

REGIONAL MUNICIPALITY OF OTTAWA-CARLETON
 MUNICIPALITÉ RÉGIONALE D'OTTAWA-CARLETON

REPORT
 RAPPORT

DATE 2 June 1998

TO/DEST. Co-ordinator
 Community Services Committee

FROM/EXP. Medical Officer of Health

SUBJECT/OBJET **NO SMOKING BY-LAW RECOMMENDATIONS IN BINGO
 HALLS, BILLIARDS HALL AND BOWLING CENTRES**

DEPARTMENTAL RECOMMENDATION

That Community Services Committee recommend that Council approve the recommendations, as contained in the report, for area municipal councils within Ottawa-Carleton to use in developing or revising their public places smoking by-laws as necessary with respect to bingo halls, billiard halls and bowling centres.

BACKGROUND

On January 22, 1997 Council approved the first part of the recommendations detailed in Annex A and recommended further analysis of the issues related to bingo halls, billiard halls and bowling centres.

This report and the recommendations are based on a review of the current individual municipal by-laws, an analysis of the level of environmental tobacco smoke exposure and the attendant health risks, and public consultation with proprietors about the feasibility of implementing the proposed changes.

REVIEW OF CURRENT BY-LAWS

There is widespread variation amongst the municipalities with respect to smoking by-laws. (Refer to Annex B for a summary of the current municipal smoking by-laws and recommendations.) Currently, the municipalities of Ottawa, Nepean, Kanata and Gloucester have a minimum of 50% non-smoking public floor space by-law requirement for billiard and bingo halls and bowling centres. Kanata's by-law is now 75% no smoking in such establishments, and will increase to 100% no smoking effective January 1, 2000. The municipality of Nepean recently passed a 75%

no smoking by-law for bingo halls, but remains at 50% for bowling and billiards. At present, there is a 50% no smoking by-law for all bingo, billiard and bowling establishments in the municipality of Ottawa.

A variety of voluntary restrictions occurs in other municipalities. However, the amount of non-smoking space that is offered is at each operator's discretion. Of those providers that voluntarily restrict smoking in their establishments, the size of non-smoking sections ranges from 16 to 100% of total floor space.

The consolidation of the various municipal non-smoking by-laws and recommendations into consistent region-wide by-laws would provide the same level of protection to all members of the public and promote the equal treatment of businesses in all of Ottawa-Carleton. However, issues of consumer choice and consideration to small businesses must also be respected.

HEALTH RISKS OF ETS

Environmental tobacco smoke (ETS, also referred to as 'second-hand smoke') consists of a combination of harmful gases, liquids and inhalable particles, many of which contain environmental pollutants. It is released into the environment through the mainstream smoke that is inhaled and exhaled by smokers, and the side stream smoke that is released directly from the burning end of a cigarette, cigar or pipe.

Of the more than 4,000 compounds that make up ETS, at least fifty are known to cause cancer. In Ottawa-Carleton, it is estimated that ETS is responsible for at least 10 lung cancer deaths per year in non-smokers. Other cancers associated with ETS include leukaemia, lymphoma and cancers of the bladder, cervix, and brain. Furthermore, ETS plays a significant role in heart disease. It is estimated that approximately 90 deaths from cardiovascular disease in Ottawa-Carleton occur each year as a result of ETS exposure. In all, exposure to ETS is responsible for at least 100 deaths in non-smokers each year in Ottawa-Carleton.

Several of the constituents of ETS are toxic to lung tissue, and many studies have linked exposure to numerous respiratory infections and illnesses. Such conditions include, but are not limited to, acute and chronic bronchitis, pneumonia, asthma, emphysema, acute changes in respiratory function, chronic respiratory symptoms and reduced lung function.

Children are particularly susceptible to the harmful effects of ETS. Exposure is estimated to be responsible for the following in Ottawa-Carleton children each year: 518-906 children with middle ear infections, up to 427 ear tube insertions, 32-52 tonsillectomies and 777-1295 children suffering from asthma. The health effects of ETS also extend to the fetus and young infants. As many as two thirds of the cases of Sudden Infant Death Syndrome are thought to be caused by exposure to ETS in the womb or after birth.

In restricting smoking in public places, the desires of smokers must be balanced with the general population's desire to maintain an optimum level of health. Approximately 23% of women and 24% of men in Ottawa-Carleton smoke. However, in addition to the health risks to the general

public, an estimated 25% of the population have existing heart, lung or allergic conditions that can be exacerbated by exposure to ETS.

EXPOSURE TO ETS

Despite the fact that there are serious risks associated with ETS, a significant proportion of the population is routinely exposed. Existing ventilation systems may limit tobacco odour, but they do not meet an acceptable standard for achieving a safe level of health. Furthermore, air cleaning devices are not effective at removing gases (which contain most of the irritants) and do not reduce the amount of tar particles to a level considered to be safe. Even when visible smoke appears to be isolated in the vicinity of smokers, many of the most dangerous and invisible constituents of ETS are easily dispersed across a room.

