

## Council for a Tobacco Free Community, London and Middlesex

October 23<sup>rd</sup>, 2001

Community and Protective Services  
City of London

Dear Councillors:

The members of the Council for Tobacco Free Community, London and Middlesex By-law Subcommittee would like to respond to the Position Statement submitted by the London Licensed Restaurants Association to City Councillors.

Our Council supports smoke free places because we are concerned with protecting the health of the citizens of London. There is a large amount of research showing the negative health effects of smoking:

- Adults: heart disease, lung, breast and cervical cancer, respiratory diseases such as asthma, chronic obstructive lung disease, miscarriages
- Children: Sudden Infant Death Syndrome, low birth-weight, ear infection, asthma exacerbation, bronchitis, pneumonia

(Physicians for a Smoke-Free Canada, April 2001)

We have been involved with the City of London Smoking Control By-law development since 1993. In reviewing the submission from the London Licensed Restaurants Association we felt that some of the information in the Position Statement needs to be clarified and added information shared with you.

Issue:

1. *“If Council allows the by-law to stand as is, it would deliver a serious financial blow to many small businesses in this city and could conceivably result in the closure of a large number of licensed restaurants”*

What scientific based research is this comment based on? The Region of Kitchener-Waterloo was sued by 150 owners/companies for 106 million dollars for economic loss. In court not one establishment could or would provide any information to substantiate any financial hardship. Since the bylaw was implemented in Waterloo there has been an increased number of establishments. (Correspondence from Brian Hatton Director Environmental Health, Regional Municipality of Waterloo October, 2001)

2. *Cost of enforcement in the Kitchener Waterloo area is ridiculous*

All enforcement costs money. The enforcement for Kitchener-Waterloo began with 6 enforcement officers and within a year and a half is down to 2.5 tobacco enforcement officers (presentation by Brian Hatton September 2001).

This cost needs to be balanced with the health costs:

- There are 12,000 annual deaths from all diseases caused by tobacco use in Ontario, compared to 3,000 annual deaths from traffic accidents, suicides, homicide and AIDS combined.  
(Ontario Campaign for Action on Tobacco website)
- Food service workers have a 50% higher rate of lung cancer than the general population  
(The Economic Impact of Smoke-Free Workplaces: An Assessment of Nova Scotia. September, 2001)
- Direct health care and other economic costs of tobacco use in Ontario have been estimated at \$3.7 billion per year. This compares with social and economic costs of illicit drug use in Ontario of \$0.5 billion/year. In contrast, provincial revenue from tobacco taxation in 1998-99 was approximately \$475 million. (Ontario Campaign for Action on Tobacco website)
- The average annual cost to an employer of employing a smoker has been estimated by the Conference Board of Canada to be \$2,565. (Conference Board of Canada website)

3. *Hamilton's smoking by-law subcommittee voted to unanimously to relax the legislation that was proposed to their City Council in September 2001.*

Currently there hasn't been a submission to City Council with regards to the Smoking By-law. A subcommittee has been struck consisting of 4 councilors to look at tobacco by-law development. This committee, their interagency by-law committee and the health unit will be submitting recommendations to Council with regards to the by-law. No dates have been set as of yet.

4. *Tobacco is a legal product*

Tobacco is a legal product, but just like many other products such as gasoline, there are regulations that affect its use to protect the health of people.

5. *"Licensed restaurants are significantly different from the local family eatery or fast food chains and require separate treatment under the law."*

The concern for the health of staff and patrons should not differ related to where they work. This statement also creates an unlevel playing field for restaurant operators and creates unnecessary problems with enforcement

This also poses restrictions on the patrons who prefer to dine in a smoke-free restaurant.

6. *The bylaw is an obstacle for the revitalization of the downtown core.*

Since no businesses in Kitchener-Waterloo could demonstrate economic hardship in court after the smoke free by-law was implemented, we can assume that because our cities are of similar size, have a university and college and are from a similar climate that a similar experience should occur in London.

This should not be an obstacle to the revitalization of the downtown core, especially since roughly 75% of adults in London do not smoke. The restaurant owners and operators could change their marketing and business plans to cater to 75% of the adult market rather than the 25% minority.

Sales figures from the British Columbia Liquor Distribution Board show no negative impact on business (after going smoke free) for Greater Victoria hospitality venues after 9 months. In fact a 4.5% increase in retail liquor sales at neighbourhood and marine pubs and 1.7% increase at all licensed establishments was reported (Outlook, Clean Air Coalition, December 1999) .

Sales tax data for 15 cities with smoke-free ordinances in United States showed that smoke-free ordinances do not adversely affect either restaurant or bar sales( American Journal of Public Health 87 (10), 1997. "The effect of ordinances requiring smoke-free restaurants and bars on revenues: a follow-up" Glantz et al.)

7. *Ventilation option*

Expert assessments, empirical evidence, risk assessment procedures, and internationally accepted indoor air quality a ventilation standards have determined that ventilation and non-smoking sections do not remove the toxic components of tobacco smoke from the air. There are no safe levels of environmental tobacco smoke in the air. (The Economic Impact of Smoke-Free Workplaces: An Assessment of Nova Scotia. September, 2001)

An example of a recent attempt in London related to state of the art ventilation is the Casino in London. To determine the effectiveness "all you have to do is go in and sniff".

8. *Bars and restaurants to have a smoke free dining hour and become smoking at night.*

Smoke and carcinogens stay in the air and the particles from carcinogens stick to furniture, curtains etc. so will still be in the room for patrons to consume, when they are there during the nonsmoking (not smoke-free) time. This does not deal with the health issue which is the purpose for going smoke free.

It is important to keep in mind that approximately 75% of Londoners are non-smokers. A solution such as this does not accommodate the majority of our population who would prefer to dine in a smoke-free environment after 9:00.

When looking at history, we must remember that in the 1970's it was a crisis that movie theatres went nonsmoking. Twenty plus years later they are still in business. In the late 1980's and early 90's airlines went smoke free. Ten years later they still exist. Passengers who smoke actually use the airlines and last on seven to eight hour plane rides. Compare that to a 30 minute to 3 hour meal. Fortunately for smoking patrons, you can step outside to smoke where as on a plane it is not a good idea.

We must also remember that Waterloo's by-law has been in place for a year and a half and the inspection staff that has been dealing with issues surrounding the bylaw is less than half. There has not been one news article in their paper for 6 months (Staff at the Kitchener-Waterloo Record) which demonstrates the acceptance of the smoking restrictions.

The Council for Tobacco Free Community asks that you support the current by-law in order to protect the health of the workers in our restaurants and the citizens of London.

Sincerely

Janet McAllister  
Council for Tobacco Free Community, London-Middlesex  
By-law Subcommittee