UMHRI

UNIVERSITY MENTAL HEALTH RESEARCH INSTITUTE

European Monitoring Centre for Drugs and Drug Addiction

Greek REITOX Focal Point

2010 NATIONAL REPORT (2009 data) TO THE EMCDDA

by the Reitox National Focal Point

GREECE

New Development, Trends and in-depth information on selected issues

REITOX

ATHENS 2010

Head of the Greek Reitox Focal Point:

Terzidou, M., Psychologist, M.Phil

Scientific Staff:

Antaraki, A., Statistician, M.Sc.

Bafi, I., Psychologist, M.Sc.

Fotiou, A., Sociologist, M.A.

Fountoukas, M., Computer Engineer, M.Sc.

Kanavou, E., Statistician, M.Sc.

Malettou, L., Statistician, M.Sc

Papadopoulou, A., Psycologist, B.A.

Siamou, I., Sociologist, B.A.

External Experts:

Kitsos, G., Sociologist, M.A.

Kokkevi, A., Professor, Department of Psychiatry, Athens University Medical School, Member of the Management Board of UMHRI

Richardson, C., Professor, Panteion University of Social and Political Sciences

Spiliopoulou C., AssociateProfessor, Department of Forensic Medicine and Toxicology School of Medicine, University of Athens

Stamos, A., Sociologst, M.Sc.

Administrative Staff:

Prassa, P., Administrative Coordinator

Vlassopoulou, E., Executive Secretary

Desktop Publishing: Kanavou Eleftheria, Papadopoulou Athanasia

Graphics and Designs: Fountoukas Markos, Kanavou Eleftheria

Contact:

Greek REITOX Focal Point
University Mental Health Research Institute
P.O. Box 66 517
156 01 Athens
Greece

Tel: 0030 210 65 36 902
Fax: 0030 210 65 37 273
E-mail: ektepn@ektepn.gr

TABLE OF CONTENTS

SUMMARY

PART A. NEW DEVELOPMENTS AND TRENDS

1. Drug policy: legislation, strategies and economic analysis

The laws which pass in 2009 refer mainly to money laundering and strengthening the implementation of alternative measures (treatment) to imprisonment for dependent drug users. A new National Plan on Drugs for 2011-2012 is being drafted by the Interministerial Committee for the Coordination of the Fight against Substance Dependence, consisting of ten Ministries, treatment agencies and the Greek Focal Point. The Committee is coordinated by the newly appointed drug coordinator in Greece, who happened to be the President of OKANA.

2. Drug use in the general population and specific targeted groups

The latest available data on drug use prevalence and patterns in a representative sample of the school population are derived from the "Nationwide School Population Survey on Alcohol and Other Drugs", conducted in 2007 by the UMHRI under the ESPAD European research project. One in 8 students aged 13-18 reports use of any illicit drug, mostly cannabis. Prevalence rates among boys are significantly higher than among girls and, over time (1984-2007), the proportion of boys reporting ever using drugs doubled, while there was no significant change among girls. The downward trend in illicit drug use recorded in recent years goes hand in hand with changes in the students' perceptions regarding the risks associated with drug use and the availability of drugs. Greece continues to rank among the countries with the lowest illicit drug use rates in the school and youth population. Furthermore, the downward trend in prevalence rates recorded in recent years in our country is consistent with a similar trend recorded in most European countries.

3. Prevention

Drug prevention is mostly implemented by a nationwide network of 71 Prevention Centres established by OKANA and local authorities, by the Ministry of Education, Lifelong Learning and Religious Affairs, as well as by other governmental and non-governmental drug-specialised or health services, etc.

The most common type of prevention is universal prevention, most notably through interventions in the school community. Prevention in primary and secondary education encompasses programme-based interventions in the context of the Health Education Programmes of the Ministry of Education, and interventions delivered by prevention OKANA Prevention Centres, as well as by other agencies. In the school year 2008-2009, there was a remarkable decrease in the number of HEPs because, unlike in previous years, this school year there were no EU-funded HEPs. Compared to the total school population of the country, only a very small part of schools, teachers and students participate in prevention interventions. Moreover, the need is stressed for the establishment of a supportive and enabling framework so as to design and implement more long-term and more effective school-based prevention interventions.

Prevention in the family, in the community, in youth outside the school setting and selective prevention interventions are implemented by OKANA Prevention Centres.

As for quality assurance of prevention interventions, it is important and imperative to develop guidelines, to promote evaluation and to develop respective tools, as well as to fully meet the training needs of prevention professionals of OKANA Prevention Centres.

4. Problem drug use

The estimated number of users reporting heroin as primary drug and aged 15-64 years, is 24,097 for the year 2009, with 95% confidence interval 21,362 – 27,272. An increase is observed compared to 2008 estimate of 20,181 (95% c.i. 17502 – 23391), although the wide confidence intervals should be borne in mind. The corresponding figure for the estimated number of injecting drug users is 10,658 (95% c.i. 8,999 – 12,713). This estimate is stable compared to that of the previous years, with the exception of 2008.

5. Drug related treatment: treatment demand and treatment availability

Treatment system. The officially recognised treatment programmes currently operating in Greece come up to 77 in total. The overview of the main types of treatment currently available in Greece is based on data reflecting 64 of 77 programmes that operated during the reporting year (22 substitution treatment units and 42 drug-free treatment programmes). In 2009, the total clients who received main treatment were 7,720, of whom 4,599 were already in treatment in the existing structures at the beginning of the year and 3,121 were admitted to treatment during 2009. Substitution treatment units can be divided into two main types according to the pharmaceutical substance used in order to treat dependence: a) “methadone substitution units” and b) “buprenorphine substitution units”. In 2009, “all clients” in the substitution programme came up to

5,360, of whom 53.7% in methadone substitution units and 46.3% in buprenorphine substitution units. Drug-free programmes can be divided into three main types: a) outpatient programmes for adults, b) inpatient programmes for adults and c) outpatient programmes for adolescents. In the reporting year, 2,360 clients attended the main phase of treatment in drug-free treatment programmes. During the reporting year, there were 1,597 admissions in total, most of them to outpatient programmes for adults (45.6%) and to inpatient programmes for adults (41.1%), followed by admissions to the main phase of treatment of programmes for adolescents (13.3%, i.e. 212 clients). In Greece, at present there are two specialised detoxification structures. In 2009, the two Detoxification Units served a total of 315 clients, while total admissions came up to 296.

Access to treatment. In 2009:

- 5,501 TDI individual forms were filled in, with nearly half of the clients being "new clients"
- Three quarters of the treatment demands were recorded in drug-free programmes.
- Most of the clients were Greek nationals, males, of a mean age of 30.5 years, mostly unemployed, lived with their parents, started abusing illicit drugs with cannabis but are currently dependent on heroin/opiates, use the drug daily and also engage in the use of more illicit drugs (most notably cannabis). Most of them report lifetime injecting and a large proportion thereof reports needle sharing.

Trends between 2002 and 2009 show:

- a gradual increase in the proportion of "new clients"
- a steady male/female ratio and a declining proportion of clients in the 19-29 age group accompanied by an increased proportion of clients in the 30-40 age group.
- a gradual increase in the proportion of alien clients.
- an increased proportion of clients who report graduating from upper secondary education or from higher education, as well as an increased proportion of clients who report regular employment
- a declining proportion of clients who report living with the parental family, and a marginal increase in the proportion of clients who live alone or with a spouse/partner.
- an increased proportion of clients who report cannabis or cocaine as their primary drug; cocaine reports actually more than doubled between 2002 and 2009.
- a declining proportion of clients reporting daily use of the primary drug or polydrug use.
- a drop in injecting and needle sharing rates accompanied by a shift to sniffing from injecting among heroin users. On the other hand, from 2008 to 2009, the number of cocaine users reporting injecting nearly tripled.

6. Health correlates and consequences

In 2009, the DRID network members reported data on 1,972 IDUs tested for infectious diseases, the vast majority of whom were male. HCV infection rates in the IDU population in Greece in 2009 ranged between 35.6% and 64.3%, depending on the type of treatment programme (drug-free or substitution). Notwithstanding the year-on-year variations, HCV infection rates in IDUs in Greece remained high in the period 2002-2009. Higher HCV infection rates are reported in older IDUs and in IDUs reporting injecting for more than 2 years and, proportionally, they are higher in female than in male IDUs. HCV infection rates in IDUs in drug-free programmes are lower. These individuals are, however, generally younger and with a less severe abuse history. HCV infection rates are higher in sharers than in non-sharers, a finding that confirms the hypothesis that equipment sharing is a risk factor for infection.

HBV infection rates in IDUs (based on the HbsAg marker) in Greece ranged between 2.3% and 4.6% in 2009. Male IDUs (compared to females), IDUs aged over 34 (compared to younger IDUs) and IDUs injecting for more than 2 years (compared to IDUs with injecting histories of less than 2 years) have a higher prevalence of HBV (HBsAg). Two in 5 IDUs screened (42.9%) have neither developed the disease nor have they been vaccinated against HBV, therefore, unless covered by a vaccination programme, they are potential patients. HIV prevalence rates in IDUs remain in 2009 at very low levels (0.4%-1.5%). Although only 29.4% of the reported death cases have been confirmed for 2009, the decrease first identified in 2005 appears to continue in 2009. In 2009, drug-related death rates reported in regions other than Attica continue to increase.

7. Responses to health correlates and consequences

In the reporting year, low threshold / harm reduction services appear to have attracted more clients than they did last year (2008). In fact, more drug users received information and training in overdose prevention, exchanged used syringes, were screened (for hepatites and HIV/AIDS) and were treated for pathological and dental problems at low threshold specialized services in 2009 compared to 2008. Regarding treatment of drug users with psychiatric co-morbidity, more treatment programmes provided services tailored to meet the needs of those users in the reporting year compared to 2006 or 2008.

8. Social correlates and social reintegration

In 2009, both the capacity and the number of clients of social reintegration programmes increased. A total of 607 clients attended the schooling structures in the school year 2008-2009 of whom 102 clients succeeded in moving up a form or obtained the high school leaving certificate and 4 were

admitted to higher education. Compared to 2008, there was an increase in the number of clients who attended schooling structures and successfully passed exams. On the other hand, the number of participants in vocational training courses declined. In 2009, 75 clients attended vocational training courses. According to data reported from specialised social reintegration centres, in 2009, 36.7% of their total clients were already employed at the beginning of the reporting year and 41.2% found a job during the year. The downward trend observed in the number of former drug users who benefit from the subsidy schemes of the Greek Labour Force Employment Organisation (OAED) continues, with the exception of the year 2006 when there was an increase. As for the mode of exit from social reintegration structures, there seems to be an increase in dropout rates paralleled by a drop in successful completion rates.

9. Drug-related crime, prevention of drug-related crime and, prison

Over the past five years, the number of drug-related charges and drug-related cases has been steadily increasing. Greeks and Albanians constitute the majority of the arrestees for drug-related offences. In the two-year period 2007-2008, there was a remarkable increase in the number of Somali and Afghan arrestees. In the three-year period 2005-2007, the distribution of convicted drug offenders by gender and offence, the geographical distribution of offences and the age distribution of convicts remained unchanged. The cases heard by the (one- and three-member) Athens Juvenile Courts in the court year 2008-2009 increased four-fold compared to the court year 2007-2008. The total number of drug offenders in prison has been consistently increasing for the past twelve years. Pharmacy burglaries decreased in the period 2000-2009, while in the three-year period 2007-2009 drug-related road accidents accounted for 1.5% of the total, on average. In 2009, more drug using prisoners attended treatment programmes and support interventions in prison compared to 2008. In the reporting year, support interventions were available in an additional three prisons across the country. The number of drug using prisoners who were granted conditional release or had their term suspended in 2009 in order to enter off-prison treatment programmes more than doubled compared to 2008.

10. Drug Markets

Perceived easiness in getting substances varies according to the area and according to the substance, with inhalants, tranquillisers or sedatives (without doctor's prescription) being easier accessible than cannabis, cocaine or heroin by the high school population. Additionally, with the exception of cocaine and heroin, the perceived easiness in getting substances is greater in Athens and in Thessaloniki. The trafficking patterns for heroin, cannabis, and psychotropic, chemical and precursor substances in 2008 were pretty much the same as in 2007. On the other hand, most of the cocaine was smuggled into Greece by air, when in 2007 cocaine was typically trafficked overland. The quantities of seized heroin over the last six years increased in the years 2008-2009,

while the seized quantities of cocaine increased ten-fold compared to 2008. Also compared to 2008, there was a remarkable 56.9% increase in the seized quantities of cannabis, and a 35.1% drop in seizures of cannabis plants. The quantities of tranquilliser tablets had a steady increase in the six-year period 2004-2009. In the three-year period 2007-2009 there was a significant drop in methadone tablets. A marked decrease was also observed in the seized quantities of LSD in the period 2007-2009. In the two-year period 2008-2009, the minimum retail price of heroin fell, while the minimum retail price of cocaine rose. The price of processed cannabis fell compared to 2008, and the prices of ecstasy tablets and LSD doses remained stable. Lastly, there was a change in the qualitative determination of ecstasy tablets compared to the three-year period 2006-2008, as a result of increased seizures of tablets containing amphetamines, methamphetamines and the possible combinations of all the aforementioned substances.

PART B. SELECTED ISSUES

11. History, methods and implementation of national treatment guidelines

In Greece, national treatment guidelines are available only for the substitution treatment, for the implementation of OKANA has the national responsibility, so these guidelines should be considered national. In 1995 the philosophy, objectives and admissions criteria of the programme were specified by Ministerial Decree (amended in 2002). In 2002, OKANA issued the operational framework of the substitution units. Officially the guidelines refer to methadone.

The main development in the substitution programme over the years is that it started as detoxification programme and became a harm reduction on. Moreover, OKANA managed to reduce substantially the initial reaction of therapists and the Media against substitution treatment. In parallel, OKANA has officially approved as general guidelines the translated Greek version of the book by Annette Verster and Ernst Buning "*Methadone Guidelines*", published by EuroMethwork in 2000. The Ministerial Decree and the operational framework define the admissions criteria to the programme, the exceptional admissions, the various phases the degree of tolerance, incentives and sanctions for participants, and give a strong mandate to the team of doctors, psychologists, nurses, who constitute the therapeutic team. Over the years, the therapeutic teams of the 22 substitution units in the country in the exercising their mandate produced changes, mainly increasing tolerance to relapse. The large size of the waiting list particularly in Athens contributed to that. In 2009 there were 5,360 clients participating in the programme and 5.600 in the waiting list. The guidelines of the substitution programme abide by 60% to the WHO guidelines. National guidelines for the drug free programmes do not exist.

12. Cost of drug related treatment in Europe: a comparative analysis

In Greece, the public drug treatment agencies and the officially recognised ones are financed primarily by the State. This makes possible that drug treatment is offered to the majority of users free of charge. Treatment delivered in private non-recongised agencies can be quite costly. Treatment expenditure is monitored by the Focal Point at annual basis; the majority of agencies deliver relevant data. As a general statement, the budget allocated to drug treatment in Greece is systematically increasing in the past four years.

PART C. ANALYSIS OF THE RELATIONSHIP BETWEEN INDICATORS IN A WIDER CONTEXT

The drugs strategy in recent years

The slow pace of the State is counteracted by the agencies' initiatives

The first National Action Plan on Drugs launched in Greece in 2002 (to last until 2004) was more than partially implemented buit was not evaluated. After a two years' delay, in 2006, the second National Action Plan on Drugs was announced for the period 2006-2012. This NAP has not been implemented, as the bodies and committees envisaged for monitoring are not set up.

1997 saw the establishment of the first Cross-Party Parliamentary Committee on the Study and Management of the Drug Problem, which published its Report in 2000. All the proposals included in its Report were implemented, except for the one on programme evaluation. The Committee was re-established in 2004, at the next session of Parliament, and published its Report in 2006. Very few of its proposals have been implemented to date. In 2008, the Committee was downgraded to the status of Sub-committee under the Standing Committee for Social Affairs.

The outcome in terms of official documents and guidelines may appear to be meagre. However, over those 30 years, Greece has put together a system to tackle the drug problem, which has little to envy from the systems of most European countries in quality if not in quantity. This has been achieved thanks to the State which, in spite of neglecting or downplaying the problem at times, did in general provide institutional and financial support to build and sustain the system, and also thanks to the drug-specialised agencies that took initiatives, voiced demands, and exceeded themselves in terms of richness of work, sometimes lining up with the State sometimes lining up against it.

It would not be an exaggeration to argue that the drug demand reduction system in Greece has been put together both "because" and "in spite" of the State.

Some months ago, the Inter-ministerial Committee for the Coordination of the Fight against Addictions was set up and tasked with the preparation of a National Plan against Addictions for the two-year period 2011-2012. The first meetings of the Committee portend a realistic outcome with achievable goals.

The extent of the problem – dependence

Increasing number of problem heroin users

The methodological cautions that have always applied to this estimate cannot explain this year's marked increase, after quite a few years of stability. This does not necessarily mean that the problem is aggravating in Greece; it may also mean that the system's penetration rate is increasing, i.e. the population of drug users living in areas where no treatment services had been available until quite recently is being revealed. In the period 2006-2008, seven new buprenorphine units became operational and their clients are reflected in this year's data for the first time.

According to the reported data, around 12,000 drug users in total received treatment services in 2009 (including clients of the Counselling Centres run by KETHEA and 18 ANO). Of those, 84% (about 10,000) are heroin users, i.e. about half of the estimated heroin users are in contact with the treatment system.

Heroin users continue to age

The number of young heroin users (aged 15-24) decreased substantially in 2009 compared to the previous years, while the number of older users (aged 35-64) increased. The mean age of users who demanded treatment in 2009 also increased; this is largely accounted for by the fact that, compared to 2008, there was a 10% increase in treatment demands at drug-free programmes and an 80% increase at the substitution programme. The phenomenon of "aging" has been observed and highlighted for a number of years and makes it necessary to tailor treatment programmes to meet the specific needs of older users.

Improved user profile

The profile of drug users admitted to treatment in 2009 appears to have improved: higher educational level, higher regular employment rates and, especially among previously treated users, a decline in heroin use and a three-fold increase in cannabis use. All the above may suggest that

drug users' social exclusion is being reduced. Moreover, given that most of those users had entered treatment in the past, the fact that they appear to be better socially integrated leads to a positive appraisal of the treatment process, in the sense that improving users' social life is one of the goals of the treatment process. The increased proportion of cannabis users among users contacting treatment structures suggests that cannabis use is thought to be a problem by an increasing number of users.

Cocaine use continues to increase

Among drug users admitted to treatment in 2009, there has been a steady increase over the past 5 years in cocaine reports as primary and secondary drug. Moreover, cocaine injecting increased whilst heroin injecting declined last year.

Treatment

A substantial number of dependent users are already in treatment

The 7 buprenorphine units that became operational in the period 2006-2008 admitted a total of 1,170 users, representing approximately one fifth of the total clients in **substitution treatment**, **about 5,500**. This massive influx has affected to a certain extent the profile of clients, as outlined in this Annual Report. It also probably largely explains the reversal of the ratio between "old" and "new" clients (i.e. previously treated clients and clients who never entered treatment in the past). Since 2007, in the population of users admitted to treatment, "old" clients have outnumbered "new" ones. The bulk of clients who re-enter treatment expectedly belong to the substitution programme, since prior drug-free treatment is a condition for admission to the substitution programme.

Psychosocial interventions, i.e. drug-free programmes, served in 2009 **over 4,500 users** in total (including counselling centres); this figure is not much smaller than that for the substitution programme.

As a whole, as already mentioned, the population of drug users in treatment in Greece is not negligible and, as stated, **almost half of the dependent heroin users are in treatment**. This is important to underscore, because in Greece too much emphasis is placed mainly by the Media on the waiting list of the substitution programme.

Patient retention rates have improved, as smaller proportions of both adults and adolescents drop out of drug-free programmes. On the other hand, there has been a marked increase in premature discharges owing to breach of rules.

Prevention

The Prevention Centres' chronic funding problems are being solved

The payment of debts and the arrangements made for their grants resolved the financial impasse the Prevention Centres had reached in recent years. The data reported herein show that even in times of hardship they did not neglect their duty. On the other hand, **in 2009 there was a sharp drop in the number of curricular Health Education programmes of the Ministry of Education, on drugs**. The 2010 data will show whether this drop was an isolated incident or a shift in policy.

Deaths

As little as 30% of the "suspected" deaths confirmed in 2009

In 2009, the number of deaths from acute intoxication remained stable. The number of unconfirmed deaths, however, increases year by year. In 2009, 70% of the reported deaths are yet to be confirmed, while 78 death cases (37%) reported in 2008 remain unconfirmed.

Prisons

Stagnation in 2009 – first auspicious signs in 2010

Notwithstanding the law on alternatives to prison for drug dependent offenders, the number of inmates serving time for drug-related offences is increasing. Similarly, **as little as 1.9% of the clients in treatment in 2009 were referrals from judicial services**. Even within prison, access to treatment is limited and mostly relies on NGO initiatives.

In 2010, a debate on alternatives to prison was launched in the Inter-ministerial Committee for the Coordination of the Fight against Addictions (DESKE), as well as on the feasibility of introducing substitution treatment in prison at the initiative of the Ministry of Justice, Transparency and Human Rights.

CHAPTER 1: DRUG POLICY, LEGISLATION, STRATEGIES AND ECONOMIC ANALYSIS

1.1. Legal framework

Joint ministerial decision 2290/2010 (Ministry for Health & Social Solidarity and Ministry for Culture & Tourism)

Setting out prohibited substances and doping methods, within the meaning of articles 128B and 128C, law 2725/1999

This joint ministerial decision sets out the means (substances and methods) within the meaning of articles 128 B and 128 C, law 2725/1999, which may artificially change the competitive mood, ability or performance of an athlete or mask such changes. Chapter D (article 6) lists the therapeutic use exemption (TUE) conditions, in accordance with the International Standard for TUEs of the World Anti-Doping Agency (WADA).

Decision ANA//2010: ANAK.SS.22/2/10 (Ministry of Justice, Transparency & Human Rights)

Notification 261/10/10 Document from the Anti-Money Laundering Committee

This decision (261/10/29.1.2010) refers to a document of the Committee for Combating Money Laundering and Terrorist Financing, relating to the implementation of sanctions imposed by international organizations and the Committee's obligation to promptly inform the financial and credit institutions and other parties concerned, in accordance with article 5, law 3691/2008.

Pursuant to this law, financial transactions of all kinds with persons listed on suspects lists must be refrained from and the Committee must be promptly notified. The consolidated suspects list is available at www.un.org/sc/committees/1267/consolist.shtml and its updates will be posted on the Committee's website, www.hellenic-fiu.gr/.

LAW 3811/2009

Compensation to victims of violent intentional crime (harmonization of the Greek legislation with Council Directive 2004/80/EC of 29 April 2004) and other provisions

This law amends, *inter alia*, the Code of Laws on Drugs.

The first subparagraph of paragraph 2, article 30, law 3459/2006 is amended as follows:
"The fulfillment of the conditions set out in the previous paragraph shall be ascertained upon criminal prosecution and at every stage of the penal procedure in accordance with article 177 of the Code of Penal Procedure".

A new paragraph 6 is added to article 30, law 3459/2006:
"The legally criminal nature of the acts committed by a person who fulfills the conditions set out in paragraph 1 shall be judged on the basis of the penalties foreseen in paragraph 4, points b) and c)".

Article 40, law 3459/2006 is replaced as follows:
Conditional release. Convicts to life sentence, under the aggravating circumstances set out in articles 23 and 23 A, may be granted conditional release, subject to revocation, having served a minimum of twenty-five years of their sentence. Such convicts as described in the previous subparagraph may not be granted conditional release before completion of twenty years of actual incarceration.

As regards the remainder, the provisions of the Penal Code, article 105 et seq. apply. Pursuant to article 106 paragraph 2 of the Penal Code, mandatory conditions shall be established for the released, such as entering a substance abuse treatment programme upon request, regularly reporting to a police station or other public authority, not traveling to or residing in certain places or not being in the company of or meeting certain persons".

Point b) paragraph 2 article 42 law 3459/2006 is replaced as follows:
"Before ruling on the imposition or continuation of temporary detention, judges shall necessarily take into consideration evidence demonstrating whether the accused is a drug addict or not".

LAW 3772/2009

Restructuring of the Forensic Service, therapeutic treatment of drug users and other provisions

The first Chapter of this law is about the organization of the Forensic Service (structure, competences, posts, recruitment, grades and promotions for forensic doctors, internal rules for

forensic doctors and other provisions pertaining to organizational issues for the staff of the Forensic Service). The second Chapter includes measures to improve the penitentiary system. Pursuant to this law, Special Drug Dependence Treatment Departments are set up, called "Dependence Treatment Centres for Drug Dependent Prisoners". Their mission is to provide therapeutic treatment to drug dependent prisoners, physical detoxification and psychological dependence treatment, and social reintegration. Their location is determined by decision of the Minister of Justice.

Substitution treatment programmes may be implemented in the Special Drug Dependence Treatment Departments. The type of dependence treatment programmes available at each Special Drug Dependence Treatment Department, the terms and conditions for implementation and other relevant details shall be laid down in joint ministerial decisions of the Minister of Health & Social Solidarity and the Minister of Justice, on the basis of the opinion of the Organisation Against Drugs (OKANA).

Furthermore, this law amends the third subparagraph of paragraph 1, article 29 of the Code of Laws on Drugs, ratified with article 1, law 3459/2006 (Government Gazette 103 A), as amended by article 15, law 3727/2008 (Government Gazette 257 A), which is replaced as follows:
"For the narcotic substances heroin, cocaine and processed and raw cannabis, in particular, they are deemed, unless the court rules otherwise, to meet the personal needs of a user, albeit a dependent user, when the seized quantities of the individual narcotic substances, irrespective of purity, do not exceed with the direct packaging the gross weight of one and a half (1 Vz) gram for heroin and cocaine, fifty (50) grams for raw cannabis and five (5) grams for processed cannabis. The Minister for Health & Social Solidarity and the Minister of Justice may, by joint decision, establish minimum quantity thresholds meeting the personal needs of a user, albeit a dependent user, for a certain period of time for the remaining narcotic substances listed in article 1 of this Code".

