



Letters From Hastings and Main

Signs of Hope in Vancouver's Downtown Eastside

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From Dan Rather and his camera crew to the Governor General and her entourage, Vancouver's Downtown Eastside (DTES) attracts much attention and many opinions about how to fix the notorious neighbourhood.

Long plagued with poverty, addiction, prostitution and homelessness, the DTES is Canada's poster boy of disadvantaged communities.

The Canada West Foundation sent a writer to Vancouver to ask people working in the trenches of the DTES what general lessons they could pass on to other neighbourhoods across Canada.

Letters From Hastings and Main: Signs of Hope in Vancouver's Downtown Eastside is not intended to be an exhaustive examination of complex social ills and attempts at solutions.

Rather, the paper offers a glimpse into some of the innovative programs operating in the DTES and guidance about bridging the gap between policy and the people it's meant to help.

Her body was fluid—like water moving to fill up the space before it hits the side of the glass. She's standing at a pay phone and her hand is struggling to hold the receiver near her face while her head and body move—limbs and torso swaying madly out of sync. The small woman with the big mop of dark hair is holding onto that phone for dear life on Hastings Street, just off Cambie in Vancouver's Downtown Eastside.

An hour later, a few steps from the pay phone, another addict is on all fours—his face just inches from the ground and his eyes slowly scouring the filthy sidewalk. Maybe he's searching for something. Or maybe he can't see anything at all.

It's just another day along Hastings Street; the ribbon that runs through one of Canada's poorest postal codes. About 16,000 people live within the Downtown Eastside's couple of square miles; about a quarter of them are drug addicts. Most of the 4,000 or so intravenous drug users (90%) have Hepatitis C and 30% are infected with HIV. People here are ethnically diverse and they're older and poorer than elsewhere in the city. About 10% of the people in the Downtown Eastside (DTES) are Aboriginal. As many as 2,000 people in the neighbourhood are homeless and estimates suggest there could be 3,000 by the end of the decade.

People refer to this place as hell, a war zone, a refugee camp. Activists have written letters to the UN asking for aid. Serial killers have found their victims here. Journalists from all over North America—including Dan Rather—have come to tell the story of Canada's poster boy for bad neighbourhoods.

The story offers more than despair and heartbreak on the evening news. It also offers insight and instruction to other Canadian cities. While each community has its own unique past and very few have an Olympic games in their future (Vancouver is hosting the 2010 Winter Games), every city in Canada grapples to some degree with the poverty, addiction, prostitution and homelessness that plague Vancouver's Downtown Eastside.

Once upon a time, the neighbourhood had been the gleaming centre of the city. As the 1900s began, Vancouver's City Hall, the magnificent Carnegie Library and the courthouse were all along East Hastings Street. It became the main shopping area of the young city; there was a Woodward's and an Eaton's, other shops and businesses, banks, restaurants and theatres.

Posh globetrotters would frequent hotels for overnight stays on their way to or from the Orient on steamships. The tall skinny buildings would also accommodate fishermen

and workers from the logging camps who needed a place to bunk for chunks of time.

After World War II, posh globetrotters switched to airplanes and many disabled veterans joined injured workers in making the hundreds of hotels their permanent homes. Economic problems and alcoholism led to the creation of almost as many church-led missions and do-good agencies as public houses.

In the late 1950s, streetcars stopped running through the neighbourhood, reducing the flow of pedestrians and shoppers. Over the years, the library moved, head offices started heading west and Eaton's moved to a shiny new mall. Other areas were getting more expensive, forcing low-income folks to move toward the affordable housing around Hastings and Main, which was fast becoming known as Skid Road.

There was also a perfect storm of failed policies. Government decisions such as cuts to subsidized and low income housing, the damage of residential schools, the deinstitutionalizing of mentally ill patients without developing proper supports in the community, the so called war on drugs, and changes to welfare rules that make it harder for people to qualify for assistance.

"That neighbourhood is the way it is right now because of a number of well-intentioned, but ultimately not helpful policies" says the University of British Columbia's Margo Fryer, voicing the sentiment of those who have spent years working in the DTES.

So, the beginning of the 21st century has seen the transformation of the 100 year old Carnegie Library into a community center full of programs and activists, pawn shops have replaced banks to deal in the currency of addicts, and the neon "W" on top of Woodward's is long gone to make way for condos.

