

MINUTES

COMMUNITY SERVICES COMMITTEE

REGIONAL MUNICIPALITY OF OTTAWA-CARLETON

THURSDAY 6 JULY 2000

CHAMPLAIN ROOM

1:30 P.M.

PRESENT

Chair: A. Munter

Members: D. Beamish, C. Doucet, L. Davis, D. Holmes, H. Kreling, A. Loney, M. McGoldrick-Larsen

Regrets: W. Byrne

CONFIRMATION OF MINUTES

**That the Community Services Committee confirm the Minutes of the regular meeting of 15 June 2000.**

CARRIED

INQUIRIES

Councillor M. McGoldrick-Larsen informed Committee that a new public school will be built in South Nepean, and with Committee's concurrence requested that the Social Services Department investigate the feasibility of providing capital funding for a facility to provide before and after school care at the school, and report back to Committee.

Councillor McGoldrick-Larsen advised that the City View Day Care has been allocated funding of \$1.2 million dollars to relocate their facility to South Nepean, however has been unable to identify a suitable location. With Committee's concurrence, the Social Services Department was directed to determine whether additional capital funding is available for the purchase of 1.2 acres to complete the project.

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Notes: 1. Underlining indicates new or amended recommendations approved by Committee.

2. Items requiring Council approval will be presented on 12 July 2000 in Community Services

Report No. 50.

1. PRIORITIES FOR HEALTH GRANTS FUNDING  
- Medical Officer of Health report dated 26 June 00

Councillor M. McGoldrick-Larsen moved a motion to add to the examples of risk-taking behavior among young people, listed in recommendation 1(b).

Moved by M. McGoldrick-Larsen

1. **That the Community Services Committee approve the following funding priorities for the 2001-2002 Health Grants:**

**Health promotion strategies that:**

- a) Create environments for healthy child development (for example: parent education, activities promoting prenatal/early childhood nutrition);
- b) Improve health by reducing risk-taking behaviour among young people (for example: tobacco use, excessive alcohol use, drinking and driving, unsafe sex, suicide prevention, stress management and youth mental health programs); and
- c) Enhance the mental, physical and emotional well being of the residents of Ottawa Carleton through self-care, and improvements in family and community support (for example: self-help or peer support groups, initiatives to promote family cohesion, and reduced exposure to second-hand smoke.)

CARRIED as amended

2. RESPONSE TO INQUIRY (34)00 - TEEN PREGNANCY  
- Medical Officer of Health report dated 20 June 00

**That Committee receive the report for information.**

RECEIVED

## SOCIAL SERVICES

### 3. DAY PROGRAM - FUNDING ALLOCATIONS

- Social Services Commissioner report dated 13 June 00

**That the Community Services Committee and Council approve the allocation of \$95,000 to the Day Program and delegate Social Services staff to allocate the funds to the Day Program Centres.**

CARRIED

## PRESENTATION

### 4. REQUEST FOR 2001 BUDGET CONSIDERATION OF VIEILLIR CHEZ SOI (AGING IN PLACE) PROGRAM

- A/Committee Coordinator report dated 28 June 00

Ms. Lise Tremblay, Chair, Coordinating Committee, Vieillir chez soi, noted that the program began in 1997 with funding from the Trillium Foundation. There are a large number of community groups involved in the program.

Mr. Alex Cullen, Executive Director, The Council on Aging, noted that the program began in response to the needs of seniors with a recognition that although there are a number of programs targetted to seniors, there were no programs specifically geared to assisting seniors to age in place. The development of a service coordination model in cooperation with Ottawa-Carleton Housing was designed to support seniors aging in place, and provides on-site access tos ervices, on-site coordinator, information and referral and coordinating services such as homecare, transportation and health prevention strategies.

The program was piloted on Richmond Road from 1994-1996, and was funded by the Trillium Foundation in 1997. The program is a proven and effective model, and it is being recommended that the model be permanently funded in order to actively support seniors aging in place.

Space will continue to be provided free of charge at Charlotte Street in order to continue providing the service.

The request is for consideration of the program in the 2001 budget process. He noted that both Social Services and the Regional Health Department have been strong supporters of the program.

Mr. Cullen noted that the population in the Region is aging, with more seniors over age 75 each year.

Councillor L. Davis inquired what benefits were achieved by the program at 445 Richmond Road. Mr. Cullen replied that the program was a successful one, and there was a unit that provided programming, health counselling, VON services, friendly visiting and there was a part time staff person on site. The participation of tenants is crucial to the success of the program. Ottawa-Carleton Housing does not have support people directly responsible or able to support seniors directly. There is a wide range of services in the community, but it is difficult for seniors to identify them or access them, and the success of the program is based on ease of access.

