EUROSIDER PROJECT

Context assessment

ELEMENTS FROM EUROSIDER LOCAL PARTNERS
CARINE MAGEN
1st state of play in the country with regard PWID and harm reduction services.

Date: 18/12/17 Country: GREECE

Questionnaire completed by: EUROSIDER TEAM

Organisation: NGO PRAKSI

1. Country Policy and legal framework related drug injection

<table>
<thead>
<tr>
<th>National Agencies related drug injection</th>
<th>National coordination mechanisms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Established by Law No 4139/13, the Greek drug coordination system consists of three levels.</td>
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</tr>
</tbody>
</table>

1) The top level is the **Inter-ministerial Committee on the Drugs Action Plan**, which is the main drug policymaking body in Greece. It consists of the Prime Minister (being the chairman of it), the Chairperson of the Parliamentary Standing Committee on Social Affairs and the Ministers of Foreign Affairs, Finance, National Defence, Interior, Education and Religious Affairs, Culture and Sports, Health, Labour, Social Security and Welfare, Justice, Transparency and Human Rights, Public Order and Citizens’ Protection, and Shipping and the Aegean. The National Drugs Coordinator attends its meetings. The responsibilities of the committee include the approval of drug action plans, the coordination of the agencies involved in implementing action plans and the evaluation of action plans.

2) The second level is the **National Committee for the Coordination and Planning of Drugs Responses**, which is composed of representatives from 10 ministries, the major drug agencies and the national focal point. It is tasked with drafting the action plan, overseeing its coordination, implementation and monitoring and developing international cooperation.
At the third level is the National Drug Coordinator, who chairs the National Committee for the Coordination and Planning of Drugs Responses. The coordinator is appointed by the prime minister for a five-year term. The national coordinator represents the country in relevant international institutions, monitors progress in drafting the National Action Plan, coordinates all services and bodies involved in the implementation of the National Strategy against Drugs, evaluates the implementation and progress of the National Strategy, cooperates with the Ministers who participate in Interministerial Committee, cooperates with the services and organizations involved in drug policy making and coordinates their actions, collects financial, statistical and administrative data, as appropriate, from the relevant administrative services, as well as information about their actions against drugs; disseminates information and raises public awareness of drugs, provides information to the Prime Minister and Parliament by means of an Annual Report submitted in the first quarter of each year and reflecting the progress made in the implementation of the National Action Plan and the evaluation thereof. Additionally, the National Coordinator shall set up an Advisory Board consisting of 5-9 members being individuals with specialist knowledge and expertise in the field of drugs, e.g. university professors and specialists in a relevant discipline, or individuals with experience in the management of drug-related issues. The Advisory Board’s mission shall be to submit proposals on drug policy matters to the National Coordinator, in order to assist his/her work.

Dr. Christina Papoutsopoulou-Diamantopoulou is currently the National Coordinator for Drugs.

A special note should be made, that despite the aforementioned foresseen national coordination mechanism, little is clear on the various agencies’ actual operation and cooperation.

The Greek Focal Point of the European Monitoring Center for Drugs and Drug Addiction

The Greek national focal point is located within the University Mental Health Research Institute and operates as the National Centre of Documentation and Information on Drugs. The national focal point operates on the basis of a three-year contract with the Ministry of Health and collaborates with OKANA (the Greek Organisation Against Drugs). Overall, the national focal point deals with drug-related issues in the field of epidemiology and responses, and is given a mandate beyond the implementation of EMCDDA-related activities. Its responsibilities also include monitoring alcohol use and related problems, and drafting the
Greek National report on drugs, the annual Greek bibliography on drugs and alcohol, and other alcohol-related assignments.

A special note should be made that the Greek Focal Point’s operations are mostly known through the organization’s contribution to collecting national epidemiological data and drafting the respective national reports.

<table>
<thead>
<tr>
<th>Regional agencies related drug injection</th>
<th>A total of 54 regional OST programmes run by OKANA at an equal number of local hospitals in Greece, of which, 23 being in Attica region. Theoretically, these units operate in a local base. However, until now it is not specifically stated that each person should receive substitutes only in his/her nearest or local unit.</th>
</tr>
</thead>
</table>

### Policy law/text related drug injection and/or Harm reduction

**National drug strategy and the respective action plan**

The currently approved national action plan, is the National Action Plan for Drugs (2008-2012). However, the draft Greek National Drug Strategy (2014-20) has long been published, however until today, the final parliamentary approval is pending. Despite this fact, the goals and actions set out in the strategy documents are being followed by the different policy actors that implement drug policy and responses to the drug problem. The National Strategy on Drugs (2014-2020) attempts a synthetic (supply and demand reduction) and holistic (cross-sectional and inter-disciplinary) approach to the drugs problem, and comprises the following priorities, among others:

- implementation of specialized actions for the prevention and support of vulnerable population groups
- implementation of contemporary strategies for supply and demand reduction
- adoption of state-of-the-art international and European policies
- implementation of effective policies based on best practices
- social participation through social awareness raising

The National Strategy on Drugs aims at:

- reducing substance use in the country
- reducing the availability, trafficking, dealing and accessibility of drugs
- ensuring continuity of care for all users of psychoactive substances, licit and illicit, depending on their needs
- increasing accessibility of services and coverage of all users’ needs
- involving the recipients of services in all stages of care throughout their support
- enhancing knowledge on the consequences of use, particularly use of illicit drugs
- prioritise the needs of vulnerable groups in treatment, particularly adolescents, young adults and women
- strengthening the communication, the cooperation and the linking of services and agencies and the stakeholders through increasing the opportunities for horizontal cooperation
- improving the operational competence and capacity of those involved in drugs supply reduction
- strengthening research through the development of drug monitoring systems, enabling evaluation and effective monitoring of the National Action Plan
- increasing best practices in the services as research indicates
- continuing education and exploiting effectively the available human resources
- exploiting financial resources, and
- upgrading and exploiting of the capacity evolving through the close cooperation among the supply reduction services at national, interstate and international level.

**The National Action Plan on Drugs (2014-2016) is in alignment with the Action Plan on Drugs European Union 2013-2016.** It aims at:

- reducing illicit drug use and its consequences
- avoiding or delaying use involvement and implementing early interventions
- increasing the availability of all types of treatment, as well as their effectiveness
- enhancing social rehabilitation
- reducing harmful consequences of use and dependence on the physical and mental health of the user (infectious diseases, somatic and psychiatric comorbidity) and on their social life (interpersonal and family relationships, employability)
- reducing harmful consequences of use and dependence on the society (reducing availability)
- enforcement of legislation on trafficking, and production of illicit substances and combating organized crime
- coordination of all drug response related activities
- further and in-depth studying of the phenomenon of use and dependence
- improving monitoring of all aspects of the problem.

In August 2014, six NGOs, including PRAKSIS, actively involved in the field of drugs, asked the Prime Minister to put the draft National Strategy and the Action Plan under public consultation.
The Prime Minister responded positively, and the NGOs, as well as other agencies sent their comments to the National Coordinator. In the commentary, PRAKSIS underlined the following:

- the need to stay alert concerning new diagnoses on HIV, Hepatitis and TB among PWUD, as prevalence remains in high level,
- the need to evaluate and adjust the prevention programs and strategy, taking under consideration that Greek REITOX recent data show increase of cannabis use among young people,
- the need to open the dialogue upon the upcoming trend in some countries concerning the legalisation of cannabis,
- the adoption of the comprehensive package proposed by the 3 more important international organizations (WHO, UNODC, UNAIDS), concerning harm reduction,
- the need for legal coverage for the drug consumption rooms,
- the need to change the legal frame in order to support volunteer, free of charge and anonymous testing for HIV and other STIs,
- the participation of the civil society in a 2 years European program concerning monitoring and reporting of New Psychoactive Substances in collaboration with the Greek REITOX focal point and Greek drug users.

Charter of fundamental human rights of dependent individuals

Worth-mentioning is the Charter of fundamental human rights of dependent individuals launched in 2014. Being an initiative of the General Secretary of Transparency and Human Rights of the Ministry of Justice, Transparency and Human Rights, in collaboration with the First Psychiatric Clinic of the Athens University Medical School, the charter was drafted by the Associate Professor of Psychiatry, Meni Malliori and the legal expert Danai Papachristopoulou. It constitutes the first, at European level, specialized document of recording, recognising and ensuring the rights of dependent individuals on health and treatment issues. The rights included are:

- the right to accept or reject medical care
- the right to a wide and equal access to medical care: availability and accessibility
- the right to privacy
- the right to select the appropriate treatment, based on informed consent
- the right to receive individualized holistic treatment
- the right to the quality of the offered health services
- the right to the unhindered access to care
- the right to provide medical care with respect to each individual’s personality
- the right of dependent individuals to participate in the political decision making against dependence
- the right to the provision of health services by qualified personnel
- the right to equal treatment
- the right to equivalence of care
- the right to employment
- the right to education
- The right to combating extinction of discrimination and stigma
- The right to information: treating the stigma of drug dependence
- **The right to the protection of life (harm reduction)**

PRAKSI had the opportunity to comment twice in the draft of the Charter of fundamental human rights of dependent individuals, the second time together with the International Drug Policy Consortium. The main issues underlined were:

- the need for a more participatory role for PWUD in every level through which policy is shaped and concerns people who use drugs,
- the need to state all written commitments that our country has signed in different agreements,
- the more systematic reference concerning harm reduction rights in order to be equally recognized within the document to the rights in treatment and care.

