

Recommendations for setting up online harm reduction services



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Terminology

BBV — Blood-borne virus

CEECA — Central and Eastern Europe and Central Asia

Chatbot — A software application that simulates human conversation through text or voice interactions

Chat room — A real-time online interactive discussion group

CMS — Client management system

COVID-19 — A highly contagious and potentially severe acute respiratory disease caused by the SARS-CoV-2 virus

Darknet (or darkweb) — An anonymous, decentralised, and unregulated part of the internet, which is not accessible to conventional search engines. Accessing the darknet requires the use of special browsers, such as TOR.

ECDC — European Centre for Disease Prevention and Control

EHRA — Eurasian Harm Reduction Association

Emoji — A small digital image or icon used to express an emotion or idea. Emojis are similar to emoticons in terms of their primary function of filling in emotional cues missing in written communication. The difference is that emojis are pictures, whereas emoticons are typographic approximations

HIV — Human immunodeficiency virus

IM — Instant message, which is a written message that can be sent online to someone who is online at the same time

LGBTQI+ — An acronym for the community of lesbian, gay, bisexual, trans, queer, and intersex people and others

Messenger — Program, mobile application, or web service for instant messaging

Malware — Malicious software, which is a blanket term for any kind of computer software with malicious intent. It can be used to gain unauthorised access to information or systems, leak private information, interfere with a device's security and privacy, or cause disruption to a device, server, or network

NCSD — National Coalition of STD Directors

NPS — New psychoactive substances

OAT — Opioid agonist treatment

PWUD — People who use drugs

SMART — Specific, measurable, achievable, relevant, and time-bound

Spyware — A type of malware designed to enter a user's computer or mobile device, gather data about them, and send it to the spyware author, who can use it directly or sell it to a third party without the user's consent

STD — Sexually transmitted disease

TOR — The Onion Router, open-source software that enables anonymous communication via routing encrypted messages through multiple servers. TOR browser is used for accessing the darknet

UNODC — United Nations Office on Drugs and Crime

URL — Uniform resource locator, also known as a web address or internet address

Username — An alias used by a user on the internet, usually in places of communication (e.g., social media channels, forums, and chat rooms). Also known as a screen name or nickname

VPN — Virtual private network, which protects a user's information by masking a device's IP address, allowing safe use of public Wi-Fi hotspots

Web forum — An online communication platform where internet users (more than two participants) can hold conversations in the form of posted messages. Also known as an internet forum or online forum



Introduction

This document was developed by Lana Durjava for the Eurasian Harm Reduction Association (EHRA) as part of the project “Sustainability of Services for Key Populations in Eastern Europe and Central Asia”. It presents a brief guide with recommendations for harm reduction service managers on how to launch a new – or improve an existing – online harm reduction service aimed at people who use drugs (PWUD). The guide entails step-by-step practical tips regarding web outreach programme design, implementation, and evaluation. The purpose of this guide is to provide managers of harm reduction services, as well as representatives of other organisations working with key populations, with all the essential information needed to start an online outreach programme compiled in one place and presented in the form of concise, evidence-based, easily implementable recommendations.

The recommendations included in this guide can be adapted in line with the needs and resources of individual organisations, local contexts, and characteristics of the target population. They can also be adapted for web outreach with other key populations, such as people living with HIV, sex workers, or men who have sex with men.

This guide aims to complement a number of existing resource materials on the topic of online outreach, such as EHRA’s “Digital Help: **Online Course** on Digital Services for Key Population”, EHRA’s “Peer-to-Peer Counsellor **Manual** for Online Counselling”, and UNODC’s “**Recommendations**: Web Outreach for People Who Use Drugs”. The links to these materials, as well as other resources, are included in the Annex of this guide.

Getting started



CONDUCT A COMMUNITY ASSESSMENT

Reviewing other agencies' online outreach work can also assist you in designing your programme. For example, you can check which agencies already conduct such work, which populations they target, what methods they use, and on which platforms they are active. This information can inform the development of your programme and prevent over-saturation.

A community assessment can help you with:

- Learning more about the target population
- Establishing programme goals, objectives, and activities
- Identifying behaviours, attitudes, norms, and values of the community
- Identifying online platforms where you can reach the target population
- Establishing community-based support for online outreach activities

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A guidebook “Conducting a Community Assessment”, developed by the Compassion Capital Fund National Resource Centre, offers step-by-step tips on planning and conducting a community assessment. It also includes useful data collection and action plan templates.



CHOOSE YOUR TARGET POPULATION AND IDENTIFY ITS NEEDS

When designing an online outreach programme, you should choose your target population and identify its needs. Information from the community assessment, as well as local health department surveillance data, should assist you in this. For example, you may choose to target people who use new psychoactive substances (NPS), people who use opiates, people who inject drugs, people who engage in chemsex, women who use drugs, young people who use drugs, or HIV-positive PWUD. EHRA's "Peer-to-Peer Counsellor [Manual](#) for Online Counselling" offers an overview of the characteristics of different subgroups of PWUD, which can support your process of identifying your target population's needs.

Based on the gathered information, you can decide which platforms and times are best suited for reaching your target population. As the internet is a rapidly changing environment, the ideal platforms and times for web outreach may often change, so it is important to monitor the situation and adapt your interventions accordingly. Conducting regular community assessment activities during the programme implementation can ensure you are up to date with the latest trends.

SET SMART GOALS AND OBJECTIVES

Setting specific, measurable, achievable, relevant, and time-bound (SMART) goals and objectives provides structure and direction to your web outreach programme and allows you to monitor progress easily. The goals need to be set by carefully considering the financial resources, the legal context, the nature of the local/regional drug scene, and the needs of the target population you want to reach. Consequently, the web outreach goals will vary between different harm reduction services.

While a goal is an aspirational statement about what you want to achieve (e.g., increased PWUD's knowledge about harm reduction strategies and higher engagement in risk-reduction behaviour, increased PWUD's awareness of available harm reduction services, increased number of clients accessing harm reduction services, or increased number of people tested for blood-borne viruses (BBVs)), an objective describes how the progress towards the goal will be demonstrated.

For example, if your target population includes opioid users who are not accessing harm reduction services, a SMART objective may be increasing the number of clients accessing opioid agonist treatment (OAT) programmes by, for example, 5% within 12 months' time. On the other hand, if your interventions are targeted at people who engage in chemsex activities, your objective might instead be to increase the uptake of BBV testing.

