

# MAINline

PIONEERS IN PREVENTION



Mainline on tour: The devil, without reserve • We don't judge • Sex, drugs and karaoke

**Mission** Improving the health and quality of life of substance users.

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## Mainline's activities in 2010 were financially made available by:

Ministerie van VWS  
SKAN-fonds  
Nuts Ohra  
Gemeente Amsterdam  
Ministerie van Buitenlandse Zaken  
Linkies: Oxfam Novib  
Aidsfonds  
Stichting Koningsheide  
MSD  
Iriszorg  
Tactus  
Verslavingszorg Noord-Nederland  
Novadic Kentron

Amsterdam, mei 2011

# PIONEERS IN PREVENTION

## Mainline Annual Report 2010

Mainline celebrated its 20th birthday in 2010, but was too busy to spend a lot of time thinking about that. Improving substance users' health and quality of life still requires all of our attention. In the Netherlands, Mainline is focusing increasingly on supporting organizations that want to establish a sound health policy for substance users. And internationally, Mainline supports organizations that work on helping to bring about a dignified existence for substance users. The core here is still based on outreach work, because that is still where Mainline's strength is: in translating signals from the street into projects at home and abroad. Which we've been doing for twenty years now.

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## A look behind the scenes

“Having good contact with someone means that you really see them, and that you don’t

get stuck in the phase of voyeurism”, says outreach worker Renate van Bodegom in the brochure “Contact”, which Mainline published in 2010. The brochure shows how Mainline’s fieldworkers do their job. It discusses motivational interviewing, Socratic motivation, the ten golden rules, and

the do’s and don’ts. The reason to publish “Contact” was a project commissioned by four RIBWs (Regional Institutes for Housing and Support). This project showed that workers found it difficult to discuss substance use with their clients; it wasn’t really discussed, partly because substance use was forbidden within the facilities. But Mainline’s outreach workers did manage to talk with people about their substance use. Mainline made the “Contact”

brochure in order to illustrate how Mainline works: by being close to the people and, based on different conversational techniques, really making contact, without any predetermined goals, and without any agenda. The brochure also hears from inspiring social workers, because the outreach workers themselves are not social workers, and that’s why they know their limits. What was noticeable is that they both operate largely from the same philosophy. ●



## Dreaming in prison

The prison on Amsterdam’s Havenstraat is one of the special places that Mainline’s outreach workers visit. Every two weeks, they station themselves in the recreational areas and the exercise yard. And the users find their way to the outreach workers, just as they do on the outside. “The only difference is that in here, we see other groups than we would, say, at a methadone clinic”, says Toon Broeks, one of the three “Mainliners” who work in this prison. “Here we see a lot more recreational users, and people who use coke and/or alcohol. And of course, we see young people who smoke a lot of weed. With this latter group, you talk a lot about dreams. In prison, they tend to have recurring dreams, which the cannabis had been suppressing. We get a lot of questions about self-control, and about the possible side effects if you start using less. For many users, their time in prison is a moment for reflection, a time to think about cutting down or stopping altogether. These are things you can think about in prison, but that you also have to follow through when you’re back on the outside. Employment and housing are important in this process. That’s why we also draw attention to those things during our conversations about harm reduction. After all, it’s a shame if the reduction in methadone in prison gets derailed once they’re back on the outside, only because they filled out a form too late to get aid from the social services”. ●



## Dancing in the brain

“You’re not crazy, you’re just addicted”. That’s what a user was told, who was interviewed in the special “Drugs and Psychiatry” issue of Mainline magazine. Mainline published this special issue in the autumn of 2010, under the title “Dancing in the brain”. The subject was the relationship between psychiatry and substance use, with much attention paid to the actual person behind the diagnosis.



The editorial board’s starting point was not to

portray the topic of “drugs and psychiatry” as a problem, or to portray users as victims, but rather to portray them as people who are trying to find their own way. Or, as the medical anthropologist Jarret Zigon phrased it in the magazine, “Psychiatric diagnoses are not isolated, but they do say a lot about the culture and the age during which they were made”. In the same issue, a user named Patricia said, “As far as I know, despite my substance use, I have never been diagnosed. But I’m as crazy as a loon, ha, ha. And even if they wanted to put some psychological label on me, I still wouldn’t give a shit. I would invite the diagnosing doctor to sit together with me at the table, and then try to figure out who the crazy one is”. ●

## Escaping from the Grim Reaper

“You could say that I escaped from the Grim Reaper”, says 42 year-old Mignon in Take It, the magazine about HIV and drugs that Mainline publishes three times a year. The magazine is published in a circulation of 750, and is distributed among HIV-positive (former) users. Each newsletter has a theme that jibes with the needs of the target group. The themes in 2010 were:

- The magic of numbers: on the usefulness of early HIV treatment. Here, the concepts of viral load and CD4 cells were explained;
- Everything under control: on the added value of being in contact with the HIV counsellor;
- Going online: on digital contact with other users in order to overcome potential isolation.

Take it generally consists of three sections: an interview with a user, an interview with an expert, and a section with tips and tricks. An ongoing key theme is the empowerment of the HIV-positive (former) user. ●



# “After twenty years, the basic philosophy of Mainline still stands”

**Over the past twenty years, the way people use substances has changed, the group of users has changed, and the health risks have changed. But the vision of Mainline has remained the same: you can only change the health and the quality of life of substance users by accepting that they use, by promoting their self-sufficiency, and by standing close to them. “Harm reduction has proven to be effective”, says director Janine Wildschut firmly.**

they’re now twenty years older, and they have other health problems, especially problems associated with a lifetime of use. Their bodies are worn out”. Mainline is still focused on this group, using the same demonstrably effective methods of outreach work and motivational interviewing.

## **New groups**

The main challenge in 2010 had to do with approaching the new groups of users. These groups are more diffuse, and do not identify so much with being users. These include young people, men who have sex with men (MSM), and psychiatric patients. Wildschut: “For these groups, harm reduction is important, but they are not as easy to approach. That’s why we are now focusing on intermediary organizations. At the moment, many of them have no solutions for substance use. They do recognize that it makes no sense to simply prohibit use, but then what should they do instead? We help them to develop a vision on substance use. By doing this, we ensure that institutions for psychiatric care, or for young people, manage to get a handle on how to start a conversation about substance use and health risks”.

In 2010, Mainline also developed new forms of communication to get in touch with this audience. As Wildschut says, “We’re responding to trends and developments in terms of our material. With Mainline magazine, of course, but we’re also trying to reach the new groups in other ways. We’ve developed some games, with the aim of exchanging information and starting conversations while the game is being played. The games are based on input from users”.

