

NCWC RESOLUTIONS 2013

MEMO TO ALL LOCAL COUNCILS, PROVINCIAL COUNCILS, STUDY GROUPS AND NATIONALLY ORGANIZED SOCIETIES

This resolutions package contains 10 resolutions and 2 policy updates. I have consolidated them as much as possible to help you save paper in printing. Please review them and submit amendments to the NCWC Resolutions Convener by:

March 31, 2013 with copies to the National Office.

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When amendments are proposed, please **indicate the Council or NOS submitting the amendment and a contact name and address**. Amendments are not allowed to alter the intent of the original resolution, but the rest of the text along with the title, are open to change.

In the AGM docket, the proposed amendments to the resolutions will be listed after the text of the resolution, and the original resolution will be edited by the Resolutions Committee with those amendments that we think improve the resolution. The edited resolutions will be presented for debate but amendments submitted and not included in the resolution may still be debated. Proposers will be entitled to introduce the resolution and give a two minute rationale.

Policy Updates and Emerging Issues may still be submitted until March 31. After March 31, only emerging issues which relate to national concerns arising after that date shall be brought to the AGM.

NCWC Resolutions Committee

Mary Potter, Convener

Marjorie Windeler

Sharon Taylor

1. FACILITATING NUTRITIOUS FOOD CHOICES

Proposed by St. Catharines & District Council of Women

Whereas #1 obesity, diabetes and heart disease in both adults and children are huge and growing problems in Canada brought on largely by the consumption of unhealthy foods; and

Whereas #2 there are many factors leading to a poor diet such as:

- a) the use of time-saving processed foods, many of which contain high amounts of sugar, fat and salt,
- b) lack of knowledge of good nutrition,
- c) false or misleading health claims on labels by food producers,
- d) promotion of unhealthy foods in the media and grocery outlets, often aimed toward children; and

Whereas #3 under the Regulations of the Food and Drugs Act (FDA The Act) there is a lack of clarity for food labelling and advertising requirements, with some being mandatory and some voluntary; and

Whereas #4 the federal government has constitutional powers to enact health-related laws; therefore be it

Resolved #1 that the National Council of Women of Canada (NCWC) adopt as policy that:

- a) the amount of fat, sugar and sodium in processed food be restricted
- b) food labels be accurate
- c) promotion of unhealthy food, particularly aimed toward children, be curtailed
- d) comprehensive nutrition education programs be undertaken

Resolved #2 that NCWC urge the Government of Canada to take action to improve the nutrition of all Canadians through federal legislation that:

- a) restricts the amount of fat, sodium and sugar in processed food
- b) ensures all foods are labelled accurately according to scientific data and not false or misleading health claims
- c) directs the Public Health Agency of Canada to mount an education campaign on good nutrition
- d) curtails promotions of unhealthy food, particularly those aimed at children; and be it further

Resolved #3 that NCWC urge the Provincial Councils of Women to urge their respective Provincial Governments to:

- a) pass legislation that requires schools to teach nutrition as a compulsory subject and to offer only nutritious food in their cafeterias and vending machines;
- b) institute programs for the general public on buying, preparing and serving healthy nutritious meals at minimum cost.

Background

1. Rising Obesity Rates Pose a Growing Risk to Canadian Health. The Conference Board of Canada, May 30, 2011

<http://www.conferenceboard.ca>

“In 2008, over half of Canada’s population was considered to be either overweight or obese and almost one quarter was obese, according to body mass index (BMI) estimates.”

“Obesity is a major risk factor for many chronic conditions, including cardiovascular diseases, diabetes, cancer and hypertension. Despite improvements in medical treatments, the number of deaths due to diabetes has increased over the past few decades.”

“In 2009, six percent of the Canadian population reported having diabetes, up from 4.6 percent in 2003.”

Deaths from heart disease continue to fall in Canada, but the number of surgical treatments performed, such as angioplasties and coronary bypass surgeries is higher now than it was in the 1990s – an indication of the increase in the prevalence of heart disease.”

2. Roadblocks to laws for healthy eating and activity. Nola M. Ries MPA LLM, Barbara von Tigerstrom LLB PhD. Canadian Medical Association Journal Analysis, April 20, 2010.
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2855916/>

“A recent report from the World Cancer Research Fund and the American Institute for Cancer Research asserts: ‘The increase in consumption of sugary drinks and of convenient processed and ‘fast food’, the decline in physical activity, and the consequent rapid rise in overweight and obesity...now amounts to a global public health emergency that requires government intervention. ...Specifically, government intervention needs to take the form of appropriate legal and fiscal measures designed to make healthy choices more affordable, accessible, and acceptable.’”

“...both federal and provincial governments have constitutional powers to enact health-related laws.”

“Governments may be concerned about legal challenges from the food industry. The most likely claim against advertising restrictions or labelling legislation would be infringement of freedom of expression, but such laws are defensible if they target a serious health or social problem in a reasonable way.”

Canadian legislative initiatives for healthy eating include the following:

“Information disclosure – the Food and Drugs Act and Regulations require a nutrition facts table on most pre-packaged foods that provides information about calorie content and certain nutrients, including fats, sugars and sodium.

Advertising – Bill C-324, an Act to amend the Competition Act and the Food and Drugs Act, a private member’s bill, would prohibit commercial food advertising aimed at children younger than 13,

Food Content – Bill C-251, an Act to Amend the Food and Drugs Act, a private member’s bill, would restrict trans fatty acid content in oils and fats intended for human consumption.”

3. Guide to Food labelling and Advertising. Chapter 8, Health Claims, Sections 8.1 -8.6, Canadian Food Inspection Agency.
<http://www.inspection.gc.ca/english/fssa/labeti/guide/ch8e.shtml>

8.2.1 Avoiding Misleading Claims

“All health claims are subject to subsection 5.(1) of the Food and Drugs Act (FDA; the Act), which states: ‘No person shall label, package, treat, process, sell or advertise any food in a manner that is false, misleading or deceptive or is likely to create an erroneous impression regarding its character, value, quantity, composition, merit or safety.’”

“The regulation of health claims varies depending upon the type of health claim being made. In some cases a pre-market assessment of the health claim and the scientific evidence in support of the claim by the Food Directorate of health Canada is mandatory, while in other cases it is voluntary but encouraged.”

4. Back to School with New Nutrition Standards by Amy Snider-Whitson, P.H.Ec. Ontario Home Economics Association press release, September 2011.
http://www.ohea.on.ca/uploads/1/2/60/12605917/back_to_school_with_new_nutrition_standards.pdf

“The Ontario School Nutrition Standards (PPM 150) were released in January of 2010, setting out the nutrition criteria for all foods and beverages sold in publicly-funded elementary and secondary schools. All [Ontario] schools must be in compliance with these guidelines by September 2011.”

“...the new nutrition guidelines are an important start. Getting students excited about healthy eating is an equally vital step....Strategies to connect students with healthy eating could include:

- building on curriculum and programs that involve students in healthy meal planning and food preparation such as Family Studies education and student-run cafeterias to create a better understanding of the importance of good nutrition;
- educating parents/guardians and kids on how to pack a healthy lunch with fact sheets, seminars or family cooking classes.”

5. Advertising of Food and Beverages to Children. Dietitians of Canada website under Dietitians Views, December 2010.

<http://www.dietitians.ca/Dietitians-Views/Advertising-of-food-and-beverages-to-children.aspx>

“We recommend that:

- Even though food companies voluntarily self-regulate their ads, this may not be enough to reduce the negative impact on children’s food choices.
- Science-based standards for ‘healthy’ and ‘less healthy’ foods and beverages should be established. This work should be led by the federal government with input from other parties.
- TV ads are not the only ads that children see. Restrictions should apply to all advertising in all settings where children normally gather. These include product placements, sponsorships, advergames, cartoon characters and marketing in schools.
- Ads for ‘healthy’ foods and beverages should be encouraged. Some research has shown that this may have positive effects on preferences for these products.”

