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Research paper

Peer networking for the reduction of drug-related harm

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Abstract

In recent decades, community organizing among people who use drugs has evolved within diverse social milieus. In order to explore issues surrounding peer networking for the reduction of drug-related harm, Canada's first National Harm Reduction Conference was preceded by a collaborative participatory research process involving people who use drugs and other stakeholders. Prior to the conference, an anonymous 40-item web-based questionnaire was completed by individuals recruited through advertising, the internet and word-of-mouth. Almost 900 stakeholders responded. Peer-based networks for the reduction of drug-related harm were seen as potentially effective, efficient health promoters. Respondents reflected that networks were timely, and that governments should take some responsibility to provide means of direct support. Current networks were identified as models for further development, and building upon existing networks were seen to allow for the consolidation and sharing of information, skills and understandings. Electronic communication infrastructure was singled out as highly useful given its ability to disseminate information and ideas across large geographic areas. Safety and anonymity of network members were identified as critical due to the stigma, discrimination and potential legal ramifications associated with drug use. Peer-based approaches to the reduction of drug-related harm were seen to promote a socially-inclusive community-based response to a growing public health issue. However, there was some skepticism regarding the feasibility of such networks given the currently criminalised status of many drugs in Canada. While the literature suggests networking for people who use drugs may be challenged by community context and social structure, findings suggest in Canada some harm minimising subcultural change has, and can continue to occur, as a result of peer networking activities.

Keywords: Drug use; Peer networking; Web-based surveys; Participatory research; Harm reduction; Canada

Wherever some group of people have a bit of common life with a modicum of isolation from other people, a common corner in society, common problems and perhaps a couple of common enemies, there culture grows. It may be the fantastic culture of the unfortunates who, having become addicted to the use of heroin, share a forbidden pleasure, a tragedy and a battle against the conventional world. (Hughes, 1961, p. 28, cited in Becker, 1963, p. 80)

Introduction

What Everett Hughes described in the early 1960s as a 'fantastic culture of the unfortunates' is, what almost half a century later, might be described as a peer culture; a common corner of society where people who use drugs build social structures bonded by experiences and understandings of drug use and its associated risks. Within these subcultures, the interplays of harm and safety can act to create social foundations for risk reduction. At the core of this paper's focus on the facilitation of peer networks for the reduction of drug-related harm, is one building block in the creation and production of a type of social structural change that recently has been

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described as a critical next step in the global struggle against drug-related harm (Rhodes, Singer, Bourgois, Friedman, & Strathdee, 2005).

Altman (1991) has cautioned against encapsulating people who use drugs in a single 'community'. It is a reflection which rings true within the Canadian context, given the breadth of ethnocultural and geographic diversity among the population as a whole and among people who use drugs in particular. Whether structurally envisioned as multiple interwoven communities, or one single community, facilitating interaction between people who use drugs to aid harm minimization, can benefit from a grassroots approach, one which values the relevance and utility of peer support in tandem with community development. It is a pragmatic route that does not view drug use 'as something special, as depraved or in some magical way better than other kinds of behaviour . . . [but] as a kind of behaviour some disapprove of and others value' (Becker, 1963, p. 176).

Community organizing among people who use drugs has, in recent decades, evolved within diverse social milieus (Crofts & Herkt, 1995; Friedman, Sufian, Curtis, Neaigus, & Des Jarlais, 1992; Friedman, Jong, & Des Jarlais, 1993; Kerr et al., 2006). These evolutions generally have seen local communities come together, and with sufficient incentive, facilitation and/or funding, discover the empowerment to utilize or develop skills and tools to perform community outreach (Broadhead et al., 1998; France & McCormick, 1997; Latkin, 1998). Such outreach activities have highlighted the fact that while social networks of drug users can function as generators of harm, networks which share health and social care information and build social support can function to oppose the risks of drug-related harm. They can do this by encouraging risk reduction, building collective efficacy, empowering political voice, contributing to local and national policy formation, assisting in the structure of interventions, and mitigating the demonisation and ostracism that people who use drugs often experience (Friedman, 1996; Friedman, Jong, & Des Jarlais, 1988; Friedman et al., 1993, 2004; Jose et al., 1996; Neaigus, 1998; Neaigus et al., 1994).

