12. Web Outreach and NPS: A New Aspect of Online Harm Reduction (Illustrated by the Example of the St Petersburg Charitable Fund 'Humanitarian Action')

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Background

Drug-use levels remain high worldwide. In 2021, every 17th person aged 15–64 worldwide reported drug use in the past twelve months. The estimated number of people who use drugs (PWUD) increased from 240 million in 2011 to 296 million in 2021, constituting 5.8% of the world's population aged 15–64 (UNODC 2023). According to experts' estimates, in 2021, 13.2 million people used injectable drugs, an 18% increase from 2020. Eastern Europe (1.3% of the adult population) and North America (1.0%) remain the two subregions with the highest prevalence of people who inject drugs (PWID) (UNODC 2023).

According to joint estimates by the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Health Organization (WHO), the United Nations Development Programme (UNDP), and the World Bank, 1.6 million PWID (every eighth person) are living with HIV. Southwest Asia (29.3%) and Eastern Europe (25.4%) are the two subregions with the highest prevalence of HIV among PWID (UNAIDS 2024).

Over the past decade, drug markets have diversified. In addition to traditional plant-based drugs such as cannabis, cocaine, and heroin, there has been an expansion of synthetic drugs. Hundreds of new psychoactive substances (NPS) have been synthesised, with a significant portion being psychostimulants (UNODC 2022). After several years of stabilisation, the number of NPS on the global market increased in 2021. Of the 618 substances on the market in 2021, 87 were recently identified. The total number of NPS identified in the last 15 years reached 1,165 in 2021, and by 2022, preliminary data suggest it reached 1,184. The use of NPS has gained significant traction, particularly in Central Asia and Eastern Europe, as well as in some other regions (UNODC 2023).

The increasing use of the internet and other digital communication means, including darknet marketplaces for illegal drug trading, social me-

dia platforms, and other encrypted communication applications, is facilitating drug trafficking in new ways. Analysis of Darknet transactions indicates a shift towards wholesale distribution, while the volume of retail transactions on social media appears to be growing. Examination of transactions in blockchain systems on Darknet trading platforms shows that the average transaction value increased from approximately USD 100 in 2018 to USD 500 in 2021, accompanied by a noticeable reduction in the number of active buyers and transactions overall. According to UN reports, the drug buying and selling market is shifting towards social media, especially for cannabis, cocaine, and ecstasy, although new psychoactive substances are still predominantly bought and sold on Darknet forums (UNODC 2023).

Research conducted in six Eurasian countries—Belarus, Moldova, Serbia, Kazakhstan, Kyrgyzstan, and Georgia—indicates an increase in NPS use, predominantly psychostimulants (Kurcevič & Lines 2020). Similar data were obtained from an assessment conducted by the UNODC Programme Office in Eastern European countries, namely Ukraine and Moldova. In Russia, there is also a continuing increase in demand for synthetic psychostimulants (UNODC 2020a; UNODC 2020b).

The acquisition and distribution of NPS in Eastern Europe and Central Asia are primarily conducted through websites (including Darknet marketplaces), social networks such as VKontakte, Odnoklassniki, and Facebook, and various messengers such as Telegram, Viber, and WhatsApp. Additionally, drug users utilise these web platforms to communicate with each other, including on health preservation issues related to drug use. This opens up opportunities for service providers to conduct outreach work and harm reduction interventions in the online space.

It is also noteworthy that the Covid-19 pandemic, which began in 2020, has spurred innovation in the provision of assistance to drug users. Many tasks that previously required in-person assistance can now be addressed online, over the phone, or by mail. In some countries, rapid innovation has fundamentally changed the possibilities for delivering medical services to people who use drugs (UNODC 2023). Innovations in harm reduction technologies emerged as essential tools to maintain and even enhance the support for PWUD. Telehealth services were expanded, enabling individuals to access counselling and medical advice without the risk of virus transmission associated with in-person visits. Additionally, mobile apps were developed to provide users with resources for safe drug use and immediate help in case of overdose. Pharmacies and healthcare providers adopted mail-order services for the distribution of naloxone and safe consumption

supplies, ensuring that those in need continued to receive life-saving interventions despite the challenges posed by the pandemic. These adaptations not only addressed immediate health concerns but also set a precedent for long-term improvements in harm reduction outreach.

