

MINUTES

COMMUNITY SERVICES COMMITTEE

REGIONAL MUNICIPALITY OF OTTAWA-CARLETON

CHAMPLAIN ROOM

21 May 1998

1:30 P.M.

PRESENT

Chair: A. Munter

Members: D. Beamish, W. Byrne, L. Davis, C. Doucet, D. Holmes, H. Kreling,
A. Loney, M. McGoldrick-Larsen

CONFIRMATION OF MINUTES

That the Community Services Committee confirm the Confidential Minute of the meeting of 2 April (as amended) and 16 April 1998, and the Minute of the meeting of 23 April 1998.

CARRIED

INQUIRIES

Councillor Holmes made the following two inquiries.

1. Problems Associated with the Health Card among the Homeless Population

Councillor Davis stated that the Centretown Community Health Centre (CHC) and some of the shelters were attempting to act as custodians of health cards for homeless residents, however the major problem appeared to be that many homeless residents do not have health cards. In the absence of a health card, the CHC is limited to the kinds of health services it can provide for these individuals. She referred to an article in the 21 May 1998 edition of The Toronto Star, *Health-card rules called harmful to the homeless* which identified a Toronto group advocating for changes to the health card rules for people who are homeless. Councillor Holmes asked the Health Department to comment on this issue

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- Notes:
1. Underlining indicates a new or amended recommendation approved by Committee.
 2. Reports requiring Council consideration will be presented to Council on 27 May 1998 in Community Services Report No. 10 and on 10 June 1998 in Community Services Report No. 11.

and the need for access to health cards among the homeless population in Ottawa-Carleton.

Briefly, Dr. Cushman acknowledged that a problem existed, particularly the need for a health card for the delivery of inpatient services. He added that some of the CHCs have additional funding envelopes to deal with the problem and generally are able to provide primary care and some ambulatory care to the homeless population.

2. SARA Regulations and the Ontario Human Rights Code

Councillor Holmes observed that the Ontario Human Rights Code appears to be violated by the provincial government's decision to cut welfare for young people living with their parents. She referred to an article, *Welfare cuts under attack: May violate rights code, Toronto commissioner says*, which appeared in the 15 May 1998 edition of The Toronto Star. She noted that Toronto may consider an appeal under the Ontario Human Rights Code regarding this legislation.

Councillor Holmes asked the Social Services Department to investigate the possible violation of the Ontario Human Rights Code and the federal Charter of Rights and Freedoms, and to comment on whether there was an opportunity for the RMOC to join forces with Toronto in regards to this matter.

Commissioner Stewart stated he was aware that the network of legal aid clinics and a number of municipalities were looking at the regulations in some detail including an opportunity to challenge some of the regulations. He stated he would consult with Toronto commissioner Shirley Hoy and report back to Committee.

REGULAR ITEMS

1. PRIORITIES FOR HEALTH GRANTS FUNDING
- Medical Officer of Health report dated 21 April 1998

Staff presentation

Ms. Ginette Roberge, Program Manager, briefly explained that in 1994, the (then) Health Committee requested that Health Grant priorities be established every two years and involve community consultation. Public consultations were conducted in 1994, 1996 and 1998 with similar results. Therefore, she explained, one of the recommendations is for priorities be set for a longer period of time, and that public consultation be integrated into the Health Department's strategic planning cycle.

Mr. Alan Hotte, Program Evaluation Officer, provided highlights of the 1998 consultation survey which included community members and the Executive Committee of the Health Department. The survey asked respondents to rate 28 previously identified health risks. Referring to Annex A of the report, he noted there was a high level of agreement (13/28 items) among the two surveyed groups. Two clusters of responses were identified: risk taking behaviours among youth and an emphasis on health enhancement behaviours. These two clusters represent the two funding priorities for the Health Grants.

Councillor Loney asked for clarification of the rationale for moving from a two-year to a five-year commitment for priorities. Ms. Roberge responded that that feedback from the community regarding priorities has not changed significantly in the past six years, and these priorities are in agreement with the Health Department's mandate. She stated the advantage of a longer consultation period was a potentially better impact on the priority issues. She added that, informally, the Department was hearing from the community that a consultation every two years was too often.