Ministerial decision DYC//2009 (MD DYC3c/61921 Government Gazette B 1393 2009) of the Ministry for Health and Social Solidarity

Pharmaceutical preparation regulated by law 3459/2006 on narcotic drugs.

Decision to include the pharmaceutical preparation ABSTRAL, containing the substance FENTANYL, in Table C of par. 2, article 1, law 3459/2006.

Ministerial decision DYC//2009 (MD DYC3c/61606 Government Gazette B 1393 2009) of the Ministry for Health and Social Solidarity

Pharmaceutical preparation regulated by law 3459/2006 on narcotic drugs.

Decision to include the pharmaceutical preparation DEMOGYL, containing the substance FENTANYL, in Table C of par. 2, article 1, law 3459/2006.

Ministerial decision DYC//2009 (MD DYC3c/70248 Government Gazette B 1392 2009) of the Ministry for Health and Social Solidarity

Pharmaceutical preparation regulated by law 3459/2006 on narcotic drugs.

Decision to include the pharmaceutical preparation MIDAZOLAM/B BRAUN, containing the substance MIDAZOLAM, in Table D of par. 2, article 1, law 3459/2006.

Ministerial decision 805//2009 (MD 80507 Government Gazette B 1033 2009) of the Ministry of Justice

Procedure and technical details regarding the collection, classification and processing of statistical data on the cases heard by courts of any level for the offences of money laundering and terrorist financing, as defined in article 2 law 3691/2008 (Government Gazette A 166), on the number of cases investigated and individuals prosecuted, on the relevant court decisions or rulings and on any assets seized or confiscated.

This ministerial decision lays down the procedure and the technical details for the collection, classification and processing of statistical data on the cases heard by courts of any level for the offences of money laundering and terrorist financing, as defined in article 2 law 3691/2008 (Government Gazette A 166), on the number of cases investigated and individuals prosecuted, on the relevant court decisions or rulings and on any assets seized or confiscated.

Ministerial decision 674//2009 (MD 67473 Government Gazette B 807 2009) of the Ministry of Justice

Laying down the terms of reference of the Lawyers' Committee provided for in article 34 law 3691/2008 (Government Gazette A 166), the reporting modalities for lawyers practicing in Greece to the Committee for Combating Money Laundering and Terrorist Financing, as well as the procedure for cooperation and communication with the Lawyers' Committee.

This ministerial decision lays down the rules for the operation of the Committee provided for in article 34 law 3691/2008 (Government Gazette A 166), the reporting modalities for lawyers practicing in Greece to the Committee for Combating Money Laundering and Terrorist Financing, as well as the procedure for cooperation and communication with the Lawyers' Committee.

Ministerial decision 165//2009 (MD 16527/B903 Government Gazette B 647 2009) of the Ministry of Economy and Finance

Designating "Information Society S.A." a beneficiary for the project "Digital public utility services against money laundering and terrorist financing".

This ministerial decision provides for the implementation of the project "Digital public utility services against money laundering and terrorist financing" by "Information Society S.A." as a beneficiary. The project will be implemented according to the terms and conditions and the other details set out in the "Programme Agreement" to be signed between the Committee for Combating Money Laundering and Terrorist Financing (the Committee) and said company.

Ministerial decision EMP//2009 (MD EMP.5000295/9/C0034 Government Gazette B 526 2009) of the Ministry of Economy and Finance

Establishing a central management office for samples of narcotic and psychotropic substances intended for the training of customs officers and customs sniffer dogs.

This ministerial decision establishes at the Attica Customs Directorate a central management office for samples of narcotic and psychotropic substances intended for the training of customs officers and customs sniffer dogs. To the effect of monitoring the supplied and returned quantities, which are replaced every two years, every dog handler shall keep a validated book with numbered pages or validated cards, in which all approved deliveries/returns shall be entered by means of a formal protocol.

The necessary quantity and the number of necessary samples per sniffer dog for their continuing training which ensures sustainable performance is set at twenty (20) grams per sample of opium, heroin, cocaine, amphetamines, raw and processed cannabis, and shall be supplied from recent DPA seizures in accordance with the law in effect.

The supply of drug samples from seized quantities of drugs for the training of customs officers and the daily training of customs sniffer dogs shall be approved by the competent Prosecutor, following a written request of the Attica Customs Directorate, i.e. the managing authority.

Ministerial decision DYG//2009 (MD DYG3c/16073/08 Government Gazette B 314 2009) of the Ministry for Health and Social Solidarity

Pharmaceutical preparations regulated by law 3459/2006 on narcotic drugs.

Decision to include the following pharmaceutical preparations in the relevant Table of par. 2, article 1, law 3459/2006:

NAME OF MEDICATION	ACTIVE INGREDIENT REGULATED BY LAW 3459/2006	TABLE
RELACTON-C	CARISOPRODOL	D
LYSANXIA	PRAZEPAM	D
PRAZENE	PRAZEPAM	D

DECISION 148//2009 (DECISION 14822 Government Gazette B 2005 2009) Supervisory Committee of Private Insurance

Decision on the "prevention of the use of the financial system for the purpose of money laundering and terrorist financing".

Decision on the prevention of the use of the financial system for the purpose of money laundering and terrorist financing through a) life insurance business, b) life insurance mediation and c) provision of investment-related services, such as services supplying on the Greek market the financial instruments defined by article 5 law 3606/2007 (Government Gazette A 195) by either Greek or foreign companies (hereinafter "services") in Greek territory, with the exception of class IV (accident, illness) life insurance policies pursuant to article 13, par. 2, legislative decree 400/1970.

DECISION 281//2009 (DECISION 281/17.3.2009 Government Gazette B 650 2009) Committee of Bank and Credit Issues of the Bank of Greece

Prevention of the use of the financial and credit institutions supervised by the Bank of Greece for the purpose of money laundering and terrorist financing.

Decision of the Banking and Credit Affairs Committee of the Bank of Greece to replace its decision number 231/4/13.10.2006 and create a new supervision framework within which the institutions supervised by it will address money laundering and terrorist financing.

Joint ministerial decision 557//2008 (MD 55769 Government Gazette B 2671 2008) (Ministry for Health & Social Solidarity and Ministry of Culture)

Setting out prohibited substances and doping methods, within the meaning of articles 128B and 128C, law 2725/1999

This joint ministerial decision sets out the prohibited means (substances and methods) within the meaning of articles 128 B and 128 C, law 2725/1999, which may artificially change the competitive mood, ability or performance of an athlete or mask such changes.

Ministerial decision DYG//2008 (MD DYG3c/27148 Government Gazette B 1345 2008) of the Ministry for Health and Social Solidarity

Pharmaceutical preparations regulated by law 3459/2006 on narcotic drugs.

Decision to transfer the pharmaceutical preparation OXXALGAN, containing the substance TRAMADOL, to Table D from Table C of par. 2, article 1, law 3459/2006.

Decision to include the following pharmaceutical preparations in the relevant Table of par. 2, article 1, law 3459/2006:

NAME OF MEDICATION	ACTIVE INGREDIENT REGULATED BY LAW 3459/2006	TABLE
KANEURON	PHENOBARBITAL	D
TRAMAL	TRAMADOL	D
PRENORVINE	BUPRENORPHINE	D

Decision to have the pharmaceutical preparation PRENORVINE marketed according to the provisions of par. 2, article 22, law 3459/2006.

Ministerial decision DYG//2008 (MD DYG3c/118810/07 Government Gazette B 1287 2008) of the Ministry for Health and Social Solidarity

Dispensation of pharmaceutical preparations containing the substance GHB (law 3459/2006, Table C).

This decision sets the maximum daily dose for GHB at 9 grams.

Doctors, on their own responsibility, may issue special narcotics prescriptions for the pharmaceutical preparation XYREM, containing the substance GHB (180 ml, 500mg/ml), in quantities corresponding to the maximum daily dose for a period of ten (10) days.

Joint ministerial decision DYG//2008 (MD DYG3c/12846 Government Gazette B 1124 2008) (Ministry for Health & Social Solidarity and Ministry of Justice)

Transfer of pharmaceutical substance from Table C to Table D of law 3459/2006.

Decision to transfer the following substance from Table C to Table D of article 1, par. 2, law 3459/2006:

Tramadol: 2-[(Dimethylamino)Methyl]-1-(3-Methoxyphenyl) Cycloexanol

Joint ministerial decision DYG//2008 (MD DYG3c/91372/07 Government Gazette B 838 2008) (Ministry for Health & Social Solidarity and Ministry of Justice)

Substance regulated by law 3459/2006 on narcotic drugs.

Decision to include the following substance in Table A of article 1, par. 2, law 3459/2006:
oripavine 3-0-demethylthebaine 6,7,8,14-Tetradehydro-4,5 -alrha-epoxy-6-methoxy-17 -methyl -morphinan-3 –ol

Joint ministerial decision DYG//2008 (MD DYG3c/54568/07 Government Gazette B 769 2008) (Ministry for Health & Social Solidarity and Ministry of Justice)

Substance regulated by law 3459/2006 on narcotic drugs.

Decision to include the following substance in Table D of article 1, par. 2, law 3459/2006:
CARISOPRODOL isopropylmeprobamate.

Joint ministerial decision 223//2008 (MD 2237.8(B)08 Government Gazette B 376 2008) (Ministry of Economy & Finance and Ministry of Merchant Marine, the Aegean and Island Policy)

Addition of a subparagraph to paragraph 3 of the Joint decision no. 2237.8b/03/05 issued by the Deputy Minister of Economy and Finance and the Minister of Merchant Marine concerning the establishment of the Special Account YE-ANP/DA.

The following subparagraph is added to paragraph 3 of the Joint ministerial decision no. 2237.8 B/03/05/5.9.2005 issued by the Minister of Economy and Finance and the Minister of Merchant Marine concerning the establishment of the Special Account YEN/DA for the purpose of combating drugs:
"Any current balance in US dollars in said Special Account or any future funds denominated in foreign currencies may be converted in euro following a decision of the Coast Guard Chief."

In 2010, the Ministry of Justice, Transparency and Human Rights set up three legislative drafting committees in view of the revision of the Code of Laws on Drugs, the Penitentiary Code and the Penal Code.

1.2. National Action Plan, strategy, evaluation and coordination

1.2.1. National Action Plan

In 2009, the National Action Plan on Drugs (2008-2012) continued to be officially in effect. In actual practice, although envisaged by the NAP, the committees in charge of monitoring its implementation progress were not established. As a result, the actions envisaged were not implemented, nor was there any process evaluation.

Of course, the agencies committed to addressing the drugs problem in Greece continued to expand their activities.

In the field of treatment, KETHEA launched two new therapeutic communities, 18 ANO and the Thessaloniki Psychiatric Hospital each developed a new non-residential programme. Two OKANA Units for Adolescents stepped up their activities, while the number of Substitution Treatment Units remained unchanged compared to the previous year. For more details about the new treatment programmes, see Chapter 5 "Drug related treatment – treatment demand and treatment availability". In 2009, there were no reports of major changes in the fields of prevention and social reintegration.

In 2010, the change of government resulted in new initiatives in the field of drugs. The most important development was the establishment of the **Interministerial Committee for the Coordination of the Fight against Substance Dependence (DESKE)**. Coordinated by OKANA, DESKE's mandate is to draw up a mid-term two-year (2011-2012) Action Plan on Drugs. DESKE is made up of representatives of 10 Ministries (Health, Education, Justice, Citizen Protection, National Defence, Labour, Home Affairs, Finance, Culture and Foreign Affairs), treatment agencies and the Greek REITOX Focal Point.

1.2.2. Other drug policy developments

In October 2009, the Ministry of Health and Social Solidarity actively supported the **Prevention Centres** by disbursing 14,000,000 € to cover debts of the previous years. The 71 regional Prevention Centres had serious financial problems and as a protest against their devaluation they had decided not to give data to the Greek Focal Point in 2008. According to the new regional division in Greece (called "Kallikratis"), the country will be divided into 14 regions instead of the 52 prefectures that exist today. Because the Prevention Centres belonged to the prefecture an institution problem has now been raised. A special committee working under the Ministry of Health is dealing with this problem. Kallikratis will take effect in the local elections of November 2010.

Kallikratis (name of one of the two architects of Parthenon) a system dividing Greece into 14 regions: Eastern Macedonia and Thrace, Central Macedonia, Western Macedonia, Ipiros, Thessaly, Attica, Sterea Ellada, Ionian sea islands, North Aegean sea islands, South Aegean sea islands, Western Greece, Peloponnisos and Crete.

In 2010, budget cuts decided by the Greek Parliament in all public sectors. **Drug related treatment** and OKANA, the coordinating agency were excluded form these cuts.

Public nuisance in the centre of Athens has become a major public debate issue **in 2010.** The Athens substitution and low threshold units of OKANA are being held largely responsible (by local and national politicians mainly) for the increase in criminality and public nuisance in the city centre. OKANA defended themselves by conducting a small scale research among street users in Athens, which concluded that only 15% of the 275 users of the sample participated in treatment programmes, while a large number of the remaining users were in the substitution treatment waiting list.

1.2.3. Coordination arrangements

Although the Action Plan on Drugs 2008-2012 foresaw the appointment of a drug coordinator that person was not appointed until 2010. In June 2010, Prof. M. Malliori, who is also President of OKANA was appointed by the Prime Minister as the Greek drug coordinator. She is responsible for representing the country in the Horizontal Group and the EMCDDA (member of the Management Board) and she is the Chairman of DESKE.

1.3. Economic analysis

This section presents the expenditure associated with demand reduction. The relevant data were reported both from the Ministry for Health and Social Solidarity and the finance departments of the services concerned. It should be noted that breakdowns of expenditure are possible for certain services, whilst for others they are not.

In this Chapter, only the 2009 data are reported. For trends, please see Selected Issue 12: "Cost of drug related treatment in Europe"

1.3.1. Expenditure of 18 ANO Dependence Treatment Unit, Attica Psychiatric Hospital

According to data from the finance department of 18 ANO Dependence Treatment Unit and the Ministry for Health and Social Solidarity, the operating expenses of 18 ANO for the year 2009 came up to € 11,987,495.05. This figure includes personnel wages, which came up to € 10,000,000, while the remaining amount of € 1,987,495.05 reflects other operating expenses. As 18 ANO do not keep analytical accounts, it is not possible to present a breakdown of expenditure on demand reduction programmes.

1.3.2. Expenditure of the Dependence Treatment Units of Thessaloniki Psychiatric Hospital

The expenditure of the **Dependence Treatment Unit of Thessaloniki Psychiatric Hospital** for the year 2009 came up to € 2,706,923.21. According to data from Thessaloniki Psychiatric Hospital and the Ministry for Health and Social Solidarity, the amount of € 2,272,709.33 was spent on personnel wages (allocated from the Ministry) and the remainder was operating expenses. The expenditure of **ARGO programme** for the year 2009 came up to € 930,676.86, of which € 726,301.76 was

personnel wages (allocated from the Ministry). The expenditure of the Alcohol and Gambling Unit came up to € 769,303.61, of which € 656,620.11 was personnel wages (allocated from the Ministry).

1.3.3. OKANA expenditure

Data from the finance department of OKANA indicated that expenditure to meet the cost of services delivered by OKANA in 2009 came up to € 46,934,216.60 (Table 1.1). This figure does not include expenditure on free legal assistance to clients of Substitution Treatment Programmes and co-financed vocational training projects.

Table 1.1.: Cost of OKANA services (2009)

Prevention	
Co-financing of Prevention Centres	6,146,370.92 €
Training and support	-
Personnel wages	668,382.34 €
Research	-
Total	**6,814,753.26 €**
Substitution Treatment Programme	
Personnel wages	18,236,515.86 €
Accommodation and operational costs	8,522,640.33 €
Total	**26,759,156.19 €**
Patras Network of Treatment Services	
Personnel wages	476,287.71 €
Accommodation and operational costs	167,920.59 €
Total	**644,208.30 €**
Adolescent Units (Athens, Thessaloniki, Rethymno, Larissa)	
Personnel wages	1,396,393.80 €
Accommodation and operational costs	383,858.78 €
Total	**1,780,252.58 €**
Help Centre	
Personnel wages	2,836,610.67 €
Accommodation and operational costs	604,006.20 €
Total	**3,440,616.87 €**
Social Reintegration Unit	
Personnel wages	523,680.48 €
Accommodation and operational costs	146,224.29 €
Total	**669,904.77 €**

Specialised Vocational Training Centres (Athens, Thessaloniki)	
Personnel wages	413,028.26 €
Accommodation and operational costs	300,396.33 €
Total	**713,424.59 €**
Headquarters	
Personnel wages	3,601,701.64 €
Accommodation and operational costs	1,936,317.87 €
Total	**5,538,019.51 €**
Grants to various agencies (Ministry for Health and Social Solidarity)	**573,880.53 €**
Grand total	**46,934,216.60 €**

SOURCE: Greek FP (DATA: OKANA, 2010)

Cost effectiveness study of the substitution treatment conducted by the University of Thessaly

A study was conducted in 2010 by the Department of Economic Sciences of the University of Thessaly, under the supervision of Prof. Geitona, entitled: "Socio- economic evaluation of substitution treatment for opiate addiction in Greece".

According to the results of the study the buprenorphine-naloxone combination is the treatment with the smallest social and economic cost compared to the rest of substances used in substitution treatment. The researchers conclude that if the total population of substitution programme clients treated with buprenorphine were shifted to this combination the programme could save up to 54% of the annual cost of the programme. This could also enable the expansion of the programme to 2,057 new clients from the already large waiting list of the programme, particularly in Athens. Moreover, the administration of the combination buprenorphine-naloxone to the total population of the substitution programme clients in Greece would reduce the waiting list by 76.5%. Apart from the aforementioned economic benefits, among the findings of the study is the reduction of drug related mortality and morbidity (avoided mortality and morbidity), as well as the increased client satisfaction and quality of life of the clients of the programme who receive the combination (Geitona et al. 2010)

1.3.4. KETHEA expenditure

According to data from the finance department of KETHEA, in order to meet the cost of services delivered by KETHEA in 2009, expenditure came up to € 30,318,412 (Table 1.2). State grants amounted to € 24,000,000. KETHEA relied to a great extent on self-financing activities, on civil society and voluntary work, as well as on partnerships with the local authorities. The self-financing activities fall in the following three categories:

- Donations and sponsorships to meet both the basic operating expenses of the programmes and information/awareness/training activities
- Revenues from production units (most notably from the printing house, but also from the ceramics workshop, the carpenter's workshop, the farm, etc.)
- European projects in the areas of research, graduates' training, professionals' training, and development of new services.

Table 1.2: Breakdown of KETHEA expenditure (2009)

Primary Prevention	
In Primary Education	192,515.00 €
In Secondary Education	206,670.00 €
In the Community	347,857.00 €
Supervision/Support/Information	252,397.00 €
Total	**999,439.00 €**
Harm Reduction-Motivation	
23 Counselling Centres	3,622,980.00 €
2 Low-threshold Units	617,208.00 €
1 Streetwork Programme	352,694.00 €
1 Psychodiagnostic Centre	527,052.00 €
1 SOS Helpline (Thessaloniki)	200,643.00 €
Total	**5,320,577.00 €**
Interventions in the Criminal Justice System	
1 Counselling Centre at the Juvenile Courts	51,159.00 €
18 Prisoner Counselling Programmes	1,589,303.00 €
2 Prisoner Treatment Programmes	654,257.00 €
2 Reintegration Centres for Released Prisoners	542,865.00 €
1 Family Support Programme	48,629.00 €
Total	**2,886,213.00 €**
Treatment	
5 Residential Treatment Programmes for Adults	3,700,220.00 €
5 Day-care Treatment Programmes for Adults	1,753,967.00 €
6 Day-care Treatment Programmes for Adolescents/Young Adults	1,230,006.00 €
3 New Units for Adolescents	858,839.00 €
Total	**7,543,033.00 €**
Services for Special Population Groups	
1 Centre for Immigrants and Refugees	488,806.00 €
1 Unit for Legal Addictions (Alcohol & Gambling)	305,374.00 €
1 Specialised Treatment Unit for Dependent Parents	106,578.00 €
Total	**900,759.00 €**

Social Reintegration	
14 Social Reintegration Centres	**1,545,251.00 €**
Vocational Training – Education	
4 Vocational Training Centres	343,071.00 €
4 Production Units (Printing house, Carpenter's workshop, Ceramics workshop, Farm)	3,461,776.00 €
4 Transitional Schools	1,221,475.00 €
Total	**5,026,321.00 €**
Family Therapy	
20 Centres for Family Counselling and Therapy	1,819,197.00 €
Training of Health Professionals	900,036.00 €
Research – Evaluation	1,502,499.00 €
Administration	1,875,087.00 €
Total	**6,096,819.00 €**
GRAND TOTAL	**30,318,412.00 €**

SOURCE: Greek FP (DATA: KETHEA, 2010)

CHAPTER 2: DRUG USE IN THE GENERAL POPULATION AND SPECIFIC TARGETED GROUPS

2.1. Introduction

Chapter 2 presents the latest research data available on illicit drug use in the general, student and special populations in the country.

The data derive from study reports collected yearly by the Focal Point from individual researchers and/or research institutes conducting large and small scale surveys or research on illicit drug use in Greece.

Greece was one of the first countries in Europe to conduct general population surveys based on probabilistic sample. General population data have been available at almost regular intervals (every 5 years) already since the mid-1980s from the surveys conducted first by the Psychiatric Clinic of the University of Athens and later by the University Mental Health Research Institute (UMHRI). Moreover, the methodology of the latest survey conducted by the UMHRI in 2004 was fully harmonised with the EMCDDA standards for general population surveys, thereby allowing for safe comparisons between the situation in Greece and the situation in other European countries. It is noted, however, that since 2004 there has been no repeat survey of a representative general population sample.

Surveys of the school population have been conducted regularly since 1984, first by the Psychiatric Clinic of the University of Athens and later by the UMHRI. Since the late 1990s, school population surveys have been harmonised with the methodological protocol of the European School Project on Alcohol and Other Drugs (ESPAD survey). Additionally, the UMHRI conducts in Greece the Health Behaviour in School-aged Children survey, the cross-national research study conducted in collaboration with the WHO Regional Office for Europe, which also provides epidemiological indicators on the prevalence of illicit drug use among 15-year-old students.

The Greek FP emphasizes the lack of - and the urgent need for conducting surveys on the prevalence and patterns of drug use and abuse in special (high risk) population subgroups such as prisoners, school drop-outs, economic immigrants, etc.

2.2. Drug use in the general population

No nationwide general population survey on illicit drug use has been conducted in recent years. The latest nationwide survey based on a probabilistic sample of the population aged 12-64 years (N=4,774) was conducted by the UMHRI in 2004, through face-to-face interviews and an anonymous questionnaire. The 2004 study was fully harmonised with the EMCDDA standards for general population surveys. The findings of the 2004 survey have been repeatedly presented in the 2009 Report of the Greek REITOX Focal Point (Greek REITOX Focal Point 2009, full results were published in Greek in Kokkevi et al. 2007 [abstract in English provided]). In brief:

- One in 12 Greeks (8.6%) aged 12-64 reports lifetime use of any illicit drug (mostly cannabis). Some 3.8% used it 1-2 times and 4.8% repeated use at least 3 times.
- The highest rates of lifetime use are reported by men (13.3% as opposed to 3.9% in women), by the age groups 25-34 (12.5%) and 18-24 (12%) and 35-44 (12%), by highly-educated individuals (14.6% as opposed to 10.2% and 5.4% for the averagely- and poorly-educated, respectively) and in Athens (12.4% as opposed to 7.9% and 7.3% in Thessaloniki and in other urban areas, respectively).

- From 1984 to 2004, the number of individuals reporting lifetime use of illicit drugs doubled, from 4% to 8.6%. In this twenty-year period, however, the highest rates were recorded in 1998, when lifetime prevalence peaked at 12.2%.

2.3. Drug use in the school and youth population

The latest available data on the school population are derived from the "Nationwide School Population Survey on Alcohol and Other Drugs", conducted by the UMHRI in 2007 on a nationwide probabilistic sample of 10,000 students aged 13-18, by means of an anonymous questionnaire and voluntary participation. The study has been harmonised with the methodological protocol of the ESPAD survey. An extensive account of the findings was presented in 2009 Annual Report of the Greek REITOX Focal Point (Greek REITOX Focal Point 2009, full results were published in Greek in Kokkevi et al. 2009 [abstract in English provided]). The key prevalence findings of the above survey are presented in Table 2.1 and summarised below:

- One in 8 students aged 13-18 years (12%) reports lifetime use of any illicit drug[1]. Over half of them (7.6%) repeated use at least 3 times in their lifetime.
- With the exception of illicit use of tranquillisers/sedatives for which rates are similar for males and females, almost three times as many boys (18.1%) as girls (6.5%) report use of any illicit drug, with a similar gender difference in more frequent use (at least 3 times in their lifetime: 11.9% and 3.8% for boys and girls, respectively).
- From 1984 to 2007, lifetime drug use rates among students increased. Most notably, the proportion of male students who report ever using drugs doubled, while there was no significant change in the proportion of female students. The marked increase in drug use recorded in the late 1990s levelled off thereafter, until the year 2003. From 2003 to 2007, only prevalence rates among boys increased.
- The number of students who have ever tried illicit drugs or have repeated use increases significantly with age: at the age of 17-18, one in 4 boys (24.5%) reports ever using any illicit drug, and one in 6 (17%) reports repeated use.
- Illicit drug use rates are higher in Athens compared to other parts of the country.

[1] "Any illicit drug" includes: cannabis, ecstasy, cocaine, crack cocaine, LSD or other hallucinogens, heroin, amphetamines.

