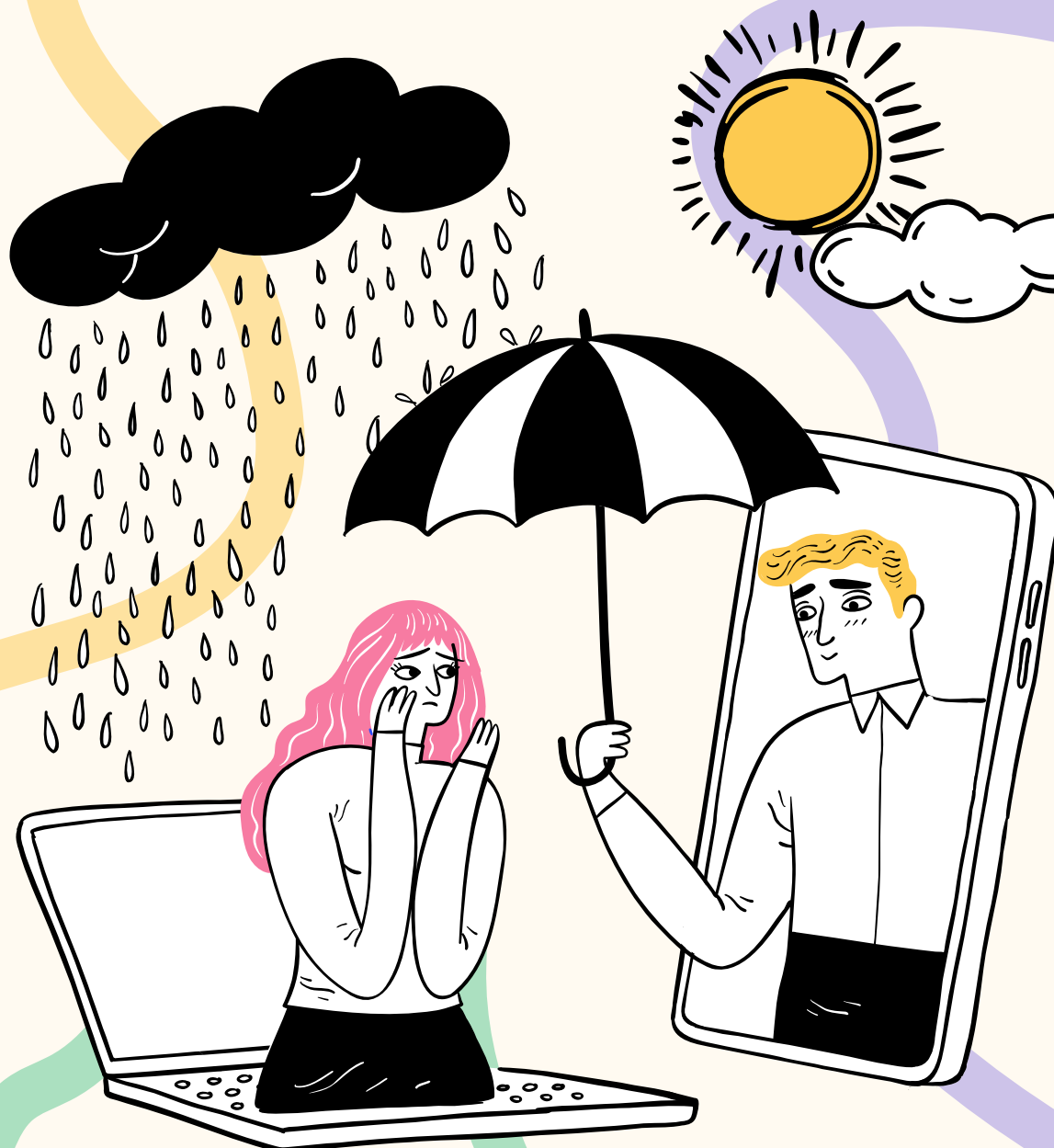


2022

# PEER-TO-PEER COUNSELOR MANUAL FOR ONLINE COUNCELING





This manual is a publication of the Eurasian Harm Reduction Association (EHRA). EHRA is a non-profit, membership-based public organization that unites and supports 342 Central and Eastern European and Central Asian (CEECA) harm reduction activists and organizations to ensure the rights and freedoms, health and well-being of people who use psychoactive substances. For more information, visit the website:

<https://harmreductioneurasia.org>

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# ACRONYMS

<b>COVID-19</b>	a potentially severe acute respiratory infection caused by SARS-CoV-2 coronavirus (2019-nCoV)
<b>ART</b>	antiretroviral therapy
<b>ATS</b>	amphetamine-type stimulants
<b>HCV</b>	Hepatitis C virus
<b>EECA</b>	Eastern Europe and Central Asia
<b>HIV</b>	Human Immunodeficiency Virus
<b>WHO</b>	World Health Organization
<b>EHRA</b>	Eurasian Harm Reduction Association
<b>ENPUD</b>	Eurasian Network of People Who Use Drugs
<b>STI</b>	Sexually Transmitted Infections
<b>LGBTQI+</b>	an acronym for the community of lesbian, gay, bisexual, trans* people, queer people, intersex people, and others.
<b>NPS</b>	new psychoactive substances
<b>NGO</b>	non-governmental organizations
<b>OST</b>	opioid substitution therapy
<b>NSP</b>	needle and syringe exchange programme
<b>SOGI</b>	sexual orientation and gender identity
<b>SRH</b>	sexual and reproductive health
<b>BOS</b>	burnout syndrome
<b>UNODC</b>	United Nations Office on Drugs and Crime
<b>ES</b>	emergency situation



# KEY DEFINITIONS

## A bad trip

is a colloquial term for the harmful and potentially dangerous mental experiences that can occur during a psychedelic experience, usually caused by the use of psychoactive substances from the group of psychedelics.

## Web outreach

is a method of contacting, counseling, engaging, and retaining people who use psychoactive substances in harm reduction programs through websites, social networks, instant messengers, special forums, including darknet sites.

## Homophobia

is an irrational fear, dislike, or discrimination against people who are homosexual or perceived to be homosexual, or against homosexual behavior or subculture.

## Darknet

is an anonymous and uncontrolled part of the Internet, inaccessible to conventional search engines such as Google, Yandex, etc. The Darknet is accessed through special browsers such as Tor, etc.

## Discrimination

is any form of biased singling out, exclusion, or imposition of restrictions on a person, usually (but not exclusively) because of his/her personal characteristics or perceived membership in a particular group.

**Drug dealer**

is a person who has experience in selling psychoactive substances.

**Messenger**

is a program, mobile application or web service for instant messaging.

**Subgroups or cross groups of people who use psychoactive substances**

are categories of people who use drugs grouped by gender identity, sexual orientation, age, race, and other factors that often make it difficult for them to access harm reduction services.

**Peer counselors**

are people who have the same diagnosis or experience as their clients. They provide information and services inside and outside of facilities, drop-in centers, etc.

**Self-stigmatization**

is the transfer of external stigmatizing views and attitudes to oneself by people who use psychoactive substances.

**Harm reduction**

is a comprehensive approach that includes strategies, programs, and practices that positively impact the health, social, and legal aspects of the lives of people who use drugs and are unable or unwilling to stop using.

### Stigma (stigmatization)

comes from the Greek meaning 'mark' or 'stain'; and refers to beliefs and/or attitudes. It is a dynamic process of devaluation that discredits a person in the eyes of others. The resulting reaction to a stigma is discrimination.

### A trip

is an altered state of consciousness characterized by a different perception and an intense process of awareness.

### Trip-sitter

is a person who ensures the safety of another one while that person is under the influence of psychoactive substances. Trip-sitting usually occurs when taking various psychoactive substances. This practice can be considered a harm reduction method.

### A trip report

is a description of a personal experience related to the use of a psychoactive substance.

In this manual, we use definitions such as **psychoactive substances** and **drugs**. We define the difference as follows: All drugs are psychoactive substances, but psychoactive substances become drugs when they are added to countries' narcotic drug lists<sup>1</sup>.

<sup>1</sup> [https://www.who.int/health-topics/drugs-psychoactive#tab=tab\\_1](https://www.who.int/health-topics/drugs-psychoactive#tab=tab_1)

# INTRODUCTION

## Why did we write this manual?



There are many manuals and trainings on peer-to-peer counseling<sup>2</sup>, and we encourage you to familiarize yourself with these materials. If you are wondering why you need another manual and how it differs from those already developed, we can answer that this manual introduces **peer counseling online**.

The drug scene in the world has changed a lot in the last decades, and these changes continue<sup>3</sup>. Some time ago, peer counselors were most effective in places where drugs are sold, such as drug dealers' homes, "hangouts", and other scenes where people who use drugs gather. Now, these processes are increasingly taking place on the Internet. These

- 2 [https://aph.org.ua/wp-content/uploads/2016/08/Employment\\_RU\\_Print.pdf](https://aph.org.ua/wp-content/uploads/2016/08/Employment_RU_Print.pdf);  
<https://mv.ecuo.org/download/rukovodstvo-konsultanta-po-printsipu-ravnyj-ravnomu/>;  
<https://peer2peerproject.com/wp-content/uploads/2021/04/training-program-manual.pdf>
- 3 <https://www.unodc.org/unodc/en/data-and-analysis/wdr2021.html>

changes were strongly influenced by the pandemics of COVID-19. According to the United Nations Office on Drugs and Crime (UNODC):

*“All countries report significant reductions in the supply of traditional drugs, their reduced purity and increased costs. ...Changes in patterns of acquisition and use of substances have occurred as well. People who use psychoactive substances began to more frequently purchasing drugs through the Internet, Telegram and e-wallets. Due to the increase in drug prices, they are more often joining together into groups to purchase substances”<sup>4</sup>.*

Criminalization, stigma, and discrimination can limit access to low-threshold services (housing, food, treatment) and harm reduction services for people who use psychoactive substances.

These changes necessitate the introduction and further implementation of peer online counseling approaches. It is essential to support and develop forms of remote harm reduction: moving counseling and provision of information to the Internet, enabling delivery of necessary handouts or getting syringes, condoms, tests, and masks from vending machines, sending materials by mail, etc.<sup>5</sup>

COVID-19 pandemic has increased the risk of burnout syndrome (BOS) in peer counselors. Treatment interruptions, difficulty accessing services, and other reasons have negatively impacted the mental health of community members involved in peer-to-peer counseling. At the same time, many have had to master online tools for their work. So, peer-to-peer counseling is a technique you can use to bring about positive change in difficult situations.

In counseling, we distinguish between substance use, abuse, and addiction because we know that addiction is a disorder with specific symptoms<sup>6</sup>. And we work based on the needs of the people who come to us.

**The purpose of the manual** is to train peer counselors and improve their skills in online peer-to-peer counseling. We provide approaches, tools, and algorithms for help, support, and harm reduction for people who use psychoactive substances that can be adapted to the specifics of the drug scene, the needs of people, and the resources of peer counselors in a given country.

4 [https://www.unodc.org/documents/centralasia//2020/August/3.08/COVID-19\\_impact\\_on\\_drug\\_use\\_in\\_Central\\_Asia\\_ru.pdf](https://www.unodc.org/documents/centralasia//2020/August/3.08/COVID-19_impact_on_drug_use_in_Central_Asia_ru.pdf)

5 [https://harmreductioneurasia.org/wp-content/uploads/2020/05/regional-review\\_-FINAL\\_RUS.pdf](https://harmreductioneurasia.org/wp-content/uploads/2020/05/regional-review_-FINAL_RUS.pdf)

6 <https://icd.who.int/browse11/l-m/en/#/http%3a%2f%2fid.who.int%2fid%2fentity%2f1602669465>

## How to use the manual?

The manual contains six main Sections, which include concrete examples (possible consulting scenarios):

### 1. **Basic information about online peer-to-peer counseling**

In this Section, you will learn what online peer-to-peer counseling is and why it is important to include this method in harm reduction programs. We provide an overview of potential sites for service delivery. Another important topic you will become familiar with in this manual is the specifics of counseling for different subgroups/ cross groups of people who use psychoactive substances.

### 2. **How to provide peer support online?**

In this Section, you will be introduced to the goals and objectives of online peer-to-peer counseling. As future counselors, you will learn the ethical principles and values of online counseling.

In this Section you will find information and examples of online counseling algorithms. You can improve your practical skills by working through typical queries, studying blocks of information, and trying peer-to-peer online counseling techniques. This Section also introduces you to the potential risks of online counseling and possible strategies for overcoming them.

### 3. **How can peer counselors gain the trust of their clients by working online?**

Contact and trust are essential in online counseling. To help you feel more confident in the counseling process, we will introduce you to the practice of sincerity. You will learn about the stages of establishing contact and the helpful tools you can use in each of these stages. You will also learn techniques of empathy and the principles of unconditional respect.

### 4. **How to refer people to specialists?**

It is crucial to work towards the complexity of the services offered. Therefore, the ability to make referrals to specialists after counseling is an essential element of peer counselors' work. In this Section, you will learn how to create a database of friendly specialists and what the criteria are for these specialists.

In this Section, you will find a checklist of possible questions that are helpful when working with clients. Important elements of this Section are monitoring and feedback, which are crucial for evaluating the work of specialists and improving the structure of counseling and referral.

## 5. Resources needed for peer counselors working online

It is essential that you take care not only of your clients but also of your own condition. The manual provides you with resources on the topics of supervision, peer support, and further training. Another important theme of this Section is the convergence of values.

## 6. What should be considered for safety when working online?

In this Section, you will learn about the different types of safety for peer counselors and clients: legal, digital, professional, and psychological. BOS can become a serious threat to the safety of professionals. Therefore, we will pay special attention to this issue. At the end of this Section you will find information about possible emergency scenarios.



# 1. BASIC INFORMATION ABOUT ONLINE PEER-TO-PEER COUNSELING

## 1.1. What is online peer-to-peer counseling?

When we talk about the history of peer counseling in harm reduction, it is worth starting with the efforts of the community of people who use psychoactive substances. This movement emerged as part of the fight against the HIV epidemic in the 1980s and 1990s, depending on the country<sup>7</sup>. In the beginning, one of the goals of this movement was to establish needle and syringe exchange programs and later opioid substitution therapy (OST) programs, drug consumption rooms, etc. This has led organizations, networks, and community groups of people who themselves use psychoactive substances to establish and implement harm reduction programs. And in doing so, they have begun to apply the principles of peer-to-peer care<sup>8</sup>. One of the best known of these organizations was the *Rotterdam Junkie Bund*<sup>9</sup>. In health care, a new model for influencing the HIV epidemic among people who use psychoactive substances has emerged – needle and syringe exchange programs. And in the Netherlands, for example, community organizations of people who use psychoactive substances have recruited people from this group as staff for HIV prevention programs.

In general, the idea of peer-to-peer work emerged in the 1970s on the basis of various self-help groups organized by people with mental disorders. For various reasons, they were not always able to share their problems with outside professionals, but they were willing to confide in people with similar problems.

Participants in the groups shared their experiences of abuse in the psychiatric hospitals where they were housed. For them, not only was treatment by specialists important to alleviate the symptoms of their illnesses, but also psychological and emotional support. And it turned out that the patients themselves could effectively support and help each other. Based on this experience, the peer-to-peer method was born, which is still used today, proving its effectiveness time and again and being constantly improved thanks to new research findings<sup>10</sup>.

7 <https://peer2peerproject.com/wp-content/uploads/2021/04/training-program-manual.pdf>

8 <https://volna.in.ua/programi/zmenshennya-shkodi/istoriya-razvitiya-snizheniya-vreda.html>

9 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1945155/>

10 <https://onlinelibrary.wiley.com/doi/full/10.1016/j.wpsyc.2012.05.009>





The idea of describing peer-to-peer work as a tool for health interventions was implemented by the Trimbos Institute in 1992–1994<sup>11</sup>. The Institute developed a manual describing the results of various projects and interventions implemented by major European community organizations. The manual also included best practices that were helpful for trainers and those who wanted to develop activities based on the peer-to-peer approach. The manual describes the background and also the concept of this work.