Councillor Davis stated that it is unfortunate when funding disappears for this type of program, and suggested that it be established with a view to operating it long-term. Mr. Cullen noted that these type of programs save money in the long term and permit seniors to stay in their homes for a longer period rather than be moved to long term care facilities which are more expensive.

Councillor Davis suggested that the board of Ottawa-Carleton Housing should also consider this issue.

Councillor A. Loney inquired whether there is an opportunity or possibility for provincial agencies to participate in funding this type of program. Mr. Dick Stewart, Commissioner of Social Services, stated that the savings and proven model should be demonstrated to the Ministry of Health and Long Term Care, and funding be requested to support such a program. The provincial government should evaluate and identify the need for integrated services for seniors.

In response to a question from Councillor Loney, Commissioner Stewart stated that this program goes beyond the mandate of the social housing portfolio, as it encompasses a number of integrated services. Mr. Stewart noted that the new City Council should review this type of program.

Councillor D. Holmes noted that there is presently some provincial health funding available to provide staff to support tenants in mixed age buildings. Commissioner Stewart noted that there is also some project funding available from the Ministry of Health as well as through the Regional Homelessness Fund to investigate the possibility of providing this type of service.

Moved by L. Davis

**That the Region of Ottawa-Carleton consider adopting the Vieillir chez soi (Aging in Place) program at 160 Charlotte Street, as part of the 2001 budget deliberations; and**

**That staff prepare a report on the Vieillir chez soi program for the new City Council's consideration as part of the 2001 budget process.**

CARRIED

HOMES FOR THE AGED

5. DEMENTIA CARE FORUM - RECOMMENDATIONS FOR ACTION  
- Commissioner, Homes for the Aged report dated 20 June 00

Mr. Garry Armstrong, Commissioner, Homes for the Aged, advised Committee that the recommendations before Committee are as a result of a Forum last November co-hosted by the Alzheimer's Society and the Dementia Care Network. A number of recommendations arose from the Forum, and are outlined for Committee's consideration.

Ms. Kathy Wright, Executive Director, Alzheimer's Society of Ottawa-Carleton, noted that the population is aging, which in turn provides an increase in the number of people affected by Alzheimers and Dementia. There are presently 300,000 people affected in Canada at a cost to the health care system of 4 billion dollars. In Ottawa-Carleton there are about 7,000 people affected with an additional 1,000 cases projected by 2005. 1 in every 3 people are affected in some way by this disease, or know someone who has it.

Ms. Wright noted that the Dementia Forum provided a necessary measure to identify long term trends and solutions to this problem, with the input of over 50 organizations that work in the field.

Ms. Wright expressed appreciation to Mr. Armstrong and Chair Munter for their support and interest in this issue. Their help contributed greatly to the success of the forum.

The Alzheimer's Society is an active member of the Dementia Network of Ottawa-Carleton, a group who has been working to bring all organizations together to identify and provide broad community input and develop recommendations for community care of Alzheimer's and Dementia.

Ms. Wright urged Committee to support the recommendations outlined in the report, and specifically drew attention to the request for funding of a survey to identify the real needs of dementia caregivers in Ottawa-Carleton. The results of the survey will be used to clarify why some services such as overnight respite are under-utilized and to identify an action plan that will close the gap between what is currently available and what is required, and what barriers exist to accessing these services.

Mr. Bill Dalziel, Chief, Regional Geriatric Association Program of Ottawa-Carleton, noted that Ottawa-Carleton has one of the lowest institutionalization rates in the world at 4.5%, the most organized geriatric care programs and the most progressive dementia programs. He noted that the Dementia Care Network is working to optimize the experience of individuals and their families. The illness is very expensive to treat, not well understood, and long term care should be the solution of last resort.

Dr. Dalziel advised that the membership of the network constitutes 17 organizations involved in varied fields. More coordinated research and education effort is required to improve the quality of life for people with the illness, assisting individuals to stay in the community for a longer period of time.

Respite services can make a huge difference in a family's ability to cope with the illness, and are used extensively in Europe, however are being under-utilized in Canada. The survey and study will address this issue.

Dr. Dalziel noted that education is a very important factor in assessing and treating the disease. The goal is develop an effective and integrated delivery system for dementia care.

Chair Munter offered congratulations and commended the group on their efforts.

