MINUTES

COMMUNITY SERVICES COMMITTEE

REGIONAL MUNICIPALITY OF OTTAWA-CARLETON

CHAMPLAIN ROOM

29 OCTOBER 1998

1:30 P.M.

PRESENT

Chair: A. Munter

Members: D. Beamish, W. Byrne, L. Davis, D. Holmes, H. Kreling, A. Loney

Regrets: C. Doucet, M. McGoldrick-Larsen

CONFIRMATION OF MINUTES

Councillor W. Byrne requested that her comments on Item 1 be included in the Minutes.

That the Community Services Committee confirm the Minutes of the meeting of 15 October 1998, as amended by the foregoing.

CARRIED, as amended

Notes: 1. Underlining indicates new or amended recommendations approved by Committee.

2. Reports requiring Council consideration will be presented to Council on 12 November 1998 in Community Services Report No. 20.

REGULAR ITEMS

HEALTH

1. EPIDEMIOLOGY OF HIV AND AIDS IN OTTAWA-CARLETON: STATISTICAL REPORT AND ANALYSIS
- Medical Officer of Health report dated 8 Sep 98

The Medical Officer of Health, Dr. R. Cushman, introduced Dr. Ed Ellis, Associate Medical Officer of Health, Ms. Danielle Dorschner, Manager, HIV Prevention Branch and Dr. Chris Archibald from Health Canada. Dr. Ellis began by saying the report, released in September 1998, highlights current trends in infection, provides an update on the anonymous HIV testing program and provides a summary of HIV and injection drug use in the Region. He indicated that, since 1983, a total of 1,741 HIV infections have been reported, 52% among men who have sex with men and 17% from injection drug use. Fourteen hundred and seventy (1,470) males were diagnosed with HIV, the majority of them between the ages of 30 and 39 and 269 females were diagnosed, the majority of them between the ages of 20 and 29.

Dr. Ellis posited the reason for these increased numbers are as follows:
* a number of people are being tested through anonymous testing
* there is identification of new cases through partner notification
* there is increased awareness of HIV testing in the general population
* there are improved treatment options
* there are increased outreach services offering HIV testing

With regards to AIDS in Ottawa-Carleton, Dr. Ellis indicated that
* 20 new AIDS cases were reported in 1997
* 20 AIDS death were reported
* the decrease in AIDS cases reflects the situation elsewhere in Ontario and in Canada
* there is under-reporting of AIDS cases

Dr. Ellis noted that anonymous testing has been in operation 6 years and the number of testing sites has increased. Twelve hundred and eighty (1,280) tests were done, with 1.3% (17 people) being diagnosed as HIV positive. Anonymous testing accounts for 11% of all new cases diagnosed in 1997.

With respect to HIV and injection drug use, Dr. Ellis said a 1997 study showed that 19.2% of SITE Program clients were HIV positive. The incidence and prevalence of these cases in Ottawa-Carleton is estimated to be 2.6 times higher than the Ontario average. Because of these numbers, the Health Department felt it was important to expand the

program and additional funds were received from the Ministry of Health. An additional $185,000 allowed the department to increase the hours of service, expand community outreach by taking on partners (community health centres, etc.) and developing a network of people involved in needle exchange. This network will eventually be expanded into a Liaison Committee. In addition, staff are able to offer more comprehensive clinical services.

Dr. Ellis spoke about a number of issues of concern to community residents and how the Department proposes to address these concerns:

Safe Zones: there will be no needle exchange within 100 metres of schools, child care centres and parks. The creation of additional safe zones in communities will be one of the first tasks undertaken by the new Liaison Committee.

The SITE Van Route: the van must be able to stop at scheduled locations accessible to injection drug users (not in safe zones) in order to do its job properly. If encounters are hurried, it is difficult to build a trusting relationship with users, to counsel them or refer them to treatment: needle exchange rates also drop when encounters are hurried.

Finding Used Needles in Communities: Dr. Ellis posited that the existence of the SITE Program and area residents feeling secure are not incompatible goals. He suggested the RMOC take full responsibility for coordinating the disposal of needles found in any public place. This could be done through the 24-hour information line dispatching someone in any given neighbourhood to pick up discarded needles as quickly as possible if the person reporting them is unable or unwilling to do so him/herself.

Needle Disposal: part of the solution is to get users to bring needles back to the Van and not to leave them elsewhere. To attain this goal, it has been suggested that incentives be offered. Dr. Ellis pointed out that SITE van clients now return needles at a high rate on a voluntary basis without monetary incentives. If these were offered and then have to be discontinued because of budgetary constraints, it would take years to rebuild the voluntary return rate. Another consideration is that children must be discouraged from collecting needles just to earn a reward. It is also conceivable some clients would see this as a quick way to make money by taking a large number of needles, then returning them for cash.

Dr. Ellis said another important point is that these costs are necessary for the prevention of HIV infection. Even if as much as $99,000 is spent to prevent one infection money will be saved, since conservative estimates place the cost of treatment at $100,000. With the new treatments available, and with the perspective of longer life spans while on treatment, these costs seem to increase every month.

The Exchange Policy: the current policy is to offer up to 20 needles for the first visit to the SITE van. This number is based on cocaine being the drug of choice for 82% of surveyed SITE clients, and on 20 or more injections per days being needed when users are bingeing. In practice, first-time clients typically receive between 5 and 10 needles.

Dr. Ellis noted that, while the goal of the program should be a 100% or higher exchange rate, this is not always possible with each transaction. If a user known to staff desperately wants needles and has none to trade in, SITE staff can provide them and hope to get the needles back at a future visit (they usually do). In the alternative, staff can refuse, thereby increasing the chance the user will share and risk HIV infection. Dr. Ellis said he was not aware of any data that shows that a strict one-for-one exchange on every transaction will reduce the number of needles being found in parks or elsewhere. What is known is that a strict one-for-one transaction reduces the number of clean needles available overall and contributes to the development of new HIV infections at an alarming rate.