2. ANTIBIOTIC RESISTANCE IN ANIMALS LEADS TO RESISTANCE IN HUMANS

Proposed by St. Catharines & District Council of Women

- Whereas #1** antibiotics are used to treat animal diseases and are added to their feed to promote growth, to increase feed efficiency and to prevent infections; and
- Whereas #2** there is increasing evidence that the use of antibiotic drugs in agriculture is contributing to the resistance of antibiotic medicines in humans; and
- Whereas #3** new drugs are not being developed quickly enough to replace existing drugs that are failing; and
- Whereas #4** the Canadian Medical Association has criticized the meat and poultry industries for being very slow to take steps toward prudent drug use; and
- Whereas #5** when factors such as feed composition, management practices such as uncrowded feedlots, and health status of the animals are optimal, no benefit is seen with the use of antibiotics to improve growth; therefore be it
- Resolved #1** that the National Council of Women of Canada (NCWC) adopt as policy that antibiotics used in human medicine not be used in animals; and be it further
- Resolved #2** that the NCWC urge the Government of Canada to:
- a) implement an immediate ban on the use of antibiotics as animal growth promoters and enhancers of animal feed efficiency where those classes of antibiotics are of high importance for human therapeutic use
 - b) undertake an immediate review and possible restriction for therapeutic use of these drugs in animals
 - c) promote good management practices and develop economic incentives to assist farmers making a transition away from drug use in animal husbandry.

Background

1. Drugs and Health Products. Antimicrobial Resistance (AMR) Frequently Asked Questions. Health Canada, January 6, 2003.

http://www.hc-sc.gc.ca/dhp-mps/vet/faq/faq_amr-ram-eng.php

Antimicrobials refer to all types of natural and synthetic drugs which may slow down the growth of microorganisms. These include antibiotics, anti-fungals, and household disinfectants. Antimicrobial agents are widely used for the treatment and prevention of human and animal diseases, and in the agriculture industry they are also used to promote growth.

Antimicrobials are prescribed and used therapeutically for the treatment of animal diseases. Antimicrobials are also added to the feed of food-producing animals to promote growth, to increase feed efficiency, and to prevent illness.

The use of antimicrobial growth promotants in food-producing animals and the possible contribution to resistance in human pathogens is a subject of intense international debate within the scientific community and in the animal husbandry industry. Evidence from the surveillance data is currently being collected and analyzed and will be crucial in the development of new policies and approaches.

2. Antibiotic Use of Growth Improvement - Controversy and Resolution. Ministry of Agriculture, Food and Rural Affairs, June 2005

<http://www.omafr.gov.on.ca/english/livestock/animalcare/amr/facts/05-141.htm>

The use of antibiotics to improve growth in animals represents a case of intensive use because it involves the simultaneous dosing of large numbers of animals, typically the entire flock or herd, and administration of the

drug is for long periods of time, sometimes for the life of the animal. This intensive use of antibiotics in agriculture leads to the development of antibiotic resistance.

The use of an antibiotic at low doses and for long periods of time can increase the rate of weight gain or efficiency of feed utilization. The amount of improvement is dependent on a variety of factors, including feed composition, management practices and the health status of the animals. The greatest benefit is seen when these factors are not optimal. When these factors are optimal, no benefit is seen with the use of antibiotics to improve growth. Alternative products to antibiotics to improve growth are also available.

The European Union banned the use of avoparcin to improve growth in 1997. The amount of avoparcin-resistant bacteria in poultry and swine has since dropped to almost zero. Resistance to vanomycin (a drug related to avoparcin) in human bacteria has seen an identical drop in resistance levels since the avoparcin ban.

3. Antimicrobial resistance. Dr. Brian Evans, Chief Veterinary officer for Canada, Canadian Food Inspection Agency, July 2012.

<http://www.inspection.gc.ca/animals/cvo-international-standards/cvo-statements/antimicrobial-resistance/eng>

“Some of the drugs commonly used in livestock production are medically important for human health.”
“Pathogens ...resistant to these drugs in animals can be transmitted to humans”. “...antimicrobial resistance is rising in the food animal sector.”

4. Control of antimicrobial resistance in Canada: any lessons to learn? by Lindsay E. Nicolle. Antimicrobial Resistance and Infection Control, 2012.

<http://www.aricjournal.com/content/1/1/6>

“...despite universal acknowledgment that antimicrobial resistance is an important Canadian problem together with consistent interest in addressing the issue at a national level, in 2011 there is no comprehensive, integrated, national Canadian program with appropriate governance and funding for limiting progression of antimicrobial resistance.”

The Canadian Committee on Antibiotic Resistance was established in 1997 but was dissolved in 2009 after funding was discontinued.

5. Reducing and Phasing Out the Use of Antibiotics and Hormone Growth Promoters in Canadian Agriculture by Susan Holtz, Senior Policy Analyst, Canadian Institute for Environmental Law and Policy, April 2009.

www.cielap.org

One recommendation from Health Canada’s 2002 *Report of the Advisory Committee on Animal Uses of Antimicrobials and Impact on Resistance and Human Health* was to evaluate antimicrobials for growth promotion or feed efficiency and to phase out those that were not demonstrably effective, used in human therapy, or not likely to develop resistant strains. It appears that this important recommendation has still not been fully implemented nearly 7 years later.

The Canadian Institute for Environmental Law and Policy makes the following recommendation for action:

1. Ban the use of antibiotics as animal growth promoters and enhancers of animal feed efficiency, where those classes of antibiotics are of high importance for human therapeutic use.
2. Review these drugs and possibly restrict them for therapeutic use in animals.
3. Phase out hormones and antibiotics used for animal growth promotion entirely within 6 years (2015).
4. Consult with farmers, consumers, environmental and health professionals, provincial agencies and others.
5. Develop economic incentives to support changes to farm practices and assist farmers making a transition away from drug use in animal husbandry.

3. PROPOSALS TO STRENGTHEN HEALTH CARE

Proposed by the Ottawa Council of Women

- Whereas #1** Canada's health care system has gone from being internationally admired to falling behind other developed nations as to how health care is delivered, both efficiently and effectively; and
- Whereas #2** the current federal-provincial-territorial agreement, 10-Year Plan to Strengthen Health Care, will expire in 2014, and the Government of Canada has so far refused requests to discuss concerns and input to the renewed health accords consistent with the Canada Health Act; and
- Whereas #3** the current health accords acknowledge a number of key areas for improvement, including wait times, home care, primary care reform, care in the North, the creation of a National Pharmaceuticals Strategy, prevention, promotion and public health, health innovation and accountability and reporting to citizens; and
- Whereas #4** the Government of Canada has made unilateral announcements of significant reductions in healthcare transfers to the provinces and territories over the period 2014-24, disproportionately affecting the poor and vulnerable in Canadian society; and
- Whereas #5** the 2012 report by The Senate Standing Committee on Social Affairs, Science and Technology made 46 recommendations it believes will transform the way health care professionals do business and will achieve lasting reform; therefore be it
- Resolved #1** that the National Council of Women of Canada (NCWC) adopt as policy support for:
- a) 2012 report by the Senate Standing Committee on Social Affairs, Science and Technology entitled Time for Transformative Change: A Review of the 2004 Accord, and
 - b) open and transparent dialogue on concerns and input to the renewed Health Accord and the Canada Health Act, especially on issues of concern for women; and be it further
- Resolved #2** that NCWC urge the Government of Canada to open the dialogue with the provinces and territories, the medical community, the service providers and the Canadian public to sustain and improve Canada's healthcare system, including its financing; and further
- Resolved #3** that NCWC urge the Provincial Councils of Women to urge their governments to promote such improvements as:
- a) a national pharmacare program, and
 - b) improved continuing care for lifelong healthcare, and
 - c) equitable access to healthcare in remote and northern areas.
- Resolved #4** that the NCWC urge the Provincial Councils of Women to engage the provincial and territorial governments in promoting their views, especially on issues of concern to women, to the federal government in advance of the 2014 deadline.

