

LEGISLATIVE ASSEMBLY OF MANITOBA
THE STANDING COMMITTEE ON PRIVATE BILLS
Thursday, March 8, 1990

TIME — 10 a.m.

LOCATION — Winnipeg, Manitoba

CHAIRMAN — Mr. Helmut Pankratz (La Verendrye)

ATTENDANCE - 10 — QUORUM - 6

Members of the Committee present:

Hon. Mr. Edward Connery
Messrs. Burrell, Carr, Cheema, Doer,
Mandrake, Minenko, Pankratz, Praznik, Ms.
Wasylycia-Leis

WITNESSES:

Mr. Dennis Smith, Manitoba Restaurant and
Foodservices Association
Dr. Richard Stanwick, Manitoba Inter-Agency
Council on Smoking and Health
Ms. Barbara Stuber, Society for Manitobans
with Disabilities
Mr. Paul LeJeune, Canadian Paraplegic
Association
Mr. Frank Ens, Manitoba League of the
Physically Handicapped
Dr. Frank Friesen, Manitoba Medical
Association
Mr. Bill Rumley, Private Citizen

APPEARING:

Hon. Mr. James McCrae (Minister of Justice
and Attorney General)

MATTERS UNDER DISCUSSION:

Bill No. 16—An Act to Protect the Health of
Non-Smokers
Bill No. 88—The Physically Disabled Persons
Parking Act
Bill No. 91—The Public Health Amendment
Act

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Clerk of Committees (Ms. Patricia Chaychuk-Fitzpatrick): I have before me the resignation of Mr. Gilleshammer as the Chairperson of this committee. Therefore the position of Chairperson is vacant. Are there any nominations for the position of Chairperson? Mr. Minenko.

Mr. Mark Minenko (Seven Oaks): I nominate Mr. Pankratz.

Madam Clerk: Mr. Pankratz has been nominated. Are there any other nominations? If not, Mr. Pankratz, you are elected Chairperson.

Mr. Chairman: I will call the meeting to order this morning. The Standing Committee on Private Bills will be considering five Bills, those Bills being:

Bill No. 16—An Act to Protect the Health of Non-Smokers

Bill No. 88—The Physically Disabled Persons Parking Act

Bill No. 91—The Public Health Amendment Act
Bill No. 95—The Certified General Accountants Act
Bill No. 96—An Act to amend An Act respecting the Roman Catholic Archiepiscopal Corporation of Winnipeg and the Roman Catholic Archdiocese of Winnipeg

* (1005)

It is our custom to hear briefs before the consideration of Bills. What is the will of the committee?

Some Honourable Members: To hear the briefs.

Mr. Chairman: I have a list of persons wishing to appear before this committee, which reads as follows: Bill No. 16, An Act to Protect the Health of Non-Smokers, Mr. Dennis Smith, Mr. Richard Stanwick. I think if it is the will of the committee then I will just read out those just before the Bill that we will proceed with -(interjection)- I have been informed that I shall read all the names of all of them.

Bill No. 91, Dr. Frank Friesen, Mr. Bill Rumley, Mr. Jack Eyer, Mr. Arne Peltz, Mr. Lee Debareau, Sergeant Al Caron, Mr. Wayne Helgason; Bill No. 95, Mr. Robert McGowan, and Mr. L.W. Hampson; presenters for Bill No. 88, Barbara Stuber, Paul LeJeune, Frank Ens.

Are there any others that want to make any presentation this morning to any of the Bills? Please register with the Legislative Clerk.

Mr. Minenko: Just a point of order. Will we be going through the Bills in numerical order then?

Mr. Chairman: It is not a point of order, but for clarification. We should address it. Agreed? Numerical order.

**BILL NO. 16—AN ACT TO PROTECT
THE HEALTH OF NON-SMOKERS**

Mr. Chairman: Bill No. 16. I call for Mr. Dennis Smith. Do you have a written presentation?

Mr. Dennis Smith (Manitoba Restaurant and Foodservices Association): Yes, it is just being distributed.

Mr. Chairman: Mr. Dennis Smith, executive director of the Manitoba Restaurant and Foodservices Association, please carry on.

Mr. Smith: Thank you, good morning, Mr. Chairman and Members of the committee. I am Dennis Smith, executive director on behalf of the Manitoba Restaurant and Foodservices Association. We have prepared a very short brief for you this morning.

I think if we were here seven, eight, nine, 10 years ago, we probably would have come in armed with graphs and statistics and had a major confrontational situation. However, as society has evolved, so has the restaurant industry.

What I have outlined in our brief, and I will summarize rather than reading it in detail, is that I guess since about 1982 our association has tried to take a very pro-active position with respect to non-smoking in restaurants prior to any by-laws being in place in Manitoba anywhere. We had actually launched a voluntarily campaign and had over a hundred restaurants committed and involved with non-smoking areas.

At this point in time we really have no major concern with respect to the intent of this Bill. As society has evolved, I think, we have all come to recognize the role of smoking and non-smoking. Certainly we have no concern with respect to the inclusion of restaurants as public areas and identifying that and helping to educate the industry, as we have been trying to do. We do have one concern with respect to the Bill, and that is the specific restriction with respect to the maximum smoking area within a restaurant.

* (1010)

To give you some background information briefly, we would like to put the aspect of smoking and non-smoking in restaurants in the context of what is in the consumer's mind relative to how important it is. In the early '80s the National Restaurant Association out of Chicago had conducted quite an extensive survey, an unprompted one, asking the public to rank about 22 different items in terms of priority. They examined different restaurants from full service to coffee shops, fine dining and family restaurants. Interestingly enough, they ranked items such as quality of food, cleanliness of the establishment, speed of service and prices as the top four items.

From down there they went into areas such as adequate parking, friendly service, even a window seat and a free second cup of coffee took priority over a conscious decision of smoking versus non-smoking. However, that was back in the early 1980s. More recently, the Canadian Restaurant Association, through Gallup, conducted a similar survey in Canada and asked unprompted open questions to the survey base and what attracted people to restaurants and what would bring them back.

Well, today Canadian still rank in order of importance the quality of food, service, pricing, ambience, the type of food, menu choices, et cetera. With unprompted questions even the aspect of smoking and non-smoking did not necessarily surface as one of their key conditions. However, if it is offered, by all means people will make that choice. There is no question about that.

The concern with the Bill is really twofold. One is that the by-laws in Manitoba that already exist in three

cities acknowledge that for small restaurants, 30-seat, 40-seat restaurants, it becomes very, very awkward and almost unrealistic to try and have specifically delineated smoking and non-smoking areas just because of the turnover, especially during peak periods such as lunch or dinner or Friday night or Saturday night. The by-laws that exist do recognize that limitation and had an exemption in there for smaller establishments. Winnipeg was 30 seats, Brandon was 40 seats. I do not recall what Thompson is, but they do have an exemption in there.

As I read through the Bill, it was interesting to note that the intent was to ensure that public areas were non-smoking. The next clause in the Bill indicated that it was up to the proprietor to establish smoking areas or designate smoking areas, and then specifically restaurants were singled out and required to have this maximum of 50 percent smoking.

Our concern is very simply that that kind of specific restriction is very, very difficult to administer, and especially if a Bill, although it is educational, does have punitive elements in terms of potential fines. On a day-to-day basis it is just not practical to have a mandated or controlled fixed percentage like that.

For example, if I can cite some situations, one restaurant in downtown Winnipeg is located very close to Government offices. At ten o'clock in the morning and three o'clock in the afternoon there is an inundation of people coming down for a cigarette and a cup of coffee, so the vast majority of seating in that restaurant at that particular time because of what the client base dictates, is smoking. Inversely, at lunch and at dinner that pattern changes completely and it shifts dramatically to non-smoking in the restaurant.

Our recommendation is fairly simple in that we suggest you consider an exemption for smaller establishments, and secondly, that you exempt or eliminate the specific percentage requirement. We believe that as society is becoming more and more non-smoking that transcends in terms of what people's expectations are in the industry.

Today there are family restaurants that are 75-80 percent non-smoking because that is what the client base over historical pattern has deemed required in that restaurant. Alternately there are restaurants that are 20 percent or 15 percent or 5 percent even, because at that point in time that is what the client base dictates.

* (1015)

To give you one example of situations that arise, and the difficulties that restaurant operators have to contend with, and with good intentions, situations have arisen, and these are real. where a party has phoned up and said we would like to make a reservation for a party of eight on a Saturday night. The restaurant is extremely busy, they say fine and they take the reservation, will that be smoking or non-smoking, and they say non-smoking, please. Within the area of non-smoking, they rearrange tables and they prepare for this group of eight people to arrive.

They arrive and the host or hostess says, yes, party of eight, right over here, non-smoking, and then

somebody says, well, we want smoking because there is a couple of people in the group that do smoke. Now the restaurateur is faced with a confrontational situation. Unfortunately, they have to start breaking down those tables and trying to re-establish tables or wait until the smoking area is . . . What we are suggesting is that what happens in the real world can be very, very frustrating sometimes.

If the intent is educational, terrific. If the intent is to include restaurants, no problem. We will certainly promote that through all our members and through the entire industry, but we certainly request that fixed percentage be eliminated from this Bill.

Mr. Chairman: Thank you, Mr. Smith. Any questions to Mr. Smith?

Mr. Gary Doer (Leader of the Second Opposition): Thank you very much, Mr. Smith, for the presentation.

The issue of the other component in the Bill deals with fines to proprietors selling tobacco products to minors. Would your association be in support of that provision to increase the fines and make them clear that they are subject to Manitoba law as opposed to the old system where—I think it has been around since 1909, I believe, under an old federal law. Are you in support of the increased fines and the delineation in a provincial law for sale of tobacco products to minors?

Mr. Smith: That issue has never arisen, and I honestly think that the restaurant association probably does not have a position on whether minors should be charged less or more. I think that is an issue that you have to address as a social consideration. It does not impact the restaurant industry in terms of the day-to-day business of a restaurant. That is at your discretion to change that.

Mr. Doer: Again to Mr. Smith, if I recall correctly, I have been in a few restaurants that sell cigarettes. I have not bought them. I was just curious whether your association, given the fact that you are at times vendors of cigarettes or tobacco products, and this Bill provides increased penalties to sale of cigarette and tobacco products to minors, in fact would support that provision as the restaurant association in Manitoba?

Mr. Smith: I could only say that particular aspect of the Bill never came up for discussion at our board of directors. If you choose to make that the law, then it is the obligation of the operators to adhere to that law.

Mr. Doer: You are not supporting the position, Mr. Smith, of the Bill to increase the penalties for sale of tobacco products to minors as an offence?

Mr. Smith: I think we are getting into semantics. To be quite frank, it has never come up, I really could not say whether the association—the association has taken a position with respect to the operation of serving food and beverage, not the position with respect to those restaurants that have cigarette machines.

Mr. Doer: Yes, I noticed the restaurant association has presented a brief dealing with the 50 percent and the

exemption that you have noted quite correctly from municipal by-laws versus this proposed provincial Act. I also noticed the hotel association is not here today. Am I to assume that the hotel association, which has restrictions on the beverage rooms, and you work very closely with the hotel association, I know, is in support of this provision or do they have no position on this, to your knowledge?

Mr. Smith: I would say that I do not know the position the hotel association may or may not have had taken with respect to that particular aspect.

Mr. Doer: Mr. Chairperson, the issue of small restaurants has been noted in your brief. If the object of the Bill is to do something, not everything, about secondhand smoke, how would you propose we deal with the issue of small restaurants? Obviously, there is second-hand smoke in small restaurants, as there is in medium-size restaurants and large restaurants. Should we ban it outright in terms of secondhand smoke, or should we leave the exemption as is, which does not allow for the 50-50 split as we proposed in the Bill?

* (1020)

Mr. Smith: Mr. Chairman, I can only suggest that the day when society becomes 100 percent non-smoking is the day that restaurants will become 100 non-smoking. It just becomes the reality of trying to delineate and separate out. Quite frankly, the consumer in that particular restaurant, whether they are smoking or non-smoking, will establish a reasonable percentage at that point in time. If the people go in there and request an area where there is no cigarette smoking, then just by reasonable customer service that section will be created. It may only be 20 percent, it may end up being 50 percent, it may end up being 80 percent at that particular point in time.