Dr. Ellis presented a graph which shows the number of needles going out and coming back in for the first quarter of 1997. He pointed out that, in the third quarter of 1997, the numbers almost doubled. The exchange rate is hovering at about 100% and the latest quarter, July to September 1998, shows a positive exchange rate. This graph relates to SITE van routes from Hintonburg to Vanier and shows that the number of needles going out and coming back in is approximately 30,000 in a typical quarter.

Dr. Ellis concluded his presentation by saying that the SITE Program is necessary but it is not sufficient: prevention, education and harm reduction strategies are other vital components. Community involvement must be expanded to help prevent additional cases and to provide education and advocacy. There must also be less availability of drugs, increased availability of and decreased waiting times for treatment. Supportive living units are needed to prevent people coming out of treatment from returning to environments that made them take drugs in the first place. Dr Ellis said he looked forward to working with community partners to achieve some of these goals.

Dr. Ellis introduced Dr. Chris Archibald, HIV Program, Health Canada. Dr. Archibald is Health Canada's lead person in joint occurrence study on rapid assessment of HIV injection drug use problems.

Dr. Archibald began by saying that, although there is no definitive evidence that needle exchange programs (NEPs) reduce HIV infection rates, the preponderance of available evidence suggests NEPs decrease infection rates. Two large literature review studies examined this question, one in 1993 by the American Institute of Medicine and the other in 1995 through the Centre for Disease Control and Prevention (Atlanta, GA). The lack of better evidence may be ascribed to the fact that it is difficult to do controlled studies on broad, community wide interventions. It is especially difficult to access groups such as

injection drug users, and the outcome of HIV infection is relatively rare; large sample sizes would be required to get statistically significant results.

Dr. Archibald described three major studies done to evaluate the effectiveness of needle exchange programs:

1. In 1990 a study in New Haven, Connecticut, examined left-over blood in returned needles using molecular techniques. The rate of positivity started 64% which means two-thirds of the needles were infected when returned to the site. Within the first three months of the NEP, the rate dropped to 48%, a one-third drop. This finding can be used to estimate a 33% reduction of HIV rates among people attending NEPs.

2. A second study was done in Tacoma, Washington, on hepatitis B and hepatitis C, blood-borne pathogens similar to HIV which can be transmitted through sharing needles. Users with newly-diagnosed hepatitis B or C infections were compared to users without the diseases, and among the newly infected, three-quarters had never used a needle exchange program. Among those who did not have the infections, one-quarter had never used a needle exchange program. Results showed a strong reduction of blood-borne pathogens among needle exchange users.

3. The third study looked at global comparisons between cities with NEPs and those without. In cities with NEPs, the decrease was 5.8% per year and, over time, there was a drop in the percentage of injection drug users that were infected. In cities without NEPs there was an increase of approximately 6% per year in HIV infections. This recent study showed an association between the presence of NEPs and declining HIV prevalence among injection drug users.

Dr. Archibald cited a number of aspects of NEPs to be considered, namely

* most studies show NEPs decrease HIV drug risk behaviour among the attendees
* there is no evidence that NEPs increase drug use among those who attend or among the community at large
* NEPs have not been shown to increase the total number of discarded needles. In Portland, Oregon, a drop in the number of needles was experienced. In Toronto, there was also a drop in the number of needles and this was not because the needles were being discarded elsewhere. Dr. Archibald noted there may be a temporary increase in discarded needles with any program that increases the circulation of needles, but within a certain period of time, the proportion increases again.

Dr. Archibald concluded his presentation by reiterating that available evidence concludes NEPs can help decrease HIV infection rates. He emphasized these programs work best

when implemented as part of a comprehensive HIV prevention and harm reduction program, similar to the one seen to be clearly working in Ottawa-Carleton.

That the Community Services Committee receive this report for information.

RECEIVED

2. MINISTRY OF HEALTH FUNDING FOR THE EXPANSION OF THE SITE PROGRAM
- Medical Officer of Health memorandum dated 9 Sep 98

Councillor L. Davis inquired whether the current drop in return rates for used syringes in Hintonburg can be ascribed to the fact the Needle Exchange Program (NEP) has received additional funding from the Ministry of Health and more are being distributed. The Medical Officer of Health, Dr. Ed Ellis, explained that matters are different in Hintonburg compared to other neighbourhoods. The SITE van is unable to make scheduled, pre-determined stops and the route has to change constantly; the time for transactions is reduced and it is difficult to spend enough time with clients to emphasize the need to bring back needles. Dr. Ellis provided an analysis of data by neighbourhood which showed the cumulative exchange rate in April and May 1998 at 103%: this means more needles are coming in than going out. The cumulative rate fell to 96% during the summer months. He contrasted these figures to a comparable neighbourhood which started at 98%, went down temporarily, then back up to 101%, which means the number of needles in and out is about the same.

Councillor Davis asked staff to clarify for the community the change in policy from a one-for-one exchange to current practices. Dr. Ellis indicated the policy change occurred in July 97, when up to 20 needles were offered to first-time users of the SITE van. This number is based on cocaine being the preferred drug in Ottawa-Carleton, and up to 20 per day being needed when someone is bingeing. Dr. Ellis cited a study based in Montreal which concluded that three million, two-hundred thousand needles per year would be required if every injection drug user used a clean needle every time.

Councillor Davis asked if it would be fair to say the policy change was an internal decision of the Health Department, and that it had not been specifically stated the number of needles would be relaxed and that users would get home delivery. Dr. Ellis recalled staff pointed out the number of needles going out would have to increase in order to get them back, and it was also pointed out that cocaine users can easily use 20 needles per day. He clarified the problem is not because first-time users of the van get 20 needles since, in reality, the average first-time user gets between 5 to 10 needles: the problem is with the ordinary user not bringing back the needles. In neighbourhoods where the van is not

allowed to stop long enough to develop a relationship with clients, matters are worse. The have been instances of residents coming up to the van and ordering it to leave the area; the program cannot operate in this fashion.

Councillor D. Holmes asked whether the representative from Health Canada, Dr. Chris Archibald, would comment on a one-for-one needle exchange as opposed to the program established in Ottawa-Carleton. Dr. Archibald pointed out most NEPs in Canada started out as one-for-one, but many have modified their policies to provide 5 or 10 needles at the outset. He added, in response to a further question from the Councillor, that he was not aware of any jurisdiction that offered incentives for returning needles.

