

# REALity

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## REVOLUTIONARY BILL ON MARIJUANA PASSES

On June 19, 2018, Trudeau’s personally appointed “independent” Senators rubber-stamped marijuana Bill C-45 in a 52-29 vote.

This bill legalizes marijuana for recreational use.

The bill will go into effect on October 17, 2018, because, according to Trudeau, neither the police nor the provinces are ready to deal with this change in the law before that date. The provinces have the responsibility of regulating how the marijuana regime will operate in each of their jurisdictions in regard to the distribution and sale of the drug.

The police are uncertain how to implement the law, especially in regard to drugged driving. This is a major concern since Statistics Canada’s National Cannabis Survey released an alarming report in August, 2018 which indicates that 14% of marijuana users who have a driver’s license drive their cars within two hours after consuming marijuana. This is more than triple the rate of Canadians who drive after consuming alcohol in the preceding two hours. In addition, 5% of Canadians over the age of 14 years stated they had been a passenger in a vehicle driven by someone who had consumed marijuana in the preceding two hours. According to Public Safety Canada, which released its own study last fall, 28% of its respondents had driven high on marijuana and 1 in 10 thought marijuana made them “a better driver”. Research, of course, shows that marijuana negatively affects reaction time, decision-making, motor skills, co-ordination, attention and judgment.

It is not surprising, that the percentage of Canadian drivers killed in vehicle crashes who test positive for drugs (40%) exceeds the number who test positive for alcohol (33%). At present, neither the government, nor safety organizations have stepped up public safety campaigns on the dangers of driving under the influence of marijuana. Consequently, this revolutionary social policy on marijuana is creating uncertainty and nervousness across the country.

Most important of all, Canadian youth are not ready to deal with the recreational use of marijuana. Most youngsters believe that marijuana is a harmless drug, and now that the government has decriminalized it, this confirms their misunderstanding of the consequences of smoking marijuana. Unfortunately, no public awareness for youth, by way of educational programs on marijuana, has been prepared to provide for this change in policy, especially on the fact that marijuana can be harmful.

The Canadian Medical Association has strained mightily to inform the government of the deleterious effects of marijuana

on adolescents’ developing brains. Marijuana use can result in a permanent loss of IQ (6 to 8 points), which can never be regained, even if marijuana use is stopped. Other studies indicate that those prone to mental problems, such as schizophrenia are more likely to develop this illness when marijuana is used.

It is also alarming that marijuana use is addictive in about 9% of all users, and this rises to 17% for those who start smoking marijuana in early adolescence. Marijuana addiction means that users who develop a dependence on the drug will experience withdrawal symptoms if they stop using it, as well as cravings and psychological dependence, chills, sweats, insomnia, loss of appetite, nausea, anxiety and irritability.

Marijuana dependence tends to develop slowly. Months, or even years in some cases may pass before symptoms begin to affect the addict’s life. That is, a teenager may be doing well in school, interested in sports and involved in extracurricular activities, but gradually if smoking marijuana, this becomes his/her constant obsession, losing interest in other activities.

Although the marijuana law makes it illegal for anyone younger than 18 years of age to buy marijuana, there is nothing in the legislation to prevent a young person (defined in the bill as anyone between 12 and 18 years of age) from obtaining marijuana from his home since each household may legally grow up to 4 marijuana plants. Since the legislation specifically states that young persons, i.e. those 12 to 18 years old, may possess and distribute (share) up to 3 grams (10 joints) of marijuana, this means that many young people will be smoking, sharing and likely selling marijuana in our schools, malls and on the street. Who is to stop them from doing so? Not the police, whose hands are tied by this legislation. †

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# DRUG INJECTION SITES = INSANITY

***“This drug disaster has spawned a drug bureaucracy of social workers, nurses, and harm-reduction outreach workers who operate these sites ... the more addicts, the more business—and justification for their presence at the sites.”***

Drug injection sites are the federal Liberal government’s response to Canada’s drug crisis. One does not have to be a genius to figure out that these drug injection sites are unchained insanity infesting our communities. Neighbourhoods in which the sites are located have been ruined. Drug addicts around them scream abuse day and night, and engage in endless fighting. Drugged out and sometimes dead addicts litter the sidewalks, together with abandoned needles, condoms and crack pipes. Addicts defecate anytime, anywhere in the area, making the vicinity almost unwalkable. Those few brave individuals who do walk near the sites are accosted by beggars, prostitutes and drug traffickers. Those who reside in the vicinity are afraid to go out at night and businesses in the area are experiencing huge financial losses. The police have been instructed to turn a blind eye to all this chaos.

