.30	
NET PROFIT NEVADA	94,317.64	126,904.87	31,729.90	154,779.00	8,246.35	
NET PROFIT SUPER JACKPOT	179,994.36	400,637.42	140,223.80	157,435.83	0.00	
NET PROFIT SUPER LINK	40,198.63	0.00	0.00	0.00	0.00	
NET PROFIT PROGRESSIVE GAME	62,227.91	142,028.36	33,284.51	40,123.33	0.00	
TOTAL PROFIT TO CHARITIES	852,210.01	1,692,608.70	315,689.53	713,756.71	31,318.65	

Attachment 13

SVDSR/Ventilation

	Establishment	Date DSR Installed	Air Testing
1	Burger King - Lasalle	Gone 100% smoke-free	-
2	Treats and Sweets	Closed	-
3	Cortina Pizza	May, 2000	no
4	Cooperative Funeral Home	1968	no
5	Bingo Country - Lasalle	no answer	-
6	Bingo 1 - Newgate	no answer	-
7	Tim Horton's - Kingsway	Gone 100% smoke-free	yes
8	Tim Horton's - Lorne	Gone 100% smoke-free	-
9	Country Style Donuts - Long Lake Rd	May, 2000	no
10	Country Style Donuts - Kingsway	July, 1997	no
11	Country Style Donuts - Chelmsford	Closed	-
12	Country Style Donuts (Marlene's)	May, 2000	no
13	Country Style Donuts - Lorne	May, 2001	no
14	Country Style Donuts - Notre Dame	Closed	-
15	Country Style Donuts - Val Caron	Closed	-
16	Pioneer Manor	no answer	-
17	Extendicare Falconbridge	8+ years ago	no
18	Extendicare York	1996	no
19	Breezes Retirement Residence	4+ years ago	no
20	Champlain Lodge Retirement Res.	6+ years ago	no
21	Finlandia Retirement Residence	2000	no
22	Lasalle Residence	Staff:1994, Residents:1992	no
23	Palambro Palace	3+ years ago	no
24	The Walford	1995	no
25	Westmount Retirement Residence	14+ years ago	no
26	Golden Years	no answer	-

Attachment 14

1999 Smoking By-law

BY-LAW 2001-7L**BEING A BY-LAW OF THE CITY OF GREATER SUDBURY TO
REGULATE SMOKING IN PUBLIC PLACES**

WHEREAS it has been determined that environmental tobacco smoke (exhaled smoke and the smoke from idling cigarettes, cigars or pipes), also known as second-hand smoke, is a health hazard because of its adverse effects and risk to the health of the inhabitants and workers of the City of Greater Sudbury;

AND WHEREAS it is desirable for the health, safety, and welfare of the inhabitants and workers of the City of Greater Sudbury to provide for the prohibiting and abating of smoking and second-hand smoke in accordance with the provisions of this By-law;

AND WHEREAS Section 213 of the *Municipal Act*, R.S.O. 1990, c. M.45, as amended, allows a local municipality to enact and enforce a smoking by-law;

AND WHEREAS the Council of the Corporation of the City of Greater Sudbury wishes to enact a smoking by-law;

NOW THEREFORE the Council of the Corporation of The City of Greater Sudbury enacts as follows:

DEFINITIONS

1. In this By-law,
 - (a) **"Bar"** means a building or structure or portion thereof which has all of the following features:
 - (i) the consumption of alcohol takes place;
 - (ii) at least 75 percent of sales in the previous year are from the sale of

2001-7L

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alcohol; and

(iii) the sale of food is incidental.

For greater certainty without limiting, the generality of the foregoing, this may include taverns, night clubs, pubs, public houses, lounges, adult entertainment parlours and other establishments, licensed under the *Liquor Licence Act*, R.S.O. 1990, c. L. 19 or its regulations as amended.

- (b) **"Billiard Hall"** means a building or structure, or part thereof, the primary purpose of which is the playing of the game of snooker, pool or billiards;
- (c) **"Bingo Hall"** means premises that are used for the purpose of holding bingo lotteries licensed under the authority of an order-in-council of the Province of Ontario and the *Gaming Control Act*, S.O. 1992, c. 24 or its regulations, as amended;
- (d) **"Bowling Alley"** means premises at which lanes are made available to members of the public for rental to play the game of bowling;
- (e) **"Eating Establishment"** means a building or part of a building, booth, stall or place where food or drink is offered for sale or sold to the public for immediate consumption and includes a restaurant, café, cafeteria, take-out restaurant, ice cream parlour, tea or lunch room, dairy bar, coffee shop, donut shop, snack bar, and refreshment stand. This does not include outdoor eating areas and does not include a **Food Court or Bar**.
- (f) **"Enclosed Public Places"** means an enclosed indoor area or vehicle that is **Open To The Public** and includes, but is not limited to:
 - (i) a building, structure or portion thereof for the gathering of persons for the purposes of education, worship, business, recreation, entertainment or amusement and includes without limiting the generality of the foregoing:
Eating Establishments, Bars, Food Courts, Billiard Halls, Bingo Halls, Bowling Alleys, arenas, public sports facilities, retail stores, shopping centres, laundromats, commercial establishments, office buildings, education, financial, religious,

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Municipal Facilities, cinemas, theatres, concert halls, public halls, or other places or portions thereof that are normally open to the clients, customers, patients, students, patrons or other members of the general public, except for casinos;

- (ii) multiple-unit residential buildings with common access to six or more dwelling units, containing common areas such as corridors, passageways, laundry rooms, washrooms, amenity areas, meeting rooms and lobbies to which all residents or the public have access, except for private residential units or apartments located therein;
 - (iii) a bus, including a school bus, or other vehicle, including taxi cabs, and limousines that are used to provide transportation to the general public; and
 - (iv) an elevator, escalator, stairway, lobby, entrance way, corridor, public washroom, or other common area in any **Enclosed Public Place**.
- (g) **"Food Court"** means an open area within a shopping centre with seating provided for the sale and consumption of food.
- (h) **"Inspector"** means members of the Greater Sudbury Police Service, Public Health Inspectors employed by the Sudbury & District Health Unit, and Municipal By-law enforcement officers appointed by the City of Greater Sudbury whose duties include the enforcement of this By-law.
- (i) **"Municipal Facility"** means any building, structure or vehicle owned, leased, controlled or used by The City of Greater Sudbury. This includes recreational facilities including arenas, pools, locker/change rooms, indoor spectator areas and common areas (i.e., concession areas and washrooms).
- (j) **"Open To The Public"** means that members of the public have access to the premises either by right or by invitation, express or implied, whether by payment of money or otherwise.
- (k) **"Owner"** means the owner of a building containing one or more **Enclosed Public Places**.

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- (l) **"Private Function"** is a function or event which is not **Open To The Public**.
- (m) **"Proprietor"** means the person who controls, governs or directs the activity carried on within a particular **Enclosed Public Place** and includes the **Owner** or a person who is actually in charge thereof.
- (n) **"Smoke/Smoking"** includes the carrying of a lighted cigar, cigarette, pipe or any other lighted smoking material or equipment.

SMOKING IN ENCLOSED PUBLIC PLACES

- 2. - (1) No person shall **Smoke** or hold lighted tobacco in any **Enclosed Public Place** within the City of Greater Sudbury whether or not a No Smoking sign is posted.
- (2) Despite Section 2(1), where a permitted area for **Smoking** has been designated under this By-law, **Smoking** shall be permitted in the area so designated.

