



**REPORT OF THE AD HOC EXPERT GROUP OF THE GREEK FOCAL  
POINT  
ON THE OUTBREAK OF HIV/AIDS IN 2011**

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Meeting of June 8<sup>th</sup> 2011

The Greek REITOX Focal Point was notified by the Hellenic Centre for Disease Control and Prevention (HCDCP) of an observed increase in HIV/AIDS cases among injecting drug users (IDUs) during the first quarter of 2011. In order to respond to the request for documentation of the increase, the Greek REITOX Focal Point set up an experts' committee made up of representatives of agencies that are active in drug dependence treatment.

Every year, the Greek REITOX Focal Point collects from every drug dependence treatment agency the results of the screening tests for HIV and hepatitis B and C its clients undergo. Such results are collected by means of a specially designed

questionnaire and reported in the *Annual Report on the State of Drugs and Alcohol in Greece*, published yearly. In view of documenting the increase in HIV/AIDS cases, the Greek REITOX Focal Point asked every drug treatment programme to report on a) the number of HIV tests performed and b) the number of positive results.

The experts' committee met on June 8<sup>th</sup> in order to a) confirm the increase in HIV/AIDS cases and b) attempt to explain the increase and identify possible causes. More specifically, the topics discussed revolved around two axes.

### **1. Possible causes for the increase**

- a) social, economic, institutional, legal or other factors which may have prevented or limited the implementation of (more) interventions designed to screen, inform and treat IDUs
- b) factors which may have changed the patterns of use
- c) factors which may have changed the patterns of illicit drug trafficking and, most notably, the paraphernalia
- d) factors which may have shifted the IDUs' sexual practices towards riskier ones
- e) the role of the country's economic crisis in this development.

### **2. Proposals for measures**

- a) evaluation of the proposals of international organizations and the Greek reality in relation to such proposals
- b) concrete measures to be taken immediately.

The key points of the meeting are presented below.

#### **1. Possible causes for the increase**

The members of the experts' committee shared their experience from their daily contact with street users (low-threshold programmes) and drug users in treatment (treatment programmes) and commented on the results of the medical examinations performed as a prerequisite for admission to treatment.

1. The experts' committee **confirmed the increase in HIV/AIDS cases** and pointed out that it **started already in the last quarter of 2010** and continued with more intensity in 2011.
2. The overwhelming majority of cases have been **detected in Athens**. Most of them have been notified by the Direct Aid and Support Unit (MABY), which performs tests for the OKANA substitution treatment programmes in Athens and for some KETHEA programmes.
3. The experts' committee members agreed that, **compared to the previous years, there have been no changes in the operation of harm reduction interventions**, i.e. active users reached by streetwork programmes, provision of counselling to active users and provision of primary medical care to the user population, quite the contrary. In order to respond to the observed increase in HIV/AIDS cases, the OKANA Direct Aid and Support Unit (MABY) increased, as of May 2011, the number of syringes allowed for exchange (from 25 to 40 per patient weekly) and the number of condoms distributed to active users (from 7 weekly to 25 or even 40 for injecting sex workers).
4. Nonetheless, the participants pointed out that the **stronger police presence in downtown Athens** and the regular "sweep operations" do disperse drug users, albeit only temporarily, thereby making them harder to reach for streetwork professionals.
5. Furthermore, the Greek REITOX Focal Point highlighted in its *2010 Annual Report on the State of Drugs and Alcohol in Greece* that, compared to the estimated number of problem drug users, **the number of low-threshold programmes is very small in Greece, i.e. a total of three, all of them in Athens**: MABY Drug Addicts' Care Facility (OKANA), EXELIXIS (KETHEA) and STREETS OF ATHENS (Medecins du Monde NGO). Two of the streetwork programmes were faced with great challenges in implementing their activities, since the stronger police presence disperses the drug scenes.
6. According to the committee members' views, an additional factor might be the observed **increase in needle-sharing as a pattern of use**, and also the increase in **unsafe sex practices**. It is worth pointing out that, according to the committee

members, unsafe sex seems to be more to blame for HIV transmission than needle- and injecting equipment sharing.