Councillor Holmes wondered why Somerset Ward was getting a higher needle exchange rate. Dr. Ellis reiterated the main difference is that the SITE van is able to meet clients at scheduled, pre-arranged locations and is not being urged to move on quickly. This allows SITE staff to do their assessments, provide counseling and do the needle exchange. Dr. Archibald noted that community concerns about NEPs have been there since the beginning and have been successfully addressed through a community liaison process in other areas.

Councillor Holmes inquired about the safe zone policy, and whether there are areas in Hintonburg where the SITE van can park regularly. Ms. Carrie Delapazieux, an employee of the SITE program, indicated there are no such areas in Hintonburg. Dr. Ellis pointed out the Health Department has received from the Hintonburg Community Association a map showing schools, child care centres, etc., and this will help define areas where the van can safely operate.

Replying to a query from Councillor Holmes, the Medical Officer of Health, Dr. Rob Cushman, said there are concerns a community could make it impossible for the van to operate within its confines. However, the department prefers to deal in good faith, and would hold discussions with the community to resolve the issue. Dr. Cushman posited the overall rates show the department has, de facto, better than a one-for-one needle policy, with the single exception of Hintonburg in the last three months. The situation is also different from what happened in Hintonburg in the Spring, and this illustrates there are grounds for dialogue and resolving problems.

In response to a question from Councillor D. Beamish, Dr. Ellis said the reason the HIV infection rate is 2.6 times higher than in Toronto and Ontario may be ascribed to the pattern of drug use. There are more intravenous cocaine users requiring more needles and therefore there is a higher likelihood of sharing. Dr. Ellis clarified for Chair A. Munter that the total HIV/AIDS prevention budget is $945,000: $185,000 of that amount is for the SITE Program.

Ms. Sherryl Parrott, Hintonburg Community Association began by saying that it took three and one half years of fighting with the Health Department to see a proposal come forward. The community came to the realization this was a jurisdictional problem with the Region, the City and the National Capital Commission (NCC) only picking up discarded needles found on their properties. Finally, through pressure from the community association, the Region's 24-hour information line was used, and 64,000 flyers were distributed within inner-city neighbourhoods, telling people what to do if they found a used syringe and how to dispose of it correctly.

Ms. Parrott continued by saying only 2 used syringes were found or reported in 1997. In 1998, that number has risen to 190, 167 of which were found in or nearby parks, some in children's sandboxes. She called these a direct harm to the community. She indicated that, in 1997, the community realized there had been a change in policy and that the Health Department had gone from a strict, one-for-one policy to giving out more needles. Questions about whether there were limits to the number given, as well as about how staff determine the number of needles returned have remained unanswered.

Ms. Parrott said that, in the course of three meetings with the Health Department, the community asked for the monitoring of side effects, the education of drug users in the community, consideration of incentives, colour-coded syringes, investigation of single-use syringes: none of these suggestions have been acted upon. The speaker said the only way to get something out of the Department is through addressing the Community Services Committee.

Ms. Linda Hoad, member of the Hintonburg Community Association, a resident of Hintonburg since 1979. She began by saying the Hintonburg Community Association is not opposed to harm reduction for intravenous drug users as a policy but is opposed to the way it is being implemented. The present method creates enormous harm in the community. Residents were told at a public meeting that the chances of a child being killed in a traffic accident are a hundred times greater than the chances of getting HIV from handling infected syringes. Ms. Hoad said she was appalled at this lack of sympathy for the emotional upheaval and the sense of terror of individuals affected by accidental contact with needles. She cited a letter from the mother of a 9 year-old boy who picked up a needle and who is now undergoing regular testing, and she asked how those present would feel if this were their child.

Ms. Hoad made reference to a letter from the Program Manager which talks about "the risk to children or others who may come in contact with discarded needles". Ms. Hoad said this is an acknowledgement there is a risk to using intravenous drugs in public spaces. The Health Department told Hintonburg residents it is not responsible for the harm done to the community and that its responsibility is to reduce the incidence of HIV/AIDS as a public health issue. She expressed the belief the Department's mandate must be

broadened from public health to community health. Staff should be required to work with communities whose health has been compromised by the public health response to the activities of a minority of persons in the community. She asked for help to restore the Hintonburg community to health.

Mr. Lance Vaudry, member of the Hintonburg Community Association, said that he, along with other volunteers, try to keep area parks free of syringes and he is the one who picks up discarded needles that are reported. Mr. Vaudry said the initiatives highlighted by Dr. Ellis in his presentation on the first item was Hintonburg's idea and some were suggested several years ago. Speaking to the problems encountered by the SITE van, Mr. Vaudry said the community has been exploring options as to where it could go, and have spoken to a resident of Mechanicsville about the possibility of sharing a site. If this is to happen, it will be done in consultation with people living in the surrounding areas.

Dr. S. Brouse, President, Hintonburg Community Association, pointed out that syringes are being distributed by the SITE van in what are considered inappropriate locations including parks and schools. This is contrary to a Health Department policy which says this will no longer be done. The Community Association has found that, in public, there is a lot of willingness to say discussions will take place, but when it comes to actually sitting down with representatives, the comments are made about how destructive the community is and how none of its complaints are legitimate. Dr. Brouse asked that Council implement the five policy changes which follow:

⇒ the creation of safe zones around parks, schools, churches and similar facilities
⇒ a return to the one-for-one exchange policy
⇒ the establishment of incentive programs
⇒ the RMOC taking responsibility for syringe pick-up
⇒ a single contact point to call for pick-up of needles improperly discarded

There should also be education programs to inform the public about the proper procedures to follow when finding syringes. As well, SITE van users should be educated about the proper disposal of syringes once used. Dr. Brouse wanted to emphasize the Hintonburg Community Association supports programs to stem the spread of HIV/AIDS and to help intravenous drug users: this is not in question. What is in question is whether or not these programs can be carried out with minimal collateral harm to the community. Dr. Brouse asked for support in implementing the policies and that these be made binding on the Health Department and its partner agencies.