Common ventilation systems are so limited that people are more at risk of coming into contact with toxic compounds indoors than they are outdoors. For instance, of the total amount of benzene (a known carcinogen) that the average person is exposed to, almost half comes directly from cigarettes. In fact, the general people is exposed to more benzene from cigarette smoke indoors than from automobile exhaust and industrial bi-products combined (refer to Annex C). This raises the issue that although there has been a substantial amount of attention focused on the preservation of the outdoor environment, indoor air pollution in some public places continues to pose a significant problem.

In occupational health standards, a level of exposure to a toxic chemical is considered to be sufficiently low if it produces less than a one in one million lifetime risk of developing a particular disease. In Annex D, the excess risks associated with the development of lung cancer from ETS exposure have been compared across several types of public establishments. From the data presented, it is evident that the level of ETS exposure in bingo halls, billiard halls and bowling centres is much higher than the accepted standards. Even in the non-smoking sections of such establishments, the excess risk of developing lung cancer is often as high as 1 in 15,000, and is much greater than the acceptable standard of one in one million risk.

Furthermore, it is apparent that there is little more protection from the harmful effects of ETS for people in the non-smoking areas than there is in the smoking sections. For instance, in billiard halls, the excess risk of developing lung cancer in the smoking section is 1 in 16,000 and drops only slightly to a 1 in 19,000 risk in the non-smoking section. Therefore, regardless of where they are situated, all patrons (non-smokers and smokers) and employees in these establishments are being exposed to levels of ETS at least fifty times higher than what would be acceptable if ETS was regulated as a carcinogen in the workplace.

It is apparent that smoke does not respect a line on the floor and that the levels of ETS in these facilities are dangerous. Therefore, the fundamental issue at hand is one of protection and choice for all persons, including smokers, that frequent or work in these establishments. The only way to maintain indoor air quality is to restrict smoking to separately ventilated rooms, or to prohibit smoking completely.

PUBLIC CONSULTATION

In considering the level of acceptance and feasibility of the recommended smoking by-laws in bingo, billiards and bowling centres, the Health Department sought public consultation by commissioning an Angus Reid Inc. public opinion poll and by holding consultation meetings and surveying the proprietors of these establishments.

In an Angus Reid public opinion poll of 400 Ottawa-Carleton residents, 74% of the non-smoking respondents and 62% of the smoking respondents surveyed support bingo hall smoking only in an enclosed, separately ventilated room. For billiard halls, these figures were 73% of non-smokers and 57% of smokers in favour. For bowling centres, the level of support for restricting smoking to an enclosed separately ventilated section was found to be 74% of non-smoker and 63% of smoker respondents in favour.

When consulted, proprietors of bingo, billiard and bowling centres noted several logistical and economic concerns with the recommended by-law changes. Many proprietors expressed concern that their non-smoking sections are not busy and that an increase in the amount of space afforded to non-smokers would hurt their businesses. They reported that a high proportion of their patrons (65-80%) are smokers and that this large group of people would need to be accommodated in a smaller portion of the facility. Proprietors also thought that snack counters would lose money if smoking was prohibited in their vicinity. Owners of small establishments felt that as a result of space limitations, they would not be able to provide for both their smoking and their non-smoking customers if the proposed recommendations became by-laws. Overall, the fundamental objection that was commonly voiced by owners in each type of facility was the cost of providing separately ventilated rooms for each of the smoking and non-smoking sections. (Refer to Annex E for further details of the consultation with proprietors).

BASIS FOR RECOMMENDATIONS

Since the current level of ETS that the patrons and employees of bingo, billiards, and bowling facilities are exposed to (in both the smoking and non-smoking sections) exceeds generally accepted occupational health and safety standards, some immediate action is required. The “For now” recommendations make some progress on protecting the public by requiring an expansion of non-smoking sections, and the prohibition of smoking in common areas and when organized children’s events are occurring.

The recommendations for two years following the passage of a municipal by-law require that operators address the issue of inadequate ventilation by requiring that the smoking and non-smoking sections each be contained in separately ventilated sections and that smoking is restricted in common areas. These recommendations have not been made for the immediate future in order to provide operators with some flexibility in making the necessary changes.

In summary, the recommendations for bingo, billiards and bowling centre by-laws outlined in this report take an incremental approach to achieving the goal of smoke-free public places while allowing some flexibility for individual small operators and consumer choice. Consideration is

provided for operators with small businesses (which may continue to function under the “For Now” recommendations) and for facilities with large numbers of smoking patrons (which may offer as little as 10% of total capacity in a separately ventilated smoke-free room).

FINANCIAL IMPLICATIONS

There are no financial implications for the RMOC associated with this report.

