# Drug Users and Spaces for Legitimate Action

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**Colophon**


This article is part of the reader ‘ empowerment and self - organisation ofdrug users’

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# Drug Users and Spaces for Legitimate Action[1]

**Jørgen Anker, Vibeke Asmussen, Petra Kouvonen, Dolf Tops**

*We are people from around the world who use drugs. We are people who have been marginalized and discriminated against; we have been killed, harmed unnecessarily, put in jail, depicted as evil, and stereotyped as dangerous and disposable. Now it is time to raise our voices as citizens, establish our rights and reclaim the right to be our own spokespersons striving for self-representation and self-empowerment.* (Statement by The International Activists who use drugs 30 April 2006, Vancouver, Canada)

In our society it is very rare that people who use opiates, cocaine and amphetamine or any combination of these and other substances are invited to speak up and play an active role in the formulation of policies and practices in the drug field. On the contrary, drug users are often treated as second-rate citizens; not as subjects with rights, a voice and an identity, but rather as passive recipients or objects of help or measures of control, punishment and discipline.

Drug users obviously do not speak with one voice. In fact, they are a very diverse group

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of people who are defined by one shared practice: their use of substances, which are currently defined as illegal and dangerous. Apart from being involved in a practice that is illegal, drug users vary in terms of age, sex, class, ethnic origin, place of residence, source of income, etc. Obviously, there are also characteristics that users share in common – the most basic of these being that drug users by definition are regarded as criminals because they use illegal substances. But many drug users also share the common fate of a rather miserable life on the margins of society. On the other hand there are also many users who do not live in misery, but who have permanent housing and a steady job.

The group of people concerned are described using a number of different terms: drug addicts, drug abusers, problem drug users, users of hard drugs, recreational drug users, active drug users, people who use illegal drugs, etc. These terms also carry with them different kinds of moral judgements, ranging from the derogative drug addict or junkie at one extreme of the continuum to 'people who use illegal drugs', at the other. The latter is the term that is currently preferred by activists in the field.

In the Nordic countries, the first organisations for active drug users were formed during the 1990s in Denmark and Norway, and in Sweden in the early 2000s. In Finland, the first user-driven organisation was established in 2004. These drug user organisations have been founded by heroin users, they are run by heroin users and users in maintenance treatment, and they also cater for active drug users, mainly heroin users. Representing active drug users, the aim of these organisations is to raise issues where the situation of drug users is considered unacceptable in relation to treatment systems, control policies or the criminal justice system, for example. In this sense the organisations serve as interest organisations and a mouthpiece for active drug users.

It is a guiding assumption that user organisations and the patterns of participation they provide for have to be understood and studied in close relation to the social, cultural and political context in which they emerge.

## 1. Drug User Organisations: A Social Movement in Formation?

Some of the terms used to describe associations and organisations in this area include user organisations, client organisations, self-help organisations, patient groups, interest organisations, voluntary organisations, and social movement organisations. Indeed this field is characterised by great diversity. At the same time, though, the wide range of terms also indicates that a number of different analytical approaches are possible. We suggest that many of the organisations described here indeed have a certain family resemblance (Wittgenstein 1953) with phenomena that often are referred to as social movements (calling attention to groups, questions, values and rights of minorities that are often ignored or repressed by society). At the same time, however, the concept of social movement may be misleading if it is used in its traditional sense, i.e. as broad collective action that challenges existing relations of power – which is how the concept has been used in the empirical analysis of peace movements, labour unions, women's rights movements, or civil rights movements.

The organisations described here are often much more introvert, defensive and vulnerable than the powerful collective actors that are traditionally described as social movements. Nonetheless they may still be important to the participants themselves, to policy makers, and to the general development of drug policies and drug users' living conditions in the future. Indeed the associations discussed and described here, seen individually as single cases in their respective national political contexts, appear weak, fragmented and marginalised. However the picture is very different if we look at them not as separate and isolated national phenomena, but rather as part of a broader transnational current. The idea of movement becomes more relevant when the minor associations are considered as part of a more widespread trend that seeks to address, question and even challenge the conditions and policies that define and structure drug users' lives. In this way, some of the associations may be seen as being related to and stimulated by the emergence of an international harm reduction movement that challenges the hegemony of the discourse of a drug-free society (Bluthental 1998; Wieloch 2002; Tammi 2005).