Table2.1: Prevalence of licit and illicit substances in students aged 13 – 18

	TRENDS					2007 DATA							
						GENDER		AGE GROUPS (years)			Geographical areas		
	1984	1993	1998	2003	2007	Males	females	13-14 y.o.	15-16 y.o.	17-18 y.o.	Athens	Thesaloniki	Other urban areas
N	10740	10423	8501	8435	10.386	4869	5517	1781	5257	2935	5619	1696	3071
	%	%	%	%	%	%	%	%	%	%	%	%	%
Any illicit drug [1)2]	8.2	8.3	15.4	10.2	12	18.1	6.5	7.5	10	16.3	14	8.9	10.1
Cannabis	3.9	4.5	12.5	12.8	9.8	14.8	5.4	4	7.9	14.8	11.6	6.4	7.2
Cannabis, ≥3 times in the lifetime	1.6	2.1	7.7	6	*5.5*	*8.5*	*2.9*	*2.3*	*4*	*9*	*6.7*	*3.8*	*3.5*
Cannabis, ≥1 times in the last 12 months	2.6	3.5	10.2	6.9	*7.5*	*11.8*	*3.7*	*3.4*	*6.5*	*11*	*9*	*5.3*	*5.3*
Cannabis, ≥1 times in the last 30 days	1.1	1.8	6	4	*4.3*	*7*	*2*	*2*	*3.7*	*6.3*	*5.3*	*3.6*	*2.9*
Ecstacy	N/A	N/A	2.1	2	2.7	4.9	1.3	2.7	2.4	3.6	3	2.1	2.5
Amphetamines (*speed, ice*)	4.5	4.4	4	0.4	2.7	4.5	1.2	2.8	2.6	2.7	2.3	3.2	3.2
Crack	N/A	0.5	1	0.6	1.9	3.4	0.6	1.7	1.9	2	2.2	1.5	1.7
Cocaine	1.5	1	2	1.5	2.2	3.7	0.9	1.2	1.5	3.5	2.4	2.2	2
Heroin	0.5	0.7	1.1	0.8	1.3	2.3	0.5	1.1	1.1	1.6	1.2	1.6	1.5
"Magic mushrooms"	N/A	N/A	N/A	N/A	1.8	3.1	0.6	1	1.6	2.2	2.1	1.3	1.4
GHB	N/A	N/A	N/A	N/A	1	1.8	0.2	0.5	1	1	0.9	0.7	1.2
LSD or other hallucinogens	1.1	1.3	3	1.6	2.4	4	0.9	1.5	2	3.1	2.8	1.5	2.1
Anabolics (non-prescribed)	N/A	N/A	4.7	1.3	2.8	5.1	0.8	2.1	2.7	3.7	2.9	3.1	2.5
Tranquilizers or sedatives (non-prescribed)	11.3	8.1	8.5	3.9	5	5	4.9	4.6	4.3	5.9	5.8	4	4
Alcohol with pills	N/A	N/A	N/A	N/A	3.3	4.1	2.6	2.8	3.1	4	3.3	3.4	3.3
Inhalants	N/A	6.5	13.8	13	9.9	12.5	7.6	11.4	9.6	9.7	10.1	8.3	9

DATA: "Nationwide School Population Survey on Alcohol and Other Drugs", 2007 – SOURCE: Adapted from Kokkevi et al. 2009

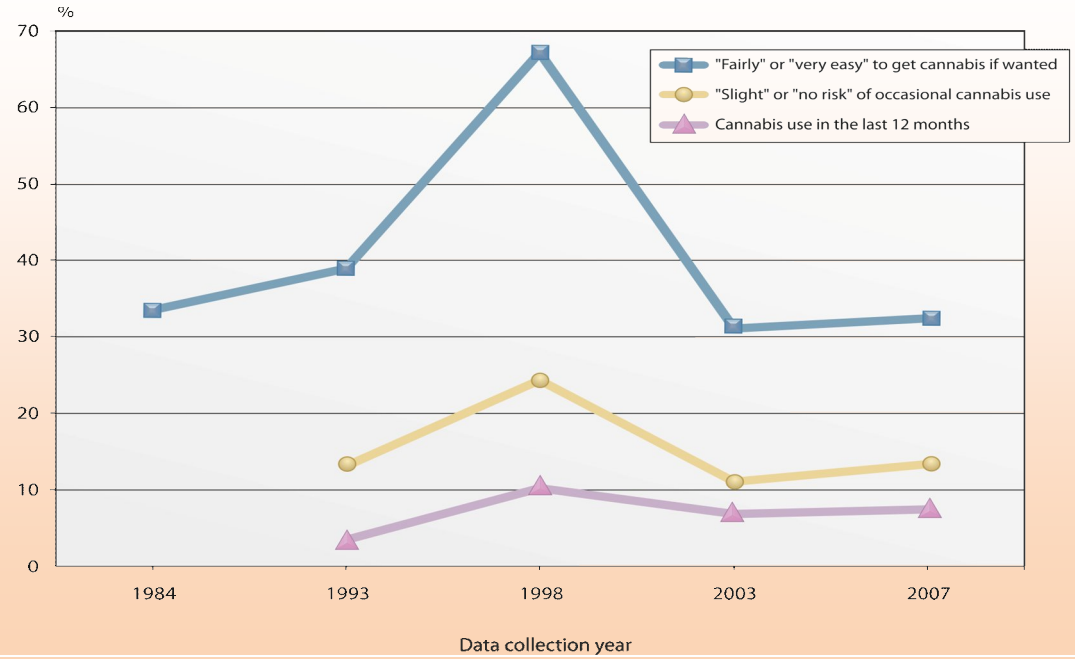
[1] "Any illicit drug" includes: cannabis, ecstasy, cocaine, crack cocaine, LSD or other hallucinogens, heroin, amphetamines.

- Cannabis is the most commonly-used illicit drug: its prevalence rate actually increased three-fold in the 25-year period 1984-2007, from 3.9% to 9.8%. The prevalence rates for other illicit drugs in 2007 stood at: 2.7% for ecstasy, 2.7% for amphetamines, 2.4% for LSD or other hallucinogens, 2.2% for cocaine, 1.9% for crack cocaine, 1.3% for heroin.
- The prevalence rates for illicit use of legally-marketed substances in 2007 stood at: 9.9% for inhalants (e.g. glue, petrol, etc.), 5% for unprescribed tranquillisers/sedatives, 3.3% for medicines combined with alcohol, and 2.8% for unprescribed anabolics.

2.4. Consistency between indicators

The level of consistency between data derived from similar (or conceptually related) variables from within the same survey as well as between data from different surveys is a measure of data validity. To this effect:

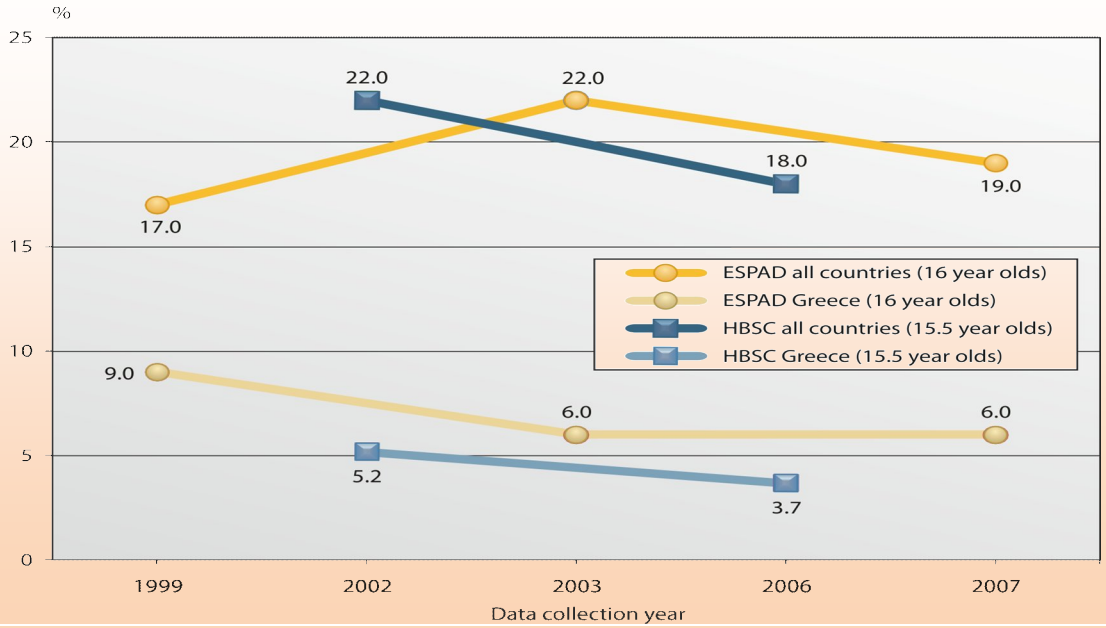
Figure 2.1: Trends a) in the last 12 months cannabis use prevalence rates, b) in the perceived limited risk of occasional drug use and c) in the perceived easiness to get cannabis in 13- to 18-year-old students (2007 data)



SOURCE: Kokkevi et al, 2009

- Cannabis use data from the 2007 "Nationwide School Population Survey on Alcohol and Other Drugs" were compared over time with data about perceived risk in occasional cannabis use and about perceived easiness in getting cannabis (if wanted). As shown in Figure 2.1, trends in recent cannabis use (used at least once during the 12 months prior to the survey) recorded in the 15-year period 1993-2007 are consistent with the trends in the same period reflecting the students' perception of occasional cannabis use as being harmless and of cannabis being easily available.

Figure 2.2: Consistency in the trends of lifetime cannabis use in the ESPAD and the HBSC surveys with the respective trends in the ESPAD and the HBSC student population in Greece



SOURCE: Kokkevi et al, 2009; Kokkevi et al. 2008; Hibell et al. 2009; Currie et al. 2008

- The time trends reflected in the findings of the "Nationwide School Population Survey on Alcohol and Other Drugs" (16-year-olds) and in the "Nationwide Lifestyle and Health Survey in Adolescents" (15-year-olds) were compared with the time trends reflected in the respective ESPAD and HBSC European surveys. As shown in Figure 2.2, although prevalence data differ, the trend reflected in cannabis use in Greece is similar to the one reflected on the European level, especially in recent years.

2.5. Summary – Key points

- Although illicit drug use prevalence and patterns in the school and youth population have been systematically monitored in Greece, in the last 6 years no survey was conducted on a probabilistic sample of the general population. As a result, there is a gap in recent data

availability and it is not possible to compare the situation in Greece with the situation in other European countries.

- The latest available data on drug use prevalence and patterns in a representative sample of the school population are derived from the "Nationwide School Population Survey on Alcohol and Other Drugs", conducted in 2007 by the UMHRI under the ESPAD European research project. One in 8 students aged 13-18 reports use of any illicit drug, mostly cannabis. Prevalence rates among boys are significantly higher than among girls and, over time (1984-2007), the proportion of boys reporting ever using drugs doubled, while there was no significant change among girls.
- The downward trend in illicit drug use recorded in recent years goes hand in hand with changes in the students' perceptions regarding the risks associated with drug use and the availability of drugs.
- Greece continues to rank among the countries with the lowest illicit drug use rates in the school and youth population. Furthermore, the downward trend in prevalence rates recorded in recent years in our country is consistent with a similar trend recorded in most European countries.

CHAPTER 3: PREVENTION

Drug prevention in Greece is mostly implemented by the nationwide[3] network of 71 Prevention Centres established by OKANA in cooperation with local authorities. Drug prevention interventions are also implemented by the Ministry of Education, Lifelong Learning and Religious Affairs (hereinafter Ministry of Education), most notably in the context of Health Education Programmes (HEPs). Furthermore, prevention interventions are delivered by other governmental and non-governmental drug-specialised or health services[4], etc, which, among other tasks, are active in the field of drug prevention. The Prevention Centres run by OKANA/ local authorities, as well as the other agencies that are active in the field of prevention, are presented by region in Annex I.

[3] The 71 Prevention Centres which operated by mid-2010 cover the 13 regions and 49 of the 51 prefectures of the country.
[4] Including three NGOs (KETHEA, Hellenic Centre for Cross-cultural Psychiatry and Care and Hellenic Red Cross), two state agencies (18 ANO Dependence Treatment Unit of Attica Psychiatric Hospital and Thessaloniki Psychiatric Hospital), one voluntary organisation (PROTASI Movement for another lifestyle) and two church agencies (DIAKONIA Foundation for Psychosocial Education and Support of the Archbishopric of Athens and ST. LUKE OF CRIMEA Health Promotion Organisation of the Holy Bishopric of Etolia and Acarnania).

Data on prevention interventions implemented in the country mostly derives from the Greek REITOX Focal Point's monitoring system, which has been established in order to collect and disseminate reliable and comparable data on an annual basis on the prevention interventions implemented in Greece. To this effect, since 2002, the Greek REITOX Focal Point has been using questionnaires for prevention agencies, based upon monitoring indicators for prevention interventions established at European level by EMCDDA.

Data on prevention interventions presented in this Chapter are mostly derived from the analysis and processing of the prevention questionnaires filled in by 70 of the 71 Prevention Centres run by OKANA/local authorities, as well as by five agencies that are active in the field of prevention.

In addition to the prevention questionnaires designed to collect data on the interventions carried out in every reporting year, the Greek REITOX Focal Point also gathers information from bodies like OKANA (about the latest developments in the field of prevention at the central level), the Ministry of Education (aggregated data on HEPs and latest developments on school-based prevention), and from helpline operators (18 ANO Dependence Treatment Unit (Attica Psychiatric Hospital), OKANA and KETHEA).

In 2009, OKANA renewed the three-year plans of 17 Prevention Centres, ensuring their continued operation. On the other hand, based on data from the Greek REITOX Focal Point, one cannot fail to mention the difficulties Prevention Centres faced with regard to their operation and the continuation of their activities as a result of funding problems during the last years.

3.1. Universal prevention

3.1.1. Universal school-based prevention

Involvement of the school community (students, teachers, parents) in prevention interventions has been a key priority for prevention, both in terms of policy and in terms of the philosophy and the principles of prevention interventions implemented in Greece.

Prevention interventions at nursery schools and kindergartens

Drug prevention in this level involves the implementation of training seminars for the educators on prevention issues and their role on prevention. In 2009, Prevention Centres run by OKANA/local authorities delivered training seminars to 200 teachers in 72 nursery schools and kindergartens.

Prevention interventions in primary and secondary education

Prevention in primary and secondary education encompasses programme-based interventions either (a) in the context of the Health Education Programmes (HEPs) of the Ministry of Education, or (b) interventions designed and delivered by the Prevention Centres run by OKANA/local authorities, as well as by other agencies active in the field of drug prevention, in cooperation with local schools. For a brief summary regarding the context of prevention in primary and secondary education, please SQ 25 submitted to EMCDDA in September 2010.

Regarding the interventions addressed to students under the HEPs, for more information about the context of HEPs, please SQ 25 submitted to EMCDDA in September 2010. The key principles for the implementation of HEPs are summarised below. HEPs cover a broad range of topics over and above the prevention of licit and illicit drugs, for example diet and nutrition, gender relations, STDs, AIDS and hepatitis B, interpersonal relations/ mental health, coping with stress, etc). HEPs are of a duration of at least 5 months in secondary education and from 2 to 6 months in primary education (though incentives are provided for the programmes to be implemented for at least 5 months) and consist of one- or two-hour sessions on weekly basis; they are delivered by teachers outside school hours in secondary education, while in primary education they are either delivered during the so-called “flexible zone” of the school timetable or become part of the optional afternoon programme in all-day schools. Teacher participation is voluntary, and they are offered incentives to implement HEPs, such as completing working time, hourly compensation and compensation for overtime work. Teachers who wish to implement a HEP design it in cooperation with the Health Education director of the local Education Directorate and submit it for approval to the competent department of the Ministry of Education. Moreover, according to the Ministry of Education, the implementation of HEPs on drug prevention is based on the following multi-session standardised printed programmes: (primary education) *The garden with the 11 kittens*[5], *Children’s games*[6], *Skills for primary school children*[3]; (secondary education) *On my own two feet*[4], *Adolescent discussions: Mental health – Interpersonal relationships – Communication*[4], *Health Education: Mental health – Interpersonal relationships (11- to 14-year-old students*[3]. For a brief description and more information on these programmes, please see SQ 25 submitted to EMCDDA in September 2010.

According to the Ministry of Education, in order to enhance its HEPs, the Ministry cooperates with local governmental and non governmental organisations (i.e. Prevention Centres run by OKANA/local authorities as well as other agencies active in drug prevention) for the purpose of teacher training and support to teachers who proceed to the implementation of HEPs. In this context, Prevention Centres run by OKANA/local authorities as well as other agencies active in drug

[5] KETHEA
[6] UMHRI

prevention, carry out: a) training seminars to help teachers implement HEPs and b) supervisory sessions to support teachers who implement HEPs.

In addition to their involvement in HEPs, Prevention Centres run by OKANA/local authorities as well as other agencies active in drug prevention, implement school-based prevention interventions in cooperation with local schools. Student and teacher participation is voluntary and the interventions are carried out outside the context of HEPs. In addition to the multi-session standardised printed programmes mentioned above, quite a few Prevention Centres run by OKANA/local authorities have developed and use their own programmes for school-based prevention interventions, e.g.: (primary education) *Feeling attached with the circle* (2003)[7], *Enhancement of self-esteem* (2003)[8], *I Am Special* (2005)[9], *Once upon a time...* (2005)[10], *The Magic Carpet of Fairy Tales* (2005)[7], *Compasso and Compassette in the Kindergarten* (2006)[11], *Children's Home* (2006)[9], *Learning to feel attached with the circle* (2007)[5], *Youngsters and Grown-ups in Action* (2008)[5], *The Garden of Emotions* (2009)[7], *Risk Behaviour Prevention – Accidents* (2009)[12], *Feeling safe in the school* (2010)[6], *Story without Borders* (2010)[13], *My class as a group and my school in the field of prevention* (2010)[5]; (secondary education) *What if ….* (2004)[10], *Minefield* (2007)[14], *Unplugged* (2007)[9], *Resist : A videogame for drug prevention* (2007)[6], *Meeting adolescents in the school* (2009)[5]. Please see also SQ 25 submitted to EMCDDA in September 2010.

Moreover, the Prevention Centres run by OKANA/local authorities as well as other agencies involved in drug prevention, organise teacher training seminars and support sessions in order to raise teacher's their awareness on drug prevention and on the role of the school and the teacher in prevention, to support them in their role as educators with the objective to mainstream prevention principles in school life.

Regarding data for the school year 2008-2009, school-based interventions addressed to primary and secondary students in this school year were implemented with the participation of a total of 185 teachers and 7,036 students from 256 primary schools and 190 teachers and 13,499 students from 190 secondary schools (Table 3.1).

Compared to the total population of the country, only a small share of schools, teachers and students are active in the field of drug prevention, either in the context of HEPs of the Ministry of Education or outside the context of HEPs. Specifically, in the school year 2008-2009, in primary education 2.2% of the schools, 0.2% of the teachers and 0.9% of the country's students participated in drug prevention interventions. The figures in secondary education were 8.9%, 0.2% and 2%,

[7] Drug Prevention Centre of the Prefecture of Achaia
[8] Drug Prevention Centre of the Eastern Sector of the Prefecture of Thessaloniki ELPIDA
[9] Drug Prevention Centre Against Substances of the Prefecture of Zakinthos STORGI
[10] Prevention Centre Against Substance Use of the Prefecture of Serres OASIS
[11] Drug Abuse Prevention and Health Promotion Centre of the North-western Sector of the Prefecture of Thessaloniki PYXIDA
[12] Prevention Centre Against Psychoactive Substances of the Prefecture of Pieria ATRAKTOS
[13] Centre for the Prevention of Addiction and Health Education of the Municipality of Athens ATHENA IGIA
[14] Prevention Centre Against Substance Use of the Municipality of Acharnes DIEXODOS

respectively. Moreover, compared to the previous school years, the school community's participation in prevention appears to have declined. Suffice it to mention that in the school year 2005-2006, in primary education 6.3% of the schools, 1% of the teachers and 2.2% of the students participated in prevention interventions; the figures in secondary education were 23.3%, 1% and 3.5%, respectively (Greek REITOX Focal Point 2007).

Table 3.1: Data on universal school-based prevention interventions in primary and secondary education in the school year 2008-2009

	Primary education			Secondary education		
	Number of schools	Number of teachers	Number of students	Number of schools	Number of teachers	Number of students
Interventions implemented under the HEPs of the Ministry of Education (aggregated data from the Ministry of Education)	185	185	4,505	190	190	4,201
Interventions by Prevention Centres run by OKANA/local authorities, as well as by other agencies, in schools operated by the Ministry of Education outside the context of HEPs	71	-	2,531	155	-	9,298
Interventions by Prevention Centres run by OKANA/local authorities, as well as by other agencies, in schools operated by OAED or by Ministries other than the Ministry of Education	-	-	-	8	-	519
Total	**256**	**185**	**7,036**	**345**	**190**	**13,499**
School population (National Statistical Service 2009)	**11,484**	**75,599**	**792,433**	**3,977**	**82,765**	**688,155**
Percentage of the school population participated in universal drug prevention school-based interventions in relation to the total school population of the country	**2.2%**	**0.2%**	**0.9%**	**8.7%**	**0.2%**	**2%**

SOURCE: Greek REITOX Focal Point 2010

Regarding the interventions implemented under the HEPs of the Ministry of Education, data on HEPs on drug abuse prevention implemented in the school year 2008-2009 are presented in Table 3.1 and Figure 3.1. Compared to the previous school years –except for the year of launching the HEPs first in secondary education in the school year 2000-2001 and then in primary education in the school year 2001-2002– HEPs in the school year 2008-2009 had the lowest number of participants because, unlike in previous years, this school year there were no EU-funded HEPs. The lack of support by EU projects and funds resulted in very low levels of participation of the school community in HEPs on drug prevention. Specifically, participation of primary and secondary education students in HEPs on drug abuse prevention in the school year 2008-2009 declined by -81% and -69%, respectively, compared to the school year 2007-2008.

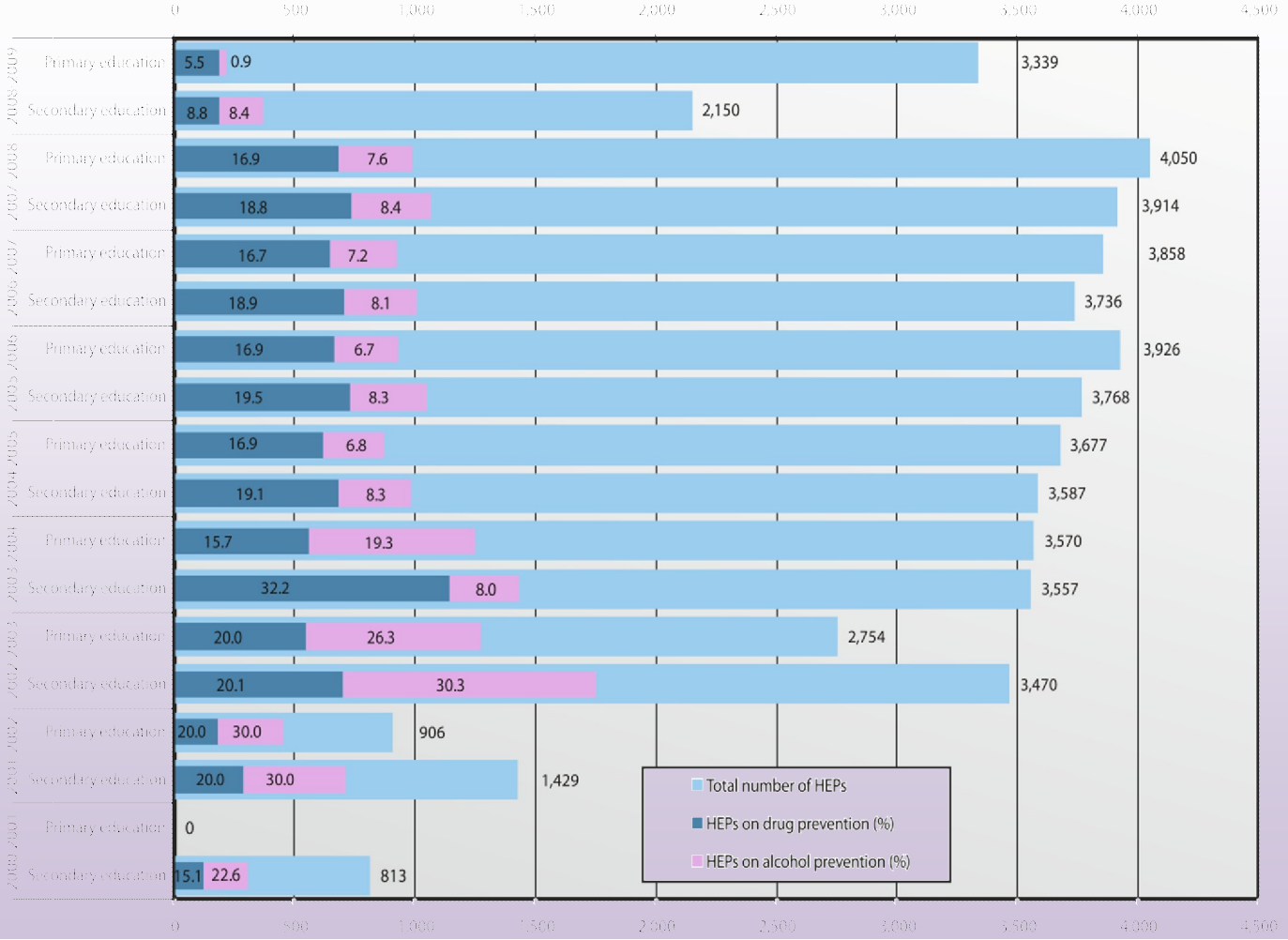
Figure 3.1: **Number of schools and number of students that participated in n Health Education Programmes of the Ministry of Education on drug prevention in primary and secondary education during the school years 2000-2001 to 2008-2009**

SOURCE: Greek REITOX Focal Point 2010
DATA: Ministry of Education

The school community's lower participation level in HEPs does not apply to HEPs on drug prevention only. In the school year 2008-2009, participation declined in all HEPs due to lack of EU financial support. The decline, however, was not as marked as in HEPs on drug prevention, given that the number of schools that participated in any HEP in the school year 2008-2009 compared to the previous school year (2007-2008) dropped by -17.6% in primary education and -45.1% in secondary education. The respective percentage changes in students' participation in any HEP in the school year 2008-2009 over the previous one are 8.1% in primary education, where students' participation remained in the same levels, and -40.6% in secondary education.