<table>
<thead>
<tr>
<th>Legal risks for PWID</th>
<th>National drug law</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>The Greek drug law of 1987 and its amendments were significantly modified in 1993, 2006, 2009 and 2013. The law distinguishes between drug possession/acquisition for personal use and for commercial use, and the punishment varies accordingly. In general, the 2013 law (Law No 4139/2013) establishes more lenient sanctions. It stipulates that individuals using drugs or obtaining or otherwise processing drugs for personal use only, in quantities to satisfy their own needs, or cultivating cannabis plants in numbers and areas justified for personal use only, can be sentenced to no more than five months in prison. The offence is not recorded on the offender’s criminal record on the condition that he or she does not commit another relevant offence within a five-year period. Upon the order of the investigating judge, offenders may be admitted to a special treatment unit operating in a prison setting or a community drug treatment programme operated by a lawfully recognised agency (the law specifies the recognised drug agencies). For offenders who are undergoing treatment, the imposition of the penalty can be suspended. The 2013 amendment also removed the definitions of all quantities of substances for personal use from</td>
</tr>
</tbody>
</table>
the previous law; this decision is now left to judges, based on the substance, its quantity and purity, and the needs of the offender. Those convicted of drug supply may be sentenced to up to three years’ imprisonment if addicted or sharing in a group, or at least eight years’ imprisonment if not. A life sentence is possible in very special cases, such as trafficking by medical professionals, teachers, drug therapists, etc. There is also a fine of EUR 50,000 to EUR 500,000, reaching EUR 1 million in special cases. The Greek drug law also states that a drug-dependent offender charged with drug dealing can be considered for conditional release, provided that he or she (i) has served a minimum of one fifth of the sentence and (ii) has successfully and certifiably completed drug treatment. He or she is then referred to reintegration structures outside prison.

**Drug law offences according to EMCDDA National Report 2017 (report year: 2015)**

In Greece, the Hellenic Police and other prosecution authorities reported an increase in the number of Drug Law Offences and drug law offenders in 2015, compared with 2013 and 2014. The majority of the DLOs in 2015 were linked to the use or possession of illicit substances. Approximately half of the offences were related to cannabis, followed by opioid-related offences.

- Drug law offenders for 2015: 14,704
- Drug law offences for 2015: 23,748 (Use/possession: 73% Supply: 27%)

**Policy law/text related HIV/HCV**

The Ministry of Health issued, in 2014, the “Action Plan for responding to the HIV/AIDS epidemic among PWID in Athens and the rest of Greece”. Its primary objective is the cooperation of actions of all agencies active in drug harm reduction in order to effective respond to the epidemic. The actions will be monitored and coordinated by the special Committee established, chaired by the Directorate of Public Health of the Ministry of Health, which consists of the agencies that drafted the Action Plan and are responsible for its implementation. These agencies are: Hellenic Centre for Diseases Control and Prevention (KEELPNO), KETHEA, OKANA, 18 ANO and the Prevention Centres of the Municipality of Athens. The NGOs participating are: ACTUP HELLAS, Hellenic Medical Students International Committee (HeMSIC), PRAKSIS, Hellenic Association for the Study and Control of AIDS (EEMAA), POSITIVE VOICE, KENTRO ZOIS (Centre of life) and the Greek Drugs and Substitute Users Union of OKANA.

**National Action Plan on Hepatitis C (2017)**
In 2017 a new National Action Plan for Hepatitis C was presented. Special mention to injecting drug users is made, setting also the targets for 2020 and 2030. In the action plan is also mentioned, that among others—though not as a specific target to be achieved—the need for reformation/clarification of legal context regarding drug consumption rooms. The targets are:

- Increase of syringe distribution from 70 / IDU / year, as was the situation in 2014 (and 130 for Athens), to 200 syringes / IDUs / year by 2018 and 300 syringes / IDUs / year by 2020
- Whereas currently 57.5% of IDUs are infected in the first 2 years of intravenous use (“new” users), the target is the reduction by 20% by 2020 (i.e. 46% prevalence in “new” IDUs in 2020) and by 80% by 2030 (prevalence in “new” injectors approximately 12%)
- Target to serve all IDUS who wish to enter in substitution programmes—eliminate waiting list until 2020 whereas in June 2017, 309 are on a waiting list in whole Greece—0 in Athens, 33 in Thessaloniki, 276 in the rest of the country.
- Target for administration of DAAs to 332 - 664 IDU/year (reduction of prevalence by 21% - 88% in 2030 compared with 2015 among IDUs), because currently IDUs are not among the priority groups for receiving DAAs.

The specific activities foreseen for the accomplishment of the targets are:

1. Enhancement of syringe distribution programs (NSP)
2. Enhancement of OST programs
3. Development of an appropriate framework for the administration of DAAs in IDUS (treatment as prevention) eg treatment in Directly Observed Treatment (DOT) by OKANA
4. Enhancement of streetwork activities—information provision to IDUs for HCV transmission modes and prevention

Main stakeholder with influence on social/policy transformation
Advocacy

The civil society organisations are of the main actors advocating for social and policy transformation on harm reduction issues. The Greek NGO Platform for Psychoactive substances is such a main actor. It consists of the following organizations: DIOGENIS NGO for Drug Policy Dialogue, POSITIVE VOICE (the Association of People Living with HIV in Greece), CENTRE FOR LIFE (NGO for the support of people living with HIV/AIDS), PROMETHEUS (Hellenic Liver Patient Association) the Greek DRUG & SUBSTITUTE USERS UNION and PRAKSIS.
PRAKSIS, in a continuous basis advocates on issues concerning Drugs, HIV/AIDS and more specifically, promotes harm reduction issues. Some examples have already been mentioned above, regarding the draft National Strategy and Action Plan and the Charter of fundamental human rights of dependent individuals.

It is worth mentioning the project PRAKSIS ACCESS that mainly focuses on affordable medicine.

**PRAKSIS ACCESS**

**Spread the word: access to affordable medicine**

PRAKSIS is a member of the European Alliance for Responsible R&D and Affordable Medicines and has co-signed the Joint Declaration. Co-actors in shaping and first supporters of PRAKSIS ACCESS in Greece are the Doctors Without Borders, that since 1999 through their campaign MSF ACCESS CAMPAIGN support every act, Doctors of the World, Ekpizo.

The goals of the program are:

- To inform different social groups as far as access to medicines is concerned
- To seek for supporters of this campaign
- To constitute a platform of reference and interactive presentation of issues related to access to medicines
- To contribute to an informed public dialogue as regards access to medicine

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2. Epidemiology trend

<table>
<thead>
<tr>
<th>HIV Prevalence in general population</th>
<th>HIV/AIDS Surveillance Data reported through 31/12/2016 Hellenic Center for Disease Control and Prevention (KEELPNO)</th>
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<tbody>
<tr>
<td></td>
<td>For 2016, the rate of HIV diagnosis per 100.000 population is 5.7.</td>
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<tr>
<td></td>
<td>The cumulative number of HIV diagnoses (including AIDS cases) that had been reported in Greece from 1981 (when the surveillance of HIV began) to 31/12/2016 was 15,966. Of these, 13,213 (82.76%) were males, 2,706 (16.95%) were females and 5 (0.03%) were transgender people. Gender was not reported for 42 (0.26%) HIV diagnoses.</td>
</tr>
<tr>
<td></td>
<td>Data of the HIV/AIDS reporting system should be cautiously interpreted because they may not reflect incidence and depend on patterns of HIV testing and reporting.</td>
</tr>
</tbody>
</table>
### HIV Prevalence in PWID

In Greece, low-threshold services, drug treatment centres and public health laboratories/reference centres report annually to the Greek national focal point individual or aggregated data on the results of testing drug users entering treatment for hepatitis C (HCV) and human immunodeficiency virus (HIV). Surveillance data on the prevalence and incidence of HIV/AIDS among PWID are derived from the Hellenic Centre for Diseases Control and Prevention (HCDCP-KEELPNO) of the Ministry of Health. From the EMCDDA 2017 (report year: 2015) will be mentioned only the data from PWID who approached drug related services. Updated surveillance information for the later years will be provided subsequently.