One argument for this unified view on drug user organisations is that they tend to copy 'repertoires of contention' (Tilly 2002), applying similar forms of action to gain attention to their problems. For instance, drug user organisations in the Netherlands, Denmark, Norway and Sweden have copied the idea of awarding a prize to someone who has made a particular effort to help drug users in the field (Tops 2006; Anker 2006) The different

organisations also tend to support one another, and the Danish Drug Users' Union has directly supported the formation of drug user associations of similar ideological persuasion in both Norway and Sweden. Furthermore, there have been serious attempts to form and strengthen international networks and cooperation between associations of active drug users. Thus, at the annual International Conference on Drug Related Harms in Vancouver on April 30 – May 4, 2006, representatives of user organisations from all over the world gathered in a special session to agree on a common statement and to discuss ways of stepping up their collaboration.

Finally, some of the organisations are members of international networks and organisations that are committed to promoting harm reduction measures or the downgrading of control policies. While we must not overestimate the extent and weight of this cooperation, and indeed activists themselves tend to look upon their organisations primarily as national or local efforts, it is interesting that the phenomenon definitely is in evidence in many countries around the world, and that in many others it is only just beginning to unfold. All social movements develop through certain phases: they usually start as minor, more or less invisible units or networks, and gradually gather momentum. This was also true in the case of the movements mentioned above (Calhoun 1993). Our argument is not that these groups and associations are social movements proper; we acknowledge and emphasise that individual organisations should not be misinterpreted as social movements (Eyerman & Jamison 1991).

We find that each organisation may be analysed through the lens of social movement theory, and to underline this, we suggest that drug users' associations can be seen as 'social movement organisations' (Zald & McCarthy 1987). Social movement organisations are singular organisations that form part of a broader social movement. The purpose of applying this term is to signal that the associations concerned are basically 'just' normal interest organisations when studied individually. At the same time, though, they appear to form part of something bigger, and they address a specific conflict in society. They strive to gain recognition for the rights of a particular group of people and to gain influence over and to change current drug policies. In other words, even though they each apply rather pragmatic and non-confrontational strategies (with the exception of the Dutch organisation), their broader and collective aim is to change existing power relations and structures – and in this sense they may be seen as social movements in formation. We therefore use the concept of social movement organisations to describe these associations that are aimed

at changing local or national drug policies and that are – or claim to be – either organised by or work for their constituency.

## 2. Understanding User Organisations and User Participation

User participation and user associations are rather different in nature and deal with the issue of participation and interest representation in many different ways.. When examining these differences we gain very useful and important insights into the various dominant perceptions of user participation and user association in different national contexts. Even though the organisations share many similarities in common, the articles clearly reveal how sharply the ideas of drug user organisation differ in Sweden and Norway from those in Denmark and the Netherlands, and that in Finland drug user organisation is still very much in its infancy.

But how should these differences be interpreted? Is it possible to explain why user participation and association assume so very different forms in countries that in cultural, social and political terms are so closely connected? The following sections aim to provide a provisional outline of some of the features that appear to influence the landscape, opportunities and constraints of drug user organisations and participation. This, we hope, will help to pave the way to new and more focused comparative studies of user organisation and participation in which the relationship to national and international drug policies can be explored in more depth.

