



ANNUAL REPORT 2013

**MAIN** *line*

STRENGTH IN THE MARGINS

**Mission:** Improving health and living conditions of people who use drugs.

## Contact

Stichting Mainline  
P.O. 58303  
1040 HH Amsterdam, the Netherlands  
+31 20 6822660  
Info@mainline.nl  
Visiting address:  
Frederik Hendrikstraat 111-115  
1052 HN Amsterdam

## Board:

Victor Everhardt (chairman)  
Laetitia de Leede (treasurer)  
Hilde Roberts (staff representative)

## Staff:

Hugo van Aalderen (director)  
Renate van Bodegom (programme leader national)  
Anush Avetisyan (programme leader outreach work and Product Development until March 2013)  
Machteld Busz (programme manager international)  
Janine Wildschut (project leader international)  
Glenda Mangnus (project leader international until August 2013)  
Miriam Elderhorst (project leader international)  
Hatun Eksen (project staff international)  
Toon Broeks (project staff and outreach worker)  
Leon Knoops (design, editor and outreach worker)  
Klaas van Altena (editor and outreach worker)  
Sanne van Gaalen (project leader apexx.nl and outreach worker)  
Guido van Diepen (editor-in-chief)  
Joost Breeksema (trainer/project leader TEC)  
Hilde Roberts (trainer/project leader TEC)  
Karen Kraan (trajectory management)  
Herman Kalter (finance manager, head of support)  
Desiree van Dok (office manager)  
Anca Iliescu (library staff)  
Marlèn Nolta (library staff)

## Colophon

Text and production: Guido van Diepen  
Copy editor: Ingrid Bakker  
Graphic design: LandGraphics  
Cover design: Leon Knoops  
Images: Marjolein Annegarn, Mona van den Berg,  
Guido van Diepen, Dreamstime, Leon Knoops,  
Janine Wildschut  
Translation: Joris Krieb, Transmission Translations

## Mainline's funds in 2013

Dutch Ministry of Health Welfare and Sport  
Amsterdam City Council  
Stichting Kinderpostzegels Nederland  
Open University Heerlen  
Dutch Ministry of Foreign Affairs  
Aids Fonds  
PCM Healthcare Ltd  
Gilead Sciences Netherlands BV

Amsterdam, April 2014

# Strength in the Margins

Mainline's strength still lies in our presence on the streets. That has been the case ever since its foundation in 1991 and Mainline's outreach workers still go on a weekly tour around the edges of Dutch society. In 2013 we ventured even further into the margins of society. What is happening in the drugs scenes that fall under the radar of general health care? What trends are there? And what health risks are involved? Mainline knows the bridges, prostitution zones and hangouts of the Netherlands like no other. Which cities are witnessing an increase in intravenous drug use? Where are youths and adolescents smoking freebase cocaine? Mainline also gets actively involved. With our van, packed with flyers, leaflets, booklets and information materials about drugs and health, our team travels across the Netherlands to supply specific groups of people who use drugs (PUD) with the right kind of information. Our national team creates information materials and training seminars tailored to fit specific demands. Also internationally Mainline is yielding results. In Pakistan, Kenya, South Africa and many other countries we are involved in projects that effectively increase the health conditions of people who use drugs in the streets. If you need an update on the subject of drugs and health from the frayed edges of society in the Netherlands or elsewhere, call Mainline.

## Content

<b>Mainline brief</b>	<b>3</b>
<i>Of Stigmas and Livers   Harm reduction   Getting Older with HIV</i>	
<b>Mainline 2013</b>	<b>4</b>
<i>Strength in the Margins</i>	
<b>Mainline brief</b>	<b>5</b>
<i>Harm Reduction: How Far Will you Go?</i>	
<b>National I</b>	<b>6</b>
<i>The National Team   Frayed Edges of Dutch Society</i>	
<b>Mainline brief</b>	<b>7</b>
<i>Harmreduction Mini Conference 'Experiential Expertise'</i>	
<b>National II</b>	<b>8</b>
<i>Spiked coffee   Unseen sex workers   No lecturing!</i>	
<b>National III</b>	<b>10</b>
<i>Coffee and Contact   Heroin in Antwerp   National Ambitions 2014</i>	
<b>International I</b>	<b>12</b>
<i>International Team   Trailblazing in Pakistan   More is Needed than Clean Needles</i>	
<b>International II</b>	<b>14</b>
<i>Crystal Meth in all Layers   From Kenya to Pakistan   International Training and Seminars   International Ambitions 2014</i>	
<b>Partners</b>	<b>16</b>
<i>International Cooperation</i>	
<b>Outreach work</b>	<b>17</b>
<i>National Outreach Work</i>	
<b>Finance</b>	<b>18</b>
<i>Mainline in Euros</i>	
<b>Mainline brief</b>	<b>19</b>
<i>Overview Training and Seminars 2013</i>	
<b>Future Focus</b>	<b>20</b>
<i>South Africa, Nepal, Indonesia</i>	

## Of Stigmas and Livers



Three times per year the new issue of the Mainline magazine, Mainline foundation's calling card, is distributed all over the country. For many people who use drugs (PUD) these are the highlights of their year. The magazine, brimming with personal stories and information about drugs and health, is distributed by mail all over the Netherlands and is handed out for free by outreach workers in shelters, penitentiaries, designated street prostitution zones, and drug consumption rooms (DCRs). 2013's spring issue was themed around the stigma attached to drug use. How does it feel to be called a junkie? Paul relates how he was moved to tears when he first received applause when busking with his guitar. The

second issue was about the consequences of drug use for the liver – the body's waste treatment facility. A gangster from an Amsterdam council estate tells about life with only half a liver. The third issue dealt with smoking as a route for administration. The effects on the lungs of tobacco as well as cocaine were discussed. Mainline conducted an inquiry into reader satisfaction on behalf of the Amsterdam city council. It appeared that most respondents knew Mainline well and that they regarded Mainline's work as a useful addition to the existing package. They would like to receive the magazine more often. Information about drugs, infectious diseases and health care facilities were regarded to be the most useful. ●

## Harm reduction

The Mainline approach is called harm reduction: improving the health of people who use drugs without passing moral judgement. Harm reduction is a cost effective method to prevent infectious diseases, such as HIV and hepatitis C, among people who use drugs. The World Health Organisation and United Nations organisations, such as UNAIDS and UNODC, have nine key interventions:

1. Needle and syringe programmes
2. Opioid substitution therapy and other drug dependence treatment
3. HIV testing and counselling
4. Antiretroviral therapy
5. Prevention and treatment of sexually transmitted infections
6. Condom distribution programmes for people who inject drugs and their sexual partners
7. Targeted information, education and communication for people who inject drugs and their sexual partners
8. Vaccination, diagnosis and treatment of viral hepatitis
9. Prevention, diagnosis and treatment of tuberculosis

Mainline's definition of harm reduction is broader than these interventions. We see harm reduction as an approach: respectful and equal. Mainline also addresses other health risks apart from injecting drug use, for instance the effects of smoking on the lungs. Our broad definition results in our continuum of care model. ●

