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**LEGISLATIVE ASSEMBLY**

**PRINCE EDWARD ISLAND**

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**VERBATIM TRANSCRIPT OF  
HOUSE COMMITTEE PROCEEDINGS**

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**COMMITTEE: STANDING COMMITTEE ON SOCIAL DEVELOPMENT**

**Thursday, March 4, 2004**

**SUBJECT(S) BEFORE THE COMMITTEE:**

Bill No. 28 - *An Act to Amend the Holland College Act* and  
Motion No. 24 re Retail Sale of Tobacco Products

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**COMMITTEE MEMBERS**

**PRESENT:**

Wayne Collins, Chair  
Dr. David McKenna  
Hon. Elmer MacFadyen  
Andy Mooney replacing Hon. Kevin MacAdam  
Jim Bagnall replacing Wilbur MacDonald  
Hon. Robert Ghiz  
Carolyn Bertram

**ABSENT:**

Beth MacKenzie

**STAFF:**

Marian Johnston, Committee Clerk

**STANDING COMMITTEE ON SOCIAL DEVELOPMENT**  
**Thursday, March 4, 2004**  
**7:00 p.m.**

Part I - John Curtis  
Part II - PEI Pharmaceutical Association: Fred Martin  
Part III - Neil Collishaw  
Part IV - Pat Murphy  
Part V - SWITCH: Melissa McCabe, Leslie Young  
Part VI - Canadian Cancer Society: Ewen Clark, Dawn Binns  
Part VII - PEI Lung Association: Dr. Margaret Munro, Vicki Bryanton

**Tape No. 1**

**Wayne Collins (PC) (Chair):** My name is Wayne Collins and it is my privilege to chair the Social Development Committee of the Prince Edward Island Legislature and on behalf of all committee members here tonight, I want to say how good it is to be here in Summerside, to be able to take this committee on the road to hear views of people in this end of the Island on the very important issue of the retail sales of tobacco. Do we have any other letters or formalities we need to just mention this evening. Wilbur MacDonald could not be in attendance this evening and in his stead tonight is MLA Jim Bagnall. Minister Kevin MacAdam is unable to be here and in his stead is MLA Andy Mooney.

So welcome all members and all members of the general public and presenters here this evening. We have, I believe, one, two, three, four, five, six, seven individual presentations this evening and I will try to allow as much time as possible this evening so everyone can be fairly heard. I would, first of all, though after calling to order this meeting, ask for a motion on the approval of the agenda. So moved? All those in favour, say aye.

**Members:** Aye.

**Wayne Collins (PC) (Chair):** Contrary, nay? And the agenda is approved. So moving on to our presenters this evening, the first person on our list is Mr. John Curtis and Mr. Curtis is a private citizen of this area and Mr. Curtis is going to present on two issues and Mr. Curtis was unable to be with us in Charlottetown when we were holding hearings on the amendment to the Holland College Act and for those of you who were unfamiliar with that, that is an amendment that would, if recommended by this committee and approved by the House, allow Holland College to grant applied degrees, and right

now, they're not looking at granting applied degrees in a whole raft of areas or disciplines, but on a very small 'stake in the ground basis', if you will, just to get their foot in the door on this issue. So with that said, I will allow you, Mr. Curtis, a few minutes to discuss your views on that issue and then we can move on to your views about tobacco sales.

**Part I - John Curtis**

**John Curtis:** Okay, applied degrees, first of all, my name is John Curtis. I don't support the Atlantic Police Academy being in Prince Edward Island. What happened was, there was a Summerside police officer and he was attacked by two Doberman pinchers and so the judge let him off on a charge of assault with a deadly weapon. So I contacted the Atlantic Police Academy to find out why and what happened was, the Atlantic Police Academy contacted Summerside police and accused me of impersonating a police officer. So what I did was I contacted the office of the President of Holland College; I contacted him twice. They're supposed to have like an ISO thing so that their standards. . .

**Wayne Collins (PC) (Chair):** International Standard, I believe, yeah.

**John Curtis:** Yeah, I worked in another company with that ISO and that's not worth the paper it's written on. I can you tell that right now. You can put out a very poor product and still meet ISO standards.

The Supreme Court of Canada in (Indistinct) indicated that they should look to see if there was an isolated area of judgement or pattern. The pattern would be two or more violations of the

charter. If people in the system who want to teach or seek accreditation for it, they have to have integrity. And given my experience with the Atlantic Police Academy, I wouldn't give them that accreditation.

I'm going to say this, okay, you look at Prince of Wales College years ago, they wanted to affiliate with McGill University. Okay, and then they wouldn't because a lot of the ones coming out of Prince of Wales College were top notch and so they would of been able to affiliate and would have got their degrees from McGill. That was blown away and that was back in 1907.

**Wayne Collins (PC) (Chair):** If I may just intervene for a moment and if I could ask you, Mr. Curtis, I understand you obviously have some difficulty with Holland College as well as the Police Academy but as related to this amendment to the *Holland College Act* to allow them to grant applied degrees, what would be the gist of your opposition to such a move.

**John Curtis:** Okay, if I read anything right, it goes toward the Minister of Education?

**Wayne Collins (PC) (Chair):** I believe if this committee were to recommend allowing Holland College to grant applied degrees and then if it were in turn, passed by the Provincial Legislature, then any proposal to have an applied degree in any discipline at Holland College would first have to be presented to the minister as a business plan and seek approval from the minister prior to the minister giving the green light to allow Holland College to proceed.

**John Curtis:** I want the approval to come from the entire Legislature.

**Wayne Collins (PC) (Chair):** I beg your pardon?

**John Curtis:** Maybe I misunderstood this bill wrong then.

**Wayne Collins (PC) (Chair):** If this committee recommends that Holland College be allowed to grant applied degrees, then that recommendation will go to the Legislature. We are mandated to report to the entire Provincial Legislature. Then if the Legislature takes it up as an amendment to the *Holland College Act*, if it is approved and indeed

Holland College is granted this power to grant applied degrees, before they begin to do that, they still have to submit a business plan to the Minister of Education that would prove to the Minister of Education a number of things in terms of cost, et cetera, whether or not it's going to be a viable type of discipline to get involved in.

**John Curtis:** And when you have problems with it, okay? I ran for City Council, alright? An electorate of government, right, on a legislative committee and I wouldn't allow in my opinion, any of the police—municipalities to own their own police force, okay? I don't think the City of Summerside is competent in dealing with police matters and what I'm saying is I look at the incident with the Atlantic Police Academy, right? The lady, the secretary told me they have no control over the Atlantic Police Academy. So you guys have to show me where, when you have problems, they're going to have control over it. Do you follow me? Do you follow my gist now?

**Wayne Collins (PC) (Chair):** I'm trying to, yes.

**John Curtis:** Okay, so this is what the secretary of the President of Holland College told me. They have no control over the Atlantic Police Academy. So when you bring forth these applied degrees. . .

**Wayne Collins (PC) (Chair):** Well, Mr. Curtis, what I'm going to do, is I'm going to allow you a further minute on this issue for the record to summarize your objections to this before we move on to the second issue of the retail sale of tobacco.

**John Curtis:** I just want something in place.

**Wayne Collins (PC) (Chair):** Yes.

**John Curtis:** They have to be ISO standards, right? Okay, and I'll go this way, if they don't seek accreditation in the hospitals, right, there has to be a method to deal with complaints. So you have to have in this applied degrees, a method to deal with complaints. Put it this way, if it was up to me, because the secretary in the office of the President of Holland College told me they have no control over the Atlantic Police Academy. If they go and apply for an applied degree, a degree in policing, do you follow me? There's got to be, you got to put something in there to make sure that when problems arise there, they're corrected. That's

what I'm trying to get at.

**Wayne Collins (PC) (Chair):** A point well made and for the record, I believe that is clear. I wonder if we could move on to your second submission this evening, Mr. Curtis, which is in relation to the issue for which everyone else, I believe, has attended tonight and that is to comment on the retail sale of tobacco on Prince Edward Island.

**John Curtis:** My dad, he smoked and he had lung operations, and he lost parts of both his lungs. But he was fortunate in that his tumors were benign, they weren't cancerous. Okay, it is my opinion that the federal and provincial governments across Canada are endangering the lives of Canadians and contributing to the deaths of those who smoke tobacco products.

I took a course on health and safety and I learned where a linesman employed by New Brunswick Power was killed. The linesman operated a bucket which was broken and resulted in the death of the linesman. An investigation revealed where the bearings of the bucket were supposed to be checked for defects. New Brunswick Power was fined \$200,000. Because they did the investigation and because they found a memo and the memo told the company to check the bearings. I'm using this as an example for a case. Alright, my point is this, there's a book at the Summerside library, it's entitled Chemistry for the Million, and it clearly points out that filters on cigarettes aren't going to stop people from getting cancer.

I watched a news story where a tobacco company in the United States was fined \$10 billion, they put the word 'light' on a cigarette package. They were fined \$3 billion in punitive damages and \$7 billion in compensatory damages and they had to admit publicly there's no such thing as a clean cigarette.

The federal government, it took out all the brain stems and all the blood products from cows to prevent mad cow disease. There's a NDP put forth a Private Members Bill to take out trans fats. Cigarettes are loaded with carcinogens and the cigarette tobacco companies put in nicotine to get people addicted. Smoking is a learned behaviour, but the simple fact is going back to this case involving the New Brunswick linesman, there was a memo. You know it, you know they're selling a product loaded with carcinogens. You know they're selling a product that causes cancer, right?

There's 47,000 Canadians die each year.

So when it comes to retail sales of cigarettes, you have either one or two choices. Either (a) they take out all the carcinogens and they take the nicotine out of the cigarettes; or (b) you go with a total ban on cigarette sales.

**Wayne Collins (PC) (Chair):** That's what you're advocating? Just outright banning?

**John Curtis:** I'll put it to you this way, Al Capone said it when he was talking about selling booze. "He only sold the public what they wanted." The Constitution of Canada puts the onus on the Legislatures to prove their legislation. There's no such thing as a clean cigarette. A filter isn't going to stop a person from getting cancer. So if you're going to sell a product, you got to sell one that's safe and not a health risk to the public.

**Wayne Collins (PC) (Chair):** Well Mr. Curtis, I want to thank you very much for your expression of your views on both of these issues this evening. I do want to ask any committee members if they have any questions to pose on either one of those topics before we move on to any further presentations tonight. We do have a long agenda this evening. Thank you, Mr. Curtis.

## **Part II - PEI Pharmaceutical Association: Fred Martin**

**Wayne Collins (PC) (Chair):** Our second presenter this evening is a representative of the Prince Edward Island Pharmaceutical Association, a Mr. Fred Martin. Mr. Martin, please come to the table. Good evening, sir.

**Fred Martin:** Good evening, I know you've had a long day.

**Wayne Collins (PC) (Chair):** That's okay, lots of time for you, the floor is yours, sir.

**Fred Martin:** Okay, thank you Mr. Chairman, MLA's, ladies and gentlemen of the public. My name is Fred Martin, as Wayne has said. I am a part time Executive Director of the PEI Pharmaceutical Association. This association is basically the advocacy group for pharmacists on Prince Edward Island. There are about 140 - 145 pharmacists licensed on PEI. We're a voluntary group and our membership is approximately 106

members of those 145 are members of our association.

I certainly appreciate the opportunity to present to this committee on this particular topic. The debate on "place of sale for tobacco products" certainly isn't a new one. This is a subject which has been discussed on and off over the past many years.

The PEI Pharmaceutical Association has always been pro-active on this issue. The association recognizes the hazards of smoking, and as such, has always promoted that pharmacy owners not to sell tobacco products in their pharmacies. This initiative, and others, has led to a significant number of pharmacies voluntarily removing tobacco products from their shelves. Additionally, the association has been active in various smoking cessation programs. All pharmacies promote the Smokers' Help Line and Jeannie Lea certainly has been a guest speaker at our educational conferences over the years and is a frequent contributor to our association newsletter.

Presently, there are 38 community pharmacies on Prince Edward Island. Twenty-two, so almost 60 per cent of those, already do not sell any tobacco products. Other stores have held out, asking rather that all stores be legislated to remove tobacco products in order to have the impact fairly shared by all pharmacies. Competition's a wonderful thing.

To this end, the association, in 1995, requested the government of the day and current Health minister at the time to legislate the ban of the sale of tobacco products from pharmacies in PEI. That request was turned down. Again, here we are with the debate re-surfaced - initially directed only at pharmacies in this province but we certainly believe the issue is broader than that.

A number of points I'd like to make in my time remaining here:

1. The PEI Pharmaceutical Association does not believe the removal of tobacco sales from the remaining 42 per cent of pharmacies in the province would impact the consumption of tobacco on PEI.

2. Pharmacies represent less than 5 per cent of the retail tobacco outlets on Prince Edward Island.

3. Fairness and the right of individuals to purchase tobacco at the retail establishment of their choice should be respected.

