

Who Cares? Reading the CDSS for empathy (or lack thereof)

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1). Introduction

Canada is facing an opioid addiction epidemic. It is ongoing and has worsened through the Covid-19 pandemic (Health Canada). From January 2016 to December 2018, 11500 individuals died due to opioid related harms (Taha, Maloney-Hall, Buxton, 2019, p. 01). This research project seeks to understand the role empathy plays in policy creation and outcome in the Canadian Drugs and Substances Strategy (CDSS). My research asks "Is empathy present in Canada's Drug and Substances Strategy and the way it addresses opioid addiction and epidemic? If so, what is empathy's effect on policy and policy outcomes (good, bad, or neutral) and what are the implications of our understanding(s) of empathy in policy?" Further, my analysis positions the CDSS as a particularly neoliberal policy piece, and seeks to tease out the implications of this positioning in terms of how, and to what end, emotion is experienced.



Image from: <https://www.canada.ca/en/health-canada/services/publications/health-living-pillars-canadian-drugs-substances-strategy.html>

2). Materials/Methods/Theories

My work is qualitative-interpretivist, sitting on a social constructivist framework. I conduct a critical interpretive case study analysis (the CDSS being my case), drawing strongly from Social Work and Public Policy literature in order to historically contextualize the CDSS. Particularly, I draw on Macpherson's work on the types of drug policy approaches and his "four pillars" strategy. In analysing for empathy, I focus almost entirely on Health Canada's 2018 CDSS public consultation process, which was conducted predominantly in the form of an online questionnaire; respondents had to read or scroll through a mandatory background document and were then given access to a short questionnaire and "tell us your story" tool. I combine a close reading of Health Canada's "What We Heard" document, which summarizes the CDSS interpretation of respondents answers, a close reading of the background document, and a comparison of respondent demographics with that of the demographics most affected by the harms of problematic substance use to engage my research question. Empathy's presence, in my research, is signaled by the policy-affected. Allowing policymakers to signal empathy's presence gaslights the policy-affected, invalidating the experience of the policy-affected. It is up to the policy-affected to say, "this feels like an empathetic relationship (with policymakers) and policy," or to say "this is not empathy, and this policy is not informed by it." This requires a relationship between policymakers and the policy-affected wherein the policy-affected are not incentivized to say that empathy is or is not present and where policymakers do not have power over the definition of empathy. "Power over" needs to be surrendered (by policymakers) in this relationship and "Power with" needs to be centered (Stuart, 2019).

I theorize that the CDSS is symptomatically a neoliberal social policy product and therefore has an emotional landscape limited by the relational system it functions within. This theory draws on work on emotion in neoliberal government postulating that neoliberalism governs with emotion by "imposing specific organizing effects on the emotional realm itself" (Blinkley, 2014, p. 37). I move this theory from potential to kinetic by outlining the ways neoliberalism constructs the landscape through which we produce and experience emotion and argue that empathy can only productively manifest in policy by identifying and challenging this landscape.

4). Results

Resources such as "Hear Us, See Us, Respect Us: Respecting the Example of People Who Use Drugs" (CAPUD, 2021) combined with other literature and group statements that purport to reflect the sentiments of people who use drugs, and with an analysis of CDSS questionnaire respondent demographics tells us that not only did the CDSS consultation process fail to engage empathetically with the policy-affected, it did not even seek superficial engagement with these demographics. In light of these findings, I make an argument that CDSS engagement is not empathetic through its failure to attempt to engage with demographics of people who use drugs (as a means of empathetically understanding the social determinants of health that predispose them to the harms of problematic substance use) and second, because its findings and actions are misaligned with the vocalized needs of people who use drugs. I argue that we can problematize this empathetic shortcoming as symptomatic of neoliberal policy, wherein the state is the architect of the landscape through which we produce, experience, and use emotion. This policy feature limits the ways policymakers can relate to the policy-affected and imagine systemic experience-validating solutions because it necessitates a positive and scientifically 'rational' emotional relationship with the systemic and institutional features of the neoliberal state.