BACKGROUND

In December 2011, the federal government announced funding for health care for the 5-year period 2013-2014 to 2018-2019. Federal funding will grow from \$30 billion per year to \$38 billion in the last year of the funding period for a total of \$178 billion over the five years.

While the funding increases include two years of 6% increases in the first two years of funding (as announced before the last federal election), funding increases drop to about 3% in the latter years of the funding period. This is of major concern to provinces and to citizens.

Beyond the announcement of funding, there has been no indication by the federal government about the renewal of the 2004 Health Accords or of any federal-provincial-territorial meetings leading up to the 2014 renewal date. In short, no federal policy leadership has been shown so far and the federal funding is a “take it or leave it” deal. Hence the requirement for the Policy Update on this subject.

NCWC adopted policy 2012.PU4 calling for a National Prescription Drug Plan that is universal and portable, and includes, at a minimum, coverage for catastrophic and chronic conditions.

1. Senate of Canada report entitled A Time for Transformative Change: A Review of the 2004 Accord. The Standing Senate Committee on Social Affairs, Science and Technology, March 27, 2012. From the Executive Summary:

“ 8. Prevention, Promotion and Public Health

In the 10-Year Plan, First Ministers recognized the importance of public health efforts, including health promotion, disease and injury prevention, in improving health outcomes for Canadians and ensuring the sustainability of the health care system. First Ministers therefore committed to accelerate their ongoing work towards the establishment of a pan-Canadian Public Health Strategy that would set goals and targets for improving the health status of Canadians and focus on common risk factors for diseases. ... The committee’s study also found that efforts towards the development of a pan-Canadian Public Health Strategy had been unsatisfactory. Though witnesses recognized the importance of addressing current priorities such as chronic diseases, promoting healthy lifestyles, and preventing childhood obesity, they explained that the public health agenda needed to be broader, including focusing on widening health disparities by addressing the social determinants of health and recognizing that addressing mental health issues represent a key component of overall health and well-being.

...RECOMMENDATION 32

That the federal government work with provincial and territorial, and municipal governments to develop a Pan-Canadian Public Health Strategy that prioritizes healthy living, obesity, injury prevention, mental health, and the reduction of health inequities among Canadians, with a particular focus on children, through the adoption of a population-health approach that centres on addressing the underlying social determinants of health. “

2. Commission on the Future of Health Care in Canada (Roy J Romanow, Q.C.). Building on Values: The Future of Health Care in Canada. Final Report, 09/2002.

3. Gagnon, Marc-André and Hébert, Guillaume. The Economic case for Universal Pharmacare: Cost and benefits of Publicly Funded Drug Coverage for all Canadians. 2010, 86 pp.

4. Provincial Premiers’ Press Report, “Premiers Drive Health Innovation” July 2012, Halifax, Nova Scotia.

4. DOUBLE BUNKING AND OVERCROWDING IN CANADIAN PRISONS

Proposed by the Ottawa Council of Women

Whereas #1 it was reported in March 2012 that architectural and engineering firms were tasked with designing expansion and renovation of federal prisons with standard cells to be built with provision for “future upper bunks”; and

Whereas #2 more than half of the correctional institutions have applied for and received permission to double bunk; and

Whereas #3 the United Nations Minimum Standard Rules for the Treatment of Prisoners (UNSMR), endorsed by Canada, states that “each prisoner shall occupy by night a cell or room by himself/herself”, and that it is not desirable to have two prisoners in a single cell; and

Whereas #4 the high rates of mental illness, drug addiction, violence, communicable disease and gang affiliation make overcrowding and double-bunking an increasingly harsh, tense and stressed environment leading to unsafe conditions for both prisoners and staff and to a rise in the use of force to quell problems; and

Whereas #5 the passing of legislation - The Safe Streets and Communities Act - includes the use of mandatory minimum sentencing and changes to conditional sentencing, both leading to more prisoners and probable overcrowding; therefore be it

Resolved #1 that the National Council of Women of Canada (NCWC) adopt as policy that double-bunking, mandatory minimum sentencing and reduction of conditional sentencing and other measures that lead to overcrowding in Canadian prisons be condemned as a practice which leads to:

- a) increased violence between inmates,
- b) increased risk to the safety of staff and
- c) reduced opportunity of successful rehabilitation of inmates; and be it further

Resolved #2 that NCWC urge the Government of Canada and the Correctional Service of Canada to halt immediately any move to increase the use of double-bunking, mandatory minimum sentencing and reduction of conditional sentencing and other measures that lead to overcrowding, resulting in:

- a) deteriorating relationships and increased violence between inmates
- b) increased risk to the safety of staff, and
- c) reduced opportunity of successful rehabilitation of inmates.

BACKGROUND

The National Council of Women of Canada adopted policy in 2011 – REFORM OF THE CANADIAN CORRECTIONAL SYSTEM - urging the Government of Canada to postpone plans for further prison expansion until there has been a thorough study of the need for further expansion and the associated costs and effectiveness. This up-dated policy followed a long list of previous policy addressing the Canadian prison system.

In March 2012, the CBC reported that plans by architectural and engineering firm Norr for the Collins Bay federal prison show standard cells to be built with provision for a “future upper bed”.

Double-bunking or putting two inmates in a cell designed for one, does not meet the standard set for inmates by the United Nations Standard Minimum Rules for the Treatment of Prisoners (UNSMR) endorsed by Canada. The UNSMR states that “each prisoner shall occupy by night a cell or room by

himself. If for special reasons, such as temporary overcrowding, it becomes necessary for the central prison administration to make an exception on this rule, it is not desirable to have two prisoners in a cell or room". At present the federal prison administration must apply to the Correctional Service of Canada (CSC) for approval to institute this practice. In spite of this, more than half of Canada's 54 prisons (29) have applied to use double-bunking dramatically increasing the use of double-bunking by more than 50% in the last five years. This contradicts a prison service directive that "single occupancy accommodation is the most desirable and correctionally appropriate method of housing offenders".

Documents obtained by the CBC under the Access to Information Act show that at least two prisons have forced segregated inmates to share cells – Stony Mountain in Manitoba and Mission Institution in B.C. The documents also show that in a number of Ontario prisons the mandatory assessments that are required before any inmate can be double-bunked are not always completed.

The Office of the Correctional Investigator, ombudsman for federal offenders, says double-bunking in segregation is a violation of government policy, the Charter of Rights and international human rights standards. A 2001 Correctional Service of Canada directive explicitly prohibits the use of segregation cells for double-bunking unless emergency exemptions are warranted.

A news release by Can Crime – Crime Explained (June 2011) reported that in a confidential internal memo prison bosses were asked to build a documentary trail designed to rationalize the use of double-bunking. This, after inmates at Collins Bay medium –security penitentiary in Kingston Ontario refused to report to their prison jobs in a protest over double-bunking. So-called minor negative outcomes include line ups for bathroom facilities, a shortage of inmate jobs, lines for meals and modifications to staffing ratios and duties. The system is also grappling with new problems arising from new, open-concept style prison living units with inmates roaming free from their cells and a concentration of prisoners in a common area. Double-bunking can only exacerbate this problem. The report goes on to say that despite the commitment of CSC to single cell occupancy, it secretly approved a plan in 2010 to use double-bunking, indicating its attempt to find room for the influx of thousands of new prisoners.

