



**UNODC**

United Nations Office on Drugs and Crime

# Recommendations «Web – outreach for people who use drugs»



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The development of these recommendations was led by **Zhannat Kosmukhamedova**, head of the UNODC Regional Programme Office for Eastern Europe, and **Sergii Rudyi**, UNODC National Programme Officer.

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# Contents

What and for whom are these recommendations?.....	6
Terminology.....	6
Introduction .....	8
Web outreach – definition.....	10
Web outreach – conditions.....	10
Web outreach goals .....	11
Web outreach tasks.....	12
Web outreach tools.....	12
Team .....	13
Principles of web outreach .....	14
Cyber security .....	14
Respect PWUD’s right to privacy.....	14
Non-judgmental attitude.....	14
Compliance with netiquette .....	15
Encouraging positive changes in the client’s life .....	15
“Do Not Harm” Principle .....	15
Teamwork.....	15
Description of the web outreach methodology .....	16
Establishing contact with PWUD .....	16
Informing and advising PWUD .....	20
Link PWUD with related services.....	22
Collection and analysis of «field» information .....	23
Retention of PWUD in harm reduction programs .....	23
Annex .....	26
Web outreach performance indicator.....	26
Outreach worker report form .....	27
Examples of scenarios of possible consultations for training outreach workers.....	28
Examples of online communication using emoji .....	29
Examples of slang designations for various drugs in the countries of the EECA region.....	30
Key interventions for HIV prevention, treatment, care, and support for people who use stimulants.....	31
Harm reduction checklists for people who use psychostimulants.....	32
References .....	36



# What and for whom are these recommendations?

These guidelines are intended for use by staff of non-governmental organizations working in the field of “harm reduction” among people who use drugs (PWUD), as well as representatives of public health and social service agencies in the Eastern Europe and Central Asia region.

The approaches described here can be adapted according to the capacities and needs of a particular organization, as well as to the local context. This includes the online platforms used, the popularity and demand for which may differ from country to country.

These recommendations could be adapted for web outreach for other key populations vulnerable to HIV, viral hepatitis, sexually transmitted infections (STIs), tuberculosis (TB) including men who have sex with men, trans\* people and women living with HIV.

## Terminology

**EECA region** – Eastern Europe and Central Asia

**PWUD** – people who use drugs

**PWID** – people who inject drugs

**HIV** – human immunodeficiency virus

**NPS** – new psychoactive substances

**Darknet, Darkweb** – an anonymous and uncontrolled part of the Internet, inaccessible to conventional search engines like Google. Operating in a decentralized manner, the Darknet is accessed through special browsers, such as Tor, which route encrypted messages through multiple servers to disguise the user’s location<sup>1</sup>

**Messenger** – program, mobile application, or web service for instant messaging<sup>2</sup>

**Web site** – one or more logically related web pages, an array of related data with a unique address and perceived by users as a whole<sup>3</sup>

**Internet forum, web forum** – a platform for communication between Internet users (more than two participants) on one topic or on several topics (depending on the specialization of the forum). A form of social networking<sup>4</sup>

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<sup>1</sup> <https://bit.ly/3dW7Oj2>

<sup>2</sup> <https://it-black.ru/obzor-bezopasnyh-messendzherov/>

<sup>3</sup> <https://bit.ly/3xrlqtn>

<sup>4</sup> <https://bit.ly/3hpC5cr>

**Thread** – on web forums, in chats: a sequence of replies to a message, that is, a «discussion thread»<sup>5</sup>

**Chat room** – a means of communicating over a computer network in real time, as well as software that allows such communication (e.g., messenger)<sup>6</sup>

**Social network** – an online platform that is used for communication, dating, creating social relationships between people who have similar interests or offline connections, as well as for entertainment (music, movies) and work<sup>7</sup>

**Chat bot** – a program that finds out the needs of users, and then helps to satisfy them. Automatic communication with the user is carried out using text or voice<sup>8</sup>

**Mobile app** – a software specifically designed for a specific mobile platform (iOS, Android, Windows Phone, etc.). Designed for use on smartphones, tablets, smart watches and other mobile devices<sup>9</sup>

**Account, acc** – the totality of data about the user, which is necessary to identify him or her (authenticate) and provide access to his or her personal data and settings<sup>10</sup>

**Nick, nickname, username** – an alias used by a user on the Internet, usually in places of communication (blogs, forums, chat rooms)<sup>11</sup>

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<sup>5</sup> <https://yandex.ru/q/question/343025/>

<sup>6</sup> [https://ru.wikipedia.org/wiki/%D0%A7%D0%B0%D1%82\\_\(%D0%BF%D1%80%D0%BE%D0%B3%D1%80%D0%B0%D0%BC%D0%BC%D0%B0\)](https://ru.wikipedia.org/wiki/%D0%A7%D0%B0%D1%82_(%D0%BF%D1%80%D0%BE%D0%B3%D1%80%D0%B0%D0%BC%D0%BC%D0%B0))

<sup>7</sup> <https://bit.ly/3yAuFbP>

<sup>8</sup> <https://bit.ly/3wpQ8mt>

<sup>9</sup> <https://bit.ly/2TOZIY3>

<sup>10</sup> <https://bit.ly/3qSLsV4>

<sup>11</sup> <https://bit.ly/2TF6pXr>

## Introduction

According to “World Drug Report”<sup>12</sup>, released in 2021, as of 2019 around 275 million of people used drugs worldwide in the last year. This is almost 20% higher than in 2010. Around 36 million people suffered from drug use disorders.

Over the past decade, drug markets have diversified. In addition to traditional plant-based drugs such as cannabis, cocaine and heroin, there has been an expansion of synthetic drugs. Hundreds of new psychoactive substances (NPS) have been synthesized in recent years, a significant proportion of which are psychostimulants. National and international control systems have successfully succeeded in limiting the spread of NPS in high-income countries. However, the NPS problem has now spread to poorer regions, where control systems may be weaker.