Mr. Doer: We have discussed this proposal with a number of small restaurants informally, and they did not see any problem at all acting like a medium-size restaurant or a large restaurant in terms of this Bill. I would ask Mr. Smith if there is any evidence that this is a strong feeling of the small restaurants to maintain the exemption on the non-smoking area as you proposed in the Bill?

Mr. Smith: From our experience, through discussions at our board of directors and through contact with our members over the years, it was felt this was a reasonable consideration and a reasonable request. I think if the ultimate intent of this Bill with respect to non-smoking in public areas is educational, then really it comes down to one clause, that specific percentage. If that was eliminated, then the Bill would read that all public areas are non-smoking, and the proprietor would be able to provide a designated smoking area. It would be left up to the individual proprietor to then determine that based on consumer requests or preferences or historical experience. So perhaps eliminating that clause deals with the small restaurants for those that are more than able to provide some kind of flexibility in their seating arrangements.

Mr. Doer: I notice that you quote polls both in the early '80s and the later '80s in terms of the feelings of people, or in terms of the issues that one would rank in terms of a restaurant, in terms of public expectations. Are you aware of any surveys conducted in Manitoba pursuant to the by-laws that are passed and the support for various specific provisions in many of the by-laws across Manitoba now in terms of the public support for those?

Mr. Smith: There was a very informal, I would hardly say statistically valid, survey that we undertook in conjunction with the Manitoba Interagency Council on Smoking and Health around 1982-83. I say it was perhaps suspect in the sense that the questions were asked, do you think non-smoking areas are a good idea—yes. I think that is an obvious answer. The question was specific and prompted. When you deal with a survey that you look for a legitimate response, you do not have prompted questions like that. It would be like saying, do we think it is a monorail system in Winnipeg would be a good idea—yes. A lot of people would say yes. Is it practical, is it reasonable, is it affordable and all those other questions then have to be considered. So by all means, the public request is there. As I said, there are restaurants that are at least 75-80 percent non-smoking by virtue of their experience with their clients over days and weeks and months and years now.

It is not an avoidance with the respect to the obligation or the role of the restaurant industry. It is simply looking at the practical reality of dealing with that particular clause when in fact the intent of the Bill is educational.

If I can go back to a comment in Hansard, in 1988, when this Bill was originally introduced, I noted comments such as, that 98 percent of the people are voluntarily complying, one and one-half percent need a gentle courtesy reminder. So we are dealing with maybe, what, half a percent of the people that are adamant one way or the other. Again, I can only reiterate that the industry has an obligation in a sense that if one restaurant wants to play games with the public and make some kind of issue of this, there is a lot of competition and there are lots of restaurants that are more than willing to accommodate smoking and non-smoking patrons in whatever fashion or pattern works at that particular time.

The pattern of non-smoking requirements varies not only from types of restaurants but literally from day to day, from lunch to dinner, even a Friday evening to a Saturday evening. The tendency is on Friday evenings you have more couples. If one is an adamant non-smoker the tendency is both people will not smoke at the dinner table. On a Saturday you would have a party of six or eight. Depending on the mood of that particular group, you may end up with eight in a non-smoking area, or to accommodate two smokers, you may end up with eight in a smoking area. That has to be resolved at that time. No fixed percentage is going to do that.

* (1025)

Mr. Doer: Mr. Smith, are you aware and have you discussed with the Department of Health the fact that

they have conducted a survey in 1985 of the major Manitoba communities dealing with secondhand smoke? Their survey, a made-in-Manitoba survey, indicates that 85 percent of smokers strongly agreed that restaurants should provide a smoke-free section, that people had the right to breath air which is free of tobacco smoke, and 81.5 percent of adults are concerned about the harmful effects of tobacco, and 87 percent of Winnipeg businesses and restaurants support restriction on smoking. Are you aware of those strong statistics in terms of smokers, not non-smokers but smokers, in terms of Bills like this? Therefore, is your brief not a little bit inconsistent with that public thinking in this area?

Mr. Smith: I can only say that public awareness has shifted. There is no question about that. If you ask a prompted question, the vast majority of people will agree with that. The issue is not whether a restaurant should or should not provide smoking and non-smoking. The Bill is intended to do that, and we concurred with that restaurants should provide both, and it should and can be and certainly is incorporated in the by-law. The issue is simply that fixed percentage that is perhaps not practical.

Mr. Doer: One last question. No law is perfect—we know that. This proposed Bill and one of the areas that I see as a bit of a problem and would like your advice on is the whole area of shopping malls. I would assume that some of your membership is located in shopping malls, and reading the Bill the way it is that may be an area of legal conflict, whether a restaurant in a mall is a mall or a restaurant. I was glancing at your brief. Did you comment on that? What would your comments on that be?

Mr. Smith: I assume you are referring to the common public eating areas amongst restaurant kiosks. At this point in time, at a glance, I can only mentally envision a couple I have been to. Certainly, they have tried to delineate smoking and non-smoking areas. That does pose an interesting question. We never analyzed it in terms of that area being part of a public mall, which would be technically totally non-smoking, as opposed to that area which would be defined as common restaurant area.

Mr. Gulzar Cheema (Kildonan): In your brief on page 2 you said that the association launched a voluntary campaign to teach the public about the side effects of smoking—

Mr. Chairman: Mr. Cheema, excuse me. Mr. Cheema, would you please speak into the mike.

Mr. Cheema: Mr. Smith, can you tell us what is your association doing in terms of teaching the public when they come to your restaurant and, as you outlined it, it may be difficult that if you have a 40 space, then how do you tell them and how do you teach them? What do you suggest that the Government should do?

Mr. Smith: First of all, I should clarify that the voluntary program was not dealing with the effects or awareness

of what smoking is about. The voluntary program that we launched back '82 was the fact that as a good customer service and good common sense introduce a non-smoking area, and it proved very, very successful. They determined the percentage that was right for that particular market for that particular restaurant.

As to general public awareness, over the years, we have certainly continued to promote information on through our bulletins, through all our members with respect to what was happening with the Winnipeg by-law, was being communicated province-wide. With respect to our discussions with the Brandon smoking by-law, that was communicated province-wide—Thompson as well. We have also communicated information on what has happened across the country with respect to non-smoking. We also provide inhouse printed materials for restaurants to identify and designate smoking and non-smoking areas. The role of the association beyond that has not been mandated or clarified at our board.

* (1030)

Mr. Cheema: Mr. Smith, in your views, can you tell us how the Government can assist you to launch a campaign against the smoking and what will be your participation, because certainly you have responsibility from your association to teach the public? How much of a role can you play? Have a bigger campaign—not only just have pamphlets, but a radio campaign and TV ads, because if you would go through all the statistics—and smoking is one of the major causes for a lot of illness. Twenty-two illnesses are caused by smoking, and it is costing, not only in terms of the personal damage, injuries and death, but it is costing a lot of money. Statistics say it is probably—in 1982 the cost was, in Canada, \$7.1 billion, and that is a lot of money. Can you tell us, how can you help the Government?

Mr. Smith: Mr. Chairman, if I understand the question, or if I can restate the question as to what we can see our role to be, I think that our board would be more than willing to entertain dissemination of information through our regular mailings. We do eight, 10 mailings a year to our membership. We also now oversee the publication of a provincial trade magazine which goes to some 2,400, 2,500 food service operations and everything from private institutions through to hotel, restaurants, executive chefs, chefs de cuisine, as I think a sidebar as to what this Bill is about.

We would certainly be happy to consider including an article or having an article written. We do have some contribution to the editorial. I think the discussion of this Bill is certainly within my plan to talk it about in our next newsletter. If it becomes even bigger than that, then I will certainly talk to the editors of the publication to include an article on what the industry should be doing to reinforce a by-law which is intended to be educational, not punitive and restrictive, as that particular clause suggests.

Mr. Cheema: Mr. Smith, in your view, can you tell us if you would endorse such a campaign when a person

comes to your restaurant, you should have a large size, maybe one to two feet of the bulletin boards and saying, what are the major effects of smoking? Would that be a good idea to do, that may in fact help some of the people to know what the major side effects are?

Mr. Smith: I could only say that our function as a trade association is to help operators try and do a better job. If disseminating information on that kind of material helps them do a better job, then certainly it would not be our role to distribute that and require members to post anything like that. That is not our function as an association. Information dissemination to help operators is part of our mandate, and we would certainly take a look at that.

Mr. Cheema: Mr. Chairperson, if the provincial Government comes up with a plan like that, would you assist them to have a display in your restaurants?

Mr. Smith: As I can only reiterate, we would be more than happy to communicate information, include bulletins, include insertions, do whatever to help communicate information. Again, we are not in a position to go in and tell people what they should or should not do in terms of food costing or menu pricing. That is not our function. We are not an authoritarian body. We are a supporting association to help people succeed in their business.

Mr. Chairman: Any more questions to Mr. Smith? If not, thanks for your presentation, Mr. Smith.

Mr. Smith: Thank you very much.

Mr. Chairman: Dr. Richard Stanwick, Manitoba Inter-Agency Council on Smoking and Health.

Dr. Richard Stanwick (Manitoba Inter-Agency Council on Smoking and Health): Good morning. Thank you for the opportunity—

Mr. Chairman: Excuse me, Mr. Stanwick, has your presentation been distributed? Do you have a written presentation?

Mr. Stanwick: No, there are just a few considerations. We have communicated what our concerns are in writing previously to this hearing, and we have some suggestions at this time.

Mr. Chairman: Very good. Go ahead, Mr. Stanwick.

Mr. Stanwick: Again, I thank you for having the opportunity to discuss and perhaps make some suggestions about this legislation. Before doing so, I think it is important to congratulate all Parties for supporting this Private Members' Bill, because it truly is a Bill that is going to improve the health of Manitobans.

The Manitoba Inter-Agency Council on Smoking and Health does represent groups that are very concerned about the health of Manitobans. Among the different organizations which I am representing, and we can claim

a broad representation in the health sphere, include the Manitoba Medical Association, the Manitoba Lung Association, the Canadian Cancer Society Manitoba Division, as well as Heart and Stroke Foundation, Kinsmen Reh-Fit, Manitoba Association of Registered Nurses—this is a very broad-based association of people concerned about the health of Manitobans. We again salute you for having the foresight to bring this piece of legislation forward and truly make Manitoba a healthier place to live.

The purpose of my presentation is just to identify what I think are a few weaknesses in this Bill where it could be just strengthened slightly. But overall it is an excellent piece of legislation and I am so pleased that all Parties have agreed to it. The areas we are concerned about are the area of restaurants, the beverage rooms and shopping malls, and I believe we have just a few suggestions on how these areas might be possibly tightened up or improved upon.

First of all, with respect to the Act specifically, we totally support the exclusion of personal care homes from health care facilities. Again this is where people have to live, this is equivalent to their dwelling and again we agonized over this but recognized the rights for people to have their own space and obviously habits that have been acquired over a lifetime really we are not intending to modify them at this point. What we are really concerned about is truly public places and perceptions that people have of our health care institutions.

With respect to the Act specifically, we have some concerns about the area of day care and day care centres because the Minister of Community Services does have some regulations in the day care Act regarding smoking in day cares, and I think that perhaps we are certainly not in a position to liaise with them. Perhaps some clarification could be made to strengthening their Act if you decide not to include this in your legislation, or alternatively whether yours would supercede the community services Act regarding day cares.

I should mention though that Manitoba has been recognized nationally as part of a program that the Heart Foundation was originally involved in, that we have over 125 absolutely smoke-free day cares. So that again, Manitoba has sort of set the tone for going smoke-free in probably the earliest of educational settings and that is the day care. The issue we really feel should be that day cares should not allow smoking when children are present. That would basically cover not only day cares that are run commercially on a large scale, but even in family homes, the children really should not be subjected to secondhand smoke. We will not get into a medical—shall we say, Dr. Cheema I am sure could probably provide you with as many articles as I could about the deleterious effects of secondhand smoke on children. Children that are developing need as clean air as possible and we would advocate for keeping day cares as clean as possible.