Councillor C. Doucet inquired whether there are programs in place to provide assessment. Dr. Dalziel replied that there are four different services that assess and treat Alzheimers and Dementia in the Region including the Memory Loss Clinic at Elizabeth Bruyere Centre, the Regional Program through its Outreach Teams and Day Hospitals, and 2 psycho-geriatric services, one at the Royal Ottawa Hospital and the Psycho-Geriatric Outreach Services. Identifying the services to health professionals has been an important factor in treating and modifying the course of the disease. He noted that advanced drugs have been developed to treat the illness, but early assessment is important.

In response to a query from Chair Munter, Dr. Dalziel stated that the network has been operating without funding, however as issues get more complicated, funding will need to be identified.

Chair Munter questioned whether recommendation 3 outlined in the report includes provision of public transit or a program similar to the "Drive Able" program. Ms. Wright replied that one of the requirements identified at the Forum was the need to improve the public transit system as well as to assist those individuals and families who cannot access transit.

Councillor A. Loney stated that a Request for Proposal was recently issued by OC Transpo to retain a consultant to develop use of public transit by people who have handicaps other than physical limitations. He suggested that network members contact his office to make arrangements to provide input into this study.

In reply to a question from Chair Munter, Ms. Noreen Langdon, Executive Director, Peter D. Clark Centre, noted that residents will be moving into the facility in January 2001.

**That Committee and Council:**

- 1. Endorse the recommendations of the Dementia Care Forum and forward them to the appropriate authority for action;**
- 2. Approve funding for a survey of the real needs of the dementia caregivers in Ottawa-Carleton at a cost of \$50,000. The Region of Ottawa-Carleton, the District Health Council, and the Alzheimer Society of Ottawa-Carleton, in collaboration with other service providers and family members will coordinate the survey. The results will be used to clarify why some services such as facility or overnight respite are under-utilized, and to develop an action plan that will close the gap between what is currently available and what is required. Target date June 2001.**
- 3. That the following recommendations be forwarded to the appropriate departments for action:**
  - Plan and implement alternate, affordable and flexible transportation systems in both urban and rural communities to meet the needs of people with dementia (and their families) who cannot drive;**
  - Explore partnerships with the Canada Mortgage and Housing Corporation to provide a wider range of housing options for people with dementia in the Region;**
  - Form a task group to investigate ways to recruit and retain more professional and non-professional francophone workers to care for clients with dementia in long-term care facilities and in this community.**

CARRIED

HEALTH

6. NO SMOKING BY-LAWS IN PUBLIC PLACES AND WORKPLACES  
- Medical Officer of Health report dated 20 June 00

Dr. R. Cushman, Medical Officer of Health, summarized the report and recommendations for members of Committee. He noted that smoking is both an environmental illness and an addiction. Tobacco is the most addictive legal product, and is readily available and inexpensive. Canadians spend 90% of their time indoors, and environmental tobacco exposure causes about 100 deaths per year, and 1 in every 8 children suffer from asthma exacerbated by tobacco smoke.

Protection from environmental exposure to tobacco is the number one municipal health protection issue. 72% of the public support no smoking in restaurants, and 66% of the public support no smoking in bars. ¼ of a billion dollars each year is spent on tobacco related health problems.

Dr. Cushman stated that there are 3 standards of smoking by-law: the gold standard was implemented in Waterloo, where smoking was eliminated in all public places. The silver standard was passed by the communities of Gloucester, Nepean and Kanata, where there is no smoking in bars and restaurants except in specially designated and ventilated rooms. The bronze standard was approved by Ottawa, where no smoking sections are phased-in for bars at a later date. He urged Committee to support and adopt a strong by-law, advocating May 31, 2001 as the prime date for implementation. He added that it will take courage to adopt the gold standard of health protection for the community.

Chair Munter commented that the communities of Nepean, Kanata and Gloucester have approved strong by-laws, and those bylaws will come into effect in the respective communities in approximately a year. The Regional by-law will affect all area municipalities.

Chair Munter commented that the report recommendation for implementation in Clause 2(d)(ii) presently reads January 1, 2003, and suggested that administration and enforcement would be easier if all recommendations applied to the same day, with the Nepean/Kanata/Gloucester approach of May 31, 2001. Dr. Cushman confirmed that it would be easier to administer if the gap was narrowed and implementation was for May 31, 2001, rather than the later timeline advocated by the City of Ottawa.

Chair Munter suggested that implementation would also be simpler in the summer when outdoor patios are open.

In reply to a question from Councillor L. Davis, Dr. Cushman noted that the City of Ottawa adopted a later implementation date as bar owners indicated they required the time to be ready, adding that there were concerns expressed about enforcement.

