

The HIV epidemic among injecting drug users in Greece during the economic crisis

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Why a briefing paper on this issue?

Almost two years have passed since the Center for Disease Control and Prevention found that the number of people who live with HIV has increased among injecting drug users (IDUs). In the meantime, a coordinated and effective response mechanism to deal with the phenomenon should have been introduced, although we are well aware that the effects of interventions in such epidemics are not easily visible right away. What happened and no satisfactory progress was made in the plans and strategies that were comprehensively described in detailed reports and findings of competent bodies in Greece, as well as of experts from the European Union and the international community?

The current briefing paper aims to address this issue; it draws up a brief history of the course of a serious problem for public health and human rights, together with the efforts to tackle the problem; it cites the views of competent state bodies and institutions actively involved in offering services to injecting drug users; finally, it openly calls towards all directions, so as for sloppiness, exploitation of the phenomenon for petty political reasons and stigmatisation of people who live in difficult conditions, to stop. What is needed is thorough analysis of the facts, accountability, consultation, collaboration, short-, medium- and long-term objectives and frequent assessments.

Introduction

In Greece, a country of low prevalence of the Human Immunodeficiency Virus (HIV), the epidemic -as monitored by the surveillance system of the Hellenic Centre for Disease Control and Prevention (HCDCP)- has been prevalent for more than a decade, mainly among the group of men who have sex with men (in the interest of brevity, the abbreviation *MSM* has been intro-

duced). For a reasonable period, the main concern of all those involved in monitoring was how to succeed, by means of parallel actions, in eliminating the stigma and making the structures of Infectious Diseases Units, Mobile Units, polyclinics and AIDS Reference Centres more welcoming, in order for the large number of those declared "Indeterminate" to decide to declare an identity².

Public debate about the causes of the outbreak

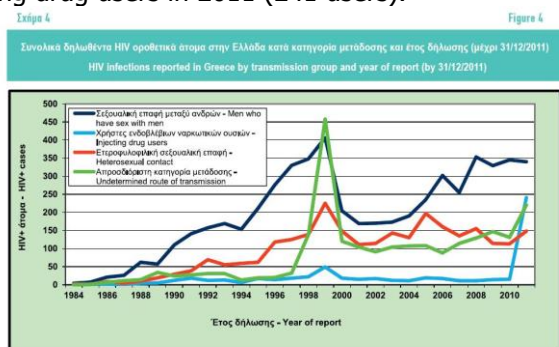
During the first days of June 2011, the HCDCP sent an invitation for a special meeting in the operational offices of the National Centre for Health Operations (Greek acronym: EKEPI), in light of an unprecedented increase of HIV diagnosis among IDUs – for the first time during the epidemiological surveillance period until the end of May 2011. During that meeting, the HCDCP informed all the directors of the country's Infectious Diseases Units, along with directors of AIDS Reference Centres, as well as the leadership of the Organisation against Drugs (Greek acronym: OKANA) and the NGOs operating in the field of HIV. "We are facing a new epidemiological phenomenon and everyone's assistance and effort will be indispensable," according to the then member of the Management Board of the HCDCP and now director of the Infectious Diseases Units of the Hospital RED CROSS. Surprisingly, a few days before in his presentation before the UN, the then Minister of Health and Social Solidarity, Andreas Loverdos, had said to the whole world that the increase in the diagnoses of HIV in our country is due to women from sub-Saharan Africa, who have illegally entered the country and engaged in prostitution, being the victims of international human trafficking³. However, all attendees were equally puzzled by the striking discrepancy, at listening to the representative of the Office for HIV of the HCDCP clearly explain that the latest diagnoses are increasingly derived

from active injecting drug users, while until then that fact seemed to concern only the centre of Athens.

Since then, an extensive debate has taken place regarding the reasons that led to this “explosion”. Eventually, both the European Centre for Disease Prevention and Control (ECDC) and the other scientific bodies which provide recommendations and reports on similar phenomena in Europe converge towards the same view. The HIV epidemic in the country has increased due to circumstances that had been formulating for many years. The lack of programs to supply clean needles to users, combined with the insufficient substitution programs, for users who were ready to join them, set up a fertile ground for the virus⁴.