Theories of social movements are generally concerned to understand and explain why movements emerge and how they are organised, how they interact with other actors in their respective field and why some movements succeed while others fail. One line of social movement theory points at the importance of the resources of social movement organisations (Zald & McCarthy 1987), other theories emphasise the significance of political opportunities and political processes (Tarrow 1994; McAdam, McCarthy & Zald 1996), others still emphasise the processes of forming collective identities and the discursive struggles in which movements are engaged (Melucci 1996; Johnston & Noakes 2005). These different theoretical leanings each contain important analytical clues as to how the differences between drug users organisations in the countries included here are

understood. We do not propose to offer a full-blown theoretical argument that gives full credit to the different theoretical stances.

Instead, on a very eclectic and provisional basis, we present the dimensions that appear to be important in the case of drug user organisations. In other words, drawing on the thinking of social movement theory, we are aware of the importance of resources, opportunities, openings and constraints and we seek to take both institutional and discursive elements into consideration. The field in which the organisations and opportunities for participation are located, is absolutely crucial to the type of organisation and the kind of action that is possible. Moreover, it influences the type of collective unity and self-understanding that is created among drug users. In the same way as the organisation of labour structures the self-understanding, the action repertoire, and the fate of the labour movement, the trends of drug use, the organisation of services for drug users, and spaces of interaction among drug users are extremely important to drug user organisations and to drug users' participation. Following from this, Rucht (1996) applies the concept of context structure to the analysis of social movements. Context structure includes ecological elements, i.e. conditions external to a given movement.

The most crucial contextual dimensions are the cultural, social and political. Seeking to translate these dimensions into more specific empirical categories, we suggest that the three main aspects that should be taken into consideration when examining and explaining drug users' struggles for legitimacy are the dominant ideological and moral perceptions of drug use, the institutional contexts and patterns of drug use. We elaborate on these dimensions below.

## 3. Institutional Patterns: Inclusive Welfare States – Excluding Practices

Drug user organisation and drug user participation in the Nordic welfare state is characterised by a number of odd constellations and contradictions. On the one hand, a number of institutional and cultural practices provide opportunities for drug users. On the other hand, specific institutional practices and some overarching ideological and moral schemes tend to limit or remove the legitimacy of drug user organisation and participation.

Moreover, the situation varies in the different countries, as will be discussed in more detail further on. First, a few comments on the nature of the welfare system. From an international perspective it is important to emphasise that the Nordic welfare states as well as the Netherlands both provide a minimum level of social security to all their citizens. Even so, users of illegal substances often live a miserable life in poor conditions. However the existence of a public social safety net means that drug users, at least in principle, are guaranteed the satisfaction of their most basic human needs.

An illustrative example of the welfare system's role as a source of income is that many activists in the Danish Drug Users' Union receive early retirement benefits rather than social benefits. As their primary material needs are met, this provides, at least in theory, an opportunity for them to engage in organisational activities, such as in user organisations. The existence of a social security system in other words ensures that the energies of drug users may be channelled into activities that are not entirely a matter of physical survival. A number of specific restrictions are occasionally applied to the group of drug users, however. In Sweden, for example, there are requirements of remaining drug free for a certain period of time in order to qualify for different kinds of assistance (e.g. housing benefits).

Differences of this kind between the countries are related to the moral and ideological regimes, which dominate drug policies. Moreover, they may also either facilitate or hamper drug users' organisation and participation. The Nordic welfare state system leans heavily on Social Democratic ideologies. However, welfare states today are exposed to mounting pressures as a result of the challenges of globalisation, new demographic patterns, and growing neo-liberal ideologies. These trends are also felt in the field of drug user organisation and participation, where practices of social work as well as client categories are gradually changing. Stenius (2006), who has studied the citizenship and rights of substance users in Finland and Sweden, asks how two countries with extensive treatment systems for alcohol and drug problems both continue to have a group of substance users that is socially marginalised, in terms of weak social networks, poor housing and exclusion from the workforce? She concludes that both countries have changed into a society that no longer is able to provide work for all its citizens. Instead, a minimum normative goal is to produce independent consumers of goods and services, whose incomes also may derive from the welfare system. In practice, however, several aspects, such as legislation and the role assumed by the state, impacts the extent to which basic human needs are met.

