

ANNUAL
REPORT
2014

MAIN*line*



**BEHIND THE
FRONT DOOR**

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

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Behind the front door

People who use drugs no longer die in the streets in the Netherlands. Thanks to education and an increase in housing projects, the quality of life of people who use drugs has increased significantly over the last twenty years. However, this does not mean that there are no more problems. Increasingly, drugs are taken at home, in private. Heroin and freebase cocaine are more often used at home, and also the liquid drug GHB, popular among young people, is used predominantly in a private setting. And did you know that crystal meth is predominantly used at private sex parties? Therefore, Mainline did not only focus on the streets in 2014, but we also tried to look behind the front door. Our activities ranged from small scale outreach work aimed at gay men who use drugs, to a large scale study into people with a problematic GHB habit.

Of course, our work does not stop at the border. Mainline helps people and organisations worldwide to apply the harm reduction approach and to improve the quality of life of people who use drugs to a level worthy of human existence. Our activities range from needle exchange in Kenya, to human rights-focussed projects in South Africa and education about hepatitis C in Georgia. On a grass roots level as well as on the plain of policymaking, Mainline joins professional expertise and pragmatism in everyday practice. The annual report before you provides a peek into Mainline's sundry kitchen.

Enjoy the read!

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Team National



photo: Leon Knoops

Dinghy alleys, bridges, street prostitution zones, walk-in centres, prisons, drug consumption rooms and in people's private homes: Mainline's outreach workers tour around the frayed edges of Dutch society looking for signals that indicate new trends in drug use. Getting in touch with people who use drugs on the basis of equal standing forms the basis of Mainline's work. In the editor's room analyses are made and, if necessary, information materials are produced that are up to date. The Mainline magazine has been Mainline's flagship, read by people who use drugs from all over the country, since 1991.

Team International

Abroad, Mainline performs various projects ranging from fulfilling a supporting role in Pakistan to providing concrete training on human rights and health in Africa. The international team does grass-roots work: they interact with people who use drugs and the people supporting them in countries such as Kenya and Indonesia. But they also work to influence (local) policy makers, by staying in touch with ministries, embassies. And other stakeholders.



photo: Leon Knoops

Support



photo: Leon Knoops

Mainline's office is supported by Herman Kalter, Anca Iliescu, Dorinde van Helden and Desiree van Dok. They form the foundation's backbone. In particular, they manage the archives, finance, logistics, and communication with the field. They also make the sun shine in our office!

Director Hugo van Aalderen speaks

Behind the front door

On the frontline

“In 2014 we marched out towards the frontline,” director Hugo van Aalderen says. “We moved in on new drug user communities and keep a closer tap on new developments and trends in the drug scene. Mainline’s pragmatic approach yields results. Not just in the Netherlands, but also abroad.”

GHB

For over 25 years we have stayed in close contact with the groups that use methadone, freebase cocaine and heroin. In 2014, however, we started to contact new groups, such as people who use GHB. They form a challenge for us, because they are difficult to reach. Applying our usual means of approaching people in the streets did not always prove effective. The people who use this drug often use at home. To find out how

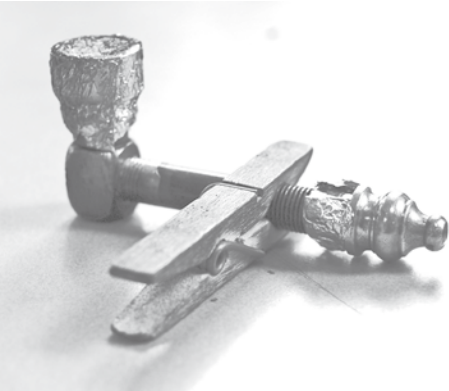
Hugo van Aalderen

this group of people use the substance and what health risks they are facing we started a large scale study early in 2014. By visiting people in their homes, we got into contact with people in their own setting. It took very intensive fieldwork to get to this point. The results are being analysed now. The summer of 2015 will see the publication of our results. Hopefully, we will also be able to present a tool that can reduce the risks of overdose or ‘passing out’ for this group.”

Crystal meth

“Another trend we have been watching in 2014 is the use of crystal meth in the European gay and male escort scenes. During training sessions we received signals from STD nurses and HIV consultants from all over the country that these groups are taking big health risks. The intense rush leads many from this group to break personal boundaries and to take sexual health risks. The trend of visiting unprotected sex





parties while under influence of crystal meth, which started in the London gay scene, has spread to the Netherlands. It is a difficult scene to penetrate, but we are making progress through our outreach work.”

Hepatitis C

“A new drug against hepatitis C came onto the market in 2014, which presents people who use drugs with new perspectives. However, people who use drugs are granted access to treatment only under certain preconditions. For Mainline there is a lot of work to be done. We are not yet where we would like to be, but we are well under way. We make ourselves heard when developments in policy take place and we participate actively in a broad range of public discussions and congresses. We have also created several information materials for our target group. The combination of informing drug users about the risks of getting infected and the perspectives on successful treatment is important at this stage.”

International projects

Aside from our projects in Nepal, Pakistan, Indonesia and Kenya, we have expanded our activities to South Africa and Georgia in 2014. We are succeeding in bringing harm reduction to the agenda in countries with different cultures and religions. Mainline always uses a pragmatic approach, in which we feel it is important that health services are accessible for people who use drugs. In addition to proper health care we work to defend the human rights of people who use drugs. By working from a human rights perspective, which complements a more traditional public health approach, we improve the quality of life of people who use drugs worldwide.”