**Activities based on the peer-to-peer approach have been described as a method of providing information and advice to promote health in the community of people who use psychoactive substances by involving and collaborating with members of that community.**

All best practices identified the provision of free services as a critical element of this involvement. Counseling topics were based on people's most common requests. For example, HIV/AIDS, safe use of psychoactive substances, and safe sexual behavior were among the most popular counseling topics in various community organizations. Best practices described how people who use psychoactive substances were trained. An important goal here was to teach community representatives to share this knowledge with others on a peer-to-peer basis.

People who use psychoactive substances play a critical role in designing and implementing harm reduction programs. Peer counseling not only helps engage people who would not otherwise have access to harm reduction services for people who use psychoactive substances but also reaches and connects hard-to-reach cross groups<sup>12</sup> to such services. Many non-profits use the peer-to-peer approach in their daily work<sup>13</sup>, especially organizations/networks/community groups.

11 <http://www.peerinvolvement.eu/index.php/background/why-manual>

12 <https://inpu.net/iduit-implementing-comprehensive-hiv-and-hcv-programmes-with-people-who-inject-drugs/>

13 [https://www.unaids.org/sites/default/files/media\\_asset/JC2954\\_UNAIDS\\_drugs\\_report\\_2019\\_ru.pdf](https://www.unaids.org/sites/default/files/media_asset/JC2954_UNAIDS_drugs_report_2019_ru.pdf)

## So what is online peer-to-peer counseling?

Simply put, online peer-to-peer counseling is when a person from the community they represent:

- acquires the knowledge and skills necessary to improve the safety and quality of life of people in their community;
- shares this information and resources and supports people from their community in online spaces (forums, instant messenger, email, etc.). Online spaces greatly expand the tools for peer-to-peer counseling;
- uses his/her own life experiences to enhance rapport and trust. Peer counselors actively use their personal experiences to deliver messages that increase safety and save the lives of people who use drugs. In the online environment, this information can be conveyed in the form of memes, memos, comics, short videos, personal stories, and other visual formats. In addition, peer-to-peer online counseling reduces the personal risks for counselors, although in this case, clients need more time to make contact and build trust.



## 1.2. Offline and online peer-to-peer counseling – what’s the difference?

As you have already understood, peer-to-peer counseling can take place both online and offline. The two approaches are very similar but have some differences, which you can see in Table 1.

*Table 1. Offline and online peer-to-peer counseling – what’s the difference?*

OFFLINE	ONLINE
<p>You can use nonverbal manifestations of attention (open posture, maintaining eye contact).</p>	<p>In most cases, it is impossible to use nonverbal expressions of attention. There may be exceptions when video-enabled platforms are used, such as Zoom/Skype/Teams, etc.</p> <p>Instead of using nonverbal expressions to attract attention, we can use new tools such as stickers and emoji to express support, label various psychoactive substances, or related conditions.</p> <p>It is important to understand that the symbols can have different meanings in different countries, but the meanings of the emoji language can be common<sup>14</sup>.</p>
<p>Use of different intonations in counseling</p> <p>In live counseling, intonation differs depending on the purpose of the statement: narrative, exclamatory or interrogative. You can highlight certain key words, repeat the clients’</p>	<p>In online counseling, the person does not hear your intonations and does not see you. Therefore, it is important that you try to write directly and, for example, use irony carefully (or not at all) so as not to break off contact with the person.</p>

14 <https://www.unodc.org/unodc/en/hiv-aids/new/stories/emoji-workshop--online-communication-among-people-who-use-drugs.html>

OFFLINE	ONLINE
<p>intonations. Clients can raise or lower intonation, which helps to determine the state of the person.</p> <p>Intonation often helps to convey emotion. For example, if a person is angry or apathetic, he or she will most likely adopt an even and unemotional intonation, a lowered tone of voice. When the client becomes angry, he or she will “spit out” the words and raise the tone of voice.</p>	<p>You as a counselor also do not hear the intonation, so it is important to pay attention to punctuation marks and not be afraid to ask additional questions.</p>
<p>Active listening is a counseling method that uses certain techniques to better understand the client’s condition. These techniques include pauses, clarifications, paraphrases, summaries, repetitions, etc.</p>	<p>You can try to strengthen the expression of your interest and attention by using the paraphrases, summaries, and other methods we describe in Section 2.</p>
<p>Location: it is convenient for clients to meet in person, e.g., at the organization’s office, medical facilities, low-threshold programme offices, drug consumption rooms, or outreach services (places where people buy and use psychoactive substances, meeting venues, e.g., near pharmacies or pawn shops).</p>	<p>Place: a person’s personal space – this can be any place, and it is necessary to have a device that allows a client to receive a counseling service and ensure his/her safety.</p>
<p>In live counseling, it is important to pause when formulating sentences, because it is impossible to undo what has already been said.</p>	<p>In the online format, you can first write a message, think about it, and correct it before sending it.</p>

### **1.3. Why is it important to include online peer-to-peer counseling in harm reduction programs?**

Online peer-to-peer counseling can be useful for reaching people who use psychoactive substances but do not access and/or use harm reduction services for a variety of reasons. Around the world, we see that access to traditional harm reduction programs is increasingly limited, especially for young people and users of new psychoactive substances (NPS). Therefore, online harm reduction can be an effective way to inform and educate people in their private settings.<sup>15</sup>

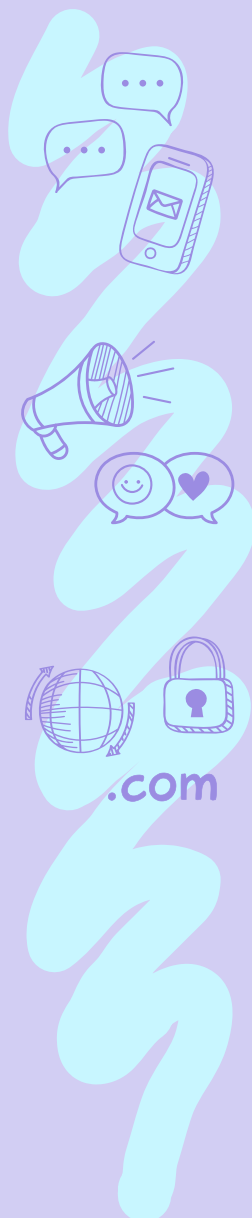
Criminalization, stigma, discrimination, and geographic restrictions limit access to harm reduction services, including peer counseling. As a result, rural populations in many countries and regions are underserved. In addition to geographic gaps in services, there are subgroups of people who use psychoactive substances who have difficulty accessing harm reduction services because these services are not tailored to their specific needs. For example, a cross group of young people who use NPS frequently communicate with each other and find various psychoactive substances online: on drug sales sites, online forums, and instant messengers.

The changing drug scene, COVID-19, and many other factors are influencing the way drugs are sold and bought today, and relevant changes. The online space is becoming increasingly important. When drug dealers go online, people who use psychoactive substances follow them, not only to buy drugs, but also to communicate and support each other. This means that where it is most convenient for them, they can also get important information, share personal experiences, life hacks, resources and so on. Therefore, peer-to-peer counseling should be offered on online platforms where people who use psychoactive substances share information and communicate.

15 [https://www.hri.global/files/2020/12/08/GSHR\\_2020\\_Eurasia\\_Russian.pdf](https://www.hri.global/files/2020/12/08/GSHR_2020_Eurasia_Russian.pdf)

## 1.4. Possible platforms for the provision of online counseling services

In this Subsection, you will find a list of possible platforms for providing online counseling services. But remember that in this case, your life experience that enables you to be a peer counselor plays an important role. Think and make a list of online platforms and websites for providing counseling services relevant to your country or city, national context and local drug scene.



### Messengers

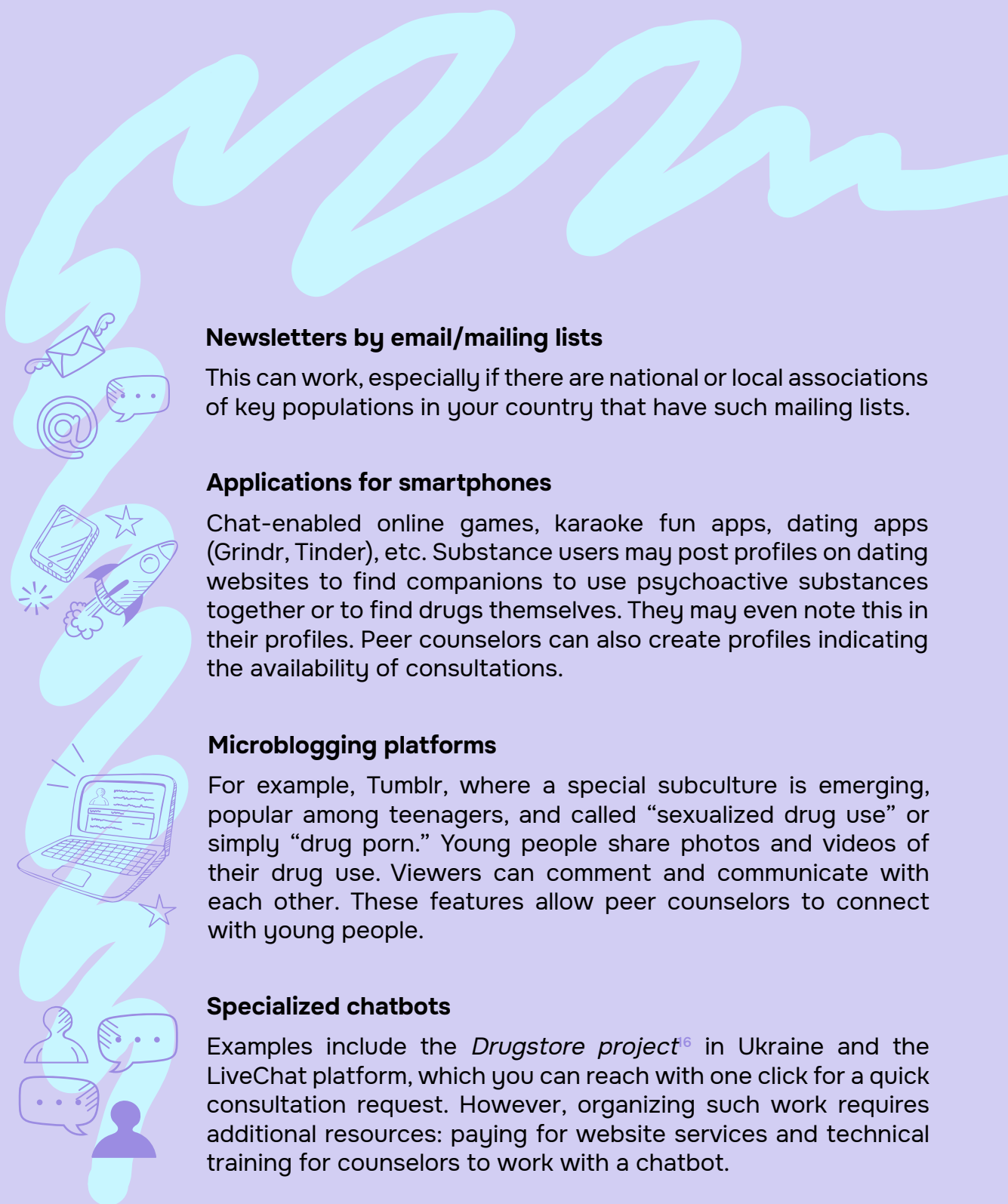
Telegram, WhatsApp, Viber, Facebook Messenger, Signal, Instagram direct messenger, etc. – In these messengers, people who use psychoactive substances can communicate in chats, channels, groups and private messages.

### Social media

TikTok, Instagram, Vkontakte, Facebook, Snapchat – In social media, people can create closed and open groups for communication according to their interests, mount, post, and share thematic content, including videos.

### Specialized forums

They focus on the interests of people who use psychoactive substances in the open and hidden segments of the Internet, including the Darknet. These can be forums with different goals, such as communication, information exchange, raffling prizes (including drugs), among subscribers, buying substances, etc. Depending on the focus of the platform, it is important to develop a counseling style. For example: communicate formally or informally, inform, motivate to change, or support. It is important that a peer counselor has his/her own experience communicating on different online platforms.



### **Newsletters by email/ mailing lists**

This can work, especially if there are national or local associations of key populations in your country that have such mailing lists.

### **Applications for smartphones**

Chat-enabled online games, karaoke fun apps, dating apps (Grindr, Tinder), etc. Substance users may post profiles on dating websites to find companions to use psychoactive substances together or to find drugs themselves. They may even note this in their profiles. Peer counselors can also create profiles indicating the availability of consultations.

### **Microblogging platforms**

For example, Tumblr, where a special subculture is emerging, popular among teenagers, and called “sexualized drug use” or simply “drug porn.” Young people share photos and videos of their drug use. Viewers can comment and communicate with each other. These features allow peer counselors to connect with young people.

### **Specialized chatbots**

Examples include the *Drugstore project*<sup>16</sup> in Ukraine and the LiveChat platform, which you can reach with one click for a quick consultation request. However, organizing such work requires additional resources: paying for website services and technical training for counselors to work with a chatbot.

16 <https://drugstore.org.ua/consultants>

You should select sites for counseling according to the characteristics of subgroups of people who use psychoactive substances. For example, young people prefer sites like Telegram, Instagram, Snapchat, or Tumblr, while older people tend to use Facebook, V Kontakte, and Viber.

Before choosing an Internet platform, we recommend brainstorming with your team to answer two questions:

- What can your potential clients do on these platforms?
- What can counselor do on these sites?

Here are some examples of such brainstorming for four Internet resources:



## FACEBOOK

### ***What do clients do on this website?***

- Communication
- Meeting and dating
- Search for information and news
- Sell and buy
- View media content
- Education and training

### ***What can counselors do?***

- Individual counseling
- Creation of thematic groups and forums
- Creation of thematic media content
- Organization of online recreational activities
- Development and promotion of training courses
- Publications in a storytelling format



## WHATSAPP

### ***What do clients do on this website?***

- Communication
- Doing business
- Formation of groups
- Searching for information
- Sharing media content (photos and videos)
- Location sharing

### ***What can counselors do?***

- Search and get to know clients
- Create thematic groups for the community
- Improve access to services
- Provide information about harm reduction
- Improve accessibility of materials through media content development
- Provide referrals to offline services through geolocation
- Use the “disappearing messages” feature to build trust
- Create contact databases for referrals





