

# CRITICAL CONVERSATIONS

Connecting with Chinese-speaking  
Communities about Drug Policy



Canadian Drug  
Policy Coalition

Coalition canadienne  
des politiques  
sur les drogues



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**Health  
Research BC**

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## About the Canadian Drug Policy Coalition

Founded in 2010, the [Canadian Drug Policy Coalition](#) works in partnership with more than 100 organizations and 7000 individuals across Canada and internationally to advance evidence-based drug policy that is guided by public health principles, respectful of the human rights of all, and seeks to include people who use drugs and those harmed by drug prohibition in moving towards communities where all people can access safety and well-being.

## About Yarrow Intergenerational Society

Yarrow Intergenerational Society for Justice 世代同行會 supports youth and low-income immigrant seniors in Chinatown and the Downtown Eastside. We build power in our community through intergenerational relationship building, and by helping seniors overcome language and cultural barriers to providing services to meet their basic needs.

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## 1. Introduction

### Canada's unregulated drug crisis

Canada is in the midst of a severe, unrelenting public health emergency. Across the country, there were over 53,000 apparent opioid toxicity deaths reported between January 2016 and June [2025](#). Of all apparent opioid toxicity deaths in the first half of 2025, 68% also involved a stimulant. The primary cause of these deaths is the unregulated nature of the illegal drug supply. Because illegal drugs are not subjected to governmental quality control requirements, large shipments are diluted with potent additives to reduce the cost of manufacturing, transport, and storage, and to reduce the likelihood of interdiction by law enforcement and border security agents. As the drugs get transferred to street-level sellers, they are prone to further contamination and inconsistent mixing protocols. The contents of illegal drugs are therefore unknown to consumers, making it difficult to predict their physiological effects and making unintentional overdose more likely.

Annually, British Columbia (B.C.) consistently reports the highest rates of unregulated drug deaths of any Canadian province. On April 14, 2016, the BC Provincial Health Officer (PHO) declared a province-wide public health emergency due to rapidly rising rates of overdose. That year, 914 deaths from unregulated/non-prescription drug use were recorded. In 2024, 2,229 deaths were recorded, down 12.1% from 2023. In the intervening years, rates of prescription and unregulated drug use, as well as substance use disorder diagnoses, did not change dramatically. However, the increasing volatility of the unregulated supply, which now includes a variety of synthetic additives that do not respond to overdose reversal medications, is contributing to more frequent overdoses, more complex overdose events, and an immense burden on the healthcare and related systems overall.

### The unregulated drug crisis in Vancouver's Downtown Eastside neighbourhood

Vancouver, B.C.'s Downtown Eastside (DTES) neighbourhood has long been considered the epicenter of the unregulated drug crisis. Historically, the DTES attracted transient male labourers due to its single room occupancy (SRO) rental rooms and proximity to employment opportunities in the industrial sector. Decades of municipal and provincial policy choices pertaining to housing,

income and disability supports, urban planning, tourism, policing, and healthcare within a broader context of neoliberal austerity, deregulation, and ongoing colonialism have naturalized the DTES as a site of [extreme](#), visible [marginalization](#). Compared to the rest of Metro Vancouver, residents of the DTES are overwhelmingly poor and unhoused. More than half report an annual income of [\\$0 to \\$19,999](#). They also trend older in age than the rest of the city, and it is estimated that approximately [8.5%](#) of the population is Indigenous. In 2023, the DTES had an overdose death rate of 557 per [100,000 persons](#) compared to a rate of 45.3 per 100,000 in B.C. and 19.3 per 100,000 in Canada.

Simultaneously, the DTES boasts a rich legacy of community [organizing](#). Residents have collectively resisted [gentrification](#) and [displacement](#) since the neighbourhood's inception. It is rife with examples of civil disobedience culminating in lasting policy reforms, including drug policy reforms, that get adopted elsewhere in [Canada](#). One such example is Insite, North America's first legally sanctioned safe consumption site (SCS). Insite began [operating](#) outdoors - informally and illegally - in the mid-1990s during the second wave of the HIV/AIDS crisis. Many point to it as concrete proof that direct action can lead to tangible change, especially when combined with public education and collaboration with sympathetic government [representatives](#). Yet some of the activists who are credited with normalizing harm reduction (HR) programs and services in the DTES have distanced themselves from these same services. Their critiques align with academic ones suggesting that HR has been stripped of its radical spirit by the government and not-for-profit industry to become a new site of surveillance and discipline as it has gained wider [acceptance](#). Through this lens, not only does the provision of "downstream," government-approved HR services not alter the "upstream" driver of the unregulated drug crisis - it [depoliticises overdoses](#). The public is [then](#) less likely to support long-term policy solutions such as regulating the drug supply because the political economic motivations for prohibition are obscured.

Amidst these contradictory and competing discourses, actors across the political spectrum have successfully attributed rising rates of poverty and homelessness in the DTES to modest drug policy reforms such as B.C.'s three-year decriminalization policy pilot and a temporary program for accessing pharmaceutical-grade alternatives to the illegal drug supply ("safe supply")

through a prescription [model](#). The BC government has not made a meaningful attempt to counter this accusation. Instead, it chose to effectively [end](#) the decriminalization pilot in its second year and erect additional barriers to accessing safe supply. It has also placed a renewed [emphasis](#) on abstinence-based substance use treatment services, especially involuntary ones. Conversely, [civil society organizations](#), as well as people who use drugs ([PWUD](#)) [themselves](#), point out that PWUD are being unfairly blamed for structural inequalities that engender a wide-felt sense of precarity among the public. They argue that slowing or halting overdose fatalities and improving PWUD's quality of life requires major investments in poverty reduction, housing, and healthcare as well as a dramatic overhaul of our current drug policy regime – one that foregrounds the immediate expansion of HR services, a robust model of decriminalization, and, ultimately, the full legalization and regulation of all currently [illegal drugs](#). Regardless of whether one believes that HR, decriminalization, and legal regulation are the source of, or remedies to, overdose fatalities and attendant social problems, it is undeniable is that drug policies have taken on great symbolic importance since the coronavirus pandemic began.

### Summary of Vancouver's Chinatown neighbourhood

Despite the prominence of drug policy debates, they have not included everyone. Vancouver's Chinatown neighbourhood intersects geographically and culturally with the DTES. However, its large population of socioeconomically marginalized seniors who speak Cantonese, Mandarin, or other Chinese languages are rarely consulted or informed about governmental policy [decisions](#). This oversight harkens back to Chinatown's history as a racially, socially, and economically [segregated zone](#) that was created to contain the immigrant men who constructed the Canadian Pacific Railway (CPR) and settled in urban centres. Asian immigrants, and Chinese immigrants in particular, were dually solicited by the state as a class of cheap, expendable labourers during a period of rapid industrial growth and reviled for their cultural [differences](#). Canada's earliest anti-narcotics legislation, the 1908 Opium Act, the 1911 Opium and Drug Act, were explicitly enacted to regulate, surveill, and punish Chinese men who undermined authorities' vision of a White, [settler state](#). Today, they and their descendants continue to be disenfranchised materially and

[ideologically](#). Their lack of economic and social [power](#), as well as their linguistic isolation, prevent them from being viewed as a priority population by government when contemplating or communicating about drug use and policy.

Chinese-speaking populations' resultant knowledge gaps have also made them prime targets for mis and disinformation. At the federal and provincial levels, opposition political parties have directed significant resources to [engaging with them](#). Prior to the 2024 provincial election, the parties vowed to increase enforcement-based efforts to drug control, reduce or eliminate HR services, end the province's decriminalization policy pilot, and expand involuntary substance use [treatment](#). Although the practical outcomes of these policy suggestions would not [differ substantially](#) from those of the current government, they [deviate rhetorically](#) by virtue of their sensationalism and emphasis on punishment. Across the province, representatives from the opposition parties have met regularly with non-English speaking groups to promote their policy platforms. The 2024 election results indicate that they have been successful: Older Chinese speakers in particular [resonated](#) with "tough on crime" and "drug free" political agendas.

At the municipal level, 2022 saw the election of Vancouver's first Mayor of Chinese descent. He commanded a strong victory in part by elevating the safety and social disorder [concerns](#) of Chinatown residents. Although a [promise](#) to immediately hire 100 new municipal police officers to reduce crime in the DTES was met [with some suspicion](#) by younger voters, older ones were highly responsive to it. These community perspectives should also be contextualized within a bigger [pattern of neglect](#) felt by Chinatown. Unlike in wealthier areas of the city, the neighbourhood has not benefited from the same attentiveness to cleanliness, building upkeep, or maintenance of [public space](#). Chinese small business owners also lack lobbying power and have struggled to access federal rent subsidy programs that get distributed to English-speaking merchants [elsewhere in the city](#). Moreover, lower incomes and [persistent tensions](#) between preserving Chinatown's historic character and meeting market demands have exacerbated residents' vulnerability to [gentrification](#) and [displacement](#). Well before Vancouver's current governing municipal council, there were concerted efforts by political and [business actors](#) and Chinese-language [media](#) and social media to attribute responsibility for Chinatown's challenges to the ubiquity of

drug use in the DTES. This narrative may also be uniquely palatable to those who were raised in China, where the legacy of the British and French-led Opium wars, considered by many to be a symbol of [national shame](#), have instilled [strong anti-drug sentiments](#) among much of the [populace](#).

These factors, which are at once historic and contemporary, have produced a dynamic in Vancouver's downtown core that often sees drug users on the DTES and Chinatown residents adopting [antagonistic stances](#) toward each other. In some cases, elderly Chinatown residents' fears of experiencing [racist harassment](#) and interpersonal [violence](#), and drug users' reports of enduring overt discrimination, are well founded. Yet the groups have many commonalities that are not adequately captured by polarizing and simplistic political narratives. Residents of both neighbourhoods contend with severe material precarity that has increased with the pandemic; they are deemed expendable by the political class except, in the case of Chinese residents, during election cycles; and they could benefit immensely from drug policy reforms and resource re-allocation initiatives that truly prioritize community health, safety, and social inclusion.

## 2. Project Description

### Origins of project and project team

Keeping the above in mind, with this project an opportunity arose to engage older Chinatown residents in dialogue about their attitudes and beliefs toward drug use and policy. The call for funding to support the project solicited proposals for activities that would promote knowledge translation of established research findings. Specifically, the call sought to support researchers and research users to extend the reach of their work by disseminating findings to new audiences with the goal of improving their health and social outcomes through mutual learning.

Throughout this project, the Canadian Drug Policy Coalition (CDPC) operated as a project embedded within the Faculty of Health Sciences at Simon Fraser University (SFU). CDPC's Executive Director, DJ Larkin, and Systems Change Analyst, Nicole Luongo, initially contacted Dr. Will Small, as Associate Professor in SFU's Faculty of Health Sciences and a Research Scientist with the BC Centre for Excellence in HIV/AIDS, to collaborate as the lead Researcher on the project.

Dr. Small has published extensively on public health issues among illegal drug users in Vancouver. DJ, Nicole, and Dr. Small decided to focus on disseminating the findings of Dr. Small's co-authored research on barriers and facilitators to accessing safe consumption sites (SCS) as an evidence-based intervention for reducing drug-related health and social harms. Although the scope of the project ultimately expanded beyond SCS, Dr. Small's research grounded the work in a practical, actionable intervention that was an entry point to conversations about holistic drug policy interventions that could enhance community well-being.

With SFU as the Host Institution, Dr. Small as the Lead Researcher, and Nicole as a Research User, Nicole and DJ contacted Beverly Ho, the Operations Manager at the [Yarrow Intergenerational Society for Justice](#) ("Yarrow") to apply as a partner organization. Yarrow is a community organization that supports low-income Chinese immigrant seniors in Vancouver's Chinatown and DTES. It has a strong community presence in Chinatown and the DTES, with a stated mission to build intergenerational and thriving communities with accessible and culturally relevant services that helps seniors meet their basic needs. Relatedly, Yarrow has a demonstrated history of being involved in drug policy education and activism. It has provided naloxone training to Yarrow volunteers, staff, and board members and hosted virtual information sessions about decriminalization and safe supply. It was therefore a natural fit for partnership while pursuing engagement with Seniors in Chinatown about drug-related issues.

From the outset, CDPC sought to collaborate with Beverly on the project's purpose, methodology, and deliverables to improve its usefulness for community members and actors in the drug policy sector alike. Together, Beverly and Nicole determined that the project should be oriented around building relationships with Seniors in Chinatown rather than unilateral knowledge dissemination. This would be an effective tactic for generating support for HR and other drug policy reform; and, given the power differentials between CDPC staff and the Seniors, as well as the Seniors' ongoing experiences of exclusion, prioritizing relationships was more in line with the values and spirit of the project mandate.

Next, Leanna, a Masters of Public Health Candidate at SFU, was brought onto the project as a Trainee to build the relationship between the CDPC and Yarrow.

Prior to this project, Leanna had volunteered at Yarrow and stayed in contact with Beverly, who was aware of Leanna's interest in the public health dimensions of substance use and harm reduction. Before connecting with Nicole and DJ in Spring 2024, Leanna had found the CDPC by reading about its community-based research project, Imagine Safe Supply. This sparked Leanna's interest in the work that the CDPC does to support drug policy reform and reduce the stigma around people who use drugs (PWUD).

Finally, before submitting the grant application, the project team further refined the project's purpose and discussed task delegation. Because the CDPC routinely creates accessible knowledge translation materials about drug use and policy, it was fitting to create culturally appropriate knowledge translation resources for Yarrow's demographic. And, because Yarrow are community experts about Vancouver's Chinatown, they knew that Chinatown seniors are eager to learn about how illegal substance use and policy impact their community. Beverly was also well informed about the dearth of accessible, fact-based information currently available to Chinatown residents. The decision to collaborate with Yarrow to produce culturally appropriate knowledge translation materials that would raise awareness and provide education about illegal substances, harm reduction, and safe consumption sites for Chinatown seniors therefore aligned with the values of both organizations. The team further decided to host two community engagement sessions to gain a deeper understanding about Chinatown Seniors' lived experiences, concerns, and desires.

### Project Tasks and Timeline

Tasks associated with this project included conducting a literature review about tactics for generating support for health and drug policy reform among various demographic groups as well as framing considerations for presenting information on contentious topics (**See Appendix I**); creating recruitment flyers for the community engagement sessions (**See Appendix II**); creating a baseline knowledge survey to assess participants' current understanding about illegal drug use and policy and harm reduction (**See Appendix III**); analysing the results of the survey (**See Appendix IV**); developing an information flyer for the sessions (**See Appendix V and X**); developing scripts and PowerPoint presentations for the engagement sessions (**See Appendix VI and XI**); creating post-engagement

learning resources for participants (**See Appendix VII and XII**); creating post-engagement surveys (**See Appendix VIII and XIII**) and analysing results (**See Appendix VIII and XIII**); translating relevant material from English to Chinese and vice versa, and; writing a final report that consolidated observations from the project and included recommendations for subsequent engagement directed toward those who may initiate similar work.

Nicole conducted the literature review, lead the content outline for engagement session two, developed scripts for each engagement session, and wrote most of the final report. She also adopted a mentorship role for Leanna by meeting semi-regularly with her to provide feedback on her written work and solicit input about the project’s timeline and deliverables. Leanna and Nicole co-created each survey and co-created the content outline for engagement session one. Leanna independently developed the engagement session flyers, community engagement presentations and learning resources and analysed the results of each survey. Beverly was responsible for reviewing and providing feedback on content material and scripts, as well as recruiting and communicating with the two translators that were hired to support the project. The translators were responsible for translating the project’s materials, including: all the written material from English to Chinese and language interpretation during the engagement sessions.



Figure 1: Visual outline of project timeline

### 3. Major Project Components

#### Baseline Knowledge Survey Narrative Summary (See Appendices III and IV)

The baseline knowledge survey was divided into three sections: A “getting to know you” section inquiring about participant demographics and personal background; “beliefs about drug use and people who use drugs,” and; an open comment box for participants to express their thoughts about harm reduction and drug use. 14 participants completed the survey in full.

#### *Getting to Know You (Close-ended Responses)*

Out of the 14 participants who completed the baseline knowledge survey, all participants identified as Chinese, with most speaking either Cantonese or Mandarin as their primary language. Ten participants identified as female, three participants identified as male, and one participant preferred not to say. Participants range from 60-90 years old. Most participants were born in China and had lived in Canada for 10-30 years. Almost all of them received federal social security as their primary source of income.

#### *Your Beliefs About Drug Use and People who Use Drugs (Close-ended Responses)*

When asked about drug use, participants noticed an increase in drug use in Chinatown within the past five years. Participants identified feeling sad and scared when seeing drug use in their community and believed that PWUD could potentially harm Chinatown residents. Most participants believed that people use drugs because they are sick or in pain, and that people cannot be safe and healthy while using drugs. Moreover, most of the participants did not know someone who used drugs, nor did they have lived experience using drugs.

When asked about harm reduction, participants indicated modest support for it. Most believed that the government should fund harm reduction services in Chinatown and agreed they would feel safer knowing that harm reduction programs exist. Several agreed that harm reduction helps keep people alive, reduces transmission of diseases, reduces crime, and helps PWUD access services they need to be healthy. Simultaneously, many participants believed that the government should fund mental health and substance use treatment services, drug education programs, and poverty reduction programs. Given the

inconsistency of some participants' verbal responses when asked about this topic during the engagement sessions, we speculate that some of them may not have started the project with a complete understanding of the concept of harm reduction.

### *Open Ended Responses about Harm Reduction and Drug Use*

Overall, participants believe that the government should play a role in in shaping people's access to substances and the well-being of PWUD. There seemed to be a lack of understanding about current drug policies, illegal substances (e.g., participants didn't understand the difference between legal regulatory frameworks for cannabis versus unregulated, illegal substances), and harm reduction. Most notably, while participants responded to the close-ended questions with a desire to support harm reduction, their open-ended responses sometimes contradicted this: for instance, some believed that the government should create stricter policies for accessing and using substances and make substance use treatment mandatory for PWUD.

### **Engagement Sessions**

The project design involved delivering information in-person about the topics at hand during community engagement sessions. Given significant evidence for the spacing effect, or the theory that knowledge retention improves when information is delivered over time rather than all at once (Kang 2016; Raman et al. 2010; Walsh et al. 2022), the project's substantive content was delivered across two sessions, with the second session including a review of information covered during the first. Additionally, because some of the project participants primarily speak Cantonese and others primarily speak Mandarin, we hosted two separate sessions at each engagement interval for a total of four sessions.

Our overarching intentions for the community engagement session was to facilitate mutual learning between all parties involved (Canadian Drug Policy Coalition, Yarrow Intergenerational Society, and participants) while generating support for evidence-based substance use programs and policies. Given that a robust understanding of the need for harm reduction policies necessarily requires some insight into the origins of the unregulated drug crisis, we also wove information about legal regulation throughout the engagement sessions and sought to improve support for it. Our consistent priorities when developing

both sessions were their structure (accessibility, facilitation, and translation) and framing considerations. We elaborate on our rationale pertaining to how we approached both below, followed by more detailed descriptions of the substantive content of each session.

### Accessibility

The community engagement sessions were 3 hours in duration. The session lengths were determined through consultation with Yarrow staff, who indicated this as standard for organizational workshops. We factored in the time expected to complete the discussion prompts, as well as our assumption that the discussions would demand significant cognitive and emotional exertion from all parties involved. Staff recommended that we hold the sessions later in the afternoon, as participants would have to commute to the organization and might prefer not to do so early in the morning. However, after the first round of sessions, some participants asked that they be held earlier in the day. We amended our start time from 2pm PST to 11am PST to accommodate this request.

Most of the participants arrived between 20 and 5 minutes before the sessions were scheduled to begin. We sought to create a welcoming environment by greeting the participants, with Nicole informally introducing and reintroducing herself as participants arrived. We also offered refreshments, inquired about comfort level with the room temperature, invited participants to choose their own seating, and provided a community meal during a 25-minute break at the sessions' halfway point. Finally, participants were reminded about bathroom access in the building and offered assistance with addressing any needs if necessary. Because the participants were already familiar with the Yarrow building, staff, and each other, it was not difficult to begin the session on time or proceed according to schedule after a brief round of participant introductions.

The project team was prepared to facilitate the session through translation (discussed below) but also recognized that other barriers to communication and information retention could arise. Specifically, Yarrow staff relayed that many of the participants live with visual impairment. We also anticipated varying capacity to focus on the discussion for extended periods of time. To ameliorate these

concerns, the presentation slides and take-home learning resources were written in large, bold fonts with minimal text. Facilitators spoke slowly and clearly, with ample pauses and opportunities for questions embedded throughout the discussion. They were also prepared to end the session before completing all of the planned discussion prompts if the participants demonstrated information saturation or loss of focus. These tactics appeared to bolster participant engagement. As well, we promoted prolonged engagement with the discussion content while allowing participants to ask follow-up questions discretely by distributing post-engagement surveys, with Yarrow staff verbally offering to support participants in responding and sending text-based reminders about them after the session.

### Facilitation

Facilitation was divided between two members of the project team, Bev and Nicole. Bev is a Yarrow staff member who had already built significant rapport with the participants. Nicole is employed by CDPC and had never met the participants. Prior to the session, Nicole and Bev decided that each facilitator should be responsible for delivering discussion prompts that spoke to their respective areas of expertise.

Bev facilitated sections of the discussion that related to the participant's daily experiences of living in Chinatown. The project team assumed that participants would feel more comfortable responding to prompts that implicated their social location if they were delivered by someone who shared some aspects of their identity, and who they knew was aware of their experiences of socioeconomic and political marginalization. Because Bev is fluent in Cantonese and Mandarin, she did not require support from the translators while engaging directly with the participants. The participants explicitly stated several times that they trusted Bev and felt safe with her. They appeared to feel comfortable responding to the prompts Bev delivered, as evidenced by their use of conversational versus formal language, overt displays of emotion, and frequent nods toward each other and Bev as others spoke.

Nicole facilitated sections of the discussion that were specifically about drug policy. Although not stated outright, it seemed that Nicole being invited to

Yarrow by Bev disarmed participants based on their expressions of feeling safe at the organization. Additionally, because Nicole was introduced as an authority on drug policy, participants appeared receptive to her explanations of how policy-specific issues impacted their daily lives. To balance her status as a perceived expert with the desire to not intimidate participants, Nicole employed a variety of strategies: She approached the discussion in a personable rather than overly formal manner, spoke slowly and clearly, and regularly reinforced the importance and value of participants' perspectives. She also allowed the conversation to flow organically, supporting participants to respond to each other's contributions wherever possible. Nicole's social location also likely influenced the participants' response to her: Nicole was significantly younger than the participant group and the only White person present, which could have triggered social distancing effects among the participants. However, she is also a woman whose physicality is usually read as non-threatening. Given the sensitivity of the subject matter, and the personal anecdotes of experiencing interpersonal violence relayed by the majority female participant group, Nicole attempted to mitigate the likelihood of an external facilitator being interpreted as physically imposing.

### Translation

As with facilitation, translation was divided between two people with complementary roles. One translator, a Yarrow affiliate, had already spent a significant amount of time translating all written project materials completed before the sessions began, including the facilitator's scripts. They maintained this rule during the sessions, primarily translating the scripts to the participants. They also translated some of Nicole's responses to participants. Carina, a former Yarrow staff member who already knew most of the participants, was responsible for translating participants' responses to the prompts and some of Nicole's conversation with the participants. Because Translation was labour-intensive, alternating between the two forms of translation enabled the translators to conserve their energy. Participants understood that each translator had a specific role.

### Framing Considerations

While developing the content for the sessions, the project team drew from the academic communications literature about framing effects and generating support for policy reform through framing techniques. They first conducted a cursory review of the literature about framing techniques for generating support for general policy reform, followed by more in-depth review of the literatures about generating support for health policy reforms and drug policy reforms specifically. This was cross-referenced with additional reviews of the literature on generating support for general policy reforms among non-English speaking populations. The information gleaned from this process was combined with the project team's anecdotal knowledge about the participants, and the participant's baseline knowledge survey responses. Therefore, while the discussion content was not produced with a level of academic rigour that would be suitable for peer-reviewed publications, it was strongly informed by empirical assessments of effective framing approaches.

Responses to the baseline survey suggested that participants were less inclined to favour punitive responses to drug use than is typically expected. Media depictions of Chinese-speaking populations often characterize them as harbouring disdain for drug use/rs - a sentiment that is echoed in political rhetoric, especially by Vancouver's municipal government. While we did not discount this, we proceeded on the assumption that media and political discourses would not uniformly apply to the participant group. And, because studies indicate that characteristics of effective messaging include delivery by credible sources ([Ghio et al. 2021](#)), we speculated that participants would be more receptive to fact-based information about drug use and policy than others with similar demographic characteristics due to their existing relationship with Yarrow staff and their openness to Nicole.

Given the participants' emphasis on feeling scared of visible drug use in the survey responses, we prioritized safety concerns as a key framing technique throughout. Paying heed to research on framing effects suggesting that positive framing (that is, emphasizing the positive components of an issue) can prompt individuals to express positive preferences for a policy (Druckman, 2004), we did not, however, foreground fear or perceptions of dangerousness in the discussion. Rather, we highlighted the project team's shared desire to promote

safety for all residents of Chinatown and the DTES through policy solutions. When participants expressed fear or shared personal anecdotes of interpersonal violence, we tried to avoid repeating words with negative connotations such as “fear,” “violence,” or “dangerousness.” We instead presented information using logically equivalent antonyms for negative words.

Simultaneously, we recognized the risks of not properly validating the participants’ concerns about safety. In addition to the serious ethical problem of dismissing them, this would have undermined our ability to build rapport with the participants, in turn increasing our likelihood of triggering the backfire effect, which occurs when corrective information presented by non-credible sources causes individuals to support their original opinion even more strongly (Nyhan & Reifler, 2010). Additionally, people who are motivated to perceive an information source as non-credible are more, not less, likely to believe myths about health-related policy. Therefore, we dedicated significant time to repeating participant’s concerns – still using logically equivalent antonyms for negative words – and paused often to ask if they felt understood. We also inquired about their reactions to the policy solutions we proposed before proceeding to the next topic, ensuring whenever possible to interrogate participants’ hesitation or confusion while mirroring solutions-based language. These seemed to be effective ways to build rapport with participants while instilling confidence about our policy preferences.

Next, we recognized in advance that participants routinely combined the issues of safety and health. The theme of drug use as a symptom of sickness dominated relevant survey responses, even among participants who claimed to fear drug users or favoured criminal-legal approaches to drug use. Predictably, abstinence from drugs was described as synonymous with good health in both survey responses and orally. We therefore chose to approach the themes of safety and health as having a strong valence among participants – that is, as intuitive and widely understood – and as indicative of participants’ goals. Research suggests that successful policy ideas have a strong and positive valence (Béland & Cox 2024), and that presenting a policy as helping to deliver and improve participants’ goals – in this case, those of health and safety – will increase support for it (Mendez et al. 2022). We therefore intentionally repeated the words “health” and “safety” throughout the discussion, particularly before

and after describing the merits of harm reduction services and responsible drug regulation. This strategy aligned with our efforts to advance positive framing while encouraging participants to consider alternatives to the status quo. It also aligned with research indicating that support for a health-related policy is higher when evidence about multiple benefits is communicated compared to a single benefit (Mantzari et al. 2022).

