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10. Implementing Web-Based Outreach When Working with People Who Are New Psychoactive Substance Users: AFEW Kyrgyzstan Approach

Introduction

New psychoactive substances (NPS)[1] are marketed as "legal drugs", "herbal drugs", "bath salts", and "chemical reagents". For the sake of terminological clarity, UN Office on Crime and Drugs (UNODC uses the term "new psychoactive substances (NPS)", defined as "substances of abuse, either in pure form or in preparation, which are not controlled under the 1961 Convention as amended by the 1972 Protocol or the 1971 Convention, but which may pose a threat to public health". The word "new" in the title indicates not so much the novelty of such substances—some were synthesised 40 years ago—as their recent appearance on the market.

The use of NPS is often accompanied by health problems. In general, NPS can cause a wide range of side effects, including seizures, anxiety, aggression, acute psychosis, and potential addiction. It is not uncommon for NPS users to be hospitalised with severe poisoning.

According to the World Drug Report 2022,[2] between 2009 and 2021, 134 countries reported a total of 1,127 types of new psychoactive substances to the UNODC UN Office on Crime and Drugs, with more being added to the list all the time. NPS constitute a very volatile category of substances that is difficult to control using traditional methods. This is the first World Drug Report for the post-

1 www.unodc.org/centralasia/en/news/unodc-and-partners-discuss-situation-with-new-psychoactive-substances-in-kyrgyzstan-ru.html

2 World-drug-report-2022

pandemic period. The post-pandemic world remains in crisis, facing multiple conflicts, and worldwide drug problems further complicate the picture. Cocaine production is at an all-time high, and seizures of amphetamine and methamphetamine have skyrocketed. Markets for these drugs are expanding into new and more vulnerable regions.

Illicit drug markets are undergoing rapid and, in some regions, radical changes, including the gradual dominance of synthetic drugs. The manufacture of synthetic drugs is inexpensive, simple, and quick. Because it uses a wide range of precursors rather than geographically specific drug crops, the sources of supply of synthetic drugs can be relocated closer to consumer markets and seizures can be quickly replenished, negating the efforts of drug law enforcement.[3]

According to the report,[4] about 284 million people aged 15–64 used drugs worldwide in 2020, an increase of 26 % over the previous decade. Young people are using more drugs, with rates of use now higher in many countries than in the previous generation. Despite this, treatment for NPS dependence is still out of reach for most, and women are even more vulnerable. Women account for more than 40 % of non-medical users of pharmaceutical preparations, nearly half of amphetamine-type stimulant (ATS) users, but only one fifth of those in treatment for ATS use. Globally, the report estimates that 11.2 million people worldwide inject drugs. About half of that number were living with hepatitis C; 1.4 million were living with HIV; and 1.2 million were living with HIV/hepatitis C.[5]

In the Kyrgyz Republic, the first cases of synthetic drug use started to be recorded in 2013.[6] At that time, synthetic cannabinoids—smoking mixtures known as "spice"—appeared on the market and their use was widespread, especially among young people. It wasn't until 2015 that Kyrgyzstan adopted a law banning the use of synthetic drugs, including spice and other smoking mixtures. But the emergence of new synthetic drugs such as "salts", "bath salts",

3 www.unodc.org/res/WDR-2023/WDR23_SPI_Russian.pdf
4 World-drug-report-2022
5 World-drug-report-2022
6 www.unodc.org/centralasia/en/news/unodc-and-partners-discuss-situation-with-new-psychoactive-substances-in-kyrgyzstan-ru.html

and "crystals" requires their inclusion in the list of illegal substances. In 2014, more than 400 NPS were identified, and in 2020, more than 800 NPVs have already been identified.

In 2016–2017, people started going to drug treatment centres with complaints of mental and behavioural disorders caused by the use of these synthetic drugs.[7] The emergence of synthetic drugs became a concern in Kyrgyzstan because they were new psychoactive substances and there was little information about their toxicity and impact on human health. These substances created—and still create—significant difficulties related to clinical and laboratory diagnosis, as well as medical examination and treatment of patients.