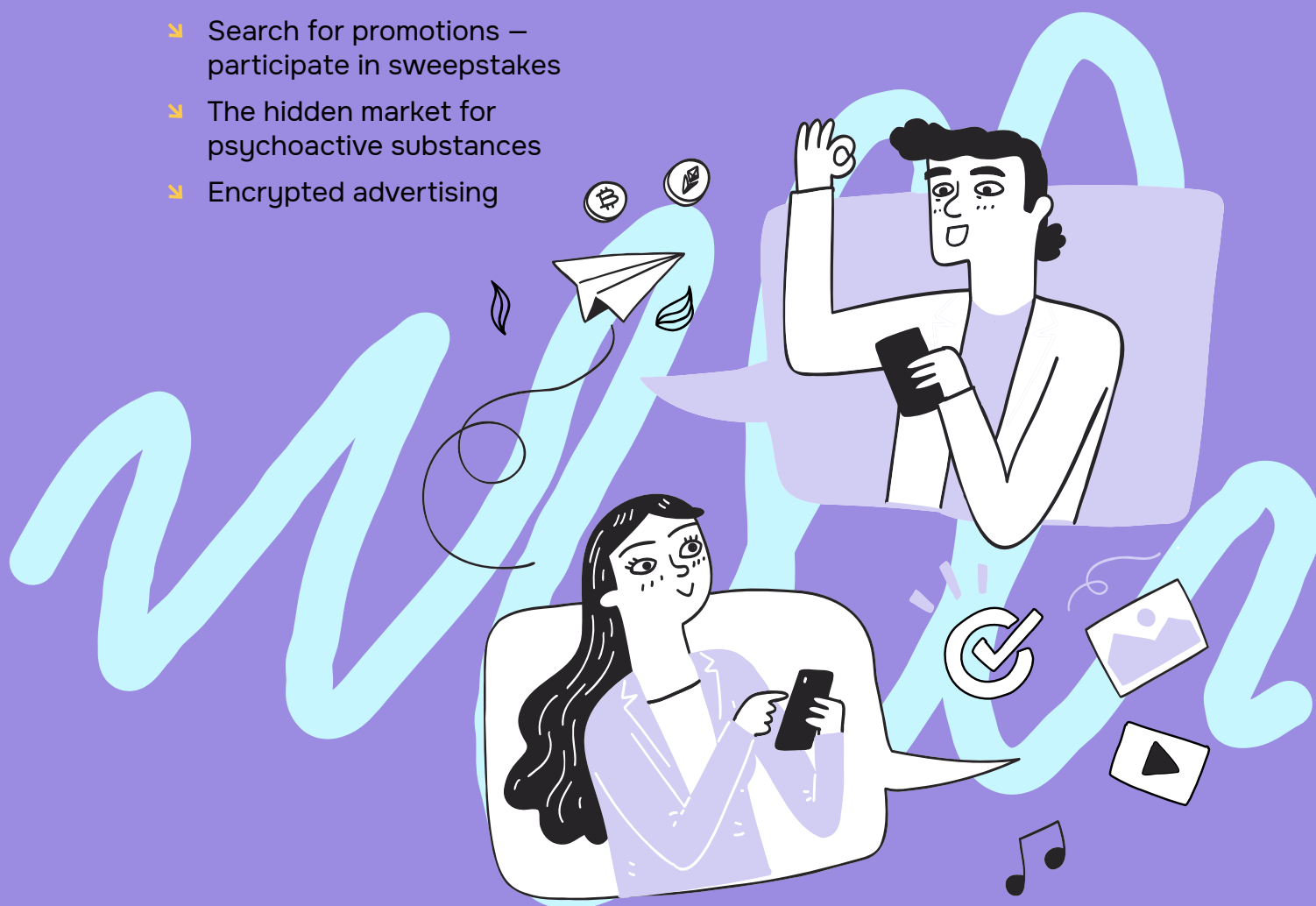
## INSTAGRAM

### ***What do clients do on this website?***

- Meetings and dating
- View media content
- Share opinions via comments
- Search for people from their community
- Create closed groups
- Use online pharmacy services
- Search for online services
- Organize live broadcasts
- Personal communication
- Search for promotions – participate in sweepstakes
- The hidden market for psychoactive substances
- Encrypted advertising

### ***What can counselors do?***

- Find and get to know clients
- Use encryption for anonymous communication
- Increase accessibility of materials through media content development
- Offer advice on closed market platforms
- Storytelling in a mask – a guarantee of anonymity
- Engage influencers
- Live streaming
- Create banners





## TELEGRAM

### ***What do clients do on this website?***

- Create channels and groups
- Search for news and information
- Communicate directly with the dealer
- Create chatbots
- Search for useful contacts and services (information about harm reduction, contacts of NSP services, places to get tested, prevention materials, etc.)
- Share information about scammers
- Search for entertainment content and music
- 'Trip' reports
- Geolocation sharing
- Job search
- Communication
- Dating and meeting
- Substance stores (buy or search)
- Raffle
- Chemsex dating
- Interest groups
- Seeking money and resources for joint drug use
- Porn channels

### ***What can counselors do?***

- Creation of a separate working account (chatbots and channels)
- Profile description, motivational message
- Collection and analysis of interesting topics, requests from potential clients
- Collection of useful information, contacts
- Development of media content
- Advertising and consulting based on online stores (according to the agreement with the administrators)
- Referrals
- Provision of helpful information, links, and contacts
- Provision of information on the safe use of psychoactive substances (drug checking, dosage, possible side effects when mixing substances)
- Consultation with specialists
- Start communication with a personal request from a potential client (enter into a dialogue and share your experience)



This guide is intended for peer counselors with a history of drug use, but each of you belongs to a specific cross group of the community of people who use psychoactive substances. Therefore, when choosing a platform for online peer-to-peer counseling, it is essential that you not only analyze your own experience, but first ask people from different subgroups which online platforms they prefer to use.

## **1.5. Characteristics of various subgroups/cross groups of people who use psychoactive substances**

There are many subgroups or cross groups of people who use psychoactive substances, the specifics of which you should take into account when providing counseling. You can choose the subgroups in your country or city depending on the local peculiarities of the drug scene. It is necessary to consider the specifics of cross groups when counseling on harm reduction or other issues related to drug use. If a person belongs to a particular cross group, he or she may have additional barriers to accessing services. For example, it can include negative experiences in contact with professionals, experiences of homophobia, stigma, discrimination, situations of gender-based violence, etc.

When we talk about peer-to-peer counseling, it is better if a representative of a cross group receives counseling services from a counselor who belongs to the same cross group. Unfortunately, in practice, it is hard to gather such a diverse group of peer counselors. Therefore, mindfulness, the use of open-ended questions, and careful use of one's own experience here can be helpful to another cross group of people who use psychoactive substances. For example, the experience of successfully using OST may not be appropriate for an NPS user, and the experience of being a heterosexual drug user may not be relevant for an LGBTQI+ youth who uses psychoactive substances and is about to come out.

We have compiled brief information on some cross groups that may be useful for understanding the possible characteristics of such clients in counseling.



### Young people who use psychoactive substances

These are individuals between the ages of 10–24<sup>17</sup> years old. Including young people who use psychoactive substances in counseling planning and the counseling itself will increase the effectiveness of counseling for young people. Young people are more likely to seek counseling if they can help shape the process themselves. The peer counseling team must include a young person who has already used drugs. Otherwise, it is not peer-to-peer counseling. Engage as many young people who use psychoactive substances as possible as peer

counselors so that more members of this cross group can receive harm reduction services and information. In addition, young people are well versed in the online world and can help select the best online platforms and communication tools.

At the same time, it is important to recognize that there are significant differences between young and older people who use psychoactive substances. These differences lie in the choice of psychoactive substances, methods and places of use, entertainment options, etc. For example, young people choose nightclubs for substance use, are more likely to use non-injecting substances, etc.

When online counseling considers the characteristics of different cross groups of young people and establishes positive contact between them and counselors, young people are even more likely to seek help, support, or information in real-time or offline. This live help may include harm reduction services such as HIV, HCV, and STI prevention, sexual and reproductive health (SRH), overdose prevention and treatment, assistance in situations of violence, information about the work of drop-in centers, mental health services, legal support, housing in shelters, learning safe methods of substance use, etc.<sup>18</sup>

Young people are more vulnerable socially and economically and need low-threshold services such as food,

17 [https://www.unaids.org/sites/default/files/media\\_asset/2015\\_young\\_people\\_drugs\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/2015_young_people_drugs_en.pdf)

18 [https://youthrise.org/wp-content/uploads/2021/06/FOR-WEB\\_YL\\_FINAL-CASE-STUDIES-REPORT\\_2021.pdf](https://youthrise.org/wp-content/uploads/2021/06/FOR-WEB_YL_FINAL-CASE-STUDIES-REPORT_2021.pdf)

hygiene, shelter, education, and income opportunities. Many of them may not have access to interesting and healthy recreational activities that provide an alternative to problematic drug use. Such activities may not be available or, if available, may be fee-based and therefore inaccessible, e.g., sports, movie clubs, board games, music groups, video shoots, etc. You can try to organize such entertainment offline or online. The most important thing is that you discuss these activities with young people. You also need to keep in mind that in most countries around the world, it is not possible to provide assistance to minors without the consent of their parents or guardians. It can limit access for orphans and those youngsters who do not want to share information about substance use with relatives.

### **People who use amphetamine-type stimulants**

This cross group may experience negative consequences of use, such as psychosis or suicidal thoughts. It is necessary to have information about help with amphetamine-type stimulants (ATS) overdose. Here is some data on the problems people who use ATS experience in the EECA region. These data can help address the unique characteristics and potential requests of the ATS users cross group in the counseling process.

To describe the problems related to the use of ATS, the responses of people who use ATS were collected

using the survey method in thematic Telegram chats and the face-to-face interview method<sup>19</sup>. All quotes and response options were summarized to create a questionnaire that ranked existing problems. The questionnaire was distributed through the ENPUD mailing list and closed Facebook groups of the community of people who use drugs in the EECA region, as well as through personal contacts of representatives of research institutions, non-governmental organizations and medical institutions. When answering the question “What problems do people who use “salts”/spices face?”, 91.2% of respondents chose the option “paranoia, psychosis, anxiety” and 75.4% chose the option “negative side effects during the trip.” According to respondents, these problems are most common among people who use ATS.

It is important to note that people consider the problems with the negative consequences of ATS consumption to be the most important. A large number of people (more than 60%) also mentioned such options: “overdose” (61.4%), “impure composition/unknown composition of the substance” (68.4%), “little knowledge about choosing the right dosage” (68.4%), “mental (psychological) disorders” (63.2%), “condemnation in the family, society” (64.9%), “harassment by law enforcement” (68.4%), “physical health problems” (68.4%), “little information about how to get medical, psychological, social help” (68.4%). Some of these problems may be interrelated. For example, the overdose problem may be

19 Материалы вебинара ЕСЛУН, 2020.

directly related to the lack of knowledge about the correct dosage choice and ignorance about the composition of the drug. It is also important to note that according to the respondents, the problem of stigmatization, condemnation, and persecution in society is also a pressing problem. According to the survey respondents, physical health problems are of great importance and correlate with the lack of information about the possibility of receiving medical, psychological, and social help. Slightly more than half of the respondents chose the following response options: “little knowledge about psychoactive substances (e.g., about the visual differences between different substances)” (56.1%), “recovery after a trip” (52.6%). And a smaller number of people mentioned the following problems: “little knowledge about the methods of use” (36.8%) and “problems with sexual health” (29.8%). These results show that most of the suggested problems (12 out of 15) were chosen by more than 50 respondents. In practice, it is possible to use these issues to advocate for access to treatment and prevention services that meet the needs of ATS users.

You can read about the specifics of NPS use in a regional report based on a study by Swansea University School of Law in collaboration with the Eurasian Harm Reduction Association (EHRA)<sup>20</sup>. In many countries, the use and variety of NPS is a persistent problem, with the nature and extent varying from country to country. In most cases, people

who use psychoactive substances understand the specifics of their use better than anyone else because of their own experiences and the experiences of their community. Among people who use NPS, there are two main groups: people with more experience using drugs who have transitioned to NPS use for a variety of reasons, and young people who have never used drugs.

### **Women who use psychoactive substances**

This cross group may be hard to reach for harm reduction programs because, for women, who use psychoactive substances, gender discrimination is complemented by the stigma associated with substance use. The combination of these factors may lead women to engage in behaviors that increase their risk of HIV infection, such as using a dirty needle after a partner, not using a condom, or engaging in traumatic sexual practices. Women who use psychoactive substances are also more likely to engage in sex work in exchange for shelter, food, and support.

There is a risk of intimate partner violence, including being forced to have sex without a condom. Women who use psychoactive substances may also be dependent on men, as they may inject them with the substances and provide them with syringes, needles, and psychoactive substances. Discrimination and criminalization

20 <https://harmreductioneurasia.org/ru/harm-reduction/new-psychoactive-substances/nps-ee-and-ca/>



are also factors that limit access to health services for women who use psychoactive substances, especially when confronted by police and health workers. Other limiting factors include the high level of stigma in society toward the phenomenon of substance use by women, male-focused harm reduction and drug treatment programs, and the lack of sexual and reproductive health services.

Pregnant women who use psychoactive substances are the most vulnerable group. In prenatal clinics, health workers often provide inadequate, incomplete, and unscientific information about the consequences of psychoactive substance use during pregnancy or about preventing the transmission of HIV from mother to child. In some countries, health workers refuse to care for and treat pregnant women for their drug use. Women may live in fear of being imprisoned or losing their parental rights, as there are cases where women have been forced to abort or abandon their children. Limited access to pharmaceutical treatment for people who use drugs puts the pregnancy of opiate-dependent women at risk. It is critical to improve women's access to the services they need, including drug treatment, harm reduction programs, sexual and reproductive health services, and support in situations of violence<sup>21</sup>.

It is important to have information about available harm reduction services for

women's referral or case management.<sup>22</sup> For example, the brief intervention method and therapeutic tool WINGS (Women Initiating New Goals for Safety) was developed to identify different types of gender-based violence among women who use or have used drugs. The tool, WINGS, enables women to develop safety planning strategies, strengthen their social support network, and identify and access a variety of services to reduce the risk of gender-based violence. The methodology was developed by Columbia University's Social Intervention Group and is being used by peer counsellors in EECA countries such as Ukraine, Kyrgyzstan, Kazakhstan, and Georgia<sup>23</sup>.

### **LGBTQI+ who use psychoactive substances**

These cross-group members may face stigma in their communities, either from people who use psychoactive substances or from LGBTQI+. These factors may limit cross-group access to harm reduction services live or offline. In this regard, online counseling can help build rapport when a person feels safe.

The causes of substance use and addiction in the LGBTQI+ community have long been a controversial topic. In the past, it has been widely assumed that this is due to the frequent partying that is specifically attributed to gay culture. Of course, parties contribute

21 <https://harmreductioneurasia.org/ru/guide-help-impossible-to-ignore/>

22 <https://whrin.site/ourpublication/global-mapping-report-russian/>

23 <https://projectwings.org/>

to the availability of psychoactive substances to people who have not previously used them. But the presence of various substances in and of itself is not a cause of addiction.

Chemsex is the use of psychoactive substances by men who have sex with men (MSM) before or during sexual intercourse to facilitate, enhance, prolong, or maintain sensations. Mephedrone, amphetamine, methamphetamine, GHB/GBL, cocaine, ketamine, and alpha-PVP are commonly used for chemsex.

It is important to understand that uncontrolled drug use is not because you are part of the LGBTQI+

community, but because you are part of a minority. Psychologists use the term “minority stress” to describe this condition. Minority stress occurs when a person experiences discrimination, oppression, or other hardships because of their identity, beliefs, or physical characteristics that are stigmatized in society. While the world today is finally moving away from intolerance and taking significant steps toward embracing diversity in a variety of areas of life, including sex and gender, people who identify as LGBTQI+ still face harassment, intimidation, violence, and discrimination. For many LGBTQI+, this is still not a movement for equality and rights, but a struggle for survival.





## 2. HOW TO PROVIDE PEER SUPPORT ONLINE?



### 2.1. Goals and objectives of online peer-to-peer counseling

**The main goal** of online peer-to-peer counseling is to provide help on online platforms based on one's life experience (in the context of this manual, mainly in the area of harm reduction). One or a series of counseling sessions is intended to help the person with their health and safety issues and concerns.

**Objectives** of online peer-to-peer counseling are:

- increasing motivation for positive change;
- improving life safety;
- building interpersonal relationships with others;
- providing information about social and psychological issues;
- peer training;
- providing referrals to specialists in medical, social, legal, and other areas;
- reducing self-stigma among people who use drugs.

## 2.2. Ethical principles of online peer counseling

A peer counselor is first and foremost a specialist representing the “helping” profession. Online counseling is not psychological help. However, it is important for a counselor to act ethically. You must remain a specialist, understand, accept, and apply ethical principles in your work. We recommend the application of four principles of biomedical ethics and define a client as the one who uses counseling services:

### 1. Harm minimization (“do no harm”)

The counselor thinks about the possible negative consequences of his/her work and builds it so that the potential harm to the client is eliminated or at least minimized.

### 2. Doing good (“bringing benefit”)

The counselor works only for the benefit of his/her client. And when the counselor sets goals and makes plans for his/her work, he/she necessarily connects them with an objective improvement of the social and psychological aspects of his/her client’s life (with compelling consideration of the client’s individuality) and with an increase in his/her subjective sense of happiness.

### 3. Autonomy

The counselor does not help the client without the client asking for it. All help is given by mutual consent. If the client is not willing to make certain changes, the counselor can only use motivational techniques.

### 4. Justice

The consultant shall not use the client for any benefit (other than those specified in the contract) of a financial, labor, psychological, social, or other nature.