EATING ESTABLISHMENTS

- 3. - (1) Despite Section 2(1), the **Proprietor** of an **Eating Establishment** shall designate not more than 50 percent of the total indoor seating provided in such **Eating Establishment** as a permitted area for **Smoking** if the criteria in Section 10 are met.
- (2) Section 3(1) is rescinded effective May 31, 2001.
- (3) Effective May 31, 2001, despite Section 2(1), the **Proprietor** of an **Eating Establishment** shall designate not more than 25 percent of the total indoor seating provided in such **Eating Establishment** as a permitted area for **Smoking**, if the criteria in Section 10 are met.
- (4) Section 3(3) is rescinded effective May 31, 2003.
- (5) Despite Sections 2(1), 3(1) and 3(3), the **Proprietor** of an **Eating Establishment** for which at least 50 percent of sales are from the sale of alcohol in the previous year, may after 9:00 P.M. until closing designate not more than 75 percent of the total indoor seating provided in such **Eating Establishment** as a permitted area for **Smoking**.

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provided the criteria in Section 10 are met.

BARS

4. Despite Section 2(1), the **Proprietor** of a **Bar** shall designate not more than 75 percent of the total indoor seating provided in such **Bar** as a permitted area for **Smoking** if the criteria in Section 10 are met.

BILLIARD HALLS

5. (1) Despite Section 2(1), the **Proprietor** of a **Billiard Hall** shall designate not more than 40 percent of the total floor area of the **Billiard Hall** as a permitted area for **Smoking**, if the criteria in Section 10 are met.
- (2) Section 5(1) is rescinded effective May 31, 2001.
- (3) Effective May 31, 2001, despite Section 2(1), the **Proprietor** of a **Billiard Hall** shall designate not more than 25 percent of the **Billiard Hall** as a permitted area for **Smoking**, if the criteria in Section 10 are met.
- (4) Section 5(3) is rescinded effective May 31, 2003.

BOWLING ALLEYS

6. Despite Section 2(1) the **Proprietor** of a **Bowling Alley** shall, during adult league bowling only, designate not more than 40 percent of the total floor area of the **Bowling Alley** as a permitted area for **Smoking**, if the criteria in Section 10 are met. If at any time open public bowling or youth bowling is permitted in the **Bowling Alley** then Section 2(1) shall apply to the establishment.

BINGO HALLS

7. Despite Section 2(1), the **Proprietor** of any **Bingo Hall** shall designate not more than 40 percent of the total floor area as a permitted area for **Smoking**, if the criteria in Section 10 are met.

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TAXICABS AND LIMOUSINES

8. No person shall **Smoke** in a taxicab or limousine.

PRIVATE OR ADULT-ONLY FUNCTIONS

9. Despite any other provision of this By-law, the **Owner or Proprietor** of an **Enclosed Public Place** may:

- (a) permit unrestricted **Smoking** when the facility or a portion thereof is used for a **Private Function**; or
- (b) designate not more than 40 percent of the total indoor seating provided as a permitted smoking area, if the criteria in Section 10 are met, when the facility or a portion thereof is rented on a one-time basis for a function to which persons under the age of 19 are prohibited entrance.

PERMITTED AREA FOR SMOKING

10. An area designated under this By-law as a permitted area for **Smoking** shall:
- (a) be comprised of seats or standee spaces that are contiguous to each other; and
 - (b) shall not be required as a means of access or thoroughfare between areas in which **Smoking** is prohibited; and
 - (c) shall not be located in the centre of an indoor space or the entrance to an establishment or any other area in which any person must wait to be seated; and
 - (d) shall be identified by signs posted in accordance with Section 13.

SEPARATELY VENTILATED SMOKING AREAS

11. - (1) Despite any other provision of this By-law, a permitted **Smoking** area may be constructed or maintained at the size limit which was permitted by this Bylaw or any municipal By-law in force at the time of construction, without further reduction in size over time provided the entirety of such permitted **Smoking** area:
- (a) is fully enclosed floor to floor/roof;
 - (b) is not located in such a way that non-smokers are required to

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travel through it to gain access to common facilities including washrooms, waiting areas or foyers; and,

- (c) has separate ventilation from the remainder of the **Enclosed Public Place**, and such separate ventilation complies at all times with Section 11(2), (3), and (4) below.
- (2) A separately ventilated **Smoking** area which meets the requirements of this By-law must have been fully established within the applicable **Enclosed Public Place** not later than May 31, 2003, and have been in compliance with municipal By-laws in force at the time of construction, in order for the exception in Section 11(1) above to apply. Subsequent transfers of ownership of the premises shall not affect the continuing availability of the exception in Section 11(1) above, so long as the separately ventilated **Smoking** area continues to be used for that purpose.
- (3) The separate ventilation in Section 11(1) above must consist of mechanical ventilation to the exterior of the building in which the permitted **Smoking** area is situate.
- (4) The mechanical ventilation system shall have been installed in accordance with the Ontario Building Code, shall be maintained in good working order, and shall be in operation whenever the separately ventilated **Smoking** area is occupied by one or more persons.

PROPRIETORS' DUTIES

- 12. (1) Every **Proprietor** shall ensure that "No Smoking" signs are conspicuously posted so that the signs are clearly visible in all areas where **Smoking** is prohibited under this By-law.
- (2) Every **Proprietor** shall ensure that health warning signs are conspicuously posted so that the signs are clearly visible from all parts of the place where **Smoking** is permitted under this By-law.
- (3) Where **Smoking** is prohibited under this By-law, a **Proprietor** shall inform any person who is **Smoking** in a prohibited area that **Smoking** in that area is prohibited.

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- (4) No **Proprietor** shall permit a person to **Smoke** in a place where **Smoking** is prohibited under this By-law.
- (5) Every **Proprietor** shall ensure that ashtrays and other paraphernalia used in connection with **Smoking** are not present in areas where **Smoking** is prohibited under this By-law.

SIGNS

13. (1) A "No Smoking" sign which is required to be posted under this By-law shall:
- (a) carry the text "No Smoking/Défense de Fumer" in capital or lower-case letters, or a combination of them;
- (b) consist of two contrasting colours, or if the lettering is to be applied directly to a surface or to be mounted on a clear panel, the lettering shall contrast to the background colour;
- (c) have the following letter heights, based on the maximum viewing distance in the area where **Smoking** is prohibited in direct line of sight:

Maximum Viewing Distance (Metres)	Letter Height (Centimetres)
3.05	2.54
6.09	5.08
12.19	7.62
24.38	10.16
48.77	15.24
73.15	20.32

- (d) include in the text at the bottom of the sign, the words "The City of Greater Sudbury By-Law No: 2001-7L Maximum Penalty \$5,000.00/La Ville du Grand Sudbury règlement 2001-7L amende maximum \$5,000.00", in letters not less than one hundred and twenty-seven hundredths (1.27) centimetres in

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height for signs with a letter size of two hundred and fifty-four hundredths (2.54) centimetres, and not less than one-fourth (1/4th) of the height of the letters on all other sizes of signs.

- (2) Notwithstanding subsection (1), where a **Proprietor** is required to ensure that "No Smoking" signs are posted, the graphic symbol illustrated in Schedule "A" and having the proportions and characters prescribed in this subsection may be used to indicate an area where **Smoking** is prohibited:

- (a) the symbol shall include the text "The City of Greater Sudbury By-Law No. 2001-11L Maximum Penalty \$5,000.00/La Ville du Grand Sudbury règlement 2001-7L amende maximum \$5,000.00" in letters and figures at least five per cent (5%) of the diameter of the circle in the symbol, and appropriate symbols such as directional arrows may be added;
- (b) the graphic symbol shall be on a white background with the circle and the interdictory stroke in red, with a cigarette, letters and figures in black;
- (c) the diameter of the circle in the symbol shall be not less than the size indicated below, based upon the maximum viewing distance in the area where **Smoking** is prohibited in direct line of sight:

Maximum Viewing Distance (Metres)	Diameter of Circle (Centimetres)
3.05	10.16
6.09	15.24
12.19	20.32
24.38	30.48
48.77	40.64
73.15	60.96

- (3) Despite the fact that the symbol in subsection (2) is a cigarette, the symbol is deemed to include a lighted cigar, cigarette, pipe or any other lighted **Smoking** equipment.
- (4) A health warning sign which is required to be posted under this By-Law shall:

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- (a) carry the text "Warning! This area contains tobacco smoke, which is known to cause cancer, heart disease and lung disease, and may harm your baby/Avertissement! Ces lieux contiennent de la fumée de tabac qui cause le cancer, les maladies du coeur et des poumons et qui peut nuire à la santé de votre bébé.";
 - (b) display the graphic symbol having the proportions and characteristics as illustrated in Schedule "A" to this By-Law, and measuring 20.3 cm x 27.9 cm (8" x 11");
- (5) A **Proprietor of an Eating Establishment** that expands the permitted area for **Smoking** in such **Eating Establishment**, in accordance with Section 3(5) of this By-Law shall ensure that signage in accordance with this Section is displayed in the expanded permitted area for **Smoking**.