## Getting Older with HIV



What do we know about the effects of drugs on medication and vice versa? It is a tough question. Because most drugs are illegal, research is fraught with difficulties. PUD who shared needles suffer relatively more often from infectious diseases. Knowledge about how diseases spread was still very thin during the 1980s. Only in 1989 it became known what hepatitis C really was, and it was at that time, too, that the HIV epidemic broke out. During the 1990s, organisations such as Mainline contributed substantially to raising awareness and increasing the knowledge of the risks of intravenous use. Ever since, Mainline has been providing specially designed information materials about drugs for people who suffer from infectious diseases. The Take It newsletter about

drugs and HIV appears three times per year. The C-zicht is an annual newsletter for PUD about hepatitis C. It features an interview with a specialised professional, together with a real life story of a user, so that important knowledge is combined with human interest. In 2013, themes were addressed, such as getting older with HIV, the effects of HIV medication in combination with drugs and the influences of mental stress on the body's resistance to diseases. Because a great many people who suffer from hepatitis C will suffer from extreme fatigue, 2013's C-zicht was about how to deal with listlessness. In 2014, there will be three editions instead of one C-zicht per year, in order to be able to inform its audience about developments in treatment as soon as they occur. The Take It is distributed among 750 people throughout the Netherlands. The C-zicht was handed out to 2000 people and in 2014, 2500 people will receive it. Mainline's outreach workers hand them out discreetly and subscribers receive the newsletters anonymously in the mail. ●



Director Hugo van Aalderen

# Strength in the Margins

**Mainline provides information about drugs and health on the street. Our experience, acquired over the last twenty years, is now successfully put to use in other countries.**

*'Mainline's strength still lies in our presence on the streets.'*

“2013 was a year of transition. We are taking our national activities into a new direction. In 1991, Mainline started their operation by providing information to people who use drugs about the risks of injecting heroin. There was an HIV epidemic. The infectious disease hepatitis C was rampant. Through the distribution of harm reduction materials such as clean needles, information leaflets and publishing a magazine for people who use drugs, awareness was raised about how drugs was used. Nowadays, a new HIV infection among intravenous users occurs only sporadically. How could you better illustrate the success of our operation?”

It might seem that our work has become less relevant, but this is in no way the case. We have taken the role of watchdog and we carefully monitor which groups show risk taking behaviour. If you let off for a second, a small scale problem can become a big health threat. We've noticed, for instance, that the largest portion of people with hepatitis C is not even aware of it. This is something that we now focus on, because someone who is not aware of carrying the virus will spread it more easily. Then, there are also the growing problems of loneliness, risk taking sexual behaviour under the influence of drugs, lung problems such as COPD and overdosing among teenagers and young adolescents.

## **New generation, new risks**

The younger generation of PUD uses different substances in different settings. These new groups are now facing other risks than the previous generation that uses methadone, freebase cocaine and heroin. We are charting these groups and we create awareness among PUD about the risks involved. Someone who



*'Mainline is the organisation you call if you want to know what is going on around the subject of drugs and health risks.'*



uses GHB often has a low risk of contracting HIV, but being taken to the hospital for taking a few drops too many still isn't very healthy. Overdosing certainly is a problem to be taken seriously and it needs to be tackled. We will be giving it our full attention in 2014.

In 2013, we have continued our outreach activities as usual. Mainline's strength still lies in our presence on the streets. We show up in drug consumption rooms, shelters, social boarding houses, under bridges and in street prostitution zones. We register what is going on, which risks are associated with certain environments and we see if we can identify trends. Wherever we can, we provide information and education. And I am not talking about abstinence, but about harm reduction. We offer guidance where it is possible and effective.

### Proud of our international achievements

The expertise, which we have built up as harm reduction pioneers in more than twenty years, we are now able to use very effectively in other countries. Our international projects are successful. Our harm reduction approach carries a high potential abroad: it is a pragmatic approach that leads to significant improvements in the lives of people who use drugs. In other countries, policy makers look at the developments in health conditions that we have made over the last twenty years with envy. We have fewer cases of overdosing and fewer infections than most countries. Mainline is the organisation you call if you want to know what is going on around the subject of drugs and health risks. Our partner organisations in countries such as Pakistan and Kenya are taking giant steps in health education about drugs and infectious diseases. We organise exchanges that enable us to learn from each other. The Pakistanis, for instance, pay attention to the needs of all the members of the family and not just the person who uses drugs. Our harm reduction approach there is tailored to the situation. We do not enforce an iron cast formula that has to be followed rigorously. The goal is to improve the health of the users on the street. The road that leads there can be pragmatic.

The staff at Mainline has a grass roots mentality, but they are also active on a higher level. They may be in a slum on one day, they will sit at the table with UNAIDS the next. We are represented in taskforces, we deliver presentations on conferences, and we are involved in acquisition and lobbying to create better circumstances for PUD in their communities. We are empowering the man in the street on a large scale. ●

## Harm Reduction: How Far Will you Go?

Every month, Mainline's staff discuss their experiences and personal perspectives as they encounter them during their work in the streets. The outcomes of the discussion 'Harm Reduction: How Far Will you go?' are presented here.

### Mainline's positions

People always carry the responsibility for their own substance use. PUD make their own choices.

- Mainline operates from the perspective of human rights: people should have the freedom to decide about their own lives.
- It is up to Mainline to provide objective information by connecting to people's outlooks on life.
- We do not promote drug use and our work is driven by demand.
- Mainline aims for a continuum of care. In the Netherlands we focus on harm reduction and when asked we refer people to other institutions for care or detoxification.

### Effectiveness of Harm Reduction

- The strength lies in the objectivity of information. It is that, which enables people to make a well-informed decision.
- Conversations that take place only once are effective. Information is often of a practical nature and can be used directly. Such information is spread by word of mouth.
- Conversations are open and nonjudgmental, which often has a positive effect on people.
- Harm Reduction is not an approach solely for the individual, but it also contributes to public health.
- The effectiveness of our activities can never be measured exactly. This is in the nature of prevention. Yet, by expanding our activities to include training and seminars, information materials and presentations we can reach more people and we can increase our impact. Within clearly outlined projects, effects can be measured. Here lies an opportunity for Mainline.

### Boundaries during outreach work

Boundaries can be classed as:

- The personal ethical perspective of the outreach worker  
Example: giving money to a drug user.
- Judicial boundaries  
Example: going to a dealer to relieve a client's withdrawal sickness.
- Whether or not you are on the job  
Example: smoking pot in private, but refraining from it whilst on the job.
- Educational background/profession  
The expertise might be lacking to deal with the story of a traumatic incident that happened in someone's past. ●

# The National Team

In 2013 the Outreach and Product Development Team joined with the Training Expertise and Communication team to form the new National Team. Through outreach work, members of staff monitor closely how the drugs scene in the Netherlands is changing. On the basis of observations, training seminars and information materials are designed to fit.

## Frayed Edges of Dutch Society



“The group of people who use heroin is slowly dying out,” says outreach worker Toon Broeks. “But that doesn’t mean that there are no more health problems in the drugs scene. There is a gray area with people who fall under the radar of the health sector. We try to locate these people and provide them with reliable information.”

With a changing drugs scene, Mainline’s outreach activities also change. In 2013 Mainline’s outreach team experimented with different forms of activities: there was a stronger focus on the margins of society. Apart from the standard locations for outreach work, such as posts for methadone dispensing, social walk-in centres, and shelters, outreach workers now visit more undiscovered areas and locations in the margins.

### Homeless as a result of the financial crisis

“Because of a policy of a zero tolerance the street life scene is more scattered,” says outreach worker Leon Knoops. “PUD are found less often concentrated in one spot. That is why we visit places such as the food dispensaries of the Salvation Army, where we can meet people who find themselves on the bottom of society. You can never expect what you will find. The economic crisis is the cause of more people being homeless. Lately, we also see more Eastern Europeans. It is a difficult group, because these people are often hard to reach. You have to come around much more often to build enough trust to start a conversation.”