RECOMMENDATIONS

1. Bingo Halls

- a) *For now:*
 - i) **At least 50% no-smoking seating unless there already exists an enclosed, separately ventilated no-smoking room.**
 - ii) **Services such as food counters (or food service delivery to the no-smoking section), obtaining bingo cards and washroom facilities be accessible with as little exposure to second-hand smoke as possible.**
 - iii) **Bingo callers be in a smoke-free area.**
- b) *By two years after the passage of a municipal by-law:*
 - i) **The operator may decide (based on client profile) the percentage of non-smoking seats, with a minimum requirement of 10% of seats, to be in an enclosed, separately ventilated and smoke-free room.**

2. Billiard Halls

- a) *For now:*
 - i) **At least 50% no-smoking section unless there already exists an enclosed and separately ventilated no-smoking room.**
- b) *By two years after the passage of a municipal by-law:*
 - i) **The operator may decide (based on client profile) the percentage of tables, with a minimum requirement of 10% of tables, to be in an enclosed, separately ventilated and smoke-free room. This option would apply to premises with 10 tables or more only. Premises with fewer than 10 tables would continue to provide a 50% no-smoking section.**

3. Bowling Centres

a) *For now:*

- i) Smoking be limited to 70% of the area behind the counters that separate the common area from the players' section.
- ii) No-smoking at the rental counter, snack counter or washrooms.
- iii) Enclosed restaurant sections to be regulated by the existing by-law for restaurants.
- iv) No smoking anywhere in the bowling alley when organized children or youth bowling is occurring.

b) *By two years after the passage of a municipal by-law:*

- i) No-smoking except in a designated smoking area which is enclosed and separately ventilated. It must be located such that the public are not required to travel through it to gain access to common facilities, including, but not limited to the players' section, washrooms, rental counters and take-away snack counters. This would apply to premises with at least 8 lanes. Smaller premises would follow recommendations under "For now".

4. Enclosed Restaurants within Bingo, Billiard and Bowling Establishments

- a) Enclosed restaurants continue to be regulated as per by-law regulations for restaurants.

The above completes the smoking by-law recommendations for public places (restaurants, bars, pubs, shopping malls, arenas, community centres, bingo halls, billiard halls and bowling centres) which are summarized in Annex A.

*Approved by
Robert Cushman, MD, MBA, FRCPC*

Attach. (5)

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SUMMARY OF SMOKING BY-LAW RECOMMENDATIONS FOR PUBLIC PLACES

At its meeting on January 22, 1997, Regional Council approved the following recommendations with respect to municipal and Regional no-smoking by-laws with respect to public places:

1. Based on health and ventilation standards evidence plus the measure of public support necessary for compliance, the following are recommended:
 - a) Restaurants, Bars and Pubs

70% non-smoking sections as soon as possible, except for 50% non-smoking in the “bar area” of a restaurant after 9:00 p.m. By 2000, premises choosing to allow smoking must do so in a properly ventilated and enclosed designated smoking room which is not more than 30% of the seating area. Certain exceptions may apply.
 - b) Shopping Malls

Food courts and restaurants within the common area of a shopping mall, whether or not the seating area is leased to one or more restaurants, should be smoke-free as soon as possible. Restaurants which abut the common areas of mall should fall under the recommendations in this report and bars/pubs.
 - c) Arenas/Community Centres

Arenas/community centres should be smoke-free as soon as possible with one exception: halls rented out for public events would be subject to the by-law for that type of event.
 - d) Bingo Halls, Billiard Halls and Bowling Centres

The non-smoking section should be 50% as soon as possible. With respect to bowling centres, it is recommended that they be entirely smoke-free when children’s bowling occurs. It is also recommended that all premises which choose to allow smoking by 2000 must do so in separately enclosed and ventilated smoking areas with further consultation with bingo, billiard and bowling operators to determine the percentage of smoking space allowable.
2. It is recommended that area municipal councils develop or revise their public places smoking by-law as soon as possible. At the same time, they are requested to pass a resolution endorsing a Regional smoking by-law. When six area municipalities have done so, a Regional by-law will be presented for enactment in order to achieve a level playing field for all businesses and protection for the entire population of the Region.

OTTAWA-CARLETON AREA MUNICIPALITY TOBACCO VENDOR LICENSING,
SMOKING BY-LAWS/RECOMMENDATIONS AND PROVINCIAL LEGISLATION

as of January 1, 1998

Population (1996) 721,136	Cumberland (47,367)	Gloucester (104,022)	Goulbourn (19,267)	Kanata (47,909)	Napan (115,100)	Osgoode (15,904)	Ottawa (323,340)	Rideau (12,444)	Rockcliffe Park (1,995)	Vanier (17,247)	West Carleton (16,541)
Number of tobacco vendors ^{1,2}	27	123	30 Est.	16 Est.	204	30 Est.	687	25 Est.	0	89	20-30 Est.
Tobacco vendor licence fee	\$ 75	\$ 115	No License	\$ 300	\$ 200	No License	\$ 85 + \$ 30 processing	No License	No Vendors	\$ 25	No License
PUBLIC PLACES	N/A = Not Applicable B = By-law R = Recommendations N/A = Smoking allowed except in areas voluntarily designated as non-smoking by the facility or business NS = No Smoking (See footnotes for details) TCA = Ontario Tobacco Control Act										
Arcades	NS (TCA)	NS (B, TCA)	NS (TCA)	NS (B, TCA)	NS (B ³ , TCA)	NS (TCA)	NS (B, TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)
Banks/financial institutions ³	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)
Barber shops/ hairdressing establishments (public portion)	NS (TCA)	NS (B, TCA)	NS (TCA)	NS (B, TCA)	NS (B, TCA)	NS (TCA)	NS (B, TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)
Billiard rooms (minimum % non-smoking public floor space)	Varies (R) ⁴	50% (B)	S	75% (B) ⁵	50% (B)	N/A	50% (B)	N/A	N/A	S	N/A
Bingo halls (minimum % non-smoking public floor space)	N/A	50% (B)	N/A	75% (B) ⁵	75% (B) ⁷	S ⁸	50% (B)	N/A	N/A	16% ¹⁰	26% ¹⁰
Bowling alleys (minimum % non-smoking public floor space)	Varies (R) ⁴	50% (B)	N/A	75% (B) ⁵	50% (B)	N/A	50% (B)	S	N/A	S	N/A
Day nurseries (licensed portion including outside play area) ¹¹	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)
Elevators, escalators, stairways (publicly accessible)	NS (B) ¹²	NS (B)	S	NS (B)	NS (B)	S	NS (B)	S	N/A	S	NS(B)
Hospital, private hospital, psychiatric facility, nursing home, home for special care, charitable institution ¹¹	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)