Councillor Davis asked if Dr. Brouse would respond to the allegation the SITE van is unable to do its work because the community is not willing to host it and is insisting it move away quickly. Dr. Brouse said he was not aware of many incidents where residents stand beside the SITE van and bang on its side to move it. He asked to see a count of

how many times this has happened, versus the number of times the van is in the neighbourhood. He said this matter must be resolved through cooperative efforts between the Department and the community. Ms. Hoad added that safe zones are important to the community and have to be respected, and have to be negotiated so they are safe for both users and community residents. Ms. Parrott said she knew of one incident when the van was parked in front of a resident's house, and she asked it to move needles were being given out in front of children. In another instance, the van was asked to move because children were playing nearby in the street.

Mrs. Arlene Moke, a resident of Centretown since 1967, said she thought the needle exchange program should adopt a one-for-one policy, and that there should be "safe zones" in Ottawa where users won't be bothered. Other improvements could include colour-coded syringes and something that can be taken orally instead of by needle. Councillor Davis said it was her understanding that colour-coded needles can be acquired, and she asked why no action has been taken in this regard. Dr. Ellis explained the syringes can only be ordered one million at a time, and it is a financial consideration as to whether this amount of money can be invested. Ms. Moke said the rationale for colour-coded syringes is that it would make it easy to identify where they come from, and children could be taught to identify them if they are seen in playgrounds.

Dr. Bruce Marshall, University of Ottawa Health Services said he works with many HIV positive clients and also with addicted, hard core drug users. Dr. Marshall said he finds the increase in the number of infections related to intravenous drug use extremely frightening. He stated the main reason for the spread of infection is that intravenous drug users don't have access to a sufficient number of clean needles and tend to share them. The other major problem is that they tend to have unprotected sex when using cocaine. The way to minimize this is to make available an adequate supply of clean needles and condoms, and to provide easy access to, and disposal of, both these items.
Dr. Marshall said he was disturbed at hearing comments about wanting IV drug users go away, and at the expression "clean up the community". He pointed out that users are people's neighbours; they live in the community whether people like it or not. Rather than treat users as neighbours, some people want to throw them out of the community. Dr. Marshall called this discrimination against the poor and the disadvantaged. Prostitution and drug abuse comes from broken homes, from abusive/alcoholic parents and from always being put down. He said that, instead of conspiring to get rid of them, people should be helping them overcome their disadvantages. Working with these people will be to our advantage; declaring war on them will not help. Councillor Davis said she regretted that presentations from her community have been misunderstood. She clarified that people are simply trying to reclaim their community by cleaning up debris left behind by risk-taking behaviour. She added that many people in the community are caring people trying to help others.

Ms. Carolyn Kennelly, Chair, Board of Directors, OASIS Program began by stating her support for public health initiatives. She described OASIS, a program sponsored by the Sandy Hill Community Health Centre, which offers integrated outreach and provides health and social services to persons with HIV or at high-risk for acquiring HIV. It provides accessible services to injection drug users, homeless, unstably housed people and sex trade workers. Its primary focus is to provide service to people not able to access service through traditional routes.

Ms. Kennelly said intravenous drug users come from all socio-economic levels and have many shapes and forms. She pointed out that the partnership with public health through the SITE program and through needle exchange has been very successful and satisfactory to OASIS clients. These programs are often the first contact an IV drug user will have with the health care system. The ability to establish trust sometimes leads to accessing health services, counseling and other interventions. In these times of increased cost controls and restraints in the health care field, all of us recognize that we can't do this alone, that we need to forge creative, collaborative partnerships with other agencies, be they focus groups or broader public health groups. Ms Kennelly spoke in support of initiatives put forward by the Health Department.

Mr. Richard Naster, a resident of Hintonburg said he was a long-time HIV/AIDS community worker, both in palliative care and in education. Mr. Naster said he fully appreciates concerns for the safety of children in the community, and he expressed the belief the SITE program effectively addresses this issue. It has evolved over time and will continue to do so as the needs of the community change. Mr. Naster pointed out that, in the absence of making the ills of the sex trade, intravenous drug use and HIV/AIDS disappear, the SITE program has to be considered as a best health practice.

Mr. Peter McKenna, Addictions Assessment Services, Sandy Hill Community Centre. Mr. McKenna pointed out that access to addiction treatment has not been mentioned in today's presentations While the focus has been on needle exchange, part of the continuum of service is access to addiction treatment services. Ideally, people would receive treatment and would no longer require needles. Mr. McKenna told of riding in the SITE van earlier in the year, and observing that a lot of information is made available to clients through this venue. It provides a link between needle use and addiction treatment. There are currently long waiting lists for access to appropriate treatment, and any effort by the Health Department and by others to decrease those waiting lists would be beneficial.

Mr. Peter Childs, a resident of Dalhousie Ward, asked that there be a comprehensive, consistent set of rules to govern the exchange of needles by the Health Department and its partner agencies. Much of the frustration the community feels is the result of the absence of such a policy and of mechanisms for public review. Repeated attempts to get a clear understanding of the operational mechanisms of the program have met with frustration.

Copies of a draft policy on needle exchange, which is supposed to balance public risk and the health benefits of the program, are not available to the groups that have to enforce it.

Mr. Childs said it was not acceptable to hear that the Medical Officer of Health's endorsement is all that is required. Intravenous drug users and sex trade workers present the community with a range of problems, including social disruption, noise and criminal activity: health is only one dimension. Any long -term solution will have to have to address these issues as well. Adopting a one-for-one needle exchange policy might make the program more effective by bringing it broad public support. The Health Department is for all citizens, not just for drug addicts.

Mr. Brian Gilligan, Board Chair, Somerset West Community Health Centre, introduced Mr. Jack McCarthy, the Executive Director. Mr. Gilligan began by saying he wants no less for his community than anyone else, and he cares no less for children than anyone else. He spoke about the experience of Dr. Donna Bowers, who, two weeks ago, was present at the birth of a child whose mother injected herself with cocaine two hours before the birth. Mr. Gilligan expressed the hope the mother had access to clean needles and his gratitude that there was a program in the community where she could get them.