## **Abroad**

Since the 1990s, Mainline has also been active abroad. Wildschut: “Harm reduction is accepted in the Netherlands, but not in other parts of the world. That’s why we’re also working in, for example, Eastern Europe and Asia. We don’t carry out any outreach work there, but we do support and train organizations that do. There are two important issues in that regard. The first

*“We’re responding to trends and developments in terms of our material.”*

- Mainline began its work exactly twenty years ago, when the fear of an HIV epidemic was considerable.
- The government focused its efforts at the time on users, because the intravenous use of substances – which was then still widespread – increased the risk of spreading HIV/AIDS. Wildschut: “It soon became obvious that it made no sense to tell people that they had to stop using. This group needed a specific approach, and Mainline offered it. Mainline assumed back then, and still does, that substance use is a fact, and that it can also be functional for some people. If you want to work on improving health, you cannot ignore the benefits that it has for some people. Mainline also works with outreach workers who are close to the users. In this way, we closed the gap between the medical world and the users’ world.” And we did so successfully. Through informational campaigns and, for example, needle-exchange programs, the health situation of users improved, and the HIV epidemic among users was nipped in the bud.
- The traditional group that Mainline works with identifies strongly with substance use. As Wildschut says, “Substance use is part of their lifestyle. That makes the group recognizable, and easy for us to approach. This group still exists, of course, but



photo Leon Knoops

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• **Janine Wildschut: “The main challenge lies in the approach of new groups of users.”**

is the repressive attitude toward users. We try to influence policy by making it clear that repression is not the solution when it comes to harm reduction. The second problem is living conditions. People live in poverty, there aren't many good drug rehabilitation clinics, and there are also many shortcomings in other areas. That means that you have to expand your work on harm reduction to include improving the quality of life. And that's why we also support programs that address this second goal, like our program in Pakistan, where drug users get the chance to earn an income, and thereby escape from complete poverty. The starting point here is that these programs have to become self-supporting, and not depend on a donor or government funds”.

### Priorities

After twenty years, the basic philosophy of Mainline still stands. According to Wildschut, the new users, new substances, and new risks require a readjustment of priorities, including:

- Substance use and sexual health;
- Updated informational materials for young people;
- Developing a vision for organizations that deal with psychiatry and MSM;
- Consolidate existing work;
- Policy on substance abuse in Eastern Europe;
- Providing a continuum of care.

“Mainline's greatest opportunity is in developing visions for institutions that work with the target groups”, explains Wildschut. “It means that Mainline needs to work more thematically, and be less focused on the target groups. There is also a great opportunity in Africa. It seems that the AIDS epidemic has come to a halt there, but the number of substance users is increasing substantially. That's why it's important to make sure that their substance use doesn't give the epidemic a new impetus. Mainline can play a significant role in that regard. We can bring local organizations in contact with each other, and allow them to learn from each other. That's what we're doing in Asia, and there it works very well”.

## An educated choice with hepatitis C

“I just want to get rid of it”, said Loek van Hijningen in C-zicht. After two unsuccessful treatments for hepatitis C, he's still giving it one more try. Van Hijningen was interviewed in C-zicht (C-sight), Mainline's annual newsletter about hepatitis C, drugs, and treatment. C-zicht has a circulation of 2000 copies, which are distributed to users with hepatitis C.

The central theme in the 2010 newsletter was the advantages and disadvantages of treating hepatitis C. Van Hijningen, a substance user, spoke about his experiences, while nursing scientist Miriam Vonk elaborated on the fears and prejudices that go hand in hand with the treatment of hepatitis C. A checklist was included to help users make an educated choice. ●

## Clients under the influence

In 2010, Mainline's outreach workers organized a series of six workshops on the topic of streetwalker districts. One of these workshops was devoted to prostitution clients who are under the influence of alcohol and/or drugs. The request for this workshop came from the aid workers who provide care to the women of the streetwalking zone in Utrecht. The theme was very recognizable, even for the women who are not substance users.

Using a quiz and list of statements, the outreach workers tried to enter into discussions with the women about how they interacted with customers who are under the influence. Do you go along with it, or not? What if a customer cannot reach climax after using cocaine, for example? Do you ever use substances along with a customer? At the meeting, the women also discussed their own substance use. The women had all had experience with clients who were under the influence. Some women had had bad experiences in this regard. They firmly claimed that they would no longer get into a car with drunken men. Some women claimed that they could earn more money from men under the influence, for example by raising the price when the men have difficulty reaching climax. Others suggested that you should set a time limit beforehand, for example with cocaine users.

The quiz and the list of statements offered the women a sufficient basis for discussion and reflection, and provided some suggestions for harm reduction. ●

# “The scope of tolerance is very limited”

“Mainline allowed us to set the pace”, says Harry Doef, the manager primary processes of the Salvation Army’s Goodwill Centres in Amsterdam. “And that made the process of creating a vision on substance use a success”.

Mainline because I had already taken advantage of their expertise a number of times before, and because I knew they were working on a similar project with the RIBWs [Regional Institutions for Protected Living] in the province of North Holland”.

Mainline and the management of the Goodwill Centres arranged a number of meetings in order to develop a vision. And it worked. Doef: “We are now entering the implementation phase. We accomplished this in part by means of a training course that we developed together with Mainline. Of course, this change doesn’t occur by itself. The vast majority of our employees have no problems with the new vision, but there are people out there, for example because of their identity, who do have problems with it. We take their concerns seriously, and we handle them delicately”.

The Goodwill Centres are just as delicate when it comes to the variety of aid that they offer. “We offer various forms of assistance. That means that in our children’s hospice, for example, we have a different use policy than we do in our institution for the mentally disabled. We also have clients who cannot use, because of their treatment. Or those who deliberately opt for a drug-free department. And that’s something that we all have to take into account”.

## Going far

“But wherever we do accept the use of drugs, we go pretty far”, continues Doef. “We make arrangements with the user about where he is allowed to use, and to see what his needs are in that regard. But we also make agreements about what we have to do in cases where that use results in some unpleasant circumstances. So we talk to the clients, and that only works if we accept their use. Together, we try to set targets about the amount and frequency of use”.

This means a complete cultural change, agrees Doef. And that’s partly thanks to Mainline. Doef: “We’re very pleased with Mainline’s role, especially in the understanding that they showed of the way we work. Of course, the question is always how an organization with a strong opinion deals with a different culture. Either they tell you what they think, or they let you set the pace. Mainline explicitly did the latter, and that also helped to make this process a success”.



photo Salvation Army

“That means that in our children’s hospice, for example, we have a different use policy than we do in our institution for the mentally disabled.”

“We noticed that in various parts of our organization, there were different ideas about substance use,” says Doef. “That made it necessary to develop a clear vision, also because we wanted to put an end to the practice of ‘just putting up with’ substance use. The scope of that kind of tolerance is very limited. If you tolerate use, then it remains a taboo, and you can’t hold people accountable for it. We find it important to have conversations. People come to us because they need care, often as a result of their substance use”.