### Dingy alleys

Every week, Mainline’s outreach workers venture out onto the frayed edges of



photo Ingrid Bakker

Dutch society to speak with PUD. “Picture shelters and designated street prostitution zones, but also the more usual hang-outs such as dingy alleys,” Broeks says. “We heard about a group of young adolescents that meet under a bridge in Gelderland to use GHB. On a long shot we went to see for ourselves and we did in fact find a group of young people. They were surprised to see us approach them, but in the end we managed to start a conversation. We also went to Schiphol Airport to see if there were any people there using drugs. There we didn’t find much. But we did hear that there is more going on during the night. So, we know that for the next time. In this way we discover the field through trial and error.”

### Acting upon signals

In 2013 Mainline developed a new way of writing reports. “We now keep each other even better informed of what is going on in on the streets. By writing reports you know what goes on in different places and what time is best to go and visit a certain place. A designated street prostitution zone, for instance, sees a lot more action in the small hours of the night. But it is also good to know that, because of a police raid, a certain social centre is frequented a lot less often.”

Through this new approach in fieldwork we are better able to respond to signals. “If we read something in the paper about smoking chalk out of a brick wall on a square we immediately go there,” says Broeks. “Sometimes there is nothing there, but if you do meet PUD you can inform them about the risks immediately.” ●

## Mainline brief

# Harm Reduction Mini Conference ‘Experiential Expertise’

In 2013, Mainline organised the fourth Mini Conference about Harm Reduction in the Mozeshuis in Amsterdam. There were many people there who work in drug consumption rooms, needle exchanges, social shelters and other professionals who work with PUD.

This year the central topic was ‘experiential expertise’. In addiction care and in shelter facilities, the experiences of PUD are more and more often taken as a guide for policy. ‘Experiential expertise’ means, among other things, utilising the knowledge that people with a psychiatric or addiction background have gained through personal experience.

Alie Weerman, teacher at the University of Applied Sciences Windesheim, started off the conference by delivering a passionate presentation. According to Weerman, going through dependency can result in doing up a special kind of life experience and wisdom that can be of use to others. “An addiction gives questions about life and death, freedom and confinement, loneliness and emptiness a different shade of meaning,” says Weerman. “An ‘experiential expert’ is therefore able to establish contact in a special way.”



photo Leon Knoops

Hilde Roberts, trainer working for Mainline, delivered a historical exposition about how, since Mainline’s foundation, the drug users’ point of view has taken up a central position in providing information. “Mainline’s outreach workers use the ‘presence approach’,” Roberts says. “The encounters are colloquial and the conversations are open. The topic has to come from your conversation partner. Mainline uses these personal stories – of course only with consent – in the information materials, to help connect with other PUD.”

The mini conference was concluded by presenting a flower bouquet to the daytime shelter facility Het Twaalfde Huis. “Our outreach workers elected Het Twaalfde Huis as the best facility, because visitors as well as employees of this much frequented facility were enthusiastic about the positive atmosphere,” says Joost Breeksema from Mainline. “Het Twaalfde Huis is an open facility offering shelter to a wide variety of people, where PUD are always welcomed heartily.”

Project leader Coen van der Heijde travelled from Groningen to Amsterdam to receive the flowers. “Compassion is a central value in our organisation and with our staff. We are very grateful that our colleagues recognise this.” ●

# Spiked coffee



*'Most women come from Eastern Europe.'*

"Yes, drugs are used quite a lot around here. Such as amphetamines in the coffee. This way the girls can work double shifts. But I don't do it myself."

The woman who says this works in window prostitution. She wants to stay anonymous. It is one of the women that outreach worker for Mainline Sanne van Gaalen speaks with on her round through The Hague. In 2013, Mainline focussed on different groups of sex workers. Among others, these were women in window prostitution and men and women who work on the streets. Today, Mainline is invited to accompany outreach worker Maaïke van Groenestyn who works

for Spot 46, a consultant agency for sex workers in The Hague. Van Groenestyn already had the suspicion that the women in the windows were using drugs, but she did not know what or how. She contacted Mainline to arrange an informal conversation with the women. For Mainline this was an opportunity to get into contact with a new target group. "Most women come from Eastern Europe and do not speak Dutch or English," Van Gaalen says. "For many outreach workers the language barrier is a big problem. Luckily, Maaïke is fluent in Hungarian, which makes it easier to build trust between her and the women. Very carefully, we have started on a subject surrounded by taboo: drugs."

## Exhaustion of the body

Sex workers in the window prostitution have different drug related problems than people who work on the streets. "In a designated street prostitution zone we've seen women who work there in order to satisfy their addiction," Van Gaalen says. "If enough money is made for a rock of cocaine, they are off. In window prostitution there are problems of a different kind. There you see drugs being used in order to cope with long shifts."

During outreach work, Mainline found a few remarkable things.

"Downers, such as alcohol and heroin are more often found in the designated street prostitution zones," Van Gaalen says, "while uppers, such as amphetamines and cocaine are popular in the windows. It is important to inform the women about the possible risks of using drugs during their work. Such as unsafe sex and exhaustion of the body."

## Getting high

Following Mainline's visit, Spot 46 started a health campaign to raise awareness about the risks of drugs. "Mainline's information materials formed the basis for the campaign," Van Gaalen says. "The collaboration resulted in the production of the leaflet 'Getting High', which contains information and harm reduction tips on the subject of sex work and substance use. The leaflets are distributed on locations where there are sex workers and in STD clinics and they can be ordered for free, except for postage, from the websites of the organisations involved, such as prostitutie.nl and mainline.nl." A version of the leaflet for women as well as for men has been edited. The leaflets are subsidised by the Dutch Ministry of Health, Welfare and Sport and Soa Aids Nederland, and they appear in several different languages to reach all of the target demographic. ●



*The leaflet Getting High is available in a version for male as well as female sex workers*





## Marianne Jonker about Mainline:

I have been working together happily with Mainline for over fifteen years. Our paths often cross in various networks and on platforms where we advocate for the rights of sex workers and people who use drugs. In 2014 we hope to further intensify our collaboration on the subjects of sex work, health and substance use.

Marianne Jonker is planner for the prostitution program of Soa Aids Nederland.

# Unseen Sex Workers

Mainline organised a workshop called Sex Workers in the Margins at the Soa HIV Congress in Amsterdam. In the busy conference hall there were specialists and health-care workers who work in the areas of infectious diseases, health risks and sex. Mainline talked about the relation between drugs and sexual risk taking behaviour. The workshop was a joint effort by Mainline, Spot 46 and Soa Aids Nederland. "During the workshop we talked about the current repressive policy with regard to the designated street prostitution zones and the zones for window prostitution," says Marianne Jonker from Soa Aids Nederland. "The social position of many women, as well as their health is

under pressure. Together with the forty participants of the workshop, among whom many public health civil servants, we discussed what possibilities these women have." At the workshop, special attention was given to the growing number of Eastern European women. "This group constitutes a risk group because they speak a different language, they are relatively difficult to reach by health care workers, and they easily disappear into the margins of society," Jonker says. "By exchanging experiences about the ways of getting into contact and providing information, we have gained better insight into the issues and possible solutions for this relatively difficult group." ●

# No lecturing!

Mainline was able to close the year in a festive spirit by releasing the fourth issue of the digital youth magazine apexx.nl. Stories about the party scene, drugs and STDs were written in a youthful tone of voice in order to speak to the interests of teenagers and young adolescents. The magazine is a mix of real life stories and health tips: how do you deal with drugs in the safest way? How do you shift facts from fable? The best stories have been collected in a paper edition of apexx of which over three thousand copies have been distributed by outreach workers in youth centres, coffee shops, STD clinics, drug testing centres and at festivals.