Another essential moral principle fundamental to counseling technique is the principle of **unconditional respect** for the client, his/her dignity, rights, and freedoms, as well as unconditional acceptance and a non-judgmental attitude toward the person.

We propose to build the entire ethical system of online peer counseling on these five most important and universal principles.

## 2.3. Values and online peer counseling

Each person has his/her value system that determines his/her actions and perception of the world around and of other people. The value system of the counselor influences the counseling style, although we recommend counselors to be “objective” and value-neutral.

In online peer-to-peer counseling, it is important to use your life experience and keep your life philosophy and value system out of the counseling process and relationship. While counselors should invoke the values of harm reduction, it is better to focus entirely on the client’s values as long as they do not conflict with harm reduction. This is not to say that counselors cannot have their own value system – they should just not take a particular moral or value-based position during counseling, but be more flexible.

We recommend looking at the list of reasons why counselors should avoid influencing their clients’ values. These reasons were proposed by Ricky George and Teresa Christian back in 1995, but they are still successfully applied in counseling today:

- each person’s philosophy of life is unique and should not be imposed on others;
- none of the counselors can claim to have a highly developed and appropriate philosophy of life;
- an individual develops his/her own moral system, not from one source and not in one day, but under the influence of many life factors and over a long period of time;
- no one can prevent another person from developing a unique philosophy of life that is understandable to himself/herself;
- the client has the right to reject another person’s ethical principles and philosophy of life.

We offer a list of questions suggested by S. Utechie (1961)<sup>24</sup> that counselors can ask themselves. These questions are the basis for the emergence of mutual trust and, at the same time, the criterion that gives self-confidence to the counselors:

- Will I be able to be such that people perceive me as a reliable person?
- Will I be able to express myself clearly so that I am unmistakably understood in communication?
- Can I accept guidance from another person based on warmth, caring, respect, and interest?

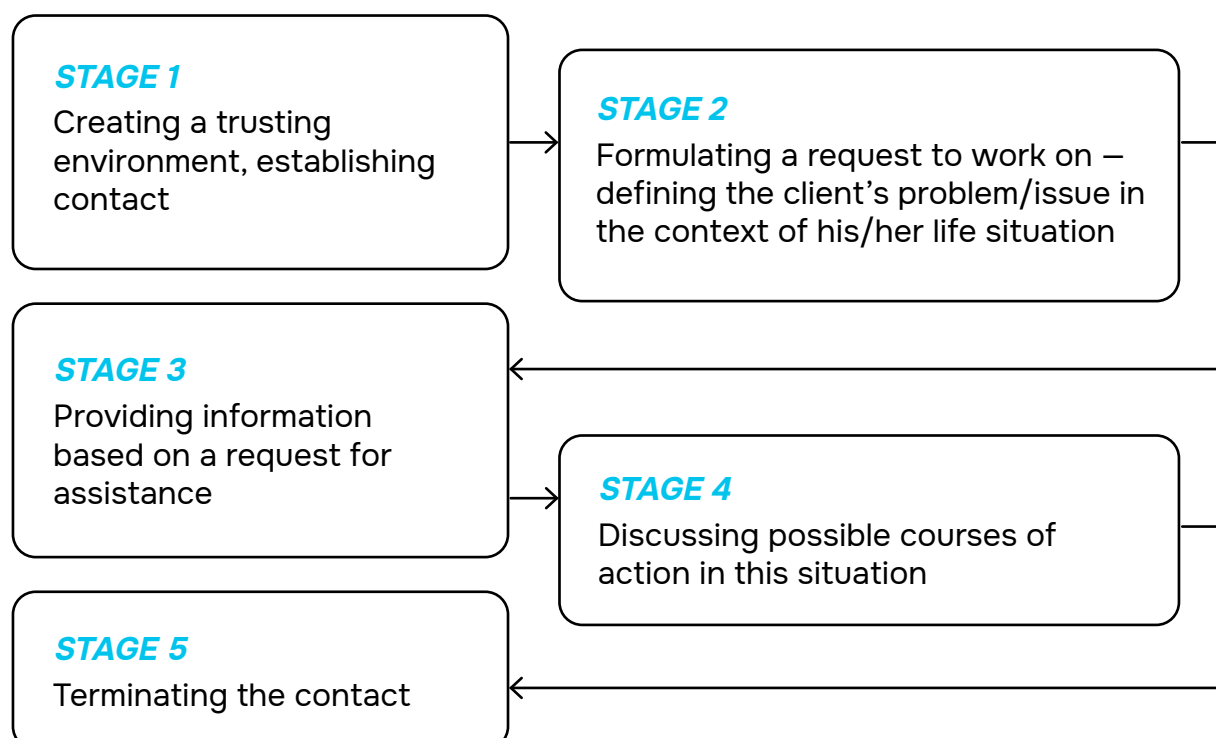
24 [https://shron1.chtyvo.org.ua/Tsymbaliuk\\_Ivan/Psykholohichne\\_konsultuvannia\\_ta\\_korektsiia\\_Modulno-reitynhovyi\\_kurs.pdf](https://shron1.chtyvo.org.ua/Tsymbaliuk_Ivan/Psykholohichne_konsultuvannia_ta_korektsiia_Modulno-reitynhovyi_kurs.pdf)

- Can I be strong enough to be different from others?
- Can I be confident enough to allow that the other person is different from me?
- Can I allow myself to be fully immersed in another person's emotional world and personal meanings and have such experiences?
- Will I be able to accept the other person as he/she is? Will I be able to convince him/her of this?
- Can I be very responsive to the other person so that my behavior is not perceived as a threat?
- Can I exempt the other person from outside evaluations?
- Can I understand another person who is in the process of becoming? Will I be constrained by my own and his/her experiences?

To build mutual trust, counselors can demonstrate the qualities necessary for specialists: sincerity, empathy, and unconditional respect for people.

## 2.4. Online counseling algorithm

Online peer counseling may differ from standard harm reduction counseling because of its informal style. At the same time, we recommend maintaining, at least briefly, the five standard stages of counseling:



## STAGE 1

### Creating a trusting environment, establishing contact

Try to maintain privacy as much as possible. For example, when chatting, go to private messages or chatbot. Introduce yourself. Each counselor can use their own wording, for example,



*"I am Katya, a peer counselor. I can share my experience and give information about social and psychological (legal, medical, etc.) help, for free and anonymously."*

Tell your client about confidentiality:



*"Whatever we discuss will remain between us."*

Specify how you will address the client:



*"How would you like me to address you?"*

In the counseling process, you can use the following algorithm: **three questions, one statement**. Imagine you are playing table tennis. Often you want to write down the information you have right away. However, then it can get lost.

## STAGE 2

### Formulating a request to work on – defining the client's problem/issue in the context of his/her life situation

If the person has asked for advice himself/herself, invite him/her to tell about his/her problem. Use emotional venting and active listening techniques (learn more about these techniques in Subsection 2.6 of this manual). If the conversation is the counselor's initiative, start by asking questions to gather information. It is important to understand how the person feels about the counseling topic (personal infection risks, testing for HIV and viral hepatitis, safe drug use, condom use, etc.) and what he/she already knows about it. Wait for the logical end of the client's statements; do not evaluate or criticize. Summarize the information received. Ask clarifying questions as needed.

## STAGE 3

### Providing information based on a request for assistance

Determine what information the client needs about the subject of the consultation. Convey the information in simple and understandable language. You can use the storytelling technique (learn more about this technique in Subsection 2.6 of this manual), slang, emoticons, and stickers. If you have visual materials (memes, pictures, comics, videos) available, use them. Invite the client to ask clarifying questions.

## STAGE 4

### Discussing possible courses of action in this situation

State your options for dealing with this situation:



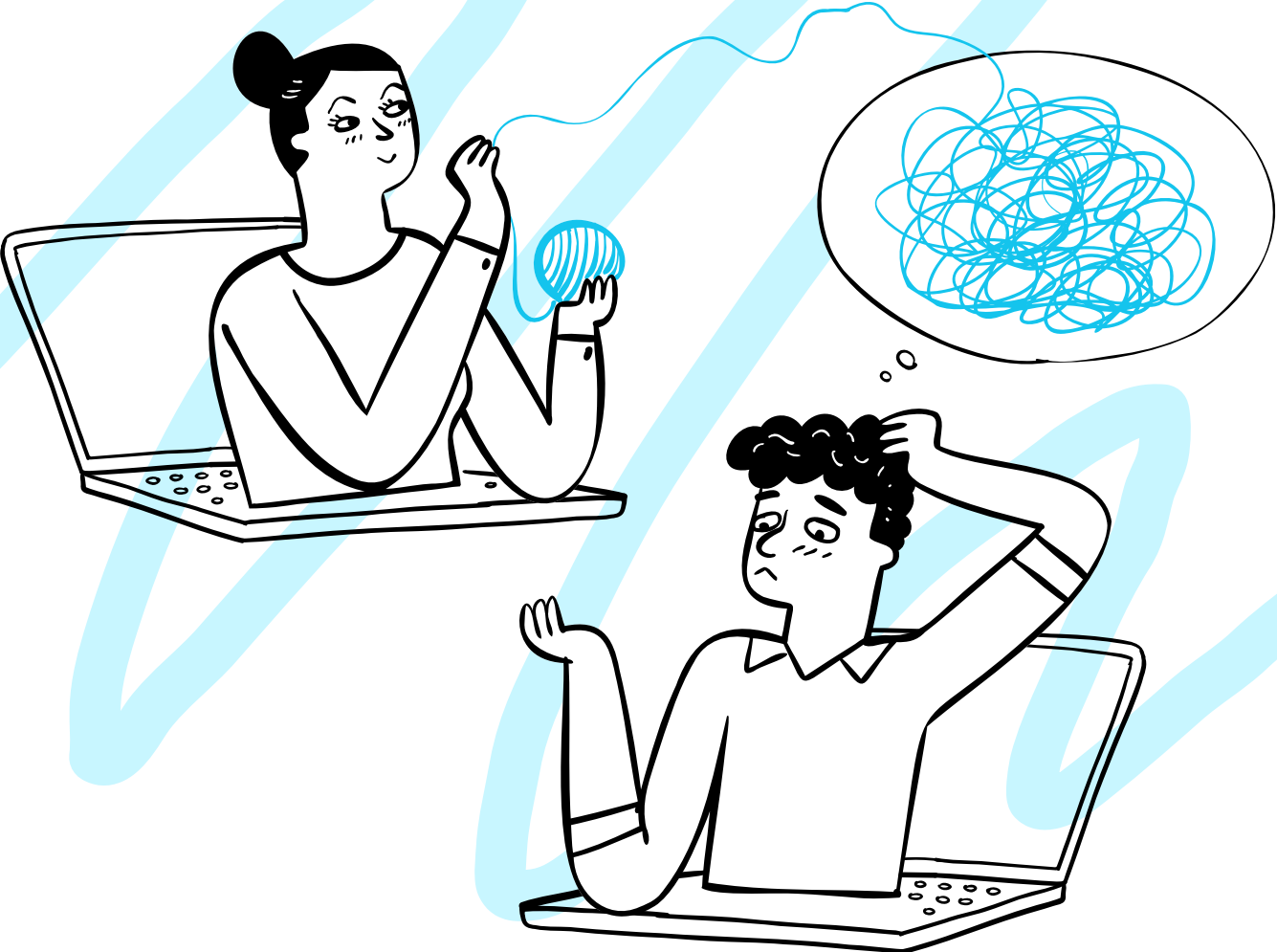
*"I can help you get a rapid HIV test. You can go to an HIV testing and counseling center/office. You can postpone the test so you can think about it once more".*

Discuss the pros and cons of each option.

## STAGE 5

### Terminating the contact

Ask the client what decision he/she has made. Show that you respect the person's right to make his/her own decisions. Thank the client for his/her honesty and trust. Support the person: you can do this through the lens of your own experience. If there is a need, schedule another meeting. Provide the client with information as needed and refer him/her to other specialists or to other agencies and organizations. You can also offer accompaniment.



## Scenario: Client Ira and counselor Oleg



Hello, Oleg! I want to get tested for HIV. Where and how can I do that?

It is an excellent desire to take care of your health. The timing for testing after risky behavior varies. Have you taken any risks?



Yes.

This happens in our “sandbox.” When was the last time?



Yesterday.

When was the last time you tested?



A month ago.

And what was the result?



Negative.



I see. Listen, it's important that you get tested three months after engaging in risky behavior. I can refer you now, but you can rely on the result if you get tested for HIV in three months. Have you heard about pre-exposure prophylaxis?



No.

This is prophylaxis in pill form that you can take to prevent you from contracting HIV even if you engage in risky behavior. Of course, it does not protect you from other diseases, but it works well for HIV.



Sounds cool! Can you tell me more about it tomorrow and help me with the test?

Yes, of course. I'll see you tomorrow then.



## 2.5. Typical requests – information blocks

We provide a list of topics of which you should have at least a basic knowledge. However, this list is not exhaustive. Clients may approach you with various inquiries, and if you do not know something, it is perfectly normal to reply to a person that you do not have an answer to this or that question. In this situation, you can ask colleagues for help, offer to get information and answer it later or refer to specialists. No one knows absolutely everything. At the same time, as a peer counselor, you can take time for your own development and acquire the knowledge you lack.

The list of topics for which it is necessary to have at least basic knowledge:

### HIV

- HIV and prevention
- ART and adherence
- Pre-exposure (PrEP) and post-exposure prophylaxis (PEP)
- Treatment regimens
- Prevention of vertical transmission (transmission of HIV from mother to child)

### ILLNESSES

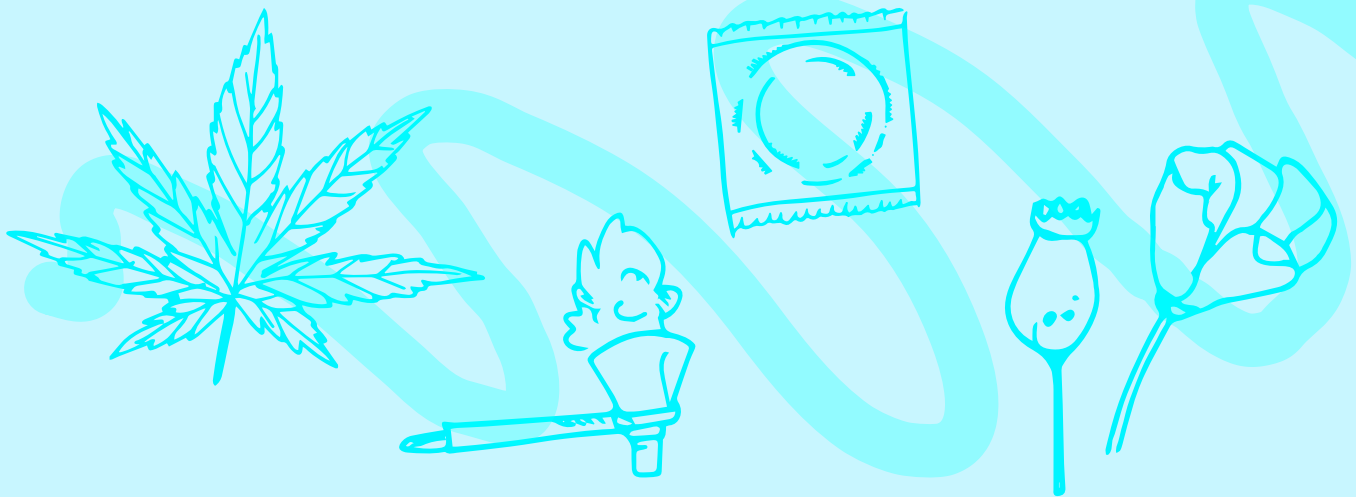
- Tuberculosis
- Viral hepatitis
- Abscesses. Phlegmon. Diseases of veins
- Thrombophlebitis and trophic ulcers
- Sexually transmitted infections
- Mental disorders
- Coronavirus (COVID-19)