Mr. Gilligan said he did not believe there was a choice between community concerns and health concerns, and it is a challenge for all parties to bring these together. The Health Department and it's community partners must continually improve the way they work together and find the right balance. The Somerset Community Health Centre will soon begin a region-wide street health outreach program. As a result of community consultation about this program, the Centre has decided not to distribute syringes in safe zones until an advisory committee has been established and the issue has been discussed. There are ongoing discussions about how to define safe zones that will assuage the concerns of community members while at the same time ensuring the effectiveness of programs. Mr. Gilligan ended his presentation by quoting the American social critic H. L Menken, who said: "for every complex problem there is a simple solution, and it's probably wrong".
The Committee Chair read a Motion presented by Councillor L. Davis, requesting that the Health Department work with affected communities to develop policies aimed at addressing their concerns.

Councillor A. Loney asked for clarification on existing policies related to discarded needle pick-up. Dr. Ellis indicated the SITE van will stop and pick-up any needle it sees; in addition, staff participated in the Spring clean-up of various neighbourhoods. When asked by Councillor Loney about the cost of taking on full responsibility for needle pick-up, Dr. Ellis said the Region would incur the cost of salaried personnel under various collective agreements to cover after-hours work. If private contractors are used, the cost could range to approximately $200 per call, with a one to one and one half hour response time.

Responding to a question from Councillor Davis, Dr. Ellis explained the procedure to be followed when there has been "needle stick": there is base line testing for HIV, with follow-up testing at six weeks, three months and six months: if the results are negative after six months, the testing can stop. He added that the chances of being infected by HIV live virus in a needle are 1:300. Any child stuck by needles should be seen in emergency at CHEO, as it may be advisable to start treatment with drugs developed to treat HIV.

Speaking to her Motion, Councillor Davis said it asks for the establishment of community-defined safe zones, and for a return to the one-for-one exchange policy which was in place prior to the policy change made in 1997. The Councillor spoke about hearing that needles were being given out in front of a dealer's house, and she posited the program was not designed to enhance the dealer's trade. Hintonburg residents are requesting a return to the one-for-one policy because they are seeing more needles in the community, and staff should be directed to work with the community to address some of the solutions it has brought forward.

Councillor D. Holmes said it was unfortunate this matter has been simmering in the community for so long and she was pleased to see matters were finally being addressed. She asked that Councillor Davis' Motion, along with the Proposed Remedies outlined in the written submission from the Hintonburg Community Association, be referred to staff for a report back by the second meeting in January 1999. The report should contain clear, written policies, and be the subject of public debate to ensure it addresses all concerns.

Councillor Loney spoke in support of referral. The Councillor felt it was important to clarify staff were unlikely to return to the one-for-one policy, and he expressed his support for this position. He pointed out the Committee is not telling staff to come back with a report that encompasses exactly what is in the submission but rather that staff present a report based on the recommendations and the scientific evidence it has gathered to support its policies.

Councillor Loney posited the RMOC has contributed to the situation by not cleaning up discarded needles. Any program instituted in this regard should include picking up all needles, regardless of their origin. The Councillor saw good potential in employing the communities interested in cleaning up, and compensating them appropriately. The needle clean up should be an integral part of the program, not something the Region will undertake if it gets more money from the Province. Councillor Loney said he felt there should be community consultation on safe zones but decisions will need to be made and the Committee's role as arbitrator may have to come into play.

Councillor Davis expressed disappointment with the referral, given the number of public delegations made to the Committee on the matter. She said the Department has presented

it's position adequately and the Committee could deal with the issue at this time. However, she agreed with comments about the RMOC taking over needle pick-up, noting this will require broad consultation. Councillor Davis liked the idea of a community being responsible for cleaning up if it wants to, however she thought there should be a funding partnership with the City of Ottawa, since the municipality is responsible for parks. In Hintonburg, part of the problem is that areas are owned by various bodies and it is difficult to identify the owner of a particular lot.

Councillor W. Byrne said she would support referral to allow staff time to come back with substantial detail for the Committee's examination and determination. She expressed some reservations about the one-for-one exchange policy, saying there is no empirical evidence such a policy affects the number of needles found on the ground. There is however evidence this policy increases needle sharing which in turn increases HIV infections and this would mean the Region is unintentionally contributing to the problem as opposed to preventing it.

Councillor D. Beamish expressed the view the Motion to refer strengthens Councillor Davis' Motion and makes things happen more rapidly. He said this seems like a problem the Region should not be having, as the community is coming with ideas and asking to work with the Health Department. In turn the Health Department is making proposals and asking to make better contact with the community. Both approaches should be supported. Councillor Beamish posited this shouldn't be a jurisdictional problem; it is a public health problem in Ottawa-Carleton which must be addressed.

Chair Munter said he would not be forced into making a choice between the community and the Health Department because this is not necessary. He spoke about touring Hintonburg through the auspices of the Community Association and taking away from the visit that people care passionately about their neighbours, they commit time, energy and money into making the neighbourhood safe and livable. Regional Government should support this goal. If it gives out needles, it should clean them up, and there should be no jurisdictional disputes about who is responsible. Other suggestions put forward by the community are interesting and the department should examine these.

Chair Munter opined that the Health Department must do a better job of working with the community, and he expressed the hope today would be the start of a new relationship. He pointed out that the Needle Exchange Program is a mandatory program, which means that, under provincial guidelines, the Region is obliged to deliver the program. The Health Department has to deal with the fact there is an HIV epidemic among intravenous drug users in Ottawa-Carleton. The fact that the number of affected persons is 2.6 times the provincial average, and twice the rate of that in the largest city in Canada, is incredibly alarming and speaks to the necessity for an effective HIV prevention program. Needle exchange must be part of that program. The Health Department is accountable for disease

prevention in the community. Chair Munter expressed the hope the report will lead to an action plan on how to fulfil the public health mandate and work co-operatively with the community to meet objectives.

Councillor Loney asked that staff be directed to circulate the report in draft form to the community a few weeks prior to the January meeting.

The following Motion was then considered:

That Councillor L. Davis' Motions, and the Proposed Remedy contained in the submission from the Hintonburg Community Association dated October 29, 1998, be referred to staff for a report to be presented by the second meeting in January 1999.

