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The Woodward's Building: An Integrated Drug and Alcohol/Mental Health Centre?

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With the Downtown Eastside a major issue in this civic election, the opportunity for activists to confuse the need for social housing with the underlying causes of homelessness has been well exercised. The proposal to turn the Woodward's building essentially into one large crack house, paid for by taxpayers, is preposterous.

There is no doubt the Lower Mainland is desperately in need of subsidized housing for low-income families. But as a resident manager in Mt. Pleasant, I don't buy the argument that there is *no* affordable housing at all for those on welfare. My building rents large, well-maintained one bedrooms for \$540 per month; two friends sharing the apartment is well within the combined \$650 allowed by welfare. We have had several people on assistance share a one bedroom while each attends school or tries to find work. Obviously, the lack of privacy is not ideal, but it's hardly prison.

On the other hand, I have suffered the destructive behaviour of addicts: the violence, vandalism, and total lack of consideration for others that accompanies addiction. When I first took this management position, I clung to my liberal beliefs and gave "a chance" to more than one former homeless person. Thousands of dollars in damages later, I was surprised I still had a job. The harsh reality is that many homeless are unable to find decent housing, not due to the limitations of welfare, but because of their own behaviour. They end up on the streets or in slums whose landlords' lack of credibility matches their own. The two feed upon each other.

My position is strengthened by my weekly attendance at a medicine circle held at Cwenengitel House, an Aboriginal men's transition house in Surrey. Mixing traditional healing arts with modern counselling services, peer support, and strong, no-nonsense leadership, the house emphasizes personal responsibility and constructive behaviour. Those who contradict this position are ordered to leave. This means not only not using again, but learning social skills like cooperation, anger management, and conflict resolution. The men share all domestic chores and are encouraged to give back to their community, be it volunteering at the local food bank or acting as pallbearer at an elder's funeral.

I have seen miracles happen in this house. I have seen men once lost to addiction, their families in disarray, become hard-working, loving husbands and fathers. And I have seen those who have fallen, too. What characterizes those who succeed is their progression from a position of victimization to one of personal accountability. Whatever childhood traumas were incurred, once you become an adult it is *your* responsibility to seek out help and end the cycle of pain. To refuse help is a choice, a choice that comes with repercussions.

There is always much talk about the lack of social programs to help the homeless, most of whom are addicts or mentally ill. Again, there is no doubt a lack of services is an issue: Cwenengitel, after years of struggling financially, has only finally received adequate funding from government. Then there is the closing down of hospitals and units for the mentally disabled. But there is another side to this equation: one Cwenengitel resident, upon finding himself in prison due to a crime committed while in addiction, chose a new approach to incarceration. Instead of plotting new crimes, as he did in the past, he signed up for various prison programs and

advocated their use. As he put it, "Prisons have just about every program known to man. The help is there if you want it; problem is, most of the men just don't want it."

If we truly want to address the problems of homelessness, we should turn the Woodward's building into an integrated emergency shelter/drug and alcohol detox/mental health centre which feeds a network of transition houses set up around the Lower Mainland, which in turn feed into subsidized housing units. At each stage must be a strict policy of compliance. If you use again or, in the case of the mentally ill, refuse psychiatric help, you lose your place in the centre, transition house or subsidized unit to someone more serious about recovery. As long as we keep treating the homeless as victims too incapacitated by their problems to make better choices, as long as we keep giving them welfare without strings attached and—if the activists have their way—a nice warm place to live in their addiction, what incentive is there for them to choose a better path?