Our focus on health also spoke to research demonstrating that support for non-punitive drug policies is higher when drug use is framed as a health, not criminal, issue (Koon et al. 2016). Generally, presenting sympathetic portrayals of drug users as being sick will enhance public support for evidence-based harm reduction policies such as naloxone distribution (Bachhuber et al. 2015). Humanizing drug users through personal storytelling also tends to improve attitudes toward harm reduction, as does direct contact with them (Bathje et al. 2019). The project team considered this when deciding whether Nicole should disclose her personal history of homelessness and illegal drug use in Vancouver. The eventual choice to disclose this at the beginning of the discussion was made cautiously, however, as the project team understood the risks involved; namely, because Nicole is no longer homeless or actively using drugs, the team worried that her individual recovery narrative would be viewed as possible or desirable for all people, or that participants would be inclined to shift blame for structural health inequalities onto individuals (Bandara et al. 2020). To mitigate this tendency, the facilitators reiterated that achieving good health is a matter of policy and law, not just personal commitment. The participants were broadly receptive to this messaging, as they were already eager – more than anticipated – to share their frustrations about the local and provincial governments. This provided the facilitators with opportunities to describe how government-led drug policy interventions could contribute to achieving the participant’s goals of enhanced public health and safety.

Relatedly, the topic of government neglect dominated the discussion. Through our discussion prompts, we intentionally guided participants toward understanding their own experiences of socioeconomic and political marginalization as being related to those of drug users. Several discussion prompts included the word “shared,” as multinational and cross-cultural

comparative studies indicate that people are more or less likely to endorse values associated with individualism or collectivism based on their country of origin (Oyserman & Lee 2008). Given the participant group's background, as well as their oral expressions of solidarity with other residents of Chinatown, we expected words associated with collectivism to resonate. We then applied these words when asking the participants to explore the commonalities they had with residents of the DTES in the context of government neglect. For instance, we invited participants to imagine how their frustrations with the symptoms of austerity policies - housing unaffordability, lack of access to public washrooms, lack of transport access, and lack of neighbourhood cleanliness - could be shared by DTES residents. This technique rendered the participants less hostile toward DTES residents than they had been upon arrival while reinforcing the need for government accountability to everyone through policy reform.

Finally, given that the participants spoke limited English, and acknowledging the ubiquity of support for plain language in the scientific communications literature (Sedgwick et al. 2021, Stoll et al., 2022), we tailored the prompts to the participants' backgrounds and access needs. Specifically, we used clear, concise language while avoiding jargon wherever possible. In rare moments where jargon was unavoidable – for instance, when describing the province's decriminalization policy pilot – we spoke especially slowly and offered lengthier descriptions of the policy in plain language. For instance, in the case of decriminalization, rather than present it as a policy designed to “reduce involvement with the criminal-legal system for certain drug-related offenses” we explained that it “can stop people from getting into trouble” and “makes it so people aren't treated as criminals anymore.” We then invited the participants to ask follow-up questions while confirming that they understood the core intent of decriminalization. Although this strategy may have led to undesirable oversimplifications at times, we nonetheless determined that oversimplification was preferable to inaccessibility. We also practiced extensive repetition of plain language throughout the discussion to promote knowledge retention.

### **Content of Engagement Session One (See Appendices V-IX)**

We approached the first engagement session as an exploratory process. The project team had modest insight into participants' attitudes and beliefs after

analyzing the results of the baseline knowledge survey. Other than Nicole, it had also fostered longstanding relationships with the participants. However, to date, the participants had not been prompted to think about specific policy issues and objectives together. Given these factors, our overarching aims during the first engagement session were to build rapport with the participants; to confirm whether the knowledge gaps that we identified through the baseline knowledge survey appeared during interpersonal discussions; to identify additional biases about drug use that were not directly revealed through the survey; to assess whether participants would be receptive to fact-based information about drug use, and; to identify effective strategies for communicating fact-based information that promote information retention.

To achieve this, the content of the first engagement session did not immediately begin with a discussion of drug use and policy. Instead, we undertook a thorough round of introductions, community agreements, and summary of the project timeline, allowing participants to ask questions and express their general hopes and expectations for the project. Only then were participants informed of the distinction between legal and illegal drugs. Bev presented the participants with a list of legal substances – tobacco, alcohol, and cannabis – and explained that adults are permitted to acquire these drugs through official (legally sanctioned) pathways. She specified that cannabis was only permitted for medical use in Canada until recently, as some participants indicated on the baseline survey and verbally that they did not understand the implications of the 2018 Cannabis Act. She then elaborated on the main features of a legally regulated market; namely, that substances are manufactured and distributed with strict quality controls embedded throughout the supply chain. Additionally, she explained that the contents and potency of legal drugs are standardized and transparent, offering people greater control over dosing and drug effects. She also described some of the reasons that people may use legal drugs, ranging from positive reasons (e.g., pleasure, relaxation) to neutral or negative ones (e.g., to cope with stress or pain, peer pressure).

Our rationale for introducing legal drugs at the outset was that the product features of legal markets are naturalized; that is, people are not generally encouraged to think critically about the government's active role in regulating

them, and it is taken-for-granted that the contents of drugs acquired legally will be predictable and consistent. Additionally, we wanted participants to recognise that people use legal drugs for a variety of reasons, some of which are more socially accepted than others. Nonetheless, even people whose use of legal drugs is stigmatized (e.g., because their use is seen as excessive) are relatively safe when consuming them. In step with CDPC's overarching communication strategy, we hoped to prime participants to consider that the primary distinction between legal and illegal drugs is not their inherent chemical properties or dangerousness. Instead, it is the legislative and regulatory environment that causes some drugs to be accompanied by disproportionate risks because they are prohibited.

Nicole then provided the participants with examples of illegal drugs – heroin, cocaine, methamphetamines, etc. - while explaining that some drugs are legal to consume in certain contexts (e.g., when hydromorphone is prescribed by a physician or fentanyl is administered in a hospital setting) but illegal to consume otherwise (e.g., when using someone else's prescription). Participants were informed that some currently illegal drugs were formerly legal, and that the government's rationale for criminalizing some drug use was not solely about their chemical properties; rather, the origins of drug prohibition in Canada are inextricable from colonialism and racialized social control. Nicole summarised how the 1908 Opium Act and 1911 Opium and Drug Act were implemented in large part to justify government surveillance and punishment of Chinese immigrants who had arrived on the west coast of British Columbia to construct the Canadian Pacific Railway (CPR).

The delivery of this information was relatively brief (**See "Lessons Learned"**). Nicole transitioned to the reasons that people consume illegal substances, which were presented as being identical to those for legal substances. While this framing arguably obscured important information such as why rates of illegal drug use are concentrated among marginalized populations, the project team preferred this initial oversimplification in service of de-stigmatizing illegal drugs before teasing out the nuances of their usage. Nicole also noted that people can become dependent on both legal and illegal substances, but that only those who consume illegal substances are imminently likely to be criminalized or die. Again,

our goals were to guide participants away from automatically approaching all illegal drug use as negative/pathological compared to legal drug use, and to prepare participants to reflect further on how our policy and legislative environment is a main source of differential outcomes for consumers based on a drugs' legal status.

Nicole then discussed our policy and legislative environment explicitly. She named that illegal drug use can be very dangerous, allowing ample time for participants to share their thoughts and feelings about it. However, she emphasized throughout that illegal drug use could be safer than it currently is through policy and legislative reform. Returning to the examples of alcohol and tobacco, Nicole distinguished the regulations that exist for legal drug market from the lack of regulations that characterize illegal ones, connecting this to the drug-related morbidity and mortality that participants stated they witnessed in their daily lives. She also expanded on how criminal penalties deter people who want to engage with substance use supports from accessing them. This section concluded with a lengthy question and answer period before the group took a break.

The remainder of the session was broadly oriented around guiding participants to see commonalities between themselves and residents of the DTES. In doing so, the project team hoped to mitigate some of the anger and fear participants felt about socioeconomically marginalized drug users while getting them ready to discuss harm reduction policies and services. Bev prompted the participants to think about their favourite aspects of living in Chinatown and the difficulties they encounter. Responses to the first part of the prompt focused on the opportunities participants are afforded to engage in culturally relevant activities. Many participants spoke about the support they received from organizations like Yarrow and the bonds of solidarity they have formed with their peers. Responses to the second part of the prompt were more fulsome, with participants detailing the socioeconomic, cultural, and political barriers that prohibit them from full civil and economic participation. For example, several participants recognized that their access to material supports such as publicly funded grocery programs and translators who accompany them to English-language medical appointments dwindled after the coronavirus pandemic

began. As well, a recurring theme were the issues that participants had with features of the built environment – lack of access to public transport, a dearth of benches and other places to sit/rest, and, prominently, routine exposure to human waste associated with lack of public bathrooms. Most participants expressly blamed this latter issue on illegal drug users.

Building on this, Bev then encouraged participants to consider how their daily challenges might intersect with those experienced by DTES residents. Both facilitators adopted an active role in interrogating the perception that DTES residents monopolize public resources. Most participants were eager to critique the municipal and provincial governments' spending decisions, though the exact nature of their criticisms were heterogenous. A few initially insisted that too many resources were allocated to DTES residents, while others were receptive to the idea that resource allocation alone does not guarantee that DTES residents' service and other needs are being met. During this section, Nicole facilitated a debate between a subset of participants whose views aligned with either camp, with representatives from the first gradually conceding that DTES residents might not be the sole cause of their struggles. This occurred after a representative from the second camp pointed out that Chinatown residents also benefit from food and clothing distribution programs that have been technically established for DTES residents. The participant also went on to accuse Chinatown residents of "stealing" from DTES residents. The tension between the participants was diffused by the facilitators repeating that the need for front-line service provision results from policy priorities that align with market interests.

Nicole expanded on this by introducing the concept of "protective factors," or the personal, interpersonal, and systemic resources that engender resilience against negative health and social outcomes. She described how protective factors such as safe, stable housing, robust social networks, access to healthcare, and connections to one's cultural heritage tend to reduce negative outcomes when enduring stress and hardship. After asking participants to contribute additional examples of protective factors they personally possess, she explained that a dearth of protective factors can enhance the likelihood and severity of illness and other deleterious outcomes. Specifically, she cited poverty and homelessness, isolation, and colonialism and racism as undermining health

and well-being, linking this to the vivid descriptions of visibly unwell, homeless drug users the participants had discussed throughout the session.

This provided a transition point into the unregulated drug crisis. Nicole reminded participants about the inherent toxicity of the unregulated drug supply before connecting DTES residents' lack of protective factors to rates of drug use in the neighbourhood. She also specified that material deprivation for DTES residents has accelerated since the coronavirus pandemic, just as it has for Chinatown residents. She emphasized that for people experiencing extreme hardship, drug use can take the place of other protective factors. When combined, the toxicity of the drug supply and material hardship have driven overdose fatalities in recent years. Finally, she referenced the Provincial Health Officer's 2016 emergency declaration, stating that despite the declaration, the provincial government has done little to reduce overdose fatalities by way of policy and legislative change: people still do not have access to a safe, predictable supply of drugs; substance use treatment services have not significantly expanded or become more evidence-based, and; despite a modest and brief decriminalization policy pilot, many drug users are still deterred from seeking support due to fear of being criminalized. The participants were then invited to share their thoughts and feelings about the last discussion section and the day's content in full. Although the facilitators had originally intended to introduce the concept of harm reduction in the first session, they recognized that participants' energy was waning. They therefore opted to conclude the session.

#### **Content of Engagement Session Two (See Appendices X-XIV)**

After the first engagement session, the project team had more insight into participants' attitudes and beliefs and their intra-group dynamic based on the post-engagement session survey. The facilitators discussed how to amend their approach where necessary, while the translators were provided with background reading about harm reduction services, the history of drug policy in Canada – specifically the Opium Act – and possible models of legal regulation. Additionally, as the only project team member who hadn't previously met the participants, Nicole had established a rapport with them. This laid the foundation for having a more targeted discussion about drug policy during the

second engagement session. While our original objectives were carried forward, we also hoped to increase participants' receptiveness to safe consumption sites and responsible drug regulation. We recognized that this would likely not be possible among all participants; regardless, we continued to foster dialogue while ensuring that they felt respected and understood.

The session began with a detailed review of the community agreements. Bev emphasized the need to stay on-topic and reduce crosstalk and reminded the participants that everyone was encouraged to share. She then presented a slide that defined Chinatown and DTES residents. Participants had expressed confusion during the first session about who these terms were referring to. This led to a discussion about what constitutes Chinatown versus the DTES, with the facilitators and participants agreeing that the social, political, and geographic boundaries of the neighborhoods are porous. Participants were satisfied with the facilitators' explanation that Chinatown residents are predominantly of Chinese descent and speak Chinese or Chinese dialects, whereas DTES residents tend to be more racially and linguistically diverse. Bev also noted that in this context, DTES residents are more likely to be socialized as illegal drug users. She acknowledged that this stereotype spoke to participants' intuitive statements during the first session; it was a generalization, not an individual-level descriptor. Drawing from the first session, she also reiterated that both Chinatown and DTES residents share many experiences of socioeconomic and political marginalization, with DTES residents more often perceived by participants, whether rightly or not, as responding to material and other forms of deprivation with illegal drug use.

Next, Nicole reviewed the substantive information delivered during the first session. She allowed participants to ask questions and offered clarification when needed. She then outlined the content for that day's session, which included an introduction to harm reduction, safe consumption sites, and, in line with our framing considerations, additional ways to increase health and safety for Chinatown and DTES residents alike. This last topic was functionally a proxy for discussing legal regulation as a policy option.

While preparing for the second session, the facilitators decided to include more interactive components. They realized that most participants were receiving a large amount of novel information and wanted to provide more opportunities for active engagement. Therefore, before each new topic, participants were provided with a binary prompt (e.g., “have you heard the term \_?”) and invited to expand if they answered affirmatively. For the first topic, harm reduction, most of the participants were familiar with the term. Approximately half of the participants could provide a definition. Of these, a few described harm reduction as strictly relating to services for drug users while others conflated the term with substance use treatment and, in one case, street-level policing and incarceration. Nicole explained that harm reduction as a philosophy is broader than mere service provision, but she did not extensively detail its history as a peer-led social movement. Although this was relevant, the project team suspected that deviating too far from the issue of safe consumption sites might be needlessly confusing. Instead, Nicole first situated harm reduction as an approach to myriad behaviours – including legal ones - that mitigates their riskiness without seeking to eliminate or punish them. She offered the examples of wearing sunscreen and seatbelts while driving as widely practiced, “common-sense” forms of harm reduction. She then acknowledged that some people’s relationship with legal substances like alcohol warrants a harm reduction approach. However, she reminded participants that consuming legal substances is less risky than consuming illegal ones because they are regulated by the government.

Most of this section was devoted to harm reduction for illegal substances. Nicole made the overt distinction between the need for harm reduction for legal behaviours and substances and illegal ones, reinforcing that unregulated street drugs are dangerous due to their legal status. She named needle distribution programs and drug checking services as examples of harm reduction before asking participants if they were familiar with safe consumption sites (SCS). Those who answered affirmatively had diverse understandings of SCS. A few participants offered rich, accurate descriptions of their origins, purposes, and operational practices. Nicole adopted a more passive facilitation role when it was evident that these participants had broadly positive beliefs about SCS and were eager to communicate with their peers directly.

In each of the sessions, the agenda was spontaneously amended at this point. Most of the information that Nicole planned to present about SCS was covered in the dialogue that emerged from her original prompt. This included the practical logistics of SCS (e.g., that they are buildings or structures where people consume illegal drugs under medical supervision) and the reasons that people use them (e.g., to reduce the risk of fatality when overdose occurs). It was impossible to separate the delivery of fact-based information from participants' feelings about SCS. Nicole primarily intervened in the participants' intra-group discussion to correct misinformation or provide clarification when participants were confused about the governments' policy positions. For instance, she stated that SCS do not distribute illegal drugs. She also specified that SCS's operate with the government's permission, but that permission to operate is not the same as the government legalizing or endorsing drug use. This latter point was difficult to convey, and Nicole agreed with the participants who felt that prohibiting drug use but allowing SCS seemed contradictory.

As with the general population, only some of the participants saw value in SCS when their primary purpose was framed as reducing overdose fatalities. Nicole therefore elaborated on the health and safety benefits of SCS for drug users and members of the surrounding community alike. First, she described SCS' role in preventing infectious disease transmission. Participants had put significant weight on the concept of disease during the first session and were invested in the notion of containing it. Next, Nicole discussed the other forms of healthcare that SCS clients might receive. She focused on wound care because several participants were disturbed during the first session by seeing people with severely infected wounds living outside. She also referenced the first session while explaining that the medical personnel at SCS tend to be less discriminatory toward drug users than they are elsewhere. Most participants appeared receptive to this information, with a few vocalizing that their impression of SCS had improved throughout the course of the discussion.

Nicole's description of SCS as referral sites was more delicate. The facilitators had agreed that drawing a legal distinction between overdose prevention sites (OPS) and SCS was unnecessary. However, they did not want to mislead

participants by implying that all SCS have the capacity to refer clients to ancillary services, or that ancillary services are readily available when clients request them. Moreover, although SCS's potential to triage clients into substance use treatment services was salient, the project team did not want to reproduce the myth that treatment is desirable for all drug users or is the overarching purpose of harm reduction. Therefore, Nicole issued many qualifiers when explaining the above. She prioritized the sense of acceptance and connection that many SCS clients report, noting that access to both peers and professionals such as social workers can contribute to quality-of-life improvements even if referrals are not requested or successful. She also spoke to participants' oft-stated desire for physical safety by describing how SCS can mitigate street-level violence, including for women and gender non-conforming people who experience intimate partner violence. Again, some participants who had initially been hostile to SCS declared otherwise after this conversation. The participants were asked if they would want SCS to be available if someone they love used illegal drugs. Most responses to this were affirmative, with a few participants stating that abstinence was preferable but conceding that SCS seemed helpful if their loved one could not achieve it.

Next, the concept of SCS reducing public drug use generated rich dialogue. A few participants were surprised to learn that SCS existed at all. One participant who worked in healthcare and was an avid proponent of SCS led much of the discussion. She told her peers where SCS operated in the neighbourhood, informing them that their invisibility meant that they were functioning as intended. Her interventions elicited positive reactions within the group. However, participants in both sessions expressed suspicion about SCS's efficacy because they were still exposed to so much public drug use. This was also tricky to navigate, as an appropriate response to this critique - that relatively few SCS operate in the DTES, they have strict capacity limitations, and they often do not meet drug users' needs by permitting inhalation - implies that more SCS will solve the neighbourhood's poverty and homelessness crises. While more SCS could reduce visible drug use in remote and rural areas where there are much smaller populations of drug users, the extremity of the material deprivation on the DTES will not be resolved by SCS alone. Nicole explained this, with the same participant in the first session independently - and unexpectedly - bringing up

the need for more inhalation sites before Nicole could. The conclusion of this section was a natural entry point into the final topic – ways to improve the health and safety of all people living in Chinatown and the DTES.

Following a break, Nicole spoke about why SCS are necessary in the first place – the unregulated drug crisis. She reflected on the merits of preventing, rather than reversing, overdoses. This was a segue into the prospect of legalizing and regulating currently illegal drugs. Nicole reiterated that knowing the ingredients of drugs would reduce the risk of overdose and related harms by affording people more control over their consumption patterns. She then explained the policy options that exist for legalization, noting that for-profit for market models are the norm but not a rule. That is, legalization could be accompanied by strict regulations to prevent corporate enrichment and protect young people who may or may not be using drugs. Throughout, Nicole validated participants' sense that legal regulation was not a "silver bullet" solution to most social problems. She clarified that the most effective model of legal regulation would include a commitment from governments to reallocate resources typically reserved for drug law enforcement to community services and systemic changes. This allowed her to distil the entirety of the two engagement sessions into a conclusion that incorporated participants' core concerns. Specifically, she contextualized legal regulation within a broader project of societal transformation aimed at mitigating inequalities for marginalized communities while promoting health and safety for Chinatown and the DTES. Participants were invited to ask questions, and the session ended with thanking the participants and offering them support to complete the post-engagement survey.

#### **4. Observations, Lessons Learned, and Final Recommendations**

What follows is a thematic summary of the main observations that the facilitators and translators documented during the engagement sessions. Each observation is accompanied by examples of how the observations materialized. We also include a snapshot of the lessons learned during the sessions. Though not meant to be prescriptive, our hope is that those engaging in similar work in the future will apply our insights where appropriate.

##### **General group dynamics**

1. **Participants clearly trusted Bev and Yarrow**
  - a. Most expressed already feeling a sense of ease and comfort in their surroundings
    - i. E.g., during “community agreements” discussion, participants stated they already felt safe in the room because they knew Bev
  - b. In turn, this contributed to more trust in the external facilitator (Nicole) than might’ve been developed otherwise
    - i. Although not stated outright, it seemed that Nicole being invited to Yarrow by Bev disarmed participants based on their expressions of feeling safe
  - c. Relatedly, Nicole’s formal credentials were less relevant for building trust than was her presence being due to an invitation from Bev

*Lessons Learned:*

- To encourage frank engagement, it is beneficial to partner with an organization that has already built trusting relationships with project participants
  - Formal credentials might be less relevant than is generally assumed for conferring legitimacy onto external staff
2. **Participants had established a comfortable rapport with each other prior to arriving**
    - a. Individual introductions could be bypassed as a result
    - b. This also meant that pre-existing group dynamics were reproduced
      - i. E.g., A few times, quieter participants deferred to other, more vocal participants that they knew would answer questions on their behalf
      - ii. E.g., A few times, participants got into spirited disagreement/debate that might have been shaped by their pre-existing feelings toward one another
      - iii. E.g., It appeared that a few participants were already accustomed to taking up significant verbal space and interrupted others

1. This was partially mitigated during the second session by asking participants to hold a stuffed animal that identified them as the speaker
- iv. Due to the language barrier, Nicole couldn't always identify the exact nature of participants' pre-existing relationships and how much of the present group dynamic could be attributed to it

*Lessons Learned:*

- It is important to state at the outset that all participants are invited to contribute and to set clear parameters around response times
  - Session planning could include scheduling time for each participant to answer each prompt
3. **Demonstrating good hospitality contributed to a sense of ease and comfort among participants**
    - a. Providing comfortable seating, beverages, and culturally appropriate food provided participants and the facilitators with opportunities for casual engagement to offset the seriousness of the subject matter
    - b. In particular, providing culturally appropriate food seemed to imbue participants with a sense of confidence that mitigated some of the power imbalances between them and Nicole
      - i. E.g., one participant encouraged Nicole to eat while she and others were eating and described the food to her

*Lessons Learned:*

- Prioritizing hospitality is an effective way to generate ease and comfort among participants, particularly when external facilitators don't share important aspects of their identity with participants
4. **Throughout the sessions, clear peer leaders emerged**

- a. One participant group included a vocal proponent of harm reduction and drug policy reform, and the other included a vocal opponent of them
  - i. At times, these participants monopolized the discussion such that others expressed frustration during the session and in the post-engagement surveys at not being able to speak
  - ii. Simultaneously, it was evident that some participants looked to their more vocal peers for guidance
  - iii. The proponent of harm reduction was eager to explain to her peers the function, logistics, and benefits of safe consumption sites

### *Lessons Learned*

- Facilitators should prepare for some participants to be more vocal than others, particularly those who hold strong opinions in either direction
- It can be useful to identify participants in advance who support the project objectives to consider if delegating aspects of facilitation to them could generate greater acceptance of policy goals among their peers
  
- It can be useful to identify participants who oppose the project objectives in advance to consider the nature of their concerns and to encourage dialogue that is not unduly influenced by potential misinformation or negative social bias

### **Setting-specific dynamics**

1. **Some of the participants' attitudes and beliefs about drug use were likely informed by their proximity to extreme, visible poverty and illegal drug use**
  - a. The participants seemed to hold stronger, more negative beliefs about drug use/rs than they might have if they were not so exposed to it
    - i. Participants frequently included personal anecdotes about their daily exposure to drug use/rs when sharing their beliefs
    - ii. E.g., participants frequently expressed sadness and anger at viewing visible wounds on DTES residents and blamed this on drug use

- iii. E.g., one participant expressed anger at having to observe food distribution occurring outside of her window and on her street, as she felt this practice drew drug use and social disorder to her area
- b. The participants' beliefs appeared to be shaped by their dissatisfaction with historic and ongoing gentrification, displacement, and austerity policies in Chinatown
  - i. E.g., one participant exclaimed that residents of Chinatown should have "fought harder" to resist displacement when expressing distrust of PWUD
  - ii. E.g., Several participants saw the government directing significant resources to services for drug users and believed this precluded the government from spending money on services for them

*Lessons Learned:*

- It would be helpful to embed discussion about the unique social and geographic composition of a setting into discussions, in part to try to encourage participants to recognize that their experiences of daily life are not necessarily created by drug policies alone
2. Not all the participants understood who was being included when the facilitators described "the DTES community" or "residents of the DTES"
    - a. It became apparent in the first session that some participants assumed that only residents of Chinatown were being discussed
      - i. Ambiguous geographic and social boundaries between the DTES and Chinatown may have contributed to this
    - b. The facilitators had to clarify that "residents of the DTES" included non-Chinese residents
      - i. It was challenging to provide a definition of DTES residents in real-time because many of the characteristics associated with this population (e.g., PWUD who are visibly poor) are stigmatized; however, stigma towards drug use and poverty is the key motivating factor for the project
    - c. To provide clarity, the facilitators included specific definitions of Chinatown and DTES residents, including their geographic location,

cultural background, socioeconomic status, drug use status, and other social locations at the beginning of the second session while acknowledging that these boundaries were not rigid or static

*Lessons Learned:*

- Clear definitions of populations groups should be provided at the outset of an engagement session
- Facilitators should interrogate their own assumptions and biases in advance when considering population definitions and characteristics

**Population-specific dynamics**

1. **Chinese diaspora participants had beliefs about drug use that were likely shaped by China's national history and culture**
  - a. Some of the hostility and suspicion expressed toward drugs was informed by The Opium Wars
    - i. E.g., Carina, one of the translators, relayed overhearing two participants discussing The Opium Wars during break during the first sessions
    - ii. E.g., during break during the second sessions, two participants independently raised the issue of the Opium wars and explained that their legacy shaped their perspectives
    - iii. Participants acknowledged that due to the history of British imperial rule vis a vis the opium trade, Chinese participants with strong ties to China might perceive drug prohibition/criminalization as a symbol of *anti-colonial* struggle
  - b. One participant framed her comments, which emphasized the need for total abstinence from illegal drugs, as the result of her cultural background. Specifically, she stated "because we are Chinese" before and after making several comments promoting abstinence.
    - i. Another participant initially endorsed forced abstinence by "concentrating people in camps," "like they do in China"

1. Her peer responded that this would not be feasible in Canada because the state is “concerned about human rights”
- c. Prior to the first session, the translators recognized that there is no direct translation of the word “drug” in Chinese
  - i. Rather, “drug” can be directly translated to either “medicine” or “poison”
  - ii. Similarly, the most commonly used phrase for “drug user” used by participants translated directly to “poisonous rat”
  - iii. The translators identified a lack of consistency related to translating the word “drug” in documents produced by the BC provincial government, the Vancouver Health Authority, and other research and provincial bodies as well as in United Nations documents
  - iv. This could be reflective of, and contribute to, a lack of understanding among Chinese participants’ that drugs can be neutral and used recreationally

*Lessons Learned:*

- When developing discussion content, it is important to consider pre-existing biases and lenses that participants might arrive with based on their cultural backgrounds
  - Translation may not be simple or straightforward; as such, translators should be given ample time to ensure that key words can be translated accurately or to consider alternative translations that capture the intended connotation of a specific word
  - A lack of consistency in official documents produced by government agencies and researchers may contribute to unintended consequences when communicating to Chinese-speaking residents about drug use and policy
2. Participants became more receptive to harm reduction programs and drug legalisation and regulation policies directly after discussing Vancouver’s specific history of anti-Chinese racism and the 1908 Opium Act