"The basis for our articles is formed by the experiences of teenagers and young adolescents on the subjects of drugs, sex and sub scenes," project leader Sanne van Gaalen says. "To stay in touch with our target demographic, Mainline reaches out to the streets, in coffee shops and at parties, but also on digital forums about drugs."

In 2013 Mainline spoke with over four hundred teenagers and young adolescents online and offline. Mainline also cooperated with the Dutch edition of Vice.com, which resulted in an increase in page visits. Promotion on Facebook resulted in a significant increase in traffic to our website. The number of Facebook fans increased to 861. "Facebook status updates attract teenagers



and young adolescents to our website apexx.nl," says Van Gaalen. "Every story has an educational message but there is no lecturing. In that way, apexx.nl becomes a safe environment for teenagers and young adolescents." In 2013, the website saw 12,589 unique visitors. In 2013, the new comment section generated extra web traffic. "By using the comment section,

readers can ask questions about health issues and discuss them among each other," Van Gaalen says. "Especially the article 'Smoking and Dreams', sparked a lively discussion. Many youths shared their experiences and asked questions in the comment section. In my role as moderator I react personally and I watch closely to see if correct information is given." In 2014, however, funding from the Dutch Ministry of Health, Welfare and Sport will no longer be available for apexx.nl. This, unfortunately, puts the future of this medium in doubt. ●



photo Guido van Diepen

# Coffee and Contact

together a base pipe from a soda bottle and a ballpoint, you could disapprove of it, but you could also praise someone's creativity. In such cases, opt for paying someone a compliment. In Mainline's training sessions the basis is always equality. How do you make someone feel welcome? If you are handed a present out of gratitude, it can be utterly belittling to say: we'll give that a fine place in the communal room. Simply accept it. In that way you show that you are equal. Not all of a coach's work needs to be done from a top down perspective. Of course, such a present should be in proportion, or else you would create false expectations, but those things can be judged according to the situation."

HVO Querido, specialised in social shelters and mental health care, as well as Tactus, an addiction care centre, adopted several training seminars from Mainline into their staff training. Roberts: "They expect from all of their staff that they are able to work with the client's perspective in mind. That is where it really starts." ●

Hilde Roberts at an injection training session at the Mainline office.

"If a shelter demands that someone stays sober, this is often counter-productive," Hilde Roberts from Mainline says. "That would be the same as telling a schizophrenic to please come in, but leave your voices out on the doorstep." In 2013, Roberts taught the training seminar Coffee and Contact to several organisations. Dealing with PUD who have a psychiatric background in open shelters forms the main topic. "The seminar is given in three sessions," Roberts says. "The first session is about how to deal with PUD, different substances and the harm reduction approach. In the second session a physician specialised in addiction relates about his experiences, and participants get ample opportunity to ask questions. In the final session a psychiatrist and an ex drug user openly tell about addiction and psychiatric problems. How is it to constantly have to bear a stigma? What impact does continued condescension have on a person?" The training seminar is targeted for supporters of PUD, managers of shelters, coaches and others who work in open shelters.

### Not scary people

"First and foremost, I try to get across that people who use drugs really aren't scary people," Roberts says. "If you approach people openly, you will see good results."

According to Roberts, drug use is connected to all parts of a person's life. "By not restricting your attention only to someone's addiction, but focussing instead also on living conditions, daytime activities, emotions, psychological problems, debts and social contacts, problematic use can be addressed much more effectively. Often, taking drugs is a way coping with problems. Solve the problems and you will see people start using less often. This is in direct opposition to prohibiting drug use. If someone suddenly stops using, without paying attention to other problem areas, the chances of relapsing are very big."

Many organisations have already adopted methods based on empowerment. For instance Recovery, Empowerment and Experiential Expertise. According to Roberts, Mainline's training activities are very well adjusted to these methods. "Even better, it was one of our founding principles to start working from the strengths of the individual."

### Accept the present

The perspective on substance use is a recurring theme in Mainline's training activities. Will you bring someone a pint if they are ill and cannot leave their room? Or some pot? Where lie the boundaries? "There is always a heated discussion during training sessions," Roberts says. "If someone puts



photo Maaike van Groenestyn

## Maaike van Groenestyn about Mainline

"Over the last year I've come to know Mainline as an organisation with a lot of expertise, creativity, openness and highly motivated staff. Our collaboration resulted in more than we hoped for. It was really pleasant and inspiring!"

# Heroin in Antwerp

A war  
on drugs rages  
In Antwerp

In several parts of the city there are large metal bins to dump used syringes in. But PUD are almost not to be found on the streets. Except for a small square. "It will only be a matter of time before this square will also be under surveillance," we are told by the few Flemish drug users who are there. They point out a CCTV camera around the corner. "We are being chased around; we get fined for drinking beer in public and for congregating. We use at home or shielded from view in porticos.

Compared to Amsterdam, Antwerp has relatively many people who still inject heroin. This was the reason for Mainline's outreach workers to travel to Antwerp around the Christmas holidays in 2013, for a look on the streets of Antwerp. Tessa Windelinckx of Free Clinic, a Flemish health care organisation for (ex) PUD, took the Mainliners on a tour through the city. It gets harder and harder for drug users in Antwerp. While the war on drugs is a losing battle all over the globe, Mayor Bart de Wever of Antwerp is reviving the war effort. The fine for possession of marijuana is now €75.

Fines are written under the authority of municipal by-laws. They can be as high as €250. Typical fines are



written for littering, urinating in public, and disturbing the peace.

Rudi, who uses drugs, feels chased around. "Having a pint around the corner gets you a €50 fine!" he says. "But here it's allowed. That is madness right? The police come by ever more often. Soon they'll put up a no drinking sign here, too. Where are we supposed to go then? This is fucked up. There's no tolerance in Antwerp."

At night, some of the outreach workers from Mainline conduct a little field research to see how easy it is to buy drugs. At two nightclubs, known for drug use, youths are very hesitant to talk openly about recreational drug use. The policy of repression makes it difficult to start a conversation about the possible health risks involved when taking drugs. In 2014, Mainline will stay in touch with FreeClinic about the influence of policy on the situation of PUD in the streets of Antwerp. ●

## National Ambitions 2014

Harmlessly dozing off on GHB or a serious overdose? Many young people take passing out on the tranquilizer GHB rather lightly. But it can be very dangerous. GHB can cause vomiting or repressed breathing.



And taking into account that 70% of the users with a problematic GHB habit use the drug when they are alone, this can have fatal consequences.

In 2014, Mainline will start a large scale study into the use of GHB behind closed doors. Our goal is to get into contact with people who use the drug and together with them find a way how to prevent overdose.