Once grand hotels with regal names like the Patricia, the Balmoral and the Empress are called SRO's for Single Room Occupancy. In 2005, they charged an average of

\$361 a month in rent. Social agencies run many of these SROs and they're fighting to maintain more. A city bylaw regulates the conversion of SROs, but as the Vancouver 2010 Olympics loom speeding up gentrification, dozens of hotels have been sold for redevelopment forcing more than 1,000 residents onto the street.

Despite the hundreds of millions of dollars in government and private funding pouring into hundreds of seemingly endless agencies and programs, the problems that scourge the Downtown Eastside aren't going away. There is still poverty, addiction, prostitution, mental illness and homelessness, and it's still the country's most notorious neighbourhood.

Walking in Their Shoes

A walk among the pale, worn faces of Hastings Street elicits fear among the unaccustomed. But the fear isn't so much for one's physical safety, it's more for the psyche. It's fear of what humanity and inhumanity may be encountered here—the sheer sadness of the junkies and prostitutes, the homeless and hopeless.

Keep walking and dare to look harder at the faces and the inclination turns to fixing them. If only they would get help to quit drugs, get beyond the mental illness, get a job.

The ability to "fix" the people of the DTES is an all too common misconception, one that Liz Evans brought with her when she started working here nearly 20 years ago. "I reeked of naiveté!" says the Executive Director of the Portland Hotel Society, which provides housing and support to people with physical disabilities, mental health and addiction issues.

"I was coming in as a middle class, white nurse who had no history of homelessness or drug addiction in my family and I didn't have a clue what I was walking into," she says. "I was a big girl guide and I was going to fix it."

In short order, Evans learned to get past the fear, forget the fixing and simply accept the people for who they are.

In a busy common room of the Portland Hotel (a building designed by famed Canadian architect Arthur Erickson), she watches a long time resident sit at a table and paint a little picture. He's still schizophrenic and he's still an addict, but as Evans points out, he's also still alive.

"How can you ever say whether or not a person's life has value?" she asks. "They have relationships and they have a sense of belonging and they are connected to people and they have something that is uniquely theirs. Surely to God that should be enough to value that person's life."

"This is not about good citizens and bad citizens," says another long time advocate from the DTES. Libby Davies helped start the Downtown Eastside Residents' Association in 1973, she sat on Vancouver City Council for years and has been the NDP MP for Vancouver East since 1997. "There are lots of forces at work who see it as 'well you're a drug user, you're bad. You're this, you're OK. You're on the street, you're bad'"

It's just not that simple. While criminalizing poverty or blaming the addict may be convenient, it doesn't solve the problems caused by poverty and addiction. People working in the trenches of the Downtown Eastside have learned that it's more effective to stop judging and start accepting people the way they are.

"I compare it to that story of Rumpelstiltskin spinning straw into gold," says Ken Lyotier, the Executive Director of the United We Can bottle depot on Hastings Street. "The hard reality is that some of the circumstances of the people we're dealing with are not likely to change dramatically."

There are hundreds of agencies, programs and services operating in the DTES. Some make national headlines. North America's first supervised injection site, Insite, serves hardcore addicts with mental health and other issues. It provides clean needles and a safe environment, preventing the spread of HIV and hepatitis and at the

same time connecting addicts with health and addiction services they are unlikely to seek elsewhere.

Other projects, such as the Vancouver Agreement, get much less media attention. In an attempt to coordinate policies and collaborate on projects and initiatives in the DTES, the three levels of government came together to create the Vancouver Agreement in 2000. A sensible and award-winning effort, it's been extended and expanded in order to better coordinate the rest of the city's sustainable economic, social and community development. While applauding the spirit of the Vancouver Agreement, the people working in the streets of the DTES say they haven't noticed it make a big difference.

Looking for Answers About Addiction: The NAOMI Project

Behind an unmarked door just off Hastings on Abbott Street, there's an important and unique clinical trial going on aimed at helping chronic heroin addicts reintegrate into society. It's called the North American Opiate Medication Initiative (NAOMI) and the researchers believe it could lead to saving heaps of money and untold amounts of suffering.

