THE SMOKE FREE LOBBY

An Advocacy Resource for Volunteers and Staff Working Towards a Smoke-Free Ontario

Table of Contents

The Smoke-Free Lobby: An Advocacy Resource for Volunteers and Staff Working Towards a Smoke-Free Ontario. 2

Tobacco: The Truth Hurts 3

Tobacco Advocacy: What's New? 4

Tobacco and Health: The Truth Hurts 5

Tobacco and the Economy: The Truth Hurts. 6

Tobacco and Government Regulation: Who Does What? 7

Tobacco and Government Regulation: Why Should You Participate? 8

Tobacco and Municipal Regulation: Making A Difference. 10

Tobacco and Municipal Regulation: How Communities Decide To Go Smoke-Free 10

Tobacco and Municipal Regulation: Having Your Say 11

Tobacco and Municipal Regulation: What Else Can You Do?. 15

Tobacco and Provincial Regulation: Working with your Member of Provincial Parliament 16

Tobacco and Provincial Regulation: Working with Political Staff 17

Tobacco and Provincial Regulation: How A Bill Becomes Law 18

Tobacco and Provincial Regulation: Guidelines for Meeting with Your MPP. 20

Campaign Toolkit 23

The Smoke-Free Lobby: An Advocacy Resource for Volunteers and Staff Working Towards a Smoke-Free Ontario.

Welcome to the Smoke-Free Lobby, an advocacy resource for community-based volunteers and staff working towards a smoke-free Ontario. Our lobby contains information and tools for use in speaking with government officials at the provincial and municipal levels. Whether you are experienced in making the case for greater tobacco control or a first-time enthusiast, we believe you will find the following information useful. Please be sure to refer to our website (www.ocat.org) periodically as we endeavour to keep the information here as up-to-date and useful as possible.

This resource is produced under the auspices of the Ontario Campaign for Action on Tobacco, in association with the Heart & Stroke Foundation of Ontario, The Canadian Cancer Society (Ontario Division) and the Ontario Lung Association.

Tobacco: The Truth Hurts

Of all public health problems, tobacco use in Ontario has the most serious and wide-ranging impacts on the health of our citizens and the province's economy. It affects Ontarians in many different ways: the costs of purchasing cigarettes, of medical care, of foregone income and lost productivity, of pain and suffering to families and relatives of tobacco victims, the difficulties of treating nicotine addiction successfully, health damage from exposure to second-hand smoke — the list is a long one. We'll briefly review the major health impacts of tobacco use below, and the economic costs to Ontario.

The tobacco problem has many other dimensions: continuing addiction of young people, attractive displays of tobacco products in thousands of retail outlets, widespread exposure to second-hand smoke in workplaces and public places, low prices (Ontario's are the lowest cigarette prices in Canada and in any neighbouring U.S. state), and continuing sponsorship advertising by the industry.

Recently, the Canadian tobacco industry's own documents have shown that it has actively marketed to children, is alleged to have directly encouraged the 1992-4 smuggling epidemic which led to tax reductions, has misrepresented the health effects of its products for years, and opposes virtually every major piece of legislation or health policy aimed at reducing tobacco use. The industry is extremely well-funded, lobbies governments effectively, and has had significant success in slowing the pace of product regulation and tobacco use reduction.

Tobacco Advocacy: What's New?

As of November 2000, the tobacco control campaign in Ontario is active on three legislative fronts:

1. Municipal
Campaigns to pass smoke-free by-laws are underway in many municipalities. In 2001, major smoke-free by-laws will come into force in the Region of Peel, the City of Toronto, Ottawa, London, and a number of other smaller municipalities. **Implementation of these by-laws will need the support of local health agency staff and volunteers.**

2. Provincial
In February 1999, an Expert Panel appointed by Ontario Health Minister Elizabeth Witmer recommended comprehensive revisions to the province's tobacco strategy, including new funding, legislative changes, more community programming and increased media coverage of the tobacco issue.

*To access more information on the Ontario Tobacco Strategy, please refer to the **Campaign Toolkit**.*

Through Health Minister Witmer, the government has committed $10 million in additional annual tobacco control funding, and is expected to propose strengthening amendments to the Tobacco Control Act and the Smoking in the Workplace Act in the near future. **Provincial health agency staff and volunteers will be needed to support these amendments (assuming, of course, they are judged to be effective).**

3. Federal
At the federal level, health agencies and interested citizens are writing letters to their federal members of the Parliament in support of Bill S20, a bill by Senator Colin Kenny which would impose a levy of approximately $360 million on the tobacco industry to set up an arms-length foundation to help prevent tobacco use by young people. The federal election will require Senator Kenny to reintroduce his legislation once the new parliament is called. If approved, the funding would be a tremendous injection of resources into the entire Canadian tobacco control movement. There's currently no other major federal initiative aimed at generating large amounts of tobacco control funding at the federal level.

It is also likely that the federal government may announce a tobacco tax increase in the near future. The health community will need to press for dedication of some of this new revenue for tobacco control.

Tobacco and Health: The Truth Hurts

Health impacts from tobacco use are broadly divided into three major categories: cancers caused by tobacco, cardiovascular disease, and respiratory health effects. While these are not the only diseases caused by tobacco use - sudden infant death syndrome is another excellent example - these disease groups claim most of the victims. In specific terms:

Cancer

- There are about 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;
- A person who currently smokes has a 1 in 6 lifetime chance of developing lung cancer, compared to a 1 in 77 chance for someone who never smokes;
- Approximately 30% of all cancers are related to tobacco use. In addition to lung cancer, cancers of the mouth and throat, the stomach, the pancreas, bladder, kidney, the breast and the cervix in women have been linked either to first-hand smoking or to exposure to second-hand smoke.

