



Drug user activism – an overview

Stijn Goossens (INPUD)

Colophon

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1. The research – purpose, methods, international response

In 2007, the International Network of People Who Use Drugs (INPUD vzw) in cooperation with the European Correlation Network conducted a six-month on-line research on the profile of drug users' (DU) activism and self-organisation. The research gathered information about the type of the drug users' organisations (DUO) world-wide, the level of involvement of DU community in the work of the DU activists' (DUA) organisations, about the geographical coverage, as well as about the regions, in which the DUO are most active, and others. The main aims, the main area of work of the DUO, the types of funding they receive (governmental, municipal, private, local, international, etc.), their partners, targeted allies and opponents, their main expertise, and other related questions were the topics of the research.

The main aims of the research were:

- to create a detailed database of the DUO world-wide
- to map the areas they work in, their main needs and interests
- to identify possibilities for international cooperation and support

On the longer term, the analysed results of the research will be used by INPUD vzw and the Correlation Network as a base to develop a medium- and long-term strategy for involving the DUO that have participated in the study, as well as their partners and colleagues world-wide (that were included later on in the data-base) in the international DU activism and in closer cooperation at international level with other community-based organisations, professionals and service-providers working with all marginalised communities.

The research started in May 2007 by publishing a questionnaire, which included questions on all topics mentioned above, as well as control questions on some main topics (e.g. level of involvement of different peer groups, areas of main activities, main expertise, others) on the INPUD web site (<http://www.inpud.org/>). 38 INPUD members and supporters from 21 countries worldwide responded to the request and filled-in the on-line questionnaire. The full information about the DUO, included in the research, their legal status, activities are collected in a database.

2. Summary of Results

Detailed information about the results of the questionnaire can be found in annex 1. By the end of October 2007, the results from the first six months of the research were evaluated. In order to be able to include as many DUO as possible in the database, the on-lined questionnaire is still opened, the database is constantly updated, and the results are re-evaluated.

2.1. Regional coverage

The results from the first six months of the research are based on the analysis of the answers of 38 DUO from 21 countries worldwide. Geographically they are spread as follows:

- from Europe

countries: number of countries from the region: 14;
percentage of the overall number of the countries: 66.67%
DUO: number of DUO from the region: 19;
percentage of the overall number of the DUO: 51.35%

- from the European Union

countries: number of countries from the region: 12;
percentage of the overall number of the countries: 57.14%
DUO: number of DUO from the region: 17;
percentage of the overall number of the DUO: 44.74%

- from Asia

countries: number of countries from the region: 3;
percentage of the overall number of the countries: 14.29%
DUO: number of DUO from the region: 10;
percentage of the overall number of the DUO: 26.32%

- from Oceania

countries: number of countries from the region: 1;
percentage of the overall number of the countries: 4.76%
DUO: number of DUO from the region: 1;
percentage of the overall number of the DUO: 2.63%

- from North America

countries: number of countries from the region: 2;
percentage of the overall number of the countries: 9.52%
DUO: number of DUO from the region: 6;
percentage of the overall number of the DUO: 15.79%

- from South America

countries: number of countries and the DUO from the region: 0

- from Africa

countries: number of countries from the region: 1;

percentage of the overall number of the countries: 4.76%

DUO: number of DUO from the region: 1;

percentage of the overall number of the DUO: 2.63%

- DUO working at international level

DUO: number of DUO from the region: 1;

percentage of the overall number of the DUO: 2.63%

2.2. Main priorities

6 DUO (i.e. 15.79% of all DUO that have filled in the questionnaire) have not provided information on the topic. Judging by the main expertise the DUO from the research have appointed for their organisations, by the areas they work mainly in, as well as by the their partners and targeted allies, the main priorities DUO have are listed below in descending order:

- advocacy
- harm Reduction
- peer support and education in DU community in general - e.g. for IDUs, for people on substitution treatment, for ravers and people from the party scene
- peer support for PLWHA
- media production
- trainings and workshops, peer meetings
- accommodation and service providing programmes

- detoxification, treatment, rehabilitation centres
- community empowerment and mobilizing
- education and drug and blood born disease (BBD) prevention in youth community
- public Health system
- networking at International level

2.3. Main activities

According to the information provided by the organisations that took part in the research, the main activities in descending order are listed below. 4 DUO have not provided information about their main activities. Part of the side-activities, included in the answers of the DUO, have no statistic significance and are not included in the list below. The complete information on this topic is available in Table 2. The main activities can be summarised as follows:

1. advocacy and health/drug policy making
2. peer support for PLWHA
3. peer support for DUs
4. HIV and other BBD education and prevention
5. issue/publish e- and printed magazines and newsletters
6. producing other types of informational materials
7. organizing, conducting, moderating trainings, workshops, seminars, peer meetings
8. educational and peer support work in the party scene
9. running accommodation projects
10. drop-in centres with various services
11. rising public awareness about the main problems in the DU community

2.4. Services, provided by the DUO

8 DUO (e.g. 21% of all DUO that have answered to the questionnaire) have not provided information on the topic. The services the rest of the DUO from the research provide are listed below in descending order:

1. awareness and information
2. peer support for all communities above
3. outreach and prevention / information
4. newsletters and magazines
5. information, educational and promotion materials
6. drop-in with various services (e.g. basic needs, different classes, tel., Internet, etc.)
7. needle exchange
8. drug and BBD education and prevention
9. trainings, seminars, and workshops in the area
10. detoxification and treatment centres
11. support and information for party organizers
12. syringe patrolling
13. face to face consultations
14. medical referrals
15. legal help and advice
16. drug checking
17. psychological support related to drugs consumption
18. relax zone, chill-out
19. accurate information through regularly updated Internet sites
20. telephone hot-lines and help-lines

3. Analysis of the results

The strongest impression by the results of the research is made by the obvious increase and upraise of drug user organisations worldwide, the broad range of areas DUO work in, and the variety of services they provide. DUO from Europe and particularly those from EU-member states are obviously most prevalent. Another obvious result is that most of the DUO have appointed advocacy and health/drug policy making as their main priority and main area of activity, which is also proved by the answer of 16 DUO (42.11%) that identify policy makers as one of their main targets / involved parties in their work, and 17 of the DUO (44.74%) state that they partly target / involve politicians in their work. This is also related to the answers of 25 DUO from the research (67.57%) that they received governmental funding for their work at municipal, regional and/or national level. Only 1 of the DUO answered that they received governmental funding for activities at international level. The fact that the local municipalities / governments are willing to finance the work of DUO at local, regional, and national level, but still do not see the need to finance their work at international level, can show the need for better coordination, networking, cooperation, exchange of ideas and experience between local DUO at international level, which should result in improving their work at local level, introducing best practices that exist world-wide in their local communities, thus giving decision-makers in their countries evidence-based proof that cooperation at international level is vitally important for the activism in marginalized, community-based organisations. This is also supported by the fact that 52.63% of the DUO that have taken part in the research, received private grants for activities at international level.

The second main activity and priority, appointed by the DUO in the research is harm reduction. The connection between drug users self-organisation and the current global policies on drugs is more than obvious. In the years when global prohibition and its logic results – restrictions, stigma, HIV and Hep C epidemics, etc. have reached a peak in causing damage and harms to society at large and especially to the DU community, DU organize themselves to advocate for more effective and more cost efficient health approaches to the problem of drugs use. At the same time, peer-support and raising public awareness about the most acute problems in the DU community have also a high priority amongst activities of DUO worldwide.

Still, the main benefit from this research is that it shows that the profile of DUO world-wide (and the profile of the DUA that run the DUO) completely differs from the general image of drug users that has been imposed on society for decades. The research showed that DUO are capable of running a variety of services and have proved themselves to decision makers in their countries as reliable and capable partners and as an indispensable part of civil society. The next logical and inevitable step would be to develop and expand newly founded DUO unions and networks at international level, and proving decision-makers from all international institutions involved, that DUO should be considered not only as competent and equal partners, but also as indispensable experts in the drug-policy making process.

Annex 1

Total number of organisations		38		
Period of the Online Research	6 months			
Criteria	Results in numbers	Results in percentages	Number of answers "Not Available"	Percentage of answers "Not Available"
Regions:				
from Europe			0	0,00%
countries	14	66,67%		
organisations	19	51,35%		
from EU				
countries	12	57,14%		
organisations	17	44,74%		
from Asia				
countries	3	14,29%		
organisations	10	26,32%		
from Oceania				
countries	1	4,76%		
organisations	1	2,63%		
from North America				
countries	2	9,52%		
organisations	6	15,79%		
from South America				
countries	0	0,00%		
organisations	0	0,00%		
from Africa				
countries	1	4,76%		
organisations	1	2,63%		
International	1	2,63%		
Total				
countries	21			
organisations	38			

Years of existence				
Less than 1	7	18,42%	7	18,42%
Up to 5 (including less than 1)	14	36,84%		
More than 5	17	44,74%		
Legally registered	37	97,37%	0	0,00%
Statues	29	76,32%	6	15,79%
Registered membership	27	71,05%	1	2,63%
Number of members				
Up to 50	14	37,84%	5	13,16%
More than 50	9	24,32%		
Non-members organizations	10	27,03%		
Maximum nr. of members	650 members			
Funding				
with private funding	21	54,05%	1	2,63%
with governmental funding	25	67,57%		
with both	9	23,68%		
Governmental funding for activities at: (level)				
City	12	31,58%	4	10,53%
Regional	11	28,95%		
National	10	26,32%		
International	1	2,63%		

Type of organisations							
an Interest (Advocacy) Organisation							
	not at all	8	21,05%	o	0,00%		
	partly	11	28,95%				
	very much	19	50,00%				
a Patient Organisation							
	not at all	11	28,95%				
	partly	14	36,84%				
	very much	13	34,21%				
a Drug User Organisation							
	not at all	1	2,63%				
	partly	7	18,42%				
	very much	30	78,95%				
a Peer driven Harm Reduction Organisation							
	not at all	2	5,26%				
	partly	14	36,84%				
	very much	22	57,89%				
A Specified Peer Organisation							
	not at all	3	7,89%				
	partly	12	31,58%				
	very much	23	60,53%				

Types of the groups for specified peer organisations <i>(in order of involvement, 8 organisations haven't provided information)</i>				
DU in general				
Injecting Drug Users				
DU on maintaining treatments				
Peer support for DU educators				
Peer support for IDUs educators				
Sex Workers				
Ravers and party stimulant users				
Homeless				
PLWHA				
DUs, affected by blood born infections				
Street scene in general				
Gay and transgender groups				
Women living with HIV/AIDS				
Women DU s				
Users' relatives				
Women's peer support groups				
cannabis consumers				

Levels, the organisation work at				
City	4	10,53%	0	0,00%
Regional	4	10,53%		
National	3	7,89%		
International	5	13,16%		
City, Regional	5	13,16%		
City, Regional, National	2	5,26%		
City, Regional, National, International	12	31,58%		
City, National	0	0,00%		
City, International	0	0,00%		
National, International	3	7,89%		
Main activities:				
<i>(in order of involvement, 8 organisations haven't provided information)</i>				
advocacy and /health&drug/policy making				
peer support for PLWHA				
peer support for Dus				
HIV and other BBDs education and prevention				
drug prevention				
e- and printed magazines and newsletters				
producing informational materials				
trainings, workshops, seminars, peer meetings				
education and peer support in the party scene				
accomodation projects				
drop-in with various services				
public awareness				
prevention and education campaigns for adolescents				
safer sex and safer drug use education				
detox, treatment, rehabilitation				
help and hot lines				
basic health care services				
making research and guidelines				
overdose management program				
legal counseling				

Groups/People Involved/Targeted by the work of the organisation				
People who use drugs				
not at all	0	0,00%		
partly	1	2,63%	0	0,00%
very much	37	97,37%		
Policy makers				
not at all	5	13,16%		
partly	17	44,74%	0	0,00%
very much	16	42,11%		
Scientists				
not at all	14	36,84%		
partly	22	57,89%	0	0,00%
very much	2	5,26%		
Medical professionals				
not at all	6	15,79%		
partly	21	55,26%	0	0,00%
very much	11	28,95%		
Non-medical professionals in drug use related fields				
not at all	6	15,79%		
partly	25	65,79%	0	0,00%
very much	7	18,42%		
The public				
not at all	2	5,26%		
partly	21	55,26%	0	0,00%
very much	15	39,47%		
Media				
not at all	9	23,68%		
partly	20	52,63%	0	0,00%
very much	9	23,68%		
Specified Peer Groups				
not at all	2	5,26%		
partly	14	36,84%	0	0,00%
very much	22	57,89%		

<p>Types of the peer groups involved in the work of the organisations: 2 organisations do not involve specific peer groups and 8 organisations haven't provided information.</p> <p>The specific peer groups in decreasing order :</p>				
IDUs and DU community				
DU at maintaining treatment				
PLWHA Hep C. infected, and other BBDs infected people				
sex workers				
imprisoned and with prison background				
peer educators				
Women DU and IDU				
Homeless users				
cannabis consumers				
youngsters at risk of drug use, BBDs infections				
affected population				