NOTE: This chart is for general reference only. Please consult municipal by-law officials and Ontario Tobacco Control Act Enforcement Officers for precise details

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Independent health facilities ¹¹	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)
Indoor places of public assembly (minimum % non-smoking public floor space)	Varies (B) ¹³	50% (B)	Varies (R) ⁴	50% (B) ¹⁴	50% (B)	S	50% (B)	S	NS	S	NS(B)
Laundromats (public portion)	NS (TCA)	NS (B, TCA)	NS (TCA)	NS (B, TCA)	NS (B, TCA)	NS (TCA)	NS (B, TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)
Libraries	NS	NS	NS (B)	NS (B)	NS	NS	NS	NS	N/A	NS	NS
Municipal arenas/community centres/recreation facilities/stadiums	NS (B) ¹⁵	NS (B) ¹⁶	NS (B)	NS (B) ^{14,17}	NS (B)	NS (B)	NS (B) ^{20,21}	NS (B) ²²	N/A	NS (B) ²³	NS(B) ²⁴
Municipal offices (public portion)	NS (TCA)	NS (TCA)	NS (B, TCA)	NS (B, TCA)	NS (B, TCA)	NS (TCA)	NS (B, TCA)	NS (B, TCA)	NS(B, TCA)	NS (TCA)	NS (TCA)
Pharmacies (public portion)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)
Public restrooms	S	NS (B)	S	NS (B)	NS (B)	S	NS (B)	S	N/A	S	NS(B)
Establishments where goods or services are sold or offered for sale to the public	NS (B) ¹² (TCA)	NS (B, TCA)	NS (TCA)	NS (B, TCA)	NS (B, TCA)	NS (TCA)	NS (B, TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)
Restaurants (minimum % non-smoking seating)	Varies (R) ⁴	75% (B)	Varies (R) ⁴	70% (B) ⁶	70% (B) ¹⁸	Varies (R) ²⁵	70% (B) ⁹	S	N/A	S	40%(B)
Food Courts				NS(B)	NS(B)		NS(B)				
Retail establishments (public portion) ²⁶	NS (TCA)	NS (B, TCA)	NS (TCA)	NS (B, TCA)	NS (B, TCA)	NS (TCA)	NS (B, TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)
School buses ²⁷	NS	NS (B)	NS	NS	NS	NS	NS (B)	NS	NS	NS	NS
Schools (post secondary institutions) ¹¹	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)
Schools (private vocational) ¹¹	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)
Schools (public and separate) including grounds	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)

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Service lines	NS (B ¹² , TCA)	NS (B, TCA)	NS (TCA)	NS (B, TCA)	NS (B, TCA)	NS (TCA)	NS (B, TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)
Shopping malls (common enclosed areas) ²⁸	NS (TCA)	NS (B, TCA)	NS (TCA)	NS (B ⁶ , TCA)	NS (B ¹⁸ , TCA)	NS (TCA)	NS (B ⁷ , TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)
Taxicabs ³⁰	S	NS (B) ²⁹	S	S	NS (B) ³⁰	S	NS (B) ³⁰	S	S	S	S
Transit shelter /station ³¹	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)	NS (TCA)
WORKPLACES	All work places in the province may designate up to any 25% of work area for smoking unless a more stringent by-law etc., applies. The municipalities of Ottawa, Nepean ³² and Kanata ³¹ prohibit smoking in the workplace except in dedicated smoking rooms ventilated directly to the exterior.										

**OTTAWA-CARLETON AREA MUNICIPALITY TOBACCO VENDOR LICENSING,
SMOKING BY-LAWS/ RECOMMENDATIONS AND PROVINCIAL LEGISLATION**