The study is in line with Mainline's new course: less focus on quantity, more on quality. In concrete terms, this means that Mainline's outreach workers, during a field visit in one of the cities of the

Netherlands, do not try to speak with as many users as possible, but rather have a longer in-depth conversation about specific subjects. Where do PUD meet where regular health care has no knowledge of? And what substances are being used there? By going down less travelled roads, Mainline charts the health risks faced by a scene that lies outside of the scope of many. The GHB investigation is the first large scale project that fits seamlessly into our new course. The study is financed by the European Commission and the Dutch Mental Health Foundation (Fonds Psychische Gezondheid). ●

# The International Team

Mainline's international team works together intensively with partner organisations across the globe. International collaboration enables our relatively small team to have a wide reach. In 2013 we were able to pick the fruits of several years of intensive efforts. The next few pages provide an overview of a number of our achievements.

## Trailblazing in Pakistan

How one of Mainline's local projects turns into a nationwide success. Now that the Global Fund has embraced the continuum of care approach, the Nai Zindagi/Mainline approach is being implemented on a large scale.

People who use drugs are not necessarily alone

A job is the best way to claim a position in society. It is one of Nai Zindagi and Mainline's main achievements. And this has a reason. Research conducted by Nai Zindagi pointed out that self sufficiency is one of the biggest needs of PUD. Both organisations teamed up to offer PUD new opportunities and to motivate them to get a practical education or a job.

It resulted in several enterprises. "In the project PUD now labour in the vineyards to plant and pick grapes," Mainline's Jeanine Wildschut says. "There is a timber workshop where PUD produce coffins and cut beautiful wooden coffin seals. They make their own money and are proud of what they achieve.

### Attention for the family

The cooperation between Mainline and Nai Zindagi started in 2006. Nai Zindagi was already working with people who use drugs for several years, but raising fund for innovative projects proved to be difficult. "Together we wanted to offer people who use drugs more than the standard harm reduction package as it is recognised by the WHO, the UNODC and UNAIDS, which normally includes clean needles, condoms, and information about infectious diseases and HIV testing. Funding from the Dutch Ministry of Foreign Affairs finally presented a fantastic opportunity," Wildschut says. "Now, people can get medical and psycho-social care and intensive coaching related to work



photo: Jeanine Wildschut



photo Leon Knoops

and family. We call this the continuum of care model. In November 2013, the Global Fund embraced our approach.”

“People who use drugs, despite their often isolated position, are not necessarily alone,” Machteld Busz, programme manager at Mainline, says. “They too have partners, children and family. These people should have access to reliable information, HIV testing and condoms. That HIV can be transmitted sexually is not common knowledge in Pakistan. That is a reason why providing information to people who use drugs and their families is so important.”

### **Trial and error**

Since three years, Nai Zindagi has received funding from the Global Fund, one of the world’s biggest funds in the area of fighting HIV and AIDS. Before, their fund was not meant to be spent on the treatment of HIV and supporting people who were HIV positive. Nor were detox facilities funded. “But the good results of Mainline’s and Nai Zindagi’s project were the reason that in 2013 the Global Fund and other organisations have started to see the merits of our approach,” Busz says. “Because of proven effectiveness, the project is now being implemented throughout all of Pakistan. New Mainline partners regularly pay a visit to Rawalpindi, and Nai Zindagi’s hard work and achievements are acknowledged throughout the region.

In 2014, Mainline will start a new pilot programme that focuses on ARV adherence. In the first two years, the target population will initially be ex-users. Once opioid substitution therapy, such as methadone dispersal, is accepted and implemented more broadly in Pakistan, our hopes are to also reach people who have not stopped using. In that way we hope to show once more that Dutch development funds are being spent effectively. And here, too, we hope that other donors and eventually the Pakistani government will take over our activities. This is one of the ways in which Mainline in 2014 will continue to work towards lasting results, based on stable partnerships. ●

## **More is Needed than Clean Needles**

“Mainline is a pragmatic organisation that works in the streets,” programme manager Machteld Busz from the international team says. “And we like to keep it that way. The field is where our expertise lies.” Over the last couple of years, Mainline has gathered a lot of experience through collaborating with local partners abroad. How do you set up an organisation? How do you put a needle exchange programme on the rails? How do you deal with police?

“We have put a lot of time and effort into capacity building,” programme manager Busz says. “Our approach depends heavily on the situation. Some organisations already have enough capacity and they are self sustaining to a high extent, but sometimes our partners are simply organisations or individuals that started helping people in the streets out of compassion. They are often run by a single person and could benefit greatly from some organisational adaptations.”

Mainline stands for a broad application of harm reduction measures.

“We do more things than just providing clean needles,” Busz says. “We advocate for changes in people’s mindsets. It means that we do not judge PUD for their drug use; instead we respectfully try to see things from their point of view. Only if there is a degree of trust, you can achieve things.”

### **Turning your life around**

“Our goal is to improve the health of individuals who use drugs,” Busz says. “And by that we are also improving public health. We do not have the ultimate goal of getting people to quit entirely, but at the same time we do see that a lot of people do have this wish. Within our continuum of care model there is the possibility to detoxify voluntarily. In these cases, too, the client needs to be the centre of attention. Coaching needs to be friendly and aimed at improving the quality of life. Especially if you are able to offer alternatives for people who have detoxified, you are offering people a real chance to turn their lives around. In our detox programs there is plenty of attention for dealing with relapse and the prevention of overdose. So, the harm reduction approach is firmly rooted in the model. In the continuum of care model there is attention for family members and their health, for psycho-social support and work and income.”

### **Harm reduction is a human right**

“In the end, harm reduction is an approach based on the human rights framework. We have not been stressing this enough in our work. PUD must have access to health care. It is one of the basic human rights for every individual. Because of the stigma attached to PUD many are refused access to health care. PUD are turned away or even chased from hospitals and hospital staff does not know how to deal with substance use. Aside from that, in many countries, numbers of other basic human rights of PUD are violated systematically. They face physical violence, forced detoxification and violation of their privacy. By embracing a wide definition of harm reduction, we are labouring towards improving the human rights situation of PUD. A broad interpretation of harm reduction also creates space to be able to support PUD who do not inject. Injecting drugs obviously involves a high risk of transmitting diseases such as HIV and hepatitis C, but hepatitis can also be spread through sharing other drugs paraphernalia such as a snorting tube. Also, smoking, snorting and taking drugs orally each carry their own health risks. Of course we also pay attention to drugs other than heroin, which is the focus of many conventional harm reduction programmes. Take amphetamines, for instance, which are used a lot in Indonesia, and which relatively often lead to risk taking sexual behaviour. It is important to include all of these themes in our work.” ●

# Crystal Meth in all Layers

Drug related problems in the townships are complex

“The nurse took me around the corner. Immediately I was approached by red-eyed teenagers. They were obviously under the influence of something. They asked for money. So they could buy crystal meth.” In 2013, Hatun Eksen, project leader in South Africa, visited the project Ticking the Boxes in Cape Town, which Mainline runs together with the Health4Men organisation. “Originally, the project is meant to increase the health conditions of men who have sex with men (MSM). There is an overt gay community in Cape Town. They can be reached fairly easily by Health4Men. Many often visit the neighbourhood know as the Gay Village. Drugs are being used recreationally in clubs, at home and at parties. Our project was aimed at providing support for these men, through, for instance, training the owners of night clubs on how to react in the case of an overdose. However, during field visits we encountered a lot of problematic drug use in the poorer neighbourhoods. In the townships we saw drug related problems that were bigger and more complex than we initially thought. This mostly black population



photo Health4Men

is much harder to reach through a project that is aimed at MSM. Homo sexuality is a taboo in the townships. There are men who have sex with men, but people do not talk about it. There are also other causes of drug use, such as poverty and dropping out of the education system. We found out that our project was not up to the task of addressing this problem. By drawing attention to these problems we hope to see projects being set up that are better fit to deal with drug related problems in townships. In 2014 we want to do more in South Africa, aiming for a wider group of PUD.” ●