INSPECTIONS

14. (1) An **Inspector** may, at any reasonable time, enter any **Enclosed Public Place** for the purposes of determining compliance with this By-law.
- (2) An **Inspector** may make such examinations, investigations, and enquiries as are necessary to determine whether there is compliance with the By-law.

OBSTRUCTION

15. No person shall obstruct an **Inspector** carrying out an inspection, examination, investigation, or enquiry as are necessary to determine whether there is compliance with the By-law.

PENALTY

16. -(1) Any **Proprietor** who fails or neglects to perform the duties imposed by this By-law, or who otherwise contravenes this By-law is guilty of an offence pursuant to the *Provincial Offences Act*, R.S.O. 1990, c. P. 33, as amended, and upon conviction, is liable to a fine of not more than \$5,000.00 exclusive of costs.

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- (2) Any person who **Smokes** or otherwise contravenes the provisions of this By-law is guilty of an offence pursuant to the *Provincial Offences Act*, R.S.O. 1990, c. P.33, as amended, and, upon conviction, is liable to a fine of not more than \$5,000.00 exclusive of costs.
- (3) A **Proprietor** who fails or neglects to post or cause to be posted signs in accordance with the provisions of this By-law or who establishes or maintains a **Smoking** area which does not comply with all requirements of this By-law is guilty of an offence pursuant to the *Provincial Offences Act*, R.S.O. 1990 c. P.33, as amended, and upon conviction, is liable to a fine of not more than \$5,000.00 for each offence.
- (4) Notwithstanding section 16 (3) above, a **Proprietor** who has posted signs prior to December 31, 2000 which on that date complied with the provisions of By-law 99-100L of the former Regional Municipality of Sudbury, shall be deemed to be in compliance with section 16 (3) until May 31, 2003.

INTERPRETATION

17. (1) Nothing in this By-law shall be interpreted to permit **Smoking** in any location where the same is prohibited under the *Tobacco Control Act*, 1994, S.O. 1994, c.10 or its regulations as amended, the *Smoking in the Workplace Act*, R.S.O. 1990 c. S.13, or its regulations as amended, or the *Fire Protection and Prevention Act*, 1997, S.O. 1997 c. 4, or its regulations as amended.
- (2) In the event of any conflict between the provisions of this By-law and the provisions of any act or regulation relating to **Smoking**, then the provisions of those acts or regulations which are most restrictive of **Smoking** shall prevail.
- (3) Nothing in this By-law shall prohibit employees who work in **Enclosed Public Places** from **Smoking** in designated **Smoking** areas that are not accessible to the public.
- (4) Different components of the definition of **Enclosed Public Place** may

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be present within the same building or structure, and as components of one another. In a "mixed use" establishment or facility, where separate portions of the establishment or facility can be clearly distinguished and each portion meets a separate definition, the definition most appropriate to the use in that area of the establishment or facility will apply, but in the event of two or more conflicting definitions applying, the one most restrictive of **Smoking** shall apply.

- (5) Subsection (4) above is intended to assist in the recognition of circumstances where legitimate variations of use may result in different applications of the rule under this By-law than might otherwise occur. It is intended that such recognition shall relate to substantive variations in which an actual distinction is apparent, and not to mere variations of form or nomenclature.

SEVERABILITY OF SECTIONS

18. If any section or sections of this By-law, or parts thereof are found by any Court of Law to be illegal or beyond the power of Council to enact, such section or sections or parts thereof shall be deemed to be severable and all other sections or parts of this By-law shall be deemed to be separate and independent therefrom and to be enacted as such.

EFFECTIVE DATE

19. This By-law shall come into effect upon the date of passage.

REPEAL

20. The following By-laws, and all amendments thereto are hereby repealed:

- i) By-law 99-100L of the former Regional Municipality of Sudbury;
- ii) By-law 90-04 of the former City of Valley East;
- iii) By-law 91-16 of the former Town of Onaping Falls;
- iv) By-law 96-100 of the former Town of Walden;
- v) By-law 90-08 of the former Town of Rayside-Balfour;
- vi) By-law 96-100 of the former Town of Capreol;

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- vii) By-laws 88-200, and 93-86, being chapter 795 of the Municipal Code of the former City of Sudbury; and
- viii) By-law 95-07 of the former Town of Nickel Centre.

21. The repeal of a By-law by Section 20 above does not:

- i) revive any By-law not in force or existing at the time of which the repeal takes effect;
- ii) affect the previous operation of the By-law so repealed;
- iii) affect any right, privilege, obligation or liability acquired, accrued, accruing, or incurred under the By-law so repealed; or
- iv) affect any offence committed against any By-law so repealed or any penalty or forfeiture or punishment incurred in respect thereof; or affect any investigation, legal proceeding or remedy in respect of such privilege, obligation, liability, penalty, forfeiture or punishment.

READ THREE TIMES AND PASSED IN OPEN COUNCIL this 9th day of
January, 2001.

MAYOR

CLERK

SCHEDULE "A"

to By-law 2001-7L of the City of Greater Sudbury

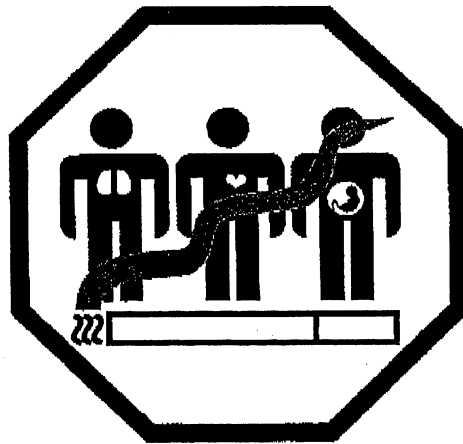


SCHEDULE "A"

to By-law 2001-7L of the City of Greater Sudbury

Warning!

This area contains tobacco smoke, which is known to cause **cancer, heart disease, lung disease**, and may harm your **baby**.



Avertissement!

Ces lieux contiennent de la fumée de tabac qui cause le **cancer, les maladies du coeur et des poumons** et qui peut nuire à la santé de votre **bébé**.

Attachment 15

Letter – Pioneer Manor



September 17, 2002

Ms. Sandra Labrosse
Public Health Nurse
Sudbury and District Health Unit
1300 Paris Street
Sudbury, ON P3E 2A3

960, ave. Notre Dame Ave.
Sudbury ON P3A 2T4

(705) 566-4282
(705) 524-1767

www.
city.greatersudbury
.on.ca.

Dear Ms. Labrosse:

Pioneer Manor as a health care facility strongly supports the position taken by the Sudbury & District Health Unit for a 100% smoke-free by-law in the workplace. However, it is important to realize that Pioneer Manor is not only a workplace but a "Home" to 342 residents whose individual needs and choices must be considered.

Government initiatives to control the use of tobacco in Ontario have heightened awareness of the adverse effects of tobacco and second-hand smoke in our society. The Tobacco Control Act was passed in 1994 to regulate how tobacco is sold and used, to deter young people from smoking, and to protect Ontarians from second-hand smoke by reducing smoking in selected public areas. Ontario Regulation 613/94 amended the Act to allow Homes for the Aged to designate one smoke room in accordance to set criteria, and Ontario Regulation 222/95 amended O.Reg. 613/94 to permit Homes for the Aged to designate more than one area in the facility specifically for the purpose of smoking.

