Vancouver's "vision of hell" requires special type of MD

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In brief

VANCOUVER'S DOWNTOWN EASTSIDE, THE CITY'S SKID ROW, is in a state of emergency. Some 7000 injection drug users, about 40% of whom are HIV positive, mingle with prostitutes and the city's street people. The doctors who care for them say it is a potent and dangerous mix.

En bref

LE QUARTIER MALFAMÉ DE L'EST DU CENTRE-VILLE DE VANCOUVER est en état de crise. Plus de 7000 utilisateurs de drogues injectées, dont près de 40 % sont infectés au VIH, y côtoient les prostituées et les sans-abri. Les médecins qui les soignent affirment que le mélange est explosif.

Carrall Street, near the Vancouver harbourfront, marks a divide between First World and Third. West of the street lies upscale Gastown, where hip locals and tourists stride on quaint cobblestones to aromatic restaurants and boutiques that exude historical charm. To Carrall's east lies Vancouver's Downtown Eastside, where drunks and heroin addicts stumble on filthy pavement between reeking bars and flophouses.

In Gastown middle-class health concerns — heart disease, cancer, depression — hold sway. In the Downtown Eastside, however, the problems are truly world class and authorities have declared a health emergency. Dr. Elizabeth Whynot of the Vancouver-Richmond Health Board says the rate of HIV infection here, which is among the highest in developed countries, is expected to reach 40% among IV drug users by the end of 1998. An estimated 90% of residents are infected with hepatitis C, and tuberculosis is common. Substance abuse is close to universal, mental illness is part of the subculture and extreme self-destructive and socially destructive behaviours are part of the landscape.

Welcome to Skid Road

With its fluctuating population of 10 000 to 25 000 people, Vancouver's Skid Road forms Canada's biggest, roughest and poorest inner-city district, a surreal neighbourhood some 20 blocks square where doctors grapple with the most intractable medical and social problems the country can throw at them.

Dr. Stanley de Vlaming once worked in a different world, and as a small-town Ontario GP he handled everything from obstetrics to emergency and intensive care. Today he heads addiction services at Vancouver's St. Paul's Hospital and runs a storefront general practice on the border of Skid Road in Gastown. His former patients wouldn't have remained in his current practice for 5 minutes. "Imagine some dishevelled injection drug user sitting next to a mother in the waiting room, or a loony screaming and yelling and slamming doors," he says.

He works here because of the variety the place provides and the satisfaction of being able to apply almost all of his training. Diversity and challenge are cited by

Peter Bennett photos

the hundreds of caregivers, professionals, volunteers and others who leave homes in middle-class neighbourhoods each day to work with roughly 180 organizations set up to protect, jail, detoxify, cure, feed or house Skid Road's inhabitants. For most, the only thing they have in common with their patients is that virtually nobody comes *from* here.

The residents are welfare-dependent drifters, drawn by BC's gentle climate. Criminals on the lam, avoiding warrants in other provinces. People who have fallen through the cracks of the economy. Refugees from countries ravaged by strife. Poor older men, worn out from work in forestry and other resource industries. Prostitutes at the bottom of the pecking order. Refugees with no job skills. Aboriginal people who lost, or never found, their way in life. Men and women consumed by their mental illness, childhood abuse or rampant addiction. Or a combination of some of the above.

The doctors charged with treating them take nothing for granted, including personal safety. "We all walk carefully," says Patrick Kwong, a physician in a public clinic run by the Vancouver-Richmond Health Board. "When we hear footsteps behind, we look behind."

His clinic rarely has to call in the police, but Kwong has been verbally threatened and once all 4 tires on his car were slashed. "The other day a patient who was quite psychotic came in, locked himself in the bathroom with a needle and started pricking himself. He bled all over the place. That was one of the days when you think to yourself, 'My goodness, I can't do this.' "

All the heroin you want

Adds de Vlaming: "I can't walk down the street without being offered heroin or cocaine 2 or 3 times in a city block. . . . It's difficult to deal with these patients, who lead very chaotic and self-destructive lifestyles."

Yet there is an up-side to practising here. "We all like the idea of really practising what we learned and there's a lot of action here," says Kwong, who recalls his dismay with his first job, which involved little more than doling out birth control and treating sniffles in suburban Alberta. "Is this what I spent years in medical school for?" he wondered then.

And Kwong respects and likes his current patients. "While you'd think the IV drug users could be manipulative, basically I regard them as a group of honest people who live different lifestyles. For me, I find listening to their histories and life stories quite fascinating."

These histories can be gruelling, however, and the key for coping appears to be total separation of personal and professional lives. "Medicine doesn't live my life," says Kwong. "When I go off, I don't take calls and I don't work evenings. I do my own thing."

But frustration remains a constant. De Vlaming, who treats about 120 methadone-dependent patients, says more methadone programs are needed. "I turn away 2 or 3 patients a day. I can't continue saying yes, and it's not just a matter of time. It's also emotional energy."