Further examples of goals and objectives of online outreach programmes can be found in ECDC's document "Use of Online Outreach for HIV Prevention among Men Who Have Sex with Men in the European Union/European Economic Area".



IDENTIFY ACTIVITIES, METHODS, AND PLATFORMS FOR ACHIEVING YOUR GOALS AND OBJECTIVES

Choosing activities, methods, and platforms for your online outreach programme depends on the characteristics, needs, and habits of your target population, as well as on your goals, objectives, and resources.

It is recommended to design a programme that includes activities such as establishing contact with PWUD; informing and advising PWUD on a number of matters related to drug use, harm reduction, and associated health issues; referring PWUD to internal and external services; collecting and analysing field data; and retaining PWUD in harm reduction services. In terms of establishing contact with PWUD, you can opt for an active or passive approach. Both approaches have certain advantages and limitations, which are listed in the table below.

Table 1. Active versus passive approach

Approach	Active	Passive
Description	The outreach worker takes the initiative to message the member	The outreach worker waits for the member to initiate communication
Activities	<p>Sending messages to individual profiles</p> <p>Posting messages in chat rooms with multiple users</p>	<p>Answering questions from individual members</p> <p>Answering questions in discussion threads</p>
Advantages	<p>Sending messages to individual profiles</p> <p>Greater visibility</p> <p>Large output of information in a short amount of time</p> <p>Possibility of targeting subgroups with filters</p> <p>Posting messages in chat rooms with multiple users</p>	<p>More in-depth and individualised messages</p> <p>Lower likelihood of getting blocked or reported</p> <p>Greater acceptability among platform users</p>
Disadvantages	<p>Less focus on individual needs</p> <p>Can be viewed as spam by users</p> <p>Terms of Service may disallow the promotion of services</p> <p>May have lasting negative effects on the service's reputation</p>	<p>Time and labour intensive</p> <p>Outreach worker's regular presence is needed</p> <p>Requires fast, accurate answers and comprehensive knowledge</p> <p>Unpredictable results</p> <p>Challenging in reaching users with low engagement</p>

Adapted from the ECDC's technical document "Use of Online Outreach for HIV Prevention among Men Who Have Sex with Men in the European Union/European Economic Area".

Possible web outreach methods you should consider include social networks, messengers, specialised web forums, chat rooms, chatbots, smartphone applications such as dating apps, “dark” platforms, websites, email newsletters, and microblogging platforms.

When choosing the best platform(s) for your chosen method(s), you should assess the advantages and limitations of each platform and establish which platforms are most popular with your target population. Information gathered from the community assessment should support you with this task. If your programme entails passive outreach, you may wish to use platforms with functionality allowing users to see who recently visited their profiles. This could increase your profile’s visibility.

In addition to choosing specific platforms, you can also use filters within platforms to reach specific groups of people based on demographic characteristics. Such filters allow you to send bespoke messages to different subgroups and are consequently particularly helpful when adopting an active approach, as they can improve effective targeting and reduce the likelihood of negative feedback from members who perceive your messages as irrelevant. On the other hand, filters can sometimes present an obstacle when adopting a passive approach; for example, if many members of your target population filter out the characteristics that match your profile, your profile will not be visible to them.

EHRA’s “Peer-to-Peer Counsellor Manual for Online Counselling” entails an overview and examples of different platforms for online outreach and provides information about what outreach workers can do on different platforms and what they are used for by clients. You can draw on this information when choosing the platform(s) for your outreach programme.





ESTABLISH CONTACT WITH ADMINISTRATORS OF ONLINE PLATFORMS AND FAMILIARISE YOURSELF WITH THEIR TERMS OF SERVICE

Harm reduction services should contact the administrators or management of online platforms or website owners prior to conducting outreach and try to establish an official relationship. Sometimes, communication with the online venue may be impossible to establish, or permission to conduct online outreach may not be given. In such cases, it is the programme manager's decision on whether to proceed with web outreach on the platform in question or opt for an alternative.

Most platforms have Terms of Service, which include rules of conduct, privacy policy, and regulations. Prior to joining a platform, you should read and understand the Terms of Service, as signing up generally implies agreement with them, and the website/chat room/forum administrators can terminate an account or remove it from a chat room if the Terms of Service are violated. You should also review frequently asked questions (FAQ), which offer information on the appropriate behaviour (e.g., guidelines on how to introduce oneself to another member or direct a response to a specific person).

Online outreach programmes sometimes have their accounts blocked (either by an individual member or a platform) or deleted from the platform, which can happen abruptly and without any warning. To reduce the likelihood of that, it is important to make every effort to form positive relationships with platform members, administrators, and owners.

For example, Humanitarian Action Foundation in Russia provides online outreach services on different Telegram channels, which function as shops for purchasing drugs. The Foundation's outreach worker contacts the administrators of the channels and offers to post information about harm reduction services, such as BBV testing, harm reduction kit distribution, and options for consultations with various specialists. Platform administrators can either agree or refuse to post such information. Occasionally, the outreach worker is blocked. Sometimes, the outreach worker is given the rights of a co administrator, allowing them to post information directly.



CREATE RELEVANT, ENGAGING, AND CULTURALLY COMPETENT CONTENT

The most important content you need to consider prior to your web outreach programme implementation is information on your website, a profile description, messages, and a list of frequently asked questions (FAQ).

Your organisation's website should provide up-to-date information about your online outreach activities, including a list of platforms where you operate, business hours/days when you provide web outreach, information about finding your profile, and the purpose of

your intervention. It is also advisable to include an email or phone number where clients can contact you with questions, feedback, and complaints.

Your profile description should include sufficient information for users to easily identify your organisation. It is recommended to use your organisation's name as a username and logo as a profile picture. You should also include a brief description of your organisation, contact information such as work email and phone number, and links to organisational social media accounts. Personal emails, phone numbers, and social media accounts should never be used for online outreach. Additionally, it is always advisable to read the platform's Terms of Service prior to creating your profile description to ensure you don't violate any rules or conditions.

Messages for active outreach should be concise, transparent, and effective; adopt a suitable tone of voice; and offer essential information upfront. It is recommended to pre-test your messages with your target population and integrate the feedback when improving the messages. It is also advisable to review the platform's Terms of Service to ensure compliance with its rules.