The National Union of Public and General Employees has sounded the alarm on double-bunking saying that "the climate is increasingly harsh, tense and stressed and undermines rehabilitation efforts". Howard Sapers, the ombudsman for federal prisons (June 2011), reiterated this by stating that "the rise in double bunking to ease overcrowding could make Canada's prisons more dangerous". The Union of Canada Correctional Officers says that "double bunking is one of the most dangerous things for correctional officers". Sapers in a report in Nov 2010, said that "as a society we are criminalizing, incarcerating and warehousing the mentally disordered in large and alarming numbers at the same time accompanied by a lack of mental health professionals, inappropriate facilities, an over-reliance on segregation and insufficient plans to manage high needs inmates." The use of force by prison authorities, who dispatch emergency response teams, release pepper spray and draw their guns to quell problems, is reported by the ombudsman. In a subsequent report Sapers condemns double-bunking for increasing violence between inmates, and threatening the safety of guards. Sapers draws a connection between prison overcrowding, double bunking of the general inmate population and increased violence. Over the past four years, assaults in prisons have risen 27 per cent and occasions where guards had to use force have increased 28 percent.

The Government's Omnibus crime legislation (Royal Assent 2012/03/13) The Safe Streets and Communities Act, incorporates nine smaller bills that were introduced by the Conservative government during its minority rule but were never passed. Before the vote in Parliament, Federal Justice Minister Rob Nicholson (Feb 22, 2012) reiterated the support of the government for

mandatory minimum sentences. This in spite of research in other jurisdictions including the United States that concludes that long sentences do not deter people from committing crimes, are a colossal mistake and a costly failure and have had no impact on actually improving community safety.

Texas has an innovative plan to keep former prisoners from reoffending, according to the PBS program "Need to Know". This initiative was developed by a Democrat and a Republican acting in a bi-partisan approach to prison reform. The goal is to build fewer prisons, rehabilitate offenders and keep communities safe. The success of the program in meeting its goals – it has actually closed a prison as a result - has encouraged other states to embrace prison reform to reduce costs. In Canada, however, changing the rules for conditional sentences (allowing offenders to serve their sentence in the community) says Kevin Page, Parliamentary Budget Officer, will result in more costs associated with the court system and other sections of the justice system in addition to the cost of housing an increased prison population.

REFERENCES

Need to Know – Texas Justice , PBS Friday March 30th 2012 – www.pbs.org/wnet/need-to-know/video/need-to-know-friday

Double-bunking Provision included in Prison Expansion Plan
www.cbc.ca/news/canada/story/2012/03/07/pol-prisons

Eliminating Conditional Sentences Could Cost Millions: Omnibus Crime Bill Would Change Eligibility for House Arrest
www.cbc.ca/news/politics/story/2012/02/28/pol-budget

Mandatory Sentences Staying in Crime Bill Nicholson Says U.S. group warns against 'costly failures' of minimum sentences
www.cbc.ca/news/politics/story/2012/02/22/pol-mandatory

Prison Double-bunking used in Segregation Cells
www.cbc.ca/news/canada/story/2011/11/22/doublebunking

9 Key Elements– A guide to the Federal Safe Streets and Communities Act
www.cbc.ca/news/canada/story/2011/09/21/f-federal-crime

Prison Bosses Secretly Consider Double-bunking- internal memo attached
www.cancrime.com/2011/06/29/prison-bosses-secretly

Prison 'Double-bunking' risks violence ombudsman says –
www.cbc.ca/news/politics/story/2011/06/17/pol-prisons

Prison Ombudsman sounds alarm on double-bunking –Nov.10th, 2010
www.nupge.ca/content/3728/prison-ombudsman-sounds-

Minister Downplays Prison Double-bunking –Canwest News Service May 4th2010
www.canada.com/nationalpost/news/Minister+downplays+prison

Standard Minimum Rules for the Treatment of Prisoners – Office of the United Nations High Commissioner for Human Rights www2.ohchr.org/english/law/treatmentprisoners.htm

5. Canada Pension Plan Drop-out Provision for Natural Caregivers

Proposed by Ottawa Council of Women

Whereas #1 the Canada Pension Plan (CPP) provides for a drop-out in its averaging formula for the calculation of pensions for contributors who take time out from CPP contributions during the years they were caring for a child under the age of seven and were earning low or no income; and

Whereas #2 women are most often the caregivers who were working and contributing to CPP, but may be required to drop out of the work force for extended periods, or permanently, in order to care for a physically or cognitively dependent adult, including elderly parents; and

Whereas #3 because of reduced CPP contributions over their lifetime, eligibility for lower pension income through CPP puts long-time 'natural caregivers', most of whom are women, at a financial disadvantage; and

Whereas #4 natural caregivers contribute billions of dollars of care to the economy and are rarely acknowledged, let alone rewarded, for their tireless efforts; therefore be it

Resolved #1 that National Council of Women of Canada (NCWC) adopt as policy support for a Canada Pension Plan (CPP) caregiver drop-out provision which would increase their actual pension based on their CPP contributions, by removing from the calculation the years spent out of the work force while caring for dependent loved ones; and be it further

Resolved #2 that NCWC urge the Government of Canada to:

- a) provide a drop-out provision for calculation of CPP for those natural caregivers who were required to leave the work force for extended periods or permanently, in order to care for a physically or cognitively dependent adult; and
- b) base this drop-out provision on the already existing formulae for the calculation of pensions for contributors who take time out from CPP contributions during the years they were caring for a child under the age of seven.

Background

Definition: Natural caregivers is the term used for family/friends/relatives/spouses who are not paid a salary to take on the care of an adult who is physically and/or intellectually impaired and requires assistance to remain in the community. Research literature tends to call other paid health care professionals 'formal caregivers'; however, the Canadian Caregiver Coalition feels that using the term 'informal' caregiver for natural caregivers diminishes the importance of their role and responsibilities in providing complex care to physically or cognitively impaired dependent adults.

1. The Canada Pension Plan Child-Rearing Provision

<http://www.servicecanada.gc.ca/eng/isp/pub/factsheets/chidropout.shtml>

2. "With an ageing population, there is concern that even more workers will have to reduce their working hours or leave their jobs altogether for a period of time to care for infirm parents."

“The Forgotten Caregivers of Pension Reform.” Caledon Institute of Social Policy, Sherri Torjman, January 2011.

<http://www.caledoninst.org/Publications/Detail/?ID=919&IsBack=0>

3. Canadian Centre for Elder Law: IV International Innovations in Pension Security for Family Caregivers.

<http://www.bcli.org/ccel/projects/family-caregiving/chapter7>

6. PROTECTION OF TEMPORARY FOREIGN WORKERS' RIGHTS

Proposed by Ottawa Council of Women

Whereas #1 the United Nations Convention on the Rights of All Migrant Workers and Members of their Families was adopted by the United Nations in 1990 and came into force in 2003; and

Whereas #2 Canada, along with other immigrant-receiving countries, is not a signatory to the Convention; and

Whereas #3 In September, 2012, at the International Council of Women Triennial in Seoul, Korea, Resolution 7 was passed asking those member organizations whose governments had not ratified the 1990 Convention to urge their governments to do so; and

Whereas #4 the number of temporary foreign workers coming into Canada each year has increased significantly during the last decade, to the point where it was estimated that 285,000 temporary workers were working in Canada in 2010; and

Whereas #5 Canada's Immigration and Refugee Protection Act of 2002 states that immigrants coming to Canada with a view to permanent residence and citizenship are protected by the Canadian constitution and laws, but does not offer similar protection to migrant workers brought in by employers for temporary work; therefore be it

Resolved #1 that the National Council of Women of Canada (NCWC) adopt as policy that basic human rights of temporary foreign workers in Canada be protected; and be it further

Resolved #2 that NCWC urge the Government of Canada to work with the provinces and territories to ensure that the basic human rights of temporary foreign workers in Canada are protected; and be it further

Resolved #3 that NCWC ask the Provincial Councils to urge their governments to review employment practices concerning temporary foreign workers and bring in legislation to correct any deficiencies in the protection of their human rights.