One important aspect that needs to be addressed when discussing drug users' spaces for legitimate action is the shift in social political concepts from 'client' to 'consumer' (or 'user', as is the English translation of the Danish 'bruger', the Swedish 'brukar', and Norwegian 'bruker', Finnish 'asiakas'). Welfare policies in general and social policies in particular have been influenced since the 1990s by neo-liberal currents, new public management schemes and ideas of empowerment, which also lie behind the new understanding of citizens as 'users' (in the sense of consumers) of welfare institutions such as treatment systems, social security, hospitals, etc. (Asmussen 2003; Asmussen & Jöhncke 2004; Bjerge 2005). In short, this social policy discourse is based on ideas of user 'empowerment' and active 'participation'. In this understanding, citizens are offered a greater degree of freedom, but also expected to assume greater responsibility for managing their own life. The state, in this model, is responsible for providing efficient and targeted services for users, and user participation is one of the means for improving the effectiveness and efficiency of services. In other words the Nordic social policy context – somehow through the back door – advocates ideas and a rhetorical frame that enable drug users legitimately to promote their wishes and to claim their right to substitution treatment, for example. The social policy context has so to speak invited drug users into an exchange on the question of how to deal with drugs in society. In Denmark, the Ministry of Social Affairs has consistently provided economic support for organisations for drug users and homeless people since the mid- 1990s. Nonetheless there are still critical voices which suggest that user participation can also be seen as a particular form of control.

The Nordic welfare states and the Netherlands have long traditions of involving organised interests in the drafting of legislation and major reforms. Corporatism was gradually established in the 20th century, enabling labour market organisations to gain significant influence in the development of the welfare state. Voluntary organisations have also traditionally held a relatively strong position and degree of legitimacy in the Nordic countries, where they serve as claims makers and service providers in specific areas of the social welfare system, especially in the alcohol and treatment system (Stenius 1999). Compared to the Netherlands, however, voluntary organisations here play a minor role in the central fields of the social welfare system. In the Netherlands, with its strong liberal tradition, drug treatment facilities are almost entirely provided by NGOs.

In the Nordic countries the main responsibility for the provision of medical treatment rests with the public authorities at central government, county or municipal level. Nonetheless

NGOs and private foundations are still important suppliers of other forms of treatment. Even though these organisations are not officially part of the state apparatus, they work closely with the public system and depend heavily on public funding. As far as drug user organisations are concerned, this is something of a dilemma because these organisations are dependent on the authorities, which at once constitute a target for the organisations' actions. This implies a difficult balancing act and the organisations risk becoming co-opted by and adapted to the political structures to such a degree that they eventually lose their room for manoeuvre (Laanemets 2006).

However, even though the tradition of corporatism has been said to clearly favour a particular kind of interests (Hernes 1987), it also gives rise to a particular administrative and democratic practice in which organised interests are given a legitimate right to have a say in public inquiries. Johnson (2006) argues that drug user organisations have in fact had only very limited influence on Swedish drug policy, a trend that has continued (or worsened) with the further reinforcement of control policies. In his opinion, the emergence of the Swedish Users' Union is not an outcome of increased openness or better opportunities for participation, but rather of neglect and limited opportunities for interest representation.



## 4. National Patterns of Drug Use

Another feature that influences drug users' opportunities for organisation and participation apart from the dominant ideological and moral perceptions of drug use and the institutional contexts, is the pattern of drug use. Specific practices and traditions of drug use – which are obviously linked to the nature of drug policies – provide the basic condition for users to identify shared interests related to drug use and representation in relation to the authorities and the surrounding society. Different trends and histories with respect to drug use and perceptions of drug use are crucial to understanding the emergence of user organisations and the specific demands placed on the services provided for drug users. The lack of organisations for active drug users may for instance in the case of Finland be explained by the absence of a 'tradition' of heroin use. It seems that the presence of particular treatment facilities can often support and promote the establishment of drug user organisations. The following outlines some of the recent trends in drug use and drug policy in Denmark, Finland, Norway, Sweden, and the Netherlands.