Conferences, meetings, initiatives and lack of coordination

The June meeting was followed by several conferences and meetings during 2011, with representatives of WHO-EUROPE of the ECDC, Greek scientific bodies and the then leadership of the Ministry of Health. The first annual epidemiological assessment of the situation after the first outbreak of the epidemic among IDUs, showed an annual increase of positive HIV diagnoses in people who inject drugs by almost 1500% in 2011. The epidemiological report of HCDCP was clear: “The percentages concerning the way of infection show a dramatic increase among injecting drug users in 2011 (241 users).

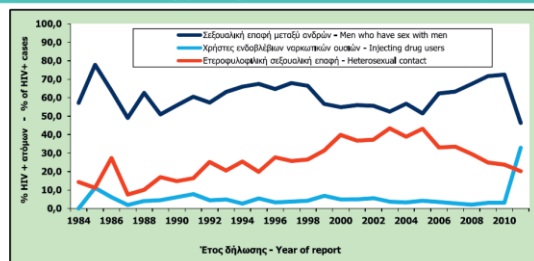


When compared, the reported cases in the population of IDUs in 2011 (241 users) and the corresponding number of 2010 (15), show an upward trend in the range of approximately 1500%. In 2011, the group of HIV-infected IDUs comprised 1/4 of all reported incidents of the year, as opposed to 2010, when the corresponding figure was only 2.5% (Figures 4 and 5)⁵.

The clinical status of IDUs, along with expected co-infections with hepatitis C and suspicions of their uneasy compliance to antiretroviral treatment (due to various factors such as homeless-

ness, the side-effects of use, lack of food and water, etc.), did create inconvenience, but also led to immediate action.

Figure 5: Σύνολο δηλωθέντα HIV οροθετικά άτομα στην Ελλάδα κατά κατηγορία μετάδοσης και έτος δήλωσης (ποσοστιαία αναλογία κάθε κατηγορίας μετάδοσης επί των δηλωθέντων HIV οροθετικών ατόμων, εξαιρώντας τις απροσδιόριστες περιπτώσεις) HIV infections reported in Greece by transmission group and year of report (percentage of HIV infections corresponding to each transmission category, excluding cases with undetermined route of viral transmission)



The actions of bodies providing services to dependent drug users

OKANA, HCDCP and NGOs

The Organisation against Drugs (OKANA), the Greek organisation that predominantly deals with harm reduction practices, sent a request to the Ministry of Health and eventually received funding, in order to undertake the following actions to address the problem:

- Distribution of sanitary material for clean use (supply of syringes and general medical supplies according to the international standards of the WHO, printing of instructions and packaging creation).
- Creation and preparation of a distribution network with the participation of the HCDCP and NGOs (DOCTORS OF THE WORLD, POSITIVE VOICE, CENTRE FOR LIFE, PRAKSIS), as well as of workers and volunteers in streetwork, with the aim of ensuring the distribution of material to active IDUs in the centre of Athens.

Streetwork officially began in February 2012. Almost at the same period, the HCDCP withdrew from the partnership, although its logo had been printed on the package, and went on to create its own sanitary material package. The reasons for this withdrawal have still not been explained by the board or management of the organisation. Of course, each institution shall be able to autonomously decide on its action, in case that it disagrees or does not want to cooperate for some reason. The fact is that for quite a long time, during which streetwork has been carried out by both parties (OKANA and NGOs network, on the one hand, and HCDCP on the other), there has been insufficient coordination and common strat-

egy or goals per user, common form of recording material, etc.

KETHEA, 18 ANO, ACT UP NGO

At the same time, the organisations of KETHEA (Therapy Center for Dependent Individuals), 18 ANO (18 and above) and the ACT UP NGO, which are also involved in the issue of drugs, although from a different perspective that goes beyond harm reduction practices -given that at the centre of their philosophy lie the so-called "dry programmes"- reacted in their own way to the epidemic outbreak; thus, they continued to qualify the practice of syringes exchange instead of distribution, as a means of tackling the epidemic. Street experience showed there is demand for other types of syringes as well, apart from the "low dead space" type; this element has been integrated, until this day, as a distribution or exchange practice in streetwork. Based on the conclusions report of the ECDC, 120.000 syringes were distributed in 2011, whereas the intensification of distribution actions in 2012 resulted in more than 400.000 syringes having been distributed (it is estimated that each IDU has received approximately 144 syringes)⁶. The ECDC reports helped to record -for the first time- all actions of street intervention regardless of the institution that organized them, considering that no centralized system existed to record all work carried out.