References

United Nations Treaty Collection <http://treaties.un.org>

UNESCO Series of Country Reports on the Ratification of the UN Convention on Migrants
<http://unesdoc.unesco.org>

Department of Justice, Immigration and Refugee Protection Act www.justice.gc.ca

Human Resources and Skills Development Canada: Temporary Foreign Worker Program

Background

The UN Convention on the Rights of All Migrant Workers and Members of their Families was adopted by the UN in 1990 and came into force in 2003. According to the latest (2012) figure, 46 countries have ratified it. No major country of immigration has ratified it, and this includes Canada.

Canada passed an Immigration and Refugee Protection Act in 2002. It recognizes two types of immigration 1) immigration with a view to permanent residence and citizenship; persons in this category are protected by the Canadian constitution and laws. 2) temporary workers when permission

is granted to employers to bring in workers for temporary work. Canada used to have very few guest workers, as they are called in Europe. Patterns of immigration in Canada have changed in recent years, and the total number of temporary foreign workers in any one year now often exceeds the number of those seeking permanent residence (in 2004, permanent 235,824; temporary 245,731).

In 2006 UNESCO published a series of country reports including “Obstacles to Ratification of the United Nations International Convention on the Protection of the Rights of all Migrant Workers and Members of their Families: the Canadian Case”. This study suggests two major obstacles as far as Canadian Members of Parliament are concerned: the majority of MPs knew nothing about the Convention and only two of the opposition parties, the New Democratic Party and the Bloc Québécois, expressed support for ratification.

With regard to federal senior bureaucrats working on files on the protection of human rights, four obstacles were identified. First, there was a strong feeling that migration policies are sovereign rights of countries and should consequently not be determined by Conventions at multilateral or international levels.

Second, the spirit of the Convention is contrary to the Canadian culture and tradition of management of migration, which focuses on the granting of permanent residency.

Third, given the current state of contract-type work that regulates the stay of skilled or low-skilled migrant workers, by ratifying the Convention Canada would be forced to re-evaluate its programmes and grant certain rights that are considered fundamental in the Convention.

Fourth, it is unnecessary to sign the Convention given that fundamental rights of all in Canada are legally guaranteed irrespective of their legal status.

The UNESCO study also reported the counter arguments from the point of view of NGOs working on issues related to migrant worker’s rights: national sovereignty is not absolute and globalization means that migration needs to be managed at the global level; and the growing importance of temporary foreign workers to the Canadian economy. It pointed out that the Temporary Foreign Workers Program in Canada is lacking in several ways, especially with respect to the rights covered in the Convention. The main rights that the UNESCO study considered not respected, or for which monitoring mechanisms were insufficient, include:

- the right to full and complete information;
- the right for the government to frame the recruitment practices as well as working and housing conditions;
- the right for temporary workers to be consulted during re-evaluations of contracts;
- the right to unionize;
- the right to equal treatment with local workers;
- the right to re-evaluation of expulsion reasons or exclusion from the programme by an impartial, independent body;
- the right to family reunification;
- and finally, the right for undocumented migrant workers to receive the wages for work done prior to deportation or expulsion.

The study concluded that the Convention is not currently of interest to official Canada but that a new national coalition of community groups and NGOs involved with the rights of migrant workers may be emerging which could be a first step towards eventual ratification.

7. EMPLOYMENT INSURANCE BENEFIT REFORM REGARDING TIPS

Proposed by Ottawa Council of Women

Whereas #1 workers in the hospitality industry who earn less than minimum wage, are required by the Income Tax Act to report gratuities as income, making their taxable income the total of wages and gratuities; and

Whereas #2 gratuities and tips are considered earnings for tax purposes, but they are not for employment insurance (EI); and

Whereas #3 women and men in this industry who apply for maternity and/or parental leave can reasonably expect to receive benefits based on their taxed incomes, and the lower benefit they currently receive may have a significant effect on the ability of the family to live on the reduced income; and

Whereas #4 this incongruity has been recognized by the Supreme Court of Canada (1986) which held the amounts paid in tips should be taken into account when calculating unemployment insurance premiums; therefore be it

Resolved #1 that the National Council of Women of Canada (NCWC) adopt as policy that tips be included when calculating employment insurance premiums and benefits for those working in the hospitality industry; and be it further

Resolved #2 that NCWC urge the Government of Canada to change the EI regulations so that tips are included when calculating employment insurance premiums and benefits for those working in the hospitality industry.

BACKGROUND

1. **Income Tax Act**, Subsection 5(1): "Income from...employment - ...a taxpayer's income for a taxation year from an...employment is the salary, wages, and other remuneration, including gratuities, received by the taxpayer in the year."
2. **Employment Insurance (EI) Act**, Subsection 2(1): "Insurable earnings" means the total of all amounts,..., received or enjoyed by the insured person that are paid to the person by the person's employer in respect of that employment...
3. In the case of *Canadian Pacific Ltd v. A.G.(Can)*, [1986] 1 S.C.R. 678, the **Supreme Court of Canada** held the amounts paid as tips should be taken into account when calculating unemployment insurance premiums.
4. In *Penn v. Speirs&Pond Ltd.*, the English Court of Appeal decided that tips came within the purview of the expression "earnings of the employment". In Canada, Marceau J. in the case NR 1168, Mar 29, 1983, came to the same conclusion. In choosing the term "remuneration" and not..."salary" or "wages", Parliament wanted...to cover more than fixed salary.
5. **EI Act**, Section 3(1)(a) employment in Canada..., whether the earnings of the employed person are received from the employer or some other person... Under s. 90(1) the Minister ... make regulations (g) for defining and determining earnings...(i) for calculating and determining the amount of insurable earnings...and the premiums payable. For precision, regulation 3(1) The amount from which an insured person's insurable earnings shall be determined is the

amount of his remuneration...paid by his employer...and includes (a) any amount paid to him by his employer...in satisfaction of (i) a bonus, gratuity....

6. **Judgment, 20030607, Citation 2003TCC384**; Dockets2002-912(EI), 2002-913(CPP); Reasons for Judgment, Rowe, D.J.T.C.C. The above texts were excerpted from this judgment. The interpretation ... given to “insurable earnings” is consistent with the purpose of the [EI] Act, which is to pay, to persons who have lost their employment, benefits calculated in terms of a percentage of their insurable earnings. Otherwise, an employee who received a good part of his [or her] earnings as tips would not benefit to the same degree as his colleagues who receive the whole of their earnings directly from...their employer. By adding to the definition of remuneration...the expression should be given broad interpretation. Moreover, a law dealing with social security should be interpreted in a manner consistent with its purpose.
7. **NCWC policy 83.5** – Amendments to Unemployment Insurance Act – Maternity Benefits
8. **Form CPT20 E (11) – Election to Pay Canada Pension Plan Contributions**

The National Council of Women has expressed support for reform of EI benefits in 1983.5 where women have particularly experienced discrimination.

