

Bringing the Homeless into a Hotel Setting

Chris Van Veen, MSW, PhD (c)
Vancouver, BC, Canada

Vancouver's Downtown Eastside: A Community



Failure of the System



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- **Failure of the mental health and addictions systems to provide effective services.**



- **Failure of the private rental market to provide housing for a vulnerable population, leading to cycles of homelessness.**



- **Failure of NGO housing providers to embrace a Housing First philosophy.**

4 Blocks of Hell

Many negative images in the media



DTES is “a netherworld of open-air drug-dealing, makeshift sidewalk shelters, public drunkenness, and prostitution” (LA Times)
“teeming with pushers, pimps and prostitutes.” (BBC News)



Housing



Our Starting Point

Guiding Philosophy

Everyone has a story
Every life deserves a witness
Meet people where they are
Listen
Be kind



New Fountain Shelter

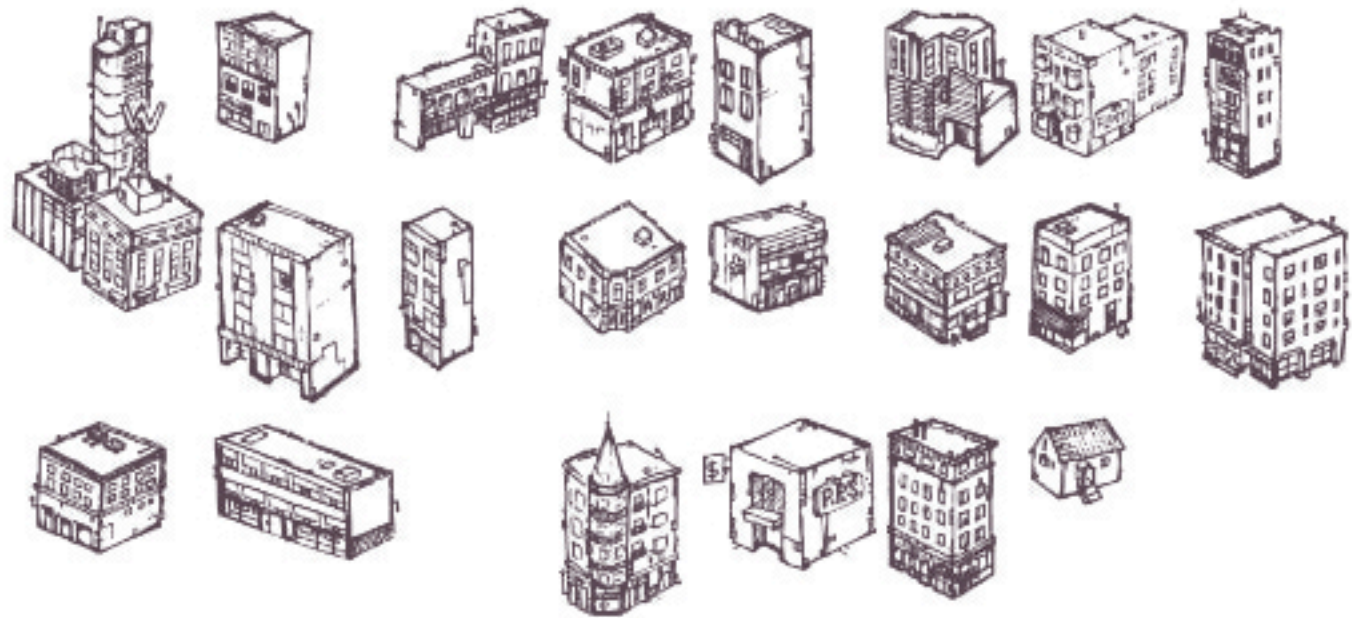


- Entry way into housing
- Emergency shelter

Building a Network Support



From 1 Hotel



**Over 16 different buildings
housing 1100 people**

Harm Reduction Services

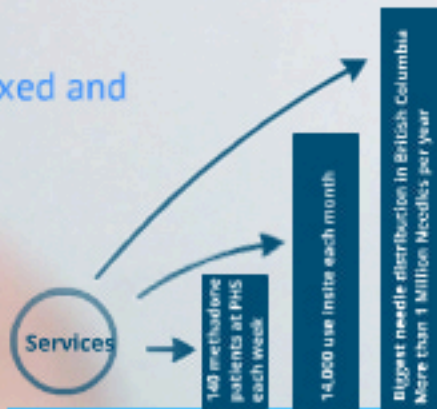
Supervised Injection

Needle Exchange – fixed and mobile sites

Managed alcohol

Methadone

Intra Nasal Naloxone



Low Barrier Engagement

Bosman Hotel



Access to Health Care Is Essential

Social Capital

Social Inclusion

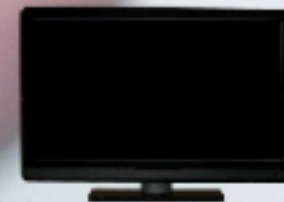
Banking / Financial Literacy

Social Enterprise

Art Gallery and Studio

Resource Centre

Street Soccer



Positive Media: Maclean's Magazine

Vancouver's Downtown Eastside gets new lease on life

Signs of hope and renewal in Canada's poorest neighbourhood

by [Ken MacQueen](#) on Monday, October 15, 2012 12:40pm



For decades it was an acknowledged, if largely unspoken fact: if you lived in Vancouver's Downtown Eastside odds were you lived a Third World life and died a Third World death. Twenty years ago women living in what was called Canada's poorest postal code died 4½ years sooner on average than those living in the rest of British Columbia. They died almost 6½ years before residents of suburban Richmond just a few kilometres to the south, which has the longest life expectancy of any city in Canada. Men in inner-city Vancouver died almost 11 years before those in the rest of B.C.; they lost 14 years of life compared to men in Richmond. Health officials declared a public health emergency in the Downtown Eastside but the problems seemed intractable: poverty, addiction, homelessness, an epidemic of HIV/AIDS, drug overdoses and a host of chronic diseases. "There was nothing else like it elsewhere in Canada or North America," Dr. Patricia Daly, chief medical health officer for [Vancouver Coastal Health](#), says of her arrival in the city 15 years ago. "The rates of HIV in that population were the highest reported in any city. I think, anywhere in the developed world at that time. There was despair. Overdose deaths were unbelievable. It seemed overwhelming."

Today, the neighbourhood is still scarred by urban decay, and blighted by addiction, homelessness and open drug use, but there are also signs of hope and renewal—and an astonishing boost in life expectancy. People in the area are living more than 10 years longer than they did just two decades ago, according to a draft study on health inequities provided to *Maclean's* by Vancouver Coastal Health. Both genders in the neighbourhood lived to an average of 79.9 years in the 2007-to-2011 study period, compared to a life expectancy of 69.4 years during the years 1992 to 1996. While men in the neighbourhood still lag behind the provincial average, women there now have a life expectancy of almost 86 years—1½ years longer than the provincial average—due to lower rates of cancer and circulatory system diseases. "That's a dramatic shift," says Daly. "Life expectancy doesn't often change that quickly."

Reasons for the abrupt shift in fortunes are as complex as they are profound. Condominium developments and urban renewal have gentrified areas fringing the hard-core epicentre at Main and Hastings streets, introducing healthier, wealthier residents to the area's 70,000 population. Still, health outcomes and better services for the 16,000 living in the Main and Hastings district have also had a substantial impact on longevity rates, says Daly. She lists a host of factors: better treatment, medication monitoring and greater

