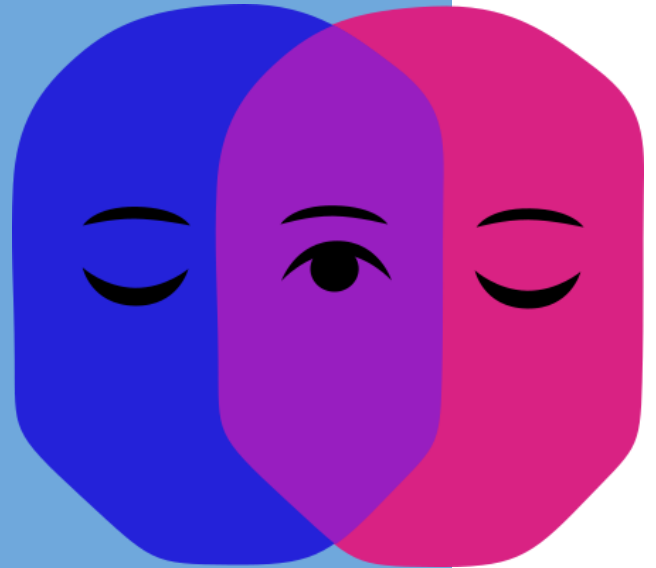


# FACE TO FACE with stigma

*Our brains are wired for connection, but trauma rewires them for protection. That's why healthy relationships are difficult for wounded people.*

*-Ryan North*



Face to face is an anti-stigma workshop created, driven, and led by people with lived experience. Our goal is to educate, inspire empathy, and reduce fear towards people who are experiencing stigma in their day to day life.

Our stories foster equality in the hopes to change mindsets and perspectives of members of the community, while decreasing stigma.



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## Healthy Language and person first language

Healthy language can be something of a nebulous concept. In the past F2F has suggested against using certain heavily stigmatized terms, but as language keeps changing, new stigmatizing terms often arrive. So instead, our guiding advice is instead to be respectful and inclusive; generally this includes a mix of mindful body language, person-first language, and knowing when to ask questions.

Body language does the majority of our communicating from a distance, and sets some important expectations on what we can expect from conversations. Remembering to relax, be open, and non-judgemental does wonders to stimulate respectful communication, even before any words are spoken.

Person first language seeks to describe people by what they are experiencing, rather than what they “are”; choosing instead to acknowledge the person before any secondary traits like living condition or diagnosis. The recipe to make a person-first statement is relatively easy:

Start with the person	choose a middle	&	state the issue
	living with		homelessness
Person +	experiencing	+	drugs
	struggling with		mental health issues

So, an example of problematic language term could be the term “homeless person”. This label stigmatizes the person as homeless before anything else, making their personhood a secondary trait to their lack of housing. The person-first alternative might be “person struggling with homelessness”, which seeks to acknowledge their personhood and struggle before their access to shelter. While person-first language does not fix the tragedy of homelessness, it does seek to lessen the alienation people experiencing homelessness go through.

Finally, knowing when and where to ask questions, or seek guidance is key to building understanding and fostering respect. It’s respectful to ask others what they’d like to be called or referred to. Generally people will respect that you are taking their feelings into consideration, rather than just assuming you are using the correct identifier.

## Build your own person first language activity:

1. Choose a few heavily stigmatized terms from below, and reword them to make a person first statement:

Homeless person	Wino	Junkie	Hobo	Addict
Institutionalized	Schizo	Frequent flier	Crazy	Bum

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2. You notice a coworker using dated terms that you consider rude and derogatory. List some ways you'd workshop healthier language with them:

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3. You have been assigned to work with a youth named Nicholas. You notice Nicholas wince and get visibly upset whenever you use person-first language. What do you think you can do understand what is upsetting Nicholas, and help foster understanding?

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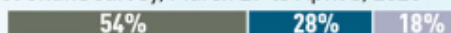
## MENTAL HEALTH OF CANADIANS DURING THE COVID-19 PANDEMIC

### PERCEIVED MENTAL HEALTH

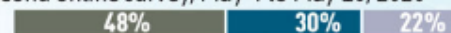
In May 2020, 48% of Canadians reported having excellent or very good mental health. However, this was 6 percentage points lower than it was at the end of March.