### HARM REDUCTION

- Safer injecting practices
- Use of NPS, prevention of negative consequences
- Stimulant overdose (amphetamine type stimulants)
- Opioid overdose
- OST
- Testing of psychoactive substances (drug checking)
- Disinfection of paraphernalia

### CHEMICAL DEPENDENCY/ SUBSTANCE ABUSE

- Rehabilitation
- Detoxification
- Help with “bad trips”, “marathons”
- Adjustment of the dosage of psychoactive substances

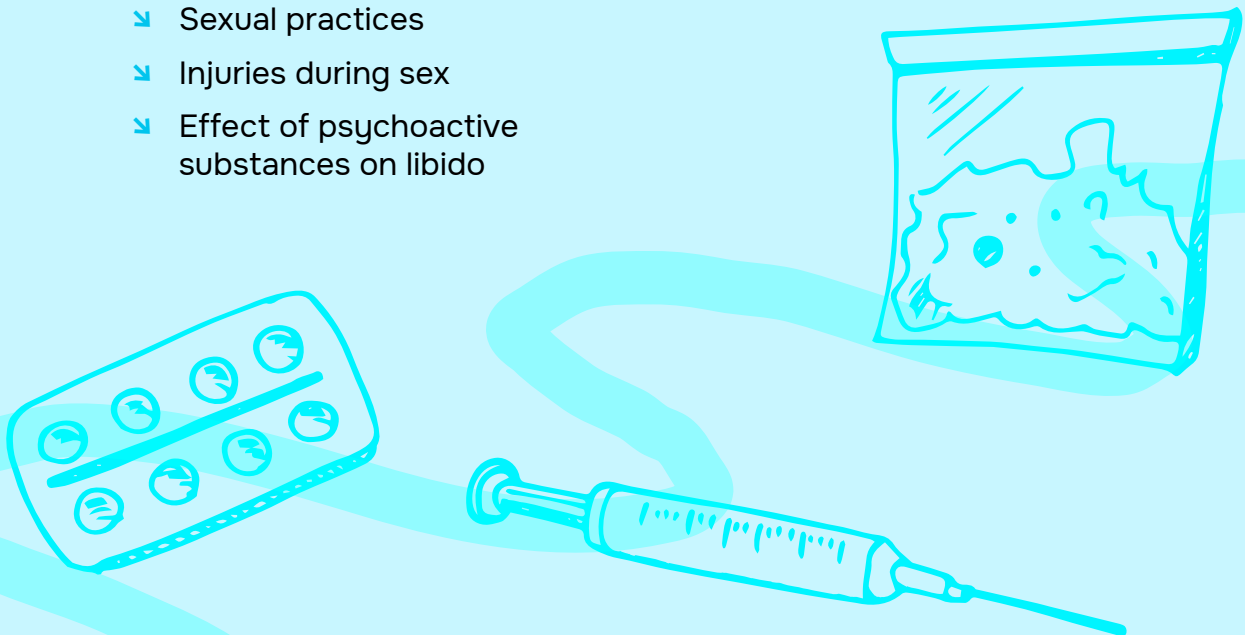


## SEX

- Chemsex
- Safe sexual behavior
- Instructions on the use of condoms and lubricants
- SOGI (sexual orientation and gender identity)
- Means of contraception
- Sexual practices
- Injuries during sex
- Effect of psychoactive substances on libido

## HUMAN RIGHTS

- Stigma and discrimination
- Harassment by law enforcement
- How to get medical, psychological and social help



## 2.6. Peer Counseling Techniques Online

We offer eight peer-to-peer online counseling techniques to help you achieve your online counseling goals: emotional venting, formulation of the request, paraphrasing, summarizing, reflection of feelings, asking questions, storytelling, and motivational interviewing.

### 1 Emotional venting

At the beginning of a counseling session a counselor may use the emotional venting technique. This technique in counseling aims to help the client “discharge” his/her negative emotions related to his/her concern without obstacles. It is essential to ask questions and let the person talk so that he/she can later formulate a problem for further work. The more the person says at the beginning, the easier it will be to understand his/her needs and figure out how to help. The essence of this technique is that the counselor gets as much detail as possible from the client by asking leading questions about the situation troubling the client. It also allows the client to let out his/her emotions. It is better to start a conversation with a client in a gentle, unobtrusive way: You can use the slang of the community to which the client belongs. You should accept any narration and presentation of the problem by the client and show him/her interest and attention.

### 2 Formulation of the request

In counseling, it is important to start from the client’s request and use your life experience as a peer counselor, but not impose it on the situation. This means that the peer counselor should not offer his/her personal experience as the only correct solution to the problem. For example, a person turns to a peer counselor because of police harassment for drugs. At the same time, a peer counselor has experience in rehab that has helped him/her with similar and many other problems. In this situation, it is important to remember that this experience is probably not an answer to the client’s concern. First we work with the client's original problem. And only then we can try to help him/her to formulate others.

### 3 Paraphrasing

Active listening techniques can and should be used in online peer-to-peer counseling. For example, the technique of paraphrasing works well in online counseling. Paraphrasing means expressing the same thought in different words. This allows the speaker to determine if the listener (e.g., the peer counselor) has understood him/her correctly. And if not, it gives the speaker

the opportunity to correct what he/she said in a timely manner. When paraphrasing, focus on the meaning and content of the message rather than the emotions that accompany it.

Paraphrasing can begin with the following sentences:

*“If I understand you correctly, then...”*

*“Correct me if I am wrong, but...”*

*“In other words ...”*

The paraphrase technique can be used when the client has logically completed one of the fragments of his/her story. We recommend using this technique only when the client has completed the sentence.

## 4 Summarizing

A summarizing technique can also be helpful. This technique summarizes the main ideas and feelings. It is a kind of summary of everything the client has already said. The summarizing sentence outlines the client's messages in a short form. This active listening technique is fundamentally different from paraphrasing, in which the counselor essentially repeats the client's thoughts but in his/her own words (which shows the attention and understanding of the speaker). The summary highlights only the main idea of the whole conversation using phrases like:

*“Your main idea, as I understand it, is that...”*

*“To summarize what has been said, then...”*

## 5 Reflection of feelings

You can use the technique of reflection of feelings, which makes the conversation more sincere. This technique creates a sense of understanding and empathy so that your interlocutor is willing to continue the contact. The technique of reflection of feelings includes two aspects:

***Reflecting your feelings:*** Talking about your feelings can solve several problems at once. First, the client's negative feelings and experiences can be significantly reduced by simply acknowledging and expressing them. Second, it makes the conversation itself more complete and sincere. And third, it encourages the interlocutor to openly express his/her feelings, which is necessary for a person to feel more comfortable and free himself/herself from extremely strong inner emotions.

**Reflection of the interlocutor's feelings:** When you name the feelings of your interlocutor and “get into” his/her perception, “guess” him/her, the person feels like a “kindred spirit”. He/she begins to trust you more and your communication reaches a qualitatively new level.

## 6 Working with questions

If you already have experience in counseling, then you know about the peculiarities of asking questions. In online peer-to-peer counseling, the ability to ask questions remains an important technique, so here is a brief summary of the basics.

There are two types of questions: **closed and open**.

**Closed questions** are appropriate when you need to quickly obtain agreement or confirmation of a previous agreement, as well as confirm or refute your assumptions. Questions of this type imply answers: “yes” or “no.” For example, you can quote such questions: “Have you consulted a doctor before?”, “How old are you?” etc.

**Open-ended questions** are characterized by the fact that they cannot be answered “yes” or “no.” They require some explanation. Open-ended questions usually begin with the words “what,” “who,” “how,” “how much,” “why,” “what is your opinion,” etc. With this type of question, you allow the interlocutor to maneuver and turn the conversation from a monologue into a dialogue. The person has the opportunity to choose the information he/she wants to share with you without preparation and at his/her own discretion. These types of questions may include the following: “What exactly did the doctor say to you the last time you saw each other?”, “How are you feeling?”.

## 7 Storytelling

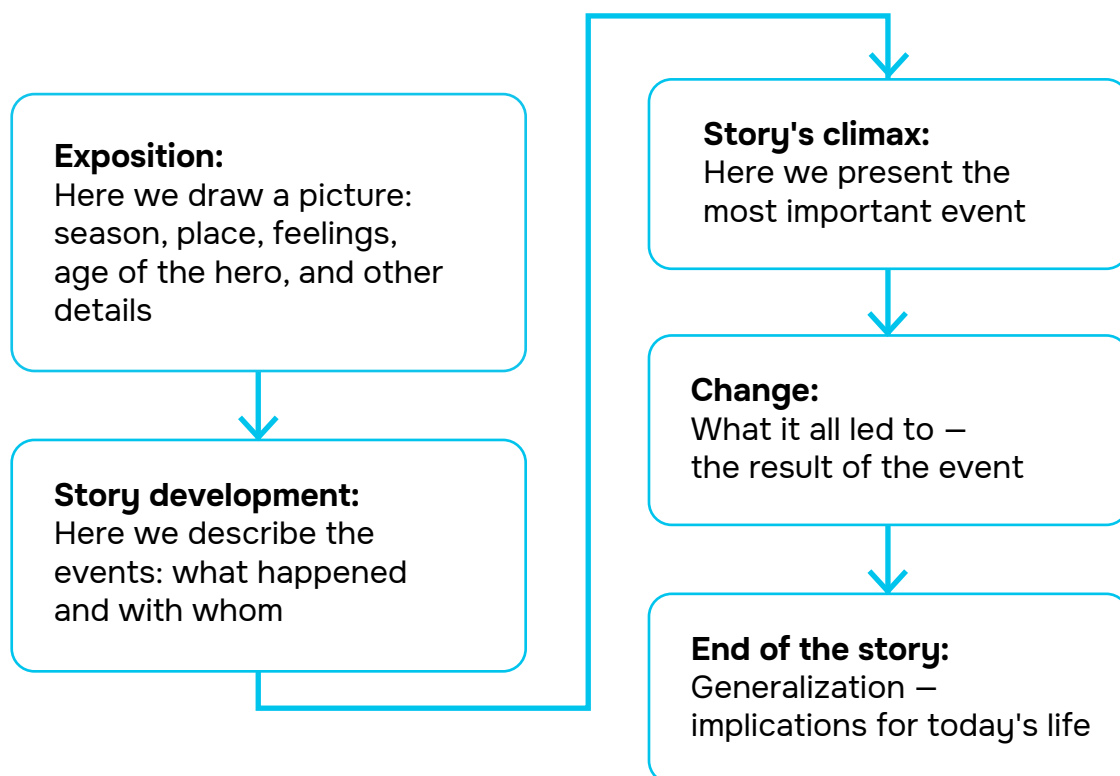
As we have written before, in peer counseling, the counselor's life experience is important. Based on this life experience, you can try to tell stories that can be both supportive and motivating for clients. This technique is called storytelling. Storytelling is a sociocultural activity in which a person tells other people stories from his/her life experience, sometimes using improvisation, dramatization, or exaggeration. The essential elements of these stories are the plot, the characters, and the position of the narrator. The healing value of storytelling lies in the fact that, in the process, a person recreates himself/herself, “develops his/her soul” despite the heavy blows

of fate in his/her life. The retelling of life events experienced by the narrator in the form of a story helps him/her gain stronger perceptiveness, integrity and depth. Since the narrator witnesses particular events and sometimes is the only survivor in some tragic situations, he/she opens his/her difficult life to other people. The typical basis for the construction of a narrative, or in other words, the main components of a story, are:

- The setting or scene of the story.
- Characters – who or what is the story about?
- Plot – what happens in the story?
- Conflict – the struggle between two or more forces in the course of the story.
- The theme or moral of the story, major conclusions.

Try to paint a picture of your life story. Convey your emotions and feelings through your sensations at that moment. This can help the person recognize you as an equal and overcome trust barriers.

We can offer you a method to assemble stories – from “building blocks”: parts of your story with a specific task. Each “building block” consists of two sentences, and the climax of the plot can consist of three sentences.



## 8 Motivational Interviewing (MI)

Motivational Interviewing is a helpful counseling technique that can be used online. It is a specific counseling technique in which the counselor becomes the client's assistant in the change process. During the conversation, the counselor unobtrusively helps the client independently look at his/her problem behavior from different angles and make decisions whether or not to change something about his/her behavior. MI combines the most effective yet simple interviewing techniques – asking questions, listening, summarizing, and supporting.

This technique is used in motivational counseling (MC) for people with various addictions (alcohol, drugs, gambling, etc.), for people who have been sexually abused or who are at risk of HIV infection, etc. The goal of motivational counseling is to change the client's behavioral model. HIV counseling aims to encourage the client to engage in behaviors that are conducive to maintaining his/her health. MI Tasks:

- help the client understand the problem (e.g., risky behavior related to HIV infection);
- provide the client with information about the problem;
- help the client decide if he/she is ready to change something about his/her behavior;
- work with the client to find motives (reasons) for change;
- help the client determine how he/she can and must act to implement the planned changes.

Change occurs when a person has formed and strongly expressed all three components of his/her motivation:

**I WANT** (the desire for change, the understanding of the purpose and the expected results for which he/she needs these changes).

**I CAN** (the awareness of being able to implement the planned changes and the knowledge of the ways, techniques, methods, solutions to implement them).

**I AM READY** (a matter of priority, when changes are no longer postponed until later, but are urgent and a priority).

It is necessary to remember and work with all three components of the client's motivation to shape his/her motivation for change.



You must try to apply all these techniques in your work so that your knowledge becomes a skill. None of us were born storytellers or specialists in open-ended questions. Do not worry if something does not immediately produce the result you expected. Your resources, support, and information are what you give, and the outcome depends on what the client does.

## 2.7. Potential risks in online counseling and possible strategies to overcome them

The following risks may arise in connection with online peer counseling:

1. **Some of the online platforms used by people who use psychoactive substances**, as well as the platforms we have listed above as counseling sites, **may be prohibited in some countries or may be unsafe due to control by national security and law enforcement agencies**. These risks are exacerbated when a country has punitive drug policies. You can analyze these risks as a team and select online platforms to work on. You can also help develop a procedure to respond to such threats.
2. **Violation of the counselor's personal boundaries and anonymity**. This risk also applies to digital security, which we discuss in Subsection 6.2 of this manual. As a result, online counseling can become a meeting of friends, mixing the roles of a counselor and a friend, etc. It is therefore important to maintain the fine line between being a peer and the role of a specialist to be listened to.
3. **Personal problems and difficulties of peer counselors**. Peer counselors may be exposed to increased risks related to their safety and health, which affects the quality of counseling. It is important to remember that you must first help yourself by accessing lifesaving services (e.g., health, psychosocial, welfare or legal services, etc.). And, then you can use that experience to help others if you have sufficient resources yourself.
4. **Violation of the ethical principles of counseling** (we have written about the ethical principles in Subsection 2.2 of this manual). To prevent this risk, it is important to remind the team about the principles of counseling, e.g., in regular meetings, so that the counselors get used to comply with them based on the values of harm reduction.

5. **Difficulties in making contact and building trust.** Such risks may arise when you work with cross groups of the community of people who use psychoactive substances, such as young people or women. This can lead to ambiguity in the inquiry and lengthen the consultation time. To prevent this, you must have representatives from different cross groups on the team, be patient, and use the techniques of summarizing and paraphrasing.
6. **Reports of suicide or situations of violence.** There is a risk that you may get information of a wish to commit suicide or violent situation. Under the laws of many countries, if you know of a crime that has been committed or threatened, you must report it to law enforcement, which may cause you to violate the ethical principles of counseling. There is no single answer to this situation. For example, you may warn the client that you are obligated to disclose this information if you receive it. To mitigate such risk, it is necessary to develop an algorithm for responding to such situations.
7. **The risk of violation of current legislation in the field of drug policy.** Advice may be sought from people who only pretend to be members of the community but are not, e.g., police officers and other figureheads acting in their own self-interest. Many countries have repressive drug policies and even specific laws that punish people for “promoting” drugs and drug use. To mitigate risk in this case, it is important to develop and post an online disclaimer, such as *“This information is for harm reduction and disease prevention and is not intended to promote drug use.”* However, for a more precise wording of the disclaimer, it is better to seek the help of friendly lawyers who can take into account the peculiarities of the legislation of the country when formulating the disclaimer. It is also possible to obtain an opinion from the relevant ministry or committees to establish that the activities and information offered by your organization are preventive and do not promote the use of psychoactive substances.
8. **Risk of online harassment.** Sometimes so-called “trolls” can appear in chats, channels, forums, and groups. They are people who try to insult, humiliate, and devalue the work of counselors. Sometimes these people can behave aggressively. To avoid this risk, it is necessary to develop rules for counselors which will clearly spell out the algorithm of actions in case of trolling. Several strategies can be helpful in this case:
  - ignore them;
  - stay within your professional boundaries and do not change the topic, just repeat useful information;

- seek help from lawyers and paralegals;
- contact the police.