- a. Participants were very aware of, and eager to discuss, Vancouver's Anti-Asiatic riot of 1907 and anti-Chinese discrimination that occurred during and after the construction of the Canadian Pacific Railway
- b. Participants were not aware of the 1908 Opium Act and its relationship to anti-Chinese discrimination
- c. Participants were receptive to considering the relationship between anti-Chinese discrimination, the Opium Act, and contemporary drug criminalization, particularly when prompted to by Bev

*Lessons Learned:*

- In future, it would be ideal to host an additional, preliminary session with participants aimed specifically at developing a shared understanding of the relationship between their attitudes and beliefs and cultural background
  - Developing the content of this session should be strongly guided by the host organization's existing knowledge of the participants and how to frame the information that gets delivered
3. **Some of the (mis)information participants had been exposed to can likely be attributed to not speaking English as a first language**
- a. Much of the disinformation repeated by participants seemed to have been derived from Chinese language sources
    - i. This was difficult to verify in real-time, in part because questions related to information sources were not embedded into the discussion script or assessed in advance
  - b. Participants stated that they did not seek out or feel comfortable accessing English-language sources about drug-related policies, including government news briefs
  - c. Some participants were unable to state where their beliefs were specifically derived from, with many alluding to or directly citing their cultural background without providing further details

*Lessons Learned:*

- It is important to inquire in advance (e.g., during the baseline knowledge survey) about the sources of participants' attitudes and beliefs
  - Longer term, it is important to consider whether fact-based information in the participants' first language exists and, if so, how to direct them to it; alternatively, if no such sources exist, it is important to consider whether creating them is possible and by whom
4. **The visible identity of the external facilitator seemed to shape participants' comfort level with the discussion vis a vis their identities**
- a. Although difficult to verify, the fact that Nicole was physically non-threatening (e.g., a petite, neatly dressed woman) might have been relevant to how participants engaged with her
    - i. The participants foregrounded personal safety concerns throughout the discussion, including by sharing anecdotes of being assaulted by unhoused men; Nicole's physical presence as someone who did not visibly resemble the people the participants expressed fear about was probably important
    - ii. E.g., Most participants initiated physical contact with Nicole (hugging)
    - iii. E.g., One participant was comfortable enough to cheerfully suggest that Nicole gain weight

### *Lessons Learned*

- *It is important to consider how power imbalances, and in turn participants' comfort levels, might be amplified or mitigated by the external facilitator's identity*
5. **The participants occasionally used language that would be considered stigmatizing/derogatory in most contexts but did not feel appropriate to correct with this population**
- d. E.g., a few participants used the term "junkie" to refer to PWUD
  - e. Nicole did not intervene because the speakers did not appear to be using the word with malicious intent, but rather as a semi-neutral descriptor

- i. The word was used while describing feelings of both fear and pity toward PWUD
- f. Nicole worried that correcting the participants might be felt as condescending given that the word was used during much longer, detailed responses
- g. Nicole felt that correcting the participants would have interrupted the flow of the discussion, especially given the role of translation
  - i. Nicole is not positive this was the best approach

#### *Lessons Learned:*

- With non-English speaking populations, it is important to consider the intent of a word and the context in which it is being used
- It could be helpful to decide in advance which words warrant intervention and how intervention will occur to avoid reducing participants' willingness to engage

#### **Facilitation**

1. **It was helpful to divide facilitation between two people with specific, complementary roles**
  - a. Discussions seemed to be bolstered by that fact that Bev delivered content aligning with Yarrow's mission and purpose while Nicole delivered content requiring subject matter expertise
    - i. As a trusted member of the participants' community, Bev deftly led conversations about participants' experiences of Chinatown
    - ii. Had Nicole led these sections, she would have had to ask far more clarifying questions and worked harder to understand what participants were saying
      1. This would have been inefficient and could have reduced participants' comfort with Nicole
    - iii. Conversely, because Nicole was viewed as an authority on drug policy, participants seemed receptive to her explanations of how policy-specific issues impacted their daily lives

1. E.g., several participants expressed dissatisfaction with observing the physiological effects of the unregulated drug crisis and how it intersects with poverty - specifically having to see people who are heavily sedated on the street. A few mimicked/acted out the experience of sedation while critiquing unrelated policy decisions such as cannabis legalization. Nicole had to consider, in real-time, how to respond to participants with fact-based information that was not dismissive of their concerns.
- iv. It was labour-intensive for Nicole to rapidly synthesize participants' comments and ensure that policy-specific issues remained foregrounded in the discussion. Doing this also required a strong baseline understanding of CDPC's policy analysis, and communications/messaging strategies

*Lessons Learned:*

- It is helpful to divide facilitation between two people with specific, complementary roles
  - In the future, the facilitator with subject matter expertise should extensively review organizational messaging related to common myths/misconceptions about the subject
2. **Effective time management required active facilitation**
    - a. It was not difficult for participants to veer away from the discussion prompts
      - i. E.g., this was particularly common while describing personal concerns about their health and safety during general discussions about participants' experiences of Chinatown
    - b. Nicole was not comfortable intervening during digressions due to wanting to maintain participants' trust in her and because this occurred through translation

*Lessons Learned:*

- The facilitators should clarify in advance what constitutes going off topic
  - The facilitators should clarify in advance when intervention in digressions will occur and what this will look like
  - The facilitators should clarify in advance how to signal to each other that an intervention should occur
3. **Personal disclosures appeared to significantly improve the participants' desire to engage with the facilitators**
- a. During the first session, Nicole's personal disclosure was brief, and she emphasized that her personal experience was not to be foregrounded
    - i. Participants nonetheless cited Nicole's experiences when expressing a willingness to engage seriously with the subject matter
    - ii. Participants again cited Nicole's experiences while concluding the first session – one indicated that it generated a sense of caring about Nicole and the subject matter, as well as a reluctance to express hostile views about PWUD
  - b. During the second session, Bev disclosed that she has close personal relationships with people who use drugs in response to a participant stating that she favoured punitive drug policies such as incarceration
    - i. The participant who stated this visibly softened during her interaction with Bev
    - ii. Participants who had already expressed hesitation about endorsing punitive drug policies appeared emboldened to reiterate their beliefs during this conversation

*Lessons Learned:*

- Personal disclosures can enhance participants' receptiveness to the subject matter

- It is important to ensure that personal disclosures do not meaningfully influence participants' willingness to speak honestly
- Steps should be taken to ensure that personal disclosures do not become the focal point of a discussion

### **Translation**

1. It was helpful to divide translation between two people with specific, complementary roles
  - a. Discussions were streamlined by that fact that one person translated previously written content while the other translated live discussion between the facilitators and participants
    - i. Translation was labour-intensive; alternating between the two forms of translation likely enabled the translators to conserve their energy
    - ii. Participants understood that each translator had a specific role

#### *Lessons Learned:*

- It is important to consider in advance how many translators should be present based on group size
  - It is important to consider in advance the specific role that each translator will play
2. Translators occasionally had to adopt co-facilitation roles
    - a. Carina ended up playing more of a role in facilitation, particularly in keeping participants on-topic, than anticipated
      - i. This was likely possible in part because she also had pre-existing rapport with the participants

#### *Lessons Learned:*

- To avoid role confusion, facilitators should sufficiently prepare to guide every aspect of the discussion (see above Lessons Learned, 2, for facilitators)

- It is helpful for translators to have pre-existing knowledge of and relationships with the community group
3. **The translators weren't as briefed on the subject matter as they could have been during the first session**
    - a. After the first session, the translators stated that knowing more about the subject matter could have aided ease of translation, particularly for non-scripted discussion content
    - b. In advance of the second session, the translators were provided with resources about the history of drug policy in Canada, the current role of the unregulated drug supply in overdose, the benefits of harm reduction programs and services, and possible models of drug legalization and regulation

*Lessons Learned:*

- It is important to recognize the active role that translators play during discussions and to ensure that they have sufficient subject matter expertise and support in their preparation
4. **Translators were not always able to keep up with some of the crosstalk that occurred, particularly during the first session**
    - a. On a few occasions, it was impossible to directly translate two people speaking simultaneously
    - b. To mitigate crosstalk, participants were reminded before the second session about the need to allow one person to speak at a time
    - c. The translators were more prepared to intervene during crosstalk during the second session

*Lessons Learned:*

- In addition to trying to prevent crosstalk, translators, in conversation with facilitators, should be prepared in advance to navigate it

**Discussion – Process**

1. **Beginning the discussion with a section on drug use seemed to prime participants to answer unrelated questions through the lens of drug use/rs**

- a. Most participants responded to questions about their experiences of daily life in Chinatown, and specifically questions about what they enjoyed, the challenges they faced, and their access to services, with comments about drug use/rs despite these questions intended to be unrelated
  - i. E.g., almost every participant responded to the prompt about their daily challenges by describing a dislike of discarded needles, related waste, what they perceived to be drug-related social disorder

*Lessons Learned:*

- Discussion guides for facilitation should group thematic issues together, with priming questions introduced carefully and with the understanding that they will likely shape the entire discussion
2. **The participants benefited from simple, direct language and significant repetition**
    - a. As with all communication about the issue, it was challenging to capture the complexity of some ideas in a few words or sentences; this was exacerbated by the language barrier and the participants' demographic backgrounds
    - b. Nicole focused on repetition for conveying complex ideas
      - i. E.g., rather than describing "the unregulated drug crisis," "the toxic, illegal drug crisis," and/or "the overdose crisis," Nicole used synonyms for the effects of unregulated drugs such as "people get very sick because they do not know the ingredients of the drugs"
        1. "ingredients" seemed to be a particularly effective word choice – a few participants began using it while suggesting that people should "know the ingredients" of their drugs
      - ii. E.g., rather than attempt to convey the complex causal pathways through which public health outcomes are achieved vis a vis policy and legislative decisions, Nicole simply repeated that government choices "can make people safer and healthier"

1. The participants were responsive to the words “healthy” and “safe,” particularly after they had been repeated multiple times

*Lessons Learned:*

- Distilling complex ideas into simple, direct language and repetition can assist with knowledge acquisition
  - Facilitators should consider in advance how to convey complex information using simple language without losing its meaning
3. **The discussion concluded before all of the content was completed**
    - a. The final section about harm reduction was excluded
    - b. Participants engaged in fulsome discussion and seemed to be growing fatigued – it seemed unwise to introduce another new topic with only a few minutes left

*Lessons Learned:*

- Session planning should contain less content than would otherwise be expected with subject matter experts, particularly for non-English speaking populations
4. **Participants’ interactions with Nicole implied that continuity of facilitation is important**
    - a. Several participants expressed looking forward to seeing Nicole again after the first session
    - b. Although Nicole did not originally plan to return for the second sessions, the dynamic cultivated in the group warranted it
      - i. It seems likely that content retention is enhanced by continuity of facilitation

*Lessons Learned:*

- Relationship building is critically important for content retention
- Group relational norms should be considered when session planning

- It is preferable to embed flexibility into session planning, including related to time/budget/travel

#### Discussion – Content

1. Throughout, the participants did not always understand or care about the distinction between legal and illegal drugs
  - a. Participants sometimes assumed that illegal opioid possession/use was legal
    - i. E.g., A few participants complained about cannabis use and injection (implied opioid) drug use concurrently without indicating they understood that non-prescription opioid use is still illegal
  - b. A few participants knew that cannabis was recently legalized and attributed legalization to increased injection (implied opioid) drug use
    - i. E.g., one participant mimicked the sedative effects of unregulated opioid use and linked this to cannabis legalization
  - c. Several participants expressed equivalent disdain for alcohol and illegal drug use
    - i. E.g., the youngest participant grew very emotional while relaying fear about her high-school aged child consuming both alcohol and illegal drugs

#### *Lessons Learned:*

- It is important to carefully assess how much baseline knowledge participants have about the policy and legislative environment
  - If participants do not have sufficient baseline knowledge, project leaders should consider how much information can be provided in advance and how much can be presented during in-person discussions
2. The participants frequently combined “sick” and “bad” framings of drug use/rs
    - a. Many participants simultaneously expressed fear and a strong aversion of drug use/rs and pity/sadness

- i. Although most people are somewhat ideologically inconsistent when describing their feelings about drug use/rs, many tend to fall more obviously into the “sick” versus “bad” camp – these participants drew more overtly from both at the same time
- ii. It was challenging for Nicole to evaluate how to respond to participants’ concerns given how enmeshed the two lenses were
  1. Whereas “badness” paradigms typically warrant responses pertaining to the legal status of drugs creating a class of criminals, “sickness” paradigms typically warrant responses that emphasize the policy and legal construction of addiction
  1. Consequently, Nicole’s responses were generated rapidly, and on a case-by-case basis, depending on hyper-specific word choices from the participants
  2. Nicole found herself listening intently for “sickness” coded words, as these generally denote less hostility and provide more opportunity to engage in productive conversation with English-speaking populations; it is not guaranteed that this applies to non-English speakers

*Lessons Learned:*

- Discussion facilitators should remember that most people’s attitudes and beliefs about the issue are not as refined as those of subject matter experts
- Ideally, the facilitators will have ample time to encourage participants to thoroughly interrogate their beliefs and move toward ideological consistency; because adequate time will not often be available, facilitators should consider in advance how to navigate ideological inconsistency

- Facilitators should be prepared to respond to ideological inconsistencies on a case-by-case basis
3. **Participants advocated for anti-drug education as the solution to drug-related social issues**
- a. A few participants wondered why the government doesn't fund education programs that warn people, particularly young people, about the dangers of drug use
    - i. It seemed likely that participants were unaware of existing anti-drug education because it is delivered in English
    - ii. Participants assumed that anti-drug education would prevent drug use
    - ii. Nicole explained that anti-drug education exists already, and that it does not tend to prevent drug use
    - iii. Nicole referred to recent discussion about DTES residents' social and economic marginalization ("lack of protective factors") when explaining this
    - iv. Nicole emphasized that fact-based information about drug use can mitigate drug-related harm, but that preventing harm is difficult under prohibition
      - 1. It was sometimes unclear if participants understood Nicole's explanations

### *Lessons Learned*

- Although not always possible to predict, it is helpful to consider in advance some of the "common sense" assumptions about the issue that might arise, and how to address them
  - About drug education specifically, it is helpful to have examples of helpful drug education (e.g., about harm reduction) in mind to point to
4. **Throughout the sessions, the participants were concurrently eager to critique the government while also demonstrating trust in government authority**
- a. Participants generally expressed frustration toward government decisions that impacted their access to services, programs, and housing

- b. Participants expressed dissatisfaction with the government's role in visible drug use and their perceptions of related social disorder
  - i. These critiques tended not to be directed toward specific policies or laws but more so indicated that they felt neglected overall
- c. The participants understood that the government plays an important role in shaping aspects of their daily lives
- d. The participants did not indicate that they understood the division of powers that exists within government - It was not usually clear which level of government the participants were dissatisfied with
- e. Simultaneously, critiques implied that participants knew that the government has the authority to change their experiences of daily life through policy and legislative decision-making
  - i. This provided opportunities for Nicole to describe specific drug-related policies and laws that could improve their health and safety as individuals and a community
    1. Participants tended to be receptive to this

*Lessons Learned:*

- Facilitators could prepare for participants to feel ambivalent towards the government
  - Because it is likely that most people's baseline knowledge of how the government functions is relatively low, it is important to consider how much detail to include when discussing policies and laws
  - Criticism of the government provides opportunities to direct participants to consider how government decision-making can improve to better serve them
5. Participants discussed police and drug law enforcement less than anticipated
    - a. There was very little discussion of police, either positive or negative
    - b. While Nicole expected some/many participants to support drug law enforcement as a response to the social problems they described,

participants seemed more eager to endorse government intervention

- i. This made it more efficient to focus the conversation on policies and laws

*Lessons Learned:*

- It is important to remember that unless explicitly assessed prior to a session, participants' attitudes and beliefs should not be taken for granted
6. **At the end of the sessions, some participants began articulating the need for legal regulation in non-policy language**
    - a. A few participants endorsed people knowing the "ingredients" of their drugs despite beginning with the session with a strong aversion to all drug use
      - i. Participants did not necessarily stop wishing for an end to all drug use, but they did seem to recognize that informed drug use was preferable to uninformed drug use
    - b. Participants seemed to begin associating knowing the ingredients of one's drugs with improved health and safety for both PWUD and themselves
    - c. Concluding the conversation this way provided the opportunity to transition to conversations about harm reduction next session

*Lessons Learned:*

- It is important to focus on the spirit and intent of people's words rather than whether they are using precise or official language
7. **Participants were broadly able to connect their own lack of access to programs and services to similar experiences had by PWUD**
    - a. Participants sometimes connected their own experiences of lack of access to health-related services to what they imagined PWUD might experience
      - i. E.g., A few participants described struggling to consistently access support to attend medical appointments, particularly after the closure of a program designed to do this - this was linked to seeing people with visible wounds on the streets

- ii. E.g., a former healthcare professional described seeing people with “thick, red thighs” and wondered why they didn't have access to the treatment they “deserve”
  1. These conversations provided an opportunity to discuss healthcare stigma, which participants seemed to understand
- iii. E.g., one participant described not being able to manage chronic pain through healthcare system pathways
  1. This provided an opportunity to discuss how many PWUD are disabled/live with chronic pain and turn to the unregulated supply, which participants seemed receptive to
  2. The same participant argued that people in pain deserve to know the ingredients of their medication
- b. Participants repeatedly expressed dissatisfaction with a lack of public bathrooms
  - i. Participants were able to be guided to listening to how this issue also impacts PWUD and might contribute to seeing visible drug use
- c. Participants described lack of access to adequate transportation and struggling with mobility issues
  - i. Participants were receptive to considering how PWUD also struggled with this

*Lessons Learned:*

- Participants might not independently make the desired connections between their own experiences and those of other groups, but they will generally be receptive to facilitators guiding them to do so or making these connections for them
8. Participants were very sympathetic to the experiences of people who use drugs to treat chronic pain
    - a. The issue of chronic pain arose after many participants had already described feeling excluded or improperly treated by the medical system for their own conditions

- b. Stating that some people use illegal drugs to cope with chronic pain that is not otherwise being treated within the medical system consistently diffused participants' hostility towards drug users
- c. On several occasions, participants offered personal anecdotes about friends and family members not being satisfied with the medical system for pain treatment; this was followed by recognition that these people could become illegal drug users
- d. One participant disclosed that a friend already used illegal drugs to cope with pain
- e. Participants reached near-consensus in both sessions that using illegal drugs for chronic pain was, if not acceptable, at least understandable
- f. Similarly, a few participants' clear anger that police would interfere with people using drugs to treat chronic pain was matched by their peers
- g. After one participant noted that prescription medications are not always effective ("strong enough"), her peers demonstrated insight into why people may use drugs for pain treatment and pleasure
- h. At times, the facilitators had to guide participants away from endorsing a rigid binary between those who use illegal drugs for "legitimate" (chronic pain) reasons versus "illegitimate ones"

### *Lessons Learned*

- Presenting participants with an explanation of why people may use drugs that reflects participants' own experiences can engender empathy and diffuse hostility towards illegal drug users
  - Facilitators may need to be prepared to ameliorate the tendency to rigidly distinguish between "good" and "bad" reasons for using drugs
9. **Participants did not intuitively understand that "recovery" was not necessarily identical to abstinence from substances**
- a. Although participants were highly invested in the idea that safe consumption sites that initiate recovery trajectories for some people, it became evident that they defined recovery as total abstinence

- i. The facilitators did not intend to convey this and struggled to introduce expanded definitions of recovery after participants had discussed it at length already

### *Lessons Learned*

- Facilitators should remember that “taken for granted assumptions” about substance use treatment are not often understood by the broader public
- Facilitators should clarify at the outset – and be prepared to expand upon - that recovery can include a variety of quality-of-life improvements and does not require abstinence

## 5. Appendices

- I. Literature Review
- II. Recruitment Flyer
- III. Baseline Knowledge Survey Template
- IV. Baseline Knowledge Survey Response Analysis
- V. Engagement Session 1 Information flyers (English)
- VI. Session 1 Facilitation Script
- VII. Session 1 Presentation Slides (English and Chinese)
- VIII. Session 1 Take-home Learning Resource
- IX. Post-Engagement Session 1 Survey Template
- X. Post-Engagement Session 1 Survey Response Analysis
- XI. Engagement Session 2 Information Flyers (English)
- XII. Session 2 Facilitation Script
- XIII. Session 2 Presentation Slides (English and Chinese)
- XIV. Session 2 Take-Home Learning Resource
- XV. Post-Engagement Session 2 Survey Template
- XVI. Post-Engagement Session 2 Survey Response Analysis
- XVII. Yarrow Organizational Engagement Session Reflection Notes
- XVIII. Translation Chart – Words for “Drug” and “Drug User”
- XIX. Translation for “Drug” Grey Literature Review

## I. Literature Review

General questions and considerations while reading:

- 1) How do people develop opinions about policies?
  - a) People tend to be influenced by those who share salient demographic characteristics with them
  - b) People tend to be influenced by those who they engage with frequently (who are also often homogenous in terms of demographic characteristics)
  - c) When making decisions, uninformed citizens use heuristics<sup>1</sup>, or information shortcuts, as a substitute for detailed factual information
  - d) Many base their policy preferences on false or unsubstantiated information that they believe to be true because it validates their political preferences
  - e) Individuals who receive unwelcome information may not simply resist challenges to their views - they may come to support their original opinion even more strongly (the “backfire effect” due to motivated reasoning)
  - f) Subject matter experts are less susceptible to (but not immune from) cohort and backfire effects
  
- 2) To what extent do public attitudes and opinions actually matter for the policy-making process?
  - a) Broadly, public opinion does matter for policy making
  - b) Citizens play a role in the ‘authorizing environment’ (the ‘space’ where public policy gains support and legitimacy) that provides public policy with political support and legitimacy
  - c) Government receptiveness to public opinion appears to have declined over time in the west
  - d) policies are more likely to be adopted by governments when the policy agenda is established via internal actions; however, this is informed by and can in turn alter public opinion
  
- 3) In which contexts do public attitudes and opinions matter more?

- a) Public opinion matters more when policies are contested/controversial
- b) Public opinion can become more salient when it aligns with opinions of the governing political party and contradicts the opinion of advocates
- c) Public opinion can become more salient when it aligns with the opinions of advocates and contradicts the opinions of the governing political party
- d) Public opinions are constrained by institutional forces – when small, incremental changes are made by institutional actors (e.g., government), public opinion can change significantly because the authorizing environment changes

**4) Who/what mediates the relevance of public opinion for policy making?**

- a) The opinions and activities of interest organizations, political parties, and elites mediate the relevance of public opinion for policy making
- b) Policy change also depends on the active presence of ‘social entrepreneurs’ and policy champions - those who generate enthusiasm for change and open policy windows/opportunities
- c) Advocates who campaign for unpopular positions can mediate the influence of public opinion if they generate significant support from other advocates and salient actors

**Project-specific questions and considerations while reading:**

**Demographic considerations**

- 1) **What are the characteristics of populations more likely to express support for progressive public policy reform (drug policy specific)?**
  - a) right wing authoritarian submission and aggression is associated with increased stigma and negative attitudes toward harm reduction
    - i) this relationship is mediated by familiarity with PWUD
  - b) Conservative political attitudes are positively associated with declining support for non-punitive drug policy approaches
  - c) More negative attitudes on the ASUD<sup>2</sup> scale are associated with declining support for non-punitive drug policy reforms
  - d) Stigmatizing attitudes may be a more powerful indicator of one’s support for policy reforms than one’s ideology

- e) Citizens are more likely to support social spending for drug users and harm reduction interventions if they believe the targeted recipients of spending are not to blame for their plight and therefore deserve help
- f) Beliefs in environmental causes of addiction (vs. Individual ones) are associated with greater support for drug legalization
- g) Stronger beliefs in the innate risk/dangerousness of illegal drugs is associated with reduced support for decriminalization, legalization, and harm reduction
- h) Beliefs that addiction is an important social problem are strongly associated with support for increased spending on drug *control* strategies
- i) Support for progressive drug policies is higher among those who are young, have higher household incomes, and whose religion is not central to their identity
- j) Greater support for progressive policy reform is observed among those who have liberal ideologies
- k) Among white people, greater racial resentment is strongly associated with reduced support for drug decriminalization and other policy reforms

### Framing considerations

- 1) **What are the perceived characteristics of policies that populations are more likely to express support for (general)?**
  - a) Perceived effectiveness of a policy, defined as an individual's evaluation of the clarity, adequacy, and facilitation of the policy at achieving certain outcomes, is one of the strongest predictors of public support
  - b) Citizens repeatedly express four core values that they draw from to justify their beliefs about a policy:
    - i) Goal attainment: the extent to which public organizations deliver and improve publicly valued outcomes, such as social, economic or environmental outcomes
    - ii) Institutional performance: relates to the functioning and delivery of policy in terms of implementation and technical problem-solving

- iii) Democratic value: refers to how policies are made and how well they respond to citizens' preferences through accountability, citizen engagement, equity, and fairness
- iv) Socio-political value: provide citizens with opportunities, resources, identities, which help communities co-exist and resolve differences when facing common challenges

**2) Which framing tactics are effective for generating support for a policy among the public? (general)**

- a) Positive frames (emphasizing the positive components of an issue) prompt individuals to express positive preferences for a policy
- b) Conversely, negative frames (emphasizing the negative components of an issue) prompt individuals to express negative preferences (a preference for the alternative predicted by the negative frame)
- c) Support for a policy is higher when evidence about multiple benefits is communicated compared to a single benefit
- d) Communicating evidence of a policy's benefits also increases perceptions that the policy is effective
  - i) Communicating multiple benefits increases the likelihood that a benefit valued by an individual will be described
  - ii) presenting multiple benefits might increase public support through repetition of the basic message that the policy is effective
- e) Social problems that can be framed in many ways such as homelessness and drug use can gain political support by being framed solely as 'health' issues
- f) Consolidating politically contested measures with more popular ones within a policy-package may facilitate adoption and implementation of the desired policy by generating greater public support for the contested measures
- g) Combining primary measures (those that aim directly at the main policy target) with ancillary measures (those that aim at increasing public support by reducing potentially adverse effects of primary measures) generates more support for the primary measures

- h) Primary command-and-control measures (those that regulate behaviour directly) generate more support for a policy than market measures (those that regulate behaviour indirectly through market incentives to adopt it)
    - i) Even highly intrusive command-and-control measures are more popular than market-based instruments
    - ii) Citizens respond more positively to primary command and control measures when they are provided with alternate options for changing their behaviour
  - i) Individuals tend to favour policies which provide information in advance – announcing in advance that an information campaign will accompany a policy change increases support for the policy change
- 3) Which framing tactics are more and less effective for generating support for a policy among the public (drug policy specific)?**
- a) Message frames that contradict stereotypes, elicit emotional responses and demonstrate structural barriers to success may reduce stigma and increase support for less punitive policies
  - b) The use of sympathetic narratives, or stories about individuals, can elicit differing attitudes towards populations and policies compared to more general descriptions of social problems
    - i) However, they may also shift blame of a policy problem onto the individual
    - ii) Experiments that combine sympathetic narratives with contextual information have been shown to increase support for public health policies
  - c) When using vignettes, the race of incarcerated and drug-using individuals influences framing and narrative effects – the general public is less sympathetic to narratives about non-White people
    - i) There might be cohort effects here (e.g., non-White populations might be more sympathetic to individuals who share their race/ethnicity)
  - d) When using vignettes, the socioeconomic status (SES) of the portrayed individual influences framing and narrative effects – the

general public is less sympathetic to narratives about low SES/poor people

- i) Portraying a high SES individual lowers perceptions of individual blame for drug use and addiction and reduces public support for punitive policies
  - ii) Depicting the barriers faced by a low SES individual can lower support for punitive policies and increased support for progressive drug policies
- e) Social justice and impact on children consequence frames can be particularly effective at reducing desire for social distance and increasing support for progressive policy reform
- f) Factual information and sympathetic narratives alone each lead to higher support for progressive naloxone policies, but study participants receiving a combination of sympathetic narratives and factual information, compared to factual information alone, are more likely to support policy reform

**4) Which framing techniques are most effective for promoting knowledge retention?**

- a) spacing out repeated encounters with the material over time produces superior long-term learning, compared with repetitions that are massed together
- b) Dispersed curricula promote better short and long-term knowledge retention over massed information distribution
- c) separating practice repetitions by a delay slows acquisition but enhances retention

## **Bibliography**

### **Pt. 1: Background/Conceptual**

#### **The politics of public policymaking**

Burstein, P. (2003). The Impact of Public Opinion on Public Policy: A Review and an Agenda. *Political Research Quarterly*, 56(1), 29-40. <https://doi-org.proxy.lib.sfu.ca/10.1177/106591290305600103>

- This article considers the impact of public opinion on public policy, asking: (1) how much impact it has; (2) how much the impact increases as the

saliency of issues increases; (3) to what extent the impact of public opinion may be negated by interest groups, social movement organizations, political parties, and elites; (4) whether responsiveness of governments to public opinion has changed over time; and (5) the extent to which our conclusions can be generalized. The source of data is publications published in major journals and included in major literature reviews, systematically coded to record the impact of public opinion on policy. The major findings include: the impact of public opinion is substantial; saliency enhances the impact of public opinion; the impact of opinion remains strong even when the activities of political organizations and elites are taken into account; responsiveness appears not to have changed significantly over time; and the extent to which the conclusions can be generalized is limited. Gaps in our knowledge made apparent by the review are addressed in proposals for an agenda for future research.

