

the dilemma facing many physicians was the inability to respond to a diagnosis with appropriate treatments.

²¹ Although the document in question has not yet been posted, other information about the Reference Group can be found at www.unaids.org/en/in+focus/hiv_aids_human_rights/reference+group.asp.

²² De Cock et al. Shadow on the continent, *supra*, note 13.

²³ De Cock et al. A serostatus-based approach, *supra*, note 13.

²⁴ Effective 1 January 2004, routine testing of the wrong sort has been adopted as policy in Botswana, which has "become the first African country to implement routine opt-out testing on a national level, starting with health facilities." (*AIDS Analysis Africa* 2003/04; 14(4)). Following the lead of De Cock et al, the justification for this policy has been the low take-up of VCT and the notion that "public rights is more valid than human rights."

²⁵ See *A Comparative Analysis of the Financing of HIV/AIDS Programmes in Botswana, Lesotho, Mozambique, South*

Africa, Swaziland and Zimbabwe. HSRC Publishers, October 2003.

²⁶ *Macro-Economics and Health: Investing in Health for Economic Development*. Report of the Commission on Macroeconomics and Health, 2001, at 4.11.

²⁷ AIDS Law Project submission to the Jali Commission, 2004, available at www.alp.org.za.

Harm-reduction activism: a case study of an unsanctioned user-run safe injection site

Due to the ongoing health crisis among injection drug users in Vancouver, Canada, there have been repeated calls for the establishment of safe injection sites (SISs) since the early 1990s. In April 2003, in response to a large-scale police crackdown and government inaction, a group of activists opened an unsanctioned SIS in Vancouver's Downtown Eastside (DTES). The 327 Carrall Street SIS operated for 181 days despite considerable police harassment and limited financial support. During the operation of the SIS, volunteers supervised over 3000 injections and demonstrated the feasibility of a user-run low-threshold SIS. The experience of the SIS provides valuable lessons for those seeking to advance the interests of injection drug users through community mobilization and direct action approaches. In this article, Thomas Kerr, Megan Oleson, and Evan Wood describe the events surrounding the establishment, operation, and closing of the unsanctioned SIS, and outline the lessons learned.

Introduction

The Downtown Eastside of Vancouver, British Columbia has been the site of ongoing HIV and overdose epidemics.¹ The Vancouver HIV epidemic has been attributed to various factors, including over-investment in law-enforcement approaches, the high prevalence of cocaine injection, cuts to social housing and addiction treatment services, and difficulty accessing syringes among the city's injection drug users.^{2,3,4} Since the early 1990s, various forms of activism have been initiated in the DTES to address the ongoing health crisis among injection

drug users, including actions aimed at promoting the establishment of safe injection facilities.⁵ SISs, where users can inject pre-obtained illegal drugs,



The unsanctioned safe injection site at 327 Carrall Street, Vancouver.

have been implemented in several cities in order to reduce community and public health impacts of injection drug use.⁶

A significant development occurred in Vancouver in November 2002 when the former chief coroner of British Columbia, Larry Campbell, was elected as mayor of Vancouver. Campbell swept the election while running on a platform calling for harm reduction and the immediate establishment of SISs in the DTES.⁷ In spite of these developments, the DTES was still without an SIS when the Vancouver Police Department

(VPD), on 7 April 2003, initiated a large-scale crackdown on the neighbourhood's drug market.⁸ The crackdown, referred to as the City-Wide Enforcement Team initiative (CET), drew criticism from several local community groups, and drew international attention when observers from Human Rights Watch issued a report stating that the crackdown had resulted in numerous human rights violations⁹ – a claim vigorously denied by police and local politicians.¹⁰ On the night that the CET crackdown was initiated, local activists and drug users opened an unsanctioned “user-run” SIS to protest the crackdown and the government's failure to fulfill its promise to open an SIS.

Although several forms of activism have been initiated to address the ongoing health crisis in the DTES, little is known about them. Therefore, the present study was undertaken to describe a particular example of harm-reduction activism. In particular, we sought to describe the user-run unsanctioned site, including the events surrounding its opening, operation, and eventual closure on 7 October 2003.

