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Harm reduction by a "user-run" organization: A case study of the Vancouver Area Network of Drug Users (VANDU)

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Abstract

The Downtown Eastside of Vancouver has experienced ongoing epidemics of HIV infection and illicit drug overdoses since the mid 1990s. In 1997, in response to the emerging health crisis among injection drug users (IDU) and government inaction, individuals gathered in Vancouver to form a drug user-run organization. This group eventually became known as the Vancouver Area Network of Drug Users (VANDU). Because of the growing interest in drug user organizations, this case study was conducted to document the genesis, structure, and activities of VANDU. In accordance with VANDU's philosophy of "user involvement and empowerment," we employed a community-based case study methodology to achieve these aims. The findings demonstrate that through years of activism, advocacy, and public education, VANDU has repeatedly voiced the concerns of drugs users in public and political arenas. VANDU has also performed a critical public health function by providing care and support programmes that are responsive to immediate needs of their peers. This study indicates that greater efforts should be made to promote the formation of drug user organizations, and that health authorities and policy makers should explore novel methods for incorporating the activities of drug user organizations within existing public health, education, and policy making frameworks.

Keywords: Drug users; Harm reduction; Vancouver

Introduction

The Downtown Eastside (DTES) of Vancouver, Canada is among the most impoverished urban neighbourhoods in Canada (Statistics Canada, 1996), and drug overdose deaths and other health complications of drug use have been observed there since the 1970s (O'Shaughnessy, Montaner, Strathdee, & Schechter, 1998). Presently, it is estimated that there are approximately 5000 injection drug users (IDU) living in the DTES. In 1997 an explosive HIV epidemic prompted local health authorities to declare a public health emergency (Patrick et al., 1997; Strathdee et al., 1997).

Several health services have been initiated to address drug-related harms in the neighbourhood, including a needle exchange programme, a contact centre, a street nurse programme, and most recently a supervised injection facility. As in other settings, however, the majority of these services operate under the "provider–client" model, in which service providers strive to meet the needs of drug users. The limitations of this model are becoming increasingly recognized (Broadhead, Heckathorn, Grund, Stern, & Anthony, 1995; Broadhead et al., 1998), and include the difficulty that service providers have in reaching drug users on their own turf, difficult communication between providers and clients, and fear among drug users that use of services may alert police to their activities (Broadhead et al., 1998; Grund et al., 1992; Rich, Strong, Towe, & McKenzie, 1999).

In response to these concerns and the general lack of public health interventions for IDU, drug user organizations have

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emerged throughout the world (Broadhead et al., 1995; Crofts & Herkt, 1993; Grund et al., 1992; Power, Jones, Kearus, Ward, & Perera, 1995). These organizations have generated considerable interest because of their potential to address the limitations of provider–client programmes and to stem rates of overdose deaths and blood-borne diseases (Broadhead et al., 1995, 1998; Cottier et al., 1998; Grund et al., 1992; Latkin, 1998; Power et al., 1995).

One drug user organization that is among more well recognised internationally is the Vancouver Area Network of Drug Users (VANDU); however, little is known about the organization. The present study was therefore initiated to document the genesis, structure, and activities of VANDU.

Methods

In accordance with VANDU philosophy and members' demands that all projects directly involve them, we employed a community-based case study methodology to achieve the study objectives. An intrinsic case study methodology was selected as a means to obtain understanding of a particular instance of drug user organizing (Stake, 1988). Three peer researchers appointed by the VANDU Board of Directors worked with three external researchers in designing the study, and in gathering data using various methods and sources.

Semi-structured interviews

Semi-structured interviews were conducted to elicit a range of perspectives on VANDU. A purposive sampling strategy was employed with individuals most likely to generate productive in-depth discussions on issues of interest (Morgan & Krueger, 1998). Those interviewed included: two members of the VANDU executive, two founding members of VANDU, three VANDU members, four recipients of VANDU programmes (hereafter referred to as "programme recipients"), one VANDU employee, two health policy makers, one funder of VANDU, and two local health service providers. All interviews were audio recorded.

Organizational documents and records

All available historical documentation was compiled to derive information about VANDU. Materials included photographs, programme evaluations, procedural manuals, meeting minutes, educational materials, and other written documentation.