The development of FAQ with fact-based and language/age-appropriate answers can ensure the consistency of your team's answers, save time, and increase efficiency – when a client asks a frequently asked question, an outreach worker can simply cut and paste the answer. It is recommended to prepare answers to FAQ in relation to drug effects and risks, harm reduction, injecting-related complications, blood-borne viruses such as HIV and hepatitis B and C, STDs, sexual health, mental health, COVID-19, tuberculosis, treatment options, referral resources, drug laws, and human rights.

For example, a Russian website Drugmap.ru, which was developed to provide information about drug overdose, offers useful information about overdose prevention, medical aid for overdose, HIV prevention services, types of support for PWUD and their loved ones, legal support, and campaigns.





Policy development

DEVELOP ORGANISATIONAL GUIDELINES FOR ONLINE OUTREACH

Prior to starting to deliver web outreach interventions, you should develop organisational guidelines for online outreach and ensure everyone who is involved in online outreach familiarises themselves with them.

The guidelines should include the following sections

Introduction, which should entail a statement of purpose, goals, and objectives of the programme

Involved personnel and description of their responsibilities and required competencies

Mandatory training for all staff members involved in web outreach work

Confidentiality and Privacy Policy, which should detail how confidentiality will be ensured and maintained

Internet Use Policy, which should entail digital security protocols

Standard Operating Procedures, which should include the methods and platforms for online outreach, as well as templates of activity logs and report forms

Documentation and reporting, which should specify which information will be collected, where it will be stored, and who will have access to the documents

Evaluation, which should include both process and outcome evaluation

The NCSD’s “National Guidelines for Internet-based STD and HIV Prevention” offer a helpful checklist, which you can draw upon when developing your guidelines. It can be found in Appendix D.



CREATE STEP-BY-STEP PROCEDURES FOR CONDUCTING ONLINE OUTREACH

Developing Standard Operating Procedures (SOPs) will help your team complete their work tasks, deliver consistent results, and have a good understanding of what to do when something unexpected happens. SOPs also ensure work efficiency, safety, and compliance; support training and onboarding of new team members; and help you monitor and improve your web outreach team's performance.

SOPs for online outreach should detail on which platforms online outreach will be conducted (e.g., Facebook, Telegram, or Tinder) and specify the methods that will be used (for example, social networks, darknet, dating applications, or forums). SOPs should also entail instructions about the utilisation of passive and active outreach approaches. It is good practice to also include a list of referral resources in your SOPs.

Additionally, you should include procedures for creating profiles, usernames, and emails for online outreach. Usernames should be unique, relate to your programme/agency, and include your organisation's logo as the account image. Profiles should include the agency name, contact details, and outreach worker's job title, as well as an invitation to chat, message, or email the outreach worker. It is recommended to also include keywords related to harm reduction (e.g., drugs, cocaine, crystal meth, addiction, HIV, and STD) to ensure clients can find the profile if they conduct a profile keyword search. These keywords need to be used in a context that clarifies your availability to discuss these topics and does not send the wrong message that the outreach worker is promoting drug use or supplying drugs. It is also good practice to include a response timeframe and business hours when an outreach worker is available. Personal emails, phone numbers, websites/blogs, or links to social media accounts should never be included in the profile of an outreach worker, regardless of whether they are paid members of staff or work on a voluntary basis. Discriminatory or judgemental statements should also be strictly avoided.

SOPs should also include templates of activity logs, report forms, and emails. This will increase work efficiency and assist with reporting. You can find examples of templates in the NCSD’s “National Guidelines for Internet-based STD and HIV Prevention” in Appendices G–J.



REVIEW AND UPDATE ORGANISATIONAL POLICY ON INTERNET USE

Organisational policy on internet use should provide guidelines for the acceptable use of the internet, email, social media accounts, computers, mobile phones, and tablets. Clear separation between professional and personal use of the internet should be established and included in the policy prior to the implementation of online outreach programmes. The Internet Use Policy needs to apply to all employees, contractors, and volunteers, who should review and sign the policy prior to commencing online outreach work, acknowledging that violations of the policy can result in disciplinary or legal action, including employment termination.

The Internet Use Policy should include guidelines on:



Personal use of the internet and work gadgets during work hours: the guidelines should prohibit excessive personal use of organisational internet (cyberloafing), although occasional personal use (e.g., during lunch breaks) may be allowed, provided it does not interfere with the staff member’s productivity, include commercial activities, or violate other organisational guidelines.



Security protocols, which should include rules around individual passwords, two-factor authentication, safe storage of confidential information, and precautions required against introducing viruses, malware, and spyware into the system.



Piracy, hacking, data theft, and other illegal activities: the guidelines should forbid illegally downloading audio and video files and software, installing software on organisation's gadgets without the authorisation of the IT team, introducing malware onto the organisation's computers or network, sharing confidential information with non-authorised parties, gaining unauthorised access to systems and accounts (hacking), and accessing content such as pornography or violent imagery.



Online bullying, harassment, and discrimination: the guidelines should prohibit racist, sexist, homophobic, narcophobic, derogatory, harassing, threatening, and otherwise discriminatory language and behaviour.



Mandatory training, including IT literacy, cybersecurity, data protection, and internet etiquette training.



The rights of the organisation, including copyrights, the right to employee monitoring to ensure the acceptable use of the internet and maintain the security of company data and system, and the right to disciplinary action when the Internet Use Policy is violated.

Practical examples of different elements of the Internet Use Policy can be found in AffiniPay's [article "Writing a Non-Profit Acceptable Use Policy \(APU\): A Quick How-To"](#).



DEVELOP A CONFIDENTIALITY AND PRIVACY POLICY

A Confidentiality and Privacy Policy details a service's policy on collecting, storing, sharing, releasing, and disposing of client information. Confidentiality is an ethical duty that obliges a professional to protect information discussed confidentially with the client and store all records containing client information securely, whereas privacy refers to the handling of clients' information that is protected under the law. Different countries and regions have

different legislations regarding privacy obligations, so it is strongly advisable to consult a qualified legal professional when developing your service's policy.

The Confidentiality and Privacy Policy needs to be read and signed by all service employees, contractors, and volunteers prior to commencing work. It is also recommended to provide mandatory induction and refresher training about data protection and confidentiality to all your staff members and to ensure the highest level of IT security when storing client data. Strict compliance with data privacy and confidentiality requirements will increase your service's credibility and your clients' trust, protect against data breaches, and prevent legal action.