Main expertise:				
6 organisations haven't provided information. The specific peer groups in decreasing order :				
Advocacy				
Harm Reduction				
Peer support and education in DU community in general - e.g. for IDUs, for people on substitution treatment, for ravers and people from the party scene				
Peer support for PLWHA				
Media production				
Trainings and workshops, peer meetings				
Accommodation and service providing programs				
Detox, treatment, rehabilitation centers				
Community empowerment and mobilizing				
Education and drug and BBDs prevention in youth community				
Public Health system				
Networking at International level				
Service Providing				
Yes	37	97,37%		
No	1	2,63%		

Types of provided services				
8 organisations haven't provided information. Services in order of involvement:				
Awareness and information				
Peer support for all communities above				
Outreach and prevention / information				
Newsletters and magazines				
Information, educational and promotion materials				
Drop-in with various services (e.g basic needs, different classes, tel., Internet, etc.)				
Needle exchange				
Drug and BBDs education and prevention				
Trainings, seminars, and workshops in the area				
Detox and treatment centers				
Support and information for party organizers				
Syringe patrolling				
Face to face consultations				
Medical referrals				
Legal help and Advices				
Drug checking, Psychological crisis related to drugs consumption support - Relax zone, Chill Out				
Accurate information through regularly updated Internet sites				
Help and hot telephone lines				

Drug user organisations – an inventory

Annex 2

1.	General Information	
1,1	Name of the organization	AIDS Saskatoon
1,2	Street	
1,3	City	Saskatoon
1,4	Zip Code	S7K 1X1
1,5	State	SK
1,6	Country	Canada
1,7	Phone	
1,8	Email	aids.saskatoon.kathie@shaw.ca
1,9	Name contact person	Kathie
1.10	Name and role of the person, who filled-in this form	Kathie - Coord. & Fund Development
2.	Legal & Structure Information	
2.1	Date of foundation	1-4-1986
2.2	Legal entry	Yes
2.3	Statues	NA
2.4	Registered membership	Yes
2.5	Number of members	NA
2.6	Does your organization charge a membership fee	No
2.7.1	Is there any funding available (please, include both - financial and in goods/ services)	No
2.7.1.1	If „Yes“ - please, specify the type of the funding	NA
2.7.1.2	If there is governmental funding - please, specify on what level	
3.	Information on the Activities	
3.1.1	an Interest (Advocacy) Organization	Partly
3.1.2	a Patient Organization	Not at all
3.1.3	a Drug User Organization	Partly
3.1.4	a Peer driven Harm Reduction Organization	Very much
3.1.5	A Specified Peer Organization	Partly

3.1.5.1	If „Yes“ - please, specify - e.g. injecting drug users, sex workers, others.	NA
3.2	What level(s) your organization is active on	City, Regional, National
3.3	What are your organizations main activities? (Please, specify for each level in 3.2)	Founded in 1986, we are a volunteer based, non-profit, charitable agency with a mandate to work with, and provide support for, those affected by HIV, and to educate for the prevention of HIV infection. We offer workshops and presentations We operate a local phone line and province wide toll-free information line. We offer group and one to one support.
3.3.1	People who use drugs	Very much
3.3.2	Policy makers	Partly
3.3.3	Scientists	Partly
3.3.4	Medical professionals	Partly
3.3.5	Non-medical professionals in drug use related fields	Partly
3.3.6	The public	Very much
3.3.7	Media	Not at all
3.3.8	Specified Peer Groups	Partly
3.3.8.1	If „Yes“ - please, specify the peer group:	SANDU - Saskatoon and Area Network of Drug Users
3.4.	What is the area you consider your organization to be an expert in?	Harm Reduction, HIV/HCV Education & Prevention, engaging street involved at risk individuals and groups
3.5	Do you provide any services (e.g. drop in, social activities, newsletters, etc.)	Yes
3.5.1	If „Yes“ - please, specify what service do you provide	We have a Drop In Centre which provides, free laundry, used clothing and household deposit, free coffee and muffins, morning nutrition program, Hot lunch twice a month, telephone, computers, More in our website www.aids.saskatoon.ca

1.	General Information	
1,1	Name of the organization	ATHENCOTTASAN MUTHAMIZH KAZHAGAM - AMK
1,2	Street	7-46B, MONDAIKAD.
1,3	City	Kanyakumari
1,4	Zip Code	629252
1,5	State	Tamilnadu
1,6	Country	India
1,7	Phone	+9444691456
1,8	Email	amkcentre@rediffmail.com
1,9	Name contact person	Lion.R.Arul Kannan
1.10	Name and role of the person, who filled-in this form	Director
2.	Legal & Structure Information	
2.1	Date of foundation	10-aug-71
2.2	Legal entry	Yes
2.3	Statues	Yes
2.4	Registered membership	No
2.5	Number of members	12
2.6	Does your organization charge a membership fee	No
2.7.1	Is there any funding available (please, include both - financial and in goods/ services)	Yes
2.7.1.1	If „Yes“ - please, specify the type of the funding	Governmental funding
2.7.1.2	If there is governmental funding - please, specify on what level	National
3.	Information on the Activities	

3.1.1	an Interest (Advocacy) Organization	Very much
3.1.2	a Patient Organization	Very much
3.1.3	a Drug User Organization	Very much
3.1.4	a Peer driven Harm Reduction Organization	Very much
3.1.5	A Specified Peer Organization	Very much
3.1.5.1	If „Yes“ - please, specify - e.g. injecting drug users, sex workers, others.	Drug users particularly drug addicts
3.2	What level(s) your organization is active on	National
3.3	What are your organizations main activities? (Please, specify for each level in 3.2)	<input type="checkbox"/> Provide care and support for orphans, semi orphan and destitute children. <input type="checkbox"/> Provide basic health care to the rural poor especially women, children and aged persons. <input type="checkbox"/> Treatment and rehabilitation of persons addicted to alcohol and other intoxicating drugs. <input type="checkbox"/> Prevention and control of HIV/AIDS, providing them care and support and prevention and control of sexually transmitted diseases. <input type="checkbox"/> Empowerment of women and children <input type="checkbox"/> Rural housing and providing shelter for the poor
3.3.1	People who use drugs	Very much
3.3.2	Policy makers	Very much
3.3.3	Scientists	Partly
3.3.4	Medical professionals	Very much
3.3.5	Non-medical professionals in drug use related fields	Very much
3.3.6	The public	Very much
3.3.7	Media	Very much
3.3.8	Specified Peer Groups	Very much
3.3.8.1	If „Yes“ - please, specify the peer group:	Drug addicts
3.4.	What is the area you consider your organization to be an expert in?	Addiction field
3.5	Do you provide any services (e.g. drop in, social activities, newsletters, etc.)	Yes
3.5.1	If „Yes“ - please, specify what service do you provide	Awareness

1.	General Information	
1,1	Name of the organization	ASUD
1,2	Street	206, rue de Belleville
1,3	City	Paris
1,4	Zip Code	75020
1,5	State	
1,6	Country	France
1,7	Phone	01 43 15 08 00
1,8	Email	asud@club-internet.fr
1,9	Name contact person	Pierre Chappard
1.10	Name and role of the person, who filled-in this form	Pierre Chappard, Chef de projet „Représentation des usagers du système de soin“
2.	Legal & Structure Information	
2.1	Date of foundation	11-mrt-93
2.2	Legal entry	Yes
2.3	Statues	Yes
2.4	Registered membership	Yes
2.5	Number of members	200
2.6	Does your organization charge a membership fee	
2.7.1	Is there any funding available (please, include both - financial and in goods/services)	Yes
2.7.1.1	If „Yes“ - please, specify the type of the funding	private funding, governmental funding
2.7.1.2	If there is governmental funding - please, specify on what level	City, Regional, National
3.	Information on the Activities	
3.1.1	an Interest (Advocacy) Organization	very much
3.1.2	a Patient Organization	very much
3.1.3	a Drug User Organization	very much
3.1.4	a Peer driven Harm Reduction Organization	very much
3.1.5	A Specified Peer Organization	not at all
3.1.5.1	If „Yes“ - please, specify - e.g. injecting drug users, sex workers, others.	NA

3.2	What level(s) your organization is active on	City, Regional, National, International
3.3	What are your organizations main activities? (Please, specify for each level in 3.2)	Making a magazine website representation
3.3.1	People who use drugs	very much
3.3.2	Policy makers	not at all
3.3.3	Scientists	partly
3.3.4	Medical professionals	very much
3.3.5	Non-medical professionals in drug use related fields	very much
3.3.6	The public	partly
3.3.7	Media	partly
3.3.8	Specified Peer Groups	partly
3.3.8.1	If „Yes“ - please, specify the peer group:	NA
3.4.	What is the area you consider your organization to be an expert in?	French health system Harm reduction
3.5	Do you provide any services (e.g. drop in, social activities, newsletters, etc.)	Yes
3.5.1	If „Yes“ - please, specify what service do you provide	Magazine website

1.	General Information	
1,1	Name of the organization	Bahaman
1,2	Street	Budhanilkhanta
1,3	City	Kathmandu
1,4	Zip Code	
1,5	State	
1,6	Country	Nepal
1,7	Phone	+977-012151632
1,8	Email	abhiyan06@gmail.com
1,9	Name contact person	Ekta Thapa Mahat
1.10	Name and role of the person, who filled-in this form	Ekta Thapa Mehta - president
2.	Legal & Structure Information	
2.1	Date of foundation	12-mei-06
2.2	Legal entry	Yes
2.3	Statues	Yes
2.4	Registered membership	Yes
2.5	Number of members	50
2.6	Does your organization charge a membership fee	Yes
2.7.1	Is there any funding available (please, include both - financial and in goods/services)	Yes
2.7.1.1	If „Yes“ - please, specify the type of the funding	private funding
2.7.1.2	If there is governmental funding - please, specify on what level	
3.	Information on the Activities	
3.1.1	an Interest (Advocacy) Organization	partly
3.1.2	a Patient Organization	not at all
3.1.3	a Drug User Organization	very much
3.1.4	a Peer driven Harm Reduction Organization	partly
3.1.5	A Specified Peer Organization	very much
3.1.5.1	If „Yes“ - please, specify - e.g. injecting drug users, sex workers, others.	It is organized by and for women - injecting drug users. More than 50% among us are living with HIV/AIDS
3.2	What level(s) your organization is active on	City, Regional

3.3	What are your organizations main activities? (Please, specify for each level in 3.2)	1. Advocacy for the rights of the women - DU and WLHA 2. Provide detoxification for women IDU. 3. Develop treatment literacy materials and give trainings on treatment literacy, leadership and specially advocacy to women IDU
3.3.1	People who use drugs	very much
3.3.2	Policy makers	very much
3.3.3	Scientists	not at all
3.3.4	Medical professionals	partly
3.3.5	Non-medical professionals in drug use related fields	partly
3.3.6	The public	partly
3.3.7	Media	partly
3.3.8	Specified Peer Groups	very much
3.3.8.1	If „Yes“ - please, specify the peer group:	Women - injecting drug users, and women living with HIV/AIDS with mainly drug users' (but also other) background.
3.4.	What is the area you consider your organization to be an expert in?	Providing advocacy and leadership trainings to women drug users and detoxification and treatment at the moment.
3.5	Do you provide any services (e.g. drop in, social activities, newsletters, etc.)	Yes
3.5.1	If „Yes“ - please, specify what service do you provide	We provide 30 days of care and support and treatment to women

1.	General Information	
1,1	Name of the organization	Associação Abraço
1,2	Street	Largo José Luis Champalimaud, 4 A
1,3	City	Lisbon
1,4	Zip Code	1600-110
1,5	State	Lisbon
1,6	Country	Portugal
1,7	Phone	02-17997500
1,8	Email	sandra.marques@abraco.pt
1,9	Name contact person	Sandra Marquês
1.10	Name and role of the person, who filled-in this form	Sandra Marquês - International Cooperation
2.	Legal & Structure Information	
2.1	Date of foundation	5-jun-92
2.2	Legal entry	Yes
2.3	Statues	Yes
2.4	Registered membership	No
2.5	Number of members	No
2.6	Does your organization charge a membership fee	No
2.7.1	Is there any funding available (please, include both - financial and in goods/services)	Yes
2.7.1.1	If „Yes“ - please, specify the type of the funding	private funding, governmental funding
2.7.1.2	If there is governmental funding - please, specify on what level	National
3.	Information on the Activities	
3.1.1	an Interest (Advocacy) Organization	not at all
3.1.2	a Patient Organization	very much
3.1.3	a Drug User Organization	partly
3.1.4	a Peer driven Harm Reduction Organization	partly
3.1.5	A Specified Peer Organization	very much
3.1.5.1	If „Yes“ - please, specify - e.g. injecting drug users, sex workers, others.	sex workers, transgender, people who inject, homeless, etc.
3.2	What level(s) your organization is active on	National, International

3.3	What are your organizations main activities? (Please, specify for each level in 3.2)	Prevention, Training, Psychosocial Support, Legal and Financial Counseling, Support Line
3.3.1	People who use drugs	very much
3.3.2	Policy makers	partly
3.3.3	Scientists	partly
3.3.4	Medical professionals	very much
3.3.5	Non-medical professionals in drug use related fields	partly
3.3.6	The public	very much
3.3.7	Media	partly
3.3.8	Specified Peer Groups	partly
3.3.8.1	If „Yes“ - please, specify the peer group:	People who inject drugs, people living with HIV/AIDS
3.4.	What is the area you consider your organization to be an expert in?	HIV infected Injecting Drug Users
3.5	Do you provide any services (e.g. drop in, social activities, newsletters, etc.)	yes
3.5.1	If „Yes“ - please, specify what service do you provide	Newsletter (Bi-Monthly), home support

