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“A riveting account of human cravings, this book needs to get into as many hands as possible. Maté’s resonant, unflinching analysis of addiction today shatters the assumptions underlying our War on Drugs.”

—Norm Stamper, former Seattle Chief of Police and author of  
*Breaking Rank: A Top Cop’s Exposé of the Dark Side of American Policing*

GABOR MATÉ, MD

# In the Realm of Hungry Ghosts

*Close Encounters with Addiction*

Foreword by PETER A. LEVINE, PhD  
author of *Waking the Tiger: Healing Trauma*



Other Books by Gabor Maté

*Scattered: How Attention Deficit Disorder Originates and What You Can Do*

*About It*

*Hold On to Your Kids: Why Parents Need to Matter More Than Peers*

*When the Body Says No: Understanding the Stress-Disease Connection*

*Praise for In the Realm of Hungry Ghosts*

“I recommend this wonderful book for anyone struggling with the heartache of

addiction personally or professionally. Dr. Maté makes the thought-provoking and

powerful arguments that human connections heal; and that the poverty of

relationships in the modern world contributes to our vulnerability to unhealthy

addictions of all manner. His uniquely humane perspective—all too absent from

much of the ‘modern’ approach to addictions—should be a part of the training of

all therapists, social workers, and physicians.”

—Bruce Perry, MD, PhD, Senior Fellow, Child Trauma Academy, Houston, and

coauthor of *The Boy Who Was Raised as a Dog*

“*In the Realm of Hungry Ghosts* looks at addictions, how they work, who experiences them, and what can be done.... The book is a survey of scientific

evidence on addiction, but it is haunted by Maté’s patients who are wrestling with

poverty, violence, mental illness, drug addiction, HIV/AIDS, hepatitis, the authorities, their pasts. We read about the depths of addiction, but also the persistence of humanity under the worst of conditions.... That the well-off and the

destitute are considered together in this book reminds us that addiction transcends class.”

— *The Gazette* (Montreal)

“Dr. Maté’s latest book is a moving, debate-provoking, and multilayered look at

how addiction arises, the people afflicted with it, and why he supports

decriminalization of all drugs, including crystal meth.... *{In the Realm of Hungry*

*Ghosts}* reads not only as a lively textbook analysis of the physiological and psychological causes of drug addiction, but also as an investigation into his heart

and mind.”

— *The Globe and Mail*

“It’s time to give Maté ... the Order of Canada for this erudite and sensitive book

about the lives of Downtown Eastside intravenous-drug users, the neurobiology of

addiction, and the folly of the war on drugs. It’s compulsively readable and

packed with new scientific discoveries about addiction. If you know the parents or

siblings of an addict—or the prime minister, for that matter—please give them this book.”

— *The Georgia Straight*

“Gabor Maté’s connections—between the intensely personal and the global, the

spiritual and the medical, the psychological and the political—are bold, wise, and

deeply moral. He is a healer to be cherished, and this exciting book arrives at just

the right time.”

—Naomi Klein, author of *No Logo* and *The Shock Doctrine*

“With unparalleled sympathy for the human condition, Gabor Maté depicts the

suffocation of the spirit by addictive urges and holds up a dark mirror to our society. This is a powerful narrative of the realm of human nature where confused

and conflicted emotions underlie our pretensions to rational thought.”

—Dr. Jaak Panksepp, Distinguished Research Professor of Psychobiology, Bowling

Green University, Adjunct Professor of Psychiatry, Medical College of Ohio, and

author of *Affective Neuroscience*

“With superb descriptive talents, Gabor Maté takes us into the lives of the emotionally destitute and drug-addicted human beings who are his patients. In

this highly readable and penetrating book, he gives us the disturbing truths about

the nature of addiction and its roots in people’s early years—truths that are usually concealed by time and protected by shame, secrecy, and social taboo.”

—Vincent Felitti, MD, Clinical Professor of Medicine, University of California, and

Co-Principal Investigator, Adverse Childhood Experiences Study

“Dr. Gabor Maté distills the suffering of injection-drug users into moving case

histories and reveals how clearly he himself, as music collector and workaholic

physician, tests his own definition of addiction. Informed by the new research on

brain chemistry, he proposes sensible drug laws to replace the War on Drugs.