The Confidentiality and Privacy Policy should include information about

Roles and responsibilities of the chief executive officer, data protection officer, departmental managers, and individual employees, contractors, and volunteers

Client confidentiality

Client file management

Client information rights, including the right of access, the right to be informed, the right to restrict processing, the right to erasure, and the right to rectification

Third-party requests

Breaches of data privacy and confidentiality

Disposal of personal information

Mandatory training for staff members

Within its Education for Justice (E4J) series, the UNODC offers an informative module about privacy and data protection (Module 10 in the Cybercrime series), which you may wish to explore to gain further information about this topic. If you want to find out or compare national data protection laws, have a look at the DLA Piper website, which has a searchable database of worldwide data protection legislation.



DEVELOP A POLICY ON DEALING WITH WORK-RELATED STRESS AND BURNOUT

A Stress Policy is a formal statement that sets out how an organisation is going to manage work-related stress, mental health problems, and burnout and minimise the risk to staff health and well-being. Developing a Stress Policy can be beneficial for several reasons, including legal, business, and ethical reasons. For example, a Stress Policy can help minimise the costs associated with stress (e.g., sickness absence), ensure compliance with legal regulations, and demonstrate your organisation's commitment to fulfilling its ethical responsibilities.

A Stress Policy should identify the responsibilities of managers, human resources, occupational health and safety staff, employees, and volunteers and include an organisation's commitment to:



Identifying workplace stressors, conducting risk assessments, and developing risk management plans to mitigate the risks of stress



Regularly reviewing risk assessments and risk management plans



Providing training to all managers and supervisors regarding good management practices



Providing training to all staff members about self-care and work-related stress and burnout prevention



Providing confidential counselling for staff affected by stress



Providing sufficient resources to enable the implementation of an organisation's stress management strategy

EHRA's "Peer-to-Peer Counsellor Manual for Online Counselling" provides useful information about burnout syndrome and details helpful personal strategies for avoiding burnout.



Staffing



DETERMINE INFRASTRUCTURE AND STAFFING NEEDS AND ALLOCATE SUFFICIENT FINANCIAL RESOURCES

Allocating sufficient financial resources to your online outreach programme is essential for its successful implementation. Necessary infrastructure usually includes computers, tablets, or smartphones; uninterrupted and secure internet access; membership fees for certain platforms; and VPN and TOR browser if you plan to conduct web outreach on the darknet.

Necessary human resources depend upon programme size and organisational structure. The web outreach team should consist of a project manager with substantial experience in the harm reduction

sector and a various number of outreach workers, who must have demonstrated competencies in online counselling skills, motivational interviewing, harm reduction and referral knowledge, and internet-related skills, including a good understanding of cybersecurity, data protection, and online terminology. It is also recommended that outreach workers have previous experience working in frontline roles in harm reduction services. If you have sufficient resources for the project, it is also advisable to include online consultants, such as doctors and psychologists. For example, the Ukrainian Drugstore project, which was developed with the support of the Alliance for Public Health and implemented through a mobile application, provides clients with the opportunity to get an anonymous and free consultation with a psychologist, an infectious disease doctor, or a drug consultant.

You can opt for having several members of your team delivering web outreach interventions (if financial resources are limited, this would likely be in addition to traditional client-facing work), or alternatively, you can allocate one team member to focus solely on online outreach work. Centralising this role could potentially assist with quality assurance, but it also presents a risk of temporary discontinuation of web outreach interventions when the outreach worker is on annual or sick leave or when they leave the service. Consequently, if you have access to sufficient resources, it might be preferable to train several team members in the provision of web outreach interventions. Having multiple outreach workers on the team could also help in preventing work-related stress and burnout.

CLEARLY DEFINE STAFF ROLES, RESPONSIBILITIES, AND REQUIRED COMPETENCIES

A web outreach team consists of a project manager, outreach workers, and online consultants, such as doctors, psychologists, and peer consultants. The actual composition of your team will depend on available resources; if they are limited, you can initially start with hiring just one outreach worker from the target group, who would work under the supervision of a harm reduction project manager. The project manager can also act as a backup person for online outreach when the outreach worker is not available.

A project manager's main responsibilities entail organising the work of the team, assigning workload to outreach workers, providing supervision to outreach workers and monitoring their work, ensuring

compliance with quality standards and regulations, documentation, reporting, and programme evaluation. A project manager should have experience working in the harm reduction sector. The required competencies include good communication, organisational, leadership, and conflict resolution skills; problem-solving and critical-thinking ability; emotional intelligence; and strong knowledge about substance use, harm reduction, existing treatment options, and referral resources.

Outreach workers' responsibilities include establishing contact with PWUD on different online platforms, informing and advising on different issues, signposting to external agencies, documenting events and completing log forms detailing the content of contact, and supporting retention. To successfully perform in their roles, outreach workers should have strong communication and online counselling skills; be well-informed about substance use, harm reduction, treatment options, and referral resources; and have good IT skills and a working knowledge of cybersecurity, data protection, online terminology, and internet etiquette. If your programme employs peer outreach workers, it is also advisable that they belong to the group that your interventions are targeting. Outreach workers should have a clear understanding of professional boundaries and sufficient knowledge to correctly assess whether an online query can be dealt with via online consulting or whether an in-person appointment with a health professional is necessary.

Online consultants' main responsibility is to provide fact-based, reliable, and non-judgemental consulting on topics related to their speciality. The main required competencies are specialist knowledge in their area of expertise, good communication and IT skills, and a working knowledge of substance use, co-occurring health issues, and treatment options.

For more information about the outreach team's roles and responsibilities, you may wish to explore UNODC's resource "Outreach for Injecting Drug Users".





INTEGRATE PEER-TO-PEER ONLINE OUTREACH INTO YOUR PROGRAMME

Due to the lived experience of drug use, peer workers often more easily establish rapport and gain trust from their peers. They can also serve as role models for the clients they work with. Additionally, peer workers have insider knowledge of the drug-using world, drug-supply systems, and drug-related terminology, as well as privileged access to formal and informal mutual aid networks. It is, therefore, strongly recommended to integrate peer-to-peer online outreach into your programme.

Peer workers should be provided with the same opportunities for training and supervision as other staff members. As a minimum, they should be trained in harm reduction interventions, basic counselling skills, professional boundaries, and motivational interviewing. It is advisable that such training involves varied role-playing exercises to sufficiently prepare peer workers for online outreach. Peer workers should also be fully trained on online outreach protocols, especially in relation to cybersecurity, safety, confidentiality, privacy, and ethics. When conducting online outreach, peer workers should never use

their own personal accounts or disclose personal information such as email address, phone number, or home address. Instead, peer workers should be given access to the organisation’s accounts to conduct their work. They should complete an activity log after each outreach session and, when relevant, record any incidents that have occurred.