Image from: <https://www.capud.ca/>

5). Conclusions

There are two steps that the Federal government needs to take in order to facilitate empathetic policy and policy creation processes:

1). It needs to engage with the policy-affected at a meaningful level. This means listening to people who use drugs and taking a bottom-up approach to identifying demographics who are disproportionately impacted by the harms of problematic substance use. The consultancy process needs to come to people who use drugs, it cannot expect them to approach the process.

2). Social policy actors, institutions, and processes need to disabuse themselves of the neoliberal emotional landscape that dictates their emotional relations to the policy-affected. Emotional policy needs to occur outside of a program of "individual self-improvement and entrepreneurship." Until policymakers can integrate the emotional landscapes of co-dependency and enrich themselves with an emotional landscape that permits a negative emotional relationship to neoliberalism and particularly neoliberal social policy, policy will fall short of being truly empathetic.

In order to take these steps, it is not necessary for us to understand empathy as an achievement to be unlocked by a process of change. Empathy can be the catalyst in this policy revolution. Empathy could foreseeably guide us towards these new emotional landscapes and necessitate meaningful engagement with the policy-affected.

6). References

Binkley, S. (2014). *Happiness as enterprise: An essay on neoliberal life*. University at Albany (SUNY).

Bruno, T. L., & Csiernik, R. (2018). *The drug paradox: An introduction to the sociology of psychoactive substances in Canada*. Canadian Scholars.

Capud. CAPUD. (n.d.). Retrieved from <https://www.capud.ca/>

Collin, C. (2006). Substance abuse issues and public policy in Canada : Canada's federal drug strategy. *Canadian Electronic Library*. Canada. Retrieved from <https://canadacommons.ca/artifacts/123992/substance-abuse-issues-and-public-policy-in-canada/1777068/>

D.A.R.E. Canada. D.A.R.E. America. (n.d.). Retrieved from <https://dare.org/d-a-r-e-canada/#:~:text=LAUNCH&page=202022-D.A.R.E.%20he%20largest%20and%20most%20comprehensive%20prevention%20education%20program%20in%20evidence%20based%20c...>

De Sena, A., & Seribano, A. (2019). Social policies and emotions: A look from the Global South. *Social Policies and Emotions*, 1-11. https://doi.org/10.1007/978-3-030-34739-0_1

Health Canada. Indigenous Services Canada, and Thunderbird Partnership Foundation. (2011). *Honouring our strengths: A renewed framework to address substance use issues among First Nations people in Canada*. Retrieved from <https://thunderbirdpf.org/?resources=honouring-our-strengths-a-renewed-framework-to-address-substance-use-issues-among-first-nations-people-in-canada>

Health Canada. (2018). *Government of Canada*. Canada.ca. Retrieved March 12, 2023, from <https://www.canada.ca/en/health-canada/services/publications/health-living-pillars-canadian-drugs-substances-strategy.html>

Health Canada. (2020). *Government of Canada: What we heard: Strengthening Canada's approach to substance use issues*. Canada.ca. Retrieved from <https://www.canada.ca/en/health-canada/services/publications/health-living/what-we-heard-strengthening-approach-substance-use-issues.html>

Health Canada. (2022). *Government of Canada: Expert Task Force on Substance Use*. Canada.ca. Retrieved from <https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/expert-task-force-substance-use.html>

Jensen, T. (n.d.). Emotional terrain of neoliberalism- Tim Jensen. *The Journal of Aesthetics and Protest*. Retrieved from <https://www.joap.org/~joaporg/issue8/jensen.htm>

Moinot, G. (2016). *Neoliberalism is creating loneliness: that's what's wrenching society apart* | George Moinot. *The Guardian*. Retrieved March 12, 2023, from <https://www.theguardian.com/commentisfree/2016/oct/12/neoliberalism-creating-loneliness-wrenching-society-apart>

Overdose prevention centers. Drug Policy Alliance. (n.d.). Retrieved from <https://drugpolicy.org/issues/supervised-consumption-services>

Stuart, G. (2019). *4 types of power: What are power over; power with; power to and power within?* Retrieved from <https://sustainingcommunity.wordpress.com/2019/02/01/4-types-of-power/>