Should the City of Greater Sudbury move towards a 100% smoke-free by-law, it is recommended that provisions within this by-law be included to permit long term care facility operators to designate areas for smoking for residents' use only within their facility, and that By-law 2001-7L be amended to read: "Despite Section 2(1), the proprietor of a long term care facility is permitted, at their discretion, to designate an area or area(s) for smoking in accordance with the Tobacco Control Act and any other regulation governing the designation of smoking areas in Homes for the Aged."

At this present time Pioneer Manor currently maintains two indoor smoking rooms for its residents. All smoking within the facility is restricted for employees, volunteers and visitors, however a designated smoking area is available outdoors at the back of the facility. Keeping an indoor smoking area for the residents demonstrates that Pioneer Manor recognizes and promotes the residents' independence, dignity and safety. Considering the average age of the residents to be 80+, and some having smoked most of their lives, it would be unrealistic to expect them to cease at this time. Many risks and



Pioneer Manor is owned
and operated by the
City of Greater Sudbury

La Ville de Grand Sudbury
Gère et exploite le
Manoir des Pionniers

safety issues would need to be considered as they relate to smoking cessation and habitual behaviours. Would the risk of residents smoking in their rooms increase? If smoking cessation medications are prescribed, what are the adverse effects when combined with other medications? It is also known that smoking while wearing a smoking cessation "patch" can lead to a heart attack.

Pioneer Manor feels that restricting long-term care facility residents from smoking indoors may infringe upon their rights to individuality and dignity. This matter will be forwarded to the Pioneer Manor's Ethics Committee as well as to the Resident/Family Committee for their consideration and input.

Pioneer Manor does recognized that employees have the right to a smoke-free work environment. At this point we see the residents' supervised smoking program being eliminated from our current services. With the help of the Sudbury & District Health Unit we would like to offer support to residents who require to be supervised by staff while smoking, by providing them with the opportunity to participate in a smoking cessation program of some type.

In closing, a quick telephone survey of long term care facilities in designated 100% smoke-free cities/regions in the province, demonstrated that 4 out of the 10 facilities contacted maintained a smoking area within their facility. It is strongly recommended that operators of long term care facilities within Greater Sudbury also be given the choice to designate smoking areas for their residents and that Pioneer Manor continue to maintain such a smoking area within its facility.

Sincerely,

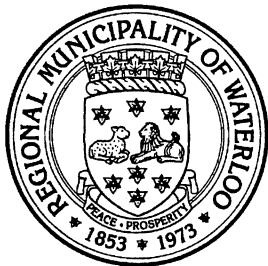


Ginette Forget Rose
Community Liaison Coordinator

cc P Cowan

Attachment 16

Protocol – Private Clubs



(11:41AM)

April 27, 2000

PROTOCOL FOR PRIVATE PLACES

The following is the Private Places protocol for Community Health Department Staff (CHD) to follow when owner/operators are applying for private place status, when an establishment has been approved/rejected as a private place and when Tobacco Enforcement staff are performing routine inspections, surveillance and complaint follow-ups.

Response To Questions About Private Place Status

T.I.L. staff are to explain the six criteria to owner/operators who are inquiring about private place status:

1. The club must have a fixed membership list
2. Each member must pay an annual or periodic membership fee
3. The club must have an executive/leadership that is elected by the members on an annual or periodic basis
4. The club must have a constitution or by-law that provides the governing rules for the membership, executive, fees, etc.
5. The profits from the club go to the membership or charitable cause and not to just one person; and
6. Non-members cannot enter the premise to consume food or alcohol unless accompanied by a member.

If a private place opens its doors to the public for a special event (for example, a bake sale, a craft sale, etc.) where the general public has admittance, the *Smoking Bylaw* would apply to such events. The T.I.L. and Tobacco Enforcement Staff are to inform owner/operators to address the letter to the Manager of the Heart Health and Cancer Prevention program outlining how they meet the above six criteria.

Tobacco Staff will review the application. After reviewing the application a decision will be forwarded to the manager of the Heart Health and Cancer Prevention program for final approval. Once a decision has been made the manager of the Heart Health and Cancer Prevention program will send a letter to the premise within two weeks either accepting or rejecting the application. See Appendix B-1 and C-1 for the template of the Approval and Rejection letters.

Currently there is a list of potential private places which have been sent letters requesting information of how they meet the six criteria. See Appendix A for the list of potential private places and Appendix A-1 for the letter which was sent.

The Tobacco Enforcement Team will be notified of those premises whose application has been rejected or accepted. Those premises which have been accepted as private places will be inspected regularly to ensure continued compliance with the six criteria. See Appendix B for this list. A list of those premises whose application has been rejected can be found in Appendix C.

Inspection Response To Owner Claiming Private Club Status:

Once an establishment has been granted private place status the premise will be placed on a list which will be regularly updated and provided to the Tobacco Enforcement Staff. The approved premises on this list will be inspected regularly by the Tobacco Enforcement Staff to ensure continued compliance with the six criteria. The Tobacco Enforcement Staff will visit all premises listed as private places to try and gain entry into the club, (By-Law Officers will not wear their uniforms when conducting these checks). If they are granted entry into the premise they will take notes documenting what occurred and a formal warning letter (See Appendix D-1 for the letter) will be sent to the management team of the private place. The warning letter sent will be noted on their file. Tobacco Officers will try again at a later date, and those premises which fail a second routine inspection will be removed from the acceptance list and placed on the revoked list. Tobacco Enforcement staff will be allowed to enter the establishment to issue P.O.N.'s to those people or operators who are in contravention of the Smoking By-Law. See Appendix D for the revoked list.

Complaint Follow-Up Steps:

All complaints will be investigated by Tobacco Enforcement Staff. If a private place fails to meet any of the criteria during the complaint investigation a formal warning letter will be sent to the management of the private place informing them of their infraction. The warning letter sent will be noted on their file.

If an establishment receives a second complaint and the follow investigation reveals non-compliance the establishment's private place status will be revoked and Tobacco Enforcement staff will be allowed to enter the establishment to issue P.O.N.'s to those people or operators who are in contravention of the Smoking By-Law.

Attachment 17

OTN Proposal

OTN
Ontario Tobacco-Free Network
Local Project Funding
Requests for Proposals Application Form
Deadline: Friday, September 20, 2002.

1. Council Name: Sudbury Council on Tobacco or Health (SCTH)
2. Council Representative for RFP
Shelley Westhaver, Public Health Nurse (chair of the SCTH as of Sept. 20)
Sudbury & District Health Unit
1300 Paris Street
Sudbury, ON P3E 3A3
705-522-9200 ext 289
westhavers@sdhu.com
fax 705-677-9613

3. Name of Project:
A Comprehensive Tobacco Cessation Framework for Sudbury

Goal: To develop a collaborative framework to identify and coordinate tobacco cessation services and resources, as well as identify gaps in cessation services for the Sudbury area.

An extensive consultation process will be followed similar to the one used by Alberta with five overlapping steps...

1. Form a cessation committee
2. Identify and contact key stakeholders (do an environmental scan and consultation process, develop an inventory of resources and programs)
3. Brainstorm ideas and sketch out a first draft of the framework
4. Present the framework to stakeholders (identify gaps in information and services, research other existing cessation services provincially, nationally and internationally, best practices and generate ideas for the Cessation Framework, strategize on how best to address these gaps, possibly hold a think tank with an external facilitator)
5. Review and distill the feedback and incorporate new ideas into final draft (evaluate the process)

Dr. Paul McDonald was involved with the development of the Comprehensive Tobacco Cessation Framework in Alberta that occurred in November 2000-June 2001. To his knowledge this model has not been brought down to a community application. This is a great opportunity to bring together a wide range of community stakeholders and hopefully one benefit will be the expansion of the

membership on the local tobacco council, which currently has the membership of the Canadian Cancer Society, Heart & Stroke Foundation, The Lung Association, Northeastern Ontario Regional Cancer Center and the Sudbury & District Health Unit. This project will run as a subcommittee of the existing tobacco council. The entire project may take up to one year to complete –this would include the workshop with Dr. McDonald, the establishment of the committee, environmental scan, the focus groups, the model development and the final report and its dissemination. By March of next year it would be expected that we would have most of the focus group work done and be working on the model development.