■ Excellent or Very Good ■ Good ■ Poor or Fair

First online survey, March 29 to April 3, 2020

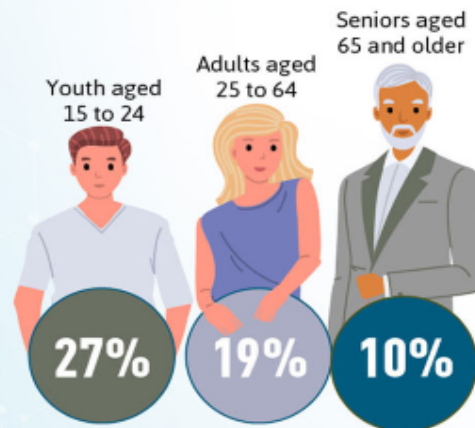


Second online survey, May 4 to May 10, 2020

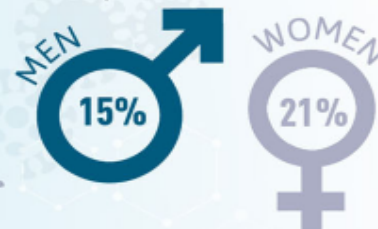


Note: Differences for those who reported having good mental health are not significantly different.

There were 18% of Canadians who reported symptoms of moderate to severe anxiety in the previous two weeks. All regions reported similar rates.



Compared with younger Canadians, Canadians aged 65 and older reported lower rates of symptoms of moderate to severe anxiety.



Women were more likely than men to report symptoms consistent with moderate or severe anxiety.

There are many things you can do to help improve your physical and mental health during stressful times. Here is what Canadians reported doing in May.

Communicated with friends and family



37%

Meditated



12%

Exercised outdoors



57%

Exercised indoors



40%

Changed food choices



23%

If you are in distress, please contact your nearest crisis or distress centre. If it is an emergency, call 911 or go to your local emergency department.

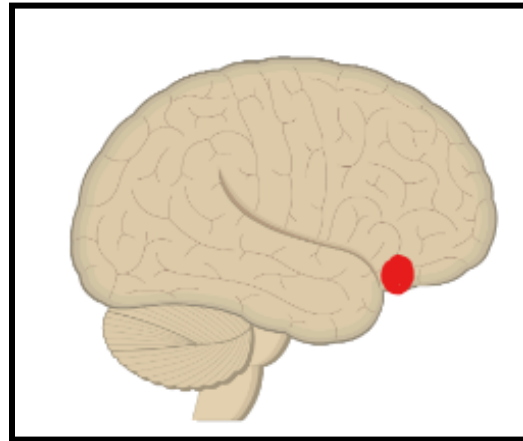
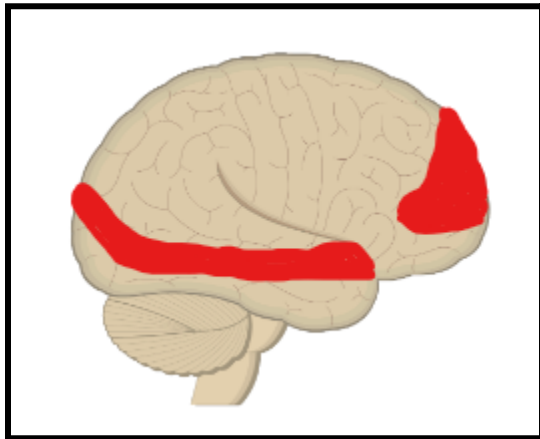
Health Canada's Wellness Together Canada is a new mental health and substance use support portal available on [Canada.ca/coronavirus](https://Canada.ca/coronavirus) and the Canada COVID-19 app.