In 2002, Canada's first National Harm Reduction Conference brought together a diverse array of Canadian stakeholders: over 300 people who used drugs, as well as allies from country. At a national level, this event was notable in that it was explicit in its recognition that for many, neither quitting drugs nor abstinence were realistic or desirable (Allman, 2002). The conference was organised as one response to a critical public health crisis where the use of illicit drugs and the harms often associated with them was spiraling out of control, essentially overwhelming people who used drugs and providers of health and social care services (Ogborne, Carter, & Wiebe, 2001). The conference engaged a series of planning committees built around consensus decision-making. People who used drugs were included within components of the conference organisational structure, to help plan and administer the event, develop curricula, and host and evaluate the gathering (Ages, Allman, & Cowan, 2003; HEP Steering Committee, 1997). These activities were seen as a means to ensure conference structures and processes would be meaningful to the diversity of those attending, particularly people who used drugs (Wiebe & Reimer, 2000). At the request of Health Canada, the event's funder and the federal department responsible for helping the people of Canada maintain and improve their health, a series of pre-conference research processes took place. This paper reports on the outcomes of one of these processes: a web-based survey.

Method

The research activities were fashioned around a participatory research approach so as to be useful and credible, and able to meaningfully allow stakeholders, particularly people who used drugs, opportunities to offer recommendations for programme and policy innovation and improvement (Thayer & Fine, 2001). When working with marginalised populations, exploratory research of this type is often found to be extremely effective when conducted in partnership with stakeholders (Cockerill, Myers, & Allman, 2000).

Early in the pre-conference research planning stages, 15 adults with personal experience with drug use were recruited from across the country to act as peer networkers, and to be the research's first point of community contact. Peer networkers undertook local coordination, provided feedback on research instruments, and worked with researchers to recruit as targeted a sample as possible. Research recruitment was accomplished through mail and flyer advertising, the internet and word-of-mouth. Among those targeted were people who used drugs, other possible conference attendees, community agencies, research institutions and government officials. Given a limited budget, the web-based survey was a cost-effective mechanism to allow for and obtain a degree of national response. The aim was to assess the views of people who planned to attend the conference and others, who, while unable to attend, might provide their perspectives and expertise.

The questionnaire contained 40 items related to the upcoming conference: these included questions on the conference content, on-site support for people who use drugs, translation requirements, and how administrative elements such as media handling and the scholarship process might occur. A series of open-ended items pertaining to peer-based networking for the reduction of drug-related harm were included at the request of the funder, in order to help understand how networks of people who use drugs could be established and supported, and the variety of challenges such networks might meet. Responses were anonymously provided by respondents via the internet in English or French. Univariate, descriptive and thematic data analysis utilised SPSS and Microsoft Office applications. For analytic purposes, the gender, age and province of residence provided below reflect information indicated by respondents. How-

ever, to protect anominity, names have been produced by a computer-based random name generator.

Results

In total, 889 people participated in the online questionnaire (see Table 1). Most reported English as a first language. More than half were female. About one-quarter were below age 30, and almost 20% were age 50 or older. The majority of respondents were Caucasian (White). Most respondents lived in Ontario, British Columbia, Alberta or Québec. Over 80% reported ever using illicit drugs. Of these, almost 20% were current injection drug users. This can be compared to a 1994 Statistics Canada random telephone survey which posed questions on lifetime and current illicit drug use. When including single-time cannabis users, 29% of Canadian respondents 15 years of age or older reported any lifetime illicit drug use, and 7% reported current drug use. The study estimated 7.4% of Canadians had used one or more injectable illicit drugs at least once in their lifetimes (MacNeil & Webster, 1997).

Sixty percent of respondents to the pre-conference survey indicated they planned to attend the conference, would attend dependent on funding, or were unsure.

