

2. SITE HIV PREVENTION PROGRAM

COMMITTEE RECOMMENDATIONS, AS AMENDED

That Council approve the following:

1. That a Community Advisory Committee and a Needle Exchange Network be developed, to increase community and agency involvement;
2. That safe zones be established as outlined in this report;
3. That the current needle/syringe exchange policy be expanded to include procedures to manage low needle return rates as outlined in this report;
4. That a needle/syringe clean up program for Ottawa-Carleton be developed as outlined in this report;
5. That there be a pilot project for an incentive program to increase needle/syringe returns to the SITE program;
6. That community education programs on the SITE program and on safe needle disposal be enhanced, with input from the Community Advisory Committee to be developed.
7. The funds (\$10,000) required for community clean-up, and disposal be added to the Health Department estimates.
8. That the report be considered Regional Policy, and that this policy not apply to partner agencies entering safe zones to conduct needle exchanges in private, i.e., inside residences, health centres, offices, etc..

DOCUMENTATION

1. Medical Officer of Health report dated 4 Jan 99 is immediately attached.
2. Extract of Draft Minute, Community Services Committee 14 Jan 99 immediately follows the report and includes a record of the vote.

Our File/N/Réf.  
 Your File/V/Réf.

DATE 4 January 1999

TO/DEST. Coordinator  
 Community Services Committee

FROM/EXP. Medical Officer of Health

SUBJECT/OBJET **THE SITE HIV PREVENTION PROGRAM**

### DEPARTMENTAL RECOMMENDATIONS

**That the Community Services Committee recommend Council approve the following:**

- 1. That a Community Advisory Committee and a Needle Exchange Network be developed to increase community and agency involvement;**
- 2. That safe zones be established as outlined in this report;**
- 3. That the current needle/syringe exchange policy be expanded to include procedures to manage low needle return rates as outlined in this report;**
- 4. That a needle/syringe clean up program for Ottawa-Carleton be developed as outlined in this report;**
- 5. That there be a pilot project for an incentive program to increase needle/syringe returns to the SITE program;**
- 6. That the community education program on the SITE program and on safe needle disposal be enhanced, with input from the Community Advisory Committee to be developed.**

### INTRODUCTION

On October 29, 1998, Community Services Committee considered the report "Ministry of Health Funding for the Expansion of the SITE Program" and recommended the following:

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.

## BACKGROUND

Since 1986, needle exchange programs have operated in Canada. The SITE program of the Region of Ottawa-Carleton Health Department has been operating since 1991. The SITE targets individuals who are at risk for and/or infected with HIV, hepatitis B and/or hepatitis C. These individuals include people who use or inject drugs or steroids, sexual partners of individuals who use drugs, sex trade workers and homeless/street involved people. Ongoing research reveals that HIV infection is increasing among the injection drug using population. Needle exchange is a harm reduction approach to deal with this increase. The “priority of harm reduction is to decrease the negative consequences of drug use”<sup>1</sup>. Each user participates in setting goals that reduce her/his harm associated with the using behaviour. “Harm reduction establishes a hierarchy of goals, with the more immediate and realistic ones to be achieved as first steps toward risk-free use or, if appropriate, abstinence.”<sup>2</sup> Methadone programs were the first form of the harm reduction approach. Due to the spread of HIV and hepatitis among injection drug users, needle exchange programs were developed to assist in reducing the many risks associated with injecting behaviours.

The SITE program works to address many of the issues related to drug use. Needle exchange is one part of SITE services but not the only part. Injection drug users (IDUs) are generally an isolated population that does not use existing health services. The aim of the SITE program is to assist IDUs in establishing connections with health services and support them in improving their health. Trust is an important element of a successful relationship between the client and the SITE staff. This relationship often starts with needle distribution but often leads to education about sharing behaviours, care of sores/abscesses, testing, housing and addiction issues. Links with treatment and recovery programs assist SITE staff with supporting clients who choose to get off drugs. Many SITE clients have engaged in healthier behaviours to protect themselves and those around them. These health changes make a significant difference in the self-esteem of the client. Clients who feel more in control of their lives are more able to undertake healthier, safer decisions.