## Brain Stigma Activity

1. During our activity, we looked at how brains behave during certain behaviors.

How might you be feeling with the left brain? \_\_\_\_\_

How about the right brain? \_\_\_\_\_



1

2. Why might our brains dehumanize a suffering person?

3. Can you list some ways you can work with your brains to be less stigmatizing?

4. Can you give an example of your own in and out groups? Why might you want to open your “in group” to include others?

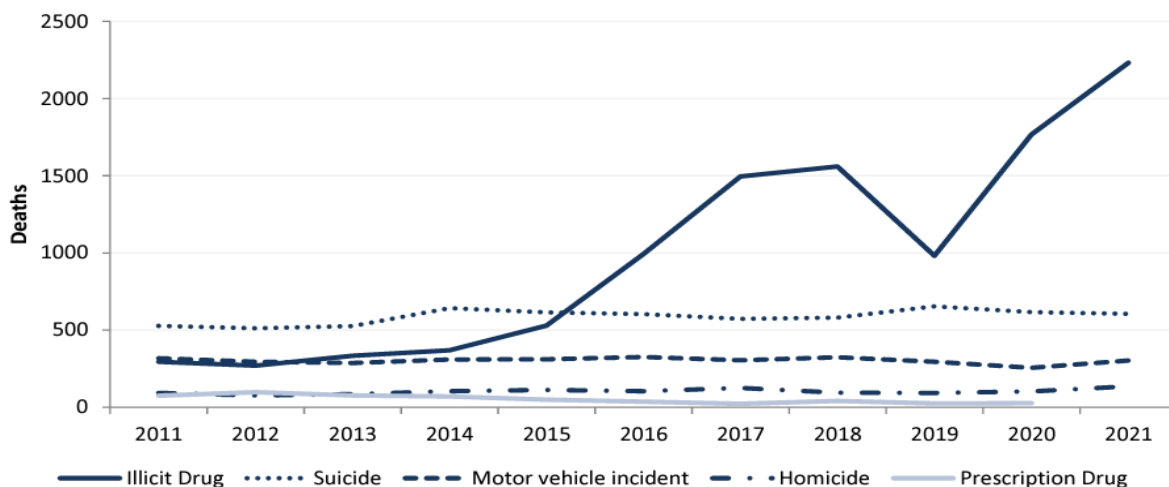
In groups	Out groups

<sup>1</sup> Sideways view of the brain. On the left, the fusiform gyrus and medial prefrontal cortex are highlighted. On the right, the highlighted area is the amygdala.

## The ongoing opioid crisis

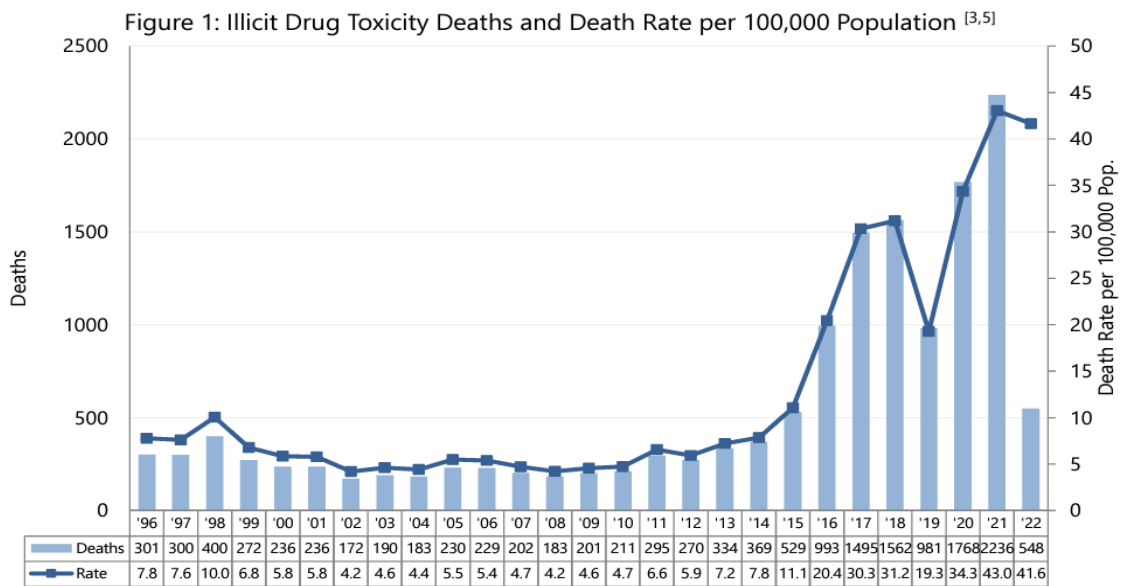
In March 2022, there were 165 suspected illicit drug toxicity deaths. This is the second highest number of deaths ever recorded in the month of March. The number of illicit drug toxicity deaths in March 2022 equates to about 5.3 deaths per day. The townships experiencing the highest number of illicit drug toxicity deaths in 2022 are Vancouver, Surrey, and Victoria.