The Government of Canada allows employees to elect to pay additional Canada Pension Plan (CPP) contributions to ensure a better pension. A similar election would benefit women and men applying for maternity and parental benefits, as well as unemployment benefits, if desired.

8. EARLY DIAGNOSIS and TREATMENT of AUTISM

Proposed by Ottawa Council of Women

- Whereas #1** the number of school-aged children with autism is increasing and school boards across Canada are struggling to meet their needs for special programs and personal teaching assistants; and
- Whereas #2** research shows that early intervention is critical in achieving the best possible results in treating autism; and
- Whereas #3** waiting times for an assessment and diagnosis are twelve to fifteen months followed by a minimum two year wait for government funded intensive therapy (IBI) and
- Whereas #4** some parents in Canada are losing their homes, and grandparents forced to delay retirement to help pay for private treatment for their children, while other young children have no possibility of obtaining early treatment at all as their parents simply do not have the resources; and
- Whereas #5** taxpayers will eventually pay millions in education programs that are started too late and extra medical expenses for the children and their family members who suffer in an extraordinarily stressful situation, plus the ongoing care for the adult children after their parents have died; and
- Whereas #6** a very simple, inexpensive identification tool, a one page questionnaire for the parent to answer at the 12, 18 and 24 month check-ups, has been developed and used successfully in identifying high risk infants; therefore be it

Resolved #1 that the National Council of Women (NCWC) adopt as policy a national strategy of early diagnosis and treatment of infants with signs of autism; and be it further

Resolved #2 that NCWC urge the Government of Canada to provide:

- a) government funded early assessment of all infants for autism
- b) early intervention programs for those infants not meeting the developmental milestones.

Background:

In Nov 2012, Senator Jim Munson's Bill S-206, [An Act Respecting World Autism Awareness Day](http://jimmunson.sencanada.ca/en/p103297/), was fast-tracked and passed by members of the House of Commons. Here's the link:
<http://jimmunson.sencanada.ca/en/p103297/>

On June 20, 2012, the House of Commons Standing Committee on Health tabled a report in the House of Commons entitled [Focusing on the Brain: An Examination of Neurological Diseases in Canada](#). This report was the result of a study initiated in 2010 by the Subcommittee on Neurological Diseases. Among its recommendations #12 states: "Public Health Agency of Canada (PHAC) works with stakeholders, experts and provincial and territorial representatives to identify and promote best practices related to Autism Spectrum Disorders."

CASDA, the Canadian Autism Spectrum Disorders (ASD) Alliance states on its website that its members agree that Canada needs a national ASD strategy. Their vision is that "All Canadians living with an ASD have full and equal access to the resources they require to achieve their full potential." In order for this to occur the Canadian Government must develop a National ASD strategy of its own. While the increase in the number of cases of children with autism is growing across the country, Health Canada has only recently begun an autism surveillance program and numbers are not available at this time at a national level, but grass roots programs are starting up in an effort to meet the seriousness of the situation. Unfortunately these programs are poorly funded and service only a small percentage of children in need of help.

As a result of the increase in autism numbers in the Ottawa area a new program has been put in place at the Ottawa Children's (OCTC) Treatment Centre with amazing results:

- In the *Getting Started Services Clinic* in Ottawa, 200 hundred children are seen each year of which 75% were diagnosed with autism (for 2010/11).
- Due to the increase in the number of children being referred to the Clinic, two more clinics have been added as of Sept. 2011. This will allow another 100 children to be seen each year. It is inferred that the number of children diagnosed with autism will increase to 225 (2012). This is in the Renfrew/Ottawa/Cornwall area only. It doesn't count children being diagnosed privately, children not being picked up by their family doctors or parents who are in denial and not seeking help for their child.

Getting Started Services Clinic is a pre-diagnosis clinic, where all services are free of charge. It provides one on one and group services with professional therapists who coach and show the parents what to do specifically for their child. This program at the OCTC is operated in partnership with QuickStart - Early Intervention for Autism.

It does no harm to start providing therapy to a child showing developmental delay:

- if a child has no words by 16 months, then they need speech therapy
- if a child is rigid in their behaviour they need behavioural therapy
- if a child is regressing they need immediate help.

American programs of early intervention reported in the literature also indicate this is the best approach to help children with ASD and they show that the earlier the intervention the greater the success and the greater the probability that the child will be able to achieve self-sufficiency. This reduces the cost of their later care and schooling so that Canadian taxpayers will also benefit.

Early Start Denver Model (ESDM) research studies:

Latest research news on the ESDM (Oct 29, 2012)

<http://www.webmd.com/brain/autism/news/20121029/early-autism-treatment-kids-brains>

"We jump-started and improved the responses of children's brains to social information," says Dawson, professor of [psychiatry](#) at the University of North Carolina and chief science officer at Autism Speaks. "The [brains of] children who received the ESDM looked virtually identical to typical 4-year-olds," Dawson says. http://articles.cnn.com/2009-11-30/health/autism.study_1_autism-applied-behavioral-analysis-geraldine-dawson?_s=PM:HEALTH

Early Intervention, Early Start Denver Model:

http://www.nytimes.com/2010/11/02/health/02autism.html?_r=3&emc=tnt&tntemail1=yhttp://www.nytimes.com/2010/11/02/health/02autism.html?_r=3&emc=tnt&tntemail1=y

http://articles.cnn.com/2009-11-30/health/autism.study_1_autism-applied-behavioral-analysis-geraldine-dawson?_s=PM:HEALTH

Overview of 2009 study: After two years the ESDM group were way ahead of the control group. Their IQ scores jumped an average of 17.6 points (to 78.6 which is just within the range of normal intelligence). Much of the gain came in their ability to understand and use language. The control group just gained 7 points, remaining in the zone of intellectual disability. Seven of 24 children in the treatment group improved enough to move out of the ASD diagnosis to Pervasive Developmental Disorder – not otherwise specified (PDD-NOS) diagnosis. Only one child in the control group did this.

Proven, cost effective ID tool: http://www.eurekaalert.org/pub_releases/2011-04/uoc--cso042111.php

Emerging Minds did a small research study in Ottawa: Act Early Autism with 20 children:

Children 1 to 2 years of age showing signs of autism. Informed doctors about the signs of autism. Identified them with the new proven ID tool, a simple one page questionnaire for the parent to answer at the 12, 18, 24 month check-ups. Provided 14 weekly in-home sessions, coaching and showing the parent how to intervene. Results: All the children improved.

9. REMOVE DISPLAYS OF SWEETS AND CANDIES FROM COUNTER AREA AT CHECK-OUT COUNTERS

Proposed by Montreal Council of Women

Whereas #1 obesity has reached epidemic proportions in Canada in all socio-economic age groups, including children, resulting in the escalation of costly obesity-related health problems such as heart disease, diabetes, high blood pressure; and

Whereas #2 sweets and candies at check-out lanes promote poor food choices which draw money from the rest of the food budget and contribute few nutrient returns for the dollar; and

Whereas #3 candy is the number one food bought on impulse; and

Whereas #4 candy displays entice children to demand these poor food choices; therefore be it

Resolved #1 that the National Council of Women of Canada (NCWC) adopt as policy that displays of sweets and candies be removed from the counter area at the check-out lanes in all Canadian retail outlets; and be it further

Resolved #2 that the NCWC urge the Government of Canada to enact legislation requiring all Canadian retail outlets to remove the displays of sweets and candies from the counter area at the check-out lanes in order to prevent poor food choices; and be it further

Resolved #3 that the National Council of Women asks its Provincial and Local Councils to urge their respective governments to enact legislation requiring the removal of displays of sweets and candies from the counter area at the check-out lanes at all Canadian retail outlets; and be it further

Resolved #4 that the National Council of Women of Canada ask its federated associations to urge all its members to approach their local municipal governments to implement By-laws to remove displays of sweets and candies from the counter area at check-out lanes at all Canadian retail outlets.