In general, respondents reported that peer-based networks for the reduction of drug-related harm were a good idea. While at one time the notion of government-supported networks may have sounded utopian, participants generally believed community-based, grass-roots networks could and do operate to promote health and well being:

> "A successful National network tends to begin with the committed efforts of a few connected individuals across Canada. For such a network to be successful, it should not be spearheaded by non-users (e.g., government, researchers, etc.), but rather stable users should be provided the basic equipment (e.g., internet) to be developed by users, for users with the help of others if they wish." (Beth, Female, 40s, Ontario)

At the same time, some respondents did not think that local or national networks of people who use drugs could or should operate, and opposed federal or taxpayer funding for these initiatives:

> "Hopefully not by taxpayers; maybe they need to support themselves." (Trix, Gender unknown, 50s, British Columbia)

> "The public would not like to see drug users form a national organization, and I don't think it would be accepted by lawmakers or police." (Dave, Male, 20s, Ontario)

> "Politically it may be viewed as a national drug procurement network." (Hedley, Male, 50s, Alberta)

Table 1
Characteristics of respondents ($N = 889$)

	Frequency	Valid percent
First language		
English	426	87.5
French	43	8.8
Other	18	3.7
Gender		
Female	285	59.0
Male	167	34.6
Transgender	2	.4
Transsexual	1	.2
Two-Spirit[a]	13	2.7
Other	15	3.1
Sexual orientation		
Heterosexual	323	67.3
Gay	72	15.0
Bisexual	40	8.3
Other	45	9.4
Age		
15–19	6	1.2
20–29	102	21.1
30–39	143	29.5
40–49	148	30.6
50–59	72	14.9
60–69	11	2.3
Over 70	2	.4
Race		
White	372	77.7
Chinese	5	1.0
South Asian	7	1.5
Black	14	2.9
Aboriginal	47	9.8
Arab	2	.4
Filipino	1	.2
South East Asian	1	.2
Latin American	3	.6
Other	27	5.6
Registered aboriginal status		
Yes	23	4.9
No	449	95.1
Live in Canada		
Yes	444	92.1
No	38	7.9
Province		
British Columbia	108	24.4
Alberta	59	13.3
Saskatchewan	17	3.8
Manitoba	12	2.7
Ontario	177	40.0
Québec	35	7.9
New Brunswick	10	2.3
Prince Edward Island	7	1.6
Nova Scotia	12	2.7
Newfoundland and Labrador	4	.9
Yukon	2	.5
Ever used drugs		
Yes	397	83.2
No	80	16.8
Ever injected drugs		
Yes	106	27.0
No	287	73.0

Table 1 (*Continued*)

	Frequency	Valid percent
Currently inject drugs		
Yes	20	18.5
No	88	81.5
Plan to attend the 2002 Canadian Harm Reduction Conference		
Yes	116	24.6
Depends on funding or scholarship	122	25.8
Don not know	40	8.5
Would like to but cannot	137	29.0
No	57	12.1

[a] An Aboriginal term common in Canada. It is frequently generalised to refer to non heterosexuals, although a more culturally appropriate definition would imply a third gender; one in which both male and female spirits inhabit the same body.

Current peer networks

Some respondents wondered why they were being asked about the development of peer-based networks when some networks already existed and simply needed committed funding and support in order to develop further.

> "We have two, VANDU [Vancouver Area Network of Drug Users] and the Consumers' Board. They are both good but are now coming to represent all of the needs of all of the users in Vancouver. Just as harm reduction has become 'official' policy, these (particularly VANDU) has become the 'official' representative, and are less distinguishable from other political stakeholders in their stance on issues."

> "There are a number of good models in Canada. VANDU and IDUUT [Illicit Drug Users Union of Toronto] have been quite successful, for example." (Tate, Male, 40s, British Columbia)

> "I think one way users could be supported is by allowing them to do secondary exchanges through existing needle exchanges. This way some of the administrative resources are already in place and would ease the facilitation of users getting involved." (Donald, Male, 20s, British Columbia)

To get a really good network happening, it was believed, was not so much a question of creating a network but rather discovering the networks that already exist and building upon them.