## From Kenya to Pakistan



In Pakistan there is a lot of knowledge about harm reduction and intravenous use, but there is relatively little knowledge about HIV. In Kenya infection is widespread and there is a lot of knowledge about HIV. How do you transmit knowledge from one

country to another? Mainline organised a four day exchange project between Kenya and Pakistan as part of the Bridging the Gaps programme. Mainline’s partners in Kenya, Omari, Reach Out and MEWA, together with a delegation from the Netherlands,

Kenyan partners are visiting the work project in Pakistan

visited the Nai Zindagi organisation in Pakistan. “How do you prevent the spread of HIV among PUD?” project manager Machteld Busz says. “We started a discussion with our partners and we visited several locations in Pakistan. What do they do with used syringes? And how are abscesses and wounds treated? By exchanging experiences, a lot of context dependent knowledge is gained. Also indirect health risks were studied. Partners of people who use drugs intravenously, for instance, run the risk of getting infected with HIV through sexual intercourse. Other topics were PUD’s living conditions. How is drug use regarded in the first place? What is the stance of Islam on the subject? Discussions between the groups were animated and heated. For all parties involved, Mainline included, it was an educational trip. The exchange really showed that harm reduction requires a thorough examination of the context prevalent in a certain region. The result is that Mainline’s work is different in every single location. Wherever we work, our approach is always local.” ●

# Training and Education International

Worldwide, Mainline offers training and seminars about harm reduction. In 2013, Joost Breeksema (31) trainer for Mainline, travelled to Kenya and accompanied outreach worker Munir in Mombasa Kenya. He wrote an article for the Mainline magazine. Below, a selection from it.

A woman dealer is backed up against a wall, while surrounded by at least fifty people. They are climbing on top of each other, dishing out elbows left right and centre. A woman pulls a man back by his hair. Everybody tries to get to the dealer before her stash runs out. "This white crystal is 250 shilling (two Euros) a pack," local outreach worker Munir (40), who is an ex-user, says. "It is more expensive than usual. But the quality is so good that everybody still wants to buy." Mainline supports local organisations in providing help as best as they can. Together with Munir, who knows the drugs scene like the inside of his trouser pocket, Mainliner Joost Breeksema is out on the streets of Mombasa for two days. They register drug users for things such as condoms, syringes, bandages, but also basic needs such as meals, clothing and a shave.

Ahmad is squatted against a wall. He has been waiting for over an hour to get water, a warm meal and a new pair of shoes. When Munir is finally done registering everybody, the team of outreach workers and PUD leave for the store where the meals are kept. The colourful procession draws quite the attention of the neighbourhood. A local asks loudly as to what these 'filthy junkies' are doing in his neighbourhood. Patiently, Munir explains they are here to fill their stomach; that PUD are people nonetheless, and are entitled to support. Opinions about outreach work are divided around here. In the Netherlands, handing out clean needles is never a problem, but in Kenya, even one syringe could be enough to be arrested. ●

The full article can be found in Mainline Magazine 2013, third edition.



## International Ambitions Plans for the future in 2014:

- **Working in Georgia:** a project aimed at probation officers and people who have been recently released from prison. Often, these are PUD. Together with our partners in Georgia we want to establish a number of offices that can support ex-convicts and refer them to several institutions. Mainline is involved in an investigation among prisoners, ex-convicts and probation officers to find out the needs of people when they are released from detention. Next, Mainline will train probation officers and staff of the ministry of justice on best practices in Europe's prison system.
- **Expanding our activities in South Africa:** we have supported the implementation of the first needle exchange programme, in this case specifically for gay men, of South Africa, and we have noticed a grave demand for services to PUD. Mainline wants to contribute in offering these services and we cherish the ambition to continue and expand our activities in South Africa.
- **Bridging the Gaps;** we have entered into the fourth year of the programme. Enthusiastically, we will continue our work within the project in Nepal, Indonesia, Pakistan and Kenya. ●

Look for the leaflet with details about our training seminars on [www.mainline.nl](http://www.mainline.nl)

## Seminars and training

1. **Drugs:** stuff to know about
2. **Falling ill:** drugs and health risks
3. **Harm reduction:** from practice to mind-set
4. From first aid to ARV-adherence
5. **Up close and personal:** establishing trustful relationships
6. **Outreach work:** entering into the field
7. **OST:** the pros and cons
8. **Building capacity:** the road to independence
9. **Drugs and sex**
10. **Advocacy:** we have rights!

# International Collaboration

In 2013, the Bridging the Gaps programme – Health and rights for key populations, in which Mainline is one of the alliance partners, published a report about the last sixteen months which detailed the first results of the programme. Below, an overview of some of the results.

## Key populations

### 3 KEY POPULATIONS:



SEX WORKERS



PEOPLE WHO USE DRUGS



LESBIAN, GAY, BISEXUAL AND TRANS-GENDER PEOPLE

### 1 MISSION:

OUR MISSION IS TO ACHIEVE UNIVERSAL ACCESS TO HIV/STI PREVENTION, TREATMENT, CARE AND SUPPORT FOR KEY POPULATIONS

BRIDGING THE GAPS

### BY LINKING:

COMMUNITY WORK WITH GLOBAL ADVOCACY

3 KEY POPULATIONS

HUMAN RIGHTS AND HEALTH

## Programme objectives

- Improving the quality and access to HIV prevention, treatment, care, support, and other services for key populations
- Improving the human rights of key populations
- Integrating services for key populations into general health systems
- Strengthening the capacity of civil society organisations working on HIV and key populations
- Developing and strengthening a comprehensive and concerted approach on HIV and key populations by the alliance partners

shared on working inside ‘Karaoke villages’, where there are a lot of sex workers, and on harm reduction for PUD.

## Partners

### Alliance partners



### Partners Worldwide



## Local partners

### Indonesia

- Lembaga Advokasi dan Rehabilitasi Sosial (LARAS)
- Persaudaraan Korban Napza Indonesia (PKNI)

### Kenya

- Reachout Centre Trust
- Muslim Education and Welfare Association (MEWA)
- The Omari Project (Omari)

### Nepal

- Youth Vision
- Naya Goreto
- Wisdom Foundation
- National Harm Reduction Association Nepal (NHRA)

### Pakistan

- Nai Zindagi
- The Association of People living with HIV and AIDS - Pakistan (APLHIV - Pakistan)

## Financer



Ministry of Foreign Affairs of the Netherlands



photo Marjolijn Amegaran

## Ton Coenen about Mainline

“Mainline’s international work is ground breaking and absolutely necessary, because harm reduction has still not been implemented globally. Pakistan is a great example! There, the Global Fund has invested in a project that Mainline has been supporting for years.”

Ton Coenen is the director of the Aids Fund & Soa Aids Netherlands

## Personal stories

“People who use drugs are still highly criminalised and stigmatised. An ongoing concern is the human rights violations by swindling rehabilitation organisations. They extort families who are forced to pay exorbitant fees to the owners of the rehabilitation centres to prevent their relatives being imprisoned for long periods of time, only because they use drugs. This is a top advocacy priority for me.”