The Darknet continues to be used to buy and sell drugs. Drug markets on the dark web only emerged a decade ago, however, major ones have annual turnover of US\$ 315 million. While this is only a fraction of the total drug turnover, the trend is upward: from the early 2010s (2011 to mid-2017) to recent years (mid-2017 to 2020), annual sales have quadrupled. The penetration of the drug trade into social networks and popular e-commerce platforms suggests that the availability of drugs is on the rise. Rapid technological innovation, combined with the agility and adaptability of drug traffickers using new platforms to sell drugs and other substances, could lead to a global marketplace in which more drugs will be available in more regions, especially given the ability of traffickers to quickly adapt their marketing channels to changing conditions. This, in turn, will accelerate a paradigm shift in drug use.

More than 11 million people injected drugs in 2019, while 1.4 million of them, have been infected with HIV and 5.6 million with viral hepatitis C. Nearly 1.2 million people are living with both diseases. The probability to acquire HIV is 29 times higher for the people who inject drugs or use it other way, than the general population. UNAIDS estimates that in 2019, this category accounted for one in 10 new infections. Majority of people who inject drugs (PWID) are concentrated in Eastern Europe, East and Southeast Asia, and Southwest Asia.

According to the study conducted by the Eurasian Harm Reduction Association (EHRA)<sup>13</sup>, six countries in Eurasia – Belarus, Moldova, Serbia, Kazakhstan, Kyrgyzstan, and Georgia –

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<sup>12</sup> <https://www.unodc.org/unodc/en/data-and-analysis/wdr2021.html>

<sup>13</sup> <https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-020-00448-2>



have noted an increase in the use of NPS, mostly psychostimulants. Similar findings are obtained from an assessment conducted by the UNODC Eastern Europe Programme Office in Ukraine<sup>14</sup> and Moldova<sup>15</sup>. In Russia, the demand for synthetic psychostimulants also continues to grow<sup>16</sup>.

The purchase and sale of NPS in Eastern Europe and Central Asia is done mainly through websites (including Darknet marketplaces), social networks such as VKontakte, Odnoklassniki and Facebook, and various messengers such as Telegram, Viber, WhatsApp. In addition, people who use drugs use the above online platforms to communicate with each other, including on issues related to maintaining health while using drugs. This opens up opportunities for service providers to conduct outreach and harm reduction interventions online.

It should also be noted that innovations in drug prevention and treatment were prompted by the COVID-19 pandemic, which began in 2020. Many tasks that previously required personal contact for help can now be done over the Internet, by phone, or by mail. In some countries, the rapid pace of innovation has fundamentally changed the delivery of health services for people who use drugs<sup>17</sup>.

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<sup>14</sup> [https://www.unodc.org/documents/hiv-aids/publications/People\\_who\\_use\\_drugs/NPS/NPS\\_Ukraine\\_Russian.pdf](https://www.unodc.org/documents/hiv-aids/publications/People_who_use_drugs/NPS/NPS_Ukraine_Russian.pdf)

<sup>15</sup> [https://www.unodc.org/documents/hiv-aids/publications/People\\_who\\_use\\_drugs/NPS/NPS\\_Moldova\\_Russian.pdf](https://www.unodc.org/documents/hiv-aids/publications/People_who_use_drugs/NPS/NPS_Moldova_Russian.pdf)

<sup>16</sup> <https://media.mvd.ru/files/embed/1907226>

<sup>17</sup> [https://www.unodc.org/res/wdr2021/field/V2104297\\_russian.pdf](https://www.unodc.org/res/wdr2021/field/V2104297_russian.pdf)

## Web outreach - definition

“Traditional” outreach in harm reduction is defined as **“a systematic approach to providing services to people who use drugs and their sexual partners in the most comfortable setting possible”**<sup>18</sup>. The European Monitoring Center for Drugs and Drug Addiction (EMCDDA) comprehends outreach as **“activities aimed at making contact with PWUD clients in their usual places - on the street, at home, in clubs”**<sup>19</sup>.

The field of Internet Technology (IT) has its own definition of outreach. This is one of the directions in Internet marketing, «which implies an agreement personally with the owner of the site or a blogger to place banner ads, company or brand mentions, distribution of recommendations-feedback about the company»<sup>20</sup>.

Thus, web-outreach-work (*hereinafter referred to as web outreach*) can be defined as **«a method for contacting, counseling, engaging, and retaining PWUD in harm reduction programs through websites, social networks, messengers, and specialized forums, including Darknet platforms.»**

## Web outreach – conditions

In the mid-1990s and early 2000s, as the Internet developed and more and more people, including PWUD, were connected to the Web, the number of specialized Internet forums and websites dedicated to drug use, harm reduction, interaction of different substances with each other, etc. grew. These include the Daath forum<sup>21</sup> in Hungary, the “Bihai” Forum<sup>22</sup> in Russia, forum “Mothylek”<sup>23</sup> in Ukraine, the r/Drugs<sup>24</sup> community on the social news site Reddit in the United States, and many others.

In the 2010s, with the development of the Darknet marketplaces as a source of purchase and sale of drugs and increased control of law enforcement agencies over the open segment of the Internet, harm reduction issues also moved into the hidden segment of the Internet.

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<sup>18</sup> <https://www.unodc.org/documents/southasia/publications/sops/outreach-for-injecting-drug-users.pdf>

<sup>19</sup> [https://www.emcdda.europa.eu/system/files/publications/134/Insight2\\_189079.pdf](https://www.emcdda.europa.eu/system/files/publications/134/Insight2_189079.pdf)

<sup>20</sup> <https://vc.ru/flood/34980-что-такое-аутрич>

<sup>21</sup> <https://harmreductionjournal.biomedcentral.com/articles/10.1186/1477-7517-10-18>

<sup>22</sup> <https://knife.media/drug-culture/>

<sup>23</sup> <https://forum.motilek.com.ua/>

<sup>24</sup> <https://www.reddit.com/r/Drugs/>

For example, from April to October 2013, Fernando Caudevilla, the family doctor from Madrid, under the pseudonym DoctorX<sup>25</sup> posted information on the Silk Road drug marketplace's Darknet forums, answering questions from people who use drugs about safer drug use. After the marketplace closed and founder Ross Ulbricht was arrested, the remaining team members launched the Silk Road 2.0 website. There Caudeville answered 352 user questions.