#### Data from EMCDDA 2017 (report year: 2015)

The prevalence of HIV infection in injecting drug users who approached drug-related services, ranged from 6% to 9% (totally in Greece), with levels of infection being higher in Attica (between 11% and 15%). The reduction in the number of new diagnoses compared with the ones of the HIV outbreak in PWID in Greece and especially Athens (years 2011-2013) seems to be linked to prevention, awareness-raising activities and harm reduction programs (particularly the ARISTOTLE program) that followed as a response to the epidemic. However, the reported reduction for 2015 may also be affected by the reduction in the number of tests made in drugs-related organizations, due to shortages in available resources of the last years.

#### New HIV diagnoses. In 2016, 616 new HIV diagnoses were reported. Among these cases, 508 (82.5%) were males, 107 (17.4%) were females and 1 (0.1%) was transgender person. Totally, 89 cases (14.4%), who were diagnosed with HIV in 2016, had already developed AIDS or progressed to AIDS during that year. Sex between men accounted for 45.6% of HIV diagnoses in 2016 followed by heterosexual transmissions (19.5%) and infections attributed to injecting drug use (13.1%). The route of HIV transmission remained undetermined in 21.3% of HIV diagnoses in 2016. The predominant age group in both males (57.9%) and females (56.1%) was that of 30-39 years old. Similar distribution patterns by age group were observed across transmission modes, including injecting drug use.

As mentioned above, in the recent past an outbreak of HIV occurred among PWID; 315 infections were diagnosed in 2011.
and 519 in 2012. However, HIV diagnoses attributed to injecting drug use have been decreasing since 2013 (2013 (n=266), 2014 (n=116), 2015 (n=92) and 2016 (n=81)]. However, the declining trend of HIV diagnoses in PWID does not preclude increased HIV transmission rates in that group or in other population groups in the future.

**Latest, preliminary epidemiological data for HIV infection January-October 2017 Hellenic Center for Disease Control and Prevention (KEELPNO)**

According to the mandatory notification system, by October 31st, 2017, 16,527 cases of HIV infection (82.75% men) have been registered at KEELPNO. Of these, 4,083 are AIDS cases and about 9,500 are on antiretroviral therapy. The total number of deaths is 2,746. During the first ten months of 2017, 492 cases of HIV (4.5 per 100,000 population) were diagnosed and reported to KEELPNO, of which 403 (81.91%) were men. New HIV diagnoses per 100,000 for the same time period have been reduced compared to previous years and are close to pre-epidemic levels. In the first ten months of 2017, sex between men accounted for 45.93%, followed by heterosexual transmissions (22.56%) and infections attributed to injecting drug use (13.41%).

In conclusion, in Greece, after the huge outbreak of HIV infection among PWID in 2011-2013, the last four years a decrease in new HIV infections has been observed among the above mentioned group and the total population as well. Most of the transmissions are attributed to unprotected sexual intercourse, as it used to be, before the 2011-2013 epidemic, especially between MSM. The declining trend of HIV diagnoses during the first ten months of 2017 should be interpreted with caution as the collection of data is in process.

**HCV Prevalence in general population**

No HCDCP (KEELPNO) national surveillance reports are available at a permanent basis in the last years.

The latest surveillance report is included in ECDC Hepatitis C surveillance in Europe (2013). In Greece, for 2013 22 new cases were totally reported, representing a rate of 0.2. Most cases were chronic ones. Greece used EU case definition (EU 2008). Data should be interpreted with caution.

However, according to the National Action Plan for Hepatitis C (2017) and recent epidemiological studies reported there, the prevalence of Hepatitis C in the adult general population in Greece is estimated to be within the range of 0.83-1.79%. When high-risk groups are included, the prevalence of the disease is 1.03-1.87%. It is estimated that 93,000-168,000 people of the adult population are infected with HCV and 74,000-134,000 people in the adult population have chronic hepatitis C.
While the incidence of the disease in Greece was high during the 1990s, in recent years there has been a significant decrease. However, in the last two years, there has been a rise again, which suggests an increase of people who know they have the disease.

<table>
<thead>
<tr>
<th>HCV Prevalence in PWID</th>
<th>Data from EMCDDA 2017 (report year: 2015)</th>
</tr>
</thead>
<tbody>
<tr>
<td>In 2015, with regard to HCV infection, national data indicate a national level of around 62.0%, of clients of treatment/harm reduction programs being HCV positive. The level - depending on the source of the data – ranges between 54.8% (for “dry” programs clients) and 69.6% (a sample including the substitution program clients). In particular, positive anti-HCV were detected in a higher percentage in injecting drug users:</td>
<td></td>
</tr>
<tr>
<td>▪ In substitution programs (compared to the ones in “dry” programs) as drug-users approaching OKANA OST programs have usually particular characteristics (e.g. people of older age and with a long-year history of injecting)</td>
<td></td>
</tr>
<tr>
<td>▪ in Attica (where Athens is) compared to other areas (only in the sample included in the substitution program)</td>
<td></td>
</tr>
<tr>
<td>▪ aged under 25 (only in the sample including the substitution programs),</td>
<td></td>
</tr>
<tr>
<td>▪ with an injecting history of 2 years and over (regardless of area or type of program);</td>
<td></td>
</tr>
<tr>
<td>▪ who have previously joined a treatment program.</td>
<td></td>
</tr>
<tr>
<td>Despite the fluctuations in the intermediate years, the prevalence of HCV infection at national level for injecting drug users approaching drug treatment / harm reduction programs in the country, in 2015 was at the level of 2010 (≈62%), but it was higher than the preceding six-year period. High levels of HCV infection are indicative of the high-risk injecting behavior in this population.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Overdose deaths</th>
<th>Data from EMCDDA 2017 (report year: 2015)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug-induced deaths include deaths directly attributable to the use of illicit drugs (i.e. poisonings and overdoses). Following a period of decline in drug-induced deaths since 2005, in 2015, the Hellenic Police reported an increase. Fewer than half of these deaths were toxicologically confirmed by 31 October 2016 and, because of reporting delays, the final statistical data will be available only in 2017. The majority of the confirmed deaths were of males who were older than 30 years and involved opiates. In 2015, the mortality rate for all ages was 8.7 deaths per million, which is below the European average of 14.3 deaths per million.</td>
<td></td>
</tr>
</tbody>
</table>
3. Drug use (by users of your structure)

<table>
<thead>
<tr>
<th>Products</th>
<th>- Sisha</th>
<th>- Heroin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part of injection</td>
<td>Unknown/no specific data available. However, generally speaking, users usually smoke the substance. Less frequent is the injecting use.</td>
<td></td>
</tr>
<tr>
<td>Poly consumption</td>
<td>Unknown/no specific data available. However, generally speaking, poly consumption is the most frequent type of use.</td>
<td></td>
</tr>
<tr>
<td>Chemsex/Slam</td>
<td>Unknown/no specific data available</td>
<td></td>
</tr>
</tbody>
</table>

3.1 Comments on recent evolution about drug use in your structure if needed. PRAKSI5 Public Health and Prevention programs do not collect specific data on drug use patterns.

4. Harm reduction services (at national level and in your structure)

<table>
<thead>
<tr>
<th>HR Service</th>
<th>National level</th>
<th>Your structure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needle and syringe exchange</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Opioid Substitution Treatment (OST)</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Drug Consumption rooms</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Take-home naloxone programs</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Heroin assisted treatment</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Rapid testing HIV</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Rapid testing HCV</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Outreach</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>
4.1
What is the main source of funding for harm reduction service?
- International: ...........................................
- National: In Greece, harm reduction services –and more specifically, injecting equipment provision/exchange activities- are mainly under national funding, under the coordination of OKANA, with the contribution, at times, of European Union Funding, such as through NSRF (National Strategic Reference Framework).
- Local: .....................................................
- Other (private source?): ............................

4.2
For you, what is the coverage of harm reduction services in your intervention’s zone?
- Very poor
- Poor
- Medium
- Good
- Very good

4.3
For you, what are the main barriers to access to harm reduction services?
The main barriers are caused by problems with the funding of harm reduction services (such as funding for staff and/or for the provision of injection equipment), producing obstacles in the continuous operation of them in an adequate level. However, in times when urgent needs arose (such as in the 2011-2013 outbreak of HIV infection in PWID, mainly in the area of Athens) the state showed unprecedented flexibility in finding the necessary resources. Additionally, a significant barrier is the lack of a comprehensive legislative framework for Drug Consumption Rooms. This fact caused, in July 2014 the suspension of “ODYSSEAS”, the first Drug Consumption Room in Greece (see below for more details).