Participant observation

The researchers engaged in participant observation throughout the data collection period. In addition to attending VANDU board meetings, researchers attended VANDU care and support initiatives. The researchers also attended local meetings at which VANDU representatives actively participated. Field notes were taken during or following these activities.

Data analysis

The interview data were systematically reviewed for qualitative analysis. The analysis examined data collected across the central study objectives: the description of the genesis, structure, and activities of VANDU. Content analysis was used to examine patterns that emerged from the qualitative data. Two members of the research team made several reviews of the recorded interviews. On the first pass an initial set of codes was documented to capture key constructs. Subsequent reviews were used to assign data segments to categories and examine negative evidence.

Sections of organizational documents and field notes were sorted according to the study objectives and analysed for thematic congruence and negative evidence. Following the merging of all data, VANDU research team members provided feedback on draft summaries of the results.

Results

Genesis and evolution

Interviews and early documentation indicate that in 1997 a group of Vancouver residents, including drug users, activists, and others, came together to form a drug user organization as a means to addressing the health crisis among local IDU. The Downtown Eastside of Vancouver has a long history of grass-roots activism, and those attending the early meetings were experienced in applying direct action and organizing methods. Following the announcement of a public health emergency in the neighbourhood, local activists were prepared to take action. The urgency of the situation was noted by one founding member:

> "VANDU came out of the horrific situation with regards to overdose deaths and several epidemics that were roaring through the Downtown Eastside." (Founder)

Several founders of VANDU were influenced by ideas and methods of Liberation Theology. This grass-roots revolutionary movement emerged in Latin America among Catholic theologians during the 1960s, and sought to articulate a spiritual philosophy and praxis aimed at developing a "new society" focused on principles of social justice and the emancipation of the poor (Engler, 2000). Combining the values of Liberation Theology and methods of popular education, the founders of VANDU organized large public discussion meetings for drug users in the DTES's open drug scene. Flyers inviting drug users to the meetings were posted throughout the neighbourhood. One founder described the intent of the discussion groups, emphasizing the importance of making public the suffering within the community:

"It was almost a spiritual thing that we had talked about, that the cry of suffering users themselves, if that could be heard publicly, that was the most powerful weapon of all . . . what is most denied and repressed in society is the collective expression of pain. There are so many institutions that privatize pain and keep it hidden, whether it is the psychiatrist's office, the mental health system, or bars. Facilitating the public expression of pain was the most subversive thing we could do. "(Founder)

The VANDU discussion groups focused on the questions "what are the issues facing drug users?" and "what would most help you now?" After weeks of articulating issues, members began to propose "user-based" actions, and several small committees were developed. Sign-in records from early meetings indicate that attendance grew dramatically, from 20 to 100 people within months. This rapidly evolving group became the non-profit society known as the Vancouver Area Network of Drug Users. Early efforts made by VANDU to garner political support were critical to its formation as well as the ability of the organization to withstand opposition from various local groups:

"VANDU garnered every single bit of support it got one person at a time. We attended every single health board and police board meeting, and VANDU members took advantage of every open mike opportunity they got, and so soon the media started showing up and the middle class was becoming increasingly aware that this was a serious local problem and a threat to public health." (Staff Member) "We invited local politicians, health authorities, and street nurses to our meetings, and soon they were giving us syringes to hand out because DEYAS [local needle exchange operator] wouldn't give them to us." (Staff Member)

Governance, membership and guiding principles

VANDU maintains an office, a 15-member board of directors, and a staff of three. The Board is elected at an Annual General Meeting by the attending membership, which now consists of over 1000 individuals. The constitution of VANDU allows for two types of memberships. Full membership is reserved for people who report using or formerly using illicit drugs intravenously (although crack cocaine smokers are given full membership rights). These members can express views and vote at all meetings. The second type, supporting membership, is given to any person who has not formerly used illicit drugs. These members can express their views but cannot vote at meetings.

Monthly general membership meetings (the "Saturday meetings") are open to anyone wishing to attend, and typically involve over 100 members. Food and three dollar stipends are provided to those who sign up for the meetings. The importance of consulting the broader drug-using community was noted by one member of the VANDU executive:

"We record everything that is said at the Saturday meeting and that's how we can see what is needed and what we are doing and how we are helping." (Member of the Executive)

Organizational records and interviews revealed several themes regarding the guiding principles of VANDU. First, the organization tries to be inclusive of all current and former drug users. For instance, in placing volunteers into limited workspaces, priority is given to individuals who have never volunteered with VANDU. This strategy aims to prevent VANDU from becoming a small elite group distanced from those they seek to represent. Second, the organization is user-driven, and an elected board makes all organizational decisions. Third, VANDU employs a peer mentorship policy that involves pairing someone who has skills in a particular area with someone who is interested in acquiring those skills.

