



Regional Municipality of Waterloo

Community Services Committee

Minutes

Tuesday, May 5, 2015

1:20 p.m.

Regional Council Chamber

150 Frederick Street, Kitchener

Present were: Chair G. Lorentz, S. Foxton, T. Galloway, H. Jowett, K. Kiefer, J. Mitchell, J. Nowak, K. Redman, K. Seiling, S. Shantz, S. Strickland and W. Wettlaufer

Members Absent: L. Armstrong, D. Craig, D. Jaworsky, and B. Vrbanovic

Motion to Reconvene Into Open Session

Moved by S. Foxton

Seconded by W. Wettlaufer

That the meeting reconvene into open session.

Carried

Declarations of Pecuniary Interest under “The Municipal Conflict of Interest Act”

None declared.

Delegations

- a) PHE-IDS-15-06, Harm Reduction Planning, Programs and Services Update
 - i. Lorraine Grenier

L. Grenier provided a presentation expressing her concerns with the existing harm reduction programs. A copy of the [presentation](#) is appended to the original minutes. She

provided an overview of the presentation that she made to the Committee in August 2014. She stated that she is not satisfied with the staff report and still has concerns with the number of sites, the ages of users, the lack of a full inventory of needles, and the financial costs of the program. She encouraged the Region to place needle disposal containers on the outside of buildings similar to what has been done in Ottawa.

ii. Don Roth, Canadian Mental Health Association, Waterloo Wellington Dufferin

D. Roth appeared before the Committee as the Chair of the Waterloo Region Integrated Drug Strategy (WRIDS) to provide a presentation on the WRIDS. A copy of the [presentation](#) is appended to the original minutes. D. Roth explained the history of the WRIDS and noted that the issues that it addresses affect the entire community and require community wide solutions. He stated that the strategy makes ninety-nine recommendations in five different areas being prevention, recovery and rehabilitation, justice and enforcement, harm reduction, and integration.

The Committee noted that the WRIDS is an important piece of work for the Crime Prevention Council and that drug use and addiction are key factors that affect many other issues.

iii. Gwyneth Mitchell

Chair G. Lorentz noted that Gwyneth Mitchell has submitted a letter in support of the harm reduction programs. A copy of the [letter](#) is appended to the original minutes.

a) PHE-IDS-15-06, Harm Reduction Planning, Programs and Services Update (Staff Presentation)

Lesley Rintche, Manager, Sexual Health and Harm Reduction, and Chris Harold, Manager, Information and Planning, provided a presentation on the existing harm reduction programs and services. A copy of the [presentation](#) is appended to the original minutes. L. Rintche noted that Regional Council as the Board of Health is required to ensure access to harm reduction programs including needle syringe programs. She stated that scientific studies indicate that needle syringe programs reduce risk of blood borne diseases and do not increase drug usage. L. Rintche explained that Public Health continues to work with community partners, including the area municipalities, to increase needle disposal units.

C. Harold noted that Public Health is working with the Harm Reduction Coordinating Committee to develop action plans for implementing the recommendations made in the WRIDS.

In response to a question from the Committee, Karen Quigley-Hobbs, Director Infectious Disease, Dental and Sexual Health, stated that staff have discussed outdoor
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disposal units with community partners. She noted that they are good idea but come at a significant cost considering the low number of complaints. L. Rintche stated that some community partners are considering the outdoor disposal units.

The Committee inquired as to why individuals are not required to exchange used needles in order to obtain new ones. Dr. Liana Nolan, Commissioner/Medical Officer of Health, explained that the primary goal of the needle syringe program is to reduce the transmission of blood borne illnesses. She noted that studies have shown that requiring needles to be exchanged serves as a barrier for using clean needles, which undermines the objective of reducing transmission.

In response to a question from the Committee, C. Harold noted that one of the recommendations from the WRIDS is to look at better options for disposal sites. The Committee requested that staff provide a report outlining which are the most used disposal sites, how often they are cleaned out, and the costs of tamper proof disposal units.

Chair G. Lorentz thanked L. Grenier for her work on drawing attention to this important issue.

Received for information.

