

Harm-reduction initiative provides alcohol to Ottawa's street alcoholics

In a cramped, smoky room at the Shepherds of Good Hope hostel in Ottawa, a staff member pours U-brew wine into coffee mugs. Ten street alcoholics, 2 in wheelchairs and 1 with a walker, wait patiently for their share. From 7:30 am until 10 pm the coffee mugs will be refilled hourly.

Normally, alcoholics aren't allowed to drink in shelters like this because they tend to become disruptive, and this means hard-core alcoholics don't have access to the services they badly need. "The system wasn't serving these people well and so we decided to [try a new one]," says Dr. Jeffrey Turnbull, medical director at the Shepherds of Good Hope. The result is an innovative harm-reduction program, Hope Recovery Stage 2.

Turnbull, vice-dean of education at the University of Ottawa, says the theory is that serving safe drinks in a safe environment helps moderate the addiction and lessens the harm alcoholics face daily on the streets. The novel approach is similar to the harm-reduction method used at methadone clinics.

"You have to figure out unconventional ways to help treat them," says Dr. Tiina Podymow, a nephrologist who volunteers at the hostel. She says the participants are the "worst of the worst alcoholics," having declined to the point where they drink mouthwash or similar

products. "Within the first month, we see a difference with this program. They get cleaned up. They have better hygiene. They talk to a doctor. They get into the idea of regular care."

The approach has caught the attention of the World Health Organization and UNESCO. It is one of 12 international projects selected as a best-practice model by Project Unisol, a WHO and UNESCO initiative to advance the role of universities in promoting the health of disadvantaged people.

Turnbull modelled the Shepherds of Good Hope program after a pioneering project at Seaton House, a Toronto men's hostel. The Toronto project was launched in 1996 after a coroner's inquest into the freezing deaths of 3 alcoholic street people. Since then, it has served more than 140 clients.

Organizers in both Toronto and Ottawa believe their programs save money by reducing the burden placed on emergency services and health care in general.

Seaton House medical director Tomislav Svoboda is writing his PhD thesis on the cost-effectiveness of the harm-reduction program there. "These people are high users of the system but they're getting inappropriate use of these services," he says.

Mary Cleary, director of the Ottawa program, agrees. "Some clients used to



Dr. Tiina Podymow and client: we see a difference in a month

have daily seizures and an ambulance would be dispatched. But they never got any services. All they got was crisis intervention."

In Ottawa, only 10 participants can be served because of limited funding and space. The year-old program received seed money from the city. The federal government recently contributed \$140 000, just \$9000 short of the total budget needed to extend the program for 2 more years. The remaining shortfall will be covered by donations.

"The goal is to make it a sustainable model and to expand it to meet the needs of the rest of [this population]," says Turnbull. — *Janis Hass*, Ottawa

In Nova Scotia, it's health workers 1, government 1

The arbitrator selected to resolve the 10-month dispute between the Nova Scotia government and 9000 nurses, technologists and other health care employees has decided to side with both the government and the unions. Susan Ashley agreed with the province's 6000 nurses that they should receive a 17% pay increase over 3 years, making them the fifth highest paid in the country. The government had offered 12% over 3 years. For the province's other health care workers, however, Ashley opted for the government's offer of a 7.5% increase over 3 years; they had been seeking 13.5%.

Under the final-offer selection process, the arbitrator had to pick only

one of the proposals on the table. Unlike binding arbitration, which allows an arbitrator to select components from different proposals or to develop a new one, final selection forces a decision in favour of only one side.

In this case, the dividing line seemed to be supply and demand. Nova Scotia needs nurses, and Ashley, a lawyer who chairs the Nova Scotia Labour Standards Tribunal, decided that more money will help it retain the nurses it has. "It is important that the wages of Nova Scotia's registered nurses are sufficient to encourage them to stay in this province and to reverse the [outward] flow," Ashley reported. She also concluded that the grow-

ing disparity in wages between registered nurses and licensed practical nurses could pose a problem. "This could tempt cash-strapped health care institutions to seek to download duties of RNs to lower-paid LPNs," Ashley acknowledged.

Although physicians were not directly involved in the dispute, which led to strike action and back-to-work legislation this summer, they felt its effects. In Halifax alone more than 300 hospital beds were closed, and surgery was limited to "emergency-only" status for 21 days.

The new deals will cost the government approximately \$118 million over the next 3 years — \$20 million more than it had offered. — *Donalee Moulton*, Halifax