At scheduled intervals three times a day, about 100 people file through the door and into a small room where they receive a sterile syringe filled with a measured dose of pharmaceutical-grade heroin. A nurse watches as the addict injects the heroin and continues to observe them for half an hour to make sure they're OK. Then, the heroin addict heads out the door to the street. Another group of addicts come in through a separate door on Hastings Street to get an oral dose of methadone.

"This study is very cutting edge. It's the largest addiction clinical research study that's ever been conducted in Canada," says Dr. David Marsh, a Clinical Associate Professor of Health Care and Epidemiology at the University

of British Columbia. “It’s not the first trial in the world to look at heroin prescription, but it is the first one in North America and we certainly consulted with colleagues in other countries who are doing similar work to make sure that this would be an important addition to the research that’s already available.”

Marsh says the people selected for the trial (which is also taking place in Montreal) have had serious addictions for at least five years and have used heroin frequently for at least the previous year. They have failed other forms of addiction treatment including methadone programs. Anytime during the trial, they can choose to move to a drug-free or detoxification program. After 12 months of heroin or methadone, each person will be introduced to and moved into other programs—be they detox, drug-free or methadone.

But they get more than heroin or methadone. Over the 12 months, every participant also receives access to counseling, primary and mental health care, social workers, housing officers, employment training and other vital support. They visit another clinic regularly to fill out questionnaires and provide information about their use of drugs, criminal activity and health status.

Marsh says there are two hypotheses to the NAOMI trial. The first is that the group receiving heroin will stay in treatment longer than the group getting oral methadone. The second hypothesis is the group being injected with heroin will have a larger decrease in illegal drug use and criminal activity plus their overall health will deteriorate less than those in the methadone group.

“A lot of the negative consequences of heroin addiction are not caused by the drug itself but by the context within which heroin is used,” says Marsh. Not only do addicts resort to criminal activity to pay for their habit, there are enormous health risks: “Illegal heroin has lots of impurities, the dose is never known for certain, people might share needles or use impure, dirty water.”

Marsh says receiving pure, sterile heroin reduces exposure to bacteria, viruses or fungi that can cause infections

and damage the heart or lungs. Study participants each get an exact amount depending on their needs so the risk of overdose is reduced. And coming in every day for an injection provides control of frequency and amount which helps people learn, over time, to deal with their own lack of control over their substance use.

“At the beginning of the trial we saw many people in unstable housing, they have many, many years of regular heroin and cocaine use. They also have criminal records and problems with their physical and mental health,” says Marsh. “We’re certainly seeing that patients that are retained in treatment benefit and show progress in many aspects of their life.”

Some may get queasy at the thought of feeding addicts drugs. Innovative drug treatments are always controversial in some corners. Methadone programs, which have been around for nearly five decades, are still criticized as are the more recent safe injection sites where addicts can come in to get their fix with clean needles.

The \$8.1 million NAOMI trial quotes figures that suggest there are as many as 90,000 people in Canada who are addicted to opiates and each of them costs society about \$45,000 a year.

Marsh takes a medical not a moral view: “Rather than judging addiction treatment on some set of values or beliefs about what we should or shouldn’t do to help people with addiction, people should look at the evidence and judge treatments based on their real results in the same way that we judge chemotherapy agents or blood pressure medications.”

While there is woefully little clinical research into addictions in Canada, studies in Europe have shown that heroin maintenance can greatly help people with chronic addictions. The researchers behind the NAOMI project—University of British Columbia, University of Toronto, the Centre for Addiction and Mental Health in Toronto, Université de Montréal and St. Luc Hospital in Montreal—expect their trial will reveal similar findings when the

results are published in early 2009. Marsh says the search is on for additional funding to build on the NAOMI trial.

He says more information about addiction can only help inform decisions: "If heroin assisted treatment helps to decrease crime and improve physical and mental health and keep people out of jail and in stable housing and functioning better (than they would with any of the other available treatments), then it's something that we should consider adding as a regular part of our treatment."

Sheway: Helping Women Become Mothers

It's a different kind of play group. Every day, dozens of pregnant women and new moms haul their big bellies or diaper bags along with their addiction issues and histories on the street to a noisy center on Hastings Street, a few blocks east of Main.