"I'm surprised at how long [caregivers] do last," observes Dr. John Blatherwick, medical health officer for the Vancouver/Richmond regional health board.

Not every physician could work here. "Some doctors want to do highly technical things all the time," says Whynot, "and in an area like [Skid Road] the social concerns are such a big part of it that some people lose patience, they feel they're not doing effective work. You can't just hand out a prescription, you have to work with advocates. If you want to see something done for patients, you make way more phone calls than in a regular practice."

Do the math

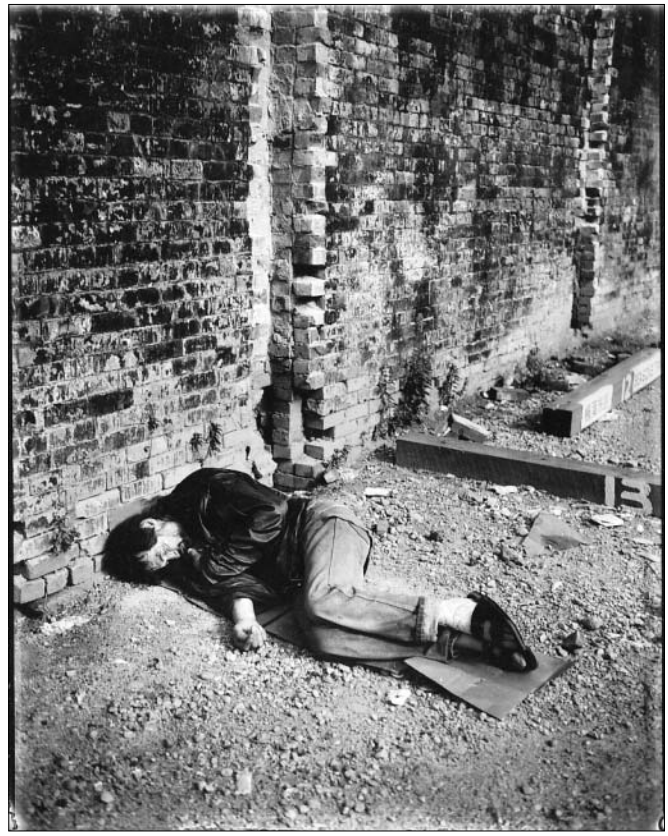
If compassion won't drive the search for solutions here, there are also financial reasons to consider. Based on the number of registered users at the local needle exchange, there are an estimated 7000 injection drug users on Vancouver's Skid Road. Do the math, says Whynot: extrapolate a cost of at least $150 000 to treat each HIV-infected patient and add a 40% infection rate to the

equation, and the potential bill facing taxpayers soon spirals out of sight. And there are other, less calculable costs, such as the country's highest rate of property crime; police say 60% of these crimes are committed to support drug habits.

To address the problems, the health board maintains an unusual assortment of personnel and services in the Downtown Eastside. Traditional doctors' offices, such as Kwong's clinic, are supported by a pharmacy that fills prescriptions with no questions asked and no money changing hands. There's also a packed-to-the-gills grocery store with goods cheaper than at any big-box warehouse, and a dental clinic for the destitute. A large number of nurses and others work in prenatal programs, tuberculosis outreach programs and for a homemaker service.

Still, the solutions are elusive, the problems daunting. Eighty percent of Skid Road residents do without telephones, and 50% have no means to heat water, let alone cook a meal. Says one long-time community advocate who works with the mentally ill: "Everything you take for granted as a Canadian, you set aside as a downtown EastSider." Pawn shops and second-hand stores abound, providing ready outlets for stolen goods. Grotty stores sell pop, high-alcohol shoe polish and Chinese cooking wine. A busy community centre maintains bouncers at the door to keep out the drunks. Dim, smoky taverns create the base of a rough playground for locals and for visitors who come here to slum. Upstairs from them are more than 7000 individual rooms, many of which provide no more than a bed and shared toilet. Stinking alleys become shooting gallery for heroin addicts, who often stumble onto busy sidewalks and drift into the traffic with needles sticking from their arms. "This reminds me," a police officer told me as his cruiser bounced over a discarded mattress and detoured around piles of garbage overflowing from dumpsters in an alley, "of those medieval wood-block prints of someone's vision of hell."

The version of hell found in Vancouver's Skid Road frequently overcomes its residents. Some die each week of overdoses, others by stabbing or shooting. And some end up in St. Paul's under the care of de Vlaming and Rosemary Riddel, a clinical nurse specialist. "It's usually complications of injection drug use that brings them here," says de Vlaming. A typical patient is a 25-year-old female who uses half a gram of heroin and 2 to 3 grams of cocaine per day. She will shoot up 15 to 20 times every 24 hours, often going nonstop for 3 days with no sleep and then crashing for a day or 2. She will be admitted to St. Paul's with cellulitis and pneumonia. Riddel, who is present at St. Paul's all day, and de Vlaming, who does rounds each morning to see 15 to 20 patients, will stabilize the woman's addiction with methadone. Her presence in hospital, for a few days to a few weeks, ensures that she is removed from what de Vlaming calls an "environment saturated with cocaine." The team also deals with any psychiatric issues, using antipsychotic drugs along with the methadone.