4. Amount requested: \$2000.00-will be used to cover travel expenses to bring Dr. Paul McDonald from the University of Waterloo to work with the council to develop first steps -a plan of action for the framework. This will be a one-day workshop –tentative date is Nov. 7th or 8th. Funds would also be used for breaks and lunch for all participants. If there are funds leftover after these expenses are paid the remaining monies will be used to cover expenses for the focus groups (light refreshments) and advertising the focus groups in the media.
5. Key Aspects: Please state how this project will benefit and contribute to tobacco control in your community:

On reviewing the document put out by ATRA: Alberta Tobacco Reduction Alliance called Comprehensive Tobacco Cessation Framework the Sudbury Council on Tobacco or Health would like to take the Alberta model modify it and apply it to our local community.

This would complement policy initiatives well underway here i.e. efforts to bring in a 100% smoke-free by-law late this fall and we anticipate an increasing demand from the community for smoking cessation programs/resources as a result of the smoking in public places and workplaces restrictions

Although the consultative and collaborative approach to develop the Tobacco Cessation Framework will likely be very time consuming, the benefits are far outweighed in that:

Ultimately the community feels ownership for the Framework

It is created to fit local needs

It will help stakeholder organizations identify gaps in programs and resources

Strengthen existing linkages and possibly foster new linkages and partnerships

Helps define roles and responsibilities of all players

Attachment 18

By-law

PROPOSED
BY-LAW NO. 2001-

A by-law of the City of Ottawa respecting smoking in public places.

WHEREAS the Council of the City of Ottawa has the authority to pass by-laws prohibiting and regulating the smoking of tobacco and the carrying of lighted tobacco products in public places within the municipality pursuant to Section 213 of the Municipal Act, R.S.O. 1990, Chap. M.45, as amended;

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

THEREFORE the Council of the City of Ottawa enacts as follows:

DEFINITIONS

1. In this by-law:

- (a) “amusement arcade” means a place to which the public has access and which is equipped with five (5) or more machines or devices that may be used for playing games solely for the entertainment and amusement of the players;
- (b) “arena” means any building, location or premises comprised of, but not restricted to, a rink, floor or ice surface, spectator seating areas, dressing rooms and canteen facilities, to which the public has access to view or participate in sporting events;
- (c) “ashtray” means a receptacle for tobacco ashes and for cigar and cigarette butts;
- (d) “bar” means an establishment licensed by the Alcohol and Gaming Commission of Ontario where persons under 19 years of age are not permitted to enter, either as a patron or as an employee;
- (e) “barber shop” or “hairdressing establishment” means any building, location or premises where hair is styled, cut, trimmed, treated or washed;
- (f) “bingo hall” means any building, location or premises where the conduct of bingo events is licensed;
- (g) “City” means the City of Ottawa;

- (h) “City Clerk” means the City Clerk of the City of Ottawa;
- (i) “common area” means any indoor area of a building that is open to the public for the purposes of access to a retail shop, establishment or office and includes corridors, passageways, unenclosed eating areas in corridors, passageways, public restrooms, unenclosed public seating areas and unenclosed public standing areas, whether or not the eating area, seating area or standing area is leased;
- (j) “Council” means the City Council of the City of Ottawa;
- (k) “food court” means an area within a shopping mall where food or drink is offered for sale or sold to the public for immediate consumption;
- (l) “inspector” means a person appointed by Council as a municipal by-law enforcement officer to enforce this by-law;
- (m) “laundromat” means any facility, premises or area within a building to which the public has access established for the purposes of laundering, washing or drying on a self-service basis;
- (n) “person” includes a corporation;
- (o) “place of public assembly” means the whole or part of an indoor area to which the public has access by right or by invitation, express or implied, whether by payment of money or not, but does not include a place when used exclusively by one or more individuals for a private gathering or personal purpose;
- (p) “proprietor or other person in charge” means the person who controls, governs or directs the activity carried on within the premises designated as prohibited areas under this by-law and includes the person who is actually in charge thereof at any particular time;
- (q) “public building” means any enclosed building or group of buildings to which the public has access;
- (r) “public facility” means any hall, room, or banquet area that is publicly owned and is rented for an event or function;
- (s) “public place” the whole or part of an indoor area to which the general public is invited or permitted access and includes a school bus;
- (t) “public portion” means the area of any building to which the public has access;

- (u) “public restroom” means any restroom or washroom to which the public has access;
- (v) “reception area” means the public space used by an office or establishment for the receiving or greeting of customers, clients or other persons dealing with such office or establishment;
- (w) “restaurant” means an establishment engaged in the sale and service of food or drink or both food and drink to the public for consumption on the premises but does not include a bar;
- (x) “retail shop” means any building or part of a building, booth, stall or place where goods are exposed for sale or offered for sale by retail;
- (y) “school bus” means a public vehicle licensed for the purpose of transporting children to and from school or to or from any activity, event or function associated therewith;
- (z) “service counter” means an indoor counter where a person receives a service including, but not limited, to the exchange of money, sales, provision of information, transactions, advice or the transfer of money or goods;
- (aa) “service line” means an indoor line of two (2) or more persons awaiting service of any kind regardless of whether or not such service involves the exchange of money, including but not limited to sales, transactions, provision of information or advice and transfers of money or goods;
- (ab) “shopping mall” means any enclosed building or group of buildings containing one or more retail shops; and
- (ac) “smoke” or “smoking” includes the carrying of a lighted cigar, cigarette, pipe or any other lighted smoking equipment.

GENERAL PROHIBITIONS

2. The following are designated public places for the purposes of this by-law:
 - (a) the common area of a public building;
 - (b) an indoor service line or service counter in any premise to which the public has access;
 - (c) a place of public assembly;

- (d) a public restroom;
- (e) a food court;
- (f) a public facility;
- (g) a reception area;
- (h) the public portion of an amusement arcade;
- (i) a municipally owned building with the exception of a public facility;
- (j) a bingo hall;
- (k) a bowling alley;
- (l) a billiard hall;
- (m) the public portion of any restaurant;
- (n) the Rideau Carleton Slots facility located at 4837 Albion Road in the old municipality of the City of Gloucester;
- (o) the public portion of any bar;
- (p) an arena;
- (q) the public portion of any retail shop;
- (r) the common area of a shopping mall
- (s) the public portion of any laundromat;
- (t) the public portion of any barber shop or hairdressing establishment;
- (u) the Frank Clair Stadium, Jetform Park and the Terry Fox Athletic Facility Stadium; and
- (v) a school bus.

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

TAXI CABS

4. A taxicab driver shall refrain from smoking upon the request of a passenger.
5. The passenger in a taxicab shall refrain from smoking on the request of the taxicab driver or a passenger.

SIGNS

6. The proprietor or other person in charge of any public place designated or regulated under this by-law shall ensure that a sufficient number of signs as prescribed by Section 9 are conspicuously posted so as to clearly identify that smoking is prohibited.
7. Despite section 6, in every shopping mall or other public building referred to in Section 2 , the proprietor or other person in charge of the shopping mall or other public building shall ensure that,
 - (a) signs are posted in accordance with Section 9 in every common area of the shopping mall or other public building,
 - (b) signs are posted at every entrance to the shopping mall or other public building, which are visible and in sufficient numbers, clearly indicating **in** English and in French that smoking is prohibited in the common areas of the shopping mall or other public building, and
 - (c) signs referred to in clauses (a) and (b) are in accordance with Section 9.
8. Despite Section 6, in every bar, the proprietor or other person in charge of a bar shall ensure that a sign or signs is posted at every entrance to the bar that clearly identifies in English and French that the bar will be smoke-free.
9.
 - (1) The signs referred to in this by-law shall consist of graphic symbols that comply with the provisions of this section..
 - (2) The following graphic symbol shall be used to indicate the areas where smoking is prohibited pursuant to this by-law:

on a white background with the circle and the interdictory stroke in red.