Councillor Loney asked if the survey had ever been extended beyond the 335 community organizations to get public input. Ms. Roberge responded the consultation was limited to possible applicants for the Health Grants program.

Councillor Loney stated his preference for priorities to be reviewed and/or reaffirmed every two years. If the review period was lengthen, he suggested it would give an expectation that the priorities would not change. He opined that the Grant funding should not be perceived as an ongoing stream of funding that will be available indefinitely. Councillor Loney put forward an amendment to the first recommendation that the funding priorities continue to be reviewed every two years.

Councillor Holmes asked if a random telephone survey would be an appropriate methodology. Mr. Hotte opined that cost would be a limiting factor.

Moved by A. Loney

That funding priorities continue to be reviewed every two years.

CARRIED
(dissent D. Beamish)

Moved by A. Loney

1. **That Community Services Committee approve the following recommended funding priorities for the 1999-2003 Health Grants. It is recommended that funding priority be given to proposals emphasizing:**
 - a) **Strategies that improve health by reducing risk-taking behaviours among young people (for example: unsafe sex, excessive alcohol use, tobacco use, and exposure to safety hazards), and;**
 - b) **Strategies that address self-care or health enhancement behaviours among children and adults (for example: physical activity, nutrition, medication use, and reduced exposure to second-hand smoke).**
2. **That Community Services Committee approve the coordination of the Health Grants priority setting process with the departmental strategic planning cycle, in order to consolidate an element of departmental planning and provide coordinated public consultation.**

CARRIED, as amended

2. APPOINTMENT: ENVIRONMENTAL HEALTH ADVISORY GROUP
A/Co-ordinator, Community Services Committee report dated 7 May 1998

That the Community Services Committee recommend that Council approve the appointment of Councillor Diane Holmes to the Environmental Health Advisory Group.

CARRIED

Councillor Holmes requested that this item go forward to the next Council meeting, to allow sufficient time for herself and Dr. Cushman to short-list and interview candidates.

Moved by M. McGoldrick-Larsen

That Council be requested to waive the notice required under the Procedure By-law and consider this time at its meeting of 27 May 1998.

CARRIED

RESPONSES TO INQUIRIES/MOTIONS

3. THE PUBLIC HEALTH IMPACT OF CASINO GAMBLING AND EXPANDED GAMING AND THE ABILITY OF PROGRAMS TO RESPOND TO THE HEALTH CONSEQUENCES OF ADDICTION TO GAMBLING

- Response to Inquiry No. CSC 06(98)
- Medical Officer of Health report dated 16 April 1998

Staff Presentation

Mr. Michael McCullough, Substance Abuse Prevention Officer, briefly focused on the health effects of gambling and some of the priority areas brought forward in the report for Committee consideration.

A review of the literature and research highlighted four major points: 1) that gambling can lead to addiction in the same way that alcohol and other drugs can (approx. 3-5% of adult population affected); 2) that the problems associated with gambling can be debilitating, most notably the risk of suicide and the considerable stress placed on families; 3) that there is a direct relationship between increasing the availability of gambling and the rate of addiction in the population, and; 4) that problem gambling is treatable and preventable.

Mr. McCullough stated there were four priority areas for community services. The first priority is the need for permanently funded counselling positions. With the introduction of the casinos and slot machines in Ottawa-Carleton, he predicts that current treatment services will find it difficult to respond to requests for help.

The second priority is the need for additional Alcohol and Gaming Commission inspectors. The Health Department recommends increasing the number from four to six inspectors. The third priority is the need for resources for prevention and education, particularly to reach young people and to remove the stigma/shame associated with problem gambling so that gamblers seek help. The fourth priority is the need for the Province's commitment to abandon video lottery terminals (VLTs) and locate slot machines only in casinos and controlled settings be legislated.