Figure 2: Major Causes of Unnatural Deaths in BC



- In 2022, 74% of those dying were aged 30 to 59, and 77% were male.
- In 2022, 85% of illicit drug toxicity deaths occurred inside (57% in private residences and 28% in other residences including social and supportive housing, SROs, shelters, and hotels and other indoor locations) and 14% occurred outside in vehicles, sidewalks, streets, parks, etc.
- The proportion of deaths that are 50+ years of age has steadily increased year after year for the past 6 years. In 2022, 38% of decedents were at least 50 years old (see Figure 5, Page 9).

No deaths have been reported at supervised consumption or drug overdose prevention sites.<sup>2</sup> There is no indication that prescribed safe supply is contributing to illicit drug deaths.



Want to save a life? It's as easy as carrying a Naloxon Kit and taking the training on the proper use of the kit. AVI Health and Community Services offers training to individuals or groups on how to save a life.

AVI Health and Community Services:

**Phone:** 250-384-236 **Email:** [info@avl.org](mailto:info@avl.org) **TOLL FREE / INFOLINE** 1-800-665-2437  
 3rd Floor - Access Health Centre 713 Johnson St, Victoria BC

## Opioid crisis activity

Below are some factors that increase the likelihood of a poor drug use outcomes, such as a catastrophic infection, overdose, or death. Choose one case study, and circle all their associated risk factors.

Dehydration or poor nutrition	Exhaustion
Drugs cut with unknown substances	Unknown potency
Rushing or being in a hurry	Mixing drugs with other drugs
Violence in the home	Comorbidities or complex health issues
Using in an unfamiliar environment	Lack of adequate pain management
Sharing needles	Mixing medications
A history of previous overdoses	Mental health complications
Poor self care skills	Poor access to hygiene
Using alone	No access to naloxone
Periods of sobriety	Release from treatment or incarceration
Using since childhood	Emotional Turmoil

Case study #1. John has been using since his early teens. He arrives in a new city, and finds it difficult to manage his bipolar disorder without the use of illicit drugs. Although he hasn't used it in two days, he decides to buy injectable heroin from an unknown dealer, and uses them in a public washroom.

Case Study #2. Katie, a daily drug user and diabetic, is fleeing an abusive partner, and has been walking around for 72 hours straight. She's hungry and uncertain about her blood sugar levels, choosing to ignore it. She comes across someone who offers her a pill, saying it is an opioid. She eagerly accepts, choosing to use it in an isolated area, along with her anxiety medications.



# youth homelessness

## how many homeless youth are there?

There are an estimated 157,000 people who are homeless each year in Canada, with **65,000 estimated youth**\*. <sup>1</sup> Because they have different risk factors and face different challenges, homeless youth must be viewed as a separate entity from the adult homeless population.

Within Greater Victoria, the *2008 Youth Housing Survey* by the *Community Social Planning Council of Greater Victoria* conservatively estimates the number of **youth and young adults facing homelessness in Greater Victoria at 616**. <sup>2</sup>

## is youth homelessness increasing?

Service providers working with homeless youth and youth at risk in Greater Victoria believe these numbers are on the rise. This assumption is supported by data and trends in other cities like Vancouver—where youth homelessness saw a 29% increase since 2008. <sup>3</sup>

## why are homeless youth hard to find?

As many as 80% of youth experiencing homelessness **do not sleep rough on the streets, but are “hidden”**. <sup>8</sup> Youth may not be able to access certain shelters designated for adults or women only. <sup>9</sup> They may be sleeping in cars, at friends’ or strangers’ houses or couch surfing. <sup>10</sup> Youth experiencing homelessness are a transient population, often living in five or more different places over a one year period. <sup>11</sup>

\* The term “youth” commonly refers to those between 12-30 years of age.

<sup>1</sup> Trypuc, B., & Robinson, J. (2009). Homeless in Canada. *Charity Intelligence Canada*

<sup>2</sup> Community Social Planning Council of Greater Victoria. (2008). A youth housing study for BC’s capital region.