Peer workers should be supervised by an experienced staff member who can monitor the quality of their work, provide feedback and emotional support, and deliver further training. Reflective group practice is also recommended and should be facilitated by a qualified psychologist or psychotherapist.

EHRA’s “Peer-to-Peer Counsellor Manual for Online Counselling” provides further tips on implementing peer-to-peer online outreach. You may also find it helpful to review International HIV/AIDS Alliance’s “Good Practice Guide for People Who Use Drugs”.



INVEST IN TRAINING AND DEVELOPMENT

Effective implementation of an online outreach programme requires a comprehensive training programme for all members of your online outreach team. Full training should be provided prior to commencing outreach work and then periodically as ongoing training, given the nature of the ever-changing online environments. Other programme staff should also attend the training as needed; e.g., all staff answering phones should receive training on how to communicate with clients recruited through online outreach, and all staff members using electronic devices should receive training about cybersecurity, data protection, and IT literacy.

Suggested training topics include:



Drug use and harm reduction



Blood-borne viruses (BBVs)



Injecting-related complications



Mental health and dual diagnosis



Sexually transmitted diseases (STDs) and sexual health



Motivational interviewing



Online counselling



Group facilitation skills



Professional boundaries



Treatment options for substance use, BBVs, and STDs



Referral resources (community and online)



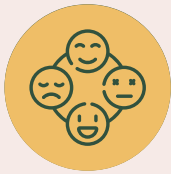
Diversity and equality



IT literacy



Cybersecurity



Online terminology, emojis, acronyms, abbreviations, and meanings



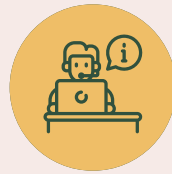
Dealing with negative messages and cyberbullying



Data protection



Internet etiquette



Hands-on website training

The Ohio Department of Health and AIDS Resource Center Ohio’s “Guidelines for Internet-based Outreach in Ohio” offer further recommendations of training topics you may wish to consider including in your programme.



DEVELOP A CODE OF CONDUCT FOR ONLINE OUTREACH WORKERS

A Code of Conduct for online outreach workers should detail approved and forbidden activities and provide specific instructions about internet etiquette and device access. For example, approved activities may be access to social networking sites, chat rooms, mobile apps, and the darknet and the use of email and instant messaging programmes. Forbidden activities may include sharing personal contact information, breaking professional boundaries, using

discriminatory language, breaching security protocols, downloading non-work-related audio and video files, gambling, and engaging in illegal activities, such as online purchase or supply of drugs.

With regard to device access, the following statements are recommended to be included in the Code of Conduct

- The device will be password protected
- The device will have a virus protection programme that will be regularly updated
- The outreach workers with access to the device will have to sign a form agreeing to use the device only for the approved activities
- The device will be connected to a password-protected network
- If an outreach worker ever needs to access a public network, they will use VPN
- Any software download to the device will be made only from official software/application stores
- Operational systems, applications, and browsers on the device will be regularly updated

An example of the Code of Conduct for outreach workers can be found in the NCSD’s “National Guidelines for Internet-based STD and HIV Prevention” in Appendix E.



PROVIDE REGULAR SUPERVISION TO ONLINE OUTREACH WORKERS

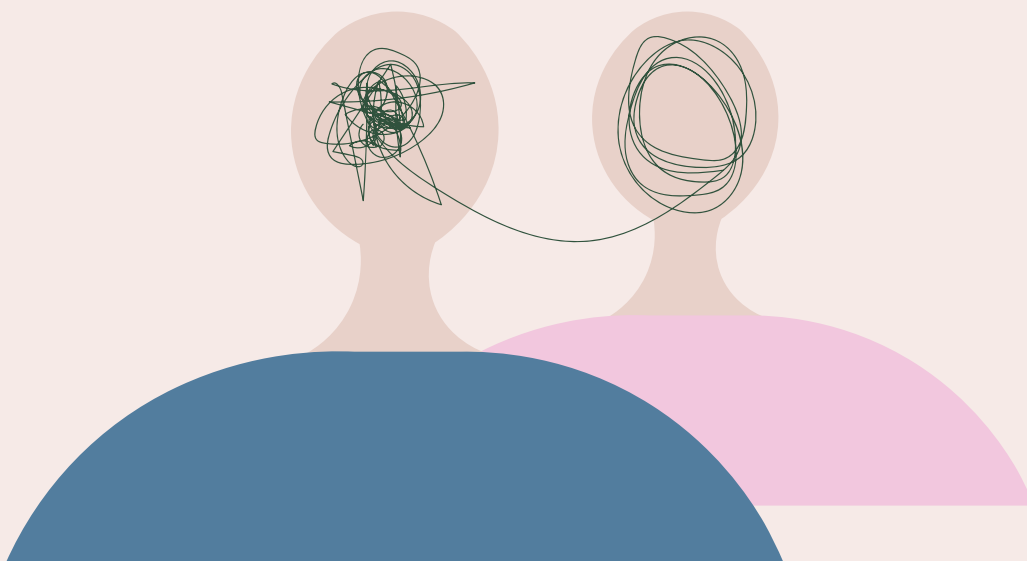
Supervision is an essential component of online outreach services and provides a safe space for workers to reflect on their practice and further develop their knowledge and skills. Effective supervision can increase job satisfaction, organisational commitment, and staff retention, as well as prevent work-related stress and burnout. Individual supervision should be offered on a regular basis by an experienced line manager who has completed training in supervision.