The ARISTOTLE programme

The ARISTOTLE programme⁷ was initiated in August 2012, in collaboration with the National and Kapodestrian University of Athens and OKANA and it enjoys the support of NGOs (PRAKSIS, POSITIVE VOICE). The aim of the programme is to intervene in communities of injecting drug users in the centre of Athens, in order to identify IDUs, to examine and refer them to the Infectious Diseases Units in case they are found HIV-positive after consensual examination. The programme is bound to be completed in five cycles. So far, the results of the first four cycles have been published. By way of illustration, ARISTOTLE has examined 3.007 individual users so far, with 523 (17.4%) having been found HIV-positive, and half of them having been diagnosed as positive for the first time. At this point, it should be noted that all users that are found HIV-positive are granted full priority on the waiting list for admission to substitution treatment units, if they wish to do so. Equally impressive were two additional findings of the first four cy-

cles of the programme: more than 30% of IDUs who were diagnosed as HIV-positive were homeless, whereas more than 80% are co-infected with hepatitis C.

The political response to the epidemic

The notorious health provision 39a Immigrants become target

In early April 2012, and while all the media were talking about a 1500% increase in HIV diagnoses among IDUs -on the basis of epidemiological data provided by the HCDCP- the then Minister for Health and Social Solidarity, Andreas Loverdos signed a health provision with which he attempted to answer the need identified by the HCDCP and the then Secretary of Health, in order to shield the country from infectious diseases. On the basis of this provision, the Greek prosecutor, the Greek Police -as an enforcement agency- and several professionals working at HCDCP began a series of arrests of women found on the street, subjecting them to tests for HIV in police departments; those found positive on HIV were charged with the intent to cause "grievous bodily harm with intent", and their personal data were posted on the website of the Hellenic Police; subsequently, they were made public by the mass media. Women facing charges of grievous bodily harm with intent were taken into custody, whereas they have remained in the prisons of Korydallos for many months, awaiting their trial. This provision targets immigrant prostitutes and it seems to be along the same line of thought with the statements of the Minister of Health at the UN, one year ago; according to those statements, immigrants who are victims of trafficking are responsible for the HIV epidemic in Greece. However, the vast majority of arrested women were Greek injecting drug users (only one of them was foreigner and she was working in a prostitution house).

The reaction, both within Greece and abroad, to the use of a medical practice as evidence, so as to press charges and create a case file without the existence of a victim, was immense: scientific communities, political parties, institutions, NGOs and several collectives, international agencies such as the UNAIDS and the HUMAN RIGHTS WATCH, as well as MEPs, were all very quick in their reaction by publishing newsletters, making announcements and posing questions in the European Parliament, condemning the unprecedented way in which the Ministry of Health, in

collaboration with the Ministry of Citizen Protection, have decided to raise the false dilemma of *human rights against public health*.

The entire operation, which was based on health provision 39a, along with the statements of Mr. Andreas Loverdos, are vividly presented in Zoe Mavroudi's documentary entitled RUINS⁸.

Invitation of International Organizations

Nearly one month later, in May 2012, under the pressure of epidemiological data by the HCDCP which revealed a different epidemiological picture concerning the increase of HIV diagnoses, as well as under the pressure of the Greek public opinion and, first and foremost, due to the aforementioned international public opinion, the Minister of Health asked the ECDC, the EMCDDA and WHO EUROPE to visit Athens and carry out a field study on the subject. The report, which followed a two-day visit on the 28th and 29th of May and was countersigned by the three organizations mentioned above plus the FRA (Fundamental Rights Agency) that also sent a representative (thus marking the beginning of a series of ECDC visits to Greece in the context of closely following the epidemic), states, among other findings, on the particular issue of immigrants:

"Although there has been much speculation about the role of migrants and migration in HIV transmission in Greece, the epidemiological data show that:

- most of those reported to be HIV-positive during the period 2006-2010 were Greek nationals. Out of 2,848 people whose nationality was known, 78% (2 226) were Greek nationals;
- the proportion of foreign nationals among newly reported HIV infections fell slightly over the years, from 22% in 2006–2010 to 20% in 2011;
- prior to 2011, most reported HIV cases among injecting drug users involved Greek nationals (41 out of 68 cases, or else 60%). In 2011, the majority of newly reported HIV infections among IDUs also referred to Greek nationals. Out of 220 whose nationality was known, 83% were Greek⁹.