**9. Technical risks.** Counselors may face risks such as a dead or broken device or internet connection interruptions. To avoid such a situation, it is important to have a charger with you and the ability to log back into the online platform used for counseling from another device. Also be aware of the risk of automatic text correction (in some countries, this feature is called T9). You can disable this feature and try to be careful. For example, make it a habit to reread each of your messages before sending them to your clients.

**10. Mental health inquiries.** It is important to distinguish the skills and qualifications of peer counsellors from those of psychologists, psychotherapists, or psychiatrists. A peer counsellor can support, inform, and gently delineate the boundaries of his/her expertise. When we talk about mental health issues in client inquiries, there is a risk that these inquiries go far beyond the counsellor's skills and require professional counselling by a psychologist, psychotherapist, or psychiatrist. When counseling, if a peer counselor suspects a client may have mental health problems, he/she must be aware that such inquiries exceed peer counselors' competence. Peer counselors must understand the limits of their professional skills and the potential of short-term online consultations. From the first contact with the client and when formulating a request, it is necessary to immediately point out what the counselor cannot answer due to his/her professional limitations or the specifics of the counseling format.

Here is an example of what that might look like during a counseling session:



*"What you expect, such as help with depression, panic attacks, solving deep personal problems or problems in relationships with loved ones, etc., we will not be able to solve within the scope of our communication. I can offer you techniques that will alleviate your condition. If you want to deal with it, I will try to find an understanding specialist for your problem."*

The first thing to do here is to use the referral mechanism that works most efficiently.

Before you start working, you can ask yourself a few questions to assess the risks (for you, these questions may be different):


- Do I know the laws under which I will provide counseling?
- Do I have a friendly-lawyer?
- Is it possible for me to get support?
- Do I know my professional boundaries?
- Am I willing to disclose my information during the counseling process?
- Are my close people supportive of my work?
- Do I have all the technical resources to work?

Peer counselors need to assess these risks, ensure their own safety, and have contact with trusted lawyers and advocates.

## 2.8. Possible scenarios

### Scenario 1:

#### The counselor and his close friend



Hello everyone! There is helpful information on how to take an HIV test. Everything is anonymous. If you are interested, knock on the PM, and I will tell you everything. I myself took this test when I was worried after the 'trip'.



Wow, what people in the chat? Kostyan, have you become a righteous person? Sport, health? How much do you get paid? People! Do not fall for it.

You may think how the counselor should react, but we will not give you the only correct solution for this situation. It is important to understand that, in these circumstances, there is a risk of anonymity disclosure and boundary violation. If this is the case, you can try to talk to a friend in private messages to explain more about your current work. You can also use the storytelling technique and write in a chat about your life experience and motivation to become a peer counselor; or you can create an anonymous account with a number and a nickname that none of your old friends know. However, you should keep in mind that in this case people can lose confidence in your words.

## Scenario 2:

### Counselor Lena and client Victoria



Good day! I stopped smoking pot, but the side effects have stayed.

Good afternoon! My name is Lena. I am a peer counselor. How do you want me to address you?\*



Well, let it be Victoria today.

Good. To understand the situation, I am going to ask you a few questions. How long have you been smoking weed?



Once.

Can you tell me when that was and how much you took?



\* If there are two forms of the pronoun 'you' in your language, one for addressing someone you know well directly and the other for talking to someone you do not know or should be polite to, ask a client which form he/she prefers to address him/her in conversation



I smoked six months ago. I probably took a few puffs.

You smoked a little. It was one time, six months ago, and now you notice unpleasant effects on yourself. Did I understand that correctly?



Yes, could it be side effects?

I am not a doctor. I am a counselor. In my experience and the experience of my friends, I have not encountered such a situation. And what are these side effects?



I hear voices.

This sounds serious enough, I can recommend you to see a doctor you trust. This can be done anonymously, that is, no one will know that you have been to the doctor. Do you have the opportunity to take the time to see a doctor?



Do you think I am unwell?

I am not a doctor, so I can not make diagnoses. I think it's important to consult a specialist if you are suffering from side effects that are bothering you.



Maybe you are right. Okay, can you give me some contact information.

### Scenario 3:

#### Counselor Kostya and client Natasha



Hey, are you there?

Yes, I am here. My name is Kostya, I am a peer counselor. What kind of help do you need?



I am pregnant and I do not want the baby to go 'cold turkey' [withdrawal syndrome], I want to start substitution therapy.

How do you want me to address you?



Natasha.

Natasha, nice to meet you. It's great that you are already familiar with treatment programs, and OST is a good option. Look, I would like to refer you to our consultant Olya, who has had a similar experience that she can share with you.



Was she pregnant?

Yes, and she gave birth to two healthy boys while participating in the OST program.



Cool, how can I contact her?

I will connect her to this chat now. Good luck, Natasha!



## 3. HOW CAN PEER COUNSELORS GAIN THE TRUST OF THEIR CLIENTS BY WORKING ONLINE

### 3.1. Establishing contact in counseling

Trust begins with establishing contact. There are three stages of making contact in counseling:

1. **Greeting.** The counselor may introduce himself/herself, tell a little about himself/herself, and how the counseling will proceed. The counselor can ask how to address the client.
2. **Orienting what will happen.** A counselor informs his/her clients about confidentiality. He/she may also set professional boundaries to minimize the risk of unrealistic client expectations. At this stage, the counselor and client agree on the terms of counseling – location/online platform, limitations, and minimum safety rules for both client and counselor.
3. **Formulation of a work request.** After establishing contact with the client, it is important to clarify whether the counselor has understood the request correctly and what result the client expects after the consultation. This part of the consultation is called a work request. It determines the direction of the further counseling process. Since the counselor has formulated such a request, the client must accept it. As long as the client has not clearly formulated the request, you should not proceed to the next stage. Otherwise, at the end of the consultation, the client may say that it does not meet his/her expectations.

It is important to remember that once contact is established, the counselor must go through certain stages of counseling:

1. **The process of counseling itself.** It is important to apply all knowledge and skills during the counseling process and to observe ethical principles.



2. **The referral to specialists.** We remind you that it is important to refer the client to specialists if the client's problem exceeds the competencies of the counselor. At the same time, they must meet the criteria of friendly professionals and have experience in working with the target group.
3. **Conclusion of the consultation and feedback from the client.** It is important to note that resolving a problem does not mean ending contact. The client can contact the same counsellor with his/her other requests. But the stage of closing the consulting cycle on a particular request with feedback is important for both sides of the dialogue (even if it is just a "thank you, now everything is OK"). It gives a sense of communication productivity and satisfaction with the result of the work done.

## 3.2. Sincerity practice

Sincerity is one of the most important elements for a good atmosphere in counseling. Sincerity cannot be learned, but a counselor can learn to work with clients in such a way that they feel access to their inner world as a support rather than a threat. The practice of sincerity in peer counseling can mean that "the counselor expresses his/her experiences in interpersonal relationships in an informal and unique way."<sup>25</sup> To achieve this, it is enough to be yourself when you make contact. Thus, the sincerity of a peer counselor consists in the ability to be yourself and not to present a professional facade and take a position from above.

An open-minded counselor does not hide behind a mask and does not try to play a role. Such counselors are natural because they pay attention to their reactions and feelings, are conscientious and truthful, and pass all this on to their clients. Such interaction also allows the client not to hide behind a facade when communicating with the counselor. Openness to one's own feelings, opinions and attitudes, and at the same time the absence of anxiety – all these qualities enable the counselor to ensure the comfort of the client.

Peer counselors have a unique advantage when it comes to building rapport and trust – they know the substance use experience from the inside out. People who use psychoactive substances have several barriers to trust, including fear of being misunderstood, fear of judgment, fear of persecution, etc. In the case of peer counseling, these fears are minimal.

25 [https://www.scirp.org/\(S\(i43dyn45teexjx455qlt3d2q\)\)/journal/paperinformation.aspx?paperid=61313](https://www.scirp.org/(S(i43dyn45teexjx455qlt3d2q))/journal/paperinformation.aspx?paperid=61313)

### 3.3. Empathy

Another important element for building trust in the counseling process is empathy. Empathy means the identification with another person that enables different people to understand each other. It is a rather mysterious process. Psychologist Alfred Adler<sup>26</sup> held that empathy occurs when one person talks to another. At the same time, it is impossible to understand another person unless you identify with him/her.

Through empathy, a merging process can take place in which both the counselor and the client change: *“The meeting of two personalities is like the combination of chemical substances: When a reaction takes place, both change.”*<sup>27</sup> Empathy in counseling means that the counselor perceives the client’s experience as sensitively and accurately as if it were his/her own. It includes the ability to “get into” the client’s subjective world and understand the content of the various events therein. Such “getting in” must be done without prejudice, which makes it impossible to divide the contents of the other world into right and wrong, good and bad.

Through their unbiased judgment, counselors enable their clients to know themselves better. If you, as a counselor, can accurately and carefully identify a variety of emotions – anger, fear, hostility, anxiety, joy – your clients are better able to hear and understand themselves. Empathy also helps counselors understand why clients are not open enough: there are things clients do not talk about because they unconsciously resist it, there are things they simply hide, and there are things they do not talk about because of fears, myths, or negative experiences.

Having entered the world of another person, the counselor must maintain independence from the client in order to preserve himself/herself. Therefore, empathy should never be absolute, but partial and temporary. Empathy means that the counselor not only listens, but also understands the client. Empathy is never complete – it is a process in which the counselor partially experiences the client’s feelings while maintaining the necessary distance. Empathic understanding can be expressed in many ways online: Silence, reflection of emotions, successful and timely interpretation, storytelling, and metaphors.

26 [https://bookap.info/psyanaliz/adler\\_ponyat\\_prirodu\\_cheloveka/gl17.shtm](https://bookap.info/psyanaliz/adler_ponyat_prirodu_cheloveka/gl17.shtm)

27 <https://psychoanalysis.by/2018/05/25/book-94/>

Since empathy is not a simple skill, the question of how to master it remains unexplored. The counselor's unique capacity for empathy manifests itself in a particular way of seeing the client – the ability to empathize with the client's nonverbal behavior and feelings, with what is said about those feelings, and then to intuitively understand what the client says openly and what he/she is silent about, etc.

To summarize and briefly convey the meaning of the concept, we can say that empathy means feeling the feelings of others.

### **3.4. The principle of unconditional respect for clients**

In our view, the third important element in building trust is the principle of unconditional respect for clients. The concept of “unconditional respect” means the unconditional and invaluable perception of the client as an integral personality. A positive attitude towards the client is related to the sincerity of the counselor during the counseling session. Only when you respect your clients, you remain honest with them and do not engage in confrontations. The counselor's self-esteem is the basis for shaping a positive attitude towards the client. If the counselor does not value his/her feelings and thoughts, humiliates his/her past, it is difficult for him/her to respect other people's thoughts and feelings.

### **3.5. Best practices**

We have collected some of the best online peer counseling practices from organizations using this approach. The results of these activities would not have been possible without building a trusting relationship with clients during the consultation. We have briefly described the tools and platforms they use. You can approach these organizations to gain experience, but remember that it is important to maintain your individual development path based on the context and characteristics of your country.

## **Kazakhstan. The Kazakhstan<sup>28</sup> PWUD Forum**

Offers consultations on Telegram channels.

The topics are harm reduction with a focus on NPS.

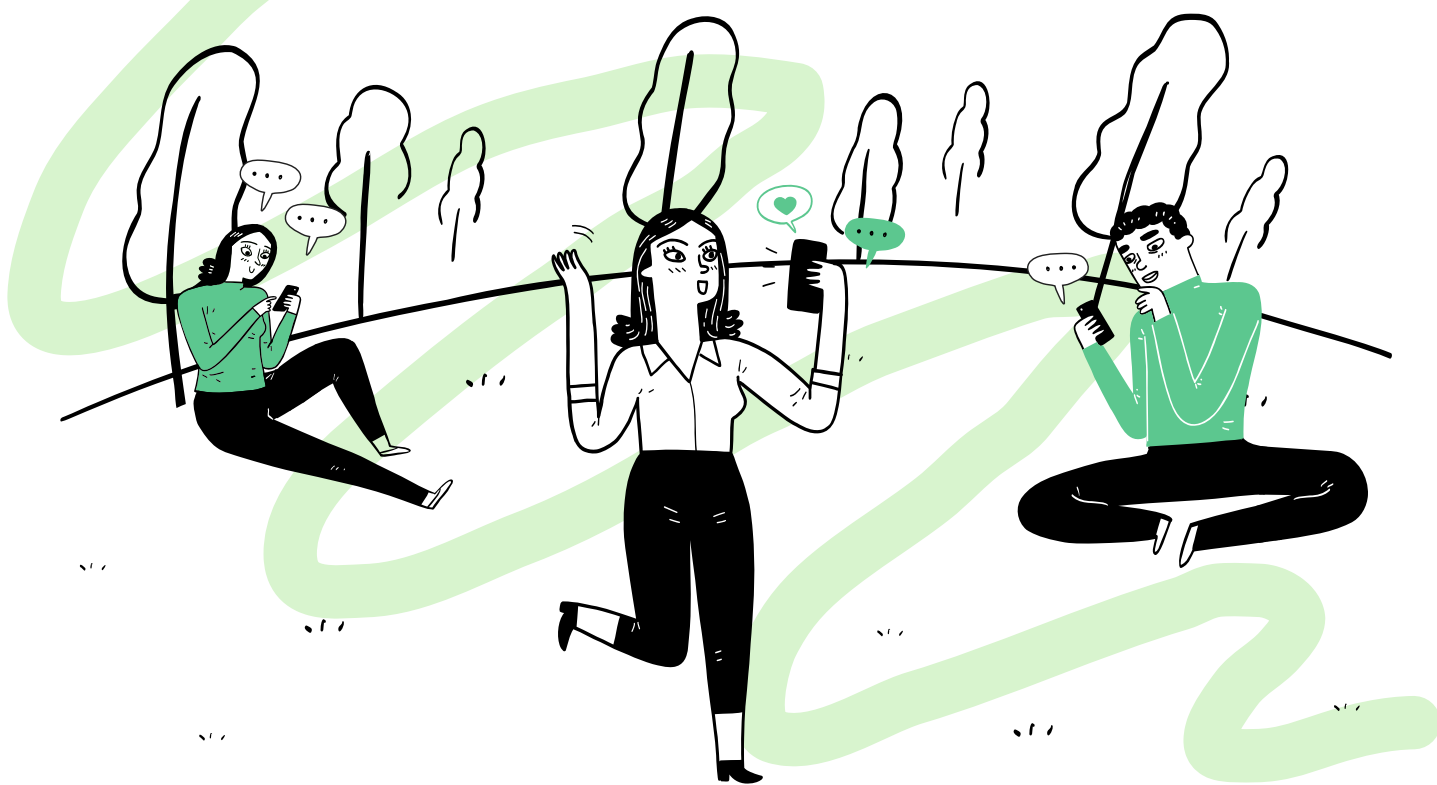
There are various online methods of peer counseling and information provision: publications on safe use of psychoactive substances, topic-related photos, pictures, videos, travelogues, peer psychological support, referrals to specialists (psychologists, narcologists, infectious disease specialists), harm reduction counseling, invitations to participate in various advocacy and mobilization events, and thematic surveys. Users also emphasize the benefits and necessity of posting such information on Telegram channels and the availability of such content and services.

We want to share a living history of organizing and conducting online peer counseling for people who use psychoactive substances in Kazakhstan.