In the school year 2008-2009, irrespective of the decline in the number of HEPs implemented in schools, in secondary schools in particular, there was a sharp drop in the number of HEPs on drug prevention. Of the total schools that implemented HEPs, 5.5% of primary schools and 9% of secondary schools implemented HEPs on drug prevention. The respective figures were 16.9% and 18.8% in the school year 2007-2008 and 16.7% and 18.9% in the school year 2006-2007.

Figure 3.2: Total number of schools in primary and secondary education that participated in Health Promotion Programmes (HEPs) and the proportion of HEPs on drug and alcohol prevention during the school years 2000-2001 until 2008-2009



SOURCE: Greek REITOX Focal Point 2010
DATA: Ministry of Education

For the purpose of HEPs implementation, Prevention Centres run by OKANA/local authorities as well as by other agencies active in drug prevention, deliver training seminars for teachers. In the school year 2008-2009, according to data from the Prevention Centres run by OKANA/local authorities as well as by other agencies active in drug prevention, 1,690 teachers from 917 primary

schools and 412 teachers from 197 secondary schools took part in training seminars on implementing HEPs. Furthermore, support sessions for teachers implementing HEPs designed were attended by 336 teachers from 249 primary schools and 98 teachers from 59 secondary schools (Table 3.2). Once again, it is worth mentioning that a large number of teachers receives training but only a few actually implement HEPs in class, highlighting the difficulties that teachers face in implementing prevention interventions (see also 2007 National Report of the Greek REITOX Focal Point, 2007).

Table 3.2: Data on teacher training seminars and support sessions in primary and secondary education in the school year 2008-2009

	Primary education		Secondary education	
	Number of schools	Number of teachers	Number of schools	Number of teachers
Training seminars onn HEP implementation	917	1,690	197	412
Supervision sessions during HEP implementation	249	336	59	98
Training seminars and support sessions in view of mainstreaming prevention principles in school subjects	160	298	273	893
Total	**1,326**	**2,324**	**529**	**1,403**

SOURCE: Greek REITOX Focal Point 2010

Regarding the interventions addressed to students of primary and secondary education carried out by Prevention Centres run by OKANA/local authorities as well as by other agencies active in drug prevention, outside the context of HEPs of the Ministry of Education, data on the participation of the school community in the school year 2008-2009 are presented in Table 3.1. The interventions were implemented with the participation of a total of 2,531 students from 71 primary schools and 9,298 students from 155 secondary operated by the Ministry of Education, as well as 519 students from 8 secondary education schools operated by OAED or by other Ministries. Compared to the school year 2005-2006 (last available data), the number of such interventions increased in primary education, while remained almost at the same levels in secondary education. In the school year 2005-2006 the respective numbers were 57 schools and 1,992 students of primary education and 191 schools and 10,019 students of secondary education.

Regarding the training seminars and support session held by Prevention Centres run by OKANA/local authorities as well as other agencies involved in drug prevention, in view of mainstreaming prevention principles in school, managing students with drug use problems and supporting the teachers themselves in their educational role, in the school year 2008-2009, such

seminars and sessions were attended by 298 teachers from 160 elementary schools and 893 teachers from 273 high schools (Table 3.2).

Having said all this, the Prevention Centres run by OKANA/local authorities face a number of difficulties in implementing teacher training seminars and support sessions (see also Greek REITOX Focal Point 2007), the most serious ones being lack of motivation or facilitation in order for teachers to attend such seminars and sessions, as well as delays due to bureaucratic procedures. Also, there is a need to establish a supportive and enabling framework so as to design and implement more, more long-term and more effective school-based prevention interventions.

Interventions in higher education

The Prevention Centres run by OKANA/local authorities and other agencies active in prevention, cooperate with universities, colleges etc of higher education in order to carry out drug prevention interventions. In 2009, prevention interventions were attended by 208 students.

Moreover, in 2009, 180 students were placed for practical training in Prevention Centres run by OKANA/local authorities.

3.1.2. Universal family-based prevention

Along with the school community, parents are one of the main target groups for prevention interventions in Greece. The Prevention Centres run by OKANA/local authorities as well as other agencies involved in drug prevention, design and implement two types of interventions for parents:

- **Information and awareness interventions**: Open sessions for parents on prevention and child upbringing. Typically, the goal of such interventions is "not just to provide information; the participants are prompted to question their own perceptions, to reflect, to exchange views and to clarify concepts they feel the need to" (Drug Prevention Centre of the Prefecture of Achaia, Greek REITOX Focal Point questionnaire).
- **Training interventions (parents' groups / schools)**: Typically of an experiential nature, chiefly aiming at improving communication in the family and supporting parents in their role. The multi-session standardised printed programmes used in most of these interventions are *Communication in the Family*[4], *Skills for Primary School Children*[3] and *Children's Anger: Stories to understand children's behaviour*[15]. Moreover, the Drug Prevention Centre of the Prefecture of Achaia has developed two programmes: Meeting*s with parents of School-aged Children,* and *Meetings with Parents of Adolescents*. After the end of a first cycle of sessions, many

[15] Marcoli, A. (2001). Children's Anger: stories to understand children's behaviour. University Studio Press, Thessaloniki.

Prevention Centres run by OKANA/local authorities give interested parents the option of continuing for a second, more in-depth cycle.

Data on universal prevention interventions for parents implemented in 2009 are presented in Table 3.3.

Table 3.3: Detailed data about universal drug prevention interventions for parents in 2009

	Number of interventions	Number of participants	Average duration (months)	Average number of meetings
Information / awareness interventions	39	5,962 (208 groups)	2	2
Training interventions	122	4,842 (321 groups)	4	11

SOURCE: Greek REITOX Focal Point 2010

The emphasis placed on the role of the family in prevention is clearly reflected on the large number of participants in family-based interventions. Participation levels have always been high (see, for example, Greek REITOX Focal Point 2007). Based on the latest available data, compared to the interventions implemented in 2006, the number of interventions for parents in 2009 increased, particularly information / awareness interventions. In 2006, 24 information / awareness interventions were implemented and 3,573 parents were reached (78 groups), while 3,249 parents (242 groups) participated in 88 training interventions. The figures for 2005 were 18 information / awareness interventions with 1,943 participants, and training interventions with 3,458 participants, respectively.

The above data demonstrate that information/awareness interventions targeting parents have increased, just like the number of parents reached, and may suggest that it is easier for parents to take part in brief interventions offering them the opportunity to discuss matters of their interest, raise their awareness and exchange views within a cycle of open sessions, without the commitment required for participation in a parents' group.

Approximately half (54.1%) of the parent training interventions implemented in 2009 were based on multi-session standardised printed programmes, while the remaining 45.9% applied various theoretical approaches and were not based on any particular programme. The programme used in most of the training interventions was *Communication in the family*[4] (86.4% of the training interventions based on a programme). Moreover, 25.4% of the training interventions implemented in 2009 (31 of the 122 interventions) were attended by parents (841 in total) who had been involved in such interventions in the past, since they were actually second cycles organised on the parents' request. Thus, in 2009, not only were there more interventions for parents, there were

also more second training cycles; the respective figure for 2006 was 6 of a total of 87 training interventions (6.9% of all training interventions).

3.1.3. Universal community-based prevention

Youth outside the school setting

In order to reach the youth and involve them in prevention interventions, the Prevention Centres run by OKANA/local authorities as well as other agencies active in drug prevention, do not restrict their interventions to the school setting only, but target children aged 4-12 and adolescents by means of interventions implemented outside the school setting. For interventions in adolescents, the only published programme is *Logbook – Armenistis 1900*[4]. Moreover, PROTASI movement for another lifestyle has developed *"Workshops for Kindergarten Students",* a programme for kindergarten-aged students.

Detailed data on universal prevention interventions for preadolescents and adolescents implemented in 2009 are presented in Table 3.4. Compared to the previous years, the number of interventions for children and adolescents has remained largely unchanged, e.g. in 2006 there were 17 interventions attended by 965 children (42 groups) aged 4-12 and 19 interventions attended by 613 adolescents (31 groups), respectively.

Table 3.4: Detailed data about universal prevention interventions in preadolescents and adolescents in the year 2009

	Number of interventions	Number of participants	Average duration (months)	Average number of sessions
Interventions for children aged 4-12	18	1,075 (47 groups)	2	8
Interventions for adolescents aged 10-18	19	706 (39 groups)	3	9

SOURCE: Greek REITOX Focal Point 2010

Most of the interventions involved the children's and adolescents' participation in groups of an experiential nature (8 interventions in children aged 4-12 attended by 247 children out of a total of 18 attended by 1,075 children, and 12 interventions in adolescents attended by 312 adolescents out of a total of 19 attended by 706 adolescents). Several interventions offered creative leisure activities (7 interventions attended by 468 children aged 4-12 and 4 interventions attended by 199 adolescents).

PROTASI movement for another lifestyle has been running a Creative Entertainment Centre for children and adolescents since 1993. The mission of the Creative Entertainment Centre is to "give children and adolescents the opportunity, by means of alternative proposals, to use their leisure time meaningfully, in the benefit of recreation, personal development and creative expression" (www.kpachaia.gr).

To reach the youth, the Prevention Centres run by OKANA/local authorities in cooperation with local Armed Forces units organise information meetings with army recruits and officers to disseminate information on drugs, the extent of the problem and the impact of drug use. In 2009, 9 interventions were carried out with the participation of 7,425 army recruits and officers.

Interventions addressed to specific community groups

The Prevention Centres run by OKANA/local authorities as well as other agencies involved in drug prevention, extend their activities to local community groups "who may greatly affect public life at local level (elected local representatives, trade union representatives, representatives of the church, associations, etc.), come in direct contact with children and young people (e.g. boy scouts, sports and culture clubs) and may become actively involved in drug prevention and act as multipliers (e.g. mental health professionals, volunteers)" (www.pyxida.org.gr). The main aim of community-based action is to raise community awareness, reach stakeholders and get them involved in prevention interventions, and forge partnerships among different local stakeholders. Community-based interventions are described in brief below; detailed data for 2009 are presented in Table 3.5.

Table 3.5: Data about universal community-based prevention interventions in the year 2009

Target group	Data for 2009	
	Number of interventions	Number of participants
Volunteers	19	370
Law enforcement	8	633
Armed forces	5	520
Health professionals	5	233
Youth leaders	4	138

SOURCE: Greek REITOX Focal Point 2010

In order to network with key local stakeholders, the Prevention Centres run by OKANA/local authorities organise information meetings with representatives of local authorities, local

associations and agencies, with a view to establishing a cooperation framework that will make their community work easier. For example, FAROS Drug Prevention and Health Education Centre of the Prefecture of Samos organises introductory training seminars designed to provide information and raise awareness of the philosophy of prevention, for elected local representatives, key local stakeholders, and representatives of local agencies and services.

Moreover, information, awareness-raising and mobilisation of community groups and local stakeholders for drug prevention are pursued through open discussions, workshops and lectures, as well as through the development and distribution of information leaflets about OKANA, the Prevention Centres run by OKANA/local authorities and other drug prevention or treatment agencies.

Volunteers. The Prevention Centres run by OKANA/local authorities hold training seminars with a view to establish volunteer groups or involve already existing networks of volunteers in prevention activities (e.g. Red Cross volunteers). They also organise follow-up sessions to support and reinforce the activities of volunteers in the field of prevention. The creation of volunteer groups is pursued because volunteers are thought to be a key link between the local community and prevention professionals and also because "volunteerism is part of the effort to apply a comprehensive prevention policy, with citizens actively involved in ensuring their health and well-being" (ELPIDA Drug Prevention Centre, Greek REITOX Focal Point questionnaires).

PROTASI movement for another lifestyle, an NGO, operates on the basis of volunteerism development at the local level. Its activities complement those of the Drug Prevention Centre of the Prefecture of Achaia and it brings together a considerable number of active citizens of Patras (for a brief description of PROTASI movement see Greek REITOX Focal Point 2009, for more details visit its website, www.kpachaia.gr).

Armed Forces. For the information meetings organised by the Prevention Centres run by OKANA/local authorities in cooperation with local Armed Forces units, see section *Youth outside the school setting*. Moreover, the Prevention Centres run by OKANA/local authorities deliver training seminars to permanent officers and members of the Medical Corps to raise awareness of prevention and the needs of army recruits and to explore case management processes.

Law enforcement. The Prevention Centres run by OKANA/local authorities hold information meetings with law enforcement officers (including border police, special guards and municipal police) and students at law enforcement academies to raise awareness of the philosophy of prevention and explore case management processes.

Health professionals. The Prevention Centres run by OKANA/local authorities hold information meetings with health professionals in order to inform them about the work of

prevention, forge partnerships and to raise their awareness of case management. Moreover, in 2009, 18 ANO Dependence Treatment Unit implemented an intervention for health professionals.

Youth leaders. The Prevention Centres run by OKANA/local authorities implement interventions for youth leaders and individuals or professionals who come in contact with young people, e.g. camp team leaders, grandmothers, Sunday School teachers, etc.). These interventions aim at providing information and raising awareness of the philosophy and principles of prevention. Moreover, the Prevention Centre of DIAKONIA Foundation for Psychosocial Education and Support of the Archbishopric of Athens holds training seminars on drug prevention for Sunday School teachers in the Archbishopric of Athens.

Internet

In view of providing information and raising public awareness, the Prevention Centres run by OKANA/local authorities and other prevention agencies utilise the internet to disseminate information on the interventions they implement and on prevention, drugs, etc. The demand reduction agencies' websites are listed in Annexes I and II. Examples of utilising the internet for drug prevention are presented below.

ELPIDA Drug Prevention Centre of the Eastern sector of the Prefecture of Thessaloniki developed an electronic game on drug prevention, addressed to young people and available at www.resist.transludic.net, which also hosts reliable information on drugs and a blog for young people to exchange views and opinions on drugs and dependence or other matters of interest. This electronic game was awarded the European Drug Prevention Prize 2008 by the Pompidou Group of the Council of Europe.

The website of PYXIDA Drug Prevention and Health Promotion Centre of the NW sector of the Prefecture of Thessaloniki (www.pyxida.org.gr) hosts a) a knowledge game ("Myths and Truths") about drugs, mostly addressed to young people, b) an application on the effects of drugs on the brain, "Drugs and the Brain" (the material was developed by Prevnet European network (www.prevnet.net) and translated in Greek by PYXIDA), and c) a section for parents, "10 + 1 commandments for parents", with eleven audio clips on important matters of concern for parents.

The Prevention Centre against Substance Use of the Prefecture of Kilkis NIREAS provides information for parents on its website (www.nhreaskp.gr), KETHEA Prevention Sector (www.prevention.gr) provides information on drugs and prevention in the form of questions and answers.

Moreover, the services of ITHAKI Psychological Support Help Line (KETHEA) are also available by e-mail. In 2009, it responded to 35 e-mails.

Mobile units

PEGASUS Mobile Information Unit (KETHEA) implements brief community-based interventions across the country. Using a specially-fitted bus, the missions of PEGASUS are addressed to the local community and include information and awareness raising meetings, experiential workshops, as well as cultural and sports events.

In 2009, PEGASUS carried out missions and interventions in various municipalities in Attica, in Volos, in Kalamata, on Lesbos and Kasos islands, at the Technical Educational Institutes (TEI) in Athens and Kalamata, at the Departments of Education and Community Nursing of the University of Athens and at three youth festivals (KETHEA 2010).

3.2. Selective prevention

Although drug prevention in Greece continues to focus more on universal interventions, several selective prevention interventions have been developed in order to reach vulnerable groups.

ICARUS Prevention Unit (KETHEA), established in 2004, designs and implements selective and indicated prevention interventions.

3.2.1. Selective prevention interventions for at-risk youth groups

Training Icarus, published by KETHEA in cooperation with TACADE, UK, is a handbook for professionals providing counselling and support to young people with deviant behaviour associated with drug dependence.

KETHEA Prevention Sector in 2009 held training seminars with the participation of 159 professionals of various backgrounds on juvenile delinquency and early intervention in drug use.

The selective prevention interventions in youth implemented in 2009 are presented below.

Selective interventions in youth with poor academic performance / experimental drug users / youth with psychosocial problems

In 2009, 4 interventions were carried out by Prevention Centres run by OKANA/local authorities, with the participation of 91 students from 5 schools. All of them involved young people's participation in experiential groups.

Furthermore, against the backdrop of the long-standing working relation between OAED Apprenticeship Schools and KETHEA Prevention Sector, three KETHEA Counselling Centres operate at the Apprenticeship Schools of Neo Herakleio, Moschato and Egaleo (KETHEA 2010). In 2009, 64 students participated in selective prevention groups.

As already mentioned in previous Annual Reports of the Greek REITOX Focal Point, the Ministry of Education established 59 Youth Counselling Centres which, according to the Ministry of Education, are currently being staffed.

Selective interventions for youth from culturally different groups and immigrants

In 2009, 2 interventions were implemented for 60 Roma children and adolescents. Moreover, the Drug Prevention Centre of the Prefecture of Rodopi ORPHEUS implements interventions in the Prefecture's minority schools. In 2009, a training seminar was delivered with the participation of 134 elementary school teachers from 67 minority schools.

KETHEA Prevention Sector continued to implement interventions in immigrants' children aged 11-15 in order to empower children during this crucial transition from grammar school to high school and prevent school dropouts. In 2009, 20 students participated in the interventions, which also provide individualized remedial teaching, creative entertainment activities and active cooperation with the family.

In 1996, in an attempt to reach young people from culturally different groups and counter the risk of educational exclusion, the Ministry of Education established cross-cultural schools, reception classes and language courses, so as for students to learn Greek and be prepared for integration into the Greek school system at large. At present, there are 26 cross-cultural schools in 6 prefectures across the country, 13 elementary and 13 high schools (www.ipode.gr). As for reception classes and language courses, attendance may last from 1 to 3 years. The reception class syllabus consists of two cycles of lessons which are part of the school timetable, while the language courses are offered outside school hours (www.ipode.gr).

Interventions in institutions, hospitality centres, services for the disabled, etc.

To reach members of vulnerable social groups, the Prevention Centres run by OKANA/local authorities as well as other agencies active in drug prevention, cooperate with institutions, hospitality centres, and services for the disabled to implement interventions for clients and training seminars for professionals. In 2009, IRIDA Drug Prevention Centre of the City of Nea Ionia (in the Prefecture of Attica) cooperated with the Boarding Home for Minors, hosting 8- to 18-year-old boys with family problems, for a prevention intervention with the participation of 17 boys.

Moreover, the Drug Prevention Centre of the Prefecture of Halkidiki (in the Central Macedonia) delivered a training seminar to 12 students with special learning needs (visually or hearing impaired students, students with mental retardation, mobility problems, multiple disabilities, neurological or orthopedic problems) at a Special Vocational Education and Training Workshop operated by the Ministry of Education.

Selective interventions in the criminal / penitentiary system

In view of preventing crime, in 1995 Juvenile Protection Associations (JPAs) were set up, under the auspices of the Ministry of Justice, Transparency and Human Rights, with the mission to prevent juvenile delinquency. JPAs operate in the places where courts of first instance have their seat. Furthermore, the Ministry of Justice, Transparency and Human Rights established back in 1976 the Supervisory Juvenile Services at the Juvenile Courts, operating under the auspices of the juvenile judge in the seat of each court of first instance that has a Juvenile Court. They represent the primary non-institutional service for young offenders or minors at risk of becoming perpetrators or victims of criminal offences (www.ministryofjustice.gr – for a brief description of those structures see Greek REITOX Focal Point 2007).

Drug-specialised agencies also implement prevention and early intervention activities for young people with delinquent behaviour. Since 1998, STROFI Open Day-Care Therapy Programme for Adolescents (KETHEA) has been operating a Counselling Centre for Adolescent Offenders at the Athens Juvenile Court. Furthermore, since 2004, KETHEA STROFI has been delivering counselling services to drug-using adolescents and young adults at the Special Juvenile Correctional Establishment in Avlona.

3.2.2. Selective prevention interventions for at-risk families

Given the emphasis placed on the role of the family in prevention, the Prevention Centres run by OKANA/local authorities as well as other agencies active in drug prevention, also reach families with specific characteristics (single parents, families from culturally different groups, etc.). In 2009, 186 parents participated in such interventions.

3.2.3. Selective interventions in recreational settings

As stated in previous National Reports (see Greek REITOX Focal Point 2007), in Greece the concept of prevention in recreational settings has yet to be clarified. The activities in this area are incidental and largely restricted to the distribution of prevention-related information leaflets, information about the health impact of drug use, etc.

In 2009, PRAKSIS NGO carried out prevention and health education interventions in youth recreational settings, in the framework of the programme PROTA ROTA (ASK FIRST) ("Information in the language of youth"), implemented in cooperation with the General Secretariat for Youth since 2007. Providing information and raising awareness activities were carried out with the active role of trained peers (for more information see www.praksis.gr).

3.3. Indicated prevention interventions

As far as indicated prevention interventions in the school setting are concerned, the Prevention Centres run by OKANA/local authorities in cooperation with local schools provide counselling to students (upon request) with various psychosocial problems. In 2009, the Prevention Centres run by OKANA/local authorities supported around 115 students from 9 schools.

Moreover, KETHEA Prevention Sector, through the three Counselling Centres it operates at OAED Apprenticeship Schools (see also section on *Selective interventions for youth with poor academic performance / experimental drug users / youth with psychosocial problems*), delivered individual counselling to 99 students.

Moreover, with a view to promoting mental health in schools, the Ministry of Education established Diagnosis, Evaluation and Support Centres (KEDDY) for students with psychological, emotional and

social particularities. These structures also raise the awareness of and provide support to teachers and parents.

Indicated prevention interventions are implemented upon request by the Prevention Centres run by OKANA/local authorities for drug users and their families and individuals with various drug-related psychosocial problems. They provide counselling and psychosocial support and make referrals to specialised structures. In 2009, the Prevention Centres run by OKANA/local authorities served over 3,300 individuals. Moreover, individual counselling to people belonging to high risk groups and drug users and their families is also provided by PEGASUS Mobile Information Unit (KETHEA). In 2006, sessions were held with 21 drug users and 22 users' family members, as well as with 48 individuals on drug prevention.

Moreover, the adolescents' services of OKANA, KETHEA and 18 ANO Dependence Treatment Unit of the Attica Psychiatric Hospital reach young users engaging in occasional drug use and their families, and deliver early intervention in the form of psychosocial support and education.

Help lines

In Greece, there are three help lines (Table 3.6), providing information about the available demand reduction structures in the country, information on drugs, brief individualised counselling, motivation for seeking help, direct aid and psychological support for prompt crisis management (e.g. suicidal behavior, relapse prevention) and/or referral.

Table 3.6: Help lines[16]

Help lines	phone number
Open Line (18 ANO Dependence Treatment Unit, Attica Psychiatric Hospital)	210 3617089
ITHAKI Psychological Support Help Line (KETHEA)	1145
SOS Drugs Help Line (OKANA)	1031

SOURCE: Greek REITOX Focal Point 2010

In 2009, the Open Line (18 ANO Dependence Treatment Unit, Attica Psychiatric Hospital) received 1,206 calls.

In 2009, ITHAKI Psychological Support Help Line (KETHEA) received 2,894 calls, of which 2,371 (81.9%) were related to drug use and 523 (18.1%) to other mental health issues; the latter were referred to specialised structures. Of the 2,371 calls related to drug use, the majority (85.3%, i.e. 2,022 calls) were about male problem drug users, 12,6% of the calls were about female problem drug users and in 2,1% of the calls the problem drug user is not known.

[16] By year of establishment

The SOS Drugs Help Line / 1031 (OKANA) reported the following data for 2008:

- It received a total of 2,599 calls, of which 751 (28.9%) were repeat calls and 3.1% (81 calls) were not related to drug use; the latter were referred to specialised structures. Most of the callers (68%, i.e. 1,767 calls) were first-time callers.
- Most of the callers (90.2%) inquired about drug-use treatment options. The line also received calls about medical issues (3.6%), prevention (1.2%), legal matters (0.5%), relationship problems (0.1%) and other matters (4.4%).
- The Line mostly provides information (95.7% of the calls), although an important part of the callers also receive support (67.9% of the calls) or are referred to specialised structures (54.7%).
- Most of the callers were drug users' family members (59.8%), followed by the drug users themselves (23.3%).
- Most of the users who called or were the reason for the call belonged to the 26-35 age group (40.9%), with considerable proportions also in the 20-25 age group (20%), 36-50 age group (11.6%) and minors (10.1%).
- Most of the calls (46.9%) were about problem heroin use (46.9%), followed by cannabis use (16.7%).
- As for the place of residence of the users who called or were the reason for the call, Athens remains at the lead (67.1% of the calls); there were a few calls about users living in Thessaloniki (3.7%), and a considerable number of calls about users living in other parts of Greece (23.1%).

3.4. National and local media campaigns

In 2009, the "Life is colourful" campaign continued, with broadcast TV spots. The key objective of the Ministry of Health was to raise youth awareness of issues like smoking, drug use (http://www.youtube.com/watch?v=oh0NlRV47fM), alcoholism, nutrition, exercise, school bullying, sex education and abuse of electronic games. Eight Greek celebrities (actors, singers, athletes) presented a TV spot for each of the above themes with the slogan "Life is colourful, find your own colour".

Moreover, a nationwide drug prevention campaign was also launched by PYXIDA Drug Prevention and Health Promotion Centre of the NW sector of the Prefecture of Thessaloniki, with on TV spot aired on TV stations of national coverage.

