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## TOBACCO CONTROL STATUTE LAW AMENDMENT ACT, 2005:

# Designated Smoking Rooms

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This fact sheet provides basic information only. It must not take the place of medical advice, diagnosis or treatment. Always talk to a healthcare professional about any health concerns you have, and before you make any changes to your diet, lifestyle or treatment.

- The *Tobacco Control Statute Law Amendment Act, 2005*, would make all enclosed workplaces and public places across the province 100% smoke-free by May 31, 2006. Designated smoking rooms (DSRs) would be eliminated.

### Second-hand smoke

- There is international scientific consensus that second-hand smoke is a cause of death and many different diseases, such as heart disease (average increases in risk by 25%-35%) and lung cancer (average increases in risk by 20%-30%), based studies of non-smoking spouses of smokers. Risks to highly exposed groups such as hospitality workers may be much greater.
- Second-hand smoke contains over 4000 chemicals, of which more than 50 are known or suspected carcinogens. Second-hand smoke has been classified as a known human carcinogen by the International Agency for Research on Cancer (an agency of the World Health Organization), the U.S. National Toxicology Program, and the U.S. Environmental Protection Agency.

### Exposure limits and air quality standards

- No scientific authority or regulatory health body in the world has established a safe level of exposure to second-hand smoke. In fact, there is consensus among international scientific and health

authorities – involuntary exposure to tobacco smoke should be eliminated.

- The American Society of Heating, Refrigeration and Air-Conditioning Engineers (ASHRAE) is the international authority on setting ventilation standards for buildings. These standards are the most widely observed ventilation codes in Canada. The purpose of these standards is “to specify minimum ventilation rates and indoor air quality that will be acceptable to human occupants and are intended to minimize the potential for adverse health effects.”
- The current standard on indoor air quality (ASHRAE Standard 62.1-2004) does not provide ventilation standards for air with tobacco smoke in it. Section 6.2.9 states the following:  
“Smoking areas shall have more ventilation and/or air cleaning than comparable no-smoking areas. Specific ventilation rate requirements cannot be determined until cognizant authorities determine the concentration of smoke that achieves an acceptable level of risk. Air from smoking areas shall not be recirculated or transferred to no-smoking areas.”

A “cognizant authority” is defined as:

“an agency or organization that has the expertise and jurisdiction to establish and regulate concentration limits for airborne contaminants; or an agency or organization that is recognized as authoritative and has the scope and expertise to establish guidelines, limit values, or concentrations levels for airborne contaminants.”

### **Ventilation and designated smoking rooms (DSRs)**

- Some jurisdictions in Canada have allowed the construction of separately-ventilated DSRs. For example, in British Columbia, smoking is permitted in DSRs that are separately ventilated and structurally separate. Workers can enter for periods of time not to exceed 20% of their work period and an employee cannot be discriminated against for refusing to enter a DSR. Regulations under the *Workers Compensation Act* set standards for design and ventilation requirements and these are consistent with the requirements for a smoking lounge specified in ASHRAE Standard 62-1989, “Ventilation for Acceptable Indoor Air Quality.” Note that this standard was replaced in 1999 by a standard that does not set ventilation rates for indoor air with tobacco smoke in it.
- According to the Ontario Campaign for Action on Tobacco\* there are an estimated 500-600 DSRs (some estimates suggest that there are 700 DSRs). Some DSRs have already been closed and/or are being phased out under municipal bylaws. Of Ontario’s 446 municipalities, 253 of these municipalities are covered by some sort of smoke-free public place and/or workplace bylaw. 180 municipalities are covered by both 100% smoke-free workplace and public place bylaws. 136 of these municipalities have

bylaws that are similar to the proposed provincial law – they do not allow designated smoking rooms – and 44 municipalities allow for the construction of designated smoking rooms.

- Despite the fact that many DSRs have been constructed, no ventilation system has been found to eliminate exposure to second-hand smoke. Therefore, workers and the public are exposed to second-hand smoke in DSRs and those who are in the non-smoking areas are also exposed, due to uncontrolled leakage.
- In 1998, a workshop in the United States brought together a panel of experts in ventilation technology. This panel concluded that dilution ventilation technology could not effectively remove much tobacco smoke from indoor air. However, they speculated that under ideal conditions, displacement ventilation, an unproved technology, might be able to remove up to 90% of tobacco smoke from indoor air. An international expert on second-hand smoke risk assessment, James Repace, was asked by the California Department of Health Services to analyze these findings. Using risk assessment procedures, he noted that assuming the speculation was correct, dilution ventilation would have to improve by a factor of 20,000 and displacement ventilation by a factor of 2000 in order to meet the level of public health protection normally expected against environmental contaminants. Therefore, he concluded that banning smoking was the only way to remove the risk of exposure to second-hand smoke. Subsequently, Repace and others found that smoke-free workplace laws actually reduced measured levels of second-hand smoke pollution by 90 to 95%.

- Even when DSRs are built according to guidelines set out in a by-law, they may not be adequately maintained. For example, York Region recently re-inspected 69 DSRs that had been built from 2001-2003. Although these establishments were informed of the upcoming inspection, 78% of the establishments failed to meet the criteria for ventilation set out in the bylaw due to a malfunction of the ventilation system or too high an occupancy load in the DSR. Moreover, even the best-constructed DSRs have been found to leak smoke into non-smoking areas.

### **Costs of constructing and maintaining a DSR**

- DSRs do not “level the playing field” among hospitality establishments, as they are very costly to build and maintain. For example, costs to build a DSR in York Region ranged from \$50,000 (for a small unit seating 15 people or less) to \$250,000 (for a large unit seating 50 or more people). These costs may be prohibitive for some operators. The cost of DSRs is not only shouldered by the establishment, it also burdens the tax payer: York Region estimates that the administrative cost of inspection and monitoring of DSRs is approximately \$150,000 annually.

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\* founding OCAT agencies include: Ontario  
Medical Association, Canadian Cancer Society  
(Ontario Division), Ontario Lung Association,  
Heart and Stroke Foundation of Ontario), and  
Non-Smokers' Rights Association.