1.	General Information	
1,1	Name of the organization	ADS
1,2	Street	Hewelett St
1,3	City	Wigan
1,4	Zip Code	WN11NQ
1,5	State	
1,6	Country	United Kingdom
1,7	Phone	00441942231777
1,8	Email	karenefoley@hotmail.com
1,9	Name contact person	Karen Foley
1.10	Name and role of the person, who filled-in this form	Karen Foley - drug project worker
2.	Legal & Structure Information	
2.1	Date of foundation	NA
2.2	Legal entry	Yes
2.3	Statues	NA
2.4	Registered membership	NA
2.5	Number of members	NA
2.6	Does your organization charge a membership fee	NA
2.7.1	Is there any funding available (please, include both - financial and in goods/services)	Yes
2.7.1.1	If „Yes“ - please, specify the type of the funding	private funding
2.7.1.2	If there is governmental funding - please, specify on what level	
3.	Information on the Activities	
3.1.1	an Interest (Advocacy) Organization	partly
3.1.2	a Patient Organization	very much
3.1.3	a Drug User Organization	very much
3.1.4	a Peer driven Harm Reduction Organization	partly
3.1.5	A Specified Peer Organization	not at all
3.1.5.1	If „Yes“ - please, specify - e.g. injecting drug users, sex workers, others.	NA
3.2	What level(s) your organization is active on	Regional
3.3	What are your organizations main activities? (Please, specify for each level in 3.2)	NA

3.3.1	People who use drugs	very much
3.3.2	Policy makers	partly
3.3.3	Scientists	not at all
3.3.4	Medical professionals	partly
3.3.5	Non-medical professionals in drug use related fields	partly
3.3.6	The public	very much
3.3.7	Media	not at all
3.3.8	Specified Peer Groups	very much
3.3.8.1	If „Yes“ - please, specify the peer group:	NA
3.4.	What is the area you consider your organization to be an expert in?	NA
3.5	Do you provide any services (e.g. drop in, social activities, newsletters, etc.)	Yes
3.5.1	If „Yes“ - please, specify what service do you provide	NA

1.	General Information	
1,1	Name of the organization	Black Poppy Publications
1,2	Street	PO box 33033
1,3	City	London
1,4	Zip Code	W9 3LT
1,5	State	England
1,6	Country	UK
1,7	Phone	+44 (0) 207 622 7770
1,8	Email	editor@blackpoppy.org.uk
1,9	Name contact person	Erin O'Mara
1.10	Name and role of the person, who filled-in this form	Erin O'Mara - Editor and secretary of organization
2.	Legal & Structure Information	
2.1	Date of foundation	NA
2.2	Legal entry	Yes
2.3	Statues	Yes
2.4	Registered membership	No
2.5	Number of members	No
2.6	Does your organization charge a membership fee	
2.7.1	Is there any funding available (please, include both - financial and in goods/services)	Yes
2.7.1.1	If „Yes“ - please, specify the type of the funding	private funding, governmental funding
2.7.1.2	If there is governmental funding - please, specify on what level	Regional
3.	Information on the Activities	
3.1.1	an Interest (Advocacy) Organization	partly
3.1.2	a Patient Organization	partly
3.1.3	a Drug User Organization	very much
3.1.4	a Peer driven Harm Reduction Organization	very much
3.1.5	A Specified Peer Organization	very much
3.1.5.1	If „Yes“ - please, specify - e.g. injecting drug users, sex workers, others.	for people who's drug use has become a part of their lifestyle. Those who are dependant, or regular drug takers.
3.2	What level(s) your organization is active on	City, Regional, National, International

3.3	What are your organizations main activities? (Please, specify for each level in 3.2)	Publish a magazine for drug users by users Taking part in various activities, guidelines, research, policy making etc
3.3.1	People who use drugs	very much
3.3.2	Policy makers	partly
3.3.3	Scientists	partly
3.3.4	Medical professionals	partly
3.3.5	Non-medical professionals in drug use related fields	partly
3.3.6	The public	partly
3.3.7	Media	partly
3.3.8	Specified Peer Groups	very much
3.3.8.1	If „Yes“ - please, specify the peer group:	injectors, regular drug takers
3.4.	What is the area you consider your organization to be an expert in?	Harm reduction drug culture
3.5	Do you provide any services (e.g. drop in, social activities, newsletters, etc.)	Yes
3.5.1	If „Yes“ - please, specify what service do you provide	A 40-page magazine

1.	General Information	
1,1	Name of the organization	Breakline Peer Support vzw
1,2	Street	Vandenpeereboomstraat 71
1,3	City	Borgerhout
1,4	Zip Code	2140
1,5	State	
1,6	Country	Belgium
1,7	Phone	0032479982271
1,8	Email	stijn@inpud.org
1,9	Name contact person	Stijn Goossens
1.10	Name and role of the person, who filled-in this form	Coordinator
2.	Legal & Structure Information	
2.1	Date of foundation	15-dec-06
2.2	Legal entry	Yes
2.3	Statues	Yes
2.4	Registered membership	Yes
2.5	Number of members	6
2.6	Does your organization charge a membership fee	No
2.7.1	Is there any funding available (please, include both - financial and in goods/services)	Yes
2.7.1.1	If „Yes“ - please, specify the type of the funding	governmental funding
2.7.1.2	If there is governmental funding - please, specify on what level	City
3.	Information on the Activities	
3.1.1	an Interest (Advocacy) Organization	partly
3.1.2	a Patient Organization	not at all
3.1.3	a Drug User Organization	very much
3.1.4	a Peer driven Harm Reduction Organization	very much
3.1.5	A Specified Peer Organization	very much
3.1.5.1	If „Yes“ - please, specify - e.g. injecting drug users, sex workers, others.	People using drugs while going out (to parties and all)
3.2	What level(s) your organization is active on	City, Regional

3.3	What are your organizations main activities? (Please, specify for each level in 3.2)	Peer support in the party scene, harm reduction awareness for the bigger public, interests of people who use drugs
3.3.1	People who use drugs	very much
3.3.2	Policy makers	partly
3.3.3	Scientists	partly
3.3.4	Medical professionals	not at all
3.3.5	Non-medical professionals in drug use related fields	partly
3.3.6	The public	partly
3.3.7	Media	partly
3.3.8	Specified Peer Groups	very much
3.3.8.1	If „Yes“ - please, specify the peer group:	People using drugs while going out (mainly party scene)
3.4.	What is the area you consider your organization to be an expert in?	Peer support and Harm Reduction, safer drug use for people who use drugs at dance parties
3.5	Do you provide any services (e.g. drop in, social activities, newsletters, etc.)	Yes
3.5.1	If „Yes“ - please, specify what service do you provide	We have available for party organizers a trained peer crew and a peer booth to be present at parties

1.	General Information	
1,1	Name of the organization	Breakline Peer Support vzw
1,2	Street	Vandenpeereboomstraat 71
1,3	City	Borgerhout
1,4	Zip Code	2140
1,5	State	
1,6	Country	Belgium
1,7	Phone	0032479982271
1,8	Email	stijn@inpud.org
1,9	Name contact person	Stijn Goossens
1.10	Name and role of the person, who filled-in this form	Coordinator
2.	Legal & Structure Information	
2.1	Date of foundation	15-dec-06
2.2	Legal entry	Yes
2.3	Statues	Yes
2.4	Registered membership	Yes
2.5	Number of members	6
2.6	Does your organization charge a membership fee	No
2.7.1	Is there any funding available (please, include both - financial and in goods/services)	Yes
2.7.1.1	If „Yes“ - please, specify the type of the funding	governmental funding
2.7.1.2	If there is governmental funding - please, specify on what level	City
3.	Information on the Activities	
3.1.1	an Interest (Advocacy) Organization	partly
3.1.2	a Patient Organization	not at all
3.1.3	a Drug User Organization	very much
3.1.4	a Peer driven Harm Reduction Organization	very much
3.1.5	A Specified Peer Organization	very much
3.1.5.1	If „Yes“ - please, specify - e.g. injecting drug users, sex workers, others.	People using drugs while going out (to parties and all)
3.2	What level(s) your organization is active on	City, Regional

3.3	What are your organizations main activities? (Please, specify for each level in 3.2)	Peer support in the party scene, harm reduction awareness for the bigger public, interests of people who use drugs
3.3.1	People who use drugs	very much
3.3.2	Policy makers	partly
3.3.3	Scientists	partly
3.3.4	Medical professionals	not at all
3.3.5	Non-medical professionals in drug use related fields	partly
3.3.6	The public	partly
3.3.7	Media	partly
3.3.8	Specified Peer Groups	very much
3.3.8.1	If „Yes“ - please, specify the peer group:	People using drugs while going out (mainly party scene)
3.4.	What is the area you consider your organization to be an expert in?	Peer support and Harm Reduction, safer drug use for people who use drugs at dance parties
3.5	Do you provide any services (e.g. drop in, social activities, newsletters, etc.)	Yes
3.5.1	If „Yes“ - please, specify what service do you provide	We have available for party organizers a trained peer crew and a peer booth to be present at parties

1.	General Information	
1,1	Name of the organization	BrugerForeningen/Danish Drug Users Union
1,2	Street	Korsgade 30.3.
1,3	City	Copenhagen
1,4	Zip Code	2200
1,5	State	
1,6	Country	Denmark
1,7	Phone	0045-35360150
1,8	Email	jk@brugerforeningen.dk
1,9	Name contact person	Joergen Kjaer
1.10	Name and role of the person, who filled-in this form	President
2.	Legal & Structure Information	
2.1	Date of foundation	3-nov-93
2.2	Legal entry	Yes
2.3	Statues	Yes
2.4	Registered membership	Yes
2.5	Number of members	650
2.6	Does your organization charge a membership fee	Yes
2.7.1	Is there any funding available (please, include both - financial and in goods/services)	Yes
2.7.1.1	If „Yes“ - please, specify the type of the funding	governmental funding
2.7.1.2	If there is governmental funding - please, specify on what level	City, National
3.	Information on the Activities	
3.1.1	an Interest (Advocacy) Organization	very much
3.1.2	a Patient Organization	very much
3.1.3	a Drug User Organization	very much
3.1.4	a Peer driven Harm Reduction Organization	very much
3.1.5	A Specified Peer Organization	partly
3.1.5.1	If „Yes“ - please, specify - e.g. injecting drug users, sex workers, others.	NA
3.2	What level(s) your organization is active on	City, Regional, National, International

3.3	What are your organizations main activities? (Please, specify for each level in 3.2)	NA
3.3.1	People who use drugs	very much
3.3.2	Policy makers	very much
3.3.3	Scientists	not at all
3.3.4	Medical professionals	not at all
3.3.5	Non-medical professionals in drug use related fields	not at all
3.3.6	The public	partly
3.3.7	Media	partly
3.3.8	Specified Peer Groups	partly
3.3.8.1	If „Yes“ - please, specify the peer group:	Active drugs and methadone patients
3.4.	What is the area you consider your organization to be an expert in?	Opiates - methadone - and user issues
3.5	Do you provide any services (e.g. drop in, social activities, newsletters, etc.)	yes
3.5.1	If „Yes“ - please, specify what service do you provide	Drop in and activity centre - entirely driven by voluntarily working users, Prevention lectures youngsters Educate students and police cadets Syringe Patrolling

1.	General Information	
1,1	Name of the organization	Community Support Group
1,2	Street	Jalpa Road-8
1,3	City	Pokhara
1,4	Zip Code	977
1,5	State	Kaski
1,6	Country	Nepal
1,7	Phone	+977-61-540352
1,8	Email	csgpokhara@fewanet.com.np
1,9	Name contact person	Dilip Gurung
1.10	Name and role of the person, who filled-in this form	Program Manager
2.	Legal & Structure Information	
2.1	Date of foundation	3-jul-02
2.2	Legal entry	Yes
2.3	Statues	No
2.4	Registered membership	Yes
2.5	Number of members	203
2.6	Does your organization charge a membership fee	No
2.7.1	Is there any funding available (please, include both - financial and in goods/services)	Yes
2.7.1.1	If „Yes“ - please, specify the type of the funding	private funding
2.7.1.2	If there is governmental funding - please, specify on what level	
3.	Information on the Activities	
3.1.1	an Interest (Advocacy) Organization	not at all
3.1.2	a Patient Organization	partly
3.1.3	a Drug User Organization	very much
3.1.4	a Peer driven Harm Reduction Organization	partly
3.1.5	A Specified Peer Organization	very much
3.1.5.1	If „Yes“ - please, specify - e.g. injecting drug users, sex workers, others.	People dependent on substances and injecting Drug users
3.2	What level(s) your organization is active on	Regional

3.3	What are your organizations main activities? (Please, specify for each level in 3.2)	Drug Treatment and Rehabilitation - National level, Comprehensive Package for PLWHA - Regional level, Life-skills based Peer education and Youth friendly multipurpose service center - city level, Rights based Advocacy and Awareness - Regional level
3.3.1	People who use drugs	very much
3.3.2	Policy makers	partly
3.3.3	Scientists	not at all
3.3.4	Medical professionals	partly
3.3.5	Non-medical professionals in drug use related fields	partly
3.3.6	The public	very much
3.3.7	Media	partly
3.3.8	Specified Peer Groups	very much
3.3.8.1	If „Yes“ - please, specify the peer group:	People who inject drug and PLWHA
3.4.	What is the area you consider your organization to be an expert in?	Youth
3.5	Do you provide any services (e.g. drop in, social activities, newsletters, etc.)	yes
3.5.1	If „Yes“ - please, specify what service do you provide	Drug treatment, Community Sensitization

1.	General Information	
1,1	Name of the organization	Depaul Trust
1,2	Street	38 University Street
1,3	City	Belfast
1,4	Zip Code	BT7 1FZ
1,5	State	Northern Ireland
1,6	Country	UK
1,7	Phone	+442890202245
1,8	Email	brian_higgins@depaultrust.net
1,9	Name contact person	Brian Higgins
1.10	Name and role of the person, who filled-in this form	Brian Higgins, Senior Services Manager
2.	Legal & Structure Information	
2.1	Date of foundation	1-mrt-05
2.2	Legal entry	Yes
2.3	Statues	Yes
2.4	Registered membership	No
2.5	Number of members	No
2.6	Does your organization charge a membership fee	No
2.7.1	Is there any funding available (please, include both - financial and in goods/services)	No
2.7.1.1	If „Yes“ - please, specify the type of the funding	governmental funding
2.7.1.2	If there is governmental funding - please, specify on what level	NA
3.	Information on the Activities	
3.1.1	an Interest (Advocacy) Organization	very much
3.1.2	a Patient Organization	partly
3.1.3	a Drug User Organization	very much
3.1.4	a Peer driven Harm Reduction Organization	very much
3.1.5	A Specified Peer Organization	very much
3.1.5.1	If „Yes“ - please, specify - e.g. injecting drug users, sex workers, others.	Accommodation and Support services for active drug users and alcohol users, Provision of services to homeless and rough sleeping users.