That the report contain clear, written policies

That programs, e.g., incentives for pick-up, be provided from the existing budget.

That the Regional Municipality of Ottawa-Carleton take responsibility for cleaning up all discarded needles in communities.

CARRIED, as amended

SOCIAL SERVICES

3. PROVINCIAL TASK FORCE ON HOMELESSNESS
- Commissioner, Social Services Department report dated 14 Oct 98
- Report of the Provincial Task Force on Homelessness, October 1998
- Interim Report of the (Toronto) Mayor's Task Force on Homelessness, "Breaking the Cycle of Homelessness" issued separately

The Social Services Commissioner, D. Stewart, began by saying one of the results of the Provincial Task Force is that municipalities are being called upon to be the systems managers for homelessness. Municipalities do not have adequate tools to deal effectively with homelessness because the public policy and funding responsibility for community mental health and addiction services are outside their mandate, as well as the corrections aspect and the public policy related to social housing.

Mr. Stewart pointed out that the $210,000 allotted to the RMOC is based on a population formula, and on the principle that the 47 consolidated service managers across the Province will be responsible for homelessness. He added that, by comparison, the Region of Peel received $270,000 and this connotes a fundamental imbalance with regard to the needs of the respective areas. On the positive side, the Department will have more flexibility in its use of per diem funding for emergency shelters since the related policy framework will not be available until April 1999. Mr. Stewart expressed the view the Province needs to be a real partner if it truly wants to see municipalities deal with homelessness structurally and make long-term changes resulting in a more effective response.

Committee Chair A. Munter asked whether the increase to the per diem rate for men's shelters approved in June could be made retroactive to January 1st, what would be the cost implications and would the Province cost-share this amount. Commissioner Stewart indicated the cost to the Region would be $60,000 and would result in an increase of $300,000 to the "envelope". He reiterated there would be some limitations on using the funds within the current structure, but staff would challenge the provincial government to provide early opportunities to deal with homelessness. The $60,000 can be identified from departmental savings. Councillor A. Loney put forward a Motion to this effect.

The Committee heard from Ms. Linda Lalonde who began by saying Ontarians are more concerned about the effect of homelessness on the homeless than its effect on businesses. She informed the Committee that the "Task Force" consisted of five Parliamentary Assistants to five Cabinet Ministers in the Ontario Government and its findings feed into the Conservatives' approach to these issues. The report does not mention the 21.6% cut in social assistance benefits as a cause of homelessness: an increasing number of people are homeless because they are no longer able to get social assistance. The report talks

about the impact of homelessness on businesses but does not mention the government's policies that contribute to homelessness, nor does it mention the Province adequately funding services.

Councillor D. Holmes called the Provincial Task Force report "a joke" and she expressed dismay at the fact staff make serious comments about it. She pointed out that the Province is telling municipalities it is their responsibility to solve the problem of homelessness while at the same time instructing the Ontario Housing Corporation to sell off its units across the Province. She made reference to the Mayor of Toronto's Homelessness Action Task Force report which defines the problem and makes recommendations, requesting staff be directed prepare a similar report on homelessness in this Region.

Councillor Holmes pointed out that it would be difficult to tell the federal and provincial governments they have to get back into the housing business without documenting the problem as thoroughly as Toronto has done. Municipalities can do some things, but they cannot build more affordable housing. The Councillor spoke about the Ottawa-Carleton Regional Housing Authority wanting to convert some seniors' units for the single population, but not being able to do this without the proper support services being in place to protect both populations. There are many needs in the community and the senior levels of government have to help municipalities meet those needs.

Replying to a question of clarification from Chair Munter, Commissioner Stewart said the one time funding of $60,000 proposed in Councillor Loney's Motion would be used to kick-start community discussion on developing long term options. In addition, two of the three men's shelters require investments of a capital nature and some funds would be used, in conjunction with the three service partners, to respond to Councillor Holmes' request to prepare an homelessness in Ottawa-Carleton report.

Councillor Loney highlighted the fact that the $60,000 referenced in his Motion can be carefully used in 1998 but has no budgetary implications for the 1999 budget, as per diems have already been factored into shelter rates.

The Committee then considered the following Motions:

Moved by A. Loney

That Council approve making the increase to per diem rates in men's shelters retroactive to January 1, 1998, at a cost to the RMOC of $60,000, to be matched by a provincial contribution of $240,000, and;
That this be subject to a comment from the Finance Department prior to consideration by Council.

CARRIED, as amended

Moved by D. Holmes

That the Interim Report of the Mayor (of Toronto)'s Homelessness Action Task Force entitled "Breaking the Cycle of Homelessness" and the Recommendations for Emergency Relief Strategy for Homelessness from the Street Health Coalition and the Alliance to End Homelessness be referred to staff for a similar report relating to Ottawa-Carleton that contains specific recommendations for action.

CARRIED, as amended

4. TORONTO DISASTER RELIEF COMMITTEE - REQUEST TO DECLARE HOMELESSNESS A NATIONAL DISASTER
- Co-ordinator, Community Services Committee report dated 20 October 1998

The following delegations were heard:

Wendy Muckle, Co-Chair, Street Health Coalition

Ms. Muckle introduced Connie Woloschuk, Executive Director, Salvation Army Booth Centre, President of the Ontario Association of Hostels and Co-Chair of the Alliance to End Homelessness, a grass-roots initiative comprised of individuals, organizations and consumers committed to ending homelessness in Ottawa-Carleton.

Ms. Muckle said the purpose of the presentation is to ask the RMOC to join a campaign to declare homelessness a National Disaster, and to demand that the provincial and federal governments join it in providing immediate humanitarian relief to address this problem. Across the nation, a significant proportion of citizens don't have homes and lack adequate food and shelter: if these conditions had been caused by war or by a natural disaster, they would be eligible for immediate humanitarian relief, and homes would be found for them. The homeless should receive the same treatment.