Together with the rest of Europe, the Nordic countries saw increased levels of drug use in the 1990s (EMCDDA 2005, 11–12). In all countries the fastest growing category seems to be represented by poly drug use, but some substance specific comments can nonetheless be made. In Denmark heroin is reported to be the primary drug for about 60 per cent of those seeking treatment (National report to the EMCDDA, Denmark 2004). Injecting heroin use has been going on in Denmark for several decades, and even though this is still the most prevalent form of use, smoking heroin has become increasingly common among those entering treatment. In Norway, too, drug users who seek treatment are primarily intravenous heroin users (National Report to the EMCDDA, Norway 2005), and again injecting heroin use has been going on for decades. In Finland and Sweden there is a long tradition of intravenous amphetamine use.

Until the 1990s opioid use was virtually non-existent in Finland. Recent estimates of problem drug use around the turn of the century put the proportion of amphetamine users at around 70–75 per cent (Partanen et al. 2001). Among those seeking treatment for injecting opioid use in 2004, 27 per cent sought treatment for buphrenorphine use, and only 3 per cent for heroin use (Clients in Substance Abuse Treatment/Stakes, 2004). In Sweden large numbers of users who seek treatment are on amphetamines, but the figure for those using heroin is rising and is now at almost the same level as amphetamine use (National Report to the EMCDDA, Sweden 2003–2004). In the Netherlands, heroin has been regarded as the most problematic drug ever since its introduction on the black market in 1972, although since 1990 it has been accompanied by cocaine. In 2003, the number of heroin clients registered in ambulatory treatment showed a tendency to decrease, while the number of cocaine clients was on the increase. The proportion of amphetamine clients remained steady (VWS 2005).

There are organisations for active drug users, mainly heroin users, in the Netherlands, Denmark, Norway and Sweden. Finland has organisations that are run by relatives of drug users, but none run by active users themselves. In the past year or so, however, small groups of users have been forming. Against the background of the different drug trends and traditions in the Nordic countries it is hardly surprising that Finland did not have any such organisations until 2006.

As Tammi (2006) explains, it takes time for the necessary critical mass to form, and since it was not until the late 1990s that hard drug use really began to expand in Finland this is still a novel phenomenon. Furthermore, the mean age of drug users in Finland is lower

than in the other countries concerned. Young people with a relatively short 'drug user career' can therefore hardly be expected to have gained sufficient experience and political awareness of the drug field to perceive a need for collective action. Yet if we want to gain a more in-depth understanding of what facilitates or obstructs the emergence of drug user organisations, we cannot simply explore trends of drug use in isolation from the ideological and moral perceptions of drug use, which are largely reflected in national drug policies. Moreover, it appears that drug user organisations often tend to emerge in the wake of developments in the treatment system. The services and intentions of the treatment system tie in closely with the ideological and moral principles that lie behind national drug policies. In the next section, we first provide a short overview of the most salient features of national drug policies, and then return to the question of how the treatment system is connected to drug user organisations and participation.

## 5. National Drug Policies, Harm Reduction and SubstitutionTreatment

The Nordic countries are often said to represent a particular type of welfare state model (Esping-Andersen 1990). However, as far as drug and control policies as well as drug users' opportunities for legitimate action and participation are concerned, there are certainly many differences between these countries (Hakkarainen, Laursen & Tigerstedt 1996; Christie & Bruun 1985). Drug policies consist of different domains (control, treatment and prevention) that often contradict one another, mainly since they are often based on different – and often contradictory – drug policy ideologies. Basically, a restrictive control policy is typically associated with ideas of abstinence and a drug-free society in the realms of treatment and prevention. A liberal control policy, on the other hand, fits more easily with ideas of harm reduction.