Methods

A case study methodology was selected as a means to obtain understanding of a particular instance of harm-reduction activism.¹¹ Individuals working at the SIS collaborated with external researchers in gathering data using various methods and sources.

Site updates, meeting minutes, press releases, media stories. All available historical documentation was compiled and systematically reviewed in order to derive information about the opening, operation, and closing of the SIS. Materials included updates disseminated by SIS volunteers, SIS

meeting minutes, related press releases, and media stories.

Participant observation. The authors also engaged in participant observation throughout the data collection period. The authors attended various SIS meetings and press events. Field notes were taken during or immediately following these activities. One author (Megan Oleson) worked as nurse at the SIS throughout its operation.

Data analysis. Historical documentation and field notes were sorted according to the central study objectives. Content analysis was used to examine patterns that emerged from the data. On the first pass an initial set of codes was used to denote key content areas. Subsequent reviews were used to assign data segments to categories and examine negative evidence.

Results

Opening of user-run unsanctioned safe site

The unsanctioned SIS officially opened on 7 April 2003; the same day VPD began its CET crackdown.¹² The group responsible for opening the SIS, the Coalition for Harm Reduction, had initially formed to organize a response to the police crackdown. The group described itself in a press release as follows:

The Coalition is made up of community groups who represent and stand in solidarity with poor people, drug users, sex workers, immigrants and refugees, aboriginal people and others who are marginalized. The member groups of this coalition share the philosophy of harm reduction and see the lack of a safe injection site and other life-saving initiatives combined with the increased levels of policing as creating an increasingly dangerous situation for poor residents of the DTES.¹³

The Coalition included several existing community groups, including the Vancouver Area Network of Drug Users (VANDU), the Anti-Poverty

The opening of the SIS was a direct community response to the reallocation of police officers to the DTES.

Committee, the Housing Action Committee (HAC), the Pivot Legal Society, and the Harm Reduction Action Society. The opening of the SIS was described as a direct community response to the reallocation of 44 VPD officers to the DTES and was also intended to protest the government's failure to open a sanctioned SIS. Comments made to the media by then VANDU President Robert Weppeler further describe the reasons behind the action:

We got tired of seeing deadline after deadline pass and still no safe injection site. We had an agreement with the city that they would bring in additional police after a safe injection site opened, but the police didn't wait. Instead they put 44 officers into the neighbourhood ... so a coalition of community groups pushed forward to force open a site.¹⁴

The SIS was located in the heart of the DTES open drug scene at 327 Carrall Street, and was built within a storefront space. The storefront had been rented by local activists who used the space primarily for community meetings. As an SIS, the space included a front room for drop-in visits as well as a small space in a back

room with two small tables, divided by a temporary wall, for injection, and one washroom. The SIS operated seven days a week, four hours a day from 10 pm to 2 am.

In order to ensure that the site was peer-driven, SIS volunteers at the site began organizing weekly “Council” meetings involving site volunteers and individuals using the site. The Council made decisions about operational issues, including decisions concerning evaluation, and also assumed responsibility for volunteer duties at the site. Members of the Council also attended meetings of the Coalition for Harm Reduction, which focused primarily on communication strategies, recruitment of non-drug-user volunteers, and fundraising. Although considerable efforts were made to recruit additional volunteers, few health-care professionals agreed to work at the site.

The drop-in space was overseen by local volunteer drug users who provided coffee and distributed and collected syringes. The injecting spaces were overseen by SIS volunteers and a registered nurse. All site volunteers received training in CPR, first aid, safer-injection education, and dealing with conflict. This training was provided by the nurse who worked at the SIS. Individuals accessing the injecting space were provided with sterile syringes, water, filters, and spoons. The on-site nurse supervised all injections, offered education related to safer injection and vein care, and provided first aid to those accessing the drop-in or the injecting spaces. The 327 SIS injecting room operated in a low-threshold format not commonly observed in most SISs.¹⁵ For example, the site did not have rules requiring registration, or rules prohibiting either the sharing of drugs within the SIS or assisted injection. Throughout the operation of the SIS, site volunteers

also worked with local researchers to document the activities occurring at the SIS.