Also, the Prevention Centres run by OKANA/local authorities cooperate with local media in broadcasting TV and radio spots. Prevention professionals also take part in radio and TV shows, publish articles, etc.

3.5. Quality Assurance

3.5.1. Training of prevention professionals

Following the suspension of the operation of the Educational Centre for the Promotion of Health and the Prevention of Drug Abuse (see Greek REITOX Focal Point 2007), OKANA has no steady working cooperation with any provider of specialised training and/or continuous training for prevention professionals working for the Prevention Centres run by OKANA/local authorities. Nonetheless, OKANA approves prevention professionals' participation in conferences, events, seminars, experiential workshops, scientific symposia and meetings on topics of relevance for prevention and mental health promotion. Meanwhile, KETHEA continues to hold prevention-related training seminars and the Prevention Centres run by OKANA/local authorities that have published their own programmes hold training seminars thereon.

In 2009, SIRIOS Prevention Centres of the City of Thessaloniki organised a three-day training seminar on "Bereavement in Childhood", attended by 32 professionals working for Prevention Centres run by OKANA/local authorities from the regions of Central Macedonia, Eastern Macedonia / Thrace and Thessaly. Moreover, 11 Prevention Centres run by OKANA/local authorities out-tasked their professionals' training and support to the Athenian Institute of Anthropos (AKMA). Also, prevention professionals working for Prevention Centres run by OKANA/local authorities participated in training seminars organised by KETHEA: in 2009, prevention professionals attended the seminar on "Administration and Social Planning in Drug Dependence Management" (220 hours), the training seminar on "Group Dynamics: theory and experiential training" (100 hours) and the seminar "Summer Workshop on Group Dynamics" (40 hours).

Nonetheless, according to 2009 data, there are many gaps in meeting the needs of prevention professionals working for the Prevention Centres run by OKANA/local authorities for training and support, both in terms of basic training of newly-recruited professionals and in terms of continuing training and support in the application of programmes and in their work at large.

3.5.2. Evaluation of prevention interventions

Evaluation of prevention interventions in Greece needs to be enhanced. According to 2009 data, the evaluation of most interventions is based on questionnaires for the participants and on observations of the prevention professionals themselves. The data thereby collected, however, are mostly about the scope and the approval of the intervention rather than about the achievement of its objectives.

3.5.3. Drug prevention quality standards

As stated in previous National Reports (see Greek REITOX Focal Point 2007), there are no uniform national standards and criteria for the development of prevention interventions. Nonetheless, there are specifications and criteria for the operation of Prevention Centres run by OKANA/local authorities (Table 3.6), and certain standards on the basis of which the Prevention Centres prepare their three-year activity plans, which are approved both by their own boards and by OKANA board of directors (Table 3.7).

Table 3.7: Specifications and criteria for the operation of Prevention Centres run by OKANA/local authorities

Specifications	Criteria
Staffing of Prevention Centres	▪ Specifications for the staffing of Prevention Centres ▪ Approval and implementation of the specifications by the Boards of Prevention Centres ▪ All prospective prevention professionals are interviewed by a Recruitment Committee, with the participation of OKANA
Planning	▪ Drafting a three-year scientific plan in cooperation with OKANA. The three-year scientific plans of the Prevention Centres are approved by the relevant Evaluation Committee and by the Board of OKANA (see also Table $).
Evaluation and monitoring	▪ Evaluation of the three-year scientific plans ▪ Six-month scientific reports of activities drafted by Prevention Centres and submitted to OKANA Applied Prevention Department ▪ Regular meetings with the Prevention Centres' scientific teams and Boards

SOURCE: Greek REITOX Focal Point 2010
DATA: OKANA

Table 3.8: Main standards for designing prevention interventions based on the three-year scientific plans prepared by the Prevention Centres run by OKANA/local authorities

Standards	Description
Initial situation	▪ Describe local socio-demographic data. ▪ Describe the relevant prevention activities and agencies in the area.
Theoretical background	▪ Describe the main philosophy behind the interventions developed.
Detailed intervention plan	Describe, for every intervention designed: ▪ The target group and its particular characteristics ▪ The objective ▪ The aims ▪ The rationale and the organisational arrangements ▪ The type of evaluation, the tools and the indicators to be used.
Timetable of the intervention	Describe the main parts in terms of organising the intervention, as well as its duration and staff's involvement.

SOURCE: Greek REITOX Focal Point 2010

3.5.4. Research

The implementation of national and European research projects has an undeniable contribution to the development of effective approaches and methodologies and to the improvement of the existing interventions. In this vein, several Prevention Centres run by OKANA/local authorities as well as other agencies active in prevention, participate in European projects (see Greek REITOX Focal Point 2007).

CHAPTER 4: ESTIMATED NUMBER OF PROBLEM DRUG USERS

The number of problem drug users (PDU) has been estimated each year since 2002 by the internationally recommended capture-recapture method, applied to the annual data of the TDI. By fitting a suitable statistical model to the records of users from three sources (KETHEA, 18 ANO and the rest of the network of data providers), an estimate can be obtained of the size of the "hidden population" of users who did not attend any therapeutic service during the year. In keeping with this procedure, a PDU is defined as someone who will at some point seek treatment for heroin use.

As has been noted in previous Annual Reports, the availability of data in the appropriate form from other sources such as medical services and the Police would greatly strengthen this analysis. The direct dependence of this analysis on TDI data is a weakness that makes it vulnerable to disturbances in the smooth operation of the TDI, such as have arisen recently.

Table 4.1: Estimated number of problem drug users aged 15-64 years with heroin the main substance of abuse, by gender and age, 2008-2009

	Records		Hidden population[17]		Estimated total population size			
					Population		95% c.i.[18]	
	2008	**2009**	2008	**2009**	2008	**2009**	2008	**2009**
Total	3,972	4,583	16,209	19,514	20,181	24,097	17,502-23,391	21,362–27,272
Gender								
Male	3,459	3,941	13,636	17,296	17,095	21,237	14,733-19.952	18,634–24,299
Female	513	642	2,157	3,034	2,670	3,676	1,898-3,871	2,675–5,168
Age								
15-24	793*	745	3,832*	4,763	4,625*	5,508		3,888-7,961
25-34	2,375	2,739	8,306	8,258	10,681	10,997	8,957-12,857	9,583–12,705
35-64	804	1,099	4,071	6,493	4,875	7,592	3,656-6,615	5,755–10,156
Place of residence								
Attica	2,082	2,159	5,327	9,933	7,409	12,092	6,505-8,499	9,062–16,452
Outside Attica	1,890*	2,374	10,882*	10,503	12,772*	12,877		10,997–15,166

[17] Estimated number of injecting drug users who where not recorded by any therapeutic agency during 2009
[18] confidence interval
* No estimate – found by substraction

The estimated number of PDU, aged 15-64 years, with heroin the main substance of abuse is 24,097 for the year 2009, with 95% confidence interval 21362 – 27272. This appears to represent an increase on the previous year's estimate of 20181 (95% c.i. 17502 – 23391), although the wide confidence intervals should be borne in mind. Table 4.1 presents the breakdown of this total by gender, age and place of residence. Table 4.2 presents the corresponding figures for the estimated number of injecting drug users. The estimated total of 10658 (95% c.i. 8999 – 12713) is similar to the estimates obtained for the previous years except for 2008.

Table 4.2: Estimated number of problem drugs users aged 15-64 years who injected drugs in the last month, by gender and age, 2009

	Records	Hidden population[19]	Estimated total population size	
			Population	95% c.i.[20]
Total	2,035	8,623	10,658	8,999 – 12,713
Gender				
Male	1,817	7514	9,331	7,822 – 11,218
Female	218	1,137	1,375	787 - 2571
Age				
15-24	338	1,707	2,045	1,259 – 3,503
25-34	1,271	4,387	5,658	4,670 – 6,934
35-64	426	2,550	2,976	1,930 – 4,749
Place of residence				
Attica	789	2,405	3,194	2,497 – 4,175
Outside Attica	1,225	5,867	7,092	5,651 – 9,001

CHAPTER 5: DRUG-RELATED TREATMENT: TREATMENT DEMAND AND TREATMENT AVAILABILITY

5.1. Overview

[19] Estimated number of injecting drug users who where not recorded by any therapeutic agency during 2009
[20] confidence interval

5.1.1. Backround Inofrmation

Data collection on drug-related treatment has been conducted in Greece since 1994 with the cooperation of all treatment programmes/services in Greece (almost 100% coverage).

Treatment data are collected by means of: a) the Treatment Questionnaire and b) the Treatment Demand Questionnaire.

The Treatment Questionnaire has replaced the "Treatment Unit Form/TUF A' and collects aggregate data about the number of individuals who are in the main therapeutic phase in the treatment programmes and the characteristics of the treatment programmes.

The TDI Questionnaire is based on the EMCDDA's Standard Protocol 2.0 and collects individual data about the number, the socio-demographic characteristics and the drug use (bahavioural) patterns of individuals who demand treatment for drug-related problems. No general practitioner or prison data are collected, nor is there any indication regarding the number of people who approached GPs or prison health services for a drug-related problem.

5.1.2. Definitions

With regard to the data collected by means of the Treatment Questionnaire:

- The term "admissions" refers to individuals, not cases for each reporting structure separately (i.e. it does not include re-admissions of the same individual during the year). However, the data that are collected in the context of the Treatment Questionnaire, given their aggregate nature, cannot be controlled for double counting (i.e. for individuals who are possibly counted in two of more different treatment structures).
- The term "new admissions" refers to the number of individuals admitted for the first time to a particular programme.

With regard to the data collected in the context of the TDI system:

- "Treatment" refers to any activity that directly targets individuals who have problems with their drug use and aims at ameliorating their psychological, physical or social state of individuals. Treatment is usually delivered by drug-specialised services, but may also be delivered by general services offering medical and psychological care to people with drug problems. This is a broad definition that encompasses: a) interventions designed to reduce drug-related harm among active users, as well as those whose primary goal is detoxification and abstinence, b) non-medical as well as medical interventions, c) brief (crisis management), counselling and support interventions, as well as more structured long-term programmes.

- "Treatment programme" refers any service delivering treatment as defined above to people with drug problems. Treatment programmes may be based within medical or non-medical, governmental or non-governmental, public or private, specialised or non-specialised structures.
- "New treatment demands" refer here to individuals who demanded treatment for the first time in their lives. It does not include repeated cases of treatment demand by the same individual in any one of the treatment structure in the country.

5.2. Strategy / policy

There are no developments in the field of strategy or at policy level pertaining therapy.

5.3. Treatment systems

5.3.1. New developments and trends

In 2009, KETHEA launched two new therapeutic communities: KETHEA KYTTARO in Kalamata and KETHEA KIVOTOS in Alexandroupoli. ATRAPOS Unit for Adolescents (OKANA) expanded its activities with the development of an individualized intervention programme. Moreover, the Rethymno Unit for Adolescents established a Counseling Centre for Adults, an open outpatient treatment programme. Also, 18 ANO (Attica Psychiatric Hospital) launched a new outpatient programme, while the "Outpatient programme" of the Thessaloniki Psychiatric Hospital, which used to be part of the counseling centre, was spun off into an independent structure during the reporting year.

5.3.2. Types of interventions

The officially recognised treatment programmes currently operating in Greece come up to 77 in total. All 77 programmes deliver main treatment within an organised structure.

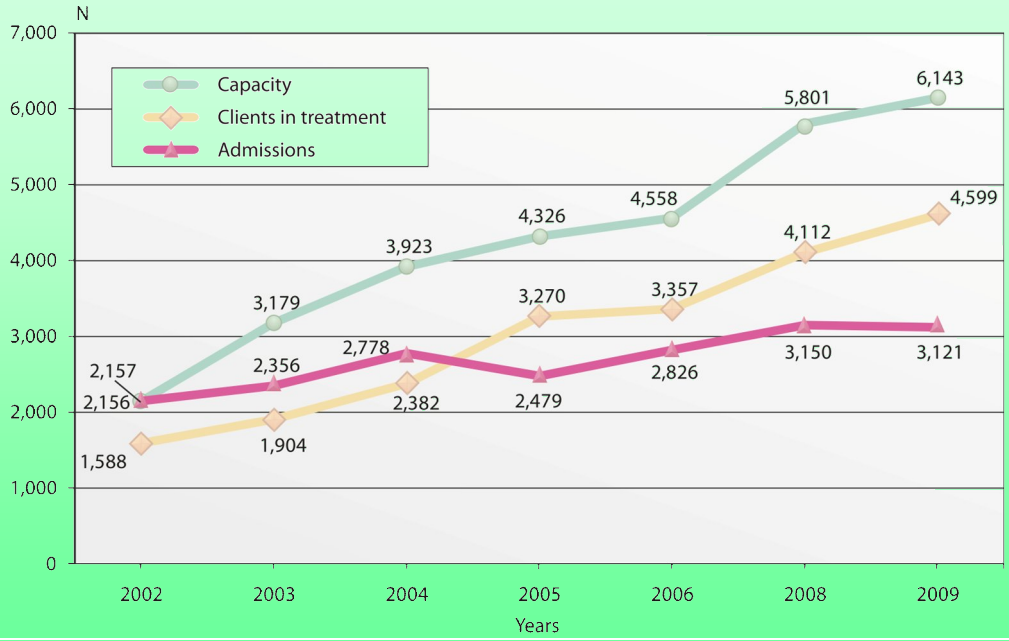
The FP sent the Treatment Questionnaire to all treatment programmes. In total 64 programmes that operated during the reported year returned the questionnaires with the 2009 data. These can be divided into the following types:

- 22 substitution treatment units, of which seven (7) chiefly methadone substitution units and fifteen (15) buprenorphine substitution units.
- 42 drug-free treatment programmes, of which eleven (11) inpatient programmes for adults, sixteen (16) outpatient programmes for adults and fifteen (15) outpatient programmes for adolescents.

Implementation

In 2009, the treatment programmes' reported total capacity was 6,143 (two programmes did not report capacity data) (Figure 5.1). Most of the treatment slots are offered in substitution treatment units (78.1%), with 21.9% offered by drug-free treatment programmes. In the reporting year, the total individuals who received main treatment were 7,720, of whom 4,599 were already in treatment in the existing structures at the beginning of the year.

Figure 5.1: Capacity, individuals already in treatment and admissions to treatment (2002-2009)



SOURCE: Greek REITOX Focal Point, 2010

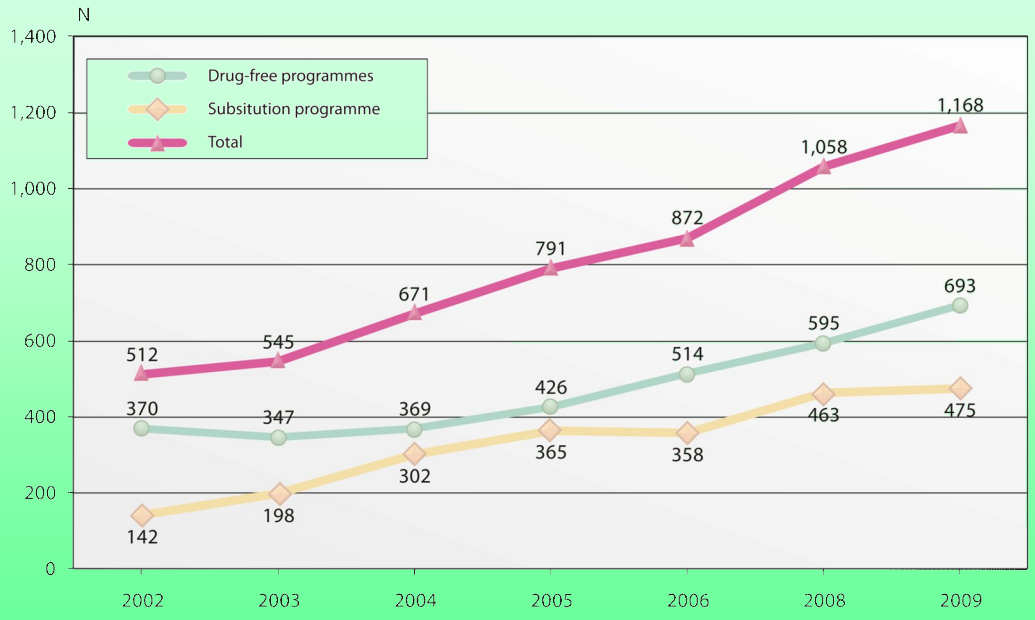
In the period 2002-2009, the capacity of treatment programmes steadily increased. Figure 5.1 illustrates this increase, which is a direct consequence of the increasing number of treatment structures over the years (the analysis included 26 treatment programmes in 2002, 31 in 2003, 40 in 2004, 50 in 2005, 50 in 2006 and 59 in 2008). Similarly, the number of "all individuals" in treatment per year increased, as demonstrated by the sum of individuals already in treatment and

"admissions" (3,745 in 2002 versus 7,720 in 2009). Last year, the increase in capacity was proportional to the increase in the number of individuals (5.9% and 6.2%, respectively).

Staffing

In 2009, the total staff employed in treatment units amounted to 1,161, of whom 59.1% in drug-free programmes and 40.9% in the substitution programme. From 2002 onwards, the staff employed in treatment programmes has steadily increased, mostly as a result of the development of new structures, as illustrated in Figure 5.2. Last year, the total staff employed in treatment units increased by 10.4%.

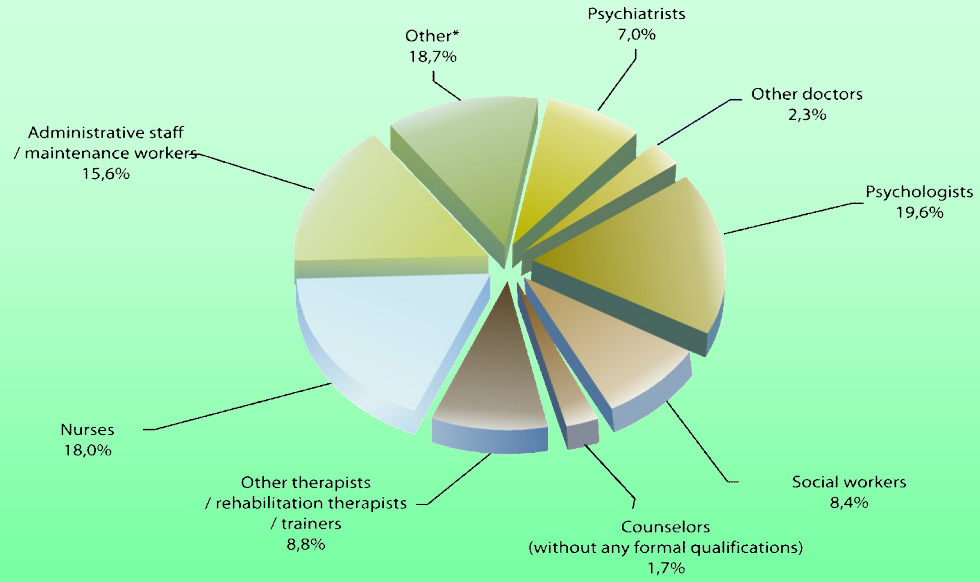
Figure 5.2: Staff employed in treatment programmes (2002-2009)



SOURCE: Greek REITOX Focal Point, 2010

In terms of staff specialisation (Figure 5.3), in 2009 the largest part of salaried staff in treatment programmes represents psychologists (19.6%), nurses (18%) and administrative staff / accounting staff / maintenance workers (15.6%). Psychiatrists represent 7% of the staff in treatment structures and most of them (63%) work for the substitution programme (as opposed to 37% working for drug-free programmes). Furthermore, treatment programmes employ therapists / rehabilitation specialists / trainers (8.8%), social workers (8.4%) other doctors and counselors without any formal qualification (4%). More specialties are reported in smaller proportions, e.g. pharmacists, PE teachers, guards, health visitors, etc.

Figure 5.3: Staff working for treatment programmes by speciality (2009)



* Sociologists, trainers, guards / security personnel, pharmacists, health visitors, waiters, assistants, drivers.

SOURCE: Greek REITOX Focal Point, 2010

In addition to the salaried staff, in the reporting year a total of 55 volunteers of various backgrounds, such as psychologists (30.9%), counselors without any formal qualification (14.5%), administrative staff / accounting staff / maintenance workers (10.9%), other therapists / rehabilitation specialists / trainers (9.1%), social workers (9.1%) and medical doctors (1.8%) provided services to the aforementioned treatment programmes. Compared to 2008, there was a 61.8% increase in the total number of volunteers.

Moreover, 39 former drug users work as salaried staff for 25 drug-free programmes and 7 former drug users work as volunteers for 6 drug-free programmes. The services they provide include most notably individual counseling sessions (82.1%), moderating group therapy sessions (75%), lectures or speeches (28.6%) and street-work (17.9%).

Funding

Treatment services are non-profit and they are fully or partially subsidized be the government, except for one which is fully funded by the local authorities.

Providers

The officially recognised drug dependence treatment providers in Greece are the following: OKANA, KETHEA, 18 ANO Dependence Treatment Unit (Attica Psychiatric Hospital), the Thessaloniki Psychiatric Hospital, the Psychiatric Clinic of the University of Athens, public general hospitals (in cooperation with OKANA), THISEAS Association (Municipality of Kalithea), the Hellenic Centre for Mental Health and Research, and the Ministry of Justice (Eleonas prison).

5.3.3. Treatment units in the country

Substitution treatment

The main goal of the substitution treatment programme is to achieve reduction in drug use and drug-related social and health problems, as well as to protect public health from the spread of infectious diseases, while ultimately helping individuals who wish and can achieve lasting abstinence to do so, in addition to harm reduction. Its main pursuit is stabilisation in a normal way of life, accompanied by improved family and social relations, and a renewed interest in education/training, work and occupational rehabilitation.

The substitution programme administers pharmaceutical treatment in combination with psychosocial support and treatment of psychiatric and physical comorbidity. In the course of the treatment process, therapeutic emphasis is placed chiefly on medical / psychiatric care and on individual support / counseling (major emphasis reported by all programmes). Almost all substitution units also place great emphasis on individual psychotherapy (95.5%) and relapse prevention (90.9%). Furthermore, 40.9% of the programmes place emphasis on group therapy, and nearly one in three uses family therapy (36.4%). Compared to 2008, the proportion of substitution treatment units that report utilising the principles of individual therapy increased. The proportion of substitution treatment units that report using group therapy decreased compared to the previous reporting year and that of family therapy remained unchanged.

Basic medical and psychiatric care are the main services delivered by all substitution units in the framework of the treatment plan, either within the unit or outside, in cooperation with other agencies. Additional services, which vary from unit to unit, include help in job-seeking (offered by 86.4% of the substitution structures), career guidance (81.8%), housing support (36.3%), financial support (27.3%) and basic schooling / academic education (22.7%).

Substitution treatment units can be divided into two main types according to the pharmaceutical substance used in order to treat dependence: a) units that administer substitution treatment with

the use of methadone mostly (hereafter "methadone substitution units") and b) units that prescribe buprenorphine as a substitute (hereafter "buprenorphine substitution units"). In 2009, most of the individuals of methadone substitution units were prescribed with methadone and a relatively small share of individuals was prescribed with buprenorphine as a substitute. In buprenorphine substitution units, most of the individuals were prescribed with buprenorphine; methadone was not prescribed to any client in treatment. The combination of buprenorphine-naloxone was prescribed to several individuals of buprenorphine substitution units, and to a smaller number of individuals of methadone substitution units. It should be noted that in substitution units, individuals often switch from one substitute to another, depending on the phase of treatment, therefore it is not possible to rule out double admissions for pharmaceutical substances.

As shown in Figure 5.4, the total capacity of substitution treatment units in 2009 was 4,800. Out of the total admissions (1,524), 34.6% were admissions to methadone substitution units and 65.4% admissions to buprenorphine substitution units. New admissions account for 77.4% of the total admissions in the reporting year (29.7% to methadone programmes and 70.3% to buprenorphine programmes). The mean power of the programmes in 2009 was 4,087 individuals. In harm reduction programmes, capacity and mean power are almost identical.

Figure 5.4: Capacity, individuals already in treatment and admissions to substitution units (2009)

SOURCE: Greek REITOX Focal Point, 2010

In 2009, "all" individuals in the substitution programme came up to 5,360, of whom 53.7% in methadone substitution units and 46.3% in buprenorphine substitution units.

The analysis of the aforementioned quantitative data for the last four-year period (2006-2009, no data available for 2007) points to the following emerging trends:

- In 2009, the total capacity of the substitution programme remained the same as in 2008, but it increased by 47.7% compared to 2006. Staff levels also remained the same as in 2008, having increased by 32.7% compared to 2006.
- Between 2008 and 2009, total admissions (new admissions and readmissions) remain largely unchanged, having increased by 34.1% compared to 2006.
- The mean power of the substitution structures increased by 18% compared to 2008 and by 37.1% compared to 2006. The total number of individuals in treatment also increased (by 6.1% and 35.7%, respectively).

Nonetheless, the recent increase in both the number of available substitution treatment slots and the number of individuals in substitution treatment does not seem to have met drug users' demand for substitution treatment. Waiting lists for admission to treatment are a problem affecting mostly the substitution units in Athens and Thessaloniki. The number of applicants waiting for admission varies during the year. By way of illustration, by the end of December 2009, a total of 5,558 applicants were waiting for admission to OKANA substitution programmes, of whom 3,771 to the seven substitution structures in Athens and Piraeus and 1,117 to the five substitution structures in Thessaloniki. Each one of the 12 buprenorphine substitution units operating in other parts of Greece has its own waiting list; applicants on their waiting lists come up to 670 in total (762 in 2008).