The advancements in harm reduction technologies during the Covid-19 pandemic highlight a shift towards more accessible and immediate support mechanisms for PWUD. This technological progression naturally leads us to the evolving landscape of web outreach. As digital platforms become increasingly integral to everyday life, they also open new avenues for reaching and assisting vulnerable populations. The integration of web outreach into harm reduction strategies represents a critical evolution in how services are delivered, making them more adaptable to the needs of individuals regardless of their physical location. The next section explores how web outreach is transforming traditional outreach methods, leveraging the power of the internet to expand and enhance the reach and effectiveness of support services.

The Concept of Web Outreach Work

The traditional concept of outreach among PWUD is defined as a 'systematic approach to providing services to people who use drugs and their sexual partners in the most convenient settings for them'. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) defines outreach as 'activities aimed at establishing contact with PWUD in their familiar places—on the streets, at home, in clubs' (EMCDDA 1999). In the sphere of information technology (IT), there is a distinct definition of outreach. It is one of the directions in internet marketing, which involves an agreement with website owners or bloggers for the placement of banner advertisements, company mentions, and company recommendations and reviews.

Thus, we define online outreach work, or web outreach work (hereinafter referred to as web outreach) as a method of establishing contact with, consulting, engaging, and retaining PWUD in harm reduction programmes through websites, social networks, messengers, and specialised forums, including Darknet platforms (Davitadze et al. 2020).

As internet connectivity increased during the mid-1990s and early 2000s, PWUD gained access to a growing number of specialised online forums and websites focused on drug use, harm reduction, and the interactions

of different substances. Notable examples include the Daath forum in Hungary, the Bihai forum in Russia, and the r/Drugs community on Reddit, Erowid, and Bluelight in the United States.

By the 2010s, with the proliferation of Darknet marketplaces, harm reduction discussions began to shift to these hidden platforms. The Silk Road marketplace became a key example, with Fernando Caudevilla, a family doctor from Madrid, providing harm reduction advice under the pseudonym DoctorX. From April 2013 to February 2015, he responded to 1,146 questions. Of these, 931 were posted on public forums and garnered a total of 136,407 visits (Caudevilla 2024; Slovenská psychedelická spoločnosť 2018). After the closure of Silk Road and the arrest of its founder, Silk Road 2.0 emerged, indicating the resilience of Darknet-based harm reduction efforts (Maras 2013).

In 2016, the Apdes organisation in Portugal introduced 'netreach', a method wherein outreach workers engaged with PWUD through eight identified web forums, offering harm reduction guidance. This approach allowed outreach workers to interact with users on platforms where they discussed psychoactive substances. The project 'Rapid Assessment & Response', implemented by Apdes, allowed the organisation to train the first national web outreach team in order to provide an assessment of the needs of people who use NPS. The team responsible for the implementation of the 'netreach' method found it to be a valuable experience and views it as an effective method for engaging with individuals who might otherwise be overlooked: those who use drugs in private or seek drug-related information on the internet (Vale Pires/Caudevilla Gálligo/Valente 2016).

In 2018, the Ukrainian project Harm Reduction 2.0 implemented a unique strategy in a Darknet marketplace, offering prevention kits such as HIV and hepatitis C tests, condoms, lubricants, and drug identification kits for synthetic psychoactive substances (a panel for twelve substances) through drug forums. The special appeal of this project stemmed from the inventive ways in which harm reduction kits were distributed. The organisers offered assistance to people using NPS through a system of announcements and personal messages on a drug forum. Additionally, clients could independently submit applications for harm reduction kits using the contact details of outreach consultants. Packages with harm reduction kits were delivered via the postal system or parcel terminals or could be left in Kyiv at any pre-designated place. In the latter case, outreach consultants used a method familiar to NPS consumers for benign purposes—the method of drug drops (stashes) with predetermined GPS coordinates. During the five-

day active phase of the project, approximately 300 individuals viewed the announcement posted on the drug forum. The team received 18 requests for harm reduction kits. Additionally, twelve individuals participated in HIV and hepatitis C testing; of these, one individual tested positive for hepatitis C (Bezverkhaya 2018).