Dr. Gifford Jones explained (Saturday Sun, July 14, 2018) “drug dealers are adding Fentanyl to opiate drugs that kill thousands of North Americans each year. It’s a lethal drug combination that ends lives just as surely as pulling the trigger of a loaded gun.” Last year 3,987 Canadians died from apparent opioid related overdoses, three-quarters of which contained Fentanyl. This is 1,126 more than the year before. The death toll from opioids is now greater than the toll from AIDS at the height of that epidemic.

This drug disaster has spawned a drug bureaucracy of social workers, nurses, and harm-reduction outreach workers who operate these sites. This bureaucracy needs the addicts for their continued employment—the more addicts, the more business—and justification for their presence at the sites.

Once the addicts have injected their drugs, they leave the site and wander around the streets screaming abuse, passing out in some cases, and dying because they have been enabled to inject their poisons by the presence of drug injection sites. No one is really helping the addicts.

There are eight drug overdose sites in Toronto providing drug injections in the downtown core, with a ninth site to open shortly. Because all of these sites are funded by the Ontario Ministry of Health, city officials are not accountable for the disaster that has been created.

The Ontario Liberal government, under former Premier Kathleen Wynne, had happily funded these sites. However, they may be facing a major hurdle in that On-

tario’s newly elected Premier, Doug Ford, has stated that he is “dead set” against drug injection sites and that his government will focus on rehabilitation instead. Mr. Ford has pledged to spend \$1.9 billion over 10 years on mental health and addiction. This has led Toronto Chief Medical Officer, Eileen de Villa, to try to head off this possibility by recommending to the federal government and the Toronto Public Health Board that all drugs should be decriminalized. That should really solve the problem!

## **TORONTO MEDICAL HEALTH OFFICER’S SOLUTION**

The obviously confused and, apparently, not too clever Toronto Chief Medical Officer, Eileen de Villa, recommended to the federal government and to the Toronto Public Health Board that all drugs be decriminalized—including cocaine and heroin, so that all legal penalties of small amounts of drugs would be nullified. She has also recommended that the federal Liberal government convene a task force made up of people who use drugs, as well as “experts” (save us from the latter that have already given us the drug injection sites) to explore options for the legal regulation of all drugs for personal use. She claims this will solve the problem by moving away from treating drug use as a crime, and, instead, view it as a system of broader social failure, including a lack of housing, mental health and addiction services. She claims that criminalization of drugs forces people to inject drugs in unsafe environments, saddles them with criminal records, and places the financial burden on society associated with the courts and the justice system. With this reasoning, Dr. de Villa should also consider removing laws prohibiting murder, theft and sexual abuse because they are saddling people with criminal convictions and are a financial burden on society. She ignores the purpose of the law, which is to protect individuals and society from harm by prohibiting the destructive effects of drugs. To remove the prohibition against the use of illicit drugs is to encourage the use of these drugs because what is legal to many becomes acceptable. To understand how decriminalization has increased drug use alarmingly, we have only to consider the state of Colorado which permitted marijuana for recreational use in 2013. Marijuana use by youth between the ages of 12 and 17 years increased by 20%; marijuana use of university age youth increased by 17%, and marijuana use by adults age 26 and older increased 63%.

Dr. de Villa also passed along her recommendation to the Toronto Public Health Board, headed by left wing, maverick councillor, Joe Cressy, and Chair, Joe Mihevc. Nothing in society is too permissive for them. Naturally, they thought Dr. de Villa’s recommendation was a great idea.