“

*Previously, there were no online projects in Kazakhstan to support people who use NPS. This topic was also new for us, but we already had little experience with voluntary counseling of people who use NPS in Telegram channels where people sell NPS. The project was a chance to do this more professionally and share the results with all stakeholders. It could help us expand the service package and further implement online counseling for people who use drugs at the state level. The difficulties we encountered when we started online counseling were the distrust and closedness of the users of Telegram channels. It is still hard for NPS users to trust somebody and understand that there are people involved in harm reduction service provision in Kazakhstan. As a result, few talk openly about themselves and their experiences with use – at their own risk and peril. Communication itself and personal contacts are problematic because some help includes face-to-face meetings, for example, social accompaniment, but Telegram rules exclude them. One of the biggest successes in implementing the project has been the launch of three Telegram channels, which now have about 400 subscribers. These people receive information about harm reduction in drug use, aid in case of overdoses, and social, medical, and legal support. Most importantly, they know where and to whom they can turn when they have problems and need help or advice. We mastered how to maintain Telegram channels and work with chatbots and learned*

28 <https://www.facebook.com/KCCV.Kz/>



*a lot of helpful information when compiling and selecting material for publications. We gained experience developing promotional materials focused on the needs of the community of people who use NPS. Counseling and supporting people who use NPS is also a new experience for us, and we are very satisfied with the result we have today. They began to accept and trust us – that's the most important thing. Now that the project is over, people from other regions are showing up on the channels, and one of them asked us for assistance. Our consultant helped design the Telegram channel, and now we have another resource where we can talk about harm reduction."*

**Valentina Mankieva<sup>29</sup>**

peer counselor from Kazakhstan

29 <https://harmreductioneurasia.org/ru/peer-to-peer-kz-rus/>

### **Ukraine. The Motilek (Moth)**<sup>30</sup>

Forum is a harm reduction information project. It provides a platform where people who use psychoactive substances share news and experiences.

The forum has a system for displaying topic branches to ensure the safety of people who use psychoactive substances. Hidden branches become accessible to registered users only after a certain number of posts. The forum has sections on popular topics, such as the specific effects of various psychoactive substances, overdoses, mental health, and various methods of help and treatment for addiction. There are also sections for communication, support, discussions about music, and various other topics.

### **Russia. Humanitarian Action Foundation**<sup>31</sup>. St. Petersburg.

Online counseling on harm reduction issues with peer counselors in closed chats and on the organization's channels.

The counselor answers questions and initiates discussions about HIV prevention, viral hepatitis, and other harm reduction topics. The organization works with administrators of online stores that sell psychoactive substances, in communication channels for people who use psychoactive substances, and chat rooms to raise money for the treatment of various diseases, or to share and exchange things, etc. Usually, such websites are created, managed, and visited by people who use psychoactive substances themselves. Information is posted there, and a person can get online advice from peer counselors or specialists in private messages.

30 <https://forum.motilek.com.ua/>

31 <https://haf-spb.org/>

### 3.6. Possible scenarios for building trust

#### Scenario 1:

#### Counselor and anonymous client



Hello, my name is Oleg. I saw in your profile that you are interested in substances. I am a peer health counselor. I can advise you about safe use.

What do you mean by that?



We have useful information to reduce risks.

Who – you? I block you.



Why did the conversation between the counselor and the client not take place? The reason is that the peer counselor, in this case, did not follow the counseling algorithms and the stages of 'establishing contact'. So the client did not feel that he could trust the counselor.

## Scenario 2:

### Lena approaches the counselor with the following request



Please help me decide which is better – rehabilitation or an OST program?

How should I address you?\*



Call me Lena.

Lena, listen, there is no exact answer as to which is better. These are different treatment programs. Have you ever tried any of them?



Yes, I went to a rehab that was good, but it did not help me.

Can you tell me more about what happened there? For example, I was also in rehab five years ago. My mother sent me there without my consent. Two men picked me up from my home in a bathrobe and slippers, put me in a car, and locked me up for six months. There were actually pretty good conditions: food, bed, even a psychologist. But I was kept there against my will. After six months in this rehab, I persuaded my mother to get me out of there. And it was only a year later I learned that forced treatment was illegal. It was not rehabilitation but a prison. Recently, this center was closed by the prosecutor's office. But I heard from other guys that there was a proper voluntary rehabilitation that helped them. What was that like, can you tell me about it?



\* If there are two forms of the pronoun 'you' in your language, one for addressing someone you know well directly and the other for talking to someone you do not know or should be polite to, ask a client which form he/she prefers to address him/her in conversation





That's trash. No, I was there voluntarily. It just did not help. Thank you for telling me what's going on. I probably need to be more careful.

That's right. It is the treatment for your health. So it's good for you to decide and think. See, the decision depends on what you want – to stop using altogether or to eliminate the negative effects of using.



I do not know, to be honest.

That is normal. Before I understood anything myself, I consulted several times with different specialists – a narcologist, a social worker, and once a psychologist. Maybe you should also try to talk to different specialists? Can I give you their contacts or even go with you?



Yes, that would be great.

Text me on Monday and we will make an appointment for next week, okay?



Agreed, thank you very much.

I'll see you on Monday then.



## 4. HOW TO REFER PEOPLE TO SPECIALISTS?

For people, who use psychoactive substances, stigma and discrimination continue to be serious problems. It includes stigma and discrimination by psychologists, social workers, and medical professionals. Peer counselors demonstrate high levels of support and acceptance, and clients often trust them. And this can positively influence clients' willingness to seek professional advice, such as from physicians or psychologists. If you refer your client to anyone other than a specific trusted professional, there is a risk that the client will face discrimination and stigmatization. So he/she will not turn to such a professional for health or other services because of this negative experience and will not take care of his/her health.

### 4.1. Database of friendly specialists

We recommend creating friendly specialist databases, using communication with partners, and analyzing resources where different experts offer assistance. In Ukraine, for example, the Alliance for Public Health has created an independent portal with a free online service called *Help24*<sup>32</sup>. The service offers free online consultations by various specialists to representatives of key populations. This example shows that help can sometimes start with referring clients to specialized professionals working online. A good practice for building a database of friendly specialists is to involve them in the educational activities run by the community of people who use psychoactive substances.

Often the physical or mental health problems of people who use psychoactive substances require live consultation with specialists. Therefore, it is important not only to collect friendly specialists contacts but also to check the possibility

32 <https://help24.org.ua/> <https://ecom.ngo/wp-content/uploads/2018/09/tajnyj-rus.pdf>



of quality help. For example, you can do this using the “mystery shopper”<sup>33</sup> method before sending your clients to them. We also recommend offering social accompaniment to the client, i.e., arranging a meeting and going to a specialist together. This gives you the confidence that if a problem arises, you will be able to respond and protect your clients. In addition, social accompaniment increases the chances that clients will reach specialists. However, in this case, there is a risk that you will reveal your anonymity. Therefore, try to find a person in your counseling team who is willing to take care of social accompaniment and live meetings with clients.

You can try to accompany the client without violating your anonymity. For example, if a client asks for social accompaniment during a counseling session, you may choose not to give your real name. Then refer the client to the specialist while giving him/her your contact as another person who can accompany him/her to a doctor or psychologist.

As for the selection criteria for friendly specialists, you can define them yourself when compiling the database, depending on the context appropriate to the situation

This list may include the following criteria:

1. tolerant attitude towards key populations;
2. experience working with key populations;
3. an understanding of harm reduction principles;
4. good feedback from those who have already used the services of these specialists.

33 <https://healtheconomicsreview.biomedcentral.com/articles/10.1186/s13561-020-00290-z>  
<https://ecom.ngo/wp-content/uploads/2018/09/tajnyj-rus.pdf>

## **4.2. A checklist of questions that can help you correctly refer a client to specialists**

In the referral stage of the consultation, you can use the following checklist:

- ☐ What is your current health problem?
- ☐ Have you ever consulted a specialist before?
- ☐ If so, for what and on what issues?
- ☐ What was the outcome of the consultation?
- ☐ If not, what were the barriers to seeing a specialist?
- ☐ If there are no documents, which ones are missing?
- ☐ Do you know how to obtain the documents and overcome other barriers to accessing specialists?
- ☐ Do you need help with this?
- ☐ What do you expect from seeing a specialist now?

You may consider creating a team that includes several of the most sought-after specialists. For example, it may consist of a psychologist, a lawyer, an infectious disease specialist, a gynecologist, a narcologist (an addiction doctor), and a peer counselor.

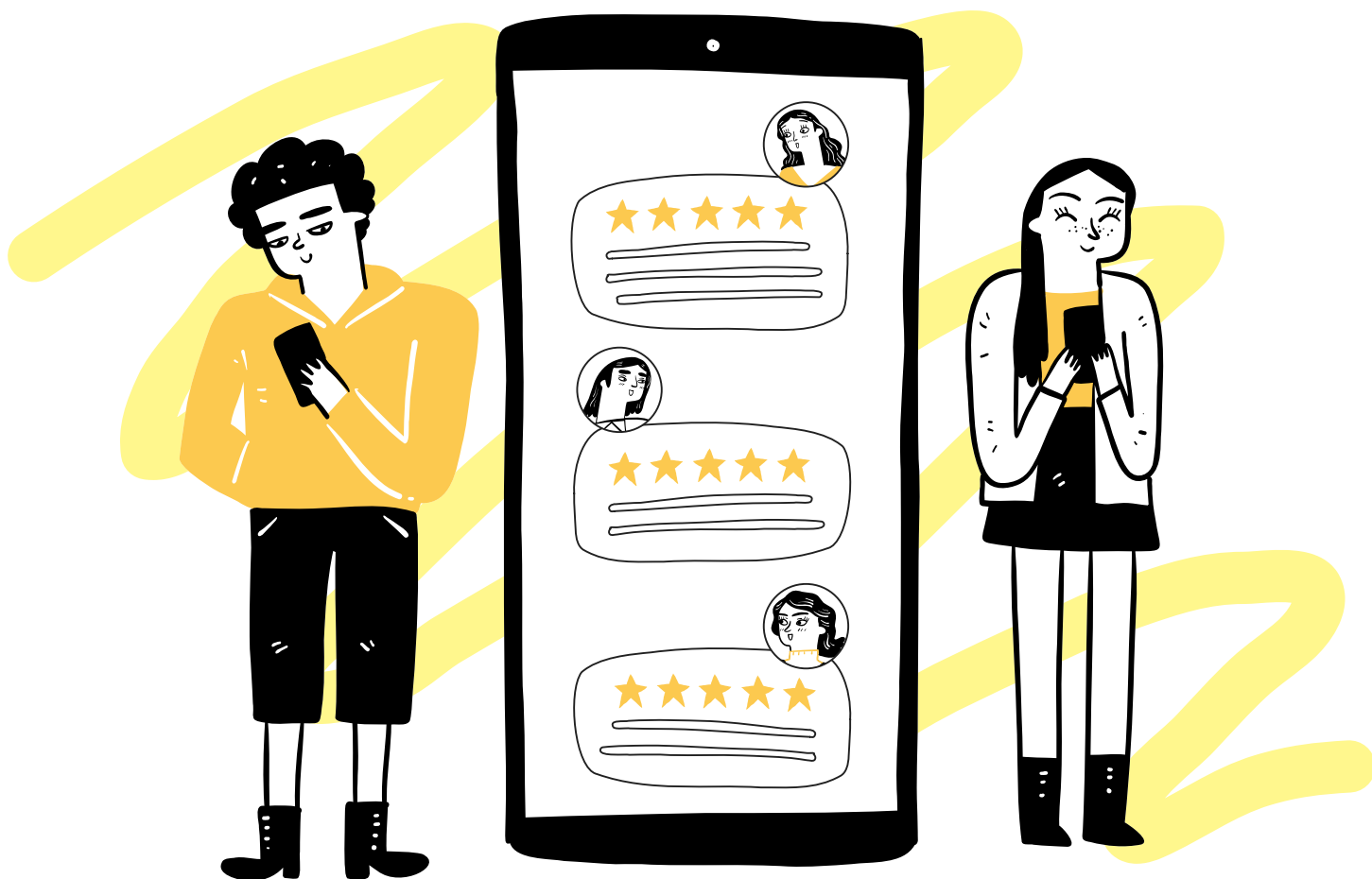
A vital element should be the mapping of available services for people who use psychoactive substances, including cross groups, in your city and country. The result of this mapping should be available to all team members so that counselors know all possible services with current contacts and addresses and can both refer and accompany clients.

## **4.3. Feedback on the work of peer counselors online**

When you refer clients to specialists, it is necessary to collect feedback. In this way, you can not only evaluate the quality of the specialists' work and reduce the risks of referring other clients to them, but also involve the clients in the counseling work. This makes clients feel needed and increases motivation to tell their friends about your service.

Collecting appreciative and critical feedback allows the organization to monitor the quality of the counselors' work and address the client's needs so that the counseling process is best suited for the target population of people who use psychoactive substances. Moreover, through their feedback, clients can feel involved in the organization's work and learn that their opinion is really important and valuable.

To increase the willingness to give feedback, you can come up with a motivational package. In Ukraine, for example, the *Drugstore* project sends out a "party box"<sup>34</sup> with exclusive harm reduction products and test kits to check the composition of psychoactive substances. And in Russia, the Humanitarian Action Foundation distributes harm reduction kits with disposable tubes for intranasal substance use and ointments to care for nasal mucosa in exchange for participation in surveys among participants in a closed Telegram chat<sup>35</sup>.



34 <https://blog.drugstore.org.ua/blog/narkotiki/drugstore-vivchae-ukrayinsku-narkostsenu-ezultati-doslidzhen>

35 <https://nps-info.org/wp-content/uploads/2021/08/recommendoutreacheng.pdf>

## 5. RESOURCES NEEDED FOR PEER COUNSELORS WORKING ONLINE

### 5.1. Supervision

Supervision is a method of professional counseling and analysis of the quality of the counselors' work, helping them to develop professionally and improve their skills. This resource is very important for the helping professions. We recommend regular supervision for a team of counselors, either based on their organization or with the help of external specialists.

Supervision functions<sup>36</sup>:

- 1. Educational or formative function.** This function involves the development of the skills, knowledge, and abilities of the counselors. For this purpose, an analysis of the counselors' work with clients is conducted. In this way, counselors can better understand the needs of clients, his/her reactions to clients, the dynamics of counseling, and other counseling methods he/she can use at work.
- 2. Supportive or energizing.** This function develops the ability to resist when counselors are exposed to the negative experiences of clients. Within the supervision, counselors begin to better understand the impact of their clients' emotions on themselves and learn to manage their responses to such feelings. These emotions may be the counselor's direct reaction to the client's personality (transference/countertransference). If the counselor simply ignores or represses them, it can lead to burnout and decreased work efficiency.

36 <https://aph.org.ua/wp-content/uploads/2016/07/supervisor-book-2.pdf>



**3 Guiding or normative.** This function is especially helpful for less experienced counselors or counselors with stable stereotypes about counseling topics. External feedback during supervision can provide insight into the effectiveness, environmental friendliness, and ethics of the counseling offered to the client

To organize supervision, you can hire a specialist from your team or an external expert. It is necessary to carry out supervision regularly. And we must not forget that the whole team must understand the function of supervision because there is a risk that supervision will be perceived as an element of checking the quality of the counselors' work.

## 5.2. Consistency between the values of the counselor and the organization

Values are, in fact, the basic behavioral principles and attitudes of an organization toward its members and clients, which can be a helpful resource to increase motivation for peer counselors' work.

Understanding the organization's values (which may be embodied in the bylaws or strategic plan) is important for employees to feel good about their work. When we talk about community organizations and networks, the values of the peer counselor and the organization often align. It is necessary to assess the commonality of values before the work begins. This assessment can include group or individual sessions where participants learn about the organization's values, look for shared values, and reach consensus on them.

## 5.3. Mutual support

In Subsection 1.5 above, we wrote about the specifics of cross group counseling and the limits of our expertise. Mutual support in the team makes it possible not to violate these limits and to better help clients, including clients from cross groups, as well as to ask other specialists in the team for help. It is important to be able to refer clients not only to external specialists such as doctors or lawyers but also to other peer counselors on your team. We recommend developing a referral algorithm for these situations so that the process takes as little time as possible and does not strain the resources of other counselors.