Approximately three weeks after the opening of the SIS, the Council decided to announce to the public that the SIS was in operation. The group decided to wait three weeks so that the feasibility of operating an SIS would already have been established even in the event that the police immediately shut down the site following the public announcement. On 4 May, the Coalition disseminated a press release stating that the SIS had been open for three weeks, and media were invited to attend a press conference at the site. The press release included the Coalition’s three demands that: (1) a sanctioned SIS be opened immediately; (2) the 44 police officers who had been reallocated to the DTES be removed immediately; and (3) the three pillars of treatment, prevention, and harm reduction described in the City of Vancouver’s “Four Pillar” Drug Strategy be implemented.

Throughout the operation of the SIS, the HAC also held meetings every Tuesday to plan direct action

Demonstrations in the DTES helped to keep up morale and to maintain pressure on the police and City Council.

approaches aimed at echoing the Coalition’s demands. Each week, members of the HAC would organize demonstrations in the DTES, which helped to keep up morale and to maintain pressure on the VPD and City Council. In addition, when SIS

volunteers were not working at the SIS, many would participate in “cop watch” activities organized by PIVOT and COPWATCH Vancouver. Cop watches typically involved two-hour shifts, during which volunteers would closely observe police officers patrolling the DTES, and take photos and videos of police activities, while also handing out PIVOT’s rights cards. The cards include a description of citizens’ rights in the event of police arrest or detainment and a statement that can be read aloud or handed to police by an injection drug user under police control or supervision.

Members of the HAC and the Coalition also attended every VPD board meeting that occurred between April and October of 2003. During these meetings activists would speak about the impact of the police presence in the DTES and would share experiences of police brutality. On more than one occasion, the 50 or more HAC and Coalition members attending the VPD board meetings shut down proceedings when activists were prohibited from speaking to agenda items.

The police respond

Shortly after the Coalition announced to the public that the SIS was in operation, confrontations between SIS volunteers, participants, and police became increasingly common. Police opposition to the SIS was evident in early public comments made by police:

That an illegal safe injection site would be open is obviously a concern ... but it is not a high priority. Our focus is on the dealers, not addicts. We are very disappointed that groups did this now, because we are supporters of the official-supervised safe injection site application that has been forwarded to Health Canada.... We are monitoring

the situation, but we will not be taking any immediate action. (Police spokeswoman Anne Drennan)¹⁶

Despite these comments, there were 34 days (21 percent of all days of operation) involving police presence of some kind in or around the SIS.¹⁷ According to field notes taken, the type of police activity varied considerably, from low-level surveillance of the site to uniformed officers entering the SIS. Among the more common types of activity recorded in the field notes included police parking their cars outside the SIS, and observing and questioning injection drug users entering and leaving the site:

Two officers parked from midnight to 2am outside 327 Carrall Street ... just hanging out outside the safe injection site. When asked to please respect the entrance and grant some space they refused and X told me this was his “community policing.” (6 July 2003)

Two officers searching people in the park, searched and detained a young Aboriginal man who regularly visits the safe injection site [and when] the police officers were questioned by staff, [one] officer replied that he had left the park too quickly and looked suspicious, and went on to say it was none of my business and that the safe injection site is illegal. (23 August 2003)

The SIS volunteers refused to close the SIS in the face of escalating police presence around the site. The position of the volunteers and their view of the police presence around the SIS was articulated by a local activist:

They have this idea that we’re supposed to be grateful they haven’t shut us down.... But no, we’re not grateful. They can’t shut us down. We didn’t ask their permission to open and we aren’t asking their permission to stay open. So what we get is this systematic harassment.¹⁸ (Ann Livingston)

As interactions between police and the SIS volunteers became more frequent, SIS volunteers met with representatives of the City of Vancouver to