Some individuals choose to quit smoking and we're certainly working with them everyday in our pharmacies. Along with other government initiatives to help to achieve their goal. Others choose to smoke and have the right to purchase tobacco at the retail establishment of their choice. People have choices and they make them every day.

Having said that, if government really wants to make an impact on the reduction of tobacco consumption, a strictly regulated system would be the route to pursue, in our opinion. For example, the sale of tobacco products in government-regulated liquor stores only, just is one example. The association feels this would definitely impact tobacco consumption in the province and our association would support such an initiative.

4. For many pharmacies that continue to sell tobacco products, the immediate removal would have a significant economic impact to that pharmacy; and my final point,

5. The association would like to take this opportunity to commend the government, the Department of Health and Social Services, in particular, for the many initiatives with respect to smoking cessation, basically leaders in many of the provinces across the country with respect to our smoking cessation program. So certainly our association has been an integral part of that and we congratulate government for that.

Finally, if your committee decides to recommend that tobacco sales in pharmacies be discontinued, we would ask for a phasing out approach over a specific time frame. If committee members have any questions, I would be pleased to address them, and I certainly thank the committee for the opportunity to appear and in particular, coming to Summerside. I appreciate that. It's closer for me and I know some of you have had a long day so far, so thanks very much. If you have any questions, I'd be glad to try and address them.

**Wayne Collins (PC) (Chair):** Thank you, Mr. Martin. I'm getting a list of questioners together here right now and the first up is Mr. Ghiz, go right ahead, sir.

**Honourable Robert Ghiz (L):** Thank you very much for your presentation. I guess your association was for the ban in '95, right now from what I can gather, you're basically for the ban but you'd like to see if we're going to do some banning to make it across the board at convenience stores and everything else?

**Fred Martin:** Well, as I said, focusing on pharmacies, I don't believe will make any impact on tobacco consumption in this province. Isn't that the intent?

**Honourable Robert Ghiz (L):** Well honestly, I think what part of the problem is, it's the perception and the contradictory of selling cigarettes in a pharmacy where you actually go to buy things that make you better. And I think that's where there is a problem. But I think, you know, this is going to be a long phasing process and the smoking ban last year was a good move by this government. And now this will be another step and I think maybe in a couple of years, we will be exploring perhaps the final step which will be limiting cigarette sales to certain areas. But my last question for you is what would be, in your opinion, a decent phase-in period for the pharmacies on Prince Edward Island?

**Fred Martin:** Other provinces have—there's been different approaches across the—and in particular the Atlantic Region and into Quebec where it's happened very suddenly or for example, the Province of Newfoundland, the association there has taken a pro-active stance over a five-year period. It varies; it's all over the place, where in some provinces, as I said. . .

**Honourable Robert Ghiz (L):** We're probably—I hope we'll be looking at introducing this legislation in the upcoming sitting, would to the year 2005, be something that the Pharmacy Association would agree or disagree with or would it just be a fair decision?

**Fred Martin:** Let me understand you then. So you, in fact, are talking a specific ban in pharmacies only?

**Honourable Robert Ghiz (L):** Yes.

**Fred Martin:** Well first of all, I don't support that. Our association doesn't support that.

**Honourable Robert Ghiz (L):** Okay, but you said if we're going to do it, you would like to see a phase-in period. So I'm just wondering, what your—I'm looking, because I personally do believe we will be seeing this legislation come forward. So I'm wondering as a member of the Legislature, if I was in the Legislature, which way should I be pushing? Should I be pushing for it to happen immediately? Or ask for a phase-in, in six months or a year, what would be fair, in your opinion, to the Pharmacy Association?

**Fred Martin:** I think you can, you know, I can't speak for the other pharmacy owners. I'm not here speaking for pharmacy owners who sell tobacco. Personally, I think any phase-in period, whether it's two years, three years, is a fair way to go, if in fact, you're going to focus on pharmacies.

**Honourable Robert Ghiz (L):** Okay, thank you.

**Wayne Collins (PC) (Chair):** Any further questions? Minister MacFadyen.

**Honourable Elmer MacFadyen (PC):** Thank you very much for your presentation. It's nice seeing you.

**Fred Martin:** Yes, you too.

**Honourable Elmer MacFadyen (PC):** I'm just wondering like you say in your presentation that your association was in favour of a ban in '95, and now you say that you're not in favour of a ban and I'm wondering why the change.

**Fred Martin:** Well probably for a couple of reasons, the executive of the day, that's where I take my direction as a part-time worker for the association, I take my direction from our executive and our president. The executive of the day was adamant at that time that was the way to go. But what happened after that was in fact, our association promoting pharmacies getting out of the tobacco business. I think we've seen a significant impact that way over the years. So I think, I don't have a number on the pharmacies unfortunately. When I went to look at our files in '95, the number of pharmacies that were selling tobacco which is not, I would think it would be a significant more than this percentage for sure.

So we have seen an evolution over the years. I think that evolution is going to continue, with or

without this legislation. So I think, we've seen a change in the attitudes of our executive. We've seen a change in attitudes in pharmacy owners. A lot of pharmacy owners have got out of the tobacco business. So I think we've seen that, we've seen the evolving of the profession in a lot of different areas and I think this is another evolution that's going to take place. I have no doubt about that whether it's in one year, two years or three years.

**Honourable Elmer MacFadyen (PC):** Do you think it's fair or right that, as the Honourable Leader of the Opposition indicated, that pharmacies' role is to provide prescription and medication to make people well?

**Fred Martin:** Well, as I said, I can think of—well I'll talk about the evolution, I mean, how many years have pharmacies and every other retail in this province been selling tobacco? Years and years and years. That's not going to change over night. We've seen the evolution in my business and in other pharmacy businesses in this province. Years ago, you couldn't get your blood pressure checked in a pharmacy. You can today. Years ago, you couldn't get your cholesterol checked in a pharmacy. You can today. Years ago, you couldn't get your blood glucose checked. So we've seen an evolving profession from that perspective and I think we're going to see it continue to evolve and I think we will eventually be out of the tobacco business. Like I say, I think from the perspective of the businesses, you have to plan on this thing cause for some businesses, it's going to be a significant impact.

**Honourable Elmer MacFadyen (PC):** And you also indicated in your comments that not all pharmacies are members of the PEI Pharmaceutical Association?

**Fred Martin:** No, what I said was not all pharmacists.

**Honourable Elmer MacFadyen (PC):** Not all pharmacists. Thank you.

**Wayne Collins (PC) (Chair):** Mr. Bagnall and then Dr. McKenna.

**Jim Bagnall (PC):** I guess, Fred, some of the things that I'm interested in is if the ban comes on pharmacies as the way they're talking about it at

the present time, what I see, I can't see where it's going to make very much of a difference. And why I say that is I'm looking at Sobeys' pharmacies that are being put into stores now and Superstores and they are building a separate smoke shop as you come inside the building. So they're foreseeing in the future that this maybe happening and they're preparing for it and I think what you'll find is that any pharmacy that has been doing a big business will end up doing the same thing if it's going to impact their business in a big way. What's your feeling on that?

**Fred Martin:** Well, you're absolutely right. That's been the trend of the big, the box stores and in fact, that's what they've done from the Atlantic Superstore group to the Sobeys group. That's been their approach. Otherwise, I can't speak for independent owners in this province, what their approach would be. But it's—but that's absolutely right, that's what's happened. Another reason for it's not going to make any difference in this province to ban it from pharmacy. It may help with perception. That's all you're going to do. Is that why this has been put together? I don't think so.

**Jim Bagnall (PC):** You see, and what they're doing is, they're doing a double whammy because maybe the next line or thing that might come forward was that we should take them out of grocery stores. So Superstore and . . .

**Fred Martin:** That's been taken care of.

**Jim Bagnall (PC):** . . . have already looked after that.

**Fred Martin:** That's right.

**Jim Bagnall (PC):** So what we're going to be impacting on are the small, independent businesses across this province if we go that way. You agree with that?

**Fred Martin:** Yes, oh yeah. It's a fact, that that's what's going on out there.

**Jim Bagnall (PC):** Although the question, do you still sell cigarettes in your store?

**Fred Martin:** I do.

**Jim Bagnall (PC):** And would it be an impact to your business?

**Fred Martin:** Yes, my staff and I tackled this one about a year ago at one of our little brainstorming evening sessions over dinner and whatever and we've made a decision, yes, we're going to get out of that business. Since that time, and you have to look for something to replace those pocket dollars, as you know, being in business before. You know, you try this line; you try that line. The only other way really if you're not getting your increases, significant increase in sales to offset that which aren't there these days for too many businesses, you know, you have to look at staffing and staffing levels cause that's your key, that's your driver. Wages are your driver, always are. It doesn't matter what you're in, whether you're in a hospital or a business. So we've made the approach, if we can prove the margins to a certain extent, find something to replace that, then we'll make the move. That's a staff decision.

**Wayne Collins (PC) (Chair):** Dr. McKenna.

## **Tape No. 2**

**Dr. David McKenna (PC):** Thank you, Fred, for your presentation. Can you give a brief comment on the status across the country on pharmacies, what provinces are doing? Some stores are still selling retail?

**Fred Martin:** Newfoundland is still selling. Nova Scotia is out. New Brunswick is out. Quebec is out. Ontario is out and that's the only ones I know of for sure.

**Dr. David McKenna (PC):** And is the legislation pending in some of the other provinces?

**Fred Martin:** Not that I'm aware of.

**Dr. David McKenna (PC):** Not that you're aware of. Okay.

**Fred Martin:** There may be a couple. I know I saw BC's newsletter last week or about a month ago and they're still promoting pharmacies not selling it but it's not legislated at all.

**Dr. David McKenna (PC):** And I guess my other question has to do with, I guess, the promotional material that can be used in the pharmacies or other retail environments, would you like to see a ban on something like that? You know, you can go into a . . . I guess my local pharmacy I go to I

didn't realize they sold cigarettes until I walked in. It's something I don't look for so I don't know. Apparently there's displays that attract you to cigarettes and whatever of which I wasn't aware of. Is that something we should be looking into to get rid of, as an initial start, something like that as well?

**Fred Martin:** Well, there's been some significant changes made in that the past several years with legislation, you know, you can't promote anymore. You can't promote a price any more. There's been, you know, a lot done in that regard. I think you'll see, if you looked at it a few years ago versus now, there's very little promotional material allowed basically by legislation.

**Wayne Collins (PC) Chair:** Mr. Bagnall?

**Jim Bagnall (PC):** Just get back to, you mentioned five provinces, I believe that pharmacists were taken out of the mix as far as selling cigarettes. Was it only pharmacies in those provinces?

**Fred Martin:** Yes, I mentioned Newfoundland. They're not out yet but they have a five-year phase-in that the association is going to go that route. Only pharmacies that I'm aware of.

**Jim Bagnall (PC):** That's only pharmacies. So they never touched grocery stores or any other retail outlets?

**Fred Martin:** Not unless, again, they are a box store, for example, and most of those have put up smoke shops.

**Wayne Collins (PC) Chair:** Mr. Martin, just a couple of quick questions from me before I let you go. The large stores like Sobeys, Atlantic Superstore which operate pharmacies on the main part of their store, are they members of your pharmaceutical group on the Island?

**Fred Martin:** Their pharmacists are, for the most part.

**Wayne Collins (PC) Chair:** Their pharmacist are. They're not like corporate members, you don't have a division for corporate members like that?

**Fred Martin:** No, we don't.

**Wayne Collins (PC) Chair:** If this committee were to recommend the banning of the sale of tobacco at the retail level within Island pharmacies, would it be fair to allow these operations to continue, these appendages, these tobacco stores that are appended to the main store in which there is a pharmacy?

**Fred Martin:** You know, I don't feel I should be commenting on their businesses, Wayne, really. It's a fact that's what's happened all over the country.

**Wayne Collins (PC) Chair:** But like you right now you're still selling cigarettes in your pharmacy so your bottom line still benefits from the sale of them.

**Fred Martin:** Exactly.

**Wayne Collins (PC) Chair:** Right now Sobeys and Atlantic Superstores still benefits from the sale of tobacco in their appendage stores. Correct?

**Fred Martin:** Correct.

**Wayne Collins (PC) Chair:** So what's the difference if we were to ban you from selling tobacco and not them?

**Fred Martin:** That's, I guess, for your committee to decide. I mean you've made your point. I certainly understand your point and don't disagree with it. But, you know, like I say, I'm certainly not aware that other provinces have gone that route.

**Wayne Collins (PC) Chair:** Should it be something, though that the determination is one of a piece of geography or should it be something that's determined by whether or not someone holds or has an employee who holds or benefits from the sale of prescription drugs?

**Fred Martin:** Well, I disagree that you focus on pharmacies and pharmacies only. I disagree with that as I said in my—so, you know, I mean that's my point.