June 2013: Elections and change of leadership in the Ministry of Health

After the resignation of Papandreou government in November 2011, the government of L Papadimos was formed (November 2011 – May 2012) and elections were conducted in May 2012, although elected parties were unable to form a government; under the provisional government of Mr. Pikramenos, runoff elections were held in June 2012. The newly-formed government which comprised three parties (New Democracy, Panhellenic Socialist Movement and Democratic Left) proceeded to changes in the political leadership of the Ministry of Health. The portfolio of public health changed hands and was assigned to Foteini Skopouli. The pressure coming from abroad was intensified, when international organizations and NGOs realized that this was the ideal moment to inform the new Deputy Minister of Health for the abovementioned health provision and its impact.

Ombudsman

A few months later, in November 2012, the report of the Ombudsman was submitted to the Ministry of Health, in which the weaknesses of health provision 39a were listed (this was the first time that HIV was criminalized on a massive scale, through the conduction of mandatory tests at police stations and the use of a medical procedure in order to press charges against people found to be HIV-positive), together with the problems that arose by its implementation as a policy for public health protection¹⁰. In his conclusions, the Ombudsman states among others that:

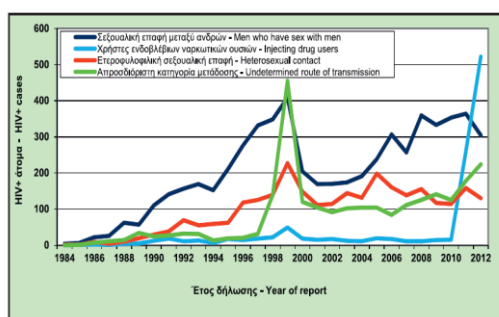
- Investigation is required as to whether the provision was preceded by reasoned opinions or recommendations by scientific bodies, which documented the risks for public health from communicable diseases and microbial infections and indicated the application of sanitary controls in specific population groups;
- It is questioned whether HIV and hepatitis B and C fall into the category of infectious diseases that are dangerous to public health, given that they are mainly spread through unprotected sex or sharing needles.
- From the perspective of the principle of proportionality, the necessity of compulsory measures is questioned, in connection with the exhaustion of moderate measures that

were implemented until then and proved ineffective in protecting public health,.

Increase in HIV / Working Committee for the Development of Proposals

At the same period, the epidemiological data of HCDCP for 2012 were published; they revealed that the epidemic remained highly prevalent among IDUs, whereas the rates had been increasing and that was the first time that the absolute number of diagnoses was higher among IDUs than MSM¹¹.

Επίγραμμα 4
Συνολικά δηλωθέντα HIV οροθετικά άτομα στην Ελλάδα κατά κατηγορία μετάδοσης και έτος δήλωσης (μέχρι 31/12/2012)
HIV infections reported in Greece by transmission group and year of report (by 31/12/2012)



The ECDC revisited Athens and, in the latest report that it drew up, referred to an epidemic that was bound to torment the country for a long time.

The Deputy Minister of Health decided to fulfill some of the recommendations of the joint report of May that was prepared by European experts, and to undertake a coordinating role in the actions that were being developed by institutions, scientific societies and NGOs. Thus, she took an initiative towards the right direction: in December 2012, she established the "Working Committee for the Development of Proposals to Address the Epidemic of HIV/ AIDS in the centre of Athens," under the supervision of the Ministry of Health. Within two months, the intensive meetings of the committee yielded a report with recommendations towards the political leadership of the Ministry of Health (February 2013).

From that point onwards, the negligence of the Ministry led to the submission -not until June 20th 2013, and while in the meantime the leadership changed again after a government reshuffle- of an Action Plan to address the HIV/ AIDS epidemic among IDUs¹², which did not reflect the original text proposed by the members of the committee in February of the same year, whereas it received harsh, written criticism by the Hellenic

Society for the Study and Control of AIDS. The Ministry of Health re-entered into consultation with the committee and called for updating the proposals and accompanying them with a timetable, an accountable body and cost of implementation. In early August 2013, the new texts were handed over to the new Deputy Minister of Health, Zetta Makris (in charge of public health issues that took over after the government reshuffle in May 2013) and communicated to the relevant departments of the Ministry. Since then, the Ministry of Health has offered no official response, while the political leadership has not called over the working committee again.