Supervision should fulfil the following functions

Formative/educational function, which focuses on the advancement of outreach worker's knowledge and skills, encouraging reflection on their work practice and development of new perceptions and ways of working

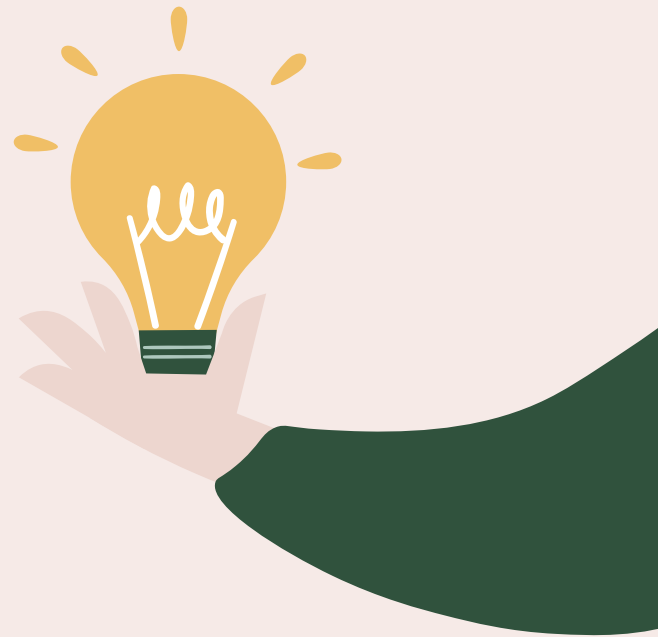
Restorative/supportive function, which focuses on the well-being of the outreach worker and considers the emotional responses arising from client work, providing support to prevent stagnation, over-involvement, and risk of burnout

Normative function, which focuses on quality assurance, maintenance of good standards of work, and adherence to organisational policies



In addition to individual supervision, it is recommended to provide your team with access to reflective group practice, which should focus on exploring the team's emotional responses to working with clients, encourage reflection and development of new insights, and be facilitated by an external supervisor, ideally a qualified psychologist or group psychotherapist. Having an external supervisor leading a reflective group practice reduces the likelihood of your team members perceiving it as a quality assurance check, which could prevent them from engaging in group sessions meaningfully and authentically.

If you wish to explore this topic further, Skills for Care provides an informative guide about supervision and a useful toolkit about performance management designed for line managers in health and social care services, which includes practical tips and scenarios for managing staff performance.





Referral procedures

COLLABORATE WITH OTHER SERVICE PROVIDERS AND ESTABLISH A CLEAR REFERRAL PROCESS

One of the core elements of a successful online outreach programme is the smooth signposting of clients to other service providers in line with their needs. To ensure a clear referral process and high referral success rates, it is vital to establish strong links with other providers, such as OAT prescribing services (if not offered internally), sexual health clinics, mental health treatment services, crisis hotlines, and services working with victims of domestic violence.

It is good practice to agree on a referral process with partner organisations and to establish clarity on the waiting times for new assessments, inclusion/exclusion criteria for client uptake, and the nature of services provided by each agency. This will ensure that outreach workers give out correct information in online consulting and prevent inaccurate expectations and consequent disappointment, which could negatively impact the reputation of your service.

You may also wish to consider collaborating with other providers and jointly organising a webinar or a podcast streamed on social media channels on topics such as OAT, in-patient drug rehabilitation, treatment of HIV and hepatitis, and mental health treatment. An online event of this kind can include a presentation from a relevant expert followed by a Q&A session, which may also result in certain attendees being invited to an appointment with the specialist service.

EHRA’s “Peer-to-Peer Counsellor Manual for Online Counselling” provides further information about the referral process and includes a helpful checklist of questions that you can use to ensure that referrals are made to the right providers.



DEVELOP AND REGULARLY UPDATE A DATABASE OF REFERRAL RESOURCES

Developing and maintaining a database of referral resources, including online informational resources and local service providers, will ensure your web outreach clients are effectively and promptly referred to services according to their needs.

The recommended online informational and educational resources include

Substance use information and treatment;

- Harm reduction information and advice;
- Information on drug laws;
- Mental health information and treatment;
- BBV and STD information, testing, and treatment;
- Domestic violence information and resources;
- LGBTQI+ information and resources;
- Youth-related information and resources;
- COVID-19-related information and resources.

For example, the EHRA website provides comprehensive information about harm reduction and drug laws in the CEECA region. You can find useful resources about HIV and sexual health at the Terrence Higgins Trust website, youth-related resources at the YouthRise website, and mental health information at the Mind website.



The recommended local service providers include

- Drug and alcohol treatment services;
- Sexual health clinics;
- Mental health treatment services;
- Suicide or crisis hotlines;
- Child protection services;
- Social housing services;
- Legal services;
- Services working with victims of domestic violence;
- Services working with refugees;
- LGBTQI+ services;
- Peer-support groups.

Prior to programme implementation, it is vital to provide your staff members with training about referral resources and grant them easy access to a regularly updated resource database.

DEVELOP PROCEDURES FOR THE REFERRAL AND TRACKING OF CLIENTS TO BOTH INTERNAL AND EXTERNAL SERVICES

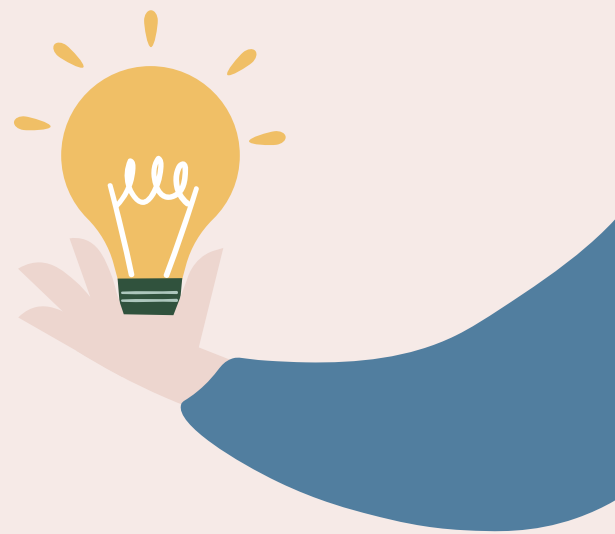
Procedures for the client referral and tracking should include logging all referrals on a spreadsheet and/or client management system (CMS) dashboard, providing visibility into each referral episode and clarity on the status of the required next steps.

The following information should be recorded

- Date of referral;
- Referring person;
- Service to which the client is referred;
- Date of referral acknowledgement;
- Date when the client is contacted;
- Date when the client is offered the first appointment.

When a referral is made to an internal service, your organisation's CMS should allow all relevant staff members to access and update clients' records easily, giving managers the ability to monitor referrals. Referrals to external services require effective information sharing between different stakeholders (provided the client has given consent). It is advisable to establish a clear process for receiving email notifications from external providers on the progress of your referrals.

Collaboration amongst agencies is crucial for accurate referral tracking. To find out more about this topic, you can read the “Integrating Substance Abuse Treatment and Vocational Services” by the Centre for Substance Abuse Treatment. The relevant parts are included in Chapter 5 – Effective Referrals and Collaboration.