Harvesting

“We have increased our activities on the level of policy making, too. Lobby groups, organisations and ministries even more frequently consulted us about drug policies in the Netherlands and abroad. Of many of the seeds we planted this year we hope to harvest the fruits in 2015. ●

An open-hearted chat

The yellow van with a poppy flower paint job is an institution among people who use drugs in all of the Netherlands. Every week Mainline’s outreach workers visit the rough edges of Dutch society to talk with people who use drugs. Often, the bus is parked near a methadone dispensary unit, a street prostitution zone or a shelter where there are many people who use drugs. The van’s door is always open and smoking is allowed inside. A small bar gives out coffee and tea. In the corner there is a container for used syringes. On the wall there are pigeon holes filled with leaflets, brochures and magazines about drugs and health.

“Sometimes people have specific questions about drugs, infections or medication,” outreach worker Ingrid Bakker says. “But mostly people enjoy the opportunity of having an open-hearted chat. Because we do not morally judge drug use, we have been able to build up a bond of trust with people who use drugs over the years.”

Mainline applies the ‘presence approach’ to establish contact. “We never burden our conversation partners with our own point of view. Instead we go along with their perspective. By showing understanding you are able to follow someone’s train of thought. From there you can ask questions that could make someone aware of their own thought patterns and behaviour. It also allows you to have a better view on what is going on in the scene. Many of our observations are made by listening carefully and following up with an investigation. Because of the informal setting of the van, not much is needed to enter into a good conversation.” ●



photo: Leon Kriepops

Is G-napping dangerous?

Passing out on GHB, that is part of the deal, right? Many young people appear to consider being unconscious for a couple of hours after taking the liquid drug gamma-hydroxybutyric acid (GHB) as something completely normal. Young people from the Randstad conurbation lovingly call it 'G-napping'. But in fact, a G-nap is an overdose and a serious coma is just around the corner. Mainline conducted a large scale study about people who use GHB and their views on the dangers of passing out.

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people who use GHB and their views on the dangers of passing out.

"Although you usually regain consciousness after a couple of hours, passing out can be very dangerous," researcher Sanne van Gaalen says. "Your breathing, for instance, slows down; in the worst case it may even slow down to a complete halt. You could also choke on your own vomit. And what about passing out

while driving a car or riding a road scooter?"

Unlike ecstasy and speed, which is mostly used in clubs, GHB is often used at home in private. "Sometimes with a group, though often also alone," Van Gaalen says. "Dosing this substance is critical: a few drops too many can result in an overdose. Especially, if you take more than one dose, because the effects of stacking are unpredictable. And that is dangerous, because if you are alone there is no one who could revive you."

Van Gaalen and fellow researcher Ton Nabben, connected to the Bongor Institute, travelled across the Netherlands and Flanders this summer to speak with people who use GHB. "We have spoken with people in addiction centres, on street spots where people hangout and in youth centres," van Gaalen says. "Though we most often ended up talking with people in their homes. Via police, support services or



peers, we came into contact with people who use GHB.”

Patrick (not his real name), for instance, uses the substance. “For him, passing out is something that is part of using GHB. When he feels he is going to pass out, he takes speed to postpone the moment. When he himself is too late to do that, his girlfriend gives him a shot. What he did not know, however, was that when the coma eventually sets in, it is only going to be deeper because of this combined intake. He also did not know how to inject speed safely. Patrick doesn’t seem to care about possible health damage. But he does care about practical and physical inconvenience that was the result of passing out. He hit his head once on the corner of the coffee table, for instance. Another time he found his home was robbed clean by so-called mates when he came to.”

According to van Gaalen, the information needs of people are very different. “Although most people think they know all there is to know, the study shows that especially people who are very experienced with taking GHB lack knowledge about overdose prevention. The people in this group have the biggest need for information or support. Not only about overdose prevention, but also about the physical and psychological long term effects of using GHB and the prevention of relapse after abstaining. They also often mentioned practical inconveniences caused by passing out, such as burn holes in furniture and clothes. This can be an angle to fit a harm reduction message to this group of substance users,” van Gaalen says.

Based on the study, Mainline will create an integrated set of harm reduction interventions. A more comprehensive approach should intensify contact with this hidden group and at the same time stimulate safe use of substances. It is expected that these interventions will be integrated into our current outreach activities in the course of 2015. ●



Ton Nabben from Bonger Institute

“In the summer of 2014 I travelled with Mainline’s Sanne van Gaalen to several hot spots of GHB use in rural villages among which Twenterand. Road tripping around the country, staying in bed and breakfast hotels, cooking simple meals for ourselves, but most of all being out in the field. We did our best to take it all in and we talked to the people in the villages. It was not always easy to understand their heavy dialects. We also joined the police and we visited people who use GHB in their homes decorated with second hand furniture. In this way we travelled from town to town. Armed with our questionnaire and recording equipment, we looked for hangouts in bare fields, groves, or secret farmer’s sheds. It was an adventure. And above all, it was educational.”

What is GHB?

Gamma-hydroxybutyric acid is a downer that was used as a narcotic and is still being used to treat sleeping disorders. GHB is made from the cleaning agent GBL, lye (drain opener) and distilled water. A chemical reaction yields GHB: a clear and slightly viscous fluid with a salty taste.