- Key Takeaways:
  - Three-quarters of the relationships between opinion and policy are statistically significant
  - When saliency is taken into account - when the measure of public opinion incorporates saliency as well as substantive preferences—the combination of saliency and substantive public opinion always has an effect and is of substantial policy importance
  - The impact of opinion on policy remains substantial when the activities of interest organizations, political parties, and elites are taken into account
  - Government responsiveness to public opinion appears to have declined over time

Buse K., Mays N., Walt G., *Making health policy*, 2005. Open University Press, London School of Hygiene and Tropical Medicine.

[https://books.google.ca/books?hl=en&lr=&id=OgHVEAAAQBAJ&oi=fnd&pg=PP1&ots=I5RjACKMVY&sig=\\_dLGGx1pgFGj9z5XL0I7XisfzyQ&redir\\_esc=y#v=onepage&q&f=false](https://books.google.ca/books?hl=en&lr=&id=OgHVEAAAQBAJ&oi=fnd&pg=PP1&ots=I5RjACKMVY&sig=_dLGGx1pgFGj9z5XL0I7XisfzyQ&redir_esc=y#v=onepage&q&f=false)

De Leeuw E. Healthy cities: urban social entrepreneurship for health, *Health Promotion International*, 1999, vol. 14 (pg. 261-269)[10.1093/heapro/14.3.261](https://doi.org/10.1093/heapro/14.3.261)

- Social entrepreneurship is key to the success of health promotion and Healthy City development. An overview of entrepreneurial skills is provided, and a policy change model in which social entrepreneurs play a key role is described. The model has been tested in a selection of 10 European, officially WHO-designated, Healthy Cities. Recognition by the entrepreneur of the components of the model, and subsequent strategic action, indeed influenced urban policy agendas. However, the two cities that were most effective in doing so also had institutionalized their entrepreneurial capacities. This seems therefore the next challenge in health promotion
- **Key Takeaways:**
  - Policy change depends on the active presence of 'social entrepreneurs' - those who generate enthusiasm for change and open policy windows/opportunities for change
  - Social entrepreneurs are most successful when their roles are institutionalized (e.g., become formal roles in a gov bureaucracy) because this tends to increase public support for a policy

Rasmussen, A., Mäder, L. K., & Reher, S. (2018). With a Little Help From The People? The Role of Public Opinion in Advocacy Success. *Comparative Political Studies*, 51(2), 139-164. <https://doi.org/10.1177/0010414017695334>

- Recent years have witnessed an increased interest in research on advocacy success, but limited attention has been paid to the role of public opinion. We examine how support from the public affects advocacy success, relying on a new original data set containing information on public opinion, advocacy positions, and policy outcomes on 50 policy issues in Denmark, Germany, the Netherlands, Sweden, and the United Kingdom. Claims by advocates are measured through a news media content analysis of a sample of policy issues drawn from national and international public opinion surveys. Our multilevel regression analysis provides evidence that public support affects advocacy success. However, public opinion does not affect preference attainment for some of the lobbying advocates whose influence is feared the most, and the magnitude of its impact is conditional upon the number of advocates who lobby on the policy issue in question.

- Key Takeaways:
  - the likelihood of advocacy success, that is, congruence between a lobbying actor's or group's policy preference and implemented policy, increases with the share of other advocates who support, rather than oppose, the actor's position
  - advocacy success increases with the proportion of the public supporting the policy position.
  - Policy makers are not very likely to follow the advice and demands of advocates who act in isolation, and in addition to the role of the community of lobbyists as a whole, the public needs to be considered

Rütten A., Lüschen G., Von Lengerke T., Abel T., Kannas L., Rodriguez Diaz J. A., et al. Determinants of health policy impact: a theoretical framework for policy analysis, *Sozial und Praeventiv medizin*, 2003, vol. 48 (pg. 293-300)[10.1007/s00038-003-2118-3](https://doi.org/10.1007/s00038-003-2118-3)

- This paper addresses the role of policy and evidence in health promotion. The concept of von Wright's "logic of events" is introduced and applied to health policy impact analysis. According to von Wright (1976), human action can be explained by a restricted number of determinants: wants, abilities, duties, and opportunities. The dynamics of action result from changes in opportunities (logic of events). Applied to the policymaking process, the present model explains personal wants as subordinated to political goals. Abilities of individual policy makers are part of organisational resources. Also, personal duties are subordinated to institutional obligations. Opportunities are mainly related to political context and public support. The present analysis suggests that policy determinants such as concrete goals, sufficient resources and public support may be crucial for achieving an intended behaviour change on the population level, while other policy determinants, e.g., personal commitment and organisational capacities, may especially relate to the policy implementation process. The paper concludes by indicating ways in which future research using this theoretical framework might contribute to health promotion practice for improved health outcomes across populations.

- **Key Takeaways:**
  - human actions can be explained by a small number of general determinants: wants, abilities, duties, and opportunities
  - Crucial for the dynamics of this interplay is the constant change of external situations creating new opportunities, while wants, abilities, and especially duties as the internal determinants remain relatively stable, since they usually are integrated in fixed institutional arrangements. Thus, a singular situational change creates a ripple effect (“logic of events”)
  - The logic of events can be applied to policy decision-making – a single institutional shift can have a ripple effect on the actions of policy and decision-makers

Yeatman H. R. Food and nutrition policy at the local level: key factors that influence the policy development process, *Critical Public Health*, 2003, vol. 13 (pg. 125-138)[10.1080/0958159031000097625](https://doi.org/10.1080/0958159031000097625)

- Little empirical work has been undertaken examining the policy process at the local level, where the majority of public health professionals work. This has resulted in a lack of understanding of how the policy development process works at this level and of the relevance of policy theory to local policy processes and outcomes. This paper discusses the findings of four case studies undertaken during 1995-96 that examined the process of developing food and nutrition policies within Australian local governments. At two of the sites food and nutrition policies were introduced. At the other two sites the development of food and nutrition policies was funded but policies were not endorsed or implemented. Semi-structured interviews were held with key personnel and document analysis was undertaken of reports and minutes of meetings. Factors examined in the study included the roles of individuals, groups and organized interests, the influence of organizational and governmental structures and the interaction between these factors. The relevance of the policy theories of localism, agenda setting and political power and policy making to locally based health policy development is discussed. Key findings of this study are that local policy action is a function of the nature of the policy issue, it is dependent on the political and organizational environments within which it is developed and action by individuals can be very influential in the policy process.

- **Key Takeaways:**
  - Policy changes at the local level tend to be incremental
  - Health promotion policies are more likely to be adopted by governments when the policy agenda is established via internal actions
  - Local govts tend to develop policy agendas they can exert direct influence over, often without much public consultation

### Generating public support for policies

Druckman, James. (2004). Political Preference Formation: Competition, Deliberation, and the (Ir)Relevance of Framing Effects. *American Political Science Review*. 98. 671 - 686. 10.1017/S0003055404041413.

- A framing effect occurs when different, but logically equivalent, words or phrases – such as 95% employment or 5% unemployment – cause individuals to alter their preferences. Framing effects challenge the foundational assumptions of much of the social sciences (e.g., the existence of coherent preferences or stable attitudes), and raise serious normative questions about democratic responsiveness. Many scholars and pundits assume that framing effects are highly robust in political contexts. Using a new theory and an experiment with more than 550 participants, I show that this is not the case – framing effects do not occur in many political settings. Elite competition and citizens’ interpersonal conversations often vitiate and eliminate framing effects. However, I also find that when framing effects persist, they can be even more pernicious than often thought – not only do they suggest incoherent preferences but they also stimulate increased confidence in those preferences. My results have broad implications for preference formation, rational choice theory, political psychology, and experimental design.
- **Key Takeaways:**
  - Negative frames (emphasizing the negative components of an issue) prompt individuals to express negative preferences (a preference for the alternative predicted by the negative frame)

- o In contexts where debates are held with heterogenous groups, individuals are less predictable in terms of preferences than when debates are held with homogenous groups
  - ♣ This is only true for non-experts
  - ♣ homogenous discussions act as a double-edged sword – they work to eliminate framing effects among experts; however, when the effects persist, they stimulate and reinforce an over-confidence in framed preferences (e.g., groupthink)
- o having preferences consistent with a framing effect bolsters an individual's confidence in those preferences

Eleni Mantzari, James P. Reynolds, Susan A. Jebb, Gareth J. Hollands, Mark A. Pilling, Theresa M. Marteau. Public support for policies to improve population and planetary health: A population-based online experiment assessing impact of communicating evidence of multiple versus single benefits. *Social Science & Medicine*, Volume 296, 2022, 114726, ISSN 0277-9536. <https://doi.org/10.1016/j.socscimed.2022.114726>.

- Effective interventions for reducing the consumption of products that harm population and planetary health often lack public support, impeding implementation. Communicating evidence of policies' effectiveness can increase public support but there is uncertainty about the most effective ways of communicating this evidence. Some policies have multiple benefits such as both improving health and the environment. This study assesses whether communicating evidence of multiple versus single benefits of a policy increases its support...Communicating evidence of a policy's benefits increases support for policy action across different behaviours and policies. Presenting multiple benefits of policies enhances public support.
- **Key Takeaways:**
  - o Perceived effectiveness of a policy, defined as an individual's evaluation of the clarity, adequacy, and facilitation of the policy at achieving certain outcomes, is one of the strongest predictors of public support
  - o Support for a policy is higher when evidence about multiple benefits is communicated compared to a single benefit.

- o Communicating evidence of a policy's benefits also increases perceptions that the policy is effective
- o Communicating multiple benefits increases the likelihood that a benefit valued by an individual will be described
- o presenting multiple benefits might increase public support through repetition of the basic message that the policy is effective

Koon AD, Hawkins B, Mayhew SH. Framing and the health policy process: a scoping review. *Health Policy Plan*. 2016 Jul;31(6):801-16. 2016 Feb 11. PMID: 26873903; PMCID: PMC4916318.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4916318/>

- Framing research seeks to understand the forces that shape human behaviour in the policy process. It assumes that policy is a social construct and can be cast in a variety of ways to imply multiple legitimate value considerations. Frames provide the cognitive means of making sense of the social world, but discordance among them forms the basis of policy contestation. Framing, as both theory and method, has proven to generate considerable insight into the nature of policy debates in a variety of disciplines. Despite its salience for understanding health policy debates; however, little is known about the ways frames influence the health policy process. A scoping review using the Arksey and O'Malley framework was conducted. The literature on framing in the health sector was reviewed using nine health and social science databases. Articles were included that explicitly reported theory and methods used, data source(s), at least one frame, frame sponsor and evidence of a given frame's effect on the health policy process. A total of 52 articles, from 1996 to 2014, and representing 12 countries, were identified. Much of the research came from the policy studies/political science literature (n=17) and used a constructivist epistemology. The term 'frame' was used as a label to describe a variety of ideas, packaged as values, social problems, metaphors or arguments. Frames were characterized at various levels of abstraction ranging from general ideological orientations to specific policy positions. Most articles presented multiple frames and showed how actors advocated for them in a highly contested political process. Framing is increasingly an important, yet overlooked aspect of the policy process. Further analysis on frames,

framing processes and frame conflict can help researchers and policymakers to understand opaque and highly charged policy issues, which may facilitate the resolution of protracted policy controversies.

- **Key Takeaways**
  - policymaking is an expansive process that transcends issue domains and involves deliberation from multiple segments of society. In this way, social problems such as homelessness [and] injection drug use...can gain political support by being reframed as 'health' issues.

Mendez, C., Pegan, A., & Triga, V. (2022). Creating public value in regional policy. Bringing citizens back in. *Public Management Review*, 26(3), 811–835. <https://doi.org/10.1080/14719037.2022.2126880>

- We develop a novel citizen-centred multi-dimensional approach to public value creation in regional policy. Drawing on 47 citizen focus groups in 16 European regions, public values are analysed through an interpretative comparative approach. Goal attainment is a positive and widely held value. However, evaluations of institutional performance and democratic values are more negative. The findings have significant implications for public value management. We propose a five C's public value creation framework emphasizing coherence across public values and the communication and co-creation of public value sustained through capacity building and continuous feedback. Implications for public value theory, European regional policy and future research are discussed.
- **Key Takeaways:**
  - Local citizens play a critical yet overlooked role in the 'authorizing environment' (the 'space' where public policy gains support and legitimacy) that provides public policy with political support and legitimacy
  - In the literature, citizens repeatedly express four core values that they draw from to justify their beliefs about a policy:
    - ♣ Goal attainment: the extent to which public organizations deliver and improve publicly valued outcomes, such as social, economic or environmental outcomes

- ♣ Institutional performance: relates to the functioning and delivery of policy in terms of implementation and technical problem-solving
- ♣ Democratic value: refers to how policies are made and how well they respond to citizens' preferences through accountability, citizen engagement, equity, and fairness
- ♣ Socio-political value: provide citizens with opportunities, resources, identities, which help communities co-exist and resolve differences when facing common challenges

Nyhan B & Reifler J. 2010. When corrections fail: the persistence of political misperceptions. *Political Behav.* 32, 303–330. (10.1007/s11109-010-9112-2).  
[https://link.springer.com/article/10.1007/s11109-010-9112-2?TB%20iframe=true&width=921.6&height=4638.6&error=cookies\\_not\\_supported&code=1a71d8d1-e963-432b-851e-17771c195849](https://link.springer.com/article/10.1007/s11109-010-9112-2?TB%20iframe=true&width=921.6&height=4638.6&error=cookies_not_supported&code=1a71d8d1-e963-432b-851e-17771c195849)

- An extensive literature addresses citizen ignorance, but very little research focuses on misperceptions. Can these false or unsubstantiated beliefs about politics be corrected? Previous studies have not tested the efficacy of corrections in a realistic format. We conducted four experiments in which subjects read mock news articles that included either a misleading claim from a politician, or a misleading claim and a correction. Results indicate that corrections frequently fail to reduce misperceptions among the targeted ideological group. We also document several instances of a “backfire effect” in which corrections actually increase misperceptions among the group in question.
- **Key Takeaways:**
  - When making decisions, uninformed citizens use heuristics, or information shortcuts, as a substitute for detailed factual information
  - Many base their policy preferences on false or unsubstantiated information that they believe to be true because it validates their political preferences
  - Individuals who receive unwelcome information may not simply resist challenges to their views - they may come to support their

original opinion even more strongly (“backfire effect” due to motivated reasoning)

Nyhan B, Reifler J, Ubel PA. 2013. The hazards of correcting myths about health care reform. *Med. Care* 51, 127–132. (10.1097/MLR.0b013e318279486b).

<https://drive.google.com/file/d/1133wXQ5MvePOATCQ6PNSruYRpde4a8ny/view>

- Misperceptions are a major problem in debates about health care reform and other controversial health issues. We conducted an experiment to determine if more aggressive media fact-checking could correct the false belief that the Affordable Care Act would create “death panels.” Participants from an opt-in Internet panel were randomly assigned to either a control group in which they read an article on Sarah Palin’s claims about “death panels” or an intervention group in which the article also contained corrective information refuting Palin. The correction reduced belief in death panels and strong opposition to the reform bill among those who view Palin unfavorably and those who view her favorably but have low political knowledge. However, it backfired among politically knowledgeable Palin supporters, who were more likely to believe in death panels and to strongly oppose reform if they received the correction. These results underscore the difficulty of reducing misperceptions about health care reform among individuals with the motivation and sophistication to reject corrective information.
- Key Takeaways:
  - Corrective information can reduce health policy misinformation for low-information groups
  - Corrective information can increase beliefs in misinformation among groups with high levels of knowledge about a policy and/or strong feelings about the political actor they associate the policy with

Reynolds J.P., Stautz K., Pilling M., van der Linden S., Marteau T.M.

Communicating the effectiveness and ineffectiveness of government policies and their impact on public support: a systematic review with meta-analysis. *R.*

*Soc. Open Sci.* 2020;**7**:190522.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7029938/>

- Low public support for government interventions in health, environment and other policy domains can be a barrier to implementation. Communicating evidence of policy effectiveness has been used to influence attitudes towards policies, with mixed results. This review provides the first systematic synthesis of such studies. Eligible studies were randomized controlled experiments that included an intervention group that provided evidence of a policy's effectiveness or ineffectiveness at achieving a salient outcome, and measured policy support. From 6498 abstracts examined, there were 45 effect sizes from 36 eligible studies. In total, 35 (N = 30 858) communicated evidence of effectiveness, and 10 (N = 5078) communicated evidence of ineffectiveness. Random effects meta-analysis revealed that communicating evidence of a policy's effectiveness increased support for the policy (SMD = 0.11, 95% CI [0.07, 0.15],  $p < 0.0001$ ), equivalent to support increasing from 50% to 54% (95% CI [53%, 56%]). Communicating evidence of ineffectiveness decreased policy support (SMD = -0.14, 95% CI [-0.22, -0.06],  $p < 0.001$ ), equivalent to support decreasing from 50% to 44% (95% CI [41%, 47%]). These findings suggest that public support for policies in a range of domains is sensitive to evidence of their effectiveness, as well as their ineffectiveness.
- **Key Takeaways:**
  - Communicating evidence that a policy is effective in achieving a target outcome increases support for the policy
  - Communicating evidence that a policy is ineffective or leads to undesirable outcomes decreases support for the policy

Wicki M, Huber RA, Bernauer T. Can policy-packaging increase public support for costly policies? Insights from a choice experiment on policies against vehicle emissions. *Journal of Public Policy*. 2020;40(4):599-625.  
doi:10.1017/S0143814X19000205

- Public support is usually a precondition for the adoption and successful implementation of costly policies. We argue that such support is easier to achieve with policy-packages that incorporate primary and ancillary

measures. We specifically distinguish command-and-control and market-based measures as primary measures and argue that the former will usually garner more public support than the latter given the low-visibility tendency of costs associated with command-and-control measures. Nevertheless, if included in a policy-package, ancillary measures are likely to increase public support by reducing negative effects of primary measures. Based on a choice experiment with a representative sample of 2,034 Swiss citizens, we assessed these arguments with respect to political efforts to reduce vehicle emissions. The empirical analysis supported the argument that policy-packaging affects public support positively, particularly generating more support when ancillary measures are added. Lastly, we ultimately observe that command-and-control measures obtain more public support than market-based instruments.

- **Key Takeaways:**
  - Consolidating politically contested measures with more popular ones within a policy-package may facilitate adoption and implementation of the desired policy by generating greater public support for the contested measures
  - Combining primary measures (those that aim directly at the main policy target) with ancillary measures (those that aim at increasing public support by reducing potentially adverse effects of primary measures) generates more support for the primary measures
  - Primary command-and-control measures (those that regulate behaviour directly) generate more support for a policy than market measures (those that regulate behaviour indirectly through market incentives to adopt it)
  - Even highly intrusive command-and-control measures are more popular than market-based instruments
  - Citizens respond more positively to primary command and control measures when they are provided with alternate options for changing their behaviour
  - individuals tend to favour policies which provide information in advance – announcing in advance that an information campaign will accompany a policy change increases support for the policy change

## Measuring and generating public support for drug policy reform

Bandara SN, McGinty EE, Barry CL. Message framing to reduce stigma and increase support for policies to improve the wellbeing of people with prior drug convictions. *Int J Drug Policy*. 2020 Feb;76:102643. doi: 10.1016/j.drugpo.2019.102643. Epub 2020 Jan 7. PMID: 31918400; PMCID: PMC7114824.

- Individuals with drug convictions are at heightened risk of poor health, due in part to punitive public policies. This study tests the effects of message frames on: 1) public stigma towards individuals with felony drug convictions and 2) support for four policies in the United States (U.S.) affecting social determinants of health: mandatory minimum sentencing laws, 'ban-the-box' employment laws, and restrictions to supplemental nutrition and public housing programs.
- **Key Takeaways:**
  - message frames that contradict stereotypes, elicit emotional responses and demonstrate structural barriers to success may reduce stigma and increase support for less punitive policies
  - the use of sympathetic narratives, or stories about individuals, can elicit differing attitudes towards populations and policies compared to more general descriptions of social problems
    - ♣ However, they may also shift blame of a policy problem onto the individual
    - ♣ experiments that combine sympathetic narratives with contextual information have been shown to increase support for public health policies
  - The race of incarcerated individuals has also influenced framing and narrative effects – public less sympathetic to narratives about non-White people
  - social justice and impact on children consequence frames can be particularly effective at reducing desire for social distance and increasing support for progressive policy reform

Bachhuber MA, McGinty EE, Kennedy-Hendricks A, Niederdeppe J, & Barry CL (2015). Messaging to Increase Public Support for Naloxone Distribution Policies

in the United States: Results from a Randomized Survey Experiment. *PloS One*, 10(7), e0130050 10.1371/journal.pone.0130050.

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0130050>

- A randomized survey experiment was conducted with a nationally-representative web-based survey research panel (GfK KnowledgePanel). Participants were randomly assigned to read different messages alone or in combination: 1) factual information about naloxone; 2) pre-emptive refutation of potential concerns about naloxone distribution; and 3) a sympathetic narrative about a mother whose daughter died of an opioid overdose. Participants were then asked if they support or oppose policies related to naloxone distribution. For each policy item, logistic regression models were used to test the effect of each message exposure compared with the no-exposure control group.
- **Key Takeaways**
  - Factual information and the sympathetic narrative alone each lead to higher support for progressive naloxone policies
  - Participants receiving the combination of the sympathetic narrative and factual information, compared to factual information alone, are more likely to support all policies

Bathje, G., Pillersdorf, D., & Du Bois, S. (2019). Authoritarianism, attitudes toward harm reduction and the stigmatisation of people who use drugs. *Alcoholism and Drug Addiction = Alkoholizm i Narkomania.*, 32(2), 77–86.

<https://doi.org/10.5114/ain.2019.87624>

- While much research has been conducted in the past two decades on the stigma of mental health, relatively little has been published on the stigma of drug use and addiction, or attitudes toward harm reduction efforts. Although harm reduction is an approach particularly well suited for reducing the negative outcomes of drug use at a time when overdoses continue to escalate, negative opinions and anti-drug policies often interfere with the operation and funding of such programmes.
- **Key Takeaways:**
  - political ideology may not be the most relevant variable in advocating for the wellness of PWUD

- o right wing authoritarian submission and aggression is associated with increased stigma and negative attitudes toward harm reduction
  - ♣ this relationship is mediated by familiarity with PWUD
- o stigma might be reduced and harm reduction attitudes improved by working to raise awareness of accurate and non-stigmatising information about drugs and addiction, while creating opportunities for positive contact or humanising portrayals of people who use drugs or who become addicted.

Glover, R. W., & Sporer, K. (2023). Assessing Determinants of Shifting Attitudes on Drug Policy Reform in Maine. *Journal of Drug Issues*. <https://doi.org/10.1177/00220426231205797>

- There is growing recognition that our decades-long “war on drugs” has not only been a policy failure but has made our societal drug crisis worse. This is painfully evident in our response to the opioid epidemic. Efforts at comprehensive policy reform are likely to emerge first at the state and local levels. We collaborated with policy advocates and practitioners to study policy perspectives of registered Maine voters, and to investigate determinants of receptivity to drug policy reforms rooted in decriminalization and harm reduction. Our results suggest that while political ideology still impacts one’s perspective on these issues, increased exposure to those with substance use disorder reduces stigma, resulting in increasingly broad, bipartisan support for policy reform. We conclude with a discussion on how policymakers addressing overdose and substance use disorder at the state and local level should consider implementing and funding evidence-based alternative approaches such as decriminalization and harm reduction.
- **Key Takeaways:**
  - o support for policies that explicitly deal with pathways to recovery are very popular
  - o public support for harm reduction policies aimed at safer experiences for people who *continue* to use drugs (PWUD) is mixed
  - o respondents are least supportive of a measure which would legalize and fund “safer consumption sites

- o respondents are mixed on proposals to address inequities in criminal law enforcement, such as measures designed to uncover and address inequities in criminal enforcement
- o Ideology remains a critically important predictor of one's drug policy attitudes. Conservative political attitudes are positively associated with declining support for non-punitive drug policy approaches
- o More negative attitudes on the alcohol/SUD scale are associated with declining support for non-punitive drug policy reforms
- o stigmatizing attitudes may be a more powerful indicator of one's support for such policy reforms than one's ideology
- o political partisanship's hold on shaping one's drug policy attitudes may be loosening

Kennedy-Hendricks A, McGinty EE, Barry CL. Effects of Competing Narratives on Public Perceptions of Opioid Pain Reliever Addiction during Pregnancy. *J Health Polit Policy Law*. 2016 Oct;41(5):873-916. doi: 10.1215/03616878-3632230. Epub 2016 Jun 2. PMID: 27256811.

- Opioid pain reliever addiction has increased among women of reproductive age over the last fifteen years. News media and public attention have focused on the implications of this trend for infants exposed to opioids prenatally, with state policy responses varying in the extent to which they are punitive or public health oriented. We fielded a six-group randomized experiment among a nationally representative sample of US adults to test the effects of narratives portraying a woman with opioid pain reliever addiction during pregnancy on beliefs about people addicted to opioid pain relievers, perceptions of treatment effectiveness, policy attitudes, and emotional responses.
- **Key Takeaways:**
  - o Portraying a high socioeconomic status (SES) woman in the narrative lowered perceptions of individual blame for addiction and reduced public support for punitive policies.
  - o Depicting the barriers to treatment faced by a low SES woman lowered support for punitive policies and increased support for expanded insurance coverage for treatment.

- o The extent to which narratives portraying successfully treated addiction affected public attitudes depended on the SES of the woman portrayed.