Informal peer networking

Respondents suggested that building upon existing networks, particularly informal networks as well as existing formal programmes could allow for the consolidation and sharing of information, skills and understandings.

> "I would argue that there is already an informal network already established amongst drug users; the trick is how to formalize this process." (Melissa, Female, 30s, Alberta)

Yet, there was a 'catch 22': to build upon current existing networks would be difficult, because of the illicit and often covert nature of drug use and the underground networks illicit use engenders:

> "There are informal networks in place already. However, to be formal about it sets up huge risk for police and community enforcement of the drug laws." (Jade, Gender unknown, 40s, Ontario)

It was suggested that people who use drugs already employ a variant of networking skills which they put to effective use underground in the search for drugs and drug-related needs and that what was required was to help them bring these skills above ground. As people frequently sourced drug availability via word-of-mouth, communicating for the purposes of facilitating drug use could be seen to constitute a form of natural networking.

> "I think that people who use drugs are already pretty networked with one another." (Samantha, Female, 20s, Ontario)

People who use drugs were thought to naturally network around different issues with greater or lesser degrees of intensity. For example they might informally and frequently network and share information around cigarettes and smoking or they might more formally network based on their drug of choice or particular needs.

Peer-based approaches to networking

In addition to utilizing existing network structures, respondents believed in employing peer-based approaches to the networking of people who use drugs. This could be done

> "through peer networkers who coordinate meetings and advertise where drug users access." (Kim, Female, 30s, Ontario)

Or

> "through doctors' offices or perhaps outreach workers and/or community centres, food banks . . . places that drug users frequent." (Gena, Female, 30s, Ontario)

Peer-based approaches were seen to complement rather than replace existing user networks. Creating effective peer-driven networks would be enhanced by strong input from established organizations such as needle exchange programmes that could be offered the resources to provide

> "space, time and food for peer-driven user groups as well as support initiatives developed by peers/users." (Ken, Male, 30s, Ontario)

Supporting peer-based approaches would allow the voices of peer driven groups to come forward, and would build upon and nourish the existing relationships current programmes and agencies had developed.

> "Use peers to assist in the development and activities of created programs [and] find means to even minimally support their involvement." (Deryck, Two-Spirit, 30s, Ontario)

Government funding for peer networks

Many saw issues of funding as primary. The development of successful peer-based networks for people who use drugs would require dedicated resources. Committed funding was essential as

> "sufficient resources [would] ensure ongoing commitment from the community." (Julian, Male, 30s, Nova Scotia)

> "It would be tough for every agency to spend that amount of time on this particular program so a funded position may be an idea." (Regina, Gender unknown, 20s, Alberta)

> "The federal Government has a responsibility to provide direct support to local and national networks." (Oz, Male, 30s, British Columbia)

It was suggested the federal government could provide funding for users to gain skills, to attend workshops and training, for travel, food and room space, to provide for infrastructure. Such initiatives could be

> "federally funded, regionally managed, locally delivered." (Julian, Male, 30s, Nova Scotia)

Respondents reflected some unease in terms of trusting governmental bodies. After all, these were the same institutions that criminalised drug use, penalised people who use drugs, and inadequately funded and supported current and now-defunct programmes. Generally, beyond dedicated monetary support, respondents suggested that governments could provide rehabilitation, safe spaces for networking, computers and internet access, and money as an incentive. Some respondents indicated that the federal government could develop a standing committee on drug use and harm reduction so that rather than fund blindly, governments could be actively involved in creating networking programmes. This would be important if controversy or problems were to develop, as governments would then be in a situation that could help them both to understand and to react. To this end, a number of models for government intervention were suggested:

> "To start a group, either use the "Tribes" model, which is paying a group of users to work on safe use messages and to make resources for their "Tribe" or the pyramid selling model, i.e., pay users to educate others and pay the others when testing their knowledge. Get the state user group to support the ongoing groups with information and resources." (Sinclair, Male, 40s, Province unknown)

> "Use an adaptable group model: groups of users are invited to participate at venues/spaces of their natural interaction, like needle exchange programs, health clinics, known dealing areas. Use a series of such venues to discuss issues relevant to their lives. Allow time for this process. Have network member poll their peers. All communication is to be summarized and reported to the next meeting. And give honoraria to all who attend network meetings if possible." (Gord, Male, 30s, British Columbia)

Rather than consensus around any one single model, responses reflected the variety of possibilities available, hinting that perhaps more than one model of government support might be appropriate. For example, resources could be provided to people in existing peer user networks to map out their networks; to teach other people how current networking occurs, and to use the processes and results to build and develop the abilities of other groups.