Going full tilt with Tina

“When you’ve experienced tina once, you want to do it again”, Wim says. “It blows your mind and it gives me an enormous sex drive, which keeps me going on for days. All my inhibitions disappear, including the promises I’ve made to myself to only have protected sex.”

Because HIV medication has become so effective nowadays, the virus no longer kills and in certain sub scenes people have become tired of using condoms. Many men practice serosorting: they select a partner with the same HIV status. Also men who do not carry the virus sometimes choose to have unprotected sex with men who are HIV positive, if they know that their partner has

are well paid and involve a high level of responsibility. They say that crystal meth allows them to break away from the daily routine and it allows them to let go of stress and worries about obligations. Yet, a few men get into a downward spiral. Knoops: “I’ve spoken with men who became addicted and, at one point, used two grams per day. In order to finance their addiction some men choose to have paid sex.”

The substance now costs over 150 euro per gram, though prices have been going down in the last years. A number of men say they are in control of their use. They only use it a couple of times per year and the combination with sex is a very conscious part of it. They take care of healthy nourishment and hydration, and they plan their dates so that they have enough time to recover afterwards.

Knoops feels that a stable emotional state is of key importance to remain in control. Crystal meth is hard to resist. “Tina is moreish. The substance produces strong feelings of euphoria and because it takes away all inhibitions, it allows you to give in to your deepest felt sexual fantasies. Crystal dissolves all feelings of embarrassment, shyness and past sexual traumas.”



In order to finance their addiction some men choose to have paid sex.

In recent years, the use of crystal meth has increased in the European gay and male escort scene. In the Netherlands, too, this ‘super speed’ has gained popularity in certain gay communities. Last year, Leon Knoops, outreach worker for Mainline, spoke with scores of men who use meth when having sex.

Tired of using condoms

“They are men who use online dating or who go to sex parties”, Leon says. “They use crystal meth or other substances and while under the influence of these they often have unprotected sex.

an undetectable viral load. Yet, a number of the men who have HIV also have Hepatitis C.

Breaking away from daily routine

It is noteworthy that many of the men who were interviewed hold jobs that

In 2015, Mainline will present the results of the interviews, and in collaboration with SOA Aids, a focus group conference day will be organised. Spring 2015 will also see the publication of an information leaflet about the ins and outs of safe slamming. ●

Extreme speed

Tina, as crystal meth is often called in the gay scene, is a super potent variety of speed, which is often sold in the form of crystals. An important difference between speed and crystal meth is that the effects of crystal last much longer. People who use the substance smoke it or inject it (slamming). Injecting causes an even more intense and longer lasting rush. Using the substance causes many to cross personal sexual boundaries and to show sexual risk-taking behaviour.



photo Liebeth Dinnissen

Victor Everhardt, Mainline's chairman of the board

“Looking back on Mainline's accomplishments I have to conclude: our organisation is doing a great job. Nationally, we are on top of new trends in drug use and risk-taking behaviour, and we are also recognised abroad as experts in the field of harm reduction, drugs and health.”



Mainline brief

Right on top of the latest trends in drug use



“We have put an even stronger focus on signalling trends in drug use in 2014,” Renate van Bodegom, the programme leader of the national team, says. “During our work in the field we see a lot of interesting things, but in our former, mostly quantitative way of recording observations this did not often enough make it into our reports. We switched to writing qualitative reports and we analyse and evaluate them in our team. Now, if we come across any signals we examine them systematically and we address them, whenever applicable, in the field – which allows for measures to be taken also on the level of policy making. An example of the watch dog approach we have taken is that we noticed that male sex workers used drugs relatively often. Together with GGD Amsterdam we started a small scale investigation to get a better grasp of the situation. No fewer than 25 out of the 30 sex workers we interviewed turned out to use drugs while working. Over half of these said it caused them to take more sexual risks. It appeared that these men had a need for reliable information about drugs and ways of taking them. So we published a chapter about drugs on the GGD website info4escorts.nl. Additionally, GGD is now going to do in-depth research on this topic.

Successful workshop

In collaboration with GGD Amsterdam, Mainline organised a workshop about risk-taking sexual behaviour among men who have sex with men (MSM) and in particular male sex workers, at the STD*HIV*Sex congress in 2014. “At the congress, it was the workshop with the most participants, which tells you something about the importance of the topic,” van Bodegom says. “Health care professionals witness the consequences of risk-taking sexual behaviour while under influence of drugs, but they lack strategies to discuss this topic. For that reason, we developed training sessions about sex and substance use, also specifically for MSM and sex workers. During the courses we translate expertise from actual practice and we also offer opportunities to improve the health conditions of these groups. ●

Magazine about **heroin,** **coke** and **lukewarm beer**



For many people who use drugs they are the highlights of their year: the moments that the Mainline Magazine appears on the doormat. The magazine, full of personal stories and information about drugs and health, underwent a true metamorphosis. Sporting a fresh design, a titillating cover page and new features, the magazine has been made even more appealing for people with much experience in using drugs. Light-hearted features such as ‘the Quiz’ and ‘the Sounds of the Scene’, in which peers offer their opinion about various topics, are mixed with extensive interviews with professional experts, and the feature ‘Mainline Alert’ in which hot topics in the scene receive due attention.

Alcohol use among people who use drugs was a topic addressed in 2014. What are the effects of alcohol on your body? And also: what makes for a good alcohol consumption room? Various people offered their opinions. Erica, for instance, said she would like to be able to smoke inside. Klaus, opposed to keeping beer in the fridge: “Lukewarm beer gets me drunk quicker.”