Synthetic drugs have gained widespread popularity among young people because of their availability, cheapness, and a method of administration (mainly smoking or snorting) that is suitable for those who have never before been psychoactive substance users. As a result, parents of children with mental and behavioural disorders caused by NPS use began to turn to drug treatment clinics and private rehabilitation centres.[8]

Today, pharmacy drugs, which are sold over the counter nationwide, have added to the drug addiction problems. The term "pharmacy drug addiction" is no longer new in Kyrgyzstan. The variety of drugs has increased significantly over the past two years. These include synthetic opioids, benzodiazepines, and painkillers. Most of them do not contain narcotic substances, but nevertheless they affect brain receptors in the same way as opioids or antidepressants, cause euphoria, and, as a consequence, also cause addiction.

Description of the Organisation AFEW

The public foundation (PF) AFEW is the successor of the branch of the international non-governmental organisation AIDS Foundation East-West responsible for HIV prevention among key populations and has been working in the country since 2005. In that time, the

7 www.harmreductioneurasia.org/wp-content/uploads/2020/09/2020_08_20_EHRA_NPS-Report_Kyrgyzstan_RUS-1.pdf

8 www.harmreductioneurasia.org/wp-content/uploads/2020/09/2020_08_20_EHRA_NPS-Report_Kyrgyzstan_RUS-1.pdf

organisation has implemented more than 50 projects aimed at prevention, the detection of new cases, increasing adherence to HIV and tuberculosis treatment, and harm reduction from substance use among key populations, such as people living with HIV and tuberculosis. In addition, the PF AFEW implements projects among vulnerable groups such as adolescents, youth, and women to empower them for a healthy future. The organisation pays special attention to the introduction of new directions for the detection of new cases of HIV and tuberculosis. In the field of tuberculosis, a project for detection has been implemented in private health facilities in the country. In the field of HIV, a pilot project entitled "Web Outreach" is currently being implemented.

"Traditional" outreach in harm reduction is defined as "a systematic approach to providing services to people who use drugs (PWUD) and their sexual partners in the most convenient conditions for them". The European Monitoring Center for Drugs and Drug Addiction (EMCDDA) defines outreach as "activities aimed at establishing contact with PWUD clients in places they are familiar with—on the street, at home, in clubs".

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 blogger for the purpose of placing banner advertising, mentions of the company or brand, distribution of recommendations and reviews of the company".

Web Outreach' Pilot Project objectives: to provide services to people who use NPS through piloting a web-based outreach model, motivating them to self-test for HIV, and, if positive, to become a bridge between the NPS user and the AIDS centre (cascade of HIV services); to improve the healthcare system through the introduction of quality, friendly care and access to harm reduction programmes for NPS users as part of the training for healthcare providers; to combat stigma among health/social workers towards NPS users through the provision of HIV prevention and treatment services; to improve the healthcare system through the provision of HIV prevention and treatment services for NPS users.

Web Outreach Tools:

1) Websites
2) Messengers (chat rooms, channels, groups, private messaging), social networks
3) Specialised forums in the open and "shadow" segments of the internet
4) Smartphone applications, including dating apps
5) Email newsletters
6) Chatbots (on websites, messengers)
7) Beneficiaries can receive information about the project via the Telegram bot and Telegram channel, as well as via web outreach workers. Web outreach workers are trained people who act as "advertising engines" for HIV prevention services, and it is up to them to access the group and advertise the services.
8) In addition, information about the work of the project is disseminated by administrators posting on various internet sites (chat rooms, forums, marketplaces), i.e. places where psychostimulants are distributed. Here the data for communication (nicknames and/or phone numbers) with outreach workers are distributed. In the Telegram bot, it is possible to order a harm reduction package through web-based outreach workers that contains an HIV self-test. In addition to providing harm reduction packages, web-based outreach workers also provide HIV prevention information services, refer people to available services, and connect users of psychostimulants with an addiction specialist.

Web Outreach Principles[9]

Digital security. This is a set of measures aimed at protecting the confidentiality, integrity, and availability of information from virus attacks and unauthorised interference.

