Notice of the Final Oral Examination
for the Degree of Doctor of Philosophy

of

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MSc (University of Ottawa, 1996)
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“At the Table with People who Use Drugs: Transforming Power Inequities”

Social Dimensions of Health Program

Thursday, April 7, 2016
9:00AM
University Centre Building
Room A207a

Supervisory Committee:
Dr. Bernadette Pauly, School of Nursing, University of Victoria (Co-Supervisor)
Dr. Cecilia Benoit, Department of Sociology, UVic (Co-Supervisor)
Dr. Budd Hall, School of Public Administration, UVic (Member)

External Examiner:
Dr. Sarah Flicker, Faculty of Environmental Sciences, York University

Chair of Oral Examination:
Dr. Kimberly Venn, Department of Physics and Astronomy, UVic

Dr. David Capson, Dean, Faculty of Graduate Studies
Abstract

Background: People who use illegal drugs are disproportionately affected by HIV and hepatitis C, stigmatization and social exclusion. Health inequities are worsened by drug policy of criminalization, which thwarts health promotion efforts and hinders access to services. To address these inequities, people who use drugs are increasingly included in decisions that affect them by sitting on policy, service delivery and research committees. This study addressed a gap in understanding how power inequities are transformed in committees where people who use drugs are at the table. Methods: In partnership with the Drug Users Advocacy League and the Society of Living Illicit Drugs Users, this participatory critical ethnographic inquiry explored power relations in four committees in Ontario and BC. Data were collected in 2013 through meeting observations, interviews, demographics surveys and document reviews. Data analysis was guided by theoretical frameworks grounded in critical theory and transformative learning theory. Results: Findings confirmed striking socioeconomic inequities between people who use drugs and others at the table. Inconsistent measures were taken by committees to alleviate barriers to inclusion. Despite openness to inclusion, committee members tended to underestimate people who use drugs. The presence of local organizations of people who use drugs ensured a more democratic selection process of their representatives to sit on committees. Once at the table, creating a safe space entailed building trust, authentic relationships, relational and reflective dialogue, and skilled facilitation. Democratic practices of negotiated relationships and consensus-based decision-making enhanced meaningful inclusion. A structural environment in which drug policy criminalizes people who use illegal drugs hindered capacity to transform power inequities by feeding stigma, which worsens health and social inequities. Committees were committed to inclusion of people who use drugs though capacity to do so varied due to budgetary and human resources constraints. Study limitations, practice implications and future research directions are offered.