4.4 For you, is there a priority of services regarding user’s needs with?
- somatic risks 1
- psychological risks 4
- social/financial risks 2
- Socio cultural risks (stigmatisation) 3
- Judicial risks 5
4.5 Please, could you describe shortly the peer’s implication and participation in your structure?

Former drug users are part of PRAKSIS paid and volunteer staff, participating in a range of the organization’s activities. For instance, peer users are involved in PRAKSIS Mobile Unit for HIV / HEP Information & Testing, participating mainly in streetwork activities. Streetwork is carried out with other non-ex-users volunteers, in places where drug users are usually concentrated. The outreach team inform about the ways in which HIV, HEP and other STDs are transmitted, provide information on safe use, on available drug treatment/OST programs. Peers are a substantial part of the Unit team, being able, due to their personal experience, to more effectively communicate with the active users and better understand their needs. Active users seem to trust them a lot and ask for their assistance. Peers (ex-users being either in OST or other drug treatment programs) are also involved in PRAKSIS Shower Bus, in Athens and Thessaloniki Polyclinics, in Homeless Centres etc. Additionally, PRAKSIS is in close cooperation with Greek Drug and Substitute Users union.

5. Availability of Treatment in your intervention’s zone

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Availability</th>
<th>Additional comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substitution treatment</td>
<td>Y</td>
<td>23 OKANA OST units in Attica region, mainly providing buprenorphine.</td>
</tr>
<tr>
<td>HCV Treatment</td>
<td>Y</td>
<td>In Greece, the highly effective but expensive treatment with Sofosbuvir is covered by national insurance only for 4th stage patients, for whom, however, the treatment is less effective. A less expensive, generic drug may become available in the future. Hepatology/ Liver units in hospitals in Attica region: • Evaggelismos General Hospital • Laiko General Hospital of Athens • Ippokrateio” General Hospital of Athens • University Hospital “Attikon” • General Hospital of Nikea</td>
</tr>
<tr>
<td>HIV Treatment</td>
<td>Y</td>
<td>Hospitals with Infectious Disease Units in Athens: • Evaggelismos General Hospital • Laiko General Hospital of Athens • Ippokrateio” General Hospital of Athens • General Hospital of Athens “G. Gennimatas” • General Oncological Hospital of Kifissia (Agii Anargiri) • General Hospital of Nikea • Tzaneio Prefecture General Hospital of Piraeus • University Hospital “Attikon” • Red Cross Hospital-Korgialenio Benakio • Sismanogleio General Hospital</td>
</tr>
</tbody>
</table>
6. Key informants about harm reduction, drug use, specific context for your country / zone. (These persons could be health workers, users or relatives, reporter, searcher, activist etc. and identified for them knowledge and capacity of analysis related the study). Please ensure the person could be agreeing to be contacted by ITSESI team.

<table>
<thead>
<tr>
<th>Name</th>
<th>Structure and function</th>
<th>Contact (e-mail, tel)</th>
<th>Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>All main stakeholders</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Free comments to contribute better understanding specificity of your context:

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**Most recent harm reduction interventions in Greece and general condition**

In 2014, the Greek Ministry of Health adopted an action plan to respond to the HIV/AIDS epidemic among PWID in Athens and the rest of Greece, in 2011. One of the main aims of the action plan was to enhance the harm reduction response by all involved actors. As a consequence, in recent years, treatment and harm reduction service provision in Greece had been scaled up, mainly with the contribution of European funds, through NSRF, although these came to an end in 2014. Following the
outbreak, harm reduction programmes were expanded beyond the Greater Athens area, with several new low-threshold programmes opened in Thessaloniki. However, in general, harm reduction service coverage in the rest of the country remains low.

Low-threshold/harm reduction services are mainly provided by the drug treatment agencies OKANA and KETHEA, which ensure a broad range of harm reduction interventions, in particular regarding prevention and treatment of infectious diseases. According to 2016 EMCDDA national report (2015 data) in Greece, harm reduction interventions include the provision of clean needles and syringes, condoms, printed health education and information materials, and training in safe use and first aid for drug users. Also, infectious diseases testing is provided, as also vaccination against hepatitis A and B.

Some more specific data concerning needle and syringe distribution/exchange programs and blood test/rapid tests for HIV/HBV/HBC are cited below.

**Needle and syringe distribution/exchange programs**

In 2013 sterile injecting equipment was provided at 19 different sites including seven fixed locations and 12 sites serviced by teams of outreach workers and mobile units. The main development in 2012–13 was the expansion of specific harm reduction programmes beyond the Greater Athens area, with several new low-threshold programmes being opened in Thessaloniki. Approximately 430,000 syringes were distributed at needle and syringe exchange/distribution sites in 2013, which is almost seven times as many as in the year preceding the outbreak (61,500 in 2010). It is estimated that in 2013 needle and syringe programmes served more than 7,100 PWID, which is six times more than in 2010 (1,080). In addition to injecting equipment, low-threshold facilities also provided condoms, printed health education and information materials and training in safe use and first aid to drug users. It is worth noting that in late 2011, OKANA replaced high dead-space syringes exchanged/distributed through the programmes with low dead-space syringes, to reduce the risk of HIV infection. KETHEA also implemented—and continues to implement—syringe exchange programs only—while OKANA focused to distribution activities, due to the increased needs that occurred.

According to 2016 EMCDDA national report for Greece (2015 data) programs concerning the distribution/exchange of clean needles and syringes are implemented by the low threshold services of OKANA and KETHEA, the mobile unit and the outreach program of KEELPNO and the mobile unit of the NGO Médecins du Monde. In 2015, syringes were distributed/exchanged in the premises of 5 units of direct assistance and from professionals by 2 outreach projects, in total 11 locations of syringe provision, ten of which being in Athens and one in Thessaloniki. For 2015, 3,157 persons were provided with 268,157 syringes. This means that 50 syringes per injecting drug user of heroin or other opioid for 2017 were distributed (estimated number of high risk injecting drug users in Greece for the reference year of 2015: 5,397). However, given that the vast majority of the syringes provision in Greece are implemented in Athens, the 99% of syringes were given to PWID in this area, and therefore the respective coverage for Athens was 109 syringes per user. It should be noted that for 2015, the number of syringes provided were decreased by 27% compared to 2014, this fact also resulting to a respective reduction of the coverage from 72 syringes per user for 2014 to 50 per user, for 2015 as already mentioned above. This reduction is due to the significant reduction of syringes distributed by OKANA for 2015 (2015: 90,828 syringes, 2014: 240,134 syringes) due to the completion of funding from the European Program of NSRF (National Strategic Reference Framework).

**Blood test and rapid tests for HIV/HBV/HBC**

According to 2016 EMCDDA national report (2015 data) in Greece, blood test and rapid tests for HIV/HBV/HBC are provided, mainly by the low-threshold/harm reduction services of OKANA and KETHEA. In 2015, blood tests and rapid tests for HIV, HBV, and HBC were provided in 23 locations distributed across the country, including 12 fixed locations and 11 locations serviced by teams of outreach workers and mobile units. It is estimated that in 2013 blood tests and rapid tests for HIV, HBV, and HBC were provided to more than 1,000 PWID, which is six times more than in 2010 (180). It is worth noting that in late 2011, OKANA replaced high dead-space syringes exchanged/distributed through the programmes with low dead-space syringes, to reduce the risk of HIV infection. KETHEA also implemented—and continues to implement—syringe exchange programs only—while OKANA focused to distribution activities, due to the increased needs that occurred.
According to 2016 EMCDDA national report for Greece (2015 data), blood tests and rapid tests to PWID, mainly for HBV, HCV and HIV/AIDS were performed by OKANA Direct Aid and Support Units (Help Centres), PRAKsis NGO and Positive Voice NGO and Médecins du Monde NGO.

Compared to 2014, in 2015 there is a drastic reduction in the number of blood tests conducted due to shortages in medical equipment and reagents of the microbiological laboratory of OKANA, for financial reasons. On the other hand, there is a great increase in the number of rapid tests (2015: 14,249 in total, 11,766 of which by PRAKsis NGO) as compared to 2014 (2014: 3,572 in total, of which 2,550 by PRAKsis NGO) mainly because PRAKsis NGO, in collaboration with Positive Voice NGO, Médecins du Monde NGO, and Centre of Life NGO implemented during the period 10/2014-04/2016 the “Public health: Prevention, Test and Support” program that included (a) Hepatitis C and HIV testing (b) Information provision on their prevention; and (c) Provision of psycho-social support and legal aid.

