Annual Report 2009

Mainline Foundation

## Harm reduction

Crossing boundaries



# HARM REDUCTION CROSSING BOUNDARIES

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#### **FOREWORD**

#### **COLLABORATE, SHARE AND DISSEMINATE: KNOWLEDGE AS THE KEY!**

The year 2009 was a good year for Mainline. Our regular work that we have done since our founding in 1990 continued: providing information to our target groups; obtaining information through research and collaboration; publishing clear and coherent magazines, books and brochures; and conversing to understand problems so that they can be solved. In addition, we enthusiastically launched new plans. We wanted a broader group of drug users to profit from our effective approach. This wider group includes more drug users than just those who use excessively and have serious problems in many areas of their lives.

#### **Expanding our target groups**

One of the new target groups consists of men who have sex with men, the so-called MSM group. We also carried out studies among drug users with chronic mental illness, Eastern Europeans who suffer from problems related to drug use, youth in prison who contract infectious diseases, and youth in general who use drugs.

While it may appear that these groups have nothing in common, there are similarities. Many people in these groups use drugs for relaxation or pleasure, but do this in such a way that their health is at risk. Sometimes the risks are related to the drug itself or the method of use, sometimes they are related to behaviour that is encouraged by the use of drugs. Another common factor amongst people in these groups, is that many of them are in one way or another in touch with health service providers. In 2009, these health service providers, the people who offer help, care and support to our target group, indicated that they had a need for greater knowledge on drug use. They also want to develop skills that will assist them discussing drug use and its accompanying behaviour with these target groups.

#### **Uniting knowledge**

There are also differences among these groups, differences that require unique approaches. For this reason, Mainline combined knowledge and developed information and training materials to fit the target groups. In this way, we have shown ourselves to be a valuable partner in this area. The same appears to be true in our collaboration with external organisations such as Schorer, the Trimbos Institute, RIBW Kennemerland and Soa Aids Nederland. Because these organisations know our target groups from other perspectives, they also teach us. We know that sharing and processing information is indispensable for the people concerned, the people that Mainline is committed to helping: drug users with needs and passions who engage in risky behaviour. Mainline's expertise, combined with the expertise of collaborating organisations, forms the basis for our information materials and interventions, developed specifically to achieve the goal of reducing health risks.



The exchange of knowledge and expertise takes place not only at the national level. *Harm reduction* is a successful strategy internationally for reducing damage to drug users' health and reducing risks to society. It is noteworthy that the export of experience can occur only in partnership with drug users in the countries in which we work and through collaboration with our partner organisations. The export of expertise from Mainline goes hand in hand with the import of experience and knowledge from the countries in which we work.

In this annual report, you will read about Mainline's valuable and effective exchange of knowledge and experience on drug use in 2009. With this exchange, our goal is to limit health damages from drug use worldwide as much as possible. I wish you pleasurable reading and gladly commit to on-going and new collaborations in 2010.

Janine Wildschut
Director, Mainline





- Mainline bus for outreach work (the Netherlands)
- Mobile Drug Harm Reduction Services
   Nai Zindagi (Pakistan)



▼ Information and medical help in Sharan (India)



# CHAPTER 1 DRUG USE, HIV/AIDS AND INFECTIOUS DISEASES

#### **OUTREACH AND INFORMATION PROGRAMME**

#### Introduction

Mainline accepts the fact that people use (recreational) drugs and views its primary task as preventing or minimizing the harmful consequences of drug use through harm reduction. This approach is also known as secondary prevention. Collection and dissemination of information about drug use and its risks is an important tool of secondary prevention. Mainline staff collects the experiences of drug users and incorporate them into an educational magazine, newsletter, brochures and leaflets. While it is hard to measure how much this information indeed results in reduction of harm, we do know that many people got tested for hepatitis C at designated centres thanks to a Mainline campaign. Harm reduction occurs when heroin addicts function reasonably well because they have clean syringes and methadone. The magazine Mainline was ranked first in its category in a 2009 survey in Amsterdam. Tips provided in Mainline are often put into practice.

#### Mainline magazine

Mainline staff worked hard this year to produce a diversity of targeted publications. The quarterly magazine *Mainline*, first launched in the organisation's early days, provides information for drug users written by outreach workers who have direct contact with drug users on a daily basis. The editorial staff and organisation of Mainline function as intermediaries. The magazine is successful in part because readers feel it speaks to them personally. The magazine reveals what happens in the world of the drug user. The voice of the drug user is clear and recognizable in newsletters, diaries, columns and reports. The problems and risks of drug use are covered, but so is the positive and human side of people who use drugs. The magazine prints facts and myths about drug use. The second issue in 2009 provided expert advice on hepatitis C and the importance of testing for the virus (HCV). The third issue included a report on the dangers of combining alcohol and methadone, and also provided tips from veteran drug users for new drug users about how to stay as healthy as possible while using drugs. The words and the pictures are clear, frank, and sometimes vulnerably realistic.





#### In contact

With a circulation of 12,000, *Mainline* achieves the organisation's goal of reaching a large group of people. The magazine has a bridging function: 8,000 copies are sent to institutions (jails, substance abuse services, social housing). Mainline's staff of five outreach workers distribute the remaining 4,000 directly to drug users. Handing out the magazine directly gives staff an opportunity to speak with drug users. Topics covered by the magazine become topics of conversation. According to Arie Sijbesma, head of the Outreach and Information Programme, distributing the magazine is a way to attract attention, disseminate information and reach the target group. People who take drugs run risks. There are health risks, and there may be problems of criminality or social problems as relationships are challenged. Drug users know about these risks. Mainline wants people to know that these risks can be prevented. It starts by confirming latent knowledge that drug users already have, and providing new information about risks. *Harm reduction* is the major goal of the magazine.

#### **Cross-boundary possibilities**

Another advantage of the magazine is that many more people read it than the staff could ever see or speak to in person. The magazine offers a well-conceived opportunity to look into the lives and experiences of drug users. Additionally, the magazine is meant to provide support to drug users. Readers of this attractive and content-rich magazine feel that they are being taken seriously. And as previously stated, tips from the magazine are often put into practice. *Mainline* magazine can thus be seen as a form of *empowerment*: a unique format, owning a special place in the world. In The Netherlands, certain issues appear in English in order to serve English-speaking drug users within the country. This formula offers possibilities across borders.

#### Wealth of information

Providing information to persons associated with drug users is a bridging function of *Mainline*. There is a wealth of information to be found in the street, which through the magazine reaches drug users but also service providers working with this group. What is happening in the street? What are the problems? What drugs are being used? What are the risks? Service providers find the magazine valuable because it gives them insight into the



target group. This secondary impact is indispensable. With better understanding of their target group, service providers can establish better contact and do more to reduce risks. That is why it is important to distribute *Mainline* in institutional settings such as drop-in centres, drug consumption rooms, jails and social housing as well as in the streets.

#### Take It

Another Mainline publication is *Take It*. This special publication for drug users with HIV/ AIDS, used to appear quarterly, but was reduced to three issues in 2009. During the last few years, there has been an active pilot policy on Hepatitis C, and treatment of the virus has improved. Among drug users, a relatively large number has tested positive for the hepatitis C virus in recent years. Outreach workers noted that this group needs to be checked annually and treated for hepatitis C. For this reason, along with the three issues of *Take It* in 2009, Mainline published an annual newsletter, *C-zicht* (*C-sight*); targeting drug users with hepatitis C. *C-zicht* covers treatment methods and the contagiousness of the virus. At the same time, *Take It* remains valuable. Drug users with HIV/AIDS form a relatively stable group. This group appears to adhere to their HIV treatments and many of them lead reasonably normal lives. Still, the group is exposed to other risks, and these were the subjects of articles in *Take It* in 2009. Examples are reasons for (extended) living; interactions and effects of medications on recreational drugs, or side-effects of medication, and patients' loneliness.

Take It is distributed mainly amongst subscribers. The publication's goal is to support people with HIV who are still subject to specific problems such as being stigmatized because of their illness. Scores of topics such as this make continuing publication of Take It necessary.



#### C-zicht

More and more drug users are discovering that they are infected with the hepatitis C virus. Many have been infected for years. It is only since 1989 that this virus has a name. Sixty thousand people in the Netherlands could be infected and half of these could be drug users. Many infections were contracted decades ago and never treated. In 2009, a campaign was conducted among immigrants, health service providers, doctors, and drug users. In general, most strains of this virus are easy to treat. Hence this growing group of drug users needs to be educated about treatment methods with an emphasis on the advantages of seeking counselling along with treatment.



The newsletter *C-zicht* covers new developments such as a new medication that will be introduced in 2012 for of a hard-to-treat strain of hepatitis C. The success rate of that medication is expected to be high and that is good news. *C-zicht* is written in clear, understandable language. The publication is distributed to subscribers, and also in the work field by Mainline's outreach workers. Drug users are more likely to get tested if they know they can be treated. At the same time, the newsletters focuses attention on how to avoid the risk of transmission. The use of someone else's toothbrush or razor blade can already transmit the disease. Increased knowledge, offers a greater chance of reducing the risk of infection.