All neighbourhoods want safe streets. Needle exchange programs are not meant to negatively affect this goal. Studies show that needle exchange programs do not increase drug use<sup>3</sup>. The SITE program is designed to reach current injection drug users. The SITE van is utilized to

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<sup>1</sup> Riley, D., Pragmatic Approaches to Drug Use from the Area Between Intolerance and Neglect. Canadian Centre on Substance Use. 1994.

<sup>2</sup> Ibid.

<sup>3</sup> Lurie, P., Reingold, A. The Public Health Impact of Needle Exchange Programs in the United States and Abroad: Summary, Conclusions and Recommendations. School of Public Health, University of California, Berkley. Institute for Health Policy Studies, University of California, San Francisco. Centers for Disease Control and Prevention. October 1993.

access injection drug users in many different neighbourhoods. Partnerships with other agencies have encouraged the establishment of local exchange venues. This available and accessible type of service allows injection drug users to seek health and support services as close to home as possible. Community and agency support are vital to encouraging healthier behaviours among this disenfranchised population. The SITE program is committed to working with community members, associations and agencies to improve the quality of services as well as the health of clients. The Health Department firmly believes that through the services it provides through the SITE program, there is increased safety for the entire community. Together, we can assist in reducing the spread of HIV, hepatitis B and hepatitis C.

## DISCUSSION

### Community Participation

The Health Department delivers the needle exchange program (SITE) as part of its HIV Prevention Program. It is also responsible for general needle exchange program policy of the SITE program's partner agencies that include community health centres, drop-in centres and community based agencies.

The Health Department, with the support of community association members, has struck a Community Advisory Committee to address the needs and concerns of neighbourhoods affected by injection drug use. Currently, there are 22 members from various associations and groups as well as local residents. Membership will be expanded to include representation from community associations, business owners, schools and parent advisory committees. This committee will continue to meet quarterly to provide a forum for discussion about needle exchange and needle disposal in Ottawa-Carleton. The Advisory Committee supports needle exchange as a harm reduction strategy. Ad hoc working groups will be constituted to work on specific issues. The committee will provide recommendations regarding program development and implementation. Reports, recommendations and minutes will be shared with the public. Terms of reference will be developed by the Committee to outline roles and responsibilities and will be reviewed each year. The chairperson will be voted in by the membership.

The Health Department has also encouraged partner agencies involved in needle exchange to meet regularly as a Needle Exchange Network. There are currently 12 members including Ottawa-Carleton Regional Police Services, community health centres and drop-in centres. This network is a venue for discussing programming issues and to ensure consistent standards of practice. The project officer of the SITE program is responsible for coordinating both of these initiatives as well as maintaining communication between the two groups. The project officer is available for community meetings to provide information about the program as well as discuss current issues. The Health Department is responsible for the policies and structure of its needle exchange program. Any changes in policy for the SITE program will involve consultation with the Community Advisory Committee and the Needle Exchange Network as well as clients, key stakeholders and the general public.

### Safe Zones

Safety is a priority of Health Department. The SITE program has implemented a safe zone radius around schools, parks and day-care centres in response to community concerns. The purpose of safe zones is to protect children and others at risk from coming in contact with used

needles/syringes. Safe zones prohibit needle/syringe distribution within 100 metres of designated locations. The 100 metres will be from the outer boundary of the safe zone. The safe zone boundary may be extended or reduced based on community feedback. The SITE van will only be allowed to stop within a safe zone if it is a life threatening situation. “Life threatening” is defined as any occurrence where the van staff must respond based on legal requirements of the College of Nurses. The College requires nurses “to prevent or remove harm”<sup>4</sup> to an individual. The nurse “must provide the immediate care required”<sup>5</sup> if no other care giver is present (e.g., CPR, first aid). However, no needle distribution will be conducted. An incident report will be completed if the staff must stop within a safe zone. The Health Department will consider adding community centres, bus stops, seniors’ centres, libraries, special needs facilities and churches based on the evidence of risk to children and others who may come in contact with discarded needles. All safe zones will be monitored by the Health Department for safety and impact on client access to services.

Community associations, police, residents and agencies will continue to help identify appropriate van stops that do not impact negatively on private homes, businesses, community centres and services. The Health Department is committed to working with community associations to assist the SITE program to identify areas where needle exchange can be safely conducted. Designated stops increase the consistency of SITE service to clients and reduce the travel of the van through residential areas and safe zones. Clients can contact the SITE staff to arrange to meet at an appropriate place such as a designated stop. All SITE van designated stops will be checked for needles/syringes before 7:00 a.m. each morning. Clear, defined maps of the SITE van route have been developed to assist staff in communicating specific stops and identifying safe zones. These maps will be shared with key stakeholders.

