



PEI Advisory Council on the Status of Women

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Standing Committee on Social Development
Office of the Clerk
Province House
P.O. Box 2000
Charlottetown, PE C1A 7N8

Dear Standing Committee Members:

**RE: Review of proposed amendments to the
Smoke-free Places Act.**

Proposed changes to tighten Prince Edward Island's Smoke-Free Places Act are generally good news for Islanders' health. Updating this Act and making the legislation more strict is a good public health initiative that will benefit most Islanders. However, there are exceptional circumstances under which the proposed changes could create danger. We are here today to raise only one question: Will the proposed changes to the Smoke-Free Places Act endanger women who smoke who are staying in emergency women's shelters for their physical safety?

We urge your committee to examine the proposed changes to legislation with the safety of women facing violence, especially intimate partner violence, in mind, and to problem-solve any issues that could put lives at immediate risk.

Primarily, we wish to see provisions for women who smoke to remain safe and sheltered in women's

About the PEIACSW Mandate

The Prince Edward Island Advisory Council on the Status of Women (PEIACSW) is a provincial government advisory body dedicated to supporting women's full and equal participation in social, legal, cultural, economic, and political spheres of life.

The nine-member, government appointed Advisory Council regularly works in collaboration with government and community groups, undertakes research on issues of concern to women, offers analysis and recommendations to policy-makers, responds to media, and creates public education resources.

The Advisory Council has a legislated mandate to recommend legislation, policies, and practices to improve the status of women on Prince Edward Island.

shelters, such as Anderson House in Charlottetown and the Chief Mary Bernard Memorial Women's Shelter on Lennox Island. Women enter emergency shelters as a dramatic and difficult step for their physical safety and that of their children. Sometimes, their lives are under immediate threat, and emergency shelters have staff, procedures, and security measures to keep residents safe. It is not uncommon for angered, desperate partners to try to get into shelters, or to lie in wait near shelter buildings. It is for reasons like these that police drive by shelters more regularly than ordinary residences. But police cannot park in front of our emergency shelters 24 hours a day.

These emergency shelters currently make provisions for smokers. Anderson House has a designated smoking room. The Chief Mary Bernard Memorial Women's Shelter is getting a security fence, where nobody could come in, put in the back of their building, and they are hoping to get it sheltered from weather.

When women take the dangerous risk to leave violence, they are not in the best position to quit smoking. If a woman in a shelter is forced to smoke outdoors and away from the shelter building — say, on a sidewalk or the side of a road — she is at increased physical risk of harm. Clearly, smoking puts lives at direct risk in the longer-term. However, violence puts lives at direct risk in the near-term.

In fact, the most dangerous time for a woman who leaves a relationship due to violence or threats is *after* they leave. In fact, Statistics Canada found that women separated from their partners are nine times more likely to be murdered by their estranged partner. The level of violence or threat in their home before they leave is not necessarily the best predictor, either. Statistics Canada has found that 39% of spousal abuse victims who reported post-separation violence said the violence only began *after separation*.

As a priority action, we recommend that government ensure that proposed changes to the Smoke-Free Places Act preserve the physical safety of women in emergency shelters. At a minimum, we ask you to ensure that the careful arrangements the two existing women's shelters have made for smokers who stay there meet the regulations of the revised Smoke-Free Places Act. An exemption for emergency shelters, as temporary places of residence, might be necessary; alternatively, government will have to support the shelters to create a safe place or safe way for women who smoke to be protected from immediate threat. Either way, the legislation would have to find language to accommodate the special nature of emergency shelters for women escaping violence.

We see Woman Abuse Protocols as a key tool for protecting women who face violence. Woman Abuse Protocols exist for the following services and institutions in income support, justice, and health:

- Family Court Services Protocol
- Hospital Protocol
- Income Assistance Protocol

- Priority Placement Protocol
- Probation Services Protocol .../3
- Community Justice Resource Centre
- Turning Point Assessment/Treatment Protocol
- Victim Services Protocol
- Police Protocol

As a first step, we recommend that Woman Abuse Protocols be updated so they are well integrated with any proposed changes to the Smoke-Free Places Act. New protocols may need to be developed. (We have already called for Woman Abuse Protocols for Child Protection.) Ongoing, effective training in the use of Woman Abuse Protocols is also needed by staff in all services and institutions affected, as well as follow-up and evaluation of how well the Protocols are being applied.

As a support to women who freely choose to quit smoking at an appropriate time, we recommend that smoking cessation resources be available through institutions such as shelters where people must live temporarily for their immediate health and safety, and be linked to community services when the client relocates. Smoking cessation supports should include access to mental health support workers with a knowledge and understanding of the dynamics of violence and abuse. For instance, Transition House Association and the Chief Mary Bernard shelter both offer some life-skills training programs that could be enhanced with well-funded and well-supported smoking cessation resources.

While we have focused our case on emergency shelters, it could easily be argued that other types of circumstances put women's and men's immediate safety in danger if they are forced to leave secure premises to smoke. We think of individuals receiving mental health treatment who are at high risk of suicide. We think of individuals trying to recover from addictions who may be at high risk of overdose. In these cases, as in the case of people at risk from violence, short-term threats to life and safety from leaving institutions of care and protection may trump the long-term threat to life expectancy and health from smoking.

In conclusion, we ask your committee to consider the balance between health and safety as you deliberate on changes to the Smoke-Free Places Act and to act for the exceptional safety needs of some Island women. Thank you for considering these questions as you continue your important work to reduce smoking on Prince Edward Island and to enhance the health of Islanders.

Sincerely,



Isabelle Christian, Chairperson