Councillor A. Loney moved a motion to amend Clause 2(d)(ii) change the date from January 1, 2003 to May 31, 2002.

Councillor Davis inquired how many Councillors at the City of Ottawa were in favour of the by-law. Ms. Debbie McCullough, Officer, Healthy Living Project, responded that the majority of the motions on this issue passed with a majority vote and one or two dissents.

Councillor D. Beamish urged Committee to support a gold standard for the no smoking bylaw, and questioned why the report recommendations advocate a weaker position than that passed by the communities of Nepean, Kanata and Gloucester. Dr. Cushman noted that a two step implementation for the community with a shorter interval for transition to complete no smoking is the most pragmatic approach. Dr. Cushman encouraged Committee to vote for as strong a by-law as they believe in.

Councillor Davis inquired whether there are any legal impediments to implementing a gold versus bronze standard of bylaws. Dr. Cushman noted that there is presently a legal challenge in Waterloo citing economic hardship as a result of the by-law, however preliminary investigation has determined that this is not supportable. Dr. Cushman suggested that a case could be brought forward by an asthmatic citing discrimination at being unable to enter an establishment because smoking is permitted.

Dr. Cushman added that the new City Council will be required to harmonize the various by-laws and pass one that applies to the whole city.

Dr. Laura Muldoon, of the Somerset West Community Health Centre, expressed support for a strong no smoking by-law. She noted that the health effects of smoking and second hand smoke are well known, but there are issues that require further education, including the issue of the health effect of second hand smoke, and the effect on employees of bars and restaurants. She noted that those smokers who have successfully quit have done so with the support of family, friends and neighbors, as well as local governments that have the courage to ban smoking in public places.

Councillor Davis commented that there appears to be a new realization among members of the public of the rights of children to have a smoke free environment. She noted that there seems to be an increase in the last 10 years in the number of asthmatic children. Dr. Muldoon confirmed that there has been an increase in both children and adults with asthma, although she could not provide statistics at this time.

Mr. Jay Crossman, representing The Keg Manor Restaurant and Bar, advised that he owns The Keg in the Byward Market as well as on Richmond Road, and expressed support for the no smoking provisions recommended for May 31, 2001. He expressed concern about the different treatment for bars and restaurants in the date the no smoking provisions will take effect. He suggested that he could change the name of his establishment to solely a bar in order to permit smoking for an additional two years, noting that this provides an unfair competitive advantage to bars over restaurants. He suggested that this will also have detrimental effects on bar employees forced to work in a smoking environment for an additional two years.

In response to a query from Councillor Davis, Mr. Crossman confirmed that if he changed the designation of his establishment from restaurant to bar, he could continue to permit smoking for an additional two years.

Mr. Tim Marc, Legal Services, confirmed that if a restaurant chose to reclassify as a bar, there would be no legal ramification.

In reply to a question from Councillor Davis, Dr. Cushman noted that there is an issue with respect to implementation and enforcement. He noted that smoking is permitted in a bar if minors are not allowed access, and 65% of receipts are from liquor sales. Mr. Crossman suggested that monitoring this

provision would be difficult, and urged Committee to provide a level playing field for bars and restaurants.

Councillor Davis cited the example of Victoria, B.C., where tented areas are provided outside restaurants to facilitate smoking.

Mr. Anthony Pollard, President, Hotel Association of Canada, noted that the Association represents 7,800 hotels with 235,000 employees across Canada. He noted that his Association undertook a survey a number of years ago which indicated that 78% of members wanted to investigate an alternative to smoking bans, as they run contrary to the hospitality industry's policy of service to all. He noted that smoking bans are not good for business, as suggested in the report, or all hotels would be totally smoke free.

Mr. Pollard noted that in British Columbia a number of establishments went out of business as a result of the smoking ban, prior to it being overturned by the courts in March 2000. He urged Committee to consider a clause in the by-law permitting an exemption based on ventilation, similar to that provided by Peel and Toronto, suggesting that ventilation can be provided at such a level that the air in the restaurant or bar can be filtered.

In reply to a question from Chair Munter, Mr. Pollard indicated that his Association is in support of the existing no-smoking bylaws in place.

In reply to an inquiry from Councillor Davis, Mr. Pollard indicated that in British Columbia the Workers Compensation Board Directive banning smoking was struck down on March 22, 2000, as they were found to not have adequately consulted with the industry. Mr. Marc commented that the WCB had the authority to issue such a directive, however had a responsibility to consult with the industry, and did not do so. Ms. McCullough noted that they are now undertaking extensive public and industry consultation, with the intent of re-implementing the smoking ban.