Advocacy, activism and public education

Some of the earliest work of VANDU focused on political activism and advocacy. Consistent with the values of Liberation Theology, the early organizers worked to bring the "voice of users" into mainstream political discourse:

"The biggest obstacle to making the situation better was the marginalization of drug users, and the distance that addicts are from society. So the first thing we got involved in was the demarginalization of drug users." (Founder)

Photo 1. Former Mayor Philip Owen is confronted by demonstrators from the Vancouver Area Network of Drug Users (VANDU).

VANDU has organized numerous public demonstrations in an effort to bring attention to the health emergency in the DTES. Those interviewed cited examples of VANDU's activism, such as the day VANDU interrupted a Vancouver

City Council meeting to present Council with a coffin in protest of a recently implemented 90-day moratorium on the creation of services for drug users (Photo 1).

Photo 2. Dean Wilson, past president of the Vancouver Area Network of Drug Users (VANDU) at a demonstration commemorating drug overdose deaths in Vancouver's Downtown Eastside.

VANDU also co-organized two events, referred to as 1000 and 2000 crosses, in memory of local drug users who died of overdoses. During these events, crosses were erected in a local park, and local residents were invited to write on the crosses the names of friends who had died. More recently, VANDU responded to a large-scale police crackdown and delays in the opening of Canada's first legally sanctioned safer injection facility by opening a peer-run safer injection site. Despite continued harassment from police, VANDU volunteers worked to keep the "safe site" open throughout the crackdown. VANDU's advocacy efforts also garnered considerable public attention when the organization gained "intervener status" in a provincial Supreme Court case involving a neighbourhood group's attempt to close a low-threshold contact centre. VANDU eventually won intervener status, which prompted the neighbourhood group to withdraw from the case (Bula, 2002). The impact of VANDU's activism and advocacy work was noted by one policy maker (Photo 2):

> "You always need loud, vociferous folks out there on the edge so the centre moves . . . and you can't ignore those guys. They're (VANDU) vocal, they're very passionate, and they are trying to hang on to the agenda until something significant occurs." (Policy Maker)

The purpose and importance of VANDU's efforts were also noted by programme recipients, some of whom emphasized how challenging it can be for individual members to advocate for themselves:

> "To try to get across the point that addicts are people too, that we shouldn't get fucking treated like garbage and uh, you know to help addicts to stay alive, you know what I mean? (Programme Recipient)

> "Something's got to be done for poor people too. I know it's a really hard thing, just for people to put their fist up and stand up for your rights." (Programme Recipient)

As indicated by one member, VANDU has, after years of activism, gained increasing recognition in the local community:

> "VANDU—man, they go to a shitload of meetings every week. If anything is happening, it seems that it is probably going to need VANDU's okay. VANDU is always at the table." (Member)

Representatives of VANDU are now invited participants in various policy planning meetings at the municipal, provincial, and federal levels, including the development of Canada's Task Group on Injection Drug Use and the national AIDS Strategy. The efforts of VANDU to represent the concerns of drug users was noted by those interviewed:

> "VANDU is the voice of users, and I think that is an enormous service to the community at large. They're there at every conference, you see those guys in Ottawa, in India, everywhere." (Service Provider)

> "They are seen as the voice of IDU, and that voice is being listened to because it is rational and passionate. If there was not VANDU, then how would the IDU community communicate? They would suffer a lot." (Funder)

Several of those interviewed also emphasized the role VANDU has played in changing public perceptions of drug users. One service provider emphasized the pervasive ignorance about injection drug use, and the role VANDU has played in educating the public:

> "The whole area of injection drug use has been so ignored historically that the lack of understanding of the real dynamic of people who are getting up 20 times a day on cocaine is so profound that we desperately need folks who can provide more input. They've also been good about welcoming people into the scene. Media, academics, anyone who wants to come and try and understand the situation. They've been key to public education - 'You want to know? Come on down and we'll show you'." (Service Provider)

Community care and support activities

VANDU has been involved in several education and harm reduction initiatives. All programmes are developed and implemented by the members, who receive nominal volunteer stipends for their work. Most programmes arise out of analyses of problems raised during general membership and board meetings. Programme records indicate that over 800 different individuals volunteer for VANDU each year.