Publication: C-zicht
Frequency: 1/year
Distribution: National
Circulation: 2,000
Editor: Leon Knoops
Pages: 4

#### Women's publications

For several years, Mainline has paid special attention to women who use drugs. Every second year, Mainline produces a special publication in the form of an attractively designed booklet. The theme for the booklet of 2009 was chosen in 2008. Women who use drugs are especially vulnerable and have their own set of problems, for example, in connection with their work in prostitution, or in their relationships with male dealers. The balance of power between female drug users and male dealers is not the same as between men. Should a female drug user sleep with her dealer, or not? Women's bodies are different from men. Menopause, for example, was the subject of the 2009 publication. Women in menopause experience drugs differently from men in the same age group. The booklet *Hot Flush* tells stories of an all-female rock and roll band, drug using menopausal women who don't complain, but do sweat. Are the heroines having hot flashes, or are they dope sick? And what exactly is menopause? The stories provide information about drugs and menopause.

Mainline has been publishing information for women for many years, matching topics to the age of the target audience. Early booklets are, e.g.: Alles kids about female drug users with children; Een dikke buik en druggebruik (Pregnancy and drug use); and Kick Ass Kate, a flipbook with tips for female prostitutes. The themes emerge from outreach work among women who use drugs.

Publication: Information for female drug users: Hot Flush Frequency: 1 issue every two years

Distribution: National
Circulation: 1,000
Editor: Jasperine Schupp

Pages: 64



#### **Serious games**

To reduce the flood of brochures, flyers and booklets, Mainline also uses games to communicate with and create awareness amongst its target audience. Through serious games such as Russian Roulette, people are playfully confronted with the risks of contracting hepatitis C. In 2009, the game was used 35 times. Playing Russian Roulette is a good way for outreach workers to enter into a discussion with drug users, individually and in groups. During the game, people correct one another. They share the risks they have taken in the past, and topics of discussion often go beyond hepatitis C. Outreach staff notes that participants often talk about self-control, sex and drug use. Participants are encouraged by outreach workers to get tested. Because nurse-counsellors take part in the game, drug users can consult with a counsellor and be tested on the spot. This campaign was carried out in collaboration with Community Health Services Rotterdam and Social Intake Rotterdam. In this way, education, testing, counselling and possible treatment are all linked together. A pilot game of Russian Roulette in 2008 was successful, primarily because of the interchange of game, serious information and the assistance that is offered. Mainline conducted 535 interviews for its hepatitis C campaign in 2009. A large percentage of participants ultimately got tested.

#### New campaign: How much is your liver worth?

As part of the National Hepatitis-C campaign (carried out by the Hepatitis Centre, the National Institute for Health Promotion and other partners), Mainline worked with the Trimbos Institute to implement a Programme for drug users. The title of this campaign was "How much is your liver worth?" Leaflets, posters and T-shirts were printed. Although some of the care providers found the graphics disgusting (a photo of a liver), the target audience – drug users - was receptive. The goal was to motivate them to get tested for hepatitis C. For the test people could turn to a care provider.

#### Infectious disease and cocaine use

Since coke is so prevalent, Mainline also provides information for coke users. In 2009, Mainline had 1739 conversations about crack and 174 about cocaine. In approximately 1160 of these sessions, infectious disease was discussed, and in 417 of these, the connection between coke and sex was addressed specifically.



Coke users run the risk of contracting infectious diseases. Sharing a crack pipe can lead to transmission of disease. Pipes get so hot they can damage smokers' lips in which case viruses are easily transmitted. Another way of using coke is to sniff it, sharing the straws. The mucous membrane is damaged, veins in the nose are ruptured, and infectious diseases are transmitted through blood contact.

In addition to the health risks of snorting or smoking are the even greater risks of contracting sexually transmitted diseases and other infections through unsafe sex. Lung problems are also an issue for drug users. One example is crack lungs, but asthma and emphysema can also occur. Mainline tries advise people on how to smoke and remain as healthy as possible. There are ways to reduce the most dangerous aspects of smoking by protecting the lungs from ash, metal and hot air. Clean mouth pieces and self-control also protect people who smoke cocaine. People with lung complaints, for example, are encouraged to smoke less or pausing and taking time out to breathe.

#### The power of repetition

People take risks, even when they are aware of the consequences. Young people especially do not always think things through. Research shows that message repetition and dissemination through diverse channels is more likely to result in behavioural change. At one moment, a drug user is impervious to information; the next he or she is receptive. There are always new people joining the group who need to be informed. Warnings against indirect or behavioural risks, related to the use of cocaine, are also needed. As with alcohol, coke use can cause recklessness. Norms and values are more easily set aside and limits stretched. Condom use is more frequently avoided while unsafe sexual techniques are employed that more readily transmit viruses. Mainline repeated its message during approximately 3000 outreach contact moments in 2009. A breakdown of the topics discussed can be found in Appendix 1.

#### Satisfied outreach workers

"Testing" is a topic that arises during the games, but also during individual interviews. In 2009, Mainline staff conducted 3067 outreach interviews; 537 of these were part of the Hepatitis C campaign. Outreach staff was satisfied with this large number, especially since there are only five outreach workers for the whole of the Netherlands. The Mainline magazine helps outreach workers because it opens the doors to a first conversation. It even happens that drug users bring along Mainline magazines issued three years ago in order to ask questions about specific topics.

#### TRAINING, EXPERTISE AND COMMUNICATIONS PROGRAMME

#### New target groups, new research

One of the largest projects in the TEC Programme is Infectious Diseases and Drug Use, in which outreach staff is also involved. Ineke Baas coordinates this project. She handles ac-



quisitions and reporting. The publications *Take It* and *C-zicht* belong to this project, which also includes research of target groups. The following subjects have been studied in the last three years:

- Cocaine users and infectious diseases
- Heroine users and infectious diseases
- Because Mainline is well acquainted with its existing target groups, the TEC Programme requested funding in 2009 to study new target groups related to drug use and infectious disease. These include projects in Eastern Europe and drug use and risky behaviour. TEC developed these projects in collaboration with outreach staff, as it did with the Hepatitis C campaign.

#### A closer look at Eastern Europeans

Through its networks, Mainline heard about recreational drug users from Eastern Europe, residing in The Netherlands. Nurses and other service provides started to meet and hear more often about Eastern Europeans. According to Ineke Baas, "The problem was that no one was really in touch with them, or what contact occurred was only very brief." Language was often a problem. The TEC programme kept hearing the same stories from outreach staff that Eastern Europeans in The Netherlands are using all kinds of drugs. But it was not clear which drugs and how they were being used. The group seemed to be having a lot of trouble finding housing and was dealing with stress by abusing alcohol and hanging out in the streets, particularly in the big cities.

#### Research on best practices

TEC approached the Ministry of Health, Welfare and Sports (VWS) to propose a study of this group to better understand it. Anthropologist Nathalie Roos was hired to do a qualitative study in the large cities to map out the problems. Roos talked with implementing professionals and administrators. She also interviewed 17 Eastern Europeans to find out what they thought about their drug use and health situation. The study, now complete, recommends an expert meeting and the establishment of a Working Group on Eastern Europeans. Members of this group should include staff from 24-hour intake centres, drop-in centres, addiction centres, police, outreach staff, and policymakers from city government and the Ministry of Health, Welfare and Sports. In 2009, the Working Group completed an inventory of existing initiatives directed at Eastern European drug users. In 2010, the Working Group will ask cities to provide an inventory of their activities and findings. On the basis of *best practices*, new methods and materials will be developed so that other cities and organisations can benefit. The TEC Programme is bringing people together and launching the inventory.

#### Training in 2009

In 2009, Mainline conducted 24 training sessions in The Netherlands for approximately 400 people and ten international training sessions for about 200 people. Various participating groups including social care providers, nurses and police workers learned about diverse subjects (see appendix 3 for an overview of these courses). In general these training ses-



sions received good evaluations. Their practical approach in particular was highly valued. As a result, some of the training packages are being considered for accreditation. Institutions are aware of Mainline's course offering, and Mainline is often approached by people who want to use its training materials. A training programme for the project 'Drug Use and Psychiatry' received very high marks and is being implemented nationally. A course for nurses on the national Hepatitis C campaign received an equally positive evaluation. Training sessions are publicized on Mainline's website and announced in mailings to people in Mainline's network. The mailings are effective. According to Baas, "There is a real need for training. Co-workers and drug users alike have learned a lot. Knowledge has increased their proficiency. This is how we provide the basic ingredients to intermediaries." Although it is still up to the institutions themselves to implement *harm reduction*, Mainline is happy to provide support and constructive criticism.

