Published in final edited form as:

Subst Use Misuse. 2015 ; 50(8-9): 1220–1222. doi:10.3109/10826084.2015.1042326.

“Integrated interventions are dead. Long live sustainable integrated interventions!” — Austerity Challenges the Continuation of Effective Interventions in the Field of Drug Use-Related Harm Reduction

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December 2013 saw the end of “Aristotle” - a “seek, test, treat and retain” intervention. “Aristotle” was co-funded by the European Social Fund and national resources, and was implemented by the Department of Hygiene, Epidemiology and Medical Statistics of Athens University Medical School and the Organisation against Drugs as a response (along with other responses) to an HIV outbreak in Athens (Sypsa et al., 2015). In 2011, the number of newly diagnosed HIV infections among people who inject drugs was 16 times higher than in 2010 (Nikolopoulos et al., 2015; Paraskevis et al., 2013). “Aristotle” contributed significantly to the containment of the outbreak (Sypsa et al., July 20–25 2014), worked jointly with other multidisciplinary interventions in the area, e.g. Transmission Reduction Intervention Project (TRIP; see Friedman et al., 2014), and gained European and international recognition (“Reacting to an outbreak,” n.d.). In early 2015, the epidemic has substantially receded even though the number of new HIV diagnoses has not decreased to the pre-outbreak levels yet. Although “Aristotle” was a successful, integrated intervention which effectively reduced drug use-related harm, the odds that the programme will continue are very low given the lack of ongoing funding. A number of critical questions need to be explored:

- Is it enough to put efforts only (or mainly) on designing effective integrated interventions and running them once?
- Should we try for something more than that?
- What are the conditions, from micro to macro levels, which are necessary to enable ongoing, effective intervention planning, implementations and assessments (process as well as outcomes) to operate, or not to operate being aware that uncertainties, unpredictability and lack of total control is an ongoing reality?

We believe that effective interventions in the field of drug use prevention, treatment and harm reduction are effective only if they can be sustainable over long periods of time. But is sustainability certain?

In the European region, the number of countries that have included prevention, treatment and harm reduction in their national drug intervention policies and strategies has increased (MacGregor & Whiting, 2010). Following international recommendations (e.g., Joint United Nations Programme on HIV/AIDS [UNAIDS], European Centre for Disease Control and Prevention [ECDC] and the European Monitoring Centre for Drugs and Drug Addiction [EMCDDA]), an increasing number of countries have joined their forces to improve surveillance and monitoring systems collecting epidemiologic and coverage data about high-risk drug use and their related harms (Hope et al., 2010). However, funding for these operations should not be taken for granted. Austerity and budgetary cuts in many European countries risk the size, quality and sustainability of these operations (Harm Reduction International, 2012). In many parts of the world, programmes face widespread challenges in the context of economic and donor uncertainty (e.g. Global Fund in Romania; see ECDC, 2013a, 2013b; Harm Reduction International, 2012). Climate changes and their ecologic and economic consequences are likely to exacerbate these challenges (Friedman & Rossi, in press).

The Greek response to the outbreak showed the importance of engaging all key players in combination approaches. At the national level, the role of public agencies and institutions has been central in detecting and understanding the epidemic, in identifying risk factors¹ and assessing needs for immediate response.² Both governmental and non-governmental agencies in the field of specialised treatment and harm reduction, including drug-user groups, offered essential services to HIV-infected people who use drugs and raised awareness among the non-infected. At the international level, European institutions (notably the ECDC and the EMCDDA) and other key experts from all over the world have also contributed substantially with their expertise and policy advocacy. Synergy of key players (persons and institutions) and the combined implementation of evidence-based interventions³ are prerequisites of best practice (Degenhardt et al., 2010). Yet, institutions and best practice depend on ongoing, time-appropriate, political and financial support. And, in countries like Greece, where economic crisis and austerity affect policy decisions, the sustainability of both institutions and programs is at stake.

¹The reader is reminded that the concepts of “risk factors”, “vulnerabilities” as well as “protective factors”, are often noted in the literature, without adequately noting their dimensions (linear, non-linear; rates of development and decay; anchoring or integration, cessation, etc.), their “demands”, the critical necessary conditions (endogenously as well as exogenously; from a micro to a meso to a macro level) which are necessary for either of them to operate (begin, continue, become anchored and integrate, change as de facto realities change, cease, etc.) or not to and whether their underpinnings are theory-driven, empirically-based, individual and/or systemic stake holder-bound, based upon “principles of faith”, doctrinaire positions, “personal truths”, historical observation, precedents and traditions that accumulate over time, conventional wisdom, perceptual and judgmental constraints, “transient public opinion,” etc. This is necessary to consider and to clarify if these terms are not to remain as yet additional shibboleth in a field of many stereotypes, tradition-driven activities and stakeholder objectives. Editor’s note.

²E.g., Athens University Medical School (Department of Hygiene, Epidemiology and Medical Statistics), Hellenic Center for Disease Control and Prevention (HCDCP), the Organisation Against Drugs (OKANA), and the Greek Reitox focal point of the EMCDDA (only to mention some agencies/institutions).

³Interventions may include inter alia the provision of: injection equipment, vaccination, drug dependence treatment, testing, infectious disease treatment, health promotion, and targeted delivery of services (ECDC & EMCDDA, 2011).