Education

VANDU operates several educational and support programmes related to specific health and social issues. Examples include groups for people living with hepatitis C, people on methadone, a group for women with HIV, and a housing committee. Some of these groups, such as the BC Association of People on Methadone, have evolved to become their own non-profit societies. Other groups have moved beyond education and peer support to engage in "direct action" work specific to their area of focus. For example, the Housing Action Committee (HAC) of VANDU has adopted a more radical, activist approach and occupied local parks and government offices to protest against a lack of social housing. VANDU also maintains a website (www.vandu.org) and publishes a monthly newsletter called the "VANDU Voice".

Alley Patrol

Photo 3. VANDU Alley Patrol volunteers.

A substantial number of DTES residents inject illicit drugs in public spaces (Kerr, Wood, Palepu, Small, & Tyndall, 2003), including alleyways. In recognition of this, and the reluctance of many service providers to venture into alleyways, VANDU established an Alley Patrol programme. The Alley Patrol volunteers patrol the alleys in 4-hour shifts, and provide sterile injecting equipment and water, collect used syringes, and offer harm reduction education to the people they meet. All Alley Patrol volunteers are trained in first aid and CPR (Photo 3).

In acknowledgment of the success of the Alley Patrol programme, the British Columbia Centre for Disease Control (BCCDC) street nurses began pairing with Alley Patrol volunteers. This partnership enabled the nurses to more easily establish trust with local drug users, and since this partnership was initiated, two VANDU volunteers have been hired on a permanent basis by the BCCDC.

Some programme recipients spoke about the Alley Patrol programme, including one individual who spoke about encountering Alley Patrol volunteers for the first time:

> "The guys who came up to us, you know they approached us slow, we were fixing coke and drugs and stuff. I was pretty high, right? I wasn't even into talking to anybody about exchanging rigs. And they approached, 'Hey guys, how's it going? We're from VANDU, and we're here to exchange rigs- the needle exchange.' And yeah, it was cool. I gave them the rig and then they gave me water, you know. 'It's a good thing to have clean water always, you know. So be safe, you guys.' It was comforting." (Programme Recipient)

Syringe exchange and recovery

Photo 4. The VANDU needle exchange table at the corner of Main and Hastings Streets.

Due to the well-documented problem with accessing syringes at night in Vancouver (Wood et al., 2002a, 2002b), on September 1, 2001, VANDU initiated an unsanctioned syringe exchange programme from a tent located in the heart of the city's open drug scene. On average, 1200 syringes were exchanged every evening, 7 days a week from 8:00 p.m. to 4:00 a.m., for 9 months without incident. In addition to the night-time operating hours, the exchange differed from other programmes as it had a more flexible trading policy that enabled users to obtain up to 10 'loaners' if no syringes were available to trade. On May 31, 2002, however, the Vancouver Police Department unexpectedly closed the VANDU exchange, citing the fact that VANDU did not have a permit to operate the service (Vancouver Sun, 2002). During a radio interview, one deputy chief of the Vancouver Police Department also accused VANDU of dealing drugs at the table, but later submitted a retraction and apology after VANDU threatened legal action. At this time, the value of the VANDU exchange was also put in question by the operators of the city's sanctioned exchange programme. The VANDU programme was then closed temporarily, and the funding for the exchange was partially cut (Eurchuk, 2002). However, a subsequent evaluation found that use of the VANDU exchange table was independently associated with the characteristics of frequent cocaine injection, injecting in public, and requiring

help injecting (Wood et al., 2003a). All of these variables have been associated with HIV risk in previous studies (Latkin et al., 1994; Tyndall et al., 2003; Wood et al., 2003b). As well, use of the VANDU table was associated with safer syringe disposal (Wood et al., 2003a) (Photo 4).