Safety and security



INVEST IN DIGITAL SECURITY

Digital security is the practice of protecting systems, networks, hardware, software, and data from cyber threats and attacks. A strong digital security strategy can protect your organisation from malicious attacks that aim to access, delete, or extort its systems and sensitive data and disrupt its operations.

It is strongly advisable to install and regularly update anti-virus programmes and anti-spy packages on all computers, tablets, and mobiles used for web outreach. The devices and accounts should be protected by complex and unique passwords, ideally in combination with two-factor authentication. It is also recommended to regularly update operational systems, applications, and browsers. Using non-secure, password-free Wi-Fi should be strictly avoided – if your team members need to connect to the internet via public Wi-Fi, they should always use a virtual private network (VPN).

For mobile phone use, it is recommended to turn off Bluetooth when not in use, use a complex passcode, install security applications, regularly clear browsing history, and avoid using fingerprint or face access to a smartphone. Unofficial application stores should not be used for installing software on mobile devices.

Sensitive information such as passwords, personal data, and financial information should be password protected and encrypted. This is particularly important if your team members ever use their personal devices for accessing or storing work-related information.

Organisational websites should have firewall protection and virtual patching/hardening for hacking protection. Using security headers is recommended – these can be hard-coded or set via security plugins. For organisations that process personal data, it is also advisable to invest in cybersecurity insurance and vulnerability assessment.

Cybersecurity and data protection training should be provided to all members of the online outreach team as part of induction training, as well as regular refresher training (every 1–2 years). For example, edX and Coursera offer a number of free cybersecurity training opportunities.




ANTICIPATE POTENTIAL RISKS AND DEVELOP A RISK MITIGATION PLAN


Delivering online outreach interventions is accompanied by a number of risks. To ensure they do not escalate into a full-blown, unmanageable crisis, it is recommended to anticipate potential risks and develop a risk mitigation plan prior to programme implementation. For example, certain countries, particularly those with punitive drug policies, may prohibit the use of certain platforms or render them unsafe due to control by law enforcement agencies. In such cases, it is worth considering conducting outreach on alternative platforms.

As a minimum, you should develop a risk mitigation plan for the following risks:

- Security risks, such as the risk of hacking into your account or website or inadvertent installation of malware. To manage such risks, develop cybersecurity policies mandating installation and regular updates of anti-virus programmes, firewall protection, regular backups, and the use of secure passwords, two-factor authentication, and VPN.
- Technical risks, such as the risk of a broken device, internet connection interruptions, or automatic text correction. Such risks can be mitigated by having access to several devices and a good internet connection and re-reading messages prior to sending them.
- Risk of violation of national drug policy regulations. Several countries have repressive drug policies that penalise people for “promoting” drugs and drug use. It is advisable to develop an online disclaimer such as “This information is for harm reduction and disease prevention and is not intended to promote drug use” and post it online. It is also recommended to consult a legal professional regarding the exact wording.
- Risk of online harassment, “trolling”, and aggressive communication. A risk mitigation plan may involve developing strategies such as ignoring or blocking disruptive individuals, continuing with repeating fact-based information and not deviating from the topic, seeking help from a legal professional, or contacting the police.



Risk of violation of a web outreach worker’s personal boundaries and development of dual relationships. This risk is particularly – yet not exclusively – notable when an outreach worker is a peer with shared lived experience with a client. Providing training about professional boundaries and regular supervision can mitigate this risk.



Further examples of potential risks and suggestions for their mitigation can be found in EHRA’s “Peer-to-Peer Counsellor Manual for Online Counselling”.

DEVELOP SAFETY PROTOCOLS

Developing comprehensive safety protocols for online outreach will protect your clients and staff members, as well as guard your service’s credibility.

Safety protocols should offer clear guidance on acceptable behaviour for your outreach workers. They should strictly forbid staff from using or sharing their personal email addresses, telephone numbers, website URLs, home addresses, or any other personal contact information. Staff should also be barred from using a professional relationship with a client formed during online outreach to pursue personal, sexual, or illegal activities, as well as from interacting with clients in an overly friendly, intimate way that does not respect professional boundaries. Safety protocols should also prohibit misrepresentation (for example, if a web outreach worker is not medically qualified, they should not offer medical advice to clients online; instead, they should make appropriate internal or external referrals for medical matters and only offer advice on topics for which they have confirmed competency).

Clear and robust procedures for handling disruptive and abusive clients should also be included in your safety protocols and may entail options such as referring a disruptive client to a manager, disengaging from online interaction, or blocking a client. All online incidents should be promptly and thoroughly documented, and it is advisable to prepare templates of incident report forms as part of developing your organisation’s safety protocols. It is also recommended to examine and risk assess online platforms prior to the implementation of your web outreach programme and regularly review and update the security of your information systems and data storage.

Your safety protocols should also include the provision of staff training on professional boundaries, work-related stress and burnout, and dealing with negative messages and online abuse such as cyberbullying, as well as access to regular supervision. Your staff members should be fully aware of potential risks associated with web outreach work prior to its implementation so that they can make an informed decision on whether to conduct such work. If your resources allow it, you might also wish to consider appointing an online safety coordinator.

Safety protocols should also entail the commitment to confidentiality and privacy of client data and protocols for obtaining consent for data sharing with third parties. Compliance with legal regulations in your country is also paramount, and to ensure legal safety, it is recommended to seek legal advice prior to your programme implementation.

FHI360’s resource “Going Online to Accelerate the Impact of HIV Programs” offers further information on safety protocols and provides a helpful checklist for planning safe access to online services.



DEVELOP A PLAN FOR ADVERSE EVENTS AND EMERGENCIES

Prior to the implementation of your online outreach programme, it is essential to develop a response plan for adverse events and emergencies. The plan should specify who will handle adverse events and emergencies and describe how such events will be handled. The response plan should include developing a response team, planning for a wide range of adverse events, and preserving documentation and other evidence. Advance planning will prevent making rushed decisions in the heat of the moment when emotions are running high and help avoid crisis escalation.

It is recommended to conduct a thorough risk assessment and develop a plan for mitigating each potential emergency. The plan

should be flexible and periodically updated and include an emphasis on staff training as to what to do in various emergency situations. It is also recommended to create a checklist of required actions to be taken immediately after emergency notification.