Integrated and synergistic interventions are very useful and correctly advocated as *models* of best practice. Yet, intervention “business” remains unfinished if and when successful interventions are discontinued. Obviously, the suggestion here is not to refrain from undertaking integrated interventions with time-limited resources. Instead, we believe that the drug use(r)-related intervention community - individuals as well as systemic stakeholders for health and wellbeing - should not relax on its temporal successes of a well-designed approach. The struggle for political and economic support to anchor effective interventions within financially sustainable and temporally-sensitive systems remains as a critical challenge to relevant stakeholders as well as to local and global communities.

Acknowledgments

Georgios Nikolopoulos acknowledges support from National Institute on Drug Abuse (NIDA) grants DP1 DA034989 (Preventing HIV Transmission by Recently-Infected Drug Users) and R01DA031597 (Developing measures to study how structural interventions may affect HIV risk). The International AIDS Society and the National Institute on Drug Abuse (NIDA) have supported the post-doc fellowship of Georgios Nikolopoulos. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health or other agencies.

Biographies

Georgios Nikolopoulos, PhD, GR., has received a post-doctoral research fellowship from the International AIDS Society and the National Institute on Drug Abuse and is now leading the Transmission Reduction Intervention Project (Principal Investigator: Dr Samuel Friedman) in Athens, Greece. He earned a PhD in the epidemiology of infectious diseases at the School of Medicine of the Athens University in Greece and has served at the Greek public health agency, focusing on HIV surveillance. Dr. Nikolopoulos also has expertise in the conduct of systematic reviews and meta-analyses with useful contributions to the evolving domain of genetic epidemiology.

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References

- Degenhardt L, Mathers B, Vickerman P, Rhodes T, Latkin C, Hickman M. Prevention of HIV infection for people who inject drugs: why individual, structural, and combination approaches are needed. *Lancet*. 2010; 376(9737):285–301.10.1016/S0140-6736(10)60742-8 [PubMed: 20650522]
- European Centre for Disease Control and Prevention & European Monitoring Centre for Drugs and Drug Addiction. Prevention and Control of Infectious Diseases Among People Who Inject Drugs. Stockholm: ECDC; 2011.
- European Centre for Disease Prevention and Control. Thematic report: Leadership and resources in the HIV response. Monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2012 Progress Report. Stockholm: ECDC; 2013a.
- European Centre for Disease Prevention and Control. Thematic report: People who inject drugs Monitoring implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2012 Progress Report. Stockholm: ECDC; 2013b.
- Friedman SR, Downing MJ Jr, Smyrnov P, Nikolopoulos G, Schneider JA, Livak B, Hatzakis A. Socially-integrated transdisciplinary HIV prevention. *AIDS and Behavior*. 2014; 18(10):1821–1834.10.1007/s10461-013-0643-5 [PubMed: 24165983]
- Friedman SR, Rossi D. Some musings about Big Events and the past and future of drug use and of HIV and other epidemics. *Substance Use & Misuse*. (in press).
- Harm Reduction International. The Global State of Harm Reduction 2012: Towards an integrated response. London: Harm Reduction International (Public Health, Research and Policy Programme); 2012.
- Hope V, Jeannin A, Spencer B, Gervasoni J, van de Laar M, Dubois-Arber F. Mapping HIV-related behavioural surveillance among injecting drug users in Europe, 2008. *Euro surveillance*. 2010; 16(36):977–986.
- MacGregor, S.; Whiting, M. The development of European drug policy and the place of harm reduction within this. In: Rhodes, T.; Hedrich, D., editors. *Harm reduction: evidence, impacts and challenges*. Lisbon: European Monitoring Centre for Drugs and Drug Addiction; 2010.
- Nikolopoulos GK, Sypsa V, Bonovas S, Paraskevis D, Malliori-Minerva M, Hatzakis A, Friedman SR. Big Events in Greece and HIV infection among people who inject drugs. *Substance Use & Misuse*. 2015; 50(7):1–14.10.3109/10826084.2015.978659 [PubMed: 25268401]
- Paraskevis D, Nikolopoulos G, Fotiou A, Tsiara C, Paraskeva D, Sypsa V, Hatzakis A. Economic recession and emergence of an HIV-1 outbreak among drug injectors in athens metropolitan area: a longitudinal study. *PLoS One*. 2013; 8(11):e78941.10.1371/journal.pone.0078941 [PubMed: 24265730]
- Reacting to an outbreak. Issue 165: The human element. (n.d.)Retrieved 13 March 2015, from www.internationalinnovation.com
- Sypsa, V.; Nikolopoulos, G.; Paraskevis, D.; Katsoulidou, A.; Kantzanou, M.; Psychogiou, M.; Hatzakis, A. Trends in HIV-1 incidence during an outbreak among injecting drug users in Athens, Greece: results of a serobehavioral survey (ARISTOTLE program). Abstract presented at the 20th

International AIDS Conference. Jul 20–25. 2014 Retrieved from <http://pag.aids2014.org/Abstracts.aspx?AID=8605>

Sypsa V, Paraskevis D, Malliori M, Nikolopoulos GK, Panopoulos A, Kantzanou M, Hatzakis A. Homelessness and other risk factors for HIV infection in the current outbreak among injection drug users in Athens, Greece. American Journal of Public Health. 2015; 105(1):196–204.10.2105/AJPH.2013.301656 [PubMed: 24524508]

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