**Wayne Collins (PC) Chair:** Alright. Thank you very much, Mr. Martin.

Alright we're calling on our third presenter this evening. Mr. Neil Collishaw, Research Director, Physicians for a Smoke Free Canada. Mr.

Collishaw, welcome.

### **Part III - Neil Collishaw, Research Director of Physicians for a Smoke-Free Canada**

**Neil Collishaw:** Good evening.

**Wayne Collins (PC) Chair:** The floor is yours, sir.

**Neil Collishaw:** Thank you very much. First I'd like to thank members of the committee and in particular your staff for being accommodating to me with a late request that I change my date of appearance from next week to this week. I don't mind telling you the reason why I requested this change. Even though I'm from Ontario, I regard Prince Edward Island as my second home. My mother was born here. Some of you might recognize the tie I'm wearing as a Ross tartan. My mother was a Ross, born in Fortune Bridge in Kings County. I spent many summers on Prince Edward Island. I'm sorry to say that yesterday we gathered with family members to mourn the passing of one of my aunts who passed at the age of 93. Well, when you pass at 93 you might mourn her death but you celebrate her life too. It was a life well lived as was many of my other aunts and uncles from Prince Edward Island.

Now, when people live that long, as indeed my aunt did and indeed some of her brothers and sisters, she still has brothers and sisters still alive ranging in age from 87 to 98 and I've learned a great deal from these people in my life. And I've learned the importance of good health and looking after yourself and I've learned there's a very large supply of common sense on Prince Edward Island, certainly in my family and I think in many other families as well, and one of the things that comes along with common sense is when we're teaching our children what's good and what's bad and trying to influence them on what to do and what not to do. Of course, we don't want them to get in harm's way and we don't want to put harm in their way.

Well, for one reason or another, both on Prince Edward Island and elsewhere in Canada and the world in fact, we've done that. We've put cigarettes in front of children and they got a hold of them. But with a good dose of common sense that we see on Prince Edward Island, I'm so pleased to see that you're actually discussing what we're going to do about this. That tells me that common

sense is alive and well. We've got to do something about it. Well, what are we going to do about it? There's options on the table, we're thinking about it, we're discussing it.

Let's first understand what, how big the problem is and I'll refer to some of the, just the highlights of what I've given you. You can read what has been passed around later on. First of all let's understand that it is indeed a big problem. Mr. Curtis who spoke first was right about 47,000 deaths. There are 47,000 deaths from tobacco in Canada and they account for 22 per cent of all deaths and I'm sorry to say that these days Prince Edward Island is close to the top of the list with 23 per cent of people smoking and it's certainly higher than the national average of 20 per cent. So there's clearly room for improvement.

Now there was some discussion just now about what is the situation in the rest of Canada and I think our previous presenter outlined the situation correctly that it's pretty much every jurisdiction east of Manitoba that has banned tobacco sales in pharmacies with the single exception of Prince Edward Island. In Newfoundland, the ban is being phased in, will be phased in completely by 2005. One jurisdiction that was not mentioned which has also banned the sale of tobacco in pharmacies is Nunavut in the north. The issue has been discussed in the western provinces too with many, many people advocating a ban on tobacco sales in pharmacies. But it has not yet happened in the western provinces.

Now I had the opportunity to read the brief that was submitted to you, I believe last week, by the Council for a Smoke-Free PEI and I took great delight in reading a sensible brief with which I agree and I'm happy to, on behalf of Physicians for a Smoke-Free Canada, endorse all of the recommendations of the Council. In particular I'd like to just mention the first three that have to do with banning the sale of tobacco products in pharmacies and related locations, which included places where alcoholic beverages are served and vending machines in places and health care facilities and so on. So we would certainly endorse all of those issues.

Mr. Ghiz, you mentioned in your comments and I believe others did as well, the issue of well, should pharmacies be selling tobacco at all regardless of

who else is selling them or what the economics of the situation are. Aren't these health professionals and shouldn't we have some coherence in our messaging? Once again it gets back to the issue of common sense. That sounds like common sense to me that if we have pharmacies that are health professionals, we go there for things to restore our health and maintain our good health, why are we selling tobacco there? And that's the kind of reasoning that's been gone through in many of the neighboring provinces and other jurisdictions where they've gone through this debate and come to that conclusion.

Now, the issue then has turned, naturally enough, to well what about other retail locations? Is it fair to have tobacco sold in other locations? Well, no, that flies in the face of common sense as well. But let's all recognize it's a big problem. If we look at it on a national basis, tobacco is sold in 70,000 locations in Canada. That's probably more than places where you can go buy milk and bread. It's easier to get a hold of cigarettes than it is to get hold of many other products and the tobacco companies strongly support that. According to the latest information we have they spend around \$80 million a year in cash payments to retailers to help them maintain the stuff on the shelves. Well, that's going to be a force to be reckoned with as the issue is debated.

And I believe there was a question earlier on, on whether jurisdictions in Canada moved to control the sale of tobacco in any other kind of store besides pharmacies. And I think the answer to that question is no. Prince Edward Island would be leading the way. But, of course, I'm sure you're used to that. But you'd be leading the way in Canada. However, it is something that's been done in many other places. In countries of Europe they're very familiar with controlling the sale of tobacco in retail locations because there's a long history of government monopolies for tobacco in other jurisdictions.

Now, let's take the case of France. I actually lived in France for a number of years so I'm quite familiar with what goes on there. They had a monopoly on tobacco sale, on tobacco manufacturing and tobacco sales and some years ago they sold off the manufacturing end of it but they kept tight government control over the retail sale of tobacco. And the way it works is individual businesses still sell tobacco but it's all tightly

controlled by the government. They're all licensed and they have to meet certain conditions to get one of these licenses to sell tobacco and they're all, both the numbers and the conditions of regulation are controlled tightly. And you can just look at the numbers—France has about twice the population of Canada, around 60 million people, but about half the number of tobacco retailers as Canada. So there's a much lower density of tobacco retailers in France than in Canada. And if we were to apply right now the numbers, the French system in PEI, instead of 383 tobacco retailers, there would be 77.

So government control of retail can be done, it has been done. It's been done for decades and decades in France and other European countries as well. So now, that's not going to be achieved overnight. And I think your Council recommended moving towards limiting the sale of tobacco to a few retail locations such as liquor stores or some other controlled location, both controlled both by regulation—what they could do—and in number, by 2007. I think that's recognition that won't be achieved overnight. There's going to be much discussion. People will raise a number of concerns. I want it to be known if the PEI Legislature wishes to pursue this route you can certainly count on any advice, encouragement, assistance from Physicians for a Smoke-Free Canada, members of the Council for a Tobacco-Free PEI and our other colleagues in public health right across Canada. We'll be rooting for you. Thank you very much.

**Wayne Collins (PC) Chair:** Thank you, Mr. Collishaw. And do we have questions from committee members? Mr. Ghiz?

**Honourable Robert Ghiz (L):** Thank you very much for making the trip. I probably agree with about 85 per cent of your suggestions. I do, as you can probably tell by my questions to the last presenter, that I do agree we probably should move towards banning it in pharmacies. I like the date effective January 1, 2005. Gives them a little time to phase in. I also think we should go the next step as our Chair was mentioning as well and that is banning it within the Sobeys and the Atlantic Superstores. You know, here we are going in and you've got vegetables and you've got cigarettes right next to each other and it's just kind of . . . Along with the drugstore, at the same time, I don't think it really should be sold there either. So

I agree with those. Some of the other areas I do believe we have actually and I congratulate this government on moving towards smoke-free in our public places here in Prince Edward Island and I think it's a very good move on our part.

The next step I guess would be having it in licensed facilities, whether or not it's liquor stores or whatnot? I'm not really prepared to move that way yet. I might be by 2006 or 2007 but as of right now, I can be honest with you, I'm not. Our small corner stores, where I think a lot of people probably buy cigarettes, you know you don't see the owners there driving around in Mercedes or anything. It's kind of something that still keeps them going and I think even by banning it in some of these pharmacies and Superstores and whatnot it might help pick up some business in some of those areas.

But where I would be willing to take a look at, and I know that a former presenter and yourself, you mentioned a little bit about advertising and the ban on it. But I think what a lot of people don't realize, and we had this discussion last time and I was kind of like Mr. McKenna, that we don't really notice or I don't really notice and I don't think David did either, the subliminal advertising that these places do with their tobacco products. And I never really noticed going into, whether or not it's a corner store, where they have beautiful red, white and blue with cigarettes all lined up to make it look very attractive and appealing to young kids.

So I would be willing to move, in terms of into that level. Perhaps where they keep the cigarettes under the counter—they're not out in public. But you never know, maybe by 2006, I'll change my mind again in terms of doing the ban there. So I'd just like to point out that I agree with, you know, the majority of your suggestions here and I'd like to thank you for making the trip. So I don't really have any questions. I apologize for that, Mr. Chair. Oh, I do have one question. I have one quick question. And I hate to pick on anyone here.

**Wayne Collins (PC) Chair:** I knew there was a question lurking there.

**Honourable Robert Ghiz (L):** France, Europe—isn't their per cent of smokers higher than us.

**Neil Collishaw:** Yes, it is at the moment.

**Honourable Robert Ghiz (L):** I hate to pick a hole in the whole thing after I say I agree with it.

**Neil Collishaw:** No, that's quite right. It is higher in France right now but if we look at the situation historically, if we go back to the 1970's and 1980's, Canada had much higher rates of tobacco smoking than France at that time. In fact in 1981, Canada had the highest rate of smoking in the world. So we made tremendous progress over the last 20 years. The French have made some progress but we've done a little better than they have and we can thank things like a whole bunch of other things that have gone on, like banning most forms of tobacco advertising, putting warnings on the package.

We're very grateful for what PEI has done to control smoking in public places and work places and maybe we'll go a little further one day and get rid of designated smoking rooms too. But so far PEI is in the forefront there. And France, France has kind of fallen behind in some of those areas but their limitations on numbers of retail sales probably helped them avoid the huge peaks in smoking that Canada had earlier on.

**Wayne Collins (PC) Chair:** Very good. Mr. Bagnall?

**Jim Bagnall (PC):** Thank you. Good presentation. A question. You mentioned on the other provinces that have gone out of smokes, have stopped pharmacies from selling cigarettes. Has the percentage of sales in those provinces gone down for tobacco?

**Neil Collishaw:** Percentage of sales where? Like, has consumption gone down?

**Jim Bagnall (PC):** Yes.

**Fred Martin:** Yes, consumption has gone down. Consumption's gone down remarkably right across the country in every province including Prince Edward Island. Some provinces have obviously done a lot better. I think the lowest rate of smoking in Canada now is 16 per cent in British Columbia where sales are still allowed in pharmacies. But it's down in Quebec, it's down in Ontario, where sales are not allowed.

The problem is that in Prince Edward Island and in other provinces we have implemented a whole bunch of tobacco control measures, more or less at the same time, which makes it very difficult for us to disentangle and say, this measure led to this much decline in consumption and this one to this much and so on. It's not the kind of analysis we can do. On one hand it's a problem and it means I can't answer your question directly.

On the other hand it's the solution because that's what the World Health Organization has been recommending. That's what major public health agencies, ours and others, have been recommending—that governments implements comprehensive tobacco control programs. It'll all work together and it'll all drive down smoking and that's working.

**Jim Bagnall (PC):** In your recommendations on your last page of your brief, 1 (a) that government introduce legislation that would ban the sale of tobacco products in all Island pharmacies and in all establishments that contain a pharmacy. So are you getting at, is this particular part getting at the Superstores and the Sobeys and the smoke shops in their buildings?

**Neil Collishaw:** Yes it would. Once again, it's common sense if, you know, we don't want to put a rule in place that people just try and get around, you know. If you want a rule it should mean something.

**Jim Bagnall (PC):** So what would happen in a mall where you have 40 or 50 or 60 stores and you have a convenience store that's selling tobacco and you also have a drug store that's at the other end of it? Are you telling us that that particular convenience store would not be allowed to sell?

**Neil Collishaw:** No, no. Establishment—I think that could mean a store would be considered a different establishment than the Sobeys. It's a different business.

**Jim Bagnall (PC):** It's still under the same roof.

**Neil Collishaw:** It's a different business.

**Jim Bagnall (PC):** Okay.

**Wayne Collins (PC) Chair:** Ms. Bertram?

**Carolyn Bertram (L):** Thank you, Mr. Collishaw, for your presentation. I just have a question in terms of Smoke-Free Canada. Has the organization ever gone into interview schools in terms of we know these habits develop at younger ages, have you gone in to do any studies with high school students, junior high students, as to how . . . asking the question—what are ways that would prevent you from smoking or buying cigarettes?

