



Canadian Public Health Association 2007 Resolutions

The following resolutions were presented and voted upon at the CPHA Annual General Meeting (AGM) in Ottawa, Ontario on Monday, September 17, 2007.

2007 CPHA Resolution No. 1 Fall Prevention and Building Codes

WHEREAS the senior population in Canada is expected to grow rapidly during the next several decades. By the year 2026, statistics project that 20% of all Canadians will be aged 65 and over (compared to 12% in 1998);

WHEREAS 1 in 3 older adults fall every year;

WHEREAS falls account for 87% of all fractures for people aged 65 and older;

WHEREAS 60% of fatal falls occur at home, 30% in public places, 10% in health care institutions;

WHEREAS falls generate 56% of the direct health care costs for the elderly (\$2.4 billion);

WHEREAS falls among seniors are the 6th leading cause of mortality and a major cause of short-term and long-term disability among seniors in Canada;

WHEREAS falls in bathrooms and on stairs account for approximately 20-30% of all falls among seniors;

WHEREAS nearly two decades of community and laboratory research provide definitive and compelling evidence regarding characteristics of safer stairs and features of safe grab bars in bathtubs and shower stalls;

WHEREAS current National Research Council Codes do not require the same safety requirements for stairs in houses and small buildings as for stairs in public buildings;

WHEREAS current National Research Council Codes do not require homes, small buildings or apartment buildings to have universally installed grab bars in bathtubs or shower stalls;

WHEREAS members of the Canadian Public Health Association adopted a motion in 2003 to strengthen building code

requirements in an effort to reduce falls among seniors;

WHEREAS a request for the addition of a code requirement for grab bars in bathtubs and shower stalls in houses, small buildings and apartment buildings has been submitted for consideration in this round of the building code revisions, and letters of support for consideration of this revision have been submitted to the National Research Council;

WHEREAS the National Research Council task force on stairs, ramps, handrails and guards is being asked to review the applicability of the stricter code requirements for stairs in public buildings to the codes for stairs in residential homes;

WHEREAS there are over 200,000 new housing starts in Canada each year (CMHC: expected 209,500 for 2007), and delays in making research-based modifications to the codes result in additional housing stock in Canada which do not meet evidence-based standards either for safer stairs or for grab bars in bathtubs and shower stalls;

WHEREAS changes to National Research Council building code recommendations that are adopted as provincial and territorial legislation apply only to new buildings and to major renovations of existing buildings in each province and territory;

THEREFORE BE IT RESOLVED THAT the Canadian Public Health Association urge the Canadian Commission on Building and Fire Codes to review the proposed change in building code standards for grab bars in bathrooms in the current round of revisions to national building code recommendations. Reference Code: 3.7.2.9, 9.31.2.3.

AND FURTHER BE IT RESOLVED THAT CPHA notify members of the timing of the public

consultation processes and urge its members to participate in the public consultation process for changes to the building codes proposed by the task group on stairs, ramps, guards and handrails; and proposed by the Standing Committee on use and egress and the Standing Committee on housing and small buildings.

AND FURTHER BE IT RESOLVED THAT CPHA provide a synopsis of the evidence related to proposed building code changes to be published in advance of the public consultation process.

AND FURTHER BE IT RESOLVED THAT CPHA urge the Federation of Canadian Municipalities to consider changes to by-laws that would require retrofits to both public buildings and to residential homes and buildings that would increase stair and bathroom safety.

CARRIED.../

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2007 CPHA Resolution No. 2 Regulation of Psychoactive Substances in Canada

WHEREAS psychoactive substances* are a high-profile and ongoing concern due to the associated harmful effects. Conservative estimates are that substances are associated with at least 47,000 Canadian deaths per year (21% of all deaths) at an annual cost of nearly \$40 billion, with most of these deaths and costs due to legal, poorly regulated substances, specifically tobacco and alcohol,¹

WHEREAS substance use is common, much use of some substances is beneficial or non-harmful, and some use may result in harms for the individual user and the community in which they live,²

WHEREAS the informed consensual use of psychoactive substances is a basic right, for which criminal sanctions should only be used to prevent harm to others,³

* Includes alcohol, tobacco, prescription substances with reinforcing properties such as sleeping pills and pain killers, and illegal substances such as marijuana, cocaine, methamphetamine, ecstasy, and heroin.