<sup>3</sup> Org Code. (2011). Metro Vancouver Homeless Count 2011

Preliminary Report.

<sup>4</sup> Winland, D. Gaetz, S. Patton, T. (2011) Family Matters - Homeless youth and Eva’s Initiatives “Family Reconnect” Program.

<sup>5</sup> Winland, D et al. (2011)

<sup>6</sup> Ending youth homelessness. (2012). Ending youth homelessness. *Canadian Housing and Renewal Association Policy*

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## how do youth become homeless?

There are push and pull factors that make homelessness the only option for some youth. <sup>4</sup> Push factors include family conflict, sexual orientation, poverty, abuse and neglect, learning and development disabilities, and alienation; pull factors include substance abuse, addiction, and relationships. <sup>5</sup> Youth who leave living situations of conflict or abuse are often distrustful of adults, making it difficult to access the few services run by adults that are available to help youth escape homelessness. <sup>6</sup>

Many youth are employed and try to acquire housing, but their age and inexperience leads to barriers: most jobs for youth are part-time and low-wage, so it is difficult to pay for high rent costs, utilities, internet and phone bills. Other barriers to housing include age discrimination and limitations, such as a lack of income assistance or rental references. <sup>7</sup>

<sup>7</sup> Community Social Planning Council of Greater Victoria. (2008).

<sup>8</sup> Evenson, J. Youth homelessness in Canada: the road to solutions. (2009) *Raising the Roof*

<sup>9</sup> Community Social Planning Council of Greater Victoria. (2008).

<sup>10</sup> Evenson, J. (2009)

<sup>11</sup> Evenson, J. (2009)

## Stigma Checklist

The checklist activity was created based on a book by Atul Gawande. Dr. Gawande was contacted by the World Health Organization to look at why basic surgical errors were occurring across the world; Things like operating on the wrong limb, person or leaving a sponge inside the patient. He reviewed very high risk activities to look at what measures were taken to prevent error. He discovered within aviation, every pilot before every flight, completes a checklist. Dr. Gawande, his team, and the surgical community, developed a pre-op checklist and this methodology, has reduced surgical errors upwards of 40%.

What we would like to do today is to develop a short stigma checklist for positive interactions with the street and marginalized community. What can we add to shift the lens of stigma?

Here are some guiding thoughts from our Face 2 Face with stigma, team but please feel free to come up with your own. Feel free to brainstorm with your fellow participants to come up with others.

- *Try checking in with yourself to make sure it is appropriate to make an interaction and that you are comfortable doing so.*
- Check your body language. Do you notice any physical changes?
- Do you wear a uniform? *Are you aware that your uniform may cause a traumatic response?*
- Do I have an open mind in this interaction?
- Are you making appropriate eye contact before approaching?
- Could you see someone that you love in this situation?
- Are you seeing a person or stereotype? *Have you made any assumptions about this person? Have you approached this interaction with compassion?*
- Be mindful of your language
- Be mindful of your approach. Are you cornering a person. Ask if you can approach.
- After interaction with someone, do your best to keep their privacy and confidentiality.

## Design your own Stigma Checklist

Create a checklist of things to remember and consider when having an interaction with people of the street and marginalized community.

- Have an open mind when having an interaction

[illegible]

Share this checklist with others. Can they think of more items to add?

# HOMELESS NEEDS SURVEY KEY HIGHLIGHTS

2020 GREATER VICTORIA  
POINT-IN-TIME COUNT

## PIT COUNT

The night of March 11, 2020  
at least **1,523** people were  
experiencing homelessness  
in Greater Victoria.



On the night of March 12, 2020,  
**854** individuals participated in the  
homeless needs survey, representing  
over half of those enumerated.

## GENDER

Two thirds  
identified  
as male.



## SEXUAL ORIENTATION

12% identify as LGBTQ2S+

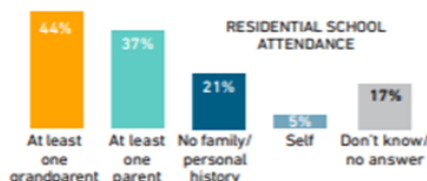
Among youth,  
the number  
rose to 30%.