Inspired by the evolving spirituality that underlies his life and work, he outlines

practical ways of overcoming addiction. This is not a x-it book to hurry through,

but a deep analysis to reflect upon.”

—Dr. Bruce Alexander, Professor Emeritus (Psychology), Simon Fraser University,

and author of *The Globalization of Addiction*

“A harrowingly honest, compassionate, sometimes angry look at addiction and the

people whose lives have been disordered by it.”

— *Ottawa Citizen*

“Gabor Maté’s latest book is a sprawling but fascinating look at addiction that is

part science, part diatribe, part character study, and part confessional.... The writing is powerful.... The book leaves the reader with a profound sense of empathy and understanding for some of society’s most marginalized victims.”

— *Quill & Quire*

“Excellent.... One of the book’s strengths is Maté’s detailed and compassionate

characterization of the addicted addicts he treats ... a calm, unjudging, compassionate attentiveness to what is happening within.”

— *The Walrus*

“Maté’s subjects are the living, breathing embodiment of the nation’s grimmest

statistics for HIV/AIDS, hepatitis, homelessness, crime, abuse, neglect, overdose,

and death. More than merely poor and disenfranchised, they are truly the lowest

of the low, reviled by society and demonized by law enforcement. *{In the Realm of*

*Hungry Ghosts}* is enormously compelling, and Maté is admirably, sometimes

inexplicably, empathetic to all who cross his path.”

— *Toronto Star*

“I highly recommend *Hungry Ghosts* to everyone seeking insight into addiction.

Gabor Maté’s masterful and impassioned treatment of the topic is a welcome relief

from the tired old thinking that has kept us from dealing effectively with it for the

last 100 years.”

—Gerald Thomas, Centre for Addictions Research, for the *Vancouver Sun*

“It seems odd to use the word ‘beautiful’ to describe a book that focuses, frequently in graphic, unrelenting detail, on the lives of some of the most hopeless

outcasts of our society: the hard-core street addicts with whom Dr. Gabor Maté

works. Yet that’s the word that came repeatedly to mind as I read *In the Realm of*

*Hungry Ghosts*. It’s not only the grace of Maté’s writing, though that’s certainly a

great part of it. It's the sense of compassion that infuses the entire book, the author's continued faith in and a devotion for the men and women with whom he

works, even when he is the victim of their drug-fueled abuse, racial epithets, and

thefts. Maté offers no easy fixes (pun intended), but does offer hope and understanding."

—Hal Goodman, *The Record* (Kitchener, Cambridge, and Waterloo) (This review

also appeared in *The Guelph Mercury*.)



# In the Realm of Hungry Ghosts

*Close Encounters with Addiction*

**Gabor Maté, MD**

Foreword by Peter Levine



North Atlantic Books  
Berkeley, California

The Ergos Institute  
Lyons, Colorado

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To beloved Rae, my wife and dearest friend,  
who has lived these pages with me for forty years  
through thick and thin, for better or worse,  
and always for the best

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## **AUTHOR'S NOTE**

The persons, quotes, case examples, and life histories in this book are all authentic; no embellishing details have been added, and no “composite” characters have been created. To protect privacy, pseudonyms are used for all my patients, except for two people who directly requested to be named. In two other cases I have provided

disguised physical descriptions, again in the interests of privacy.

Permission has been received from the persons whose lives are laid bare here: they have in all cases read the material pertinent to them. Similarly, prior permission and nal approval was granted by the subjects whose photographs appear in these pages.

All scienti c research quoted is fully referenced for each chapter in the endnotes, but there was no space to list all the other journal articles that were consulted in the preparation of this manuscript.

Professionals—indeed, any readers—are welcome to contact me for further information. I may be reached through my Web site:

[www.drgabormate.com](http://www.drgabormate.com). I welcome all comments but cannot respond to requests for speci c medical advice.

Finally, a note regarding the photo portraits that accompany the text. Humbling as it is for a writer to accept that a picture is worth a thousand words, there may be no better proof of that dictum than the remarkable photographs contributed to this volume by Rod Preston. Having worked in the Downtown Eastside, Rod knows the people I've written about well, and his camera has captured their experience with accuracy and feeling. His Web site is

[www.rodpreston.com](http://www.rodpreston.com).