Our current drug epidemic has to be controlled. There is no way this will occur with the proliferation of drug injection sites. †

# JUSTIN TRUDEAU SLYLY PUSHES MULTI-BILLION DOLLAR DAY CARE FRAMEWORK

*“Trudeau’s multi-billion dollar, multi-lateral agreement with the provinces, the Early Learning and Child Care Framework, isolates itself from the daily concerns of most mothers and fathers and focuses on getting mothers to supposedly acquire ‘equality’ by having their children raised by state-run unionized ‘experts’. There is nothing progressive about this.”*

Rather than returning tax dollars to parents so that they can have more economic freedom to decide themselves what is best for their young children, the Liberals are trying to advance the unpopular top-down, one-size-fits-all, state day care rejected by so many socialist states as inferior. In doing so, the feminist, Liberal government has disregarded studies that found robust evidence that the Quebec state model of day care has negative effects on the emotional and physical well-being of children placed there, as well as affecting parental attentiveness. It also costs a minimum of \$10,000 per child with no similar amount given to parents for children cared for at home. Nevertheless, Trudeau has chosen to forge ahead with this unpopular feminist, ideological project under the guise of the Early Learning and Child Care Framework, disregarding the fact that day care is a provincial responsibility.

He is never inhibited by financial considerations when promoting his favourite agenda of feminism. Consequently, to further entrench feminist ideology, Trudeau has now allocated \$100 million to fund projects to “explore, test and develop innovative approaches to support day care services targeting children under 6 years of age”. Funding will start with \$10 million, granted for the years 2018–2019 and 2019–2020.

This is part of the \$7 billion, 10-year allotment announced in the 2017 budget. It falls under Employment and Social Development Canada.

The whole purpose of this project is to encourage women to enter the paid workforce in order to broaden the tax base which will, incidentally, provide Trudeau and his cronies with even more money to disperse to their favourite projects. In this effort, Trudeau is responding to the global drive by the International Monetary Fund (IMF) to encourage mothers to work in the paid workforce supposedly to achieve “equality”, “narrow the gender gap” and solve “economic problems”. It is no accident that the Secretary General of IMF is Christine Lagarde from France, who also happens to be on Trudeau’s hand-selected Gender Equality Advisory Council, which he organized (without success) for the G7 countries meeting in Quebec in June. Even some feminists taking part in the G7 panel #The Future is Feminist recoiled

at the thought that women were being used to raise the Gross Domestic Product (GDP).

It is also no accident that Trudeau transferred \$440 million to the World Bank Group in 2016/2017 which has praised Canada’s feminist International Assistance Policy promoting abortion rights, among other feminist demands. The World Bank is also tying its funding to developing nations, by demanding that these countries pursue “gender equality”, i.e., provide feminist ideology to the developing countries.

It is a very cozy world of left wing progressives, who are using the taxpayers’ money to pursue their own personal agenda.

Trudeau’s multi-billion dollar, multi-lateral agreement with the provinces, the Early Learning and Child Care Framework, isolates itself from the daily concerns of most mothers and fathers and focuses on getting mothers to supposedly acquire “equality” by having their children raised by state-run unionized “experts”. There is nothing progressive about this. Interestingly, Trudeau’s own family does not follow this model—Trudeau prefers to have a nanny, paid \$40,000 per year by the taxpayer, to look after his children.

REAL Women believes that the ideal situation is for every family to look after its own children in its own home, if they choose. However, we know that because of economic necessity, illness, and other family circumstances, substitute child care is often an essential and valuable service to families. The child care choices, however, must be made by the family, not the state. †

## MESSAGE BOARD

**Action Item:** With municipal elections on the horizon, contact your mayoral and councillor candidates to see whether they are for or against opening “brick-and-mortar” marijuana shops in your community. These will soon be legal and many municipal leaders view this as a viable business opportunity for their community. Really? Is this good for families and healthy communities?

**New members campaign:** Membership packages, at no charge, are available to members of REAL Women who wish to extend a personal invitation to a friend or relative to join REAL Women of Canada. This is an ideal way to increase membership. Please let our Ottawa office know how many packages you would like. They contain a letter of invitation, written on REAL Women letterhead and signed by our National President, a membership form, a return envelope addressed to REAL Women, a REAL Women pamphlet and a business envelope. Add a personal note of endorsement when sending out a package.