In 2016, the Apdes organization<sup>26</sup>(Portugal) organized training for outreach workers on new psychoactive substances (NPS), online communities and the Darknet. Eight web forums with threads on psychoactive substances use were identified. Each outreach worker took over one or two forums and started posting information about harm reduction, health preservation while using psychoactive substances, etc. This technique has been called “netreach”.

In 2018, activists of the Ukrainian project Harm Reduction 2.0<sup>27</sup> offered traditional prevention kits, including HIV and hepatitis C tests, instead of psychoactive substances to visitors of a Darknet marketplace, distributing them as «zakladki» (stashers of drugs that are placed by burying them in the ground or fastening them with magnets in accessible public areas of apartment buildings) and rewarding the most active participants with substance quality tests for motivation.

In 2018, the St. Petersburg Charitable Fund «Humanitarian Action» (Russia), based on the experience of foreign colleagues and its own research, developed and piloted a web outreach methodology<sup>28</sup> that includes **systematic, comprehensive, targeted work to attract PWUD into harm reduction programs and keep them in these programs using websites, social networks, messengers, and specialized forums, including platforms in the hidden and open segments of the Internet**. Since then, with the support of the UNODC Regional Programme Office in Eastern Europe, this methodology has become increasingly common among service providers working with PWUD in Eastern Europe and Central Asia.

## Web outreach goals

The goals of web outreach work are set by the service provider depending on the local context, including the legal context, their own time and financial capabilities and resources, and the inherent drug scene in a particular region. The goals of web-based outreach may include:

- Increase the level of PWUD's awareness of available state and non-state services;

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<sup>25</sup> <https://outreach.ee/harm-reduction-blog/chemu-vrachi-mogut-nauchitsya-v-darkvebe/>

<sup>26</sup> [https://www.addictology.cz/wp-content/uploads/2018/10/valepires\\_aj-1.pdf](https://www.addictology.cz/wp-content/uploads/2018/10/valepires_aj-1.pdf)

<sup>27</sup> <https://www.talkingdrugs.org/ru/snizhenie-vreda-v-darknet-video>

<sup>28</sup> <https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-020-00452-6>

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- Increasing the number of participants (clients) in the harm reduction program;
  - Increasing the number of harm reduction program participants tested for HIV, hepatitis B and C, syphilis;
  - Increased adherence to HIV treatment among HIV-positive participants of the “harm reduction” program, etc.

## Web outreach tasks

**Establishing contact** with PWUD on their usual platforms in the open and hidden segments of the Internet - in social networks, in channels and chats in instant messengers, on forums at the Darknet marketplaces selling drugs.

**Informing** and counseling PWUD on a wide range of issues related to obtaining harm reduction services, preserving health, preventing socially significant infections, treating various diseases, etc.

**Linking** PWUD with related services such as harm reduction programs in the nongovernmental organizations, state health care and social service institutions, etc.

**Collection and analysis** of «field» information that can be used to predict new trends in drug use, adapt harm reduction programs, as a warning about the distribution of drugs with harmful impurities, etc.

**Retention** of PWUD in harm reduction programs through requests for feedback on satisfaction with services, motivational promotions, providing a forum for communication with each other and with program staff, etc.

## Web outreach tools

Web sites

Messengers (chats, channels, groups, private messages)

Social networks

Specialized forums in the open and hidden segments of the Internet, including dating “boards” for men who have sex with men (MSM)

Smartphone apps including dating apps

Email newsletters

Chatbots (work on websites, in messengers)

## Team

### Coordinator (project manager)

*Main functions:* organizing the work of the team, reporting, assigning roles in the team, monitoring the work of the outreach workers, monitoring and evaluation of the project, analysis of obtained «field» data.

*Competencies:* organizational skills, leadership skills, analytical mindset, including the ability to respond to changing trends in the drug scene to develop a response, knowledge of the prevalence of drug-related diseases, HIV infection, viral hepatitis, etc. at the regional/country level, basic information about the effects of various drugs on the human body, existing treatment methods, prevention and treatment of infections associated with drug use.

### Outreach workers

*Main functions:* establishing contact with PWUD on various online platforms, informing and advising on different issues, referring to specialists, retention in the field of activity of the organization / institution carrying out web outreach.

*Competencies:* belonging to the target group (if web outreach occurs in the target group of people using opioids, it is desirable to carry it out by people with experience of using opioids, if in the target group of people using synthetic cathinones – by people with experience of using cathinones, etc.), confident use of a smartphone / tablet / laptop / personal computer, communication skills, having basic information on the effects of various drugs on the human body, on existing treatment methods, on the prevention and treatment of drug-related infections, on services available to assist people who use drugs – both state and non-state.

Online consultants (doctors of the specialties most in demand by beneficiaries; peer consultants on HIV, hepatitis, drug use disorders; psychologists; case managers)

*Main functions:* provide prompt, credible, non-judgmental online counseling on topics related to the counselor's specialty.

*Competencies:* confident use of smartphone/tablet/laptop/personal computer, communication skills, having basic information on the effects of various drugs on the human body, existing treatment methods, prevention and treatment of infections associated with drug use on services available to assist people who use drugs – both state and non-state.

**The key competence of all web outreach workers is the ability to build boundaries in counseling and understand when the beneficiary's problem can be solved through online consultation, and when a personal meeting / personal examination by a doctor / urgent hospitalization, etc. is necessary.**

Desired composition of the web outreach team is presented above. However, the actual composition directly depends on the amount of funding for the organization/institution and/or the willingness of management to further develop in this area. In case of lack of resources for web outreach, it is possible to limit yourself to hiring an outreach worker from the target group, working under the guidance of the harm reduction program coordinator.

## Principles of web outreach

### Cyber security

Digital security is a set of measures aimed at protecting the confidentiality, integrity, and availability of information against virus attacks and unauthorized interference<sup>29</sup>.