WHEREAS persons who use drugs are recognized as possessing the same dignity, with all ethical consequences of this ethical fact, as all other human beings,⁴

WHEREAS there is increasing recognition and concern that indiscriminate prohibition of substances (e.g., cannabis, opioids, stimulants) is actually a source of many harms,^{5, 6, 7, 8, 9, 10}

WHEREAS prohibition is increasingly being recognized as ineffective in reducing the use of illegal drugs,³ while harm reduction, health promotion, and regulation are well demonstrated to be effective,¹¹

WHEREAS the law is a powerful tool for protecting and improving health, and the failure to use law appropriately for psychoactive substances has contributed to much death, disease, and social problems,^{12, 13}

WHEREAS legislative and policy frameworks for psychoactive substances have not kept pace with established health best practices and need to be modernized,¹⁴

WHEREAS a comprehensive approach to addressing the use of psychoactive substance should be based on an accurate assessment and evaluation of the benefits and risks, with an appropriate balance and integration of the four pillars of prevention, harm reduction, treatment, and enforcement, and also needs to include adequate investments in health promotion, education, health protection, discrimination reduction, rehabilitation, research, and monitoring trends,^{15, 16, 17}

WHEREAS the failure of the prohibition approach (given the additional harm it generates) has created pressure to find alternative solutions,^{4, 5, 18, 19}

WHEREAS alternative models for the regulation of psychoactive substances are being developed that focus on changes to the supply chain to protect and promote public health,^{9, 20, 21}

WHEREAS the overarching challenge is to develop coherent, effective, and efficient approaches that minimize psychoactive substance-associated harms, maximize benefits, and recognize that most use does not result in societal harm, without creating additional harms from implementation of control approaches,²²

THEREFORE BE IT RESOLVED THAT CPHA urge the Government of Canada to establish, in consultation with provincial and territorial governments, a national psychoactive substances regulation steering group to propose policy and regulatory improvements for tobacco, alcohol, cannabis, opioids, stimulants, hallucinogens, and sedative/hypnotics. This body would have broad representation, including but not limited to members drawn from all levels of government, non-governmental agencies, as well as producers, consumers, health, education, social services and criminal justice agencies. This body will have the mandate to develop substance-specific policy and legislative proposals, guided by a comprehensive policy framework based on a public health approach.

CARRIED AS AMENDED.../

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2007 CPHA Resolution No. 3 Idling Control Bylaw

WHEREAS 16,000 Canadians die prematurely from air pollution related disease and thousands more become unnecessarily ill,^{1,2,3,4}

WHEREAS children are particularly vulnerable to air pollution,^{2,5}

WHEREAS car, truck and bus emissions are one of the leading sources of smog-causing pollutants,^{6,7}

WHEREAS ten seconds of idling uses more gasoline than starting an engine⁸ and an idling vehicle emits nearly twenty-times more pollution than one travelling at 50 kilometres per hour.

WHEREAS over one million dollars of fuel is idled away by Canadians daily,²

WHEREAS excess idling to warm up a vehicle isn't needed – only 30 seconds at most is required for this activity,⁵

WHEREAS a number of municipalities across the country, including major cities such as Toronto and Vancouver, have successfully adopted idling control bylaws,⁹

WHEREAS adopting idling control bylaws will improve the transportation carbon footprint of jurisdictions enacting such measures through reduced combustion of carbon-based fuels,⁶

WHEREAS this action is a positive step in addressing climate change and conserving a non-renewable energy source,¹⁰

THEREFORE BE IT RESOLVED THAT the Canadian Public Health Association (CPHA) urge the Federation of Canadian Municipalities to develop model motor vehicle idling control legislation fashioned after the provisions and restrictions contained within the existing idling control bylaws of Canadian municipalities and to recommend implementation and enforcement of such a bylaw to their membership.

CARRIED AS AMENDED.../

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