In response to a question from Councillor Beamish, Mr. Pollard noted that 13% of restaurants in Canada are in hotels.

In reply to a query from Councillor Loney, Mr. Pollard noted that where available, all hotels strive to provide patrons with no-smoking rooms when they are requested. He noted that approximately 70% of rooms in hotels are designated as no-smoking.

Ms. Melanie Ransom advised Committee that she recently moved to Ottawa from Victoria. She noted that a smoking ban improves quality of life for residents, and urged Committee to bring in the strongest by-law possible.

Ms. Carolyn Hill, President, Ottawa-Carleton Council on Smoking and Health, provided background on the Council, noting that its goal is to provide a smoke free Ottawa-Carleton. Ms. Hill stated that the economic evidence supporting smoke-free bars and restaurants all point to the conclusion that there is no net negative effect from a smoke free policy.

Ms. Hill expressed disappointment with the recommendation that bars be allowed to permit smoking after 8:00 p.m., and advocated that all bars and restaurants be treated similarly with smoke free areas. She noted that if smoking is permitted in an establishment after 8:00 p.m., the residual smoke will remain the next day. Research in other communities that have implemented smoke free by-laws have indicated that the best time to implement such a by-law is in the spring or summer when people may smoke outdoors.

Councillor Loney inquired whether discussions were held with the bar and restaurant industry about what percentage of floor space should permit smoking after 8:00 p.m. Dr. Cushman commented that this is an issue still being investigated.

Mr. Tony Najem, owner of Grabba Jabba in the Byward Market, expressed support for the by-law. He informed Committee that he experienced health problems as a result of smoking in his establishment, and installed ventilation systems to assist in cleaning the air. These systems did not improve the situation, so he declared a ban on smoking in his establishment. There was a 20% decrease in revenue in the first 6 months, in the second year there was a 75% gain over the prior year and the third year there was a 200% gain over previous years. He noted that there is a misconception that banning smoking will negatively effect business. Mr. Najem urged Committee to ensure that all businesses are treated fairly and the ban apply the same to bars and restaurants on May 31, 2001.

Ms. Anna Marie Kukla, teacher, West Carleton Secondary School, noted that the School Board has a smoke free policy, however there is a prevalence of smoking among young people that needs to be addressed, both for the health of the smokers and those who are affected by second hand smoke. Smoking also affects students in their part time and summer jobs where they are often exposed to smoke.

Ms. Imelda Schaffer, urged Committee to endorse the report and recommendations. She noted that the no smoking by-law will benefit seniors in public housing, who often have serious health problems exacerbated by smoking and second hand smoke. She noted that smoking in common lounges of seniors buildings should be banned across the Region.

Ms. Irene Lazarovitz, informed Committee that she battled tobacco addiction for 37 years, and has been a non-smoker for 1 year, 8 months now. She relayed thoughts written by her daughter on the effect her mother's smoking had on her family. She noted that smoking is a powerful addiction, and smokers require the assistance of government in overcoming this obstacle. She urged Committee to support the gold standard.

Mr. Guy Schryburt, Government Affairs Committee, Ontario Restaurant, Hotel & Motel Association, Ottawa Chapter, noted that he is speaking for 400 member restaurants, who would prefer to see one smoking bylaw applying to the whole region, with implementation on May 31, 2001. He urged Committee to ensure that the by-law include a clause permitting ventilated systems, if determined adequate. He expressed support for the phase-in period for bars with designated smoking rooms. Mr. Schryburt made a request that outdoor patios be exempt from the no smoking provision.

Mr. Schryburt noted that the longer timelines are required to permit restaurant and bar owners and patrons to adjust to the change. Compliance and enforcement are an issue, and he suggested that funds be allocated to public education rather than enforcement.

Councillor Davis clarified that employees who are 18 can work in a bar and serve alcohol, however patrons must be 19 or over to enter.

In reply to a question from Councillor Davis, Dr. Cushman replied that the by-law does not address the issue of outdoor patios, but the issue of floor space needs to be addressed. The public health department recognizes the need to be progressive on this issue, but knows there are many issues still to be resolved.

Ms. Isobel Duford, expressed support for the by-law, noting that she has encountered health difficulties as a result of second hand smoke in bars and restaurants. She urged Committee support a strong and comprehensive by-law similar to those passed by Kanata, Nepean and Gloucester, with an implementation date of May 31, 2001.

Ms. Jean McKinley, informed Committee that she developed pulmonary disease as a result of smoking, and now is unable to risk being in an environment with second hand smoke. She urged Committee to support the by-law.