It is recommended to carry out web outreach work from a phone and/or computer protected by a strong password. If possible, it is recommended using two-factor authentication. The same applies to logging into an account created for web outreach, or personal account (if it is used for these purposes).

It is not recommended to use the fingerprint or face access to smartphone. It is not recommended to install programs from unofficial application stores on cell phones. It is not recommended to connect to open (to those which have not set a password) Wi-Fi networks without using a VPN. Traffic over open wireless networks can be easily intercepted.

If you store sensitive material (such as access passwords, financial and administrative materials, and personal data of third parties) related to work in the organization on a personal computer, these files must be stored in a password-protected and encrypted folder.

### Respect PWUD's right to privacy

Web outreach work implies that there are certain boundaries in the interaction between the outreach worker and the beneficiary, which should not be crossed. These can be questions regarding marital status, sexual orientation, financial situation, the presence of chronic diseases, and many others that are not directly related to the topic of conversation / consultation. However, if the outreach worker believes that answering such questions will help provide a better service to the client, he or she may ask permission to ask them.

### Non-judgmental attitude

During the conversation / consultation, the outreach worker may learn information that may elicit a strong emotional response or a judgmental attitude towards the beneficiary. This may be information that the beneficiary is violent towards his/her partner/children,

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<sup>29</sup> <https://te-st.ru/2018/05/25/digital-security-terms/>

is engaged in drug dealing activities, does not inform his/her sexual partners about his/her positive HIV status, is wanted for prosecution, etc. In such a case, it is important to keep the focus on the topic of the current conversation/consultation. In case the information received leads the outreach worker to assume that there is a threat to life/health of other people as well as to the beneficiary himself/herself, it can be discussed with the project manager/supervisor to develop tactics for further actions.

### Compliance with netiquette

Netiquette implies an agreement between the outreach worker and the beneficiary to follow a set of rules to achieve the maximum possible comfort and get the most out of communication. Among other things, these can be agreements on what kind of messages is better to use: voice or written, on how to set up notifications of receiving a message, on what time it is acceptable to request a consultation and conduct it. It is also important to understand that, depending on the life situation of the beneficiary, these agreements may be violated or transformed: for example, a request for counseling may come during after-hours hours.

### Encouraging positive changes in the client's life

During the interview/consultation, the outreach worker may hear the beneficiary share changes in his or her life that are of great value to him or her: for example, reducing the dose of the substance used, switching from one substance to another, reducing the frequency of substance use, going through detoxification, but not a drug rehabilitation programme. To the outreach worker, these changes may seem too insignificant, however it is important to remember that for the beneficiary it may have been the result of hard work, thereby the interlocutor should be always encouraged.

### “Do Not Harm” Principle

Outreach workers have a wide range of competencies, level of training, and life experiences, including their own experiences of living with HIV and drug use disorders. All this can affect their online communications with beneficiaries and even harm them. For example, some outreach workers may use an overly directive communication style, others may allow themselves to be overly familiar, and others may abuse specific slang, including prison jargon. It is important to pay attention to these points during the supervision / monitoring of the work of outreach workers. The role of a supervisor / monitor can be performed by a project manager, observing the consultations of employees «from the outside». In case of identifying problem points in counseling, training sessions can be organized to correct the identified gaps.

### Teamwork

Both “traditional”, as well as web outreach, are teamwork. Beneficiaries turn to outreach

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workers for a wide range of questions that an individual employee may not have an answer to. In this case, you can forward the request to colleagues. In addition, teamwork involves holding regular meetings / meetings to discuss current working moments, discuss identified trends in the drug scene, adapt services, feedback received, etc. In order to prevent emotional and professional burnout of employees, it is advisable to conduct supervision.

## Description of the web outreach methodology

### Establishing contact with PWUD

Due to the specifics of the drug markets in the EECA region, the sale and purchase of narcotic substances are carried out through chats, channels, groups and bots in various messengers, mainly Telegram, as well as Darknet marketplaces and specialized forums. Thus, the administrators of these platforms are an important «entry point» for outreach workers to post information about harm reduction services, drug-related health issues and other topics on the platform, as well as to actively engage users in discussions on these issues and invite them to harm reduction programs.

An important part of communication with administrators is:

- politeness,
- positioning yourself as a representative of an organization that helps PWUD,
- positioning yourself as an active or former PWUD,
- focus on the topic of helping PWUD,
- patience in the event of a long wait for a response to a query,
- willingness to calmly answer questions about affiliation with law enforcement agencies.

Another way to post information on the platform is to register a new or use an existing account to post information without prior agreement with the administrator. However, in this case, the risk of blocking or deleting the account from the platform increases.

Also, an organization can establish contact with PWUD by creating its own channels, chats, groups in messengers, its own website in the open and / or hidden segments of the Internet, bots (they can work both in messengers and on websites), and other means of online communication.



The approach to establishing contact with PWUD can be conventionally divided into active (proactive) and passive (reactive). The main differences between them are shown in the table below:

An approach	Active	Passive
<b>Description</b>	The outreach worker takes the initiative and initiates communication	The outreach worker waits for the beneficiary to initiate communication
<b>Objectives</b>	Raising awareness of the organization / issue / services Dissemination of information among the target group	Online consulting on various issues
<b>Benefits</b>	The ability to disseminate a significant amount of information within a short period of time Increasing the visibility (representation) of the organization in the online space	Beneficiaries' needs are at the center of attention Less chance of blocking or reporting an account The ability to create deeper messages
<b>Disadvantages</b>	The first message should be as clear and effective as possible. Less focus on the needs of the beneficiaries May be perceived as spam	Requires increased labor costs Requires fast and high-quality responses Unpredictable result Requires regular presence of an outreach worker

*Adapted from ECDC technical paper "Use of online outreach for HIV prevention among men who have sex with men in the European Union / European Economic Area."*

### **An example of St. Petersburg, Russia. Humanitarian Action Fund**

The main channels for the distribution of drugs and interaction of PWUD with each other and with drug dealers in the city are **chats, channels and bots** in the Telegram messenger, as well as the **Darknet marketplace with a forum**. The Telegram messenger is used primarily for the distribution of the synthetic opioid methadone. The darknet marketplace is used by PWUD to purchase synthetic cathinones, other psychostimulants, plant-based drugs, hallucinogens.

