

MAINline

STRATEGIC PLAN

Public version



2022-2026

GLOSSARY AND TERMINOLOGY

Drugs

Mainline defines drugs as all psychoactive substances that not used for medical purposes or according to medical prescription: from tobacco and alcohol to heroin. However, our main focus is on illicit substances because of the link between criminalisation and marginalisation.

Drug scenes

In this strategic plan we regularly refer to 'drug scenes'. By this we mean the local conditions and the specific 'rituals' or local ways drugs are used and traded.

Harm reduction/risk reduction

In this strategic plan we use the term harm reduction. In Dutch this translates to 'schadebeperking'. However, that term does not cover the meaning and tradition of the English term, whereby harm reduction over time has also come to stand for a movement and a humane, person-centered approach.

Mainline therefore defines harm reduction broadly: as policies, interventions and practices that are primarily aimed at reducing the harmful effects of the use of legal and illegal drugs on health and social position. Within this definition, reducing or completely abstaining from drug use is not the primary goal. Harm reduction does motivate people to change behaviour or circumstances where ever this can improve quality of life.

Recovery

Within the social and health sector, the recovery movement is on the rise. As a drug user, being "in recovery" means, as far as Mainline is concerned, that you accept yourself and get your life "back on track". Recovery can be accompanied by stopping or reducing the use of substances, but you can also get your life back in order while using drugs in a (more) controlled way. Seen this way, recovery and harm reduction are in line with each other because limiting physical and psychosocial damage often goes hand in hand with getting your life back on track and accepting yourself as you are (Mainline report 'Ons Herstel', 2019).

Health

Health is a state of complete physical and mental well-being and not merely the absence of disease or other physical illness (WHO definition).

Quality care

In this strategic plan we regularly talk about the quality of care. By this we mean a level of health care that increases the chance of desired outcomes for both the individual and the general public, whereby the care provided is in accordance with the most recent scientific knowledge and clinical insights. We assess the quality of care along the definition used by the WHO: availability, accessibility, acceptability and quality.

Human rights and societal position

In our work we often refer to a persons' Universal Human Rights; rights and freedoms that every human being has and which cannot be tampered with. Even the most basic rights of people who use drugs are systematically violated in many countries, which is one of the reasons why Mainline conducts its (international) work through a human rights lens.

A person's social position is determined by matters such as origin, education, income and occupation, (mental) health, social skills and behaviour. The social position of people with a dependency on drugs is often very fragile. Prejudice about drug use and rules and legislation to tackle drug problems unnecessarily push people who use drugs to the margins of society.

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MAINLINE'S MISSION

Mainline's mission is to promote health and improve the social position of people who use drugs, without primarily wanting to reduce drug use itself and based on respect for the freedom of choice and capabilities of the individual.



MAINLINE'S TARGET AUDIENCE

Mainline focuses primarily on people who, related to their drug use, experience problems in different areas of life and are therefore (threatened to) be marginalised in society and/or people who run (significant) health risks due to their substance use.

Research shows that - depending on the substance - between 10 and 20% of 'lifetime users' of psychoactive substances develop a dependence or experience problems as a result of their use ([Global Commission on Drugs, 2019](#)). People who use drugs in a controlled or recreational manner do not fall into Mainline's primary target audience. People who use substances – even those that cause relatively little harm with moderate use (for example cannabis, ecstasy, nitrous oxide or khat) - and who use these substances uncontrollably, very frequently, in large quantities and/or in (dangerous) combinations, do fall within our target audience. Mainline therefore speaks of soft use and hard use rather than soft drugs and hard drugs.

We recognise that there can be a gray area between controlled and uncontrolled use and that people go through phases during their lives in which they may lose control of their use at some point, but may also regain control in a next stage of life. We also recognise the extraordinarily complex relationship between problematic substance use and, for example, underlying psychiatric problems, homelessness, insecure residence rights and poor opportunities on the labour market. This means that the delineation of Mainline's target audience is not always unambiguous and that, in some cases, we also speak out about substance use or people in marginalised positions in general.



MAINLINE'S VISION

Drug use is a global social phenomenon. People who use drugs have the same universal rights as any other human being. However, the consequence of international bans on certain psychoactive substances is that in many countries people who use drugs are criminalised, marginalised and discriminated against. Mainline stands up for the rights and health of people who use drugs.

All Mainline's activities are based on promoting the safest possible use and thus harm reduction and prevention. Harm reduction offers people the opportunity to take back control of their substance use and their lives within the capabilities that they have. Harm reduction aims to restore human dignity and improve the quality of life of people who use drugs.