Ms. Carmela Graziana, expressed strong support for a 100% ban on smoking in public places. She noted that she is an asthmatic who suffers severe effects from second hand smoke and her life is severely limited as a result of the number of public places that continue to permit smoking. She noted that she is looking forward to the day when she can attend social events, stay at a hotel and get on with her life, when smoking in public places is no longer an issue.

Mr. Randy Lanctot, owner of Barrymore's and area pubs, stated that Barrymore's will go out of business if the smoking ban is passed. He suggested that the proposal that business will not suffer, or will improve as a result of a smoking ban, is incorrect. He noted that night life in Vancouver and Waterloo is suffering as a result of the ban, and long standing businesses are closing. Mr. Lanctot noted that even though 70% of people do not smoke, people who go to bars, pubs, night clubs and dance clubs do smoke, and without these patrons these establishments will go out of business. He noted that

designated smoking rooms will not solve the problem as the expense associated with installing these rooms is exorbitant. Mr. Lanctot inquired how Committee is going to address the issue of private clubs, legions and bingo halls. He suggested that the City should reduce business taxes for those who decide to go smoke free as an incentive. He noted that a level playing field is required, and businesses in Ottawa will not be able to compete against those in Hull who will continue to permit smoking.

Mr. Alfred Friedman, representing the Excellent Eateries Group, urged Committee to support the bronze standard outlined in the report and adopted by the City of Ottawa. He noted that he represents a group of 16 restaurants in Ottawa, and acknowledges the need for a no smoking by-law, but there should be some recognition of the difficulties that will be experienced by restaurants and bars as a result. He urged that bars and restaurants be treated equally, adding that competition from Hull will be difficult to combat.

In reply to a question from Councillor M. McGoldrick-Larsen, Mr. Friedman stated that the restaurants he represents will not change their status to bars, in order to get around the provisions of the by-law.

In response to a query from Councillor Davis, Mr. Friedman stated that his organization owns the Mayflower Restaurants, Oregano's, the Double Deck, Bravo Bravo, Maxwell's, The Mill, Bay Street Bistro, Marble Works Steak House, The Bytown Tavern, as well as others. He noted that a number of his establishments will have difficulty, but urged Committee to ensure that all businesses are treated equally.

In reply to an inquiry from Councillor Davis, Mr. Friedman advocated that smoking be permitted on outdoor patios. He suggested a better solution to the problem would be for the federal government to have the courage to make tobacco illegal due to its health effects.

Dr. Atul Kapur, Emergency Physician, representing the Ottawa Academy of Medicine, The Ottawa Hospital and board member of Physicians for a Smoke Free Canada, informed Committee that health problems suffered as a result of tobacco use and second hand smoke are common place and occur on a daily basis. He noted that employees in restaurant and bars should be protected from the effects of smoke, and should have the same rights as employees in other situations. These workers are predominantly young people, and it is naïve to assume that these workers can refuse to work in designated smoking rooms.

Dr. Kapur provided information from Health Canada which outlines that no ventilation system can provide protection from tobacco smoke. The Association of Heating and Refrigeration Engineers have indicated that ventilation does not provide an acceptable standard of clean air in areas where smoking is permitted.

Dr. Kapur urged Committee to strengthen the by-law to the highest standard in order to protect as many people as possible.

In reply to a question from Councillor H. Kreling, Dr. Kapur replied that his information from Health Canada on ventilation standards is dated March 17, 2000. He clarified that in the best case scenario where a ventilation system is kept in best condition and operates at peak efficiency it still cannot protect from the health effects of tobacco smoke.

Councillor Kreling inquired whether the comments on ventilation refer to smoking in a designated smoking room, or to an overall area. Dr. Kapur clarified that the comments refer to a room in which smoking is permitted.

Ms. Melodie Tilson, informed Committee that she is a health consultant who both personally and professionally believes passionately in a smoke free environment. Ear infections, bronchitis, pneumonia, Sudden Infant Death Syndrome and influenza are all exacerbated by environmental tobacco smoke. The tobacco industry is a very powerful lobbying body and the general public does not truly understand the magnitude of health problems caused by tobacco. She expressed discomfort with the long phase in period for smoke free public places and the use of designated smoking rooms as this does not serve the health of the public. Toxic particulates from environmental tobacco smoke remain in the air at normal ventilation rates for 3 hours after one cigarette, and no ventilation system can adequately handle smoking permitted after 8:00 p.m. Employees in bars and restaurants are particularly at risk to these hazards.

Ms. Tilson noted that bans on smoking in public places contribute to the de-normalization of smoking in society, and such a ban influences current smokers to quit, as well as sets a good example for children and youth.