Bijay uses drugs and is programme manager of Youth Vision Drug Treatment & Rehabilitation Centre in Nepal. You can read his story on [www.hivgaps.org/blog](http://www.hivgaps.org/blog)

## South-South exchange

In 2013, Mainline and the Bridging the Gaps sex workers project linked activities for sex workers and PUD. As a result, the Indonesian alliance partner LARAS went on a study visit to Vietnamese alliance partner SCDI. Knowledge was exchanged about setting up projects, policy and advocacy. Experiences were



# Our **Work** Field in the Netherlands

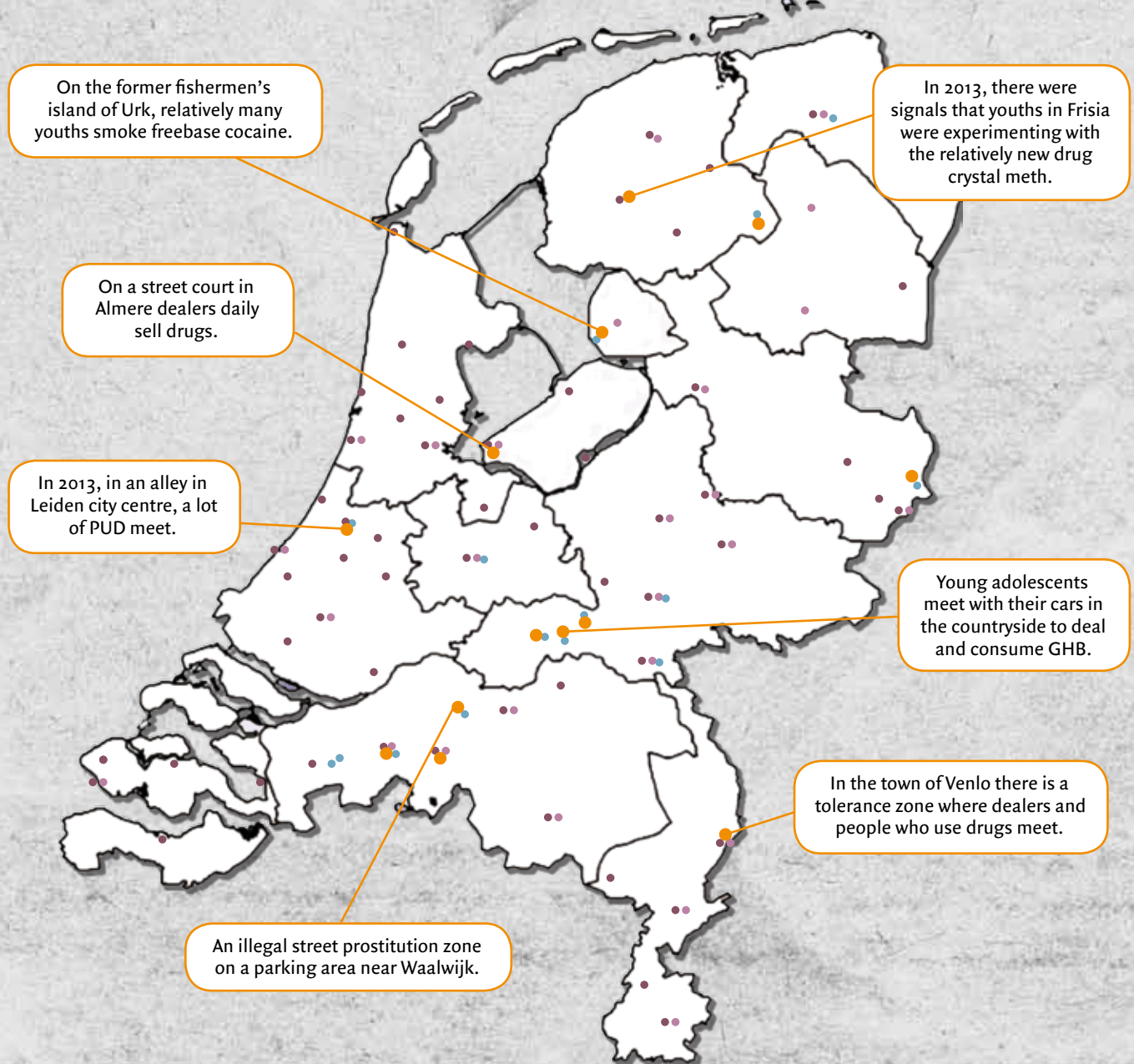


foto Guido van Diepen

## National Outreach Work

Every week, Mainline's outreach workers can be found crisscrossing the Netherlands in the Mainline van. Visiting as many towns as possible, Mainline is well informed about the entire drugs scene in the Netherlands. In 2013, a lot of new ground was explored. On the map, the orange dots show areas that have been newly charted. The other dots show the more usual hangouts, such as drug consumption rooms, street prostitution zones, social walk-in centres and social pensions. By engaging in conversation with PUD health risks are discovered. In 2013, outreach workers engaged in conversation with PUD 1880 times in total. ●

# Mainline in Euros

## Statement of assets and liabilities per December 31st 2013

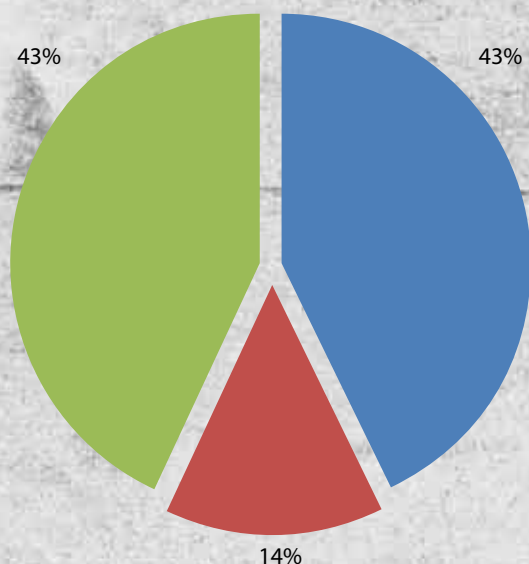
	2013	2012
Tangible fixed assets	14.138	21.918
Debtors	5.493	23.556
To be received from donors	3.359	9.350
To be received from others	28.370	120.305
<i>Subtotal</i>	<i>51.360</i>	<i>175.129</i>
Cash, bank and equivalents	908.115	617.949
<b>Total assets</b>	<b>959.475</b>	<b>793.078</b>
Continuity reserve	86.128	90.789
Special purposes reserve	80.000	62.644
<i>Total reserves</i>	<i>166.128</i>	<i>153.433</i>
Long-term subsidy commitments	689.472	534.566
Other debts	103.875	105.079
<i>Total debts</i>	<i>793.347</i>	<i>639.645</i>
<b>Total debts</b>	<b>959.475</b>	<b>793.078</b>

## Profit and loss account December 31st 2013

	2013	2012
Subsidies	1.890.496	1.722.951
Other gains	0	0
<b>Total revenue</b>	<b>1.890.496</b>	<b>1.722.951</b>
Direct project expenses	1.085.055	986.685
Forwarded project expenses	813.496	770.186
<i>Subtotal expenses on goals</i>	<i>1.898.551</i>	<i>1.756.871</i>
management expenses	810.102	702.054
Forwarded project expenses	-813.496	-770.186
<i>Subtotal expenses on management</i>	<i>-3.394</i>	<i>-68.132</i>
<b>Total expenses</b>	<b>1.895.157</b>	<b>1.688.739</b>
Balance revenue and expenses	-4.661	34.212
<b>Allocation of results 2013 and 2012</b>		
Continuity reserve	-4.661	34.212
<b>Total allocation of results 2013 and 2012</b>	<b>-4.661</b>	<b>34.212</b>