Taha, S., Maloney-Hall, B., & Buxton, J. (2019). Lessons learned from the opioid crisis across the pillars of the Canadian Drugs and Substances Strategy. *Substance Abuse Treatment, Prevention, and Policy*, 14(1). <https://doi.org/10.1186/s13011-019-0270-7>

Toussard, N., Patten, S., McCrindle, J., Nurse, M. I., Vanderschaeghe, S., Noel, W., Edward, J., Kamp, Blanchet- Gagnon, M.-A. (2021, September 17). Hear us, see us, respect us: Respecting the expertise of People Who Use Drugs. *Zenodo*. Retrieved from <https://zenodo.org/record/5514066>

Vilas, C. (1996). *Neoliberal Social Policy managing Poverty* (Somehow). (29th ed., Ser. 6). *NACLA Report on the Americas*.

Wilkins, A. (2013). Libertarian paternalism: Policy and everyday translations of the rational and the emotional. *Critical Policy Studies*, 7(4), 395-406. <https://doi.org/10.1080/19460171.2013.784622>

3). Unpacking Consultation Respondent Demographics

Data from the "What We Heard" Document finds that:

- 43% of respondents were aged 30-49,
- 74% were female,
- 31% lived in Ontario and 26% in British Columbia,
- 37% held a post-graduate certificate, diploma or degree,
- 38% reported a household income of over \$100,000, and
- 90% did not identify as First Nations, Inuk or Metis. (Health Canada, 2020, p. 34)

This tells us that most respondents were well educated, female-identifying, and upper middle-class.

According to data used by Bruno and Csiernik (2018), Canadian national studies show that, in terms of gender, males are most likely to engage in substance use, particularly illicit psychoactive substances (p. 162), with 10% of men reporting crack or cocaine use compared to 5% of females (p. 162). However, these studies appear to have engaged gender through the binary dichotomy of male or female, excluding non-binary people; we must read this data skeptically, understanding that it likely excludes the experiences of people with non-heteronormative gender identities.

Consensus among Indigenous nations, activists, community harm-reduction groups, academics, and the Federal Government (as evidenced in the questionnaire backgrounder and "What We Heard") is that Indigenous people in Canada are disproportionately affected by the harms of problematic substance use. Bruno and Csiernik (2018) observe that data on the effects and scale of problematic substance use on/among Indigenous people in "Canada" is scarce. Resultantly, they defer to American (US) data, citing similar enough contexts of settler-colonialism as justification for extrapolating the implications of these findings to the Canadian context. In the US, among all surveyed ethnic groups, Indigenous people are the most likely to use drugs after the age of 26 (p. 166). These findings agree with socially accepted understandings of substance use in Indigenous communities. "Honouring Our Strengths" (2011) cites a 2002/2003 Canadian national survey wherein First Nations respondents reported two times the rate of illegal drug use as compared to non-First Nations respondents (pp. 10-11).

Informed by this understanding and its corresponding data, we can understand the CDSS as failing to engage a demographic which is unjustly (by way of social determinants of health brought on by settler violence and colonial harms) and disproportionately affected by the harms of problematic substance use.



Image used with written consent from an anonymous source.

7). Acknowledgements and Thank You's

I want to acknowledge that my learning takes place on the land of the lək̓ʷəŋən peoples and the Songhees, Esquimalt and WSANEC peoples. As a student whose education is legitimized by a colonial institution (UVic), I have a responsibility to acknowledge, unpack, and challenge the harmful implications of this relationship.

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Artwork by Andrej Krauc, sourced from <https://www.theguardian.com/commentisfree/2016/oct/12/neoliberalism-creating-loneliness-wrenching-society-apart>



This Safe Consumption Site is an example of a harm reduction action enabled by Canadian Drugs and Substances Strategy policy. Image from: <https://drugpolicy.org/issues/supervised-consumption-services>



The Canadian DARE program is one example of a particularly moralistic (and problematic) anti-drug use program. Image from <https://dare.org/>