**Action Item:** Please write your premier, MPP/MLA, voicing your objection to the opening of (more) drug injection sites in your province. Refer to the article in this issue, “Drug Injection Sites = Insanity”. This dangerous trend applies to all provinces, not just Ontario.

# BLACK BABIES IN THE U.S. KILLED BY ABORTION IN LARGE NUMBERS

***“It is shocking to think that more blacks have been killed by abortion than by the Klu Klux Klan. Between 1882 and 1968, 3,446 blacks were lynched by the Klu Klux Klan, but today abortion kills more black American babies in less than three days than the Klan killed in 86 years.”***

In the U.S., abortion has taken a terrible toll on the lives of black babies.

Nationally, black women terminate pregnancies at far higher rates than other women. In 2014, 36% of all abortions were performed on black women although they make up just 13% of the female population in the U.S. Abortion deaths of black children far exceed deaths caused by cancer, violent crime, heart disease, AIDS and accidents.

The explanation given for this devastation by abortions of black babies is that black women face pressures caused by racism, poverty and lack of access to health care, which leads to their decision to abort their child. This ignores the fact that women living in low-income areas and also of an ethnic minority, such as Hispanics, have a lower abortion rate than black women. The Hispanic rate of abortion is near to that of other women.

A plausible explanation for the high abortion rate for black women may have to do with marriage. Unmarried women are more likely to experience an unplanned pregnancy, and black women are less likely than their Asian or Hispanic counterparts to marry.

Whatever the reason for the high abortion rate among black women in the U.S., the statistics are devastating. Abortion is the number one killer of blacks in 2014, outnumbering the top 15 leading combined causes of death among blacks,

such as homicides, HIV, diabetes, cancer and heart disease. There have been 259,336 deaths (or 711 per day) from induced abortions among black women. It is shocking to think that more blacks have been killed by abortion than by the Klu Klux Klan. Between 1882 and 1968, 3,446 blacks were lynched by the Klu Klux Klan, but today abortion kills more black American babies in less than three days than the Klan killed in 86 years.

It is well known that Planned Parenthood, founded by the racist and eugenicist Margaret Sanger, has established its abortion clinics in the vicinity of low-income black neighbourhoods. By doing so, its billion dollar industry keeps down the black population with death by abortion.

Often unmentioned in this catastrophic loss of black babies by abortion is a further problem, that abortion significantly raises a woman’s risk of premature delivery in subsequent pregnancies.

Black American women have a rate of premature births that is over four times that of non-black women. Premature birth increases a baby’s risk of cerebral palsy, autism, deafness, blindness, respiratory distress, epilepsy, mental retardation, gastro-intestinal injury and serious infections. In short, even if a black baby escapes abortion, his/her chances of health complications are significantly increased if the mother has had a prior abortion(s).

One does not have to be a believer in conspiracies to consider the possibility that the high incidence of abortion in black communities may be taking place in order to keep the black community smaller and less powerful. This reflects the racist and genocidal mindset advanced by organizations such as government and philanthropy funded Planned Parenthood.

This killing of black babies, as well, has ominous implications down the road. The black fertility rate is 1.9—well below the replacement rate of 2.1. Within a few decades black Americans may well be an endangered species. Margaret Sanger would be pleased. †

## CITY COUNCILS GETTING INTO GENDER-BASED ANALYSIS

***“Rather than concentrating on their basic responsibilities ... some municipalities are currently caving in to pressure from left-wing tax-funded special interest groups to set their policies.”***

What greater problems can befall Canadians? Well, how about our municipal councils taking a turn at creating more difficulties for us. Rather than concentrating on their basic responsibilities—providing efficient city services,

updating infrastructure, keeping spending under control, making sure taxation is not excessive—some municipalities are currently caving in to pressure from left-wing tax-funded special interest groups to set their policies. They are not consulting with Conservative organizations for their views. It is apparently only one-sided.

Under the feminist umbrella of Gender-Based Analysis-Plus, (GBA+) gender lobbyists have been attempting a “take over the government” in order to replace elected city councils with politically motivated social engineering. It is a stealthy power grab.