Electronic infrastructure

For national networks in particular, geography and community diversity were two reasons why electronic infrastructure was considered a key component to the development and continuation of networks of people who use drugs. These might take the form of telephone chat-lines where people could hook up and exchange messages in real time, voicemail services, computers accessible in convenient locations, and

> "Internet, internet, internet. Which means enabling folks to be able to use the damn machines, making them understandable, available. This means one-on-one support most likely for beginners." (Betty, Female, 40s, Manitoba)

Although some respondents did feel that the internet and the skills required to navigate it were indeed the most appropriate tools, others felt that

> "the internet should not be the [only] glue or mechanism." (Abby, Female, 40s, British Columbia)

Rather it was suggested that networks could be built upon multiple communication strategies, to create a networking infrastructure instead of a single means or mode of communication:

> "A virtual network [could] exclude the most marginalized of drug users." (Jacqueline, Female, 20s, Ontario)

Logistics of networking

Respondents indicated that while an internet-based infrastructure might be key, it was not the only possibility. As a

mechanism it could be complemented by in-person and face-to-face meetings able to provide the opportunity to network in person to develop and attain goals and to exchange experiences and ideas. Other respondents recognised the logistics of meeting face-to-face could prove challenging. Non-virtual networks of people who use drugs would require unique places to meet where they would feel welcome and comfortable. It would not

> "make sense for an info sharing group who share info on where to go for clean supplies to meet monthly in an organization's board room. It would probably more practical to meet where people are buying their drugs or using them." (Arleen, Female, 20s, Manitoba)

Respondents suggested that safe meeting places could be established in health centers or other community resources or that drop-ins could be provided at local community-based AIDS service organizations. For example,

> "identify an agency/organization that is willing to act as a coordinator or point of contact from which participants can operate." (Mindy, Female, 30s, British Columbia)

One respondent suggested

> "a national support group that could help local networks set-up ... and then maintain their programs." (Francis, Female, 20s, Alberta)

Investing people who use drugs with ownership of the development of their network was seen as a way to ensure the

> "sharing [of] ideas/best practice models on how to get those who use drugs involved." (Denise, Female, 30s, Québec)

Safety and anonymity of network members

A number of respondents highlighted the importance of maintaining both the safety and the anonymity of a network's members. Safety in this regard had a number of meanings. On one hand it could imply safety from being arrested or penalised from drug use-related activities:

> "Provide safe havens for drug-using individuals to share information and experiences." (Benny, Male, 20s, Ontario)

> "Restricting access from police and authorities so users feel safe." (Dave, Male, 20s, Ontario)

Alternately it could mean finding out from the people who were to be networked what safety meant for them:

> "You go where folks are; you find out from them what makes for a safe environment and you basically take your lead from them." (Maria, Female, 50s, British Columbia)

Anonymity was seen as an important component of safety, due to issues of trust as well as the stigma around drug use. Some respondents did not know if they

> "could trust a network [not to have some sort of] authority checking in on the network and using it against a person unless it was anonymous." (Kaleigh, Two-Spirit, 40s, British Columbia)

> "The key is that the system [be] anonymous." (Noelle, Female, 20s, Ontario)

Because the use of many drugs is illegal in Canada, and because they may likely remain illegal, at least for the immediate future, some believed not only would a network need to be a safe and anonymous space, but an underground space as well:

> "Online and anonymously would be the only way I see this happening unless drug use were suddenly deemed socially acceptable and legal." (Dottie, Female, 20s, Ontario)