Sex work was also addressed in The Mainline. There was a report about shooting up and bare backing in

South Africa and an interview with the world’s best known heroin user, Christiane F. It could all be read in the magazine.

Many articles, of course, are about health. With respect to that, among other things, several kinds of methadone and chronic use of tranquillisers were examined in the magazine. They are all issues that people who use drugs encounter on a daily basis.

The magazine that appears three times per year, was handed out and circulated in Dutch walk-in centres, prisons, street prostitution zones,

social housing projects and drug consumption rooms. During Mainline’s outreach work it appeared that the magazine has not lost any of its popularity among its target group. Many enjoy participating in the recurring prize puzzle, with which prizes such as electronic pipes and tickets to the cinema can be won.

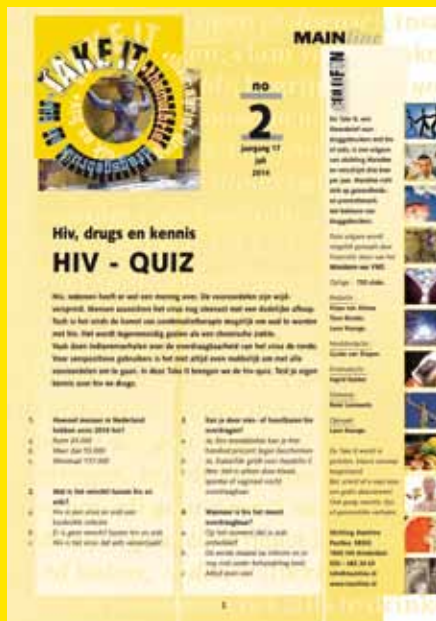
For people who use drugs the magazine is free. Professionals who work in social institutions can have the magazine send to them triennially for 20 euro per year. For more information see www.mainline.nl ●

English please?!

Although the Mainline magazine with a circulation of 12,000 copies reaches the largest part of the Dutch hardcore drug scene, its contents are lost on those who do not speak Dutch. That was the reason why Mainline published the English edition ‘Crossing Borders’ especially for this group in 2014. It contained the ‘Survival guide for drug users in the Netherlands’ with which we informed about present

drug policy, possibilities for shelter and the dispensing of methadone. Stories about trends in the Dutch drug scene were mixed with information about new treatment for infections such as hepatitis C. That things are very different in other parts of the world was described in a report about people who use heroin in Afghanistan. There, people who use drugs are picked up by police to be shaved bald and

People with hepatitis: wake up!



Revolutionary medication against hepatitis C became available in 2014. Before, treatment could take up a whole year and there were many serious side effects. After that year about half of the patients were cured. For many people that formed a reason to postpone or deny treatment.

With the new medication, treatment only takes a few months, the side effects are hardly noticeable and the success rates are over 90 percent. Enough reasons for people with hepatitis C to see what the possibilities for treatment are. However, there are thousands of people in the Netherlands who at one time, in their wild days, experimented with injecting drugs. Yet, they have no idea that they may have contracted hepatitis C.



thrown out again – cold turkey – onto the streets. The English edition was circulated in low-threshold walk-in centres in Amsterdam that are frequented by many foreign people who use drugs, such as Amoc, de Kloof and Blaka Watra. However, the English edition was also circulated in the countries where the international Mainline team works, such as Nepal and Indonesia. ●

For this reason, Mainline, published two newsletters for people who once injected about the risks of having contracted hepatitis C at one point in their lives. The newsletter was handed out to art societies, STD clinics, general practitioners' offices, well known squats and student societies. Also the newsletter C-zicht was published for active drug users with Hepatitis C with information on contraindications for treatment.

For people who use drugs with HIV the newsletter Take It was published three times. The 2014 newsletters explained on topics such as co-infection and unsafe sex.

The newsletters were sent to subscribers and were handed out by Mainline's outreach workers in places where many people who use drugs gather. Taking into account the many developments with relation to Hepatitis C and HIV, Mainline continues to inform people properly about the possibilities of treatment. ●

Mainline supports local organisations worldwide

Lesbians, homosexuals, bisexuals and transgenders (LGB&T) are still being discriminated. The same happens to sex workers and people who use drugs. Bridging the Gaps is a joint project of Mainline, Aids Fund, AFEW, COC and GNP+ that aims to put the human rights of these specific groups on the agenda and to give them proper access to healthcare.

In many countries, using drugs is a taboo and a criminal offense.

Within Bridging the Gaps, Mainline focuses on people who use drugs in Indonesia, Kenya, Nepal and Pakistan. "Our experience from the Netherlands is used to support local partner organisations in their work with people who use drugs," programme leader Machteld Busz from Mainline says. "We call this capacity building. Together with the local organisation we look for gaps in knowledge or skill. If, for instance, transmission rates are high, there may be the need for a needle exchange programme, condoms or reliable information about HIV. In addition we also build skills on an organisational level. How do you create a team that is effective? How do you maintain a proper book keeping?" These things are also instrumental to deliver high-quality services".

Another step is to win the support of communities for local work. "In many countries, using drugs is a taboo and a criminal offense. Not just people who live in certain neighbourhoods, but entire governments sometimes would rather see people who use drugs perish than to reach out to them. How, as an organisation, do you deal with police when they show a complete disregard for people who use drugs? How do you win over local policy makers for your cause? Per partner organisation we look at where their strong points are and where we can assist to improve services."