Often without any assessment of cost, cost-benefits or

cost-tracking, GBA+ proponents claim to make cities more responsive to women, the LGBTQ etc. community, various ethnic groups, the disabled, the aged, the poor, etc. According to an Edmonton GBA+ report, “intersectionality” would expand gender equity beyond sex and gender to encompass “age, ability, education, ethnicity, geography, health, language, and socio-economic background”, and would “inform everyday experiences with an organization’s policies, programs, services and initiatives”.

The report lists, not surprisingly, only the following tax-funded groups as supportive of this “progressive” municipal over-reach: Women’s Advocacy Voice of Edmonton, the Accessibility Advisory Council, the Youth Council, the Community Services Advisory Board and the Poverty Elimination Council Initiative. Other add-ons could be Edmonton’s Indigenous Relations Office, Multicultural Relations Office, Child Friendly Edmonton and Age Friendly Edmonton. In the wings are the advisory committees on anti-racism, LGBTQ2+, and assessment frameworks on diversity and inclusion and social development. Not to leave out city funded training for Indigenous awareness, intercultural competency, anti-racism, and

historic trauma about residential schools.

Such a power grab by left-wing, tax-funded lobbyists can weigh heavily on municipal budgets, duplicate federal and provincial responsibilities, which are already costly social adventures, both by-passing taxpayers and minimizing the influence of democratically elected city officials, not to mention that of conservative groups.

Writing in the Edmonton Journal on May 30, 2018, journalist David Staples asks “...should the values of the Canadian Taxpayers Federation or the Canadian Council of Churches also be allowed to directly and overtly shape city policy? How about a conservative women’s group, such as REAL Women of Canada? Should city staffers have to report back to them?” It is clear that the intention is that City Councils will only have to answer to politically correct organizations.

Taxpayers at all levels, federal, provincial and municipal, should beware of strident feminist gender-based ambitions, which defer to no boundaries, whether rational or fiscal. What they want is power, whenever and wherever they can grab it, and in doing so are trying to exclude the perspectives of other organizations. †

## DEVIANT SEXUAL PRACTICES ARE HARMFUL

***“In just the past month, studies have disclosed alarming problems facing homosexuals and the transgendered. For example, the July 2018 issue of the American Journal of Men’s Health, disclosed that nearly half of the men in same-sex partnerships suffer some form of abuse at the hands of their partners.”***

Homosexuality and transgenderism are actively promoted with increasing regularity by governments, pop culture and public education. Business owners, such as bakers, florists and musicians, who decline to promote same-sex events are frequently placed in a legally perilous situation by LGBT activists. Some churches are compromising their traditional teachings on the subject in order to be politically acceptable (and thereby promptly experience a loss in church memberships).

This pressure is occurring because the actual facts about the harmful effects of deviant sexual practices are not being disclosed. Instead, homosexuality and transgenderism are being promoted as being just another choice of sexual practice. This is truly scandalous and completely unfair to the LGBT community. Medical ethics require that they be alerted to the serious consequences that can arise from their participation in certain sexual practices.

### THE FINDINGS OF STUDIES ON DEVIANT SEXUAL PRACTICES

In just the past month, studies have disclosed alarming problems facing homosexuals and the transgendered. For example, the July 2018 issue of the American Journal of Men’s Health, disclosed that nearly half of the men in same-sex partnerships suffer some form of abuse at the hands of their partners. The study disclosed that 46% suffered some form of intimate partner abuse in the past year, including physical and sexual violence, emotional abuse and controlling behaviour. It also found that this domestic abuse in male couples increases the risk of HIV infections because victims have little or no control over condom use or when and how the couple has sex. The authors of the study claim that this is a result of lack of communication about HIV status and HIV prevention, which is common in abusive relationships. The study also found a strong association between internalized homophobia by the same-sex partners. This is caused by the individual’s stress in struggling with his sexual identity, which leads him to inflict physical and emotional abuse on his partner.

These findings are consistent with a 2015 U.S. Centers for Disease Control survey, which found that 26% of homosexual men, 37% of bisexual men, 44% of lesbians, and 61% of bisexual women experienced rape, physical violence, and/or stalking by an intimate partner at some point in their lives.

According to Statistics Canada, homosexuals experi-

enced the highest violent victimization rate in 2014, at 207 incidents per 1,000 population, compared to 69 per 1,000 for heterosexuals.