Health provision 39a is abolished, but then it is reinstated

Another initiative by the outgoing political leadership (the Deputy Minister of Health Fotini Skopouli) that may be deemed positive was the abolition of health provision 39a (after unanimous recommendation of a relevant committee that was formed, in April 2013, where the civil society participated through a representative). This initiative was launched after the first court acquittals involving the women who had been arrested, while international pressure kept unabated for almost a whole year. In an unprecedented move, however, the new Minister of Health, Adonis Georgiadis, reinstated the specific provision within the first days of his appointment in June 2013 (after the aforementioned reshuffle), once again causing the intervention of the UNAIDS¹³, as well as the appeal of the civil society to the Council of State questioning the constitutionality of the decision (November 2013).

Conclusions/ Recommendations

The strategy and its implementation should not be dependent on changes in political leadership

The most important thing that needs to be embedded by the political leadership and competent services of the Ministry of Health, by the several stakeholders and non-governmental organizations that are active in the field, is that measures should be taken on the basis of a short-, medium- and long-term planning strategy; this is the only way to tackle such a serious epidemic in a population that faces several difficulties, namely injecting drug users, and thus every measure is essential. In addition, it is important to understand that the strategy, its implementation in the

above-mentioned different time periods and its regular evaluation, should not be dependent on changes in political leadership. Greece is going through a particularly difficult time because of the crisis (economic, social, institutional and value crisis), and the stability of the political leadership of the Ministry of Health is doubtful (either because of reshuffles or because of national elections). The political leadership of the Ministry has changed four times since the beginning of 2012, which is indicative of the situation. The time lost in updating and evaluating the strategic plan is significant. Thus, if reshuffling is inevitable for some reason, the Prime Minister or/and the Deputy Minister of the current government should at least guarantee that interventions to be designed and implemented will not depend on politicians.

Immediate implementation of the European and National Bodies proposals

The waiting list

In December 2011, the Inter-Ministerial Commission for the Coordination of the Combat against Addictions (Greek acronym: DESKE) -consisted of representatives from the ministries involved and from specialized agencies in the field of addictions (OKANA, KETHEA, 18ANO, Psychiatric Hospital of Thessaloniki, National Centre of Documentation and Information on Drugs)- completed the Biennial National Plan for Combating Addictions 2011-2012 (Greek acronym: ESKE), which was submitted to the Prime Minister for approval in January 2011. A key provision was included in this National Plan, according to which OKANA should receive financing from the Ministry of Health in order to create, inter alia, new Substitution Treatment Units. The implementation of the plan coincided with the increase in HIV diagnoses among injecting drug users in 2011 (several diagnoses were perhaps recorded during the examinations that drug users were subjected to upon their admission to substitution programs). The creation of these new units resulted in the abolition of waiting lists across the country; more specifically, in Attica, where the largest volume of demand was to be found, waiting time was reduced from 7.5 years to 42 months. The above mentioned situation is described with great clarity in the biennial OKANA Assessment Report on the 2010-2012 Activities, published in March 2012¹⁴. However, the problem of the waiting list in Athens has always been and still is a thorny issue for the Agency. Due to a 50% reduction in the annual budget of the Organisation in 2013 no

new Substitution Treatment Units have been created. In addition, the alternative predicted measure regarding Structures and Prescription Desks was never implemented; the abovementioned measure concerns drug users who can be provided with either unsupervised prescribing, or substitute prescribing by doctors of the NHS who shall receive special training (proposals that are clearly outlined in OKANA's¹⁵ Operating Framework and could assist in the absorption of the list). In addition, the alternative predicted measure regarding Structures and Prescription Desks was not implemented; the abovementioned measure concerns drug users who can be provided with either unsupervised prescribing, or substitute prescribing by doctors of the NHS who shall receive special training (proposals that are clearly outlined in OKANA's¹ Operating Framework and could assist in the absorption of the list).

All necessary efforts should be undertaken to solve the issue the waiting lists for IDUs who wish to join the substitution programs. Waiting should not exceed two months if someone lives in Athens or elsewhere in Greece. Apart from the additional funds that OKANA should be provided with by the Ministry of Health, so as to staff the new Substitution Treatment Units, it is important to conduct an immediate assessment of current programs implemented per person in Substitution Treatment Units, with a view to implement the alternative approaches set out in the Operating Framework of the Agency like, for example, Structures or Prescription Desks for drug users who are ready to move on to unsupervised substitution treatment. In addition, there is direct need for a training program for NHS doctors on prescribing methadone.