**Neil Collishaw:** We haven't done those studies ourselves but others have done them and you get answers but I'm a little frustrated by reading the results of this research because you get all kinds of answers. The kids give you lots of answers. Well, you know, for some kids reducing the number of points of sale would help them and if their parents didn't smoke it would help them. So you get a whole bunch of answers and it doesn't, it isn't particularly helpful to us in trying to form public policy in that there's just as big a range of answers to that kind of question as there is kids out there in the community. So there's no single answer that the kids have given in studies very like the ones you described that can help us.

So once again we get back to comprehensive measures of which the ones we're recommending here as is the Council for a Smoke-Free PEI as the ones that would work.

**Carolyn Bertram (L):** Now, if we, you know, we do go, if we do a phase-in, you know, on Prince Edward Island, do you see anything that we on Prince Edward Island could do with our schools in terms of helping our children so that they don't choose to smoke?

**Neil Collishaw:** Yes, yes.

**Carolyn Bertram (L):** You know, something that we could tap into.

**Neil Collishaw:** Part of the comprehensive approach to tobacco control that we and others recommend includes continuing doses of education in our schools. Educating kids about the dangers of smoking and there are various proven techniques for doing this and we must continue them. Frankly I'm not up to date on just what exactly is going on in PEI schools right now but what we do know is that we just can't stop. We have to keep telling our kids about the dangers of tobacco and making sure schools are exemplary

institutions as well, making sure there's no smoking there.

**Wayne Collins (PC) Chair:** Minister MacFadyen?

**Honourable Elmer MacFadyen (PC):** Yes, thank you very much, Mr. Collishaw, for your presentation. I'm just wondering in regards to . . . we can't control people who smoke in their homes and to be the devil's advocate you say in one of your recommendations that the restrictions should also include hospitals and other health care facilities and we have a lot of people in the province that, you know, we are an aging population where people live in institutions and really I guess the room in the facility is really their home. Do you think that the ban should also include the restriction that a person who's in a nursing home shouldn't be allowed to smoke in the room that's their home.

**Neil Collishaw:** Well, Mr. MacFadyen, I think it's a difficult issue. But it's also the case that these institutions where people live, chronic care facilities, they're also places where people work and if I remember rightly I think you have some responsibilities for where people work, you know, we have to consider that as well. And yes, I do think the sale of tobacco should be banned in those facilities but the point you raised will have to be considered but I think it could be done, that we could make some, you know, some humane consideration for the folks that live there.

**Wayne Collins (PC) Chair:** Just one final question before you go, Mr. Collishaw, I'd like to come back to recommendation 1 (a) related to that final part—and in all establishments that contain a pharmacy. Where would you draw the line, both literally and figuratively when it comes to that? I mean right now you come out of these stores, you take one gulp of fresh air, hang a left and you're in the tobacconist area, correct? Other places, all you had to do was walk across the street and buy tobacco, the same establishment necessarily but it's separated. It's not attached. Where do you draw the line? I mean is it just it should be a geographical, physical thing or should it be something more related to pharmacy?

**Neil Collishaw:** When they brought the ban in, in Ontario I remember that the first thing that happened was the Shopper's Drug Mart just kind

of moved a wall around so that if you were in the mall and you went into Shopper's Drug Mart where it's a big open front, instead of that they just, in exactly the same space, they just put a little glass wall around one little corner of the same store and that was where they sold the tobacco. Well, that's the kind of thing that strikes me as a flagrant abuse of the rule.

Now, what you say is true. I don't think however, in the first instance, in the first phase of implementing a coherent and sensible set of recommendations that it would be reasonable to say, okay, we're going to say that the tobacconist next door or the tobacconist across the street counts in the same establishment if it isn't the same business. If it isn't the same business then I think it is reasonable and at least in this, with respect to this first recommendation to draw the line as I was getting at when we discussed this earlier. Well, it's business by business. It's this business and then that business. But later on, when you get closer to 2007, I think the whole thing will start making sense.

### **Tape No. 3**

**Wayne Collins (PC) (Chair):** I don't know if I made myself clear but I'm saying that if someone has a pharmacy where they would not be selling cigarettes but across the street they have a store where they are selling cigarettes, same person.

**Neil Collishaw:** It's the same person.

**Wayne Collins (PC) (Chair):** So do you ban that person from selling across the street as opposed to the person who is selling just because he has a little tobacconist that's an appendage of his superstore? So where do you draw the line? How do you make the level playing field, geographically?

**Neil Collishaw:** Well I think you pointed to the fact that at some point, somebody has to draw an arbitrary line. I've given you one suggestion and it would be, you know, if it looks like a separate business, well then it can be considered a second business.

**Wayne Collins (PC) (Chair):** If it looks like a second business.

**Neil Collishaw:** But I would urge you not to consider recommendation 1(a) in isolation; but to consider all of the recommendations that are made by both us and the council and look at 1(a) as a step along the way, moving toward recommendation 5. And I think getting towards recommendation 5 starts with recommendation 1(a). And yes, it won't be—there will be some arbitrariness and some things that aren't very sensible but they can be worked out by the time you get to number 5.

**Wayne Collins (PC) (Chair):** Thank you very much for your optimism.

**Neil Collishaw:** You're very welcome.

**Wayne Collins (PC) (Chair):** Thank you for joining us this evening, Mr. Collishaw. We have, I wonder—we'll just continue on, I guess, Clerk. How are we doing for time?

**Marian Johnston (Committee Clerk):** It's just 8:00 o'clock.

### **Part IV - Pat Murphy, Convenience Store Owner**

**Wayne Collins (PC) (Chair):** Just 8:00 o'clock, we're doing fine. Our next presenter is Mr. Pat Murphy and Mr. Murphy is described as a member of the Convenience Store Owners Community. I don't know if you have a formal association or group that you're representing but I'm sure you'll let us know.

**Pat Murphy:** I'm more or less representing myself and I'm sure most convenience store owners feel the same way.

**Wayne Collins (PC) (Chair):** Welcome Mr. Murphy, the floor is yours, sir.

**Pat Murphy:** Thank you. Honourable Chairman and Committee Members - as the chair stated, I own and operate Murphy's Ultramar Quik Way up in Alberton and have so for the past nine years. Over this period, I've seen several government decisions made which directly affected my business such as the removal of the video lottery terminals and waste watch, smoking ban. Although these are positive steps and are seen to be positive steps, they still affected my business negatively. But by working more hours, myself and cutting back on my hours of operation, I

survived although making less income for more work.

This being said and taking into account that tobacco sales represent up to 60 per cent of my c-store sales and is definitely my biggest traffic builder for other sales, I'm confident that if I was no longer allowed to sell tobacco products in my convenience store, I would certainly not be able to stay in business, and I think this is true for the whole c-store businesses on the Island. As you are all aware, every c-store relies on these sales to build traffic and for a great percentage of their sales.

I can state with confidence that if these suggested actions were taken which I mean limiting tobacco sales to select stores and liquor stores, it would certainly be the collapse of the c-store industry on Prince Edward Island. It should also be noted that c-stores provide a great service to their communities such as lotto ticket sales, white sales and other convenient things such as drop off and pickup points for things that takes place in the communities. When was the last time one of you people used a c-store? I'm sure you probably used one today. Did you talk to your neighbour while you were there? It's a good social point too.

As far as keeping tobacco products out of the hands of minors, I think we do a great job. We are checked regularly by the Department of Health where they send in spot checkers to check on us, underage people and try to get them to purchase smokes. Every month you get a letter saying that you done good or whatever, you didn't sell cigarettes to them. I've never heard of any stores being charged for selling to minors, any convenience stores. And it might be interesting to compare if possible, the incidents of minors gaining access to retail liquor outlets as opposed to purchasing tobacco products at c-stores. I don't know if that's possible.

There is no doubt that tobacco is harmful and it is ending up in minor's hands. However, I think by restricting sales to retail liquor outlets or select stores which I don't think would be very fair if you just picked this convenience store to sell them and this one don't, sort of thing. You would almost be certainly encouraging black market sales which would make tobacco products much more accessible to minors.

I think one solution to the problem would be for this committee to look at changing the whole tobacco law, make it illegal for a person under the age of 19 to possess tobacco products much the same as it is with alcohol because I mean, I see it all the time in my business, I'll refuse a sale and the young person will stand outside the door and wait for somebody 19, one of his friends to come to buy the tobacco products for him. I mean, right now the law is that it is only illegal for us to sell it to them. It's not illegal for them to try to buy them, it's not illegal for them to buy them, whereas with alcohol it is. I mean, it's illegal for a person under 19 to possess alcohol. Anyway, I don't think it's much of a deterrent if you just let the kids just keep trying until they get tobacco products.

Thank you for letting me say my piece and please don't put us out of business.

**Wayne Collins (PC) (Chair):** We appreciate your presentation, Mr. Murphy. First question, Mr. Bagnall and then Mr. Mooney.

**Jim Bagnall (PC):** I guess you've touched on two points that was always a sour point when I was in business and I just wanted to say that I—those were the issues that I used to bring up constantly was the person coming in underage trying to buy cigarettes, try to trick us into selling to them, that was the number one issue. And the number two issue is what you addressed is that we would turn down people like you do and they would go outside and have somebody else come in and—the onus was always on the retailer and never on the individual. Because you could always—if we sold them, we were in trouble but they could go out and sit, walking down the street and smoke them.

**Pat Murphy:** There's no deterrent for them to stop. They'll not stop trying to get the product.

**Jim Bagnall (PC):** There's no deterrent whatsoever, so it was kind of good to see you touch on those two issues. Yes, I agree with you, your line on the convenience stores that tobacco products do make up a large portion of your sales and they also are a great traffic generator to your business. So I do see where you're coming from in that thing. I guess part of my—I always felt was that tobacco sales I always felt should not be sold in pharmacies or drugstores because they promote health. I guess the only way that I think that if you could put a full ban on is if a federal ban comes

down which prohibits the sale of tobacco, but I don't think we'll see that probably. I just wanted to comment on your presentation because it hits the point of any small convenience store or family-owned business across the Island, that they do count on that sale for their business.

**Wayne Collins (PC) (Chair):** Mr. Mooney and then Mr. Ghiz.

**Andy Mooney (PC):** Basically, I guess Jim has kind of hit on the very points I was going to bring up and I think the same as if you are not old enough to buy them, perhaps you shouldn't be old enough to carry them around with you as well. I think it's kind of a strange setup so I just wanted to say I certainly agree with your presentation.

**Pat Murphy:** Thank you.

**Wayne Collins (PC) (Chair):** Mr. Ghiz.

**Honourable Robert Ghiz (L):** I agree with you, too on that point but I don't think it should be a criminal charge. Perhaps a find to the kid or the police take him in and call his parents.

**Pat Murphy:** Take him home and talk to his parents.

**Honourable Robert Ghiz (L):** Exactly, something like that but I don't want to see kids getting a criminal record here.

**Pat Murphy:** Well, they're talking about decriminalizing marijuana.

**Honourable Robert Ghiz (L):** That's another issue. My question is do you have one of the display cases that we were talking about before?

**Pat Murphy:** Yes, it's a display storage.

**Honourable Robert Ghiz (L):** How much do you get paid—do you get paid to put that in your store per year?

**Pat Murphy:** A minimal amount.

**Honourable Robert Ghiz (L):** But they do pay you?

**Pat Murphy:** Yeah, I think it's probably

something like three or \$400 per year.

**Honourable Robert Ghiz (L):** In your opinion, would it hurt you if you had to put them under the counter so you couldn't see them?

**Pat Murphy:** No, I don't think it would.

**Honourable Robert Ghiz (L):** I don't think we're looking at that now but maybe in a couple of years that would be something, you know, I'm for selling them in convenience stores and I do see what would happen to the convenience stores and you're right there probably would be a black market right now. The mood might change in three or four years and who knows, the way smoking is going down now, in three or four years, it might not be beneficial for you to sell cigarettes then anyway. But for now, I think that could be the next step we're looking at but I don't think it will come up just yet. So thank you very much.

**Wayne Collins (PC) (Chair):** Any other questions. I have just a quick question but you mentioned just a few hundred dollars for the display. I heard they were as much as \$1500.

**Pat Murphy:** For the corporate stores maybe. I'm an individual.

**Wayne Collins (PC) (Chair):** So for corner stores, you would never see someone, a mom and pop operation getting \$1500 to display?

**Pat Murphy:** If there are, I'd like to know them.

**Wayne Collins (PC) (Chair):** Just a second, Mr. Bagnall, go ahead. If you want to answer my question go ahead.

**Jim Bagnall (PC):** I can relate to that. I used to, years before bill, '95, about the federal has passed there on tobacco, advertising of tobacco but I'm not sure what bill it is.

**Unidentified Member:** Bill 71.

**Jim Bagnall (PC):** Bill 71, before that came in, in my store tobacco sales used to be a large sale in my store and I used to get up to \$8000 a year for marketing space and advertising in my store because you always get them the very best space. They come in and offer you dollars for the very

best space which is right behind your checkout. At that time, we did probably \$200,000 worth of tobacco products and that's back 15 years ago and that's when tobacco was low. So we did a lot of tobacco business but we ran—that was the draw, that was the draw to get people into our businesses and that's why I say to you, I know where you're going from if we take that away from you.

