

erroneous. It is particularly harmful to address such campaigns to younger people. We must eliminate that.

Statistics indicate that two-thirds of Canadians are non-smokers. Many companies and institutions are already developing non-smoking policies and designating smoking and non-smoking areas. Approximately 30 major municipalities across the country have already instituted non-smoking by-laws. Rather than breaking new ground, the federal Government would be showing leadership, which has already been shown in the private sector and at other levels of Government. The federal Government would be saying that it will do what it can to undermine the present pro-smoking campaign which is hazardous to health.

Let us look at the effects of smoking. This Bill is not interventionist and does not trample on the rights of individuals. The statistics fly in the face of any such argument. Statistics show that smoking is the greatest cause of preventable death. Smoking accounts for almost 20 per cent of Canadian deaths, killing more Canadians than alcohol, car accidents, violence, drugs, suicide and poisoning combined. Smoking kills 32,000 Canadians every year. Four million Canadians will die from the effects of tobacco products. Each smoker will die, on average, eight years prematurely.

There is a growing awareness of the dangers of second-hand smoke. A recent Health and Welfare study found that one in five Canadians has a serious medical condition which is aggravated by second-hand smoke. One need only speak to people who have asthma, emphysema or heart disease to substantiate that. Health and Welfare also estimated that 1,050 non-smoking Canadians will die from lung cancer, perhaps one-half from second-hand smoke.

With regard to the economic costs of smoking, Health and Welfare Canada estimated that the cost associated with smoking is twice as much as the revenue from tobacco taxation. The Health and Welfare study pointed out that the economic costs of tobacco use in terms of mortality, disability, fire damage, direct hospitalization and physicians fees is \$7.12 billion versus only \$4.2 billion in economic revenue from the tobacco industry.

Therefore, by debating this kind of legislation we are not trampling on people's rights or trying to legislate people's lives. We are trying to address the case of the majority. Two-thirds of Canadians do not smoke. They are dying along with the people who smoke. We are only trying to minimize the effects of smoking on both smokers and non-smokers. I do not think any Canadian would object to that as long as the legislation allows those who wish to smoke to do so. No one is trying to remove that right from those individuals. After all, we live in a free society.

We are trying to do two things. We are trying to protect those who do not wish to smoke and who do not wish to be affected negatively by second-hand smoke. Second, we are trying to educate the Canadian public about the many statistics which indicate that smoking is a hazard. The

Non-Smokers' Health Act

Government has an obligation to instruct Canadians, particularly our youth, that smoking is not healthy and does not represent the "in" lifestyle which the advertising companies would have us believe it does.

We on this side of the House welcome this legislation. We welcome the opportunity to try to address this problem in the federal sphere. If municipal Governments and private companies can initiate non-smoking by-laws, why is the federal Government not taking that kind of leadership in the areas under its jurisdiction? If we are serious and responsible we will not allow this legislation to become inactive and say that we must strike a voluntary chord. Statistics show that voluntary chords do not work in this matter. I hope my colleagues on all sides of the House will co-operate on this. Let us allow this Bill to go to committee where we can hear from witnesses, on both sides of the issue, from the entire country. When the evidence is in, I think it will support this legislation.

Mr. John Reimer (Kitchener): Mr. Speaker, I am pleased to add my comments on this Bill. I commend the Member for introducing it. The Member has done us a great service. I agree with the thrust of the Bill. The Member reminded us that the reform of the rules of this House make it possible for us to vote to send this Bill to committee. The Bill would then return to the House for two or three hours of debate and then be voted upon to determine whether it will be adopted. That is a very important reform procedure.

I am a member of the committee dealing with private Members Bills. I am pleased that in this session some Bills will go through the whole process and come to a vote. I am particularly pleased that this is one of those Bills, because I heartily support it. While there are a few minor concerns, they can be addressed in committee and I encourage the passage of this Bill.

● (1730)

Cigarette smoking represents the most important cause of preventable illness and death in Canada and results in over 30,000 deaths annually in this country. Of 180,000 deaths in Canada, one-sixth were related to this one preventable cause. I believe this Bill is important, because if we can begin to show some progress in reducing smoking we will be saving the lives of some Canadians, improving their productivity and saving on many related costs. This Bill will help us to begin making progress in dealing with a preventable cause of death and illness in Canada.

I recently talked to a physician who works in the area of cancer research. He is a chairman of a committee at the University of Ottawa that is studying cancer research. He told me that 92 per cent of the people who enter hospital with lung cancer will be taken out in a coffin. That is an alarming statistic and if this Bill can in any way address that problem we will be showing tremendous progress.

The statistics on smoking in Canada show that there is a very serious health problem, and also suggest some disturbing