For more information on the health impacts of tobacco use and cancer, please refer to the information sheet for legislators, ***Tobacco and Cancer: The Truth Hurts.***

Heart Disease and Stroke

- Active smoking is directly linked to coronary heart disease, with a much higher risk of heart attack, sudden unexpected death and other deaths from coronary heart disease in cigarette smokers than in non-smokers.
- Hardening of the arteries and stroke are major additional cardiovascular risk factors in those who smoke or who are exposed to second-hand smoke.

For more information on the health impacts of tobacco use and heart disease, please refer to the information sheet for legislators entitled, ***Tobacco and Heart Disease: The Truth Hurts****.*

Respiratory Health

- Major respiratory health effects from both first-hand and second-hand smoke exposure include asthma in children, alterations in their lung development, and chronic middle ear disease. Adults suffer from lower respiratory tract symptoms, reduced lung function and acute irritation of the upper respiratory tract.

*For more information on the health impacts of tobacco use and respiratory health, please refer to the information sheet for legislators entitled, **Tobacco and Respiratory Health: The Truth Hurts**.*

Tobacco and the Economy: The Truth Hurts

Individuals who pay cigarette taxes, employers of smoking employees and taxpayers all feel the economic impacts of tobacco use.

- 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.
- The average annual cost to an employer of employing a smoker has been estimated by the Conference Board of Canada to be $2,565.

Tobacco and Government Regulation: Who Does What?

All three levels of government regulate various aspects of tobacco manufacturing, marketing, promotion, sale and use.

Municipal Governments

- Municipalities are allowed to pass by-laws making all workplaces and public places 100% smoke-free following amendments to the Municipal Act in 1994. They have the authority to require proprietors to ensure compliance with the by-law.

*For information on the most current developments at the municipal level, please refer to **Tobacco Advocacy: What's New?***

Provincial Government

Through the Ontario ***Tobacco Control Act*** and the ***Smoking in the Workplace Act***, the government of Ontario:

- regulates the amount of smoking allowed in certain classes of places;
- makes the sale of tobacco products to minors illegal and prescribe related signage and penalties;
- bans vending machines and tobacco sales in pharmacies;
- gives itself the authority to implement plain packaging and a provincial health warning system on packages (this authority has never been used);
- Provincial legislation also makes provincial government workplaces smoke-free.

Changes to the Ontario ***Tobacco Control Act*** and the ***Smoking in the Workplace Act*** are expected during the late fall and winter of 2000/01.

*For more information on working with your Provincial Government representative, please refer to **Tobacco and Government Regulation: Working with Your Provincial Government Representative**.*

*For more information on the most current developments at the provincial level, please refer to **Tobacco Advocacy: What's New?***

Federal Government

The federal government has jurisdiction over several aspects of tobacco use:

- federally-regulated workplaces such as federal government offices and banks are smoke-free under federal legislation;
- various advertising bans or restrictions concerning television, radio, print and sponsorship advertising are in force under federal statutes;
- changes in tobacco tax are traditionally initiated by the federal Finance Minister with agreement from the provinces;
- the regulation of nicotine as a drug, and of tobacco products as hazardous products, is a federal responsibility, as are new package health warnings.

For more information on the most current developments at the federal level, please refer to ***Tobacco Advocacy: What's new?***

Tobacco and Government Regulation: Why Should You Participate?

From time to time, staff and volunteers of the major health charities in Ontario have been asked to participate in advocacy campaigns supporting municipal by-laws, provincial legislation, or federal initiatives. These campaigns have often involved the need to present to City Councils or committees of the provincial Legislature, and to speak to local or provincial media. Both groups have raised questions about doing this work. We'll address these concerns below:

1. ***I have so many other responsibilities like fundraising and special events that I don't have time to devote to tobacco control.***

   Effective tobacco control can have a major impact on the disease areas addressed by the major health charities such as the Canadian Cancer Society, the Heart and Stroke Foundation of Ontario, and the Ontario Lung Association. Tobacco control advocacy by agency volunteers and staff reinforce each agency's reputation in the community as a protector of public health. This in turn helps encourage donors to support the charities' work, and demonstrates positive results from the expenditure of donors' dollars.

2. ***I'm not comfortable in getting involved in controversial public issues like tobacco control.***

   Most members of the media and legislators are sympathetic to many aspects of tobacco control, particularly the need to protect our children from the predatory marketing efforts of the industry, and from exposure to second-hand smoke. Most people agree tobacco taxes should be higher, and many agree we can't afford the cost of treating tobacco-related illness any longer.

   Tobacco control advocates are not asked to criticize smokers, nor do they wish to. Rather, they need to describe the facts about the health and economic impacts of tobacco use, point to positive solutions, and demonstrate empathy with smokers - after all, researchers show 7 of 10 smokers are concerned about their habit and/or would like to quit. With increasing stop-smoking resources available, we can help smokers while focussing our concern on the industry and its allies.

3. ***Tobacco is a complicated subject, and I don't have time to do extensive research, put presentations together, and gather facts. In any case, I'm not comfortable debating the subject with politicians or others who may know more than I do.***

   The CCS, HSF, OLA and other health agencies represented by the Ontario Campaign for Action on Tobacco have extensive background materials for presentations of all types, including media releases. We are pleased to assist staff and volunteers in preparing and disseminating them, and in providing background research and talking points. For major committee hearings, news conferences and other public appearances, experts from the agencies are available to present.

Tobacco and Municipal Regulation: Making A Difference

A presentation to a municipal council can make a tremendous difference. This is your chance to have an impact on an important decision for the health of your community. It feels good to know that you've played a part in making public places smoke-free.