Norway and Sweden have traditionally had the most restrictive drug policies in the Nordic countries, pursuing ideas of a 'drug-free society'. Harm reducing initiatives, then, have been virtually non-existent, at least until recently. Denmark, on the other hand, has until today had the most liberal drug policy, both with respect to its control policy and the existence of harm reducing initiatives alongside drug-free treatment. Finland differs from the rest of the field in the sense that up to the 1990s, it had only minor drug problems.

Officially, the goal was to prevent drug use and minimise the supply of drugs. The country's drug policy was mainly control-oriented. Minimal attention was given to the treatment of drug abuse (Hakkarainen & Tigerstedt 2005).

The Netherlands has no mechanisms in place to try and eliminate drug use, and the official policy for almost 20 years has been one of harm reduction. Instead, the main focus has been on the (wholesale) trade of hard drugs and cannabis (Tops 2001). In the 1990s all the Nordic countries (and indeed northern Europe more generally) saw changes in patterns of drug use as well as an increased public awareness of the serious consequences of problematic drug use. This prompted new responses to drug use and new directions in drug policy. Still, the main strategies vary according to the ideological climates and the political compromises reached in the respective countries.

Today, drug policies seems to be moving towards an increased focus on substitution treatment or 'medicalisation' even in those countries that traditionally have had a restrictive drug policy (Skretting 2006). At the same time, however, there are no signs in the Nordic countries of their intending to downgrade the control against drug users. In Finland, for instance, the policy has moved forward on a dual track of both increased control and increased harm reducing measures (Hakkarainen & Tigerstedt 2005). In the past 3–4 years Danish drug laws have also become more restrictive (Asmussen & Jepsen 2007). At the same time there is a strong tradition of methadone maintenance treatment. Recently a three-year methadone trial with extended psychosocial support was initiated as an alternative to a heroin trial. An important part of this trial was to integrate user participation in treatment facilities in order to empower drug users and encourage them to take part in their own treatment.

Asmussen (2006) discussed the different forms of user participation implemented in the trial and addresses the question as to how far these initiatives provide opportunities for drug user participation in their interaction with the treatment system. Norway has continued to pursue a restrictive drug policy and it is now moving towards a more lenient criminal policy. The increasing number of drug-related deaths in the 1990s meant that the country began to lean more towards a harm reducing drug policy. Substitution treatment is today an integral part of the treatment offered to drug users in Norway. Even Sweden, which has taken the most restrictive stance on medically-assisted treatment, introduced substitution treatment with buprenorphine in 1999.

The first initiatives to establish drug user organisations or organisations that speak up for active drug users often takes place within or in close connection with substitution treatment facilities. The organisations raise critical questions with respect to the treatment provided, for example the availability of substitution treatment in general, the control of supplementary use of illegal drugs, as well as other forms of control measures practised by the treatment institutions. In Norway the first user organisation MIG-96 started up in connection with the country's first methadone trial, with the aim of improving the quality and availability of methadone treatment in general (Brandsberg Willersrud & Olsen 2006). In Denmark, the Danish Drug Users' Union (DDUU) was established in 1993 following the closure of a popular activity centre for methadone users (Anker 2006). In Finland, the Association for Support of People with Opiate Addiction (ORT) campaigned between 1997 and 2003 to increase the availability of treatment for opiate addicts and generally to improve the quality of treatment.

The first user-driven organisation, Support for Substitution Treatment Association (KT), consisting of four clients of a substitution treatment clinic in Southern Helsinki, was established in 2004 (Tammi 2006). The Swedish Drug Users' Union was set up in 2002, and one of its main criticisms has been against the strict formula for substitution treatment in Sweden (Palm 2006). The first organisation for drug users in the Netherlands was established in Amsterdam in 1975. In its first year the organisation advocated an alternative 'user-friendly' treatment approach. Soon, however, it shifted its attention to campaigning for a change in the national drug policy on hard drugs, which was seen as the main cause for the problems encountered by drug users (Tops 2006).