In the same year, the St Petersburg Charitable Fund 'Humanitarian Action' in Russia developed a web outreach methodology based on both international experiences and its own research. This method used a multi-platform approach, leveraging websites, social networks, messengers, and specialised forums, including those on the Darknet. All web outreach workers noted that they only received positive feedback regarding their efforts. The needs of PWUD were divided into two main categories, based on whether they could be completely or partially met online. For fully online services, web outreach workers assisted PWUD in managing minor complications from injection drug use, accessing reliable harm reduction information, and obtaining general psychological support. For services that were partially online, PWUD received help in dealing with severe complications from injection drug use, managing overdoses, and accessing offline medical, psychological, social, legal, and harm reduction services (Davitadze et al. 2020).

Supported by the UNODC Regional Programme Office in Eastern Europe, this methodology has gained traction among service providers working with PWUD in Eastern Europe and Central Asia. In 2021, the UNODC's Recommendations «Web – outreach for people who use drugs» were published for those NGOs that were interested and wanted to take their first steps in the field of web outreach services (Lakhov 2021).

Goals and Objectives of Web Outreach Work

The aforementioned examples illustrate that not all services can be effectively provided solely online. Nonetheless, the digital realm often serves as the initial point of contact for many clients who fall outside the scope of conventional harm reduction services.

The EMCDDA states that web-based interventions should be overseen by trained and experienced counsellors, ensure privacy protection, and be connected to offline services to refer users to existing health and social services. It is also crucial to note that web outreach work should not replace traditional outreach efforts. A web-based strategy can help professionals

engage with online drug-using communities and track emerging drug use trends (Ferri/Bo 2013).

While web-based strategies enable effective engagement with online communities and facilitate the monitoring of evolving drug use trends, the design and execution of such interventions must be contextually grounded. The goals of web outreach are determined by the service provider depending on the local context, including legal, temporal, and financial capabilities and resources, as well as the inherent characteristics of the drug scene in a specific region. The goals of web outreach may include raising PWUD awareness of available governmental and non-governmental services, in an attempt to increase the number of participants (clients) in programmes for the prevention and treatment of HIV infection, viral hepatitis, tuberculosis, and drug addiction, and increase the number of individuals who get tested for HIV, viral hepatitis B and C, and syphilis, as well as their adherence to services. The objectives of web outreach encompass establishing contact with PWUD on familiar platforms in both the open and 'shadow' segments of the internet—on social networks, in messenger channels and chats, on forums at Darknet drug marketplaces; informing and advising PWUD on a wide range of issues related to accessing various services, maintaining health, preventing socially significant infections, and treating various diseases; and connecting PWUD with relevant services such as harm reduction programmes, government healthcare, and social service institutions. Web outreach tasks also cover the collection and analysis of 'field' information that can be used to forecast new trends in drug use, to adapt HIV infection, viral hepatitis, tuberculosis, and drug addiction prevention and treatment programmes, and to warn people about the spread of drugs through harmful adulterants. From the perspective of everyday practice, web outreach aims at retaining PWUD in harm reduction programmes by requesting feedback regarding their satisfaction with services provided, conducting motivational activities, and providing a platform for communication with each other and with programme staff.

Tools and Methodology of Web Outreach Work

The tools of web outreach may include websites; messengers (chats, channels, groups, and private messages); social networks; specialised forums in both open and 'shadow' segments of the internet, including 'dating boards' for men who have sex with men (MSM); smartphone applications, includ-

ing dating apps, email newsletters, and chatbots (which work on websites or in messengers); and other tools.