The SITE program strives to provide a discrete service to clients. The SITE staff will not conduct needle exchange in front of children or the general public. Staff will continue to educate SITE clients about safety issues for themselves and the community. Clients are encouraged to reduce drug use in public spaces and only use drugs at home or within a safe environment. Using in a public place will be strongly discouraged. Clients will continue to be informed of safe needle disposal.

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<sup>4</sup> Guidelines for Professional Behaviour. College of Nurses of Ontario. February 1995.

<sup>5</sup> Ibid.

### Needle/Syringe Exchange Policy

The needle/syringe exchange policy provides guidance to the staff involved in the SITE program (Annex A). The current policy states that upon a first visit, clients may be given up to 20 needles/syringes if they do not have any to return. Clients who return needles/syringes are offered a one-for-one exchange. Clients are not refused needles/syringes on the basis of having none to return. Staff of the SITE program will reduce this number to three if a client consistently does not return needles/syringes. The SITE staff may also reduce the number of needles/syringes provided to a client or refuse needles to a client based on individual assessment.

This current policy was developed in response to provincial and national concerns regarding injecting patterns and drug use. In Ottawa, as with most urban centres across Canada, cocaine is the main drug of use. Cocaine use can require up to 20 injections per day and hence, increase health and safety risks<sup>6</sup>. The SITE program is committed to 100% returns on the needles it provides. For the fourth quarter of October to December 1998, the exchange rate for the SITE van was 102% (July to Sept 1998 was 108%). This exchange rate is obtained by counts of needles/syringes distributed and by counts and estimates of needles/syringes returned. Staff make estimates based on visual inspections, staff experience and client reports when needles/syringes are returned in containers. The Health Department will randomly weigh returned containers to improve count accuracy. The needle/syringe return rate among exchange programs across Ontario was 78-135% in 1997<sup>7</sup>.

The needle/syringe exchange policy must support the needs of the client as well as support community safety. The Community Advisory Committee and the Needle Exchange Network will discuss policy options and implications. The SITE program operates within the guidelines of the Health Department and the Youth Services Bureau (which provides half of the van staff through a purchase of service agreement) and is committed to dialogue with other agencies, communities and clients.

### Incentives for Return of Used Needles/Syringes

The Health Department is committed to exploring the development of an incentive program to encourage injection drug users to return more needles/syringes. Food vouchers or clothing would be the most appropriate mechanism. Money will not be given as an incentive. The Hintonburg Community Association has been very supportive in identifying sources of funding for this project. Further planning will occur in conjunction with the Community Advisory Committee and the Needle Exchange Network. A pilot project will be planned for the spring of 1999.

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<sup>6</sup> HIV, AIDS and Injection Drug Use: A National Action Plan. Health Canada. May 1997.

<sup>7</sup> Communicable Disease Control: Needle and Syringe Exchange Programs in Ontario 1996 and 1997. Mandatory Health Programs and Services, Public Health Branch. Ontario Ministry of Health. October 1998.

### Discarded Needle/Syringe Pick Up and Reporting of Found Needles

The Region of Ottawa-Carleton takes responsibility for cleaning up all discarded needles in communities. The Health Department is working with the Region's 24 Hour Call Centre, the City of Ottawa, Ottawa-Carleton Regional Police Services and other Regional departments to improve the system of reporting and clean up of needles found in the community. Other municipalities and agencies (e.g., National Capital Commission (N.C.C.), Ottawa Hydro) will also be invited to participate in this needle/syringe clean up system. Components of the program involve appropriate logging of all needles found regardless of who cleans them up, efficient and effective response to needles needing to be picked up and public awareness/education about safe needle handling and disposal. All parks, roads and properties (public and private) will be included in this clean up system. Public education will encourage the reporting of all needles found to the 24 Hour Call Centre for instruction on disposal, dispatch to appropriate department/municipality and to obtain statistics that will help identify safety concerns. The Health Department will develop a prompt system of reporting back to community contacts and councilors about needles found. The Health Department will continue involving community members in development of clean up strategies and other safety initiatives. Statistics will be shared with the appropriate community contacts, the Community Advisory Committee and the Needle Exchange Network for planning and discussion.