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www.id.iit.edu/profile/gallery/matrix/en_cul1.html
12. Cohen, Deborah A. M.D., M.P.H. and Susan H. Babey, Ph.D. Candy at the Cash Register - A Risk Factor for Obesity and Chronic Disease. *New England Journal of Medicine* 367,15 October 13, 2012
13. http://www.expatica.com/ch/news/local_news/Move-to-restrict-candy-at-checkout_3535.html More and more European countries are restricting the display of candy at the cash registers in shops.
14. What Sections of the Store Did Consumers Shop? (Consumer Observations)

	1 st Stop	2 nd Stop	3 rd Stop
Checkout Counter	35%	61%	69%
Beverage Cooler	28%	11%	4%
Food Service	16%	6%	4%
Restrooms	5%	0%	2%
Confectionary Aisles	4%	6%	4%
Salty Snack Aisles	4%	4%	6%
Sweet Goods	2%	4%	6%

Candy is the Number 1 Snack Bought on Impulse

Source : C-Store Study, September 2004

www.frontendfocus.com/documents/inthenews/Convenience_Retailing.pdf

10. BULLYING AND CYBER BULLYING NATIONAL PREVENTION STRATEGY

Proposed by Montreal Council of Women

- Whereas #1** many provinces do not have specific legislation to combat the effects of all bullying, including cyber bullying; and
- Whereas #2** Private Member's Bill C-273 introduced in 2011, which amends the federal Criminal Code to add cyber bullying as a criminal offense, is presently before the Justice Committee, and has not been adopted by the Canadian parliament; and
- Whereas #3** public awareness campaigns have been shown to be successful as demonstrated by the anti smoking, and the anti-drinking and driving campaigns; therefore be it
- Resolved #1** that the National Council of Women of Canada adopt as policy that a national anti-bullying strategy be established for Canada; and be it further
- Resolved #2** that the National Council of Women of Canada urge the Government of Canada to take steps to establish a national anti-bullying strategy by adopting Bill C-273 which amends the criminal code to add bullying and cyber bullying as criminal offences; and be it further
- Resolved #3** that the National Council of Women of Canada urge the Government of Canada to work with the provincial, territorial and municipal governments to adopt a national strategy to deter and prevent bullying and cyber bullying by raising public awareness and by using the present legal remedies available.

BACKGROUND

Bullying is defined as the repeated domination and harming of another by coercive and aggressive means which include physical, verbal and psychological bullying. This is the result of a situation where an imbalance of power leads to a stronger person(s) taking advantage of a weaker person, being deliberately mean and bending them to their own will. Though bullying has existed for a long time, in recent years it has been added to by cyber bullying which involves the same process as bullying but, in addition, its sphere is expanded to include bullying over electronic media such as the computer and cellular telephones where derogatory information, photographs and/or videos are posted via the internet by e-mails, text messages and social media for all to see.

Though laws exist to address aspects of bullying and cyber bullying, only Manitoba, New Brunswick, Nova Scotia, Ontario, Quebec and the Yukon deal specifically with these issues. Federally, Bill C-273 introduced by Dr. Hedy Fry (MP for Vancouver-Centre) in 2011 and presently before the Justice committee, makes cyber bullying a criminal offence. This amendment adds cyber bullying to existing portions of the criminal code dealing with Criminal Harassment, Defamatory Libel and False Messages.

Public awareness campaigns have been shown to be successful as seen by the campaign about the dangers of smoking and the one about the dangers of drinking and driving. Anti-smoking campaigns which include no smoking in public places in addition warning labels on cigarette and little cigar packages have reduced smoking. The drop in smoking since 2001 is quite dramatic at 9.4% from 20.8% among teens aged 15-17 (HuffPost 2012). The campaign against impaired driving has been successful and has included MADD (Mothers Against Drunk Driving) advertising against drinking and driving as well as included government advertising campaigns which continues as a part of road safety programmes.

The damaging effects of bullying and cyber bullying were well exemplified in the movie "Bully" which follows the lives of five children and their families through a tragic school year (Bully 2012). This movie is being used in the United States to sensitize school children to the harmful effects of bullying and cyber bullying.

There exist parental responsibility laws which can also be invoked in Alberta (1997) Ontario (2000) and Nova Scotia (2012) amongst others which are being amended to specifically include responsibility for bullying and cyber bullying. Currently most of the laws deal with parental responsibility for property damage by their minor children.

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PU #1 MENTAL HEALTH STRATEGY FOR CANADA

Proposed by the Ottawa Council of Women

Whereas #1 in Resolution 2009.3, the National Council of Women of Canada stated its support for the development of a Canadian Mental Health Strategy; and

Whereas #2 in May 2012 the Mental Health Commission of Canada completed its report on a Mental Health Strategy for Canada; and

Whereas #3 women in Canada are twice as likely as men to suffer major depression and to have a mental health problem diagnosis at the time of admission to a correctional institution; and

Whereas #4 gender-based violence, socio-economic disadvantage, low income and income inequality, low or subordinate social status and unremitting responsibility for the care of others are gender specific risk factors for common mental disorders that disproportionately affect women; therefore be it

Resolved #1 that the National Council of Women of Canada (NCWC) adopt as policy support for the Mental Health Commission of Canada and its 2012 report “Changing Directions Changing Lives: The Mental Health Strategy for Canada”; and be it further

Resolved #2 that the NCWC urge the Government of Canada to use The Mental Health Strategy for Canada to guide its work with the provinces and territories to improve the mental health of all Canadians; and be it further

Resolved #3 that the NCWC urge the Government of Canada, working with the provinces and territories, to act upon the recommendations of the Mental Health Strategy of Canada to:

- a) increase the proportion of health spending that is devoted to mental health from seven to nine per cent over ten years; and
- b) increase the proportion of social spending that is devoted to mental health by two percentage points from current levels in light of the many years of inadequate resources in this area of health.

Background

The importance of a national mental health strategy was recognized by the NCWC in its resolution 2009-3 which noted that some “three million Canadians suffer from some form of mental illness at some period of their [*sic*]life and as a result often face stigma and discrimination in the workplace and the community”.

In 2007, the Government of Canada announced funding for the Mental Health Commission of Canada to:

- Be a catalyst for the reform of mental health policies and improvements to service delivery;
- Act as a facilitator, enabler and supporter of a national approach to mental health issues;
- Work to diminish stigma and discrimination faced by Canadians living with mental illness;

- Disseminate evidence-based information on all aspects of mental health and mental illness.

In 2009 an interim report was issued, and in 2012 the Mental Health Strategy was published. This Policy Update supports the important evidenced-based policy work that the Commission has arrived at in its strategy, as well as the need for additional financing in this stigmatized, long neglected and under-resourced area of health. A further important point is that mental health problems affect men, women and children differently. This resolution notes the differential impact of mental health on women in two Whereas clauses.

1. NCWC Resolution 2009.3 National Mental Health Strategy.
2. Towards Recovery and Well-Being: A Framework for a Mental Health Strategy for Canada, 2009. Mental Health Commission, Calgary, Alberta.
3. Changing Directions Changing Lives: The Mental Health Strategy for Canada, 2012. Mental Health Commission, Calgary, Alberta.
4. Gender and Women's Mental Health, 2012. World Health Organization, Geneva, Switzerland.