7. A key factor in relation to the above seems to be the **economic crisis**, resulting in limited opportunities to make money from e.g. occasional employment, hand-outs, pocket money from parents, etc., while leading to an increasing number of (mostly) problem users prostituting themselves to make money to support their habit. This seems to be further aggravated by the significant increase in the number of (mostly illegal) immigrants, who tend to concentrate in downtown Athens.

8. An additional factor the committee believed worth considering is the well-founded suspicion that **some problem users are intentionally infected with HIV, because of the benefit they are entitled to (approximately € 1,400 every two months), and also because they are granted “exceptional admission” to the Substitution Programme**. It is well-known that the Substitution Programme has a long waiting list and that the waiting time can be over 3-4 years. Drug users with a severe chronic condition jump the queue and are admitted in a short period of time.

The experts' committee also underscored that:

- Unsafe sex seems to be more to blame for HIV transmission than needle- and injecting equipment sharing
- The number of problem users who end up being screened for HIV is limited
- The number of immigrant problem drug users, i.e. immigrants at risk for HIV/AIDS infection, although not officially recorded, seems to have increased in recent years, according to committee member reports. Thus, the problem may be even more serious than current data show.
- A large number of users are not sufficiently informed about the risks and the precautions.

## **2. Proposals for measures**

*a) evaluation of the proposals of international organizations and the Greek reality in relation to such proposals*

From the literature on AIDS among IDUs, the Greek REITOX Focal Point selected two studies which put forward concrete measures for the prevention of the spread of the epidemic and brought them before the committee for discussion. The conclusions or the proposals of the two studies are presented below.

A) Nine interventions outlined in the WHO, UNODC, UNAIDS technical guide for the prevention and treatment of HIV among drug injectors

**Source:** WHO, UNODC, UNAIDS. (2009) *Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users.* WHO, Geneva.

1. needle and syringe exchange programmes;
2. drug dependence treatment and in particular opioid substitution therapy for people who use opioids;
3. antiretroviral therapy for HIV-positive people (and their sexual partners);
4. HIV testing and counselling;
5. prevention and treatment of sexually transmitted infections;
6. condom programmes for people who inject drugs and their sexual partners;
7. targeted information, education and communication for people who inject drugs and their sexual partners;
8. vaccination, diagnosis and treatment;
9. prevention, diagnosis and treatment of tuberculosis.

B) The proposal of the Independent Reference Group to the United Nations

**Source:** *Independent Reference Group to the United Nations Calls for Member States to Scale up Evidence-Based Interventions to Address HIV among People who Inject Drugs ahead of the High Level Meeting on AIDS*

1. Improve engagement with people who inject drugs in shaping responses to HIV/AIDS.
2. Support a public health, rights-based approach to HIV programming that recognizes that access to life-saving, proven interventions for the prevention and treatment of HIV is a human right for all people, including people who inject drugs
3. Urgently implement and/or scale up the comprehensive package of nine interventions outlined in the WHO, UNODC and UNAIDS technical guide for the prevention and treatment of HIV among people who inject drugs.
4. Remove legislation and policies that prevent the introduction or inhibit the delivery of these nine interventions.
5. Commit to ending punitive law enforcement approaches to injecting drug use.
6. Improve integration of HIV services with treatment for drug dependence.

7. Commit to treating health conditions that co-occur alongside HIV among people who inject drugs.
8. Gather data to enhance the response to HIV among people who inject drugs.

With regard to the nine interventions outlined in the WHO, UNODC and UNAIDS technical guide and the proposal of the Independent Reference Group to the United Nations, the experts' committee came to the conclusion that all of them have been developed in Greece, though several of them not adequately so. More specifically, in Greece:

1. HIV/AIDS screening and counselling, as well as antiretroviral therapy for HIV-positive people and their sexual partners are provided for by law and available.
2. All treatment modalities are available to drug-dependent individuals. Psychosocial interventions (drug-free programmes) can admit users who seek treatment immediately, i.e. they have no waiting list. On the other hand, the Substitution Programme and, in particular, the units based in Athens, where the focus of the problem of increasing HIV/AIDS cases is located, have a long waiting list (in 2010, it stood at over 3,500 users).
3. As already mentioned, syringe and injecting equipment exchange or distribution programmes are available, but they are only a few and with a limited coverage.
4. This also holds true for prevention interventions targeting AIDS or other infectious diseases, i.e. hepatitis B and C and tuberculosis.
5. Low-threshold programmes for active users also include condom distribution, though with the aforementioned limitations in terms of number and coverage.
6. According to the committee, as already mentioned, awareness-raising and information interventions addressed to problem users and their close ones concerning the risks and high-risk practices are insufficient, and the specific needs or characteristics of such groups have not been taken into consideration while designing or implementing the interventions.

*b) Concrete measures to be taken immediately*

The experts' committee proposed that the following measures should be taken or scaled up under the circumstances:

1. Cooperation of all competent bodies in preparing a National Action Plan on the management of infectious diseases, with a special focus on IDUs. A standing committee should be set up, under the auspices of HCDCP, to study the proper ways of tackling the problem.
2. Consolidation and improvement of the mechanism for the documentation and monitoring of (new) HIV/AIDS cases and other infectious diseases among drug users, through stepping up cooperation between the Greek REITOX Focal Point and HCDCP.
3. Health alerts for health professionals in case of a sudden change in the number and/or rate of new HIV/AIDS cases among IDUs and prompt utilization of the Early Warning System of the Greek REITOX Focal Point, a mechanism enabling us to rapidly respond to and inform all the agencies involved about drug-related emerging trends (new drugs, new patterns of use, new cases, etc.) which may be a risk for public health (See <http://www.ektepn.gr/Activities/SEP/>).
4. Expansion and staffing of low-threshold services and provision of the funds needed to increase the number of streetwork teams, as well as the number of syringe exchange and distribution and condom distribution programmes. Renewed operation of the OKANA Mobile Unit.
5. Expansion of harm reduction interventions to cover special population groups, prisoners in particular.
6. Access to immigrants' groups through their clubs, to ensure their engagement in infectious disease information and prevention.
7. Illegal immigrants' access to HAART.

8. Public information campaign with the involvement of the media, with a special focus on groups at risk. Leaflets translated in the various languages spoken by the immigrants.
9. Increased drug users' access to therapy. Expansion of the Substitution Programme. Continued funding to drug-free programmes.
10. Specialised education / training in prevention for the staff of health services, so as for them to relay information to high-risk groups they come in contact with.
11. Implementation of school-based prevention interventions in cooperation with the Ministry for Education.
12. It was agreed that the Greek REITOX Focal Point would receive the questionnaires with the results of medical examinations every two months.
13. The aforementioned prevention measures entail a burden for the budgets of the competent bodies, but they should be looked at in the light of the cost of treatment of AIDS.
14. There could be some value in HCDCP making arrangements with non-governmental organizations that come in direct contact with drug users and/or injecting sex workers, immigrants and other vulnerable groups (e.g. PRAXIS and Medecins du Monde).

The experts' committee members considered that, in order to enhance the effectiveness of HIV-related interventions among IDUs, more information is needed from HCDCP. The agencies requested that the following issues be clarified in cooperation with HCDCP:

- A. The notification procedure for new HIV/AIDS cases recorded in treatment programmes to HCDCP. For instance, *who are they reported by?* (the agency, the

programme / unit, the internist of the programme / unit, the laboratory, all of the above, etc.) .

B. Are there any cases of drug users notified to HCDCP as new HIV/AIDS cases outside the drug treatment system, i.e. users screened at public hospitals or private diagnostic centres?

C. The procedure whereby HCDCP decides that, among HIV/AIDS-positive IDUs, the transmission route was e.g. injecting, needle-sharing, unsafe sex, etc.

D. How is medical secrecy guaranteed in the follow-up tests performed by HCDCP and its associated laboratories? This piece of information is useful in order for professionals to properly inform users in treatment and lift their objections, if any.