Expanding the current syringe distribution program

The current syringe distribution program should be expanded, so as to reach the country's target of 200 syringes per user per year. OKANA has already initiated an effort (with KETHEA currently tagging along) to individualize the distribution of medical supplies for streetwork, but also for the structures of the two bodies in general. With no intention to underestimate the difficulty of this task, it is important for those doing fieldwork to strengthen their coordination and efforts, so as to ensure that each user receives 200 syringes annually, instead of making calculations according to the average number of syringes distributed to the sum of users.

Securing anonymity and optional HIV testing/ Revision of legislation

The political leadership should guarantee that all interested citizens will be able to get tested for HIV, easily, freely and anonymously. Ensuring anonymity and the opportunity of optional testing, with respect to fundamental human rights, is very important. There is need for an immediate political decision to be taken to review any regulation that hinders access to free testing, to preserve anonymity and to ensure the protection of the people who get tested. The working group that was set up in the summer of 2013 to review health provision 39a has offered alternatives and scientifically documented the removal of the dilemma "human rights or protection of public health?". This working group could be convened once again, in order to offer its advice on several laws that need revision in regard with assuring the anonymity and confidentiality of HIV and hepatitis testing.

Inter-ministerial body to confront HIV

It is important to develop a strategy and to set up an inter-ministerial body at national level, which would provide the best answers to questions regarding HIV. It is very important, both in terms of planning and operation, that those stakeholders who are capable of contribution will be included in this body (such as representatives from the Ministries of Health, Public Order / Citizen Protection, Employment, local government, police and civil society); the involvement of people who live with HIV and populations that have been struck by the epidemic is equally significant.

Common prevention plan against infections

A common prevention plan against infections among people who inject drugs, in Athens and throughout Greece, should be prepared. The established working Committee has already submitted particular cost proposals, which include a time schedule and provide for an implementation body in charge. They are pending to be prioritized by the Ministry of Health on the basis of the current budget, and so does the political decision to support them. In addition, in unison with the proposal of European experts, this Committee should be enriched with entities operating outside Athens, while it should also design an appropriate intervention plan for the rest of Greece.

Cooperation of bodies providing services

All services available to HIV-positive injecting drug users should be concentrated in one place

(provision of antiretroviral treatment, substitution program and health services able to respond to the treatment of co-infections with hepatitis B and C, as well as tuberculosis).

Implementation of a behavioral surveillance system

A behavioral surveillance system targeting IDUs, MSM, sex workers and immigrants should be implemented. The monitoring system should primarily focus on HIV, the various forms of hepatitis and behavior around health issues.

Access to rapid HIV testing

Access to rapid HIV testing should be provided to populations which are at high risk of being diagnosed as HIV-positive. The provision of Mobile Units for testing is a good way to answer this problem. It is important to ensure a secure environment around the Mobile Unit without the presence of the police; in that way, populations-at-risk can show trust and approach the unit in order to get tested. The philosophy underlying operations Ksenios Dias (Welcoming Zeus) and Thetis has to be abandoned, at a time when the country is facing a public health issue. The responsible bodies that provide tests in Mobile Units should intensify their efforts to interconnect those found HIV-positive with the Infectious Diseases Units. In addition, the political leadership should definitely ensure unimpeded access to antiretroviral treatment for those in need, regardless of having insurance coverage or not.

Monitoring and evaluation system

A common effective monitoring and evaluation system should be developed which will provide useful data to those who are invited to help in response to the epidemic. Each action, each service, each test should be recorded, so as to ensure that there is an accurate picture of the HIV epidemic at any given time, along with the response given at each time.

Coordination

It is important to note that all reports that ensued the visits of the European institutions, namely ECDC, EMCDDA and WHO-EUROPE, made particular reference to coordination issues, in which they found a large deficit. Special emphasis is given, whenever is possible, to the assumption of political responsibility at every level (the engagement of the local government and several Ministries -with the exception of the Ministry of Health- is not strong). Emphasis is also given to the importance of harm reduction interventions in prison, as the number of people who

are in prison for offenses connected to drug use reaches 50 % of the total prison population¹⁶.