## Vision

Doef asked the management team to develop a vision, and they agreed. Doef: “I decided to work with

# A cool placemat for the wall

Cooked with cooked cocaine. That's the motto of the base-mat that Mainline distributed to consumption rooms in 2010, along with the Coke Book, which informs the people who work in these spaces about cocaine use. Outreach worker Ingrid Bakker talks about the philosophy behind these initiatives.

photo Leon Knoops



Ingrid Bakker: "The information had to be short and clear."

*"Users had their pipes tested, and that gave us an opportunity to talk with them and inform them about health aspects."*

"Mainline supports people who work in the consumption rooms in terms of harm reduction activities", says Bakker. "But we only have five outreach workers, so we can't be everywhere at once. That's why we're always working on developing materials that can serve as a way of giving people a grip on harm reduction".

It turns out that consumption rooms need information about freebasing. Although there is lots of material about shooting up, only a small fraction of users shoot. Most of them base. Bakker: "That's when we came up with the idea of having the 'Baselab' in the consumption rooms, a kind of motor-vehicle inspection for base pipes. Users had their pipes tested, and that gave us an opportunity to talk with them and inform them about health aspects".

### Baselab

A side effect of the Baselab was that the outreach workers learned a lot about how users base. "We discussed the pipes in great detail", says Bakker. "What kind of screens do they use? How do they get the last bit of coke out of the pipe? Sometimes they came up with some very ingenious inventions. Users don't always know why they do things a certain way. If you ask them about it, they say that that's how they first learned to do it, and that they've been doing it the same way for ten or fifteen years. And that's how myths are created. Such as the misconception that you can increase the effect by holding the smoke in your lungs for as long as possible".

"If you have tips to offer them, then they're quick to talk to you. For example, some users heat up their coke with a turbo burner. The effect is that you burn the coke instead of vaporizing it, which results in the effect

being less extreme. But we explain to them that it's better to gradually have the coke evaporate, by using a lighter. That's better for your lungs, and the effect of the coke is greater".

### Getting a sense

"This gives us a sense of what goes on in the users' minds", continues Bakker. "With that in mind, we started creating information for the users and staff of the consumption rooms".

Mainline developed a placemat for users that they can use when they are basing. The placemat guarantees a clean surface, and it also gives Mainline another opportunity to offer health tips and information. "That information had to be short and clear, but not too loud. That's because it hurts the users' eyes if they get a flash. We made a dummy model, and tested it on users. They were immediately enthusiastic about it. They thought the Basemat was cool, and one user even wanted to hang it up on the wall".

In addition to the Basemat, Mainline also developed the Coke Book, with practical information for the staff of the consumption rooms. Why do people base? What do they use in the process? What does a blowpipe look like? What are the risks? Bakker: "It's about practical information that you don't find in the typical books about cocaine use. For example, we found out during the Baselab that users scratch out the stem, or warm it up over the stove, to still be able to smoke up the coke that's become encrusted in the stem. So we suggest that they extend the stem, because otherwise they will be inhaling air that is much too hot. That kind of information is unique to Mainline. You won't find it anywhere else". ●



- The Mainlinebus plays a crucial
- role in the outreach work

# The devil, without reserve

**The backbone of Mainline is its outreach work. But what does this outreach work actually entail? A day in the life of Esther Fransz and Renate van Bodegom. Today, they've driven the Mainline bus to Apeldoorn.**

It's a scene of pandemonium. The immense quantity of scrap metal in Juan's shopping cart is a source of endless amusement for the inhabitants of the Omnizorg shelter facility. He keeps cramming the cart full of more and more stuff: a bicycle frame, a bedspring, and lots of unidentifiable items. "This will get me at least 20 euros", Juan assures us. Very resourcefully, he manages to keep everything in balance. And he does this on his own, because his mate is drinking coffee on the Mainline bus.

On the bus, Van Bodegom is talking with a counsellor from Omnizorg who wants to know everything about STDs and substance use. What should she be looking out for? What are the risks? "Nice books", she says. "I can use these at school". She takes some leaflets, and is about to go back outside, but then changes her mind. "What about GHB?"

## Coffee and tea

It's a sunny spring day as Fransz and Van

Bodegom park the Mainline bus behind the building of Omnizorg, an organization that provides care and shelter for the homeless, addicts, and mental healthcare clients. They set up two tables outside, near the courtyard where the users hang out. They prepare some coffee and tea, and soon enough, some users come by. Patrick is the first. He picks up an issue of Mainline and browses through it. "Johan is an asshole", he says. "He lies about everything". He doesn't want any coffee. Nor a copy of Mainline. "I already have one", he says. Then Herman walks by. "No, I don't need any coffee", he says. "I brought my own coffee with me", He takes out a half-litre can of beer from a plastic bag, and puts it on the table. Gradually things get busier. Users ask whether the latest issue of Mainline has already come out. They ask Fransz and Van Bodegom whether they have any screens for the cocaine pipe. But most of all, people come here to sit down and talk, over coffee.

"How's Harry?" Fransz wants to know. "He died", is the answer she gets. "He went on a bender for three days. Speed, weed, coke, everything. And it wore him out. It was his heart. It's a shame. Just earlier this week, we put some violets by his grave". The room grows quiet. The news hits hard. Later, someone mentions that the stories here are a bit exaggerated. Harry only used alcohol and heroin, and he died unexpectedly of cardiac arrest.

## Organic

Suzan, a middle-aged woman, comes along and says that she's been ill. The flu, she says. "I should have had that flu shot. Then maybe I wouldn't have gotten sick". Fransz agrees, as Suzan drinks her coffee. Along the way, Franz tells her a few things about flu shots.

"The conversations happen very organically", Van Bodegom says. "People come by for a screen or some coffee. Sometimes that's all, but more often they want someone to talk to. And they often talk openly, because Mainline doesn't want anything from them. This makes it easier to make contact, and get into a conversation with them about harm reduction". Then Pamela joins the table. She's

nervous. Her boyfriend is in jail, and now she wants to kick the habit. “I weigh only 45 kilograms, and I weighed 65 kilograms just a year ago. It destroys you”. She says she started using speed at 13, coke at 16, and heroin at 18. She is 21 now. “Do you have a screen?” she asks. Fransz gives her one, and asks whether Pamela also smokes the ash. She admits that she does. Fransz advises putting five screens on a pipe with as little ash as possible, and to occasionally rotate the screens. That way, you can still smoke the last of the coke, but less ash gets into your lungs. Pamela thanks Fransz for the screen, and complains that everyone wants to borrow her pipe. “You really shouldn’t do that, dear”, says Suzan, who has briefly become something of a mother figure here. “Well, at least I don’t let them use my mouthpiece”, she says. “You never know what you’ll get from that”.

### Angry Mothers

“Do you also have condoms?” asks a woman who comes by. “Yeah, you need to

have those”, answers Mo, who has just joined the table. “Otherwise, your mom will get mad. And you’ll have an abortion.”. Fransz adds, “And they also help you avoid getting all kinds of diseases”.