Mr. Frank Valentine, advised Committee that he has chronic emphysema, and family members have been ravaged by lung disease. He personally has had to battle tobacco addiction, and only succeeded when he became seriously ill and was hospitalized for 4 weeks. He commented that the most important consideration in banning smoking in public places is that lives that can be saved, and children can be positively influenced. He urged Committee to implement the strongest by-law possible.

Mr. Roger Lafreniere, representing St. Hubert Restaurant, stated that his business philosophy is to provide customers with a choice, and 25-35% of restaurant customers smoke. He acknowledged that there is a health concern for employees and non-smoking patrons, however there will be a loss in business revenue if a total smoking ban is declared. He suggested that the federal government should declare a smoking ban which would ensure there was no competition from businesses in Hull. He added that there is provincial legislation that ensures that employees in bars and restaurants can state that they do not want to work in a smoking environment.

In reply to a request for clarification from Mr. Lafreniere, Ms. McCullough stated that recommendation 2(e) of the report refers to a proposal that employees not be permitted to work in a smoking environment unless they are 19 years of age or over, in order to safeguard the health of young people.

In response to a question from Councillor McGoldrick-Larsen, Mr. Marc stated that the by-law recommends that although it is permissible for an individual to be employed in a bar if they are 18 or over, it is recommended that they not work in a designated smoking room unless they are 19 years of age or over.

Dr. Kenneth Willis, Respiriologist, from the Academy of Medicine and the Lung Association, noted that tobacco use is addictive, and the suggestion that business interests should be placed over the health of the community is wrong. Smoking is the principle cause of disability, disease and death in Ottawa-Carleton. Responsibility for dealing with this abnormal addictive behavior is societal, and society has an obligation to provide 100% smoke free public places and work environments. Attitude affects the environment, and if smoking is not permitted, the environment will be healthier.

Dr. Willis noted that tobacco use is linked to higher cardiac and cancer rates. ¼ of men and women smoke, and 20% of high school seniors smoke. 90% of people who start smoking begin in high school, and nicotine addiction in young people should be better combatted in order to prevent future deaths and disease. Dr. Willis urged Committee to support a strong by-law and de-normalize smoking.

Ms. Jackie Madill, expressed support for the by-law. She noted that environmental tobacco smoke can have serious health effects on everyone who goes to public places where smoking is permitted, and she has developed allergies and asthma as a result of exposure. She suggested that a room with a separate ventilation area still permits smoke to permeate other areas of an establishment. She urged Committee to support a no smoking by-law, and protect the health of residents.

Councillor Beamish moved a motion to make all bars and restaurants smoke free effective May 31, 2001. He encouraged Committee to adopt a by-law for the new City that is as strong as possible. This is an issue that really matters to all residents of the community, and affects everyone.

Councillor Beamish advocated a strong stand on the no-smoking issue, and noted that although there may a strong reaction initially, it will not last. He noted that it is important that a level playing field be provided, and that bars and restaurants be treated equally. The incremental step of providing designated smoking rooms will result in a large expense for business owners, that will not be recouped.

Councillor Beamish noted that Regional Councillors have a mandate, responsibility and a duty to protect the public health of residents in the community.

Councillor Loney clarified that the proposed motion will not permit designated smoking rooms in restaurants and bars, but would permit designated smoking rooms in billiard halls, bowling centres and bingo halls.

Councillor Loney expressed support for Councillor Beamish's position to implement the by-law in the first 6 months of the new Council. He noted that he is cognizant of the competition that will result from establishment in Hull once the ban is in place, although this is insufficient reason to not endorse the ban.

Councillor McGoldrick-Larsen noted that she has experienced the effects of environmental tobacco smoke, and advocates a ban on smoking in public places. She expressed concern about the number of youth smoking, and suggested that a campaign be launched to combat this problem and educate the public. She noted that the proposed motion will provide equality in how the provisions are applied to restaurants and bars, and this will protect the 70% of the population who do not smoke. This by-law is responsive to the public desire and public health needs.

Councillor Davis inquired why Dr. Cushman would advocate a strong position on no-smoking, but present moderate recommendations in the report. Dr. Cushman replied that the recommendations in the report were presented as it was perceived that these would be acceptable to Council and the community, as well as to take into account what can realistically be implemented and enforced. He added that the community clearly supports a gold standard for a smoke free community.

Councillor Davis noted that attitudes and perceptions of the acceptability of smoking in public has changed dramatically in the last 20 years. She expressed discomfort in the proposal to treat billiard halls, bowling centres and bingo halls differently than bars and restaurants. Ms. McCullough replied that these establishments have indicated that over 80% of their patrons are smokers, and a designated smoking room will ease the transition to a smoke free environment for these establishments.