## **PREFACE TO THE U.S. EDITION**

With the present edition, *In The Realm of Hungry Ghosts* appears in the country that has been at the forefront of the War on Drugs, but it is also where a new administration may now be poised to call a truce in this ill-fated, century-old combat. “We’re not at war with people in this country,” Gil Kerlikowske, the new head of the White House Office of National Drug Control Policy, told the *Wall Street Journal* in his very first interview. His words are a welcome recognition that one cannot make war on inanimate objects, only on human beings.

Although the book opens in Canada, in the drug ghetto of Vancouver’s Downtown Eastside—just three hour’s drive north of Seattle, where Mr. Kerlikowske was most recently the chief of police—the research I present is largely U.S. based. That is the paradox: the United States leads the world in scientific knowledge in many areas but trails in applying that knowledge to social and human realities. One fact suffices to demonstrate the imbalance: Americans make up 5 percent of the world’s population but 25 percent of the world’s prison population. A main cause of this shocking discrepancy is the antiquated social and legal approach to addiction.

“We pay dearly for a vindictive system that often serves to make matters worse—much worse,” in the words of another former Seattle police chief, Norm Stamper.

In Canada my book has been praised as “humanizing” the hard-core addicted people I work with. I find that a revealing overstatement—how can human beings be “humanized,” and who says that addicts aren’t human to begin with? At best I show the humanity of drug addicts. In our materialist society, with our attachment to ego gratification, few of us escape the lure of addictive behaviors. Only our blindness and self-attraction stand in the way of seeing that the severely addicted are people who have suffered more than the rest of us but who share a profound commonality with the majority of “respectable” citizens.

As this book appears in the United States, the Obama administration will have completed its first year in office. Whatever else its achievements or failures, it has helped to create a new climate of openness on many issues. I am encouraged by this possibility for conversations on hitherto taboo subjects, conversations that were difficult to foresee even recently. I’m not naive enough to believe that the crumbling but still formidable

edice of social prejudice toward addiction will soon fall, but the cracks in the wall are letting in more and more light. “This is the first time in all my years waging battle against the drug war that it feels like the wind is at my back and not in my face,” Ethan Nadelmann, founder and director of the Drug Policy Alliance, has written recently.

*In the Realm of Hungry Ghosts* will have fulfilled its author’s intentions if it helps the public understand the plight of addicted people, if it helps to foster a new appreciation for the brain science of addiction, if it helps erode the false beliefs that drive the War on Drugs, and—above all—if it triggers a frisson of self-recognition in the reader. In brief, this book will have fulfilled its purpose if it helps promote a transformation in how we see ourselves and others.

—Gabor Maté, MD

Vancouver, BC

2009

## **FOREWORD**

For many people, addiction is a chronic, recurring problem, and its costs to society are enormous. It has been estimated that state and federal governments in the United States spend more than \$15

billion per year, and insurers at least another \$5 billion per year, on substance-abuse treatment services for some four million people. This amount is likely to increase sharply with the recent mental health parity law, scheduled to take effect in 2010. For the first time federal law will require addiction treatment under a statute mandating that insurers cover mental and physical ailments equally. Today many clinics across the country have lengthy waiting lists, and researchers estimate that some twenty million Americans who could benefit from treatment are not getting it. The costs in human suffering, family disintegration, and lost productivity are staggering. The lingering questions remain, *What is effective treatment?* and *How can it best be administered?*

In addressing this colossal and complex dilemma, Dr. Gabor Maté draws expertly from his own life and clinical work and from the fields of developmental neurobiology, medicine, psychology, history, and sociology. And he goes further: he illuminates the very human struggle to embrace sobriety (as distinct from mere abstinence). “What is addiction, really?” the Swiss psychologist Alice Miller asks. “It is a sign, a signal, a symptom of distress. It is a language that tells us about a plight that must be understood.” Dr.

Maté proves an invaluable interpreter along this consequential, defining human journey toward recovery—just the kind of guide without whom the battle against addiction is surely lost.

Dr. Maté's depiction of his skid row clinic and its patients, of the many manifestations of addiction across all strata of society, might seem discouraging at first blush, but this book brings real hope. *In the Realm of Hungry Ghosts* makes a deep and original inquiry into the nature of addiction, dispelling myths and fallacies that have clouded discourse for as long as humans have grasped for solace.