#### Needle exchange training

The TEC Programme has developed a series of standard courses. One of these is on needle exchange. This training was offered four times in 2009 (see appendix 3). According to Ineke Baas, the training needs to be repeated to achieve *harm reduction*. "There are always new co-workers, and also new drug users, new drugs, and new methods of using." From experience, Baas knows that colleagues are eager for the information.

#### **Hepatitis C training**

Mainline launched its Hepatitis C campaign in September of 2009. In October, nurses and other health workers were too busy getting a grip on the swine flu virus. Swine flu was given priority, and delayed the Hepatitis C campaign. Nevertheless, all planned training sessions and outreach activities were implemented.

#### Safe shop on the web

Mainline's website contains a link to the website of the Regenboog Apotheek (Rainbow Apothecary), which sells clean needles and other drug paraphernalia and accessories at affordable cost to addiction centres and individuals. Mainline supported the Rainbow Apothecary by providing information and descriptive texts to go with the various products. Providing the necessary information for safe drug use, and making it accessible, is a major goal of the TEC Programme.

#### INTERNATIONAL PROGRAMME

#### **Mainline international**

Mainline is working in Asia in Pakistan, India, Indonesia, Cambodia and Nepal. At the end of 2008, all of Mainline's partners in those countries submitted their ideas for collaboration with Mainline in 2009. In January 2009, Mainline's partners assembled in Bangkok to launch a two-year programme. At that conference, the partners shared knowledge and defined policy. Participants looked at how knowledge gained in The Netherlands can be



shared internationally, and how knowledge from partner countries can be shared with The Netherlands. This working method helps to professionalize the work in Asia.

Mainline also works on smaller projects in Eastern Europe, in Russia, Ukraine, Georgia, Moldova and Serbia. In Russia, Mainline's goal is to improve access to HIV therapies that can be structurally adhered to for drug users and sex workers. In Ukraine, Mainline has partnered with Aids Foundation East-West (AFEW) to establish a training centre within the penal system, with Mainline in the role of trainer and advisor. Mainline sets an agenda of topics that need attention.

In many of the countries where Mainline works, just as in The Netherlands, many drug users have Hepatitis C. Often these drug users cannot afford treatment. Also, vaccination against Hepatitis B is not available for drug users. Hence these infections, like tuberculosis, are a problem. In Serbia, Mainline has been hired by the organisation Doctors of the World to train the local non-governmental organisation Veza.

#### **Pakistan: Continuum of Care**

In Pakistan, Mainline has launched a three-part project: street work, reintegration and service provision. In 2008, Mainline began to work with the project model Continuum of Care. For every drug user who comes in, the project figures out what is needed to get that person back in control of his or her life. It might be good food, medication, social reintegration, or stability. These elements may be available in the country but not set up in ways that are accessible to drug users or people with infectious diseases. Mainline brings the partners together under the banner of Access to Treatment.

In the context of *Continuum of Care*, a farm has been established in Nai Zindagi, Pakistan, with large plots of land where vegetables are grown. This project is entirely funded by Mainline. Ex-drug users with HIV are trained to work the land and develop skills. At the same time, where needed, they learn how to take their medications faithfully to keep the virus under control. Drug users stay and work there while their families are also involved in order to avoid stigmatisation. The objective is to get people back into society in three months, where they might, for example, be able to sell vegetables in a market and build a new livelihood for themselves. Over 600 clients have passed through the farm and Mainline is currently evaluating its progress. The director of Mainline's International Programme, Gea Westerhof, paid a visit to the project in Pakistan and spoke with the organisation's staff. Questions included the number of people passing through, whether they should pass through more quickly, and whether enough attention was paid to medications. "We have a long way to go. It's clear that we have to move people through in eight weeks rather than twelve weeks to give more people a chance," says Westerhof.



#### Indonesia

In Indonesia, Mainline intends to work with the organisation Laras to improve access to treatment and medication, also for infections contracted as a result of drug use. In Indonesia, a lot of attention is paid to healing people. Training in prisons seeks to remedy stigmatization. "We are dealing with drug users who are new arrivals in prison and suddenly have to quit their use because they have no access to drugs," says Westerhof. The next project that Westerhof wants to do is the establishment of a detox department in prison. Mainline is also working on *harm reduction* in Ukrainian prisons in partnership with AFEW.

#### Nepal

Supporting needle exchange is a major project in Nepal because in this country lots of drugs are used in the streets. Another priority is the distribution of Buprenorphine as a substitution medication to treat drug addiction. Mainline helped get the drug officially registered in Nepal, so that it can now be used legally. Mainline is also working on guidelines for use of the medication. With a doctor from India, Mainline organised the training of 45 service providers from clinics and hospitals to explain how to use Buprenorphine. The government is still keeping tabs on the medication, and on-going lobbying is needed to keep the government involved.

There was a lot of support from surrounding countries for the introduction of Buprenorphine. According to Gea Westerhof, "We do a lot with South to south Exchange Experiences – sharing knowledge within the region so that knowledge stays there." In Nepal, Mainline organized a visit by an expert and a Buprenorphine drug user from Pakistan. "We learn a lot from each other and Mainline maintains these ongoing contacts." For Westerhof, this is also problematic: "On the one hand, we are the donor, on the other, we work together with the partner to implement the project. We do not keep apart from the project like a normal donor." Mainline is able to establish contacts – also at high levels, such as visiting international partners whom Gea Westerhof introduces to the Dutch AIDS Ambassador for External Affairs, Marijke Wijnroks.





Omari Project in Kenya: Research on living conditions of drug users (Africa)



Safe sex training for outreach staff (Indonesia)



Pakistan Team monitoring mission discussing progress at the Nai Zindagi project (Pakistan)

#### CHAPTER 2 – DRUG USE AND SEXUAL HEALTH

#### Introduction

Drug users are not only exposed to health risks directly related to drugs and the ways they use them. They also take risks with their sexual health because when on drugs, oftentimes boundaries are crossed, or because the subject of sex is still shrouded by taboos. Mainline wants special attention for these risks because it strives to minimize viral infection and illness among drug users. Outreach staff captures the attention of drug users and connect with them by using games. Special games and quizzes have been developed for Mainline, that positively address important subjects. This way of communicating has been well received. Mainline also did a study in 2009 on how and where to approach target groups such as youth in detention and men who have sex with men. Mainline wants to be well-prepared as it enters a trajectory in order to maximize the success rate of its resources and projects. For this reason, Mainline collaborates with other organisations such as Schorer. Mainline also works across borders, since prevention is a focal point around the world. In Indonesia, Mainline assisted in training sessions in the so-called *karaoke villages*, while the Amsterdam-based organisation also evaluated the situation in Africa in order to see what preventive measures are required there.

#### **OUTREACH AND INFORMATION PROGRAMME**

#### **Prostitution and street walker districts**

The Netherlands has six legal street walker zones, in which basic services are available in a so-called "living room" where prostitutes can get tissues, condoms, food and coffee. There is also a washroom and toilet. In most street walker districts, clean needles are available to women who inject drugs intravenously. In the "living room" of the street walker districts in Groningen, there is a separate room for smoking. Co-workers in the living rooms actively promote testing. In most districts, a doctor or nurse makes regular rounds so that prostitutes can be tested.

Some prostitutes use drugs. As Arie Sijbesma explains, their choice of work often has to do with their drug use. It is a way to get money. As a result, they enter a vicious circle. They work in prostitution so that they can buy drugs, but need drugs before they can work.

The street walker districts were familiar territory for Mainline's outreach staff in 2009. One hundred and seven outreach interviews were carried out in the field. In general, the tone of the interviews is positive because the target group knows the outreach workers.

#### **Making conversation**

Outreach staff visited the street walker districts a total of nine times in 2009. They talked with prostitutes in the "living rooms". The interviews began by chatting with prostitutes



about how they are doing and saying a bit about drugs and health in general and sexual risks in particular. Face-to-face conversations continued in the living room as women stopped by voluntarily. These conversations were relatively long, averaging 15 minutes, most of them centred on a specific topic. In 2009, the four topics discussed were alcohol, Hepatitis C, nutrition, and setting limits. The latter covered unsafe sex and how far prostitutes go to oblige to customers who ask for it. On this topic, a contest was held for the best "poor excuse" that prostitutes had heard. The woman who had heard the poorest excuse won a beauty package. The contest was successful because it proved an excellent way of getting the women to talk about their limits and negotiating strategies. It turned out that in one street walker district, some women will provide oral sex without a condom, because then clients are more likely to purchase this service. For living room staff, these conversations were a good introduction to further talks with women on these matters. In 2009, 177 outreach interviews were held with prostitutes; 107 of these took place in street walker districts.