Sheway—a pregnancy outreach program—is caring for the people living with some of the most difficult situations in the Downtown Eastside. These pregnant women or new moms are drug addicts and alcoholics, they've been entrenched in the streets, they've known prostitution, 70% of them are Aboriginal and few—if any of them—know how to be a mom.

"These women have a long road," says the manager of Sheway, Jennifer Weterings. "It's stressful being a mom even in a perfect environment. And more so if you have your own issues that you're dealing with and you have housing issues and income issues. We deal with what people would consider the most challenging client base in the DTES."

Sheway helps 129 women take care of themselves before they give birth and then it helps them take care of the baby up until the child is 18 months old. Sheway works with the women to stop or reduce the amount of risky behaviour they engage in when they're pregnant, particularly when it comes to using alcohol and drugs. The idea is to provide health, addiction and social service supports to help them

have healthy pregnancies and start off parenting with some positive experiences.

"It's very inspiring," says Weterings. "The moms really want to be good moms, they put in a lot of effort and they're open to learning. You see the kids and they're happy and they're well cared for, and if we weren't here, that wouldn't be the case."

Before Sheway opened in the DTES in 1993, all of these women would have lost their babies to the state. Now, most of them—about 80%—are learning the skills and getting the support they need to keep their children.

Sheway's integrated care system is funded by a collection of government and community agencies. There are doctors, nurses, social workers, infant development specialists and other professionals working together and sharing information to help the women.

Sheway also has two floors of temporary housing, a cook prepares lunch every day plus fruit and vegetables to snack on and a food bank makes sure the moms can feed themselves and their kids when they leave. These are services—all in one spot—that the women may not look for anywhere else.

But even at Sheway, Weterings says, it can take a long time before the women feel confident enough in the staff to take part. "They may just come in and sit down in our drop in center for moms with babies and it might take a little while before they start seeing a doctor or see our social worker. Eventually, they sort of feed off the other moms that are here and the relationships that are here."

Weterings says it's fascinating to see how the moms can turn around. But Sheway—named for the Salish word for growth—is only mandated to help until the babies are about a year and a half. "We are very flexible on our 18 months and that's just out of necessity," she says. "Even an average person has a hard time finding a family doctor or housing. If it's hard for us, for our moms it's even more challenging."

As their babies get bigger the women who once relied on Sheway have to find other support to help them with their toddlers. “It’s a different set of issues from when the baby is first born or six months or a year. It’s a different set of challenges and there really isn’t anywhere for them to go to have a continuation of support in an integrated system like we offer at Sheway.”

Despite Sheway’s committed and passionate team and the tremendous differences she sees in the women and babies they help, some days Weterings says, it feels like they take three steps forward only to take two steps back.

The Ivory Tower Hits the Mean Streets: the University of British Columbia Learning Exchange

The University of British Columbia in Vancouver has long boasted of its beautiful, sprawling campus: “where snow-capped mountains meet ocean, and breathtaking vistas greet you around every corner.” Drive east 45 minutes—where drug deals greet you around every corner—and you’ll find another UBC location; a tiny storefront set up to encourage life-long learning among the people who live in Canada’s worst neighbourhood.

The University of British Columbia Learning Exchange sits quietly at the bottom of Main Street; just a few blocks north of Hastings. The long, narrow space has trendy exposed brick on one wall and a series of handmade banners proclaiming strength over adversity hanging on others. It’s a cheerful, warm and welcoming space and some of the people who hang out here call it their oasis, their refuge.

It was called quite different names in the late 1990s when UBC announced it wanted to establish a presence in the Downtown Eastside. “People were suspicious of this mainstream institution wanting to come in,” says Margo Fryer, the Director of the Learning Exchange and Assistant

Professor in UBC’s School of Community and Regional Planning. “They wanted to know: was there some kind of hidden agenda? The reception initially was not necessarily positive or welcoming,” she chuckles softly, remembering the skepticism.

UBC went to the streets to ask people how best to work in the neighbourhood and they heard loud and clear that residents were sick of “being done to” and tired of being researched by academics. The university was told to be modest and work in partnership with people already in the community.

Fryer says they’ve tried to follow that advice, never presuming they know more than the people in the area. “We’re always trying to ask the question: ‘what can UBC contribute to this neighbourhood?’”