We also believe that the public schools should also be totally smoke-free areas. We are pleased to report, with Winnipeg I coming on stream probably in September, that over 60 per cent of schools are totally

smoke-free. In other words, nobody smokes on school premises during regular school hours, and that goes right from the janitor through to the students to the principal. Sixty percent of Manitoba school students enjoy an atmosphere totally free of tobacco smoke. This really needs to be extended to I think all students. They deserve a clean air as possible to basically learn in. We would suggest that there be no provision for designating any areas in schools as smoking areas. There is no need. Over half already are totally smoke-free. I think this would be regressive to allow this to continue. I think we have got to send a strong message that learning and smoking do not mix.

The other issue that we have some comments about is in the area of restaurants. Again, I think the committee needs to be saluted for designating 50 percent of restaurant areas as being smoke-free. This is something that I think is long time coming. We originally went with a sliding area, but given the continuing decrease in the rates of smoking amongst the general public, there really does not need to be a sliding scale; we very easily can fill a 50 percent non-smoking area. In fact, I know my colleague from the restaurant association who collaborated on the survey of Winnipeg restaurants, and it is unusual that somebody should call Chicago when you have got Winnipeg data right here, that 50 percent of patrons indicated that they would use a non-smoking section back in 1983. That is when the rates of smoking were much higher.

As far as validity of our studies, this is the Canadian Journal of Public Health, the leading public health publication in Canada. It is a referee journal, and the methods were scrutinized by individuals who are experts in the area of methodology and it was accepted for publication as submitted. So I would suggest that the validity of the information that we predistributed to you does have a strong resemblance to what is the true attitudes of restaurant patrons, including the fact that one in five had their dining pleasure disrupted by tobacco smoke.

So, again, we think that the issue is that there is a need to designate that. I think the small restaurants are going to have to cope with the reality that we are moving to essentially a clean-air environment, be it due to tobacco smoke, to major pollution. It is an idea whose time has come. Again, we believe that even 50 percent is a relatively significant concession to smokers, so that we again support and totally applaud the committee for bringing in a fixed proportion and not exempting any organization or any size of restaurant.

With respect to the beverage areas, I think we were doing a lot of health promotion in that area and particularly to other diseases which we will not necessarily try to arrange today, which is a totally different subject, but I think we are sending a very strong message that we are concerned about the health of people.

* (1040)

The other issue is of course the number of people who will not go to a beverage room because they are so smoke filled, that there is no choice. We talk about

choice for smokers. The thing is there is no choice for non-smokers at the present time. This is dictated if you are for example sensitive to smoke, whether it irritates your contact lenses or you have a true medical problem such as asthma. You cannot avail yourself of that particular pleasurable activity of listening to a good rock band or a country western. What this legislation is doing is sending a strong message. Okay, we will leave it at that. So therefore we think this is sending a strong health message to this particular sector.

Again, the other area of concern was shopping malls. I think we are really pleased to see that smoking would be eliminated from the central courts of the shopping malls, but we would suggest that it be made very clear that the food court area be designated as the smoking area for the mall. The advantage of that is, of course, that the smokers will know where to go to have their cigarette and it will also clear the central mall area which is something that is widely used by the general public, and I think the mall owners could benefit from the usual benefits of making the area non-smoking, that cleaning costs will go down, the risk of fires, et cetera. There are many benefits to the mall owners, if they focus the smoking areas in the food courts.

I think that the other major concern that we have is that health care facilities should be institutions under Section 4 of the by-law that deals with day cares, retail, banking institutions. As somebody who works in a health care facility, I think we need to send a very powerful message to the public. What this Bill would do if we did not speak to it would say do as I say, not as I do.

We are in fact in a potential conflict of interest. We are encouraging the behaviour that will result in profit. One in five people who smoke get sick. If we continue to foster that sort of activity within our own institutions, what sort of message are we sending to the public? You do not smoke, but we can smoke. Again, I think we need to include health care institutions. It will be a challenge. The health care institutions are being challenged all the time now, and I think we should be able to rise to the occasion.

I do know that we have the support of the Manitoba Medical Association on this, that is doctors working in these health care institutions, and the nurses working in these institutions. We have to be included. We cannot send a mixed message to the public. I am sure Dr. Cheema could comment on this as well. I am sure he has personal feelings as well as a health care deliverer seeing the consequences of smoking.

We again are pleased with the more stringent guidelines in the areas in that if this by-law or this piece of legislation supersedes and is more rigorous than the Brandon or Winnipeg by-laws, it will be implemented; or vice versa if the Brandon or Winnipeg has a section that you do not feel that would be applicable for the province, that again this supersedes it.

The only last issue is the matter of fines. The only request we make is that there be some uniformity to the fines. That for Section 8(2) the fines be increased to the levels of \$1,000 to \$5,000 to be in keeping with sections in 8(1) so that again there truly is a strong message sent that if one does violate the different

sections of the by-law, there can be substantial fines. Looking at the different trends in judges in basically assessing damages, rarely does one ever get the maximum amount. It is usually a fraction of the total. If you took the existing ones and took a fraction of that, it could in fact be a nuisance fine instead of being truly a deterrent. Again, we do not want to focus on the negative aspects, but I think it is one thing that the fines should be commensurate.

Finally, in conclusion, I believe you have accomplished a tremendous co-operative effort. Manitoba will be the first province, and this has been acknowledged by the non-smokers rights association and many other groups that we will have the first comprehensive legislation in the province in Canada.

Quebec enacted some trivial pieces of legislation. I do not want to get anything deriding their efforts, but Manitoba truly can be the province in which other provinces can look to as setting an example on how one can intelligently bring in legislation to clean the air in their province. There are many other provinces that are looking to us to take the lead. Manitobans will benefit from it. I will not get into any statistics about the negative effects of secondhand smoke, but certainly you will be improving the health of Manitobans.

Now again the major concern, I imagine, of politicians is what is the impact of this? I will not go through the paper we conducted and the survey, which is also published in the same journal, that showed that in fact the Winnipeg by-law had a minimal effect on business, that in fact 87 percent of people liked it, that it was quite livable, costs went down. We had anecdotes about people saying, my gosh, I do not have to worry about my fur coats being burned. The people liked it, they supported it, and in fact there were even comments of making it more stringent. Nor was there an adverse effect on business. Business is very robust. I think it is a testimony to how good the business people are in Manitoba in being able to survive different challenges. This really is not a regulation dealing with how they practise their business. This is a piece of health legislation that requires to provide clean air for their customers, be they a retail store or a restaurant.

In the rural areas we recognize that this will be a major health promotion area. Winnipeg and Brandon have enjoyed having clean air for at least the last five years. I think the most important thing that the message we can bring is that before such legislation is in fact brought to bear, an intensive health promotion campaign is required to advise people as to what the requirements are.

This by-law is largely self-enforcing. In Winnipeg we found that if the sign was posted clearly and there is evidence in medical literature to support this, this is if people are apprised of what they have to do, they will oblige and comply. There is no evidence to show that smokers are less law-abiding than non-smokers.

Basically, the Manitoba Interagency Council on Smoking and Health is quite willing to assist and consult in this process as to the extent of the resources we do have and to make the introduction of this legislation as smooth as possible. An example of how one can

sell health legislation is in Saskatchewan when they introduced the seat belt legislation. One of the measures they enacted was in fact an intensive education as to why seat belts are required. They set up a hot line and in the six months that they had it established, they had two complaints. One, that people could not get enough information; the other one was about a grandmother worried about bonding. Similarly, Winnipeg did not have major problems when they had the blitz.

The only request that we make is that this health promotion effort be an ongoing activity, that we do not just give a blitz and then back off. Winnipeg, unfortunately, has not re-enforced the message and there have been occasional problems if people who start in businesses are not apprised of their requirements. Therefore we ask that the educational effort be not only intensive at the start, but that there be an ongoing health promotion effort.

Overall again we view this in an extremely positive light and express our confidence in the Government to sell this very important health program to Manitobans and to continue their exemplary track record in health. Thank you.

Mr. Chairman: Thank you, Dr. Stanwick. Mr. Doer.

Mr. Doer: Thank you very much, Doctor, and thank you very much to your agency and all the constituent parts, the MMA, the Manitoba Lung Association, the Canadian Cancer group, the Manitoba Division, Heart people, the Kinsmen Re-Fit Centre and Manitoba Association of Registered Nurses. I think I have everybody, I wanted to list them.

Mr. Stanwick: There is a few more I can give you. I did not want to stand up here and waste this committee's time.

Mr. Doer: I would just like to—this is about the 15th draft of this Bill, and Dr. Stanwick is aware of that because he has helped draft every one of them, or, we have consulted on all of the points. I would like to thank your group for all the advice you have given to us. I think you are right. It is most appropriate dealing with it in an all-Party, Private Members setting rather than in the usual partisan way we deal with matters of public importance.

I have some questions, and I would like to just go through them, if I could. You mentioned the child care situation. Do you think that would be taken care of in terms of the supremacy of the law, where this conflict, or another Act of the Legislature under 6.2, or would you like to make that even further delineated in terms of this Act overriding child care legislation?

Mr. Stanwick: I would personally like to see this Act override it. As it currently is established, the regulation only applies to organized group day care. This does not apply to family day care. I think it is important to send a message about how important it is when caring for children they grow up in a smoke-free environment.

Mr. Doer: Again, your presentation, just to clarify. You do not support the position to maintain the exemption for smaller restaurants?

Mr. Stanwick: I think the time has—sorry. I will catch on, I am a slow learner, but as long as those who are around . . . then I will really start getting concerned.

The issue of the restaurant exemption, at that point we felt that given this was somewhat of an experiment, it was a concession at the time to the restaurant association. I believe the public should have a right to clean air whether they go into restaurant with 300 seats, or they go into a restaurant with 20 seats. I think the time has come that people do deserve the choice for clean air.

I think the time for exemptions is long passed. This sort of exemption has been, in more recent municipal actions across the country, totally left out. What we are doing is bringing the 1983 Winnipeg by-law by superseding it into the 1990s. That was 1980s legislation.

Mr. Doer: Thank you. There has been a recommendation previous to your presentation, suggesting that we leave the 50 percent designation as permissive and not have a set . . . from the members of the restaurant association. Could you please give the committee your advice from a public health perspective on that recommendation?

* (1050)

Mr. Stanwick: Mr. Chairman, can I respond? I do not want to overstep my bounds.

As far as the 50 percent, I think it does send a very strong message that this is not something—health is really not an option. I do not think it should be at the discretion of the business man as to whether they provide clean air or not. We do know that the vast majority, approaching 70 percent of the public, do not smoke. People should be guaranteed the right to clean air. At this point, I realize that it may be a difficulty for some businesses, but if you look at the by-law results—and again, in speaking to merchants, when they originally started, they had 25 percent, and it went up to 50 percent. There are restaurants that have 75 percent non-smoking. The difficulty with allowing the discretion of the restaurant on an anecdotal basis, that still allows the restaurateur to put the one table by the kitchen as a non-smoking table, and I think that is not acceptable.

I have personally been involved in complaints, and the business person has been resistant to it, saying, I do not have to. From that perspective we do not want to legislate business practices but do want to make sure that people have guaranteed clean air space, and that is what you are doing with this legislation. You are saying, even though smokers represent less than a third of the total population, we will still give you 50 percent of the restaurant. I believe that is a very good concession to smokers. I think we are bending over backwards to accommodate their needs.

I do not have any difficulties with people choosing to smoke.

Mr. Doer: Certainly that is consistent with the Bill's proposals. Moving on to shopping malls—and I did ask

this question to the restaurant association as well—right now it looks like shopping malls are excluded and you are recommending that we delineate the food operations in shopping malls as consistent with food operations. I find it interesting you are promoting fast foods, but I guess they are much more nutritional now than they were before. You would see that this would be a problem in the way the Bill is proposed in terms of the clarity of that section?

Mr. Stanwick: Mr. Doer, in respect to that particular part of the Bill, I think the major thing would be the consistency for the general public. With retail stores, we know you walk into a retail store in Winnipeg, you cannot smoke. Similarly, this is something where we would obviously work with the malls, making sure there is a clear posting that these designated smoking areas are in the food court. People will very quickly come to learn that if they want to have a cigarette, they know exactly what area of the mall to go to. The other advantage to the mall owner is that is the area they will have to keep extra clean because, again, smoking is associated with 15 percent higher cleaning costs.