Request to Remove Items From Consent Agenda

Motion to Approve Items or Receive for Information

Moved by K. Redman

Seconded by K. Kiefer

That the following items be approved:

- That the Regional Municipality of Waterloo endorse the 2015 Healthy Babies Healthy Children Post-birth Service Plan and Continuous Quality Improvement Plan for submission to the Ministry of Children and Youth Services, as outlined in Report PH-CFH-15-02, dated May 5, 2015.
- That the Regional Municipality of Waterloo appointment Carolyn Schoenfeldt as Administrator, pursuant to Section 43 of the *Ontario Works Act*, 1997, effective April 27, 2015;

And, that a resolution be forwarded to the Director of Ontario Works for approval as outlined in Report CSD-15-01, dated May 5, 2015.

And that the following items be received for information:

- PHE-HPI-15-02, 2015 Vector-Borne Disease Program Update
- PHE-HPI-15-04 , Rabies Prevention and Control Program Update
- CSD-HOU-15-10, Revised Terms of Reference for the Waterloo Region Housing Operations Advisory Committee (WRHOAC)
- CPC-15-03, Waterloo Region Violence Prevention Plan: Overview of Accomplishments to Date and Next Steps
- PDL-CUL-15-12, Region of Waterloo Museums Exhibits and Events – May to September 2015

Carried

In response to a question from the Committee, Dr. L. Nolan stated that physicians are responsible for diagnosing Lyme disease and cases are reported to Public Health once they have been confirmed by a laboratory test. She stated that instituting the tracking of false negatives would be a provincial decision.

Regular Agenda Resumes

Public Health and Emergency Services

b) PHE-IDS-15-07, Hepatitis C Colonoscopy Clinic Update

Moved by K. Kiefer

Seconded by H. Jowett

That the Regional Municipality of Waterloo send a letter and a copy of this report to the Ontario Minister of Health to advocate for funding of early treatment for the clients who acquired hepatitis C at the clinic, as a result of an infection prevention and control lapse in a health care setting.

Carried

Information/Correspondence

a) Council Enquiries and Requests for Information Tracking List was received for information.

Other Business

Next Meeting – May 26, 2015

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Adjourn

Moved by K. Seiling

Seconded by K. Kiefer

That the meeting adjourn 2:02 p.m.

Carried

Committee Chair, G. Lorentz

Committee Clerk, T. Brubacher

A RETURN TO A CASE OF HARM REDUCTION

COMMUNITY SERVICES COMMITTEE - MAY 5, 2015

Lorraine T Grenier

Good morning Chairman and Committee Members:

HAPPY BIRTHDAY HARM REDUCTION 20 years

“HARM NO ONE.....”

Harm Reduction does not increase drug use....FALSE

Harm Reduction does not decrease drug use....TRUE

Harm Reduction does not cause crime.....FALSE

A report was requested by Council - Aug. 12/2014

The Region of Waterloo will receive a report, after a recent delegation slammed the current model for distributing the syringes like Cheerios to children. Aug. 12/2014 delegation

#1 Hundreds of needles are being handed out to individuals without outreach and services offered first. Coun. Jean Haalboom suggested an inspection process to ensure proper procedures are being followed, within Harm Reduction. Aug. 12/2014 delegation Has this been done?

#1 Coun Les Armstrong said he believes it's better for the needle user to take the risk, rather than the public. Coun. Les Armstrong also questioned why and when the Needle Exchange was removed? 10 years ago. Aug. 12/2014 delegation Has this been done?

#3 the report will address councillors' questions about retractable needles, the efficiency of an Exchange Program, inventory, transparency and accountability. Aug. 12/2014 delegation Has this been done?

Forcing tax payers to deal with unwanted syringes and deadly diseases is not acceptable.

“THE REPORT” 2015

1 Needle syringe programs in the Region your Report (lists: 5)

Region of Waterloo Public Health

Acckwa at their Kitchener Office

oneRoof...Youth Shelter age 12-25

Cambridge Shelter Bridges

#2 Ontario Harm Reduction Distribution Program (lists: 7)

Bridge Shelter / Cambridge Shelter Corp

Cambridge Self-Help Food Bank – offsite building for distribution

Region of Waterloo Public Health-Cambridge

Region of Waterloo Public Health-Waterloo

St John's Kitchen – syringe distribution inside the soup kitchen is Public Health issue, and is used an injection site.