3.2	What level(s) your organization is active on	City, Regional, National, International
3.3	What are your organizations main activities? (Please, specify for each level in 3.2)	Under the Depaul Foundation, we have national charitable registered companies in the UK, Ireland, Ukraine and Slovakia. In 2008 we aim to open 2 new companies, Depaul Trust USA and Depaul Trust Moldova. At national, regional and City level (in Ireland), we offer accommodation projects and support services to active drug and alcohol users in Belfast and Dublin.
3.3.1	People who use drugs	very much
3.3.2	Policy makers	very much
3.3.3	Scientists	not at all
3.3.4	Medical professionals	very much
3.3.5	Non-medical professionals in drug use related fields	partly
3.3.6	The public	partly
3.3.7	Media	very much
3.3.8	Specified Peer Groups	very much
3.3.8.1	If „Yes“ - please, specify the peer group:	Rough Sleeping Homeless users
3.4.	What is the area you consider your organization to be an expert in?	Low Threshold and Harm Reduction based accommodation services for active drug and alcohol users
3.5	Do you provide any services (e.g. drop in, social activities, newsletters, etc.)	yes
3.5.1	If „Yes“ - please, specify what service do you provide	Social activities, external drug agencies, needle exchange, newsletters, art classes, music classes, education etc.

1.	General Information	
1,1	Name of the organization	FAUDAS
1,2	Street	C/ Perez Galdos n?45, 2?
1,3	City	Badalona
1,4	Zip Code	8913
1,5	State	Barcelona
1,6	Country	Spain
1,7	Phone	0625 398 688
1,8	Email	faudas@menta.net
1,9	Name contact person	Victor
1.10	Name and role of the person, who filled-in this form	Victor (Representative of FAUDAS, for the INPUD)
2.	Legal & Structure Information	
2.1	Date of foundation	12-jul-02
2.2	Legal entry	Yes
2.3	Statues	Yes
2.4	Registered membership	Yes
2.5	Number of members	12
2.6	Does your organization charge a membership fee	No
2.7.1	Is there any funding available (please, include both - financial and in goods/services)	Yes
2.7.1.1	If „Yes“ - please, specify the type of the funding	governmental funding
2.7.1.2	If there is governmental funding - please, specify on what level	National
3.	Information on the Activities	
3.1.1	an Interest (Advocacy) Organization	very much
3.1.2	a Patient Organization	not at all
3.1.3	a Drug User Organization	very much
3.1.4	a Peer driven Harm Reduction Organization	very much
3.1.5	A Specified Peer Organization	very much

3.1.5.1	If „Yes“ - please, specify - e.g. injecting drug users, sex workers, others.	We are a Federation, composed by 12 associations of users of drugs, that we mainly work for the Reduction of Drug Use Related Harms, and the reivindicativo work but, and of human rights from the Federation.
3.2	What level(s) your organization is active on	National
3.3	What are your organizations main activities? (Please, specify for each level in 3.2)	Services for drug users, like formacin, protected work, etc. On the other hand we defend the rights of the drug users, through reivindicativos acts, at level I publish, of means of communication etc.
3.3.1	People who use drugs	very much
3.3.2	Policy makers	partly
3.3.3	Scientists	partly
3.3.4	Medical professionals	partly
3.3.5	Non-medical professionals in drug use related fields	partly
3.3.6	The public	partly
3.3.7	Media	partly
3.3.8	Specified Peer Groups	partly
3.3.8.1	If „Yes“ - please, specify the peer group:	we worked with users of drugs, prostitutions, imprisoned people, homeless, etc
3.4.	What is the area you consider your organization to be an expert in?	DUs, sex workers, inmates, homeless
3.5	Do you provide any services (e.g. drop in, social activities, newsletters, etc.)	yes
3.5.1	If „Yes“ - please, specify what service do you provide	The services that we provided are: Programs of reduction of dao. Protected work, therapeutic support to the imprisoned people, programs, houses of welcome for HIV/AIDS patients, Trusteeships, etc

1.	General Information	
1,1	Name of the organization	Gilead Care Resources
1,2	Street	1, obafemi awolowo way
1,3	City	Ikeja
1,4	Zip Code	234
1,5	State	Lagos- state
1,6	Country	Nigeria
1,7	Phone	023480677077
1,8	Email	gileadfoundation@yahoo.com
1,9	Name contact person	Adebowale Olusa
1.10	Name and role of the person, who filled-in this form	Adebowale Olusa, National Youth Co-ordinator
2.	Legal & Structure Information	
2.1	Date of foundation	NA
2.2	Legal entry	Yes
2.3	Statues	Yes
2.4	Registered membership	Yes
2.5	Number of members	No
2.6	Does your organization charge a membership fee	Yes
2.7.1	Is there any funding available (please, include both - financial and in goods/services)	No
2.7.1.1	If „Yes“ - please, specify the type of the funding	private funding
2.7.1.2	If there is governmental funding - please, specify on what level	
3.	Information on the Activities	
3.1.1	an Interest (Advocacy) Organization	not at all
3.1.2	a Patient Organization	not at all
3.1.3	a Drug User Organization	very much
3.1.4	a Peer driven Harm Reduction Organization	very much
3.1.5	A Specified Peer Organization	not at all
3.1.5.1	If „Yes“ - please, specify - e.g. injecting drug users, sex workers, others.	NA
3.2	What level(s) your organization is active on	International

3.3	What are your organizations main activities? (Please, specify for each level in 3.2)	The Foundation was formed by two Nigerian Nursing sisters (rtd) both have worked in medical preventive education for 35yrs, the purpose of the foundation is to educate the youths about the preventive education on Hiv/aids, std, unwanted pregnancies, Drug abuse, Child labour and Child abuse,and Women Trafficking
3.3.1	People who use drugs	very much
3.3.2	Policy makers	partly
3.3.3	Scientists	partly
3.3.4	Medical professionals	very much
3.3.5	Non-medical professionals in drug use related fields	very much
3.3.6	The public	very much
3.3.7	Media	very much
3.3.8	Specified Peer Groups	very much
3.3.8.1	If „Yes“ - please, specify the peer group:	NA
3.4.	What is the area you consider your organization to be an expert in?	Drug, HIV/aids, mainly anything that concern youth
3.5	Do you provide any services (e.g. drop in, social activities, newsletters, etc.)	No
3.5.1	If „Yes“ - please, specify what service do you provide	NA

1.	General Information	
1,1	Name of the organization	Hope-Sofia
1,2	Street	Yaroslav Veshin St, 32 block, 18 apartment
1,3	City	Sofia
1,4	Zip Code	1408
1,5	State	
1,6	Country	Bulgaria
1,7	Phone	00359-078/823270
1,8	Email	hope_sofia.bg@abv.bg
1,9	Name contact person	Rumen Donski - president
1.10	Name and role of the person, who filled-in this form	Milena Naydenova - CEO
2.	Legal & Structure Information	
2.1	Date of foundation	4-feb-04
2.2	Legal entry	Yes
2.3	Statues	Yes
2.4	Registered membership	No
2.5	Number of members	No
2.6	Does your organization charge a membership fee	No
2.7.1	Is there any funding available (please, include both - financial and in goods/services)	Yes
2.7.1.1	If „Yes“ - please, specify the type of the funding	private funding, governmental funding
2.7.1.2	If there is governmental funding - please, specify on what level	City, Regional
3.	Information on the Activities	
3.1.1	an Interest (Advocacy) Organization	very much
3.1.2	a Patient Organization	very much
3.1.3	a Drug User Organization	very much
3.1.4	a Peer driven Harm Reduction Organization	partly
3.1.5	A Specified Peer Organization	partly
3.1.5.1	If „Yes“ - please, specify - e.g. injecting drug users, sex workers, others.	injecting DU, methadone and other substitutions and maintaining therapies patients

3.2	What level(s) your organization is active on	City, Regional, National, International
3.3	What are your organizations main activities? (Please, specify for each level in 3.2)	Consulting office - National, advocacy actions, trainings, public awareness, public and political debates - National, International, peer support and self-help users' group - City Regional
3.3.1	People who use drugs	very much
3.3.2	Policy makers	very much
3.3.3	Scientists	partly
3.3.4	Medical professionals	partly
3.3.5	Non-medical professionals in drug use related fields	partly
3.3.6	The public	partly
3.3.7	Media	very much
3.3.8	Specified Peer Groups	very much
3.3.8.1	If „Yes“ - please, specify the peer group:	injecting DU, methadone and other substitutions and maintaining therapies patients
3.4.	What is the area you consider your organization to be an expert in?	advocacy, media, public and political debates
3.5	Do you provide any services (e.g. drop in, social activities, newsletters, etc.)	Yes
3.5.1	If „Yes“ - please, specify what service do you provide	Help-line, consulting office, newsletter

1.	General Information	
1,1	Name of the organization	JES Netzwerk Junkies, ExUser, people in methadone treatment)
1,2	Street	Dieffenbachstr 33
1,3	City	Berlin
1,4	Zip Code	10967
1,5	State	Berlin
1,6	Country	Germany
1,7	Phone	49 (0)30 69008756
1,8	Email	www.jes-sprecherrat@yahoogroups.de
1,9	Name contact person	Dirk Schäffer
1.10	Name and role of the person, who filled-in this form	NA
2.	Legal & Structure Information	
2.1	Date of foundation	19-jun-89
2.2	Legal entry	Yes
2.3	Statues	Yes
2.4	Registered membership	No
2.5	Number of members	No
2.6	Does your organization charge a membership fee	No
2.7.1	Is there any funding available (please, include both - financial and in goods/services)	Yes
2.7.1.1	If „Yes“ - please, specify the type of the funding	private funding, governmental funding
2.7.1.2	If there is governmental funding - please, specify on what level	City, Regional, National
3.	Information on the Activities	
3.1.1	an Interest (Advocacy) Organization	very much
3.1.2	a Patient Organization	very much
3.1.3	a Drug User Organization	very much
3.1.4	a Peer driven Harm Reduction Organization	very much
3.1.5	A Specified Peer Organization	very much
3.1.5.1	If „Yes“ - please, specify - e.g. injecting drug users, sex workers, others.	people who use (injecting, sniffing) drugs, people in methadone treatment,
3.2	What level(s) your organization is active on	City, Regional, National, International

3.3	What are your organizations main activities? (Please, specify for each level in 3.2)	- information about the prevention of HIV/AIDS and Hepatitis - needle exchange - Telephone and face to face counseling - safer use and safer sex trainings - information about Methadone treatment - public relation and lobbying - health and drug policy
3.3.1	People who use drugs	very much
3.3.2	Policy makers	partly
3.3.3	Scientists	partly
3.3.4	Medical professionals	partly
3.3.5	Non-medical professionals in drug use related fields	partly
3.3.6	The public	partly
3.3.7	Media	partly
3.3.8	Specified Peer Groups	partly
3.3.8.1	If „Yes“ - please, specify the peer group:	People who inject drugs , heroin (opiate) users, people in methadone treatment
3.4.	What is the area you consider your organization to be an expert in?	Interest group for drug users harm reduction
3.5	Do you provide any services (e.g. drop in, social activities, newsletters, etc.)	yes
3.5.1	If „Yes“ - please, specify what service do you provide	information about the prevention of HIV/AIDS and Hepatitis needle exchange programs safer use and safer sex trainings self help in prisons (safer use trainings) information about Methadone treatment public relation and lobbying producing brochures about harm reduction strategies health and drug policy.