Evert sits down and shows a whole array of medicines. “I have to go to dialysis twice a week”, he explains. “And that’s what the medicine is for. I’d also like methadone, but the hospital doesn’t do that. But because of the dialysis treatments, I sometimes get here too late for my provision. And what am I supposed to do then?” Fransz gives him some coffee, reassures him, and walks into the Omnizorg building to see if some arrangement can be made.

### Orden

Gerrit steps into the bus. All the seats are taken. “I don’t live here”, he says. “I have my own little house here in Orden. I only come here for the provision. I get heroin and methadone. But why do I get them both, actually? I used to only use heroin,

no methadone. That stuff is the devil. And actually, I’d like to be clean. I’m 54 now, and I’d ideally not want to be using anything, like it used to be. Back in the old days, I saw the whole world: Poland, England, Turkey. Up until I was 35. And then I fell into a well, a very deep one. Since then I’ve been using. But before that, I didn’t”.

Brian joins the table. He talks at length. He proudly shows the diploma that he got on volunteer’s day. “The Netherlands at work” was the day’s motto. “I worked as cleaner”, he explains. “At the Emma Parish. It was fun. I didn’t expect to get a diploma. And that was really nice. Especially for someone who used to sleep in the metro. I would be going to visit my mother in the Bijlmer, but then I would fall asleep along the way, and just ride on the metro, back and forth”.

A woman picks up some brochures about HIV and hepatitis, but doesn’t say anything. The same goes for Juan. He no longer has the cart full of scrap metal, so now he has some time for coffee. ●



“They often talk openly, because Mainline doesn’t want anything from them.”

photo Martijn de Vries

# “We don’t judge”

“Our vision on harm reduction is pretty well integrated in the streetwalker zones”, says Esther Franz. As a Mainline outreach worker, she regularly visits these zones, and is involved in the National Consultation on Streetwalking Zones (“Landelijk Overleg Tappelzones”, or LOT). “The women talk to us somewhat more openly, because we don’t want anything from them”.

“They don’t want to be registered. And if you do register them, then they’ll just go underground, and you’ll lose touch with them.”

• “We have a pretty good idea about what goes on in the streetwalking zones. We visit each one at least once a year”. The people from these zones ask Mainline to come, often because they have questions about HIV or hepatitis, about lung problems, or about the use of drugs during pregnancy. They know that Mainline has expertise in the field of drugs and health. “And that we have games, like Russian Roulette. We play it with the women in order to make it easier to start up a conversation. In general, they’re more willing to speak with us, because we don’t want anything from them.”

• Aid workers often want the women to start on a certain

course of action. But from our perspective, they don’t have to do anything, and we don’t judge them. That provides an opening to talk. Using motivational interviewing, among other techniques, we look together at how they are doing in life, and how they want to continue. We offer them insights into the possibilities of moving forward”.

## LOT

In 2010, LOT organized a staff day for aid workers from the streetwalking zones. Mainline set up a workshop on that day about first-aid during an overdose. Mainline also participated in five of the meetings held by the National Consultation on Streetwalking zones. These meetings bring together aid workers from streetwalking zones in Heerlen, Amsterdam, Utrecht, Groningen, Arnhem, and Nijmegen, as well as workers from Mainline and the Std-AIDS Netherlands foundation. “Heerlen only joined last year, partly due to a lot of changes in their leadership. But Mainline’s outreach workers kept in contact with Heerlen, because we go there two or three times a year. They were difficult to reach by phone, but we were still able to get hold of them, and ultimately motivate them to participate in LOT”.

“LOT’s main objective is to exchange experiences, and to look at how other zones address these problems. LOT also wants to explain to policy-makers and municipalities what goes on in these zones. Some municipalities want to get rid of them. But we make it clear that these zones make it easier for aid workers to reach these women. It’s not like they will suddenly stop soliciting if the zones are closed down. Then they’ll just solicit somewhere else, but they’ll be out of the aid workers’ sight”.

“Another problem that LOT deals with is registering women for the so-called ‘framework law’, which officially registers them as prostitutes. That’s something that doesn’t sit well with the women who work in the streetwalking zones. They don’t want to be registered. And if you do register them, then they’ll just go underground, and you’ll lose touch with them”. ●

• Esther Franz: “We visit each streetwalking zones at least once a year.”



photo Martin de Vries

# “You’re only a **junkie** if you steal”

**The sun has set, and it’s getting cold outside. It’s still early spring when outreach workers Toon Broeks and Renate van Bodegom head to the Bertolt Brecht House in Amsterdam one evening, to play Highscore with some youngsters.**

Salima wants to go along with the game. She is “streetwise”, and eagerly answers Highscore questions about sex, drugs, and health. She lives in the Bertolt Brecht House, a residential facility for homeless youth between 18 and 23. The smoking room looks somewhat bleak now that there is no more daylight coming through the window, but it remains busy. Salima (18), Mo (19), and Patrick (23), together with the outreach workers, are the game’s regular players, but some of the smokers usually join in. “Yes, I smoke weed all day”, confesses Salima halfway through the game. “I have ADHD, you know. And I used to take Ritalin for it, but it didn’t do anything for me. That’s why I smoke weed. It helps me to concentrate a bit”. She likes the game. “It’s really fun. I already know most of the answers, because my mother gave me good sexual education.

Meanwhile, a statement that Van Bodegom has presented to the group ignites a fierce debate: “If you use coke, then you’re a junkie”. That’s correct, Patrick says. But Mo thinks it’s not that simple. “You’re only a junkie if you steal money to get coke. If you have enough money to sniff it, then you don’t need to steal”. Van Bodegom watches the discussion, and joins in only occasionally to explain the effects of cocaine use.

### Condom

Where does the word “condom” come from? Which godfather died of syphilis? These questions are eagerly answered, and when they play doubles, Broeks and Van Bodegom introduce an idea that often leads to lively discussions: what do you not like about smoking weed, Broeks asks

when there are two fives on the table. “The fact that sometimes people can tell that you’ve been smoking”, one of the room’s smokers butts in. “And that sucks, because then you get another sermon at

school. That’s why I smoke less when I have to go to school. Unless I have a test, because then it helps to calm me down”. Salima is now talking with Van Bodegom about GHB. “Someone put some in my drink once”, she admits. “I didn’t know what it was. When I went to the bathroom I felt like some kind of Martian. I then used my smartphone to look up what it was, and it turned out to be GHB. Well, I was really angry, I jabbed a key right into the guy’s hand”. Meanwhile, Broeks continues playing the game with the other players. ●