The city is divided into 18 districts. There are several Telegram magazines (shops) selling drugs in each district, presented in the form of chats or channels.

The foundation's outreach worker (hereinafter referred to as the outreach), an active drug user who is personally familiar with the drug purchasing system in the city, contacts the administrators of these shops and offers to post information about the Fund's services (free and anonymous express testing for HIV, viral hepatitis B and C, syphilis, providing harm reduction kits, etc.), about the schedule of mobile and stationary low-threshold units of the organization, about the possibility of obtaining online consultations from various specialists – a narcologist, a surgeon, a psychologist, peer consultants on HIV, viral hepatitis and drug use disorder. In addition, outreach invites participants to join a closed chat room, subscribe to the fund's channels, answer questions, and can initiate discussions related to HIV prevention, viral hepatitis, and other topics from the field of harm reduction.

Shop administrators either agree to post this information or refuse. In some cases, outreach is blocked. In some cases, administrators give outreach the rights of a co-administrator, which allows him to post information directly on behalf of shop.

In addition to drug stores, Telegram has chat rooms designated, along with other things, for PWUD to communicate with each other (so called «chatters»), for romantic encounters, for raising money for the treatment of various diseases, and for exchanging things. The key value lies in the fact that these sites are created, administered and populated by PWUDs themselves. Outreach offers to post information about the fund's services in these chat rooms as well. Seeing these postings, participants can contact outreach directly via private messages and get more information about the fund's services.

Another fund employee approached the administrators of a forum on the Darknet marketplace with a proposal to post information about the organization. The administrators gave permission to do so and also gave the opportunity to create topics on the forum. As a result, topics on free and anonymous HIV testing in St. Petersburg, including the contact details of various services, on the prevention and treatment of viral hepatitis, and several other topics were created. Establishing contact with PWUD on the forum is done through comments, which you can leave under each topic.

In addition to actively involving PWUD in harm reduction programs on external platforms, the organization has launched a closed Telegram chat for its beneficiaries,

which can only be accessed via a link provided by administrators, as well as through the number of open Telegram channels: with news from the drug policy world; with beneficiaries' gratitude and criticism for the foundation's work; with a daily updated schedule and other news about the organization's work.

Usually, administrators respond to a chat participant's request for a particular service or consultation by connecting the requesting person with an employee of the fund who is competent in solving this issue.

Thus, requests coming to the online narcologist through chat (as well as via Telegram- bot) are related to:

- going through a withdrawal state from using various substances,
- counseling on mental health issues,
- recovery from acute substance poisoning, etc.

The organization's surgeon may receive questions about the treatment of postinjection complications such as burns, allergic reactions, etc. The specialist asks you to send a photo or video of the affected area, asks clarifying questions about symptoms and sensations, makes recommendations about the use of healing ointments, and motivates you to go to a private or public health care facility in person.

Also, PWUD can establish contact with representatives of the organization through the Telegram bot for providing first aid in case of drug overdose. The bot provides an opportunity to contact directly a narcologist who consults the organization remotely, as well as an employee who is positioned as a "peer" opioid consultant and is authorized to respond to relevant inquiries, and "non-narcophobic" psychologists.

### **An example of Novosibirsk, Russia. Project «Positive Strategies»**

People who inject drugs can fill out a special form on a specially created web page or contact the project's outreach worker via a Telegram bot and order a pharmacy certificate for a harm reduction kit, which includes sterile syringes and solution for injection, alcohol wipes, condoms. This certificate is subsequently exchanged for goods in the city's pharmacy network.

A similar methodology was used for remote HIV self-testing among PWUD and MSM.

After filling out a relevant form or contacting an outreach worker via Telegram bot, a representative of the target group received a self-testing kit with instructions and other useful information about HIV prevention at the most convenient postal address. Then pre- and post-test counseling was conducted via phone, Skype, or Zoom.

### **Example of Kazakhstan. Amanbol.kz project**

The website aims to provide information on HIV infection, pre-exposure prophylaxis, chemsex. It is possible to order an HIV test by filling out a special form. The test is delivered to convenient postal address or by taxi.

### **Informing and advising PWUD**

PWUD can be informed and consulted through personal communication by phone, exchanging *messages in messengers* (WhatsApp, Telegram) and on *social networks*. In addition to online communities, the contact information of employees and engaged specialists, including the indication of their «nicknames» in social networks and messengers, can be placed on business cards distributed at mobile and stationary locations (drop-in centers), during outreach in hospital hospitals and in other locations (for example, in nightclubs).

A private chat or group for beneficiaries in messengers can function as an online platform for PWUD, where they can make various requests to employees, including referrals to harm reduction programs, to trusted doctors, etc. Employees can be assigned roles (profiles) in accordance with their position in the organization, for example, “social worker”, “doctor”, “HIV counselor”, “PR, cooperation”, “psychologist”, “narcologist”, “lawyer”, etc.

<b>Recommendation on profile creation</b>	
<b>Yes</b>	<b>Not</b>
<ul style="list-style-type: none"> <li>- Unique and recognizable username (username)</li> <li>- Use organization name</li> <li>- Basic information and photography</li> <li>- Information on organization’s contacts (email address, phone number, etc.)</li> <li>- Contacts in social networks and messengers (workers)</li> </ul>	<ul style="list-style-type: none"> <li>- Using a personal email address</li> <li>- Links to personal accounts on social networks</li> <li>- Using a personal phone number</li> <li>- Links to external resources, especially paid ones</li> </ul>

*ECDC “Use of online outreach for HIV prevention among men who have sex with men in the European Union/ European Economic Area.”*

This allows chat or group members to ask questions according to the employee’s role, for example:

- regarding the possibility of restoring documents,
- regarding initiation or resumption of ARV therapy, viral hepatitis therapy, tuberculosis therapy, STI treatment,
- possibility of receiving drug treatment,
- regarding face-to-face appointments with medical specialists of various profiles in state health care institutions, etc.