Web-based outreach is recommended to be done from a phone and/or computer protected by a strong password. If possible, it is

9 UNODC (2021): Recommendations on Web-based Outreach for People who Use Drugs.

recommended to use two-factor authentication. The same applies for logging into an account created for web outreach or a personal account (if used for this purpose).

It is not recommended to use fingerprint or face access to smartphones. It is not recommended to install programs from unofficial app stores on cell phones. It is not recommended to connect to open Wi-Fi networks (i.e. networks that do not have a password) without using a VPN (OpenVPN, Cloak, or other). Traffic over open wireless networks can be easily intercepted.

If sensitive materials (such as access passwords, financial and administrative materials, and third-party personal data) related to work for the organisation are stored on a personal computer, these files should be stored in a password-protected and encrypted folder.

Respecting the right of PWUD to maintain their privacy. Web-based outreach implies that there are certain boundaries in the interaction between the outreach worker and the beneficiary that should not be crossed. These may be questions regarding marital status, financial status, presence of chronic illnesses, and many others not directly related to the topic of conversation/counselling. That said, if the outreach worker feels that having the answers to such questions will help them provide a better service to the beneficiary, he or she may ask permission to ask them.

Non-judgmental attitude. During the conversation/consultation, the web outreach worker may learn information that has the potential to elicit a vivid emotional response or evaluative attitude toward the beneficiary, such as that the beneficiary is violent towards his/her partner/children, is a drug dealer, does not inform his/her sexual partners about his/her positive HIV status, is wanted by police, etc. In this case, it is important that the web outreach worker continues to focus on the topic of the current conversation/counselling session. If the information received leads the outreach worker to assume that there is a threat to the life/health of other people, as well as to the beneficiary, it can be discussed with the project manager/supervisor to develop a plan for taking further action.

Adherence to Network etiquette involves an agreement between the web outreach worker and the beneficiary to follow a set of rules to achieve the greatest possible comfort and benefit from the communication. These may include, among other things, agreements on

whether it is better to use voice or written messages, how to set up notifications when a message is received, and at what times it is acceptable to request and conduct counselling. It is also important to understand that, depending on the beneficiary's life situation, these arrangements may be cancelled or changed. For example, a request for counselling may come after hours.

Encouraging positive changes in the client's life. During the conversation/counselling session, the web outreach worker may hear the beneficiary talk about changes in his or her life that are proving or have proven valuable to him or her, such as reducing the dose of a substance, switching from one substance to another, reducing the frequency of use, or going through detoxification. For the web outreach worker, these changes may seem minor, but at such times it is important that the web outreach worker encourages the beneficiary and remembers that for them, these changes may have been the result of hard, persistent work.

The "Do No Harm" Principle. Web-based outreach workers have different sets of competencies, levels of training, and life experiences, including their own experiences of living with HIV and drug dependence. All of these can affect and even harm their online communication with beneficiaries. For example, some web outreach workers may adopt an overly directive style of communication, some may be overly familiar, and others may abuse specific slang, including prison jargon. It is important to pay attention to these points during supervision/monitoring of outreach workers. The role of supervisor/monitor can be performed by the project manager, observing the consultations of outreach workers "from the outside". If any issues are identified, training sessions can be organised to correct the identified mistakes.

Teamwork. Both "traditional" and web-based outreach relies on teamwork. Beneficiaries turn to web outreach workers with a wide range of questions that an individual staff member may not have the answer to. In such cases, the request can be forwarded to colleagues. In addition, teamwork involves regular meetings to discuss current work issues, trends in the drug scene, adaptation of services, feedback received, etc. In order to prevent emotional and professional problems, web-based outreach workers should have regular meetings. In order to prevent emotional and professional burnout among staff, it is advisable to conduct supervisions.

Results of the Web Outreach Project in Kyrgyzstan in 2023

During the twelve months of the project implementation, 1,781 people who use NPS received counselling, of whom only 6 % inject NPS, while the rest use by swallowing, smoking, or sniffing. 75 % of the participants were male and 25 % were female. 31 % were aged 18–25, 25 % were aged 26–30, 26 % were aged 31–35, and 18 % were over 35. As for the geographical coverage, 57 % were in Bishkek, 27 % in Osh, and 16 % in Chui oblast. 37 % were contacted initially online, the rest were attracted through visits to places where NPS users congregate (apartments, parks, parties) and through recruitment.