An important note should be made. Once a test of PRAKsis (which detects antibodies) is positive, further testing for virus levels etc. is not cost free if the person has no insurance. And more specifically, in the case of hepatitis, the way the examinations are finally done is through pharmaceuticals that give a budget to hepatologists and in this way patients’ examinations are covered except in case they are also HIV positive and then everything is cost free.

**Condoms distribution**

Condoms are also distributed by OKANA, Prevention centres, PRAKsis, Positive voice, KEELPNO, Médecins du Monde.

**PRAKsis Harm Reduction and general prevention and support activities to vulnerable groups including PWID**

In the past, PRAKsis implemented street work programs for harm reduction, coordinated by OKANA, that included the distribution of injecting equipment to PWID. Additionally, these projects included also several other harm-reduction and supporting actions such as performing of blood tests/rapid tests and respective pre-post counseling, distribution of condoms, provision of information and consultation in individual and group level about overdose risk prevention and management, safe use/safe injection, HIV/AIDS, Hepatitis B, C, STDs transmission and risk prevention. As also shown below, PRAKsis was involved to the implementation of ARISTOTLE project (2012-2013), that had the aim to limit the transmission of HIV/AIDS to IDUs in the metropolitan area of Athens.

Many of the aforementioned types of medical and psychosocial support to vulnerable groups, including PWID, continue to be provided by PRAKsis through the mobile units and the specific premises of the organization (Athens and Thessaloniki Polyclinics, Athens, Piraeus and Thessaloniki Homeless Centers). In general, PRAKsis provides public health services in Athens, Thessaloniki and Patras for the prevention of Hepatitis, HIV/AIDS/STDs for vulnerable groups, including drug users, ex-prisoners etc. A telephone line provides information about the aforementioned infectious diseases. In the premises mentioned above, direct and free of charge primary health care and pharmaceutical provision is provided as also basic hygiene services (showers, hygiene kits, clothing, NFI etc). In PRAKsis Shower bus, hygiene services are provided to homeless people along with psychosocial support. Additionally, psychosocial and legal support, side supportive services, cultural mediation, accommodation are provided to a wide range of vulnerable groups, including drug users, ex-prisoners, people living with or at risk of HIV/AIDS, HCV. Also, awareness raising activities for the prevention of HIV/AIDS/STDs, as also activities targeting stigmatization of respective populations have been conducted and are among the organization’s highest priorities. Research regarding monitoring of
infectious diseases as also new psychoactive substances have been conducted (indicatively). Advocacy actions, especially concerning issues of harm reduction, HIV/AIDS, hepatitis etc. are implemented at steady basis, as also shown above.

More specifically, in the context of the public health and prevention programs implemented by NGO PRAKSIS, HIV / HBsAG & HCV rapid tests are offered free of charge, anonymously and without appointment, both in the premises of the organization as well as in the Mobile Units that are daily in excursions in Athens and Thessaloniki. In this way, the population can be examined and at the same time be informed about the ways of prevention, routes of transmission and, when needed, be directly linked with available treatment services. The Mobile Unit staff consists of a multidisciplinary team (nurse/medical staff and social scientists). It is also staffed with peers (ex-users currently being in substitution or in treatment programs or having completed a drug-treatment program) and volunteers who carry out streetwork activities at the mobile excursions. Mobile unit excursions take place in places where drug users, sex workers, and transgender persons usually concentrate. PRAKSIS also operates in prisons settings. Currently, PRAKSIS operates in Korydallos Judicial Prison, providing rapid tests, pre-post counselling as described above, as also psychosocial support at the hospital of Agios Pavlos of Korydallos prison. In the specific prison hospital the majority of prisoners diagnosed with HIV in Attica is moved, for further care.

**Selected information on past harm reduction projects and services provided by OKANA and KETHEA**

**THE “ARISTOTLE” program**

The ARISTOTLE program was implemented between August 2012 and December 2013 by the Medical School of the University of Athens and OKANA, in collaboration with the National Retrovirus Reference Center (Hellenic Society for the Study of AIDS and Sexually Transmitted Diseases), NGO PRAKSIS and POSITIVE VOICE. The aim of the program was to limit the transmission of HIV / AIDS to IDUs in the metropolitan area of Athens. The program was based on a respondent-driven sampling to recruit participants in which each participant drew other 3 people in the program. The target group was 18 years of age and older, who inject drugs over the last 12 months. Participants gave blood samples for HIV testing and participated in a structured questionnaire interview in order to collect demographic and behavioral data. In summary, the intervention included the following harm reduction actions: HIV testing (a total of 7.133 samples from 3.320 unique individuals), provision of condoms and syringes ($N = 85.400$), post-test counseling to all participants upon receipt of the result, counseling on social and welfare issues, distribution of information leaflets on HIV and hepatitis, information on existing harm reduction structures, counseling on HIV seropositive IDUs and their referral to Hospitals with Infectious Disease Units in Athens and also in Substitution Treatment Units. Through its multipronged approach, ARISTOTLE had a significant impact in Greece. Of course, the large decline in rates of HIV infection could be the result of multiple factors, including the scale-up of HIV screening and OST, improved antiretroviral treatment coverage and increased awareness on high-risk behaviors. Separating the effect of the programme on incidence rates from other factors is complex. Nevertheless, it seems that ARISTOTLE acted as an induction network, stimulating interactions between IDUs (peers within the network) to encourage them to adopt similar behaviours (behavioural diffusion). There was also a notable increase in knowledge of HIV status. In the first round, only 20 per cent of those who were HIV positive were aware; this figure had risen to almost 90 per cent by the final round.

**Other projects: “TRIP”, “Avalanche” Operation Program, “EV-MELEIA”**
“ODYSSEAS” Drug consumption room

In October 2013, a supervised drug consumption room was opened as a pilot project at OKANA premises, targeting people who inject drugs in the street. More specifically, as part of the expansion of harm reductions services, the Hellenic Organization Against Drugs opened the first supervised facility for drug injection in 2013, aptly named ODYSSEAS (Ulysses), to offer injecting drug users early intervention in cases of overdose, coaching on infectious disease transmission, and a gateway to treatment and other care services. During the first 10 months of its operation, ODYSSEAS received 2,501 visits from 330 unique injecting drug users. Medical and nursing staff effectively handled 103 cases of overdoses with not one fatality, reducing the incidence of fatal overdoses and, therefore, the mortality rate in this population. Also, more than 100 unique referrals were noted to a range of drug-related treatment services, thus expanding the reach of these complimentary services directly to injecting drug users on the street. Additionally, the ODYSSEAS street service, manned with social workers, psychologists, socio-therapists, and street workers reached out to more than 3,500 injecting drug users, contributing substantially to the effect of harm reduction measures on the reduction in HIV incidence. Before completen a year in operation, ODYSSEAS was stranded in August 2014 due to increasing bureaucratic hurdles from the new administration of the Hellenic Organization Against Drugs (OKANA) and the Greek Ministry of Health, which have been stalling the establishment until a well-defined, legally sound framework for the provision of harm reduction services exists.

Low-threshold services provided by OKANA and KETHEA (General, indicative info)

Apart from KETHEA and OKANA programmes, that provide low-threshold services briefly described below, for a more accurate presentation of drug treatment services in Greece, a mention should be made to “18 ANO” program of Psychiatric Hospital of Athens, one of the major national treatment organizations. 18 ANO is the only state agency, being totally drug-free. Among its other services, it includes 8 Dependence Treatment Units (‘drug-free’) that represent the 19% of national drug free units.

KETHEA

For drug users who do not use the Counselling Centres low threshold and street work programs are implemented. These programs provide a safe drug-free space in which users can spend time, obtain counselling, attend to primary health (and mental health) problems, cover their basic needs in terms of food, clothing and personal hygiene, and get information in order to reduce the negative consequences of substance abuse. The low threshold programs also perform street-work. These programs motivate addicts through information and counselling to help them minimise the dangers and deal with the problems associated with drug use. KETHEA EXELIXIS runs these street-work programmes in different parts of Athens, organizing regular interventions at different times of the day and night. Rather, they motivate addicts through the provision of information and counselling, helping them to minimize the dangers associated with drug use and to face up to the related problems.

OKANA

Low-threshold services aim to approach and assist users who have not joined a treatment programme mainly because they have not been motivated to, and because they do not accept they have a problem.
These people can be approached through outreach work at drug dealing spots ('street work') or services admitting users unconditionally.

Low-threshold services aim to:

- provide medical help for health problems or refer users to other health services
- encourage and consolidate user contacts with the health system
- motivate users to join treatment programmes
- bring down drug-related crime rates
- promote harm reduction (preventing the transmission of infectious diseases)

In a harm reduction context, low-threshold services include needle exchange programmes and free condoms distribution. Such programmes are quite common in EU Member States.