## The effectiveness of Highscore



photo Leon Knoops

“Our outreach workers are seeing users in prison who are younger and younger, say from 18 to 35 years old. This group not only uses different substances, but they also speak a different language. That’s why we wanted to find a tool that would help us to talk to them about substance use and sexuality. After several brainstorming sessions, we

came up with a kind of Trivial Pursuit for drugs. During the recreation periods, many prisoners are just hanging around, and that’s an ideal moment to play a game”. “We started with a dummy model. We made a game board, came up with some questions, and tested it out in the prison. It caught on. We got some good feedback, and then decided to put the game into production. The financial resources were the only thing missing. But then we got funding from the Nuts-Ohra Fund and from the Aids Fund, on the condition that we would expand the game beyond use in prisons. They also wanted us to demonstrate that this was an effective intervention”. “That effectiveness lies in the results that you’re trying to achieve with the game. It’s not primarily about a behavioural change. We’re one phase before that. The goal of the game is to make substance use and sexual behaviour discussable. In the process of changing, you can assess how far along someone is in the process of changing, because it makes a big difference whether a person is unaware of the relationship between substance use and sexuality. Or that someone realizes that sex without a condom is not good, but he doesn’t know exactly what to do with that information. Both responses provide an opening to start a conversation. Using motivational interviewing, our outreach workers can discuss the person’s own behaviour with him or her, as well as possible changes that they want to make. It also lets us talk about the possibilities, and to help the user on the way to the right interventions”.

*Jeannot Schmidt, Project Manager for training*

# “An atmosphere in which **you talk to each other openly**”

On November 26, sixty people attended the Mainline mini-conference 2010. An interview with Project Manager of Training Jeannot Schmidt. “Mainline looks at the field with a pretty open mind”.

“These mini-conferences offer participants the chance to exchange information, and to compare their working practices to those of their colleagues.”

“We have no message to convey, but instead we want people to think for themselves”, says Schmidt. “One of the topics of the conference was ‘neck and groin shooters’. One user told his story, which was pretty intense. Then a doctor talked about the risks related to this way of shooting up. She had a very strong opinion. She felt that someone who shoots up in the groin should not be allowed into a consumption room. These two divergent views led to a lively and fruitful discussion in the room, where everybody was able to take advantage of the aspects that were relevant to them”.

“The same was true for the story that two women told about their alcohol consumption room in Eindhoven”, Schmidt continues. “They run it very strictly. They frisk their users, and have them all brush their teeth together, and put on their pyjamas together. Structure is the order of the day. And during the mini-conference, everyone in the room had a go at them. You can’t treat people like that! After the conference, we visited them in Eindhoven, where they told us that they were very happy with the responses from the audience. It had helped them to reconsider their own approach. And they were also planning to visit other consumption rooms”.

### Bird’s-eye view

Mainline has now been organizing these mini-conferences for four years. In the process, Mainline takes a bird’s-eye view on substance use, and identifies new developments. These conferences also offer participants the chance to exchange information, and to compare their working practices to those of their colleagues. And the participants appreciate this approach. The mini-conferences are meant for aid workers who work in consumption rooms and in easily-accessible social assistance, but more and more people are attending the conferences. These vary from nurses who provide methadone, to people at management level. Employees

photo Martijn de Vries



Jeannot Schmidt (on the right): “We want people to think for themselves.”

from the RIBWs (Regional Institutes for Housing and Support) and the Salvation Army also visit the conferences. The content of the conferences is at a high level, and they are also officially accredited by the Quality Register of V&VN (the Dutch Nurses’ Association). Participants in the conferences also receive a certificate.

### Learning process

“There is an atmosphere in which you can talk to each other openly”, says Schmidt of the conferences’ success. “For many people, work is a constant learning process. We now do things this way, but is there perhaps another way? Can we do better, and how can we go about doing so? The conferences also lead to concrete initiatives. In the 2006 conference, a question was raised about when a centralized distribution channel would be introduced for the needle exchange. I said that we were willing, and then asked if any pharmacists in the room wanted to participate. Some agreed to help, and a year later we presented the “Safe Shop” central distribution programme. Another example was in 2009, when we presented the placemat with information about shooting up, which led to the question of whether we could do something similar for freebasing, as this was quite a widespread practice among users. We got to work on it, and at the 2010 conference we presented the Base-mat and the Coke Book”. ●

# “Raising awareness helps to improve things”

“My goal is to mean something to people who are not very ‘cuddly’, and who happen to be in a difficult situation”, says Frans Douw. It was one of the reasons why he travelled to the country of Georgia for Mainline. As part of the Matra programme, Mainline organized a meeting there between justice employees from the Netherlands and Georgia. They exchanged information about treatment, and about the possibilities for substance users in the Georgian justice system.

“For these prisoners, harm reduction begins with basic medical care, sufficient fresh air, and sufficient food.”

“We visited with people from all different parts of the Georgian chain of justice: judges, police officers, prosecutors, and people who work in the prisons, like me”, Douw says. In Georgia, he talked about the treatment of prisoners who use substances. “The aim was to exchange views with colleagues. In Georgia, they also have to find the balance between repression and providing adequate care, just like we have to do in the Netherlands”.

## Humane

“For these prisoners, harm reduction begins with basic medical care, sufficient fresh air, and sufficient food. Furthermore, there has to be a reasonably humane detention climate. The political and social climate in Georgia does not yet offer any room for this. That’s why it was important that we could talk about how you can provide care without losing sight of the duty to keep prisoners locked up, or to punish them”.

“The talks went well. This was partly because I had already visited Georgia several times, and I knew most of the prison directors. But it was also because we’re colleagues. As a colleague, I understand the tradeoffs that they have to make there, and that meant that it was easier for them to have a conversation with us, as opposed to someone from an NGO”.

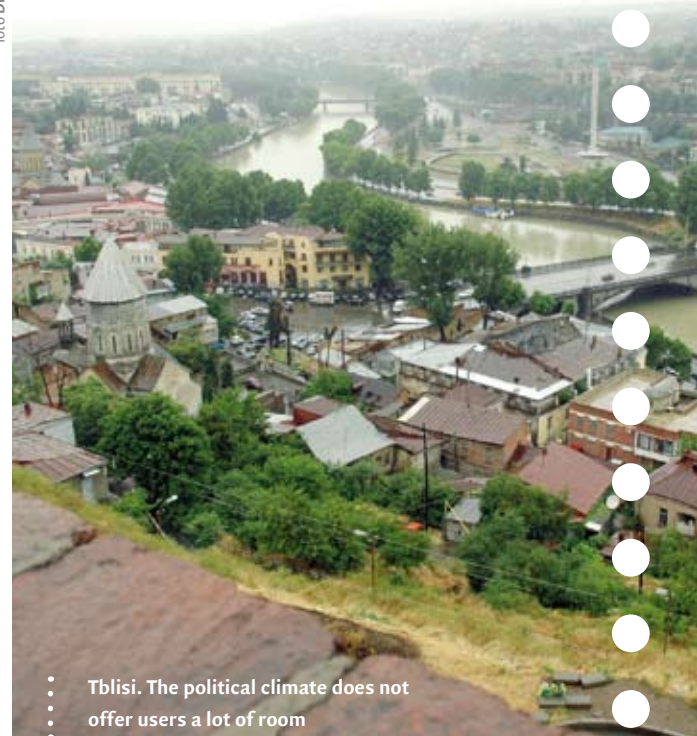
“I didn’t go there to tell my colleagues: ‘In the Netherlands we do everything perfectly, and now you have to do it the way we do’. Instead, I explained the dilemmas that I also have to deal with in the

Netherlands. And what advice did they have for me? In that way, I found it was easy to discuss ways of providing good care without ignoring the fact that it’s still a prison. For example, in the case of addicts who arrive in prison sick, exhausted, and neglected”.