#### 'Hangover game'

One in twelve Dutch people over the age of 12 abuse alcohol. That is especially so since the use of alcohol is relatively accepted by society. Excessive use can also be found among drug users, with an increasing trend towards abuse among drug users who take a maintenance dose of methadone and drink alcohol to get high. Alcohol abuse creates its own set of health risks, in particular among Hepatitis C and B patients because it is very hard on the liver.

Mainline sought a good educational tool for a diverse group of people and chose a game that works for older drug users, but also for young people, psychiatric patients and people with mild mental disabilities. The basic concept of the Hangover Game is simple and all the target groups are able to answer the questions. The game looks like a large beer bottle, which contains a game of chance and informational leaflets. The questions are about alcohol, sex and combining alcohol with other drugs. The game poses knowledge questions and soul-searching questions about one's own use. Mainline introduced this game to drug users because alcohol abuse among this group has risen dramatically. The game was well received: during 329 conversations, players were stimulated to think about what they were doing and made aware of the risks. Some participants decided to take active steps with regard to their combined drug and alcohol use. The game can also be played in schools to promote abstinence. The Hangover Game is a success because its content is serious and people always want to find out more about themselves. The combination of game and serious content turns out to be successful. The campaign ran from October 2009 to March 2010.

#### **STD** prevention

Mainline held 562 conversations about sexually transmitted diseases (STDs), primarily in street walker districts. Every two months, representatives of the 'living rooms' in the street walker districts meet at a national conference. Mainline attends these conferences



to talk about drug-related topics. Another place where Mainline's outreach workers provide information is in the detention centres. Conversations are often about sex, even though the subject is still considered taboo, and cover STDs or sex between men. An additional advantage of visiting detention centres, is that it reaches a group of youth, which is hard to connect to outside prison. These are youth who are leaning towards problematic drug use but have not yet sought help. Many of these youth are of North African origin, which is confirmed by older North Africans themselves. Next year our outreach workers plan to chart out this group in more detail. Another group that outreach staff comes across in detention is Eastern Europeans. The language barrier remains a problem with this group.

#### TRAINING, EXPERTISE AND COMMUNICATION PROGRAMME

#### A closer look at MSM - men who have sex with men.

Besides the study on Eastern Europeans who use drugs, Mainline conducted a second study. While the study of Eastern European drug users found a direct connection between health problems and the types of drugs and methods used, with the MSM group, drug use appears to influence sexual behaviour, leading to greater health risks. According to a 2008 review by Schorer (Netherlands Institute for Homosexuality, Health and Welfare), MSM score high on drug use and risky behaviour. For the purpose of finding out about the lifestyle and health of gay men, Schorer asked homosexual men via a website about their contacts, their knowledge of health risks and whether they have safe sex. When these men were surveyed for drug use in 2008, over 15 percent used a diverse palate of drugs. But, the survey did not show which drugs and how they were being used. Mainline wanted to know if drug users were running risks, if so how, and if a causal link exists between drug use and infectious disease. Since other sources also showed that this group was running risks, Mainline decided to approach Schorer to see what could be done together.

#### **Collaboration with Schorer**

The talks with Schorer in 2008 lead to a collaboration. Two Mainline outreach workers and a volunteer from Schorer twice attended parties in Amsterdam to do research. A survey of 78 men, focussing on drug use, showed that the group of men who attends these parties uses drugs. It was clear that a wide range of drug combinations including alcohol were being consumed, with the more or less conscious intention of participating in unsafe sexual behaviour. In addition, thirty interviews were held with members of the MSM group. Mainline's Ineke Baas, in collaboration with Bouko Bakker from Schorer and Leon Knoops of Mainline, processed the interviews, and wrote the report that formed the basis for developing interventions.

An expert meeting was organised, in which Mainline's view was confirmed by care workers and staff, including professionals from STD/AIDS outpatient programmes, nurses from medical services in prisons, stakeholder associations, and HIV consultants in major hospi-



tals. They were also under the impression that the MSM group used drugs and were seeing an increase in the number of hepatitis C infections. Concluding that there is a causal link between drug use and risky behaviour of this group of men, Mainline, Schorer and other organisations will conduct further study and develop courses to train professionals in supporting MSM.

#### INTERNATIONAL PROGRAMME

#### Indonesia

In Indonesia, there are so-called *karaoke villages*, where women sing in bars and earn money as sex workers. Many of these women are infected with HIV. Mainline arranged for training programmes to facilitate access to healthcare for these women. Many *karaoke villages* are outside the cities and thus beyond the reach of regional health programmes. Despite the training, more and more women were being infected with HIV, so Mainline set up small clinics where doctors screen women, provide feedback, urge condom use, and – where applicable – safe injection. This project proved once again that in order to be effective, programmes have to be tailored per country, matching the culture in which they are to be implemented.

#### Documentary: 'Hidden truth of Borneo'

In 2009, Pierre Peyrot made a film about the life of sex workers: *Hidden truth of Borneo*. Mainline arranged a showing of this film at the ICAAP (International Congress on AIDS in Asia and the Pacific) conference so that participants could visualise the lives of sex workers in the *karaoke villages*. As a result more organisations were motivated to improve the lives of these women.

#### **Africa**

In December, a mission travelled to Africa, including, amongst others, representatives of UNODC (United Nations Office on Drugs and Crime). The purpose of the trip was to find out what kind of help is available in places such as Nairobi and Mombasa, the largest cities in Kenya. It was evident to mission members that in these cities insufficient attention is paid to the rights of drug users. It is not clear how many drug users there are: Nairobi and Mombasa are estimated to have somewhere between 3,000 and 12,000 each. In any case, it was established that besides a still limited group of drug users who inject drugs, there is a much larger group of drug users who do not inject. Along with direct health risks to drug users in Africa, the study focused on the relationship between increased sexual risks and drug use. Mainline is seeking funding to help drug users in Africa.





Ukrainian prison staff on study visit (Amsterdam)



Training for corrections officers on drug use in prisons (Laras, Indonesia)



Work consultation with Healthy Future employees (Moldova)

#### **CHAPTER 3 – PARTNERSHIPS AND EXCHANGES**

#### Introduction

Collaboration among institutions and organisations that work with drug users is improving in The Netherlands. The group designated as "drug users" is not uniform anymore. It comprises many social groups, including people in prison, welfare recipients and mental health patients. At the international level, Mainline has connections with many organisations working with drug users that have a wealth of experience. For Mainline, maintaining this collaboration is important and considered essential to making progress. At the same time, Mainline maintains its basic starting point: the organisation as an independent partner approaching drug users without prejudice or pre-judgment. Under these conditions, Mainline increasingly plays a productive role in collaborating with other organisations.

#### **OUTREACH AND INFORMATION PROGRAMME**

#### Collaborative approach

Several organisations in Amsterdam, such as the GGD (Community Health Services), DWI (Department of Work and Income) and Jellinek/Arkin (care providers in mental health and substance abuse) have joined hands to offer services to drug users. These include social services, housing, food, healthcare, and occupational activities. Recipients access these linked services through one location. Mainline provides information in Amsterdam and is responsible for maintaining contact with drug users. That means being where the drug users are, on the street and in reception rooms or in prisons. Independently, but in collaboration, Mainline exchanges information with partners and advises their staff on drug use, drug users and health.

#### Signaling the Ministry of Health, Welfare and Sport (VWS)

Outreach staff identify situations and problems that occur at street level and notify the organisation. An overview is prepared, followed by a literature search, web search and survey of other organisations. Some issues reappear so frequently that Mainline looks for a structural approach. Information is collected and checked at the street level for verification to establish whether the issue necessarily warrants attention. After consultation amongst its various Programmes, Mainline takes the issue to the Ministry of Health, Welfare and Sport to discuss an approach.

#### TRAINING, EXPERTISE AND COMMUNICATION PROGRAMME

#### Annual mini-conference on needle exchange

The title indicates that this conference is only about needle exchange, but it actually covers drug use in general. It was held in December. According to Ineke Baas, "this is a gathering



to encourage discussion amongst each other, amongst colleagues working in addiction centres, consumption rooms and hostels." The purpose of the one-day conference is the exchange of information: from Mainline to the professionals, and from the professionals to Mainline. This gives Mainline input for its Programmes. Ineke Baas is pleased with the conference, especially because so much information emerges. Participants have also been enthusiastic. "They want to hear how it's going in Leeuwarden," said Baas, "what the policy is in the consumption rooms there, whether they have surveillance cameras, and how long drug users can stay in the rooms." A discussion of *best practices* was especially dynamic. "People want to know why a certain policy works or doesn't work."

#### **Partnerships**

Mainline is implementing the Programme "Infectious Diseases and Drug Use" with the Trimbos Institute's Programme for Public Mental Health. Mainline collaborates with five other organisations on a national Hepatitis C campaign. As mentioned above, Mainline works with the Schorer Foundations and organisations that receive training from Mainline, such as the Ministry of Justice. Finally, Mainline collaborates with the organisations that implemented the pilot Programme "Drug Use and Psychiatry" – RIBW (Regional Institute for Protected Living) Kennemerland, Amstelland and Meerlanden, RIBW Zaanstad, Waterland and West Friesland, Anton Constandse and HVO (Centre for Humanist Ethical and Worldview Education) Querido and partner organisations that provide health education to groups such as the AIDS Foundation, HIV Association, STD/AIDS Netherlands and RIVM.