Conscious of the need for a similar service in Greece, in 1997 OKANA set up a Direct Assistance and Support Unit (previously named Assistance Centre) to cater to drug users. Later on, OKANA established the 1031 Hotline and the Drug Addicts Care Facility.

**Direct Assistance and Support Unit**

The Direct Assistance and Support Unit provides for harm-reduction services aimed to meet immediate health needs and transmission prevention needs with regard to AIDS, hepatitis and other STDs.

By means of its specially equipped and staffed clinics, the Unit provides primary health care to psychoactive substance users who are in need of specialised care. What this Centre does is very important, considering that users are really difficult and, many times, “undesirable” patients for mainstream health services to see to.

The Unit offers:

- medical services: general medicine clinic, dental clinic, microbiological laboratory
- social care services: counselling, psychological support, motivation to seek treatment, user referral to treatment programmes, information on the services provided by the Unit or other health service providers, seminar on safe use and behaviour patterns
- a mobile first aid unit: for drug use emergencies (in cooperation with the National Emergencies Centre)
- a needle exchange service: users can exchange their used needles for sterilised ones
- a legal support service: provided to members of the OKANA’s Substitution Units.

**The 1031 SOS Hotline**

This OKANA hotline has been operational since September 2000. It is a member of the European Federation of Telephone Assistance Services (FESAT), and its experienced staff have received special training.

Respectful of the principles of confidentiality and anonymity, 1031 provides:

- immediate access to information about psychoactive substances and their use, prevention and Prevention Centres, treatment services, and OKANA programmes
- individual counselling on a short-term basis
- immediate help and psychological support in crisis situations related to substance use (withdrawal syndrome, suicidal behaviour, relapse prevention)

Moreover, this hotline helps keep a record of and evaluate caller problems and needs, which is a valuable input to furthering service development.

1031 provides reliable and valid information:
• to drug users, their friends and families
• to persons in urgent need of help in crisis situations
• to health professionals seeking specialised information
• to the general public

The Addicts Care Facility
The Addicts Care Facility of OKANA opened its doors in April 2003. It is a cosy, friendly and safe setting of multiple activities allowing psychoactive substance users outside treatment programmes to cover their basic hygiene and safety needs, to get psychosocial support in order to change their behaviour in a positive way, and to engage in creative activities.

This Facility is mainly addressed to psychoactive substance users who:

• shut themselves out of physical and psychosocial support services because of their negative and unsuccessful treatment experience from a treatment programme, outpatient clinic, hospital etc.
• as members of an ethnic, linguistic, social, age or other minority (refugees, immigrants, Romanies, people prostituting themselves), they face serious objective difficulties in accessing information, have only a few rights and are distrustful of state authorities
• are homeless, have no family, are young adults still going through their initial addiction stage and distrustful of calls to improve their lives and face up to their problems

At the Addicts Care Facility, users can meet the following basic needs:

• Board (meals, coffee, juice)
• Personal hygiene (taking a shower, shaving, doing one’s laundry etc.)
• Health care (information on how to deal with existing or potential health problems, referrals, facilitation of tests to be taken etc.)
• Medical care provided in cooperation with the Direct Assistance and Support Unit and other similar health service providers
• Social care focusing on psychological support via individual and group counselling
• Information on substance use risks, possibilities for safer use, social welfare issues, community resources to be tapped into, treatment possibilities
• Getting away from the dealing spots
• Creative activities focusing on social skills, and recreational activities.

The Addicts Care Facility runs also a "streetwork" programme: free needle and condoms distribution at drug dealing spots.
EUROSIDER / ITSESI

1st state of play in the country with regard PWID and harm reduction services.

Date: 13.11.2017                  Country: Bulgaria

Questionnaire completed by: Aleksandrina Aleksova

Organisation: Initiative for Health Foundation

1. Country Policy and legal framework related drug injection

| National Agencies related drug injection | National Drugs Council  
|                                         | National Centre of Addictions  
| Regional agencies related drug injection | Municipal Preventive and Information Centers on Drug Addictions  
| Policy law/text related drug injection and/or Harm reduction | Ordinance No. 7 of 2011 on the terms and rules for implementing programs for reducing the harms of drug use, issued by the Ministry of Health.  
Narcotics and Precursors Control Act  
National Program for Prevention and Control of HIV/AIDS and STIs (Adopted in March 2017. It is for the period 2017-2020).  
| Legal risks for PWID | Drug use itself is not penalised, but drug possession is. Minor cases of possession can be settled with a fine of up to BGN 1 000 (EUR 511); otherwise, possession of any drug is punished by one to six years’ imprisonment for high-risk substances and by up to five years’ imprisonment in the case of moderate-risk substances.  
| Policy law/text related HIV/VHC | National Program for Prevention and Control of HIV/AIDS and STIs (Adopted in March 2017. It is for the period 2017-2020)  

Main stakeholder with influence on social/policy transformation
Advocacy
National Drugs Council
National Council on AIDS Prevention, Tuberculosis and Sexually Transmitted Infections

2. Epidemiology trend

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>HIV Prevalence in PWID</td>
<td>The HIV prevalence in IDUs (Injecting Drug Users) is 5.5% in the capital Sofia, and it is 1.7% in the country. <a href="http://bgpatients.org/index.php/features-mainmenu-47/template-features/hide-content-and-modules">Prevention of HIV and TB in Sofia and Bulgaria: Assessment of the situation report, Author: Emilia Naseva, issued by Initiative for Health Foundation</a></td>
</tr>
<tr>
<td>HCV Prevalence in PWID</td>
<td>12474 IDUs or the HCV prevalence is 61.6% from 20250 registered IDUs. <a href="http://www.emcdda.europa.eu/system/files/publications/4503/TD0416909ENN.pdf">http://www.emcdda.europa.eu/system/files/publications/4503/TD0416909ENN.pdf</a></td>
</tr>
<tr>
<td>Overdose deaths</td>
<td>There is no data.</td>
</tr>
</tbody>
</table>

3. Drug use (by users of your structure)

<table>
<thead>
<tr>
<th>Products</th>
<th>- heroin</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- methadone</td>
</tr>
<tr>
<td></td>
<td>- amphetamines</td>
</tr>
<tr>
<td></td>
<td>- methamphetamines</td>
</tr>
<tr>
<td></td>
<td>- substitol</td>
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<tr>
<td></td>
<td>- pico</td>
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</tbody>
</table>
- synthetic cannabis
- cannabis
- medications (chlophasolin, zopiclone, diazepam, rivotril)
- psilocybin mushrooms
- ecstasy
- crystal MED

Part of injection
- heroin
- methadone
- amphetamines
- methamphetamines
- substilol
- pico

Poly consumption
- methadone + rivotril
- cocaine + methamphetamines
- rivotril + heroin or methadone
- methadone + synthetic cannabis
- poly consumption of substances with alcohol - beer

Chemsex/Slam
synthetic drugs + crystal MED + cocaine

3.1 Comments on recent evolution about drug use in your structure if needed.

In recent years there has been a steady trend towards decreasing heroin use among IDUs. This is mainly due to the fact of the bad quality of the heroin on the market. The police data shows that the pure heroin substance sometimes is less than 3% in one dosage. Therefore, the synthetic drugs are increasingly entering the stage of use and very often replaced the lack of heroin. The synthetic drugs are also the primary drugs used by gay community. On the other side, the group of IDUs more often uses methadone not as a prescribed medicine for treatment. The abuse with methadone is especially risky because of its frequent combination with other substances as well as alcohol - beer. According the outreach workers poly consumption of substances is very widespread among the group of IDUs. The psychoactive medications such as rivotril, chlophasolin, diazepam and others are also increasingly abused.

4. Harm reduction services (at national level and in your structure).

<table>
<thead>
<tr>
<th>HR Service</th>
<th>National level</th>
<th>Your structure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needle and syringe exchange</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Opioid Substitution Treatment (OST)</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Service</td>
<td>Y</td>
<td>N</td>
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<tr>
<td>---------------------------------</td>
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<tr>
<td>Take-home naloxone programs</td>
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<tr>
<td>Heroin assisted treatment</td>
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</tr>
<tr>
<td>Rapid testing HIV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rapid testing HCV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outreach</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile units</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4.1 What is the main source of funding for harm reduction services?  
**International:**
- Local:
  - Other (private source?):

4.2 For you, what is the coverage of harm reduction services in your intervention’s zone?  
- Very poor  
- Poor  
- Medium  
- Good  
- Very good

4.3 For you, what are the main barriers to access to harm reduction services?  
The main barriers are the lack of funds for the harm reduction services.