100 % of project clients were tested for HIV. As a result of the test results, three new cases of HIV were detected, as well as one case where the client had been previously tested (and entered into the database of the Republican Center for Control of Hemocontact Hepatitis and HIV), but for some reason did not know that he was HIV positive. All four people were put on dispensary registration in AIDS centres and started receiving antiretroviral therapy. In addition, two more positive results were obtained from self-tests for

Table 1: NPS used by clients (one client can use more than one NPS)

NPS usage	%
DMT	6 %
Methadone	7 %
LSD	15 %
Heroin	8 %
MDA/MDMA	21 %
Amphetamines/Methamphetamine	29 %
Spices	51 %
Alpha PVP	56 %
Mephedrone	62 %

NPS types:
MDMA—methylenedioxymethamphetamine (ecstasy)
MDA—3,4-methylenedioxymethamphetamine
DMT—dimethyltryptamine (psychedelic, hallucinogen)
LSD—lysergic acid diethylamide (psychedelic, hallucinogen)

HIV, but they did not contact web outreach workers to get a confirmatory HIV test. Work to find them is ongoing.

General information from the client survey.

Classification of NPS by Their Effects on the Human Nervous System

a. Stimulants are a class of substances that act on the central nervous system and increase activity, attention, and energy, causing excitement. They work mainly through increased activation of natural stimulatory conductive pathways in the brain, particularly enhanced function of norepinephrine, adrenaline, and dopamine, which are responsible for the sympathetic nervous system's response to stress, the metabolic correlates of aggression and fear, and the reinforcement mechanisms of the motivational system.
b. Empathogens or entactogens are a class of psychoactive drugs that induce experiences of emotional unity, oneness, kinship, and emotional openness, i.e. empathy or sympathy, as observed and described in particular in experiments with 3,4-methylenedioxymethamphetamine (MDMA, MDA). Empathogens are referred to as either "hug drugs" or "intimacy drugs".
c. Psychedelics are chemicals, hallucinogens, that can be used to alter the state of consciousness in order to have a psychedelic experience. The individual sees hallucinations—bright, colourful images, hears sounds, experiences certain smells, and even feels the touch of non-existent characters. Psychedelics transport a person into another world that only they see and feel.
d. Synthetic cannabinoids is the term associated with artificial or chemical substances used in place of marijuana. Many would prefer to call these cannabinoids "fake weed" or simply call them by their street alias, "spice".

Table 2: Effects experienced by clients when using NPVs

Effects of NPS	%
Euphoria	86.3 %
Sexual activity	68.2 %
Hyperactivity	52.4 %
Fear	35.6 %
Panic	37.9 %
Muscle spasms	29.6 %
Paranoia	34.5 %
Inhibited reaction	38.9 %

Safe Behaviour in Relation to HIV. Safe HIV behaviours reduce the risk of acquiring or spreading the virus, thereby protecting both individuals and communities. Practising safe sex, using sterile needles, and avoiding contact with contaminated body fluids are key preventive measures. By prioritising safe behaviours, we can break the cycle of HIV transmission and promote health and well-being for all.

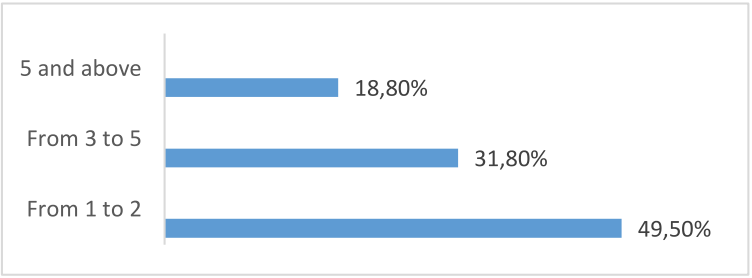

Figure 1: Number of sexual partners in the last 30 days

According to the assessment results, 49 % of all clients had one to two casual sexual partners at the time of joining the project.