Dr. Maté has few illusions about the power of addiction, about those held under its sway and the severity of their plights, but neither is he disillusioned by them. His compassionate commitment to social well-being—no matter how elusive—is inspiring, as is his rendering of each individual's painful, poignant story.

With refreshing clarity and force, Dr. Maté makes the case that addiction is not confined to society's outcasts—or, for that matter, even to "substance abusers." He addresses the spectrum of addictions, including shopping, work, food, nicotine, the Internet, cosmetic surgery, even exercise. It becomes evident that the list of potential addictions engages us all. Readers might well be perturbed

to be identified as addicts, but the lucid and compassionate analysis makes for an enlightening, and ultimately edifying, discovery for the willing and brave.

This innovative (and highly personal) book goes past clichés and pop prescriptions to get at the very physiological root of addiction. By showing how our brains develop throughout infancy and childhood, Dr. Maté offers fresh insights into the nature of the addictive process. *In the Realm of Hungry Ghosts* clearly sets out to define what we need to change, both in ourselves and in society, to tame the destructive demon that is the addictive drive—or, as Dr. Maté terms it, the hungry ghost.

Dr. Maté advocates for harm reduction, a necessary, enlightened, and socially responsible view. While he offers no easy solutions or “cures,” Dr. Maté provides explanations that allow readers to envision a society that does a better job of preventing and healing addiction.

—Peter A Levine, PhD, best-selling author of *Waking the Tiger*  
and clinical consultant for the Meadows Treatment Center,  
Wickenburg, Arizona



What is addiction, really? It is a sign, a signal, a symptom of distress. It is a language that tells us about a plight that must be understood.

ALICE MILLER

*Breaking Down the Wall of Silence*

In the search for truth, human beings take two steps forward and one step back. Suffering, mistakes, and weariness of life thrust them back, but the thirst for truth and stubborn will drive them forward. And who knows?

Perhaps they will reach the real truth at last.

ANTON CHEKHOV

*The Duel*



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### ***Hungry Ghosts***

### **The Realm of Addiction**

Yon Cassius has a lean and hungry look.



WILLIAM SHAKESPEARE

T

*Julius Caesar*

he mandala, the Buddhist wheel of life, revolves through six realms. Each realm is populated by characters representing aspects of human existence—our various ways of being. In the beast realm we are driven by basic survival instincts and appetites such as physical hunger and sexuality, what Freud called the id. The denizens of the hell realm are trapped in states of unbearable rage and anxiety. In the god realm we transcend our troubles and our egos through sensual, aesthetic, or religious experience, but only temporarily and in ignorance of spiritual truth. Even this enviable state is tinged with loss and suffering. The inhabitants of the hungry ghost realm are depicted as creatures with scrawny necks, small mouths, emaciated limbs, and large, bloated, empty bellies. This is the domain of addiction, where we constantly seek something outside ourselves to curb an insatiable yearning for relief or fulfillment. The aching emptiness is perpetual because the substances, objects, or pursuits we hope will soothe it are not what we really need. We don't know what we need, and so

long as we stay in the hungry ghost mode, we'll never know. We haunt our lives without being fully present.

Some people dwell much of their lives in one realm or another.

Many of us move back and forth between them, perhaps through all of them in the course of a single day.

My medical work with drug addicts in Vancouver's Downtown Eastside has given me a unique opportunity to know human beings who spend almost all their time as hungry ghosts. It's their attempt, I believe, to escape the hell realm of overwhelming fear, rage, and despair. The painful longing in their hearts reflects something of the emptiness that may also be experienced by people with apparently happier lives. Those whom we dismiss as "junkies" are not creatures from a different world, only men and women mired at the extreme end of a continuum on which, here or there, all of us might well locate ourselves. I can personally attest to that. "You slink around your life with a hungry look," someone close once said to me. Facing the harmful compulsions of my patients, I have had to encounter my own.

No society can understand itself without looking at its shadow side. I believe there is one addiction process, whether it is

manifested in the lethal substance dependencies of my Downtown Eastside patients; the frantic self-soothing of overeaters or shopaholics; the obsessions of gamblers, sexaholics, and compulsive Internet users; or the socially acceptable and even admired behaviors of the workaholic. Drug addicts are often dismissed and discounted as unworthy of empathy and respect. In telling their stories my intent is twofold: to help their voices to be heard and to shed light on the origins and nature of their ill-fated struggle to overcome suffering through substance abuse. They have much in common with the society that ostracizes them. If they seem to have chosen a path to nowhere, they still have much to teach the rest of us. In the dark mirror of their lives, we can trace outlines of our own.