According to Busz, the greatest challenge lies in changing people's mindsets in all layers of society about people who use drugs. "People who use drugs may be ignored in the streets, but on a policy level this hap-



photo: Leon Knoops

pens too. For instance, by not granting drug users access to certain medication. If after a project the prejudices in a certain country are reduced, and this grants people who use drugs access to proper health care, we did a good job.”

Mainline’s work is always in development, Busz stresses. “Presently, we are trying to bring more structure to our activities, especially in the area of capacity building. We have formulated four components for which we can measure our accomplishments:

1. Harm reduction and programming
2. Networking and lobbying
3. Organisation structure
4. Financial structure

Per organisation we determine, together with our local partner, what we prioritise. After a project we can see exactly what we have accomplished together. This creates transparency and it improves the quality of our projects. In that way, each step is a step forward.” ●



photo Leon Kroops

Results Bridging the Gaps

- In Kenya, 1.679 people have been informed about the possibilities for health care for people who use drugs; about harm reduction; and about HIV and other infectious diseases.
- Training sessions about drugs and health, outreach work and harm reduction services led to better results from outreach work in Kenya. Additionally, significantly more women who use drugs were reached.
- In Indonesia outreach workers reached no fewer than 3.359 people who use drugs, of whom 53% used methamphetamine (crystal meth).
- LARAS initiated negotiations with the National Narcotics Board in East Kalimantan in Indonesia. They succeeded in setting up a programme in prison for people who use drugs.
- Through PKNI in Indonesia, 65 people are receiving support by so-called para-legals, (ex) drug users trained to have knowledge about the law and the way it is exercised. After receiving training they support others who use drugs in the several phases from police investigation to trial.
- In Nepal 3.682 people made use of health services which were made available to them through the outreach programme. People made use of needle exchange services, primary health care and received information about HIV, hepatitis and other risks related to drug use.
- Youth Vision received recognition for its successful pilot, in which the opioid substitute buprenorphine is being dispensed since 2007. Buprenorphine is now recognised by the Nepalese government as an opioid substitute and is included in a national implementation of opioid substitution treatment.
- The ART Adherence Unit (AAU) in Pakistan supports people in the early stages of taking AIDS medication. The centre turned out to be effective, necessary and most importantly, results are replicable. Adherence rates to ART are high and relapse into a life of injecting in the streets occurs in only few cases.
- Prompted by a study into human rights and health care, the Pakistani network for people with HIV started a workgroup for people who use drugs. The workgroup will work to demand improved rights for people who use drugs. ●

Alternatives for heroin in Nepal

Heroin is hard to kick, though buprenorphine offers opportunity chance. A pilot project in Nepal has led to adoption of buprenorphine in the national opioid-substitution treatment plans.

Youth Vision, Mainline’s local partner in Nepal, started pioneering a pilot for opioid substitutes. The National Centre for AIDS and STDs Control recently published a positive report about Youth Vision’s Opioid Substitution Therapy programme.

Buprenorphine was offered as a substitute for heroin to improve the health and living conditions of people who use drugs. Buprenorphine is now officially recognised by the government as an opioid substitute, and it will be included in a national implementation of opioid substitution therapy in Nepal.

Pros of buprenorphine substitution therapy:

- People report they experience more stability in their lives.
- By maintaining a stable dosing of buprenorphine, people succeed in finding a job and/or improve their relationship with their partner or family members.
- The dosage of buprenorphine can be reduced relatively fast, which allows some people to quit using substances altogether.

Further Reading

The link to the report ‘Impact of Buprenorphine Opioid Substitution Therapy program in Nepal’ can be found on www.mainline.nl/en/ (homepage)



Human rights in Kenya

People who use drugs are being discriminated in Kenya. They are often punished without a proper trial. Mainline works to have the rights of this group recognised.

“People who use drugs are often looked upon as if they were thieves,” Miriam Elderhorst, project leader Kenya says. “If a crime has been committed, the perpetrator is first sought among people who use drugs. Police do not always react adequately, which causes people to take the law into their own hands. The phenomenon ‘mob justice’ occurs often in Kenya: people rush out into the street to thrash the supposed perpetrator.”

Too often, people who use drugs are punished before a trial has taken place, Elderhorst says. “And if there is a trial, it is not always a fair one. The human rights of this group are structurally harmed. We work to improve the position of these people.

Trainer Jos Luteijn talks to local drug users.

HIV epidemic

Though the rights of people who use drugs are recorded in the Kenyan constitution, in actual practice use and



possession of drugs are forbidden. Elderhorst: “On the one side, there exists official protocol for needle exchange projects, but on the other, people are arrested for carrying clean needles. People who use drugs as well as outreach workers are targeted.”

The number of people who inject drugs in Kenya is estimated to be somewhere between 18.000 and 30.000. About 20% of this group have been infected with HIV. Elderhorst: “There is an HIV epidemic in Kenya, but people who want to prevent the spread of the virus are being punished.”

Mainline collaborates with local organisations to inform people about their rights. “With the right knowledge, people who use drugs and outreach workers have a better position to stand up for each other and demand a proper trial if police take someone into custody. We also put effort into documenting instances in which human rights are being harmed. We teach partner organisations to put pressure on government, so that the rights of people who use drugs are embedded better into policy and law making.”

Motor bikes and clean needles

Mainline supports organisations to scale-up their activities. “Thanks to our support the outreach workers of partner organisations now have motor bikes. On these they are able to supply a much larger number of people who use drugs daily with clean needles and health care. Also women who use drugs are being reached more easily. They are often less able to travel because they take care of the children and their physical condition is often weak. We now have a better idea of their specific needs. Care reaches them now.”