Hintonburg Community Association has agreed to be a pilot location for a pro-active needle clean up project. The Association has submitted a proposal to the Health Department for funding. The project supports the partnership of neighbourhoods in the clean up of needles/syringes. Local clean up activities would involve the neighbourhood association, Regional departments, City of Ottawa departments, N.C.C., Federal government, CP Rail and small agency contracts for a seasonal clean up project.

Centre 507 participated in a pro-active clean up project during November and December of 1998 that was funded by the Health Department. During its five weeks of operation, Centre 507 found 16 needles in the areas of Bank Street, Somerset Street and Wellington Street. This pilot demonstrates that ongoing clean up initiatives are extremely important.

A new disposal container is currently being investigated. The Fitpack® is a small case that can hold 10 new needles and then becomes a sharps container once the needles are used. This container may be more user friendly for clients as well as reduce discarded needles. The Health Department will work with the Community Advisory Committee and the Needle Exchange Network to improve client-directed needle disposal. Suggestions include placing a picture of a needle on the sides of it, sponsorship by a needle/syringe manufacturer and/or pharmacy association for a pilot project, looking for a local company to design a similar product, etc.

The Hintonburg and Laroche Park Community Associations have developed a draft fact sheet for injection drug users that gives a message of not discarding needles in community. The Health Department is responsible for information dissemination and will work with the community associations on this project. Staff of the SITE Program will continue to educate clients about safe needle disposal. Schools will also be informed about educational messages for student safety as well as be offered educational support and clean up equipment by the Health Department. Educational support and clean up equipment will be provided to workers, groups and agency staff who come into contact with discarded needle/syringes.

Tamper proof needle disposal bins have been developed by the Health Department. The method of implementation of the disposal bins is currently undergoing community consultation. Sandy Hill Community Health Centre and Somerset West Community Health Centre have been approached to pilot the bins. The pilot will have a comprehensive monitoring tool and evaluation component. Disposal bins will only be placed in the community with agreement of the Health Department, community residents, business owners and community agencies. The bins will be removed if problems develop.

### Public Education

Advertising about safe needle disposal and who to call for needle clean up will occur in the *Ottawa Citizen*, *Ottawa Sun*, *Le Droit* and community newspapers. The public will be encouraged to call the Region's 24 Hour Call Centre for information on what to do if syringes are found and to arrange for pick up if necessary.

Other channels of advertising being explored include radio public service announcements, mailbox flyers, etc. The Health Department will link with other Regional departments and municipalities to advertise needle disposal activities within other public education campaigns.

### PUBLIC CONSULTATION

Members of the Community Advisory Committee and the Needle Exchange Network were asked to comment on the various program components. Consultation will continue in 1999 to assist in policy development for the SITE program as well as address specific items detailed in this report.

### FINANCIAL IMPLICATIONS

#### Public Education

Funding for this component of the SITE program is available within the existing Health Department budget. The cost will be approximately \$5000.00 to 8000.00.

#### Incentives

This program could possibly be funded by a corporate sponsor. Some HIV prevention programs across Canada have received funding from corporations to support special projects within needle exchange programs. An incentive project could cost between \$1,500.00 and \$2,000.00 a year, depending on the number of clients who participate.



Clean up

Contracts that would be awarded to community associations and agencies for clean up and disposal are estimated at \$10,000.00 per year (\$2,000.00 per contract for a possible 5 community associations/agencies). This would allow for clean up of needles/syringes found on private property, designated van stops or in the case of an emergency where timeliness is imperative. Public property, such as streets, parks and playgrounds, remains the responsibility of the appropriate city or municipality. Contracts would be awarded on a seasonal basis from April to November. The present budget dedicated to needle exchange services (\$185,000.00) cannot support this initiative. The supplemental funding from the Ministry is granted on a yearly basis and supports the extra supplies and human resources for program expansion. It cannot be relied upon for this clean up project.

Funds necessary for this project can not be taken from our present operating budget without compromising our existing HIV Prevention and Education work. Cuts in this area will undoubtedly impact negatively on our community partners. Other sources of funding and support are currently being explored.