The recommendations of the working Committee

The work of the committee for addressing the HIV epidemic among IDUs in Athens, rests on four main pillars: streetwork, referring IDUs for diagnosis of HIV infection and of possible co-infections and creating an algorithm for monitoring IDUs who are HIV positive, training of professionals / volunteers with regard to streetwork and, finally, treating the community in relation to the use of substances and prevention. The following are some of the most important recommendations that were not originally included in European reports:

- Designation of a particular coordinating team with the aim of planning, coordinating and continuously evaluating the needs of streetwork.
- Involvement of former users in streetworking groups, given that they are very familiar with the hangouts and habits of IDUs.
- Provision of free medical supplies from fixed points (boxes), in order to secure 24-hour access.
- Designing actions that promote reproductive health among women-IDUs, so as to prevent the vertical transmission of HIV and co-infections.
- Continuous training of people who engage in streetwork, and regular exchange of know-how among the various groups and different approaches.
- Finding ways to tackle homelessness and to provide access of IDUs to food and water.
- Health education and awareness raising through campaigns, leaflets, audiovisual means, internet, etc., as well as engagement of major stakeholders in this effort, such as the Hellenic Pharmacists Association, the Athens Trade Association, etc.
- Creating sites of safe use, which provide the same medical supplies offered on the street but where the IDUs can resort to and make use, under the supervision of health professionals.

It should be noted here that the first supervised injection site of OKANA has been in operation for the last two months¹⁷. The figures released for the first months of operation showed that 415 safer drug uses had been performed by 123 IDUs. Another very important data showed that under very close supervision in the unit, 19 inci-

dents of overdose were avoided and that 2 incidents of overdose were treated.

Many of the proposed actions for intervention in the centre of Athens do not need financial support from the Ministry of Health, given that they are either based on the NSRF, or their funding has already been secured by the private sector and corporate social responsibility (CSR). However, it should be set under the auspices of the Ministry of Health, in order for the proper importance to be attributed to particular interventions that require so. Undoubtedly, the terms of approaching actors such as the Hellenic Pharmacists Association, the Athens Trade Association or the mass media, are very different when under the auspices of the Ministry of Health combined with the presence of the representative of a competent directorate.

National Strategy and Action Plan on Drugs

At this point, we essentially return back to where we started from, i.e. the causes of the HIV epidemic among IDUs: chronic lack of strategic and substantive interventions and their regular evaluation. In 2008, the Strategic Plan on Drugs 2008-2012¹⁸ was published, which originally moved in the right direction despite its shortcomings, by presenting all the then existing stakeholders in addressing the issue of drugs, the lines of design and intervention, the organizations in charge of each action, a timetable for implementation and budget.² Whether the distribution of work among lines of action and organizations is proper or not, is an important issue that ought to be discussed. However, the most important issue concerns its implementation and evaluation. The Strategic Plan 2008-2012 seems to have been another attempt among the various national strategic plans prepared by the then Ministry of Health, which lacked actual implementation though and, of course, were not accompanied by any publication of activities or by an evaluation. In the meantime, we also witnessed the drafting of a new, biennial Strategic Action Plan on Addictions for 2010-2012, as well as the first biennial report of the OKANA (March 2012).

Since then, despite the fact that a whole year has passed since the initiation of these two projects, and despite the fact that the EU has drafted a Strategy on Drugs for the period 2012-2020 there are, only rumors about efforts to draft a Strategic Action Plan. The National Coordinator on Drugs and the National Commission on Drugs,

who have undertaken this task according to the description of their portfolio, are going to face some major challenges:

- Take into account the recommendations formulated in the existing European Strategic Action Plan.
- Include all stakeholders in consultations and the civil society in editing the Plan.
- Secure the commitment of the Prime Minister and the Minister of Finance, so that the Plan receives the necessary resources for its implementation.
- Monitor and evaluate each line of action.
- Present a biannual evaluation.
- Delegate in experts and independent institutions the evaluation of the National Strategy on Drugs.

The convergence between institutions, collective entities, experts and people who use or have used drugs, is very important. Greece is in urgent need of short-, medium- and long-term objectives, which will be accompanied by budgets and assessments to address both the HIV epidemic among IDUs, and the issue of drugs and addictions in general. Above all, Greece needs to recover its internal reliability, which would mean that even in times of economic crisis, the state, its institutions and the civil society were all able to work in the right direction, that they sought and found the most appropriate ways, they took bold political decisions and exceeded the phenomena of corruption and waste of public funds, that they made good use of experts and provided the best possible answers.

BIBLIOGRAPHY / REFERENCES

¹ Marianella Kloka works as advocacy officer in PRAKSIS NGO. Being part of the civil society has worked for many years in order to promote the rights of the Greek LGBT movement, of people living with HIV/AIDS, of people who inject drugs and of immigrants. She is a founding member of the Organism "World without wars and violence" in Greece, she is member of the worldwide Humanist Movement and she led several missions to Africa and Asia in order to promote health and educational programs.