The experience, motivations and context of people who use substances are the starting point of Mainline's actions. We work according to the principles of meaningful involvement. Central to these principles are the rights and responsibilities of people who use substances, including the right to self-determination and self-control.

The (problematic) use of substances often has a complex origin and Mainline explains (problematic) drug use from a bio-psychosocial model. A non-moralising attitude towards substance use and the user is central here. Within harm reduction people are approached from an attitude of acceptance.

Where harm reduction was originally conceived more 'narrow', especially from the perspective of HIV/AIDS - as a combination of biomedical interventions ¹, Mainline - like many international bodies - advocates a broader, human rights-oriented approach. This includes interventions that focus on:

- basic necessities: food, clean water, personal hygiene, housing;
- complete physical and mental health: wound care, care for skin infections and abscesses, foot care, dental care, psychosocial support and access to mental health care, including access to addiction care for people who want to stop or reduce the use of (illicit) substances, and interventions that contribute to personal recovery
- increasing safety: drug testing, user areas, access to objective information on safe use, self-monitoring and harm reduction, legal assistance, access to advocacy, encouraging self-organisation.

Part of Mainline's vision on harm reduction is the recognition that the (international) repressive approach to drugs - and the ensuing criminalisation, stigmatisation and marginalisation of people who use drugs - often inflict more damage on people's lives than the substances they use. That is why Mainline also actively promotes a humane drug policy with the decriminalisation of substance use and the possession of user quantities as a minimum condition. We are also committed to reducing the stigma surrounding drug use.

Core values

Mainline basis its work on the following core values and principles:

- Non-moralising – accepting
- Evidence-based – rational
- People-centered - with compassion
- Authentic - creative and original
- Pragmatic – acting
- Society oriented - activist

¹The World Health Organisation and the United Nations define harm reduction as a combination of the following interventions: needle and syringe exchange, opiate agonist treatment, HIV care: testing, treating, supporting, combating infectious diseases such as hepatitis B and C, tuberculosis and sexually transmitted diseases, dissemination of information, education and communication materials and overdose prevention and management. A WHO guideline (2016) emphasizes the importance of a safe political and social climate ("enabling environment"). However, there is still little international attention for marginalised drug users who do not use opiates but, for example, stimulants such as methamphetamine and cocaine or who do not inject their substances, but who swallow, smoke or inhale (via foil), sniff or insert them anally or vaginally (plugging).

CONTEXT: DRUG POLICY AND HARM REDUCTION

Harm reduction has its roots in the 1970s and 1980s, when both intravenous drug use and HIV emerged in the world. Harm reduction is the most pragmatic response to safeguarding the health and rights of people who use drugs. But neither the long tradition of the harm reduction movement nor the scientific underpinnings of the effectiveness of the approach guarantee political support, funding and policy integration.

Harm reduction in the Netherlands

Harm reduction has a rich tradition in the Netherlands and has been an unprecedentedly successful approach since the 1970s. Over the years, harm reduction interventions have been integrated into regular healthcare and (national and local) government budgets. There are hardly any new HIV infections in the Netherlands as a result of sharing used needles. The number of people injecting drugs is extremely low compared to neighboring countries. The public order problems associated with public drug use has been greatly reduced over the years. Heroin is hardly ever used among young Dutch people, let alone injected.

Nevertheless, harm reduction in the Netherlands is under pressure. The approach is strongly associated with people who inject heroin and because this group is shrinking, harm reduction is gradually falling off the political agenda. Few politicians and policymakers still have knowledge of harm reduction and this approach is not automatically applied to new groups of substance users. The healthcare landscape in the Netherlands is fragmented and many harm reduction interventions – such as housing first projects – are not presented under the umbrella of harm reduction. Budget cuts are putting almost all services under pressure and the escalating problems surrounding housing and homelessness mean that more people who use substances problematically end up on the street or are unable to move on to an independent home. These people often face a variety of problems.

At the same time, there is a growing awareness in the Netherlands about the problems surrounding the import, transit, trade and production of drugs in the country. This leads to heated societal debates where responsibility is often unilaterally and incorrectly attributed to users, while little attention seems to be given to the role of the current drug policy itself (critique of the system). Production problems continue to lead to increased budgets for law enforcement. The drug debate has become highly polarised in recent years with proponents of drug regulation on the one hand and proponents of more repressive policies on the other. In addition to the 'weed experiment', the pilot with a regulated production and sales chain for cannabis, politicians take little initiative for creative policy solutions or serious dialogue.