After months of negotiations, VANDU's needle exchange was relocated to two indoor spaces—one in a large ground-floor space in a nearby hotel, and one in a low-threshold health contact centre. Members who were interviewed spoke highly of VANDU's needle exchange efforts, including one programme recipient who spoke of the convenience of the syringe exchange table, and how it was preferable to the fixed needle exchange programme:

> "There was a tent set up. And there was a needle exchange going on there. I thought it was DEYAS [needle exchange operator] at first. And I thought 'wow', that's a lot better than running the van around and around . . . it's just convenient. It's on the street, it's there. Right where people score dope, like it's not far to walk. And then I found out it was called VANDU . . . It just feels more safe. It's nice to have that convenience especially if you're IV drug using, 'cause needles are a big issue. Especially when people are doing cocaine or stuff like that. It's so easy to use another rig that's been used if you can't get a syringe, and if you can't afford to buy one . . . Actually I used to use the needle exchange at DEYAS all the time. Now it's just more convenient for me to use VANDU. They're just, they're there more. They're where you need them . . . I find them where I need them." (Programme Recipient)

VANDU volunteers are also involved in the recovery of used syringes from several of the neighbourhood's low-income hotels. These syringe recovery efforts were described by a funder:

> "VANDU goes into hotels and picks up all the used syringes. They get these hard-nosed landlords who only care about the $325 a month and teach them about harm reduction."(Funder)

Hospital programme

In recognition of the difficulties drug users face in hospital, and the ongoing problem of drug users leaving hospital against medical advise (Palepu et al., 2001), VANDU created its Hospital Programme. Hospital Programme volunteers make regular visits to hospitalized drug users for the purpose of providing support and encouraging them to stay in hospital. A member of the executive described the programme:

> "In the hospital programme, we go up there each week to be there for our brothers and sisters and tell them not to leave early and to take all of their meds. We support them and tell them what is going on, on the street." (Member of the Executive)

Peer support and advocacy

VANDU members also strive to help their peers through peer advocacy, and commonly help others with negotiating bureaucracies, completing applications, and overcoming legal hurdles. The value of VANDU's peer advocacy efforts was noted by programme recipients:

> "I was living in the X (Hotel) and I'd been kicked out and a girl had told me they weren't allowed to do that and VANDU would help me. Well the first time that I came to the actual office I sat down and spoke to one of the helpers there to deal with the landlord there at the X. I told them what they were doing, they were kicking me out for a bunk reason . . . and they made one phone call and that was it, that issue was gone." (Programme Recipient)

> "Sometimes I've seen, in the wintertime, I've seen somebody cold so I went and asked them, "Do you have a coat or something? Somebody's really cold." So they gave me a coat, and they even looked for a blanket to help this person. So I went and covered them up." (Programme Recipient)

Process and impact

> "VANDU, to me, is our country's protection against HIV and other diseases. It's the fight that we need. That is VANDU to me." (Programme Recipient)

Several individuals interviewed made several unsolicited comments concerning process dimensions and impacts associated with VANDU's initiatives. For instance, programme recipients emphasized the value they place on the support they receive from peers, as peers are deemed to be most knowledgeable about the experiences of drug users:

> "It's drug users helping drug users . . . And that's who addicts are going to deal with the most, is another addict. Active or non-active, it doesn't matter. An addict's an addict. Like, I used to go on the programme or treatment . . . and it used to burn my butt because I wanted somebody who knew where I was coming from. Right? And it means a lot to me that those guys know where I'm coming from." (Programme Recipient)

> "The fact that they're drug users, that's what I like about it. I'm not going to listen to somebody who isn't a drug user telling me that they know how I feel. I just liked the fact that they were drug users." (Programme Recipient)

Many of those interviewed talked about the ability of VANDU to accommodate various individuals in a diverse array of activities, as well as the sense of purpose individuals derive from becoming involved with VANDU:

"The beauty of VANDU is that it covers a lot of ground, from providing a place for a mentally ill drug user totally whacked out at a meeting to high level political activities on national committees." (Policy Maker)

"The whole thing there is that it was people who are serious about . . . making things better for dopers, because we're people too. I'm not a piece of shit because I fucking do dope. I like the fact that it gives dopers who are willing to put something into, something positive into it . . . to make things better for themselves . . .. VANDU is available and will allow you to do that." (Programme Recipient)

"It made me feel really good about myself, it made me feel like I belonged to something. I was part of something even though I was still a drug user and people there were drug users. I felt a part of a bigger thing." (Member)

Some of those interviewed also emphasized that VANDU provides opportunities for drug users to view themselves in a more positive light that stands in stark contrast to the disabling stigma imposed on drug users by society.