- Municipal representatives want to hear from you. As a voter, a taxpayer and a volunteer, your opinion on smoke-free public places is very important to your Municipal Council, Board of Health or other representatives.
- It's easy to make a presentation. You don't have to be an experienced public speaker. Just think of it as telling some interested friends how you feel about smoke-free public places in your community.
- You don't have to be an expert on second-hand smoke. Your representatives want to hear your opinion as an active member of your community and as a volunteer with a health organization. We have provided lots of useful information on the health risks of second-hand smoke but you aren't expected to be an expert.
- You won't be asked tough questions or treated rudely. Municipal representatives welcome public comments on important issues. They may ask you some simple questions about your presentation, but you'll be treated with courtesy. Your representatives understand that many people are nervous about public speaking.

Tobacco and Municipal Regulation: How Communities Decide To Go Smoke-Free

From the smallest village to the largest metropolitan area, every community will follow a slightly different process to become smoke-free. Here are some basic steps that many communities follow to create bylaws for 100% smoke-free public places.

Community Concern
Health organizations and concerned citizens let their municipal representatives know that they want 100% smoke-free public places.

Media
Newspaper, radio and television journalists can help make the public aware of the health risks of second-hand smoke.

Board of Health
If the municipality has a Board of Health, the Board will investigate the risks of second-hand smoke and make recommendations on smoke-free public places to municipal representatives. Sometimes the Board of Health will do consultations; sometimes they will invite public presentations, sometimes both.

Municipal Council
Municipal or town councils review the recommendations of the Board of Health and can enact bylaws to create 100% smoke-free public places. Sometimes presentations to councils are permitted. Councils will seek advice from legal staff or committees on the wording of the bylaw.

Tobacco and Municipal Regulation: Having Your Say

This checklist will help you organize speakers to attend public meetings, hearings and consultations with your municipal representatives:

1. **Book Meeting Time and Place**

   Check with your municipal government to find out when and where public hearings are taking place. Call the city clerk's office, the Board of Health, your local alderman or councillor. Sometimes, the City's website or the library will have a bulletin board listing of community events, including council meetings. Be sure to find out the hours for public presentations, time limits, exact room name or number and any additional details about parking and transportation.

2. **Recruit Your Speaker**

   You may already have people who are willing to make a presentation, or you may have to find speakers from your community. They don't have to be experts on second-hand smoke health issues. Often, the most compelling speakers are those who have had some experience with smoke-related illnesses or who volunteer for a

health organization. Some people you may want to recruit include parents concerned about their children's health, people who are unable to go to certain restaurants or public places because of smoke, teachers, day care workers, athletes and health care workers. People who cannot speak include any municipal employees such as public health nurses, employees of Boards of Health, or day care workers in municipal facilities.

3. **Contact Other Local Organizations**

   Contact other agencies and organizations in your community. Let them know that your organization will be making a presentation and, in general, what you plan to say and when. Ask what other organizations are doing. What kinds of discussions are they having with their municipal representatives? What kind of opposition are they hearing, if any?

4. **Take a Few Minutes to Prepare**

   Some people can speak freely without preparation, but most of us find it easier to spend a few minutes planning before making a presentation.

   - **Who are you?** An easy way to begin is to introduce yourself and your organization and tell why you care about this issue. For example, "I'm Jane Doakes, and I've been a volunteer with the London chapter of the Heart and Stroke Foundation for 12 years. I support smoke-free public places because I've seen first-hand the health consequences of second-hand smoke."
   - **Shorter is better**. You will probably only have 3 to 5 minutes to speak, but you don't have to make a long presentation to be effective. It's better to have a few minutes of well-organized ideas and views than a long and rambling speech.
   - **Getting personal**. It's interesting and very persuasive when you use personal examples in your presentation. For example, you may have had a relative or friend who became ill as a result of second-hand smoke. You or your child may have asthma or allergies affected by second-hand smoke. Maybe there are times when you wanted to go to a bar to hear some music but couldn't because of the second-hand smoke. Perhaps there are places you would go more often, if only they were smoke-free. Don't be afraid to use these personal examples.
   - **Show and tell**. There will probably be "Smoke-Free" buttons available, so be sure to wear one. Think about other things that you can bring to make your presentation more effective. One presenter, whose husband had a smoking-related illness,

brought a tray with all her husband's many medications. Another brought a list of all the restaurants he couldn't visit because of the smoke.

- **Use some facts**. In this kit, there is a information sheet on Tobacco and Second-hand Smoke: The Truth Hurts. You can use these facts to support your presentation and as a leave behind for councillors.
- **Make a plan**. Jot down an outline to guide you when you're making your presentation. What follows may help you get your ideas organized. Then do a quick rehearsal – and time it – to make sure your presentation won't be too long.

Jot down your personal examples and ideas, and use this outline to jog your memory when you're speaking.

i. Introduction (who you are, what you do, why you care about this issue).

ii. Why your organization supports smoke-free public places (e.g. we work on prevention and treatment of diseases which are linked to second-hand smoke).

iii. Why you're concerned about second hand smoke. Use examples from your own experience, support then with facts from the information sheets.

iv. You will support smoke-free establishments like restaurants and bars. Give examples of places such as restaurants, bars or entertainment facilities you'll go to, or go more often, if they are smoke-free.

v. Ask your Municipal Council (Board of Health/Municipal committee) to take action to make your community healthier with smoke-free public places.

vi. Thank them for the opportunity to present your views.

5. **The Big Day**

It's your turn to speak. Here's a few things you can do when you go to make your presentation.

Get there early. Arrive in plenty of time to make your presentation. This will ensure that you have a seat if the meeting is crowded and it gives you a chance to see how the room is set up and to hear other presentations. Be sure and wear a "smoke-free" button to show your support.

Check out the room. Usually there will be a podium for presenters, or at least a table. You will probably be expected to go to the podium when your name is called. Check to see if there is a microphone at the podium. Check to see where the municipal representatives will sit. Find out where the washrooms are – the meeting may last a long time.