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secure an agreement concerning police conduct around the site. In June, after efforts to reduce the police presence around the SIS failed, members of the Coalition again demonstrated outside a local police board meeting. During the demonstration, members of the Coalition forced their way into the board meeting, despite a strong police presence, to demand that police stay away from the SIS and the injection drug users accessing it. Field notes indicate that police surveillance increased in the wake of these events, and according to SIS volunteers, the area around the site quickly became a “police zone.” The interactions between the SIS volunteers and police escalated in late July when three officers entered the SIS:

On July 20, 2003 at 1:24 am, three police officers forced their way into the safe injection site at 327 Carrall Street questioning and detaining people accessing the drop-in area of the site. The police officers attempted to access the injection room and were denied access by on-site volunteers, who demanded that the police present them with a warrant to search the premises. The officers involved had no warrant to enter the premises and declared no reasonable cause to enter the safe injection site and left.¹⁹

The increasing police presence around the SIS and the associated adverse impacts were noted in an update disseminated by SIS volunteers:

Already on a nightly basis the people who both access and volunteer at the safe injection site are subject to police harassment. They park their cruisers directly in front of the 327 safe injection site door, they walk their drug dogs in front of the safe injection site, the police harass and intimidate people who come in and out of the 327 safe injection site main door, the police drive their motorcycles on the sidewalk and through crowds of people in Pigeon Park and people standing in front of the 327 safe injection site, and harass the volunteers who open and close the safe injection site. This is blatant intimidation, and when the police intimidate anyone from using the safe injection site, the police are forcing them into the alternative: a dark alley, or fixing in their hotel room alone ... into riskier situations, with exposure to violence, untreated overdose, no access to medical attention.... (21 July 2003)

The final police action noted by the SIS volunteers occurred on 16 September 2003, the day after Vancouver’s sanctioned SIS officially opened. On this day, police changed the lock and nailed the door shut at 327 Carrall Street before the site opened at 10 pm. This action by the police prompted the first public disagreement between the mayor and police concerning the SIS, as indicated by comments made to the media:

With the site being opened, the legal site, we took the initiative and simply just shut it down.... The city council may have a different perspective But from our perspective, we believed it was time to shut down the facility, and we did that. (Police spokeswoman Sarah Bloor)

I'm disappointed. I'll admit that. I'm disappointed. It's going to have to close down, there's no question about that. We're going to have a meeting on Thursday with them and quite frankly, I'd like to have them become involved with the safe injection site. (Mayor Larry Campbell)²⁰

Despite efforts by police to close the site, SIS volunteers managed to break the lock, kick open the door, and reopen the 327 SIS.

Prior to the closing of the SIS, the police denied reports that they had harassed participants accessing the site, and further stated that police activities had not deterred anyone from accessing the SIS:

I do not believe our officers are harassing people.... They conduct themselves in a professional manner. Officers in the area do street checks as part of routine patrol, and no one is prevented from accessing the site. (Police spokeswoman Sarah Bloor)²¹

The escalating police presence around 327 Carrall Street had a substantial impact on the operation of the SIS. Data collected during the operation of the SIS indicated that police presence around the SIS was associated with statistically detectable reductions in the number of drug users accessing the SIS injection room, including the number of Aboriginal users accessing the injection room, the number of visits to the drop-in area, as well as the number of syringes collected and distributed at the 327 SIS.²²

Closing the 327 SIS

The 327 Carrall Street SIS closed on 7 October 2003, 181 days after it opened, and approximately three weeks after Vancouver's official and sanctioned SIS opened a few blocks away. During the operation of the

unsanctioned user-run SIS, over 3000 injections were supervised, and there were almost 9000 visits to the site's drop-in area. The decision to close the site was made by the SIS Council. After six months of operating the SIS with little financial support, as well as little support from local health-care professionals, the small number of volunteers who staffed the site were exhausted, and yet confident that they had met several of their original goals. The new sanctioned SIS was open, and several of the drug users who volunteered at the 327 SIS were eventually employed there. The combined sense of fatigue and success surrounding the closure was described by a member of the site's Council:

The last six months have been a constant struggle against the City of Vancouver, the Vancouver Police department and various Business Associations, but we did what we said we would do, and we won. We are still fighting for the rights and dignity of injection drug users and people who live in poverty, and the group will continue to press for accessible supervised injection sites, community based injection sites, and an end to police targeting drug users and people who are poor. (Lisa Olm, 327 SIS volunteer)

As a final action, the 327 Carrall Street volunteers developed a set of recommendations for the operation of the sanctioned SIS. These included specific recommendations for the inclusion of peer workers within the SIS, which were submitted to representatives of the Vancouver Coastal Health Authority.