Respondents indicated the current legal context and the resulting covert nature of drug use could make networking difficult. People who use drugs were seen as needing to have the right to exist before a network could work at its most effective. If this did not translate to legalisation per se, it could mean the expansion of activities such as supervised injection sites, where people could consume in the light of day instead of hiding. In effect, reducing the stigma associated with drug use could result in people being less ashamed of who they were and what they did. Yet, few solutions to this predicament were offered other than the legalization and regulation of all drugs:

> "Any formal network puts active users at risk of arrest and community sanction so WHY would I believe this is possible unless drugs are legalized?" (Jade, Gender unknown, 40s, Ontario)

Challenges for peer-based networks

Respondents were not naïve. They recognized that peer-based networks for the reduction of drug-related harm presented a number of challenges. One was that information-sharing networks could result in people using more drugs and potentially sharing injection equipment. Respondents reflected that some people who used drugs might not be highly organized, and as a result some networking activities might present special challenges, particularly at a national level. Some did not believe the broader Canadian society was ready for highly visible networks given the legal status of some drugs in Canada. Indeed, it was suggested that much

would need to change before networks of people who use drugs could develop past a certain point. Others suggested that networks of this type could be difficult because people who used drugs in Canada were a diverse group, coming from all walks of life and every economic and social level:

> "I fail to see the likelihood or practicality in attempting to unite a nation of tiny, personalized communities. I am not suggesting it is impossible but perhaps a little broad?" (Cathy, Female, 20s, British Columbia)

> "Consider the geographical, cultural, and language barriers just within the provinces of BC and Newfoundland, never mind the rest of the country …. Considering the difficulty of establishing a confidential network in rural communities, [a] National network may only be effective in the higher population cities where anonymity is easier." (Rob, Male, 40s, British Columbia

Additional barriers to networking around drug use in Canada included possible illiteracy and rusty reading and writing skills, difficulties adhering to schedules and appointments, maintaining jobs, responsibilities and time management, and the ability to focus. Confronted with the challenges of daily survival, the lifestyles of some people who use drugs were seen as a challenge; that for many individuals, drug-related lifestyles in themselves could cause disorganization because, until someone had their needs covered, everything else risked being experienced as secondary.

> "Our group down here is too unstable to want to or attempt to accomplish something like that. All of their energy goes into 'surviving'." (Antonia, Female, 40s, Ontario)

> "The expectation is that we can engage users in the concept of maintaining a level of conscious action that is outside of but yet part of their life on the streets. The majority of the clients we deal with are not those from the suburbs who are doing a 9–5 while using." (Hedley, Male, 50s, Alberta)

Yet, balancing such skepticism was a pragmatic realisation that community development approaches to networking held much potential, particularly when working with existing community groups. Some respondents indicated that in Canada there was precedence for using community development approaches to develop grass roots networking movements, particularly for HIV and HCV prevention, and that other marginalised groups such as men who had sex with men had managed to network across communities while at the same time having their sexuality and rights recognized. In this context, networking could be about sharing information, being honest and supportive, and gathering together like-minded people who were committed to helping one another.

Networking was seen by many to be a mechanism that could ensure that those directly involved in using drugs would have the opportunity to be heard. In the Canadian context, a community development approach to peer networking would represent more than just the needs of a special interest group; rather it would reflect an approach to bettering relationships between two groups: people who use drugs and the wider community.

Discussion

While currently rates of new HIV infections among injection drug users in Canada are believed to be slowing, reported rates of co-infections with HIV, other STIs and HCV are on the rise. In Canada, it is estimated that at least two-thirds of new HCV infections are related to illicit drug use (ElSaadany, Gully, & Giulivi, 2002; Health Canada, 2005a, 2005b; Zou, Tepper, & Giulivi, 2000). Although efforts increasingly concentrate on the biomedical developments such as microbicides and vaccines, social and behavioural approaches to prevention are still considered the primary way to reduce new infections and co-infection. In a national environment, where financial cutbacks to social services coupled with negative community concerns about safe injection facilities, needle exchange and methadone programmes have led to some reduction in services (Health Canada, 2001, 2002, 2003; Kerr, Douglas, Peeace, Pierre, & Wood, 2001; Ogborne, Fischer, & Rosidi, 2001), within this landscape, the research activities preceding the first Canadian Harm Reduction Conference provided an opportunity for civil society and government to reflect on some of these issues.