Put out your materials. There is usually a table near the entrance to the room where you can lay out any material such as buttons, stickers and information sheets. Most municipalities won't let you take large placards or posters into council meetings. Check the table a few times during the meeting to ensure it is well stocked.

Remember the Golden Rule. Treat the other presenters – even those you disagree with – as you want to be treated. Don't shout out or interrupt. Most municipal meetings won't allow demonstrations or applause from the spectators.

Be patient. Municipal council agendas can change at the last minute, or a delegation on another issue may take more time than anticipated. A delay can be a good opportunity to review your presentation, or catch up on other work.

Take your time. When your name is called, go to the podium and take a minute before you begin. Organize your notes, adjust the microphone if you need to, and take a deep breath to relax. Speak clearly, don't lean or shout into the microphone. Refer to you notes if you need to, but be sure to make frequent eye contact with the municipal representatives. If spectators make comments as you speak, don't respond. Let the chair of the meeting manage any disruptions. The chair of the meeting may signal you when you have one minute left, so prepare to wrap up your comments in that time.

What about questions? Usually municipal representatives only ask questions for clarification. Take a few seconds to think about your answer then respond in a straightforward way. If you don't know the answer, say so, and offer to get back to the municipal representative with the information. Sometimes municipal representatives may ask for more information than you have with you. Offer to send it over the next day. If the questions are outside your area, say so. Once in a while a municipal representative may try to argue with presenter. Don't be drawn into an argument and let the chair of the meeting handle difficult situations.

After the presentation. After your presentation is finished it's a nice courtesy to stay and listen to the presenters from other organizations. You may want to thank them and network with them after the meeting. You may also want to stick around to speak to any journalists who may be covering the presentations.

6. **The Next Day**

Write a letter to the Mayor and Councillors thanking them for the opportunity to present and restate your main point. Respond to any outstanding questions and offer your continued support as they investigate the issue. Call the other presenters and thank them for working in the name of the cause, if you haven't already done so in person. Send a copy of your presentation to volunteers, media and allied organizations.

Tobacco and Municipal Regulation: What Else Can You Do?

If you made a presentation at a municipal meeting, you've done a great deal toward making your community healthier. If you weren't able to make a presentation but would like to help in other ways, here are some things you can do:

- **Write a letter**. Your mayor and municipal representatives respond to the number of letters and phones calls coming into their offices. Write a brief letter showing your support for smoke-free public places. If you made a presentation, you can drawn on it to illustrate the letter. You can send the same letter to the Mayor and representatives.
- **Make a phone call**. If you don't have time to write letters, just pick up the phone and call your Mayor and/or representative. It doesn't have to be a long call. Just say, "My name is Jane Doe and I live in the constituency. I'd like to make sure that Alderman Jones (or Mayor Smith) knows that I support smoke-free public places, and I'll be watching to see how he (or she) votes on this issue." Usually, you'll just be asked for your name and phone number, sometimes the office may ask a few questions about your views. You can often leave a short message or voice-mail if you are only able to call after regular business hours.
- **Talk to other people**. You can be an ambassador for smoke-free public places. If you are comfortable talking to groups, call some community organizations in your area and ask to make a presentation to them. If you prefer talking one-on-one, call your friends, neighbours, work colleagues and relatives and tell them why you are supporting smoke-free public places.
- **Go out to meetings**. You may not be comfortable speaking in public, or writing letters or making phone calls. You can show your support simply by showing up to public meetings wearing a "Smoke-free" button. You'll be encouraging people who are presenting and you'll show your municipal representatives that many people support smoke-free public places.

Tobacco and Provincial Regulation: Working with your Member of Provincial Parliament

Personal meetings are, without a doubt, the best way to communicate with your Member of Provincial Parliament and to build the solid relationship needed to be an effective advocate for tobacco control.

As the late U.S. Congressman Tip O'Neil once said, "all politics is local." As a local representative, you are the most effective spokesperson we have. While we prefer that meetings with members occur back in the constituency, schedules will sometimes demand that you visit your representative at Queen's Park in Toronto.

Any member of provincial parliament, particularly Cabinet Ministers, will be busy and have a full schedule. It is important to start working on arranging an appointment for a meeting four to six weeks in advance of the target date. The legislative calendar (available from Queen's Park information) shows when the Legislative Assembly is in session and thus indicates when a Member of Provincial Parliament is likely to be either in the constituency or at Queen's Park. Most members hold constituency office hours on Fridays and Saturdays when the Legislature is in session. In fall 2000, MPPs will be in their ridings for a constituency week from November 6th to 10th—an ideal opportunity for a local meeting.

When in Toronto, allow time for security pass and arrangements (this will vary from office to office), confirm meeting the day before or even the day of and take taxis to avoid the difficulty of finding parking places in the Queen's Park area.

It is not unusual to have Toronto appointments rescheduled because of changes in the schedules of Ministers/MPPs. They have very little control over last-minute changes due to unexpected House votes, special briefings and the like. Events such as these occur frequently and may interfere with your scheduled appointment. When this happens, some Ministers/MPPs will attempt, at least, to greet you, talk with you for a few moments and then ask you to meet with an appropriate staff person. They may also try to reschedule your appointment or arrange for a time for a phone conversation. The important thing to remember here is to try to be as flexible as possible. If, for whatever reason, the Member becomes unavailable at the last minute, it should be viewed as an opportunity to become acquainted with or solidify your relationship(s) with their staff.

If you don't know your MPP's name and address, visit the Ontario government website at **www.gov.on.ca** or call 1-800-267-8097 Monday to Friday, 8:30 a.m. to 5:00 p.m. (this is a central provincial number which supplies contact information for MPPs in all ridings in Ontario).