Questions to Staff

Councillor Beamish inquired about the availability of research in follow up to the opening of the casino in Windsor, Ont. Mr. McCullough responded that information relating to police services and police interventions was available however, longitudinal studies limited to casinos were scarce.

In response to an inquiry from Councillor Davis, Mr. McCullough stated that in preparing the report, staff followed the debates in the newspapers, spoke to the Ottawa-Carleton Police Services about their contacts with police in Windsor, and reviewed a research project (an in-depth telephone survey) conducted in Windsor.

Councillor Loney asked for clarification of the funding for the two counselling positions in the Region. Mr. McCullough stated his understanding was that funding had been allocated to the Addiction Assessment Services, however only a portion of the funding had been received.

Public Delegations

*Paul Welsh, Executive Director & Jane Aston, Counsellor, Rideauwood Addiction and Family Services.*¹ Mr. Welsh clarified that Rideauwood's program was supported 90% by fundraising and 10% by service fees. Although Rideauwood's budget from the Ministry is the largest in the Region for substance abuse, their gambling treatment services do not currently receive provincial funding. Rideauwood's program operates 1.5 days/week and has been operating for one year. During this time, they have counselled approximately 70 people. Because of a shortage of funds, the program is not advertised. Their current caseload is 15 gamblers and 10 family members receiving counselling on a weekly basis.

Mr. Welsh briefly outline the social costs associated with problem gambling, including mental health problems, depression, suicide, family breakdown, and personal bankruptcy. He added the economic costs include increased health costs (e.g. psychiatric treatment, mental health counselling), increased need for policing and social services, and considerable costs to the local business community.

Mr. Welsh shared the results of a survey of 37 Rideauwood clients: 14% had attempted suicide and an additional one-third had suicidal ideation; 27% of clients had required outpatient psychiatric treatment and an additional 20% had been hospitalized due to depression or suicide attempts; 20% of clients had declared bankruptcy and 30% had been or were near bankruptcy as a result of gambling. Summarizing, Mr. Welsh stated that international research showed that the economic benefits accrued to a community were far outweighed by the economic costs.

Marie-Lucie Spoke, Citizens Against Gambling Expansion (CAGE). Ms. Spoke, speaking on behalf of CAGE, suggested the Region should be asking the following questions - Should the Region allow casino gambling at all? Does the Region have the power to prohibit gambling? Has there been a proper economic analysis of the impact of gambling to the Region before measures to limit or off-set the damages are even

¹ A copy of briefing notes held on file by the Committee Co-ordinator

considered? If the casino turns out to be detrimental to the Region, is there a process in place to get rid of it?

Ms. Spoke observed that the provincial government has not done an impact study to determine the financial and social costs of casino gambling, but only a study to identify the potential revenues. She noted there were studies that clearly identified the economic pitfalls of gambling including an outflow of money from a region and job loss. The province government predicts it will receive \$1.5-\$2 billion province-wide from casino gambling which includes an outflow of money from this Region.

Ms. Spoke questioned why the staff report assumed that the two casinos earmarked for the Ottawa-Carleton area would be accepted before other factors were considered. CAGE believes the casinos should not be accepted. Many municipalities are sending the message to the province that casinos are not welcome, including Toronto, London, Kitchener, Peterborough, Guelph and Ottawa. She encouraged a Council resolution to close the Region to casino gambling and furthermore, to include the question in a referendum, particularly if one is to be held on municipal integration.

Chair Munter asked for clarification from legal staff on whether the decision to allow a casino rests with the lower-tier municipality in which it is located and not with the RMOC. Ms. Taschereau-Monicon stated it was her belief that the decision lies with the lower tier municipality, and that she would confirm that information for the Committee.

Peter McKenna, Director, Addiction Assessment Service of Ottawa-Carleton. Mr. McKenna confirmed that they are the designated problem gambling treatment site; a designation received from the Ottawa-Carleton Regional District Health Council (DHC) and the Ministry of Health. He confirmed that they had been funded for two counselling positions in the last fiscal year, and were asked to fill one position. They were to wait for the DHC to make recommendations on how to fill the second position (i.e. francophone or multicultural position). With the demise of the DHC, there is uncertainty around this second position.