as of January 1, 1998

FOOTNOTES

1. Ontario Tobacco Control Act prohibits sale in hospitals (except certain psychiatric ones), nursing homes, homes for special care, charitable institutions, Homes for the Aged, Rest Homes, pharmacies and independent health facilities.
2. Vending machines prohibited by Ontario Tobacco Control Act effective December 31, 1994.
3. Non-Smokers Health Act (Canada) protects workers from environmental tobacco smoke in federally regulated banks and other financial institutions, airports, inter-provincial transport companies, bus and train stations, on VIA Rail trains.
4. Recommendation to provide non-smoking sections.
5. Effective January 1, 1998 and increases to 100% on January 1, 2000.
6. Malls including food courts are smoke-free except if restaurant which abuts common area is separately enclosed is 75% non-smoking.
7. Effective January 1, 1998 and increases to 100% on January 1, 2000. (will not be enforced pending further consultation)
8. Private club bingo in Community Hall.
9. Restaurants which abut to the common area are at 70% non-smoking seating. (effective October 1, 1997)
10. Bingo hall's own policy.
11. See Ontario Tobacco Control Act for permissible designated smoking areas.
12. Applies to recreation buildings only.
13. No smoking in areas voluntarily designated by a recreation building for public sporting, entertainment or cultural events.
14. No smoking in main bowl, public concourse or public restroom of a sports arena.
15. Except for community halls and meeting rooms.
16. Except for up to 50% of community halls and meeting rooms when used as a place of public assembly.
17. Except for up to 30% of floor area for a private gathering.
18. Mall food courts are smoke-free except if restaurant which abuts common area is separately enclosed is 70% non-smoking. (effective October 1, 1997 in Nepean)
19. Smoke-free except for designated areas (does not apply when rented for private functions).
20. No smoking in arenas except when used for private gatherings.
21. No smoking in arenas except in designated areas at Frank Clair Stadium, Ottawa Triple "A" (Lynx) Stadium, and the Terry Fox Athletic Facility Stadium.
22. Except for Community Hall.
23. Employees and general public may smoke in designated areas of municipal offices, facilities and establishments including Kiwanis Hall, Salle d'accueil at City Hall, the Smoking Room at the municipal garage and the Community Hall at the municipal arena.
24. No smoking in community centres and W. Erskine Johnston Arena except for private functions which must nevertheless comply with restaurant by-law.
25. Township encourages restaurants to voluntarily designate an unspecified portion as non-smoking.
26. Establishments where goods or services are sold or offered for sale to the public; excludes restaurants with seating.
27. Some companies allow drivers to smoke when alone.
28. Under the Ontario Tobacco Control Act smoking may be allowed in up to 50% of food courts or a maximum 28 square metre area in a mall without a food court unless municipal by-law is more restrictive.
29. Smaller municipalities may have no local taxi cab companies.

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as of January 1, 1998

29. Smaller municipalities may have no local taxi cab companies.
30. Except by mutual consent of passengers and driver.
31. OC Transpo Commission by-law prohibits smoking on buses and in transit stations/shelters.
32. Workplace is defined as any enclosed area of a building in which an employee works, and includes washrooms corridors, eating areas and lounges and common areas. Common area means that portion of any building or structure including a commercial or retail establishment, residential condominium or multiple dwelling unit apartment building, shelter or drop in centre, to which the public or residents may have access, whether as of right or by invitation, express or implied and includes, but is not limited to, a reception area for receiving or greeting customers, clients, patients, guests or other persons, elevators, escalators, hallways, stairwells, foyers, lobbies, lounges, laundry rooms and amenity areas: The City of Ottawa by-law does not include lounges of multiple dwelling unit apartment buildings or residential condominiums.
33. Effective October 1, 1997

SOURCE OF BENZENE EMISSIONS

82%			
18%	3%	14%	0.1%
AUTOMOBILE EXHAUST	INDUSTRY	INDIVIDUAL ACTIVITIES	CIGARETTES

Benzene — a chemical known to cause leukemia in workers continually exposed to high concentrations — is present in gasoline and in some household products. It is also one of about 4,000 chemicals found in tobacco smoke. Cigarette smoke is responsible for only approximately 0.1% of the benzene emitted into the environment.

SOURCE OF BENZENE EXPOSURE

18%		34%		45%	
AUTOMOBILE EXHAUST	INDUSTRY	INDIVIDUAL ACTIVITIES	CIGARETTES	CIGARETTES	CIGARETTES

Despite the fact that cigarettes account for only a small amount of the total benzene emissions, they account for 45% of the total amount of benzene that the average person is actually exposed to. In fact, the level of benzene that people are exposed to from cigarette smoke is more than twice the amount from automobile exhaust and industry combined.

(Source: Wayne R. Ott and John W. Roberts, *Scientific American Magazine*, February 1998)

Nicotine Exposure and Excess Risk of Lung Cancer
Compared Across Establishments

Type of Establishment	Mean recorded value (micrograms of nicotine accumulated in a 7 day period)		Excess risk of lung cancer over a 2 hour weekly, 40 year exposure	
	Non-smoking Area	Smoking Area	Non-Smoking Area	Smoking Area
Bingo halls	5.3	9.5	1 in 15,000	1 in 12,000
Billiard halls	2.8	4.2	1 in 19,000	1 in 16,000
Bowling Centres	0.9	1.27	1 in 100,000	1 in 80,000
Restaurants	1.6	2.3	1 in 40,000	1 in 20,000
Daycares	0.02	not applicable	1 in 2 million	not applicable

Notes On Table

1. Bowling centre data from Ottawa-Carleton. All other data from provincial surveys done by the Ontario Tobacco Research Unit, 1996.
2. The excess risks are calculated from a model of excess lung cancer risk in relation to levels of nicotine in the environment, created by Repace et al (reference: An Enforceable Indoor Air Quality Standard for Environmental Tobacco Smoke in the Workplace. *Risk Analysis* 1993;13(4):463-75.
3. Daycare centres are given as a background reference level.
4. These risks have been underestimated since the measurements taken include periods of time when the establishments were closed and there was little or no smoking taking place.
5. The excess risks associated with exposure are also incomplete since they only deal with lung cancer. A more complete estimate would also include the excess risks of heart disease, emphysema, bronchitis and other well known health effects of environmental tobacco smoke.