1.	General Information	
1,1	Name of the organization	Mandu
1,2	Street	uripok tourangbam leikai, c/o fancy photo studio
1,3	City	Imphal West
1,4	Zip Code	795001
1,5	State	Manipur
1,6	Country	INDIA
1,7	Phone	+91 385 2413072/ 9863195406
1,8	Email	secy_mandu@yahoo.co.in
1,9	Name contact person	Rajesh Khongbantabam
1.10	Name and role of the person, who filled-in this form	Rajesh, secretary-mandu
2.	Legal & Structure Information	
2.1	Date of foundation	NA
2.2	Legal entry	Yes
2.3	Statues	NA
2.4	Registered membership	Yes
2.5	Number of members	120
2.6	Does your organization charge a membership fee	Yes
2.7.1	Is there any funding available (please, include both - financial and in goods/services)	No
2.7.1.1	If „Yes“ - please, specify the type of the funding	private funding, governmental funding
2.7.1.2	If there is governmental funding - please, specify on what level	City, Regional
3.	Information on the Activities	
3.1.1	an Interest (Advocacy) Organization	not at all
3.1.2	a Patient Organization	partly
3.1.3	a Drug User Organization	very much
3.1.4	a Peer driven Harm Reduction Organization	very much
3.1.5	A Specified Peer Organization	partly
3.1.5.1	If „Yes“ - please, specify - e.g. injecting drug users, sex workers, others.	DUs, IDUs and users on buprenorphine
3.2	What level(s) your organization is active on	City, Regional

3.3	What are your organizations main activities? (Please, specify for each level in 3.2)	Harm Reduction, advocacy, workshops, lobbying, care and support
3.3.1	People who use drugs	very much
3.3.2	Policy makers	very much
3.3.3	Scientists	not at all
3.3.4	Medical professionals	partly
3.3.5	Non-medical professionals in drug use related fields	partly
3.3.6	The public	not at all
3.3.7	Media	partly
3.3.8	Specified Peer Groups	partly
3.3.8.1	If „Yes“ - please, specify the peer group:	DUs, IDUs and users on buprenorphine
3.4.	What is the area you consider your organization to be an expert in?	harm reduction approach
3.5	Do you provide any services (e.g. drop in, social activities, newsletters, etc.)	yes
3.5.1	If „Yes“ - please, specify what service do you provide	safer drop-in space, NEP, referrals and linkages with hospitals

1.	General Information	
1,1	Name of the organization	Manipur Intravenous League
1,2	Street	Chingmeirong Kongnangg Karak, opp. of Honda Motors
1,3	City	Imphal West
1,4	Zip Code	795001
1,5	State	Manipur
1,6	Country	India
1,7	Phone	+91-0385-2414470
1,8	Email	manipurivleague@rediffmail.com
1,9	Name contact person	Vikram Laishram
1.10	Name and role of the person, who filled-in this form	Vikram Laishram, President
2.	Legal & Structure Information	
2.1	Date of foundation	1-nov-04
2.2	Legal entry	Yes
2.3	Statues	Yes
2.4	Registered membership	Yes
2.5	Number of members	30
2.6	Does your organization charge a membership fee	Yes
2.7.1	Is there any funding available (please, include both - financial and in goods/services)	Yes
2.7.1.1	If „Yes“ - please, specify the type of the funding	governmental funding
2.7.1.2	If there is governmental funding - please, specify on what level	City
3.	Information on the Activities	
3.1.1	an Interest (Advocacy) Organization	very much
3.1.2	a Patient Organization	partly
3.1.3	a Drug User Organization	very much
3.1.4	a Peer driven Harm Reduction Organization	partly
3.1.5	A Specified Peer Organization	partly
3.1.5.1	If „Yes“ - please, specify - e.g. injecting drug users, sex workers, others.	Injecting Drug Users
3.2	What level(s) your organization is active on	City

3.3	What are your organizations main activities? (Please, specify for each level in 3.2)	Awareness program on overdose management, HIV/AIDS, safer injecting practices, drug user rights Free drug de-addiction camp.
3.3.1	People who use drugs	very much
3.3.2	Policy makers	partly
3.3.3	Scientists	not at all
3.3.4	Medical professionals	partly
3.3.5	Non-medical professionals in drug use related fields	not at all
3.3.6	The public	partly
3.3.7	Media	very much
3.3.8	Specified Peer Groups	very much
3.3.8.1	If „Yes“ - please, specify the peer group:	Injecting drug user
3.4.	What is the area you consider your organization to be an expert in?	harm reduction services
3.5	Do you provide any services (e.g. drop in, social activities, newsletters, etc.)	Yes
3.5.1	If „Yes“ - please, specify what service do you provide	Health clinic for injecting drug users

1.	General Information	
1,1	Name of the organization	Meta d'âme
1,2	Street	1710 Beaudry Bureau 30
1,3	City	Montreal
1,4	Zip Code	H2L 3E7
1,5	State	Quebec
1,6	Country	Canada
1,7	Phone	514-528-9000
1,8	Email	info@metadame.org
1,9	Name contact person	Guy Pierre Lévesque
1.10	Name and role of the person, who filled-in this form	Director
2.	Legal & Structure Information	
2.1	Date of foundation	28-apr-00
2.2	Legal entry	Yes
2.3	Statues	Yes
2.4	Registered membership	Yes
2.5	Number of members	300
2.6	Does your organization charge a membership fee	No
2.7.1	Is there any funding available (please, include both - financial and in goods/services)	Yes
2.7.1.1	If „Yes“ - please, specify the type of the funding	governmental funding
2.7.1.2	If there is governmental funding - please, specify on what level	City, Region
3.	Information on the Activities	
3.1.1	an Interest (Advocacy) Organization	very much
3.1.2	a Patient Organization	very much
3.1.3	a Drug User Organization	very much
3.1.4	a Peer driven Harm Reduction Organization	very much
3.1.5	A Specified Peer Organization	very much
3.1.5.1	If „Yes“ - please, specify - e.g. injecting drug users, sex workers, others.	Peer support opiate dependence, and methadone
3.2	What level(s) your organization is active on	City, Regional

3.3	What are your organizations main activities? (Please, specify for each level in 3.2)	Improve the quality of life for people with opiate dependency or having methadone, promote access to better treatment and empowerment, to inform influence authority of the need of our people
3.3.1	People who use drugs	very much
3.3.2	Policy makers	very much
3.3.3	Scientists	partly
3.3.4	Medical professionals	very much
3.3.5	Non-medical professionals in drug use related fields	partly
3.3.6	The public	partly
3.3.7	Media	partly
3.3.8	Specified Peer Groups	partly
3.3.8.1	If „Yes“ - please, specify the peer group:	all interested groups
3.4.	What is the area you consider your organization to be an expert in?	Peer work and empowerment around methadone
3.5	Do you provide any services (e.g. drop in, social activities, newsletters, etc.)	yes
3.5.1	If „Yes“ - please, specify what service do you provide	First needs food, shelter, reference to medical team, accompany to court law, group activity, workshop etc,

1.	General Information	
1,1	Name of the organization	National Alliance of Methadone Advocates of Northern California
1,2	Street	3400 Portol Drive #A2
1,3	City	Santa Cruz
1,4	Zip Code	95062
1,5	State	California
1,6	Country	USA
1,7	Phone	831-465-6916.Home 831-239-3242 Cell
1,8	Email	bluelady16.1@netzero.net
1,9	Name contact person	Roxanne Baker C.M.A.
1.10	Name and role of the person, who filled-in this form	Roxanne Baker C.M.A.
2.	Legal & Structure Information	
2.1	Date of foundation	13-mei-98
2.2	Legal entry	Yes
2.3	Statues	Yes
2.4	Registered membership	Yes
2.5	Number of members	NA
2.6	Does your organization charge a membership fee	NA
2.7.1	Is there any funding available (please, include both - financial and in goods/services)	Yes
2.7.1.1	If „Yes“ - please, specify the type of the funding	government funding
2.7.1.2	If there is governmental funding - please, specify on what level	NA
3.	Information on the Activities	
3.1.1	an Interest (Advocacy) Organization	very much
3.1.2	a Patient Organization	very much
3.1.3	a Drug User Organization	partly
3.1.4	a Peer driven Harm Reduction Organization	very much
3.1.5	A Specified Peer Organization	very much
3.1.5.1	If „Yes“ - please, specify - e.g. injecting drug users, sex workers, others.	NA

3.2	What level(s) your organization is active on	National, International
3.3	What are your organizations main activities? (Please, specify for each level in 3.2)	Educating Patients so they know they have rights and how they can exercise them. In-Services to Educate both Provider and Patient alike to help end Stigma and Myths about this medication
3.3.1	People who use drugs	very much
3.3.2	Policy makers	very much
3.3.3	Scientists	partly
3.3.4	Medical professionals	very much
3.3.5	Non-medical professionals in drug use related fields	very much
3.3.6	The public	very much
3.3.7	Media	partly
3.3.8	Specified Peer Groups	very much
3.3.8.1	If „Yes“ - please, specify the peer group:	NA
3.4.	What is the area you consider your organization to be an expert in?	Methadone patient rights and how to empower patients so they too can stand tall and be proud of who they are.
3.5	Do you provide any services (e.g. drop in, social activities, newsletters, etc.)	yes
3.5.1	If „Yes“ - please, specify what service do you provide	In-Services to Providers and Patients alike. We do Fair Hearings for the patients who need our services. Education to help stop Stigma

1.	General Information	
1,1	Name of the organization	Naulo Ghumti, Nepal
1,2	Street	New road
1,3	City	Pokhara
1,4	Zip Code	977
1,5	State	Gandaki
1,6	Country	Nepal
1,7	Phone	9,7798E+12
1,8	Email	hereisrajesh7@yahoo.com
1,9	Name contact person	Rajesh Aryal
1.10	Name and role of the person, who filled-in this form	Sr. Treatment and Counseling Motivator
2.	Legal & Structure Information	
2.1	Date of foundation	NA
2.2	Legal entry	Yes
2.3	Statues	Yes
2.4	Registered membership	No
2.5	Number of members	65
2.6	Does your organization charge a membership fee	No
2.7.1	Is there any funding available (please, include both - financial and in goods/services)	Yes
2.7.1.1	If „Yes“ - please, specify the type of the funding	private funding
2.7.1.2	If there is governmental funding - please, specify on what level	
3.	Information on the Activities	
3.1.1	an Interest (Advocacy) Organization	partly
3.1.2	a Patient Organization	partly
3.1.3	a Drug User Organization	not at all
3.1.4	a Peer driven Harm Reduction Organization	partly
3.1.5	A Specified Peer Organization	partly
3.1.5.1	If „Yes“ - please, specify - e.g. injecting drug users, sex workers, others.	Injecting drug user, oral user and sex worker.
3.2	What level(s) your organization is active on	Regional

3.3	What are your organizations main activities? (Please, specify for each level in 3.2)	rehabilitation, harm reduction , day care center. integrated health service, etc.
3.3.1	People who use drugs	partly
3.3.2	Policy makers	partly
3.3.3	Scientists	not at all
3.3.4	Medical professionals	partly
3.3.5	Non-medical professionals in drug use related fields	partly
3.3.6	The public	partly
3.3.7	Media	not at all
3.3.8	Specified Peer Groups	very much
3.3.8.1	If „Yes“ - please, specify the peer group:	NA
3.4.	What is the area you consider your organization to be an expert in?	provide services to drug user.
3.5	Do you provide any services (e.g. drop in, social activities, newsletters, etc.)	yes
3.5.1	If „Yes“ - please, specify what service do you provide	rehabilitation, harm reduction , day care center. integrated health service, etc.

1.	General Information	
1,1	Name of the organization	NEPAL PLUS
1,2	Street	
1,3	City	Katmandu
1,4	Zip Code	
1,5	State	
1,6	Country	NEPAL
1,7	Phone	
1,8	Email	nepalplus@wlink.com.np
1,9	Name contact person	Sudan Rai
1.10	Name and role of the person, who filled-in this form	Sudan Rai, Country Program Manager
2.	Legal & Structure Information	
2.1	Date of foundation	NA
2.2	Legal entry	Yes
2.3	Statues	Yes
2.4	Registered membership	Yes
2.5	Number of members	43
2.6	Does your organization charge a membership fee	No
2.7.1	Is there any funding available (please, include both - financial and in goods/services)	Yes
2.7.1.1	If „Yes“ - please, specify the type of the funding	private funding
2.7.1.2	If there is governmental funding - please, specify on what level	
3.	Information on the Activities	
3.1.1	an Interest (Advocacy) Organization	very much
3.1.2	a Patient Organization	very much
3.1.3	a Drug User Organization	very much
3.1.4	a Peer driven Harm Reduction Organization	partly
3.1.5	A Specified Peer Organization	very much
3.1.5.1	If „Yes“ - please, specify - e.g. injecting drug users, sex workers, others.	Intravenous Drugs Users
3.2	What level(s) your organization is active on	International

3.3	What are your organizations main activities? (Please, specify for each level in 3.2)	NA
3.3.1	People who use drugs	very much
3.3.2	Policy makers	very much
3.3.3	Scientists	partly
3.3.4	Medical professionals	very much
3.3.5	Non-medical professionals in drug use related fields	very much
3.3.6	The public	very much
3.3.7	Media	very much
3.3.8	Specified Peer Groups	very much
3.3.8.1	If „Yes“ - please, specify the peer group:	People Living with HIV and AIDS
3.4.	What is the area you consider your organization to be an expert in?	NA
3.5	Do you provide any services (e.g. drop in, social activities, newsletters, etc.)	Yes
3.5.1	If „Yes“ - please, specify what service do you provide	NA

1.	General Information	
1,1	Name of the organization	Omsk society fond "One world-one hope"
1,2	Street	Khimikov, 8
1,3	City	Omsk
1,4	Zip Code	644080
1,5	State	
1,6	Country	Russia
1,7	Phone	79620301851
1,8	Email	genyka@mail.ru
1,9	Name contact person	Sergei Katancev
1.10	Name and role of the person, who filled-in this form	Director
2.	Legal & Structure Information	
2.1	Date of foundation	21-apr-97
2.2	Legal entry	Yes
2.3	Statues	Yes
2.4	Registered membership	Yes
2.5	Number of members	No
2.6	Does your organization charge a membership fee	NA
2.7.1	Is there any funding available (please, include both - financial and in goods/services)	Yes
2.7.1.1	If „Yes“ - please, specify the type of the funding	private funding
2.7.1.2	If there is governmental funding - please, specify on what level	
3.	Information on the Activities	
3.1.1	an Interest (Advocacy) Organization	very much
3.1.2	a Patient Organization	not at all
3.1.3	a Drug User Organization	partly
3.1.4	a Peer driven Harm Reduction Organization	partly
3.1.5	A Specified Peer Organization	partly
3.1.5.1	If „Yes“ - please, specify - e.g. injecting drug users, sex workers, others.	For opiate and amphetamine drug user, smoking cannabis, sex-workers and IDU's.