Another study, released in July 2018, carried out by the U.S. think tank, National Bureau of Economic Research, indicates that the argument that same-sex marriage will improve access to health care for homosexuals and lesbians was false. In fact, according to this study, same-sex marriage did not improve the health of such couples, as substance use and preventative care did not change when their relationship was “legalized”.

In short, there was no improvement whatsoever in the self-reported health of homosexual and lesbian couples when they legalized their partnerships.

**HEALTH RISK FOR THE TRANSGENDERED**

An alarming study was published in early August 2018 in the *Annals of Medicine*, which was conducted by a review of over eight years of the medical records of 5,000 males who transgendered to female. It was found that those who were born male, but became a “transgendered” woman, were twice as likely to have the blood clot condition, venous thromboembolism. They were also found to be 80-90%

more likely to have a stroke or a heart attack.

All males who wish to become pseudo females by hormone therapy should be warned about the serious complications. They should also be warned about the comprehensive study from Sweden, published in 2011, which was unique in that it was a nation-wide study conducted over a period of more than 30 years, with minimal loss to follow-up. This study found substantially higher rates of overall mortality, death from cardiovascular disease and suicide, suicide attempts, and psychiatric hospitalizations in sex-reassigned transsexual individuals, compared to a healthy control population. Even though surgery and hormonal therapy may initially alleviate gender dysphoria (dissatisfaction), such interventions do not seem sufficient to compensate for the higher rates of morbidity and mortality found among transsexual persons.

The stark reality is that nature is nature. One cannot try to change nature without consequences. There are always consequences.

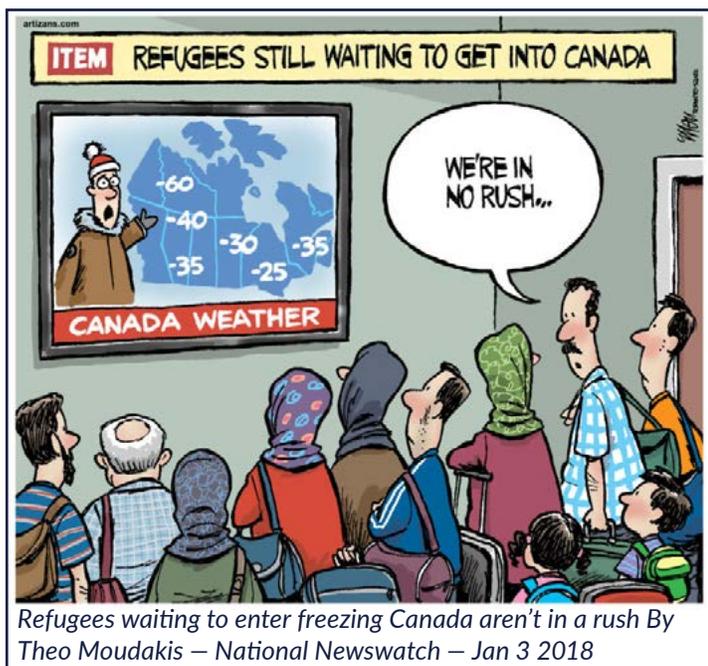
Enthusiasm for political correctness by governments and medical authorities is endangering the lives of these sexual minorities. It is not helping them to normalize their deviant sexual behaviour. †

**MAKING A GIFT UNDER YOUR WILL TO  REAL WOMEN OF CANADA**

Making a gift under your Will to REAL Women of Canada is a lasting gift, not just to REAL Women itself, but also to Canada as a whole. Canada needs strong families, especially now, when the fabric of society is being torn apart by materialism, selfish individualism, and disrespect for human life.

REAL Women’s efforts on behalf of the traditional family have never waived. Through turmoil and adversity, we have put forward our voice on behalf of the family in a clear and uncompromising manner. We can only continue this vital work for many generations to come with your help.

When preparing your Will, please consider assisting REAL Women by making a bequest to our organization so that we can continue with our crucial work. †



**SUPPORT REAL WOMEN OF CANADA**  
PLEASE MAKE A CONTRIBUTION TO JOIN OUR WORK TO DEFEND & PROTECT LIFE & THE FAMILY

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