First United Church

Safepoint NSP Acckwa

#3 Illegal Syringe Distribution Site

Mary's Place...Shelter for Women and Children

Mothers are injecting drugs and smoking crack and meth with children in their rooms.

Best Practises and Provisions:

- syringes, sterile water, alcohol, swabs, tourniquets Vit.C and filters, **and also screens for crack pipes to smoke crack and meth -- not mentioned in the Report. Popular with our Youth.**

******Ottawa has stopped the distribution of **crack pipes and inhalation tools** in 2007. It would be effective to follow this practise...******

- Condoms - a **better method Birth Control is needed.....**

By the age of 26 a female addict will have 10-14 abortions and birth 3-8 children. Some have grandchildren...by age 30.

- Counselling
- Education Sessions, treatment referrals, health
- Opioid overdose prevention (Narloxone).

The perfect high for an opiate user is to die and come back to life. The Narloxone (NARCAN) is being abused...some DIU's have used this drug 14-16 times to achieve Nirvana.....

"Naloxone will not cause harm if administered to someone that is not overdosing on an opiate." **The Report**

Who would inject just anyone, unless they have no training or are trying to hurt someone? People with heart issues, and more..?

Jan 4, 2015 we have had five (5) opiate overdoses in Kitchener possibly more now. Alone with Naloxone and no one to help.

What comes first, the needles and crack pipes, or the Outreach and Intervention?

Syringe distribution with no limit and no requests for return of used syringes to receive new ones. age restrictions? someone's child?

Encourage addicts to dispose syringe properly. *How do you encourage an addict to do what is right?*

Educate clients on how to **safely inject and inhale drugs** and not to share. age restrictions? someone's child?

Data Collected at Region of Waterloo Public Health:

70% male - 30% female

Average age 35

116 visits per month Waterloo 72 visits per month in Cambridge.

No DATA from the other distribution sites?

Many of the DIU's that I see are between the age of 14 – 25...

How do you feel about Bill C-2 and how it will change HARM REDUCTIOJN?

3 Recommendations over the next Three (3) years

- #39 Expand Harm Reduction when? **Bill C-2**
- #45 Increase Public Awareness when?
- #51 Harm Reduction strategy for health care sector...in coming months

Financial Costs:

Ministry of Health 100% needle and supply funding \$\$\$\$\$\$ Costs

Cost Shared 5% provincial and 25% Regional \$\$\$\$\$\$ Costs

Inventory:

Needles in and Needles out...what is the count for 2014?

Transparency and Inventory of products and costs by all partners and costs to tax payers...\$\$\$\$\$ Costs

All the needles I collected are not in your inventory...2014..?

City of Kitchener

What is the Cost of the Syringe recycle Program?

Introduced 25 syringe recycle containers none of which are accessible after closing hours of these facilities. There are no outdoor containment units available. Needles are being discarded as usual in the park and neighborhoods. Night time is when IDU's are most active.

Containers are being vandalized behind closed doors, syringes taken, reused and discarded onto the ground.

Why are there not syringe containers at the Charles Street Bus Terminal..??

(attached) Ottawa Model...

I suggest we use Ottawa's Model of OUTSIDE syringe containers only!

ALL OUT DOORS.CHAINED TO GROUND AND VANDAL PROOF....Guaranteed no sharing...of syringes.

Thank You

Lorraine Grenier

What to do with used needles and crack pipes

[Where to dispose of used needles and crack pipes \[PDF - 472 KB \]](#)

[How to pick up and dispose of used needles and crack pipes \[PDF - 462 KB \]](#)

- For health and safety reasons, sharp objects cannot be put in the garbage or recycling, or flushed down the toilet (By-law [2009-396, Schedule “J”](#))
- Garbage is compacted during collection so even when placed in a puncture-proof container, needles, crack pipes or glass stems can be exposed and injure someone

There are several ways to properly dispose of needles or crack pipes:



- [Put them in a Needle Drop Box](#)
- [Drop them off at select pharmacies](#)
- Drop them off at [Household Hazardous Waste Depots](#)
- [How to pick up and dispose of needles or crack pipes on your own](#)

Needle drop boxes

Residents should place their needles or glass stems in a non-breakable puncture proof container with a lid (no larger than a two-litre pop bottle or 15” by 4 ½”) and place in one of the secure tamper-proof Needle Drop Boxes available at various locations throughout Ottawa.