There is a host of questions to be considered. Among them:

- What are the causes of addictions?
- What is the nature of the addiction-prone personality?
- What happens physiologically in the brains of addicted people?
- How much choice does the addict really have?
- Why is the War on Drugs a failure, and what might be a

humane, evidence-based approach to the treatment of severe drug addiction?

- What are some of the paths for redeeming addicted minds *not* dependent on powerful substances—that is, how do we approach the healing of the many behavior addictions fostered by our culture?

The narrative passages in this book are based on my experience as a medical doctor in Vancouver's drug ghetto and on extensive interviews with my patients—more than I could cite. Many of them volunteered in the generous hope that their life histories might be of assistance to others who struggle with addiction problems or that they could help enlighten society regarding the experience of addiction. I also present information, reflections, and insights distilled from many other sources, including my own addictive patterns. And finally, I provide a synthesis of what we can learn from the research literature on addiction and the development of the human brain and personality.

Although the closing chapters offer thoughts and suggestions concerning the healing of the addicted mind, this book is not a prescription. I can say only what I have learned as a person and

describe what I have seen and understood as a physician. Not every story has a happy ending, as the reader will find out, but the discoveries of science, the teachings of the heart, and the revelations of the soul all assure us that no human being is ever beyond redemption. The possibility of renewal exists so long as life exists. How to support that possibility in others and in ourselves is the ultimate question.

I dedicate this work to all my fellow hungry ghosts, be they innercity street dwellers with HIV, inmates of prisons, or their more fortunate counterparts with homes, families, jobs, and successful careers. May we all find peace.



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**PART I**

**Hellbound Train**

What was it that did in reality make me an opium eater?

Misery, blank desolation, abiding darkness.

THOMAS DE QUINCEY

*Confessions of an English Opium Eater*

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## CHAPTER 1

### *The Only Home He's Ever Had*

As I pass through the grated metal door into the sunshine, a setting from a Fellini lm reveals itself. It is a scene both familiar and outlandish, dreamlike and authentic.

On the Hastings Street sidewalk, Eva, in her thirties but still wai ike, with dark hair and olive complexion, taps out a bizarre cocaine amenco. Jutting her hips, torso, and pelvis this way and that, bending now at the waist and thrusting one or both arms in the air, she shifts her feet about in a clumsy but concerted pirouette. All the while she tracks me with her large, black eyes.

In Vancouver's Downtown Eastside this piece of crack-driven improvisational ballet is known as the Hastings shu e, and it's a familiar sight. During my medical rounds in the neighborhood one day, I saw a young woman perform it high above the Hastings

tra c. She was balanced on the narrow edge of a neon sign two stories up. A crowd had gathered to watch, the users among them more amused than horrified. The ballerina would turn about, her arms horizontal like a tightrope walker's, or do deep knee bends—an aerial Cossack dancer, one leg kicked in front. Before the top of the remen's ladder could reach her cruising altitude, the stoned acrobat had ducked back inside her window.

Eva weaves her way among her companions, who crowd around me. Sometimes she disappears behind Randall—a wheelchair-bound, heavy-set, serious-looking fellow, whose unorthodox thought patterns do not mask a profound intelligence. He recites an ode of autistic praise to his indispensable motorized chariot. “Isn’t it amazing, Doc, isn’t it, that Napoleon’s cannon was pulled by horses and oxen in the Russian mud and snow. And now I have this!” With an innocent smile and earnest expression, Randall pours out a recursive stream of facts, historical data, memories, interpretations, loose associations, imaginings, and paranoia that almost sounds sane—almost. “That’s the Napoleonic Code, Doc, which altered the transportational mediums of the lower rank and le, you know, in those days when such pleasant smorgasboredom was still well



fathomed.” Poking her head above Randall’s left shoulder, Eva plays peekaboo.