The predominantly conservative Dutch political landscape does not offer a safe haven for existing forms of harm reduction and certainly not for new harm reduction initiatives; new initiatives that can also have a positive impact among 'new' groups of users. This includes people who use drugs in a sexual setting and young people who use new psychoactive substances (NPS), ketamine, nitrous oxide or GHB. Harm reduction for these groups has so far been underexposed. It will be a challenge over the next five years to get and keep harm reduction on the political agenda and to integrate harm reduction with the wide range of aid available to various target groups.

The international context for harm reduction

Internationally, there are also conflicting developments around harm reduction. On the one hand, the HIV field has clearly focused more on 'key populations': groups of people who, as a result of specific risk behaviour and a marginalised social position, have a greater risk of becoming infected with HIV. Injecting drug users have been identified as such a key population and harm reduction is widely recognised as the number one approach to prevent or treat HIV infections among people who inject drugs.

The need for the broad introduction of harm reduction is thus recognised in the international (donor) community. But this does not translate into an increase in the available funds. A [study by the Aidsfonds](#) (2020) shows that people who inject drugs are 22 times more likely to get an HIV infection than people who do not inject drugs. However, only 0.4% of the available HIV funds ends up with this group. This while an estimated 10% of new HIV infections worldwide are the result of sharing injection equipment. Harm Reduction International showed in a [2020 report](#) that only 5% of the budget needed for effective harm reduction is available in low- and middle-income countries. In 2016 this was still 13%. The funding required for harm reduction is declining worldwide.

The harm reduction approach also remains internationally controversial. On one side are conservative power blocs such as Russia and Saudi Arabia. On the other hand, more progressive countries such as the European countries, Canada, Australia and some Latin American countries are fighting for the right of the harm reduction approach to exist.

There are also countries (including in Africa) that are currently introducing harm reduction, but that do so almost exclusively with external funds (i.e. international donors). Governments of these countries hardly include harm reduction interventions in their (already limited) health budgets. This makes the introduction of harm reduction vulnerable.

In other regions, such as Eastern Europe and Central Asia, international donors are increasingly withdrawing, but national governments are not making any funding available for harm reduction. This poses an acute threat to the continuation of harm reduction programs in these regions.

Against the background of these developments, international drug treaties are gradually coming under pressure. Recent [reports from IDPC](#), among others, clearly show the negative consequences of decades of 'war on drugs': the production, trade and use of illicit substances has exploded despite the repressive policies. Prominent groups such as the Global Commission on Drugs actively advocate the regulation of all drugs. The regulation and legalisation of cannabis is now being introduced in more and more countries. In 2020, the WHO has placed cannabis in a "lighter" schedule of harm – something unprecedented in a century of international drug policy. And in a more medical-therapeutic setting, psychoactive substances, which are also used as 'drugs', are experiencing a revival: ketamine has been registered by both the FDA and the EMA for treating treatment-resistant depression and there are promising trials with drugs such as MDMA and psilocybin to treat mental health problems such as major depression, trauma and drug dependency.

These more general developments in (international) drug policy have a major impact on how people who use drugs are treated and thus affect harm reduction policy. Every centimeter of gain in the harm reduction field must be constantly monitored and fought for.

The relevance of Mainline's work

Harm reduction continues to be effective when it comes to fighting infectious diseases among people who use their drugs intravenously. However, the value of this approach goes much further and can also be of great importance to people who smoke or inhale (from foil) their drugs, sniff, swallow or insert them anally or vaginally (plugging). Harm reduction improves the quality of life and can restore human dignity. Our SWOT analysis (see Appendix 1) shows that Mainline is an important player in the harm reduction field. We are seen as a practical and pragmatic partner who stands close to people who use drugs. We are appreciated for our broad vision and innovative approach, for the tone we use, for the materials we develop and for the networking function we fulfill. The following strengths of Mainline in particular make us as relevant now and in the future:

- With our information, interventions and materials we reach drug scenes in the Netherlands and abroad that would otherwise remain completely hidden
- We give vulnerable people who use drugs a voice
- We connect people who use drugs with professionals and policy makers and vice versa

In the coming years, Mainline will therefore continue to fight to put harm reduction on the agenda and to keep it there. Below we discuss the goals and activities that we have set ourselves as an organisation for the next five years.

MAINLINES OBJECTIVES

Mainline has three core objectives.

1. Promote the health and human rights of people who use(d) drugs

Mainline promotes and contributes directly and indirectly to improving the mental and physical health and human rights position of people who use drugs or people who have done so in the past.

Mainline focuses in particular on those people who find themselves on the margins of society. For example, they may experience problems with work or housing as a result of their drug use. It can also include people who end up in a marginalised position due to adverse life events and then use drugs to cope with this adversity (or a combination of both).