So again, we can designate the area to the advantage of the mall owners, as well, the general public will know where they can smoke.

Mr. Doer: Thank you very much. The other recommendation on health care facilities—moving back to personal care homes, we did agonize with that, and I think our first draft did have personal care homes treated in a way to not allow a smoking area, but in talking to a number of seniors and people operating personal care homes, it was our strong feeling that that would be very onerous on people as you say, who have had a lifestyle over a long period of time. So just again to clarify, your association would support the provision for personal care homes as provided in this Bill which allows a little flexibility for people or residents of those facilities?

Mr. Stanwick: Certainly we felt again we do not want to dictate what people do in the privacy of their own homes, and in this case this was their home, so therefore—what we would like to see, however, is that the people who work in those homes not add additional smoke to the environment. But that is an entirely different issue. These people are residents, they have to be there. The other individuals are employees, so we totally support that segment of the Bill.

Mr. Doer: Coming to hospitals and your strong recommendation, we have separated out health care facility being where a person may receive medical examination, treatment and care, includes a hospital clinic, a medical practice and its offices but not had it under Section 4 as you have recommended it. It would be our interpretation that where patients are receiving care, including a doctor's office, under this Bill there is no smoking, but if it is a cafeteria, perhaps that could be a place where people could smoke. The cafeteria would become subject to the 50-50 rule. Would you comment on the recommendation to exclude hospitals under Section 4? Would it be symbolic or practical, or both?

Mr. Stanwick: I believe that it represents both, and there have been hospitals already in this province that have gone smoke-free. There are numerous hospitals across the country, including major health care facilities, including two in Ottawa where they have gone the route of saying, we are a hospital, we cannot be in a conflict-of-interest position. We have to show the public that we are committed to basically beating the No. 1 cause of preventable deaths. Therefore, for us to allow smoking within the same walls, when people are dying of diseases related to smoking, is hypocritical.

So for those reasons, I think, the hospitals have to bite the bullet on this one and say, look, if we are really truly interested in the whole phenomenon of health being more than just treating disease, we have to be health-promotion representatives and therefore introduce that.

Granted it will have to be done over a period of time, you may want to give a specific time to give the hospitals to react to this. I mean, obviously the introduction of the components may be on different time scales to allow individuals to have time to respond to the needs of their staff and to introduce non-smoking programs. I really believe that health care facilities should go smoke-free. Again, I will leave it to the discretion of the Legislatures that you may want to have this as a phased-in bill to give the organizations the opportunity to avail themselves of the existing resources which are out there in the community to help them go totally smoke-free.

Mr. Doer: I take this Bill provides 95 percent smoke-free in health care facilities. You are suggesting we go the whole hog. I understand that proposal. In the examples you cited, do those facilities prohibit smoking in the cafeteria area?

Mr. Stanwick: There is no smoking in the hospital. This is something near and dear, and certainly there is no smoking. It just says, this is a health care facility. Tobacco has nothing to do with the word. Tobacco and health in the same sentence is a contradiction.

Mr. Doer: Certainly I personally support that position. You mentioned that you consulted with the MMA and they support that all hospitals in Manitoba be totally smoke-free as the official position of the MMA. I would like to ask whether you have consulted with the nurses of the facilities, who may not have the same flexibility as doctors in terms of in and out of hospitals. Obviously they are on 12-hour shifts, as opposed to doctors who may work 24 hours in a row in a hospital but are sometimes able to go in and out a little more freely than nurses who may be more pinned down. I am just curious whether this is consistent with the Manitoba Association of Registered Nurses as well.

Mr. Stanwick: I would have to again consult with them. We did solicit opinions on this in surveying the membership to verify the nurses' commitment to non-smoking. The MARN headquarters has been smoke-free for 18 months. I cannot see them, again, arguing with the position. If they make their head office smoke-free, I would believe, and I can certainly get back to

the Members of the committee to make sure we do have the total support of MARN. As I say, our intentions were clear that we were going for this legislation and we had brought representation.

I can certainly speak for the MMA, but as far as MARN is concerned, I am almost 95 percent positive that they support this. Again, we can verify that. As I said, their commitment to non-smoking is already verified with their headquarters being smoke-free.

Mr. Doer: I think everybody in this committee—that is obviously the direction of the bill, to send a strong message out of no smoking. I think that philosophically I totally agree with you. Perhaps your suggestion of a phased-in period or perhaps that this committee make a few more calls to some other affected groups on this provision and amend it accordingly would be appropriate. I would want to talk to some nurses groups, as well as doctors, in how we do this, not what we do. I think we all agree with that.

* (1100)

I certainly appreciate the advice and the suggestion of a phase-in. I think there are a few more phone calls or advice to get on this before we just slap in an amendment. Obviously philosophically we are committed to that kind of strong message in our health care facilities. I think the point is very valid. Thank you very much.

Mr. Cheema: Dr. Stanwick, first of all, thank you for the excellent presentation. You have helped all the political Parties in bringing this forward. I have listened to your comments and Mr. Doer has already asked a number of question. I will not repeat those. I am particularly interested in your suggestion about the hospitals.

Can you tell us, have you consulted with the hospital boards?

Mr. Stanwick: We have surveyed, and the MMA sent out through the health maintenance organizations basically a survey. It would be a matter of using—the objections that we have encountered are the same ones that the federal Government faced when they were introducing their legislation in Air Canada and other major federal Government buildings, saying we are going smoke-free. It is a matter of if the resources were made available to these health care facilities to help people who were going to quit to go the phased-in route—that in six months we will be going to this, and in a further six months we will be going smoke-free. I think that if it is done in an intelligent fashion, the vast majority of institutions can in fact implement a policy. Some have.

For example, Rivers Hospital, two years ago, decided they were going smoke-free, and they had an organizational meeting with their staff and made the commitment to this particular project. So the one thing that we are not doing is functioning in a vacuum in dealing with the introduction of basically non-smoking allowed in a particular setting. We do have programs that are available through both the volunteer agencies

as well as professional groups that the federal Government utilized to introduce this. There is a cost associated with it to the institutions, but on the other hand, they are not only sending a message to the public. We do know if we get people not smoking, one less cigarette is basically five minutes of life gained, so that they are actually doing something significant for the health of their own employees.

I believe that this is something that could be introduced, and people have already tried it. We are not advocating something that is totally new and different; the federal Government has gone through this, and I am sure that we can learn from what they have done and, as I say, capitalize on the experience of the Lung Association, as another organization that has worked—a number of organizations going through the whole step of going smoke-free. I think that the precedent has been set; if an insurance industry can do it, why can the health care facility not do it?

Mr. Cheema: Can you tell us, in your view, your suggestion that it should be a phase, maybe the next phase to discuss this option? What should this time frame be, and is there any possibility that a committee should be struck to study the whole aspect?

Mr. Stanwick: As far as a committee, I think what the health care facilities need to be given is a deadline. I think that the one thing, the most important thing in speaking to the people who have implemented non-smoking in their businesses is that you pick a deadline. I think it is totally appropriate for Governments to say “you will”—in two years, that all health care facilities will have dealt with the problem of smoking.

And again, we do have a health promotion directorate, we have experts in the area of smoking and health. It would be a matter of assisting these organizations in implementing the program. I do not really think, and this is the firm belief of the MMA, that whether health care facilities should go smoke-free is really debatable. The issue is how to help them achieve that end, I think, by setting the goals and giving them a reasonable time frame and using the Government resources to make them aware of what is out there to assist their employees to go through this process.

We do know that a lot of businesses are going this route because it is better. The people are healthier, there is less absenteeism, lower cleaning costs. I mean if we are talking about saving money in the health care system, why not do it through something intelligent that is going to improve the health of employees, cut down absenteeism, cut down maintenance costs, cut down fires. What better way to . . . than saying we are doing you a favour by making you go smoke-free. You are going to be cutting your budgets probably.

I do not see this as being negative at all, because there are significant benefits. You are just helping them out in making a difficult decision, and I think, as politicians you are sending a very strong message, saying, we know what is good for you. I think in this case there is no question that by making them go smoke-free you are going to be improving the general health of those facilities, both fiscally and physically.

Mr. Chairman: No more questions? Thank you, Dr. Stanwick, for your presentation. Are there any more presenters that want to make representation to Bill No. 16? If not, we will go to the next Bill.

BILL NO. 88—THE PHYSICALLY DISABLED PERSONS PARKING ACT

Mr. Chairman: Bill No. 88. Barbara Stuber, Society for Manitobans with Disabilities. Barbara Stuber, please. Have you a written presentation?

Ms. Barbara Stuber (Society for Manitobans with Disabilities): No, I have not.

Mr. Chairman: You may proceed.

Ms. Stuber: I am here on behalf of the Society for Manitobans with Disabilities, who are the major issuers of the disabled persons parking placard in Manitoba, to congratulate the Legislature on moving forward on this issue and to state how crucial accessible parking is for people who are physically disabled, in order to lead an independent life.

For your information, at the present time there is an advisory committee in place made up of representatives from the Canadian Paraplegic Association, the Manitoba League of the Physically Handicapped, Community Therapy Services, and the Society for Manitobans with Disabilities. We are in favour of the Bill presented by Mark Minenko (Seven Oaks) and welcome and support his initiative. We would also like to thank Walter Heineman for bringing the problem of the abuse of accessible parking to the attention of Mark Minenko for action.

As the major issuers of the parking placards, the society currently receives a small grant from Highways and Transportation to help offset some of the expenses incurred by operating the program. We currently have an individual on a job strategy grant, who is providing day-to-day clerical support.

Regarding the effective date of the Bill, and I believe the Bill specifies the 31st of May, we would suggest that it would be appropriate to proclaim the Bill during National Access Awareness Week, which is June 10 to June 16, and particularly on Transportation Day by the province, which would provide good public relations for the bill. That is really all I have to say.

Mr. Chairman: Thank you. Any questions to Barbara Stuber? Mr. Praznik.

Mr. Darren Praznik (Lac du Bonnet): Ms. Stuber, I have one very brief question for you. This Bill provides for the Minister to delegate authority to issue the permits to various organizations concerned with physically disabled persons. I represent a rural constituency, and I am considering an amendment to include municipalities in that delegated authority. Would you be supportive of that principle?

Ms. Stuber: At the present time, in rural areas, parking placards are issued through the Manitoba League of

the Physically Handicapped offices and our own as well. We have four other locations in the province, and MLPH has other locations as well. I think we would like to see a centralized way of issuing through one source, possibly through others in rural areas.

Mr. Praznik: First of all, where are your four centres in rural Manitoba?

Ms. Stuber: Dauphin, Thompson, Brandon and Steinbach.

Mr. Praznik: Just a question—a constituent of mine in Beausejour, Lac du Bonnet, for example, other than going to Steinbach, which is a fair distance to get a permit, how would they obtain that type of permit?

Ms. Stuber: They would have to either—I do not believe MLPH have one in that area, but we would have to check when they speak. They would have to phone Winnipeg or write Winnipeg to our office, and in turn we would send them an application form.

Mr. Praznik: So in other words, it takes a bit longer and is a little bit more inconvenient for someone in a more distant rural place without a centre to get the permit?

Ms. Stuber: In most cases, when parking placards are issued, people do call us first rather than coming down, so a form is sent to them, they in turn would send it back and a parking placard would be issued. I do not really see any delay any different to what people might experience in Winnipeg.

Mr. Praznik: My last question is—you mentioned the need to keep some sort of centralized account. I am just interested in the reasoning behind that need.

Ms. Stuber: I think for purposes of renewal and being able to keep control of a centralized data base, if there were people issuing in rural areas, I think there would be a need for that information to in turn be given to a central data base of names. This has been in place since, I believe, the early 1970s, very ad hoc. Because there are approximately 8,000 to 11,000 parking placards in circulation at the moment, we have no idea at the present time how many of those people have moved, have deceased or whatever. So we really feel there is a need to have some kind of a central system.