CONSULTATION PROCESS WITH OPERATORS OF BINGO HALLS, BILLIARD HALLS AND BOWLING CENTRES

Three separate meetings were held with operators of bingo halls, billiard halls and bowling centres. Following these meetings, a survey was sent to all operators to see if consensus might be achieved in formulating recommendations for no-smoking by-laws in these premises.

Bingo Halls

Eight of eleven operators attended the consultation meeting. However, the number of operators that attended is less than the total number of establishments partly because some bingo hall operators own several halls.

These proprietors told us that 65-75% of their customers are smokers. Eleven bingo halls in the Region have constructed separate rooms which are enclosed and separately ventilated from the smoking section. The percentage of seats in these separate rooms for no-smoking ranges from 10% to 50%. The operators expressed a desire that they be allowed to set the amount of seating for no-smoking in an enclosed and separately ventilated room based on their customer base which they know best.

Seven operators subsequently answered the survey which proposed the by-law changes that have been recommended for no-smoking in bingo halls. Three of the respondents favoured all of the proposed recommendations, while a fourth one only took exception to the recommendations for by-law changes in two years time.

Billiard Halls

Eleven of 32 operators attended the consultation meeting for billiard halls. Some were representatives of the same facility. They estimated that 80% of their customers are smokers. One hall went smoke-free one day of the week for six months, August, 1996 - January, 1997. He reported that sales went down by 32% on those days. There is one smoke-free billiard hall that has recently opened in Kanata. Most billiard halls tend to be one large room with smoking usually not permitted while at the tables, in order to protect the surface, and allowed around the perimeter of the room and at the bar. Minors are asked to leave some halls after 6 - 9 p.m. (varies).

Fourteen operators responded to the survey sent out following the consultation meeting. Three operators agreed and 11 disagreed with the proposed recommendations. The following concerns were expressed:

- Most clients are smokers and giving up half of the pool hall for non-smokers would decrease the establishment's client base.

- The amount of space afforded to smokers is much smaller than the proportion of clients that smoke.
- It would be difficult for small establishments to accommodate both smokers and non-smokers as outlined in the recommended by-law.
- The recommendations do not take into account operating problems that would arise from operating 2 separately ventilated rooms. An owner estimated that this will increase expenses by \$20,000 annually and thinks that smoke removal equipment (i.e. 'smoke eaters') should be relied upon instead of providing separately ventilated rooms for smoking and non-smoking sections.
- The proposed by-law for separately ventilated smoking and non-smoking sections will involve extensive construction costs.

Bowling Centres

The consultation meeting was held during a regular meeting of the Ottawa Valley Bowling Proprietors Association meeting. In response to the survey sent out after the meeting, six operators' responses were received. One respondent was in agreement with the proposed recommendation, four disagreed and one agreed with the recommendations for now but not with those for two years time. However, at the time of the survey, Ottawa was considering 70% non-smoking for bowling centres. Given the small percentage of total space that clients are allowed to smoke in (because smoking is prohibited in the playing area), this recommendation was subsequently changed to a minimum of 30% non-smoking in bowling centres.

Hunt Club Bingo Club 90 Bingo Carling Bingo Palace

To: Debbie McCulloch
From: Alan Gilman
Date: June 23, 1997

We would like to take the opportunity to express our concerns regarding both the existing and proposed no - smoking regulations in bingo halls.

We operate three bingo halls in Ottawa, two of them with a maximum seating capacity of 400 persons, and one that can seat up to 500. At both Club 90 And Hunt Club bingo we have a separately ventilated non - smoking room for those who want to avoid the smoke leaving the balance of the seats for the smokers.

In each of our halls, regardless of whether we have a non smoking room or not the ratio between smokers and non smokers remains constant. At each bingo event we count the people in attendance and then break it down between those seating in the smoking and non smoking rooms.

For the most part the bingo player is a smoker. Our figures clearly show that between 10% and 25% of our clientele sit in the no smoking sections.

When Ottawa only had the 70 / 30 split we were OK , since the city has forced us to divide into the 50 / 50 split we are jamming 75% of our clientele into 50% of the seats. There is no doubt that this has had and continues to have an adverse effect on our ability to do business. The customers are all crowded into one part of the hall while the majority of no smoking seats remain empty. The customers cannot play the amount of cards they would like to because of table space restrictions. If they can't play the cards, the sales aren't there, and the charities lose money.

What the by - law is forcing us to do is rent or purchase additional furnished space (that we don't need) and expand our facility to accommodate all the non smoking seats we are required to have but don't need. Bingo customers do not want to play in a hall that appears to be packed full of people, not only is it uncomfortable, but the odds

of winning do not appear to be as good. Countless times people will walk into the hall, see that it is full, and leave. If they are a smoker and there are no seats for them they would rather leave than sit in the no smoking sections.