Please note that larger containers of needles can be dropped off at Ottawa Public Health locations at 100 Constellation Drive or 179 Clarence Street.

Needle Drop Boxes are at the following locations:

Name	Address	Drop Box location
AIDS Committee of Ottawa	700-251 Bank Street	In stairwell
Bell Pharmacy	737 Gladstone Avenue	Back parking lot
Burger King	199 Montreal Road	On Montreal Road along fence
Capital Parking Lot	151 George Street	On George Street along fence
Carlington Community and Health Services	900 Merivale Road	Main entrance
Causeway	22 O'Meara Street	Back parking lot
Centre 507	507 Bank Street	Main entrance
Centretown Community Health Centre	420 Cooper Street	Main entrance
Children's Hospital of Eastern Ontario (CHEO)	401 Smyth Road	Main entrance
City of Ottawa - Office Complex	100 Constellation Drive	Main entrance
City of Ottawa - Sexual Health Centre	179 Clarence Street	Main entrance
City of Ottawa Metcalfe Client Service Centre	8243 Victoria Street, Metcalfe	Main entrance
*City of Ottawa - Bylaw Services (no public access)	735 Industrial Avenue	Inside garage
Dulude Arena	941 Clyde Avenue	East side of building
Elizabeth Bruyère Hospital	43 Bruyère Street	Main entrance
Fire Station	3845 Richmond Road	Main entrance
Fire Station	500 Charlemagne Boulevard	Main entrance
Fire Station	135 Preston Street	Main entrance
Fire Station	1075 Greenbank Road	Main entrance
Fire Station	380 Eagleson Road	Main entrance
Fire Station	1443 Carling Avenue	Main entrance
Fire Station	635 O'Connor Street	Main entrance
Fire Station	530 King Edward Avenue	Main entrance
Fire Station	1300 Woodroffe Avenue	Main entrance
Fire Station	1397 Richmond Road	Main entrance
Fire Station	230 Viewmount Drive	Main entrance
Fire Station	3336 McCarthy Drive	Main entrance
Fire Station	900 Industrial Avenue	Main entrance
Fire Station	2355 Alta Vista Drive	Main entrance

<http://ottawa.ca/en/residents/garbage-and-recycling/hazardous-waste-and-special-items/what-do-used-needles-and-crack>

Fire Station	900 Montreal Road	Main entrance
Fire Station	6213 Jean D'Arc Boulevard	Main entrance
Fire Station	1700 Blair Road	Main entrance
Fire Station	275 Coventry Road	Main entrance
Fire Station	220 Beachwood Avenue	Main entrance
Medical Building	737 Parkdale Avenue	Front sidewalk
Montfort Hospital	713 Montreal Road	Near main entrance
Ontario Medical Supply	1100 Algoma Road	Near main entrance
Ottawa Community Housing (Bellevue Community Centre)	1475 Caldwell Avenue	Main entrance
Ottawa Community Housing	1400 Lepage Avenue	Seating area beside parking lot
Ottawa Fertility Clinic	955 Green valley Crescent	Main entrance behind building
Ottawa Hospital - Civic Campus	1053 Carling Avenue	Main entrance
Ottawa Hospital - General Campus	501 Smyth Road	Main entrance
Ottawa Hospital - Riverside Campus	1967 Riverside Drive	Main entrance
Parking garage	141 Clarence Street	Murray Street entrance
Public Works Garage	380 Catherine Street	Front Gate
Public Works Garage	1683 Woodward Avenue	Front Gate
Public Works Garage	320 Bloomfield Avenue	Front Gate
Public Works Garage	3100 Conroy Road	Front Gate
Public Works Garage	356 MacArthur Avenue	Front Gate
Public Works Garage	29 Hurdman Road	Front Gate
Queensway-Carleton Hospital	3045 Baseline Road	Main entrance
Richmond IDA Pharmacy	6179 Perth Street, Richmond	Main entrance
Royal Ottawa Mental Health Centre	1145 Carling Avenue	Main entrance
St. Margaret's Church	206 Montréal Road	Back parking lot
Saint Vincent Hospital	60 Cambridge Street North	Main entrance
Stittsville IDA Pharmacy	1250 Main Street	Main entrance
Sandy Hill Community Health Centre	221 Nelson Street	Main entrance
Shepherds of Good Hope	233 Murray Street	2 nd floor Men's Shelter
Shepherds of Good Hope	233 Murray Street	Back parking lot
Somerset West Community Health Centre	55 Eccles Street	Main entrance