PU #2 NATIONAL ACCOUNTABILITY FOR FOOD SAFETY AND SECURITY

Proposed by the Ottawa Council of Women

Whereas #1 in 2011 the National Council of Women of Canada (NCWC) adopted as policy a resolution urging the Government of Canada to formulate a national food security policy that will:

- a) monitor urban expansion with a view to preserving good farmland;
- b) ensure sustainable production, processing and distribution;
- c) ensure that international agreements affecting food are based on the best Canadian standards;
- d) recognize that supply managed systems help to stabilize the supply of high quality food at affordable prices;
- e) ensure safe and nutritious food for all Canadians including those on low incomes and those who are geographically isolated.

Whereas #2 many people in the far north depend on traditional food which has both a cultural significance and specific nutritional value for them; and

Whereas #3 at the federal level, Canada has about 13 separate pieces of food-related legislation, not including environment and farming legislation – a complex system not conducive to effective and efficient governance; and

Whereas #4 other governments, such as the United Kingdom, have consolidated departments and accountability to focus on food, environment and rural affairs; therefore be it

Resolved #1 that NCWC adopt as additional policy that

- a) traditional foods be taken into consideration when designing food security programs for those living in the far north
- b) all food related policy be consolidated under one minister; and be it further

Resolved #2 that NCWC additionally urge the Government of Canada to

- a) undertake research into the importance of traditional food when designing food security programs for those living in the far north
- b) consolidate government responsibility and accountability for food, whether related to health, safety, agriculture, animal husbandry, industry, fisheries, distribution or economic issues, under one responsible minister.

BACKGROUND

1. Information on Food Security among Aboriginals: resource material for “INUIT TUTTARVINGAT”

The six main goals of Inuit Tuttarvingat, with particular reference to Inuit peoples are:

1. Conduct and promote research to enhance the health and well-being of Inuit.
2. Increase understanding and awareness of the health issues affecting Inuit.

3. Facilitate and promote research that is ethical, balanced, relevant, and useful.
4. Support and promote Inuit in pursuing health careers.
5. Preserve and promote Inuit traditional knowledge and healing practices.
6. Provide Inuit with knowledge of environmental health risks.

Hunger Count 2012, from Food Bank Canada reports that recent demonstrations across Nunavut have brought Canadians' attention to the high cost of food in the territory. Residents here spend an average of \$14,815 per year or 25% of their total expenditures. This compares to an average of \$7,262 on food or 11% of total expenditures across Canada generally. Milk costs \$12, cheese spread \$29, and peppers \$17 per kilogram. "A person shouldn't have to stand in a grocery store and think, 'Should I buy bread or milk this week with my \$10, because I cannot afford both.'" In Iqaluit, the price of food and the high cost of living generally has had a decisive effect on the number of people coming to the food bank, which has seen an 18% increase in use over the past year. In Nunavut, it is difficult to sustain the service offered by food banks because the need is high but the donor base is small. There is a question as to whether the charitable model will work in the North, or can the problem only be addressed through larger government-driven initiatives?

Food Bank Canada recommends:

- The creation of a federal Northern Food Security Innovations Fund to jumpstart and sustain community-based, community-led food initiatives across the North.
- The establishment and adequate funding of comprehensive school breakfast programs across the territories.
- Significant investment in community building infrastructure in northern communities, including the construction or rehabilitation of community-identified resources like community centres and community freezers.

The Inuit Tuttarvingat, in its list of resources, includes many publications on food security among Inuit people and Aboriginals generally. The resource selected for background to this resolution was by Elaine M. Power, Conceptualizing Food Security for Aboriginal People in Canada. Dr. Power is associated with the School of Kinesiology and Health Studies, Queen's University, Kingston, Ontario.

The following is a summary of Dr. Power's arguments in her article. She first points out that there are unique considerations which impact food security of Aboriginal people related to the harvesting, sharing and consumption of country or traditional foods. Rates of food insecurity and diet-related diseases are higher for Aboriginal than non-Aboriginal Canadians and are particularly high among Inuit Canadians. In order to understand and develop successful food security policies and programs for Aboriginal people, it is necessary to consider both the "market" and the "traditional food systems". Dr Power finds that food obtained from traditional food systems is key to cultural identity, health and survival among Aboriginals. Cultural food security therefore includes the ability to reliably access sufficient, safe traditional food through traditional harvesting methods.

The availability of traditional food is threatened by the following:

lack of access to traditional lands; the extinction and decreased density of plant and animal species; changes in animal migratory patterns; decreased transfer of cultural knowledge from elders to young people; less time for harvesting due to paid employment; preference for market food, especially among young people; lack of money for expenses related to hunting and fishing.

Food insecurity of Aboriginals living in urban areas seems to be similar to that of non-Aboriginals, with a diet based largely on market food, since obtaining traditional food is extremely challenging for urban-based Aboriginals.

Dr. Power recommends research to improve the effectiveness of food security policies and programs that are unique to the needs and geographic locations of Aboriginals. At the same time, food security programs must take account of traditional food harvesting, sharing and consumption on the culture of Aboriginals, particularly of the Inuit.

2. Safe Food for Canadians Act, passed Senate of Canada, 17 October 2012. This legislation gives some new powers to the Canadian Food Inspection Agency (CFIA). I could not determine what previous legislation it was replacing, or if it is an addition. It does concentrate on food safety, as it applies to “injuring health”, NOT to healthy, nutritious food. The list of legislation that CFIA must administer and enforce is long. It could improve one area, but does not address the complexity of food legislation.

<http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=5654899&Mode=1&Language=F&File=59>

3. Other countries and jurisdictions have consolidated responsibility and accountability, and national food policies:

DEFRA - Dept of Environment, Food and Rural Affairs, United Kingdom

www.defra.gov.uk Food 2030 Report in Britain

National Food and Drink Policy for Scotland: To promote Scotland's sustainable economic growth: www.scotland.gov.uk

4. An overview of current regulatory and fiscal framework governing food production and supply in Canada (federal, provincial, and municipal), Rod MacRae, Faculty of Environmental Studies, York University, 2009.

“A quick look at Canada's food safety system conveys a sense of the governance complexity. The food safety system is guided by over a dozen main pieces of legislation¹ (and numerous assorted regulations, regulatory directives and protocols), 3 layers of government carrying out different or overlapping functions in a more or less coordinated fashion², and more than one agency involved within each layer (although certain ones tend to be central, e.g., the Canadian Food Inspection Agency (CFIA) federally). Numerous functions are carried out (training and education, pre-market consultations, product approvals and licensing, labelling and advertising,”

i) The main relevant federal ones are: Food and Drugs Act, Canadian Food Inspection Agency Act, Canadian Agricultural Products Act, Feeds Act, Fish Inspection Act, Seeds Act, Consumer Packaging and Labelling Act, Plant Protection Act, Plant Breeders Act, Health of Animals Act, Meat Inspection Act, Hazardous Products Act, and the Pest Control Products Act. The provinces and territories also have food safety legislation that covers food products that are not registered in the federal system, and provides for oversight of food related facilities that are not generally involved in interprovincial trade (e.g., slaughtering plants that aren't involved in intra provincial or international trade) or serve local markets (e.g., restaurants, food retail stores).

However, increasingly the provinces are amending their slaughtering rules to conform with federal ones, even for provincial plants that don't sell meat across borders.

5. Canada's People's Food Policy project published (2011): Resetting the Table: A People's Food Policy
www.peoplesfoodpolicy.ca/foodpolicy

The report seeks to recalibrate the domestic distribution of homegrown food ...ensure food is eaten as close (as possible to where it is produced --transportation policy)...shift to environmentally friendly practices...(provide) help for new farmers...(develop a) national poverty elimination plan, and a Children and Food strategy...