Making matters worse is that in Ottawa we lose customers to neighbouring municipalities where the by - law is still 70 % smoking and 30% non smoking. The halls in those municipalities are more comfortable to play in as the people can spread out.

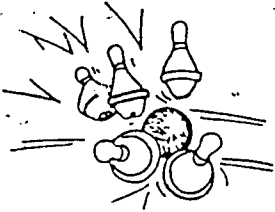
If the city insists on continuing along and upping the no -smoking percentages, it most certainly puts bingo halls on the endangered species list.

I would like to receive any information that may be available on this issue as well as notice of any upcoming meetings. I can be reached by mail at 1195 Hunt Club Rd. Ottawa Ont. K1V 8S4, or by phone at 736 -6626

Thank You,

A handwritten signature in black ink, appearing to be 'Alan Gilman', written over the printed name below.

Alan Gilman
General Manager



Queensway Bowling Lanes



1401 CARLING AVENUE, HAMPTON PARK PLAZA
OTTAWA, ONTARIO. K1Z 7L6
Telephone: 729-8500

May 2, 1997.

City of Ottawa,
Licensing, Transportation, & Parking Branch,
Sussex Pavilion,
111 Sussex Dr., 4th Floor,
Ottawa, Ont., K1N 5A1.

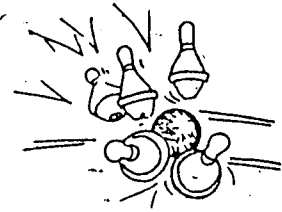
Re: Smoking - Public Places By-Law 123-92

The below facts have been discussed with the following people in the past few years:

- Ms. Joan Wong, Councillor
- Ms. Karin Howard, Councillor
- Ms. Debbie McCulloch Regional Health Dept.
- Dr. E. Ellis, Regional Health Dept.
- Mr. Earl McRae, Ottawa Sun Newspaper
- Ms. Elizabeth Arnold, Councillor (This was a few years ago)

Points I would like to make are:

- 1) 75% of a bowling centre's revenue is derived from League play. Contracts are for up to 35 weeks. The teams rotate using the same lanes. They could be in the 70% non-smoking area!!!
- 2) Smokers have their rights. (I am a non-smoker)
- 3) 80% of bowlers smoke.
- 4) 50% of area is now non-smoking - only one complaint in the past two years. (Somebody blew smoke into the non-smoking area).
- 5) Inforced on a "request for service" basis.
- 6) Proper Ventilation system provides clean air - our clothes don't smell of smoke.
 - Smokeeters (2)
 - Fans on ceiling (2)
 - Proper exhaust system



Queensway Bowling Lanes



1401 CARLING AVENUE, HAMPTON PARK PLAZA
OTTAWA, ONTARIO. K1Z 7L6

Telephone: 729-8500

- 2 -

- 7) We have tried to promote "non-smoking" Leagues - unsuccessfull. Only one league on Fri. - 9:00 P.M. - 30 people. Signage, newspaper ads, flyers didn't work.
- 8) I have lease obligations, taxes, people to employ, am extremely community minded and this is a business to provide my family a living.
- 9) I'm in the building all the time, as is my wife, our employees, and customers - we want to protect ourselves as well as our customers - so we make sure all precautions are taken to ensure a clean air environment.
- 10) Bowling relies on a large volunteer base to run the Youth Bowling Program - most of them smoke - but not in the bowling area (non-smoking). How could I tell these volunteers, who do this for free, on their own time, not to smoke.
- 11) I will not subject my staff or my family to a "shot in the nose" from some person who objects to our telling them not to smoke. It is not our business to be concerned about someone elses health. .

Kindly note that I have volunteered to Dr. Ellis to have the quality of air in the Bowling Centre tested by the Health Department. This was offered at a meeting of Bowling Proprietors on Feb. 3, 1997. I have not yet heard from him.

Yours truly,

A handwritten signature in black ink, appearing to read "Stephen Weiner".

Stephen Weiner,
President.

**OTTAWA VALLEY
BOWLING PROPRIETORS ASSOCIATION**

c/o Walkley Bowling Centre,
2092 Walkley Road,
Ottawa, Ontario K1G 3V3

February 7, 1997

By fax and ordinary mail

**Regional Municipality
of Ottawa-Carleton,
495 Richmond Road,
Ottawa, Ontario
K2A 4A4**

Attention: Dr. Edward Ellis

Dear Dr. Ellis:

Thank you for briefing us at our meeting of the Ottawa Valley Bowling Proprietors Association held on February 3, 1997.

We are responding to your proposition that relates to our industry.

It is our position that the individual bowling centres have, on a voluntary basis, taken measures that address the wishes of the bowling public. I shall briefly summarize these initiatives.

1. Centres are smoke-free on Saturday mornings when children participate in the youth bowling program, and during children's tournaments. Either smoking is not permitted in the centres at all, or is confined to enclosed quarters for those volunteers and parents who wish to smoke.
2. Smoking is not permitted in the player's section of the centres. Smokers are limited to lighting up in the area behind the counters that separate the common area from the players' section. As well, league presidents invoke rules that accommodate the requests of non-smoking members, to their satisfaction.