**Pat Murphy:** I don't think there's as much spent now from the tobacco companies.

**Jim Bagnall (PC):** They're not allowed to advertise like they used to. You know, that's the big thing.

**Honourable Robert Ghiz (L):** (Indistinct)

**Wayne Collins (PC) (Chair):** Just one second now, I'm going to ask Dr. McKenna has a question and then I'll come back to you, Mr. Ghiz.

**Dr. David McKenna (PC):** Just a question on the—you say 60 per cent of your business of sales is tobacco?

**Pat Murphy:** Of my convenience store sales.

**Dr. David McKenna (PC):** Convenience store, that's astounding. Anyway, that's pretty good. My question I guess goes to the—I see the age of kids between 15 and 19 smoking is 19 per cent now. Do you see less kids buying cigarettes, I mean, that age group smoking in your area compared to as you go around. . . ?

**Pat Murphy:** Oh yeah, there's a lot of kids smoking, I notice that.

**Dr. David McKenna (PC):** There's a high percentage up there probably, is it that smoke, because I'm wondering if—do you notice a decline in your sales over the last number of years because of—supposedly the sales of tobacco is decreasing, is it still about the same up there?

**Pat Murphy:** It's still about the same in my business anyway, I don't know about other rural areas.

**Wayne Collins (PC) (Chair):** And back to Mr. Ghiz.

**Honourable Robert Ghiz (L):** I just had a quick suggestion, if Jimmie got 8,000 and we did hear from another in the committee getting 1500, you should be finding out who's paying the more money. Thank you.

**Wayne Collins (PC) (Chair):** Mr. Murphy, thank you very much for your presentation tonight. We really appreciate hearing from you. Some of my honourable colleagues here - are we ready for our next group?

**Marian Johnston (Committee Clerk):** They'll need a few minutes to set up so maybe we'll take a break.

**Wayne Collins (PC) (Chair):** Okay, maybe we'll take a five-minute stretch and we're going to allow our next group to get their setup prepared, so we'll assume in about five or ten minutes.

[Five-Minute Break]

**Part V - SWITCH: Melissa McCabe, Leslie Young**

**Wayne Collins (PC) (Chair):** We're now going to assume our meeting of the Social Development Committee with our next presentation of the evening on the issue of retail sales of tobacco on Prince Edward Island, and I know I had the opportunity to, first of all hear, and then encounter face-to-face some members of this group last week and anyone who is in and around Charlottetown, around Province House, could not help but hear them, very loud in their endorsement, advocacy of a smoke-free Prince Edward Island and I want to welcome them here this evening. It's a group called SWITCH which stands for Students Working In Tobacco Can Help. These are members of the club and they want to come forward to the table to introduce themselves and their presentation tonight, we're very pleased to hear from you.

**Melissa McCabe:** Good evening, everybody. I'm Melissa McCabe and this is Leslie Young and we're both students at Three Oaks Senior High. We're both members of SWITCH at our school. SWITCH is a group of high school students who are both smokers and non-smokers from across PEI. SWITCH promotes the dangers and disadvantages of smoking. SWITCH groups are encouraged to do creative projects such as the

one that we did last week in Charlottetown that some of you saw. We spray painted 129 bodies in the snow to represent the number of Canadians who die everyday from smoking-related illnesses.

At SWITCH, we do not oppose smokers themselves, but rather the big tobacco companies and their manipulating advertisements. We strongly oppose the sale of tobacco in pharmacies as well as tobacco displays.

We had sort of short notice about this, so we didn't have really a lot of time to get all the facts about it but over all, governments end up spending more money on the illnesses that are caused by tobacco through health care than they make off the revenue that they get from selling tobacco products. And either way, the government is still making money off of selling the public products that are going to kill them.

The Canadian Tobacco Use Monitoring Survey in 2000, found that 20 per cent of women from age 15 to 17 smoke, with men at 20 per cent. And the 18 to 19 group, 36 per cent of men and 32 per cent of women were found to be smokers. Women, aged 20 to 22 had a smoking rate of 34 per cent, with men at 42 per cent. So although the smoking rates generally increase with the age, 90 per cent of smokers start smoking before they're 19.

The 1994 Youth Smoking Survey showed that 7 per cent of kids, 10 to 14 were current smokers. Fifteen per cent of adolescents, 15 to 19 were current smokers and one survey at a US high school reported that 70 per cent of adolescents had tried smoking while 36 per cent smoked on a daily basis. Every year, adolescents smoke 1.1 billion cigarettes but cigarette smoking is not the only form of tobacco that is currently a problem. Recently, chew tobacco is becoming more and more popular in high schools in PEI.

**Leslie Young:** In 1996, major tobacco companies spent over \$60 million on payments to retail businesses for their displays. These are sometimes known as power walls. It's three times the amount they spend on all other types of media. They pay this inordinate amount of money because the dominating power walls of tobacco dramatically increase their sales. But it isn't just the tobacco users that are exposed to this temptation of massive walls of tobacco.

The youth of today, well they're incredibly impressionable. Every single person is forced to take in these walls of tobacco, be it a six-year old going to pay for a 5¢ bubble gum. It's just purposely placed tobacco and it has no place there. Coming into stores from outside though the hypocrisy really begins whenever the subject of power walls and pharmacies arise. PEI is the only province, as earlier mentioned, east of Manitoba without a ban of tobacco sales in pharmacies. Ontario, Quebec, Nova Scotia, New Brunswick, Newfoundland and Nunavut all have bans. Pharmacies actually want bans. As of 1995, all provincial pharmacy associations had requested a ban on tobacco products. How contradictory is it that the pharmacies get money for selling tobacco and then turn around and make more money on the drugs used to treat the diseases caused by tobacco. It's entirely against any code of ethics.

I'd just like to take this opportunity to thank you for allowing us to speak here tonight.

**Wayne Collins (PC) (Chair):** I want to thank you very much. You're both named, Leslie, is that correct?

**Melissa McCabe:** No, I'm Melissa.

**Wayne Collins (PC) (Chair):** Melissa McCabe and Leslie Young? Okay. We got the names straight. Any questions for our presenters this evening from SWITCH? Mr. Ghiz.

**Honourable Robert Ghiz (L):** Obviously, I thought that was a great presentation. I'm just wondering what grade you girls are in?

**Leslie Young:** I'm in grade 12.

**Melissa McCabe:** And I'm in grade 10.

**Honourable Robert Ghiz (L):** And do you have many friends who smoke?

**Leslie Young:** Yes.

**Honourable Robert Ghiz (L):** How do they buy their cigarettes?

**Leslie Young:** Through older friends.

**Honourable Robert Ghiz (L):** Through older friends. So they get somebody else. I thought it

was good because you talk a lot about the displays and the subliminal messaging that the tobacco companies are doing and I thought it was great. The presenter before you who owns a convenience store and he said he wouldn't have a problem getting rid of his display and I think that should be an area that we start moving that way as soon as possible. I don't know if it will happen this session but perhaps next year it might happen. So thank you very much, that was great.

**Wayne Collins (PC) (Chair):** Ms. Bertram and then Minister MacFadyen.

**Carolyn Bertram (L):** Yes, thank you for your presentation, it was great. You mentioned that SWITCH encourages creative projects and doing different things. The projects, what are you doing at your school at Three Oaks?

**Melissa McCabe:** We have a week of living dead.

**Carolyn Bertram (L):** Pardon?

**Melissa McCabe:** A week of the living dead where . . .

**Carolyn Bertram (L):** Okay.

**Unidentified Member:** Is that a group? (Laughter)

**Melissa McCabe:** . . . we announced everyday over our PA system, we announced some different facts about smoking and we had people in SWITCH hand out arm bands that said that they were dead basically, so we had 129 of them were supposed to have gone out every day because that's how many people die every day in Canada. And if it weren't for all the school cancellations, we would have had a big thing at the end where everyone went up on the stage just to show how many people died in the week of smoking. So that's one that we did.

**Carolyn Bertram (L):** Thank you.

**Wayne Collins (PC) (Chair):** Mr. MacFadyen.

**Honourable Elmer MacFadyen (PC):** I don't have a question. I just want to commend the group for this performance that you put on in front of the Legislature last weekend and I must say that

the colouring was quite attractive. It got people's attention and I did drive by your group and I did toot in support.

**Honourable Robert Ghiz (L):** I'll remember that in the House then when this comes up.

**Wayne Collins (PC) (Chair):** Dr. McKenna.

**Dr. David McKenna (PC):** Thanks for the presentation, it was very good. I was just amazed that you said the youth are actually chewing tobacco nowadays?

**Leslie Young:** Yeah, in high schools people actually have cups in their classroom and in the hallways that they spit in.

**Dr. David McKenna (PC):** That just astounds me. I just, okay, I didn't know you could still get chewing tobacco, to tell you the truth. I used to sell a lot as a kid and I'd be at a store. That's awhile ago, but I guess my point is also, you still see the young people—like these power walls, you think the young people are noticing these quite a bit?

**Leslie Young:** I think that's one of the biggest forms of advertisement. It's very subliminal. It's not actually a sign saying, chew tobacco or smoke cigarettes but just the fact that it's so dominant in any convenience store or pharmacy in particular.

**Dr. David McKenna (PC):** So would you want those banned in convenience stores and pharmacies? I mean pharmacies and convenience stores or just the pharmacies for now?

**Leslie Young:** Just the pharmacies for now, I think. Obviously, it would be a great step if we could ban it in convenience stores as well but right now, it's just incredibly hypocritical for the pharmacies to have it out there.

**Melissa McCabe:** What we're advocating against is the sales being banned in pharmacies, but the displays in the convenience stores.

**Dr. David McKenna (PC):** Okay, thank you.

**Wayne Collins (PC) (Chair):** Mr. Bagnall.

**Jim Bagnall (PC):** I don't really have a question for you. But I just wanted to say, I think you were bang-on in your presentation here tonight and you're right about the power walls because the power walls are what sold the sales of product and cigarettes is an impulse item and when it's displayed in mass like that, you're right, it does create an atmosphere for people to think that they should be buying them. But it's also done by the retailers for a reason is they can't advertise the signs anymore. I mean, you can't put big signs up from Imperial Tobacco or Benson & Hedges or these other companies. So the mass display of product is the way they've counteracted that too, so they can get their cartons of cigarettes showing the Benson's & Hedges and the Imperial Tobacco's and all the different kinds, Rothman's. So you're right and I just wanted to say that you're right on cue with a great presentation. You did a good job.

**Wayne Collins (PC) (Chair):** Melissa and Leslie, thank you both very much. We appreciate hearing from your group this evening.

**Part VI - Ewen Clark, President, Board of Directors of PEI Division of the Canadian Cancer Society & Ms. Dawn Binns, Acting Executive Director of the PEI Division of the Canadian Cancer Society**

**Wayne Collings (PC) Chair:** Our next presenters tonight are Mr. Ewen Clark is the president of the Board of Directors of the PEI Division of the Canadian Cancer Society and with him is Ms. Dawn Binns. She's the acting executive director of the PEI Division of the Canadian Cancer Society and we welcome you both to the table tonight and look forward to your presentation and at this juncture, I'm going to turn the floor over to both of you.

**Tape 4**

**Ewen Clark:** Thank you, Mr. Chairman. Dawn is passing around a copy of the submission that we will leave with you. You can follow along in some respect if you left during our presentation or you can read it at your leisure as you leave. We do have some other documents at the end of our presentation that I will refer to as well, that we will also be leaving with the committee.

Thank you, Mr. Chairman, Minister MacFadyen, Leader of the Opposition, MLA's and thank you for this very important task which you've taken upon yourselves to address this issue. A lot of the members, as I sat back and listened to some earlier presentations this evening, were being very frank about some of their own personal thoughts and maybe directions they may go with legislation in the future. I want to be clear and frank about what my vision and what the vision of the Canadian Cancer Society is as well. That is we see PEI as a place where no Islanders smoke and no tobacco products are sold. We also recognized and do recognize that that is some distance down the road. For that reason, we applaud you on moving forward with this in a step manner as we seen with the *Smoke Free Public Places Act* and obviously what we're anticipating very shortly in the next sitting of the Legislature.

We have a brief presentation this evening. I'll be going through . . . we're going to leave four recommendations with you. I'm going to go through some preliminary information in the first recommendation and I'm going to hand the (Indistinct) if you like to my co-presenter, Dawn Binns, to pick up from there and we'd be pleased to answer any questions members may have at the conclusion.

The Canadian Cancer Society is a national community based organization of volunteers and our mission is the eradication of cancer and the enhancement of the quality of life of people living with cancer. The tobacco file has been on our radar screen as well as many organizations like the Physicians for Smoke Free Canada and many others who you have heard from already and will hear from in the future and it's one that is there for a very good reason.