In Kenya, Mainline collaborates with Reachout, MEWA and Omari. By providing financial support, training and capacity building, Mainline actively contributes to the knowledge and application of the harm reduction approach in Kenya. ●





Georgia

A Remedy for Hepatitis C

The road to be cured of hepatitis C for people who use drugs is long and fraught with obstacles. Together with our local partner Tanadgoma Mainline started a new project in Georgia in October 2014 on the care cascade for Hepatitis C.

The road to a cure

“The lack of knowledge about hepatitis C (HCV) and the way it is transmitted forms the primary challenge”, Hatun Eksen, project leader for Mainline, says. “First, people who use drugs have to become aware of the risks of HCV infection. If they then decide they want to be tested, they should be able to find the test centres.”

However, there are obstacles. “The costs and the fear of side effects may cause reluctance to receiving treatment. The myth of having to become completely abstinent from drugs and alcohol during a prolonged period can form a serious psychological barrier for finding help,” according to Eksen.

Improving access to care

“The HCV care cascade’ relates to the different stages in the process of becoming cured from HCV. “The goal of this new project is to take the perspective of the people who use drugs and from there look at all the stages. In the end we hope to improve the accessibility of care. What is interesting in this respect is that the pharmaceutical company Gilead may supply the market in Georgia with new antiviral agents (DAAs) in 2015.”

Targeted approach

Outreach workers have been very

active in two Georgian cities up till now. They provided specific information about HCV to people who use drugs and they gathered a lot of data with the help of questionnaires and group discussions. “Not all data have been analysed yet. Yet, the first results show that the high costs and

the fear of the test result form obstacles for people who use drugs to get tested. People also fear the treatment side effects. Few respondents had knowledge of new antiviral drugs. We are now going to look how we can make testing and treatment accessible for this group. Educating people about the various medications, the possible side effects and the chances of becoming cured may be a helping factor in this. It will allow people who use drugs to make an informed decision.” ●

Mick Webb, INPUD

Working in the field together with Mainline I have found an impressive level of professionalism and knowledge. We work together in supporting the Kenya Network KenPUD and we delivered the human rights training in Pretoria, South Africa.

The realisation that substance use is a cultural phenomenon and that for many people substance use is a personal choice offers a good basis for productive collaborative working. I hope we will be able to continue our work together for many years to come.

Mainline’s starting principles and hands on approach of supporting self empowerment of socially excluded communities fits well with the Vancouver Declaration: <http://www.inpud.net/en/vancouver-declaration>



photo: Les Lutsajin



Out of the **nick** in Georgia

A little longer than two years ago, Georgia got a new government. Many prisoners were released in quick succession. They were not well prepared for their release and found problems while trying to reintegrate into society. Among them, many were people who use drugs.

Together with local partner Tanadgoma and AFEW Ukraine, Mainline supports former prisoners in Georgia. A high percentage of these people use drugs. Through the project 'Back to

Society' we address specific needs and challenges that these former convicts face. A start was made with setting up so-called social bureaus in 2014. These offer support in the case of psychological problems, with the aim of making reintegration into society for prisoners easier. We do this in collaboration with the Ministry of Justice (MPLA) and the national probation office (NPA) in Georgia.

Apart from the examples from Europe, focus was put on the Georgian reality. In order to get a valid overview of the Georgian situation, the training sessions were preceded by a study into the needs of prisoners, ex-convicts and probation officers. The results were presented in the sessions by the Tanadgoma Centre for Information and Counselling on Reproductive Health, the organisation that initiated the project. At the end of the sessions the participants possessed the tools to offer (ex-) convicts and people let out on parole better support for their psychosocial rehabilitation.

More information

Interested? We are able to specifically tailor courses for people who work in prisons and for probation offices. For more information, visit mainline.nl. By clicking on 'training & expertise' and then on 'training' you will find a complete overview of training options. It is also possible to contact Mainline directly via info@mainline.nl.



photo: Leon Knoops

Jos Luteijn, International trainer for Mainline

“‘We laugh about each other, yet we do not understand each other.’ This crossed my mind often during my work in the last couple of months. I’ve been a trainer for Mainline since August. Training people in another culture demands creativity and the skill to adapt. Building a bond of trust is hard. Political issues, cultural issues, interpersonal relations and substantial disparity of development all play a role. The key to the learning process appears to be humour. If you can laugh together, you can learn together. Yet, humour differs in each culture. The last few months proved to be a crash course in humour and cultural differences for me. Goal for next year: We laugh together. And we understand each other!”

A list of Mainline’s international training sessions

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

Three clever theses

In Mainline's international department, three students studied a number of important topics in 2014. Leon Essink studied the human rights situation of people who use drugs in the eight countries where Mainline and AFEW are working within the Bridging the Gaps project. Tatiana Mouhebati conducted research into *sexual and reproductive health and rights (SRHR) of people who use drugs*.

Both of their theses resulted in concrete recommendations for Mainline. Essink's thesis, for instance, formed the basis for the development of training sessions to teach people how to document instances of harm to human rights in South Africa more systematically.

Agnes Walk investigated the accessibility of harm reduction services for people who use amphetamine-type stimulants (ATS), such as methamphetamine (crystal meth). Many crystal meth users do not feel comfortable to use services aimed at people who use heroin. Her thesis too, produced practical recommendations, such as a document with harm reduction tips for people who use amphetamines.