That contribution started in 1999 with 30 student volunteers connecting with eight nonprofit organizations and two elementary schools in the neighbourhood. This has grown into the Trek Program where hundreds of UBC students, staff, faculty, and alumni volunteer at inner city schools and nonprofit organizations to contribute to community programs while learning about inner city issues.

UBC opened the small storefront on Main Street in 2000 and these days, there is often standing room only. “When people walk in the door, we don’t ask them ‘have you looked for a job today or have you taken your medications today?’” says Fryer. “We’re not putting them under surveillance. We’re saying come on in and let’s learn together. Let’s work on something useful together, whatever you define that to be.”

People use the eight computers in the storefront to look for answers about health or other concerns, write a poem or a story, or send emails to friends and family. A boardroom offers space for conversations about the weather or debates about philosophy. There’s a small kitchen for coffee and a couch for reading or relaxing.

There are free computer skills workshops and weekly lectures to give people a taste of post-secondary education.

Folks from the neighbourhood—at least one of whom learned English from doing crossword puzzles—volunteer to help recent immigrants practice speaking English. For a few hours a few times a week, the residents shoot the breeze with the New Canadians, explaining jokes and coaching them on the difference between “take it easy” and “what’s up.” The ESL program has been very successful; over the last few years more than 80 residents have spent thousands of hours helping 450 immigrants learn English.

Fryer says now that UBC has developed these and other roots in the community, it’s time to help come up with more creative ideas for residents to support each other: “I don’t see the Learning Exchange as building programs per se, I see us as being a catalyst for initiatives that arise through the coming together of people from the university and people from the community; people who otherwise wouldn’t get to know each other.”

Two other groups of people she’d like to bring together are those who make policy and the people it affects. “My experience is people in government are quite hesitant to walk into a setting like the Learning Exchange and say this is who I am and I am here to listen. There’s something threatening about that and I understand that, but I also very strongly believe that we have to get past that.”

Fryer says UBC’s understanding of its role is evolving with the neighbourhood. She observes that both the University and the Downtown Eastside are marginalized communities; the former in its ivory tower and the latter in its poverty and norms outside the mainstream. As such, she says, the two groups are well positioned to meet in a tiny space on Main Street to learn from each other.

Dumpster Divers Create a Unique Business

Model: United We Can

Ken Lyotier isn’t your typical Vancouver entrepreneur. He’s enjoying a smoke next to a dumpster in the alley behind Hastings Street. He takes a big drag on his cigarette and as he exhales into the rainy Vancouver morning, he says with the tiniest of grins—or maybe it’s a grimace—that smoking is his last addiction.

Lyotier has lived in the DTES for 30 years, falling into, and later struggling out of, the grips of drug and alcohol addiction. After getting clean and while scratching out a living dumpster diving, he and some other bidders decided to get organized and set up a bottle depot. United We Can was born.

“It was a really useful tool to organize people around because poor people understood the issue,” says Lyotier. “They would be out there picking the bottles and they would be returning the bottles because they needed the money. It was a development process amongst a group of people who were under the radar in terms of being connected, even in the social agencies.”

United We Can started in 1995 with some help from the federal and provincial governments plus a loan from a credit union. After about four years it was generating a profit and socking it away, managing to save \$1 million over the years. In the last 13 years, Lyotier estimates UWC has paid out about \$15 million in refunds.

The idea was to run the nonprofit like a business and not rely on government or charitable funding. In fact, Lyotier says the first step was to approach the industry and see how they could help each other. Only then did they go to the government for some financing and other help: “We advocated with government for things like an expansion of the deposit refund system and a change in the regulations that allowed for a negotiation of a better rate through a commercial arbitration process.”

UWC provides a valuable service by helping to keep millions of recyclable containers out of landfills every year. And it didn't have to spend a penny training people on the street to participate. They already were. "It's not a huge step to move past scavenging for cans and bottles to working on the other side of the counter counting them up. They're bringing the stuff in and they see their buddy working on the other side and they say 'Hey I can do that!'"

UWC has created 20 full-time and about 100 part-time positions and it's made life easier for the thousands of binners who come into UWC every month.

Many of the people who line up with their carts every morning have active addictions, mental illness and/or physical disabilities. "We created direct jobs for people that aren't easily fit into training programs for jobs," says Lyotier. "We've said here's some real work you can do right now and get some money, so it's developed that culture of working and earning for people."