MacQuarrie, A. L., & Brunelle, C. (2022). Emerging Attitudes Regarding Decriminalization: Predictors of Pro-Drug Decriminalization Attitudes in Canada. *Journal of Drug Issues*, 52(1), 114-127. <https://doi.org/10.1177/00220426211050030>

- Canada and the United States have recently evaluated the decriminalization of drugs as multiple provinces and states put motions forward to consider drug decriminalization legislation. The influence of factors such as demographics, substance use, perceived substance use risk, and personality have not been widely studied in predicting attitudes toward drug decriminalization. A total of 504 participants were drawn from university (n = 269, 53.37%) and community samples (n = 235, 46.63%) through online social media groups and posts (i.e., Facebook, Twitter, Reddit, etc). Analyses indicated that male gender, single or non-married relationship status, living outside of Atlantic Canada, higher problematic alcohol use scores, lower Extraversion, higher Open-mindedness, and lower perceived risk of using substances emerged as significant predictors of support for drug decriminalization. These findings have important implications as public attitudes toward a substance influence drug policy.
- **Key Takeaways:**
  - o gender was a significant predictor of support for drug decriminalization, with male participants being more supportive of decriminalization compared to females.
  - o Single individuals were more likely to indicate support for decriminalization compared to those who reported being in a common-law relationship or married
  - o Participants who resided in Central (Ontario and Quebec) and Western (Manitoba, Saskatchewan, Alberta, British Columbia) Canada were more supportive of drug decriminalization compared to participants who resided within Atlantic Canada (Prince Edward

Island, Nova Scotia, New Brunswick, and Newfoundland and Labrador)

- o lower scores on perceived risk of drug use were linked to increased support for decriminalization
- o lower Extraversion and higher Openness to Experience were significant predictors of pro drug decriminalization attitudes

Matheson, C., Jaffray, M., Ryan, M., Bond, CM., Fraser, K., Kirk, M. & Liddell, D. Public opinion of drug treatment policy: Exploring the public's attitudes, knowledge, experience and willingness to pay for drug treatment strategies, *International Journal of Drug Policy*, Volume 25, Issue 3, 2014, Pages 407-415, ISSN 0955-3959, <https://doi.org/10.1016/j.drugpo.2013.11.001>.

- Research evidence is strong for opiate replacement treatment (ORT). However, public opinion (attitudes) can be at odds with evidence. This study explored the relationships between, attitudes, knowledge of drugs and a range of socio-demographic variables that potentially influence attitude. This is relevant in the current policy arena in which a major shift from harm reduction to rehabilitation is underway.
- **Key Takeaways:**
  - o having an annual income >£50K, or having personal experience of drug misuse and having better knowledge of drugs were significantly associated with a more positive attitude.
  - o The more positive attitude of those with the highest salary may be because this group can 'afford' to be more sympathetic, or may be less exposed to the negative aspects of drug misuse if they live in affluent areas
  - o some respondents balanced their basic dislike of drug users and their feelings that they did not deserve treatment against the benefits to society of treating them
  - o respondents were willing to pay more towards detoxification, rehabilitation and harm reduction than methadone maintenance

Rouhani, S., McGinty, E. E., Weicker, N. P., White, R. H., LaSalle, L., Barry, C. L., & Sherman, S. G. (2022). Racial resentment and support for decriminalization of

drug possession in the United States. *Preventive Medicine*, 163, 107189.  
<https://www.sciencedirect.com/science/article/abs/pii/S0091743522002389>

- Drug criminalization creates significant barriers to prevention and treatment of substance use disorders and racial equity objectives, and removal of criminal penalties for drug possession is increasingly being endorsed by health and justice advocates. We present empirical data estimating the share of U.S. adults who support eliminating criminal penalties for possession of all illicit drugs, and examine factors associated with public support. Data from the Johns Hopkins COVID-19 Civic Life and Public Health Survey, a probability-based nationally representative sample of 1222 U.S. adults, was collected from November 11–30, 2020. Support for decriminalizing drug possession was assessed overall and by sociodemographic factors and attitudes towards politics and race. Correlates of support were examined using multivariable logistic regression. Thirty-five percent of adults supported eliminating criminal penalties for drug possession in the U.S. In adjusted regression models, respondents who were younger or identified as politically liberal were more likely to support decriminalization relative to other groups, and respondents who were Hispanic or identified strongly with their religious beliefs were less likely to support decriminalization. Among white respondents, greater racial resentment was strongly associated with reduced support for drug decriminalization. Support for drug decriminalization varies considerably by beliefs about politics and race, with racial resentment among white Americans potentially comprising a barrier to drug policy reform. Findings can inform communication and advocacy efforts to promote drug policy reform in the United States.
- Key Takeaways:
  - Support for decriminalization was significantly higher among respondents who were aged 18–34, had a household income greater than \$75,000 annually, and whose religion was not central to their identity.
  - Greater support was observed among those who had liberal ideology, approved or participated in protests against police

- o respondents who were Hispanic or identified strongly with their religious beliefs were less likely to support decriminalization.
- o Among white respondents, greater racial resentment was strongly associated with reduced support for drug decriminalization

Timberlake J. M., Lock E. D., Rasinski K. A. (2003). How should we wage the war on drugs? Determinants of public preferences for drug control alternatives. *Policy Studies Journal*, 31(1), 71–88. <https://doi.org/10.1111/1541-0072.00004>

- *When citizens are presented with alternative policy solutions to a given social problem, why do they choose to support one over another? In this article, the authors analyze a survey of residents of the five largest U.S. metropolitan areas to understand determinants of public support for spending on three major components of American drug control policy: law enforcement programs, rehabilitative services for addicts, and school-based prevention programs. The authors estimate effects of self-interest, political socialization, and policy attitudes on support for total drug control expenditures and on preferences for each drug control alternative versus the others. Effects of group self-interest, societal interest, and political socialization change dramatically across dimensions of support. Policy attitudes are strong predictors of both types of support, whereas individual self-interest measures are not associated with either dimension.*
- **Key Takeaways:**
  - o citizens are more likely to support social spending if they believe the targeted recipients of spending are not to blame for their plight and therefore deserve help
  - o beliefs in environmental causes of addiction are associated with greater support for heroin legalization
  - o beliefs that heroin is intrinsically addictive are associated with reduced support for legalization
  - o beliefs that addiction is an important social problem are strongly associated with support for increased spending on drug *control* strategies

- o Neither knowledge of a current or former addict nor the presence of minor children in the household is significantly related to spending support
- o Beliefs that lack of willpower causes addiction are negatively associated with support for drug control spending
- o beliefs that drug policy is effective are positively associated with spending support
- o support for drug control spending appears to depend on racial group membership, perceptions of how important the problem is to society, and attitudes about the causes of drug addiction and the effectiveness of drug control policy
- o beliefs in the importance of addiction for society do not lead to preferences for one method of combating the drug problem versus another
- o There is less support among conservative sociopolitical groups for drug rehabilitation relative to a generally worded version of drug policy
- o choices between policy alternatives hinge on political socialization, and specifically one's race, political party affiliation, and religion
- o We should draw sharp distinctions between public support for general actions by government, such as "solving the drug problem" and support for particular policy proposals

### Promoting knowledge retention

Kang, H. S. K. (2016). Spaced Repetition Promotes Efficient and Effective Learning: Policy Implications for Instruction: Policy Implications for Instruction. *Policy Insights from the Behavioral and Brain Sciences*, 3(1), 12-19. <https://doi.org/10.1177/2372732215624708> (Original work published 2016).

- Concern that students in the United States are less proficient in mathematics, science, and reading than their peers in other countries has led some to question whether American students spend enough time in school. Instead of debating the amount of time that should be spent in school (and on schoolwork), this article addresses how the available instructional time might be optimally utilized via the scheduling of review or practice. Hundreds of studies in cognitive and educational psychology

have demonstrated that spacing out repeated encounters with the material over time produces superior long-term learning, compared with repetitions that are massed together. Also, incorporating tests into spaced practice amplifies the benefits. Spaced review or practice enhances diverse forms of learning, including memory, problem solving, and generalization to new situations. Spaced practice is a feasible and cost-effective way to improve the effectiveness and efficiency of learning, and has tremendous potential to improve educational outcomes. The article also discusses barriers to adopting spaced practice, recent developments, and their possible implications.

Raman, M., Mclaughlin, K., Violato, C., Rostom, A., Allard, J., & Coderre, S. (2010). Teaching in small portions dispersed over time enhances long-term knowledge retention. *Medical Teacher*, 32(3), 250–255.  
<https://doi.org/10.3109/01421590903197019>

- A primary goal of education is to promote long-term knowledge storage and retrieval. A prospective interventional study design was used to investigate our research question: Does a dispersed curriculum promote better short- and long-term retention over a massed course? Participants included 20 gastroenterology residents from the University of Calgary ( $N = 10$ ) and University of Toronto ( $N = 10$ ). Participants completed a baseline test of nutrition knowledge. The nutrition course was imparted to University of Calgary residents for 4 h occurring 1 h weekly over 4 consecutive weeks: dispersed delivery (DD). At the University of Toronto the course was taught in one 4h academic half-day: massed delivery (MD). Post-curriculum tests were administered at 1 week and 3 months to assess knowledge retention. The baseline scores were  $46.39 \pm 6.14\%$  and  $53.75 \pm 10.69\%$  in the DD and MD groups, respectively. The 1 week post-test scores for the DD and MD groups were  $81.67 \pm 8.57\%$ ,  $p < 0.001$  and  $78.75 \pm 4.43$ ,  $p < 0.001$  which was significantly higher than baseline. The 3-month score was significantly higher in the DD group, but not in the MD group ( $65.28 \pm 9.88\%$ ,  $p = 0.02$  vs.  $58.93 \pm 12.06\%$ ,  $p = 0.18$ ). The absolute pre-test to 1-week post-test difference was significantly higher at  $35.28 \pm 7.65\%$  among participants in the DD group compared to  $25.0 \pm 11.80\%$  in the MD group,  $p = 0.048$ . Similarly, the absolute pre-test to 3-month post-test difference

was significantly higher at  $18.9 \pm 6.7\%$  among the participants in the DD group, compared to  $6.8 \pm 11.8\%$  in the MD group,  $p = 0.021$ . Long-term nutrition knowledge is improved with DD compared with MD.

Sedgwick, C., Belmonte, L., Margolis, A. et al. (2021). Extending the reach of science – talk in plain language. *Epilepsy and Behavior Reports*, 16, 100493. <https://doi.org/10.1016/j.ebr.2021.100493>

- There has been increasing interest by the general public to read and share mainstream medical and scientific literature. Consequently, more and more medical journals are adopting strategies to make complex literature more accessible to the lay public. One such strategy is the creation of so called “lay summaries”. The benefits of lay summaries can include wider dissemination of knowledge, and is increasingly being recognized as a unique expertise by authors. While on the surface, it may seem to be an easy task to translate scientific literature into a lay summary. However, occasionally authors who are experienced in communicating complex information to a peer group, may struggle with translating their work to an audience with limited medical or scientific background. The objective of this review is to discuss strategies that scientific writers may consider to better facilitate translating scientific literature into lay summaries.

Stoll, M., Kerwer, M., Lieb, K. & Chasiotis, A. (2022). Plain language summaries: A systematic review of theory, guidelines and empirical research. *PLOS One*, <https://doi.org/10.1371/journal.pone.0268789>

- Plain language summaries (PLSs) have been introduced to communicate research in an understandable way to a nonexpert audience. Guidelines for writing PLSs have been developed and empirical research on PLSs has been conducted, but terminology and research approaches in this comparatively young field vary considerably. This prompted us to review the current state of the art of the theoretical and empirical literature on PLSs. The two main objectives of this review were to develop a conceptual framework for PLS theory, and to synthesize empirical evidence on PLS criteria. We began by searching Web of Science, PubMed, PsycInfo and PSYINDEX (last search 07/2021). In our review, we included empirical investigations of PLSs, reports on PLS development, PLS guidelines, and theoretical articles referring to PLSs. A conceptual framework was developed through content

analysis. Empirical studies investigating effects of PLS criteria on defined outcomes were narratively synthesized. We identified 7,714 records, of which 90 articles met the inclusion criteria. All articles were used to develop a conceptual framework for PLSs which comprises 12 categories: six of PLS aims and six of PLS characteristics. Thirty-three articles empirically investigated effects of PLSs on several outcomes, but study designs were too heterogeneous to identify definite criteria for high-quality PLSs. Few studies identified effects of various criteria on accessibility, understanding, knowledge, communication of research, and empowerment. We did not find empirical evidence to support most of the criteria we identified in the PLS writing guidelines. We conclude that although considerable work on establishing and investigating PLSs is available, empirical evidence on criteria for high-quality PLSs remains scarce. The conceptual framework developed in this review may provide a valuable starting point for future guideline developers and PLS researchers.

Walsh, M. M., Krusmark, M. A., Jastremski, T., Hansen, D. A., Honn, K. A., & Gunzelmann, G. (2022). Enhancing learning and retention through the distribution of practice repetitions across multiple sessions. *Memory & Cognition*, 51(2), 455–472. <https://doi.org/10.3758/s13421-022-01361-8>

- The acquisition and retention of knowledge is affected by a multitude of factors including amount of practice, elapsed time since practice occurred, and the temporal distribution of practice. The third factor, temporal distribution of practice, is at the heart of research on the spacing effect. This research has consistently shown that separating practice repetitions by a delay slows acquisition but enhances retention. The current study addresses an empirical gap in the spacing effects literature. Namely, how does the allocation of a fixed number of practice repetitions among multiple sessions impact learning and retention? To address this question, we examined participants' acquisition and retention of declarative knowledge given different study schedules in which the number of practice repetitions increased, decreased, or remained constant across multiple acquisition sessions. The primary result was that retention depended strongly on the total number of sessions in which an item appeared, but not on how practice repetitions were distributed among those sessions.

This outcome was consistent with predictions from a computational cognitive model of skill acquisition and retention called the Predictive Performance Equation (PPE). The success of the model in accounting for the patterns of performance across a large set of study schedules suggests that it can be used to tame the complexity of the design space and to identify schedules to enhance knowledge acquisition and retention.

## II. Recruitment Flyer

# CALL FOR PARTICIPANTS

## CONNECTING WITH CHINESE-SPEAKING COMMUNITIES: CRITICAL CONVERSATIONS ABOUT SUPERVISED CONSUMPTION SITES

We are looking for Chinese speaking residents living in Chinatown who want to discuss the overdose crisis on the Downtown Eastside.

Interested participants are invited to attend two engagement sessions hosted by Yarrow Intergenerational Society and the Canadian Drug Policy Coalition. Participants will be offered information about drug use and harm reduction and asked to share their thoughts about neighbourhood health and safety.

Through conversation and learning, we hope to empower residents of Chinatown to better understand the overdose crisis and to think about solutions that benefit everyone.

**\$50 Honorarium for each session**

If interested, please contact

[Beverly@yarrowssociety.ca](mailto:Beverly@yarrowssociety.ca)



Hosted by:



Canadian Drug Policy Coalition  
Coalition canadienne des politiques sur les drogues

Funded by:



Michael Smith  
**Health Research BC**

Contact:

Beverly Ho  
(236) 808-1191



Scan the QR code to add me on WeChat

### III. Baseline knowledge survey template

- Sociodemographic:
  - Age
    - ♣ Blank/prefer not to say
  - Gender
    - ♣ M/F/other/prefer not to say
  - Economic situation
    - ♣ Income bracket?
  - Ethnicity
    - ♣ Blank/prefer not to say
  - Language spoken at home
    - ♣ Blank/prefer not to say
  - Years spent in Canada
    - ♣ Blank/prefer not to say
  - Religion
    - ♣ Blank/none/prefer not to say
  
- Level of familiarity with PWUD
  - Definition of drug use: *This survey is about the use of drugs that are illegal. Drugs that are illegal include stimulants such as methamphetamines, cocaine and crack cocaine and opioids such as heroin and fentanyl that are not prescribed by a medical professional.*
  - "I see drug use in my neighborhood when I go about my daily activities."
    - ♣ Strongly disagree/disagree/do not disagree or agree/agree/strongly agree/don't know/prefer not to say
  - "I see more drug use in my neighborhood now than I used to."
    - ♣ Strongly disagree/disagree/do not disagree or agree/agree/strongly agree/don't know/prefer not to say
  - "I personally know at least one person who uses drugs."
    - ♣ Strongly disagree/disagree/do not disagree or agree/agree/strongly agree/don't know/prefer not to say
  - "I personally use drugs."

♣ Strongly disagree/disagree/do not disagree or agree/agree/strongly agree/don't know/prefer not to say

- Beliefs about PWUD

- o "When I see drug use in my neighborhood, I feel" (check all that apply)

- ♣ Sad
- ♣ Scared
- ♣ Angry
- ♣ Neutral/no feeling

- o "I think people use drugs because" (check all that apply)

- ♣ They are bad
- ♣ They are sick
- ♣ They want to feel good
- ♣ They are not supported by family or friends
- ♣ They are not supported by the government

- o "A person who is using drugs in my neighborhood will probably harm me"

- ♣ Strongly disagree/disagree/do not disagree or agree/agree/strongly agree/don't know/prefer not to say

- Beliefs about harm reduction

- o Definition of harm reduction: *"Harm reduction refers to programs and services that reduce the harms related to drug use, without requiring people to stop using drugs. There are many examples of harm reduction programs. This survey asks about providing supervised consumption sites (SCS) to people who use drugs. People who use SCS bring their own drugs – drugs are not supplied for them. SCS employ medical professionals such as nurses to reduce the risk that a person who uses drugs will overdose and die. Some SCS also provide services that help people who use drugs access housing, employment, addiction treatment, and other medical care. There are lots of different opinions about harm reduction.*

- o "A person can be safe and healthy if they use drugs."

- ♣ Strongly disagree/disagree/do not disagree or agree/agree/strongly agree/don't know/prefer not to say

- o "I support harm reduction."

- ♣ Strongly disagree/disagree/do not disagree or agree/agree/strongly agree/don't know/prefer not to say
- "My government should fund harm reduction."
  - ♣ Strongly disagree/disagree/do not disagree or agree/agree/strongly agree/don't know/prefer not to say
- "I feel safe knowing that harm reduction programs exist in my neighborhood."
  - ♣ Strongly disagree/disagree/do not disagree or agree/agree/strongly agree/don't know/prefer not to say
- "Harm reduction keeps people alive."
  - ♣ Strongly disagree/disagree/do not disagree or agree/agree/strongly agree/don't know/prefer not to say
- "Harm reduction reduces disease transmission."
  - ♣ Strongly disagree/disagree/do not disagree or agree/agree/strongly agree/don't know/prefer not to say
- "Harm reduction helps people access the services they need to be safe and healthy."
  - ♣ Strongly disagree/disagree/do not disagree or agree/agree/strongly agree/don't know/prefer not to say
- "Harm reduction reduces crime."
  - ♣ Strongly disagree/disagree/do not disagree or agree/agree/strongly agree/don't know/prefer not to say
- "If someone I loved use drugs, I would want them to have access to harm reduction."
  - ♣ Strongly disagree/disagree/do not disagree or agree/agree/strongly agree/don't know/prefer not to say
- To make my community safer and healthier, my government should fund (check all that apply)
  - ♣ Poverty reduction and housing programs
  - ♣ Food programs
  - ♣ Education programs
  - ♣ Mental health and addiction treatment programs
  - ♣ Cultural and language programs
  - ♣ Seniors' programs
  - ♣ Harm reduction programs

- ♣ Policing and prisons
- ♣ Don't know/prefer not to say

## IV. Baseline knowledge survey response analysis

### 1. Age

Out of 14 participants, five participants identified being 60-69 years old, four participants were 70-79 years old, one participant identified as 90-99 years old, and one person preferred not to state their age.

### 2. Gender

Out of 14 participants, ten participants identified as female, three participants identified as male, and one participant preferred not to state their gender.

### 3. Sources of Income

Out of 14 responses, a majority of the participants (n=7) received federal social security, three participants receive provincial income assistance, two participants receive income through their employment, one participant receives provincial disability assistance and one participant preferred not to say.

### 4. Ethnicity

Out of 14 participants, all had identified as being Chinese.

### 5. Language Spoken at Home

Out of 14 participants, nine participants speak Cantonese, five participants speak Mandarin, one participant speaks Hoisan, and one participant speaks English.

### 6. Country of Origin

Out of 14 participants, 11 participants are from China, two participants are from Hong Kong, and one participant did not respond.

### 7. Years in Canada

Out of 14 participants, four participants have lived in Canada for 10-19 years, four participants have lived in Canada for 29-29 years, two participants have lived in Canada for over 30 years, and four participants did not respond.

8. Religion

Out of 14 participants, four participants are not religious, two participants are Christian, one participant is Catholic, and seven preferred not to say.

9. "I see drug use in my neighbourhood when I go about my daily activities"

This question was excluded as the majority of the participants did not understand this statement.

10. "I see more drug use in my neighbourhood now than I did five years ago"

Out of 14 participants, 10 participants strongly agreed/agreed with this statement, three participants neither disagreed nor agreed, and one person strongly disagreed. Overall, most participants felt as if they had seen an increase in drug use in Chinatown within the last five years.

11. "I personally know at least one person who uses drugs"

Out of 14 participants, 11 participants strongly disagreed with this statement, one participant disagreed, and one participant preferred not to say. Overall, most participants do not know at least one person who uses drugs.

12. "I personally use drugs"

Out of 14 participants, 11 participants strongly disagreed with this statement, two participants neither agreed nor disagreed, and one participant preferred no to say. Overall, most participants do not use drugs.

13. "When I see drug use in my neighborhood, I feel..."

As participants were able to choose more than one response, 11 participants identified feeling sad when seeing drug use in their neighborhood, seven participants felt scared, and one participant felt angry. Overall, most participants feel sad and scared when they witness drug use in Chinatown.

14. "I think people use drugs because..."

Participants were allowed to choose more than one response to this statement. 10 participants thought people who are sick use drugs, eight participants believe people who are in pain use drugs, seven participants

believe that people who use drugs are not supported by family and friends, one participant believes that people who are not supported by the government use drugs, and one participant believes that people who are bad use drugs. Overall, most participants believe that people who are sick or who are in pain use drugs.

15. "A person who is using drugs in my neighborhood will probably harm me"  
Out of 14 participants, five participants agreed with this statement, two participants disagreed, one participant strongly disagreed, and five participants preferred not to say. Overall, most participants either believe that people using drugs in Chinatown will harm them or they are uncertain.

16. "A person can be safe and healthy if they use drugs"  
Out of 14 participants, nine participants disagreed with this statement, one participant strongly disagreed, one participant strongly agreed/agreed, and three participants preferred not to say. Overall, most participants believe that a person cannot be safe and healthy if they are using drugs.

17. "I support harm reduction"  
Out of 14 participants, 11 participants strongly agreed/agreed with this statement, one participant strongly disagreed, and two participants preferred not to say. Overall, most participants state that they do support harm reduction.

18. "My government should fund harm reduction"  
Out of 14 participants, nine participants strongly agreed/agreed with this statement, two participants disagreed, and three participants preferred not to say. Overall, most participants believe the government should fund harm reduction.

19. "I feel safe knowing that harm reduction programs exist in my neighbourhood"  
Out of 14 participants, ten participants strongly agreed/agreed with this statement, two participants disagreed, and two participants preferred not to say. Overall, most participants feel safe knowing that harm reduction programs exist in Chinatown.

20. "Harm reduction keeps people alive."

Out of 14 participants, 11 participants strongly agreed/agreed with this statement, one participant strongly disagreed, and one participant preferred not to say. Overall, most participants believe that harm reduction keeps people alive.

21. "Harm reduction reduces disease transmission"

Out of 14 participants, nine participants strongly agreed/agreed with this statement, three participants strongly disagreed, and two participants preferred not to say. Overall, participants believe that harm reduction reduces disease transmission.

22. "Harm reduction helps people access the services they need to be healthy"

Out of 14 participants, 12 participants strongly agreed/agreed with this statement, one participant strongly disagreed, and one participant preferred not to say. Overall, most participants believe that harm reduction helps people access the services they need to be healthy.

23. "Harm reduction reduces crime"

Out of 14 participants, 11 participants strongly agreed/agreed, one participant strongly disagreed, and two participants preferred not to say. Overall, most participants believed that harm reduction does reduce crime.

24. "If someone I loved used drugs, I would want them to have access to harm reduction"

Out of 14 participants, 11 participants strongly agreed/agreed, one participant strongly disagreed, and two participants preferred not to say. Overall, most participants would want their loved ones to have access to harm reduction if they were using drugs.

25. "To make my community safer and healthier, my government should fund..."

Participants were allowed to select multiple responses to answer this statement. Eight participants wanted government funding for mental health and addiction treatment programs, seven participants wanted education programs, six participants wanted poverty reduction programs, five participants wanted housing programs, four participants wanted food programs, four participants wanted policing and prisons, three

participants wanted cultural and language programs, three participants wanted seniors programs, and three participants wanted harm reduction programs.

**Overarching themes:**

Participants believe that government has a role to play in controlling the use of substances and well-being of people who use drugs (PWUD). There seems to be a lack of understanding about current drug policies, lack of understanding about illicit substances (e.g., participants don't understand the difference between cannabis and illicit substances), and a lack of understanding about harm reduction. While participants responded to the closed-questions with a desire to support harm reduction, their open-ended responses demonstrate beliefs the government should create stricter policies for accessing and using substances as well as making rehab and treatment mandatory to help PWUD become abstinent from substance use.



## V. Engagement Session 1 Information Flyers

# COMMUNITY ENGAGEMENT: SESSION ONE

**CONNECTING WITH CHINESE-SPEAKING  
COMMUNITIES: CRITICAL CONVERSATIONS  
ABOUT SUPERVISED CONSUMPTION SITES**

THE CANADIAN DRUG POLICY COALITION AND YARROW INTERGENERATIONAL SOCIETY INVITES PARTICIPANTS TO:

- **Come learn about the toxic drug crisis, current drug policies and harm reduction**
- **Engage in meaningful conversations about neighborhood health and safety**
- **Ask questions about drug use and harm reduction**

For more information, please contact:

[beverly@yarrowsociety.ca](mailto:beverly@yarrowsociety.ca)

July 14<sup>th</sup> 1:30pm - 4:30pm  
(Mandarin)  
Room 422

LIGHT SNACKS, BEVERAGES  
AND LEARNING RESOURCES  
WILL BE PROVIDED!



\$50  
Honorarium  
for attending

Hosted by:



Canadian Drug Policy Coalition  
Coalition canadienne des politiques sur les drogues

Funded by:



Michael Smith  
**Health Research BC**

Contact:

Beverly Ho  
(236) 808-1191



Scan the QR code to add event to phone



Information Flyer (Cantonese Session)

# COMMUNITY ENGAGEMENT: SESSION ONE

CONNECTING WITH CHINESE-SPEAKING  
COMMUNITIES: CRITICAL CONVERSATIONS  
ABOUT SUPERVISED CONSUMPTION SITES

THE CANADIAN DRUG POLICY  
COALITION AND YARROW  
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INVITES PARTICIPANTS TO:

- Come learn about the toxic drug crisis, current drug policies and harm reduction
- Engage in meaningful conversations about neighborhood health and safety
- Ask questions about drug use and harm reduction

**July 16<sup>th</sup> 1:30pm – 4:30pm  
(Cantonese)**

**Room 422**

**LIGHT SNACKS, BEVERAGES  
AND LEARNING RESOURCES  
WILL BE PROVIDED!**

For more information,  
please contact:

[beverly@yarrowssociety.ca](mailto:beverly@yarrowssociety.ca)



Hosted by:



Canadian Drug Policy Coalition  
Coalition canadienne des politiques sur les drogues

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Contact:

Beverly Ho  
(236) 808-1191



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## VI. Engagement Session 1 Facilitation Script

1. Title Page

2. Land Acknowledgement

3. I'm Nicole. I work for the CDPC.

- The CDPC is a national organization based out of SFU in Vancouver. We were founded in 2011. CDPC brings people together to imagine better drug policies and laws. Today we collaborate with over 50 member organizations working in areas such as poverty reduction, racial justice, Indigenous reconciliation, and environmental protection. Together, we advocate for drug policies that are guided by science to improve the health, safety, and well-being of individuals and communities throughout Canada and around the world.

Nicole expands on personal introduction/lived experience component

- I have worked for CDPC for almost 5 years.