3.2	What level(s) your organization is active on	City
3.3	What are your organizations main activities? (Please, specify for each level in 3.2)	advocacy, drop-in-centre development, outreach workers, trainings, publishing specific materials
3.3.1	People who use drugs	very much
3.3.2	Policy makers	partly
3.3.3	Scientists	very much
3.3.4	Medical professionals	very much
3.3.5	Non-medical professionals in drug use related fields	partly
3.3.6	The public	partly
3.3.7	Media	not at all
3.3.8	Specified Peer Groups	not at all
3.3.8.1	If „Yes“ - please, specify the peer group:	No
3.4.	What is the area you consider your organization to be an expert in?	NA
3.5	Do you provide any services (e.g. drop in, social activities, newsletters, etc.)	yes
3.5.1	If „Yes“ - please, specify what service do you provide	newsletter „Free choice“, drop-in activity study, seminar's for patients' clinics (narcology, homeless HIV and HIV-TB, and ex-prisoners)

1.	General Information	
1,1	Name of the organization	PASSAGE „Association for Protection of Drug Users Rights“
1,2	Street	Kapan an lokal 3
1,3	City	Skopje
1,4	Zip Code	1000 MK
1,5	State	Macedonia
1,6	Country	Macedonia
1,7	Phone	+389/ 2 - 3130038
1,8	Email	passageassociation@yahoo.com
1,9	Name contact person	Zarir Simrin
1.10	Name and role of the person, who filled-in this form	Zarir Simrin
2.	Legal & Structure Information	
2.1	Date of foundation	2-jan-02
2.2	Legal entry	Yes
2.3	Statues	Yes
2.4	Registered membership	Yes
2.5	Number of members	6
2.6	Does your organization charge a membership fee	No
2.7.1	Is there any funding available (please, include both - financial and in goods/services)	No
2.7.1.1	If „Yes“ - please, specify the type of the funding	private funding
2.7.1.2	If there is governmental funding - please, specify on what level	
3.	Information on the Activities	
3.1.1	an Interest (Advocacy) Organization	very much
3.1.2	a Patient Organization	very much
3.1.3	a Drug User Organization	very much
3.1.4	a Peer driven Harm Reduction Organization	very much
3.1.5	A Specified Peer Organization	partly
3.1.5.1	If „Yes“ - please, specify - e.g. injecting drug users, sex workers, others.	Drug Users and Injecting Drug Users
3.2	What level(s) your organization is active on	City, Regional, National, International

3.3	What are your organizations main activities? (Please, specify for each level in 3.2)	Raising awareness among DU towards their human rights, peer educations, changing general opinion towards drug users, making actions with drug users to change general opinion, reducing blood transmitted and sexually transmitted infections (HIV/AIDS, HCV, HBV, etc...)
3.3.1	People who use drugs	very much
3.3.2	Policy makers	very much
3.3.3	Scientists	partly
3.3.4	Medical professionals	very much
3.3.5	Non-medical professionals in drug use related fields	partly
3.3.6	The public	very much
3.3.7	Media	partly
3.3.8	Specified Peer Groups	very much
3.3.8.1	If „Yes“ - please, specify the peer group:	People who use drugs
3.4.	What is the area you consider your organization to be an expert in?	Educations, peer support, policy making, etc...
3.5	Do you provide any services (e.g. drop in, social activities, newsletters, etc.)	yes
3.5.1	If „Yes“ - please, specify what service do you provide	Making brochures, flyers (educative materials), we made until now 4 No. newspapers for DU, and we will make another 2 newspapers in this 6 months

1.	General Information	
1,1	Name of the organization	Rumah Cemara
1,2	Street	jala. gegeraklong girang no 52
1,3	City	Bandung
1,4	Zip Code	40153
1,5	State	West Java
1,6	Country	Indonesia
1,7	Phone	6,22852E+13
1,8	Email	bonanxs@yahoo.com
1,9	Name contact person	karmala
1.10	Name and role of the person, who filled-in this form	bonanoz
2.	Legal & Structure Information	
2.1	Date of foundation	NA
2.2	Legal entry	Yes
2.3	Statues	Yes
2.4	Registered membership	Yes
2.5	Number of members	649
2.6	Does your organization charge a membership fee	Yes
2.7.1	Is there any funding available (please, include both - financial and in goods/services)	Yes
2.7.1.1	If „Yes“ - please, specify the type of the funding	private funding
2.7.1.2	If there is governmental funding - please, specify on what level	
3.	Information on the Activities	
3.1.1	an Interest (Advocacy) Organization	very much
3.1.2	a Patient Organization	very much
3.1.3	a Drug User Organization	very much
3.1.4	a Peer driven Harm Reduction Organization	very much
3.1.5	A Specified Peer Organization	very much
3.1.5.1	If „Yes“ - please, specify - e.g. injecting drug users, sex workers, others.	injecting DUs, sex workers
3.2	What level(s) your organization is active on	Regional

3.3	What are your organizations main activities? (Please, specify for each level in 3.2)	outreach for DUs
3.3.1	People who use drugs	very much
3.3.2	Policy makers	partly
3.3.3	Scientists	not at all
3.3.4	Medical professionals	not at all
3.3.5	Non-medical professionals in drug use related fields	partly
3.3.6	The public	very much
3.3.7	Media	very much
3.3.8	Specified Peer Groups	very much
3.3.8.1	If „Yes“ - please, specify the peer group:	peer educators
3.4.	What is the area you consider your organization to be an expert in?	NA
3.5	Do you provide any services (e.g. drop in, social activities, newsletters, etc.)	Yes
3.5.1	If „Yes“ - please, specify what service do you provide	NA

1.	General Information	
1,1	Name of the organization	Social Awareness Service Organization (SASO)
1,2	Street	URIPOK SINAM LEIKAI
1,3	City	IMPHAL
1,4	Zip Code	795001
1,5	State	MANIPUR
1,6	Country	INDIA
1,7	Phone	91 0385 2414011/2411408 , 9436036213
1,8	Email	cbangkim@gmail.com
1,9	Name contact person	C Bangkim
1.10	Name and role of the person, who filled-in this form	Rajesh (No Suggestions), drug users' activist
2.	Legal & Structure Information	
2.1	Date of foundation	1-aug-92
2.2	Legal entry	Yes
2.3	Statues	Yes
2.4	Registered membership	Yes
2.5	Number of members	33
2.6	Does your organization charge a membership fee	Yes
2.7.1	Is there any funding available (please, include both - financial and in goods/services)	Yes
2.7.1.1	If „Yes“ - please, specify the type of the funding	private funding, governmental funding
2.7.1.2	If there is governmental funding - please, specify on what level	National
3.	Information on the Activities	
3.1.1	an Interest (Advocacy) Organization	very much
3.1.2	a Patient Organization	partly
3.1.3	a Drug User Organization	very much
3.1.4	a Peer driven Harm Reduction Organization	not at all
3.1.5	A Specified Peer Organization	very much
3.1.5.1	If „Yes“ - please, specify - e.g. injecting drug users, sex workers, others.	DUs, IDUs, PLWHA

3.2	What level(s) your organization is active on	City, Regional, National, International
3.3	What are your organizations main activities? (Please, specify for each level in 3.2)	Harm Reduction Home Based Care for PLWHA community Outreach for IDUs and MSMs community Training for IDUs and PLWHA groups
3.3.1	People who use drugs	very much
3.3.2	Policy makers	very much
3.3.3	Scientists	partly
3.3.4	Medical professionals	very much
3.3.5	Non-medical professionals in drug use related fields	very much
3.3.6	The public	very much
3.3.7	Media	very much
3.3.8	Specified Peer Groups	very much
3.3.8.1	If „Yes“ - please, specify the peer group:	IDUs MSM PLWHA male and women (widows) groups Female IDUs CSWs, Youth General population Child infected and affected population
3.4.	What is the area you consider your organization to be an expert in?	Harm Reduction Home Based Care for PLWHA community Outreach for IDUs and MSMs community Training for IDUs and PLWHA groups
3.5	Do you provide any services (e.g. drop in, social activities, newsletters, etc.)	yes
3.5.1	If „Yes“ - please, specify what service do you provide	Drop in and day care service Health care clinic and Home based Health camp Quarterly news letter IEC materials through electronic and print media Help line facilities for Drug and HIV related issues

1.	General Information	
1,1	Name of the organization	S.O.L.I.D. Society of Living Intravenous Drug Users
1,2	Street	C - 2002 Chambers St.
1,3	City	Victoria
1,4	Zip Code	V8T 3K9
1,5	State	British Columbia
1,6	Country	Canada
1,7	Phone	250 - 298 -9497
1,8	Email	solidkelly@shawbiz.ca
1,9	Name contact person	Kelly Heggart
1.10	Name and role of the person, who filled-in this form	Kelly Heggart
2.	Legal & Structure Information	
2.1	Date of foundation	NA
2.2	Legal entry	No
2.3	Statues	No
2.4	Registered membership	Yes
2.5	Number of members	100
2.6	Does your organization charge a membership fee	No
2.7.1	Is there any funding available (please, include both - financial and in goods/services)	Yes
2.7.1.1	If „Yes“ - please, specify the type of the funding	governmental funding
2.7.1.2	If there is governmental funding - please, specify on what level	City
3.	Information on the Activities	
3.1.1	an Interest (Advocacy) Organization	very much
3.1.2	a Patient Organization	not at all
3.1.3	a Drug User Organization	very much
3.1.4	a Peer driven Harm Reduction Organization	very much
3.1.5	A Specified Peer Organization	very much
3.1.5.1	If „Yes“ - please, specify - e.g. injecting drug users, sex workers, others.	yes, street entrenched
3.2	What level(s) your organization is active on	City

3.3	What are your organizations main activities? (Please, specify for each level in 3.2)	rig dig & needle exchange peer training for peer based exchange program, support meetings weekly
3.3.1	People who use drugs	very much
3.3.2	Policy makers	partly
3.3.3	Scientists	not at all
3.3.4	Medical professionals	partly
3.3.5	Non-medical professionals in drug use related fields	not at all
3.3.6	The public	partly
3.3.7	Media	partly
3.3.8	Specified Peer Groups	very much
3.3.8.1	If „Yes“ - please, specify the peer group:	yes, people who smoke or inject drugs, often street entrenched
3.4.	What is the area you consider your organization to be an expert in?	heroin & cocaine IV use - anything and everything about it Hep C HIV
3.5	Do you provide any services (e.g. drop in, social activities, newsletters, etc.)	yes
3.5.1	If „Yes“ - please, specify what service do you provide	Peer support up to now. We were recently funded and for a specific reason. We have much to accomplish in the future.