Councillor Doucet expressed support for Councillor Beamish's motion. Smoking is a very destructive habit that destroys lives and a 100% ban is in the best interests of the community. He noted that it is important to ensure that bars and restaurants are treated equally in this by-law, as competition from Hull is going to affect the initial implementation of the by-law. Regional Councillors have responsibility for public health, and have an obligation to reduce smoking in public places. He noted that the provisions of the by-law will have to be enforceable.

Councillor D. Holmes expressed support for the motion, noting that very few bars would in fact build designated smoking rooms due to the considerable expense involved. She suggested that the best solution is to implement the ban in one step. There has been a vast increase in youth smoking, particularly young women, and the health costs associated with this will be borne by all taxpayers. She noted that there has been a great deal of public discussion on the issue, and it is time to support the health of residents.

Councillor Kreling noted that he will not be supporting the motion. He expressed appreciation to all of those people who took the time to express their views to Committee. He suggested that bar and restaurant owners should be provided with the opportunity to build designated smoking rooms, if they choose. If they choose not to do so and to become totally smoke free, this would be acceptable, but

would provide business owners and patrons with a choice. He added that this option could be provided for a limited period of time.

Councillor Kreling acknowledged the importance of public health issues, however noted that tobacco is still a legal substance and should not be treated by the municipality as a criminal matter.

Chair Munter noted that the pragmatic thing to do is make the change once, rather than implement it gradually.

Moved by D. Beamish

**That Clause 2(a) of the report be amended to remove the word “restaurant”; and**

**That Clauses 2 (d)i,ii,iii, be deleted and replaced with:**

- **“All restaurants and bars be smoke-free by May 31, 2001.”**

CARRIED

H. Kreling dissented

Councillor Loney withdrew his earlier motion to amend Clause 2(d)(ii) from January 1, 2003 to May 31, 2002.

Moved by A. Loney

**That Clause 2(b) be amended to change the reference from 70% to 40% of useable floor space as a designated smoking room.**

CARRIED

Moved by D. Beamish

1. **That Community Services Committee recommend Council support the recent amendments made by the cities of Nepean, Kanata and Ottawa to their no-smoking in public places bylaw which are attached to this report.**
2. **That Community Services Committee recommend Council approve recommendations for the implementation of municipal no-smoking bylaws for public places:**
  - a) **That billiard halls and bowling centres be smoke-free by May 31, 2001, except in a fully-enclosed, separately ventilated designated smoking room (DSR) comprising not more than 30% of useable floor space.**

- b) **That bingo halls be smoke-free by May 31, 2001 except in a DSR comprising not more than 40% of useable floor space and not to include the caller, bingo sales counter or snack bar.**
  - c) **That shopping malls, stadiums, elevators, escalators or stairways, places of public assembly (including public areas of casinos and racetracks), reception areas, school buses, taxis, arenas and recreational facilities and private rentals of municipal buildings, be smoke-free by May 31, 2001.**
  - d) **That all bars and restaurants be smoke free by May 31, 2001.**
  - e) **That all DSR's be required to have a sign posted that warns the public of the health hazards of second-hand smoke, that persons under the age of 19 (including as a patron or employee) not be permitted to enter and that employees have the right to refuse to work in a DSR.**
- 3. **That all workplaces immediately be smoke-free with the option of a DSR which can only be used for the sole purpose of smoking.**
  - 4. **That Community Services Committee recommend Council direct the Health Department to prepare a report with recommendations on no-smoking bylaws for public places and workplaces for the first agenda of the new Council of the new City of Ottawa.**

CARRIED

H. Kreling dissented

**7. APPOINTMENTS TO THE ENVIRONMENTAL HEALTH  
ADVISORY GROUP**

- A/Committee Coordinator report dated 28 June 00

**That the Community Services Committee recommend Council:**

- 1. Increase the membership of the Environmental Health Advisory Group by 3 members and replace one member who resigned from the Group due to an employment change to increase the total number of representatives on the Committee from 12 to 15; and**
- 2. Approve the appointments of the following individuals as public representatives to the Environmental Health Advisory Group:**

**Dafoe, Thomas  
Schwartz, Sandra  
Woodley, Michael  
Woodrow, Maureen**

**CARRIED**

**NEXT MEETING**

**20 July 2000**

**ADJOURNMENT**

The meeting adjourned at 5:18 p.m.

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CHAIR

CO-ORDINATOR