Like other areas of harm reduction, web outreach has an arsenal of technologies and methods that are regularly added to and improved upon. Below we will elaborate on each method separately.

The first method of web outreach is establishing contact with PWUD. As noted earlier, both the sale and acquisition of narcotic substances on the drug markets of the Eastern Europe and Central Asia (EECA) region are carried out through chats, channels, groups, and bots in various messengers, primarily Telegram, as well as Darknet marketplaces and specialised forums. Thus, the administrators of these platforms serve as important 'entry points' for web outreach workers to share information about various medical-social services on the platform, promote health preservation during drug use, and engage users in discussions on these topics, as well as invite them to participate in prevention and treatment programmes.

Key considerations for web outreach workers when communicating with administrators include politeness; positioning themselves as a representative of an organisation assisting PWUD; positioning themselves as an active or former PWUD; their focus on assisting PWUD; patience when waiting for a response to queries; and willingness to calmly answer questions about affiliation with law enforcement agencies.

Another way to disseminate information on the platform is to register a new account or use an existing one to post information without prior agreement with the administrator. However, this increases the risk of the account getting blocked or deleted from the platform.

Furthermore, an organisation can establish contact with PWUD by creating its own channels, chats, and groups on messengers, its own website in the open and/or 'shadow' segments of the internet, bots (which can operate both in messengers and on websites), and other online communication tools.

The second method of web outreach is informing and advising PWUD. This can be done through personal phone calls, messaging in messengers (WhatsApp, Telegram, etc.), and on social networks. In addition to online communities, the contact information of staff and recruited specialists, including their usernames on social networks and messengers, can be placed on business cards distributed at mobile and stationary points (drop-in centres) during outreach in hospital wards and other locations, such as nightclubs. According to Rolando et al. (2023), social media and messaging apps like Telegram and WhatsApp are increasingly popular for buying

drugs because they are easier to access than the darknet and are seen as safe environments. This trend becomes especially relevant in those countries that pursue an active policy of blocking drug marketing web platforms and severely punishing NPS trafficking. For NPS-using clients, the coded algorithms of Telegram have become the only secure alternative for transactions. For harm reduction operators, this raises new challenges and opportunities for web outreach.

A closed chat or group for beneficiaries on messengers can function as an online platform for PWUD to address various requests to staff, including referrals to assistance programmes, trusted doctors, etc. Staff members can be assigned roles (profiles) according to their position in the organisation, such as 'social worker', 'doctor', 'HIV consultant', 'PR, cooperation', 'psychologist', 'narcologist', 'lawyer', etc.

This allows chat or group participants to ask questions relevant to the staff member's role, such as questions regarding: the possibility of document restoration; the initiation or resumption of antiretroviral therapy (ART), therapy for viral hepatitis or tuberculosis, or treatment of sexually transmitted infections (STIs); the possibility of receiving narcological treatment; and in-person appointments with medical specialists of various profiles in state healthcare institutions.

Chat participants can also share their experiences and health complaints, as well as discuss various events—both personal and socio-political. To avoid 'flooding'—the deliberate exchange of messages unrelated to the discussion topic—and 'off-topic' messages, it is preferable to moderate such chats.

Searching for messages and topics in a Telegram chat can be achieved using keywords and a tagging system assigned to the topic. Additionally, a specially created website or landing page can be used to inform PWUD on specific topics, such as overdose prevention or chemsex.

The third method is connecting PWUD with relevant services. Upon request, PWUD may be redirected to various services run by government and non-profit organisations. Additionally, an organisation/institution staff member may suggest contacting a particular service during client counselling.

Web outreach cannot be carried out in isolation from direct agreements with assisting organisations. Personal communication between the web-outreach and the client establishes a certain level of trust. Therefore, if it is not possible for the beneficiary to receive the promised service—for example, hospitalisation in a narcological ward or placement under ob-

servation in an AIDS centre—within the promised time frame, negative information about the organisation as a whole may spread. It is especially important to remember this in the era of instant messaging through messengers and social networks. The peer-to-peer method and non-judgmental stance, fundamental to outreach efforts, are also crucial for the success of web outreach interventions.