1.	General Information	
1,1	Name of the organization	Suomen Lumme
1,2	Street	
1,3	City	Helsinki
1,4	Zip Code	
1,5	State	
1,6	Country	Finland
1,7	Phone	+358449116904
1,8	Email	suomenlumme@hotmail.com
1,9	Name contact person	Anne Soimula
1.10	Name and role of the person, who filled-in this form	Anne Soimula chairman of Lumme
2.	Legal & Structure Information	
2.1	Date of foundation	12-okt-05
2.2	Legal entry	Yes
2.3	Statues	NA
2.4	Registered membership	Yes
2.5	Number of members	30
2.6	Does your organization charge a membership fee	Yes
2.7.1	Is there any funding available (please, include both - financial and in goods/services)	No
2.7.1.1	If „Yes“ - please, specify the type of the funding	private funding
2.7.1.2	If there is governmental funding - please, specify on what level	
3.	Information on the Activities	
3.1.1	an Interest (Advocacy) Organization	not at all
3.1.2	a Patient Organization	partly
3.1.3	a Drug User Organization	partly
3.1.4	a Peer driven Harm Reduction Organization	partly
3.1.5	A Specified Peer Organization	very much
3.1.5.1	If „Yes“ - please, specify - e.g. injecting drug users, sex workers, others.	drug users, sex workers
3.2	What level(s) your organization is active on	City, Regional, National, International

3.3	What are your organizations main activities? (Please, specify for each level in 3.2)	NA
3.3.1	People who use drugs	very much
3.3.2	Policy makers	partly
3.3.3	Scientists	partly
3.3.4	Medical professionals	partly
3.3.5	Non-medical professionals in drug use related fields	partly
3.3.6	The public	partly
3.3.7	Media	partly
3.3.8	Specified Peer Groups	partly
3.3.8.1	If „Yes“ - please, specify the peer group:	NA
3.4.	What is the area you consider your organization to be an expert in?	Peer work
3.5	Do you provide any services (e.g. drop in, social activities, newsletters, etc.)	yes
3.5.1	If „Yes“ - please, specify what service do you provide	Legal help, advice, secondary needle exchange

1.	General Information	
1,1	Name of the organization	Association TAVO DRUGYS
1,2	Street	Parko 18-101
1,3	City	Vilnius
1,4	Zip Code	
1,5	State	
1,6	Country	Lithuania
1,7	Phone	+37067021340
1,8	Email	vilnius@drugys.lt
1,9	Name contact person	Daumantas
1.10	Name and role of the person, who filled-in this form	Daumantas, President
2.	Legal & Structure Information	
2.1	Date of foundation	26-sep-01
2.2	Legal entry	Yes
2.3	Statutes	Yes
2.4	Registered membership	Yes
2.5	Number of members	20
2.6	Does your organization charge a membership fee	No
2.7.1	Is there any funding available (please, include both - financial and in goods/services)	Yes
2.7.1.1	If „Yes“ - please, specify the type of the funding	private funding, governmental funding
2.7.1.2	If there is governmental funding - please, specify on what level	City, International
3.	Information on the Activities	
3.1.1	an Interest (Advocacy) Organization	not at all
3.1.2	a Patient Organization	partly
3.1.3	a Drug User Organization	very much
3.1.4	a Peer driven Harm Reduction Organization	very much
3.1.5	A Specified Peer Organization	partly
3.1.5.1	If „Yes“ - please, specify - e.g. injecting drug users, sex workers, others.	Drug users, relatives, former drug users, or anyone who is competent for our statute and wants to work in this field.
3.2	What level(s) your organization is active on	National, International

3.3	What are your organizations main activities? (Please, specify for each level in 3.2)	community organizing, HR advocacy, education, information. Participation, learning, presentations.
3.3.1	People who use drugs	very much
3.3.2	Policy makers	not at all
3.3.3	Scientists	not at all
3.3.4	Medical professionals	not at all
3.3.5	Non-medical professionals in drug use related fields	partly
3.3.6	The public	partly
3.3.7	Media	not at all
3.3.8	Specified Peer Groups	partly
3.3.8.1	If „Yes“ - please, specify the peer group:	people who use or used drugs, or sympathetic to this issue
3.4.	What is the area you consider your organization to be an expert in?	people who use or used drugs, or sympathetic to this issue
3.5	Do you provide any services (e.g. drop in, social activities, newsletters, etc.)	yes
3.5.1	If „Yes“ - please, specify what service do you provide	peer support for DUs and PLWHA

1.	General Information	
1,1	Name of the organization	Techno+
1,2	Street	11 rue Duvergier
1,3	City	Paris
1,4	Zip Code	75019
1,5	State	
1,6	Country	France
1,7	Phone	33603829719
1,8	Email	tplus@technoplus.org
1,9	Name contact person	
1.10	Name and role of the person, who filled-in this form	
2.	Legal & Structure Information	
2.1	Date of foundation	1-aug-95
2.2	Legal entry	Yes
2.3	Statues	Yes
2.4	Registered membership	Yes
2.5	Number of members	35
2.6	Does your organization charge a membership fee	Yes
2.7.1	Is there any funding available (please, include both - financial and in goods/services)	Yes
2.7.1.1	If „Yes“ - please, specify the type of the funding	government funding
2.7.1.2	If there is governmental funding - please, specify on what level	City, Regional, National
3.	Information on the Activities	
3.1.1	an Interest (Advocacy) Organization	partly
3.1.2	a Patient Organization	not at all
3.1.3	a Drug User Organization	partly
3.1.4	a Peer driven Harm Reduction Organization	very much
3.1.5	A Specified Peer Organization	very much
3.1.5.1	If „Yes“ - please, specify - e.g. injecting drug users, sex workers, others.	Ravers, party goers of the electronic techno music scene
3.2	What level(s) your organization is active on	City, Regional, National, International

3.3	What are your organizations main activities? (Please, specify for each level in 3.2)	<ul style="list-style-type: none"> - Harm reduction intervention during parties - Training peers or professionals - Publish (paper and web) objective information about recreational related harms (drug use, body piercing, driving...) - Provide harm reduction material
3.3.1	People who use drugs	very much
3.3.2	Policy makers	partly
3.3.3	Scientists	partly
3.3.4	Medical professionals	not at all
3.3.5	Non-medical professionals in drug use related fields	partly
3.3.6	The public	partly
3.3.7	Media	not at all
3.3.8	Specified Peer Groups	partly
3.3.8.1	If „Yes“ - please, specify the peer group:	peer groups of harm reduction - party organizers
3.4.	What is the area you consider your organization to be an expert in?	- underground electronic techno music scene
3.5	Do you provide any services (e.g. drop in, social activities, newsletters, etc.)	yes
3.5.1	If „Yes“ - please, specify what service do you provide	<ul style="list-style-type: none"> Drug checking Psychological crisis related to drugs consumption support Relax zone, Chill Out

1.	General Information	
1,1	Name of the organization	The Harm Reduction Project of Utah
1,2	Street	
1,3	City	
1,4	Zip Code	
1,5	State	Utah
1,6	Country	United States
1,7	Phone	+801-637-0381
1,8	Email	princess_bunnyball@hotmail.com
1,9	Name contact person	Kari Watson
1.10	Name and role of the person, who filled-in this form	Volunteer Coordinator
2.	Legal & Structure Information	
2.1	Date of foundation	1-feb-07
2.2	Legal entry	Yes
2.3	Statues	NA
2.4	Registered membership	No
2.5	Number of members	No
2.6	Does your organization charge a membership fee	No
2.7.1	Is there any funding available (please, include both - financial and in goods/services)	Yes
2.7.1.1	If „Yes“ - please, specify the type of the funding	private funding, government funding
2.7.1.2	If there is governmental funding - please, specify on what level	Region
3.	Information on the Activities	
3.1.1	an Interest (Advocacy) Organization	partly
3.1.2	a Patient Organization	partly
3.1.3	a Drug User Organization	very much
3.1.4	a Peer driven Harm Reduction Organization	very much
3.1.5	A Specified Peer Organization	very much
3.1.5.1	If „Yes“ - please, specify - e.g. injecting drug users, sex workers, others.	Ravers, Club kids
3.2	What level(s) your organization is active on	City

3.3	What are your organizations main activities? (Please, specify for each level in 3.2)	Go to events and hand out drug/sex information to prevent overdose and unsafe sex.
3.3.1	People who use drugs	very much
3.3.2	Policy makers	not at all
3.3.3	Scientists	not at all
3.3.4	Medical professionals	not at all
3.3.5	Non-medical professionals in drug use related fields	not at all
3.3.6	The public	partly
3.3.7	Media	not at all
3.3.8	Specified Peer Groups	very much
3.3.8.1	If „Yes“ - please, specify the peer group:	Ravers/Club kids
3.4.	What is the area you consider your organization to be an expert in?	Drugs/Safe sex
3.5	Do you provide any services (e.g. drop in, social activities, newsletters, etc.)	yes
3.5.1	If „Yes“ - please, specify what service do you provide	We go to events and set up a booth with literature, and hand out condoms lube, general education and awareness, and also do parking lot patrols to ensure no rapes/car break-in's happen.

1.	General Information	
1,1	Name of the organization	The Recovering Group
1,2	Street	banasthali 16 balaju
1,3	City	Katmandu
1,4	Zip Code	977
1,5	State	
1,6	Country	Nepal
1,7	Phone	00977 01 4351870
1,8	Email	recoveringgroup@yahoo.com
1,9	Name contact person	Suyash
1.10	Name and role of the person, who filled-in this form	Program coordinator
2.	Legal & Structure Information	
2.1	Date of foundation	1-mrt-07
2.2	Legal entry	Yes
2.3	Statues	NA
2.4	Registered membership	Yes
2.5	Number of members	NA
2.6	Does your organization charge a membership fee	Yes
2.7.1	Is there any funding available (please, include both - financial and in goods/services)	No
2.7.1.1	If „Yes“ - please, specify the type of the funding	private funding
2.7.1.2	If there is governmental funding - please, specify on what level	
3.	Information on the Activities	
3.1.1	an Interest (Advocacy) Organization	not at all
3.1.2	a Patient Organization	very much
3.1.3	a Drug User Organization	very much
3.1.4	a Peer driven Harm Reduction Organization	not at all
3.1.5	A Specified Peer Organization	partly
3.1.5.1	If „Yes“ - please, specify - e.g. injecting drug users, sex workers, others.	NA
3.2	What level(s) your organization is active on	National

3.3	What are your organizations main activities? (Please, specify for each level in 3.2)	provide residential program
3.3.1	People who use drugs	very much
3.3.2	Policy makers	not at all
3.3.3	Scientists	not at all
3.3.4	Medical professionals	partly
3.3.5	Non-medical professionals in drug use related fields	not at all
3.3.6	The public	not at all
3.3.7	Media	not at all
3.3.8	Specified Peer Groups	partly
3.3.8.1	If „Yes“ - please, specify the peer group:	NA
3.4.	What is the area you consider your organization to be an expert in?	NA
3.5	Do you provide any services (e.g. drop in, social activities, newsletters, etc.)	Yes
3.5.1	If „Yes“ - please, specify what service do you provide	NA

1.	General Information	
1,1	Name of the organization	www.usersvoice.org.uk
1,2	Street	
1,3	City	
1,4	Zip Code	
1,5	State	
1,6	Country	UK
1,7	Phone	
1,8	Email	andria3a@yahoo.co.uk
1,9	Name contact person	Andria
1.10	Name and role of the person, who filled-in this form	Andria e-mordaunt/founder - director
2.	Legal & Structure Information	
2.1	Date of foundation	26-apr-07
2.2	Legal entry	Yes
2.3	Statues	Yes
2.4	Registered membership	No
2.5	Number of members	No
2.6	Does your organization charge a membership fee	No
2.7.1	Is there any funding available (please, include both - financial and in goods/services)	Yes
2.7.1.1	If „Yes“ - please, specify the type of the funding	governmental funding
2.7.1.2	If there is governmental funding - please, specify on what level	Region
3.	Information on the Activities	
3.1.1	an Interest (Advocacy) Organization	partly
3.1.2	a Patient Organization	partly
3.1.3	a Drug User Organization	partly
3.1.4	a Peer driven Harm Reduction Organization	partly
3.1.5	A Specified Peer Organization	very much
3.1.5.1	If „Yes“ - please, specify - e.g. injecting drug users, sex workers, others.	ex/current users affected by Blood Borne Disease
3.2	What level(s) your organization is active on	International

3.3	What are your organizations main activities? (Please, specify for each level in 3.2)	Campaigning Peer Support
3.3.1	People who use drugs	very much
3.3.2	Policy makers	partly
3.3.3	Scientists	partly
3.3.4	Medical professionals	partly
3.3.5	Non-medical professionals in drug use related fields	partly
3.3.6	The public	partly
3.3.7	Media	partly
3.3.8	Specified Peer Groups	very much
3.3.8.1	If „Yes“ - please, specify the peer group:	People at risk of BBDs
3.4.	What is the area you consider your organization to be an expert in?	drug policy and BBDs
3.5	Do you provide any services (e.g. drop in, social activities, newsletters, etc.)	yes
3.5.1	If „Yes“ - please, specify what service do you provide	NA

1.	General Information	
1,1	Name of the organization	Trekt Uw Plant vzw
1,2	Street	Lange LOzannastraat 14
1,3	City	Antwerp
1,4	Zip Code	2018
1,5	State	
1,6	Country	Belgium
1,7	Phone	Tel: +32 (0)3 293 0886
1,8	Email	joep@encod.org
1,9	Name contact person	Joep Oomen
1.10	Name and role of the person, who filled-in this form	Stijn Goossens, Chairman Trekt Uw Plant vzw
2.	Legal & Structure Information	
2.1	Date of foundation	3-okt-06
2.2	Legal entry	Yes
2.3	Statues	Yes
2.4	Registered membership	Yes
2.5	Number of members	36
2.6	Does your organization charge a membership fee	Yes
2.7.1	Is there any funding available (please, include both - financial and in goods/services)	No
2.7.1.1	If „Yes“ - please, specify the type of the funding	governmental funding
2.7.1.2	If there is governmental funding - please, specify on what level	NA
3.	Information on the Activities	
3.1.1	an Interest (Advocacy) Organization	very much
3.1.2	a Patient Organization	not at all
3.1.3	a Drug User Organization	very much
3.1.4	a Peer driven Harm Reduction Organization	partly
3.1.5	A Specified Peer Organization	very much
3.1.5.1	If „Yes“ - please, specify - e.g. injecting drug users, sex workers, others.	Cannabis consumers
3.2	What level(s) your organization is active on	City, Regional, National, International