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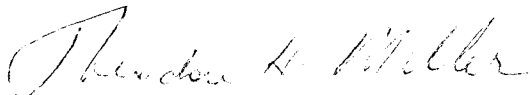
The nature of the bowling industry is such that an arbitrary allocation of smoking and non-smoking sections is both impractical and unworkable. Bowling is both a social activity and sport where personal relationships amongst teams and leagues is paramount. Bowlers do not and we suggest will not (as evidenced by our inability to create non-smoking leagues) be separated from their friends and family members with whom they wish to socialize in sport. It is the interpersonal bond and camaraderie amongst them that prevails over a bowlers aversion to smoking. This salient factor clearly distinguishes us from bingo halls and in our view there is no similarity between a bingo player and bowler. From polls conducted by the respective centres, it is determined that at least 70% of league bowlers are smokers. The non-smoking minority do not complain and any concerns that they may have are being satisfactorily addressed.

In future years, as the public's attitude towards smoking changes, so will the composition of smokers and non-smokers in bowling leagues. It is anticipated that a virtually smoke-free environment will become a reality, but not by the year 2000. We suggest that a longer phase-in period be considered, perhaps 2005.

In our view, the current benefits derived by bowlers, both smokers and non-smokers alike, far outweighs the stated objectives of the Health Department. These benefits include providing fun-filled leisure activity that is an avenue for stress release and contributing to an increased fitness level for participants. Sports Canada lists bowling in its top ten activities for achieving and maintaining a reasonable level of fitness.

For the aforementioned reasons we respectfully submit that the Health Department's proposed changes relating to our industry be relaxed in order to afford the public an opportunity to continue to enjoy the sport free of restrictive by-laws.

**Ottawa Valley Bowling
Proprietors Association**



Per: Theodore H. Miller

THM*em

Office of the
MEDICAL OFFICER OF HEALTH
Received
JUL 10 1997

July 8, 1997

Ms. Martha Boyle
Department of Engineering and Works
111 Sussex Drive
Ottawa, Ontario
K1N 5A1

Dear Ms. Boyle:

Thank you for sending me a copy of the Executive Summary titled Smoking - Public Places By-law 123-92 - Amendments.

I note in the summary of existing and proposed by-laws in area municipalities (page 61) that billiard parlors are currently restricted to a 50 per cent smoking area. My personal experience suggests this restriction is being completely ignored in Ottawa. I play in the city's Regent League, and compete and practice regularly in most of the larger and smaller pool establishments - Shooter's, Cue 'n' Cushion, Minnesota's, Bumper's, etc. I find no areas reserved for non-smokers.

On page 64 there is a reply to the comment "Why does the City continue to strengthen its non-smoking regulations on paper with seemingly no intention of enforcing even the existing by-law provisions?" Part of the reply reads "Clearly, the effectiveness of the by-law does depend in large measure on peer pressure, the goodwill of smokers, and an interest on the part of property managers in ensuring that those who visit their buildings are reminded of the regulations..." If the by-law's effectiveness depends on these things, then it is doomed to remain a law on paper only. In a recent letter to the Ottawa Citizen, I pointed out that smoking is an addiction to nicotine, and smokers are therefore drug addicts. You cannot reason with an addict who needs a fix. Smokers' goodwill, especially in places like pool halls, simply does not exist and, clearly, the managers of these pool establishments have no interest in ensuring the existing by-law is enforced.

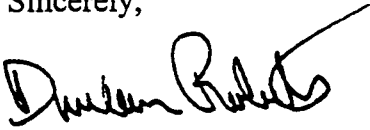
It might interest you to know that not all pool players smoke, and many of us are bothered by ETS and worried about its health consequences (three members of the team I played with last year are non-smokers). However, it seems we have to put up with ETS if we want to play competitive pool in a league.

If Ottawa and the area municipalities are genuinely interested in healthy environments in public places, then there must be greater emphasis on enforcing current by-laws and ensuring the passage and enforcement of "smoke-free by 2000" by-laws. I am convinced that people will continue to take up smoking, and that the only effective deterrent or incentive to quit will be ever-increasing restrictions on where smoking is allowed.

Because pool halls, bingo parlors, and bowling alleys are traditionally seen as smokers' refuges is no reason to treat these establishments any differently when it comes to non-smoking by-laws and their enforcement. The point is, there should not be any refuges for smokers where their addiction will adversely affect the health of non-smokers.

If a few businesses suffer in the short run, that should be seen as a reasonable price to pay for the long-term outcome of a much healthier society. And frankly, I'm tired of being held hostage to smokers' addictions, and tired of being restricted to where I can go and what I can do if I want to avoid ETS.

Sincerely,

A handwritten signature in black ink that reads "Duncan Roberts". The signature is written in a cursive style with a long, sweeping underline that extends to the right.

Duncan Roberts
910-330 Metcalfe Street
Ottawa, Ontario
K2P 1S4

cc: Dr. Robert Cushman, Medical Officer of Health
Non-Smokers' Rights Association