Tobacco and Provincial Regulation: Working with Political Staff

It is not necessary to always speak about tobacco control issues with your Member. You may want to offer to serve as a contact with your organization and as a resource on tobacco control and other health-related issues. Your contacts at OCAT and your organization will help support you.

Ministerial Staff
Each Cabinet Minister has several key staff members, staff they are close to and depend on. Getting to know these individuals and getting them to know you will make your dealings with the Minister smoother and more successful.

Executive Assistant (EA)
This is the Minister's most senior staffer, principal political advisor and the person who supervises the other staff.

Legislative Assistant (LA)
The LA provides support to the Minister in terms of the legislative agenda and provides daily briefings for Question Period when the Legislature is in session.

Special Assistants
A Minister usually has one or more special assistants who are assigned political responsibilities for particular policy and/or functional areas. They deal with correspondence, policy briefs, communications, scheduling, etc...

Staff of the Member of Provincial Parliament
A Member of Provincial Parliament has a two-or-three person office in Toronto. The key staff person in an MPP's office is usually the Legislative Assistant, who handles correspondence, speech writing and research duties. An MPP will also have two staff members working in the constituency office.

✻ Tip: If you make an effort to build a solid relationship with a Minister or MPP's staff, it will follow that your influence with the MPP or Minister will be enhanced. This may often mean that your calls will be returned sooner, your requests for a meeting will be responded to faster and your correspondence will be brought promptly to the Minister's/Member's attention.

Tobacco and Provincial Regulation: How A Bill Becomes Law

There are two main types of bills: public and private. In general, a public bill is concerned with matters of public policy, while a private bill relates to matters of a particular interest or benefit to individuals or corporations. Our focus here will be on public bills sponsored by the Government.

Memorandum to Cabinet

Before a government bill reaches the point of being introduced in the Legislative Assembly, it is usually studied and approved by Cabinet. For this to occur, ministerial officials must first prepare a detailed proposal called a Memorandum to Cabinet (MC). Through public consultation there is often an opportunity to provide input before the MC is even written. Even in the absence of formal consultation, there are ways to have influence in the policy formulation process.

✻ Tip: Generally, the MC and pre-MC stages are the most opportune time to have a meaningful impact on the formulation of public policy.

Cabinet Approval

Once the MC is ready, the Minister responsible for the bill will attempt to gain the support of the Cabinet colleagues. The Minister sponsoring the bill will often have his/her political staff discuss the proposed bill with other Ministers' political staff. Once Cabinet has given its approval, the bill must go through a number of stages before it becomes law.

Stages of a Bill

Before a bill becomes law, it goes through the following stages:

1. A Member is given leave of the Legislature to introduce the bill.
2. The bill is read a first time and printed.
3. The bill is read a second time.
4. The bill is referred to committee.
5. The bill is considered in committee and reported back to the Legislature.
6. The Legislative Assembly concurs in the bill at report stage.
7. The bill is read a third time and passed by the Legislature.
8. Finally, the bill receives Royal Assent (although the bill may not come into force until a date specified within the bill itself).

Introduction
To introduce a public bill, a Member must give 48 hours' written notice to the Clerk of the Legislature and then, by motion, obtain leave to introduce the bill without any debate.

First Reading
First reading follows immediately and is also automatically adopted. The bill is numbered, printed and distributed so that MPPs and the public can study it. The bill is then scheduled for second reading.

Second Reading
Second reading is the most important stage in the legislative process. The Minister sponsoring the bill gives a speech in the Legislature explaining the objectives of the bill and why the legislation is necessary. Government and Opposition MPPs then begin debate on the principle of the bill. The principle and objective of the bill are debated and either accepted or rejected. The specific clauses of the bill are not discussed in detail at this stage.

Committee Stage
After the debate following second reading, the bill is referred to committee for detailed study. Money bills are referred to a Committee of the Whole; other types of bills are usually referred to a legislative committee, which considers the bill clause-by-clause. Amendments to the text of the bill are considered at this stage.

Before beginning clause-by-clause study, the legislative committee usually hears from the Minister sponsoring the bill and from the Minister's officials. The Committee may also receive testimony from outside witnesses on technical matters.

Following the detailed examination of the bill, members of the committee may propose, discuss and/or vote on amendments to the bill. Amendments in committee must be in keeping with the principle of the bill as agreed to at second reading in the Legislature. Generally, the committee may make amendments to any part of the bill. Clauses and/or schedules may be omitted and new ones added. After the committee has completed its consideration of the bill, it orders that the bill be reported to the Legislature.

Report Stage
After completing its hearings, the committee reports back to the Legislature with any amendments it may have. Report stage debate begins as all MPPs consider the amendments passed by the committee. At this stage of the legislative process, MPPs who did not sit on the legislative committee that reviewed the bill can also suggest other amendments to the bill. Each amendment is voted on. Then the entire bill, including amendments, is voted on. If passed, the bill goes to third reading.

If no amendments were passed during the committee stage and no new amendments were proposed in the Legislature, the report stage will be quite short and the new bill can go to third reading the same day.

Third Reading
Debate at third reading begins when the Order of the Day is called, the motion being "That Bill... be now read a third time and do pass." The basic principles governing the acceptability of amendments at third reading are that they be strictly relevant to the bill and do not contradict the principle of the bill as passed at second reading.

Royal Assent
The Lieutenant Governor, the Queen's representative in Ontario, confers royal Assent. The ceremony is one of the oldest parliamentary proceedings. The bill comes into force on the day of Assent, unless otherwise provided in the bill itself. Provision is sometimes made for coming into force on a certain day or a day fixed by order of the Governor in Council and parts of the bills may be brought into force at different times.