Apparently, there is some kind of connection between the establishment of substitution treatment programmes and the emergence of drug user organisations; but how can this connection be explained? We suggest that the introduction of harm reduction initiatives in general, and substitution treatment programmes in particular, open up opportunities for organisation and user participation among drug users. First, in a situation where the aim of a drug-free society dominates and rules out any other pragmatic options, there is very little tolerance for and acceptance of alternative voices. In a context of control, repression and zero tolerance, drug users will have only very limited room to manoeuvre as long as they continue using drugs. This situation seems to have prevailed in Sweden for many years, and the only legitimate and visible mouthpiece for drug users have been organisations of former drug users or associations of relatives. There must be a certain acceptance of harm

reduction initiatives in order for drug user organisations to emerge.

In both Denmark and Finland, relatives of drug users and medical doctors have been important advocates for harm reduction initiatives and substitution treatment programmes. They have sought to document the need for substitution treatment, they have highlighted the right of drug users to receive treatment, and they have occasionally sought to change practices themselves, for example by providing methadone to drug users through acts of civil disobedience. These groups are important allies to drug user organisations, and they often appear to be important because of their ability to mobilise and channel resources (economic, skills, strategic considerations, influence, etc.) to groups of drug users, thus enabling the subsequent formation of organisations. Moreover, once established, substitution treatment programmes create a closer and more formalised relationship of interaction between 'the system' (authorities) and drug users.

A number of other user organisations that have emerged in relation to the social welfare system, are based on categories that from the outset were defined and invented by the system. These categories (e.g. psychiatric patients, the disabled, the elderly), after being subjected to the development of specific policies and services, have then slowly come to form the basis for acts of resistance and the formation of collective identities (Williams 1999). In other words, these categories – and the subsequent collective actors – are to a great extent created and structured by the system. Gubrium and Holstein (2001) have called the identities institutional selves. This, we contend, is also the case with drug user organisations. Most drug user organisations are directed towards different levels of authorities in the drug policy field, they define themselves and their actions in relation to the authorities, and it is also from the system that they seek recognition and legitimacy as collective actors. This process is enabled by the creation of substitution treatment programmes (Anker 2007).

Substitution treatment programmes create a shared space and a shared point of reference where drug users are expected to conform to the previously defined rules and requirements. Whereas life as a drug user, without any formal relationship to the system, does not necessarily bring drug users together, the rules, physical space and interaction with health and social workers involved in a substitution treatment programme become a shared experience and an opportunity to interact as a group with particular characteristics. In this way drug users feel they are confronting the same opponent, and thus also have an identifiable target for their claims.

Finally, substitution treatment programmes draw the drug issue closer to the medical discipline, converting as they do the drug use into a matter of illness rather than just a moral issue. In other words, substitution treatment programmes also help to afford the drug user the status (and rights) of a patient who is entitled to claim his or her rights, proper treatment, and recognition and respect as a human being. Drug users may still object to this perception of drug use as an illness, but our point is that the hegemony of moral judgements loose strength when drug users become more closely connected to the health system, as patients rather than as social outcasts.

## 6. Struggling for Legitimacy in a Climate of Ideological and Moral Condemnation

People addicted to drugs are a small minority, and the majority of people in society do not share their experiences. However the 'drug issue' has been regarded as a very serious social problem for many decades now, and in that respect it has been of great interest to society. For drug user organisations, the challenge is to frame the problems of their constituencies in such a way that they resonate with cultural patterns in the population and are easy to recognize. The way that drugs and drug problems are conceptualised in national drug policies depends closely on the choice of language in describing these problems.

An example is the Danish government's use of language in the recent publication ***The Fight against Drugs - action plan against drug abuse*** (2003). The use of 'fight' here resembles the American drug rhetoric of 'war on drugs'. The choice of 'drug abuse', then, implies a particular moral attitude towards drug use, including a sense of 'irresponsibility', 'weak personality', 'lack of self-discipline', 'lack of motivation', etc. Decades of liberal Danish drug policy have now given way to a more repressive policy – and at the same time to rhetoric traditionally used in connection with repressive drug policies.