² Indicative epidemiological data, KEELPNO 2009 – 2010:

(<http://www.keelpno.gr/Portals/0/%CE%91%CF%81%CF%87%CE%B5%CE%AF%CE%B1/HIV/%CE%95%CE%A0%CE%99%CE%94%CE%97%CE%9C%CE%99%CE%9F%CE%9B%CE%9F%CE%93%CE%99%CE%9A%CE%9F%20%CE%94%CE%95%CE%9B%CE%A4%CE%99%CE%9F%202009.pdf> -

<http://www.keelpno.gr/Portals/0/%CE%91%CF%81%CF%87%CE%B5%CE%AF%CE%B1/HIV/%CE%95%CE%A0%CE%99%CE%94%CE%97%CE%9C%CE%99%CE%9F%CE%9B%CE%9F%CE%93%CE%99%CE%9A%CE%9F%20%CE%94%CE%95%CE%9B%CE%A4%CE%99%CE%9F%202010.pdf>)

³ https://www.youtube.com/watch?v=NQTwpF_YmaY

⁴ <http://www.ecdc.europa.eu/en/publications/publications/hiv-joint-technical%20mission-hiv-in-greece.pdf>

⁵ http://www.keelpno.gr/Portals/0/%CE%91%CF%81%CF%87%CE%B5%CE%AF%CE%B1/HIV/EPIDIMIOLOGIKO%20HIV_2011.pdf

⁶ Main conclusions: follow up of ECDC risk assessment on HIV in Greece, with a focus on the HIV outbreak among people who inject drugs in Athens, June 2013

⁷ <http://www.ygeia360.gr/el/news/item/6623-programma-aristotelhs-foboi-gia-diaspora-toy-hiv-aids-peran-twn-xrhstwn-narkwtikwn>

⁸ <http://ruins-documentary.com/en/#>

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<http://www.ecdc.europa.eu/en/publications/publications/hiv-joint-technical%20mission-hiv-in-greece.pdf>

¹⁰ <http://www.synigoros.gr/resources/eggrafo-stp--10.pdf>

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¹⁴ OKANA Publications, Biennial Activities Report: <http://www.okana.gr/2012-02-03-13-20-56/entupo-yliko-ekdoseis>

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http://www.okana.gr/psifiakibibliothiki/doc_download/282-----%E2%80%8E

¹⁶ Main conclusions: follow-up of ECDC risk assessment on HIV in Greece, with a focus on the HIV outbreak among people who inject drugs in Athens – June 2013

¹⁷ <http://www.okana.gr/2012-01-12-13-29-02/anakoinoseis/item/449-epoptevomenosstathmosodysseas>

¹⁸ http://ygeiamap.gov.gr/wp-content/uploads/2012/08/NARKOTIKA_TELIKO_LOW.pdf

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Drug Policy Dialogue in South Eastern Europe

The current system of global drug control is based on the three international UN Conventions : the Single Convention on Narcotic Drugs (1961) as amended by the 1972 Protocol , the 1971 Convention on Psychotropic substances and the 1988 Convention on Illicit Drugs and Psychotropic substances.

The legislative scheme developed after the 1960s followed the repressive approach and is characterized by a restrictive interpretation of the UN Conventions which is often an obstacle for the development of innovative practices that meet the needs of our time and are constantly evaluated as to their effectiveness . Decades of repressive drug policies have not reduced the size of illegal drug markets instead they have led to violations of the human rights, caused a crisis in the judicial and prison system , stabilized organized crime and marginalized vulnerable drug users , the small traders and producers of illicit crops .

The Drug Policy Dialogue in South Eastern Europe of the DIOGENIS Association aims to promote a more humane , balanced , and effective drug policy that takes distance from the repressive approach and approaches the subject from the perspective of public health , human rights and harm reduction .The specialized project Drug Law Reform which is promoted by the Association in cooperation with scientific institutions (universities and research centers) in the countries of South Eastern Europe aims to reform legislation by highlighting good practices and lessons learned from experiences in areas such as decriminalization and depenalization, proportionality of sentences , alternatives to incarceration and harm reduction .

- The series of publications of the Association aims to encourage a constructive dialogue between the competent state bodies that are responsible for drug policy, agencies, services and relevant authorities that implement this policy and civil society organisations.