"[VANDU] gives people the experience of having a job and taking on responsibility. All the negative things that have been fed to them as being an addict goes away and shows them that they are competent. It helps people grow and understand themselves and that they have choices." (Member)

"It brings together a collective experience and wisdom, but also you begin to get a different feeling about yourself. To become part of something for who I am and not for who I am not. For who I am as an addict, I'm poor, I've got hep C, I lived in wretched housing and all this, and then someone says, 'Yeah, that all makes you a really valuable person. You have a lot to contribute to try to help people and to save other lives, and your experience can do that' Then I get a different feeling about myself." (Founder)

VANDU was also credited by those interviewed with having an impact on the behaviour of drug users as well as their local culture. Some of those interviewed also stated VANDU helped them become more conscientious about their health and environment:

"You know, I think it's (VANDU) changed a lot of people also, in the manner of how they conduct themselves out there. You know they're not just chucking their rigs as often as they were before." (Programme Recipient)

"When I see rigs, I pick them up now. If I see somebody throwing stuff on the ground I get on their case. Wrappers, anything I just get on their case about it. It (VANDU) just makes me think more about my surroundings." (Programme Recipient)

"I've become more conscientious . . . I'm more careful and health-conscious. I was pretty worn out there for a while and then I started hitting those meetings." (Member)

Conclusions

VANDU, like other "user-run" organizations (Crofts & Herkt, 1993), has demonstrated that drug users can organize themselves and make valuable contributions to their community. As with other social movements, this organization is a product of its unique environment, which was characterized by a long history of grass-roots activism and severe public health problems resulting from injection drug use. Like many of the more powerful responses to the AIDS epidemic which were not based on expert-driven interventions but on mobilizing affected communities to resist oppression (Epstein, 1996; Stoller, 1998), VANDU has repeatedly voiced the concerns of drug users in public and political arenas, garnered political support, and performed a critical educational function by bringing outsiders face to face with the realities of Vancouver's DTES. VANDU has also engaged in activism that has focused public attention on the drug-using community and ensured that drug users are more involved in decisions that affect them. In doing so, VANDU has countered stereotypical constructions of "the drug user", creating what Castells (1996) has referred to as "project identities" that serve to redefine positions in society and transform larger social structures. Collectively, these activities and the associated results have been critical to the survival of VANDU in the face of internal challenges and considerable local opposition.

VANDU has also, through consultation and analysis, provided much-needed care and support in the DTES. It is noteworthy that many of VANDU's programmes are initiated as responses to the immediate needs of local drug users, and are often implemented without funding or official support. By virtue of its method of peer consultation, VANDU has often operated a step ahead of local health authorities who aim to monitor and respond to priority health issues.

Given the risks associated with drug use in public spaces (Darke, Kaye, & Ross, 2001; Klee & Morris, 1995) and the problems with sterile syringe access in the Downtown Eastside (Wood et al., 2002a, 2002b), it is clear that VANDU has addressed gaps in local public health efforts. VANDU has also extended the reach of public health efforts by contacting drug users who may not be well served by traditional service delivery, and appears to be providing support that is more accessible for and acceptable to their peers. For the drug user who injects frequently in alleys, VANDU may be the only care they receive, as the cycle of drug use and stigmatization creates social conditions that make access to traditional forms of care difficult.

The findings presented indicate that many VANDU members have gained a great deal through their participation in

the organization. Beyond the acquisition of skills, participation in VANDU can engender a sense of self-respect and purpose. Some participants also reported that VANDU has made a positive impact on local culture by fostering a sense of social responsibility and mutual caring among people who use drugs. VANDU has experienced its share of challenges over the years. Lapses in funding, police harassment, and the ongoing loss of members to overdoses, accidents, HIV/AIDS and other illnesses have weighed heavily on the organization. As well, VANDU has endured moments of intense internal conflict, which has resulted in the removal or departure of members from positions of responsibility within the organization. Despite these challenges, VANDU has continuously strived to represent the concerns of drug users and provide immediate responses to their needs.

The experience of VANDU confirms drug user organizations have much to contribute to their immediate community and the community at large. The findings presented here indicate that greater efforts should be made to promote the formation of drug user organizations, and that health authorities and policy makers should explore novel methods for incorporating the activities of drug user organizations within existing public health, education, and policy making frameworks.

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