Using trucks and tricycles, UWC expanded to offer pick-up service from apartments, offices, hotels, restaurants and bars in downtown Vancouver. The establishments get the full refund from their containers, although many of them donate part of the proceeds to UWC.

UWC also sends cleaners out into the alleys and public spaces in the neighbourhood to sweep up and remove garbage, posters and graffiti. UWC has started other programs over the years, all of which are striving to become self-sustaining. They sell and service bikes and carts for residents and binners, recycle computer equipment, even sell house plants. But Lyotier says the retail offerings are limited by the reality of their location on Hastings Street. "If you've got open drug use and people fighting one another and petty crime and those kind of things going on, you're not going to attract customers to do a retail thing."

Lyotier says UWC has demonstrated that people—even poor people—can come together and do valuable work and that, he says, has challenged some widely held

misconceptions. "It contradicts the assumption that says 'well, they're ne'er do wells and they're just a bunch of bums on the Downtown Eastside.' I think that's important because it's the assumptions all the way around that make for problems."

He's hesitant to assume United We Can is a success. "It's an incredibly difficult business to manage because the circumstances of the people we're working with are very difficult to manage," he says.

And there are other challenges. The \$1 million reserve UWC has built-up is nowhere near enough to secure its future in Vancouver's pre-Olympic real estate frenzy. "We've built a coalition of interests among the business community, people in this community, other supporters and banks to say there is evidence that people think this might work. We'll take that to government and say 'can you respond to that?'" UWC will never be able to make it without some other kind of support and Lyotier says he was naïve in the early days to think it could.

As binners file in the bottle depot's doors from the hard streets—their carts laden with bottles and cans and the odd computer monitor—the 60 year old Lyotier is reflective. "I'm old enough to look at it more objectively and realize that if we really want to improve the broader social conditions of people in places like the Downtown Eastside, it's going to take a lot more than our little model to do that."

Reflections and Lessons

As Liz Evans walks through the lobby of the Portland Hotel Society on her way to lunch, she stops to hug and kiss a couple of women and see how they're doing. She asks a man in a wheelchair "How are you today?" "Desperate," he says and they both laugh.

The middle class nurse raised in the suburbs spends her days talking and working—including touching and kissing—very desperate folks. And she believes that's

the only way she, or anyone else, can do any good. “The first thing is monitoring how we as providers, in whatever sense we’re trying to provide anything, work or interface with their community and I think the most effective way of doing that is to walk alongside the person.”

MP Libby Davies agrees that a lot of grassroots and a little respect goes a long way. Thirty years ago, she and others fought to change the name of the neighbourhood from Skid Road to the Downtown Eastside. “Residents became residents. They had always been seen as clients and problem this and problem that and people asserted their rights as residents,” Davies recalls. “This was a fundamental transforming thing that took place in the community so one of the lessons we’ve learned is not to divide people.”

Dividing people is, however, exactly what policy tends to do. Liz Evans calls them boxes. A certain person’s issues have to fit within a certain box to access a certain program in order to deal with the issues. And she says it doesn’t work. In fact, Evans says, it just creates more barriers. “You have all these thousands of people living in a refugee camp in squalor with no food and no means to access services, and we’ve done that by forcing them out of these boxes and models and programs that don’t work for them.”

Evans says to help people you have to do it the other way, like the Portland Hotel Society: “You come to us. You know what you’re identifying a need, whether that’s housing or stability or whatever that is, then we ask how can we fit around you? How can we fit our services and supports around your needs?”

Ken Lyotier has watched for decades as agencies and programs have had to fit into funding boxes—contorting themselves and the programs they deliver in order to get money. “The public wants to believe that this is working and you can produce lots of evidence to demonstrate outcomes. ‘We’ve got X number of people who have gone through the program and these are the results.’” But Lyotier says, if that model was effective, the quality of

life for people on the street would have improved. And it hasn’t.

“Everyone in the city will say how come we’re investing hundreds of millions of dollars in that area of the city and it’s no better, it’s getting worse in fact. But I guess it depends on who’s counting and who’s measuring and who’s telling the story.”

Lyotier says poor communities need advocates to communicate to government and other funders what’s working, and more importantly what isn’t. “Try something, observe the results, move from there, try again,” he says. “Adjust your hypothesis based on real experience rather than on what you think it should be. That’s hard to do in a climate where funding strings are determined by people who have already made decisions about how it’s going to be, which is a lot of what government does.”