"Together, our common purpose is to raise awareness about preventive healthcare among diverse groups," explains Ineke Baas. Certain preventive measures are not reaching the desired target groups. "Youth must be approached differently than older people," says Baas, "for example, by disseminating information via cell phones or internet, via Twitter or Facebook. Through these media, chances of reaching them are many times greater." Diverse target groups can simply not always be reached in the same way. Other organisations have the same problem. Mainline and other organisations are now joining efforts and expertise to figure out how to tailor information to target audiences. "This is why collaboration is important," says Baas. "You strengthen each other's expertise, each working from your own perspective. Partnerships present a lot of knowledge on topics you know too little about."

#### A pilot on drug use and psychiatry

In 2009, Mainline implemented a pilot project on drug use and psychiatry, targeted to staff, management and coworkers in the workplace of the Regional Institute for Protected Living (RIBW). This was needed because RIBW's views on drug use were outdated. Drug use is no longer considered a valid reason for refusing assistance. A majority of the new clients who come in for treatment use drugs. RIBW coworkers decided that something had to be done about this, and Mainline set up a study group. The result of this work group is a practical vision for clients and co-workers



along with a realistic policy on drug use. Three of the four participating institutions have integrated the newly developed vision into their policy for 2010.

#### **INTERNATIONAL PROGRAMME**

#### **Network 'Beyond Borders'**

Those who want to work on *harm reduction* have to recognize the drug problem. This often begins by raising awareness about the problem at the national governmental level. In 2009, Mainline worked with Response Beyond Borders, an Asian network of (ex-)drug users who have entered into dialogue with political leaders. They discuss, for example, the problems in prisons aiming to clarify what local institutions can do about it.

#### **Donor conference**

Mainline is able to play an international role because The Netherlands is a leader in *harm reduction*. The so-called Harm Reduction Platform (HARP) was established in the Netherlands in 2007. Several Dutch organisations working on *harm reduction* internationally, assembled to discuss how things are going in the various countries. In January 2009, HARP provided content support to the Ministry of Foreign Affairs for the organisation of a donor conference in The Netherlands. The primary purpose of this conference was to focus attention on *harm reduction*, since it is getting harder to find donors, especially in Eastern Europe. In September 2009, Mainline and other HARP members spoke with the new AIDS Ambassador, Marijke Wijnroks, to let her know what Mainline is doing with AFEW, Trimbos and Health Connections International.

#### **Quality of services**

Mainline wants ensure that where services are already being delivered, the quality of these services will improve. "The basis is usually there," said Gea Westerhof, "but how are the medications supplied? And is this documented?" Mainline uses this approach in every country, particularly in Cambodia and Nepal, where a lot of knowledge is exchanged. Mainline also evaluates the programmes. Do they need to be adapted? What is being done to achieve harm reduction and what is the drug policy in the various countries? And what happens to those with HIV/AIDS? Mainline acts as advisor to transmit existing knowledge. Gea Westerhof attended the International Congress on AIDS in Asia and the Pacific (ICAAP) in Indonesia where all the partners were present. Mainline also engaged interns who travelled to Nepal and Indonesia to carry out several studies on drug use and the connection between drug use and poverty.

#### India

The partners in India were very interested in the Pakistan programme that was implemented in Nai Zindagi within the framework of Continuum of Care. In that project, a farm was established with a large tract of land dedicated to growing vegetables and where ex-drug users – who may or may not have HIV/AIDS – can work. They are trained to work the land



and in that way learn a skill. Mainline asked the University of Wageningen to review a proposal for a similar project in Sharan, specifically with regard to which vegetables could be grown in India. Additionally, a team from Pakistan travelled to India to exchange information.



Irrigation system at Byabani Farm (Pakistan)

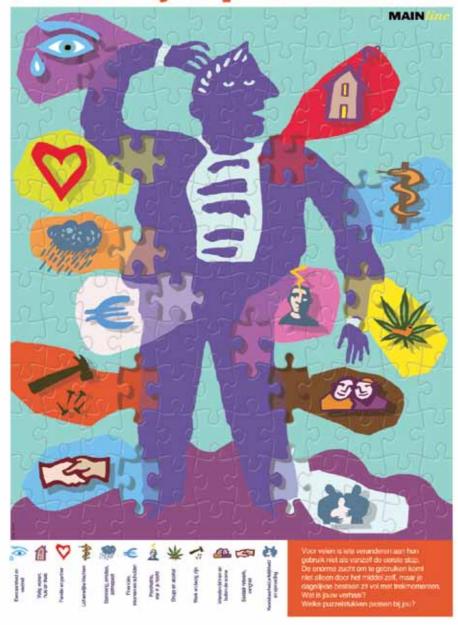




Employees at the Subz Baag (India)

Newly planted crops at Wisdom Farm (Nepal)

# Het blijft puzzelen...



This poster was produced by the Drug Use and Psychiatry RIBW Project. The poster supports drug users and caregivers in the rehabilitation process.

#### **CHAPTER 4 – A VISION FOR HARM REDUCTION**

#### Introduction

Mainline wants drug users to stay as healthy as possible. Information and education to this end is a significant part of Mainline's work. How can risks be avoided? What are the safest ways to use drugs? What do drug users need and how can they get the help they need? These questions fall under the heading of harm reduction, which is an important part of Mainline's mission. Information and solid research are essential to achieving harm reduction in the best possible way. The emphasis of Mainline's activities in The Netherlands in 2009 was on harm reduction for people with psychiatric disorders who use drugs, but Mainline also launched a study of interactive harm reduction for drug users in hostels and carried out conversations about purpose and personal fulfilment. Outside The Netherlands, Mainline emphasizes the human rights of drug users. Only when drug users are accepted as human beings, it is possible to discuss the topic of harm reduction.

#### **OUTREACH AND INFORMATION PROGRAMME**

#### Drug use and psychiatric disorders

Mainline exists primarily for the purpose of providing health information to drug users. Mainline goes deeper than other organisations into risk prevention by speaking, for example, about methods for using drugs. The success of Mainline's harm reduction strategy depends on three things: the provision of good information, reaching the target group, and the target group's readiness to absorb the information. In 2009, Mainline outreach staff visited four different RIBW (Regional Institution for Protected Living) facilities to speak with residents about drugs and psychiatric disorders. Because the subject is very specific, the talks were repeated twice and 63 talks in total were held.

#### TRAINING, EXPERTISE AND COMMUNICATION PROGRAMME

#### **Targeted information**

Harm reduction is a policy that begins with the acceptance of drug use. In the Netherlands, harm reduction rests on a foundation of safe use and acceptance. Information is provided, no matter what phase a drug user is in. Where can you go to talk to whom? "We need to find out whether groups of drug users are interested in harm reduction and if so, in what kind of activities," explained Ineke Baas. "For example, is the group MSM interested in health education and does education make a difference? If the interest is there, then Baas finds that clear, unambiguous health information should be provided, but the approach will vary per group. Materials can vary in form, or in approach: training or outreach work. "Harm reduction is not a static approach," says Baas. "It varies from person to person."



#### Interactive harm reduction

A new project, interactive harm reduction, which began in 2009, studies the extent to which crack users can increase their self-control by playing a computer game. Computers were placed in six hostels with demo computer games developed by students at the University of Amsterdam. The students are supervised by Professor Reinout Wiers, who does a lot of research into drug use and behavioural change. Crack users play the computer game for a set period each day, and after that, it is measured to what extent this has influenced their self-control. Mainline hopes the study will show that the game increases players' self-control.

#### Personal fulfilment

In 2009, Mainline tried to establish a discussion group in an Amsterdam hostel. The plan was to exchange relevant information immediately after the consumption room closed, to talk about techniques and materials, and to have an open discussion about health promoting behaviours when using crack. It turned out, however, that drug users were too busy with other things such as trying to find a place to sleep for the night. They were not open to participating in the discussion group.

Because it hears through the grapevine that there is indeed a need for conversations about purpose and personal fulfilment, Mainline will focus more on this theme in 2010.

#### **INTERNATIONAL PROGRAMME**

#### **Acceptance in Eastern Europe**

In Eastern Europe, and especially in Moldova, the reaction to *harm reduction* was very critical. That's why this year; Mainline began with the establishment of the Continuum of Care Programme in the region, with funding from Oxfam Novib. For World AIDS Day, Mainline sponsored a visit by experts from Pakistan and Moldova to The Netherlands to discuss how to address *harm reduction* in these countries.

In Georgia, Mainline is working with funds from Matra, a funding agency of the Dutch Ministry of Foreign Affairs, to stimulate improved treatment for drug users.