More information can be found on www.mainline.nl



Three party initiative

Mainline collaborated closely with the Dutch Ministry of Foreign Affairs in 2014. We did so within the Bridging the Gaps programme, but also by collaborating on other initiatives of the Ministry. For instance, a collaboration between UNAIDS, Dutch embassies and the Dutch Ministry was initiated. In Ukraine, Kenya and Indonesia this three party collaboration was given shape. The main goal is to give HIV prevention and treatment for key popula-

tions with an increased risk on HIV, such as people who use drugs, a firm push into the right direction.

During the meeting in Indonesia, the added value of Dutch funding was stressed. Apart from flexibility and room for local interpretation, Dutch funding offers opportunities for smaller social organisations. This allows for the appearance of a diverse civil society that can be

critical of government policy and can stimulate engagement. By putting key populations in contact with each other, the Dutch government together with UNAIDS, hopes to create a strong lobby, allowing these groups access to HIV services and an improved human rights position.

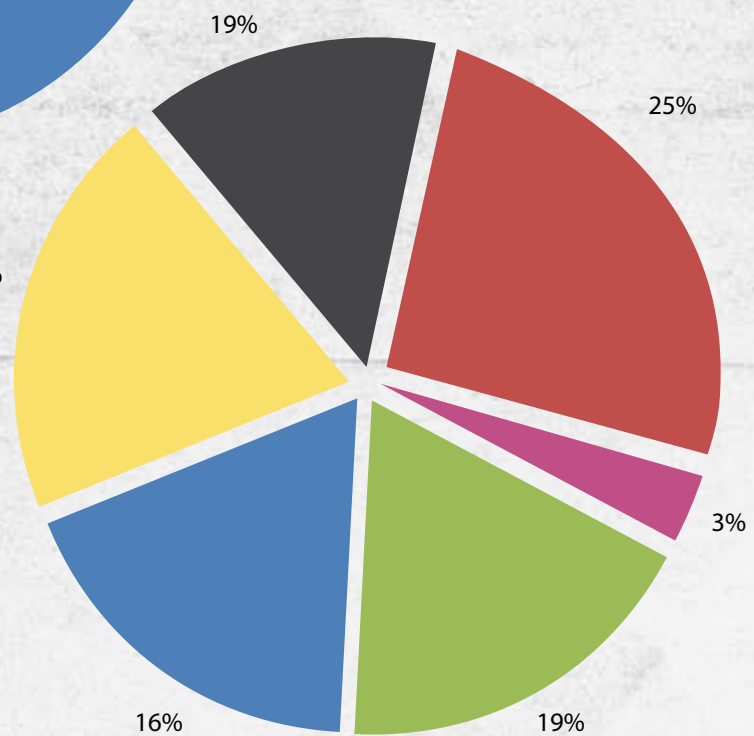
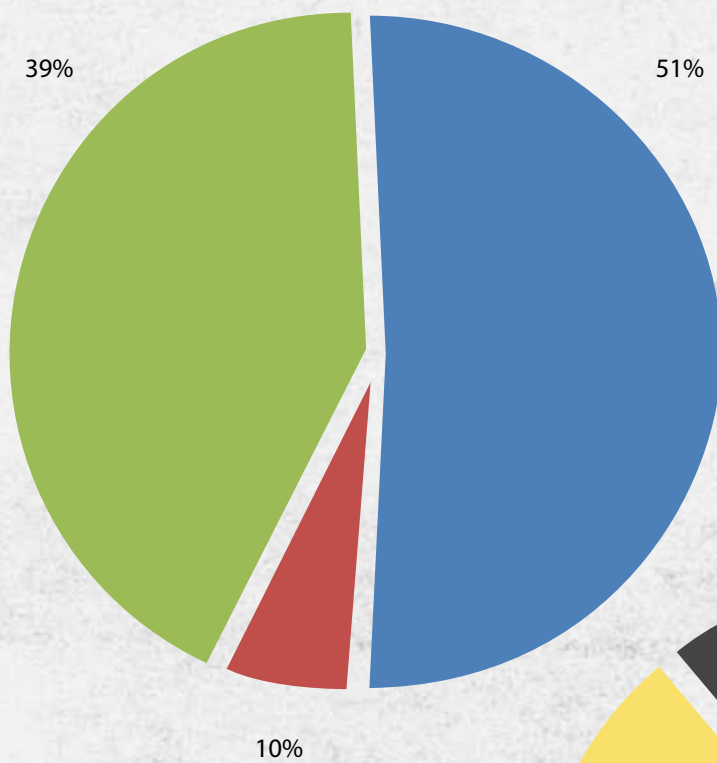
Mainline in Euros

Turnover Netherlands per Activity in Euro x 1000

Outreach	249	51%
Training/Research	50	10%
Development of Materials	189	39%

Turnover per country in Euro x 1000

Netherlands	488
Georgia	67
Pakistan	386
Indonesia	330
Nepal	362
Kenya	390
total	2023