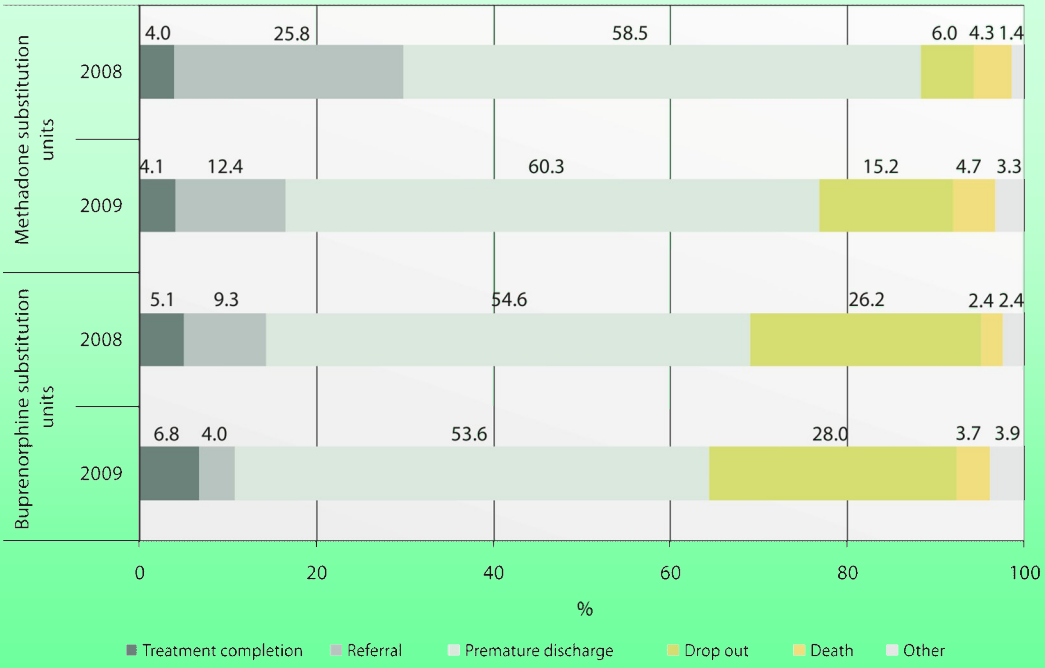
Exits from substitution units represent approximately one fifth (19.4%) of the total number of individuals who attended the substitution treatment programme in 2009. In order to evaluate the treatment outcome, one needs to bear in mind that substitution treatment programmes are long-term programmes as a rule (it is noted that 45.9% of "all individuals" attend the substitution programme for more than one year).

According to the analysis of the trend data on the modes of exit from substitution units:

- The main mode of exit from methadone substitution units is premature discharge (60.3% of the exits). This figure remains largely unchanged compared to 2008. Referral to another unit or service accounts for 12.4% of the total exits in the reporting year, down by 52.1% compared to 2008 and 61.1% compared to 2006. This is greatly due to the fact that the distinction between short- and long-term substitution structures has been lifted. (In the past, individuals who found it difficult to meet the requirements of a short-term programme used to be referred to more maintenance-oriented structures.). Dropouts account for 15.2% of the exits and treatment completion for 4.1%.
- In buprenorphine substitution units, the overall picture as to the ranking of the modes of exit has remained largely unchanged in recent years. The main mode of exit reported in 2009 is

premature discharge (53.6%). A large part of the individuals drop out (28%) and 6.8% complete treatment. Lastly, 4% of the individuals are referred to another unit or service.

Figure 5.5: Modes of exit from substitution units (2008-2009)



SOURCE: Greek REITOX Focal Point, 2010

The reported main reason for premature discharge from substitution units is use of illicit substances outside the premises, accounting for 39% of the cases in methadone substitution units (58.2% in 2008) and 28.1% in buprenorphine substitution units (31.4% in 2008). Other reasons for premature discharge include breach of the unit's rules and regulations (3.8% and 33.1%, respectively, for the two aforementioned types of units), use of illicit substances on the premises (46.1% and 0.3%, respectively), non-attendance of therapy / counselling sessions (4.2% and 6.2%, respectively), violent behaviour on the premises (0.4% and 7.2%, respectively), as well as involvement in illegal activities other than drug use (5.9% and 1.3%, respectively).

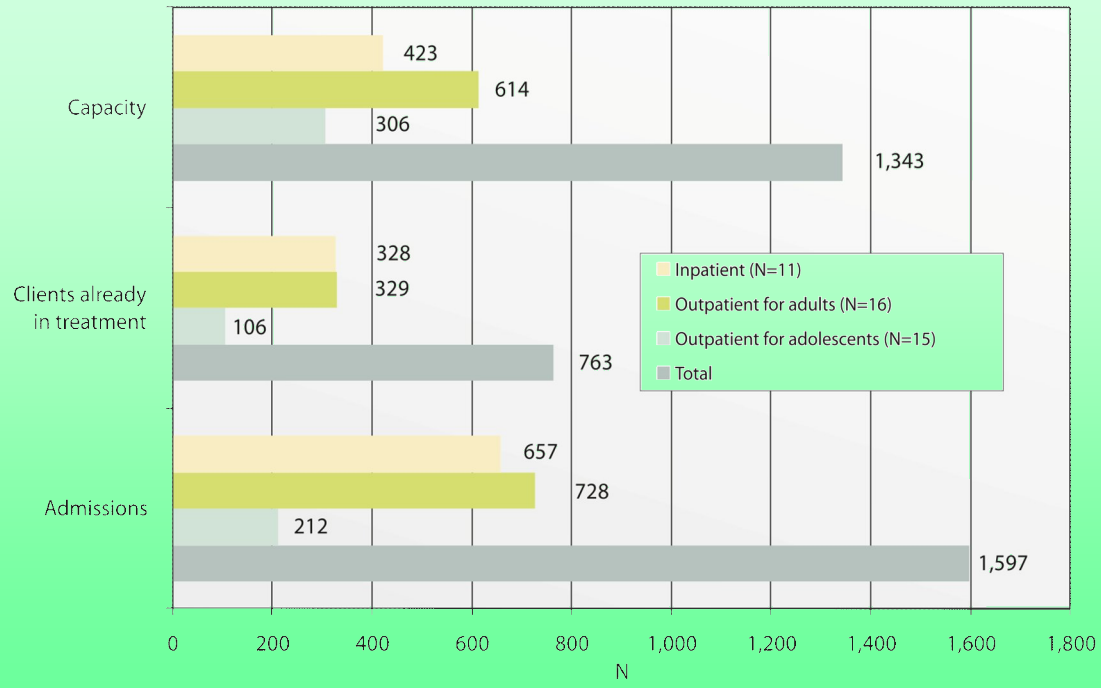
Drug-free treatment programmes

In 2009, the total capacity of the main phase of treatment reported by drug-free programmes was 1,343 (data for 40 of the 42 treatment programmes). Outpatient programmes offer most of the available treatment slots (68.5%) compared to inpatient programmes (31.5%).

As shown on Figure 5.6, in 2009 2,360 individuals attended the main phase of treatment in drug-free treatment programmes. During the reporting year, there were 1,597 admissions in total, most

of them to outpatient programmes for adults (45.6%) and to inpatient programmes for adults (41.1%), followed by admissions to the main phase of treatment of programmes for adolescents (13.3%, i.e. 212 individuals). Between 2008 and 2009, the number of treatment structures increased (from 35 to 43) and, consequently, the number of admissions also increased (by 6.5%).

Figure 5.6: Capacity, individuals already in treatment and admissions to drug-free treatment programmes (2009)



SOURCE: Greek REITOX Focal Point, 2010

Most of the total admissions in 2009 were individuals who contacted drug-free treatment programmes for the first time (85.5% of the total admissions). The highest new admission rates were to outpatient programmes for adolescents (92% of the total admissions to such programmes), followed by outpatient programmes for adults (88.2%) and inpatient programmes (80.5%).

14.5% of the individuals admitted to treatment had entered some treatment programme in the past. 10.3% of the total individuals of drug-free treatment programmes were admitted more than once to the same treatment programme during 2009.

In 2009, the mean power in drug-free treatment programmes was 772 individuals (for 41 of the 42 reporting structures). This figure represents the average number of individuals who attended those drug-free treatment programmes on three specific dates during the reporting year. It cannot be correlated in order to draw inferences as to the full use of capacity for two reasons: a) in all programmes for adolescents, just like in some outpatient programmes for adults, the mean power figure only represents drug users in treatment, whereas capacity also includes slots for parents or

user family members, and b) some of the reporting programmes are new and are gradually reaching full operational capacity during the reporting year.

The analysis of the data on drug-free programmes points to the following trends (compared to 2006 and 2008, no data available for 2007):

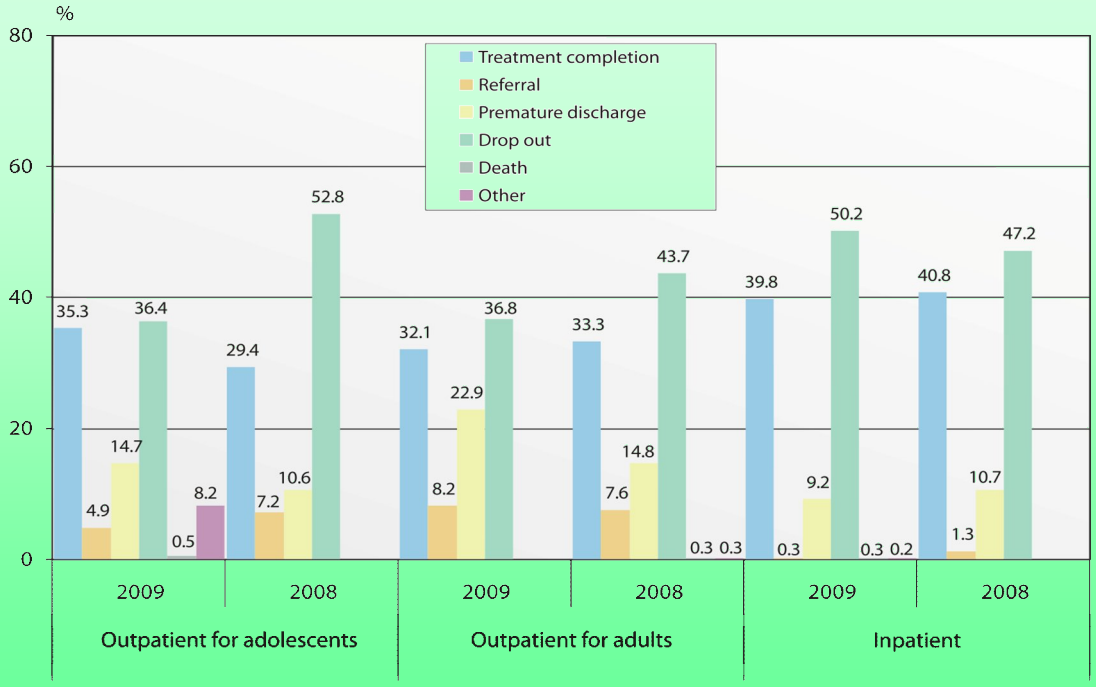
- From 2006 to 2008, the capacity of drug-free treatment programmes decreased by 23.7% before returning to the 2006 levels in 2009.
- Notwithstanding the decrease in capacity, the mean power increased by 17.7% compared to 2008 and by 25.1% compared to 2006.
- The number of individuals in drug-free treatment remained largely unchanged (6.8% increase in 2009 compared to 2008 and 5.7% increase compared to 2006).
- Finally, total admissions decreased by 7.6% between 2006 and 2008 before returning to the 2006 levels in 2009.

With regard to treatment outcome, 41.2% of "all individuals" who received treatment services in drug-free programmes were still in treatment at the end of the reporting year (in 40 of the 42 programmes that reported the relevant data). This figure reflects individuals whose treatment process was still in progress, due to the time of admission to the programme and the scheduled duration of treatment.

Figure 5.7 illustrates the modes of exit from drug-free treatment programmes in the last two years (2008-2009). This calculation reflects 40 of the 42 programmes that operated in 2009 (the respective figure for 2008 was 33 of 35 programmes); two outpatient programmes for adults were excluded for not having provided the relevant DATA:

- The prevailing mode of exit from inpatient programmes is dropout, with nearly one in two individuals disengaging early from the therapeutic process on their own volition (50.2%). On the other hand, an equally large share of individuals leaves the programme having completed treatment (39.9%). One in ten individuals is prematurely discharged from inpatient drug-free programmes (9.2%).
- The prevailing modes of exit from outpatient programmes for adults are dropout (36.8%) and treatment completion (32.1%). Nearly one in four individuals is prematurely discharged owing to breach of rules (22.9%).
- In programmes for adolescents, approximately one in every three individuals drops out (36.4%). 14.7% of the individuals are prematurely discharged and approximately one in three adolescents leaves the programme having completed treatment (35.3%).

Figure 5.7: Modes of exit from drug-free treatment programmes (2008-2009)



SOURCE: Greek REITOX Focal Point, 2010

The analysis of the above data points to the following time trends:

- Treatment completion as a mode of exit from outpatient programmes for adults remained at the same levels from 2006 to 2009 (35.3% in 2006, 33.3% in 2008 and 32.1% in 2009). From 2006 to 2009, dropout rates have consistently declined (52.8% in 2006, 43.6% in 2008 and 36.8% in 2009). Moreover, premature discharge rates in adults increased (4.8% in 2006, 14.8% in 2008 and 22.9% in 2009).
- Premature discharge rates in adolescents owing to breach of rules declined between 2006 and 2008 before rising again in 2009 (21% in 2006, 10.6% in 2008 and 14.7% in 2009). Although from 2006 to 2008 treatment completion rates among adolescents decreased, in 2009 they rose again and returned to the 2006 levels (34.5% in 2006, 29.4% in 2008 and 35.3% in 2009). Dropout rates in adolescents increased from 2006 to 2008 before decreasing substantially in 2009 below the 2006 levels (40.3% in 2006, 52.8% in 2008 and 36.4% in 2009).
- In inpatient programmes for adults, there seems to be no significant variation in the modes of exit in the period 2006-2009.

The analysis of the main reasons for premature discharge in 2009 points to the following conclusions:

- The main reasons for premature discharge from inpatient treatment programmes include use of illicit substances outside the premises (29.8%), violent behaviour on the premises (29.8%), breach of rules (12.3%), sexual relations between individuals (7%) and use of alcohol (7%).
- The main reasons for premature discharge from outpatient programmes for adults include use of illicit substances outside the premises (46.2%), violent behaviour on the premises (16.7%), alcohol use (12.8%) and breach of rules (7.7%).
- Finally, the main reasons for premature discharge from units for adolescents include use of illicit substances outside the premises (50%), breach of rules (12.5%) and use of illicit substances on the premises (8.3%).

To date, drug-free treatment units have filled in the "Treatment Questionnaire" in order to collect data about main treatment. Treatment, however, is also delivered at Counseling Centres and a large number of individuals goes unreported and is not included in data analysis and presentation. Counseling centres are the first step in the treatment process of dependent drug users. As the number of users who contact such services to seek treatment appears to be increasing, the Greek REITOX Focal Point designed a special questionnaire to collect data from Counseling Centres which will be filled in for the first time in 2011 (data for 2010). The aim is to get as full a picture as possible of the situation in the field of treatment. In 2009, the Counseling Centres of drug-free programmes served 4,153 individuals. Data about the operations of the Counseling Centres run by KETHEA and 18 ANO in the reporting year are presented below.

KETHEA Counseling Centres: Drug users come into contact with KETHEA network of services through 23 Counselling Centres in 18 cities across Greece. The Counselling Centres are a drug-free "safe haven" where drug users can find information, psychological support and health care and prepare themselves for joining a Therapeutic Community.

KETHEA Counseling Centres promptly respond to drug users' requests for support. After the first individual appointment, individuals join the Centre's groups, where they receive clinical assessment, counseling support, information and motivation for referral to treatment, as well as educational / recreational activities and health care. Users who are unwilling to initiate drug dependence therapy are encouraged to reduce drug use and drug-related harm, to take care of their health and to take initiatives that will improve their overall living conditions.

Individuals approach the Counseling Centre on their own will. Efforts are made to ensure the individuals' active involvement in therapeutic and other processes and to support them in achieving small changes in their attitudes and behaviours. Moreover, against the backdrop of motivating individuals for lifestyle changes at large, individuals are called upon to actively contribute to preparing the snacks offered to them and to taking care of the space.

THE MAIN SERVICES OFFERED BY KETHEA COUNSELING CENTRES

- Initial assessment of dependent drug users, therapeutic intervention planning
- Health care and referral to specialized health services, as needed
- Arrangements for psychiatric assessment of dual diagnosis cases (psychiatric comorbidity)
- Information about physical detoxification and psychological dependence treatment
- Counseling support to user's family and friend environment
- Reduction of drug use and drug-related harm
- Abstinence from drug-related delinquency
- Participation in educational and recreational activities and access to social support networks
- Motivation and preparation for admitted to a therapeutic programme
- Collecting, recording and processing socio-demographic and other individual data (pursuant to the restrictions imposed by the relevant laws on the protection of personal data) and data reporting to the competent national authorities

In 2009, the KETHEA network of services operated 23 Counseling Centres across Greece, from Thrace to Crete, including centres specialised in supporting individuals with specific characteristics and needs, such as adolescents, occasional users, working users, parents, immigrants, released prisoners, etc.

Table 5.1: Individuals served at KETHEA Counseling Centres (2007-2009)*

	2007	2008	2009
Counselling Centres for adolescents	553	488	557
Counselling Centres for adults	2,245	2,398	2,625
Total	**2,798**	**2,886**	**3,182**

18 ANO Counseling Centres (Attica Psychiatric Hospital): 18 ANO Dependence Treatment Unit operates five Counseling and Admission Centres for dependent drug users in downtown Athens. Two of them are specialised: one in admitting drug dependent Women and Mothers (together with their children) and one in admitting Adolescents and Young Adults.

The Counseling and Admission Centres are the first point of contact between dependent drug users and their families and 18 ANO. They provide information about the treatment programme and support in resolving various psychosocial and medical problems, and stimulate awareness in the

* The new KETHEA PAREMVASI Counseling Centre in Rafina was excluded, as it only became operational in mid-2009. Individuals who contacted the same or another Counseling Centre more than once during the year have only been counted once

dependent individual. The aim is to help consolidate their decision to abstain from drug use and initiate dependence treatment, to engage them in therapeutic processes and ultimately in the treatment programme. This is achieved through individual sessions, support groups, psychotherapy groups, self-expression groups, etc. Counseling for parents and family therapy are also available.

In 2009, the profile of 18 ANO individuals was as follows:

- 81.4% were first treatment admissions for 18 ANO, and 63.4% of them had were admitted to treatment in the past at other programmes.
- The source of referral was friends (25.58%) and the family (14.75%); self-referrals accounted for 25.83%.
- In terms of gender, 82.2% were males and 17.8% females, at a mean age of 30.6 years.
- In terms of living status, 52.67% lived with the parental family, 94.83% had stable accommodation and 87.1% did not share accommodation with other drug users.
- 92% were Greek nationals, 61% were unemployed and, in terms of educational level, 43.67% were upper secondary graduates and 18.83% lower secondary graduates.
- Heroin was reported as the primary drug by 80%. Sniffing was reported by 51.4% and injecting by 25.7%.
- The mean years of use of the primary drug were 8.85 years and the mean age of onset of use of the primary drug was 20.37 years.
- Initiation to illicit drug use was reported at a mean age of 16.77 and cannabis was reported as the drug of initiation by 80.67%.
- 48.75% had tested negative for hepatitis and 22.92% had tested positive.
- 68.42% had tested negative for HIV and 0.67% had tested positive.

Other treatment intervention

Detoxification units

In Greece, at present there are two specialised detoxification structures: IANOS, within the Rehabilitation Department for Dependent Individuals (Thessaloniki Psychiatric Hospital), with a reported capacity of 19 individuals monthly, and ATRAPOS unit for adolescents, with a capacity of 20 individuals per quarter. The mission of the above structures is to provide pharmaceutical assistance to (mostly but not exclusively heroin) users, in order to manage the physical withdrawal symptoms. They also provide information and health awareness, relapse prevention, as well as sensitisation and preparation for the main treatment phase through psychotherapy groups. The scheduled duration of IANOS programme is 21 days, while the scheduled duration of ATRAPOS programme for adolescents is 120 days.

In 2009, the two Detoxification Units served a total of 315 individuals, while total admissions came up to 296. 59.5% of the individuals admitted to treatment in the detoxification units came into contact with them for the first time. With regard to the modes of exit from these structures, 56.9% of the individuals completed the programme and moved on to the next phase of the therapeutic process, 25.8% dropped out and 10% were prematurely discharged. The main reasons for premature discharge from detoxification units include breach of rules (46.7%), use of illicit substances outside the premises (23.3%) and use of illicit substances on the premises (20%).

Self-help promotion programme

The Self-help Promotion Programme has been running since February 2001 under the responsibility of the Psychology Department of the Aristotle University of Thessaloniki. It receives funding from the Ministry for Health and Social Solidarity through the Organisation Against Drugs (OKANA). Its core mission is to promote self-help in managing dependence on psychotropic substances. It is an open programme, with no waiting lists, the services are offered for free and one of its key objectives is to provide support to individuals with drug or alcohol dependence problems and their families. This programme is the only state-funded proposal in the country based on the concept of self-help to manage dependence.

In 2009, a total of 481 individuals participated in programme activities (4.6% increase compared to 2008), of whom 408 had drug dependence problems and 73 alcohol dependence problems. Out of the 481 individuals, 126 were “new individuals” (the respective figure for 2008 was 111). 185 relatives and friends of users of psychotropic substances also participated in the programme. It is estimated that psychosocial support is provided to a monthly average of 117 problem users.

In addition to establishing and supporting self-help groups, in the reporting year the programme provided integrated legal support services to 51 individuals, systematic medical support to 48 individuals, educational support to 39 individuals and employment support to 46 individuals. The programme also has a streetwork strand, which did not run in the reporting year due to funding problems and personnel cuts.

5.3.4. Quality assurance

A single homogenous scheme for evaluation at national level has not been implemented yet in the country. Rather, each specialised therapeutic agency has developed its own principles and standards to ensure and enhance the quality of its services. This is -to a large extent- due to the fact that treatment programmes differ substantially in terms of their philosophy, theoretical principles, therapeutic methods and organisational framework.

According to 2009 data, the majority of the 42 drug free programmes (74.4%) report having recently performed an evaluation of the therapeutic procedure and / or treatment outcome while only 2 of the 22 substitution treatment programmes (9.5%) reports having undertaken an internal or external evaluation procedure.

In view of enhancing service quality, almost all treatment programmes (96.9%) provide (continuous) education and training to their staff. In the reporting year, 95.5% of the programmes made sure that part of their staff attended formal training courses or lectures delivered by third parties and 85.1% delivered in-service training seminars. Furthermore, 77.6% of the programmes provide scientific supervision to their therapy staff.

In the same vein, the new National Drug Strategy (2006-2012), launched in June 2006, envisages the immediate development of evaluation procedures for the therapeutic units in order "to ensure the efficient diffusion of best practices". Moreover, the education of specialised professionals working in the drugs field is reinforced, since, in the aforementioned document, the subject of addiction is foreseen to be integrated in the curriculum of university and post-graduate studies of health professionals and social scientists.

5.4. Access to treatment

5.4.1. Characteristics of treated individuals

Characteristics of all individuals in treatment

No prevalence survey has so far been conducted in Greece that could elicit data about the number and the characteristics of all individuals in treatment (prevalence data). Some kind of information comes nonetheless from the Treatment Questionnaire (See §5.1.1). According to these data, most of the individuals in treatment (89.2%) are being treated for opiate related problems. A smaller number of individuals are being treated for cannabis (6%) and for cocaine (2.3%). In 2009, 48.3% of the individuals in treatment (main phase) reported injecting before admitted to the programme. Another 30.1% were over 40 years of age.

Characteristics of 2009 demands for treatment

In 2009, a total of 5,501 anonymous TDI individual forms were filled in and returned to the FP. Of the total treatment demands, 4,232 (76.9%) were recorded in drug-free programmes, 862 (15.7%) in substitution programmes and 407 (7.4%) in low-threshold services.

Table 5.2 presents the characteristics of the individuals admitted to treatment in the year 2009:

- The Greek TDI data collection system collected in 2009 anonymous, individual data from a total of 5,501 people who accessed treatment services for drug treatment. Almost half of them (N=2,603, 47.3%) were "new" individuals, i.e., people who have never been treated before.
- From the 5,501 people who approached treatment services in 2009, 2,984 (54.2%) approached outpatient settings. Just more than a half of the outpatient TDI cases (53%) were "new" individuals. 28.9% of the new 2009 outpatient demands were made in opioid substitution programmes.
- 2,110 people (38.4%) approached inpatient settings. Unlike outpatient settings, a substantially lower percentage of treatment demands in inpatient settings were in 2009 by "new" individuals (38.1%).
- From the 5,501 people who approached treatment services in 2009, 407 (7.4%) approached low-threshold settings. More than a half of them (58.2%) were "new" individuals.
- One in every 6 treatment demands in 2009 (N=862, 15.7%) took place in opioid substitution programmes (all of them outpatient). Half of them (51.5%) were "new" individuals.

Characteristics of all 2009 treatment demands

As shown in Table 5.2 for 2009:

- The vast majority of all treatment demands were males (85.5% and 14.5%, for male and female individuals, respectively).
- The mean age of individuals is 30.5 years. The mean age is lower in female (28.2 years) than in male individuals (30.9 years).
- More than half of the users (56.6%) who demanded treatment in 2008 are young adults aged between 25 and 34 years. One in 4 (23.3%) belongs to the age group 35-64, while one in 5 (20.1%) is younger (15-24 years).
- About one in 3 treatment demands (32.7%) took the initiative himself/herself to seek treatment. About one in 2 (45.4%) were urged either by friends or by their family members. Another 21.9% of demands were referrals from other sources such as health care services (including other treatment programmes), general practitioners, judicial services or the police, help-lines etc.