One of the simplest ways to involve specialists from assisting organisations to facilitate the subsequent redirection of beneficiaries is to invite them to lead webinars, podcasts, or live broadcasts on social media on specific topics (HIV treatment, viral hepatitis, tuberculosis, features of ART, narcological assistance, etc.). During their presentation, the invited specialist can respond to specific questions from listeners and invite some of them for personal consultations, especially if the webinar, podcast, or broadcast is advertised in advance as providing such an opportunity.

The fourth method is collection and analysis of 'field' data. This data can be utilised for forecasting new trends in drug use, understanding methods of acquisition and distribution of narcotic substances, adapting harm reduction programmes, alerting the public to the emergence of products with harmful additives on the drug market, describing and assessing risks, developing risk reduction strategies, evaluating and creating contingency management plans, and other purposes.

Finally, the retention of PWUD in assistance programmes is also a key method of web-based harm reduction. Collecting feedback from beneficiaries—both positive and critical—enables organisations to monitor the quality of staff work and respond to client needs, for example by changing the locations of mobile units or adjusting the operating hours of stationary facilities to be more convenient for the target group of PWUD. Additionally, it allows the beneficiaries themselves to feel involved in the organisation's work and understand that their opinions are truly valued.

Conducting raffles and giveaways is also a significant factor in retaining PWUD in the programme. As an example, there is a so-called 'roulette'—a giveaway of various prizes among participants in the closed Telegram chat that involves randomly selecting a participant's account using a special bot. The main prizes includes bonus cards from a supermarket chain of a certain denomination, and consolation prizes included motivational kits for HIV prevention.

Furthermore, providing beneficiaries with the opportunity for direct contact with organisation staff and each other in chats, forums, and other online platforms is itself a factor in client retention in the programme. If

they know about the existence and accessibility of online services, beneficiaries can be confident that they will not be deprived of vital information when they are ready to receive it.

Given the basic overview we have provided in the previous sections of the chapter, we would like to emphasise the importance of practical experience in conducting web outreach work. Like other harm reduction approaches, web-based outreach requires an understanding of the context of all services provided in a particular community, as well as the opportunities and barriers to their implementation and expansion. In the next section of the chapter, we will look at the authors' personal experiences in building and strengthening web outreach work as part of NGO activities.

The Case of the St Petersburg Charitable Fund 'Humanitarian Action' (Russia)

The St Petersburg-based charitable fund 'Humanitarian Action' dates back to 1997, to a programme run by the French association *Médecins du Monde*, which launched the first mobile harm reduction unit in Russia. In 2001, the fund was officially registered under its current name.

Traditionally, the main clients of the fund's programmes were people who use opiates and opioids, including synthetic ones such as methadone. Services available to them included the exchange of used needles and syringes, testing for HIV and viral hepatitis, and distribution of the opioid receptor antagonist naloxone. However, in the mid-2010s, the situation in St Petersburg began to change; synthetic cathinones, particularly mephedrone and alpha-PVP, became increasingly popular. In addition, the sale and purchase of drugs began to take place increasingly online. This forced the fund to adapt to the new conditions and develop a web-based outreach methodology.

Currently, the primary channels for drug distribution and interaction among PWUD and drug dealers in the city are chats, channels, and bots on the Telegram messenger, as well as Darknet marketplaces with forums. Telegram is predominantly used for distributing the synthetic opioid methadone. Darknet marketplaces are used by PWUD for purchasing synthetic cathinones, other stimulants, drugs of plant origin, and hallucinogens.