Canada's methadone king

"We recognize that by discharging this patient to a shooting-gallery hotel we lose all the gains made in hospital," says de Vlaming. Instead, the team tries to get her admitted to 1 of 3 recovery homes in the suburbs, where she can keep taking methadone, be taught life skills and receive counselling in relapse prevention. Patients stay an average of 41 days.

After spending most mornings at St. Paul's, de Vlaming goes to his Gastown clinic, where he treats about 120 methadone patients and 160 HIV-infected patients who are injection drug users; some patients fit both categories. He believes he handles more methadone patients than any other Canadian physician. "What I am trying to do here is couple addiction treatment with HIV care, in a one-stop shopping approach. It doesn't make sense to deal with HIV if you can't stabilize the patient from an addiction point of view."

When patients arrive for their methadone he hands out the drugs used to treat HIV infection at the same time. "If

you ask these people to go to St. Paul's to pick up their drugs, they won't. This patient population doesn't do well at keeping appointments. My clinic is drop-in, and we try to be flexible."

And there are, inevitably, disappointments. Repeatedly, de Vlaming will see patients who tell him they're controlling their drug habit, and then he'll encounter them at a local detox centre.

"We don't know enough about the circumstances that give rise to skid rows," observes Dr. John Cairns, dean of medicine at the University of British Columbia. "We're increasingly expert about treating the diseases but we're ignorant about the ideology. Why are people there, in this horrible mess?"

Kwong, who has spent 7 years working in the public clinic, has picked up some insights. "These people are not from nowhere. Many come from dysfunctional, violent families that are in all levels of our society. To cope, they resort to all kinds of substance abuse. Most of them . . . were so mentally altered by drinking, marijuana or speed at a time when they should have been learning how to deal with society that they didn't learn right from wrong, or about values."

Two million syringes a year

Hoping that addicts at least valued their health, governments supported a needle-exchange program in the Downtown Eastside that started in 1989 as a preventive measure to stop the spread of HIV and hepatitis through shared needles. When it opened it handed out nearly 130 000 syringes annually, and today that total has reached well over 2 million syringes. The exchange remains a political hot potato, with advocates saying it is useful and critics charging that it encourages addiction. The infection rate has in fact soared despite the needle exchange, but doctors blame this on cocaine, which large numbers of addicts added to their drug habit around 1991. Instead of the few fixes a day required by heroin users, cocaine users shoot up almost hourly during "runs" that continue for days and during which clean needles are not a concern. In the end, it becomes a vicious cycle: HIV-infected women who need money for drugs sell their bodies to men who become infected, and the HIV and hepatitis is transferred to the suburbs.

Skid Road was plagued with social problems long before the arrival of the injection drug users who now define its character. At the turn of the century it was Vancouver's downtown core and still exuded the fresh promise of the frontier village that had earned its name because it was the place the logs were skidded to a local pulp mill. Street life was always raw and rough: when the seasonal workers arrived here from the bush, they stayed in the cheap hotels, bought sex and drank prodigiously.

Today debate rages about how to deal with Skid Road. Vancouverites and the provincial government constantly see-saw on whether the area should be gentrified. If that happened, what fate would await those who would be out of place elsewhere but are tolerated on the Road simply because all kinds of behaviour are accepted here? "It's quite a supportive community for people who are down on their luck," says one mental health worker, who fears encroachment by the middle class. "But if you start bringing children in among some of the mentally ill who look strange but are not necessarily aggressive or violent. . ."

Skid Road's plethora of services are a true catch 22: people come for the services, and then stay because of them. Partial solutions are found in singular acts, such as the recent purchase of 2 Skid Road hotels to be run by health authorities who plan to close the street-front bars but maintain the low-cost rooms.

As unusual as those purchases seem, they're typical of the Road's odd assortment of health services: a native medical clinic, the needle exchange, outreach workers of all types, the health board's clinic, de Vlaming's private clinic and scores of government and nongovernment services: welfare offices, community police offices, nonprofit housing programs and the usual run of soup kitchens and shelters.

"Our programs are based on harm reduction," Kwong says philosophically. "Our interventions are for better housing, counsellors and regular medical intervention in an effort to provide more self-worth and stability to patients. We don't manage to clean it all up, but that's not our goal. We try to stabilize [things]."

Today, on Carrall Street's glistening wet west sidewalk, a man in a fashionable black raincoat strides over the cobble stones and ducks into a bistro where the cordon bleu will cost $13.95 and he'll be able to savour his meal slowly and without distraction at a table covered with clean white linen.

Across the street, in another world, 2 tall young men in filthy sodden jeans and windbreakers stagger toward a bar, where trays of draft will be unloaded onto round tables covered with red terry cloths soaked with spilled beer. ❦