4.4 For you, is there a priority of services regarding user’s needs with?  
- Somatic risks  
- Psychological risks  
- Social/financial risks  
- Socio-cultural risks (stigmatisation)  
- Judicial risks

4.5 Please, could you describe shortly the peer’s implication and participation in your structure?
The active inclusion of IDUs is an important part of the organization’s work. Over the years, we have implemented a number of projects aimed at enhancing the knowledge and skills of IDUs regarding safe use of drugs. We have very good experience with developing and implementing programs for working with key collaborators. These are community representatives who are well accepted by the group and, after training, informally disseminate health messages and refer to specialized services for the prevention and treatment of HIV, Hepatitis C and addictions.

In 2015, we also implemented a “Pass on” project, where we conducted a series of seminars for IDUs on topics related to employment and finding a job. Also, part of the outreach workers of the organization have a personal experience of drug use, which greatly facilitates our access to the target group. Our organization actively supports activities related to the empowerment of the IDUs community - creation of users’ organizations, legal assistance in cases of discrimination, etc.

5. Availability of Treatment in your intervention’s zone

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Availability</th>
<th>Additional comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substitution treatment</td>
<td>Y, N</td>
<td>At the moment there are two free programs for substitution treatment and over six paid on the territory of Sofia. The capacity of free programs is very limited and there is a waiting list, and fees in paid programs are often outrageous for IDUs.</td>
</tr>
<tr>
<td>HCV Treatment</td>
<td>Y, N</td>
<td>The treatment of Hepatitis C is only available to health insured persons - few IDUs can fulfill this requirement - and there are many other requirements - eg. 6 month remission, and so on.</td>
</tr>
<tr>
<td>HIV Treatment</td>
<td>Y, N</td>
<td>HIV treatment is completely free and accessible to all citizens of the Republic of Bulgaria.</td>
</tr>
<tr>
<td>Alternative medicine</td>
<td>Y, N</td>
<td></td>
</tr>
<tr>
<td>Well-being care</td>
<td>Y, N</td>
<td></td>
</tr>
</tbody>
</table>

6. Key informants about harm reduction, drug use, specific context for your country/zone.
(These persons could be health workers, users or relatives, reporter, searcher, activist etc. and identified for them knowledge and capacity of analysis related the study). Please ensure the person could be agreeing to be contacted by ITSESI team.

<table>
<thead>
<tr>
<th>Name</th>
<th>Structure and function</th>
<th>Contact (e-mail, tel)</th>
<th>Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tsveta Raycheva, MD</td>
<td>Expert in drug addiction field</td>
<td><a href="mailto:tsvetiraycheva@yahoo.com">tsvetiraycheva@yahoo.com</a></td>
<td>English</td>
</tr>
<tr>
<td>Yuliya Georgieva</td>
<td>Center for Human Policies Foundation</td>
<td><a href="mailto:uleto2000@gmail.com">uleto2000@gmail.com</a></td>
<td>English</td>
</tr>
<tr>
<td>Elena Birindjieva</td>
<td>Association “Health without Borders”</td>
<td><a href="mailto:info@hwb-bg.info">info@hwb-bg.info</a></td>
<td>English</td>
</tr>
<tr>
<td>Anna Lyubenova</td>
<td>Initiative for Health Foundation</td>
<td><a href="mailto:anna@initiativebg.org">anna@initiativebg.org</a></td>
<td>English</td>
</tr>
<tr>
<td>Nely Ivanova</td>
<td>Association “Dose of Love”</td>
<td><a href="mailto:doseoflove@bitex.com">doseoflove@bitex.com</a></td>
<td>English</td>
</tr>
</tbody>
</table>
Bulgaria is among two HIV epidemics - one among men who have sex with men (MSM) in Central and Western Europe and one among IDUs in Eastern Europe and Central Asia. The data show that the country has a concentrated epidemic in these two key communities.

The HIV/AIDS Prevention and Control Program, funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF), ended in June 2017, lead to a sharp contraction in prevention activities among the most vulnerable groups. The National Program for Prevention and Control of HIV/AIDS and STIs 2017-2020 (NP 2017-2020) does not start in the part related to prevention activities among the target populations until this moment. This has a huge risk of spreading the epidemic and not detecting of the new cases of HIV.
EUROSIDEM/ITSESJ

1st state of play in the country with regard PWID and harm reduction services.

Date: ..................................... Country: ……Portugal………………………………………………

Questionnaire completed by: .................................................................

Organisation: ......................................................................................

1. Country Policy and legal framework related drug injection

<table>
<thead>
<tr>
<th>National Agencies related drug injection</th>
<th>General Directorate for Intervention on Addictive Behaviours and Dependencies (SICAD)(^1) - <a href="http://www.sicad.pt">www.sicad.pt</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional agencies related drug injection</td>
<td>5 DICADs - Each regional health authority has a department responsible for the operation of the drug services. Perguntar Marta Borges contactos das 5 DICADs.</td>
</tr>
<tr>
<td>Policy law/text related drug injection and/or Harm reduction</td>
<td>National Strategy for the Fight Against Drugs (1999)(^2) Decriminalisation law: Law n.º 30/2000, 29th November(^3) Law that regulates HR services: Law nº 183/2001 (includes the implementation of drug consumption rooms)(^4) National Plan for Reducing Addictive Behaviours and Dependencies 2013-2020(^5)</td>
</tr>
</tbody>
</table>

\(^1\)[http://www.sicad.pt/BK/Publicacoes/Lists/SICAD_PUBLICACOES/Attachments/95/Brochura_SICAD_PT_EN.pdf](http://www.sicad.pt/BK/Publicacoes/Lists/SICAD_PUBLICACOES/Attachments/95/Brochura_SICAD_PT_EN.pdf)


\(^4\)[http://www.sicad.pt/BK/Intervencao/Programas/PORI/Lists/SICAD_DOCUMENTOS/Attachments/14/Decreto-Lei_nº%20183%202001.pdf](http://www.sicad.pt/BK/Intervencao/Programas/PORI/Lists/SICAD_DOCUMENTOS/Attachments/14/Decreto-Lei_nº%20183%202001.pdf)

Legal risks for PWID

Minor drug possession (if the quantity does not exceed the established by law) it is an administrative offence evaluated by a local Commission for the Dissuasion of Drug Addiction. If the drug quantity exceeds the amount defined by law, it is a criminal offence and may be handled as drug trafficking. More data needed?

Policy law/text related HIV/VHC

Main stakeholder with influence on social/policy transformation

Advocacy

Need for clarification. On the field of HIV or in the field of drug policy?

2. Epidemiology trend

HIV Prevalence in general population

No national estimates are available, only data from drug treatment services (2015 data). Estimates range from 5% (new clients in the public network of outpatient treatment centres) to 27% (in private detox centres or therapeutic communities).

HIV Prevalence in PWID

No national estimates are available, only data from drug treatment services (2015 data). Estimates range from 5% (new clients in the public network of outpatient treatment centres) to 27% (in private detox centres or therapeutic communities).

HCV Prevalence in general population

No national estimates are available, only data from drug treatment services (2015 data). Estimates range from 5% (new clients in the public network of outpatient treatment centres) to 27% (in private detox centres or therapeutic communities).

HCV Prevalence in PWID

No national estimates are available, only data from drug treatment services (2015 data). Estimates range from 66% (private therapeutic communities) to 89% (all clients in the public network of outpatient treatment centres).
3. Drug use (by users of your structure)

<table>
<thead>
<tr>
<th>Products</th>
<th>- Crack cocaine</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Heroin</td>
</tr>
<tr>
<td></td>
<td>- Powder cocaine</td>
</tr>
</tbody>
</table>

| Part of injection | 35% - 40% of injecting drug use among all clients reporting drug use (2016 data). |

| Poly consumption  | We would like to discuss this concept. |

| Chemsex/Slam      | No report from clients, only occasional contact from MSM who where doing chemsex in other European cities. |

3.1 Comments on recent evolution about drug use in your structure if needed.

The neighbourhood where this structure is located is suffering a process of gentrification. There is social, political and police pressure to stop drug use in public spaces.

4. Harm reduction services (at national level and in your structure)

<table>
<thead>
<tr>
<th>HR Service</th>
<th>National level</th>
<th>Your structure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needle and syringe exchange</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Opioid Substitution Treatment (OST)</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Drug Consumption rooms</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Take-home naloxone programs</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Heroin assisted treatment</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Rapid testing HIV</td>
<td>N</td>
<td>Y</td>
</tr>
</tbody>
</table>

[Marked with] Met opmerkingen [1]: Needs further discussion.
4.1
What is the main source of funding for harm reduction service?
- International: 
- National: **The National Drugs Agency (SICAD) is the main source of funding.**
- Local: Some municipalities (local council) also fund HR services.
- Other (private source?): Pharma (for HIV/hepatitis related activities)

4.2
For you, what is the coverage of harm reduction services in your intervention’s zone?
- Very poor
- Poor
- Medium
- Good
- Very good

4.3
For you, what are the main barriers to access to harm reduction services?
Geographical coverage of HR services is unequal. Lisbon (capital) and the second city (Porto) have a good coverage.