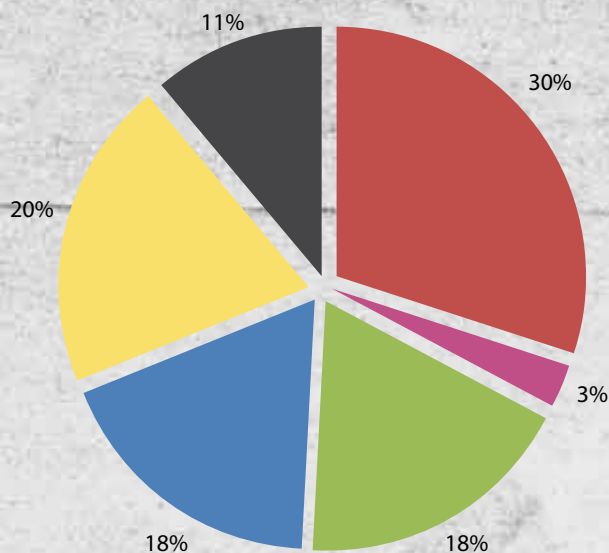
## Turnover Netherlands per Activity in Euro x 1000

Outreach	245
Training/Research	77
Development of Materials	248



## Turnover per country in Euro x 1000

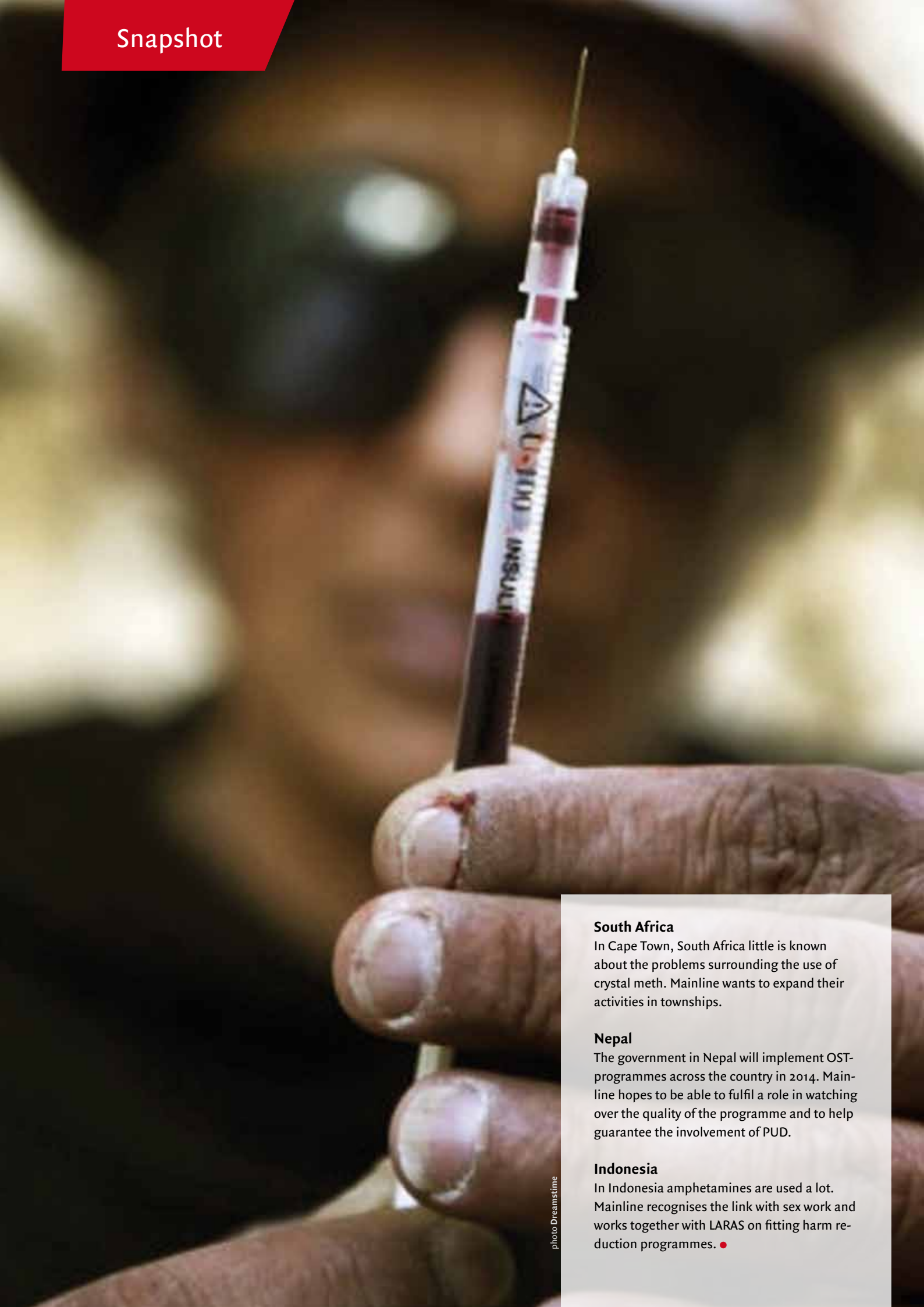
Netherlands	570
South Africa	53
Pakistan	336
Indonesia	340
Nepal	384
Kenya	207
<b>total</b>	<b>1890</b>





## Overview of seminars & workshops 2013

Seminar / workshop	Organisation
Complex Contacts: Substance use & psychiatry	HVO Querido
Coffee & Contact: Substance use & psychiatry in open shelters	Tactus HVO Querido
Motivational conversation techniques	Salvation Army, Domus Amsterdam
New perspectives on substance use; Substance use in housing facilities	RIBW Arnhem & Veluwe Vallei
Outreach work among drug users	Bridging the gaps (Kenya)
Streetwise: Substance use, ways of using & harm reduction	Salvation Army, Domus Amsterdam Open seminar
Going over: First aid in the case of an overdose	Tactus Zienn
Ticking the boxes: Outreach work and substance use among MSM	Anova Health Institute (South Africa)
Safe injecting for PUD	MOVEOO
Workshop On a tarp in the park: homeless youths, substance use and sexual health	Rino-Groep, Bemoeizorgcongres
Workshop Substance use & harm reduction	Rino-Groep, opleiding bemoeizorg InHolland
Workshop Alcohol consumption with illegal immigrants	ASKV
Workshop Substance use in housing facilities	Stichting Anton Constandse
Workshop The force of addiction	HVO Querido
Workshop Substance use and sex work	P&G292 Nationaal congres Soa Hiv Seks
Workshop Substance use and ID	Siza



**South Africa**

In Cape Town, South Africa little is known about the problems surrounding the use of crystal meth. Mainline wants to expand their activities in townships.

**Nepal**

The government in Nepal will implement OST-programmes across the country in 2014. Mainline hopes to be able to fulfil a role in watching over the quality of the programme and to help guarantee the involvement of PUD.

**Indonesia**

In Indonesia amphetamines are used a lot. Mainline recognises the link with sex work and works together with LARAS on fitting harm reduction programmes. ●