3.3	What are your organizations main activities? (Please, specify for each level in 3.2)	pro-active cannabis activism: find out what is legal by practicing it. Other: Cannabis Social Clubs
3.3.1	People who use drugs	very much
3.3.2	Policy makers	very much
3.3.3	Scientists	partly
3.3.4	Medical professionals	partly
3.3.5	Non-medical professionals in drug use related fields	not at all
3.3.6	The public	very much
3.3.7	Media	very much
3.3.8	Specified Peer Groups	very much
3.3.8.1	If „Yes“ - please, specify the peer group:	People who use cannabis
3.4.	What is the area you consider your organization to be an expert in?	cannabis issues from all kinds of angles (politics, the plant itself, etc)
3.5	Do you provide any services (e.g. drop in, social activities, newsletters, etc.)	yes
3.5.1	If „Yes“ - please, specify what service do you provide	Accurate and up to date information on cannabis

1.	General Information	
1,1	Name of the organization	UISCE
1,2	Street	53 Parnell Square West
1,3	City	Dublin 1
1,4	Zip Code	
1,5	State	Ireland
1,6	Country	00 353 1 8733 799
1,7	Phone	ruaidhrimcauliffe@hotmail.com
1,8	Email	Ruaidhri
1,9	Name contact person	Ruaidhri McAuliffe Co-ordinator
1.10	Name and role of the person, who filled-in this form	
2.	Legal & Structure Information	15-jul-98
2.1	Date of foundation	Yes
2.2	Legal entry	Yes
2.3	Statues	Yes
2.4	Registered membership	4
2.5	Number of members	No
2.6	Does your organization charge a membership fee	Yes
2.7.1	Is there any funding available (please, include both - financial and in goods/services)	governmental funding
2.7.1.1	If „Yes“ - please, specify the type of the funding	National
2.7.1.2	If there is governmental funding - please, specify on what level	
3.	Information on the Activities	
3.1.1	an Interest (Advocacy) Organization	very much
3.1.2	a Patient Organization	partly
3.1.3	a Drug User Organization	very much
3.1.4	a Peer driven Harm Reduction Organization	partly
3.1.5	A Specified Peer Organization	partly
3.1.5.1	If „Yes“ - please, specify - e.g. injecting drug users, sex workers, others.	NA
3.2	What level(s) your organization is active on	International

3.3	What are your organizations main activities? (Please, specify for each level in 3.2)	NA
3.3.1	People who use drugs	very much
3.3.2	Policy makers	not at all
3.3.3	Scientists	very much
3.3.4	Medical professionals	partly
3.3.5	Non-medical professionals in drug use related fields	partly
3.3.6	The public	partly
3.3.7	Media	partly
3.3.8	Specified Peer Groups	partly
3.3.8.1	If „Yes“ - please, specify the peer group:	NA
3.4.	What is the area you consider your organization to be an expert in?	NA
3.5	Do you provide any services (e.g. drop in, social activities, newsletters, etc.)	Yes
3.5.1	If „Yes“ - please, specify what service do you provide	NA

1.	General Information	
1,1	Name of the organization	UNDUN : Unified Networkers of Drug Users Nationally
1,2	Street	2452 Henderson Road
1,3	City	Arden
1,4	Zip Code	K0H 1B0
1,5	State	Ontario
1,6	Country	Canada
1,7	Phone	1-613-336-3428
1,8	Email	undun@sympatico.ca
1,9	Name contact person	Deb Breau - coordinator
1.10	Name and role of the person, who filled-in this form	Brent Taylor - coordinator
2.	Legal & Structure Information	
2.1	Date of foundation	6-feb-03
2.2	Legal entry	Yes
2.3	Statues	Yes
2.4	Registered membership	Yes
2.5	Number of members	125
2.6	Does your organization charge a membership fee	No
2.7.1	Is there any funding available (please, include both - financial and in goods/services)	No
2.7.1.1	If „Yes“ - please, specify the type of the funding	government funding
2.7.1.2	If there is governmental funding - please, specify on what level	NA
3.	Information on the Activities	
3.1.1	an Interest (Advocacy) Organization	not at all
3.1.2	a Patient Organization	not at all
3.1.3	a Drug User Organization	very much
3.1.4	a Peer driven Harm Reduction Organization	very much
3.1.5	A Specified Peer Organization	very much
3.1.5.1	If „Yes“ - please, specify - e.g. injecting drug users, sex workers, others.	Drug user organization, primarily injection drug users and people on maintenance therapy (methadone)

3.2	What level(s) your organization is active on	City, Regional, National, International
3.3	What are your organizations main activities? (Please, specify for each level in 3.2)	city - meetings of active drug users, public education regional - meetings of active drug users, participation on harm reduction task forces, public education national - work with other Canadian activists to form a national drug user network international - work with activists worldwide to build international drug user network
3.3.1	People who use drugs	very much
3.3.2	Policy makers	very much
3.3.3	Scientists	partly
3.3.4	Medical professionals	partly
3.3.5	Non-medical professionals in drug use related fields	partly
3.3.6	The public	very much
3.3.7	Media	partly
3.3.8	Specified Peer Groups	partly
3.3.8.1	If „Yes“ - please, specify the peer group:	peer groups for whom the use of drugs is common - prisoners, people who inject
3.4.	What is the area you consider your organization to be an expert in?	Injection Drug Use issues, harm reduction practices
3.5	Do you provide any services (e.g. drop in, social activities, newsletters, etc.)	yes
3.5.1	If „Yes“ - please, specify what service do you provide	facilitate meetings of drug users, occasionally produce leaflets

1.	General Information	
1,1	Name of the organization	Western Australian Substance Users Association Inc (WASUA)
1,2	Street	519 Murray Street
1,3	City	Perth
1,4	Zip Code	6000
1,5	State	Western Australia
1,6	Country	Australia
1,7	Phone	(08) 9321 2877
1,8	Email	nsep@wasua.com.au
1,9	Name contact person	Sam Liebelt
1.10	Name and role of the person, who filled-in this form	Sam Liebelt, NSEP Community Development Coordinator
2.	Legal & Structure Information	
2.1	Date of foundation	1-apr-96
2.2	Legal entry	Yes
2.3	Statues	Yes
2.4	Registered membership	Yes
2.5	Number of members	30
2.6	Does your organization charge a membership fee	Yes
2.7.1	Is there any funding available (please, include both - financial and in goods/services)	Yes
2.7.1.1	If „Yes“ - please, specify the type of the funding	governmental funding
2.7.1.2	If there is governmental funding - please, specify on what level	Regional, National
3.	Information on the Activities	
3.1.1	an Interest (Advocacy) Organization	partly
3.1.2	a Patient Organization	partly
3.1.3	a Drug User Organization	very much
3.1.4	a Peer driven Harm Reduction Organization	very much
3.1.5	A Specified Peer Organization	very much
3.1.5.1	If „Yes“ - please, specify - e.g. injecting drug users, sex workers, others.	Injecting Drug Users

3.2	What level(s) your organization is active on	City, Regional, National
3.3	What are your organizations main activities? (Please, specify for each level in 3.2)	Local/Regional/National Representation on Consumer Issues, Local/Regional/National education on issues affecting IDU's, Consultation on Local/Regional/National Drug Policies/Strategies etc.
3.3.1	People who use drugs	very much
3.3.2	Policy makers	very much
3.3.3	Scientists	partly
3.3.4	Medical professionals	partly
3.3.5	Non-medical professionals in drug use related fields	partly
3.3.6	The public	very much
3.3.7	Media	partly
3.3.8	Specified Peer Groups	very much
3.3.8.1	If „Yes“ - please, specify the peer group:	Injecting/Illicit Drug Users, People affected by Injecting Drug Use
3.4.	What is the area you consider your organization to be an expert in?	Injecting Drug Use, Peer Education, Drug User Organizing
3.5	Do you provide any services (e.g. drop in, social activities, newsletters, etc.)	yes
3.5.1	If „Yes“ - please, specify what service do you provide	Needle and Syringe Exchange Program, Referral, Support and Advocacy for Pharmacotherapy, Referral to Drug Treatment i.e., Detox/Rehab, Peer Education, BBV/STI Testing, Vaccinations, Education Via Health Clinic Nurse, HEP C Peer Education, Needle and Syringe Exchange Outreach Service.

1.	General Information	
1,1	Name of the organization	Wolverhampton Service User Involvement Team
1,2	Street	16 Temple Street
1,3	City	Wolverhampton
1,4	Zip Code	WV2 4AN
1,5	State	
1,6	Country	United Kingdom
1,7	Phone	4,41903E+11
1,8	Email	acorfield@wolverhamptonvsc.org.uk
1,9	Name contact person	Andy Corfield
1.10	Name and role of the person, who filled-in this form	Andy Corfield, Project Manager
2.	Legal & Structure Information	
2.1	Date of foundation	12-feb-07
2.2	Legal entry	Yes
2.3	Statues	No
2.4	Registered membership	No
2.5	Number of members	No
2.6	Does your organization charge a membership fee	No
2.7.1	Is there any funding available (please, include both - financial and in goods/services)	Yes
2.7.1.1	If „Yes“ - please, specify the type of the funding	governmental funding
2.7.1.2	If there is governmental funding - please, specify on what level	City, Regional
3.	Information on the Activities	
3.1.1	an Interest (Advocacy) Organization	partly
3.1.2	a Patient Organization	not at all
3.1.3	a Drug User Organization	very much
3.1.4	a Peer driven Harm Reduction Organization	very much
3.1.5	A Specified Peer Organization	very much
3.1.5.1	If „Yes“ - please, specify - e.g. injecting drug users, sex workers, others.	Womens self support group, Injectors support group
3.2	What level(s) your organization is active on	City, Regional

3.3	What are your organizations main activities? (Please, specify for each level in 3.2)	Drug Users Magazine, Rep's on management meetings, various user groups, various self support groups
3.3.1	People who use drugs	very much
3.3.2	Policy makers	very much
3.3.3	Scientists	not at all
3.3.4	Medical professionals	partly
3.3.5	Non-medical professionals in drug use related fields	very much
3.3.6	The public	partly
3.3.7	Media	not at all
3.3.8	Specified Peer Groups	not at all
3.3.8.1	If „Yes“ - please, specify the peer group:	No
3.4.	What is the area you consider your organization to be an expert in?	Peoples experience through treatment
3.5	Do you provide any services (e.g. drop in, social activities, newsletters, etc.)	yes
3.5.1	If „Yes“ - please, specify what service do you provide	Drop in, User Groups Harm Reduction Workshops

1.	General Information	
1,1	Name of the organization	INPUD vzw
1,2	Street	Guldensporenstraat 88/2
1,3	City	Borgerhout
1,4	Zip Code	2140
1,5	State	
1,6	Country	Belgium
1,7	Phone	
1,8	Email	Stijn@inpud.org
1,9	Name contact person	Stijn Goossens
1.10	Name and role of the person, who filled-in this form	Stijn Goossens, executive director
2.	Legal & Structure Information	
2.1	Date of foundation	26-jul-07
2.2	Legal entry	Yes
2.3	Statues	Yes
2.4	Registered membership	Yes
2.5	Number of members	NA
2.6	Does your organization charge a membership fee	No
2.7.1	Is there any funding available (please, include both - financial and in goods/services)	Yes
2.7.1.1	If „Yes“ - please, specify the type of the funding	private funding
2.7.1.2	If there is governmental funding - please, specify on what level	
3.	Information on the Activities	
3.1.1	an Interest (Advocacy) Organization	very much
3.1.2	a Patient Organization	partly
3.1.3	a Drug User Organization	very much
3.1.4	a Peer driven Harm Reduction Organization	partly
3.1.5	A Specified Peer Organization	partly
3.1.5.1	If „Yes“ - please, specify - e.g. injecting drug users, sex workers, others.	all drug users specific peer groups
3.2	What level(s) your organization is active on	International

3.3	What are your organizations main activities? (Please, specify for each level in 3.2)	Strictly for INPUD networking for uniting DU at international level, supporting our local members and supporters, DU advocacy against prohibition, organizing International DUActivists congresses and INPUD Activists meetings. Besides, the INPUD members have expertise in any possible drug related area
3.3.1	People who use drugs	very much
3.3.2	Policy makers	very much
3.3.3	Scientists	partly
3.3.4	Medical professionals	partly
3.3.5	Non-medical professionals in drug use related fields	partly
3.3.6	The public	very much
3.3.7	Media	partly
3.3.8	Specified Peer Groups	very much
3.3.8.1	If „Yes“ - please, specify the peer group:	all drug users specific peer groups
3.4.	What is the area you consider your organization to be an expert in?	Networking, harm reduction, advocacy, trainings, community mobilizing,
3.5	Do you provide any services (e.g. drop in, social activities, newsletters, etc.)	yes
3.5.1	If „Yes“ - please, specify what service do you provide	daily updated website with DU activities and related news from around the world, international peer support, producing informational and harm ruction and DU promotional materials at events (e.g. International Harm Reduction Conferences)

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

The author Stijn Goossens is director of the International Network of People Who Use Drugs (INPUD)

For more information, please see
www.correlation-net.org.



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