Also, chat or group participants can also share their feelings, health complaints, and discuss various events, both personal and socio-political. To avoid so called «**flooding**»

– i.e., intentional exchange of messages not related to the topic of discussion or conversation – and «**off -top**» – distracted messages not related to the given topic – it is preferable to moderate the chat by the administrator(s).

The search for messages and topics in the chat in Telegram can be carried out by keywords, as well as using the tags assigned to the topic.

A website or landing page can also be used to inform PWUD about a given topic, such as overdoses or chemsex.

### **An example of St. Petersburg, Russia. Drugmap.ru project**

This website was created to inform PWUD about the first symptoms of acute drug poisoning and first aid. In addition, the site contains information about the types of assistance available to PWUD, HIV prevention services, and legal assistance for PWUD. According to the resource’s statistics, it is most often found in search engines by keywords such as: «first aid at overdose», «what to do at overdose», «actions at overdose», «signs of overdose», etc.

### **An example of Ukraine. Drugstore project**

The project is being implemented with the support of the “Alliance for Public Health” (Ukraine). In collaboration with NGO “TOCHKA OPORI”, a safe online space for

consultations with FREE2ASK specialists has been organized. It is implemented through a mobile application available in the App Store and Google Play. Allows you to get anonymous and free consultations of a psychologist, infectious disease doctor, drug consultant.

The project also developed a Telegram bot to reduce the risks of overdose and other negative consequences associated with the use of psychoactive substances.

In addition, the project has a Telegram channel, pages on social networks Facebook, Instagram, YouTube.

### [Link PWUD with related services](#)

PWUD can be referred to various help services based on governmental and non-governmental organizations in response to a request. In addition, an employee of an organization / institution may suggest contacting a particular service in during the process of consultation of a client.

It is important to note that web outreach is impossible apart from direct agreements with helping organizations. A certain level of trust is established in face-to-face communication between the counselor and the beneficiary, so if the latter fails to receive the stated service - such as being admitted to a drug treatment center or being placed under observation at an AIDS center - within the promised time frame, negative information about the organization as a whole may be spread. This is especially important to keep in mind in the era of instant messaging and social media.

One of the easiest ways to involve specialists from helping organizations to facilitate the subsequent referral of beneficiaries is by inviting them to become the hosts of a webinar, podcast or live broadcast on a social network on a given topic (treatment of HIV infection, viral hepatitis, tuberculosis, peculiarities of ARV therapy, drug treatment, etc.). During the presentation, the invited specialist can respond to specific questions from listeners, and some may be invited to a personal appointment, especially if the webinar, podcast or broadcast is positioned in advance as providing for such an opportunity.

### **Example of Kazakhstan. Forum PWUD**

The Forum of People Who Use Drugs (PWUD) is active on Telegram. A closed chat for PWUD, a number of open channels aimed at supporting people who use psychoactive substances, reducing the risks of using psychoactive substances, and also being used as a mechanism for public monitoring of drug policy reform has been created.

### Collection and analysis of «field» information

It can be used to predict new trends in drug use, ways of acquiring and distributing drugs, to adapt harm reduction programs, to warn of the appearance of harmful products on the drug market, to describe and assess risks, develop a risk reduction strategy, assessing and creating a Contingency Management Plan and for other purposes.

#### **An example of St. Petersburg, Russia. Humanitarian Action Fund**

Thanks to the analysis of Telegram channels on drug use and its own data, the organization became aware of the predominance of new psychoactive substances (NPS), mostly synthetic cathinones, on the illicit drug market. By conducting surveys in themed Telegram chats and channels, as well as interviewing its own beneficiaries at mobile units, the organization adapted the «harm reduction» motivational kit with products relevant to this target group – such as biodegradable disposable straws for intranasal drug use, nasal mucous membrane care ointments, information materials on first aid in case of NPS overdose, etc.

Another example of using online opportunities for adaptation is the organization's survey in a closed Telegram chat on the convenience of using 1 ml syringes from various manufacturers. Based on the results of the survey, as well as focus groups, a specific model of the syringe was selected.

Another analysis of requests from beneficiaries showed their need for material on self-care for post-injection complications caused by injecting «street» methadone. As a result, an employee of the organization, a person who actively uses drugs, together with a doctor-surgeon developed a short piece on post-injection complications care, which is distributed in Telegram chats and channels for PWUD.

### Retention of PWID in harm reduction programs

Collecting feedback from beneficiaries – both grateful and critical – allows the organization to monitor the quality of employees' work and respond to customer needs: for example, changing the parking locations of mobile units and the opening hours of stationary stations so that it is most convenient for the PWUD's target group. In addition, it allows the beneficiaries themselves to feel involved in the organization's work and to understand that their opinion is truly meaningful and valuable.

Conducting promotions and raffles is also a significant factor in retaining PWUD in

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the program. As an example, the so-called «roulette,» a drawing of various prizes among participants in the closed Telegram chat room of the Humanitarian Action Fund (St. Petersburg, Russia), was conducted by randomly selecting a participant's account through a special bot. The main prizes were bonus cards of a supermarket chain of a certain denomination, while the consolation prizes were double motivational «harm reduction» kits.

In addition, giving beneficiaries the opportunity to contact the organization's staff and each other directly in chat rooms, forums, and other venues on the Web is in itself a factor in retaining a client in the program. By knowing that online services exist and are available, beneficiaries can be assured that they will not be left without vital information when they are ready to receive it.