- Almost two thirds (62.9%) of the treatment demands in 2009 live with their parents, 13.3% live alone, and an equal share (11.8%) live with a spouse/partner (with or without children). Nine in 10 (92.5%) report stable accommodation and 7.5% report temporary accommodation or homelessness (not shown in Table 5.2). Almost one in every 8 treatment demands (13.2%) report sharing accommodation with at least one more drug user (not shown in Table 5.2).
- Most of the users who demanded treatment in 2009 were unemployed (61.3%), one in almost 4 (22.3%) had regular employment, while one in 6 (16.4%) were in occasional employment or in other status (students, economically inactive etc).
- With regard to the highest educational level completed, the largest proportion of individuals (37.5%) were upper secondary education graduates (or with a few years in higher education). 29% were lower secondary education graduates (or with a few years in higher secondary), 22.4% were primary school graduates (or with a few years in lower secondary), and 9.6% were higher education graduates.
- The primary drug among the majority of the treatment demands in 2009 was heroin/opiates (83.9%), followed by cannabis (9.6%), cocaine (4.6%) and other drugs (1.9%).
- 8.9 years was the average length of use of the primary drug.
- Two in every 3 users (68.7%) who demanded treatment programmes in 2009 reported abusing more than one drug (polydrug use). One in every 3 users (33.1%) reported using two drugs, almost one in 5 (18.7%) reported using three drugs and one in 6 (16.8%) reported using four or five drugs in the last 30 days. The most common secondary drugs were cannabis (56.2%), tranquillizers or sedatives (43.9%), and cocaine (38.6%), followed at a distance by heroin/opiates (9.5%), other stimulants (7.9%), alcohol (abuse) (7.3%), and hallucinogens (7.3%).
- Seven in every 10 treatment demands (70.8%) reported in 2009 lifetime injecting. The mean age at first injecting was 22 (not shown in Table 5.2). Something more than the 1/3 (37.1%) reported injecting in the last 30 days.
- Almost 2/5 of the 2009 demands (38.8%) reported lifetime needle sharing, while one in 10 (10.8%) reported needle sharing in the last 30 days.
- The mean age of onset of illicit drug use is 16.3 years, and the mean age at initiation to the primary drug abuse is 20.2 years.

Client characteristics by type of treatment

Below are presented the characteristics of the individuals who demanded treatment to outpatient, inpatient and low-threshold services in 2009 (Table 5.2). Below, for each one of three types of treatment services, only those of the characteristics that differentiate them from the characteristics of the individuals of the other two types of treatment services are presented.

Characteristics of outpatient treatment demands. Compared to the treatment demands in inpatient and low-threshold services, outpatient treatment demands are characterised by the:

- highest rates of young people aged 15-24
- highest rates of "family"/"friends" (category collapsed) as the primary source of referral (and respectively the lowest percentage of "self-referral")
- among the highest rates of individuals "living with their parents"
- highest rates of individuals reporting "regular employment"
- lowest rates of heroin/opiate use as primary substance, the highest rates of cannabis abuse and among the highest rates of cocaine abuse
- highest rates of polydrug use
- shortest length of years of abuse of the primary substance, and
- lowest rates of current injectors, but also
- the highest rates of injectors who currently share needles

Characteristics of inpatient treatment demands. Compared to the treatment demands in outpatient and low-threshold services, inpatient treatment demands are characterised by the:

- lowest rates of "new" individuals
- highest rates of individuals aged 25-34
- highest rates of individuals "living with parents"
- highest rates of individuals with an unemployment status
- among the highest rates of individuals reporting heroin/opiates as primary substance
- lowest rates of polydrug users
- (compared to the demands in outpatient services) higher rates of current injecting, but also
- lower rates of injectors who currently share needles

Characteristics of low-threshold treatment demands. Compared to the treatment demands in inpatient and outpatient services, low-threshold treatment demands are characterised by the:

- highest rates of "new" individuals
- highest mean age of the individuals
- highest rates of individuals over 35 and the lowest rates of young people aged 15-24
- highest rates of self-referrals
- highest rates of individuals who "live alone"
- highest rates of individuals with unemployment status
- highest rates of individuals who completed only the primary education
- highest rates of individuals with heroin/opiates as primary substance

- among the highest rates of polydrug users
- highest length of years of use of the primary substance, and
- the highest rates of current injecting

Table 5.2: Characteristics of individuals demanding treatment in 2009 (TDI data 2009)

Treatmend Demand data 2009			TYPE OF CENTRE			CLIENT CHARACTERISTICS							
		Total	Out patient	In patient	Low threshold	"New" clients	In substitution	Polydrug users	Ever injectors	Current Injectors	Opiate users	Cocaine users	Cannabis users
	N	***5501***	***2984***	***2110***	***407***	***2603***	***862***	***3777***	***3888***	***2035***	***4615***	***250***	***530***
	% [1]		54,2	38,4	7,4	47,3	15,7	68,7	70,7	37	83,9	4,5	9,6
Type of Centre	Outpatient	54,2				60,1	100	57,6	50	47,9	50,7	63,2	82,1
	Inpatient	38,4				30,8	0	34,9	41	42,9	41,1	34	15,8
	Low threshold	7,4				9,1	0	7,5	9	9,2	8,2	2,8	2,1
	In substitution treatment	15,7	28,9			17		15,9	18,3	18	18,5	1,2	0,2
	"New" clients	47,7	53	38,1	58,2		51,5	45,5	40,5	44,4	45	47	72,8
Gender	Males	85,5	85,3	85,5	87,7	85,6	85,2	85,2	86	89,3	86	88	82,5
	Females	14,5	14,7	14,5	12,3	14,4	14,8	14,8	14	10,7	14	12	17,5
Mean age (years)	Mean age (years): All	30,5	30,1	30,3	34,2	29,9	36,3	30,6	31,1	30,3	31,1	31,1	24,9
	Mean age (years): Males	30,9	30,5	30,6	34,7	30,3	36,8	31	31,5	30,6	31,5	31,5	25,2
	Mean age (years): Females	28,2	27,5	28,7	31	27,8	33,4	28	29,1	27,3	28,8	28,9	23,6
Age groups	15-24 [2]	20,1	26,4	13,6	8,1	25,3	5,4	19,7	15,4	16,6	16,3	16,5	55,6
	25-34	56,6	49,1	67,9	52,7	51,4	45,2	56,6	60,3	62,5	59,7	55,6	30,2
	35-64	23,3	24,5	18,4	39,2	23,3	49,4	23,7	24,3	20,9	24,1	27,8	14,1
Referral	Family/friends	45,4	49,1	40,7	42,6	59,1	45,3	44,7	42,6	45,4	44,3	47,4	55,3
	Self referred	32,7	28,3	35,8	48,9	19,1	46,1	33,4	38,1	37	36	19,4	10,7
	Other drug treatment centres	8,2	7,4	10,2	4	5,7	0,7	8,1	7,8	6,3	7,7	13,8	9,6
	Hospital/other medical source	3,1	3	3,8	0,5	3,3	2,6	3,1	2,8	2,8	3	2,8	3,6
	Other (general practitioner, social services, cou	10,6	12,2	9,5	4	12,8	5,3	10,7	8,7	8,5	9	16,6	20,8
Living status	With parents	62,9	62,1	67,4	45,5	62,4	46,9	62,9	63	66,1	62,8	51	69,7
	Alone	13,3	12,4	11,9	27,9	13,4	12,5	13,6	12,8	12,5	12,9	18,5	15
	With partner (alone)	5,4	6,8	3,7	4,3	5,5	10	5,3	5,2	3,8	5,5	9,2	3
	With partner and child(ren)	6,4	8,3	3,8	6,8	8,6	17,2	5,9	6	5,5	6,6	6,4	4,5
	With friends	2,2	1,7	2,3	6	2,3	1,5	2,2	2,3	2,2	2,4	1,6	0,9
	Other (alone with child, other)	9,8	8,7	10,9	9,5	7,8	11,9	10,1	10,7	9,9	9,8	13,3	6,9
Labour status	Regular employment	22,3	29,3	15,3	7,6	25,9	27,7	21,6	17,3	14,3	20,2	45,2	31
	Unemployed	61,3	48,7	75,2	81,8	53,7	54,1	62,6	69,7	71,8	66,4	41,9	25,4
	Other (pupil/student, economically inactive, oth	16,4	22	9,5	10,6	20,4	18,2	15,8	13	13,9	13,4	12,9	43,6
Educational status	Never	1,5	1,6	1	3,5	2,2	3,5	1,5	1,5	1,8	1,7	0,8	0,2
	Primary education	22,4	22,6	21,2	27,3	22,9	32	23	24	25,8	23	16,8	21,2
	Lower Secondary education	29	28,9	29,8	26	28,5	28	29,3	30,5	32,3	29,3	20,8	30,1
	Upper Secondary education	37,5	37,4	38,1	35,1	37,4	32,1	36,7	35,6	33	36,8	43,2	39,8
	Higher education	9,6	9,5	9,9	8	9	4,4	9,4	8,5	7,2	9,2	18,4	8,7
Primary substance	Opiates	83,9	78,3	89,9	93,1	79,2	99,2	85,5	94,5	95,7	100		
	Cocaine	4,6	5,3	4	1,7	4,5	0,3	4,9	2,1	1,8		100	
	Cannabis	9,6	14,6	4	2,7	14,7	0,1	7,3	1,9	1			100
	Other	1,9	1,8	2,1	2,5	1,6	0,4	2,3	1,5	1,5			
	Polydrug users	68,7	73	62,4	69,5	65,5	69,5		72,4	71,4	70	74,8	52,1
	Mean age of first use of primary drug (years)	20,2	20	20,1	21,4	20,9	21,9	19,9	19,6	19,6	20,5	22,7	16,3
	Average length of use of primary drug (years)	8,9	8,3	9,1	11,8	7,9	12,4	9,2	9,9	9,4	9,2	6,5	7,5
Injecting and needle sharing	Ever injectors	70,8	65,3	75,7	86,6	60,2	82,6	74,6		100	79,7	33,2	14
	Current injectors (% among all TDIs)	37,1	32,8	41,5	46,2	34,6	42,6	38,5	52,5		42,4	14,8	4
	Ever sharing (% among all TDIs)	38,8	37	40,4	44	28,9	50	41,9	54,9	63,4	44	15,2	5,3
	Current sharing (% among all TDIs)	10,8	10,5	11,2	10,6	10,3	10,1	12,3	15,3	29,2	12,4	3,6	0,6
	Current sharing (% among current injectors)	29,7	32,6	27,5	24,2	30,7	24	32,4	29,7	29,7	29,9	24,3	15
	Age of first illicit drug use (mean)	16,3	16,3	16,3	16,5	16,9	16,8	15,9	15,8	15,7	16,3	17,7	16,3

[1] Only valid percents are presented (i.e. "missing", "uknown" "non-applicable" values are not included in calculations).

[2] Age grouping follows that of PDU. Calculations do not include cases of below 15- and over 64 years of age.

SOURCE: Greek REITOX Focal Point. 2010

Demand characteristics by type of demand

Characteristics of "new" demands. Almost half of the 5,501 people who demanded treatment services in 2009 (N=2.603, 47.3%) are "new" individuals, i.e., people who reported that they have never been treated before. Three in every 5 (60.1%) demanded treatment to outpatient, 30.8% to inpatient and 9.1% to low-threshold services. One in every 6 "new" demands (17%) were made to substitution programmes. According to Table 5.2, compared to all 2009 demands, "new" demands:

- are found in higher proportions in outpatient services
- although the majority are between 25 and 34 years of age, "new" individuals consist of higher proportions of younger people(15-24 years of age)
- report in higher proportions that they live with their family, and accordingly
- report in higher proportions that they were referred to treatment by their family or friends
- report in higher proportions that they have regular employment
- although primarily opiate users, the proportion of those reporting opiates as the primary substance of abuse is relatively lower and that with cannabis are relatively higher
- report in lower proportions polydrug use
- report in lower proportions current injecting and current sharing

Characteristics of OST treatment demands. According to Table 5.2, compared to all 2009 demands, demands in opiate substitution treatment services (N=862) are characterised by:

- significantly higher proportions of individuals over 35 years of age and, accordingly, significantly lower proportions of young people aged 15-24
- higher proportions of individuals reporting "self-referrals"
- significantly lower proportions living with their parents and, accordingly, significantly higher proportions of individuals living with a partner (with or without children)
- (although primarily unemployed) higher proportions of individuals under "regular employment status"
- higher proportions of individuals who report only primary education
- the highest proportion of individuals reporting opiates as primary substance
- the highest length of years of use of the primary substance
- higher proportions of individuals who report current injecting

Client characteristics by type of primary substance

Heroin/opiate users demanding treatment. The heroin/opiate users account for the 83.9% of all treatment demands. Their characteristics, therefore, are similar to those presented above (see

Characteristics of all 2009 treatment demands). Compared to the cannabis and the cocaine users, nonetheless, heroin/opiate users (Table 5.2):

- are found in higher proportions in inpatient and in low-threshold services
- are much older (than cannabis users)
- took in much higher proportions, themselves the initiative to seek treatment
- are in much higher proportions unemployed
- report in much higher proportions risk behaviours (i.e. injecting drugs and sharing used needles)

Cannabis users demanding treatment. One in every 10 treatment demands in 2009 (N=530, 9.6%) reported cannabis as primary substance. Compared to the opiate/heroin and the cocaine users, cannabis users (Table 5.2):

- are found primarily in outpatient services
- are in their vast majority "new" individuals
- are in much higher proportions younger and indeed live in higher proportions with their parents
- unlike to both heroin/opiate and cocaine users, have in much higher proportions completed upper secondary education and have regular employment, and
- alike cocaine users, their primary source of referral to treatment is "family"
- report in much lower proportions polydrug use

Cocaine users demanding treatment. One in every 25 treatment demands in 2009 (N=250, 4.5%) reported cocaine as primary substance (Table 5.2):

- Unlike to both heroin/opiate and cannabis users, cocaine users:
  - have in much higher proportions completed upper secondary education and have regular employment
  - Unlike heroin/opiate users:
  - are found mainly in outpatient services
  - live in smaller proportions with their parents
- Unlike cannabis users:
  - are in much higher proportions older
  - live in higher proportions with a partner (with or without children)
  - report in much higher proportions polydrug use

Client characteristics by pattern of use

Polydrug users demanding treatment. More than two thirds of the 2009 treatment demands (N=3.777, 68.7%) are polydrug users. Less than half of them (45.5%) are "new individuals". The

majority of the polydrug users (57.6%) approached outpatient services, 34.9% approached inpatient services and a 7.5% percent approached low-threshold. One in almost every 6 polydrug users (15.9%) demanded opioid substitution programmes. As shown in Table 5.2, the characteristics of polydrug users are very similar to those of all individuals demanded treatment in 2009 (see *Characteristics of all 2009 treatment demands*).

Ever injectors demanding treatment. A total of 3,888 cases (70.7%) of the treatment demands in 2009 reported lifetime injecting. Two fifths of them (40.5%) were "new individuals". The largest proportion of the ever injectors (50%) approached outpatient services, 41% approached outpatient services and 9% approached low-threshold services. One in almost every 5 ever injectors (18.3%) demanded opioid substitution programmes. Ever injectors:

- are in much higher proportions over 34 years of age
- took themselves in much higher proportions the initiative to seek treatment
- are in much higher proportions unemployed, and
- have on average lengthy drug careers

Current injectors demanding treatment. One in every 3 treatment demands in 2009 (2.035 cases, 37%) report current injecting. Almost half of them (44.4%) are "new" demands. The largest proportion of the current injectors (47.9%) approached outpatient, a 42.9% approached inpatient, while 9.2% approached low-threshold services. One in almost every 5 current injectors (18%) approached opioid substitution programmes. Current injectors:

- have in much higher proportions worse educational background
- are in much higher proportions unemployed

5.4.2. Relevant contextual and qualitative information and research results

It should be noted that the number of individuals registered yearly by the Treatment Questionnaire and the TDI system may clearly reflect to a great extent the trend in the dependence phenomenon in the country. The numbers reported, nonetheless, may depend on other factors, such as the year-by-year variations in addicted individuals' intention to seek treatment, the accessibility of treatment programmes, the programmes' effective penetration in the community, the capacity and availability of treatment slots, etc. Moreover, the number of individuals registered yearly by the TDI also depends on purely technical factors, such as the treatment programmes' commitment to filling in the TDI forms over time. For instance, the significant variation in the number of users who contacted substitution programmes from 2006 to 2009 (Figure 5.8) may be correlated to the suspension of the operation of the Greek REITOX Focal Point in the first half of 2008, during which several substitution programmes ceased to fill in TDI individual forms and submit them to the Greek

REITOX Focal Point. Alternatively, it may be explained by the limited availability of substitution treatment at first and the subsequent development of new programmes.

5.4.3. Trends of individuals in treatment (incl. numbers)

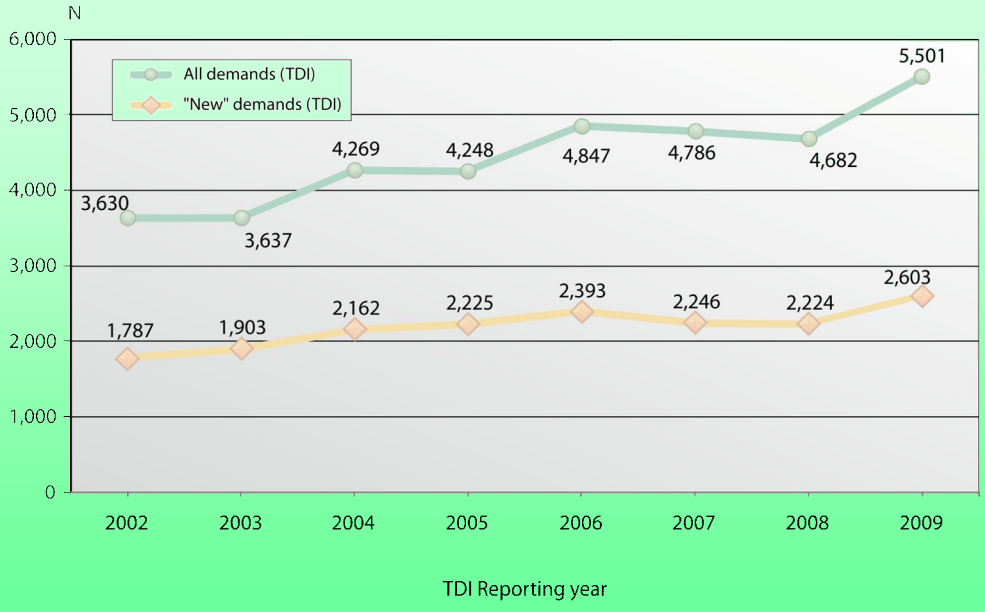
Trends in treatment demands (TDI data)

The upward trend in the number of treatment demands that has been documented in all previous years has continued also in 2009.

Specifically, over the eight-year period 2002-2009 (Table 5.3):

- Over time, the number of treatment demands recorded in drug-free programmes is consistently higher than that recorded in substitution programmes and low-threshold services.
- There is an increasing tendency in the number of treatment demands, with this tendency being less sharp among the "new" treatment demands (Figure 5.8) (for a possible explanation for this trend, see above §. 5.3.2).
- With regard to the ratio of "old" to "new" demands for treatment, this stays relatively stable between 2002 and 2009 (almost 1:1).

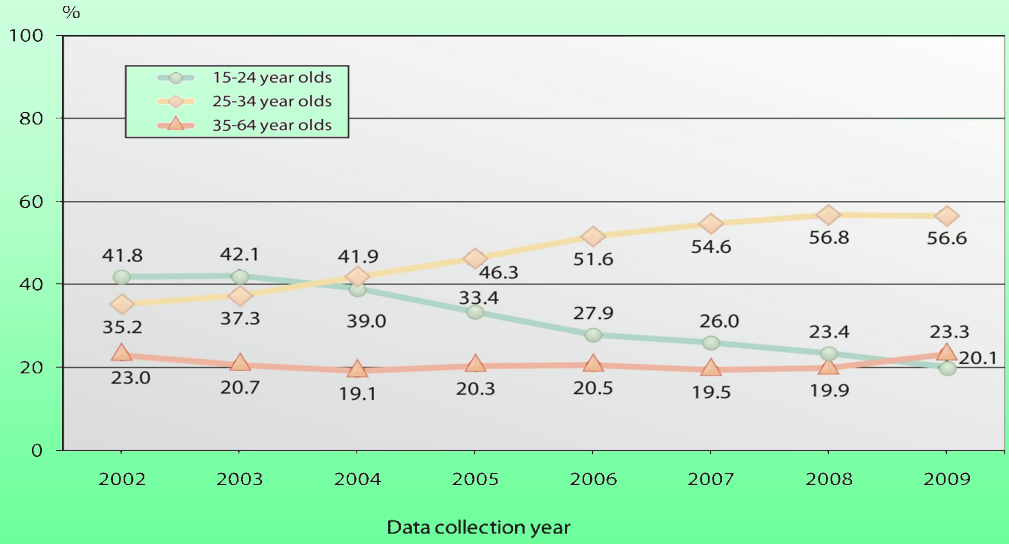
Figure 5.8: Trends in the number of a) all treatment demands and b) "new" treatment demands (TDI data)



SOURCE: Greek REITOX Focal Point, 2010

- Males account for the overwhelming majority (around 85%) of users demanding treatment at any time in the course of the period 2002-2009, while also this gender difference does not seem to change in any way.
- The percentage of the younger individuals (15-24 years of age) who demand treatment has decreased in the recent years (Figure 5.9). Between 2002 and 2009, the mean age of the treatment demands increased by two years (28.5 years in 2002 and 30.5 years in 2009.

Figure 5.9: Trends in the percentage of treatment demands by age group (TDI data)



SOURCE: Greek REITOX Focal Point, 2010

- There is an increase in the proportion of treatment demands who report having graduated from higher secondary education (33.9% in 2002 and 37.5% in 2009) and those having higher education (6.1% in 2002 and 9.6% in 2009).
- There is an increase in the proportion of non-Greek treatment demands (from 2.2% in 2002 to 6.2% in 2009, not shown in Table 5.3).
- The proportion of treatment demands who reported living with the parental family decreased significantly (from 72.3% in 2002 to 62.9% in 2009).
- The proportion of treatment demands reporting heroin/opiates as their primary drug seem to decrease, while that of cannabis and cocaine increase. More specifically, the proportion of treatment demands owing to cannabis abuse increased from7.3% in 2002 to 9.6% in 2009, while that of cocaine abuse increased from 1.4% in 2002 to 4.6% in 2009 (Figure 5.10).

Figure 5.10: Trends in the proportion of treatment demands reporting a) heroin/opiates, b) cannabis, c) cocaine and d) other substances as primary substance (TDI data)

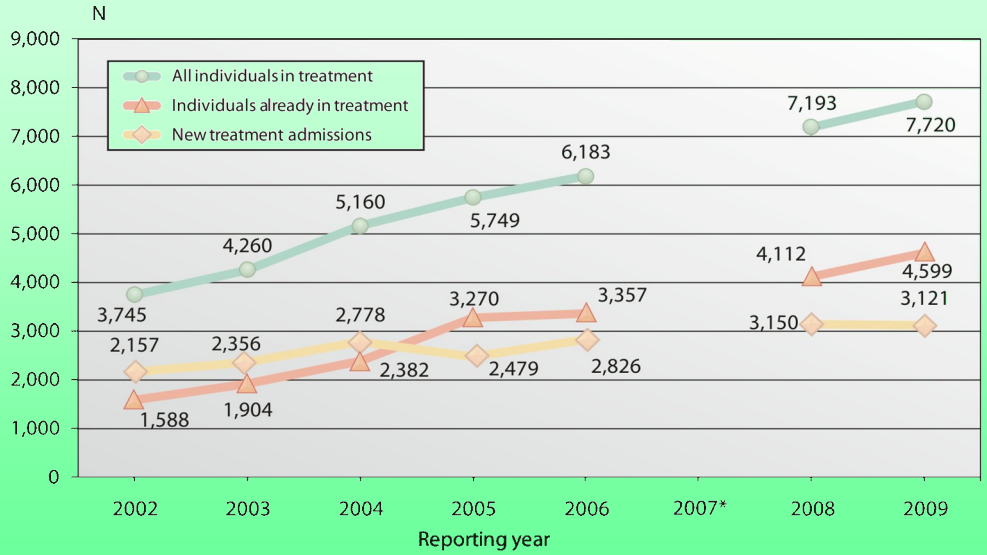
SOURCE: Greek REITOX Focal Point, 2010

- There is a marginal decrease in the proportion of treatment demands reporting daily use of the primary drug, albeit not among "new" treatment demands (not shown in Table 5.3).
- There is also a major shift among heroin/opiate users from injecting to sniffing (51.9% reported injecting and 31.6% reported sniffing in 2003 as opposed to 34.2% injecting and 45.7% sniffing in 2009, not shown in Table 5.3).
- There is a decrease in the proportion of treatment demands reporting polydrug use (from 79.2% in 2002 to 68.7% in 2009).
- There is a decline in injecting (lifetime injecting: from 80.4% in 2002 to 70.8% in 2009; last month injecting: from 50.3% in 2002 to 37.1% in 2009).
- Needle sharing also declined among users who report injecting in the last 30 days (from 34.8% in 2002 to 29.7% in 2009 for needle sharing in the last 30 days).

Trends in the total number of individuals in treatment (Treatment Questionnaire data)

Over the eight-year period 2002-2009 (Figure 5.11) , the number of "all" individuals in treatment per year increased (3,745 in 2002 versus 7,720 in 2009).

Figure 5.11: Trends in the number of a) all individuals in treatment, b) individuals already in treatment (from previous the year), and c) new treatment admissions (Treatment Questionnaire data)



SOURCE: Greek REITOX Focal Point, 2010

Trends in Opiod Substitution Treatment (OST) (Treatment Questionnaire data)

Between 2008 and 2009, admissions to OST units remain largely unchanged. Compared to 2006 nonetheless, in 2009 there is an increase by 34.1%.