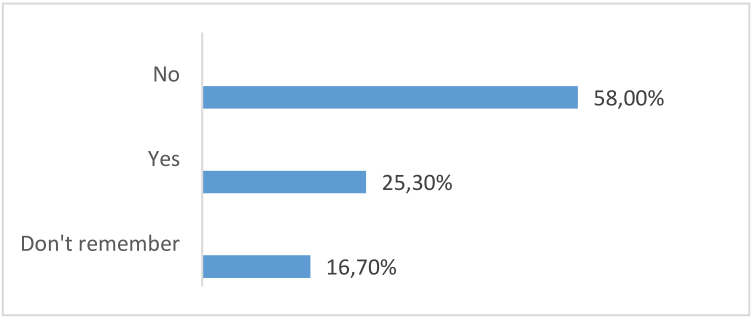

Figure 2: Condom use at last sexual intercourse

This survey shows that 58 % of clients did not use condoms during their last sexual intercourse. Overall, 55 % of men and 52 % of women reported this behaviour. Additionally, 68 % of respondents indicated an increase in sexual activity as a result of using NPS.

The refusal to use condoms significantly increases the risk of spreading the human immunodeficiency virus (HIV) and other sexually transmitted infections (STIs). According to our data, 58 % of instances where condoms were not used could contribute to a higher likelihood of transmitting these infections.

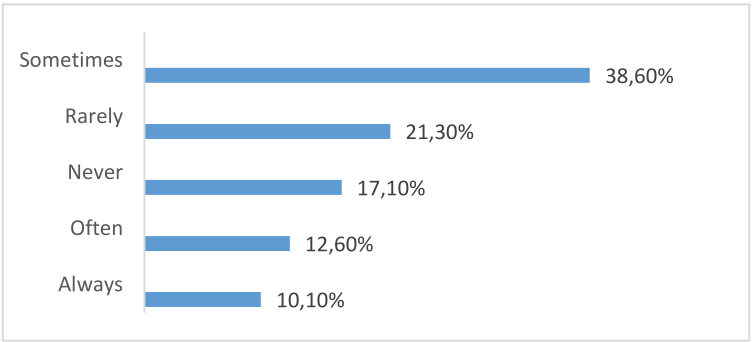

Figure 3: Frequency of condom use with last ten sexual contacts

The figure also shows that 77 % of clients typically do not use a condom (those responding with “never”, “rarely”, or “sometimes”).

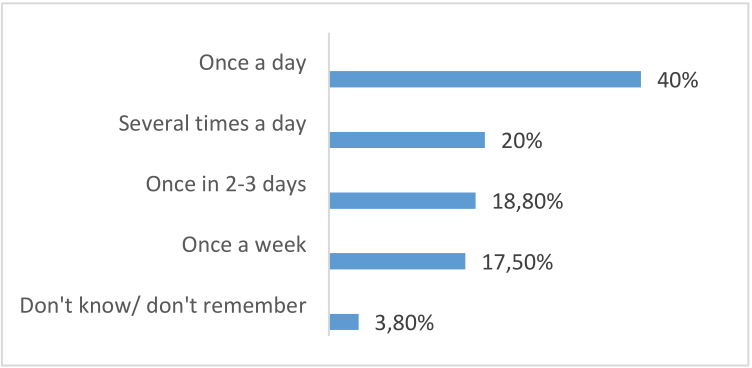

Figure 4: Injecting drug use in the last 30 days (responses from injecting drug users only—6 % of total coverage)

The frequency of NPS injection is directly related to the risk of HIV transmission, particularly when a shared syringe is used. The figure shows that 60 % of clients inject NPS at least once a day.

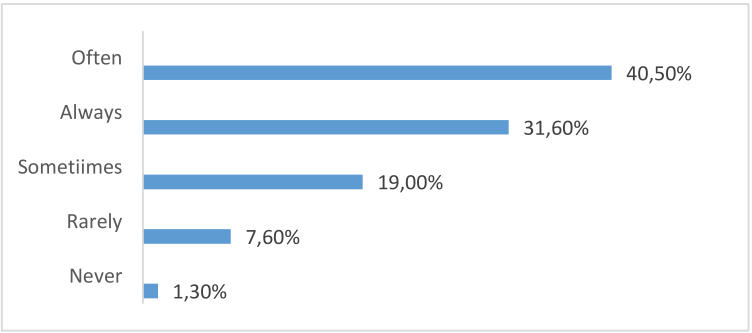

Figure 5: Frequency of using sterile syringes for injecting drug use

Among people who inject drugs (PWID), approximately 30 % do not use sterile syringes, increasing the risk of spreading HIV and other blood-borne infections such as hepatitis B and C. The introduction of infected blood into the body through a used syringe can result in the development of serious diseases. It can also cause abscesses, infections, and other complications related to injections.