*Approve by  
Dr. R. Cushman*

JA

Attach. ( 1 )

<b>PROCEDURE</b>
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<b>SUBJECT</b> Needle exchange policy	<b>NEW</b>  <b>REVISED</b> <b>X</b>	<b>PROCEDURE NO. 301</b>	
<b>AUTHORITY</b> PROGRAM MANAGER	<b>DATE OF ISSUE</b> 1998.01.05	<b>PAGE NO.</b> 02	<b># OF PAGES</b> 02

POLICY

Needle exchange services operate on the principle of recovering all needles that are provided to clients. The program is based on a harm reduction model and is client-driven. **No client will be refused needles on the basis they do not have any used ones to exchange.**

PROCEDURES

- Upon a first visit, clients can be given 20 needles without having any to return. Return clients to the SITE will be encouraged to bring used needles back to get new ones. Known clients to the SITE staff can get clean needles without any in return if the client is in the habit of returning needles to the SITE in large numbers.
- IOU cards should be given to clients who return large quantities of used needles and do not want to take the same number of clean needles.
- SITE staff are to assess the needs of SITE clients on an individual basis and provide services accordingly.
- Needle disposal information and a biohazard container will be given to all clients coming to the SITE for needle exchange services. Staff should be reinforcing needle disposal information with every client contact. If appropriate, the impacts which discarded needles have on community should be discussed.
- Clients should be informed of other locations where needles can be returned and exchanged. (List attached)
- Staff will document number of needles in and out by neighborhood on a log sheet. These will be tabulated on a weekly basis and shared with management. The Ontario Ministry of Health statistical report will be also be shared with staff on a monthly basis.

**REGIONAL MUNICIPALITY  
OF OTTAWA-CARLETON  
HEALTH DEPARTMENT**

10

**PROCEDURE**

<b>SUBJECT</b> Needle exchange policy	<b>NEW</b>  <b>REVISED</b> <b>X</b>	<b>PROCEDURE NO. 301</b>	
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### SITE HIV PREVENTION PROGRAM

Dr. Ed Ellis, Associate Medical Officer of Health, presented the report which makes a number of recommendations in pursuance of Motions put forward by Councillor L. Davis on 29 Oct 98, and in an effort to address the epidemic of HIV in intravenous drug users in Ottawa-Carleton. Dr. Ellis spoke about the ongoing community participation in this issue, the establishment of safe zones in consultation with communities, changes to the needle exchange policy, incentives for the return of used needles or syringes, discarded needle/syringe pick-up by community groups and public education related to HIV prevention. He indicated that the current budget of \$180,000 for the Needle Exchange Program (NEP) would not support some of the newer initiatives proposed, and staff are looking to find other funding sources to help with these measures.

Councillor Davis commended staff for their work on the issue. She inquired as to where the money would be found, indicating her willingness to put forward a Motion to this effect. The Medical Officer of Health, Dr. R. Cushman, responded the required amount would likely be under \$10,000, and he felt there was the potential for cost-sharing with the City of Ottawa.

Councillor Davis asked how the proposed policy differs from previous arrangements. Dr. Ellis indicated that the Region's 24-hour information number (560-1335) will remain the central contact number, but the new element will be the neighbourhood connection. Details related to night-time response will need to be worked out through the Community Advisory Committee.

Responding to questions from Councillor D. Holmes, Dr. Ellis said staff would write to all manufacturers requesting that needles be marked in some manner to make them easier to find. He also indicated, in response to a further question from the Councillor, that policies outlined in the report will apply Region-wide.

The Committee Chair, A. Munter, requested that the Legal Department look into the possibility of adding a "rider" to existing regional insurance policies to cover the liability of potential partners in the clean-up process. Chair Munter said he presumed, and Dr. Ellis confirmed, that efforts at addiction counseling continue to be part of the package. Dr. Ellis added that waiting times for rehabilitation and detoxification services are also part of the problem.

Extract of Draft Minute  
Community Services Committee  
14 January 1999

A number of speakers were heard and their comments are summarized below:

Dr. Jay Baltz, Hintonburg Community Association, thanked Ms. Jackie Arthur for her work on this issue. He asked that the policies contained in the report apply region-wide and be made binding on partner agencies. He suggested the policies cover the work done through the SITE Van and by outreach workers. He expressed a desire to see firm, continuous funding be put in place.

Mr. Vance Fandrey, Hintonburg Community Association, expressed interest in helping design the pick-up program. He indicated he has researched single use needles, retractable needles and he can assist with the incentive program. He said he regretted the fact that the process has been so confrontational in the past, but that the effect of the NEP on the majority cannot be ignored.