Of course, the CCS has five priority areas which you'll see on the presentation, of research prevention, advocacy information and support. In respect of comprehensive tobacco control, we see there are really three key points that we focus on—prevention cessation and protection and along with many other of our health partners on PEI and across the country the Canadian Cancer Society works in collaboration to get there. For example on the prevention side, we are very pleased to support the Switch Group who we've just heard from and many others like them whose efforts go a long way. In terms of cessation to give you an

example, we support along with the PEI Tobacco Reduction Alliance to help existing smokers quit. We've got a Smokers Help Line and also other sorts of other tools we make available as we can.

In terms of protection, we're very pleased to work with this committee and work with this government, most recently with the *Smoke Free Public Places Act*, to make legislative changes and we applaud the steps that have been taken so far. Very briefly, in terms of the health burden or the cost of smoking, you'll see the numbers are there, they're very stark. Thirty per cent of all cancers are caused by smoking, 85 per cent of lung cancers are caused by smoking, 362 Canadians will die of lung cancer every week. On PEI the financial costs are incredible—\$10 million in direct health care costs each year for smoking related illnesses, \$43 million in loss of productivity from members of our population on an annual basis. They are shattering numbers. I talked to you about our vision and our position is simply that tobacco should be considered a controlled substance and we propose the following four recommendations to be phased-in in order to achieve our vision.

The first recommendation has really got four separate parts to it and I'll go through them in that order. The first being introduction of legislation to ban sale of tobacco products in hospitals and other health care facilities including pharmacies and premises that include pharmacies and kiosks affiliated with the pharmacy. In the package of information that we have distributed there is an excerpt from the Newfoundland legislation and I know, I believe, Mr. Bagnall had asked earlier and even you Mr. Collins, in terms of how do you draw the line geographically and so forth. And that is one example of how they've done that in terms of the affiliation or what sort of a business or geographically located. I believe it's at tab three of the document.

In terms of the sales in pharmacies, one of the main issues that we see, of course, is the ethical issue and that sale of tobacco in pharmacies is quite simply unethical. It's against the pharmacist's own code of ethics. We've heard the Provincial Pharmacy Association here tonight reinforce and restate their commitment requesting the ban for tobacco sales. Although I'm hearing the Pharmacy Association say they don't want to be singled out as the only place for that ban, I'm not hearing them remove their request that the ban be put in place.

Clearly the tobacco sales is an obvious conflict of interest for them. As the SWITCH Group just mentioned, on the one hand they're selling you the drug and on the other hand they're selling you the antidote. It doesn't seem quite right. Other jurisdictions, you've heard about from other presenters this evening, we're the only province East of Manitoba without a ban on pharmacy sales albeit Newfoundland is in a phase-in process.

In terms of the constitutionality of the legislation, that's always a concern of legislators of course. We enact a law and then the first thing some imaginative lawyer comes up with an argument of how this some how offends our constitution. Well, our research, our background has been quite extensive in this respect and we are of the view that the proposals that we are putting forward will withstand that constitutional challenge.

I would note that there has been a decision with respect to power walls in Saskatchewan I believe, which initially the trial judge found the power wall ban containing their legislation was not constitutional. That decision was appealed before a superior court judge and we anticipate a decision in the very near future on that and we're quite confident that that decision will be reversed and the legislation will stand. I know in terms of other presenters our, if I can call him this, our legal expert Robert Cunningham from the national office of the Canadian Cancer Society will be presenting I believe for this panel at its next session and we'd invite you to address any questions you may have in terms of constitutionality and where that whole piece is across the gambit with him. Simply to say from our perspective we feel that the legislation would survive that test.

The benefits of a ban in pharmacies obviously will eliminate the conflicting messages, fewer queues for those people who are recently off cigarettes. It's certainly in support of the comprehensive tobacco control efforts that we suggested and it will eliminate the ethical dilemma the pharmacists find themselves in. The economic impact of pharmacy sales, removing sales from pharmacies . . . here was an Ontario study done in 1992 when 56 pharmacies had tobacco sales removed from them, 56 per cent of those pharmacies had either no loss or an increase in sales, 20 of the 56 had marginal or moderate losses and of those 20 all recouped their losses by the end of two years time. After a complete ban of pharmacies in Ontario, 50

pharmacies apparently did close, 120 new ones opened in their place.

The second portion of this recommendation No. 1 is banning in premises owned and operated by the Legislative Assembly, the government of this province or by any municipality. We believe that restricting the sale of tobacco in government owned and run facilities is the best way to lead by example. We also further recommend banning in the premises of a school or other educational facilities. In this we would include, of course, post-secondary educational facilities at UPEI and Holland College. I know there is a tobacco vending machine at the Wave at UPEI and I'm not sure where else on campus you may be able to purchase cigarettes. But we would propose that they be removed from there as well.

Finally, from athletic and recreational facilities that we want to be supporting a policy of healthy living and healthy life styles in our youth in sport and in other ways, it only makes sense that cigarette sales not be there. In terms of youth smoking, banning tobacco products where youth gather will support prevention and cessation work. Our research, our number shows that 90 percent of smokers started before they were 19. Twenty and 24 year olds have higher rates of smoking, 35 percent compared with an overall population basis of 23 percent. The work of the Cancer Society and the PTRG here on PEI have had a strong youth focus and we would urge this committee and the Legislature to keep that in focus as well.

Finally, on this first recommendation we would propose the premises licensed to serve alcoholic beverages, banning in premises licensed to serve alcohol beverages for consumption on those premises. As the committee members are aware, the legislation as it is now is at many of these licensed facilities now. Families, young people can attend up until certain hours of the day. You walk in the door and often times the first thing you will see on your right hand side as you walk in the door is the vending machine, the bar tender being far and away across the room. If there is any issue about policing that, about teenagers coming in and dropping their money into the machine and it not being stopped. I just don't think it's reasonable to expect that to be policed. Aside from the fact that we believe obviously that smoking and putting it out there in the normalized way that it has been to date continues to send the wrong message and

removing it would remove that.

With that, I'll pass over to Dawn. If you would pick up Dawn where I left off.

**Dawn Binns:** A second recommendation is the introduction of legislation to ban product displays and signage from being visible in all retail outlets. We've heard a fair bit of discussion and I, too, was pleased to hear a convenience store person speak to that and the impact that may have. What does this look like? What are we talking about? Some of you I think have probably in the last week noticed retail displays a little more than you may have before. But my intention was to try and find a picture to give you an idea of what we're talking about. Power walls is what we refer these too and they may be small, they may be large. Essentially, they're a bright colourful display of cigarette packages located behind the service counter that shows several brands in columns and rows. This does have an impact on consumption and we know that.

Just to give you an idea, advertising increases consumption. In 1996 major tobacco companies spent \$60 million in payments to retailers for displays. This is three times the amount they spent on other forms of media. It's also a journal, I believe out of the American Health Journal conducted, this also is quite a bit more than is paid to advertise other products. So to pay for a display of a different product, they're paying big money to have those displays there and they don't do that for no reason and I think we know that.

Another thing just to show that it does increase consumption, tobacco companies encourage the use of these displays. An interesting example, at a 2002 International Tobacco Expo, a presentation entitled, Stimulate and Drive Impulse Purchases was included. And the description of this presentation was—this seminar will provide ways to increase sales of tobacco products by learning how to stimulate impulse purchases. So they know it works. They're trying to get their retailers to make it work and we just don't feel that that's appropriate. We also know that youth are impacted by these. The SWITCH students spoke to that. They do notice these types of displays. In 1994 Health Canada Youth Smoking Survey, found that of all age groups, 13 to 14 year olds were most likely to afford having seen advertising. So while the members of the committee here may not have

been noticing them, we know that other people are and that's a concern. Displays do increase consumption and just to give you an idea on purchase patterns. Research shows 58 per cent of tobacco purchases are not specifically planned. Those displays have an impact. Cigarette are purchased 2.5 times more when a display is present. Again, this is research out of our center for behavioural research.

So given this and the other mountains of evidence and we do have pieces to leave with you, we know the point of sale retail displays work and tobacco companies are using them as a effective means for increasing sales to people of all ages. So the benefits of a display is rather obvious. (Indistinct) the message of acceptability of tobacco products. These displays are very large, they're very prominent and they create an image that everyone smokes. If you walk in and it's the biggest thing you see, that's the impression you get. If you noticed in the picture that I showed you, quite often these are closely in the vicinity of candy displays, other things that children are going to get and that's a concern. We don't want to send the message that these two products are in any way comparable because they're not.

Removal of displays will eliminate in-store cues or reminders. They create a habit purchased pattern. You got to the store, you see it, oh yeah, I should pick up my cigarettes. If people are going to purchase it, it should be a purposeful decision to go and purchase that product. We cannot emphasize enough that these displays will support all the tobacco reduction work which is happening on PEI. We know that a comprehensive approach reduces smoking rates. As Ewen mentioned in other jurisdictions they have instituted displays. 2002, Saskatchewan banned product displays from being visible in any stores accessible by youth. That's the approach they took. We're not necessarily saying that approach. We think any place should not have displays of this nature. Manitoba and Nunavut have adopted similar legislation and the World Health Organization has supported such bans.

Concerns - tobacco companies have challenged this legislation and is currently under an appeal. A supreme court decision is expected in 2005. We would hope that the Legislature would decide to act now and we believe that this will be supported. So we would hope this would not be a reason to

not make this recommendation. Lots of revenue would be off- set by substantial health care savings and I was pleased that the Honourable Leader did ask the question to the convenience store owner and pleased at his response that they seemed like they would be able to accept a movement like this. That's a very positive step. Contraband black market products would not be a factor since availability would not actually decrease in this instance. Just the visibility of it and the social acceptability of the product.

Vending machines - and Ewen had a brief mention of this. This was mentioned in previous presentations and we have done research a little bit since then. The benefit of a vending machine, the elimination of vending machines supports the message that smoking is a deadly habit and therefore tobacco is sold in a controlled manner. It is not candy. I think vending machine, I picture pop and I picture candy and that is not what this product is. It removes another easy access point for underage smokers. Machines are easily accessible during day time hours. I will not name places, but I did walk into an establishment at 12:00 in the afternoon and it's a pub and inside the immediate there is a vending machine. Across the room on the other side of the pub is a man behind the bar. I'm sorry but he could not tell if I was 16 or 60 and if I wanted to purchase a product from that vending machine that would have happened. So, we strongly encourage this type of ban. Ontario, Nova Scotia and Nunavut have province/territory wide bans on vending machines. So this has already been done.

Recommendation No. 4. That the sale of tobacco products be limited to a reduced number of designated license outlets on PEI. This isn't a new one that you've heard. Wide spread accessibility. One of our previous presenters spoke about how many outlets in Canada. A research out of A.C. Neilson looked at supermarket convenience stores, drug stores, gas stations and other obtainable (indistinct) because of general sales. Ninety percent of these retailers sell tobacco products. An interesting fact, 52 percent of shoppers in supermarkets who buy cigarettes make their final decision in the store. So every store they go into and those products are there, it's an in-store decision. If they go into stores to buy milk, bread and it's not there, that decision is not available to them. The benefits - it decreases the social acceptability of tobacco products. It reduces

the availability and opportunity for in-store purchase decisions and it enhances the ability to regulate access to minors. The fewer sites to regulate, the fewer places to check. Hopefully the enforcement of that would be made easier.

The concerns - we've heard this before and we certainly wanted to speak to it –the contraband of black market smuggling concern. First I want to note that there is no evidence to support these claims. There is no research being done that decreasing the number of outlets will actually cause a black market. It is a concern that people are expressing but there is no evidence for that. We suggest that we start now, but use a phased-in process. We recognize you cannot pull this out of every outlet on the Island. But 383 outlets across the Island is not acceptable either. That is a wide spread accessibility. And part of that is you continue work in prevention and cessation and as your smoking rate decrease, the number of outlets will decrease with us.

A final conclusion that we'd like to leave with the committee. Tobacco is a deadly and addictive product which should be treated as a controlled substance. It is not candy. The health and well being of Islanders should be the primary focus when considering tobacco sales. We showed you the statistics. The staggering numbers of people who are getting illnesses and dying and I think that should be the focus.

**Wayne Collins (PC)Chair:** I want to thank Ms. Binns and Mr. Clark for a very fine presentation. I'm taking my list now and I'm going to begin with Mr. Ghiz followed by Dr. McKenna.

**Hon. Robert Ghiz (L):** I've got two points. One, I should probably know. Can you buy cigarettes at the Queen Elizabeth Hospital?

**Dawn Binns:** I don't know and I didn't get into researching that one.

**Hon. Robert Ghiz (L):** I'm pretty sure, it should be a ban but I'm pretty sure it's probably there now. I don't know. I'd be for it. How does that sound?