Within such a context, both health and human rights are under great pressure. Within this objective fall all Mainline activities that directly target people who use drugs:

- Fieldwork
- Identification and documentation of new drug trends and drug problems or of social and legal problems among people who use drugs
- Develop and disseminate information materials
- Instant support, advice and referrals
- Advocacy

2. To improve the access to and quality of services and care for people who use drugs – with a focus on harm reduction services

Mainline contributes to improved availability and quality of the harm reduction service offer, so that people who use drugs always have the best possible access to appropriate services that contribute to their health and social position. Explicit points for attention here are accessibility, freedom of choice and humane, person-centered approaches.

Mainline has a unique position within the harm reduction field and we are seen as a center of expertise. We will expand this role further in the coming years.

Within this objective fall all Mainline activities that focus on partners and organisations in countries around the world and professionals who work with people who use drugs:

- Training, individual coaching and advice to professionals
- Practical recommendations, for example on local drug scene analyses, design and development of harm reduction programmes and on evaluations of the accessibility and quality of (harm-reduction) services.

3. To promote harm reduction as a humane and evidence-based approach

Within the Netherlands, harm reduction is in danger of disappearing from the political agenda: the approach sometimes seems to be undermined by its own success. Few policymakers and politicians are still very familiar with harm reduction and its place within Dutch drug policy. Within the Netherlands, we believe it is important to emphasize and expand the applicability and usefulness of harm reduction.

Outside the Netherlands, harm reduction is controversial in many countries, despite the extensive evidence of the positive impact of the approach. In such countries, Mainline also seeks to improve the political climate surrounding harm reduction programmes. This is with the aim of making harm reduction available in a sustainable manner and to help decriminalise the use and possession of drugs for personal use.

This objective includes all Mainline activities that strengthen our own harm reduction work and that of partners with a similar mission:

- Strengthening the scientific basis under harm reduction
- Actively disseminating best practices and recommendations
- Contribute to the public debate on drugs, addiction, harm reduction and drug policy
- Advocating policy changes in favour of marginalised groups or harm reduction

FINANCIAL PROGNOSIS

In broad terms, the financial projections for the years 2022-2026 are as follows:

Financial prognosis 2022-2026					
	2022	2023	2024	2025	2026
General reserves	€25,000.00	€50,000.00	€75,000.00	€100,000.00	€125,000.00
Result	€25,000.00	€25,000.00	€25,000.00	€25,000.00	€25,000.00
Equity	25%	25%	25%	25%	25%
Liquidity ultimo	€100,000.00	€100,000.00	€100,000.00	€100,000.00	€100,000.00
Revenu:					
Projects:					
ForeignAffairs/EU	€225,000.00	€250,000.00	€275,000.00	€300,000.00	€325,000.00
International donor's	€250,000.00	€250,000.00	€250,000.00	€250,000.00	€250,000.00
Ministry of Health	€250,000.00	€250,000.00	€250,000.00	€250,000.00	€250,000.00
Municipality of Amsterdam	€75,000.00	€80,000.00	€80,000.00	€80,000.00	€80,000.00
Other municipalities	€100,000.00	€100,000.00	€100,000.00	€100,000.00	€100,000.00
Training/learning offer	€100,000.00	€125,000.00	€125,000.00	€150,000.00	€150,000.00
	€1,000,000.00	€1,055,000.00	€1,080,000.00	€1,130,000.00	€1,155,000.00
Project result:					
Revenu:	€1,000,000.00	€1,055,000.00	€1,080,000.00	€1,130,000.00	€1,155,000.00
Project expenses	€-1,000,000.00	€-1,055,000.00	€-1,080,000.00	€-1,130,000.00	€-1,155,000.00
Result	€	€	€	€	€
Division of costs					
Projects:					
External costs/partners	€175,000.00	€205,000.00	€205,000.00	€230,000.00	€230,000.00
Coverage/yield (staff hours)	€825,000.00	€850,000.00	€875,000.00	€900,000.00	€925,000.00
Total costs	€1,000,000.00	€1,055,000.00	€1,080,000.00	€1,130,000.00	€1,155,000.00
Coverage/yield (staff hours)	€825,000.00	€850,000.00	€875,000.00	€900,000.00	€925,000.00
Exploitation cost	€-800,000.00	€-825,000.00	€-850,000.00	€-875,000.00	€-900,000.00
Balance production costs	€25,000.00	€25,000.00	€25,000.00	€25,000.00	€25,000.00
Total result	€25,000.00	€25,000.00	€25,000.00	€25,000.00	€25,000.00
Result from *					
Social entreprise	€	€25,000.00	€25,000.00	€50,000.00	€50,000.00

* Establishment of a experience/educational museum. Profits are used to the benefit of activities at Mainline