We have most of the names entered into our computer, and we are hoping to be able to do a mailing to try and update our list very soon. We are also looking at the possibility of renewal or expiry date on the permit, so that we do have some kind of idea of when people move, because people do not tell us that. So that is the reason.

* (1110)

Ms. Judy Wasylycia-Leis (St. Johns): Yes, I do not really have a lot of questions. I first of all wanted to thank you very much for your presentation and taking the time to come here this morning, but also for the

work that your organization has put into coming up with this legislation.

I just had a couple of questions. One was, how does this compare to other jurisdictions, this legislation before us? Is it a new approach, or has it been tried before, how has it worked?

The other question I have—I will throw them all out at once so I do not take up a lot of time—is this a complaint that you receive as an organization on a regular basis, and what has been the experience generally that you have found in terms of your members?

Ms. Stuber: As far as other areas where this is in effect, I believe Mark has done an awful lot of digging into this. I cannot answer that question because I am not aware. I know that there are states and provinces in Canada which certainly do have legislation in effect. I believe Ontario does have one in effect at the present time, and again I am not sure of which or where, but there are several provinces and states which do. The second question—I am sorry.

Ms. Wasylycia-Leis: The question was really how often do you have complaints brought to your attention? What kind of experience do people have? I wonder if you could just tell a bit of maybe the personal side of this whole issue.

Ms. Stuber: I guess as far as that is concerned there is no way of really measuring that, but certainly the complaints are ongoing and I think all of us who are involved in the program do certainly monitor parking stalls when we are in shopping malls, and we do check those kinds of things out. Quite often we do observe people who are not disabled parking in those spots. The abuse is fairly widespread, but again there is no way of really monitoring how much.

Mr. Chairman: Any more questions? Mr. Minenko.

Mr. Mark Minenko (Seven Oaks): Again I would also like to thank you for coming out today, and I am sorry that the notice was less than 24 hours, because I was only advised yesterday afternoon that this Bill would be before this committee.

I would like to ask a question then on the parking permits. At the present time, yourself and a number of other organizations issue these permits. In the legislation there is provision here, the Minister may issue permits and the Minister may delegate the authority to issue permits. How would you like to see it operated in the future, after this legislation is passed?

Ms. Stuber: I guess providing the organizations all agree who are involved, the Manitoba League of the Physically Handicapped, Canadian Paraplegic Association and ourselves, I guess we would like to have a central issuing agency of one of us. Basically it is us right now, and I think we all agree it should be centralized.

It is very difficult for people today to come to one organization and say, I am sorry we cannot give it to

you because you are not a member of our organization and turn them away to someone else. So it becomes really confusing to the public when they are not sure where they should be going for their parking placards, so I think it is important to have a centralized system.

Mr. Minenko: To date, does your association or the other—well, we will check with the other association. Does your association do any advertising about the availability of these permits, and how do you think perhaps we as Government could assist the organizations in advising people that there are people who may be entitled to these permits?

Ms. Stuber: We have not done a lot of PR about this. We do it during National Access Awareness Week. We did last year. Other than that, we have not done very much at all. In the past there have been some parking violation sort of PR pieces that have gone on people's windshields. That is very sporadic and has not been done on a regular basis.

If this goes through, we would certainly like to do more ongoing public relations through possibly brochures, pamphlets, some talk with the shopping mall people and possibly some media exposure through maybe radio and television kinds of things, through public service announcements. I think we could do more than we are doing, both in the area of making people aware they should not park there, but also making people aware that the permits are available.

Mr. Minenko: In the legislation the penalty provision is relatively high starting with a fine of a minimum of \$100, rising to \$150 to a maximum of \$200 per offence. I am just wondering if you could comment on this type of fine, should it be a little higher, could it be lower, what your organization's position might be on the size of fine.

Ms. Stuber: I see we really do not have a comment to make on the fine at the moment. I think we are feeling that it is all right. I understand from a colleague in Ontario that Ontario's fine is \$57 for some reason. I do not know why it is \$57, but it is around that. I just threw that out as a comparison.

Mr. Chairman: Any more questions? Mr. Minenko.

Mr. Minenko: Is there some way that perhaps we might be able to put into place some sort of monitoring system for the future to see whether there should be changes to it in the future? Should something like that be developed from the Legislature, or are your organizations looking at maybe developing a means of ensuring that any concerns, complaints that people might have about the legislation as it is now could be corrected in the future on a regular basis and monitored? Do you have any ideas or suggestions about that?

Ms. Stuber: I think that the advisory committee of the parking placard group, Canadian Paraplegic Association, ourselves and MLPH could certainly help to monitor those kinds of situations. I think that is one

of the reasons why that advisory group is in place, to help to do that, and to make sure that Government is aware of any problems or concerns that might arise in the future so that they can be dealt with appropriately.

Mr. Minenko: I would like just to also again thank you very much for all your assistance and your organization's assistance in this work, and I certainly think it is indeed an expression of the requirements that you have expressed, your association expressed and other associations have expressed, so again thank you very much.

Ms. Stuber: Well, we appreciate your efforts, Mark, thanks very much.

Mr. Chairman: Thank you for your presentation. If there are no more questions asked, we will call on the next one, Paul LeJeune, Canadian Paraplegic Association. Mr. LeJeune, go ahead.

Mr. Paul LeJeune (Canadian Paraplegic Association): As a member of the Canadian Paraplegic Association—

Mr. Chairman: Please speak into the mike if you can.

Mr. LeJeune: —I would like to encourage the Legislature to support this Private Member's Bill. I have been informed by the Canadian Paraplegic Association that they have been consulted throughout and have reviewed the Bill and are definitely very supportive of this Bill.

It is extremely needed, as it is an issue that the time has come for such legislation to be in place. Throughout parts of Europe, the United States and in Canada, such legislation is already in place. There are various degrees of it, and it has been recognized as a need that has to be addressed in regard to this point.

That would be the extent of the position of the Canadian Paraplegic Association for this, and if there are any questions or anything I should take back, they would be prepared to look into it and be consulted on this matter.

Mr. Chairman: Thank you, Mr. LeJeune. Any questions? Mr. Minenko.

Mr. Minenko: Yes, again, thank you very much, and many of the comments that I made to Ms. Stuber would certainly apply to yourself. Again, I was only notified for sure yesterday that it would go to committee.

* (1120)

Now, at the present time, the Canadian Paraplegic Association also issues permits. Is that correct?

Mr. LeJeune: That is correct.

Mr. Minenko: Now would the association still prefer to be involved in the issuing of permits then, even though in the legislation it sort of starts with the Minister may issue the permits and then the Minister may delegate. Would the association prefer to have that delegation and be able to issue those permits?

Mr. LeJeune: As mobility being an extremely important factor for an individual confined to wheelchairs, the Canadian Paraplegic is always identifying to its members the availability of the actual parking sticker as it now is and definitely would want to have some form of input into making them available. The continuity and uniformity of the parking placards should be centralized, yes.

Mr. Minenko: In the legislation, there is a provision that makes it a requirement for the minimum width of physically disabled parking spaces to be increased from eight feet to 12 feet. Do you feel that is an important issue to include in the legislation?

Mr. LeJeune: Definitely, yes. As members of the Canadian Paraplegic Association, a large number of them are forced to drive vans which have been converted with the actual wheelchair lift. When you put the lift in a down position, you extend the width of the vehicle itself anywhere from four to five feet. Plus that, you have the length of the chair coming off the ramp, so the space is definitely needed. Also, once you are off the lift platform itself, having a clear and free path from there, not the curb four feet away, I think would be ideal.

Mr. Minenko: There is also provision in here where The Highway Traffic Act is to be amended to include a provision that people with the permit could stop, stand, park the vehicle so the left rather than the right side of the vehicle is parallel to the edge of the roadway. Do you feel that this is an important aspect of this legislation as well?

Mr. LeJeune: Yes. One of the points that is brought out that is the major reason for such, our climate conditions do not allow us to bring the lift down on the curb side of the street, and on the river side on a one-way street it is not possible to do such. So it really penalizes where you can actually park the vehicle. So during the winter months for example there is no other way but do it in that respect or park at a great distance. A lot of the individuals, if they do not have the lifts on their vans, have to get in and get out of their vehicles from the passenger side to allow to pull the wheelchair into the vehicle itself.

Mr. Minenko: So really that because of the snowbanks on the sides of the roads and stuff, unless this provision was included you would end up having to park with the right side of the vehicle along the edge of the roadway, putting your ramp down, and end up with six to 12 inches being off the ground of the ramp kind of thing.

Mr. LeJeune: That is correct in regard to that situation. The reverse parallel parking—the snow on the curb is a major factor in regard to that, also the direction of the street itself. It is not just possible to do otherwise as the lift is only mounted on one side of the vehicle.

Mr. Chairman: Any more questions? If not, I want to thank you for your presentation. The next presenter is Mr. Frank Ens, the Manitoba League of the Physically Handicapped.

Mr. Frank Ens (Manitoba League of the Physically Handicapped): Good morning, ladies and gentlemen. My name is Frank Ens. I am here in the capacity of chairman of the transportation committee for the Manitoba League of the Physically Handicapped.

I did not prepare a brief because we received notice too late last night; it was around ten o'clock. I just barely had time to look through the Act. I would like to make one comment before I speak any further. I think the Act is at least 10 years overdue, and I am very happy to see that this legislation finally has put some teeth into the Act, whereby the Act can be enforced and can be regulated. I will be speaking primarily now as a rural member. I come from the rural area. We have very similar problems and, in some cases, more acute problems than you people in the city here have.

I would like to refer to Section 5(1). First of all, every person who makes parking available to the public on private property shall designate for the use of physically disabled persons the number of designated parking spaces that is prescribed by the regulations. I think that is an essential part, especially in the rural areas, because people in the rural areas are of the opinion that a handicapped person is not a contributing citizen to society. Consequently, I am amazed at how many drivers or vehicle operators we have who, in my opinion, should not carry a driver's licence at all because they cannot read. It is ridiculous. You have a big sign that says, handicapped parking and it will be enforced, and they disregard that completely. They cannot read. I pity them.

Then Section 5(2)(a), that it is accessible to a physically disabled person and located so as to minimize the distance to the building entrances and exits. That is another factor which is highly essential, especially in the rural areas. Snow removal and clearing of parking lots is not a priority in the rural areas because space is more readily available. Seemingly merchants are of the opinion that the need for snow removal and clearing of ice is not that essential in the rural areas. Therefore this Act and this law comes at a very appropriate time. As I said before, and I would like to reiterate, it is long overdue. Then, Section 5(2)(b), the minimum of 12 feet wide is also a necessity and especially if you are driving the van, as the previous speaker was saying, and with that lift, et cetera, the eight foot parking stall is not wide enough.

* (1130)

Then I would like to go over to Section 8, Entry on private land, and here I can speak with experience. For an example, we had a private parking lot in Winkler, and the designated parking stalls were being used temporarily by a very able person.

The policeman was in the shopping mall. I asked him whether he would do me the favour and ticket that vehicle. He said: That is a private parking lot; I have absolutely no jurisdiction, and I cannot do it. In talking to the manager of the mall he was telling me no, they would not allow the policing on that parking lot because, quote, in his opinion the policemen are far too crazy,

if they see a vehicle entering that stall then they are there with the ticket already.

What the merchant did not realize—and this was brought to my mind very vividly last week at the planning for the National Access Awareness Week, but I had never thought of or looked at in that light—was that I, as a handicapped person in a wheelchair, am a customer just as well as a person walking and who does not have difficulty walking. If that person occupies my stall he is driving me away from shopping.

It is not the authorities that are ticketing or fining the violators—and let us put that in quotation marks, "the violators"—but rather those violators are driving customers away. I think there is a need that the department or the Government educate these people to know the person in the wheelchair is a customer just as well as the one that can walk.

In regard to the question that Mark was asking the previous speaker, in regard to the issuing of the placards, I would like to say that I agree with having a centralized office here in Winnipeg. By the same token, and having said that I would like to make a plea: Do not cut us, in the rural areas, off. The only representation, primarily at least, that the handicapped people in the rural areas have are the branches of the Manitoba League of the Physically Handicapped. We have, in the past, been distributing these placards, and we would like to have the continuance of that same privilege again.