- My role is to conduct research and policy analysis and design projects like this one

- I am from Vancouver but moved to Toronto last year.

- When I was a teenager, I was homeless on the DTES and used illegal drugs.

- I care a lot about this community and about the people living in Chinatown – it's why I do this work.

- My life looks very different now. I have a graduate degree, stable housing and employment, and I haven't used drugs in many years.

- The reason I am alive and doing well is partly because of harm reduction, which is a topic we will spend time with over the next two sessions

- My life experiences and my academic and employment background have shown me that Canada's drug policies harm people and communities, and that better ones are possible

- I don't want today to be about me personally, but I can provide more information about myself if it relates to our discussion

#### 4. No script

#### 5. We're excited to partner with Yarrow.

- We thought it was important to host these sessions because we know that governments often ignore people living in Chinatown when it comes to making decisions about drug policies.
- This is especially true of seniors and of people who don't speak English as a first language.
- Sometimes, groups like ours are guilty of doing the same thing.
- We also know that sometimes the government and the media try to create misunderstandings and animosity between residents of Chinatown and the DTES
- [expand]
- We hope to focus instead on what residents of Chinatown and the DTES have in common
- We're here to learn from you, and to hear about what you think about your neighborhood
- We're also here to share our perspectives on drugs, drug users, and drug policies with the goal of showing that everyone benefits from better approaches to drug use

#### 6. Brief timeline description

#### 7. We want to make sure that everyone feels good about their involvement in today's session and the project.

- We want you to feel safe, valued, and listened to, and we want to feel that way too
- You might feel strongly about some of today's topics
- That's great, and we encourage you to be open and honest about your thoughts and feelings
- However, we also need to make sure that we aren't speaking in a way that harms other people

- This includes everyone here and the people who aren't represented in the room, including people who use drugs
- To that end, we have a few community agreements we want to review before we begin
- These are guidelines we will all follow to foster a respectful, productive environment
- First, can you tell us what you might need to feel safe – what are some example words of how we should be talking to each other?
- [prompt if necessary, responses]
- o We will keep an open mind
- o We will let people finish their thoughts before speaking/not interrupt
- o We will assume the best in people – everyone is here because we want to learn and share the goal of safe, healthy communities
- o We will speak about our own thoughts and feelings, not anyone else's
- o We will try to avoid making generalizations about groups of people, especially people we don't feel like we understand
- o We will not use violent or discriminatory language – no racism, homophobia or transphobia, or language that is negative about people because they are poor
- § A good rule of thumb is to not use words about others that we wouldn't use for ourselves or our loved ones

## 8. Introduction to Drugs

## 9. Legal Substances

## 10. Cannabis

11. All of the drugs Bev just talked about are legal. As you know, some drugs are illegal

- This means that people are not allowed to buy, make, or have them. Doing so is a crime.
- Examples of illegal drugs include cocaine and heroin

- Some drugs, like fentanyl, are legal if they are prescribed by a doctor but illegal if they are bought from people without a medical license (surgery example)

- Using illegal drugs can be very dangerous. But, as we will discuss today and next session, there are ways to make them much safer to use. - These drugs weren't always illegal. About 120 years ago, people could still buy drugs like heroin from the store. The government started making these drugs illegal for a few reasons. The main reason wasn't about health – it was because some groups, especially immigrants, used and sold them. At the time, the government was worried that immigrants were making too much money from selling drugs. The government preferred it if immigrants could only make money by doing labour on projects like the Canadian Pacific Railway (CPR). They also worried that drug use was leading to white people using drugs with non-white immigrants. The government wanted to prevent racial mixing and thought that banning drugs was a good way to do it.

12. People use illegal drugs for many of the same reasons that people use legal drugs. Think about why you, or someone you know, might use a drug like alcohol. Maybe you or your friends and family use it for social reasons, for relaxation, because of peer pressure, or to cope with stress and pain. These are also reasons why someone might use a drug like heroin.

- Just like with legal drugs, some people who use illegal drugs get addicted to them. However, many don't get addicted. Most people who use illegal drugs use them the same way that people use legal drugs – only sometimes, and without losing control

13. I've already said that illegal drugs are dangerous, but that they don't have to be as dangerous as they are.

- The main reason that illegal drugs are so dangerous is because the government doesn't regulate how they're made or who sells them.

- Think about legal drugs like alcohol and tobacco. With alcohol and tobacco, the government has strict rules about what gets sold, where they get sold, and who is allowed to buy them. Someone who uses these drugs knows exactly what they're using because there is clear labeling on the packages that lists their ingredients.

- In contrast, there aren't any government policies or laws about what ingredients are in illegal drugs.
- Illegal drugs still get made and sold, of course, but by organized criminal groups. Criminal groups are most interested in making profit, not in health and safety.
- This means that people who use illegal drugs don't have any idea what they're getting. They might buy drugs that are much stronger than they thought. This leads to high rates of overdose because people can't predict how the drugs will affect them.
- Another reason that illegal drugs are so dangerous is because the people who do get addicted to them are often scared of asking for help. They know that if they tell their doctors or anyone else that they're using the drugs, they might get in big trouble. This can cause some people to hide their drug use and to get sicker than they would if they felt like they could ask for help.

14. Questions?

15. N/A

16. N/A

17. N/A

18. N/A

19. N/A – Break

20. N/A

21. N/A

22. N/A

23. In life, people sometimes experience stressful events and hard situations. The ways that people cope with stress and hardship depend on many things – their personalities, how much help they have from others, and their environments.

- The resources that people have access to when they're dealing with stress and hardship are called "protective factors"

- Protective factors shield people when they experience stress and hardship from experiencing negative outcomes such as illness

24. For example, having strong relationships with friends and family is a protective factor

- If a person loses their job but they have strong relationships with friends and family, they are less likely to go hungry or lose their housing because other people will help them.

- As another example, safe and secure housing is a protective factor

- If a person has an illness, they are less likely to miss doctor's appointments if they have the stability that comes with housing; on the other hand, if they are living on the streets, they are more likely to miss doctor's appointments. They might get sicker.

- As one more example, connection to culture is a protective factor. Connection to culture can make a person feel less alone and like they have a purpose. Without this, they are more likely to have a hard time handling stress.

- [confirm that the participants understand]

- Prompt: can you think of other protective factors? What are the things that make you feel safe, happy, and healthy, that help you get through stressful events and hard situations?

25. Recap: We have just talked about the positive things that protect someone when they experience stress and hardship. They include strong relationships, safe and secure housing, connection to culture, and [participants' responses]. Now we are going to talk about what happens when someone doesn't have many, or any, protective factors in their lives.

- A description of someone who doesn't have many protective factors might include them being homeless, not having employment, not having good relationships, and not having a connection to culture. They might also be treated very badly by others as a result, especially if they also experience things like racism.

- When someone doesn't have protective factors like the ones we just discussed, they are much more likely to get sick, to get hurt, and to have a harder time surviving stress and hardship because their life is already very stressful and hard
- For some of these people, using drugs can be the only thing that makes them feel OK
- They probably know that drugs won't solve their other problems, but the problems might feel easier to survive if they use drugs
- This is partly why we see so much drug use on the DTES. Many people on the DTES don't have the protective factors we talked about. Drugs can help them feel OK as they navigate extreme stress and hardship.
- For some of them, then, drugs aren't really the problem. The problems are things like poverty, homelessness, and bad treatment from others. Because drugs can make the problems feel a little easier, drugs are actually a solution.

26. Questions/discussion

27. N/A

28. We have already talked about how illegal drugs aren't regulated by the government. This means that people who use drugs don't know what is in them, and this makes drug use more dangerous than it would be otherwise.

- We have also just discussed why some people on the DTES are more likely to use drugs – they don't have the same protective factors that other people do.
- When these two facts are combined, we can begin to understand why there are so many overdoses on the DTES – there is lots of drug use, and the drugs being used are very unsafe
- In 2016, the provincial government saw how quickly overdoses were increasing across the entire province and declared a state of emergency
- This meant that the government was worried about how many people were overdosing and dying from drug use
- However, they didn't really change much to protect people
- For example, they didn't make it legal for people to use drugs. People who used drugs were still criminals.

- It might seem strange to say that making drugs legal to use would be safer when so many people were dying from drug use
- But as we discussed earlier, the main reason that people are dying is because there aren't any policies or laws about what ingredients should be in the drugs that people are using. By keeping drug use a crime, the government isn't in charge of this. Instead, criminal organizations that don't really care about safety, and that are mostly worried about profit, are.
- Additionally, it is not safe for people on the DTES who feel addicted to drugs to ask for help. If they do, they risk getting into big trouble because they have to admit that they are committing a crime by using drugs

29. These facts have always been true, but things have gotten ever harder for people on the DTES since COVID started

- Just like it did in Chinatown, COVID led to a reduction of social services and programs on the DTES
- More people lost their jobs, became homeless, and experienced food insecurity, fewer people could access healthcare and other services, including healthcare services for people who use drugs, and more people were isolated, alone, and sad and anxious
- In other words, the protective factors that people on the DTES had access to were reduced
- This led to more drug use than before
- Rates of overdose increased as a result

30. Questions?

31. Intro to harm reduction

32. Harm reduction refers to strategies for reducing the potential harms of risky behaviours that don't force people to stop those behaviours altogether

- Harm reduction approaches recognise that risky behaviours are sometimes unavoidable; rather than try to eliminate the behaviour, harm reduction approaches are honest about this and seek to make these behaviours as safe as possible

33. Harm reduction exists everywhere in society. For example, driving a car is a risky behaviour. There is always a chance that driving will cause an accident. Rather than try to prevent people from driving by making it illegal, people in cars wear seatbelts. If they do get into an accident, they will be less hurt.

- Similarly, we wear helmets while riding bicycles and wear sunscreen in the summer. These behaviours reduce our likelihood of getting hurt while we do things that could harm us.

34. Harm reduction also exists for legal substances.

- I have already explained that the government regulates drugs like alcohol and tobacco.

- As a refresher, examples of regulations include rules about what ingredients are allowed to be in the drugs, who is allowed to make and sell them, where they are allowed to be sold, and who is allowed to buy them.

- Regulations reduce the risk of consuming legal drugs without trying to prevent people from using them.

- We know that consuming drugs like alcohol comes with some risk of harm. People can get addicted to alcohol, and even moderate alcohol use can have negative health consequences.

- However, the fact that people know exactly what they are getting when they buy alcohol, and they do not have to worry about getting into trouble with the law if they get addicted and need to ask for help, makes drinking alcohol much safer than if it were illegal.

- These are some examples of how society has decided that people should be allowed to drink alcohol while still trying to make it as safe as possible.

35. Next session, we will discuss harm reduction for illegal drugs.

- As we will see, harm reduction for illegal drugs is quite different than it is for legal ones.

## VII. Session 1 Presentation Slides (English and Chinese)

# COMMUNITY ENGAGEMENT: SESSION ONE

**Connecting with Chinese-  
speaking communities:  
Critical conversations about  
safe consumption sites**

Hosted by: The Canadian Drug  
Policy Coalition and Yarrow  
Intergenerational Society

# LAND ACKNOWLEDGEMENT

We acknowledge that we are gathered on the traditional, ancestral, and unceded territories of the *xʷməθkʷəy̓əm* (Musqueam), *Sḵwx̱wú7mesh* (Squamish), and *səlilwətał* (Tsleil-Waututh) Nations on which Vancouver's Chinatown is situated.



# The Canadian Drug Policy Coalition

**The Canadian Drug Policy Coalition supports drug policy that is guided by science, public health principles, and human rights.**



# **Connecting with Chinese-speaking communities: Critical conversations about safe consumption sites**

**This project aims to educate Chinatown residents about the current overdose crisis and harm reduction. Through community engagement sessions and conversations, participants will learn about the overdose crisis and how harm reduction reduces the health and social risks of drug use.**

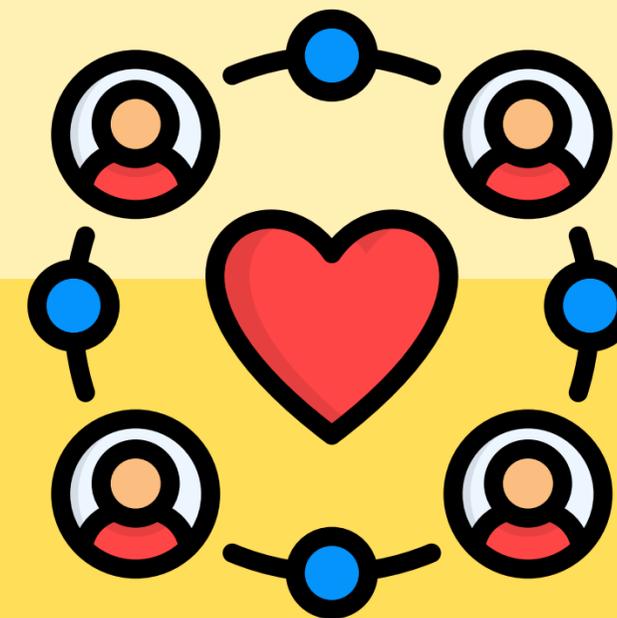
# Why We Partnered with Yarrow Intergenerational Society



# Project Timeline



# Community Agreements



- **We want you to feel safe**
- **Be open minded and honest**
- **Please be respectful – no hurtful language towards other participants or people using drugs**

**What do you need to feel safe in this space?**

# Introduction to Drugs



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# Legal Substances

People can possess, consume or distribute some substances legally

Examples:

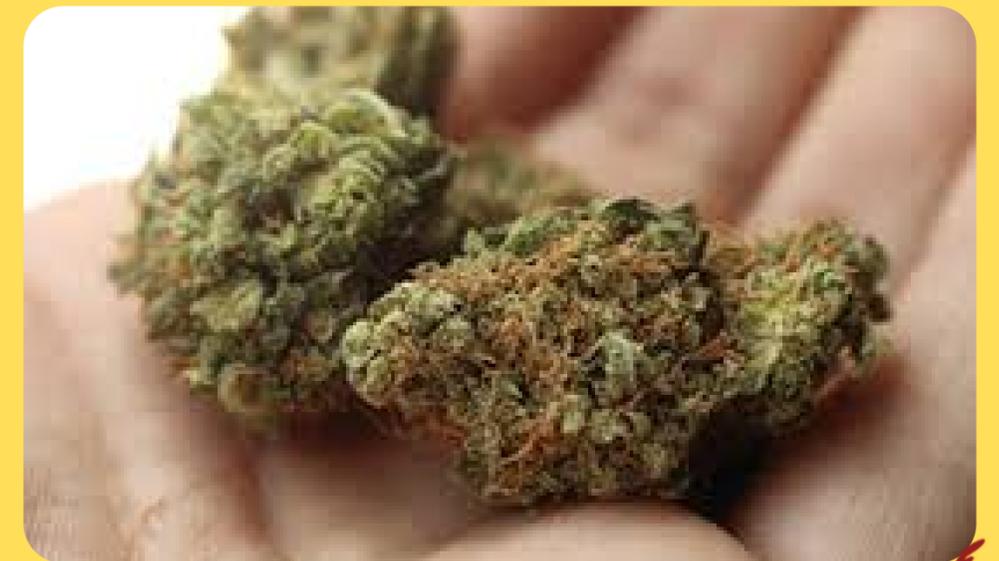
- Caffeine
- Tobacco
- Alcohol
- Prescription Medication



# Cannabis

**Cannabis is a plant that contains cannabionids that affect the brain and body. Cannabis can be consumed by ingesting, smoking and vaping.**

**Please Note: In 2018, the Canadian government legalized recreational use of cannabis.**



# Illegal Drugs

**People cannot use some substances legally. Illegal drugs are not regulated by the Government.**

**Examples:**

- **Methamphetamines**
- **Cocaine**
- **Crack cocaine**
- **Heroin**
- **Fentanyl**



# Summary: Reasons for Using

## Legal Substances



- Social reasons
- Pleasure
- Relaxation
- Peer pressure
- Curiosity
- Learned behaviour
- Coping mechanism for stress, physical and mental pain

## Illegal Drugs



# Unregulated Drug Supply

- **No government policies or standards to monitor drug supply.**
- **No government involvement in where drugs are produced, distributed, bought and sold.**
- **Unknown quantity, quality and potency of drugs results in high risk for overdose.**

**Questions?**

# Chinatown and the Downtown Eastside: A Shared Community



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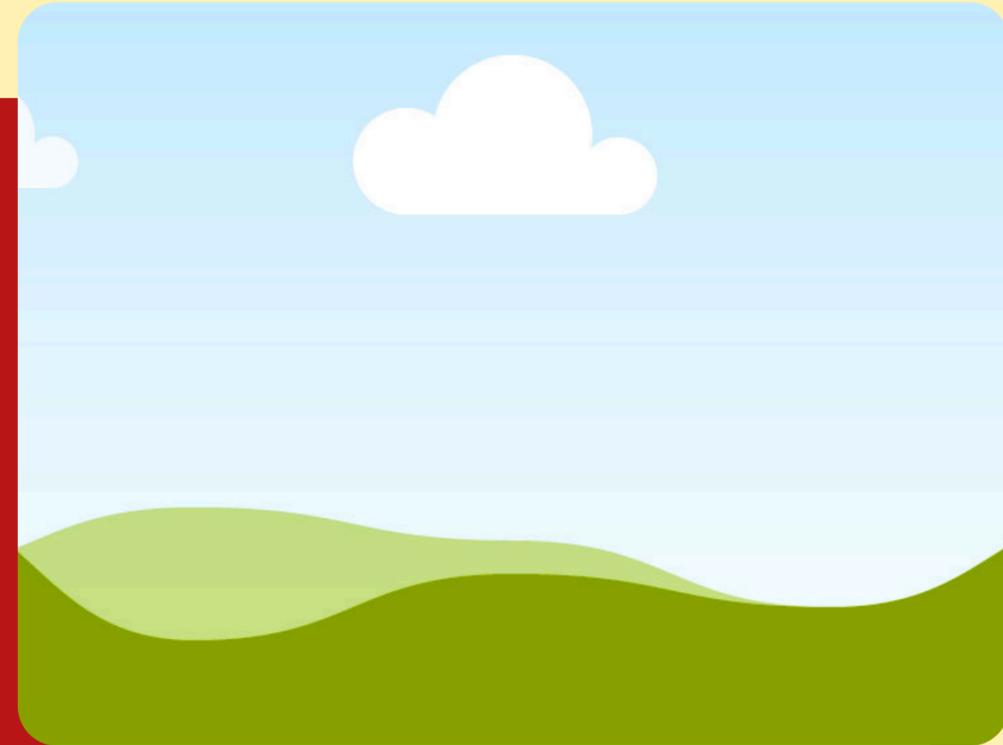
# Discussion

**What do you enjoy most about living in Chinatown?**

○ **What challenges do you encounter?**

# Shared Challenges among Chinatown and the DTES

What are challenges that you share with residents of the DTES?



**Questions?**

**BREAK**



# The Relationship between Social Supports and Illegal Drug Use



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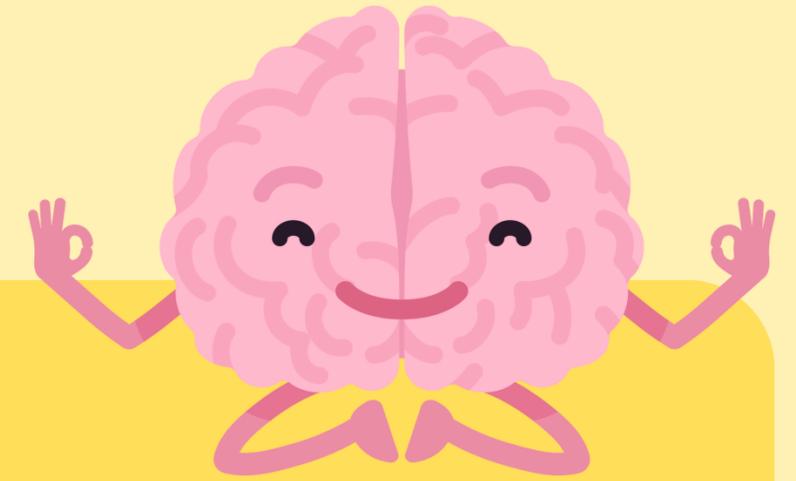
# Discussion

**Which social services and programs do you appreciate having in Chinatown?**

# Discussion

**Has access to social services and programs in your neighborhood changed within the last 5 years?  
How does this feel?**

# Protective Factors



**Protective factors help individuals and communities navigate stressful events and situations.**



# Protective Factors

## Examples:

- **Strong relationships with friends and family**
- **Safe and secure housing**
- **Connection to culture**

**Can you think of any more?**



# Protective Factors and Drug Use

**Lack of protective factors can lead to harmful drug use.**

**Questions?**

# The Toxic Drug Crisis and its Impact on the DTES

# The Toxic Drug Crisis

- **Since April 2016, British Columbia (BC) has been in a state of public health emergency as the toxic drug crisis continues.**
- **The number of fatal overdoses continue to increase as the illegal drug supply continues to be unregulated.**
  - **The quality and potency of the drugs are unknown.**
  - **High risk of overdosing.**

# Impacts of COVID-19 on the Toxic Drug Crisis

- **The high number of toxic drug deaths are related to COVID-19.**
- **COVID-19 led to a reduction of social services and programs on the DTES.**
- **This left DTES residents even more vulnerable to overdose.**

**Questions?**

# Introduction to Harm Reduction



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# Harm Reduction

**Harm reduction are strategies and practices that reduce the harmful effects of risky behaviors without requiring people to stop those behaviours altogether.**

# Harm Reduction

- **Examples of harm reduction:**
  - **Wearing seat belts in cars**
  - **Wearing helmets while biking**

**Can you think of more?**



# Harm Reduction for Legal Substances

# **Harm Reduction Also Exists for Illegal Drugs** **(More on this next time)**

**Questions?**

**Reflection Question:**  
**Has your understanding of  
drug use changed after today's  
engagement session? If so,  
how?**



# Thank you!

If you have any questions about today's engagement session, please contact Bev Ho.



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# 社區參與交流會：第一次會議

## 與華語社群連結：關於受監管的藥物使用場所的關鍵對話

舉辦方：加拿大藥物政策聯盟  
(Canadian Drug Policy  
Coalition) 與世代同行會

# 土地承認宣言

我們承認我們聚集在瑪斯昆、史戈米殊與斯利華圖祖傳的未被割讓的領土上，這片領土也是溫哥華華埠所在地。



# 加拿大藥物政策聯盟

加拿大藥物政策聯盟支持以科學、公共衛生原則以及人權為指導的藥物政策。



# 與華語社群連結：關於受監管的藥物使用場所的關鍵對話

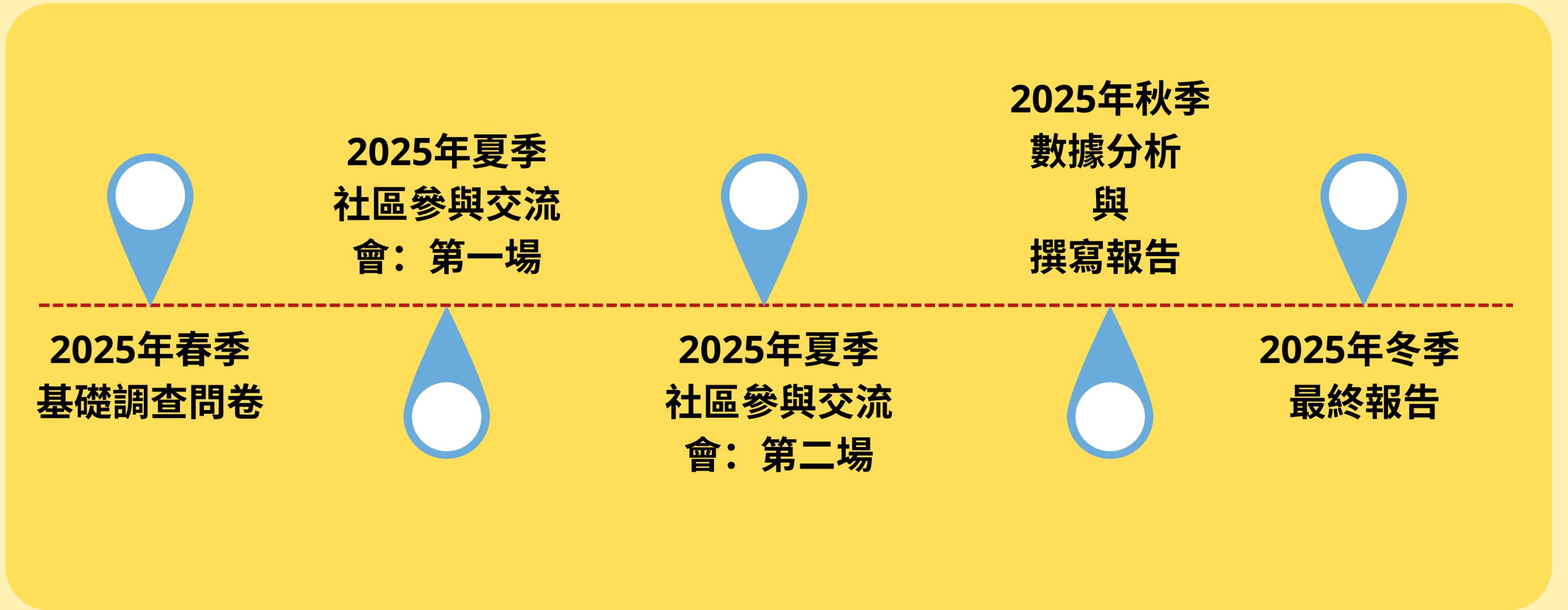
本項目旨在教導華埠居民了解有關當前過量用藥危機以及「減少傷害」的訊息。

透過社區參與交流會與對話，參與者將會了解過量用藥危機以及「減少傷害」是如何降低毒品使用的健康及社會風險的。

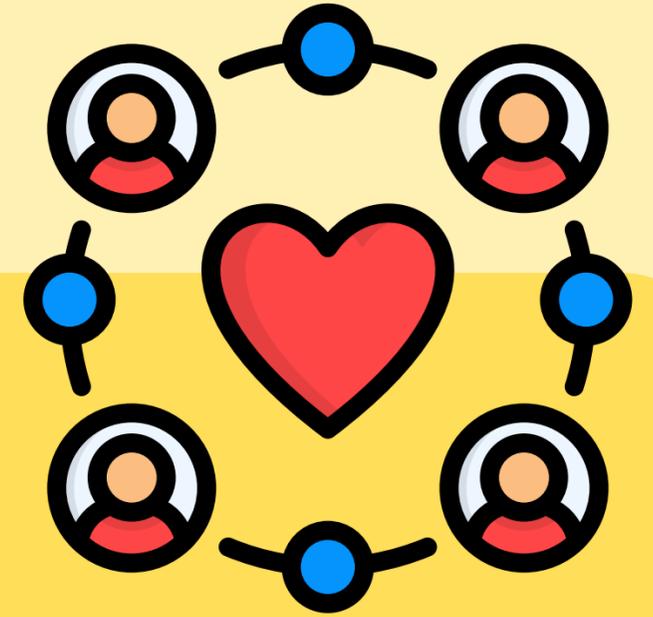
# 為什麼我們選擇與世代同行會合作



# 項目時間線



# 社群公約



- 我們想讓您感到安全
- 保持開放與真誠
- 請保持尊重——請勿對其他參與者或毒品使用者使用有傷害性的語言

您需要什麼才能讓您在這個空間裡感到安全？

# 藥物介紹



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# 合法物質

人們可以合法持有、使用或分發  
一些物質

例如：

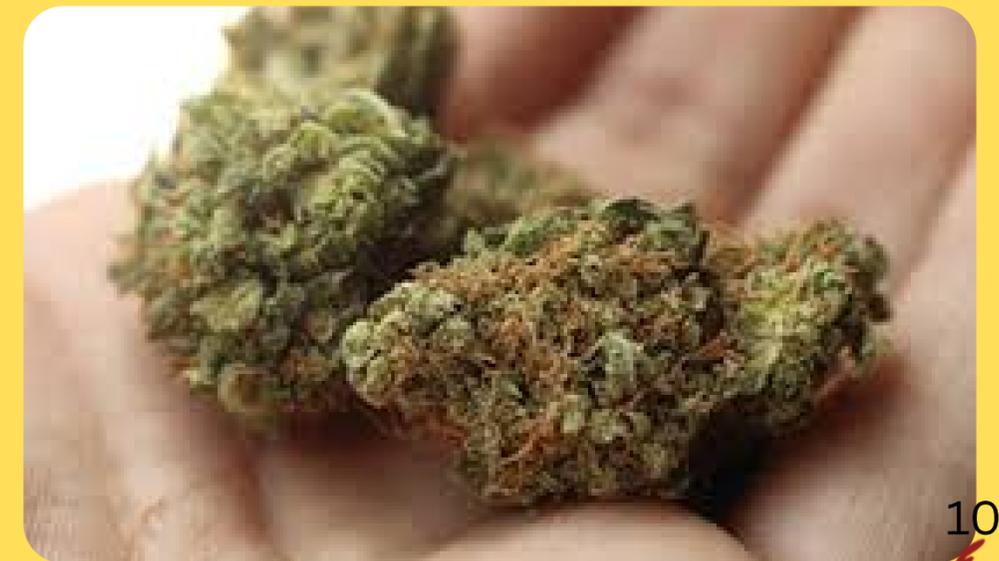
- 咖啡因
- 煙草
- 酒精
- 處方藥



# 大麻

大麻是一種含有大麻素的植物，它會影響人的身體與大腦。大麻可以透過食用、吸食與抽電子煙的形式來使用。

請注意：在2018年，加拿大政府已對娛樂用大麻合法。



# 非法毒品

人們不能合法地使用一些物質。非法毒品不受政府監管。

例如：

- 甲基苯丙胺（冰毒）
- 可卡因
- 霹靂可卡因
- 海洛因
- 芬太尼



# 總結：使用原因

## 合法物質



- 社會原因
- 快樂滿足
- 放鬆
- 同輩壓力
- 好奇
- 習得的行為
- 對壓力、身體疼痛和心靈痛苦的應對機制

## 非法毒品



# 未受監管的毒品供應

- **沒有政府政策或標準來監控毒品供應。**
- **政府沒有參與毒品製造、分發、與買賣。**
- **毒品的數量、質量與效力都是未知的，導致過量服用的風險很高。**