The city of St Petersburg is divided into 18 districts. In each district, several Telegram drug stores (vendors) operate, presented as chats or channels. A web outreach worker of the fund 'Humanitarian Action' (hereinafter

referred to as the outreach worker)—an active drug user personally familiar with the drug acquisition system in the city—contacts the administrators of these shops and offers to post information about the fund's services (free and anonymous rapid testing for HIV, viral hepatitis B and C, and syphilis, the distribution of harm reduction kits, etc.), the schedules of mobile and stationary low-threshold units, and the possibility of online consultations with various specialists (a narcologist, a surgeon, a psychologist, and peer consultants on HIV, viral hepatitis, and addiction).

Additionally, the outreach worker invites participants to join the closed chat and subscribe to the fund's channels, answers questions, and can initiate discussions related to HIV prevention, viral hepatitis, and other healthcare topics.

Shop administrators either agree or refuse to post this information. In some cases, the outreach worker is blocked. In several cases, administrators granted the outreach worker co-administrator rights, allowing her to post information in the vendor's name.

In addition to drug shops, there are chats on Telegram designed, among other things, to enable PWUD to communicate with each other to meet potential romantic partners, to raise money for the treatment of various diseases, to exchange items, etc. The key value here is that these platforms are created, administered, and populated by PWUD themselves. The outreach worker suggests posting information about the fund's services in these chats as well. Seeing these announcements, participants can contact the outreach worker directly via private messages to obtain more detailed information about the fund's services.

Another of the fund's staff members reached out to forum administrators of one of the Darknet marketplaces with a proposal to post information about the organisation. The administrators allowed this and also provided the opportunity to create topics on the forum. As a result, topics were created on free and anonymous HIV testing in St Petersburg, including contact information for various services, on the prevention and treatment of viral hepatitis, and on several other topics. PWUD could be contacted on the forum through comments that could be left under each topic.

In addition to actively engaging PWUD in its programmes on external platforms, the fund has launched a closed Telegram chat for its beneficiaries, access to which can be obtained only through a link provided by administrators. It has also launched several open Telegram channels on the following topics: news from the world of drug policy; positive and critical

feedback from the fund's beneficiaries on its work; and daily updated schedules and other news about the organisation's activities.

Typically, when a chat participant requests a particular service or consultation, administrators respond by connecting the individual with one of the organisation's competent staff members capable of addressing the specific issue. For instance, requests received by the online narcologist through the chat (as well as through the Telegram bot) are usually related to managing withdrawal symptoms from various psychoactive substances; counselling on mental health issues; managing acute drug intoxication; and other issues.

Questions addressed to the organisation's surgeon may involve the treatment of post-injection complications such as abscesses, burns, allergic reactions, etc. The specialist may request a photograph or video of the affected area, ask clarifying questions about symptoms, provide recommendations regarding the use of healing ointments, and motivate the individual to seek personal medical attention at a private or public healthcare facility.

PWUD can also establish contact with organisation representatives through a Telegram bot if they require first aid in case of drug overdose. The bot enables the individual to communicate directly with a remote narcologist who provides consultations to the organisation, as well as with a staff member positioned as a 'peer' consultant on opioids who is authorised to respond to relevant queries and with 'non-narcophobic' psychologists.

By analysing Telegram channels on drug use and its own data, the organisation has identified the prevalence of NPS on the illegal drug market, predominantly synthetic cathinones. Conducting surveys in thematic Telegram chats and channels, as well as surveying its own beneficiaries at mobile units, has enabled the organisation to tailor a motivational kit for drug users, equipping it with items relevant to this target group, such as biodegradable single-use nasal straws, ointments for nasal mucosa care, informational materials on providing first aid in case of NPS overdose, etc.

Another example of how the organisation uses its online capabilities is the survey it conducted in a closed Telegram chat on the convenience of using 1-ml syringes from various manufacturers. Based on the survey results, as well as focus group discussions, a specific syringe model was determined.

Another analysis of beneficiaries' requests revealed their need for information on self-care for post-injection complications caused by 'street' methadone injections. As a result, an organisation staff member—an active drug user herself—together with a surgeon, developed a short informational

resource on caring for post-injection complications, which is distributed in Telegram chats and channels for PWUD.