The overarching goal of Mainline is that drug users be accepted as human beings and treated as such. "We invited a group of police officers and policy advisors from Russia to visit us in March, to see how we do this here in the Netherlands," said Gea Westerhof.

#### **Poverty reduction**

Poverty reduction has to be addressed, since this group of people is most vulnerable in society. Mainline focuses its attention on people who belong to the poorest population groups in Pakistan and India. Westerhof explained that in India, for example, many people in the party circuit use drugs, but that Mainline focuses its activities on people living in poverty to see how they can be treated. Homeless people also need attention. According to Westerhof, "harm reduction means that you respect and accept everyone, whether they use intravenously, smoke or snort drugs."



#### Human rights and a political approach

Mainline has to be careful using the term "harm reduction" internationally, because this way of thinking is not yet accepted everywhere, for example in Georgia. At the international level in 2009, Mainline had to set aside agenda items to be considered at a later date. The Netherlands plays a leadership role in harm reduction, even with regard to neighbouring countries. Therefore, it is important that Mainline keeps this subject on the agenda. There are still countries, such as Russia, where it is not possible to speak about harm reduction.

#### **Financing and donations**

Minister Bert Koenders (of the fourth government headed by Prime Minister Balkenende) obliged partners to come to the table and discuss which activities they will finance. Gea Westerhof appreciates this approach because it leads to good collaboration. Mainline is a partner in the HIV/AIDS Consortium in the Netherlands, which competes for funding from the new co-financing system (MFS II). With this new funding system and the credit crisis, it was hard to find funding in 2009.



# ANNEX 1:

#### **RECORD OF OUTREACH INTERVIEWS HELD**

Total number of recorded interviews	3067	100,0%
City		
Amsterdam	674	29,6%
Southeast Amsterdam	135	4,4%
Countrywide	2023	66%
in detention:		
Schutterswei	211	6,9%
Havenstraat	244	8%%
Sex		
Male	2438	79,5%
Female	573	18,7%
Age		
Under 25	155	5,1%%
25-40	951	31%
40+	1915	62,4%
Length of interview		
< 5 minutes	716	23,3%
5-15 minutes	1314	42,8%
15-30 minutes	773	25,2%
30-60 minutes	167	5,4%
> 60 minutes	57	1,9%
Point of contact		
On the street	133	4,3%
Drug Assistance	295	9,6%
Peripheral Drug Assistance	357	11,6%
Walk-in centre	782	25,5%
Consumption room	122	4%
At home	38	1,2%
Mainline bus	654	21,3%
Phone	32	1%
Social Pension	267	8,7%
Elsewhere	348	11,3%
Unknown	39	1.3%

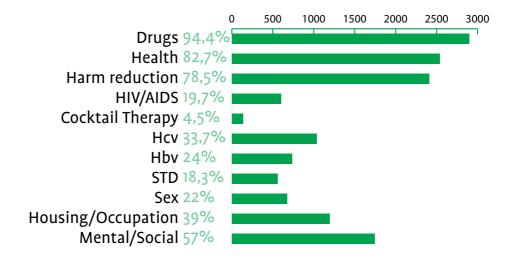
Ethnicity         Is63         60,7%           Non-Dutch Westerners         183         6%           Surinam/Antilles         485         15,8%           North African/Turkish         245         8%           Eastern European         132         4,3%           Non-European         3,7%         Unknown         44         1,4%           Method of drug use           Intravenous         1905         62,1% <t< th=""><th></th><th></th><th></th></t<>			
Non-Dutch Westerners       183       6%         Surinam/Antilles       485       15,8%         North African/Turkish       245       8%         Eastern European       132       4,3%         Non-European       3,7%       Unknown         Method of drug use         Intravenous       1905       62,1%         Ex-intravenous       403       13,1%         Non-intravenous       1322       43,1%         Unknown       963       31,4%         Drug used         Cocaine       178       5,8%         Crack       1812       59,1%         Heroin       1215       39,6%         Methadone       1768       57,6%         Speed/amph.       115       3,7%         Benzo's       366       11,9%         Alcohol       997       32,5%         Ecstasy       176       5,7%         Marijuana       558       18,2%         GHB       77       2,5%         Ketamine       36       1,2%         Crystal Meth       10       0,3%         Poppers       13       0,4%         GBL       11 <th>Ethnicity</th> <th></th> <th></th>	Ethnicity		
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Ex-intravenous 403 13,1%  Non-intravenous 1322 43,1%  Unknown 963 31,4%   Drug used  Cocaine 178 5,8%  Crack 1812 59,1%  Heroin 1215 39,6%  Methadone 1768 57,6%  Speed/amph. 115 3,7%  Benzo's 366 11,9%  Alcohol 997 32,5%  Ecstasy 176 5,7%  Marijuana 558 18,2%  GHB 77 2,5%  Ketamine 36 1,2%  Crystal Meth 10 0,3%  Poppers 13 0,4%  GBL 11 0,4%  Viagra 10 0,3%  Kamagra 5 0,2%  MDMA 19 0,6%  Mushrooms 5 0,2%	Method of drug use		
Non-intravenous       1322       43,1%         Unknown       963       31,4%         Drug used         Cocaine       178       5,8%         Crack       1812       59,1%         Heroin       1215       39,6%         Methadone       1768       57,6%         Speed/amph.       115       3,7%         Benzo's       366       11,9%         Alcohol       997       32,5%         Ecstasy       176       5,7%         Marijuana       558       18,2%         GHB       77       2,5%         Ketamine       36       1,2%         Crystal Meth       10       0,3%         Poppers       13       0,4%         GBL       11       0,4%         Viagra       10       0,3%         Kamagra       5       0,2%         MDMA       19       0,6%         Mushrooms       5       0,2%	Intravenous	1905	62,1%
Unknown       963       31,4%         Drug used         Cocaine       178       5,8%         Crack       1812       59,1%         Heroin       1215       39,6%         Methadone       1768       57,6%         Speed/amph.       115       3,7%         Benzo's       366       11,9%         Alcohol       997       32,5%         Ecstasy       176       5,7%         Marijuana       558       18,2%         GHB       77       2,5%         Ketamine       36       1,2%         Crystal Meth       10       0,3%         Poppers       13       0,4%         GBL       11       0,4%         Viagra       10       0,3%         Kamagra       5       0,2%         MDMA       19       0,6%         Mushrooms       5       0,2%	Ex-intravenous	403	13,1%
Drug used         Cocaine       178       5,8%         Crack       1812       59,1%         Heroin       1215       39,6%         Methadone       1768       57,6%         Speed/amph.       115       3,7%         Benzo's       366       11,9%         Alcohol       997       32,5%         Ecstasy       176       5,7%         Marijuana       558       18,2%         GHB       77       2,5%         Ketamine       36       1,2%         Crystal Meth       10       0,3%         Poppers       13       0,4%         GBL       11       0,4%         Viagra       10       0,3%         Kamagra       5       0,2%         MDMA       19       0,6%         Mushrooms       5       0,2%	Non-intravenous	1322	43,1%
Cocaine       178       5,8%         Crack       1812       59,1%         Heroin       1215       39,6%         Methadone       1768       57,6%         Speed/amph.       115       3,7%         Benzo's       366       11,9%         Alcohol       997       32,5%         Ecstasy       176       5,7%         Marijuana       558       18,2%         GHB       77       2,5%         Ketamine       36       1,2%         Crystal Meth       10       0,3%         Poppers       13       0,4%         GBL       11       0,4%         Viagra       10       0,3%         Kamagra       5       0,2%         MDMA       19       0,6%         Mushrooms       5       0,2%	Unknown	963	31,4%
Cocaine       178       5,8%         Crack       1812       59,1%         Heroin       1215       39,6%         Methadone       1768       57,6%         Speed/amph.       115       3,7%         Benzo's       366       11,9%         Alcohol       997       32,5%         Ecstasy       176       5,7%         Marijuana       558       18,2%         GHB       77       2,5%         Ketamine       36       1,2%         Crystal Meth       10       0,3%         Poppers       13       0,4%         GBL       11       0,4%         Viagra       10       0,3%         Kamagra       5       0,2%         MDMA       19       0,6%         Mushrooms       5       0,2%			
Crack       1812       59,1%         Heroin       1215       39,6%         Methadone       1768       57,6%         Speed/amph.       115       3,7%         Benzo's       366       11,9%         Alcohol       997       32,5%         Ecstasy       176       5,7%         Marijuana       558       18,2%         GHB       77       2,5%         Ketamine       36       1,2%         Crystal Meth       10       0,3%         Poppers       13       0,4%         GBL       11       0,4%         Viagra       10       0,3%         Kamagra       5       0,2%         MDMA       19       0,6%         Mushrooms       5       0,2%	Drug used		
Heroin       1215       39,6%         Methadone       1768       57,6%         Speed/amph.       115       3,7%         Benzo's       366       11,9%         Alcohol       997       32,5%         Ecstasy       176       5,7%         Marijuana       558       18,2%         GHB       77       2,5%         Ketamine       36       1,2%         Crystal Meth       10       0,3%         Poppers       13       0,4%         GBL       11       0,4%         Viagra       10       0,3%         Kamagra       5       0,2%         MDMA       19       0,6%         Mushrooms       5       0,2%	Cocaine	178	5,8%
Methadone       1768       57,6%         Speed/amph.       115       3,7%         Benzo's       366       11,9%         Alcohol       997       32,5%         Ecstasy       176       5,7%         Marijuana       558       18,2%         GHB       77       2,5%         Ketamine       36       1,2%         Crystal Meth       10       0,3%         Poppers       13       0,4%         GBL       11       0,4%         Viagra       10       0,3%         Kamagra       5       0,2%         MDMA       19       0,6%         Mushrooms       5       0,2%	Crack	1812	59,1%
Speed/amph.       115       3,7%         Benzo's       366       11,9%         Alcohol       997       32,5%         Ecstasy       176       5,7%         Marijuana       558       18,2%         GHB       77       2,5%         Ketamine       36       1,2%         Crystal Meth       10       0,3%         Poppers       13       0,4%         GBL       11       0,4%         Viagra       10       0,3%         Kamagra       5       0,2%         MDMA       19       0,6%         Mushrooms       5       0,2%	Heroin	1215	39,6%
Benzo's       366       11,9%         Alcohol       997       32,5%         Ecstasy       176       5,7%         Marijuana       558       18,2%         GHB       77       2,5%         Ketamine       36       1,2%         Crystal Meth       10       0,3%         Poppers       13       0,4%         GBL       11       0,4%         Viagra       10       0,3%         Kamagra       5       0,2%         MDMA       19       0,6%         Mushrooms       5       0,2%	Methadone	1768	57,6%
Alcohol 997 32,5%  Ecstasy 176 5,7%  Marijuana 558 18,2%  GHB 77 2,5%  Ketamine 36 1,2%  Crystal Meth 10 0,3%  Poppers 13 0,4%  GBL 11 0,4%  Viagra 10 0,3%  Kamagra 5 0,2%  MDMA 19 0,6%  Mushrooms 5 0,2%	Speed/amph.	115	3,7%
Ecstasy       176       5,7%         Marijuana       558       18,2%         GHB       77       2,5%         Ketamine       36       1,2%         Crystal Meth       10       0,3%         Poppers       13       0,4%         GBL       11       0,4%         Viagra       10       0,3%         Kamagra       5       0,2%         MDMA       19       0,6%         Mushrooms       5       0,2%	Benzo's	366	11,9%
Marijuana       558       18,2%         GHB       77       2,5%         Ketamine       36       1,2%         Crystal Meth       10       0,3%         Poppers       13       0,4%         GBL       11       0,4%         Viagra       10       0,3%         Kamagra       5       0,2%         MDMA       19       0,6%         Mushrooms       5       0,2%	Alcohol	997	32,5%
GHB       77       2,5%         Ketamine       36       1,2%         Crystal Meth       10       0,3%         Poppers       13       0,4%         GBL       11       0,4%         Viagra       10       0,3%         Kamagra       5       0,2%         MDMA       19       0,6%         Mushrooms       5       0,2%	Ecstasy	176	5,7%
Ketamine       36       1,2%         Crystal Meth       10       0,3%         Poppers       13       0,4%         GBL       11       0,4%         Viagra       10       0,3%         Kamagra       5       0,2%         MDMA       19       0,6%         Mushrooms       5       0,2%	Marijuana	558	18,2%
Crystal Meth       10       0,3%         Poppers       13       0,4%         GBL       11       0,4%         Viagra       10       0,3%         Kamagra       5       0,2%         MDMA       19       0,6%         Mushrooms       5       0,2%	GHB	77	2,5%
Poppers       13       0,4%         GBL       11       0,4%         Viagra       10       0,3%         Kamagra       5       0,2%         MDMA       19       0,6%         Mushrooms       5       0,2%	Ketamine	36	1,2%
Poppers       13       0,4%         GBL       11       0,4%         Viagra       10       0,3%         Kamagra       5       0,2%         MDMA       19       0,6%         Mushrooms       5       0,2%	Crystal Meth	10	0.3%
GBL       11       0,4%         Viagra       10       0,3%         Kamagra       5       0,2%         MDMA       19       0,6%         Mushrooms       5       0,2%			
Viagra       10       0,3%         Kamagra       5       0,2%         MDMA       19       0,6%         Mushrooms       5       0,2%			
Kamagra       5       0,2%         MDMA       19       0,6%         Mushrooms       5       0,2%			
MDMA         19         0,6%           Mushrooms         5         0,2%			
Mushrooms 5 0,2%			