Beside Randall stands Arlene, her hands on her hips and a reproachful look on her face, clad in skimpy jean shorts and blouse—a sign, down here, of a mode of earning drug money and, more often than not, of having been sexually exploited early in life by male predators. Over the steady murmur of Randall’s oration comes her complaint: “You shouldn’t have reduced my pills.” Arlene’s arms bear dozens of horizontal scars, parallel like railway ties. The older ones white, the more recent red, each mark is a souvenir of a razor slash she has inflicted on herself. The pain of self-laceration obliterates, if only momentarily, the pain of a larger hurt deep in the psyche. One of Arlene’s medications controls this compulsive self-wounding, and she’s always afraid I’m reducing her dose. I never do.

Close to us, in the shadow of the Portland Hotel, two cops have Jenkins in handcuffs. Jenkins, a lanky Native man with black, scraggly hair falling to below his shoulders, is quiet and compliant as one of the officers empties his pockets. He arches his back against the wall, not a hint of protest on his face. “They should leave him

alone,” Arlene opines loudly. “That guy doesn’t deal. They keep grabbing him and never nd a thing.” At least in the broad daylight of Hastings Street, the cops go about their search with exemplary politeness—not, according to my patients, a consistent police attitude. After a minute or two Jenkins is set free and lopes silently into the hotel with his long stride.

Meanwhile, within the span of a few minutes, the resident poet laureate of absurdity has reviewed European history from the Hundred Years’ War to Bosnia and has pronounced on religion from Moses to Muhammad. “Doc,” Randall goes on, “the First World War was supposed to end all wars. If that was true, how come we have

---

the war on cancer or the war on drugs? The Germans had this gun Big Bertha that spoke to the Allies but not in a language the French or the Brits liked. Guns get a bad rap, a bad reputation—a bad *raputation*, Doc—but they move history forward, if we can speak of history moving forward or moving at all. Do you think history moves, Doc?”

Leaning on his crutches, paunchy, one-legged, smiling Matthew—bald and irrepressibly jovial—interrupts Randall’s discourse. “Poor

Dr. Maté is trying to get home,” he says in his characteristic tone: at once sarcastic and sweetly genuine. Matthew grins at us as if the joke is on everyone but himself. The chain of rings piercing his left ear glimmers in the bronzed gold of the late afternoon sun.

Eva prances out from behind Randall’s back. I turn away. I’ve had enough street theater, and now I want to escape. The good doctor no longer wants to be good.

We congregate, these Fellini gures and I—or I should say we, this cast of Fellini characters—outside the Portland Hotel, where they live and I work. My clinic is on the rst oor of this cement-and-glass building designed by Canadian architect Arthur Erickson, a spacious, modern, utilitarian structure. It’s an impressive facility that serves its residents well, replacing the formerly luxurious turn-of-the-century establishment around the corner that was the rst Portland Hotel. The old place, with its wooden balustrades, wide and winding staircases, musty landings, and bay windows, had a character and history the new fortress lacks. Although I miss its Old World aura, the atmosphere of faded wealth and decay, the dark and blistered windowsills varnished with memories of elegance, I doubt the residents have any nostalgia for the cramped rooms, the

corroded plumbing, or the armies of cockroaches. In 1994 there was a rat on the roof of the old hotel. A local newspaper ran a story and a photograph featuring a female resident and her cat. The headline proclaimed, “Hero Cop Saves Family.” Someone phoned the Portland Police to complain that animals should not be allowed to live in such conditions.

The nonprofit Portland Hotel Society, for which I am the staff physician, turned the building into housing for the unhousable. My patients are mostly addicts, although some, like Randall, have enough derangement of their brain chemicals to put them out of touch with reality even without the use of drugs. Many, like Arlene, suffer from both mental illness and addiction. The PHS administers several similar facilities within a radius of a few blocks: the Stanley, Washington, Regal, and Sunrise hotels. I am the house doctor for them all.

The new Portland faces the Army and Navy department store across the street, where my parents, as new immigrants in the late 1950s, bought most of our clothing. Back then, the Army and Navy was a popular shopping destination for working people—and for middle-class kids looking for funky military coats or sailor jackets.

On the sidewalks outside, university students seeking some slumming fun mixed with alcoholics, pickpockets, shoppers, and Friday night Bible preachers.