**Dawn Binns:** Yes.

**Hon. Robert Ghiz (L):** The second one is, I just want to congratulate you on, to keep going on this because like I said, eventually I might change my

mind on certain things. Tonight I think you got me on the vending machines there. You're probably right. I don't remember ever seeing somebody buy cigarettes out of a vending machine. Anyway, recently in my life time, I do frequent the odd bar, as the Tories like to point out. I don't remember seeing anybody buy them. I probably will . . . like for example the other day I was in at a friend's restaurant and I asked them and they still have cigarettes under the counter. I said, would it bother you guys if you couldn't sell cigarettes anymore? They go, no, nobody buys cigarettes here anymore anyway. So I probably will ask a friend who owns a bar and just say, the vending machines, how much would it mean to you at the end of the year? If they say, well we'll go bankrupt if you take it out, which I highly doubt they will, I'll fight for the ban of vending machines too.

You got me on the those. The rest you still don't have me on yet, but we're getting closer.

**Dawn Binns:** We're getting closer?

**Hon. Robert Ghiz (L):** Yes.

**Ewen Clark:** What I heard from your comments , if I might, Mr. Chairman, respond before as well to the convenience store owner on the power wall issue. His response was it wouldn't affect my sales. If that's the response or that's the position of the convenience store owners that we applaud it obviously because that's very much in line. The other thing that we're proposing is the removal of these power walls.

**Hon. Robert Ghiz (L):** I said to Dawn to the other . . . no, not Dawn, Dawn was there the other day when . . . you're with a lot of different councils Dawn. The Council for Smoke Free PEI I think it was, I said that I think government should prepare the legislation now and wait for the court case to come in and once the court case comes in then introduce some legislation. I hold off on introducing it until the court case is done, is my opinion on that.

**Wayne Collins (PC)Chair:** Dr. McKenna?

**Dr. David McKenna (PC):** Two quick –one for Dawn first and one for Ewen as well. The vending machines, I guess I'm like Robert, I guess I don't go to too many bars. How many vending machines do we have in the province?

**Dawn Binns:** I don't know and I don't know that. There is federal legislation. They do have to exist in a place where it's a licensed establishment. I don't know, like I said, will say I easily visited two places in Charlottetown to find them, and I found them.

**Dr. David McKenna (PC):** It's a good point. I never knew they were still around I guess. My other point on the Saskatchewan . . .

**Hon. Robert Ghiz (L):** There is one at the back of the Old Dublin.

**Dr. David McKenna (PC):** Is that right?

**Dawn Binns:** I didn't visit the Old Dublin.

**Dr. David McKenna (PC):** I think there is one at Merchant Man, I can't remember. (Laughter)

**Dawn Binns:** Everyone is going to be out looking for them now.

**Dr. David McKenna (PC):** I want to comment on the legislation of Saskatchewan. That was on the power walls, correct?

**Ewen Clark:** Yes it was.

**Dr. David McKenna (PC):** What was the actual, why did they . . .

**Dawn Binns:** I don't know if we can speak to that and I would defer to . . .

**Dr. David McKenna (PC):** We'll probably get that next week.

**Dawn Binns:** I was just going to say. We've been taking note of the questions that you are having. For example, Mr. Cunningham will be actually in Manitoba and Saskatchewan the actual day before he's coming to see you and he's following that case very carefully. So I'm sure he can answer that specific question.

**Ewen Clark:** Absolutely, without giving you some incorrect or not exact accurate information now, you will get it straight from the horses mouth, Mr. Cunningham.

**Dr. David McKenna (PC):** But they actually had

power walls banned for awhile.

**Ewen Clark:** They enacted legislation that included a ban on power walls which was challenged by the tobacco industry. In the first instance the trial judge agreed with the tobacco industry that that was an unconstitutional impingement, as I understand it, on their commercial right to merchandise products in that sort of limited sense. I think we got into the arguments at the second stage of that of social policy and the larger benefit and that sort of thing which is where I believe it's going to come down but he'll tell you for sure.

**Dr. David McKenna (PC):** We'll probably get the interpretation of it from the other presenters next week too I guess.

**Ewen Clark:** You may well.

**Dr. David McKenna (PC):** I'll wait till next week on that one.

**Wayne Collins (PC)Chair:** Mr. Mooney followed by Minister MacFadyen.

**Andy Mooney(PC):** Just a couple of quick points. I can't believe the way things have changed in a lot of households across the province as far as in smoking. Even in our own house, like our kids, there is only one person that comes to my house that smokes and he'd be the plumber and he's hard to track down. (Laughter) But you know, my kids will come home and it could be five hours after this gentleman leaves and the first thing they'll say is, who was smoking in the house and we wish that they wouldn't do it again. We have a Ven Mar air system in the house that takes it all through. But it's incredible how things have changed. But I think it's an awful lot even like Island Waste Watch, like five years prior I don't think you could have put the waste watch system in. It took people generally being pushed this way and then you have to time things well. Even on issues of smoking, I talked to a fairly good friend that runs a bar and he said he can't believe how great it is to go home at night after having a busy evening and go home and his cloths don't smell like smoke. He owns the place and then runs it. It hasn't impacted their business because it was timely the way it was put in and people just got accustomed to it and I think the same with a lot of things in smoking. It just has to be timed right and

you can't push too hard.

**Dawn Binns:** And I agree. But you also have to remember that those same business owners screamed and yelled (indistinct) that we're all going to go out of business. That's important to remember that both arguments are happening and we do agree. There should be a phased-in approach. But one of the first steps may be putting a mechanism in place where you can start reducing the number of outlets. Looking at that, there isn't licensing now, tax numbers. I'm not a regulation expert but if you put a mechanism in place and make a commitment to move towards that, that is what we need to do for sure.

**Ewen Clark:** Don't confuse the issue on that fourth recommendation about licensing, saying that we're here suggesting the only place you sell tobacco on Prince Edward Island is in liquor stores. That's not what we're saying. We're saying, license it the same as you would the sale of other products like alcohol for example. There will still be, if you're going to that route of the licensing you'd have a stricter obviously control over where the sales are being made but certainly the access issue would be addressed on the phase-out side.

**Dawn Binns:** And certainly having licensing just as an example, I believe it is in Newfoundland legislation, they also license their retail. I believe they brought that in in 1999. If you look at their access laws, if you break some of those access laws you'll lose your license for three months, for six months, for a year. So there is also mechanism for discipline built into that as well.

**Wayne Collins (PC)Chair:** Minister MacFadyen?

**Hon. Elmer MacFadyen (PC):** I'm a former smoker. Twenty-three years. I guess the . . . I'm quite impressed with the presentations that occur, not only from your group but also from other groups. I must say, and I said it to Dr. McKenna, it's a whole new learning experience on the information that's available when you give the public the opportunity to do a presentation. I, too, am concerned that, you know, you wonder why people would smoke when you see the effects and the statistics that's put forward to the general public. I never thought of the displays that are available for people or the power that those displays have for people that go into stores. I

wonder if there is any way of measuring the impact that they do have versus, like I heard the SWITCH Group saying about kids being impacted by the signage that's in the store. You often hear people in the community say, because so and so is smoking they're friends of them, they're influenced by their peers so they smoke too. Like how do you compare the signage in regards to peer pressure?

**Dawn Binns:** Well I think, and I mean it comes back to the comprehensive approach and I think the previous speaker spoke to this. It's very hard to pin point exactly what is changing smoking rates and smoking habits. There was a statistic here, purchases happen two and a half times more when a display is present. So that speaks specifically to the display. We can't tell you why that person started smoking or why they stopped but we do know and research shows us that a comprehensive approach—when I say comprehensive that includes cessation, that includes talking about the issue—research has shown us that not just programs but even for lack of a better phrase, the buzz about tobacco and it's effects raises awareness and decreases use. It's an interesting note. These hearings alone are impacting smoking and information that's coming out from these. So it is hard to pin point what is the impact.

**Hon. Elmer MacFadyen (PC):** I'm sitting here Dawn and I'm saying I wonder why do we as a government allow the advertising to go on for displays or whatever and how come we're the only province that doesn't have the ban on advertising in all of Canada?

**Ewen Clark:** We are asking the same question.

**Dawn Binns:** And you know what, I will make a point, and we have been leaders in the Smoke Free Places Legislation and it was good legislation and we would like to see the (Indistinct) phased out a bit but it was good legislation. If this province were to chose to ban pharmacies, ban vending machines and ban displays you would be leaders in this country, to have all three in place.

#### **Tape No. 5**

**Dawn Binns:** I think that would be something to be very proud of. I think it would be very important to do for the health of all Islanders.

**Wayne Collins (PC)Chair:** Ms. Binns and Mr. Clark, I thank you both very much for a very well thought out presentation this evening.

**Ewen Clark:** Mr. Collins if I might just before I leave for the record, I want to leave with you some volumes and I'll very quickly, I'm not going to read them all in. There is a four volume document called a Compilation of Selected Evidence Regarding the Impact of Tobacco Advertizing and Promotion which may address Minister MacFadyen's concerns. We will leave that. We've also got a two volume document Tobacco Sales and Tobacco Promotion in Pharmacies, Violations of Professional Ethics Standards for Pharmacists and finally Controlling the Tobacco Epidemic: Selected Evidence in Support of Banning All Tobacco Advertizing and Promotion Requiring Large Pictured-Based Health Warnings on Tobacco Packages. That's a Canadian Cancer Society International Union Against Cancer document. We'll leave those with the committee.

**Wayne Collins (PC)Chair:** Just a little light reading for Mr. Bagnall.

**Jim Bagnall (PC):** We just figured, Ewen, as chair of the committee and he's doing such a great job that we will make a motion that Wayne Collins (Indistinct) report back to the committee on all of the fine points. . .

**Wayne Collins (PC) (Chair):** Read it and tell you what it's all about.

**Marian Johnston (Committee Clerk):** (Indistinct) write that down.

**Wayne Collins (PC)Chair:** No, you don't need to write that down, clerk, no, that's fine.

**Ewen Clark:** We would like to thank you for your time and attention.

**Part VII - PEI Lung Association: Dr. Margaret Munro, Vicki Bryanton**

**Wayne Collins (PC) (Chair):** You're very welcome. Thank you very much. I want to thank our next presenters. They've been patience all evening and we certainly want to take time to welcome them to the table tonight and hear their presentation as well. This is an opportunity to hear from the other Vicki. At our last meeting we

heard from Vicki Francis. We are pleased to hear from Ms. Vicki Bryanton, the Executive Director of the PEI Lung Association and with her tonight is the Volunteer President of the PEI Lung Association, Margaret Munro. Good evening and welcome to the table. The floor is yours.

**Dr. Margaret Munro:** Thank you very much, Mr. Chairman. It's a pleasure. It's always hard to be the last or close to the last because so many good things have already been said. So perhaps our role is going to again reinforce some of those good things.

The Lung Association as most of you know is a community-based charitable organization and our concern is really to assist Islanders to have better health, better lung health really and in order to do that, we are concerned not only with those who already have chronic lung diseases, but the care givers of those people, the family members for those people and then to prevent some of those things ever happening at all. So we are concerned also about our young people and our school-aged kids.

I think it was our very first speaker tonight who said smoking is a learned behavior. One of the things we hoped to do as part of our impact within the province is to help people not to learn that behavior and that's an important part of it as well.

Unlike the last president of the board, I'm not going to share the whole presentation with my executive director, she did the work so I'm going to take presidential privilege and say you can do the presentation.

**Vicki Bryanton:** Thank you, Margaret. Why tobacco control? For us as a Lung Association, we do it because it affects people with lung disease. We know that every hour there is a Canadian dying from lung disease. In fact COPD, the chronic lung diseases. It's about every 20 minutes we loose another Canadian to lung disease when we include all of our lung diseases. We know that 750,000 Canadians have COPD and that includes emphysema and chronic bronchitis.

On PEI more than 85 percent of our COPD is directly caused by smoking and second-hand smoke. Can we ignore it as an issue? We can't. We can't ignore it as an issue, we'd like to, trust me. If I never had anything to do with tobacco ever

again, I would have plenty to keep me busy, Margaret can attest to that.

We also are concerned about what the impact is going to be on a section of our population. If you look at gender, women are going to see their COPD rates tripling by 2012 and that's a large group of women who are going to have a very disabling disease. We know it takes a comprehensive approach to control tobacco and it will help us control our future health care costs as well as the human cost which the Lung Association has to deal with every day.

We are a member of PTRA, the PEI Tobacco Reduction Alliance and we strongly support our work in PTRA because without it we wouldn't have the coordinated impact that we are having now on tobacco in the province. We certainly would not be seeing the jumps that we've seen in reducing our youths' smoking rates. It takes a comprehensive approach, it takes prevention, it takes protection, it takes cessation and it takes something else that we've built into all three of those, denormalization. We have to treat the product for what it is. We have to treat it as a product that is highly addictive, that kills half of all its users, when you use it exactly as intended.