E. The legal status of seropositive underage sex workers and the responsibility of the agency in such cases.

## Summary

The experts' committee confirmed the increase in HIV/AIDS cases among IDUs and identified as the most probable causes lack of information, unsafe sex practices, increased needle-sharing and increased prostitution. In relation to the latter three factors, the economic crisis and the concentration of a large number of immigrants in downtown Athens seem to have played an important role.

Among problem users, there is a clear lack of information about the routes of HIV transmission and the precautions, as well as poor access to infectious disease control and management services.

According to the committee's proposals, the measures to be taken immediately in order to respond to this situation include an information/awareness campaign to raise public awareness of the problem and the precautions, improved problem users' access to specialized therapy programmes and infectious disease control services, expansion of low-threshold services, and specialised training for health professionals.

Attached please find Chapter 8 of the *2010 Annual Report on the State of Drugs and Alcohol in Greece: Responses to Health Correlates and Consequences*, presenting the

available harm reduction interventions. The full text of the Report can be downloaded from the website of the Greek REITOX Focal Point: [www.ektepn.gr](http://www.ektepn.gr)

### **Bibliography suggested to the expert group**

- Altice, F.L., Kamarulzaman, A., Soriano, V.V., Schechter, M., Friedland, G.H., 2010. Treatment of medical, psychiatric, and substance-use comorbidities in people infected with HIV who use drugs. *Lancet* 376, 367-387.
- Arponen, A., Brummer - Korvenkontio, H., Liitsola, K., SIminin M. 2008. Trust and free will as the keys to success for the Low Threshold Health Service Centres. National Public Health Institute, Finland.
- Amato, L., Davoli, M., Perucci, C.A., Ferri, M., Faggiano, F., Mattick, R.P., 2005. An overview of systematic reviews of the effectiveness of opiate maintenance therapies: available evidence to inform clinical practice and research. *J Subst Abuse Treat* 28, 321-329.
- Baral, S., Sherman, S.G., Millson, P., Beyrer, C., 2007. Vaccine immunogenicity in injecting drug users: a systematic review. *Lancet Infect Dis* 7, 667-674.
- Beyrer, C., Malinowska-Sempruch, K., Kamarulzaman, A., Kazatchkine, M., Sidibe, M., Strathdee, S.A., 2010. Time to act: a call for comprehensive responses to HIV in people who use drugs. *Lancet* 376, 551-563.
- Beyrer, C., Malinowska-Sempruch, K., Kamarulzaman, A., Strathdee, S.A., 2010. 12 myths about HIV/AIDS and people who use drugs. *Lancet* 376, 208-211.
- Colfax, G., Santos, G.M., Chu, P., Vittinghoff, E., Pluddemann, A., Kumar, S., Hart, C., 2010. Amphetamine-group substances and HIV. *Lancet* 376, 458-474.
- Degenhardt, L., Mathers, B., Vickerman, P., Rhodes, T., Latkin, C., Hickman, M., 2010. Prevention of HIV infection for people who inject drugs: why individual, structural, and combination approaches are needed. *Lancet* 376, 285-301.
- El-Bassel, N., Terlikbaeva, A., Pinkham, S., 2010. HIV and women who use drugs: double neglect, double risk. *Lancet* 376, 312-314.
- Hedrich, D., Pirona, A., Wiessing, L. 2008. From margin to mainstream: the evolution of harm reduction response to problem drug use in Europe. *Drugs: Education, Prevention and Policy* 15 (6), 503-517.
- Horton, R., Das, P., 2010. Rescuing people with HIV who use drugs. *Lancet* 376, 207-208.
- Independent Reference Group to the United Nations Calls for Member States to Scale up Evidence-Based Interventions to Address HIV among People who Inject Drugs ahead of the High Level Meeting on AIDS. 2010. [http://www.unodc.org/documents/hiv-aids/HLM\\_statement1.pdf](http://www.unodc.org/documents/hiv-aids/HLM_statement1.pdf)
- Jurgens, R., Csete, J., Amon, J.J., Baral, S., Beyrer, C., 2010. People who use drugs, HIV, and human rights. *Lancet* 376, 475-485.
- Mathers, B.M., Degenhardt, L., Ali, H., Wiessing, L., Hickman, M., Mattick, R.P., Myers, B., Ambekar, A., Strathdee, S.A., 2010. HIV prevention, treatment, and care services for people who inject drugs: a systematic review of global, regional, and national coverage. *Lancet* 375, 1014-1028.
- Mathers, B.M., Degenhardt, L., Phillips, B., Wiessing, L., Hickman, M., Strathdee, S.A., Wodak, A., Panda, S., Tyndall, M., Toufik, A., Mattick, R.P., 2008. Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review. *Lancet* 372, 1733-1745.