Success stories of clients who received project services

My name is Mikhail (name changed), I am 29 years old. I was born and grew up in the Russian Federation. A long time ago I came to Kyrgyzstan, here I lost my documents and remained without documents, without a job.

I use drugs. I started with heroin, then moved on to alpha PVP, mephedrone, sometimes I use amphetamine. I used to inject drugs as I got used to them. But lately I stopped.

Since I had no documents and no job, I lived in a shelter for a while. Around the same time, a friend started to tell me that there is a project where they give condoms and test for HIV. I was a person who had a lot of promiscuous sexual contacts and also used drugs. That's how I met Sergei, the project outreach worker. He came to my shelter, we talked, and he tested me for HIV.

When Sergei tested me, I did not think that I would be positive.

When I found out about the result, I was confused, I did not believe it. Sergei consulted me for a long time, explaining that this result was not conclusive yet, and I should be tested again at the AIDS centre. Here I was very worried, because I had no documents. Sergei promised to accompany me and help me with the testing. He kept his promise.

At the same time, I had a lot of questions, I had a lot of doubts. I felt like a completely healthy person, as nothing bothered me. I then started reading. I read a lot about HIV, I also started reading about viral hepatitis. I asked Sergei if I didn't understand something. And that's how I started to realise that I had to get tested.

And the tests were confirmed. The doctors talked to me, explained everything. It took me some time, but I still understood and accepted that I had to take antiretroviral therapy for HIV for the rest of my life.

This diagnosis was very difficult for me, as I was living in a shelter, I didn't work, I had no relatives here, I couldn't share it with anyone and I think only Sergei's support helped me to get out of this state.

Since I had no money, Sergei started to take me to doctors, helped me to get my lungs X-rayed, always consulted, listened, helped me.

Now I take antiretroviral therapy (ART) every day, at the same time.

I am glad that the project helped me to detect HIV at an early stage, now I am more responsible for my health and the health of my loved ones.

My name is Vladimir, I am 30 years old. I was born and grew up in Kyrgyzstan. I grew up without parents, in an orphanage. Now I work at a construction site.

My childhood was hard, I worked wherever I could. I started using drugs, most often I use mephedrone and salts. I try to quit, but I have breakdowns.

I met Olga (an outreach worker of the project) who told me about HIV and hepatitis and offered to test for HIV on the spot. Olga told me about HIV and then tested me. I had no idea that I had HIV. The test came back positive. I was shocked. Olga started to ask me if I had been tested for HIV before, if I had taken similar tests somewhere else, but I denied everything, as I did not remember being tested.

Olga immediately suggested that I go to the AIDS centre the next day to make sure of the result. I asked her for a few days. I kept thinking, I couldn't believe it, because I felt fine.

Then we went anyway. When we arrived, during the doctor's consultation before taking the test, it turned out that they had my name in some database and that I had been tested for HIV five years ago. But I didn't know anything about it, I don't even remember when I took the test, for what reason I took it. The doctors started to counsel me about HIV treatment and asked me to take some more tests. They immediately prescribed treatment and gave me pills. I remembered only the test for the amount of virus. When I took it, the results were high, the doctors and Olga told me not to skip the treatment, and I try not to skip it.

This whole situation turned so quickly that at first I did not fully realise what was happening and Olga kept calling me, consulting me, helping me to go to see doctors.

Now I live in Kara-Balta and receive treatment in Bishkek, it is a bit hard for me. Olga helps me to transfer to my place of residence so that I don't have to travel far and receive antiretroviral (ARV) drugs in Kara-Balta. I am very glad that I found out about my diagnosis now, even after five years.