Ms. Muckle continued by saying that homelessness in Canada is a national disgrace. In every major city thousands of people are homeless. More distressing is the fact that, as a society, Canadians are no longer shocked that in one of the wealthiest countries in the world, a growing number of citizens are forced to live in unsafe, unhealthy and inhumane conditions. She put forward the view the people of Ottawa-Carleton would not tolerate stray dogs roaming the streets, but seem willing to tolerate thousands of people wandering the streets. Thirty to forty percent of homeless persons are people with serious,

unrelenting mental problems. They are being neglected by not being given the minimum of medical care and resources to manage their illnesses.

Ms. Muckle posited that extreme situations require immediate action. The Region has a demonstrated concern about the plight of the homeless and this is one of the reasons the numbers have not spiraled out of control in Ottawa-Carleton. Current government policies and limited resources in the health, social assistance and criminal justice systems conspire to create homelessness as opposed to preventing it.

Ms. Muckle indicated that, despite the community's best efforts, the number of homeless in the Region continues to grow and basic needs for food, shelter and support are still unmet. There is an immediate crisis in meeting the needs of homeless women and families. In 1997, the women's shelter turned away 1000 clients it could not sheltera and the figures for 1998 indicate that number will be higher. From January to September 1998, the family shelter provided homes to 720 children, an average of 90 children per month, compared with an average of 75 per month in 1997. Statistics for the men's shelters show the numbers are up by 10% in 1998, in spite of the fact all men's shelters shared part time housing support workers to help clients move out and retain their housing.

Ms. Connie Woloschuk, indicated that the community has become good at managing homelessness, and she challenged all parties to engage in a broader initiative. Regardless of whether the terms used are disaster, state of emergency or crisis, the only response that will work is governed by the principles of emergency relief. These are:

- a declared recognition of the situation, an acknowledgment of the situation to be the emergency it is and prompt action beyond normal procedures to limit damage to persons or property;
- the inclusion of problem solvers and recipients. The Provincial Task Force on Homelessness provides a certain flexibility to the RMOC, as well as an opportunity to get the provincial and federal governments involved;
- a resource inventory of personnel, of funding, facilities and expertise and bring these to bear on the situation;
- looking beyond the immediacy of the situation and identifying immediate, short and long-term goals.

Ms. Muckle concluded the presentation by saying the answer is not to build more shelters. The existing facilities would be sufficient if supportive housing were available. She circulated and highlighted eight recommendations for an emergency relief strategy for homelessness.[1]

Councillor D. Beamish asked whether the delegation could provide an estimate of the cost of their Recommendations 4 through 8. Ms. Muckle said she was unable to answer this question, however she pointed out that the Mayor's Task Force report shows that hostel or shelter housing is the third most expensive form of shelter housing, surpassed only by costs of incarceration and hospitalization. It is less expensive to provide supportive housing and to pay for those supports.

Ed McGibbon, a citizen of Ottawa-Carleton, spoke about his personal experience as a 15-year resident of "skid row" in both Metro Toronto and Ottawa. Mr. McGibbon said the most difficult thing he had to do was to realize what he wanted and where he wanted to go: he got there with hard work and with the support of the Salvation Army and other agencies. He posited that many people are on the street by their own choice and they have to come to a point where they have to make a choice. Mr. McGibbon suggested the money received can best be used by putting it into an education program to help street people get off the street and to develop more affordable housing.

Sue Clark, a social activist, said she has spoken about homelessness being a national disaster at the local, provincial and federal levels. She pointed out that the federal government spends 1% of its budget on housing and this is not enough, and everybody knows what the Province is doing in this regard. Ms. Clark asked whether there will need to be more deaths before the size and seriousness of the problem are realized.

Ms. Linda Lalonde spoke in support of declaring homelessness a National Disaster. She made reference to the United Nations' Declaration of Human Rights, calling it a statement that needs to be reinserted into all these discussions.

Ms. Catherine Boucher, is National President of Raising the Roof, a charity whose mission is to eliminate homelessness in Canada. Ms. Boucher posited part of the solution is to have all parties at the discussion table and more specifically to have the federal and provincial governments come back to the table. She encouraged Committee members to support declaring homelessness a National Disaster. She said she agreed with comments from Ottawa Mayor Jim Watson about Motions and Resolutions not being able to solve "the root problems homeless people have", however she pointed out part of the root problem is that housing as an issue has dropped off the public agenda in the last five years. The declaration will call attention to the issue and bring housing back on the public

[1] On file with the Committee Co-ordinator

agenda. It will continue to pressure governments into looking at the issue. Homelessness is the visible sign of the lack of government interest in housing and public education and media interest are part of the solution.

Councillor D. Holmes spoke in support of declaring homelessness a National Disaster. She made reference to the Mayor of Toronto's Homelessness Action Task Force report which defines the problem and makes recommendations, requesting staff be directed prepare a similar report on homelessness in this Region. Councillor Holmes posited it would be difficult to tell the federal and provincial governments they have to get back into the housing business without documenting the problem as thoroughly as Toronto has done. Municipalities can do some things, but they cannot build more affordable housing. The Councillor spoke about the Ottawa-Carleton Regional Housing Authority wanting to convert some seniors' units for the single population, but not being able to do this without the proper support services being in place to protect both populations. There are many needs in the community and the senior levels of government have to help municipalities meet those needs.

Speaking in reference to her Motion, Councillor W. Byrne said the senior levels of government continue to download their responsibilities while tying the hands of municipalities when they do so. The Toronto report indicates there is a definite connection between the lack of public housing and the increase in homelessness. Homelessness means more than just people being without homes: it creates a host of other problems and exacerbates special needs. Ottawa-Carleton Housing has struck a task force with community partners to look at the problem because it is recognized there are no supports to help address the problem. Councillor Byrne said municipalities have to start expecting the federal and provincial government to help resolve problems they have in many cases created.

Councillor A. Loney expressed concern about the request to declare homelessness a National Disaster, saying this concentrates too much on homelessness and takes away from the notion that a permanent solution through permanent housing is part of the answer. The Councillor expressed concern the public and governments would interpret this as meaning another shelter is needed when this is not the case. He added that, at the risk of offending some of those present, he did not feel there is the same homelessness problem in Ottawa-Carleton as in other areas, and neither did he disagree with the presenter who said there was an element of personal choice involved. Dealing with homelessness of that nature is different than saying there is not adequate shelter at adequate cost for those who need it. The federal and provincial governments have to be brought back into the program; they have to develop programs that encourage private contractors to build housing that will be affordable to the end user. Councillor Loney said he was not sure this message is clearly enunciated in Councillor Byrne's Motion.