Ms. Sherryl Parrott, Hintonburg Community Association, said she has concern with the number of needles given out. She posited there can be no assurance of a 100% return rate. She noted that 750 needles unused syringes had been found; this represents much waste and they could be re-used. She spoke about ongoing discussions to find an acceptable location for the SITE Van to sit, noting three private and three public sites are under consideration and the community wants to do broad public consultation which will be a slow process.

Dr. R. Cushman spoke about the Health Department making solid progress within the community. He expressed his appreciation for outreach workers being able to do home visits. He posited this is not only a needle clean-up, but also a community clean-up, as well as an aspect of economic development

Replying to a question from Councillor H. Kreling, Ms. Jackie Arthur indicated that the more designated stops the SITE Van can make, the better. She noted that the Health Department would like to have two stops in Hintonburg. The stops would last one-half hour at a time to allow staff to measure client contact.

Mr. P. Marvitz, representing Action Sandy Hill, said the activities of intravenous drug users affect the entire population of the city. Public education programs should emphasize public health issues. Drop-off bins need to be carefully designed, and must be absolutely safe and tamper-proof. The issue of safe zones has to be more focused, and the location of the SITE Van is everything. Certain aspects of the program will need to be tightened up.

Extract of Draft Minute  
Community Services Committee  
14 January 1999

Mr. Peter Childs, a resident of Ottawa-Carleton posited that the lack of detail is the core of the problem. The required clear, accountable policies are not part of the report. Guidelines for the safe zones and consistent definitions are needed throughout the report. If the Region gives out the needles, it should be responsible for picking them up and disposing of them: in this regard, better management is required. The report is a work in progress and lacks details, therefore it should be tabled and staff should bring back a final report at a later date.

When asked to comment on the report being called a work-in-progress, Dr. Cushman said he agreed this was the case. He said he had trouble with rigid policies since every community is different and staff have to get to know the communities. Situations can change and ongoing dialogue is needed. Dr. Cushman said he felt staff could report back at least twice a year on developments in this area.

Mr. Brian Gilligan, Chair, Somerset West Community Centre Board described the programs available at the community centre, some undertaken on behalf of the RMOC. Mr. Gilligan said he was not entirely happy with the policy, as it was his belief that community partners should provide input to the Health Department on policy issues. He spoke in support of safe zones around schools and other facilities. He felt the activities of the Health Department should not be restricted in any area. Mr. Gilligan posited the Health Department has nothing to say about consultations occurring in private between doctors, nurses and their clients. He said he would be prepared to support a draft policy and that it should be monitored carefully.

Councillor D. Holmes commended all the work done by Jackie Arthur in the past months. She wanted to clarify that the report before Committee represents regional policy, although some amendments to the policy will likely develop as warranted. Councillor Holmes said Council must do all it can to reduce the number of persons infected with HIV and AIDS. She posited the clean-up is absolutely essential and she indicated she liked the idea of contracting community groups to undertake this activity.

Councillor Loney said it was his belief, and a public health issue, that if the Region gives out needles, it should pick them up. He stressed the importance of involving the community and not compromising the NEP by imposing unnecessary restrictions. Council must implement policies responsive to the needs of the community. Partner agencies should be encouraged to cooperate and participate in the program. Councillor Loney said there is no doubt the policy is not absolute, and any substantive change should be brought back to Committee.

Chair Munter thanked Jackie Arthur and Dr. Ed. Ellis for the work accomplished. He pointed out that Ottawa-Carleton has the highest rate of HIV infection in Ontario and the report reflects a balancing of what needs to be done to address this problem. He spoke about the work of front-line workers, calling it dangerous work, and he said he felt sure the appropriate mechanisms were in place to resolve disagreements.

The Committee then considered the following Motions:

Moved by L. Davis

**That the funds (\$10,000) required for community clean-up, and disposal be added to the Health Department budget estimates.**

CARRIED, as amended

Moved by D. Holmes

**That the report be considered regional policy, and that this policy not apply to partner agencies entering safe zones to conduct needle exchanges in private, i.e., inside residences, health centres, offices, etc.).**

CARRIED, as amended

Moved by A. Loney

**That the Community Services Committee recommend Council approve the following:**

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