access to clean needles have seen rates of HIV/AIDS infection and death plunge; the [Insite](#) supervised injection site, which survived a federal government court challenge a year ago, has reduced infection rates and overdose deaths. The type of drug use has changed. Much of the HIV epidemic was fuelled by intravenous cocaine use, where addicts injected frequently, often with dirty needles. "There's been a move to smoking crack cocaine, which has its own risks," says Daly, "but risks of things like HIV and overdose are lower." Street homelessness has also been reduced with the purchase by the province of 25 derelict, single-room occupancy (SRO) hotels that are gradually being upgraded.

It is a continuum of improved services and opportunities that bring one to the Frock Shop, a women's thrift and vintage clothing boutique next door to the renovated [Ranier Hotel](#) on Carrall Street. There at the counter is shop employee Sheree McKay, an outgoing, stylishly attired 43-year-old, living what she calls her second chance at life.

For 10 years McKay was an active heroin addict living on the street, sleeping in parks or dismal SRO hotels. She was a daily visitor to *Insite*, crediting staff for saving her life a couple of times when she overdosed there. Many of her friends weren't so lucky. "A lot of people I know aren't here anymore," she says. Finally she entered a detox centre. She was drug-free for three years when she moved into the Ranier, operated by the [Portland Hotel Society](#) (PHS), a non-profit community service and housing society. The women-only Ranier has 20 treatment rooms and 20 rooms for those like McKay in need of transitional housing. They are small, but neat, bright, clean and well equipped. "When I moved upstairs it was the only safe, drug-free housing that was available for women."

Life has been a rebuilding process ever since. Staff helped her gather the necessary identity papers she'd lost along the way. Gradually she rebuilt her confidence and self-image. Today she has a paid job at the Frock Shop, which is operated by PHS, one of several businesses, including a craft shop and a soon-to-open chocolate shop and coffee roaster, where profits are returned to its various endeavours. Although she lives not far from the scene of past "nightmares," today she inhabits a nine-to-five world and sees a neighbourhood full of possibility. "I walk with my head up now," she says as a visitor leaves the shop.

Down Carrall, at the corner of Hastings, is the Pennsylvania Hotel, a renovated heritage building that serves as a ward of [St. Paul's Hospital](#). Some 21 years ago it was known as the Portland Hotel, a fleabag run by a non-profit with Liz Evans, an idealistic young nurse, filling it with those no one else wanted. There were few referral services, an adversarial relationship with the police and people were dying on the streets. "It was impossible not to want to throw up on my way to work because I knew what I was going to walk into," Evans says. "There was nothing I could do about 90 per cent of the problems I'd encounter."

Today she and Mark Townsend, co-founders of PHS, lead the way into the Pennsylvania. "It just drives me crazy when people say nothing has changed in the Downtown Eastside," she says. Many of the residents staying here now are injection-drug addicts or chronic hospital users. In the past they'd be admitted to St. Paul's, usually with serious infections; they'd start a course of antibiotics, then leave, with disastrous results, partly through treatment the first time the urge for a fix or the chaos of a hospital overwhelmed them. People died. Limbs were lost to infection. Now they are admitted to the hospital, but treated at the Pennsylvania where their medical care, and drug habits, are supervised.

There's no one agency, no one strategy, no single program that is making the difference. "It's all these little bits," as Townsend puts it: food, shelter, treatment, compassion and employment. Give people hope and purpose and the chance to live another day, and they just might surprise you.

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