Web Outreach in Kazakhstan: Challenges and First Achievements

In Kazakhstan, according to the Financial Monitoring Agency, the situation with online drug availability is similar to other countries in the region where illegal drug marketing has also gained momentum. In 2023, about 300 channels in messengers, mainly Telegram, as well as four large Darknet marketplaces, which operate in various countries of the Commonwealth of Independent States (CIS), came to the Agency's attention. As a result of the monitoring of the Kazakhstani segment of the internet, three large sites for the sale of drugs—with a total of almost 35,000 participants—were identified. It was also possible to estimate that almost 10,000 users of these platforms are potential users of narcotic drugs. The analysis showed that more than 50% of PWUD come from Astana, Almaty, and Almaty region. Overall, 36 drug stores with a turnover of 25.6 billion tenge were also identified (Litvinova 2024).

Thus, the implementation of harm reduction programmes in the online space is a highly relevant and urgent issue for Kazakhstan. Local communities of people who use drugs have already launched such projects with the support of the UN Office on Drugs and Crime, the Eurasian Harm Reduction Association, and the Global Fund to Fight AIDS, Tuberculosis and Malaria. In 2019, Kazakhstan saw the launch of the first Telegram support channel for people using NPS. The main goal of online peer-to-peer counselling is to provide assistance on online platforms based on web outreach consultants' own life experience. In 2024, six Telegram channels that provide support to people using NPS successfully operate in four regions of the country, covering 800 individuals and providing advisory assistance in matters of information, referral, and consulting with friendly doctors. Within the framework of the Almaty model for controlling the HIV epidemic ICAP at Columbia University, funded by the Elton John AIDS Foundation, the NGO Revansh distributes harm reduction kits to people using NPS. Among the challenges and barriers that reduce the opportunities for implementing web outreach in the country, experts list fear and distrust of such services on the part of clients, unstable project financing, and difficulties in understanding all the support mechanisms (Mankieva 2022). In the latter case, training and education supported by international

organisations such as the UNODC, the Global Fund, and the Eurasian Harm Reduction Association provide significant assistance (Figure 1).

Figure 1: Regional training on web outreach for Central Asian NGOs organised by the UNODC (authors' compilation)

To build a sufficient number of web outreach consultants, it is crucial to implement cascading training of representatives from the civil sector, as well as an information campaign among other stakeholders providing services to individuals using NPS.

Conclusion

The digital transformation has played a critical role in harm reduction outreach among PWUD. From specialised internet forums to Darknet marketplaces, innovative methods such as web outreach have emerged to address the needs of PWUD, highlighting the adaptability and resilience of harm reduction efforts in the digital age.

This trend is also reflected in the World Health Organization's 'Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations'. The adapted 2022 document mentions a new recommendation on virtual interventions: 'Online delivery of HIV, viral hepatitis, and STI services to key populations may be offered as an additional option, while ensuring that data security and confidentiality are protected (conditional recommendation, low certainty of evidence)' (World Health Organization 2022). In these cases, choice is important, and online services should form a part of a menu of services, not stand-alone interventions, and should not be a replacement for face-to-face contact. In addition, efforts should be made to increase equitable access to the internet, improve literacy, and provide appropriate training for key population members where needed. Consideration should be given to the preferences of different key population groups, given the current lack of published evidence from sex workers and PWID.

The findings and initiatives discussed in this chapter highlight the pressing need for robust harm reduction strategies when it comes to the online drug market. As online drug channels proliferate, particularly on platforms like Telegram, the government and local organisations must intensify their efforts to monitor and mitigate these activities effectively. The success of pilot programmes, such as the peer-to-peer counselling and support channels on Telegram, demonstrates the potential of targeted online interventions. However, to scale these efforts nationally, stable funding and broader community trust in these programmes are imperative. It is recommended that countries expand these initiatives with sustained financial support from both national and international bodies and by increasing educational outreach to build trust and understanding among potential programme participants.

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