## Appendix 1

### Web outreach performance indicator

#### Quantitative indicators:

Time spent on consulting

Number of thematic entries (posts) in the chat/group

Number of comments/responses received

Number of personalized consultations in private messages

Number of referrals to helpdesk services

#### Qualitative indicators:

Percentage of people who reached help services out of the total number of referrals

Percentage of people who received a specific harm reduction service out of the total number of referrals

Percentage of people tested for HIV/viral hepatitis/syphilis, out of the total number of referrals

**Quantitative and qualitative performance indicators should be set by the service provider, depending on the goals and objectives set. Thus, for one organization it can be an increase in the number of beneficiaries tested for HIV, for another - the use of online tools to increase adherence to HIV treatment.**

*Adapted from the ECDC technical paper "Use of online outreach for HIV prevention among men who have sex with men in the European Union / European Economic Area."*

## Appendix 2

### Outreach worker report form

<b>Date:</b>	
<b>Outreach worker:</b>	
<b>Time spent on counseling:</b>	
<b>Number of posts per chat / group:</b>	
<b>Number of comments / replies received:</b>	
<b>Number of individual consultations in private messages (indicate the subject):</b>	
<b>Number of referrals to various organizations and institutions (specify which ones):</b>	
<b>Notes:</b>	

*Adapted from Internet Outreach Toolkit for HIV Prevention in Ohio, 2012*

## Appendix 3

### Examples of scenarios of possible consultations for training outreach workers

#### Scenario 1

Ya. just found out that she has HIV. She does not know how to tell her sexual partner about it. What can you recommend to Ya?

#### Scenario 2

S. wants to stop using drugs but does not know where or whom to turn for help. What can you recommend?

#### Scenario 3

L. asks about the symptoms of HIV infection and other sexually transmitted infections. What can be answered?

#### Scenario 4

Six months ago, Ya. met a girl at a club. They were using drugs together, and then they had unprotected sexual intercourse. Recently it has come to my attention that the girl might have HIV. What can we recommend?

#### Scenario 5














































A. uses drugs and takes ARV therapy. Lately it seems to him that the therapy reduces the effect of drugs, so he wants to stop taking it. What can we recommend?

*Adapted from Internet Outreach Toolkit for HIV Prevention in Ohio, 2012*

## Appendix 4

### Examples of online communication using emoji

Adolescents and young adults increasingly use emoji to describe their thoughts and feelings on social media. However, these images can also be adapted to communicate about various issues, including topics related to substance use, such as the acquisition and distribution of substances. Non-governmental organizations (NGOs) and other service providers working with people who use drugs should be aware of the types of communication their clients use, including emoji.

Cocaine	       
Marijuana	       
Cough syrup	   
Methamphetamine	       
Heroin	   
MDMA	    
Mushrooms (hallucinogenic)	
"Spice"	    
"Salt" (alpha PVP)	     
Amphetamine	  
Mephedrone	
"Boshki" (marijuana inflorescences)	    
Drug effect	
Long-term drug effect	
Dealer	  
State of Intoxication	
A drug placed on a magnet	
Drug ("stuff")	

## Appendix 5

### Examples of slang designations for various drugs in the countries of the EECA region

#### **Belarus**

*Synthetic cathinones: alpha; dog; mef, mefer; black Mamba*

*Stimulants of the amphetamine series: Dosya, Dashka, kedi, sneakers, speed, spidi*

*Synthetic cannabinoids: smes, legalka, liga, himlo*

#### **Georgia**

*Synthetic cathinones: bath salts; salt; crystals; alpha PVP (or PVP); flour; speed; flacca; meph*

*Synthetic cannabinoids: bio; bio-marijuana; bio-smoke; bio-hashish; spice; chocolate; cherry; tea; green; the black; white; yellow*

#### **Kazakhstan**

*Synthetic cathinones: salts, bath salts, sc; speed; Red Dragon; ruby; flour; watermelon; crystals; alpha PVP; meow; 4-MMC; meph*

*Synthetic Cannabinoids: JWH or Jivik spice; chamomile; aqua; shiz*

#### **Kyrgyzstan**

*Synthetic cathinones: salt, solarium, solarium; crystals; flour; sugar; meph; ck; speed; space; rahat; Chinese salt; bath salts*

#### **Moldova**

*Synthetic cathinones: salt, ck, violet, crystals, flour (mephedrone)*

*Amphetamine-type stimulants: speed*

*Synthetic cannabinoids: linden, shavings*

## Appendix 6

### Key interventions for HIV prevention, treatment, care, and support for people who use stimulants

For a long time, HIV prevention and treatment programs have focused on people who inject drugs, primarily people who use opioids . However, the use of stimulants, including cocaine, amphetamine-type stimulants and synthetic cathinones, is also associated with HIV infection risks. Therefore, the UN Office on Drugs and Crime has developed key interventions for HIV prevention, treatment, care, and support for people who use stimulants. These interventions include:

- Condoms, lubricants, and safer sex programmes
- Needle and syringe programmes (NSP) and other commodities
- HIV testing services (HTS)
- Antiretroviral therapy (ART)
- Evidence-based psychosocial interventions and drug dependence treatments
- Prevention, diagnosis and treatment of STIs, hepatitis and tuberculosis (TB)
- Targeted information, education and communication (IEC) for people who use stimulant drugs and their sexual partners
- Prevention and management of overdose and acute intoxication

Key interventions are recommended to be adapted to the specific needs of different key populations. An assessment of the population to be served will assist in providing the evidence needed to design a client- centered package of services that responds to specific needs.

**Source: HIV Prevention, Treatment, Care and Support for People Who Use Stimulant Drugs. Technical Guide. UNODC, 2019.**

## Appendix 7

### Harm reduction checklist for people who use psychostimulants

#### Checklist for policy makers and program managers:

1. Needle and syringe programmes (NSPs) should provide access to adequate supplies of injecting equipment that respond to the rapid, repeated and collective patterns of injecting associated with the use of psychostimulant drugs.
2. NSPs should avoid one-for-one exchange, capping supplies of injecting equipment to individual clients or other protocols that restrict access to injecting equipment to people who inject psychostimulant drugs.
3. NSPs should actively consider strategies such as needle vending machines, secondary NSP, community outreach or needle-pack schemes in clubs, free-party or sex-party settings, in order to provide easy access to injecting equipment outside traditional working hours and in settings where people buy and take psychostimulant drugs.
4. Services should proactively promote access to male and female condoms, water-based lubricants, safer-sex advice and access to HIV and STI testing, as well as post-exposure prophylaxis (PEP) and pre-exposure prophylaxis (PrEP) for HIV where appropriate.
5. Services should offer access to harm reduction commodities such as crack or methamphetamine pipes, aluminium foil, safer snorting kits or gel capsules, to support non-injecting routes of administration as an alternative to injecting stimulant drugs. These are also effective engagement strategies with people who use psychostimulant drugs.
6. Services should offer self-control coaching to support safer patterns of psychostimulant use and safer sex.