No longer. The crowds stopped coming many years ago. Now these streets and their back alleys serve as the center of Canada's drug capital. One block away stood the abandoned Woodward's department store, its giant, lighted "W" sign on the roof a longtime Vancouver landmark. For a while squatters and antipoverty activists occupied the building, but it has recently been demolished; the site is to be converted into a mix of chic apartments and social housing. The Winter Olympics are coming to Vancouver in 2010 and with it the likelihood of gentrification in this neighborhood. The process has already begun. There's a fear that the politicians, eager to impress the world, will try to displace the addict population.

Eva intertwines her arms, stretches them behind her back, and leans forward to examine her shadow on the sidewalk. Matthew chuckles at her crackhead yoga routine. Randall rambles on. I glance out eagerly at the rush-hour traffic flowing by. Finally, rescue arrives. My son Daniel drives up and opens the car door. "Sometimes I don't believe my life," I tell him, easing into the

passenger's seat. "Sometimes I don't believe your life either," he nods. "It can get pretty intense down here." We pull away. In the

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rearview mirror the receding gure of Eva gesticulates, legs splayed, head tilted to the side.

The Portland and the other buildings of the PHS represent a pioneering social model. The purpose of the PHS is to provide a system of safety and caring to marginalized and stigmatized people—the ones who are "the insulted and the injured," to borrow from Dostoyevsky. The PHS attempts to rescue such people from what a local poet has called the "streets of displacement and the buildings of exclusion."

"People just need a space to be," says Liz Evans, a former community nurse, whose upper-tier social background might seem incongruous with her present role as a founder and director of the PHS. "They need a space where they can exist without being judged and hounded and harassed. These are people who are frequently viewed as liabilities, blamed for crime and social ills, and ... seen as a waste of time and energy. They are regarded harshly even by people who make compassion their careers."

From very modest beginnings in 1991, the PHS has grown to participate in activities such as a neighborhood bank; an art gallery for Downtown Eastside artists; North America's first supervised injection site; a community hospital ward, where deep-tissue infections are treated with intravenous antibiotics; a free dental clinic; and the Portland Clinic, where I have worked for the past eight years. The core mandate of the PHS is to provide domiciles for people who would otherwise be homeless.

The statistics are stark. A review done shortly after the Portland was established revealed that among the residents, three-quarters had over five addresses in the year before they were housed, and 90 percent had been charged or convicted of crimes, often many times over, usually for petty theft. Currently 36 percent are HIV positive or have AIDS, and most are addicted to alcohol or other substances—anything from rice wine or mouthwash to cocaine or heroin. Over half have been diagnosed with mental illness. The proportion of Native Canadians among Portland residents is five times their ratio in the general population.

For Liz and the others who developed the PHS, it was endlessly frustrating to watch people go from crisis to crisis with no consistent

support. “The system had abandoned them,” she says, “so we’ve tried to set up the hotels as a base for other services and programs. It took eight years of fund-raising and four provincial government ministries and four private foundations to make the new Portland a reality. Now people nally have their own bathrooms, laundry facilities, and a decent place to eat food.”

What makes the Portland model unique and controversial among addiction services is the core intention to accept people as they are—no matter how dysfunctional, troubled, and troubling they may be. Our clients are not the “deserving poor”; they are just poor—undeserving in their own eyes and in those of society. At the Portland Hotel there is no chimera of redemption or any expectation of socially respectable outcomes, only an unsentimental recognition of the real needs of real human beings in the dingy present, based on a uniformly tragic past. We may (and do) hope that people can be liberated from the demons that haunt them and work to encourage them in that direction, but we don’t fantasize that such psychological exorcism can be forced on anyone. The uncomfortable truth is that most of our clients will remain addicts who are on the wrong side of the law as it now stands. Kerstin Stuerzbecher, a



former nurse with two liberal arts degrees, is another PHS director.

“We don’t have all the answers,” she says, “and we cannot necessarily provide the care people may need in order to make dramatic changes in their lives. At the end of the day it’s never up to us—it’s within them or not.”

Residents are offered as much assistance as the Portland’s financially stretched resources permit. Home support staff clean rooms and assist with personal hygiene for the most helpless. Food is prepared and distributed. When possible, patients are accompanied to specialists’ appointments or for X-rays or other medical investigations. Methadone, psychiatric medications, and HIV drugs are dispensed by the staff. A laboratory comes to the

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Portland every few months to screen for HIV and hepatitis and for follow-up blood tests. There is a writing and poetry group, an art group—a quilt based on residents’ drawings hangs on the wall of my office. There are visits from an acupuncturist, hairdressing, movie nights, and while we still had the funds people were taken away from the grimy confines of the Downtown Eastside for an annual camping outing. My son Daniel, a sometime employee at the

Portland, has led a monthly music group.