**您是否有想問的問題?**

# 華埠與市中心東端：一個共同的社區



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# 討論

**住在華埠您最享受的是什麼？  
您遇到了什麼困難？**

# 華埠與市中心東端共有的困難

您與市中心東端的居民有哪些共同的困難？



**您是否有想問的問題？**

# 休息時間



# 社會支持與非法毒品使用的關係



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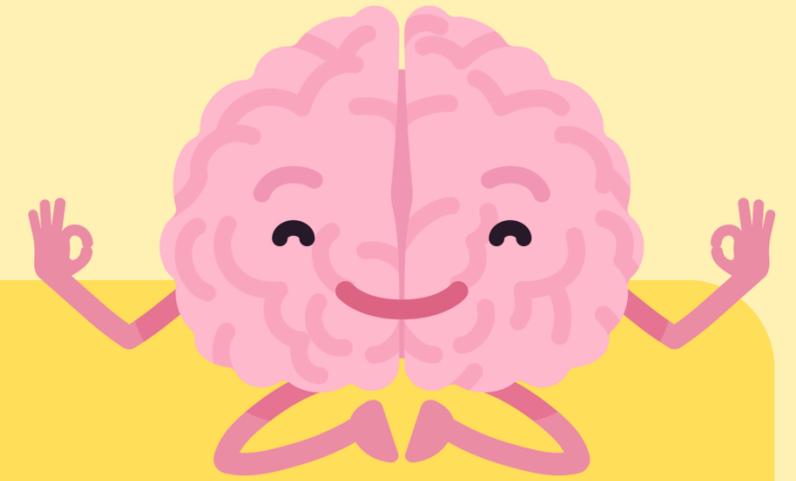
# 討論

您感激華埠已有的  
哪些社會服務與項目？

# 討論

**過去五年內，您所在的社區的社會服務  
與項目是否有發生變化？  
您對此感覺如何？**

# 保護因素



**保護因素能夠幫助個人與社群  
度過有壓力的事情與情況**



# 保護因素

例如：

- 與朋友或家人牢固的關係
- 安全穩定的住房
- 與文化的連結

您還能想到哪些例子？



# 保護因素與毒品使用

**缺乏保護因素可能會導致有害的毒品使用。**

**您是否有想問的問題?**

# 有毒藥物危機與對市中心東端的影響



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# 有毒藥物危機

- 從2016年4月起，因有毒藥物危機的持續，卑詩省已進入公共衛生緊急狀態。
- 由於非法藥物供應持續不受監管，因過量服用而死的人數持續上升。
  - 非法藥物的質量與效力未知。
  - 過量服用的風險很高。

# 新冠肺炎對有毒藥物危機的影響

- 大量的有毒藥物死亡與新冠肺炎有關。
- 新冠肺炎導致了市中心東端的社會服務與項目的減少。
- 這使市中心東端居民更容易受到過量用藥的影響。

**您是否有想問的問題？**

# 「減少傷害」的介紹



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# 減少傷害

**「減少傷害」是一種策略與實踐，在不要求人們完全停止危險行為的情況下，減少這些行為帶來的傷害。**

# 減少傷害

- 「減少傷害」的例子：
  - 乘坐汽車時系好安全帶
  - 騎自行車時戴好頭盔

您還能想到其他例子嗎？



# 合法物質的「減少傷害」的策略與實踐

**對非法藥物也有「減少傷害」的策略與實踐（將在  
下一次會議有更多介紹）**

**您是否有想問的問題？**

**反思問題：在今天的交流會過後，  
您對毒品使用的理解是否有改變？  
如有，有哪些改變？**



**謝謝您的參與！**

**如果您有任何關於今天交流會的問題，請聯繫何小姐。**



## VIII. Engagement Session 1 Take-Home Learning Resource

# COMMUNITY ENGAGEMENT: SESSION ONE – LEARNING GUIDE

### ILLEGAL DRUGS

Examples:

- methamphetamine
- cocaine
- crack cocaine
- heroin
- fentanyl

### REASONS PEOPLE USE LEGAL AND ILLEGAL DRUGS

Examples:

- Social reasons
- Pleasure
- Relaxation
- Peer pressure
- Curiosity
- Learned behaviour
- Coping mechanism for stress, physical and mental pain

### UNREGULATED DRUG SUPPLY

Government does not control how drugs are produced, distributed, bought and sold. Unregulated drugs have a high risk for overdose because of their unknown quality and potency.



# COMMUNITY ENGAGEMENT: SESSION ONE – LEARNING GUIDE

## PROTECTIVE FACTORS

Protective factors help individuals and communities navigate stressful situations and events.

Protective factors contribute to positive mental health and well-being.

Examples:

- Relationships with family and friends
- Safe and secure housing
- Access to social services and programs

## COVID-19

COVID-19 has led to a reduction of social services and programs on Vancouver's Downtown Eastside. Now, Downtown Eastside residents are even more vulnerable to overdosing.

## HARM REDUCTION

Harm reduction are strategies and practices that reduce the harmful effects of risky behaviours without requiring people to stop those behaviours all together.

Examples:

- Seat belts for cars
- Bike helmets
- Sunscreen for sun protection

Harm reduction also exists for legal substances and illegal drugs.



## IX. Post-engagement session 1 survey template

Thank you for attending Connecting with Chinese-Speaking Communities: Critical conversations about supervised consumption site's first community engagement session. We are appreciative of your interest in the project and your time. To help the organizers of this event and the project understand how to improve future engagement sessions, we ask that you please complete this survey. Your feedback is meaningful to us as it will help to develop the next engagement session and the learning resources that will be provided.

### 1. Did you enjoy today's engagement session?

- a. Strongly Agree
- b. Agree
- c. Nether Agree or Disagree
- d. Disagree
- e. Strongly Disagree

### 2. The engagement session was interesting.

- a. Strongly Agree
- b. Agree
- c. Nether Agree or Disagree
- d. Disagree
- e. Strongly Disagree

### 3. The presentation content was clear and easy to understand.

- a. Strongly Agree
- b. Agree
- c. Nether Agree or Disagree
- d. Disagree
- e. Strongly Disagree

If you disagree, please explain what would have improved your experience:

### 4. The group discussion was engaging.

- a. Strongly Agree

- b. Agree
- c. Nether Agree or Disagree
- d. Disagree
- e. Strongly Disagree

If you disagree, please explain what would have improved your experience:

**5. The discussion topics were important.**

- a. Strongly Agree
- b. Agree
- c. Nether Agree or Disagree
- d. Disagree
- e. Strongly Disagree

If you disagree, please explain why:

**6. I learned something new.**

- a. Strongly Agree
- b. Agree
- c. Nether Agree or Disagree
- d. Disagree
- e. Strongly Disagree

If you disagree, please explain why:

**7. The engagement session was an appropriate length.**

- a. Strongly Agree
- b. Agree
- c. Nether Agree or Disagree
- d. Disagree
- e. Strongly Disagree

If you disagree, please explain how we can improve for next time:

**8. Please explain what you liked about the engagement session:**

**9. Please explain what you disliked about the engagement session:**

**10. Please explain how we can improve the next engagement session:**

## X. Post-engagement Session 1 Survey Analysis

### 1. Did you enjoy today's engagement session?

Out of 11 participants, 10 participants (91%) strongly agreed, and one participant (9%) agreed that they enjoyed Community Engagement: Session One. Overall, everyone who attended enjoyed the session.

### 2. The engagement session was interesting.

Out of 11 participants, nine participants (82%) strongly agreed, and two participants (18%) agreed that Community Engagement: Session One was interesting. Overall, everyone found the session to be interesting.

### 3. The presentation was clear and easy to understand.

Out of 11 participants, 10 participants (91%) strongly agreed, and one participant (9%) agreed that the presentation's contents were clear and easy to understand. Overall, everyone agreed that Community Engagement: Session One's presentation contents were clear and easy to understand.

### 4. Discussion was engaging – this question was deleted from the survey due to formatting error.

### 5. The discussion topics were important.

Out of 11 participants, 10 participants (91%) strongly agreed, and one participant (9%) agreed that the discussion topics were important. Overall, everyone did believe that the discussion topics covered in this session were important.

### 6. I learned something new.

Out of 11 participants, 10 participants (91%) strongly agreed, and one participant (9%) agreed that they learned something new. Overall, everyone learned something new from Community Engagement: Session One.

**7. The engagement session was an appropriate length.**

Out of 11 participants, six participants (55%) strongly agreed, and 5 participants (45%) agreed that the engagement session was an appropriate length. Overall, participants felt as if Community Engagement: Session One was an appropriate length.

However, one participant did indicate that a slightly shorter engagement session would have sufficed (participant did not indicate desired time duration).

**8. Please explain what you liked about the session.**

Seven participants responded to this question. Participants were appreciative of the hard work that went into planning and preparing Community Engagement: Session One. Participants appreciated having both Chinese and English translation as this helped them to understand the content and discussion being shared. Two participants indicated a desire to have more speaking time for them to share their thoughts and feelings, specifically, focusing on the needs of Chinatown seniors relative to illegal drug use. Furthermore, one participant enjoyed the engagement session as it reflected social issues relevant to the Chinatown community.

**9. Please explain what you disliked about the session.**

Two participants responded to this question. One participant felt as if there was not enough time for each participant to share their opinion during discussion. Another participant felt as if there was some confusion during the discussions.

**10. Please explain how we can improve the next engagement session.**

Five participants provided feedback. Most participants that provided feedback would like more guidance during Community Engagement: Session Two's discussion to ensure that participants are sharing opinions that are relevant to the topic being discussed.

One participant noted that they found the topics (unclear if this participant was referring to the discussion topics or content topics in general) to be quite dense; therefore, they did not speak much as they were not familiar with the topics being discussed.

Another participant also recommended we adjust the start and end time for the next session as they found ending at 4:30pm was too late – they wanted to go home to prepare dinner.

**11. Is there anything else you would like to share with us about your experience?**

Two participants responded to this question. Both provided positive feedback that they found Community Engagement: Session One to be enjoyable and engaging.

XI. Engagement Session 2 Information Flyers

# COMMUNITY ENGAGEMENT: SESSION TWO

**CONNECTING WITH CHINESE-SPEAKING  
COMMUNITIES: CRITICAL CONVERSATIONS  
ABOUT SUPERVISED CONSUMPTION SITES**

**THE CANADIAN DRUG POLICY  
COALITION AND YARROW  
INTERGENERATIONAL SOCIETY  
INVITES PARTICIPANTS TO:**

- **Come learn about the toxic drug crisis, current drug policies and harm reduction**
- **Engage in meaningful conversations about neighborhood health and safety**
- **Ask questions about drug use and harm reduction**

**Sept 3rd 11:00–2:00  
(Mandarin)**

**Room 422**

**LIGHT SNACKS, BEVERAGES  
AND LEARNING RESOURCES  
WILL BE PROVIDED!**

**For more information,  
please contact:**

[beverly@yarrowssociety.ca](mailto:beverly@yarrowssociety.ca)

**\$50  
Honorarium  
for attending**



Hosted by:



Canadian Drug Policy Coalition  
Coalition canadienne des politiques sur les drogues

Funded by:



Michael Smith  
**Health  
Research BC**

Contact:

Beverly Ho  
(236) 808-1191



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Information Flyer (Cantonese Session)

# COMMUNITY ENGAGEMENT: SESSION TWO

CONNECTING WITH CHINESE-SPEAKING  
COMMUNITIES: CRITICAL CONVERSATIONS  
ABOUT SUPERVISED CONSUMPTION SITES

THE CANADIAN DRUG POLICY  
COALITION AND YARROW  
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INVITES PARTICIPANTS TO:

- Come learn about the toxic drug crisis, current drug policies and harm reduction
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- Ask questions about drug use and harm reduction

For more information,  
please contact:

[beverly@yarrowssociety.ca](mailto:beverly@yarrowssociety.ca)

**\$50  
Honorarium  
for attending**

**Sept 5th 11:00–2:00  
(Cantonese)**

**Room 422**

**LIGHT SNACKS, BEVERAGES  
AND LEARNING RESOURCES  
WILL BE PROVIDED!**



Hosted by:



Canadian Drug Policy Coalition  
Coalition canadienne des politiques sur les drogues

Funded by:



Michael Smith  
**Health  
Research BC**

Contact:

Beverly Ho  
(236) 808-1191



Scan the QR code to add me as a friend

## XII. Engagement Session 2 Facilitation Script

1. (Re)introductions
2. Review of community agreements
  - a. New emphasis on:
    - i. Staying on-topic
    - ii. One person talking at a time
    - iii. Limiting response time
    - iv. Tactics that facilitators will use to ensure the above
      1. Using stuffed animal to indicate speaker
      2. Gentle intervention if crosstalk begins
      3. Hold up item to indicate 30 second warning before facilitator asks participant to stop talking
      4. Gentle interruption after 30 seconds
    - v. Reminder that *everyone* is encouraged to participate
3. Clearly define “Chinatown residents” and “DTES residents”
  - a. We recognised last time that participants did not always understand the distinction
  - b. It's not always helpful to distinguish between Chinatown and the DTES, especially because residents have lots in common and the borders of the neighbourhoods aren't clearly drawn
  - c. For today, we are defining Chinatown residents as people who are of Chinese descent, who live in Chinatown
    - i. Many residents do not speak English as a first language
  - d. We are defining DTES residents as people who live in the area beside Chinatown
    - i. Many DTES residents are not of Chinese descent

- ii. DTES residents represent many different racial, ethnic, and cultural backgrounds, but compared to the rest of the city, many residents of the neighbourhood are Indigenous
    - iii. Different languages are spoken in the DTES, but the main language is English
  - e. As we discussed last time, many residents of both Chinatown and the DTES are poor, do not have stable housing, and are often not treated very well by the government because they are not considered priority populations
    - i. More residents of the DTES consume illegal substances to cope with this than do residents of Chinatown
- 4. Review of information from last session (also from take-home resources)
  - a. The purpose of this project is to share our perspectives on illegal substances and policies and the overdose crisis
  - b. We hope to show that everyone benefits from better approaches to substance use
  - c. We're also here to learn from you
  - d. Last session we talked about the difference between substances that are legal to use and substances that are illegal
  - e. Alcohol, cannabis, and tobacco are examples of legal substances
  - f. Substances that people buy on the street without a prescription are illegal
  - g. We discussed that people who use legal and illegal substances for many of the same reasons – for example, for pleasure, relaxation, peer pressure, and to cope with stress and pain
  - h. However, substances that are illegal are more dangerous because the government doesn't have rules or regulations about their ingredients or who is allowed to buy and sell them

- i. This is why so many people are overdosing on illegal substances, and partly why you see so many sick people in your neighbourhood
- j. We also talked about some of the things you have in common with residents of the downtown eastside
- k. Lots of people here, and lots of people who live on the downtown eastside, are struggling with money problems, trouble with housing and food, and a lack of good, safe healthcare
- l. Many residents of the downtown eastside also lack what we call protective factors – the things that help them deal with stressful situations while staying healthy and safe
- m. Examples of protective factors include strong relationships, safe and secure housing, and connections to culture
- n. A lack of protective factors contributes to substance use
- o. That is where we left off – today, we will discuss some of the ways that people who use illegal substances on the downtown eastside benefit from what is called harm reduction
- p. we will also think about how government policies and laws about substance use and harm reduction could help make everyone in Chinatown and the downtown eastside safer and healthier

## 5. Outline for today's session

- a. Introduction to harm reduction for legal behaviours and substances
- b. Introduction to harm reduction for illegal substances
- c. Safe consumption sites (SCS)
- d. Additional ways to increase health and safety in Chinatown and on the downtown eastside

## 6. Introduction to harm reduction for legal behaviours and substances

- a. Question: Raise your hand if you've ever heard the term "harm reduction"**
- i. If participant(s) raise their hand, ask one of them for a definition
  - b. Harm reduction refers to strategies for reducing the potential harms of risky behaviours without expecting people to stop those behaviours altogether
  - c. Harm reduction approaches recognise that risky behaviours are sometimes unavoidable
    - i. rather than try to stop the behaviour, harm reduction approaches try to make them as safe and healthy as possible
  - d. Harm reduction exists everywhere in society
    - i. For example, driving a car is a risky behaviour. Rather than try to prevent driving by making it illegal, people wear seatbelts to reduce harm if they get into an accident
    - ii. Another example is wearing sunscreen to reduce the harm of being in the sun
  - e. Harm reduction also exists for legal substances like alcohol
    - i. Last session, I explained that the government regulates legal substances like drugs like alcohol
    - ii. Again, regulations are rules about what ingredients are allowed to be in alcohol that is sold in stores, as well as rules about who is allowed to sell alcohol and who is allowed to buy it
    - iii. Drinking alcohol can be risky. People can drink too much and it can be harmful to their health and safety
    - iv. However, regulations reduce the harm of consuming alcohol without trying to prevent people from drinking it
    - v. Everyone who drinks alcohol knows the ingredients of it, so they can decide how much to drink and when to stop

- vi. As a society, we accept that people drink alcohol and try to make it as safe and healthy as possible
7. Now we are going to discuss harm reduction for illegal substances
- a. Harm reduction for illegal substances looks quite different than it does for legal substances
  - b. Some examples of harm reduction for illegal substances include:
    - i. giving people new, unused syringes for injecting substances;
    - ii. programs that let people test the ingredients of their drugs before they use them, and;
    - iii. safe consumption sites
8. Safe consumption sites (SCS)
- a. **Question: Raise your hand if you've heard the term safe consumption site**
    - i. If participant(s) raise their hand, ask one of them for a definition
  - b. Safe consumption sites are clean, safe buildings that people use illegal substances in under the observation of medical and social work professionals. While these are referred to as supervised consumption sites in the context of Canadian legislation, for the purposes of today's presentation, we will be referring them to as safe consumption sites.
  - c. SCS do not give people illegal substances – people bring their own
  - d. They are staffed by medical professionals such as nurses
  - e. The government pays for SCS to exist
  - f. **Question: Raise your hand if you want to share why you think that someone using illegal substances might want to use them in a SCS?**
    - i. If participant(s) raise their hand, ask one of them for an explanation

- ii. As a reminder, people who use illegal substances do not know the ingredients of them
- iii. This makes it hard to know how much of a substance to take and causes overdoses
- iv. The medical professionals who work at SCS can respond quickly with medical help if someone overdoses
- v. Currently, there are a few SCS operating in the DTES and close to Chinatown
- vi. Sometimes people have strong opinions about SCS.

**g. Question: After my description, can anyone share how they feel about having SCS close to your neighbourhood?**

- i. Discussion – allow participants to share their beliefs freely, preface next section based on what is said*

9. Health and safety benefits of SCS

- a. There are many health and safety benefits to SCS
- b. In addition to helping someone if they overdose, they also promote health and safety in other ways
  - i. SCS prevent disease transmission between people who use substances because the medical professionals at SCS give people clean, new equipment for using substances
    - 1. For example, people who inject their substances with needles don't have to share the needles with other people after they get new ones
    - 2. This means that people are less likely to be infected with a disease because diseases aren't spread through the needles as much
  - ii. SCS also provide other forms of healthcare
    - 1. Remember that I explained last session that many people who use illegal substances are afraid of

medical professionals because they are not treated very well

2. The medical professionals who work at SCS are usually nicer to people who use illegal substances
3. People feel safer, so they are more likely to ask for medical treatment from them
4. Last session lots of people here said they don't like seeing people with large wounds
5. The medical professionals at SCS often provide things like medicine and bandages for the wounds
6. Many people who go to SCS wouldn't get wound care otherwise

iii. SCS also provide referrals to other services

1. People who go to SCS can ask social workers for help with referrals to housing, employment programs, and other healthcare
  - a. Some of you spoke last time about how hard it is to connect with services for yourself and your loved ones.
  - b. You know that people who use illegal substances also have a hard time with this
  - c. The social workers at SCS help them access services that they wouldn't get otherwise
  - d. Additionally, sometimes people visit SCS to get help when they're not safe
    - i. For example, women who experience violence at home sometimes ask for help from the social workers at SCS to find a safer place to live

- ii. People who have had their children taken by the government can also ask for help to see them or get them back
- iv. We also know that SCS reduce the amount of people who use illegal substances outside
  - 1. SCS give people a place to go so that their substance use isn't visible to other people in the neighbourhood
  - 2. Having a place to go also reduces things like littering in the neighbourhood
- c. Question: if someone you loved used illegal substances, would you want them to have access to an SCS? Why or why not?**
  - i. Discussion – allow participants to share their beliefs freely, preface next section based on what is said*

**BREAK (note: anticipated to occur at the 2 hour mark~)**

10. Before the break we discussed the benefits of SCS. The main reason that we need SCS is because people don't know the ingredients of the substances they use. This puts them at risk of overdose.

- a. Another way to reduce the risk of overdose is to allow people to know the ingredients of the substances they use
- b. The only way for this to happen is for the government to make substances that are illegal, legal
- c. This would allow the government to have control over what ingredients are in the substances, the same way they do for substances like alcohol
- d. It would also give the government the power to make sure that people who make and sell substances are telling the truth about what is in them
- e. Additionally, if substances were legal, people who use too much of them wouldn't get into trouble if they wanted help because they would not longer be committing a crime by using them

- f. And, if the government didn't spend so much money on getting people who use substances into trouble, they could spend that money on other things – for example, housing, healthcare, employment programs, and education
- g. This would make everyone safer and healthier

**h. Questions?**

11. Conclusion

- a. General questions/comments
- b. Reminder about second survey
- c. Thank-yous

### XIII. Session 2 Presentation Slides (English and Chinese)

# COMMUNITY ENGAGEMENT: SESSION TWO

**Connecting with Chinese-  
speaking communities:  
Critical conversations about  
safe consumption sites**

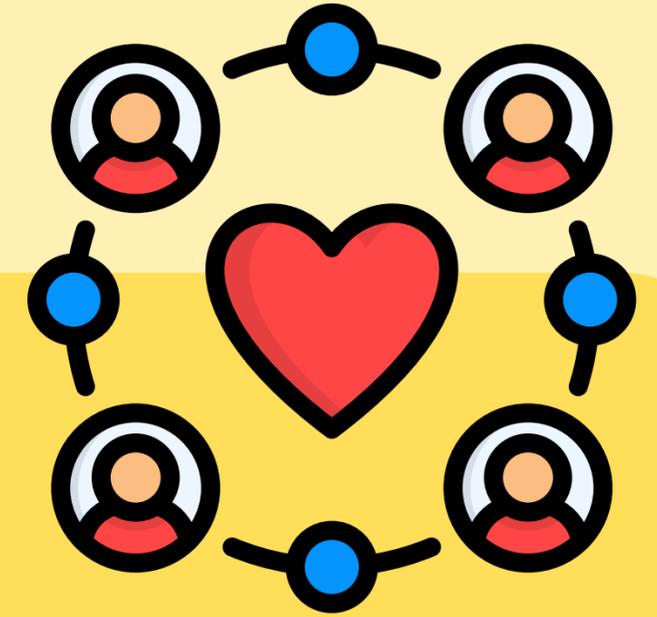
Hosted by: The Canadian Drug  
Policy Coalition and Yarrow  
Intergenerational Society

# LAND ACKNOWLEDGEMENT

We acknowledge that we are gathered on the traditional, ancestral, and unceded territories of the *xʷməθkʷəy̓əm* (Musqueam), *Sḵwx̱wú7mesh* (Squamish), and *səlilwətał* (Tsleil-Waututh) Nations on which Vancouver's Chinatown is situated.