## INDIGENOUS

**35% are Indigenous**, compared to 5% of the  
Greater Victoria population. 44% are **women**,  
59% first experienced homelessness as a  
**youth**, and 55% have experiences with **foster  
care**—which are all higher rates than the  
general survey population.

62% have personal or close family history  
of attending **residential school**.



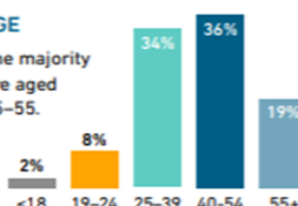
## FAMILIES

30 individuals  
had children  
with them. Of  
the 42 children/  
dependents,  
28% were  
unsheltered or  
slept in vehicles.



## AGE

The majority  
are aged  
25–55.



## TIME IN GREATER VICTORIA

Only 12% have lived in the region  
for less than one year.



## EXPERIENCES OF FOSTER CARE

**1 in 3** were in government  
care as a child or youth.  
A third became homeless  
within a month of leaving care.

## HEALTH CHALLENGES

90% have at least one health challenge,  
including 29% with an acquired  
brain injury. Research indicates that  
homelessness exacerbates some health  
challenges, such as substance use.



## LONG-TERM HOMELESSNESS

- **1 in 2** respondents  
first experienced  
homelessness as  
youth (under 25).
- **82%** have been  
homeless for a total  
of 6 months or longer  
over the past year—this  
is an increase from  
the previous PiT  
survey (72%).

## INCOME SOURCES

- **94%** have at least  
one source of income,  
with the most common  
being welfare/social  
assistance (37%),  
disability benefits (36%),  
employment, including  
full-time, part-time  
and casual (17%),  
and informal sources  
of income (16%).

## NEED FOR HOUSING AND SERVICES

- **92%** want permanent  
housing.
- The top three obstacles  
to finding housing: **high  
rent, low income, and  
lack of available options.**
- Top three needed  
services include primary  
care services, services  
for substance use, and  
mental health supports.

## What supports do we lack?

Victoria, the south island, and indeed sometimes the entirety of BC, lack some common supports present in most other population centers. Here, we've taken the space to acknowledge some of these systematic tripping points, and provide space for you to brainstorm their effects. Do you feel these policy decisions are rooted in stigma?

BC's ongoing housing crisis has seen prices bubble out of reach of even some of the middle class. Persons with disability benefits provide \$375 a month for housing.

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Urgent mental health referrals are averaging a 4 months wait as of 2022, with some routine mental health assessments taking over a year and a half.

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British Columbia has no long term beds for serious long term mental health patients, instead opting to house these people in prisons, in shelters and on the street.

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The Victoria Brain Injury Society's research indicated that well over 70% of people experiencing homelessness have experienced a Traumatic Brain Injury.

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Victoria lacks a family shelter, instead opting to break up households, and house children and parents in separate shelters.

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## Additional links

- Face 2 Face with Stigma <https://victoriahomelessness.ca/f2f/>
- Naloxone training: AVI Health and Community Service:
  - **Phone:** 250-384-236 **Email:** [info@avl.org](mailto:info@avl.org) **TOLL FREE / INFOLINE**  
1-800-665-2437  
3rd Floor - Access Health Centre 713 Johnson St, Victoria BC
- LifeguardApp supports people who use substances alone. Available on the Apple or Google Play Store
- SOLID: a non-profit peer-based health education and support services organization **(250) 298-9497** <https://solidvictoria.org/>

## Resources and References

- Canadian Center for Substance Use and Addiction. (2019) Stigma barrier table from Canadian Center for Substance Use and Addiction, [Changing the Language of Addiction](#), web.
- British Columbia Coroners Service, (2022) Illicit drug toxicity Death in BC table is from the BC Coroners Service, [Age Category \(gov.bc.ca\)](https://gov.bc.ca)
- Statistics Canada, (2020) Mental health statistics during Covid-19 Pandemic, [www23.statcan.gc.ca](http://www23.statcan.gc.ca), web
- Greater Victoria Coalition to end Homelessness. (2011) Youth Homelessness, (2022) Facing Homelessness, [victoriahomelessness.ca](https://victoriahomelessness.ca) web.