Mr. McKenna stated there was a shortage of good literature on the issue of problem gambling and the expansion of gambling in Ontario was unprecedented. He stated his support for the recommendations outlined in the staff report.

In response to an inquiry by Councillor Holmes, Mr. McKenna stated he was confident that the second counselling position would be funded in the very near future. He felt that the additional counsellor would focus on the multicultural community. As well, Mr. McKenna explained his involvement with a multicultural problem gambling coalition

which has recently completed a survey of the Chinese, Vietnamese and Cambodian communities. Results of the survey are forthcoming.

Chuck Runolfson, Citizens Against Gambling Expansion (CAGE). Mr. Runolfson continued the CAGE presentation by addressing the recommendations contained in the staff report. He questioned who would be paying for the increased costs associated with increasing the number of inspectors, and how long slot machines would be limited to casinos? He opined that VLTs would be back in full force because there is no legislation.

Regarding the fourth recommendation, Mr. Runolfson expressed skepticism that the Ministry of Health would undertake any study, public awareness or education when the public's ignorance was to their advantage. He suggested that the costs for recommendations 4 & 5 would not be covered by the provincial government, but rather downloaded to the regional taxpayers.

Mr. Runolfson opined that it was unethical and aberrant to use the proceeds from gambling to treat gambling addictions. He reiterated that the rate of addiction was about 5% of the gambling population, with 25% of these becoming pathologically addicted and reminded Committee of the social costs associated with problem gambling.

Mr. Runolfson expressed concern that there was no community dismantling process in place should the casinos prove detrimental. He stated the government was promising to redirect more gambling money towards hospitals, and opined that services that the government has a duty to provide should not be financed from gambling revenues. In doing so, the government sanitizes gambling by calling the gambling establishments charity casinos. He reiterated that essential services should be financed through taxes not charity.

Paul Webber. Mr. Webber referred to a footnote in the staff report; "*footnote iii: Ontario Casino Corporation Act, 1993. Section 7 sets out criteria for the location of a casino in a municipality.*" Mr. Webber stated the reference was incorrect. He learned this through his work with a local community association which will be bringing legal action against the City of Gloucester because of issues pertaining to the zoning of the casino in that municipality. In determining the Region's power in this issue, he stated that the *Act* does not apply. The difficulty is that there is no legislation, but rather a bureaucracy in Toronto. The casinos are a provincial mandate, and the rule of a municipal resolution is not written down anywhere. He opined that there may be a Region role in this issue.

Chair Munter asked Ms. Tashereau-Moncion to look into some of the questions Mr. Webber raised, as well as the relevant legislation and prepare a memo for Committee before the item goes to Council on 10 June 1998.

Council Loney asked if there was a regional role in the zoning issue with Gloucester. Mr. Webber suggested there may be a role; the provincial philosophy is that a municipality does not have to have a casino if its council does not want one, however which council is not clear. That only two casinos have been allocated to Ottawa-Carleton suggests there may be a regional role. Chair Munter requested that the Planning Department be consulted in the preparation of the memorandum.

Councillor McGoldrick-Larsen suggested that, in light of the questions raised by Mr. Webber regarding legislation, it would be preferable to refer the report to the Corporate Services and Economic Development Committee and have the debate on the Region's role at that Committee prior to going to Council. Councillor McGoldrick-Larsen put forward a motion to defer item #3 to the 25 June 1998 Community Services Committee meeting pending further information to come back from legal counsel and other relevant staff.

Councillor Holmes opined that if Council is going to get into a debate of whether or not the Region will take a position on the issue of casinos, then more information and discussion is needed. She stated her support for holding Item #3 as background information to the larger "yes or no" issue. Ms. Tashereau-Moncion confirmed that a report on the legislation and legal issues could be prepared for the 25 June 1998 Committee meeting, but recommendations should be in consultation with other departments and the public.