Khat

0,1%

Street Walker district		
Yes	107	3,5%
Prostitution		
Yes	138	4,5%
Occasional	39	1,3%

### **INTERVIEW TOPICS**



#### Places visited by outreach staff

Alkmaar	250	8,2%
Almere	4	0,1%
Almelo	55	1,8%
Amersfoort	12	0,4%
Amsterdam	909	29,6%
Amsterdam-Zuidoost	135	
Apeldoorn	118	3,8%
Arnhem	64	2,1%
Assen	41	1,3%
Bergen op Zoom	3	0,1%
Breda	55	1,8%
Delft	14	0,5%
Den Bosch	12	0,4%
Den Haag	164	5,3%
Den Helder	12	0,4%
Deventer	31	1,0%
Dordrecht	11	0,4%
Drachten	1	0,0%
Eindhoven	79	2,6%
Emmeloord	0	0,0%
Enschede	76	2,5%
Groningen	100	3,3%
Gouda	8	0,3%
Haarlem	64	2,1%
Heerlen	79	2,6%
Hengelo	7	0,2%
Hoorn	25	0,8%
Katwijk	5	0,2%
Leeuwarden	37	1,2%
Leiden	49	1,6%
Maasticht	66	2,2%
Nijmegen	100	3,3%
Roermond	6	0,2%
Roosendaal	3	0,1%
Rotterdam	130	4,2%
Tilburg	11	0,4%
Utrecht	91	3,0%
Venlo	41	1,3%
Vlissingen	53	1,7%
Zaandam	28	0,9%
Zutphen	32	1,0%
Zwolle	56	1,8%
Unknown/unspecified	23	0,7%
Total	3060	99,8%

# ANNEX 2: OVERVIEW OF PROJECTS AND DONORS 2009

Project	Donor
Outreach work, Mainline magazine, Infectious diseases and drug use programme	VWS
National launch of Hepatits-C Campaign	ZON-MW
Health Information Amsterdam	City of Amsterdam
Drug Use and Psychiatry	RIBW Kennemerland, Amstelland and de Meerlanden, Anton Constandse, RIBW Zaanstreek, Waterland and West-Friesland, HVO Querido, Stichting Koningsheide, Schering Plough
Control It	VSB-fonds
Alcohol campaign: The Hangover Game	VWS and SKAN-fonds
'Highscore Sex, Drugs and Rock' n Roll' Trivia educational game	AIDS Fonds
A closer look at drugs: Discussion Groups in Utrecht Hostels	SWBU Wittevrouwen Utrecht
Extending the continuüm	Ministry of Foreign Affairs
Extending the continuum  Moldova: Introducing the Continuum of Care in the Moldovian municipality of Balti	Ministry of Foreign Affairs  Oxfam Novib
Moldova: Introducing the Continuum of Care	
Moldova: Introducing the Continuum of Care in the Moldovian municipality of Balti Russia-Togliatti: Ensuring access and adherence to anti-retroviral therapy of HIV-positive injecting drug users and female sex	Oxfam Novib
Moldova: Introducing the Continuum of Care in the Moldovian municipality of Balti Russia-Togliatti: Ensuring access and adherence to anti-retroviral therapy of HIV-positive injecting drug users and female sex workers in Togliatti Georgia: Humanity first: Improving the	Oxfam Novib  Matra
Moldova: Introducing the Continuum of Care in the Moldovian municipality of Balti Russia-Togliatti: Ensuring access and adherence to anti-retroviral therapy of HIV-positive injecting drug users and female sex workers in Togliatti Georgia: Humanity first: Improving the rights of people using drugs in Georgia Serbia: Being aware: Integration of harm reduction within public health system in	Oxfam Novib  Matra  Matra