- Platt, L., Bobrova, N., Rhodes, T., Uuskula, A., Parry, J.V., Ruutel, K., Talu, A., Abel, K., Rajaleid, K., Judd, A., 2006. High HIV prevalence among injecting drug users in Estonia: implications for understanding the risk environment. *AIDS* 20, 2120-2123.
- Rhodes, T., Ball, A., Stimson, G.V., Kobyschka, Y., Fitch, C., Pokrovsky, V., Bezruchenko-Novachuk, M., Burrows, D., Renton, A., Andrushchak, L., 1999. HIV infection associated with drug injecting in the newly independent states, eastern Europe: the social and economic context of epidemics. *Addiction* 94, 1323-1336.
- Rhodes, T., Simic, M., 2005. Transition and the HIV risk environment. *BMJ* 331, 220-223.
- Rhodes, T., Stimson, G.V., Crofts, N., Ball, A., Dehne, K., Khodakevich, L., 1999. Drug injecting, rapid HIV spread, and the 'risk environment': implications for assessment and response. *AIDS* 13 Suppl A, S259-269.
- Rhodes, T., Stimson, G.V., Fitch, C., Ball, A., Renton, A., 1999. Rapid assessment, injecting drug use, and public health. *Lancet* 354, 65-68.
- Strathdee, S.A., Hallett, T.B., Bobrova, N., Rhodes, T., Booth, R., Abdool, R., Hankins, C.A., 2010. HIV and risk environment for injecting drug users: the past, present, and future. *Lancet* 376, 268-284.
- Talu, A., Rajaleid, K., Abel, K., Ruutel, K., Rahu, M., Rhodes, T., Platt, L., Bobrova, N., Uuskula, A. 2010. HIV infection and risk behaviour of fentanyl and amphetamine injectors in Tallinn, Estonia: implications for intervention. *Int J of Drug Policy* 21, 56-63
- Uuskula, A., Kals, M., Rajaleid, K., Abel, K., Talu, A., Ruutel, K., Platt, L., Rhodes, T., Dehovitz, J., Des Jarlais, D., 2008. High-prevalence and high-estimated incidence of HIV infection among new injecting drug users in Estonia: need for large scale prevention programs. *J Public Health (Oxf)* 30, 119-125.
- Uuskula, A., McMahon, J.M., Raag, M., Silm, S., Rütel, K., Talu, A., Abel, K., Ahas, R., de Jarlais D.C. 2010. Emergent Properties of HIV risk among injection drug users in Tallinn., Estonia: synthesis of individual and neighbourhood-level factors. *Sex Transm Infect* 86 Suppl 3.
- van Ameijden, E.J., Coutinho, R.A., 1998. Maximum impact of HIV prevention measures targeted at injecting drug users. *AIDS* 12, 625-633.
- Vorobjov, S., Uuskula, A., Abel-Ollo, K., Talu, A., Jarlais, D.D., 2009. Should pharmacists have a role in harm reduction services for IDUs? A qualitative study in Tallinn, Estonia. *J Urban Health* 86, 918-928.
- Vorobjov, S., Uuskula, A., Abel-Ollo, K., Talu, A., Ruutel, K., Des Jarlais, D.C., 2009. Comparison of injecting drug users who obtain syringes from pharmacies and syringe exchange programs in Tallinn, Estonia. *Harm Reduct J* 6, 3.
- WHO, UNODC, UNAIDS. (2009) Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users. WHO, Geneva.
- Wolfe, D., Carrieri, M.P., Shepard, D., 2010. Treatment and care for injecting drug users with HIV infection: a review of barriers and ways forward. *Lancet* 376, 355-366.