No HR in prisons.

Existing HR services may not address other type of users and contexts, other than injecting/smoking heroin/crack in social deprived context.

4.4 For you, is there a priority of services regarding user’s needs with? ...
- Somatic risks
- Psychological risks
- Social/financial risks
- Socio cultural risks (stigmatisation)
- Judicial risks
4.5 Please, could you describe shortly the peer’s implication and participation in your structure?
In our structure approximately half of the team are peers. They are involved in all aspects of daily work and also advocacy, research, decision making, external representation and testing.

5. Availability of Treatment in your intervention’s zone

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Availability</th>
<th>Additional comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substitution treatment</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>HCV Treatment</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>HIV Treatment</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Alternative medicine</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Well-being care</td>
<td>Y</td>
<td>Need for clarification.</td>
</tr>
</tbody>
</table>

6. Key informants about harm reduction, drug use, specific context for your country/zone.
(These persons could be health workers, users or relatives, reporter, searcher, activist etc. and identified for them knowledge and capacity of analysis related the study). Please ensure the person could be agreeing to be contacted by ITSESI team.

<table>
<thead>
<tr>
<th>Name</th>
<th>Structure and function</th>
<th>Contact (e-mail, tel)</th>
<th>Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Magda Ferreira</td>
<td>Peer counsellor GAT</td>
<td><a href="mailto:magda.ferreira@gatportugal.org">magda.ferreira@gatportugal.org</a></td>
<td>EN, PT</td>
</tr>
<tr>
<td>Marta Pinto</td>
<td>Researcher FPCEUP</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Free comments to contribute better understanding specificity of your context:
EUROSIDER / ITSES1

1st state of play in the country with regard PWID and harm reduction services.

Date: 04.12.2017  Country: ROMANIA

Questionnaire completed by: LUDMILA VERDES, CRISTINA FIERBINTEANU, MIHAI LIXANDRU

Organisation: ARAS – The Romanian Association against AIDS.

7. Country Policy and legal framework related drug injection

| National Agencies related drug injection | • ANA – National Antidrug Agency financed from the state’s budget through The Romanian Minister of Internal Affairs |
| Regional agencies related drug injection | • EMCDDA |
| Policy law/text related drug injection and/or Harm reduction | • Law 143/2000 regarding the prevention and the fighting against the traffic and the illicit use of drugs |
|  | • National Anti-drug Strategy 2013-2020 |
|  | • Action Plan for implementing the National Antidrug Strategy 2016-2020 |
| Legal risks for PWID | • The manufacture, the traffic and the possession of illegal drugs on large scale are punished with imprisonment between two and fifteen years, depending on the risk level of the drug |
|  | • For the same actions for personal use, a person can be punished with imprisonment between 3 and 24 months or with a fine |
| Policy law/text related HIV/VHC | • Law 584/2002 regarding the prevention measures of AIDS spreading in Romania and the protection of people living with HIV/AIDS |
| Main stakeholder with influence on social/policy transformation Advocacy | • Romanian Harm Reduction Network, |
|  | • ARAS – Romanian Association Against AIDS, |
|  | • ALIAT – Alliance to fight against Alcoholism and Toxicomanias |
8. Epidemiology trend

<table>
<thead>
<tr>
<th>HIV Prevalence in general population</th>
<th>0.1 [0.1-0.1] Source: aidsinfo.unaids.org</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Prevalence in PWID</td>
<td>21.4 Source: aidsinfo.unaids.org (Global AIDS Response Progress Reporting 2014)</td>
</tr>
<tr>
<td></td>
<td>10.8% self-declared status of IDUs accessing treatment and harm reduction services in 2015 (ANA report, 2016)</td>
</tr>
<tr>
<td></td>
<td>6.7% among tested IDUs accessing treatment and harm reduction services in 2015 (ANA report, 2016)</td>
</tr>
<tr>
<td>HCV Prevalence in general population</td>
<td>5.6% Source: Prevalence study on HBV and HCV screening, 2013, p.13</td>
</tr>
<tr>
<td>HCV Prevalence in PWID</td>
<td>52.3% self-declared status of IDUs accessing treatment and harm reduction services in 2015 (ANA report, 2016)</td>
</tr>
<tr>
<td></td>
<td>65.7% among tested IDUs accessing treatment and harm reduction services in 2015 (ANA report, 2016)</td>
</tr>
<tr>
<td>Overdose deaths</td>
<td>NA data for overdose deaths. Other data available:</td>
</tr>
<tr>
<td></td>
<td>11 overdose cases registered by emergency units (among 4,060 emergency cases due to illicit drug use) (ANA report, 2016)</td>
</tr>
<tr>
<td></td>
<td>32 deaths due to direct (21) or indirect (11) drug use in Bucharest (ANA report, 2016)</td>
</tr>
</tbody>
</table>

9. Drug use (by users of your structure)

<table>
<thead>
<tr>
<th>Products</th>
</tr>
</thead>
<tbody>
<tr>
<td>New psychoactive substances</td>
</tr>
<tr>
<td>Heroin intravenous</td>
</tr>
<tr>
<td>Cannabis</td>
</tr>
<tr>
<td>Benzodiazepines</td>
</tr>
<tr>
<td>Cocaine</td>
</tr>
<tr>
<td>Methamphetamine</td>
</tr>
<tr>
<td>Amphetamines</td>
</tr>
<tr>
<td>Ketamine</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part of injection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hands, Arms, Legs, Inguinal area, Neck</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Poly consumption</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heroin and new psychoactive substances</td>
</tr>
<tr>
<td>Heroin and methadone</td>
</tr>
<tr>
<td>Amphetamines and methadone</td>
</tr>
<tr>
<td>Methadone and new psychoactive substances</td>
</tr>
</tbody>
</table>
Cocaine and heroin/methadone

Chemsex/Slam  N/A

10.1  Comments on recent evolution about drug use in your structure if needed.

……………………………………………………………………………………………………………………………………………
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11.  Harm reduction services (at national level and in your structure)

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<td>Y</td>
</tr>
<tr>
<td>Rapid testing HCV</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Outreach</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Mobile units</td>
<td>Y</td>
<td>Y</td>
</tr>
</tbody>
</table>

4.1. What is the main source of funding for harm reduction service?

- **International:** GFATM, Sidaction
- **National:** Minister of Internal Affairs, Minister of Health
- **Local:** Bucharest district City Halls – the financing is stopped at the moment
Other (private source?): **Paid OST services, ARAS Health Center** (in our organisation 100% of incomes from paid services are reinvested in harm reduction activities and subventions for special cases)

4.2. For you, what is the coverage of harm reduction services in your intervention’s zone?

- Very poor
- Poor
- Medium
- Good
- Very good

4.3. For you, what are the main barriers to access to harm reduction services?

ARAS current harm reduction program is based on a GFATM financing for drug users within a project of tuberculosis diagnosis and treatment that will end in March 2018 and a small financing from the Paris City Hall through the French organisation Sidaction. A small part of harm reduction services is covered from the personal incomes of the organisation within our income generating activities.

4.4. For you, is there a priority of services regarding user’s needs with? ....

- Somatic risks
- Psychological risks
- Social/financial risks
- Socio cultural risks (stigmatisation)
- Judicial risks

4.5 Please, could you describe shortly the peer’s implication and participation in your structure?


12. Availability of Treatment in your intervention’s zone

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13. Key informants about harm reduction, drug use, specific context for your country/zone. (These persons could be health workers, users or relatives, reporter, searcher, activist etc. and identified for them knowledge and capacity of analysis related the study). Please ensure the person could be agreeing to be contacted by ITSES1 team.
Free comments to contribute better understanding specificity of your context:

PWID’s and harm reduction services have a somber future in Romania.

PWID’S – a recent study (ANA – National Antidrug Agency, 2017) estimates a number between 9,000 and 13,000 of PWID

- Availability of opiate substitution treatment is very low (around 700 places free and 700 places paid)
- No local or state authorities finance/provide services specifically tailored for PWID
- Poor access to medical and social services
- Discrimination
- Abuse and disrespect for their human rights

Harm reduction services

- Very few service providers
- Limited funding
- Legislation misinterpretation or not applied
- No national coverage
- Fewer and fewer syringes and other necessary materials (given the limited funding)
- Reduced HIV testing and confirmation services available