The Balance

Statement of assets and liabilities per December 31st 2014

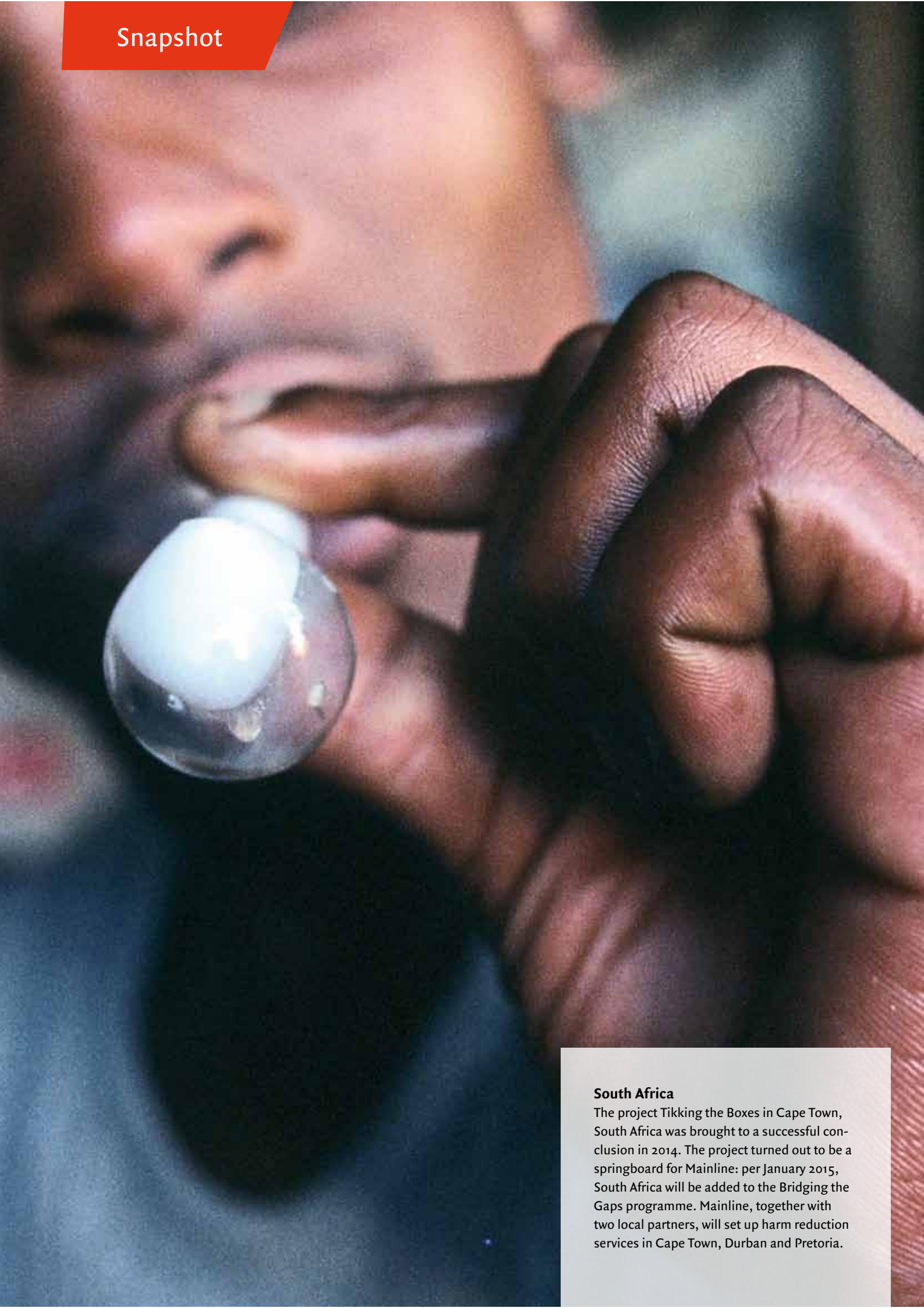
	2014	2013
Tangible fixed assets	15.789	14.138
Debtors	10.071	5.493
To be received from donors	488	3.359
To be received from others	15.867	28.370
<i>Subtotal</i>	<i>42.215</i>	<i>51.360</i>
<i>Cash, bank and equivalents</i>	<i>943.824</i>	<i>908.115</i>
Total assets	986.039	959.475
Continuity reserve	82.495	86.128
special purposes reserve	80.000	80.000
<i>Total reserves</i>	<i>162.495</i>	<i>166.128</i>
Long-term subsidy commitments	728.275	689.472
Other debts	95.269	103.875
<i>Total debts</i>	<i>823.544</i>	<i>793.347</i>
Total debts	986.039	959.475

Profit and loss account December 31st

	2014	2013
Subsidies	2.123.055	1.890.496
Other gains	2.500	0
Total revenue	2.125.555	1.890.496
Direct project expenses	1.281.533	1.085.055
Forwarded project expenses	825.525	813.496
<i>Subtotal expenses on goals</i>	<i>2.107.058</i>	<i>1.898.551</i>
management expenses	839.153	810.102
Forwarded project expenses	-825.525	-813.496
<i>Subtotal expenses on management</i>	<i>13.628</i>	<i>-3.394</i>
Total expenses	2.135.686	1.895.157
Balance revenue and expenses	-10.131	-4.661
<i>Allocation of results 2014 and 2013</i>		
Continuity reserve	-10.131	-4.661
Total allocation of results 2014 and 2013	-10.131	-4.661



photo Leon Kroonps



South Africa

The project Ticking the Boxes in Cape Town, South Africa was brought to a successful conclusion in 2014. The project turned out to be a springboard for Mainline: per January 2015, South Africa will be added to the Bridging the Gaps programme. Mainline, together with two local partners, will set up harm reduction services in Cape Town, Durban and Pretoria.