Tobacco and Provincial Regulation: Guidelines for Meeting with Your MPP

1. **Be prepared. Do your homework.**

   Know exactly what you are going to discuss and all the points you want to cover. It is important to become familiar with the key aspects of the issue before your meeting. OCAT and your organization will help by providing a briefing package on all the relevant points. Anticipate other issues or questions that may be raised that are related to tobacco control and health in general. Be familiar with the MPP's background, perspective on tobacco control, other legislative interests, etc. Take these into consideration when preparing for a meeting and try to approach the issue from a perspective that will appeal to the official.

2. **Be aware of recent local and provincial media issues on tobacco and other key topics.**

   MPPs and Ministers are very sensitive to the media's portrayal of issues. If possible, try to bring some piece of local/constituency information to the meeting. Be knowledgeable about what tobacco control initiatives are underway in the riding. Remember that communication is a two-way street.

3. **Establish a common denominator.**

   Set the stage at the start of the meeting by reinforcing some common ground. This may be something as straightforward as a common acquaintance or it may be some shared views on tobacco or other issues.

4. **Be concise, clear and specific.**

   After your opening conversation, refer to the purpose of your visit. The average time of your meeting will be approximately 30 minutes. Maximizing this time requires that you be clear, concise and specific. Outline the issue, using the OCAT's Campaign 2000 updates. Use local examples wherever possible. Many local departments of public health keep statistics on tobacco related illnesses. If you are asking the Member to take a specific action at a specific time, be sure to provide all the relevant details.

5. **Do not assume that your MPP is familiar with tobacco control to the same degree that you are.**

   Members of Provincial Parliament deal with many complex issues. It is impossible for them to be up to speed on every single one of them. When discussing a complex issue, like tobacco control, provide enough detail, ideally by using examples, so that you are fully understood. On the other hand, don't start lecturing on tobacco or you may be viewed as too extreme in your position to be a trusted resource. If you are asked a question to which you don't have the answer, say that you will get back promptly with the correct information.

6. **Be reasonable.**

   Do not overstate your case. Use factual information and give real-life examples, as much as possible, to support your viewpoint. If the assigned official disagrees with you, hear them out and try to understand the reasons why. Do not become argumentative, but do not be dissuaded from making your points. Do not make commitments on behalf of anyone but yourself.

7. **Localize or regionalize the issue.**

   MPPs and Ministers are forced to deal with many issues from a broad, provincial perspective. They can lose sight of how a policy proposal will impact on the daily lives of their constituents back home. Help to bridge that gap for the MPP by giving examples of how a strengthened Tobacco Control Act will affect the lives of you and others in the riding, particularly children.

8. **Provide written materials.**

   Be sure to leave your business card and a brief one-page summary of the points you raised. Please go to the Campaign Toolkit for copies of suggested summaries.

9. **Determine response.**

   Without forcing the issue, try to assess the Member's response to your position.

10. **Say thank you.**

    All Members of Provincial Parliament, like the rest of us, appreciate recognition, encouragement and thanks. Even if you feel the MPP will oppose us this time, remember we may need their support in future.

11. **Follow up promptly.**

    Send a letter of thanks for the opportunity to meet or provide a briefing on tobacco control. Re-state your willingness to answer questions or provide additional information. Include any written materials you had promised to send.

12. **Provide feedback to OCAT and your organization.**

    Let us know how it went! Your comments are extremely valuable to us. They help us determine what additional action is required. We need to know what the general tenor of the meeting was, whom you met with, if staff were present, the views of the MPP and your assessment of what follow-up may be required. To report back to OCAT or your organization, please refer to ***Contact Us***.

"What Can I Do to Help?"

This is a common question you can expect your MPP to ask you, particularly if you are already known to your MPP. In your reply, try to be as specific as possible. If it is general support you are looking for, then specify that. If, however, you want your MPP to write a letter to the Premier or the Minister of Health, be very clear about what you want him or her to write and when the letter should be sent. Ideally, in this situation you should leave a one-page summary of the issue and reference the action requested. You may also want to make mention of the action requested in your letter of thanks.

Campaign Toolkit

1. **Tobacco and Cancer: The Truth Hurts.** A one-page summary of points made with members of provincial parliament.
2. **Tobacco and Heart Health: The Truth Hurts.** A one-page summary of points made with members of provincial parliament.
3. **Tobacco and Respiratory Heath: The Truth Hurts.** A one-page summary of points made with members of provincial parliament.
4. **Ontario Tobacco Strategy: Talking Points for Stakeholders**.
5. **Tobacco and Second-Hand Smoke: The Truth Hurts.** A one-page summary of points made with municipal representatives.
6. **A sample letter to the editor of a local newspaper**.
7. **Sample letter to a municipal council, supporting a local bylaw campaign**.
8. **Contact Us.** Providing feedback to OCAT and your provincial organization.
9. **www.gov.on.ca** to identify and contact your member of provincial parliament.

TOBACCO AND CANCER: THE TRUTH HURTS

- Of every 1,000 Ontarians aged 20 who smoke, more than half will die from smoking if they continue; 250 will die before the age of 70.
- For a man who currently smokes, the lifetime chance of developing lung cancer is 1 in 6, versus 1 in 77 for a man who has never smoked regularly.
- The five year survival rate for lung cancer patients is between 1-2 in 10. This helps explain why there are so few lung cancer patients advocating reductions in tobacco use: most are too ill to do so, or have died.
- Smoking is also an established cause of cancers of the lung, larynx, oral cavity, esophagus, and bladder. It is a probable cause of cancers of the kidney, pancreas and stomach in men and women, and of cervical cancer in women.
- Nearly 3,000 lung cancer deaths each year in Ontario are attributable to tobacco use.
- Tobacco is responsible for 25% of all fatal cancers suffered by Ontarians, and is one reason for the current crisis in health care.
- Second-hand smoke has been established as a cause of lung cancer in non-smokers, while more recent research links second-hand smoke exposure and an increased risk of breast cancer.
- The impact of tobacco use on the health of women has been devastating: lung cancer has increased at epidemic rates and now kills more women than breast cancer.
- The Ontario division of the Canadian Cancer Society has set up a Smokers' Helpline to assist smokers who are concerned about their habit or who want to quit, with advice and access to resources. Ontarians can access the Smokers' Helpline by calling 1-877-513-5333 from 9 a.m. to 9 p.m. Monday-Thursday and from 9 a.m. to 5 p.m. on Fridays.