- (3) The graphic symbol referred to in subsection (2) shall include the text "City of Ottawa By-law/Règlement municipal de la Ville d'Ottawa" in letters and figures at least five (5%) percent of the diameter of the circle in the symbol.
- (4) To the symbols referred to in subsection (2) there may be added additional appropriate symbols such as directional arrows.
- (5) Despite the fact that the symbol referred to in subsection (2) is a cigarette, it shall include a lighted cigar, cigarette, pipe or any other lighted smoking instrument.
- (6) With respect to size of the graphic symbol, the diameter of the circle in the symbol referred to in subsection (2) shall be not less than the number of centimetres prescribed below, based upon the maximum viewing distance in direct line of sight, as follows:
 - (a) three (3 m) metres or less - ten (10 cm) centimetres,
 - (b) six (6 m) metres or less - fifteen (15 cm) centimetres,
 - (c) twelve (12 m) metres or less - twenty (20 cm) centimetres,
 - (d) twenty-four (24 m) metres or less - thirty (30 cm) centimetres,
 - (e) forty-eight (48 m) metres or less - forty (40 cm) centimetres,
 - (f) seventy-two (72 m) metres or less - sixty (60 cm) centimetres.
- (7) Despite subsection (6), the diameter of the circle in the symbol referred to in subsection (2) used pursuant to Section 7 to be erected at the entrance to every shopping mall or other public building shall be a minimum of ten (10 cm) centimetres.
- (8) Deviations from the colour or content of the signs prescribed by this section that do not affect the substance or that are not calculated to mislead do not vitiate the signs.
- (9) Any sign prohibiting smoking that refers to a by-law of an old municipality is deemed to be referring to this by-law.

ASHTRAYS

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

COUNCIL-APPROVED POLICIES

11. Council-approved non-smoking policies with respect to the public portions of the City's buildings are deemed to be specified within this by-law.
12. No person shall smoke in any area designated as an area where smoking is prohibited by any Council-approved policy referred to in Section 11.

DUTIES

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

OFFENCES

14. Any person who contravenes any of the provisions of this by-law is guilty of an offence.
15. Any person who hinders or obstructs a person lawfully carrying out the enforcement of this by-law is guilty of an offence.

FINES

16. Every person who is convicted of an offence is liable to a fine of not more than Five Thousand (\$5,000.00) Dollars as provided for in the Provincial Offences Act, R.S.O. 1990, Chap. P.33.

ENFORCEMENT

17. (1) The provisions of this by-law respecting the designation of non-smoking areas, the posting of signs and the duties imposed on the proprietor or other person in charge of a public place shall be enforced by inspectors.

(2) An inspector may, at any reasonable time, enter any designated public place for the purposes of determining compliance with this by-law.

CONFLICTS

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

SEVERABILITY

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

REPEAL

20. The following by-laws of the old municipalities are repealed:

- (a) By-law No. 116 of 2000 of the Corporation of the City of Gloucester entitled "The City of Gloucester Public Places Smoking By-law";
- (b) By-law No. 30/2000 of The Corporation of the Township of Rideau entitled "Being a by-law to regulate smoking in public places";
- (c) By-law No. 69-93 of The Corporation of the City of Kanata entitled "Being a by-law of the Corporation of the City of Kanata to regulate smoking in public places", as amended;
- (d) By-law No. 115-92 of the Corporation of the City of Nepean entitled "Being a by-law of The Corporation of the City of Nepean to regulate smoking in public places", as amended;
- (e) By-law No. 82-97 of the Corporation of the Township of Osgoode entitled "Being a by-law respecting smoking in Municipal Owned Recreation Facilities";
- (f) By-law 24-98 of The Corporation of the Township of Cumberland entitled "Being a by-law to regulate smoking in all facilities owned and/or operated by the Corporation of the Township of Cumberland";
- (g) By-law No. 3502 of the Corporation of the City of Vanier entitled "Being a by-law to repeal by-law numbers 2826 and 2889 and to designate smoking areas in municipal facilities";
- (h) By-law No. 47 of 1995 of the Corporation of the Township of West Carleton entitled "Being a by-law respecting smoking in public places"; and
- (i) By-law Number 123-92 of The Corporation of the City of Ottawa entitled "A by-law of The Corporation of the City of Ottawa respecting smoking in public places", as amended.

EFFECTIVE DATE

21. This by-law shall come into effect on August 1, 2001.

SHORT TITLE

22. This by-law may be cited as the "Public Places By-law".

ENACTED AND PASSED this day of , 2001

CITY CLERK

MAYOR

PROPOSED
BY-LAW NUMBER 2001 -

A by-law of the City of Ottawa respecting smoking in the workplace.

WHEREAS Section 213 of the Municipal Act, R.S.O. 1990, Chap. M.45, as amended, enables councils of local municipalities to pass by-laws to regulate or prohibit the smoking of tobacco in workplaces in the municipality;

AND WHEREAS it has been determined that second hand smoke is a nuisance because of its irritating and discomforting properties and is a health hazard because of its impairment adverse effect and risk to the health of the inhabitants and employees of the City of Ottawa.

The Council of the City of Ottawa enacts as follows:

DEFINITIONS

1. In this by-law,

- (a) "City" means the City of Ottawa;
- (b) "Council" means the City Council of the City of Ottawa;
- (c) "employee" includes a person who,
 - (i) performs any work for or supplies any services to an employer, or
 - (ii) receives any instructions or training in the activity, business, work, trade, occupation or profession of the employer;
- (d) "employer" includes any person who as the owner, proprietor, manager, superintendent or overseer of any activity, business, work, trade, occupation or profession, has control over or direction of, or is directly or indirectly responsible for the employment of a person therein;
- (e) "inspector" means a person appointed by Council as a municipal by-law enforcement officer to enforce this by-law;
- (f) "non-smoking policy" means a written policy that prohibits smoking in the workplace in accordance with this by-law;
- (g) "smoking" includes carrying a lighted cigar, cigarette, pipe or any other lighted smoking instrument and "smoke" has a corresponding meaning;
and

- (h) "workplace" means any enclosed area of a building or structure in which an employee works and includes washrooms, corridors, lounges, eating areas, reception areas, elevators, escalators, foyers, hallways, stairways, amenity, areas, lobbies, laundry rooms and parking garages utilized by an employee.

RESPONSIBILITIES OF THE EMPLOYER RESPECTING ADOPTION OF A NON-SMOKING POLICY

2. (1) Every employer shall, before August 1, 2001, adopt and implement a non-smoking policy that prohibits smoking in respect of each workplace in the City under the control, supervision or ownership of the employer.
- (2) Where, after August 1, 2001, a workplace is created or comes into existence, the employer of such workplace shall within seven (7) days after such workplace is created or comes into existence, adopt and implement a non-smoking policy that prohibits smoking in respect of each such workplace under the control, supervision or ownership of the employer.
3. Every employer required by the by-law to adopt and implement a non-smoking policy shall,
- (a) thereafter maintain the non-smoking policy in the workplace for which it was adopted;
- (b) provide a copy of the non-smoking policy to each employee in the workplace within seven (7) days after the day upon which the non-smoking policy in respect of that workplace was adopted;
- (c) post and keep continuously displayed a copy of the non-smoking policy in a prominent place accessible to all employees in the workplace; and
- (d) erect signs in accordance with Section 6 at every entrance to the workplace indicating that smoking is prohibited in the workplace.