## 5.4. Training

Peer counselors should have information on blocks of topics necessary for counseling. At the same time, the drug scene and epidemiological situation change, so it is important to update your knowledge regularly. To this end, refresher courses for team members can be organized with the involvement of external specialists or using existing resources. Peer counselors should have equal access to trainings, courses, and webinars. You can organize access to online training, such as *Harm Reduction Lessons*<sup>37</sup>.

37 <https://profihealth.org.ua/ru/courses/1>



## 6. WHAT SHOULD BE CONSIDERED FOR SAFETY WHEN WORKING ONLINE?



### 6.1. Legal safety

It is important to consider the existing laws of the country where the peer counselor intends to work. In some countries of EECA region, there are repressive laws on issues such as drug policy, HIV, LGBTQI+, and gender. In Russia, for example, counseling on drugs or LGBTQI+ can be considered propaganda and is punishable by law.

There are also countries where young people without an adult relative cannot independently turn to individual specialists for HIV testing, for example<sup>38</sup>. But within online counseling, we do not have to ask about the age of clients.

Some countries have laws that require you, as a counselor, to report to law enforcement if you become aware of a violation or planned violation of the law<sup>39</sup> or a life-threatening situation, such as gender-based or domestic violence.

38 <https://uacrisis.org/ru/74343-situation-of-teenagers-with-hiv-aids>

39 <https://www.eduklgd.ru/problema/nesoobshhenie-o-prestuplenii-uk-rf-statya-205-6-kuda-soobshhit-o-prestuplenii.html>

The organization may not have certified counselors and/or a certification system. Therefore, there may be questions about how to prove counselors' professional eligibility. In this case, you can seek the help of partners – specialists with appropriate training who can issue permits and letters of support. For example, you can sign an agreement with a narcology (addiction clinic). It is also possible to obtain an expert opinion from the relevant ministry or committees to establish that the activities and information offered by your organization are preventive and do not promote the use of psychoactive substances.

The organization should also develop a safety policy with a clear sequence of actions in case of a threat to peer counselors in the context of legal safety. In addition, counselors should be familiar with the potential risks and informed of the action algorithms to address them before beginning work. Counselors have the right to decide whether or not to accept work involving such risks

## 6.2. Digital security

Digital security is a method of protecting digital information, devices, and resources, including personal data, accounts, and finances.

Here are three principles offered by international online systems, including the Microsoft Store<sup>40</sup>:

1. **Confidentiality/Privacy.** Storage and access to your files and accounts are restricted to authorized users only.
2. **Data integrity.** Make sure your data is intact and no one has added or removed anything without your permission, e.g., no numbers in spreadsheets are maliciously changed.
3. **Access.** Ensure access to your data and systems when necessary. An example of an access problem is an attack such as a denial-of-service attack, where intruders flood the system with network traffic to make access virtually impossible, or a ransomware program that encrypts your system and prevents its use.

40 <https://support.microsoft.com/ru-ru/security>

You may receive links or attachments during an online consultation. We advise you not to open them unless you trust the source. Consider using a separate, secure password for the online platforms where you offer consultations. Do not use passwords from your email or banking applications. Strong passwords must be at least 14 characters long, must not consist of English words, and must not be reused in different accounts.

Device Lock: make sure your devices require a password, PIN, or biometric authentication such as fingerprint or facial recognition to log in. In your case, a lost phone that is easily accessible could be the reason for law enforcement attention, especially if you provide counseling on online drug selling platforms.

You can complete your digital security risk assessment on the EHRA website<sup>41</sup>. If you have high risks on a team, it is necessary to have an algorithm to get help from colleagues, donors, and other organizations. You can also commission an audit of your digital security level from various companies that address these issues.

## 6.3. Professional safety

The effectiveness of the specialist's work depends to a great extent on how clearly he/ she understands his/her place in the counseling process. If this clarity is missing in the counselor's work, he/she will not be guided by certain theoretical principles, but only by the expectations and needs of the clients. In other words, he/she will do what the client hopes and wants. The clients, in turn, may expect the counselor to take responsibility for the success of their later life and to solve certain problems.

It may even be flattering to the ego of inexperienced counselors that people seeking answers to difficult questions in their lives turn to them. There is also a danger that the counselor will provide definitive answers to all of the client's questions or, worse, impose his/her solutions on the client. In this situation, the counselor's misunderstanding of his/her role will only increase the client's dependence on the counselor, leaving the client unable to make decisions for himself/herself. Remember: the responsibility for decisions always lies with the client, do not take it upon yourself. In this case, for example, the following phrase

41 <https://harmreductioneurasia.org/ru/digital-security-information/>

is helpful: *“This is your life, and only you can make a choice. I can only help you understand the consequences of different choices.”*

The principles of anonymity and confidentiality play a central role in professional safety. We do not ask our clients for their personal data and we focus on the name given by the client. It is quite easy to maintain the principle of anonymity online. At the same time, counselors can also remain anonymous to increase their safety when such a working algorithm is introduced into the organization. Moreover, we do not share the information received from our clients and guarantee confidentiality. If we need help from other team members, we coordinate our activities with clients.

## 6.4. Psychological safety

Sometimes a counselor has to pay a high price for his/her work. These risks are particularly high in peer-to-peer counseling. This impact is not always visible from the outside. But the counselor himself/herself feels its actual value. Here are some important aspects of this “fee”:

- threat of losing identity and “dissolving” in the client;
- threat to privacy due to negative consequences associated with the counselor’s work;
- threat of mental disorders due to constant confrontation with the dark sides of life.

Counselors are often unaware that their knowledge of their clients is very relative, as they only see them in certain circumstances and usually for a short time. Counselors do not have the opportunity to observe their clients’ real-life activities. And they know their fears, anxieties, failures, and, to a lesser extent, successes only from their words.

Excessive interest in professional activities often causes the counselor’s family to suffer. First, ethical requirements prevent counselors from sharing their “psychological” experiences with family members, so they know only approximately what the counselor is dealing with. Second, counseling requires a high emotional commitment, which sometimes significantly diminishes the emotional return to the family. If you have to listen to other people all day at work

and are absorbed in their problems, it can be difficult to feel your partner's and children's concerns in the evening.

Counseling is one of those professions that require a high level of emotional commitment and responsibility, although the criteria for success are rather vague. Representatives of these professions are at risk of burnout syndrome – a complex psychophysiological phenomenon defined as emotional, mental, and physical exhaustion due to prolonged emotional stress. To improve your psychological safety, you can ask yourself three questions:

➤ **Do I know my limits?**

*Can someone call me on weekends? Do I lend money to clients? What kind of communication is unacceptable to me?*

➤ **How do I take care of myself?**

*Do I have a hobby? Do I dream? What activities do I enjoy? Do I play games? Do I give myself gifts?*

➤ **What helps me to say no?**

*Do I play sports? Do I feel guilty when I say no? How do I react when I am rejected?*

## 6.4.1. Burnout syndrome

WHO distinguishes three dimensions of burnout syndrome<sup>42</sup>: emotional exhaustion, psychological detachment from work, and decreased professional effectiveness. As with other diseases, it is better to prevent burnout syndrome than to treat it. If you have the necessary information about this occupational phenomenon, you can identify your risks and prevent it.

*“Many of the early signs of burnout syndrome are very similar to depression,”* says Siobhan Murray, a psychotherapist in Dublin, Ireland, and author of the book *“The Burnout Solution: 12 Weeks to a Calmer You.”*<sup>43</sup> For example, bad habits such as alcohol or sugar abuse can indicate emotional burnout or depression. If you feel tired all the time, even when you have just woken up, or if you do not have the energy to take care of yourself, such as going for a walk or exercising, you should seriously consider your condition.

42 <https://icd.who.int/en>

43 <https://www.bbc.com/ukrainian/vert-cap-russian-48606213>

## 6.4.2. How to distinguish normal fatigue and overexertion from burnout syndrome?

These two conditions can sometimes be confused. For example, when you are working on an important task, it is normal to feel a strong anxiety that keeps you awake at night. However, if the problem is resolved but the anxiety and insomnia persist, it may indicate a risk of burnout, Murray explains in her book.

Another symptom of burnout is the feeling that your work is worthless. It manifests itself in the fact that a person is reluctant to take responsibility, does not participate in work communication, or is often disappointed with the results of his/her work. And the last symptom is the feeling that you are not working as good as you used to.

### **BOS always develops gradually:**

1. You are satisfied with your work and the results of the tasks, and treat everything with enthusiasm. But, gradually, the work gives less and less pleasure, and the energy dwindles.
2. Apathy and tiredness set in, and sleep becomes not so solid and long. If you do not have extra motivation to work, your interest decreases. Then your efficiency decreases. Breaches of discipline and avoidance of duties occur at this stage. When the motivation is there, you are driven by an inner resource and do your work. But then your health begins to suffer.
3. If you work more than the norm and have not rested for a long time, you will get sick and have no strength to do anything. Anger, irritability, and depression dominate your feelings. You always feel that you have no time for anything.
4. Chronic illnesses usually get worse. You may lose some or all of your ability to function.
5. Mental and physical problems get worse. There are so many problems that your ability to work is in question.

### 6.4.3. What are the reasons for professional burnout among counselors?

The reasons can be divided into external and internal factors<sup>44</sup>.

#### **External factors can be:**

- excessive demands on employees;
- the lack of objective criteria for evaluating work results;
- an inefficient system of motivation and stimulation of personnel;
- a psychologically complex contingent of professional partners;
- constant contradictions in strategic and tactical management.

#### **In most cases, internal factors include:**

- low self-esteem, self-doubt;
- inadequate emotional response in conflict situations;
- overly intense perception and experience of events of professional activity;
- difficulties in professional communication;
- lack of time management skills;
- chronic intense psycho-emotional activity.

### 6.4.4. Personal strategies to avoid burnout

#### **1. Change your schedule:**

- reduce the number of hours you spend at work;
- take daily breaks: take a few short breaks in addition to your lunch break;
- be careful not to overwork yourself – this will help you overcome burnout.

44 <https://aph.org.ua/wp-content/uploads/2016/08/Burn-out.pdf>

## **2. Develop coping skills:**

- lower your expectations;
- rethink the behavior of other employees;
- define new personal goals.

## **3. Take advantage of social resources:**

- ask your colleagues for support;
- get the support of your friends and family.

## **4. Create a more relaxed lifestyle:**

- reduce emotional stress (exercise, hot showers, massages, etc.);
- remember that there is a life outside of work – this will help you avoid emotional exhaustion.

## **5. Improve your health:**

- exercise systematically;
- get enough sleep;
- choose a healthy diet.

## **6. Learn to analyze yourself:**

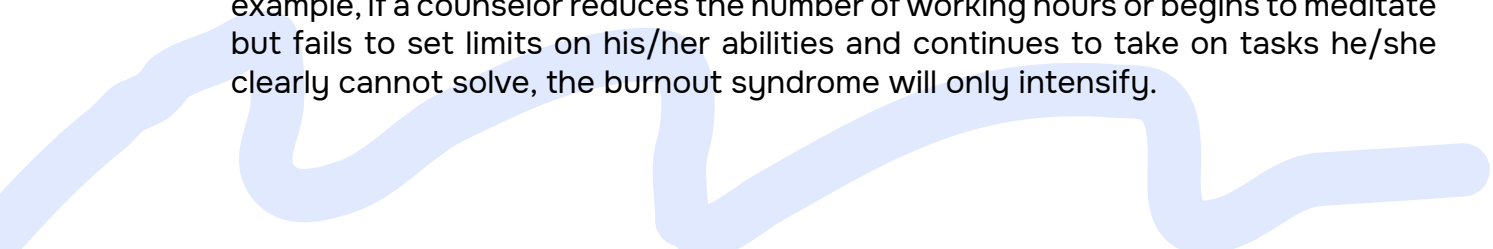
- examine your desires and motives;
- lower your expectations, change your standards;
- manage your condition.

## **7. Learn to say “no”:**

- deal with your desires.

## **How to cope with BOS**

First and foremost, counselors should care about their safety to be helpful to people from their community. Your client’s safety may depend on yours. It is necessary to understand that overcoming BOS requires extensive effort. For example, if a counselor reduces the number of working hours or begins to meditate but fails to set limits on his/her abilities and continues to take on tasks he/she clearly cannot solve, the burnout syndrome will only intensify.





## 6.5. Emergency situations

When providing advice, peer counselors should consider the context of what is happening in their country and the related requests and problems in accessing services. For example, during the COVID-19 pandemic, some countries declared a state of emergency and imposed a lockdown. As a result, many people who use psychoactive substances could not access harm reduction and OST services.

Since 2014, Ukraine has been at war, affecting the lives of thousands of people who use psychoactive substances in the Donetsk and Luhansk regions and Crimea. They have no access to treatment and support.

In February 2022, a full-scale war broke out in Ukraine, and many people were without food, medicine, access to medical care, etc. Due to massive disasters like the war, the number of requests for crisis counseling and vital assistance is increasing. In this situation, counselors need to know if they can help, have enough resources, and are safe themselves.

To effectively help clients in a war situation or mass disaster, counselors should complete additional training. We offer some online information platforms that provide such training or develop materials for specialists and clients. For example, for those who work with Ukrainians, the following Telegram channels are helpful: Psychological Support<sup>45</sup> and Harm Reduction for Ukrainians<sup>46</sup>. All these emergencies lead to new questions in counseling requests, and organizations and counselors should be ready for them.

### Online counselors may also face the following emergencies:

- **Loss of contact with the client.** In this situation, it is necessary to duplicate the records while maintaining the confidentiality of the information and not only take the client's contacts but also exchange your contacts with them.
- **Hacked account.** To avoid such a situation, you need to update your passwords regularly. And in case of a hack, you should warn others about the possibility of fraudulent activity on online counseling platforms.

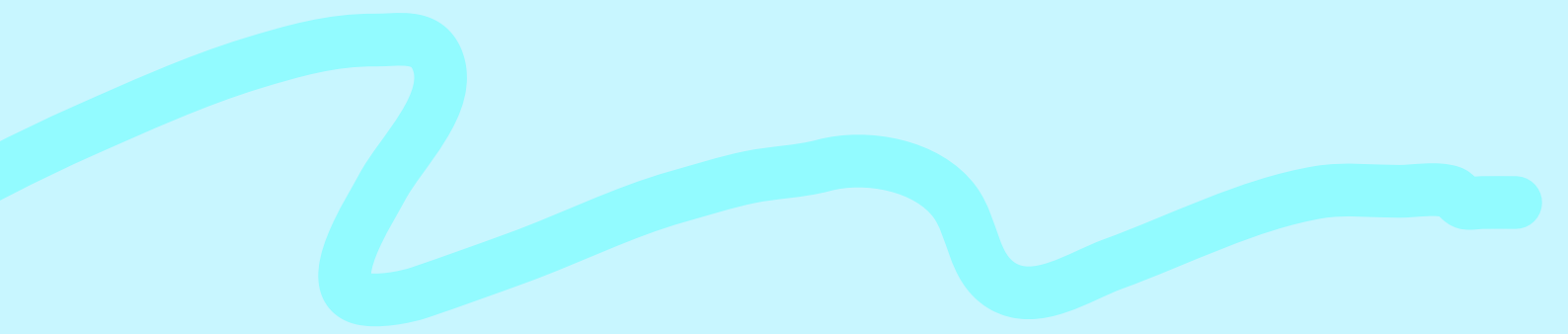
45 [https://t.me/psy\\_support](https://t.me/psy_support)

46 <https://t.me/HarmReductionForUkrainians>

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5. Независимый портал бесплатных онлайн-услуг «Help24»:  
<https://help24.org.ua/>
6. Telegram-каналы «Психологическая поддержка»:  
[https://t.me/psy\\_support](https://t.me/psy_support)
7. Telegram-каналы «Снижение вреда для украинцев»:  
<https://t.me/HarmReductionForUkrainians>