That is all I have to say at this point in time. I am ready to answer questions if I can answer them.

Mr. Minenko: Thank you very much, Mr. Ens. I have to apologize, that notice to the league was so short. Sometimes, as the Session quickly winds down things move a little faster than one expects, and it is certainly not because of any delays on any of the other Parties' positions.

I also appreciate the advice and counsel you have provided to me over the last several months, especially living outside the City of Winnipeg. I would like to ask you, what other ways could we put into place so that this information gets out to the people that need to know about it? What other ways can we put into place so that the issuance of these permits can be done as quickly and easily as possible, especially outside of the City of Winnipeg?

Mr. Ens: I do not know whether I understand your question completely, Mark. I think as far as educating the public in regard to the placard, et cetera, it could be done through the news media, radio and perhaps even public services and CKND especially.

I would like to ask you whether you would repeat your question. I do not know whether I understood it completely.

Mr. Minenko: What I was interested in knowing is, how can we set up some sort of system so the people, especially outside the City of Winnipeg, will be able to apply for these permits as easily as possible?

Mr. Ens: What has happened in the past is that people, especially in my area anyway, know that we are

members of the Manitoba League of the Physically Handicapped. We have ready access to the placards through the main office here in Winnipeg. When—and this has happened, especially in the last little while—the people with mobility disabilities are looking for ways and means, they know where to get in touch with members of the Manitoba league.

The reason I advocate the central office is so that if I have a bunch of placards and I run out of them, then I either phone in to the central office here in Winnipeg or, because I come to the city that frequently, I drop in there and get a supply of those placards.

Mr. Minenko: So right now, in your part of Manitoba, you sort of issue the permits on behalf of the league. Is that correct?

Mr. Ens: Of the Manitoba league, yes. I have been endorsing the placards. I put my signature on them in the past on behalf of the Manitoba League of the Physically Handicapped.

Mr. Minenko: You mentioned about the publicity about it. Over the last few months or so we have all noticed the big billboards and the publicity put out on Bill 3, which is the drunk driving legislation. Would something like that be effective to get the word out as well?

Mr. Ens: I would think so, yes. I would also say that once this Bill come in effect, I think it would be up to the organizations like CPA, Community Therapy and also the MLPH, and in the rural areas especially the MLPH, that we put it on the local radio, because CFAM is listened to quite readily, and they are very co-operative. If the radio station gets word of this, they will more than likely ask me to come in and have an interview.

Mr. Minenko: I would just like to finally again thank you very much for all your assistance over the last several months.

Ms. Wasylycia-Leis: Mr. Chairperson, I do not have any questions. I just wanted to thank you for taking the time to come here and make this presentation, and also for the work that your organization has been doing over the years on this very important issue, to indicate that we certainly want to see these measures put in place and acted upon, and to ensure that there is widespread education, a communication program as well, to make it effective as quickly as possible. Thank you again for your contribution to this.

Hon. James McCrae (Minister of Justice and Attorney General): I would just like to join with the others in thanking you for coming. Something you said earlier on struck me. You said something about rural Manitobans perhaps feeling that people with mobility disabilities somehow do not count as much as they when it comes to shopping.

I hope you meant it in the sense where later on you talked about educating people and so on. I think outside the City of Winnipeg and inside the City of Winnipeg there are some people who I think basically are

thoughtless on this issue as opposed to feeling as maybe as you characterized that somehow mobility-handicapped people should not have the same rights. I hope that is the way you meant it, that people were just thoughtless, and I think what we are trying to deal with in this Bill is remind people. The Bill itself and the sanctions that come with it may serve to remind some people to be mindful of other people in our society. But if that does not, some of the other suggestions you have made are appreciated too, and I hope you agree with me that for the most part, Manitobans are a pretty friendly lot of people. Maybe some of them are not quite as thoughtful as others and that is what it is about.

Mr. Chairman: Thank you. Any more questions to Mr. Ens? If not, I want to thank you for making your presentation. Is there anybody else who would like to make a presentation on Bill No. 88? If not, I want to thank the presenters.

* (1140)

We will go to Bill No. 91—Mr. Carr.

Mr. James Carr (Fort Rouge): I just like to make one comment, if I could. I had the honour and the privilege of working with Paul LeJeune last year during National Access Awareness Week, where it was my burden to be placed in a wheelchair for a day to experience the experience of those who live in them all the time.

I just want to say that Paul has been a source of inspiration for many people. His strength, his spirit, his ability to overcome hardship has been a model for me ever since I was able to share that experience with him. I just wanted it said publicly that he is a very special person, and I will cherish for a long time the lessons that I learned from him. I congratulate him for coming here this morning and for raising awareness as he has done so consistently and so well throughout these years. Thank you.

Mr. Chairman: We will go to Bill No. 91. Mr. Ens.

Mr. Ens: Mr. Chairman, could I make one last comment?

Mr. Chairman: Okay.

Mr. Ens: I would like to respond to the Honourable Mr. McCrae's comments as well. I was not of the opinion that Manitobans deliberately—I agree with what the Minister was saying, that it was a thoughtless act rather than a deliberate act, but yes, I reiterate that finally we will get a Bill that has some teeth in it that can be effective. Thank you very much.

Mr. Chairman: Thank you, Mr. Ens.

BILL NO. 91—THE PUBLIC HEALTH AMENDMENT ACT

Mr. Chairman: We will go to Bill No. 91, The Public Health Amendment Act. We will call on Dr. Frank

Friesen, the Manitoba Medical Association. Mr. Friesen, have you got a written presentation?

Dr. Frank Friesen (Manitoba Medical Association): No, a verbal presentation.

Mr. Chairman: Very good, Mr. Friesen, you may proceed.

Mr. Friesen: I represent the Manitoba Medical Association on this legislation. I would like to acknowledge our concern about solvent abuse in children and adolescents. Solvent abuse is a major health problem for these individuals. Its damage to the individual and its damage to society is readily apparent.

The MMA has discussed this legislation at several levels including individual members and consultants, the child health committee and the board of the MMA. The decision not to support this legislation stems not from lack of concern about this problem, but rather from concern regarding its viability. They believe that it is too flawed to accomplish its objective. Our major concerns center on the following items.

The first one is that of product definition. While most of the solvent abuse revolves around the items listed in 27.1(1)(a)(b)(c), whatever section or subsection that is, the inclusion of part (d) makes it very difficult to identify and restrict substances. Hundreds or perhaps thousands of products contain the problem chemicals that can produce an intoxication. These include household glues, Crazy Glue, aerosol fresheners, household cleaners, and even food products. Some products contain restricted substances in amounts which are nontoxic or nonthreatening. However, there is no definition regarding product concentration. It can be legally present in these products. Indeed if you think back, benzene was found in Perrier water. I do not think we want to restrict that.

Second, the identification of products as restricted makes them very desirable substances for abusers and this has been demonstrated by the British experience when they restricted these items.

The third is that all attempts to change society's use of substances through legislation to decrease the availability of the products have really been failures. Prohibition to prevent alcohol has failed. The drug laws that are currently enforced are failing to prevent drug abuse. Decreasing the availability of products will lead to a black market, resulting in higher prices. The last time this occurred there were instances recorded of childhood and adolescent prostitution to buy these products.

Finally, we believe that the application and enforcement of this law will be impractical. The variety and number of products sold in many different types of stores make it difficult for stores to comply and police to enforce. Under this law your 17-year-old daughter can drive her boyfriend to the prom but she cannot fill the gas tank. Under this law your 16-year-old son can do the family shopping but only as long as the shopping list does not include shoe polish, paint, aerosol deodorants or disinfectants, unless of course you sign a note.

The MMA feels making impractical legislation that cannot work, and indeed is probably outside the jurisdiction of this Legislature to enact, deflects attention from the more difficult and more costly task of changing the root causes of solvent abuse, that is eliminating the problems of the underprivileged: poverty, inadequate housing, family dysfunction or disintegration and lack of opportunities for core area youth.

The support of treatment programs for abuse is commendable and appropriate but is unlikely to make any significant impact. This approach has been used for alcohol abuse and drug abuse with little results. Providing inner city youths with recreational and job opportunities and establishment of acceptable role models to whom these children and adolescents relate or can relate are perhaps better approaches.

In summary, this Government demands, from the medical profession, that we offer treatment which is validated as effective for the problem. The people of Manitoba should demand and receive no less from their elected representatives.

Mr. Chairman: Thank you, Mr. Friesen. Questions? Ms. Wasylycia-Leis.

Ms. Judy Wasylycia-Leis (St. Johns): Thank you very much for your presentation and for coming forward today with the views of the Manitoba Medical Association.

While we may be on different sides of this issue we certainly appreciate the time you have taken and the frankness with which you have addressed the issues. I think there is no question that we all agree that the long-term solution to this serious problem is certainly preventative measures and a major initiative at the community level in terms of dealing with the source and root of the problems of solvent abuse.

However, it has been our view that even if this kind of legislation can save the life of one individual or protect the health of some of our young people it is a step in the right direction. What would your opinion be in terms of supporting a legislation, even though it is recognized it is not fully foolproof or safe proof in terms of getting at all of the problems in this area, but may help actually restrict access to young people, may help be a deterrent, may actually save the lives and health of some of our citizens?

Mr. Friesen: -(interjection)- I apologize, doctors usually talk pretty quickly.

I think that the Manitoba Medical Association would be very pleased to support a legislation that would indeed do this work, but this is not it.

Ms. Wasylycia-Leis: Mr. Chairperson, is there any disagreement in terms of the information we have received as to the negative, harmful health impact on people who use sniff products, who inhale these substances?

The information we have been relying on is that these substances can be very harmful in terms of physical

health, particularly physical health of children, that they are particularly detrimental in terms of the central nervous system, and can—in some cases do—lead to death, do actually lead to long term permanent damage. Is there a consensus in the medical community or with the association in terms of the negative impacts of substance abuse on the health and well-being of individuals?

Mr. Friesen: I certainly agree that substance abuse is a chronic, serious problem. One can look at it in the model that is taken for alcoholism, which leads to recreation or frequent use to dependence. I do not think there is any question, and we certainly agree that substance abuse is indeed dangerous and in some cases lethal for children and adolescents using this. There is no question that we support your contention that it is a dangerous occurrence, but our major concern is with the legislation itself, not with its intent.

Ms. Wasylycia-Leis: I appreciate your views and comments. I guess I have some difficulty in terms of understanding the support for the MMA in terms of dealing with smoking. Certainly a difficult area to regulate is filled with problems in terms of enforcement, not unlike the situation with respect to solvents. I am wondering if you could give me some help in terms of understanding the different positions the MMA has on substances that, I think you agree, are in both categories harmful to individuals.

Mr. Friesen: The question about smoking is a question of individual rights and the rights of the non-smoker to have a free environment, either in a public place or in a restaurant. It is also a question of the right for the smoker to smoke in his own—to choose that lifestyle if he wishes, but not to interfere with the non-smoker.

* (1150)

Likening that to the sniffing problem, sniffing problems are not going to be involving, except indirectly, i.e., through family dysfunction, illness, death, whatever, other immediate members around them, unless they are involved in the sniffing program. When a child is sniffing, they are sniffing alone. The other thing is that when you enact this legislation you indeed might increase sniffing. When you cancel out certain desirable products you are going to have to list, in the regulations, all the products that are not allowed. Therefore you are going to be alerting people and children to these products that they would not otherwise have known about.

Ms. Wasylycia-Leis: I appreciate your comments. On your point in terms of not interfering with the rights of individuals, I think we are dealing with a similar situation in terms of the anti-smoking Bill and this Bill, in both cases attempting to restrict access, restrict the sale, restrict the ability to actually either access the substance or use the substance. In fact this Bill, the anti-sniff Bill, attempts only to look at the question of access and to restrict access to young people. Are we not dealing with the same thing in terms of smoking and substance abuse, and should we not be as concerned about restricting access on both fronts?