GENERAL REGULATIONS

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

SIGN REQUIREMENTS

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

- (2) The following graphic symbol shall be used to indicate that smoking is prohibited in the workplace:

on a white background with the circle and the interdictory stroke in red.

- (3) The graphic symbol referred to in subsection (2) shall include the text "**City of Ottawa By-law/Règlement municipal de la Ville d'Ottawa**" in letters and figures at least five (5%) percent of the diameter of the circle in the symbol.
- (4) With respect to size of the graphic symbol, the diameter of the circle in the symbol referred to in this section shall be not less than ten (10 cm) centimetres.
- (5) Despite the fact that the symbol referred to in subsection (2) and subsection (3) is a cigarette, it shall include a lighted cigar, cigarette, pipe or any other lighted smoking instrument.
- (6) Deviations from the colour or content of the signs prescribed by this section that do not affect the substance or that are not calculated to mislead do not vitiate the signs.
- (7) Any sign prohibiting smoking that refers to a by-law of an old municipality is deemed to be referring to this by-law.

INSPECTION OF WORKPLACE

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

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

OFFENCES

8.
 - (1) Any person who smokes in a workplace in contravention of Section 4 is guilty of an offence.
 - (2) Any employer who permits smoking in the workplace in contravention of Section 5 is guilty of an offence.
9. Any employer who refuses, fails or neglects to perform any of the duties imposed upon him, her or it under any of the provisions of this by-law is guilty of an offence.
10. Any person who hinders or obstructs an inspector lawfully carrying out the enforcement of this by-law is guilty of an offence.

FINES

11. Every person who is convicted of an offence is liable to a fine of not more than Five Thousand (\$5,000.00) Dollars as provided for in the Provincial Offences Act, R.S.O. 1990, Chap. P.33.

EXEMPTIONS

12. This by-law shall not apply to:
 - (a) any part of a workplace that is used as a private residence;
 - (b) those portions of workplaces specified in By-law No. 2001-entitled "A by-law of the City of Ottawa respecting smoking in public places", as amended, or any by-law enacted in substitution therefore.

CONFLICTS

13. If a provision in this by-law conflicts with the Smoking in the Workplace Act, R.S.O. 1990, Chap. S.13 or any other Act or a regulation, the provision that is the most restrictive of smoking prevails.

REPEAL

1. 14. The following by-laws of the old municipalities are repealed:
 1. (1) By-law No. 25-97 of The Corporation of the City of

- Nepean entitled "Being a by-law of The Corporation of the City of Nepean respecting smoking in the workplace";
2. (2) By-law No. 25-97 of The Corporation of the City of Kanata entitled "Being a by-law of The Corporation of the City of Kanata respecting smoking in the workplace";
 3. (3) By-law Number 122-92 of The Corporation of the City of Ottawa entitled "A by-law of The Corporation of the City of Ottawa respecting smoking in the workplace", as amended; and
 4. (4) By-law No. 23-93 of The Corporation of the Township of Goulbourn entitled "Being a by-law of the Corporation of the Township of Goulbourn respecting smoking in the workplace with respect to a smoke free work environment".

EFFECTIVE DATE

15. This by-law shall come into effect on August 1, 2001.

SHORT TITLE

16. This by-law may be cited as the "Workplace By-law".

ENACTED AND PASSED this day of , 2001.

CITY CLERK

MAYOR

By-law Number XXXX
Of
The Municipality of Chatham-Kent

**Being a By-law to Regulate Smoking in Public Places and Workplaces in
the Municipality of Chatham-Kent**

A by-law of the Municipality of Chatham-Kent respecting smoking in public places and workplaces,

WHEREAS it has been determined that second hand tobacco smoke (exhaled smoke and the smoke from idling cigarettes, cigars and pipes) is a health hazard for the inhabitants and workers in the Municipality of Chatham-Kent;

AND WHEREAS it is desirable for the health, safety, and welfare of the inhabitants and workers in the Municipality of Chatham-Kent to provide for a smoke-free environment;

AND WHEREAS the Council of the Municipality of Chatham-Kent has the authority to pass by-laws prohibiting and regulating the smoking of tobacco and the carrying of lighted tobacco products in public places and workplaces within the municipality pursuant to Section 213 of the Municipal Act, R.S.O. 1990, Chap. M.45, as amended;

THEREFORE the Council of the Municipality of Chatham-Kent enacts as follows:

Definitions

1. In this by-law:

- **“amusement arcade”** means a place to which the public has access to machines or devices that may be used for playing games solely for the entertainment and amusement of the players;
- **“arena”** means any building, location or premises comprised of, but not restricted to, a rink, floor or ice surface, spectator seating areas, dressing rooms and canteen facilities, to which the public has access to view or participate in sporting events;
- **“ashtray”** means a receptacle for tobacco ashes and for cigar and cigarette butts;
- **“bar”** means an establishment licensed by the Alcohol and Gaming Commission of Ontario where persons under 19 years of age are not permitted to enter, either as a patron or as an employee;
- **“barber shop” or “hairdressing establishment”** means any building, location or premises where hair is styled, cut, trimmed, treated or washed;
- **“bingo hall”** means any building, location or premises where the conduct of bingo events is licensed;
- **“bus”** means any public transit bus, school bus or other bus used for hire;

- **“casino”** means an establishment within the meaning of the Gaming Control Act, 1992;
- **“common area”** means any portion of any building or structure including a retail establishment, residential condominium or multiple dwelling unit apartment building, to which the public or residents may have access, whether as of right or by invitation, express or implied and includes but is not limited to a reception area for receiving or greeting customers, clients, patients, guests or other persons, service lines, elevators, escalators, hallways, stairwells, foyers, lobbies, laundry rooms, amenity areas and public washrooms;
- **“Council”** means the Council of the Municipality of Chatham-Kent;
- **“employee”** includes a person who, performs any work for or supplies any services to an employer, for remuneration or not, or receives any instructions or training in the activity, business, work, trade, occupation or profession of the employer;
- **“employer”** includes any person who as the owner, proprietor, manager, superintendent or overseer of any activity, business, work, trade, occupation or profession, has control over or direction of, or is directly or indirectly responsible for the employment of a person therein;
- **“food court”** means an area within a shopping mall where food or drink is offered for sale or sold to the public for immediate consumption;
- **“enforcement officer”** means any person appointed by Council as a municipal tobacco by-law enforcement officer, any person appointed by the Minister of Health as a Provincial Offences Officer under the Tobacco Control Act, or any police officer of the Municipality of Chatham-Kent;
- **“laundromat”** means any facility, premise or area within a building to which the public has access established for the purpose of laundering, washing or drying on a self-serve basis;
- **“Municipality”** means the Municipality of Chatham-Kent;
- **“Municipal Building”** means any building owned by the Municipality of Chatham-Kent;
- **“non-smoking policy”** means a written policy that prohibits smoking in the workplace in accordance with this by-law;
- **“person”** includes a corporation;
- **“place of public assembly”** means the whole or part of an indoor area to which the public has access by right or by invitation, express or implied, whether by payment of money or not, but does not include a place when used exclusively by one or more individuals for a private gathering or personal purpose;
- **“proprietor or other person in charge”** means the person who controls, governs or directs the activity carried on within the premises designated as prohibited areas under

this by-law and includes the person who is actually in charge thereof at any particular time;