Councillor Loney urged the Committee not to defer the item. He reiterated that there were really two issues at hand. He stated the recommendations on the table should go ahead as there is already a casino in Hull and the need for counselling services already exists. A look at the broader issue will take time and could come back to Committee and Council in a separate report.

Councillor Beamish reiterated that these recommendations should go forward to Council without delay. He opined that there was lots of information available on the issue, and there was no benefit to delaying the debate at Council.

Council Doucet stated there were two separate issues. He opined that this report should go forward as quickly as possible. He stated he was intrigued by the legal argument presented that since there are only two casinos allotted to the region, made up of eight urban municipalities, it seemed logical that this was a regional issue. He also commented on the economic argument that the province will receive \$1.5-\$2 billion in gambling revenues in addition to other money already taken out of the Region through downloading. He stated a report was needed on the economic impact to the Region.

Chair Munter asked Committee members to support the motion to defer because if there is a role for the Region beyond the public health role, he believes the two issues should be considered together.

Moved by M. McGoldrick-Larsen

That Item #3 be deferred to the 25 June 1998 Community Services Committee meeting, pending further information from legal counsel and other relevant staff.

LOST

YEAS: M. McGoldrick-Larsen, A. Munter (2)

NEAS: D. Beamish, W. Byrne, L. Davis, C. Doucet, D. Holmes, H. Kreling, A. Loney (7)

An amendment to the report recommendation was put forward by Councillor Loney; that the Health Department report back in six months on the success in these recommendations being implemented.

Moved by A. Loney

That the Health Department report back in six months on the success in these recommendations being implemented.

CARRIED

A second amendment to the report recommendations was put forward by Councillor Holmes.

Moved by D. Holmes

That the Ministry of Health provide immediate funding for the second counselling position that has been previously allocated.

CARRIED

Commenting on the report recommendation #2, Councillor Holmes stated that her knowledge of the current situation for inspectors was that they are responsible for very large regions and are over-extended. She stated she would prefer to see six to eight inspectors for the region, but strongly supports an increase from the current four inspectors.

Moved by D. Holmes

That Community Services Committee recommend that Regional Council approve the following recommendations:

- 1. That this report be forwarded to the Minister of Health, the Minister of Consumer and Commercial Relations, and Management Board Secretariat;**
- 2. That the Minister of Consumer and Commercial Relations increase the number of Alcohol and Gaming Commission inspectors in Ottawa-Carleton from four to six;**
- 3. That the Management Board Secretariat amend the Alcohol, Gaming and Charity Funding Public Interest Act so that slot machines and video lottery terminals are only allowed in casinos and other controlled casino-like settings;**
- 4. That the Ministry of Health undertake a public awareness and education strategy as an important first step in helping people understand and talk about the addictive nature of gambling and the potential consequences, and;**
- 5. That the Ministry of Health permanently fund counseling positions and allocate additional financial resources for treatment and prevention as the availability of gambling increases.**

CARRIED, as amended

INFORMATION PREVIOUSLY DISTRIBUTED

1. Results of the Redistribution of Subsidized Spaces
- Social Services Commissioner memorandum dated 6 April 98
2. Accreditation Award
- Medical Officer of Health memorandum dated 21 April 98

3. 1998 Beach Recommendations
- Medical Officer of Health memorandum dated 27 April 98
4. Proposed Satellite Sexual Health Centre in Osgoode Township
- Medical Officer of Health memorandum dated 28 April 1998

Councillor Loney requested that this Information Item # 4 be put on the agenda of the next Committee meeting as a regular item of business. He expressed concern that there was no indication of how the site in Osgoode was determined to be a priority location or how much it will cost to establish the Centre.

5. Clean Up Days in the Community for Discarded Needles
- Manager, HIV Prevention Program memorandum dated 29 April 98

ADJOURNMENT

The meeting adjourned at 3:00 p.m.

NEXT MEETING

4 June 1998

CHAIR

CO-ORDINATOR