Vanier Snack Shack	200 Deschamps Avenue	Near main entrance
Wabano Centre for Aboriginal Health	299 Montreal Road	Main entrance

For more information on the location of Needle Drop Boxes, call 3-1-1.

How to pick up and dispose of needles and crack pipes

Children should never touch a discarded needle or crack pipe. **If an adult chooses not to pick up a needle or crack pipe, call 3-1-1 to make arrangements to have the City pick them up immediately.**

How to pick up a needle or crack pipe on your own:

1. Treat all needles and crack pipes (glass stems) as contaminated.
2. Wear gloves (i.e. latex, rubber or leather gardening gloves). Gloves are meant to protect against fluid contamination, not punctures or cuts.
3. Use tongs, pliers or tweezers to pick up the needle. Be sure to clean and disinfect the pickup instrument afterwards.
4. Pick up the needle by the plastic end (syringe).
5. Point the needle tip away from your body. Be very careful not to poke yourself with the needle.
6. Put the sharps disposal container on a stable surface next to the needle. Do not hold the container in your hand while placing the needle inside.
7. Place the needle point down into the container. Do not force the needle into the container.
8. If you do not have a specialized sharps container, put the needle into a non-breakable, puncture-proof container with a lid. (i.e. thick plastic bottle or tin can.)
9. Close the container securely.
10. Find the nearest needle disposal location. Do not flush needles down the toilet or put them in the garbage or recycling box.
11. Wash your hands or use hand sanitizer after removal of gloves.

If a needle injury occurs, seek immediate medical attention.

Waterloo Region Integrated Drugs Strategy





Our vision is
to make Waterloo Region
safer and healthier



Our mission is to
prevent, reduce or eliminate
problematic substance use
and its consequences



The Waterloo Region Integrated Drugs Strategy

- was developed by many local partner agencies through a 26-member task force sponsored through the Waterloo Region Crime Prevention Council
- is a community response to problematic substance use
- includes actions for change through a 5 pillar approach



The Waterloo Region Integrated Drugs Strategy

- Was recently awarded a 3-year Ontario Trillium Grant (OTF) to hire a Project Coordinator, sponsored by the Kitchener Downtown Community Health Centre
- OTF is hosted by a Steering Committee with broad representation among local services, addiction providers, health services, and Police Services to name a few
- Is structured with Coordinating Committees to address the pillars



99 recommendations
for change

5 pillar approach

PREVENTION

Interventions that seek to prevent or delay the onset of substance use and that address root causes of problematic substance use

HARM REDUCTION

Interventions, including programs and policies, that aim to reduce the potentially adverse health, social and economic consequences of problematic substance use (can include, but does not require, abstinence)

RECOVERY & REHABILITATION

Interventions that seek to improve the physical and emotional well-being of people who use or have used substances. Treatment is one part of recovery and rehabilitation

ENFORCEMENT & JUSTICE

Interventions that seek to strengthen community safety by responding to crime and community disorder caused by substance use, including (but not limited to) police, courts, and corrections

INTEGRATION

An integrated plan balances all areas and involves a collaborative, multi-system response as a means to move beyond silos and sectors associated with each discipline towards a cohesive strategy where all community members participate in creating change



Prevention

Interventions that seek to prevent or delay the onset of substance use and that address the root causes of problematic substance use

Recovery and Rehabilitation

Interventions that seek to improve the physical and emotional well-being of people who have used substances. Treatment is one component.