## **ANNEX 3:**

# **TRAINING 2009**

Group	Training	Number of Participants
Chr. Hogeschool Windesheim	Workshop Benzo's banned	30
GGD Rotterdam	MSM, Drug use and limiting	12
VNN Groningen	A little too much (First aid for an overdose)	15
SBWU Hostel Wittevrouwen	Discussion group 'A closer look at drug use' 9 sessions	25
Centraal Bureau RIBW K/AM	Psychiatry and Drug Use RIBW I – group 1 2 sessions for 4 groups	45
Centraal Bureau Emergis Goes	HCV testing and counseling	15
Schering-Plough	Drugs and street Drug use and health	15
Amsterdam, Corpszaal Leger des Heils	Streetwise 2009 2 sessions	31
GGD Rotterdam/ Bouman GGZ	HCV testing and counseling	16
Driebergen – Regenboog/ Odyssee	Drug Use and Health Buddy's	15
Veza/ Servie	Countering the stigma: Front line doctors	5
Arkin Amsterdam	HCV testing and counseling	16
Leger des Heils Amsterdam	Contact 1 and 2	15
Soa Aids Nederland	Harm reduction, sex work and drug use. Drug use, games and First Aid	15
Hortus Botanicus, Amsterdam	Mini-conference: Needle ex- change and consumption rooms	50
Tricht EHBO vereniging	Lecture: Drugs, health and prevention	20
Mondriaan zorggroep, Iriszorg, Tactus Verslavingszorg, Brijderstichting en netwerk spuitomruil	Safe injecting and first aid (4 sessions)	71
AMOC: consumption room visitors	Inject safely	10

Group	Training	Number of Participants
Rusland: Togliatti: Parents against drugs	Project management	17
Moldavië: Youth for the Right to Live Balti branch,	Project management	7
Kenia: Principal stakeholders NGO's/ UNODC	Harm Reduction	10
Extending the continuüm: Bangkok	Kick off workshop	20
Pakistan: Nai Zindagi + and general hospital staff	OST Training clinical management and HIV/AIDS	60
Indonesië: Laras	Follow up training working with sex workers	15
Nepal: Youth Vision	Substitution therapy	45
India: Sharan	Agriculural training through external expert	35
Cambodia: Youth Vision and Cambodian partners	Financial Management	10
Total		655

# **ANNEX 4: PUBLICATIONS**

Research Reports	Eastern European Drug Users in The Netherlands	Authors: Nathalie Roos, Ineke Baas Year: 2009 Print run: 100
	MSM, Middelengebruik en Hoogrisico gedrag (MSM, Drug Use and High Risk Behaviour)	Authors: Ineke Baas, Bouko Bak- ker, Leon Knoops Year: 2009 Print run: 100
	'Hoezo geen methadon?' Ruimte voor een individuele be- nadering van methadon cliënten met alcoholgebruik ('What do you mean, no methadone?' Indi- vidual approach to people who use methadone and alcohol)	Authors: Jeannot Schmidt, Jasperine Schupp Year: 2009 Print run: 200
Magazines	4 issues Mainline Magazine.	Circulation: 12,000
	3 issues Take-it	Circulation: 750
	C-zicht	Circulation: 2000
Leaflets	Wisselwerking Drugs en Alcohol (Interactions between drugs and alcohol)	Circulation: 2000
	Alcohol en Voeding (Alcohol and Nutrition)	Circulation: 2000
	Alcohol en hepatitis C	Circulation: 2000
	Alcohol en methadon	Circulation: 2000
	The Dutch hustle: Information brochure with practical information for European drug users in Amsterdam	Published in Polish and English
	Hoeveel is jouw lever je waard? (How much is your liver worth?)	in cooperation with the Trimbos Institute Circulation: 4000
Book/ brochure	Hot Flush	Author: Hans d'Olivat Circulation: 1000
Informational poster	Hoeveel is jouw lever je waard? (How much is your liver worth?)	in cooperation with the Trimbos Institute Circulation: 500
	Het blijft puzzelen (Keep on puzzling)	Circulation: 100
DVD	Hidden Heart of Borneo	Maker: Pierre Peyrot Print-run: 500

# ANNEX 5: FINANCIAL OVERVIEW

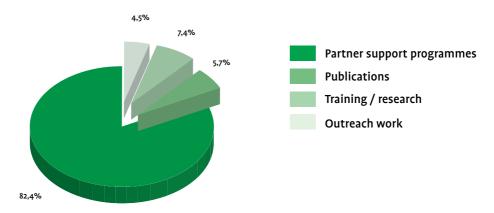
#### Balance Sheet as of 31 December 2009

balance sheet as of 31 Determber 2009	2009	2008
	Euro	Euro
Tangible Assets	38,783	19,227
Debtors	328	6,473
Receivables from donors	16,688	16,585
Receivables from others	52,514	26,805
Subtotal	108,313	69,090
Cash, bank and equivalents	853,491	1,216,337
Total assets	961,804	1,285,427
Total assets	<b>301,004</b>	1,203,427
Contingency reserves	77,289	97,527
Earmarked reserves	126,000	85,000
Total reserves	203,289	182,527
Long-term funding commitments	562,975	870,000
Short-term funding commitments	0	47,259
Other payables	195,540	185,641
	-55751-	1-3,- 1.
Total payables	758,515	1,102,900
Total liabilities	961,804	1,285,427

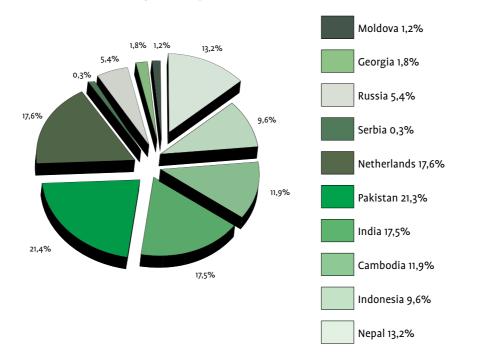
#### Profit and Loss 31 December 2009

	2009 Euro	2008 Euro
Income	Eulo	Eulo
Grant income	2,721,385	1,705,686
Other income	0	31,292
Total income	2,721,385	1,736,978
_		
Expense	1 0=0 =00	221212
Direct project costs	1,878,598	994,340
Indirect project costs	851,804	723,166
Subtotal targeted expenses	2,730,402	1,717,506
Subtotal tallyceca expenses	2,7,50,702	.,, .,,,,
Management and administration	822,025	696,357
Indirect project costs	-851,804	-723,166
Subtotal management, administration and outreach work	-29,779	-26,809
•	_	
Total expense	2,700,623	1,690,697
Net income	20,762	
46,281	20,702	
1-1		
Allocation of income 2009 and 2008:		
Contingency reserves	-20,238	10,737
Earmarked reserves	41,000	35,544
Total allocation of income agon and agon	20.7(2	46 201
Total allocation of income 2009 and 2008	20,762	46,281

#### Distribution of income by programme



#### Distribution of income per country



## **ANNEX 6:**

## **MAINLINE STAFF**

	MAINLINE STAFF
DIRECTOR	
	Janine Wildschut
OUTREACH WORK AND PUBLICATIONS	
Head of Department	Arie Sijbesma
Co-workers	Ingrid Bakker, outreach work, editing
	Renate van Bodegom, outreach work, editing
	Toon Broeks, outreach work, editing
	Leon Knoops, outreach work, editing
	Ester Fransz, outreach work, editing
	Jasperine Schupp, Project manager, Editor -in-chief Florence Tonk, Editor -in-chief, ad interim (from October 1)
TRAINING, DEVELOPMENT, POLICY	
	Inche Pers
Head of Department	Ineke Baas
Co-workers	Jeannot Schmidt, project manager/trainer
	Hilde Roberts (from September 1)
Intern	Nathalie Roos, study on East Europeans and Drug Use
INTERNATIONAL	
Head of Department	Gea Westerhof
Co-workers	Ancella Voets, project manager
	Aga Staruch, International administration
Intern	Aniek Westerman: Nepal
	Mireille Vos: Nepal
	Sanne Walsink: Indonesia
SUPPORT	
Head of Department	Herman Kalter
Co-workers	Mariëtta Goossens, office, ICT and design
	Carla Liedermooy, financial administration
VOLUNTEERS	
	Marlèn Nolta, library

#### **BOARD OF DIRECTORS**

Chair: Hugo van Aalderen Treasurer: Laetitia de Leede Member: Janine Wildschut Member: Ingrid Bakker

#### **ADVISORY COMMITTEE**

Cas Barendregt,

Senior Researcher, Institute for Addiction Research (IVO)

Jean-Paul Grund,

Senior Research, Centre for Addiction Research (CVO)

Arie van den Hurk,

 $Research\ Coordinator,\ Scientific\ Research\ and\ Documentation\ Centre,\ Ministry\ of\ Justice$ 

Gerjo Kok,

Professor of Health Education, University of Maastricht

Rachel Ploem,

Project Coordinator/Advisor, World Population Foundation and MY body

Theo Sluis,

Former head Ambulant medical team, GGD Amsterdam

## **COLOPHON**

Text: Willemijn van Benthem Editor: Barbara Luigies Lay-out: Mariëtta Goossens Production: Global Village Media