Mr. Friesen: I have dealt with the discussion about smoking versus non-smoking. The sale of cigarettes to children, what you are looking at is a well-defined product that does not come in any other form. It comes in cigarettes, and it comes as chewing tobacco. You are not dealing with something that can be hidden or put in other things. It is something that is always found in certain areas. So it is very easy to define what you can and cannot sell to a minor.

When you are talking about anti-sniff products, if you just took your ABCs, then that would be fine, but then you start including a lot wider range of other products and there are going to be hundreds and you are going to have a lot of difficulties making that stick. I think stores may well have some difficulties identifying the products and limiting them. I think that you are dealing with one thing where it is quite practical and relatively easy to say, cigarettes do not go out, these forms, this product, these three forms are not sold. You are then dealing with something that has hundreds of different types, different forms. It is a matter of the ease of ability of enforcing that.

Ms. Wasylycia-Leis: I am wondering if you could comment on the fact that this legislation is based on similar legislation at the city level going back a decade. The concerns raised with that by-law were never challenged on the basis of enforceability, it was challenged on the basis of jurisdiction. I think we are working very hard at resolving that matter.

In the interim, I think there has been a growing consensus in the community and in terms of our law enforcement agencies that something must be done to curb the sale of these harmful products, especially when we are talking about our young people. Although we are dealing with a wide range of products, that is fully admitted, we are dealing with a widespread use of these products that is having very harmful effects on our society.

It seems to me that we should not get caught up totally on the basis of projecting how it will be enforced and regulated if in fact it has the potential for saving some lives, for maintaining the health of some members of our society. This whole question of regulation and enforcement and the concern of the MMA in that regard is I think new in terms of the communities wrestling with this issue over the last decade or more. I am wondering, is this concern based on some new information or research that you have received from law enforcement agencies or other sources?

Mr. Friesen: I would be hesitant to give you a legal opinion on whether this can be enforced or whether this law can be enacted. I think that you already have plenty of lawyers who can tell you whether that can or cannot be done. From your own admission, it may or may not be done according to one newspaper report. Another newspaper report indicates that Mr. McCrae has been discussing this but nothing has been made on that issue with his federal counterparts. I cannot tell you whether it is going to float, nor can I actually tell you—you ought to get it from the police whether they think they can enforce this type of by-law. You also have to get it from the businessmen, whether they can handle this.

Ms. Wasylycia-Leis: I believe I have noticed on the list that we will be hearing from the City of Winnipeg Police Department and hearing their comments on this. I guess I am curious as to why the Manitoba Medical Association is opposing this Bill on the grounds of law enforcement and regulation, which is something that will have to be handled by the police department and law enforcement agencies and why you would not be first and foremost concerned that any measure, no matter how difficult to enforce or regulate, should be considered seriously if it means saving the lives of some of our young people and if it means ensuring good health for a segment of our population.

Mr. Friesen: I do not think that it necessarily does. This type of legislation has not worked in the past. You have excellent models with drug laws. These drug laws do not work, although they are all restricted. Why do you think that this legislation would change that? Also I already mentioned that it may well give people who do abuse these solvents a wider range or a number of solvents that they know about to abuse.

Ms. Wasylycia-Leis: The Member for Ellice (Ms. Gray) just suggested that we should ask perhaps if you are in favour of legalizing marijuana. I will not ask that. I will just throw that out in terms of my overall question related to that. That is, what laws pertaining to enforcement or restriction of sale of certain drugs or legal measures in this whole area are you referring to that have not worked? What is the evidence that you are talking about in terms of suggesting on that basis this one should be ruled out of order?

Mr. Friesen: The rising incidence of cocaine abuse, that is not legislated. That is not legal. The rising incidence of crack, continued use of marijuana although it is illegal, all drug use is increasing, and present drug programs, laws, do not stop people from using these things. Now as far as legalizing marijuana, that is far off the track and I would suggest that you perhaps refer that to Mr. Manness who might be looking at the ways of developing tax income.

Ms. Wasylycia-Leis: Are you saying, and is the MMA saying that making substances and products illegal actually increases the use of those products and drugs? Is there evidence to support that, notwithstanding all of the other factors that have been well documented in terms of accounting for the increase in terms of various drugs on the market?

Mr. Friesen: I think that when you eliminate one substance from abuse, the public who wants it, and they will want it, go about and find another one, and that is well documented. I do not think there is any question about that.

* (1200)

Ms. Wasylycia-Leis: I do not want to go on at length about this. I think we are coming from different positions, and I doubt if we will ever agree. What I wanted to raise was that we are hearing from the young people themselves about the importance of taking

action in this regard. We are hearing from groups who have seen or experienced the attempts on the part of individuals or retailers to specifically package and market these products to take advantage of young people, that there is absolutely nothing now in our laws to deal with that kind of situation which takes advantage of our young people.

It is clearly documented that it is a widespread problem in many communities throughout Manitoba. It seems to me that if the young people themselves are saying this, and if there is no other law that helps deal with the pushing of these products on young people, then surely we should be taking this step, even though it may not be 100 percent perfect and it may not rid all aspects of this product from our young people, that it is a step worth taking in the interests of the health and well being of our young people.

Mr. Friesen: I think if you have asked the young people, then you should also ask them why they are taking them and you will find reasons and what alternatives do they have. When you ask them that, they are going to tell you that they do not have an awful lot of alternatives, because programs are not in place to assist them. Just cutting them off, if you ask them, is that going to stop it, well I think you are going to get mixed reviews. They are going to find it whether they want it or not.

Ms. Wasylycia-Leis: I gather from a lot of these young kids that we know about the root causes of drug abuse, and I think we probably agree in terms of the economic and social problems in our society. The young people are saying, or what we gather from the facts is that they are not using other drugs because they cannot afford them and it is much harder to get for them.

These kinds of products are readily available, not only readily available in terms of our stores, but are being pushed upon them by those who want to take advantage of these kids in order to make a profit. So I would think that given that kind of situation and that cry from the community, we should be looking at every possible avenue to address their concern.

Mr. Friesen: I think you should indeed address their concern, but when you deny them access to one product they have always sought another one. The price is not going to be a real problem. Now if you are dealing with individual people who are recognizably giving out certain items solely for this product, then I think that you may well go after them, but handing out or passing broad legislation covering thousands of different products is not going to get to that problem.

Ms. Wasylycia-Leis: I think perhaps we may even agree on something here and that is, if this law even helps the police in terms of cracking down on those individuals who are deliberately packaging and marketing these substances to take advantage of young kids, then we will have accomplished something. Perhaps it is well worth doing on that basis.

Mr. Friesen: If you can specify certain areas it may well be very helpful. You may well create other problems with your law, as I mentioned.

Mr. Gulzar Cheema (Kildonan): Dr. Friesen, I am just amazed to hear some of your answers—

Mr. Chairman: Dr. Cheema, please speak into the mike.

Mr. Cheema: Dr. Friesen, I am amazed at some of your answers and I have to disagree with some of the statements, even though I am also a member of the MMA. I want to know why we have to not do something in terms of putting a restriction on some of the things where there is a possibility of at least eliminating some of the factors. Why should we stop that? Why should we say this is not right? How did the MMA reach their decision in saying that is not going to work?

Mr. Friesen: The MMA is not opposing this on moral grounds. We recognize the problem just as much as you do. The MMA does not feel that what you are doing is going to work. We are not going to support any legislation that is not going to do the job that you intend it to do. That is the only thing that we are coming at.

Mr. Cheema: Dr. Friesen, can you tell me on what basis you are saying it is not going to work, because you have made a couple of statements that if we stop these people they will buy the other stuff and there are alternatives available? Why should we not be attacking them from all the angles? We understand poverty and social problems are the main cause of this major problem, but why should we not be attacking from all the angles? I do not understand why we should leave any room and that is why this Bill is going to go a long way. It is not perfect, but it is the starting point.

For the last 20 years, we have noticed that the Winnipeg Sun has done tremendous work on the story of drug abuse, and the Winnipeg Police and everyone has been very active. We understand a law is not going to prevent total—but at least the public awareness is there and it should be attacked from all angles. We would certainly like to know how you reached the conclusion that this is not going to work?

Mr. Friesen: I would like to understand how you reached the conclusion that you think it is going to work. I think if you look historically, attempts to do this are just not there. There have been failures and I have documented and stated too, so I think one has to look historically at this as far as drug education goes. You have mentioned other methods, let us have other methods. We do not feel this is a legislation that we can support simply because we do not feel it is viable.

Mr. Cheema: Dr. Friesen, I do not know whether—I am sure you are aware of some of the problems that some of the reserves are having with glue sniffing and some of the other stuff. I think if we ignore this aspect, and that may be the only way of preventing them in some of the areas, we may not have the education program there; we may not have the law enforcement right now available or any other services. That may be the one way of telling them you are doing something wrong and it is about time to think.

I think it is going to be educational, in my view, it will be educational and it is also going to prevent the

sale. We should give it a fair chance. The MMA has supported many other issues and we have gone through—the Member for St. Johns (Ms. Wasylycia-Leis) has asked you so many questions. I do not want to repeat those questions, but certainly you are supporting the anti-smoking Bill, and that is excellent. Something like this Bill is beyond my imagination that we have to say that this is not going to work so we should stop it without giving us any valid reasons.

Mr. Friesen: I think some of the reasons we have given you are valid. If you are referring to northern communities that have gasoline abuse problems, these children are not going out and buying it. They just take it, dip the rag in the gas tank and away they go. Your legislation is not going to do anything for that community. These are household chemicals that adults can get, and they can take out of their home. That is not going to change.

Mr. Cheema: Can you tell me, in your view, what should be done then?

Mr. Friesen: I think you should approach this on a multi-tiered approach. First of all, you may have education. Education is of questionable value, as you know. As you know, 80 percent of adolescents know about AIDS but only 10 percent of them use condoms when they have sex.

I think you have to look at it in getting rid of the problems of the underprivileged. You have to give these children something else to do, something else to have by eliminating poverty, making them a little more productive. I think you have to have intervention programs. For example, Rossbrook House has been listed as one house that deals with core area youth. They have an ex-sniffer there who does a very good job of talking to people. He would be a much better role model than perhaps Ms. Wasylycia-Leis walking in there and saying, well, you guys should not do that. The provision of a good role model would be another thing that is appropriate.

I think that having psychological services available for these people, these families with dysfunction would be an excellent thing. There are presently very few psychological services available through Northern Child and Family Services because they do not have the money for psychology services. I think you have a variety of approaches, and forming peer pressure groups to decrease this activity.

* (1210)

Mr. Cheema: Dr. Friesen, we all agree with what you are saying. You just made a statement, it should be attacked from all levels. Why should we not go with one of the levels which is extremely important in society? We are going by many factors, so that factor has to be taken into account. That means we should not be putting any restriction on anything there, that is not going to work. We have to have that kind of mechanism in place to at least—it is going to be very educational. We certainly disagree with you from our Party's point of view. We think this is a very important aspect. It is

the first step in the right direction. We do not want Winnipeg to be another Minneapolis in a few years time. We want to attack the whole issue of drug abuse from all angles.

Mr. Friesen: You have mentioned education. I have seen nothing in this legislation regarding education. However, you will educate them on all the other things that you are going to list in your regulations on what they can and cannot sniff.

Mr. Cheema: Dr. Friesen, the educational aspect on other services are not part of this whole package, but they are already being addressed. All the Parties are interested to bring those things, and other parts of the ministry, Social Services, Ministry of Health and Ministry of Justice are all involved. This Bill is dealing with a particular situation to have a first step and make them think, that is wrong. We know that nothing is 100 percent, may not 100 percent work, but why should we not give it a fair chance, and this will help.

Mr. Chairman: Dr. Friesen, did you want to respond to that?

Mr. Friesen: I think we have responded to it several times.

Mr. Chairman: Very good, thank you. Mr. Minenko.

Mr. Mark Minenko (Seven Oaks): Thank you very much, Mr. Chairman. One of the images that have certainly been burned into my mind was some over 15 years ago, walking through a park when I was still a young lad, coming across a young child who had a plastic bag over their face. That image still sort of stays with me today.

I think we all agree that there is indeed a problem.