TOBACCO AND HEART HEALTH: THE TRUTH HURTS

- Of every 1,000 Ontarians aged 20 who smoke, more than half will die from smoking if they continue; 250 will die before the age of 70.
- Active smoking as a cause of coronary heart disease is well-established: smokers are 2-3 times more likely to have heart attacks, and research clearly shows a higher risk of sudden unexpected death and other deaths from coronary heart disease in cigarette smokers, than in non-smokers.
- Smoking clearly provokes angina, and the risk of angina appears to be higher in smokers as compared to non-smokers.
- The excess risk of coronary heart disease and death from the condition in relation to tobacco use extends to all age groups and to both men and women.
- The risk of coronary heart disease increases with increased duration of smoking, increasing number of cigarettes smoked, and increasing depth of inhalation.
- At the same time, we know that the risk of coronary heart disease, including fatal heart attacks, begins to lessen immediately following stopping smoking.
- Although very few Ontarians recognize it as a risk factor, tobacco use definitely raises the risk of stroke. In fact, smokers are 3 times more likely to have a stroke than non-smokers.

TOBACCO AND RESPIRATORY HEALTH: THE TRUTH HURTS

- Of every 1,000 Ontarians aged 20 who smoke, more than half will die from smoking if they continue; 250 will die before the age of 70.
- Both active smoking and exposure to second-hand smoke cause many serious respiratory illnesses in children and adults, apart from lung cancer.
- Among children, the most common diseases include asthma , alterations in lung development, and middle-ear infections.
- Among adults, diseases resulting from exposure to tobacco include lower respiratory tract infections, reduced lung function and acute irritation of the upper respiratory tract.
- Chronic Obstructive Pulmonary Disease (COPD) is the most serious adult respiratory disease impacted by smoking, where tobacco use is responsible for 83-90% of all cases. COPD, also known as chronic bronchitis or emphysema, is the fourth leading cause of death for men and seventh for women, and affects over 300,000 Ontarians.
- In about 1 in 4 Ontario households, at least one person smokes inside the home everyday or almost everyday.
- Nearly 3 in 10 Ontarians report partial or no restrictions on smoking—and therefore on exposure to second-hand smoke—at work.
- A large majority of the Ontario public (over 7 in 10) supports smoking only in enclosed, ventilated areas in workplaces and restaurants at a minimum. Almost half of Ontario adults support this measure in bars and taverns at a minimum.

Ontario Tobacco Strategy: Talking-Points for Stakeholders

30 August 2000

- In 1998, the Minister of Health and Long-Term Care Elizabeth Witmer appointed an Expert Panel to study the tobacco control initiatives in other jurisdictions and make recommendations for a revitalized approach for the province:
    - Members of the Expert Panel identified a number of deficiencies in Ontario's tobacco control legislation. Specifically, they noted that more than two decades of research have made a strong case for 100% smoke-free workplaces and public places, but that existing legislation does not provide this protection to Ontario's workers, or to members of the public who frequent many public places.
    - The Panel also pointed to highly visible displays of attractively-packaged tobacco products in thousands of Ontario retail outlets as an incentive to use tobacco products, particularly for young people, and recommended that tobacco products be placed out of sight behind the counter in retail outlets.
    - The Panel called for much stronger enforcement of the prohibition on sales to minors, since young people can still easily obtain cigarettes in thousands of outlets across the province.
    - The Panel also recommended a series of other reforms including an increase in cigarette taxes, which are now the lowest in Ontario of any Canadian jurisdiction.

- In April 1999, the government responded to the panel's recommendations with a renewed Ontario Tobacco Strategy (OTS) and an additional investment of $10 million above annual OTS funding of $9 million. This is a major step towards achieving a comprehensive, well-funded tobacco control program.
- Under Minister Witmer's leadership, the renewed OTS was given an opportunity to build on the most successful anti-tobacco campaigns in North America.
- Tobacco is the leading cause of preventable illness and premature death in the province, killing 12,000 people a year and its cost to Ontario's economy and its health care system is significant. Minister Witmer is clearly dedicated to implementing a long-term, effective approach to address the most important public health problem that we are challenged with in Ontario.

- The innovative strategies and programs funded under the renewed OTS help to reduce tobacco use among all people in Ontario, especially young people and women.
- The main goals of the renewed OTS are: prevention of tobacco use by youth, protection from second hand smoke and cessation support for tobacco users who wish to quit.
- These programs are part of a comprehensive tobacco strategy, including a mass media campaign, a telephone quit-line, enhanced school and community-based smoking prevention programs and media relations/advocacy training, etc.
- The renewed OTS is a group effort that features collaboration amongst renewed OTS partners through which Ontarians are educated on of the health risks of smoking and the benefits of not starting (denormalization), as well as working together on developing programs for Ontarians that help to reduce the burden of tobacco use on our health system and our society.
- The renewed OTS marks a new partnership between government and leading health organizations to reduce tobacco use. The tobacco control efforts in Ontario are now supported locally with many organizations that are committed to the same goal.
- We can only commend the government for its significant efforts to reduce tobacco use among Ontarians. Young people are particularly vulnerable, and the renewed OTS is essential in educating them about the health risks of smoking.