Councillor Beamish said he was not convinced the term "National Disaster" would achieve anything and he said he would not support this approach. He agreed that hyperbole is sometimes a useful tool, but it can also have a negative effect. The Councillor thought a better approach might be to set out a plan of activities municipalities can accomplish and that the senior levels can support.

Chair Munter said Councillor Byrne's Motion is symbolic but it makes a statement about and expresses outrage at the homelessness situation. He spoke about a number of initiatives undertaken in Ottawa-Carleton over the past three to four years to address this situation:

- stepping in to assist day programs when they lost 80% of their provincial funding;
- increasing per diem rates to men's shelters;
- building a women's shelter and a youth shelter;
- increasing funding for emergency food programs.

Chair Munter said these actions illustrate that the RMOC is going as far as it can to assist. Clearly, it is beyond the Region's scope to resolve the homelessness situation alone. He expressed the view that hyperbole is entirely in order. It gets the attention of the senior levels of government who have cut these programs and it tells them it is unreasonable to expect municipalities to resolve the problems by themselves.

Moved by W. Byrne

WHEREAS Canada has signed the International Covenant of Economic, Social and Cultural Rights guaranteeing everyone's right to "an adequate standard of living.including adequate food, clothing and housing"; and

WHEREAS the cancellation of new public housing programs and the lack of space at crisis shelters due to their being filled to over-capacity have added to the number of homeless people; and,

WHEREAS homeless people have no decent standard of living; and,

WHEREAS the Provincial Task Force of Homelessness documents the withdrawal of the federal and provincial governments from efforts to improve the stock of affordable accommodation; and,

WHEREAS an adequate supply of affordable housing is essential to any long-term strategy dealing with homelessness and appropriate shelter for all Canadians;

BE IT RESOLVED that the Regional Municipality of Ottawa-Carleton request that the federal government declare homelessness to be a National Disaster which requires immediate short and long-term relief, and that the federal, provincial and municipal governments cooperate to develop and implement a National Homelessness Relief and Prevention Strategy.

CARRIED, as amended
(D. Beamish dissented)

5. PRESENTATION - ONTARIANS WITH DISABILITIES ACT
- Co-ordinator, Community Services Committee report dated 20 October 1998

The Committee heard from Mr. Alf Gunter, Chair, Social Action Committee, Ottawa-Carleton Chapter of the Multiple Sclerosis Society of Canada, who introduced Avril Gunter, a member of the Committee and Mr. Jean Legault, Community Resources Development Coordinator, Disabled Persons Community Resources: Mr. Angelo Nikias, Chair, Ottawa-Carleton Chapter of Ontarians With Disabilities Act ad hoc committee was present but had to leave the meeting.

Mrs. Avril Gunter explained that the urgency of the appeal to Committee lies in the fact that legislation for an *Ontarians With Disabilities Act* will be brought forward in within the next few weeks. She clarified that persons with disabilities are not seeking special privileges but an opportunity to participate fully in all aspects of life in Ontario and this will be accomplished by removing barriers in the areas of transportation, education, housing, accessibility to public and private buildings and employment.

Mrs. Gunter said that, at this point, it is unclear whether the Province is willing to meet certain minimum conditions if the *Act* is to be effectively remove these barriers. It is also felt that a specific agency should be charged with enforcing the new legislation and be given the authority to investigate systemic problems and recommend appropriate corrective actions. The *Ontarians With Disabilities Act* must supercede current municipal and provincial regulations. Mrs. Gunter said that representatives of the disabled community are ready to work in cooperation with the Province in developing the regulations.

She concluded by saying that, should the Province not move towards meeting key minimum requirements, the disabled community does not want an *Ontarians With Disabilities Act* since bad legislation is worse than no legislation at all.[2]

[2] The complete text of this presention is on file with the Committee Co-ordinator

In response to a question from Chair A. Munter, Mr. Gunter said he believed the Bill would likely be dealt with before the end of November so it can be adopted prior to an election call. Councillor A. Loney pointed out that, regardless of what the Committee agrees on today, it may be appropriate to provide further comment on the legislation once the Draft Bill has been circulated.

Councillor W. Byrne posited that, if the goal of the legislation is to achieve consistency in municipalities for accessibility and allow equal opportunities for disabled persons to participate fully in society, it must be effective and it must "have teeth". She indicated that the RMOC has taken a leadership role in promoting accessibility in transportation, public transit and in other areas and endorsing the position of groups before Committee

Moved by W. Byrne

That the Regional Municipality of Ottawa-Carleton endorse the position of the Ottawa-Carleton Chapter of the Multiple Sclerosis Society of Canada, the Ottawa-Carleton Chapter of Ontarians With Disabilities Act Ad Hoc Committee and the Disabled Persons Community Resources with regard to the Ontarians With Disabilities Act (ODA) and request that the final legislation be an effective tool to increase access and opportunities for persons with disabilities.

CARRIED, as amended

Chair Munter informed the delegation he has requested that the issue of parking spots be brought forward to the Planning and Environment Committee to at least achieve consistent standards across Ottawa-Carleton.

OTHER BUSINESS

APPROVAL OF 32O NEW LONG TERM CARE BEDS

Committee Chair A. Munter spoke about attending, along with Ontario Premier M. Harris and Minister of Health E. Witmer, a function at Island Lodge, where it was announced that a proposal for a joint venture between the RMOC and the Alzheimer Society of Ottawa-Carleton for the new Peter D. Clark Long Term Care Centre had been approved. Chair Munter said he pointed out there are 1643 persons on the waiting list for long term care beds, and, while the Region is delighted to see 320 new beds, this number is considered to be just a start.

ADJOURNMENT

The meeting adjourned at 6:00 p.m.

NEXT MEETING

19 November 1998 - 1:30 p.m.

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CHAIR CO-ORDINATOR