Barriers to Project Implementation

The project identified several barriers that impacted project implementation. One of these barriers was the reluctance of PWUD with a positive HIV self-test to undergo a confirmatory HIV test at an AIDS centre. In the absence of offline interaction with the client, it is difficult to build a trusting relationship and bring such a client to the confirmatory HIV test, as the client may block the web outreach worker on social networks. Therefore, it is necessary to train staff in effective online communication and online motivational counselling before starting such projects with online work.

Also, one of the problems when the initial contact is online is the reluctance of clients to contact web outreach workers in the online space, due to fear of being "set up". Because of this, it is easier for web outreach workers to make initial contact in person and then work with the client online. To increase this indicator, web outreach workers began working with the administrations of online stores to interest them in joint promotions or in allowing publications in their stores.

Recommendations

Based on the results of the project, the following recommendations can be made for effective project implementation for people who use NPS.

Firstly, this group of people is at high risk of transmitting sexually transmitted infections due to increased sexual activity, as well as the risk of HIV, hepatitis B, and hepatitis C infection due to injecting NPS use. Therefore, it is necessary to inform people who use NPS about harm reduction programmes, the risks and consequences of NPS use, and modes of transmission, and provide condoms, lubricants, needles and syringes, and other prevention tools depending on the type of NPS used. These activities will help reduce the spread of HIV, hepatitis B and C, and STIs in this group and protect their sexual partners.

Secondly, it is necessary to educate healthcare providers on how to provide care to people who use NPS. At the moment, all harm reduction programmes and training of healthcare providers are

mainly focused on helping people who use opioids. However, due to the changing drug scene and the increasing number of people who use NPS, there is a need to strengthen training on NPS, NPS-related mental disorders, emergency care, etc.

Thirdly, it is necessary to continuously train the staff of non-governmental organisations that work with people who use drugs, as they are also mostly trained to work with people who use opioids, not NPS. In addition, it is necessary to select young employees who can effectively communicate with this group, as NPS users are often under 35 years of age. At the moment, most peer NGO staff are over 40 years old, which makes it difficult for them to build trusting relationships with NPS users. There is also stigma between the groups of opioid and NPS users, and a lack of knowledge of NPS and its consequences can reduce the effectiveness of counselling.

Finally, as this group is quite closed and as NPS use can lead to mental illnesses, mania of persecution, panic, fear, etc., it is necessary to develop the provision of online counselling to build trusting relationships and only later continue the work in offline mode. Provision of access to online counselling should be both in health facilities and in NGOs. For this purpose it is necessary to train staff on online trust building, the ethics of communication in online counselling, motivational counselling, and training on stigma and discrimination, which is especially important.

Conclusion

At the end of the project implementation, 68.2 % of clients stated that they were now more sexually active than before taking part in the project and more than half of them reported having more than two sexual partners. At the same time, 25 % had used condoms at the last sexual intercourse. These factors indicate a high risk of transmission of both HIV infection and other sexually transmitted diseases. 43 % could not name all routes of HIV transmission, 2 % of clients did not know about HIV at all, and 79 % did not know what post-exposure prophylaxis is, which is an effective way to prevent HIV after a risky exposure. These data show that further work is needed to educate people who use NPS about HIV infection, as they have a high risk of HIV transmission.

Due to the fact that the number of people who use NPS is growing annually and it is necessary to train medical workers on how to assist such patients, a module on prevention and treatment of people who use NPS was developed and introduced into the curriculum of the Kyrgyz State Medical Institute of Retraining and Professional Development named after S.B. Daniyarov (KSMIRPD). 50 teachers from the KSMIRPD and narcologists were trained during two sessions in Bishkek and Osh.

In order to improve the knowledge of the staff of non-governmental organisations that work with key populations, two trainings were conducted for 50 employees on web outreach and NPV.

The data from the pilot project show the importance of continuing HIV prevention work among NPS users and reducing risky behaviour. NPS users are a hidden group that requires new approaches to HIV prevention outreach work. An effective method of reaching the target group in Kyrgyzstan is a combination of online and offline counselling of NPS users.

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