# Community Agreements



- **We want you to feel safe**
- **Be open minded and honest**
- **Please be respectful – no hurtful language towards other participants or people using drugs**
- **Please stay on-topic and let others share - everyone is encouraged to participate**

# Chinatown Residents and DTES Residents

- **Chinatown Residents - Chinese people living in Chinatown.**
- **DTES Residents - People who live in the neighborhood beside Chinatown. These people represent different ethnicities and cultures.**

# Safe Consumption Sites and Supervised Consumption Sites

- **Supervised Consumption Sites -**
- **Safe Consumption Sites -**
- **For the context of this project, both terms are interchangeable**

# Review of Session One

- **Project overview**
- **Legal and illegal substances**
- **Commonalities among Chinatown and DTES**
- **Protective factors**

# Today's Outline

- **Introduction to harm reduction**
- **Harm reduction for illegal substances**
- **Safe consumption sites**
- **Increasing health and safety in Chinatown and the DTES**

# Introduction to Harm Reduction for Legal Behaviours and Substances



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# Question

**Raise your hand if you have  
heard the term  
“harm reduction”**

# Harm Reduction

**Harm reduction are strategies and practices that reduce the harmful effects of risky behaviors without requiring people to stop those behaviours altogether.**

# Harm Reduction

- **Examples of harm reduction:**
  - **Wearing seat belts in cars**
  - **Wearing sunscreen outside**



# Harm Reduction for Legal Substances

## Example – Alcohol

- **Government regulates alcohol – the ingredients in alcohol are known**
- **There are rules about selling alcohol**
- **Regulations keep people safe**

# Harm Reduction for Illegal Substances



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# Harm Reduction for Illegal Substances

- **Harm reduction for illegal substances is different from harm reduction for legal substances.**
- **Example:**
  - **New, clean syringes**
  - **Drug testing**
  - **Safe consumption sites**

# Safe Consumption Sites (SCS)



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# Question

**Raise your hand if you have  
heard the term  
“safe consumption site” (SCS)**

# Safe Consumption Sites

**SCS are clean, safe buildings where people use illegal substances under the supervision of healthcare workers.**

# Question

**Why would someone want to use a SCS?**

# Question

**How do you feel about  
having SCS's close to  
Chinatown?**

# Health and Safety Benefits of Safe Consumption Sites

- **Prevent overdose deaths**
- **Prevent disease**
- **Access to healthcare services**
- **Connection to social support services and programs**
- **Reduce public substance use**

# Question

**If someone you loved used illegal substances, would you want them to access a safe consumption site? Why or why not?**

# 休息時間



# Regulating Illegal Substances



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# Regulating Illegal Substances

- **Illegal substances could be regulated by the government like alcohol**
- **Knowing the ingredients in illegal substances will reduce overdoses**
- **More government funding could be spent on health and well-being**

**您是否有想問的問題？**

**感謝您的參與！**

**如果您對今天的交流會有任何疑問，  
請聯繫何小姐。**



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# 社區參與交流會：第二次會議

## 與華語社群連結：關於受監管的藥物使用場所的關鍵對話

舉辦方：加拿大藥物政策聯盟  
(Canadian Drug Policy  
Coalition) 與世代同行會

# 土地承認宣言

我們承認我們聚集在瑪斯琴  
(x<sup>w</sup>məθk<sup>w</sup>əyəm)、史戈米殊  
(Sk<sup>w</sup>x<sup>w</sup>ú7mesh)、與斯利華  
圖 (səlilwətaɬ) 原住民族傳統未  
被割讓的祖傳領土上，這片領土也  
是溫哥華華埠所在地。

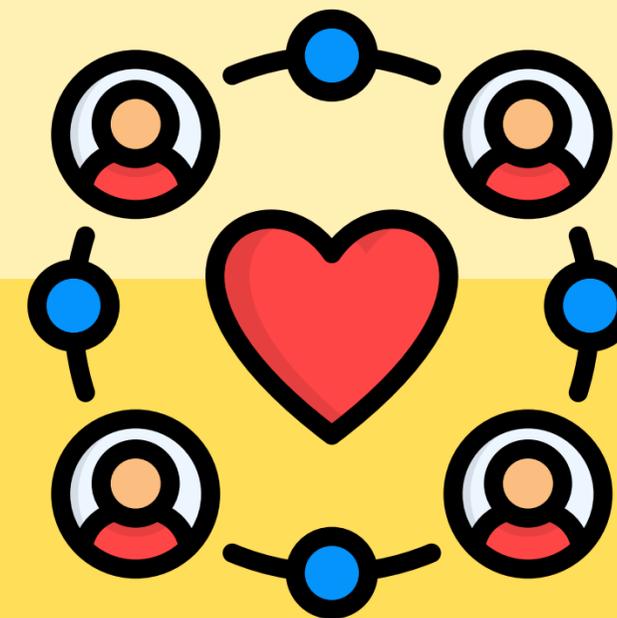


# 介紹

- **Nicole** - 協作者
- **Beverly** - 協作者
- **J D** - 口譯員
- **Carina** - 口譯員



# 社群公約



- **我們想讓您感到安全**
- **保持開放與真誠**
- **請保持尊重——請勿對其他參與者或藥物使用者使用有傷害性的語言**
- **發言時請切題並讓其他人有機會分享自己的想法——鼓勵每個人都能分享**

# 唐人街居民與市中心東端居民

- 唐人街居民——居住在唐人街的華人。
- 市中心東端居民——居住在唐人街旁邊社區的人，這些人有著不同的族裔與文化。

# 第一次會議回顧

- 項目概況
- 合法與非法物質
- 唐人街與市中心東端的相同之處
- 保護因素

# 今日要點

- 「減害」的介紹
- 對於非法物質的「減害」
- 安全注射場所
- 加強唐人街與市中心東端的健康與安全

# 對於合法行為與合法物質的「減害」 策略介紹



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# 問題

如果您聽過「減害」這個概念，  
請舉手

# 減少傷害

**「減害」(harm reduction) 是一種策略與實踐，在不要求人們完全停止危險行為的情況下，減少這些行為帶來的傷害。**

# 減害

- 「減害」的例子：
  - 坐車時系好安全帶
  - 外出時塗防曬霜



# 對於合法物質的「減害」

## 例如：酒類

- 政府對酒類有監管——其成分是已知的
- 對於賣酒已有相關規定
- 已有法規來保障人們安全

# 對於非法物質的「減害」



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# 對於非法物質的「減害」

- 非法物質的「減害」策略與合法物質的「減害」策略有所不同。
- 例如：
  - 新的且乾淨的針筒
  - 藥物檢測
  - 安全注射場所

# 安全注射場所



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# 問題

如果您有聽過「安全注射屋」的  
概念，請舉手

# 安全注射屋

**安全注射屋是乾淨且安全的場所，人們可在醫療工作人員的監督下使用非法物質。**

# 問題

為什麼有人想去安全注射屋？

# 問題

您對安全注射屋靠近唐人街有什麼看法？

# 安全注射屋的健康與安全之處

- 預防因過量用藥而死亡
- 預防疾病
- 可獲得醫療服務
- 可聯繫社會支援服務與計畫
- 減少公開的物質使用

# 問題

**如果您關愛的人使用非法物質，  
您會想讓他們去安全注射屋嗎？  
為什麼會？ 或者為什麼不會呢？**

# 休息時間



# 監管非法物質



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# 監管非法物質

- **非法物質可以像酒類一樣受到政府的管制**
- **知曉非法物質的成份將會減少過量用藥的發生**
- **更多的政府資金可以投入到全方位的身心健康中**

**您是否有想問的問題?**

**感謝您的參與！**

**如果您對今天的交流會有任何疑問，  
請聯繫何小姐。**



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## XIV. Session 2 Take-home Learning Resource

# COMMUNITY ENGAGEMENT: SESSION TWO – LEARNING GUIDE

## CHINATOWN RESIDENTS AND DOWNTOWN EASTSIDE RESIDENTS

Chinatown Residents – Chinese people living in Chinatown.

Downtown Eastside Residents – People who live in the neighborhood beside Chinatown. These people represent different ethnicities and cultures.

## HARM REDUCTION

Harm Reduction – strategies and practices that reduce harmful effects of risky behaviours without requiring people to stop those behaviours all together.

## EXAMPLE: HARM REDUCTION FOR ALCOHOL

- Government regulates alcohol – the ingredients in alcohol are known.
- There are rules about selling alcohol.
- Regulations keep people safe from alcohol.

## HARM REDUCTION FOR ILLEGAL SUBSTANCES

Harm reduction for illegal substances is different from harm reduction for legal substances.

Examples:

- New, clean syringes
- Drug testing
- Safe consumption sites



## Take Home Resource (Page 2)

# COMMUNITY ENGAGEMENT: SESSION TWO – LEARNING GUIDE

## SAFE CONSUMPTION SITES

Safe consumption sites – clean, safe buildings that people use illegal drugs under the observation of healthcare workers. Safe consumption sites are government funded.

## HEALTH AND SAFETY BENEFITS OF SAFE CONSUMPTION SITES

- Prevents overdoses
- Prevents disease transmission
- Access to healthcare services
- Connection to social support services and programs
- Reduces open drug-use

## REGULATING ILLEGAL SUBSTANCES

- Illegal substances could be regulated by the government.
- Knowing the ingredients in illegal substances will reduce overdoses.
- Regulating illegal substances would allow for increased government funding on social programs for health and well-being.



## XV. Post-Engagement Session 2 Survey Template

Thank you for attending Connecting with Chinese-Speaking Communities: Critical conversations about supervised consumption site's second community engagement session. We are appreciative of your interest and participation throughout the course of this project. To help the organizers of this event and project understand the impacts of this initiative, we ask that you please complete this survey. Your feedback is meaningful to us as it will help us understand the effectiveness of these engagement sessions.

### **1. How would you rate your overall experience participating in both engagement sessions?**

- a. Excellent
- b. Good
- c. Fair
- d. Poor
- e. Very poor

If you answered poor or very poor, please explain why.

### **2. Did you feel comfortable sharing your thoughts and opinions during the sessions?**

- a. Strongly Agree
- b. Agree
- c. Neither agree nor disagree
- d. Disagree
- e. Strongly disagree

If you disagree, please explain why.

### **3. What did you enjoy the most about participating in both engagement sessions?**

Please explain your answer.

### **4. What did you enjoy the least about the engagement sessions?**

Please explain your answer.

### **5. How can we improve future engagement sessions?**

Please explain your answer.

**6. Do you believe that partaking in this project will lead to positive change in your community?**

- a. Yes
- b. No
- c. Maybe

Please explain your answer.

**7. Has your understanding of drug use changed after attending both community engagement sessions?**

- a. Yes
- b. No
- c. Maybe

Please explain your answer.

**8. Has your understanding of harm reduction changed after today's engagement session?**

- a. Yes
- b. No
- c. Maybe

Please explain your answer.

**9. Do you feel as if the government should fund more harm reduction services for illegal substances?**

- a. Strongly Agree
- b. Agree
- c. Neither Agree nor Disagree
- d. Disagree
- e. Strongly Disagree

If you disagree, please explain why.

**10. Are there any other thoughts or feelings about drug use and/or harm reduction that you may have?**

- a. Please explain your answer.

## XVI. Post-Engagement Session 2 Survey Response Analysis

### 1. How would you rate your overall experience participating in both engagement sessions?

Out of 11 responses, 6 participants (55%) indicated their experience with the engagement sessions were excellent, 4 participants (36%) indicated good experiences, and 1 participant (9%) indicated a fair experience.

### 2. Did you feel comfortable sharing your thoughts and opinions during the sessions?

Out of 11 participants, there were 10 responses. 5 participants (50%) strongly agreed that they felt comfortable sharing their feelings and opinions and 5 (50%) participants agreed.

### 3. What did you enjoy the most about participating in both engagement sessions?

**Please explain your answer.**

Out of 11 participants, there were 10 responses. Overall, participants seemed to enjoy attending the engagement sessions and learning about concepts such as harm reduction, safe consumption sites, and the need to regulate illegal substances. Participants found that they were able to learn lots about these concepts that they did not know about before. Two participants even mentioned they enjoyed being able to have discussion where they were able to express their thoughts freely.

### 4. What did you enjoy the least about the engagement sessions?

Out of 11 participants, 3 participants left this question blank and 8 responded. Overall, participants wanted more time to discuss the topics. One participant did not enjoy the topic of drug legalization.

### 5. How can we improve future engagement sessions?

Out of 11 participants, 3 participants left this question blank and 8 responded. Responses for this question varied – 2 participants thought that no improvements were necessary, 1 participant noted the sessions were well organized, 2 participants hoped for more time to share their

thoughts during discussion, and 1 participant thought the length of the engagement session was too long.

**6. Do you believe that partaking in this project will lead to positive change in your community?**

Out of 11 participants, there were 10 responses to the close-ended question. 9 participants (90%) believe that partaking in the project will lead to positive change in their community, and 1 participant (10%) believes it might.

There were 3 open-ended responses. Overall, participants chose not to provide an explanation as to why they believe partaking in this project will lead to positive change in their community. Of the 3 open-ended responses, participants believed that this project would lead to positive change in their community because it was an opportunity to learn more about Chinatown residents' thoughts about their community that could help support the safety of Chinatown's community.

**7. Has your understanding of drug use changed after attending both community engagement sessions?**

Out of 11 participants, there were 10 close-ended responses. 7 responses (64%) indicated that participants' understanding of drug use changed after attending both engagement sessions, 3 responses (27%) indicated there may be a change in their understanding and 1 response (9%) indicated no change in their understanding of drug use.

Out of 11 participants, only 3 provided an open-ended response. There was a range of responses. One participant stated that their understanding of drug use remained the same because of their "persistent personality." The other two responses demonstrated an increased understanding of drug use, with one participant stating they have a better understanding of drug regulation.

**8. Has your understanding of harm reduction changed after today's engagement session?**

Out of 11 participants, there were 10 close-ended responses. 8 participants (80%) believe their understanding of harm reduction changed after engagement session two, while 2 participants (20%) do not believe their understanding of harm reduction changed.

Out of 11 participants, there was one open-ended response. The participant indicated their approval about safe consumption sites – the ancillary services available at safe consumption sites are good.

**9. Do you feel as if the government should fund more harm reduction services for illegal substances?**

Out of 11 participants, there were 10 close-ended responses. 3 participants (30%) strongly agreed that government should fund more harm reductions services for illegal substances, 5 participants (50%) agreed, and 2 participants neither agreed nor disagreed.

**10. Are there any other thoughts or feelings about drug use and/or harm reduction that you may have?**

Out of 11 participants, there were 6 responses. Overall, participants were in favour for harm reduction. Five responses indicated supporting harm reduction (e.g., beliefs that government should fund harm reduction strategies and a desire for government regulating illegal drugs). One participant described their discontent with cannabis and does not agree with legalizing cannabis.

## XVII. Yarrow Organizational Engagement Session Reflection Notes

Went Well	Could Improve On												
<ul style="list-style-type: none"> <li>● Smartened up &amp; used a <a href="#">checklist</a> to avoid forgetting/missing tasks</li> <li>● Felt more comfortable facilitating sessions #2: was more accustomed to group dynamics               <ul style="list-style-type: none"> <li>○ Translator also helped w/facilitation</li> </ul> </li> <li>● It was better to cut down on the amount of content/# of slides               <ul style="list-style-type: none"> <li>○ Much more manageable to go through in the 3 hour time frame</li> </ul> </li> <li>● Nicole’s script/notes were very clear &amp; concise for Bev to follow; seemed helpful for interpreters to have in advance as well</li> <li>● Interpretation was very quick &amp; accurate</li> <li>● Establishing/clarifying difference between “Chinatown” &amp; “DTES” residents for sessions #2 cleared up previous misunderstanding</li> <li>● Slides were clear &amp; easy to understand &amp; read</li> <li>● Translations of slide deck, learning resource, &amp; surveys were very high quality               <ul style="list-style-type: none"> <li>○ They also did quite a bit of research when looking for the appropriate translation for PWUD &amp; offered a lot of cultural insight</li> </ul> </li> <li>● Good discussion questions/food for thought               <ul style="list-style-type: none"> <li>○ Bev &amp; translator were able to bring seniors back on topic more effectively than in the 1st engagement sessions</li> </ul> </li> <li>● Food from Kam Wai Dim Sum was popular</li> <li>● Regardless of participants’ viewpoints, most of them enjoyed hearing from Nicole &amp; each other, &amp; learning about new topics in general</li> <li>● Added English titles on <a href="#">every slide</a> for Nicole to follow more easily</li> <li>● Nicole asked participants who had spoken less to share</li> <li>● Participants felt comfortable disagreeing w/each other &amp; w/facilitators</li> <li>● Seemed helpful for seniors to understand when Nicole &amp; Bev circled back to protective factors</li> <li>● Basement space was cooler &amp; more spacious compared to room 422</li> </ul>	<ul style="list-style-type: none"> <li>● May have been helpful to add a couple of Nicole’s points about safe consumption sites (SCS) on slide 17               <ul style="list-style-type: none"> <li>○ SCS do not provide drugs</li> <li>○ SCS are funded by the government</li> <li>○ Ppl like using SCS b/c they don’t know ingredients in what they’re taking / to prevent overdosing, &amp; b/c of presence / support from healthcare workers</li> </ul> </li> <li>● Depending on the framing/messaging goal, it could be helpful to add other/wider benefits of SCS on slide 20 to help explain to seniors who are more adverse to SCS how SCS are helpful to people who do not use drugs as well               <ul style="list-style-type: none"> <li>○ Fewer ppl using on streets</li> <li>○ Less paraphernalia on the streets (Nicole did mention this in the Mandarin session)</li> <li>○ Shorter ER wait times</li> <li>○ Less crime (?)</li> </ul> </li> <li>● In hindsight, it would’ve been helpful to establish terms for PWUD that are used in Chinese, including commonly used/derogatory terms &amp; why they’re harmful/inaccurate               <ul style="list-style-type: none"> <li>○ Seemed like a few seniors were initially unclear on the meaning of “ppl who use medicine” or “ppl who use substances”</li> </ul> </li> </ul> <table border="1" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="background-color: #fff2cc;">Chinese</th> <th style="background-color: #fff2cc;">English</th> </tr> </thead> <tbody> <tr> <td>毒品者</td> <td>drug user (“ or “narcotic” user)</td> </tr> <tr> <td>吸毒者</td> <td>drug user (“poison consumer/user”)</td> </tr> <tr> <td>毒蟲</td> <td>“poisonous pest/insect” (akin to “junkie”)</td> </tr> <tr> <td>癮君子</td> <td>drug/dope addict</td> </tr> <tr> <td>中毒者</td> <td>poisoned person (drug OD or toxic exposure), also slang term for “addict” or “junkie”</td> </tr> </tbody> </table>	Chinese	English	毒品者	drug user (“ or “narcotic” user)	吸毒者	drug user (“poison consumer/user”)	毒蟲	“poisonous pest/insect” (akin to “junkie”)	癮君子	drug/dope addict	中毒者	poisoned person (drug OD or toxic exposure), also slang term for “addict” or “junkie”
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毒品者	drug user (“ or “narcotic” user)												
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藥物使用者	“medicine user”
物質使用者	substance user

- Might've been helpful to compare alcohol prohibition to current day prohibition
  - A couple seniors were quite focused on the **legality** of substance use, & said that ppl who break the law have the face the consequences (ie. prison)
- Bev forgot to mention where bathrooms were located & how to access, although most of the seniors already knew & were showing each other
- HVAC was a bit loud sometimes, not sure if this was distracting to participants/impeded on their ability to hear & participate

**Other topics that could be beneficial to cover w/Chinese-speaking seniors:**

- “Successful” decriminalization models like Portugal
  - Decrease in crime, violence, & overdoses
- In-depth focus on multiprong approach
  - Addressing gaps/issues in housing, safety, public bathrooms, & healthcare
- Alcohol prohibition → drinking culture today
- Cannabis & its long history in traditional Chinese medicine (TCM)
  - 1st domesticated 12,000 years ago in East Asia
  - psychoactive properties of cannabis are described in the Shennong Bencaojing (3rd century AD)
  - Cannabis smoke was inhaled by Daoists, who burned it in incense burners.
  - Its use declined in the early 20th century when cannabis became illegal worldwide
  - Seeds, leaves, & roots have traditionally been used as mild laxatives, to boost immune system, relieve pain & inflammation (topical or as tea), treating anxiety, improving sleep, as sedatives
  - War on drugs & governments targeting BIPOC communities

XVIII. Translation Chart – Words for “Drug” and “Drug User”

Chinese	English
毒品者	drug user (“poison” or “narcotic” user)
吸毒者	drug user (“poison consumer/user”)
毒蟲	“poisonous pest/insect” (akin to “junkie”)
癮君子	drug/dope addict
中毒者	poisoned person (drug OD or toxic exposure), also slang term for “addict” or “junkie”
藥物使 用者	“medicine user”

## XIX. Translation for “Drug” Grey Literature Review

### The Meanings of “Drug” in English versus Common Chinese Translations

According to the Cambridge dictionary (<https://dictionary.cambridge.org/zhs/词典/英语-汉语-繁体/drug>), there are two meanings and suggested Chinese translations under the word ‘drug’ as noun.

- Drug [noun, medicine]: any natural or artificially made chemical that is used as a medicine.
  - Suggested Chinese translation is 藥物 (yào wù | joek6 mat6) , which is medicine.
- Drug [noun, illegal substance]: any natural or artificially made chemical that is taken for pleasure, to improve someone’s performance of an activity, or because a person cannot stop using it
  - Suggested Chinese translation is 毒品 (dú pǐn | duk6 ban2) , which is toxicated substance, and the other suggested translation is 興奮劑 (xīng fèn jì | hing1 fan5 zai1).

Examples of how drug is translated on some B.C. websites:

*Decriminalizing People Who Use Drugs in B.C.*

(<https://www2.gov.bc.ca/gov/content/overdose/decriminalization>, traditional Chinese version):

Drug is translated as 「毒品」 and 「藥物」 based on different context:

- “illicit drugs” — 「違規藥物」
- “adults 18 and under ... or have drugs seized” — 「沒收毒品」
- “any amount of drug” — 「任何數量的毒品」
- “seize the drugs, when necessary” — 「必要時沒收毒品」
- “if using drugs” — 「若使用毒品」
- “drug seizures and charges for personal possession” — 「緝獲毒品和個人管有毒品」

- “people who use drugs” — 「吸毒者」
- “overdose prevention” — 「預防吸毒過量中心」

*Respond to Overdose* ( <https://respondtooverdose.gov.bc.ca/zh-tw/home/> , traditional Chinese version):

- overdose — 「藥物過量」
- street drug supply — 「街頭毒品供應」

Examples of how local Chinese media is reporting drug:

In Mingpao (明報)'s report about decriminalizing people who possess small amount of drugs in B.C.

([https://www.mingpaocanada.com/van/htm/News/20230131/vaa1h\\_r.htm](https://www.mingpaocanada.com/van/htm/News/20230131/vaa1h_r.htm) )

- This article's title includes 「藏少量毒品 卑詩省非刑事化」 (British Columbia decriminalizes possession of small amounts of drugs)
- 「非法藥物非刑事化計劃」 (illegal drug decriminalization plan)
- 「.....並不等於把毒品合法化；被列入豁免範圍的毒品仍屬非法藥物」 (...does not equate to legalizing drugs; drug included in the exemption category are still considered as illegal drugs)
- 「濫藥危機」 (overdose crisis)
- 「有毒藥物危機」 (toxic drug crisis)

Examples of UN website (<https://www.un.org/zh/global-issues/drugs/>):

- “illegal drug” — 「非法毒品」

Cultural and Legal Context of Interpretation and Translation Drug in Chinese – narrative summary from written translator

Historical, cultural norms, legal context and social expectations might impact the way people receive information and engage with surveys and conversations. Thus, when I was translating for the written materials, I have the concern the commonly used term 「毒品」 might reinforce the stigma around drug among Chinese senior participants, making it hard for them to engage in critical conversation since the word itself already has negative connotations.

In English, drug is a broad term, but in Chinese, it has specific connotation. As a person who grows up in China and understands the cultural context, I know that there is long-lasting stigma and stereotypes, both historically and culturally, on drug use and people who use drugs. The term 「毒品」 often times signifies and reminds people of 「非法毒品」 (illegal drug) and 「癮君子」 (junkies) when people use it in daily life, and implicates the negative societal attitudes and anti-drug sentiments on drugs. This sentiment is recognized in the article from Gansu Anti-Drug Association (<http://www.gsjdxc.com/Wap/Show/2944>). "In Chinese writing and expression habits, upon seeing the two words 「毒品」 ("drug", in Chinese there are two characters in this term), people would immediately conclude that it is a derogatory term, meaning that this stuff is definitely bad, must be highly toxic, and is dangerous and harmful."

The legal context also matters. Upon my research of how drug is translated in different societies, I recognized that oftentimes, the cultural and linguistic interpretation of "drug" is associated with how it's defined legally. For example, in China, 1997 Criminal Law defines drugs as follows: "Drugs as referred to in this Law are opium, heroin, methamphetamine (ice), morphine, marijuana, cocaine, and other narcotic drugs and psychotropic substances that can cause addiction as stipulated by the State." According to International Drug Policy Consortium's report, "overall, China's approach to people who use drugs is punitive, and the stigmatization is severe" (<https://idpc.net/publications/2017/03/idpc-china-treatment-paper>).

In Taiwan, there are more conversations advocating for not using 「毒品」 in order to destigmatize and to de-labeling people who use drugs (<https://www.thenewslens.com/feature/420taiwan/60050>). In educational materials from done of the middle schools in Taiwan (<https://www.hcjh.ntpc.edu.tw/p/406-1000-10356,r34.php>), it mentioned although 「毒品」 has a word for 「毒」, it's different from 「毒物」 (poisoned substance which is highly toxic or has acute toxicity), and closer to 「非法藥物」 (illegal drug) or 「管制藥物」 (prohibited drug). In this resource, it also mentioned the definition of "drug" 「毒品」 in legal context, and how it's classified into four levels based on their addictiveness, abuse potential, and social harm. However, in daily conversations, and Chinese anti-drug campaigns, 「毒品」 is often lumped together as something dangerous that can create social harm.

In Hong Kong, it is more likely to see the use of 「濫用藥物」 (drug abuse)、 「濫藥者」 (drug abuser) in traditional Chinese. See example: [https://www3.ha.org.hk/cph/imh/Document/MentalHealthInfo\\_Pamphlets/3\\_SubstanceMisuse/9\\_1\\_TC.pdf](https://www3.ha.org.hk/cph/imh/Document/MentalHealthInfo_Pamphlets/3_SubstanceMisuse/9_1_TC.pdf). However, there were also discussions regarding using 「吸食毒品」 (inhale or take drugs) to avoid using the term 「濫用藥物」 “to emphasize its seriousness” because “young people are easily misled into thinking that what they are ingesting is just ordinary ‘medicine’.”

The concern mentioned above is prevalent in Chinese-speaking diaspora, including immigrants overseas. Culturally, 「毒品」 has long been associated with illegal activities, violence, social harm, and deep-seated fear. Given historical, cultural norms around drugs and legal regulations of drugs, it's very likely for Chinese speaking folks to associate 「毒品」 with “illegal drug”.

During this project, I tried to incorporate and balance research, the goals of this project, government resources, legal interpretation, as well as participants' understanding and accessibility, etc. Specifically, another consideration I had was to make sure the participants understand the subject in their cultural context. For example, in the survey, I translated drug as 「藥物」 and 「毒品」 based on different context. Given my limited time and resources, this is how I translated in this project:

- In the recruitment poster, survey, survey responses, I translated drug as 「藥物」 and 「毒品」 based on different context, after reading the government website, local news article and UN website.
- In the first community session slides, I translated ‘illegal drug’ as 「非法毒品」 after reading the government website, local news article and UN website. However, I am also concerned about the translation of 「毒品」 would stigmatize people who use drugs so I use 「藥物」 and 「非法藥物」 when I was interpreting during the community engagement session.
- For ‘unregulated drug supply’ the first community engagement session slides, I translated as 「未受監管的毒品供應」 since I'm concerned the confusion of translating it as 「藥物」. Looking back, a better translation could be 「未受監管的非法藥物供應」.

- In the second community engagement slides, I translated ‘illegal substance’ as 「非法物質」, and during engagement session, I interpreted ‘drug’ and ‘illegal drug’ as 「藥物」 and 「非法藥物」.

Other terms I have used in translation:

- Overdose 過量用藥
- Toxicated drug crisis 有毒藥物危機
- Safe consumption site 藥物安全使用場所
- Safe injection site 安全注射場所, 安全注射屋
- Supervised safe consumption site 受監管的藥物安全使用場所
- Supervised safe injection site 受監管的安全注射場所, 受監管的安全注射屋
- Legal substance 合法物質
- Illegal substance 非法物質
- Harm reduction 減少傷害, 減害

In my research as well as my experience as a Mandarin and Cantonese interpreter and translator, it is a common approach to translate “drug” as 「毒品」. However, in order to meaningfully engage with Chinese-speaking diaspora, particularly, seniors, in the conversation about supervised safe injection sites, harm reduction and decriminalizing drug, I haven’t found enough research and guidelines on how to translate ‘drug’ in Mandarin and Cantonese, in this context. I don’t think my translation is perfect, but I believe that there are plenty room for educators and policy makers to discuss and take cultural norms and historical context into translation of related materials in order to engage more Chinese-speaking diaspora.