For example, you can develop a plan for the following adverse events:



Cyberattacks, including a hacked account or website or malware installation. Preventative actions such as installation and frequent updates of anti-virus programmes, firewall protection, regular backups, and the use of secure passwords, two-factor authentication, and VPN are essential. You may also consider obtaining cybersecurity insurance. In the case of an actual hack, your plan should entail an immediate change of all passwords, a malware scan of the website and all devices, malware removal, notification of all parties whose personal details were involved in a data breach, and issuing a warning about the possibility of fraudulent activity on online platforms.



Loss of client data or contact with the client. Preventative actions include exchanging contact details with the client and regularly backing up client records. If the data from the website or database is, for any reason, lost, you can use the backup to retrieve it.



War situation or mass disaster. Such emergencies may lead to an increased number of counselling requests with new emerging questions. Your plan should include the provision of staff training about crisis counselling, self-care, and available online and community resources.



For example, the war in Ukraine led to a soaring number of requests for assistance and counselling, which required online counsellors to acquire additional knowledge about crisis counselling. The Telegram channels Harm Reduction for Ukrainians and Psychological Support have proved to be useful resources for professionals supporting the Ukrainian people.



Monitoring and evaluation

SYSTEMATICALLY COLLECT AND ACCURATELY REPORT PROGRAMME DATA

Continuous, timely, and consistent collection and reporting of programme data is vital to the evaluation and ongoing provision of online outreach programmes. In order to ensure correct reporting, set up reporting protocols regarding the data that needs to be documented, the documents to be used, information on how the documents will be stored, and specification regarding who (and when) will review the documents.

To collect programme data, it is recommended to use short report forms that include key performance indicators and allow outreach workers to add comments. The specific data you collect will depend on your objectives and funding bodies' requirements regarding reporting and evaluation. At a minimum, you should record original client case numbers, contact details (when provided), dates and times when intervention was delivered, communication method and platform, stated risks, referrals given, and additional comments. You may also wish to collect IM and chat room transcripts.

It is recommended to create templates of activity logs and report forms for outreach workers to complete after each online session. This will ensure consistency in data reporting and support the process of programme evaluation. You can find examples of templates in the NCSD's "National Guidelines for Internet-based STD and HIV Prevention" in Appendices G–J.

It is also advisable to create and regularly update a spreadsheet (or use a CMS) for recording and tracking referrals. The suggested information to document is listed in the Referral Procedures section.

DEVELOP AN EVALUATION PLAN WITH KEY PERFORMANCE INDICATORS

Evaluation of your web outreach programme and activities is essential for ensuring that all programme-related policies and procedures are followed and that the programme is meeting its goals and objectives. It is advisable to develop an evaluation and quality assurance process for collecting and analysing data and reporting and reviewing outcomes, decide on key performance indicators, and establish methods for assessing progress towards the programme's goals and objectives. You should also include mechanisms for measuring referral success rates, ensure outreach workers are regularly provided with feedback on their performance, and include stakeholders in your evaluation. It is also recommended to identify a responsible person who will lead on quality assurance activities, as well as develop a means for clients to provide feedback.

Evaluation can include various data from activity and referral logs, report forms, databases, and activity observation tools. Additionally, chat transcripts can be used for qualitative analysis purposes. It is generally advisable to conduct both process and outcome evaluations.

Process evaluation is an ongoing evaluation during programme development and implementation; it reviews the elements that are working and those that should be improved and captures ideas on what changes to make. Process measures may include, for example, the provision of staff training and the development of programme-specific guidelines.

On the other hand, outcome evaluation assesses the degree to which the programme has met its objectives, its cost-effectiveness, and its most (and least) effective aspects. Outcome measures can be determined through the community assessment process and the development of a logic model that includes information on inputs (e.g., assigned staff and funding), activities (e.g., providing web outreach interventions and ensuring training and professional development), outputs (e.g., implemented online interventions, completed referrals, and provided training opportunities), and short-term (e.g., increased knowledge of harm reduction), intermediate (e.g., behavioural changes observed in profiles or through follow-up assessment activities), and long-term outcomes (e.g., reduced incidence of BBVs).

ECDC’s document “Use of Online Outreach for HIV Prevention among Men Who Have Sex with Men in the European Union/European Economic Area” offers useful examples of key performance indicators, which you may find helpful when deciding on your programme evaluation criteria.



DEVELOP A PROCEDURE FOR CLIENTS TO SHARE FEEDBACK AND COMPLAINTS

Regular collection of client feedback will help you understand how your online outreach programme is perceived by your target population and identify what is working well and which areas require improvement. You can collect client feedback via client satisfaction surveys, client advisory boards, and individual and group interviews. To increase clients’ willingness to give feedback, you may wish to

consider providing motivational packages upon survey completion. For example, the Humanitarian Action Foundation in Russia distributes harm reduction kits in exchange for participation in surveys in a closed Telegram chat.

With regard to client complaints, it is advisable to set up a protocol detailing how the complaints can be submitted (e.g., verbally or in written form), the deadline for filing a complaint (e.g., no later than 12 months after the date on which the matter that is the subject of the complaint occurred or, if later, the date on which the matter came to the attention of the complainant), the timeframe for your service’s acknowledgement of the complaint and its investigation, and the structure of the response. The response should include an explanation of how the complaint was considered, how the decision was reached, and who was involved in the investigation; reference to relevant records or guidelines; information on what was done to put things right; and a meaningful apology when it is due. It is also recommended to display your complaint procedure on your website and to determine which team member(s) will be responsible for dealing with complaints.

In areas where independent patient advocacy services are available, independent advocates can support clients with making a complaint. If independent patient advocacy services are commissioned in your area, it is good practice to alert your clients to this option, for example, with information about it (including contact details) provided on your organisation’s website.



List of available online resources

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COUNSELLING PLATFORMS AND CHANNELS (IN RUSSIAN)

1. Анонимная консультация в чате Drugstore: <https://drugstore.org.ua/consultants>
2. Форум ЛУН Казахстан: <https://www.facebook.com/KCCV.Kz/>
3. Форум снижения вреда «Мотылек»: <https://forum.motilek.com.ua/>
4. Фонд «Гуманитарное действие». Официальный веб-сайт: <https://haf-spb.org/>
5. Независимый портал бесплатных онлайн-услуг «Help24»: <https://help24.org.ua/>
6. Telegram-каналы «Психологическая поддержка»: https://t.me/psy_support
7. Telegram-каналы «Снижение вреда для украинцев»: <https://t.me/HarmReductionForUkrainians>