Tobacco advertising works in harmful ways. It makes the product appear normal. It encourages children and adolescents to use. It deters our current smokers from quitting. It prompts former smokers to start again and it does increase daily consumption among smokers who would ordinarily not be smoking that much and we know there's strong research to support that information.

Our response to that is the Lung Association is we've got to denormalize what the tobacco industry is trying to show us as normal and that is the use of tobacco. The industry uses more than advertising, they're not just a marketing group with lots and lots of money. They are also a group that uses social marketing to try and impinge or put tobacco into our society as part of what's normal for our North American society. It's not just about print ads. Tobacco industry does use marketing tools that depict their product as normal and even common. Point of sales advertising is associated with other socially accepted and harmless products like food, like candy, like items of every day living. And the young people in our group pointed out to us today, and the SWITCH

members who are here tonight, did tell us that youth can see it, youth can see the issue that's happening to them. With a little bit of direction they can understand that advertising is putting them into a dangerous position and as adults I think it's incumbent upon us to see what they can already see.

It also promotes that public and government acceptance that we think has to stop and can stop with legislation put into place. Why eliminate power walls? Power walls as you have seen is an industry tactic and I am impressed that some of you have taken the time to actually start to notice it. I won't make any comment about us being too old and out of the target market group for the industry. But the reality is, we are not their targets. Youth is their target and you have to look with youth eyes at these situations. I've been lucky, I work for the Lung Association, I've been here for 15 years, I talk to young people regularly and they've taught me a whole lot. They've taught me to see things I would never have seen. And I rely on them to point out the things to me that the industry is doing.

We know it affects--when youths are considering experimentation, we know that youths have tried and the youths who have tried but who are not yet addicted are encouraged to keep purchasing the product. We know that it affects those smokers trying to quit. We help smokers try to quit. We know what it does to them. And it affects the ex-smoker who is tempted to restart even after sometimes years, they'll give up years of being smoke-free. The temptation is still there, power walls do make a difference and you've heard already about what's happening in other provinces so I won't reiterate.

Why particularly pick on pharmacies? You've heard that here tonight as well. How can we have part of our health care team here on PEI promote and profit from a product that causes diseases and death, when it also kills and causes disease in people exposed to the side stream smoke from it and it doesn't have a shred of health benefit. It just doesn't make any sense to us. Pharmacies do have a code of ethics that say they should cause no harm.

When we want to control tobacco sales, does it make sense? Young people tells us it makes sense. Fifteen years ago, youths were telling me if

tobacco is so bad, how come it's legal? If tobacco is so bad, how come I can buy it next to the chocolate bars? If tobacco is so bad, why does the government make money from it? I didn't have good answers for them then. I'm hoping that today I'm able to tell them more encouraging news. The government considers tobacco a dangerous product. They don't allow people to be exposed to second-hand smoke in public places. They don't allow people to be exposed to second-hand smoke in workplaces. They consider it a dangerous product. Moving towards more legislation and regulations only proves to our young people that you are serious about what you say.

We have legal products that have restricted access and very controlled sales, liquor, prescription drugs and guns, just as a few examples. We know that tobacco retailers have a tough time with preventing sales to minors. They do feel like they are burdened. The smash and grabs that are occurring on PEI now, how many times do you open a paper, read about a convenience store, what are they taking? Money and say it with me, cigarettes. We think that doing some more controls over tobacco sales will actually help protect our retailers. Hopefully, it will reduce their insurance rates as well. And we have not been able to find evidence that doing this work is going to create a black market and we've looked. We are looking for it all the time because we want to be as aware of what the impact is going to be on our population, on our communities as anybody else.

So our recommendations are that the government introduce legislation that would immediately ban the sale of tobacco products in Island pharmacies and establishments containing pharmacies and all health care facilities and those buildings that contain health care facilities. Health promotions facilities like sports venues and government run, government occupied buildings, municipal and provincial.

Also immediately a restricted promotion of tobacco products by banning the power wall type displays and removing tobacco products from view. Put them in locked units, the retailers can be safer as well at night.

For the future, and by the future we don't mean the distant future. For the near future we also need to set up a restricted sales location for tobacco.

We're not saying a total ban. We're not saying only put it in liquor stores at this point in time because our addiction rate is still too high. We are working on it. We're trying to bring that addiction rate down. We are trying to help people to quit. We are trying to prevent youths from starting. But until the addiction level gets below a certain percentage, we can't completely ban a product when we've got that many addicts walking around the streets. We are not stupid; we're not unreasonable. We recognize what kind of a problem that would cause.

You need to restrict sales now, you need to set up the plan that by a certain point in time tobacco sales will be restricted to very few locations. Don't wait to start this three or five years from now, because that doesn't give the kind of warning that our retailers are telling us that they need. If you tell them now, there will be a ban in place at this time in the near future then they can prepare for that and we can help them prepare for that if there is a way that we can as a community help them prepare.

That's all we have for our presentation and we are ready to take some questions.

**Wayne Collins (PC)Chair:** Okay I'm taking my list and we can begin with Mr.Ghiz.

**Hon. Robert Ghiz (L):** I've been listening to these presentation now constantly and I've been more and more accepting what you've been saying. But I still--I just want to make it clear. I still am for free choice and I still do believe that if somebody wants to smoke, they have the right to smoke, but it shouldn't affect any other people. I'm sorry I still believe like that and I know that everything we're doing here on PEI will help to eliminate smoking. But I've been fortunate enough that I've traveled around the world and I know it's going to be a long time before smoking is eliminated in the world. We are way ahead of--I've been to Africa, I've been to Asia, I've been to the Middle East, they are still smoking on airplanes and smoking in grocery stores and it's unbelievable over there.

But I just want to say how you have convinced me before on the vending machines, but now you are even making me think like someone who is looking to eliminate smoking and another suggestion I kind of have now is the movies and TV. I think it's, and I know it's not your organization, but probably your

national organization that can work with that, but I know just from watching—it still catches me off guard when you see it on movies and on television and for me that must be one of the largest selling points for young people. You are sitting there and you are watching *Legal Weapon II* and you are seeing Mel Gibson have a smoke.

**Vicki Bryanton:** Absolutely no accident, we've been monitoring tobacco exposures in movies and popular media over the last three decades with our (Indistinct) partner, the American Lung Association and it's no accident that tobacco usage has increased expediently in movies and on popular television programming.

It's hard to watch the new fall line up that come on TV without seeing commercials with people smoking in them. The commercials for the line up have people smoking in them.

**Hon. Robert Ghiz (L):** Are they sponsoring the—the tobacco companies?

**Vicki Bryanton:** The tobacco industry is involved in trying to promote more visual effects. It's a social marketing issue.

**Hon. Robert Ghiz (L):** So you guys, not you guys, but we are, as a society, kicking them out of sponsoring stuff and they are looking for new markets to try and slip in.

**Vicki Bryanton:** They've got more people and more money than we have.

**Hon. Robert Ghiz (L):** Kind of like the *Runaway Jury*, have you ever read that book?

**Vicki Bryanton:** That's--but the movie didn't stay true.

**Hon. Robert Ghiz (L):** I know, the movie, I didn't like it as much, but the book was very good.

**Vicki Bryanton:** That whole issue of media is another issue that we do work in. What we are trying to do--we can't hope to combat the tobacco industry with the amount of money that they have. Instead we have to look for ways where we can educate better. We work with youth. We actually have a presentation called Tobacco Advertising and Youth where we talk to primarily Grade 8 students, is the group that we focus on, to teach

them the ways the tobacco industry has to market their product to them. To make it seem normal and glammers and a thing to do and harmless in so many ways. We work with them to try and educate them on that because we can't battle them on a larger battleground.

**Hon. Robert Ghiz (L):** I'm just going to say a couple of small things here. Since this is the last group of the night. I remember when I was--I'm 30 years old now, but I remember when I was in high school, there was quite a bit of smoking going on and this is easy cause it could just show the last ten years how things have changed. (Indistinct).

Exactly, but when I was in high school there was a lot smoking going on; university a lot of smoking and I've noticed now over the last number of years, I remember I went to a party, I guess about a year ago and there wasn't--there was about one person out of 40 that smoked at the party and that was in PEI which surprised me because I find PEI, the Maritimes and even Quebec were still a little bit behind the west because I remember I went to a wedding in British Columbia and there was 150 people there and you are at a wedding and there was lots of alcohol, there wasn't one person there who smoked. And I just wanted to say that I think it's because of organizations like yours and if you keep doing what you are doing, I'm sure in ten years we're going to see even less. So thank you very much.

**Wayne Collins (PC)Chair:** Dr. McKenna.

**Dr. David McKenna (PC):** This question is either for Vicki or for Dr. Munro. On the controlled facilities, what do you envision as controlled facilities? How would you decide who would get these facilities? Have you fellows done any thinking on that part or do you mean like liquor store establishments?

**Vicki Bryanton:** It hasn't been our area of expertise obviously to figure out how would you control or legislate or regulate or do any part of that. But there has been conversations where we talked about what would be reasonable. We think there are far too many locations, that's a problem. We don't want to drive--and we're also big into level playing fields. So how do you make it fair for retailers? We think giving them fair warning makes it fair. We think helping change out to other businesses makes it fair. We think that if you

create--the restrictions we know we need to control the sales, then if you can meet those restrictions criteria, that puts you in the pool. Then we restrict the number of licences or locations that we want to have and make it a lottery. I mean we do lotteries for shellfish licences. We do lotteries for shooting moose in New Brunswick, but there is a way, I know there is a way to make it work. It's taking a reasonable approach, step approach that will make it successful.

**Dr. David McKenna (PC):** I think you realize that what 300 and some locations that are selling tobacco now?

**Vicki Bryanton:** Yes, 383.

**Dr. David McKenna (PC):** Three eighty three. Counting the vending machines. I think you can appreciate that someone's job--like the video lotteries, there's only about seven or eight people that sold that really control the companies and that before. There was a little bit easier thing to do, but when you are talking about that many companies and all of a sudden say okay we got to arbitrarily side, half of you people have to go. It's not an easy job for government have to do that.

**Vicki Bryanton:** It's not an easy job for us to deal with people with lung disease. It's not an easy to watch someone die from emphysema, from second-hand smoke. It's not easy for us to talk to kids about why they shouldn't start, when it's so readily available. A lot of things are not easy.

It's not our job to say, oh that we are better or more important or our issues are more important than the retailers livelihoods. We are not here to say that. But we are here to say we have a good reason to ask for it.

**Dr. David McKenna (PC):** I don't disagree. Thank you.

**Wayne Collins (PC)Chair:** Ms. Bertram.

**Carolyn Bertram(L):** I just wanted to pick up on the you know you said of mixed messages in terms of our youth and we look at our Grade 4, Grade 5, Grade 6 whatever curriculum we are teaching and as teaching that it is a bad, it's bad and if our youth and as government officials that we are trying to be the leaders and making sure that our young people aren't going into these

establishments, whether it's a pharmacy that is suppose to be selling health products. They are seeing drugs, like it's a form of a drug, that's a bad drug and that's not good.

**Vicki Bryanton:** The first one who told me that was a five-year old. She was our poster child for asthma for my first year working at the Lung Association. She was five-years old. And she asked me why can they sell cigarettes that make me so sick at the same place where I buy my asthma medicine?

**Carolyn Bertram(L):** Exactly, and we have so much to learn from our kids.

**Vicki Bryanton:** And I said, why don't you ask your pharmacist, honey and she did. She asked her pharmacist and her mother stood there with her arms crossed and let him take it. Why do you sell cigarettes when they make me so sick? And he didn't have an answer for her.

**Wayne Collins (PC)Chair:** Ms. Bryanton and Dr. Munro. I should of introduced you earlier as Dr. Munro, I apologize. I thank you both very much for your presentation here this evening. You have given us a lot to think about and I think that one thought that will stay with me occurred near the end of your presentation. Two Canadians died of lung disease while we were here talking tonight, since 7:00 o'clock.

Just a quick reminder to committee members that our next scheduled meeting is Thursday, March 11<sup>th</sup>. We will have an In Camera session at 1:00 o'clock, at which time we will hopefully wrap up our report/deliberate on Holland College and then we will go into open session at 2:00 in the afternoon. Mr. Ghiz.

**Hon. Robert Ghiz (L):** I just wanted to make one point before you adjourn.

**Wayne Collins (PC)Chair:** Yes, go right ahead, sir.

**Hon. Robert Ghiz (L):** I'm sure that this doesn't happen often but on behalf of myself, I believe Andy and yourself, I'd like to thank Marian and Mrs. Eclair for they started their day bright and early in the committee hearings and it's been a good, at least a 12-hour shift of sitting through presentations so I'd like to thank you very much for

your work.

**Wayne Collins (PC)Chair:** Hear, hear, the chair will entertain a motion of adjournment.

**Jim Bagnall (PC):** So moved.