TOBACCO AND SECOND-HAND SMOKE: THE TRUTH HURTS

- Doctors say second-hand smoke kills as many as 3,000 Canadians a year.
- Canadians are watching what they eat, exercising and 70% of them choose not to smoke. But they have no choice about breathing second-hand smoke.
- Eliminating second-hand smoke from bars and restaurants will help protect foodservice workers from serious health risks.
- Sidestream smoke - which wafts from a smoker's cigarette to a nonsmoker - puts 50 times the carcinogens into the air than are inhaled directly by the user.
- A burning cigarette releases more than 4000 toxins. These compounds found in second-hand smoke harm the human cardiovascular system.
- Heart disease is a greater risk from second-hand smoke than cancer. There are ten times more deaths from heart disease caused by second-hand smoke than lung cancer.
- An October 1998 Angus Reid poll found that more than 9 in 10 Ontarians want smoke-free workplaces.
- Nearly 9 in 10 Ontario residents think public places like arenas and shopping malls should be smoke-free.
- While some people say they oppose smoke-free bylaws, municipalities with 100% smoke-free restaurants and bars report strong public support.

SAMPLE LETTER TO THE EDITOR

It's Time to Clear the Air
The Daily Press
Fri 28 Jul 2000
Editorial

Having read some of the recent letters in The Daily Press about the proposed smoke-free restaurant bylaw, I have to wonder whether we are considering the future health and welfare of the whole community as we debate the smoking bylaw.

If we care deeply about the health (and, in reality, I think we do) then we should do everything we can to reduce the terrible burden of ill health that tobacco brings to our families and friends. Individuals, organizations, businesses and governments need to work together if we are to create the positive and healthy future that I think we all desire.

Smoke-free public places are an important component of promoting and protecting the health of our residents.

More smoke-free places are not just about protecting non-smokers. It is about helping smokers to smoke less and to quit.

It is about positive role models we can give to children and youth so that they do not become addicted to tobacco.

It is also about protecting workers so that they do not have to be exposed to smoke simply in order to make a living.

For more than 30 years, strong scientific evidence has confirmed that cigarette smoke contains many toxins and is, thus, a cause of serious and life-threatening diseases.

Medical experts agree cigarette smoke is a cause of lung cancer, emphysema, chronic bronchitis and heart disease in non-smokers who are exposed as well as smokers themselves.

Children who breathe second-hand smoke have more ear infections, more severe asthma and more breathing disorders than those who are not exposed.

Northern Ontarians should be aware and act, for they suffer the consequences of tobacco smoke more than any other region in the province of Ontario.

For the residents of this community, this means that every year, on average:

- 27 men and 14 women and their families will learn that they have lung cancer;
- 32 will die from lung cancer (one third of all cancer deaths in the city);
- 37 will die from respiratory diseases;
- 128 will die from circulatory diseases;
- there will be more than 1,500 hospitalizations because of lung and circulatory problems.

We obviously need to do more to:

- prevent teens from starting to smoke;
- help smokers to quit or smoke less;
- protect non-smokers (especially children, seniors, workers and those in poor health) from exposure to tobacco smoke.

More smoke-free public places will help us achieve these important goals.

We know it will not be easy for some.

It is very difficult to quit smoking once you have begun. Nicotine is amongst the most addictive substances used by humans.

On average, it will take a smoker four or five attempts before they will be successful in quitting.

Speak or write to your councillor about smoke-free places and your boss about smoke-free workplaces.

Research shows that more smoke-free places and support from professionals or friends will help you to quit. Smoke-free can work for all of us.

Jane Doe
Volunteer

SAMPLE LETTER TO A MUNICIPAL COUNCIL

March 24, 2000

Mayor and Members of Council
C/o City Clerk
Pleasantville, ON

Dear Mayor and Members of Council:

I understand that the Council will be debating a Smoking Bylaw at its meeting on Monday March 27, 2000.

On behalf of the dozens of volunteers working in support of the [***Your Organization***], I would like to urge the Council to give this issue very serious consideration. Second-hand smoke is not just a nuisance; it poses a serious risk to the health of our citizens.

[***Insert facts relevant to the diseases your organization is working to prevent***]

Seventy percent of Canadians have chosen not to smoke but they have no choice about breathing second-hand smoke. That is why it is so critical for municipalities to have strong bylaws in place to help us move forward to a smoke-free environment.

[***Your Organization***] urges Pleasantville to set itself as high a standard as other communities. We urge the Council to take a progressive step and ensure that we are leading the way toward an environment that is safe for all of us.

Yours truly,

Jack Spratt
Volunteer

Contact Us

- Become a member of the **Smoke-Free Lobby**. Receive automatic notification of updates to this site. Stay on top of tobacco advocacy developments.

- Before and after meeting with your provincial member of parliament, please contact:

  Ontario Campaign for Action on Tobacco
  300-525 University Avenue
  Toronto, ON M5G 2K7

  Tel: (416) 340-2992
  Fax: (416) 340-2995
  Email: ocat@oma.org

- If you are acting as staff or a volunteer for one of the following organizations, please contact them as follows:

  Canadian Cancer Society (Ontario Division)
  601 – 365 Bloor Street East
  Toronto, ON M5G 2K7

  Tel: (416) 922-2238
  Fax: (416) 922-9430

  Attention: Stacey Landau
  Email: slandau@ccsont.org

  Heart & Stroke Foundation of Ontario
  601 – 365 Bloor Street East
  Toronto, ON M5G 2K7

  Tel: (416) 922-2238
  Fax: (416) 922-9430

  Attention: Kelly Waid
  Email: kwaid@hsf.on.ca

  Ontario Lung Association
  601 – 365 Bloor Street East
  Toronto, ON M5G 2K7

  Tel: (416) 922-2238
  Fax: (416) 922-9430

  Attention: Susan Berek
  Email: sberek@on.lung.ca