Another problem is the people making the decisions about policy rarely meet the people who are affected by those decisions, says Margo Fryer. “Most policy-makers do not really understand that neighbourhood from the inside,” says the Director of the UBC Learning Exchange. “They don’t go to United We Can and sit and talk to Ken Lyotier for hours. They don’t go to any of the number of places where they could actually see the sometimes perverse consequences of the policy decisions that are made.”

In the absence of first hand information, Fryer says policy-makers tend to rely on information that’s often incorrect; such as the misconception that an addict can just simply stop taking drugs. “That’s just not how it is for people. There’s a whole set of myths in the public discourse that make it hard to make good policy depending on the extent to which policy-makers believe the myths.”

The media, with their constant need to simplify complicated issues, feeds much of the conversation in the public realm. “That’s one of the problems with the sound bite,” says Liz Evans. “You can’t unpack the complexities because it’s impossible in the media to explain why we don’t blame the addict or why we’re not interested in trying to coerce them to being in a program.”

MP Libby Davies, another veteran of countless media interviews, says that, while the media can be of enormous help, they can also cause a lot of damage. “I sometimes wish we could just turn the media off that neighbourhood and just get them out of the way because they fuel drama and sensationalism.”

Instead of drama, Davies would like to see more discussion about simple economics. “The lack of economic analysis is sometimes breathtaking,” says the MP for the DTES. “If you had to live on \$500 a month and you had to live in a room that was 10 by 12 feet, what would your life be like? You can have programs, you can have this and you can have that, but unless you also radically change the fundamental component of deepening poverty in that community, then not a lot is going to change.”

While poverty is often contained in square blocks, it may be useful to remember that addictions are not so tidily arranged. “Addiction is endemic to the whole society,” says Ken Lyotier. He points to the workaholics filing into the glass towers early every morning and the shopaholics flocking to the malls. “Oftentimes, I think the emptiness that somebody’s trying to fill by shopping until they drop in a more affluent area of town is the same kind of emptiness that people are trying to fill by poking a hole in their arm.”

A Monday Morning

On a winter morning, up the well-worn marble staircase of the Carnegie Center at the corner of Hastings and Main, dozens of people scattered at small tables are eating plates of eggs, bacon and hash browns.

Nicky is too busy talking to eat. The skinny man, probably in his sixties, has a big grey beard, warm blue eyes and a black toque atop his thick and dirty grey hair. What he doesn’t have in teeth, he makes up for in stories; stories about growing up in Calgary and running through the fields south of Forest Lawn. Stories about starting grade one at nine and being picked on because he was slow. Nicky has more than a few stories about getting busted for drugs and one about getting beaten up by guys from the Congo who were out of their minds on crystal meth.

While Nicky tells his stories, another man quietly hands him a piece of bacon wrapped in a paper napkin. Nicky thanks him and continues reminiscing to a stranger on a Monday morning, the bacon moving through the air with his hands. While talking about the cops in Kamloops in 1968, the piece of bacon slips from his fingers and falls to the floor. He picks it up and puts it in the garbage before heading out to the street and story the day holds for him.



About the Canada West Foundation

Our Vision

A dynamic and prosperous West in a strong Canada.

Our Mission

A leading source of strategic insight, conducting and communicating non-partisan economic and public policy research of importance to the four western provinces and all Canadians.

Canada West Foundation is a registered Canadian charitable organization incorporated under federal charter (#11882 8698 RR 0001).

In 1970, the One Prairie Province Conference was held in Lethbridge, Alberta. Sponsored by the University of Lethbridge and the Lethbridge Herald, the conference received considerable attention from concerned citizens and community leaders. The consensus at the time was that research on the West (including BC and the Canadian North) should be expanded by a new organization. To fill this need, the Canada West Foundation was created under letters patent on December 31, 1970. Since that time, the Canada West Foundation has established itself as one of Canada's premier research institutes. Non-partisan, accessible research and active citizen engagement are hallmarks of the Foundation's past, present and future endeavours. These efforts are rooted in the belief that a strong West makes for a strong Canada.

More information can be found at www.cwf.ca.

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