Justice and Enforcement

Interventions that seek to strengthen community safety by responding to crime and community issues caused by substance use

Harm Reduction

Harm reduction refers to interventions that aim to reduce the potentially adverse health, social and economic consequences of problematic substance use



Harm reduction is an evidence-based practice
that address complex problems

Harm reduction is about building trusting
relationships to improve quality of life



For more information contact Paul Gregory, Coordinator,
Waterloo Region Integrated Drugs Strategy

519-745-4404 ext. 282

Find the Strategy at:

www.kdchc.org/about/waterloo-region-integrated-drugs-strategy

A Community Response to Community Issues



An agency of the Government of Ontario
Un organisme du gouvernement de l'Ontario

Written submission re: report: PHE-IDS-15-06 Harm Reduction Planning, Programs and Services Update for the May 5, 2015 Community Services Committee Meeting.

As a resident of the Victoria Park area I would like to voice my support for harm reduction and the clean needle program.

People who use drugs do so because of mental illness, quite often stemming from trauma in their life. Many people in our society suffer from mental illness, and we should do our best to support them however we can.

There are many forms of mental illness in our society. Considering an effort to care for all people in our society, one could argue that harm reduction is a human right.

Harm reduction may not stop or reduce the use of needles, but these behaviors would continue regardless of intervention from Public Health.

When clean needles and condoms are provided, the risk of disease is lessened among drug users and the general public.

A needle used once is far less likely to pass along the AIDS virus than one which has been used over and over among several people and never properly cleaned. Drug users cannot be held responsible to return used needles in exchange for clean ones. If a drug user had the ability to be organized in this way, they would not be drug users in the first place.

Items like single use needles which retract have been found to be ineffective because drug users have trouble using them.

Why should we care if they have trouble using retractable needles? Or can't get it together to return their used needles? Isn't that their problem?

Human rights apply to EVERYONE. People who suffer from drug use do not forfeit their human rights. They deserve like all of us to best possible health care available, and to not be stigmatized as "junkies" "low lives" or "social evils".

Harm Reduction stands up for everyone's right to be safe and to not inflict harm in the name of "The War on Drugs".

Sincerely,
Gwyneth Mitchell



Region of Waterloo

Update on Harm Reduction Planning, Programs and Services

Presentation to Community Services Committee

May 5, 2015



Region of Waterloo

Definition

Harm reduction refers to policies, programs and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption or insisting on abstinence. Harm reduction benefits people who use drugs, their families and the community (International Harm Reduction Association, 2010)

Board of Health Mandate

“...engage community partners and priority populations in the planning, development, and implementation of harm reduction programming.”

“Ensure access to a variety of harm reduction program delivery models which shall include the provision of sterile needles and syringes and may include other evidence-informed harm reduction strategies in response to local surveillance.”

Ontario Public Health Standards (2008, updated 2014)



Region of Waterloo

Current Programs and Services

- Provision of clean and sterile drug-using equipment including sterile water, alcohol swabs, tourniquets, ascorbic acid (vitamin C), and filters
- Naloxone distribution (overdose prevention)
- Condom distribution
- Client-centered counselling
- Assessments for general health and skin integrity
- Skill-building and education
- Referral to treatment, health and other community services
- Ongoing training and communication re: community partners that offer needle syringe programs



Region of Waterloo

Disposal

- City of Cambridge
- City of Kitchener
- City of Waterloo
- Region of Waterloo
- St. John's Kitchen
- oneROOF
- Cambridge Self-Help Food Bank
- YWCA Emergency Shelter (for residents only)
- Canadian Mental Health Association
- Bridges (Cambridge Shelter Corporation)
- Lutherwood (Downtown Kitchener only)



Implementing Drugs Strategy Recommendations (Harm Reduction)

- Waterloo Region Integrated Drugs Strategy Steering Committee
- Harm Reduction Coordinating Committee
 - Harm reduction programs and services work group
 - Public awareness work group
 - Health care sector work group
- Updating Baseline Study on Substance Use
 - Originally completed in 2008



Region of Waterloo

Questions

Questions?