## Political support

“To create more space for harm reduction, there needs to be political support for a different approach, at all levels. The prison director reacts, like any official does, according to his orders, and within the leeway that he has to improve things. But the will is there. In personal conversations, my Georgian colleagues certainly expressed their desire to do more for individual prisoners and their families. But it’s also clear that the leeway for this is extremely limited. But I believe raising awareness at this level helps to improve things in the long run”. ●

foto Dreamstime



Tbilisi. The political climate does not offer users a lot of room

# Profitable entrepreneurship with vegetables, leather, and Labradors

**Vegetable growing, making bags, breeding Labradors: the activities on the five Nai Zindagi farms in Pakistan are very diverse. But when added together, they provide enough income for substance users to make a living, and even to be able to finance a detox programme in the future. The Deputy Ambassador of the Netherlands, David Kuijper, visited Nai Zindagi in November 2010.**

Cauliflower, lettuce, okra, bitter melons: some plants grow better than others. But why? To answer this question, in 2010 Mainline organized an exchange between Nai Zindagi and PTC +, a training organization specialized in the

field of plants, animals, and technology. PTC + examined the entire chain in Nai Zindagi's agricultural projects. What could be changed in the chain, from seed-sowing to sales, to increase the yields? Why did one crop grow well, while

another didn't? Why was one crop susceptible to insects, while the other wasn't? The visit resulted in adjustments to the production process, and was so successful that PCT +, Mainline, and Nai Zindagi will continue the cooperation, as Nai Zindagi has a total of five farms.

## Financing

There were also some setbacks in 2010. Specifically, the Pakistani government decided to stop funding outreach work. As a consequence, the principle of "continuum of care" has come under pressure. Mainline and Nai Zindagi are continuing as partners to look for solutions to this issue.

## Collaborative development

In November of 2010, Mainline invited David Kuijper, the Deputy Ambassador of the Netherlands in Pakistan, to visit the farms of Nai Zindagi. Part of the project is financed by collaborative development, and that topic is part of Kuijper's portfolio. Kuijper expressed his admiration for the way the company turns a profit: "This project is a good example of how development funds can act as a catalyst for developing sustainable and profitable businesses". According to Kuijper, the project also plays an important role in the fight against extremism. "Substance users are easily recruited by extremist organizations. By providing a clear and better alternative, Nai Zindagi is an important counterbalance against radicalization and extremism". Nai Zindagi began in 1990 with the idea of setting up farms for users and people who are HIV positive. Now, twenty years later, and in part thanks to the role that Mainline has played, there are five farms in Pakistan, and the project serves as an example for many other Asian countries. ●



photo Janine Wildschut

What could be changed in the chain, from seed-sowing to sales, to increase the yields?

# Indonesia, sex, and karaoke

Laras is the name of an organization that supports women in Indonesia who sing in karaoke bars and also work as prostitutes. Mainline supports Laras. Last year, the organization did a lot of work establishing a good structure, introducing the use of HIV testing, and initiating a project within the continuum-of-care framework.

supports them in implementing these plans and making contact with other organizations.

According to Patrick O’Gorman, who is involved in Mainline’s Asian activities, Laras operates in three areas. The first involves getting things better organized. O’Gorman: “For example, Laras started using QuickBooks, which resulted in transparent bookkeeping, as well as the ability to measure the impact of its activities”.

Laras also achieved significant progress in terms of services. O’Gorman: “Laras trained six employees as VCTs (Voluntary HIV Antibody Counseling and Testing), and introduced quick HIV testing. This paved the way for Laras to refer the women to public services for further treatment”.

## Pakistan

In early 2010, Laras visited Nai Zindagi in Pakistan. With support from Mainline, Nai Zindagi works on projects including one where people who use (or used to use) drugs run their own farm according to the “continuum of care” principle. The project cannot depend on subsidies, and needs to become self-financing. Laras began a similar project in East Kalimantan in 2010. As part of this project, Laras visited the Mysore project in India that specializes in property issues regarding sex workers.

## Normalization

According to O’Gorman, these three examples led to a normalization of the assistance provided to sex workers in the karaoke villages. VCTs provide HIV testing, and make further referrals where necessary. Infected women who can no longer be employed as sex workers will probably be able to take part in the project in East Kalimantan as early as 2011. ●



photo Dreamstime

• Indonesian healthcare is concentrated  
• in the cities

The name “Club Love” reveals that singing is not the only entertainment that the karaoke bars in Indonesia have to offer. It’s mainly the large bars outside the cities that also operate as brothels. Almost all the women who work as singers here earn most of their money as sex workers. Some of them use drugs and/or are infected with HIV. The problem is that they often have no access to regular health care, because it is

concentrated in the cities, and also because there is a major social taboo against prostitution and drug use.

## Self

Laras stands up for these women, and since 2009 they have been supported by Mainline. This support is based on the philosophy that the organizations develop their own plans, and that Mainline

# Mainline in numbers

Outreach workers bring into practice Mainline's policies and vision. They discuss applicable strategies for harm reduction with both users and care-workers. In 2010 there were 2446 such meetings. Where and whenever it is required. Be it a prison in Amsterdam, a consumption room in Heerlen or a streetwalking zone in Nijmegen.

## Gender

Male	1951	79,8%
Female	495	20,2%
<b>Total</b>	<b>2446</b>	<b>100,0%</b>

## Method of use

Intravenous	142	5,8%
Ex intravenous	349	14,3%
Non intravenous	1096	44,8%
Unknown	859	35,1%
<b>Total</b>	<b>2446</b>	<b>100,0%</b>

## Cities visited bij outreach

Alkmaar	30	1,2%
Almere	15	0,6%
Almelo	13	0,5%
Amsterdam	949	38,8%
Amsterdam Bijlmer	193	7,9%
Apeldoorn	99	4,0%
Arnhem	67	2,7%
Breda	16	0,7%
the Hague	107	4,4%
Den Helder	13	0,5%
Deventer	16	0,7%
Dordrecht	20	0,8%
Eindhoven	61	2,5%
Enschede	41	1,7%
Groningen	105	4,3%
Gouda	23	0,9%
Haarlem	15	0,6%
Heerlen	79	3,2%
Hoorn	15	0,6%
Leeuwarden	35	1,4%
Leiden	24	1,0%
Maasticht	42	1,7%
Nijmegen	95	3,9%
Purmerend	4	0,2%
Rotterdam	133	5,4%
Sittard	40	1,6%
Tilburg	12	0,5%
Utrecht	48	2,0%
Venlo	64	2,6%
Vlissingen	27	1,1%
Zaandam	19	0,8%
Zwolle	26	1,1%
<b>Total</b>	<b>2446</b>	<b>100,0%</b>