Drug use in general is constructed and perceived as something negative and dangerous, not only to the individual concerned but also to society at large, and it seems extremely difficult to shrug off the negative image of drug user that follows from this understanding (Christie & Bruun 1985; Gossop 2000/1982, Reinarman & Levine 1997). Drugs have

become a powerful metaphor with (extremely) negative connotations. Drug addiction, drug abuse and even drug use are blamed for the worsening of – or even seen as synonymous with – different traits such as criminality, instability, untrustworthiness, violence, mendacity, a weak personality, bad temper, irresponsibility, etc. Such is the power of the metaphor that drug users are identified by society as people with particular traits, regardless of whether or not this is the case.

It is important to underline that drugs and drug use may have devastating, even fatal consequences. People get into serious problems by using drugs, and some drug users can in certain situations be identified with the traits described above. However it is important to recognize that the general perception of drug use is so pervaded by moral and ideological judgements that other perceptions of drug use have great difficulties gaining legitimacy. These negative and moralising attitudes may also hinder drug user participation. In an environment of control and moral condemnation, drug users will often hesitate to openly admit they are drug users. They therefore often lack spaces of legitimacy where they could take their first steps of organisation.

One of the aims of organisations for active drug users is to try and change the existing, denigrating perceptions. Stigmatisation and marginalisation are among the key issues addressed by these organisations. One of the different strategies applied by drug user organisations to fight stigmatisation and marginalisation is to use concepts that avoid negative connotations. Therefore, rather than talking about 'drug abusers', 'drug addicts' or 'junkies' (Denmark & Norway: 'narkoman', Sweden: 'knarkare', Finland: 'narkkari'), which all carry the negative associations described above, most drug user organisations prefer the more neutral term 'drug user'. Their rationale is that a change in language in the long run will bring about a change in meaning and hence a change in perceptions of drugs as well as drug use.

Besides strategies to overcome stigmatisation, another probably more immediate effort to alter the negative perceptions of drug users is by demonstrating their ability to run or participate in running an organisation, to take part in meetings, keep agreements, etc. A related question is whether drug user organisations should be organisations by or for drug users. If run solely by active drug users, they will be exposed to vulnerabilities due to the usually unstable lifestyle of drug users and the repression of drug policies. This is basically a matter of the constituency of drug user organisations and whether these consist of drug users who are still using illegal drugs or of former drug users.

## 7. Concluding comments

Different solutions are applied in order to overcome problems related to drug user organisations' constituency and strategies. The way that organisations are run seems to be in a constant state of flux and their strategies to be constantly re-negotiated. The issue of interest organisations' recognition and legitimacy is crucial, and an enormous amount of energy is invested in pursuing that legitimacy. On some occasions, drug users even compete with former drug users, with different groups all claiming to speak on behalf of all drug users.

In the process of gaining recognition, new organisations are founded at the same time as others are closed down,. The survival and success of drug user organisations is never a matter only of suitable strategies, but merely an indication of how the messages articulated are heard and interpreted in a certain place and at a certain time. Therefore, as discussed above, the impact of the institutional contexts, national drug policies, patterns of drug use and dominant ideological and moral perceptions of drug use all contribute to the existence and survival of user organisations. The emergence of user organisations in the Nordic countries during the past decade also show that these are no isolated events, but part of a broader movement and network.

Networks and what Melucci (1996) has called the invisible phases of social movements are crucial to the development and understanding of social movements. They provide the necessary foundation for meaning work, and they are basically a prerequisite for the mobilisation of resources and for the creation of shared understandings of aims and strategies. So perhaps the fragmented initiatives of association and user participation – the efforts of the more or less invisible networks – that we are witnessing today, may prove to be an initial phase of a broader organisation and self-awareness among marginalised groups of the welfare society?

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This article is part of the reader ‘empowerment and self-organisations of drug users - experiences and lessons learnt’.

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