I think we all also agree, certainly by your remarks that we have to approach that problem from many different ways. You have listed a number and I do not dare to repeat them. One of the concerns I guess that have been raised is that there is not necessarily any hammer to deal with the supplier. I believe one of the intentions of this legislation is to deal with exactly that aspect of cutting off the easiest means of access to some of these products. I certainly know that—I used to build plastic models. However, it never occurred to me that I could use this glue for something else, although my parents did say, make sure that you have your window open when you are using it. I think the intention is to cut off the easiest aspect. I think you can agree with all my statements up to now. I guess perhaps part of your concern is, will there develop a black market for these products. Is that one of your concerns then as well?

Mr. Friesen: I think that, yes, there will be a development of a black market but there will also be an expanded market of things that are sniffable. If you were to say that we are going to just eliminate the glue and the nail polish remover and do not forget the whiteout that apparently somebody died on several years ago, then that is fine you have a specific thing

you can enforce it. But you have legislation that says, you are going to look at a wide number of products and list them all. I do not know whether that is going to work. We do not believe it is going to work. If you eliminated Section (d) and just said, I am going to give it just these things, then it may well float. I think you can get an opinion about the enforceability from your police department.

Mr. Minenko: You do agree in the definition, Section (a), (b) and (c) are succinct enough to deal with your concerns as expressed earlier?

Mr. Friesen: (a), (c), yes.

Mr. Minenko: Where they set out the specifics?

Mr. Friesen: If you choose and pick and choose your products then you may be able to enforce this. This is a wide variety of products, a wide number of products.

Mr. Minenko: I think we appreciate that indeed there is a wide variety of product and I guess only imagination can restrict what exactly could actually be used. That is why I think (d) is included in there. I believe that it will ultimately be listed, because it says that is specified by regulation and presumably the Government through its various departments and agencies will be able to build on that list as it becomes something more common. So it sort of indicates a certain flexibility to deal with that imagination. Could you not really support it, because it does say that it will have to be on black and white presumably before this legislation deals with it, if you look in (d).

Mr. Friesen: No, I would have to see the specific regulation. The products are still too varied. If you go to Canadian Tire, you are going to have to have the little labels on them with or without note. If you go through the Safeway section cosmetics, there are a lot of little labels going to have to go on, what you can and cannot buy.

Mr. Minenko: I know this is what the difficulty is right now with the whole WHMIS Program, the Workplace Hazardous Materials Information Service, where even whiteout has to have a label on it because it is a hazardous material in the workplace. I certainly think Governments at various levels are certainly trying to deal with that and I presume they would be able to deal with the concern that you have which certainly is a real concern, but again, because it will ultimately be specified by regulation, I think it offers that flexibility.

Mr. Friesen: Perhaps you should look at including putting this into The Hazardous Products Act rather than a new legislation.

Mr. Chairman: Any more questions to Dr. Friesen? Dr. Friesen, thank you for your presentation.

I call on the next presenter, Mr. Jack Eyer. Oh, I am sorry, Mr. Bill Rumley, Private Citizen. Go ahead, Mr. Rumley. Have you a written presentation?

Mr. Bill Rumley (Private Citizen): Yes, I do, thank you.

Mr. Chairman: Go ahead, Mr. Rumley.

Mr. Rumley: Okay, thank you. I want to thank you for allowing me the opportunity to speak to you today. My name is Bill Rumley and I am appearing here as a private citizen. I have worked for eight years with families and children in crisis, the past seven years as an attendance or truant officer in the inner city for the Winnipeg School Division No. 1. I also was a member of the Winnipeg Anti-Sniff Coalition and still am an active member of People Against Solvent Abuse.

The nature of my work takes me out into the community, to homes, arcades, shopping malls and numerous hangouts, spending a good portion of my day on the streets. The problems of solvent abuse amongst our young and also amongst adults is very evident. Unfortunately, those involved with solvent abuse, sniffers, are the social outcasts of our society. It is very difficult to reach them as few resources exist to help them and their families. A major concern is with those who would prey upon their weaknesses and misfortunes and sell solvents to minors, often repackaging the goods into smaller containers or using no discretion when selling solvent products off the shelf to young children. Lives are being destroyed as someone else profits.

The problem is a complicated one, and I realize that if Bill No. 91 is passed that within itself it will not solve the problem, but I believe it will be a very important part of the solution. It will help to set a moral standard that will say, our society will not tolerate such abuse of our children, and it would tell the victims that society does care about them. It will give encouragement to our police to have a law to enforce in this area. To those of us working with families and children faced with this problem it will give encouragement that an important first step has been taken.

This is kind of futuristic thinking here, but I hope with the passing of Bill No. 91 that it will give new direction and hope for both the victims of solvent abuse and for those who have so faithfully hung in there over the years seeking solutions to a problem that few wanted to or knew how to deal with. For all those that are concerned about helping victims of solvent abuse, whether they be from the medical profession, child care agencies, educators, churches, parents or just concerned citizens, it is a time to explore new and innovative ways of dealing with this issue.

* (1220)

Before I thank you very much for allowing me this opportunity again, I just want to say that, if I may, I am somewhat surprised and saddened by the MMA's position on this thing. They offer a lot of opposition, but not much in the way of alternatives, and that is just a personal perspective that I would like to share.

Mr. Chairman: Any questions? Ms. Wasylycia-Leis.

Ms. Wasylycia-Leis: I want to thank you, Mr. Rumley, for taking the time to come forward and make your views known. I also want to acknowledge the work over the last decade or two decades of the Anti-Sniff

Coalition and now the People Against Solvent Abuse, of which you are a part or have been a part. I think it is important for all of us as politicians to recognize that this bill is here not because of any individual here in the Legislature, but because of the hard work of the community on these issues and their first-hand experience with the devastating impact of solvent abuse.

I wondered if you could just give us a bit of a sense of what kinds of problems you have seen in terms of solvent abuse. How have you run across it? How has it shown up in terms of kids you work with? How has it impacted their lives? Can you give us a bit of the human side? I think we have to get away from the strict technical aspects of it all and so on.

Mr. Rumley: In answer to that question, in the past I have volunteered time at some drop-in centres where they are right in the Main Street area there. I had a lot of first-hand involvement with the kids there that were sniffing, and the adults. In my work I do come into homes and see the kids on the streets because I am there; they are sniffing, and I just see them being total dropouts from society. They are not accepted in school; they do not function well, home life is totally chaotic. It is very difficult to reach out to them and say we care when we cannot stop the person on the corner, let us say—without saying what type of establishment—selling sniff to them.

I have had parents that have said: I have to move out of this area, because on the corner there that particular store is selling solvents to my kid. Unfortunately, the nature of the families we work with, they just end up moving to another area that has the same problem and they never can get away from it. This, in my opinion, will help to alleviate it. It will not solve it, but it will help to alleviate that. It might re-establish some communities being not such a bad place to live in.

Ms. Wasylycia-Leis: Yes, you mentioned the position of the MMA. I am wondering if you could comment specifically on the concern raised here today, that this kind of legislation, prohibition or restriction on sale or access of abused substances will lead to a black market, boost the price of the product and lead to even greater problems. Could you comment on that?

Mr. Rumley: I guess it is a nice way of people not wanting to deal with the problem. That is my personal opinion. We all acknowledge it is not a foolproof method. We feel it will help support those that are victims of the problem and also those that are trying to offer help to those victims.

The alternative that I hear from MMA is virtually nothing, or for some reason they have become experts in what can be enforceable or not enforceable and feel they can comment that—I wait to hear, myself, from parties like the police department and others, legal opinions as to the total effect this could or would not have if it would be at least a helping tool for them. I believe it would.

For my job I believe it will help me when I come into these situations where children and families are involved

with this. It would also probably help the child caring agencies such as Child and Family Services.

Ms. Wasylcia-Leis: Yes, I just have a final question or two all rolled into one. I think it is important to hear from people working in the community about the multifaceted approach to this problem and to hear, in your area and in the job you do and in your volunteer work now, how other measures are being addressed, preventative programs, treatment programs and so on, when it comes to solvent abuse, because I think there is a clear recognition on the part of everyone that this kind of legislation is only one part of the problem.

Secondly, if you could elaborate on the work of the coalition over the years in that regard, specifically why it has believed all these years that some form of legislation to restrict access is still important even if it does not get at the whole problem and eliminate this abuse from our society overnight, that it is still one part of the solution.

Mr. Rumley: I could probably talk for an hour on this if I had been prepared to do it. I do not know if I can answer entirely what you said. I cannot remember all the points.

I believe that many concerned people, whether they worked with agencies or just themselves, we have gotten together in the past and explored different possibilities and tried to reach out to families and things. Often we have been overwhelmed by, as we were meeting in a building, that the problem is going on just two doors over in another building, and we did not have any way of stopping it or even saying that it was, technically speaking, at least illegal.

I have phoned the police in the past saying, we have information on this store. They say: I am sorry, but on this particular building, location, there is nothing we can do, and thank you for your concerns.

As far as working with the individual child that is involved with sniffing, it is a long, long process, because they come from a situation that is totally devastating. I do not think I could have survived half of the situations I have seen myself. We go out there. We try to be supportive. We look for proper programming within the education system, and we try to hook them up with kids that would be a more positive influence to them. We try to help families that are the broken homes, the bad situations where we hope the adults in the home can get help also. It is really a long, tough road to walk. This thing will just make it a little bit easier for myself and those others that care.

Mr. Cheema: Mr. Rumley, I just want to thank you for your presentation. I agree with your statement that the MMA does not have any real alternates and they have come up with this statement. Being a member of MMA I am rather shocked that rather than making this thing work, they have put this public obstacle in. I think they need to learn from people like you who have been working in the area for the last ten years and who have worked at each and every level. You could be a good guide to them. I think they are ill informed on this issue. Certainly we have discussed this and this is not a perfect

one but it will go a long way to correct the problem. I thank you for your presentation.

Mr. Rumley: If I may respond to that, I do not stand up here by any means saying, I have all the answers. I think we need the help from the medical association. We need the help from the Legislature. We need the help from the Police Department, from caring agencies, from churches. It is very often a spiritual problem with many families when we get involved with them. We need everybody's help, and no one person can stand up here and say I have the answer. I hope I am not presenting that I know it all. I do not. There is a lot for me to learn yet on the problem.

Mr. Parker Burrell (Swan River): Mr. Rumley, it just occurred to me, if you have been with the association you would probably know the answer. Has there been an effort made to contact the manufacturers of say glue and a lot of these different substances to see if they could not substitute something else that you know of?

Mr. Rumley: I know we have, the Anti-Sniff Coalition made many appeals to many levels of Government and I believe even to Jack Eyer, who later on will be appearing and will answer that question probably better than I could, to many companies. There were always these roadblocks put up. There was not an interest in having to do something that would affect their product. There just did not seem at the time, it may have changed now, at the time there was not a lot of concern because we had no power. We could only ask. Possibly some of this legislation would lead to more consciousness at the levels of the companies that produce these products to try to be a part of the solution also.

* (1230)

Mr. Burrell: It just occurred to me, if they can replace sugar with a substitute and so on that maybe the Government would do well to look at the manufacturers and spend some money in that area to clean it up. If we have a complete list of the substances that you want to look at, maybe there is 10 percent or 15 percent or 20 percent that could be alleviated at the manufacturing level without too much problem. That would go a long way to maybe help with the situation.

Mr. Chairman: Mr. Rumley, do you want to make any final comments?

Mr. Rumley: No, I would agree with what is being said here. We have to search out all areas possible, and every little piece that is positive can help with the problem. I do just want to close. I appreciate the time and effort that has been spent by many people on this Bill, and I look forward to the possibility or hope that it will be passed.

Mr. Chairman: Thank you, Mr. Rumley, for your presentation. The time being 12:30, what is the will of the committee? Committee rise.

I would like to mention though to the presenters here that they will all be notified when this Bill will be before committee again. Mr. McCrae.

Thursday, March 8, 1990

Hon. James McCrae (Minister of Justice and Attorney General): Yes, I have indicated, Mr. Chairman, I expect the committee will be sitting again early next week, Monday or Tuesday.

Mr. Chairman: Very good. Thank you, Mr. McCrae. Committee rise.

COMMITTEE ROSE AT: 12:31 p.m.