## Leeftijd

Under 25	98	4,0%
Over 25	592	24,2%
Over 40	1178	48,2%
Over 50	497	20,3%
Over 60	81	20,3%
<b>Total</b>	<b>2446</b>	<b>100,0%</b>

## Streetwalking zone

Yes	85	3,5%
No	2361	96,5%
<b>Total</b>	<b>2446</b>	<b>100,0%</b>

## Topics of conversation

Drugs	2318	94,8%
Health	2154	88,1%
Harm reduction	2107	86,1%
Infectious diseases	1524	61,3%
STD and sex	693	28,3%
Accommodation etc	858	35,1%
Psycho/social	1409	57,6%

## Prostitution

Yes	136	5,6%
Incidental	21	0,9%
No	1311	53,6%
Ex-prostitute	45	1,8%
Unknown	933	38,1%
<b>Total</b>	<b>2446</b>	<b>100,0%</b>

## Contact location

Street, dealer address	154	6,3%
Prison	244	10,0%
(periphery of) drugs care centres	430	17,5%
Homeless centres (drop-in centre, hostel)	1085	44,3%
Mainline bus	450	18,4%
Other	83	3,4%
<b>Total</b>	<b>2446</b>	<b>100,0%</b>

## Substances

Sniffcoke	121	4,9%
Basecoke	1506	61,6%
Heroin	1020	41,7%
Methadone	1441	58,9%
Speed/amphetamines	139	5,7%
Benzedrines	326	13,3%
Alcohol	879	35,9%
XTC	98	4,0%
Cannabis	594	24,3%
GHB	56	2,3%
Other	34	1,1%
<b>Total</b>	<b>6416</b>	<b>262,3%</b>

## Ethnic groups

Dutch	1489	60,9%
Western	160	6,5%
Surinamese/Antillean	394	16,1%
North African	213	8,7%
East Europe	125	5,1%
Other	64	2,6%
Unknown	1	0,0%
<b>Total</b>	<b>2446</b>	<b>100,0%</b>

photo Leon Knoops

12	BERTOLT BRECHT	TOON & RENATE	19.30 - 20.00	HS
13	DORDRECHT Bijlmer - 7.500.000.000	INGA + RENATE	09.00	LVW
14	BEIRUT	ALLEN	14.00 - 15.00	IHRG
15	AMSTERDAM CENTER BY LAMER - 5.140	ALLEN JOOST + BET JOOST	14.00 - 15.00	AVW
16	HAARLEM	JOOST + RENATE	09.30 - 12.30	VW
16	BERTOLT BRECHT - 1408	ESTHERS	09.00 - 10.00	HS
17	GRONINGEN LOELWAARZEN (SCAB)	TONI + RENATE FRANCOIS	09.00	LVW
18	LEIDEN ATZAN BOUT BRECHT	TONI + RENATE TASRIL + LONNIE	09.15 - 10.00	LVW
19	ALMERE (OCC)	LONNIE + RENATE	09.00 - 10.00	LVW
20	D'HAAS Ziekhuus/Amst	Toon + LONNIE	09.00	LVW + b
21	BERTOLT BRECHT	...	19.30 - 21.30	HS
22	ALKMAAR	...	09.00	HS
23	UTRECHT	...	...	...



## “I almost don’t dare to ask”

Certain groups of men who have sex with men (MSM) frequently use substances that have an influence on the sexual risks they take. With that problem in mind, in 2008 Mainline knocked on the door of gay health organization Schorer. Together they examined the problems, the group, and the risks. Mainline set up a training module that offered aid workers a grip on how to talk with the target group about substance use and safer

sexual contact. The ultimate aim was to change the behaviour of the men so that they could limit these risks.

In 2010, Mainline developed a training module consisting of the following components:

- Substance use. The arousing effect of substances, and the impact that substances have on the decision-making process;
- The connection between HIV and hepatitis C;

- Interventions in terms of risky behaviours;
- Counselling skills.

The training module was first used in 2010 at the Std-AIDS nursing symposium. The contents were designed as a “teaser” for the workshop “I almost don’t dare to ask”. The training will be given in 2011 to nurses and counsellors who work for the GGDs (Regional Health Authorities) in the Netherlands. ●

## HIV prevention as a human right

There is going to be a permanent committee on HIV and harm reduction in Asia. This was the main outcome of the annual meeting of Response Beyond Borders (RBB), which was held in Bangkok from January 21-23, 2010.

RBB is a movement that encourages Asian policy makers and politicians to think along about harm reduction, and to look for solutions to Asian drug problems. Mainline collaborates with these organizations to discuss what kind of problems users run into, and to clarify what local authorities can do. One of RBB’s activities is the annual conference; the 2010 edition had 250 participants. They discussed the causes and consequences of HIV, and ultimately decided to create a permanent committee that will deal with this problem. The aim was to set up lobbying activities to encourage policy and legislative changes, and to begin a dialogue with users who have HIV. ●

## Sober sex

*Sense* is an informative website for young people about sex. It provides information about sexuality, but also about crushes, relationships, love, and everything else related to those issues. The site is an initiative of the Ministry of Health, and was developed by Std-AIDS Nederland, Rutgers-WPF, GGD Nederland, the RIVM, and ZON-MW.

One of the aspects involved in sex and young people is the use of alcohol and drugs. But how do you make these things discussable? *Sense* asked Mainline for advice, and Mainline wound up producing the text “Sex, alcohol and drugs” for the website. It’s a brief summary about the effects that substance use can have on sex, what the risks are, and how you can keep it fun. ●

# Mainline in euros

## Balance sheet

As of December 31st 2010

	2010	2009
Material fixed assets	35.589	38.783
Debtors	25.224	328
To receive from donors	25.237	16.688
To receive from others	11.119	52.514
<i>Subtotal</i>	<i>97.169</i>	<i>108.313</i>
<i>Funds, bank and equivalents</i>	<i>321.684</i>	<i>853.491</i>
<b>Total assets</b>	<b>418.853</b>	<b>961.804</b>
Continuation reserves	64.067	77.289
Reserves for special goals/targets/aims	110.000	126.000
<i>Total reserves</i>	<i>174.067</i>	<i>203.289</i>
Long-term subsidy commitments	71.951	562.975
Other debts	172.835	195.540
<i>Total debts</i>	<i>244.786</i>	<i>758.515</i>
<b>Total debts</b>	<b>418.853</b>	<b>961.804</b>