#### Information for people who use stimulant drugs (without injecting):

1. Avoid sharing straws or pipes, because of the risk of transmitting hepatitis C.
2. Always have with you and use condoms and lubricants if you are sexually active.
3. Remain hydrated and look after your lips during a session. Dehydration and the heat transferred from the pipe can cause your lips to crack and become bloody, which creates a route for HCV transmission.
4. Make sure you use a pipe without chips or breaks, as these can increase the risk of lip damage and transmitting hepatitis C.
5. Mouthpieces for crack pipes, which can be as simple as rubber tubing cut to 2cm length, rubber bands overlapped or rubber sparkplug casings (from vehicle engines), can help reduce risks if you need to share your pipe with another person.



6. If you use a lighter or blowtorch to smoke methamphetamine or crack, you may burn your fingers, nose or face, and it is easy not to notice these burns at first due to the anesthetic qualities of cocaine or general intoxication.

7. Snorting stimulant drugs can damage the inside of the nose. Nasal douching – flushing saline solution or water into the nostrils and blowing out – helps remove the drug residue after a session.

8. Straws or “tooters” for snorting stimulant drugs should not be shared, due to the risk of transmitting hepatitis C.

9. Smoking flakes of crack in a cigarette or rolled cannabis can temper the rush from the crack and stretch the rock for multiple hits.

### **Information checklist for people who inject psychostimulant drugs:**

1. Avoid sharing needles, syringes and other injecting equipment. Source adequate supplies of sterile injecting equipment in advance of a using session. Consider your own needs and the needs of people you will be injecting with, and stock up in case your session runs longer than initially planned.

2. Source the right size of needle and type of injecting equipment to minimize the damage to your veins.

3. Wash your hands and injecting sites with soapy water before preparing and administering an injection to reduce the risk of a bacterial contamination and a “dirty hit” (severe flu-like symptoms that come on suddenly after a contaminated injection).

4. Research the drugs you are taking to understand the best method of preparing them for injection. Many stimulant drugs dissolve easily in water and do not need heating (cocaine 57 hydrochloride, amphetamine sulphate, methamphetamine, mephedrone and methcathinone) or mixing with an acidifier. Some stimulant drugs, such as ketamine, are easily damaged by heating. Crack cocaine needs to be broken down slowly and meticulously with an acidifier before injection.

5. Rotate your injection sites to give your veins time to recover and heal between injecting sessions. This is particularly important with cocaine, which is a local anaesthetic and numbs the injecting site after the first injection.

6. Using low dead-space syringes means there is less blood residue in the syringe, which reduces risk of transmitting an infection in case of accidental sharing.

7. Use syringes with coloured plungers to help reduce accidental sharing during long and sustained injecting sessions, particularly if reusing becomes a necessity.

8. Dispose of injecting equipment safely to reduce the chance of needle-stick injuries, accidental

sharing and injuries to family members, friends, neighbours and the wider community.

9. Clean injecting sites with soapy water after an injecting session, and then massage them gently with Vitamin E oil, bio-oil or coconut oil to limit damage to the veins and support their recovery. Using moisturizing disinfectant antiseptic creams will disinfect injection sites and assist with healing.

10. Consider using methamphetamine or crack cocaine via a pipe, as this can have similar effects to injecting, and it limits damage to the veins from repeated injecting and/or the use of acidifiers when preparing crack cocaine for injection.

11. Check you have access to commodities that support taking drugs without injecting, so that you have an alternative if you run out of sterile injecting equipment, or if your veins would benefit from a break.

12. Always have with you and use condoms and lubricants if you have sex.

### **Checklist for self-care and psychostimulant drug use:**

1. *Safer dosing* – Before taking a new batch of stimulant drugs, it is sensible to take a smaller test dose to establish the strength of the drug.

2. Dose management is a key strategy for reducing the negative consequences of high-dose use associated most commonly with the injection and piping of stimulant drugs. Reducing doses can limit risks of overheating, heart attacks and mental health problems.

3. *Repeated patterns of using* – Using for several days in a row increases the severity of the “come-down” and can cause a “crash”, in which exhaustion, serotonin and dopamine depletion, sleep deprivation and the additional pressure on the body lead to a long and deep pattern of sleep. Be aware of your physical limits and plan beforehand to end a session before you are likely to reach your limit.

4. *Hydration* – Stimulant drugs cause the body to heat up and the body sweats to reduce its core temperature. It is important to remain hydrated to help drug residue pass safely through the body. Drinking water is a key strategy to reduce harm for people who use stimulant drugs.

5. *Hygiene* – Cleaning your teeth, showering or at least washing your hands and face are important for skin care and a general sense of well-being after long sessions of taking stimulant drugs.

6. *Eating* – Taking stimulant drugs places additional demands on your body, and it is important to stock up with slow-burning carbohydrates before a planned using session. Eating food before you go to sleep after a stimulant drug-using session also helps the body recover and regenerate. Finding foods like fruit, yogurts or energy bars that you can eat during a session reduces the risk of exhaustion sickness that can result from long runs of using stimulant drugs.

7. *Get informed* – There are an increasingly diverse array of NPS on the market, and it is important to research the drugs you are planning to take. You can seek advice from experienced peers in person or via online forums, or you can research your NPS on specialist websites, in order to make informed decisions about your choice of drugs, dosing and drug mixing.

*Source: HIV Prevention, Treatment, Care and Support for People Who Use Stimulant Drugs. Technical Guide. UNODC, 2019.*

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