- **“public building”** means any enclosed building or group of buildings to which the public has access;
- **“public facility”** means any hall, room, or banquet area that is publicly owned and is rented for an event or function;
- **“public place”** means the whole or part of an indoor area to which the general public is invited or permitted access and includes a school bus;
- **“public portion”** means the area of any building to which the public has access;
- **“public restroom”** means any restroom or washroom to which the public has access;
- **“private club”** means an establishment that meets all of the following criteria:
 - i) the club must have a fixed membership list;
 - ii) each member must pay an annual or periodic membership fee;
 - iii) the club must have an executive/leadership that is elected by all of the members on an annual or periodic basis;
 - iii) the club must have a constitution or by-laws that provide the governing rules for the membership, executive, fees, etc;
 - iv) the club must be not for profit; and
 - v) non-members cannot enter the premise to consume food or alcohol unless accompanied by a member;
- **“reception area”** means the public space used by an office or establishment for the receiving or greeting of customers, clients or other persons dealing with such office or establishment;
- **“restaurant”** means an establishment engaged in the sale and service of food or drink or both food and drink to the public for consumption on the premises but does not include a bar;
- **“retail shop”** means any building or part of a building, booth, stall or place where goods are exposed for sale or offered for sale by retail;
- **“school bus”** means a public vehicle licensed for the purpose of transporting children to and from school or to or from any activity, event or function associated therewith;
- **“service counter”** means an indoor counter where a person receives a service including, but not limited to, the exchange of money, sales, provision of information, transactions, advice or the transfer of money or goods;

- **“service line”** means an indoor line of two (2) or more persons awaiting service of any kind regardless of whether or not such service involves the exchange of money, including but not limited to sales, transactions, provision of information or advice and transfers of money or goods;
- **“shopping mall”** means any enclosed building or group of buildings containing one or more retail shops;
- **“smoke” or “smoking”** includes the carrying of a lighted cigar, cigarette, pipe or any other lighted smoking equipment and smoke has a corresponding meaning; and
- **“workplace”** means any enclosed area of a building or structure in which an employee or employer works and includes, but is not limited to, washrooms, corridors, lounges, eating areas, reception areas, elevators, escalators, foyers, hallways, stairways, amenity areas, lobbies, laundry rooms and parking garages utilized by an employee or employer.

Part I General Prohibitions for Public Places

2. The following are designated public places for the purposes of this by-law:

- the common area of a public building;
- an indoor service line or service counter in any premise to which the public has access;
- a place of public assembly;
- a public restroom;
- a food court;
- a public facility;
- a reception area;
- the public portion of an amusement arcade;
- a municipally owned building with the exception of a public facility;
- a bingo hall;
- a bowling alley;
- a billiard hall;
- the public portion of any restaurant;
- the public portion of any bar;
- the public portion of any casino
- a private club
- an arena;

- the public portion of any retail shop;
 - the common area of a shopping mall;
 - the public portion of any barber shop or hairdressing establishment;
 - the public portion of any laundromat;
 - a bus;
 - a taxicab; and
 - a limousine;
3. No person shall smoke in a designated public place.

Part II Smoking in the Workplace

4. a) Every employer shall, on or before June 1, 2003, adopt and implement a non-smoking policy that prohibits smoking in respect of each workplace in the Municipality under the control, supervision or ownership of the employer.
- b) Where, after June 1, 2003, a workplace is created or comes into existence, the employer of such workplace shall within seven (7) days after such workplace is created or comes into existence, will adopt, implement and post a copy of a non-smoking policy that prohibits smoking in respect of each such workplace under the control, supervision or ownership of the employer.
5. Every employer required by the by-law to adopt and implement a non-smoking policy shall:
- a) thereafter maintain the non-smoking policy in the workplace for which it was adopted;
 - b) provide a copy of the non-smoking policy to each employee in the workplace within seven (7) days after the day upon which the non-smoking policy in respect of that workplace was adopted;
 - c) post and keep continuously displayed a copy of the non-smoking policy in a prominent place accessible to all employees in the workplace; and
 - d) erect signs in accordance with Section 10 at every entrance to the workplace indicating that smoking is prohibited in the workplace.
6. When the non-smoking policy has been adopted for a workplace, no person shall smoke in the workplace.
7. When the non-smoking policy has been adopted for a workplace, no employer shall permit smoking in the workplace.

Part III Sign Requirements

8. The proprietor or other person in charge of any public place designated or regulated under this by-law shall ensure that a sufficient number of signs as prescribed by Section 10 are conspicuously posted at each entrance so as to clearly identify that smoking is prohibited.

9. Despite Section 8, in every shopping mall or other public building referred to in Section 2 , the proprietor or other person in charge of the shopping mall or other public building shall ensure that:
- a) signs are posted in accordance with Section 10 in every common area of the shopping mall or other public building,
 - b) signs are posted at every entrance to the shopping mall or other public building, which are visible and in sufficient numbers, clearly indicating that smoking is prohibited in the common areas of the shopping mall or other public building, and
 - c) signs referred to in clauses (a) and (b) are in accordance with Section 10.
10. a) The signs referred to in this by-law shall consist of graphic symbols that comply with the provisions of this section.
- b) The graphic symbol as show in Appendix A shall be used to indicate the areas where smoking is prohibited pursuant to this by-law: a black cigarette on a white background with the circle and the interdictory stroke in red.
 - c) To the symbols referred to in subsection (b) there may be added additional appropriate symbols such as directional arrows.
 - d) Despite the fact that the symbol referred to in subsection (b) is a cigarette, it shall include a lighted cigar, cigarette, pipe or any other lighted smoking instrument.
 - e) With respect to size of the graphic symbol, the diameter of the circle in the symbol referred to in subsection (b) shall be not less than the number of centimetres prescribed below, based upon the maximum viewing distance in direct line of sight, as follows:
 - i) three (3 m) metres or less - ten (10 cm) centimetres,
 - ii) more than three (3 m) metres - fourteen (14 cm) centimetres,
 - f) Despite subsection (e), the diameter of the circle in the symbol referred to in subsection (e) used pursuant to Section 10 to be erected at the entrance to every shopping mall or other public building shall be a minimum of ten (10cm) centimetres.
 - g) Deviations from the colour or content of the signs prescribed by this section that do not affect the substance or that are not calculated to mislead do not vitiate the signs.
 - h) Despite subsection (e), with respect to taxicabs or limousines, the diameter of the circle in the graphic symbol referred to in subsection (b) and used pursuant to Section 10 shall be not less than ten (10) centimetres.

Part IV General

Ashtrays

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

Duties

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

Offences

13. Any person who contravenes any of the provisions of this by-law is guilty of an offence.
14. a) Any person who smokes in a workplace in contravention of Section 6 is guilty of an offence.
b) Any employer who permits smoking in the workplace in contravention of Section 7 is guilty of an offence.
15. Any employer who refuses, fails or neglects to perform any of the duties imposed upon him, her or it under any of the provisions of this by-law is guilty of an offence.
16. Any person who hinders or obstructs an enforcement officer lawfully carrying out the enforcement of this by-law is guilty of an offence.

Fines

17. Every person who is convicted of an offence is liable to a fine of not more than Five Thousand (\$5,000.00) Dollars as provided for in the Provincial Offences Act, R.S.O. 1990, Chap. P.33.

Enforcement

18. a) Enforcement officers shall enforce the provisions of this by-law respecting the designation of non-smoking areas, the posting of signs and the duties imposed on the proprietor, owner or tenant of a public place.
b) An enforcement officer may, at any reasonable time, enter any designated public place for the purposes of determining compliance with this by-law.
c) An enforcement officer, upon producing proper identification, may, at all reasonable hours, enter any workplace or any building or structure in which a workplace is situate and may make examinations, investigations and inquiries.
d) No enforcement officer may enter a workplace that is also a dwelling without the consent of the occupant or without first obtaining and producing a warrant.

Conflicts

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

Severability

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

Effective Dates

21. This by-law shall come into effect on June 1, 2003.

Short Title

22. This by-law may be cited as the "Smoke Free Public Places and Workplaces By-law".

Repeals

23. The following by-laws are hereby repealed:

By-law 9145 Corporation of the City of Chatham;
By-law 93-25 Corporation of the Town of Ridgetown;
By-law 87-70 Corporation of the Town of Wallaceburg;

ENACTED AND PASSED this Xth day of Month, 2002

CLERK - MAYOR

Revised 10/16/02 11:11 AM