Conclusion

In light of evidence indicating the harmful effects of police crackdowns within inner-city drug scenes,^{23, 24} it is

clear that the 327 Carrall Street SIS performed an important public health function by providing an environment where users could inject safely and under supervision. However, the formation of the Coalition for Harm Reduction and the opening of the 327 Carrall Street SIS also showed that injection drug users are capable of organizing themselves and mounting resistance to policies and actions that pose threats to their safety and health. The injection drug users involved in this particular project organized themselves in the face of a police crackdown despite the health and legal risks associated with this type of action, and in doing so focused the attention of politicians and the public on the harmful effects of the police crackdown and the outstanding need for a sanctioned SIS within the DTES.

Injection drug users are capable of organizing themselves and mounting resistance to policies and actions that pose threats to their safety and health.

The experience at the 327 Carrall Street SIS also served to demonstrate the feasibility of involving users in the governance and operation of SISs. Previous studies have indicated that the involvement of injection drug users helps to increase the reach and effectiveness of harm-reduction interventions (eg, needle exchanges), and that user-driven interventions have been found to be more effective in terms of the coverage they provide

than traditional service-provider interventions.^{25, 26, 27, 28} Given the success of the 327 Carrall Street SIS, it is clear that peers also have a role to play in the governance and operations of SISs. It is noteworthy that some of the peers who worked at the 327 Carrall Street SIS now hold peer-worker positions at the new sanctioned SIS in the DTES.

The 327 Carrall Street SIS also served to demonstrate the feasibility of a low-threshold SIS operational format. The SIS operated without rules preventing drug sharing and assisted injection, rules that have been previously shown to have potentially negative impacts on access to SISs by Vancouver injection drug users.²⁹ The format implemented at the 327 Carrall Street was successfully maintained throughout the operation of the SIS. This was possible because there were no disputes over drugs within the SIS, despite the fact that drug sharing was common; and because drug users performing or receiving assisted injections readily accepted all guidelines (eg, use of universal precautions) put in place by the SIS Council.

Many other lessons pertaining to community mobilization have been learned from the experience of the 327 Carrall Street SIS. First, the experience demonstrated the potency of coalition building. Second, this instance of harm-reduction activism showed that a multi-faceted approach can be highly effective, including one that involves: the establishment of participatory models of governance (eg, the SIS Council); the continuous application of direct-action methods (eg, protests); active participation in local meetings involving policymakers (eg, City Council meetings); the application of community-based research methods as a means of documentation; and extensive use of media.

Third, this experience shows that this form of activism requires considerable dedication, and relies extensively on the volunteer contributions of local community members who are willing to accept risks, such as arrest, that come with operating unsanctioned harm-reduction services for drug users.³⁰ Finally, the 327 Carrall Street SIS experience shows that this form of activism can prompt escalating police attention and harassment, indicating the need for: (a) a careful consideration of risks for those providing and accessing the harm-reduction service being operated; and (b) at times, legal support for activists.

Activism has long been central to advancing the interests of marginalized groups, including the establishment of harm-reduction programs for injection drug users. The 327 Carrall Street SIS volunteers succeeded in sustaining resistance to a police crackdown and government inaction, while providing a safe haven for users at heightened risk for drug-related harm and police violence. The site also demonstrated the feasibility of implementing a low-threshold SIS format that is culturally appropriate to the practice of injection drug users, as well as the feasibility of involving users in the governance and operation of SISs. Finally, the experience of the SIS provides valuable lessons for those seeking to advance the interests of injection drug users through community mobilization.

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