“We had this talent evening at the Portland a few years ago,” says Kerstin, “with the art group and the writing group, and there was also a cabaret show. There was art on the wall and people read their poetry. A longtime resident came up to the microphone. He said he didn’t have a poem to recite or anything else creative.... What he shared was that the Portland was his first home. That this is the only home he’s ever had and how grateful he was for the community he was part of. And how proud he was to be part of it, and he wished his mom and dad could see him now.”

“The only home he’s ever had”—a phrase that sums up the histories of many people in the Downtown Eastside of “one of the world’s most livable cities.” [1](#)

The work can be intensely satisfying or deeply frustrating, depending on my own state of mind. Often I face the refractory nature of people who value their health and well-being less than the immediate, drug-driven needs of the moment. I also have to confront my own resistance to them as people. Much as I want to accept them, at least in principle, some days I find myself full of disapproval and judgment, rejecting them and wanting them to be

other than who they are. That contradiction originates with me, not with my patients. It's my problem—except that, given the obvious power imbalance between us, it's all too easy for me to make it their problem.

My patients' addictions make every medical treatment encounter a challenge. Where else do you find people in such poor health and yet so averse to taking care of themselves or even to allowing others to take care of them? At times, one literally has to coax them into a hospital. Take Kai, who has an immobilizing infection of his hip that could leave him crippled, or Hobo, whose breastbone osteomyelitis could penetrate into his lungs. Both men are so focused on their next hit of cocaine or heroin or "jib"—crystal methamphetamine—that self-preservation pales into insignificance. Many also have an ingrained fear of authority figures and distrust institutions, for reasons no one could begrudge them.

"The reason I do drugs is so I don't feel the fucking feelings I feel when I don't do drugs," Nick, a forty-year-old heroin and crystal meth addict once told me, weeping as he spoke. "When I don't feel the drugs in me, I get depressed." His father drilled into his twin sons the notion that they were nothing but "pieces of shit." Nick's

brother committed suicide as a teenager; Nick became a lifelong addict.

The hell realm of painful emotions frightens most of us; drug addicts fear they would be trapped there forever but for their substances. This urge to escape exacts a fearful price.

The cement hallways and the elevator at the Portland Hotel are washed clean frequently, sometimes several times a day. Punctured by needle marks, some residents have chronic draining wounds.

Blood also seeps from blows and cuts inflicted by their fellow addicts or from patients who have scratched in their skin during fits of cocaine-induced paranoia. One man picks at himself incessantly to get rid of imaginary insects.

Not that we lack *real* infestation in the Downtown Eastside.

Rodents thrive between hotel walls and in the garbage-strewn back alleys. Vermin populate many of my patients' beds, clothes, and bodies: bedbugs, lice, scabies. Cockroaches occasionally drop out from shaken skirts and pant legs in my office and scurry for cover under my desk. "I like having one or two mice around," one young man told me. "They eat the cockroaches and bedbugs. But I can't stand a whole nest of them in my mattress."

Vermin, boils, blood, and death: the plagues of Egypt.

In the Downtown Eastside the angel of death slays with shocking alacrity. Marcia, a thirty-ve-year-old heroin addict, had moved out of her PHS residence and was living in a tenement half a block away. One morning, I received a frantic phone call about a suspected overdose. I found Marcia in bed, her eyes wide open, lying on her back and already in rigor mortis. Her arms were extended, palms outward in a gesture of alarmed protest as if to say: “No, you’ve come to take me too soon, much too soon!” Plastic syringes cracked under my shoes as I approached her body. Marcia’s dilated pupils and some other physical cues told the story—she died not of overdose but of heroin withdrawal. I stood for a few moments by her bedside, trying to see in her body the charming, if always absentminded, human being I had known. As I turned to leave, wailing sirens signaled the arrival of emergency vehicles outside. Marcia had been in my office just the week before, in good cheer, asking for help with some medical forms she needed to fill out to get back on welfare. It was the first time I’d seen her in six months. During that period, as she explained with nonchalant resignation, she had helped her boyfriend, Kyle, blow through a \$130,000