How a nation reacts to epidemics like HCV, HIV and other STIs, how it conceptualises such epidemics and how governmental and nongovernmental elements respond, are central to policy and prevention (Kirp & Bayer, 1992). In Canada it is known that gaps between drug-related harm prevention and health promotion practice continue, and that future requirements include investing in communities to promote, support, and sustain ongoing dialogue to develop common ground and understanding (Best et al., 2003). In light of the fact that epidemics tend to evolve through predictable phases, shaped as they are by a dynamic interplay between pathogens and populations, short of curative measures, it is prevention efforts that limit impact (Hankins, 1998; Hosman & Clayton, 2001). Reflected in the research findings are a subculture's sentiments that in an ever-changing world, prevention efforts can evolve to include activities that network peer-based strengths for collaboration and cooperation.

No research method is perfect and web-based surveys have specific limitations. Response rates can be lower for this data collection method than for others (McCabe, Boyd, Couper, Crawford, & D'Arcy, 2002; Raziano, Jayadevappa, Valenzula, & Weiner, 2001). People who do respond may represent different demographic characteristics than the target population (Crawford, Couper, & Lamias, 2001; Miller, Kobayashi, Caldwell, Thurston, & Collett, 2002; Truell, Bartlett, & Alexander, 2002). Web users are more likely to be younger, urban, educated and of higher socioeconomic

statuses (Binik, Mah, & Kiesler, 1999; Bucy, 2000; Best & Krueger, 2002; Coomber, 1997; Lenert & Skoczen, 2002). Certain target groups – such as illicit drug users – may have limited access or computer literacy skills (Dillman & Bowker, 2001). In addition, this research addressed stigmatized behaviours, and the target population may have had concerns about privacy and legal ramifications, as it is possible to collect information about internet users without their knowledge or permission (Best, Krueger, Hubbard, & Smith, 2001). Caution, then, is required when generalising research results derived from any web-based survey to populations which include non internet users. Nevertheless, the inclusion of the web-based survey did much to allow stakeholders across Canada access to the research component of the Canadian Harm Reduction Conference; to provide input on the conference itself, and to reflect on the role, value and potential of peer-based networks for the reduction of drug-related harm.

Internationally, peer-based networks for health promotion and prevention have been found to be beneficial for knowledge transfer and community building. Community capacity built through knowledge transfer can be central to community empowerment as it builds participation and leadership while fostering the growth of positive community values as well as critical reflection (Baker, Homan, Schonhoff, & Kreuter, 1999; Goodman et al., 1998). Increasingly, peer-based approaches to the reduction of drug-related harm are seen to embody a particularly community-based response to the need for education, prevention and harm minimisation programmes—a form of response that is inclusive of the socially marginalised while promoting health. It is a response that targets those most directly involved in receiving, developing and delivering novel strategies for harm reduction, in an era when modern epidemics call for new and effective ways to promote and maintain the health of current, former and future drug using populations (Allman, 2005). If the social position of a person who uses drugs cannot fully explain practices which result in self-harm because the reasons behind using drugs may be as subtle and complex as the fabric of social roles comprising an individual's agency and experience, perhaps peer networking as one of a number of social possibilities has the potential 'to shape the individual's appreciation and tendency to make use of those possibilities' (Becker, 1955, p. 44).

Altman (1991) reflected the very obvious difficulties of networking people who use drugs may further be challenged by variations in community identity. The research activities preceding the Canadian Harm Reduction Conference suggest, in Canada, some development in community identity at the local level has transpired, and some of what Friedman et al. (1992) describe as harm minimising subcultural change has occurred. These research findings suggest that for Hughes' (1961) fantastic culture of unfortunates, peer networking to reduce the harms associated with forbidden pleasure is another positive step in the struggle for equity with a conventional world.

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