## Profit and loss account

December 31st 2010

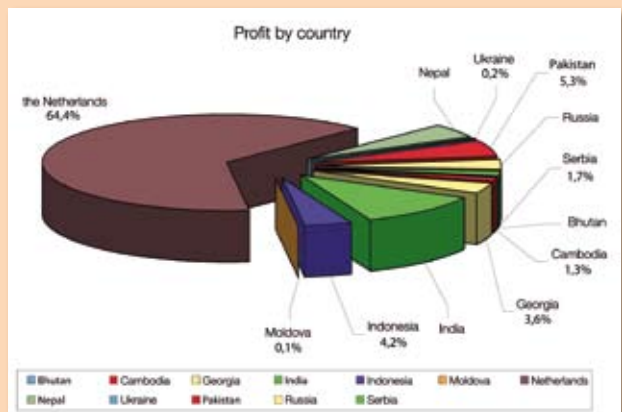
	2010	2009
Subsidy assets/grants	2.376.347	2.721.385
Other revenues	48.625	0
<b>Total revenues</b>	<b>2.424.972</b>	<b>2.721.385</b>
Direct project expenses	1.577.854	1.878.598
Forwarded project expenses	846.192	851.804
<i>Subtotal expenditures to goals/aims/targets</i>	<i>2.424.046</i>	<i>2.730.402</i>
Management expenses	876.340	822.025
Forwarded project expenses	-846.192	-851.804
<i>Subtotal expenditures to management</i>	<i>30.148</i>	<i>-29.779</i>
<b>Total expenditures</b>	<b>2.454.194</b>	<b>2.700.623</b>
<b>Balance of revenue and expenses</b>	<b>-29.222</b>	<b>20.762</b>
<i>Allocation of 2008 and 2009 results</i>		
Conitnuancy reserve	-13.222	-20.238
Special goals/aims/targets reserve	-16.000	41.000
<b>Total allocation of 2009 and 2010 result</b>	<b>-29.222</b>	<b>20.762</b>



photo archive Mainline

## Yield/profit by country

the Netherlands	1.246.592	veld	356.925
		train/onderzoek	199.502
		mat ontw	197.694
		partner	492.471
Ukraine	4.826	partner	4.826
Serbia	33.374	partner	33.374
Bhutan	2.650	partner	2.650
Georgia	70.000	partner	70.000
Moldova	2.000	partner	2.000
Russia	61.118	partner	61.118
Cambodia	26.038	partner	26.038
India	210.720	partner	210.720
Pakistan	102.763	partner	102.763
Indonesia	80.389	partner	80.389
Nepal	94.887	partner	94.887
	1935357		1.935.357



# “You have to go into the depths”

“It never ceases to amaze me how some people manage to keep standing”. Leon Knoops has now been working as a Mainline outreach worker for five years. Besides having an affinity with the audience, his great motivation is the hypocrisy of society.

Mainline! I greet them back, but I keep on walking. Or sometimes they ask me for screens, for example. Then I just tell them that I’m not on the job. You need to protect your privacy”.

“I don’t find this work to be too heavy. Working five days a week at the tax office, that’s heavy work. I have a varied and adventurous job. I visit all kinds of different places, and it never ceases to amaze me how some people manage to keep standing. A streetwalking zone is a fascinating place. Of course you’re not happy about what you see around you there, but it’s pretty impressive that the women manage to survive”.

### Pregnant

“Of course you also have some shocking experiences. Like a girl who I spoke to for the first time four years ago. She was 21 at the time. She had been abused since she was three, been on heroin since she was eleven, and been working the streets since she was fourteen. The drugs help her bear the pain, she says. I recently bumped into her again. Six months pregnant. A still immature girl who’s still using, and who really wants to keep her baby. That gets pretty emotional”. “It is always a challenge to start a conversation. You have to go into the depths, but not get too personal. We don’t direct people, but instead try to help them via motivational interviewing. And you don’t need to be a psychology graduate to understand people. Life experience also helps. When I moved to Amsterdam in the late nineties, I saw loved ones disappear because of AIDS. You take those experiences with you, and they help you to keep an open mind towards life”.

### Fitness

“Before I started working at the AMOC, I worked as a fitness instructor. I also took part in dance parties, where a lot of substance use took place. Back then, I saw users as people who were responsible for their use, as people who had made that decision themselves. At a certain point, I’d had enough of the fitness world, and I went on a trip. In Australia I met a friend who said that working for AMOC might be something for me. Since then, I’ve come to look at users through different eyes. People have their own reasons to use, and we give them the options and the strength to make their own choices. And I can get terribly angry about the hypocrisy of our society that thinks alcohol is normal, but that condemns users just because they use a different substance”.



photo Martin de Vries

Leon Knoops: “I can get terribly angry about the hypocrisy of our society.”

“It is always a challenge to start a conversation. You have to go into the depths, but not get too personal.”

“Warm food, a place to sleep, bathing, making phone calls. I was always dealing with people who wanted something from me. That was at the AMOC, the organization for foreign and homeless users.

I worked there at the intake in the consumption room. I constantly had to assess whether the users’ needs were justified. That was very intense”.

“Then I got a call from Mainline about whether I wanted to work as an outreach worker. And I did. Working with this group appeals to me enormously, but at the AMOC it was too intense. With outreach work, I can keep more distance, and also have other responsibilities, like informational and editorial work”.

### Sympathy

“I have a lot of sympathy for this group, but it’s still my job. A user recently invited me to see a movie, but I don’t do that. Sometimes, when I’m walking through the red light district, someone will call out ‘Hey,

Jos Bellefroid,  
47 years, Heerlen

The user

## “Wow, the things that person has been through”

“I’ve been reading Mainline for years. I get it mailed to me here at the Domushuis care facility, where I’ve been living since 2004. Some people browse through the magazine just to see if they recognize anyone in it, but I always read it from cover to cover. I always look forward to it. It’s full of good stories. And you get lots of useful information. Especially the life stories, I find those very interesting. Sometimes you recognize something in them, other times you think ‘Wow, the things that that person has been through’”. “Everyone has his own problems, but in many ways we’re all the same. I think

that’s the most important thing about Mainline. You read that you’re not the only user with problems. I do miss a letters column. It would be nice if every issue had a section where a user could ask a question, and other people could answer it”.

“I’m totally happy now. After years on the street, I finally have the peace and regularity of a roof over my head. My balcony does look out over the courthouse and the debt collection office, but fortunately I don’t have anything to do with them anymore. And Theo, my best friend, my friend for life, lives here too. We’ll never let ourselves

be separated. If we had to leave the Domushuis, we’d go together. If necessary, we’d hit the streets again. We need each other like yin and yang. Theo had a very strict upbringing, whereas mine was very free. Together we form the happy medium”. “Right now I’m in a heroin project, and I also still use methadone. I also have HIV and hepatitis C. I think it’s good that you can read about these things in Mainline. Not so much for myself, but for people who aren’t in that situation. Then they won’t be so scared when I tell them what I have”. ●

photo Luc Loddier