* No data for 2007

Table 5.3: Trends in the characteristics of individuals demanding treatment fro drug related problems (TDI data 2002-2008)

		DATA COLLECTION YEAR							
		2002	2003	2004	2005	2006	2007	2008	2009
	N	*3630*	*3637*	*4269*	*4248*	*4847*	*4786*	*4682*	5501
		%	%	%	%	%	%	%	%
Type of Centre	Outpatient	38.3	44.5	56.0	52.6	54.7	47.5	49.4	54.2
	Inpatient	44.5	43.3	37.5	38.5	38.3	44.8	41.2	38.4
	Low threshold	17.1	12.2	6.5	8.9	7.0	7.7	9.4	7.4
Type of demand	"New" demands	49.8	52.6	51.7	52.8	49.7	47.1	47.7	47.7
	In substitution treatment	13.7	14.7	20.2	14.1	18.3	10.6*	10.1*	15.7
Gender	Male	83.4	83.4	84.0	84.3	84.5	85.2	86.8	85.5
	Female	16.6	16.6	16.0	15.7	15.5	14.8	13.2	14.5
Age	Mean age	28.5	28.2	28.1	28.5	29.0	29.2	29.6	30.5
	Male	28.9	28.6	28.5	28.9	29.3	29.4	29.7	30.9
	Female	26.4	26.0	26.1	26.7	27.8	27.5	28.3	28.2
	15-24 year olds	41.8	42.1	39.0	33.4	27.9	26.0	23.4	20.1
	25-34 year olds	35.2	37.3	41.9	46.3	51.6	54.6	56.8	56.6
	35-64 year olds	23.0	20.7	19.1	20.3	20.5	19.5	19.9	23.3
Referral	Family/friends	42.5	47.8	50.9	51.0	46.1	45.3	46.0	45.4
	Self referred	37.7	32.4	28.3	28.9	32.4	32.4	30.6	32.7
	Other drug treatment centres	7.5	7.8	7.8	8.5	8.6	7.9	8.3	8.2
	Hospital/other medical source	1.7	1.6	1.9	2.3	2.0	2.2	3.5	3.1
	Other (general practitioner, social services, court/probat	10.6	10.4	11.1	9.3	10.9	12.2	11.6	10.6
Living status	With parents	72.3	74.2	73.7	71.5	66.9	66.4	63.3	62.9
	Alone	10.2	8.1	9.2	10.3	11.9	11.0	12.4	13.3
	With partner (alone)	6.2	4.6	4.5	5.5	4.6	4.3	5.9	5.4
	With partner and child(ren)	4.3	5.6	5.0	5.2	6.9	7.0	6.5	6.4
	With friends	1.7	1.9	1.2	1.2	1.5	2.4	2.1	2.2
	Other (alone with child, other)	5.3	5.6	6.4	6.3	8.2	8.9	9.8	9.8
Labour status	Regular employment	19.2	20.0	22.8	24.0	25.0	24.3	24.6	22.3
	Unemployed	62.8	66.7	58.9	59.5	57.6	60.0	61.3	61.3
	Other (pupil/student, economically inactive, other)	18.0	13.3	18.3	16.5	17.4	15.7	14.1	16.4
Educational status	Never	2.3	1.6	1.2	1.6	1.7	1.3	1.7	1.5
	Primary education	25.1	25.3	23.6	22.0	21.9	21.9	22.3	22.4
	Lower secondary education	32.7	33.0	34.8	32.6	31.8	30.7	30.8	29.0
	Higher secondary education	33.9	34.3	35.7	39.1	38.3	38.7	36.8	37.5
	Higher education	6.1	5.9	4.7	4.6	6.2	7.5	8.5	9.6
Primary substance	Opiates	88.8	88.7	88.8	88.2	87.8	86.1	85.3	83.9
	Cocaine	1.3	1.5	2.2	2.5	2.6	3.8	3.9	4.6
	Cannabis	7.3	7.4	7.0	7.4	7.3	8.2	8.7	9.6
	Other	2.6	2.4	2.0	1.9	2.3	1.9	2.1	1.9
	Polydrug users	79.2	76.5	74.7	71.8	69.7	68.2	67.1	68.7
	Age of first use (mean)	20.1	20.4	19.7	19.8	19.9	21.0	20.0	20.2
	Length of use (average)	7.8	8.4	7.5	7.6	7.9	9.8	8.4	8.9
Risk	Ever injectors	80.4	78.3	76.7	73.8	74.3	72.0	70.2	70.8
	Current injectors (% among all TDIs)	50.3	49.7	47.0	43.0	44.6	41.1	38.1	37.1
	Ever sharing (% among all TDIs)	46.3	43.7	15.9	39.5	40.0	37.8	36.1	38.8
	Current sharing (% among all TDIs)	17.1	15.8	15.9	14.1	14.4	13.9	10.3	10.8
	Current sharing (% among current injectors)	34.9	32.7	35.2	33.6	32.7	34.0	27.6	29.7
Onset	Age of first illicit (mean)	15.9	17.2	15.9	16.0	15.9	16.9	16.0	16.3

(*) Data should be read with caution due to the comparatively lower numbers of returned TDI forms from substitution treatment services in 2008 (affecting 2007 rates) and 2009 (affecting 2008 rates), due to the suspension of the operations of the FP in the first 6 months of 2008.

Notes: - Proportions exclude category "unknown" and system missings

- Age group classifications follow the PDU pattern. Cases below 15 and over 64 are excluded from calculations

SOURCE: Greek REITOX Focal Point, 2010

CHAPTER 6: HEALTH CORRELATES AND CONSEQUENCES

6.1. Introduction

6.1.1. Overview and background information

Data on drug-related infectious diseases are collected primarily in the context of the diagnostic testing that takes place in specialized drug treatment services/programs. Medical testing for infectious diseases (HBV, HCV, HIV/AIDS and tuberculosis) is a prerequisite for admission to all drug treatment services/programs in Greece. [ST9-Part 1–1.2.15-19]

No seroprevalence study specifically designed to look at infectious diseases in IDU populations has been conducted in the recent years [ST9-Part 1–1.2.15]

A special data entry form – based on the EMCDDA 2006 DRID draft protocol – is being delivered to a network of data providers consisting of inpatient and outpatient treatment services/programs (both drug-free and substitution), low-threshold services, public laboratories and hospitals. [ST9-Part 1–1.2.12]

The form includes variables about: demographic characteristics, patterns of substance use and other behavioural data (e.g.. injecting and non-injecting equipment sharing or condom use), and the blood test results for the serological markers Anti-HCV and Anti-HCV (RIBA) for HCV, for the serological markers HBsAg, Anti-HBc and Anti-HBs for HBV, for HIV/AIDS, for the Mantoux tuberculin skin test and the chest X-ray, as well as for any other test (in an open-ended question). [ST9-Part 1–1.2.23]

Laboratory tests are performed either by the specialized units within the drug treatment services/programs or through a collaborating network of laboratories in public hospitals and other health services.

Data providers submit on a yearly basis their data to the FP either through individual forms or through aggregated. No checks for double counting can be contacted between individual and aggregated data.

Data on drug-induced deaths are collected and reported to the Greek REITOX Focal Point only by the special registries of the Narcotics Department of the Public Security Division of the Hellenic Police (Special Registries – Selection D). No case data are available from the General Mortality Registry (Selection D). [ST5-2.1.3]

The data are based on the results of forensic autopsies and toxicological analyses carried out in death cases by the competent bodies (University Forensic Medicine and Toxicology Laboratories and Forensic Services of the Ministry of Justice).

The coverage is nationwide. [ST5-2.1.6]

Only acute intoxications are recorded under drug-induced deaths. Deaths indirectly related to drugs are not recorded. [ST5-4.1.15/16]

6.1.2. Definitions

DRID National Network: all agencies across Greece that collect and submit to the FP on a yearly basis (individual or aggregated) data for the Drug-related Infectious Disease Indicator in injectors.

FP Network DATA: individual data collected and processed by the FP directly from most of the members of the DRID national network.

KETHEA DATA: aggregated data reported by the Therapy Centre for Dependent Individuals (KETHEA). These data cannot be further processed by the FP.

18 ANO DATA: aggregated data reported by the Drug Treatment Unit of the Psychiatric Hospital of Attica (18 ANO). These data cannot be further processed by the FP.

«Old» IDUs: IDUs who started injecting drug use more than 2 years ago.

«New» IDUs: IDUs who started injecting drug use in the last 2 years.

6.2. Drug-related infectious diseases

6.2.1. Overview of the 2009 data

The DRID results are presented separately:

- for the individual data collected and processed by the Greek REITOX Focal Point from most of the members of the DRID National Network (hereafter referred to as "FP Network data")
- for the aggregated data reported by the Center for Therapy Centre for Dependent Individuals (KETHEA, hereafter referred to as "KETHEA data") and by the Drug Treatment Unit of the Psychiatric Hospital of Attica (18 ANO, hereafter referred to as "18 ANO data"). Aggregated data cannot be further processed by the Greek REITOX Focal Point.

In 2009, the FP collected data on 1,972 IDU cases tested for infectious diseases. The number of IDUs tested in 2009 at the three different data sources (i.e. FP Network, KETHEA, 18 ANO) is presented in Table 6.1.

Table 6.1: Number of IDUs tested in 2009, by type of testing

	HBV[21]	HCV[22]	HIV/AIDS	TB[23]
FP Network data	976	970	965	536
KETHEA data	837	780	843	677
18 ANO data	153	132	133	133

SOURCE: Greek REITOX Focal Point, 2010.

The overwhelming majority of IDUs who had virological testing performed in 2009 are male (Table 6.2), just like the majority of problem drug users in Greece (see Chapter 5). The proportion of females who underwent test for infectious diseases is larger in the 18ANO sample. The latter dataset, nonetheless, includes data from two special programs for drug dependent women and mothers.

Table 6.2: Percentage (%) of IDUs tested in 2009 in each one of the data sets, by gender and age group

	FP Network	KETHEA	18 ANO
Gender			
Male	87.8	86.5	73.2
Female	12.2	13.5	26.8
Age group			
<25	11.1	17.4	20.3
25-34	54.5	70	60.1
>34	34.4	14.6	19.6

SOURCE: Greek REITOX Focal Point, 2010.

[21] Tested at least for HBsAg
[22] Tested for Anti-HCV/EIA
[23] Chest X-ray

Moreover, young adults ≤34 years of age make up the majority of the samples of KETHEA and 18 ANO (Table 6.2), which is typical of drug-free programs. Compared to previous years, the proportions of IDUs under 25 and over 34 tested for infectious diseases declined, while the proportion of IDUs aged 25-34 increased. This finding is also pointed out by TDI data (see Chapter 5).

6.2.2. HIV/AIDS prevalence and trends

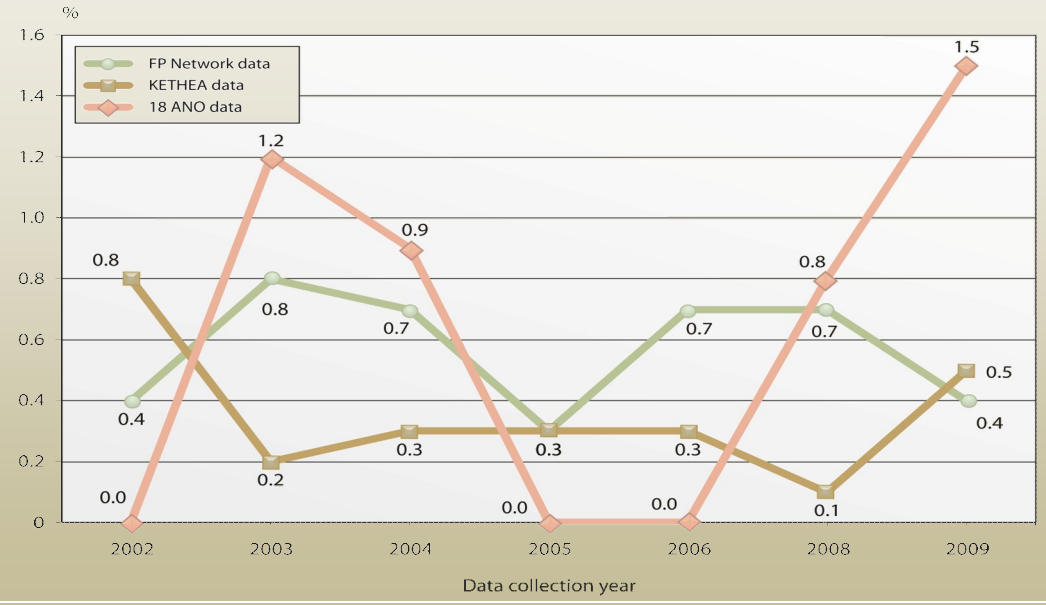
This section presents data on HIV infection rates from two separate sources:

- individual and aggregated data on IDUs who enter treatment and undergo diagnostic test in anyone service/program of the DRID national network, and
- aggregated data from the Hellenic Centre for Disease Control & Prevention case reporting system. The Hellenic Centre for Disease Control & Prevention is part of of the Ministry for Health & Social Solidarity and it is responsible for the epidemiological surveillance of the prevalence and incidence of HIV/AIDS in Greece. Data coverage is high in Greece (estimated at 80%-90%), because antiretroviral therapy is prescribed free of charge. Pursuant to a ministerial decision, case reporting is mandatory, anonymous and confidential.

Diagnostic testing data from the DRID national network of treatment services

HIV prevalence rates in IDUs registered by the DRIDI remains at very low levels for 2009. Based on

Figure 6.1: HIV/AIDS infection rates in IDUs based on DRIDI data for the years 2002-2009



SOURCE: Greek REITOX Focal Point, 2010

the individual and aggregated data reported to the Greek REITOX Focal Point, it ranges between 0.4% and 1.5% (Figure 6.1).

Case reports from the Hellenic Centre for Disease Control & Prevention (HCDCP)

According to HCDCP data, from the beginning of 2009 until 31.10.2009, 462 new HIV-positive cases were reported in Greece, including AIDS cases at first report. Of those (including cases of undetermined transmission group, 44.6%), 10 cases (2.2%) were IDUs, most of them males (HCDCP 2009).

Table 6.3: Total HIV-positive cases reported in Greece by transmission group and gender until 31.10.2009

Transmission group	Men		Women		Total[24]	
	N	%	N	%	N	%
Men who have sex with men	4,511	57.2	–	–	4,511	46
Injecting drug users	258	3.3	71	3.8	329	3.4
Heamophiliacs/coagulation disorder	219	2.8	15	0.8	234	2.4
Transfusion recipients	57	0.7	42	2.2	99	1
Heterosexuals	981	12.4	1,232	65.9	2,220	22.7
Mother to child	30	0.4	26	1.4	57	0.6
Undetermined	1,825	23.2	483	25.8	2,248	24
Total	**7,881**	**100**	**1,869**	**100**	**9,798**	**100**

SOURCE: HCDCP, 2009

Of the total number of HIV-positive cases reported in Greece (9,798) from 1984 to 31.10.2009, 329 (3.4%) are IDUs. Of those, 258 (78.4%) are men and 71 (21.6%) are women (Table 6.3).

Over time, from 1984 to 2009, HIV infection because of intravenous drug use remained at low levels (HCDCP 2009).

6.2.3. HCV prevalence and trends

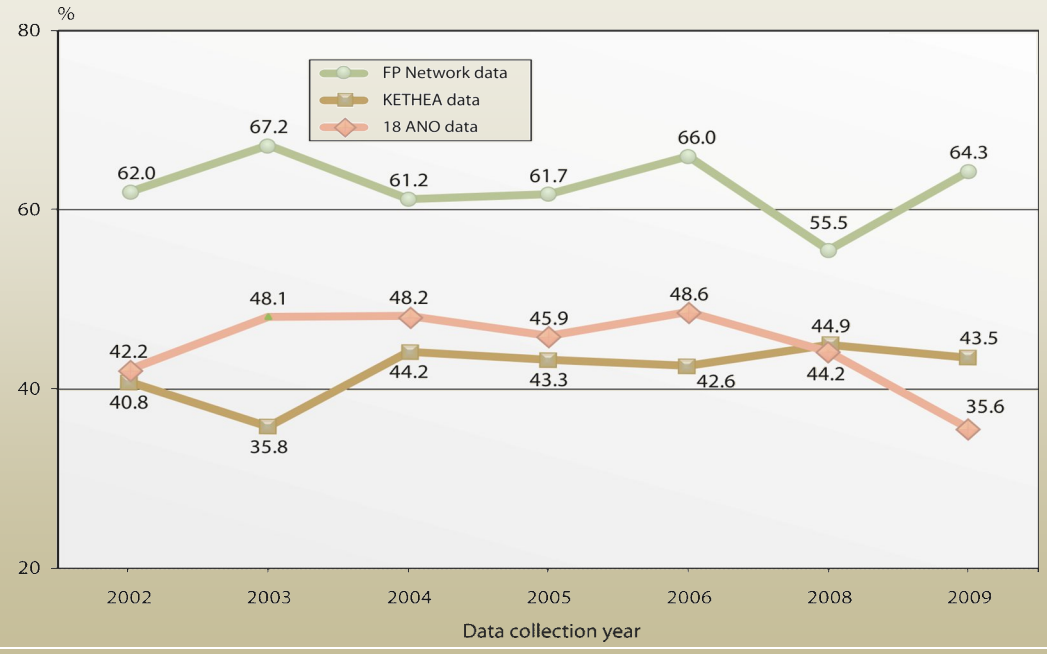
Approximately 2-2.5% of the country's general population is estimated to be chronically infected with HCV (Iatriko Vima 2006; Lionis et al 1997; Gogos et al 2003). The true dimensions of the problem, however, are hard to assess accurately, since most of the patients are asymptomatic and there is no systematic case reporting at the national level. Moreover, HCV dispersion in Greece varies between regions (Velonakis et al 2007). In the section below data on HCV infection are

[24] Including cases of unknown gender

presented based on individual and aggregated data on IDUs who enter treatment and undergo diagnostic test in anyone service/program of the DRID national network.

HCV infection rates in the IDU population tested in 2009 ranged between 35.6% and 64.3%, depending on the data source (FP Network, KETHEA, 18 ANO) and the clients' different profiles. Individuals admitted to drug-free treatment in KETHEA and 18 ANO programs (who tend to be younger in age and with a less severe abuse history) have lower HCV infection rates (43.5% and 35.6%, respectively) (Figure 6.2). HCV infection rates in IDUs tested at the substitution programs of the FP Network were 68%, in clients of the OKANA's Drug Addicts Care Facility 83.1%, and in clients of drug-free programs of the FP Network 51.8%. Notwithstanding the year-on-year variations, HCV infection rates in IDUs in Greece have consistently been high in the period 2002-2009 (Figure 6.2).

Figure 6.2: HCV infection rates (Anti-HCV/EIA) in IDUs (2002-2009)

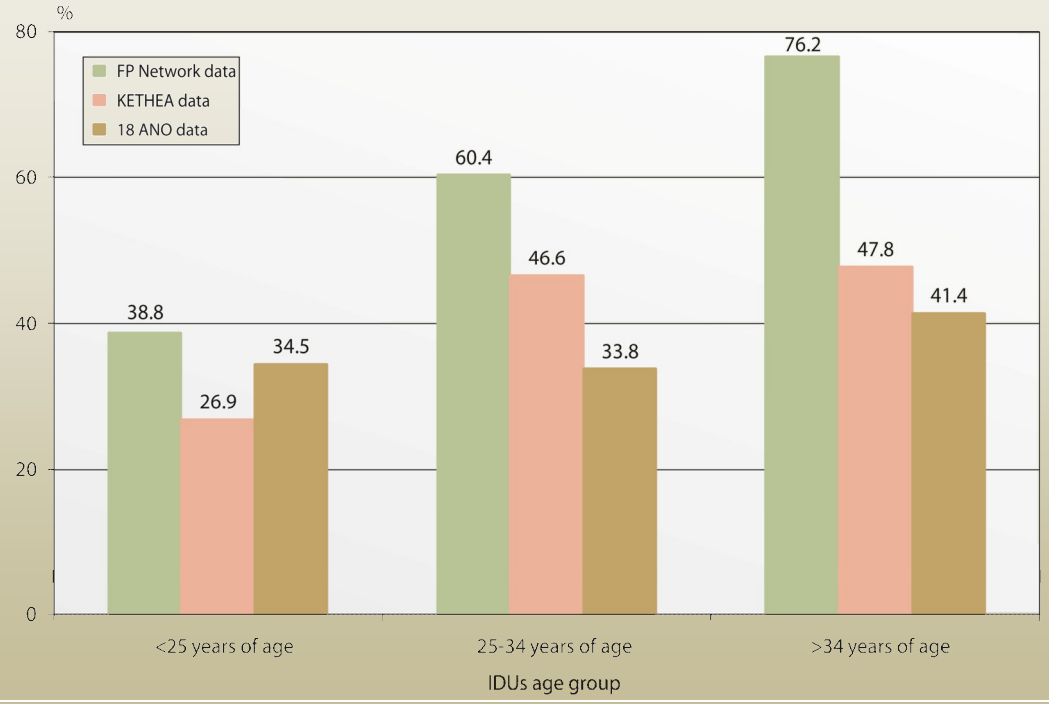


SOURCE: Greek REITOX Focal Point, 2010

HCV prevalence in IDUs aged under 25 and/or in IDUs who started injecting in the last 2 years (new IDUs) can be an indirect indicator of the estimated incidence of the phenomenon. The data for 2009 indicate that HCV infection rates are higher in older IDUs (Figure 6.3).

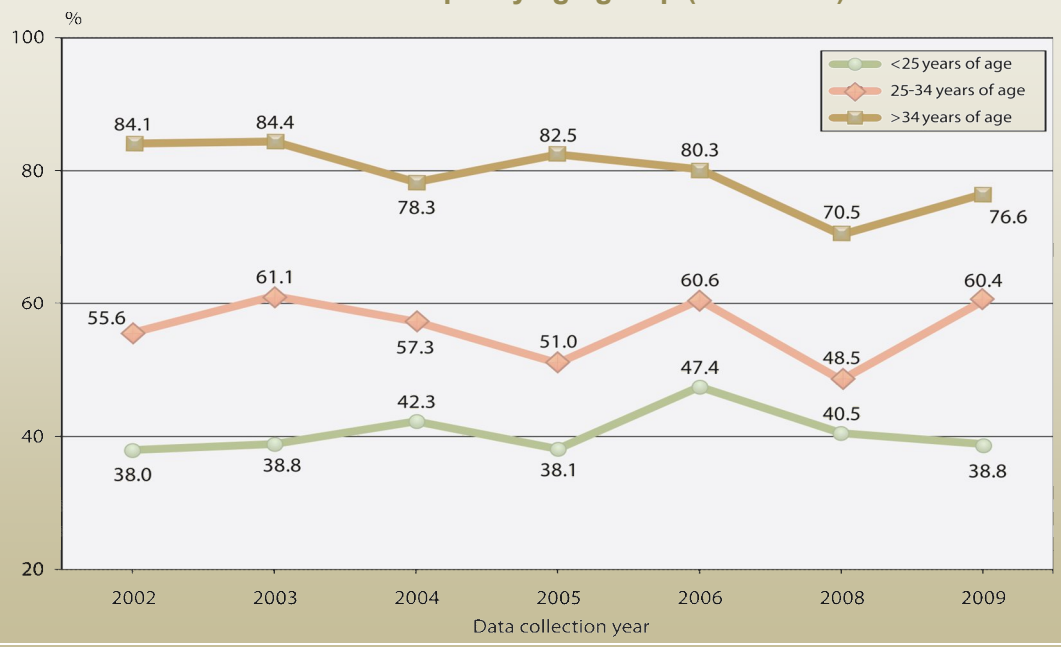
Looking at HCV prevalence over time by age group (based on the FP Network data, which are amenable to further analysis), it becomes clear that HCV infection rates are invariably at comparatively higher levels in older IDUs (>34). Furthermore, in younger IDUs (<25) throughout the period 2002-2009 and notwithstanding the year-on-year variations, HCV infection rates seem to be leveling off (Figure 6.4).

Figure 6.3: HCV infection rates (Anti-HCV/EIA) in IDUs by age group (2009)



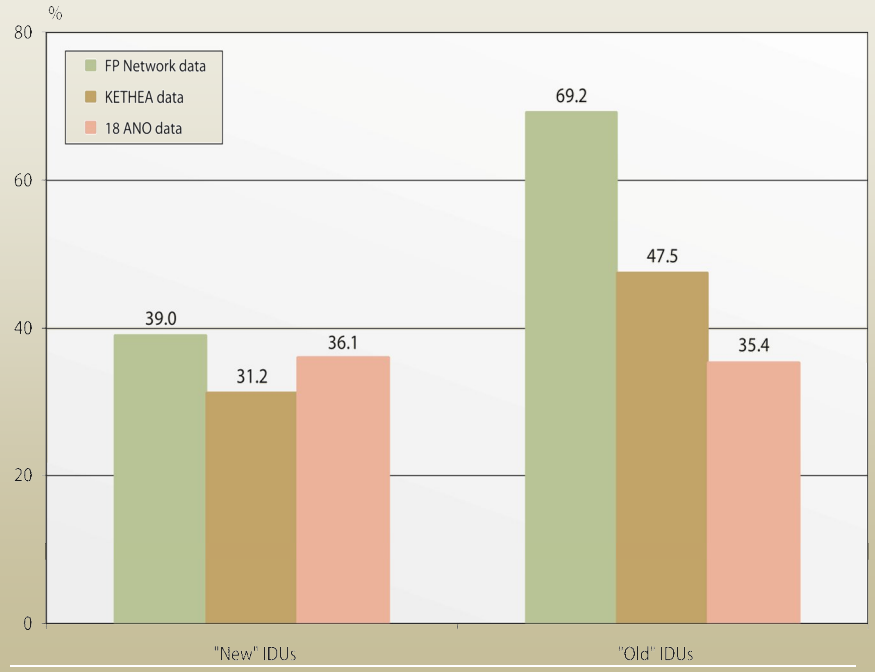
SOURCE: Greek REITOX Focal Point, 2010

Figure 6.4: Time trends in HCV infection rates (Anti-HCV/EIA) in IDUs from the FP network sample by age group (2002-2009)



SOURCE: Greek REITOX Focal Point, 2010

Figure 6.5: HCV infection rates (Anti-HCV/EIA) a) in new IDUs and b) in old IDUs (2009)



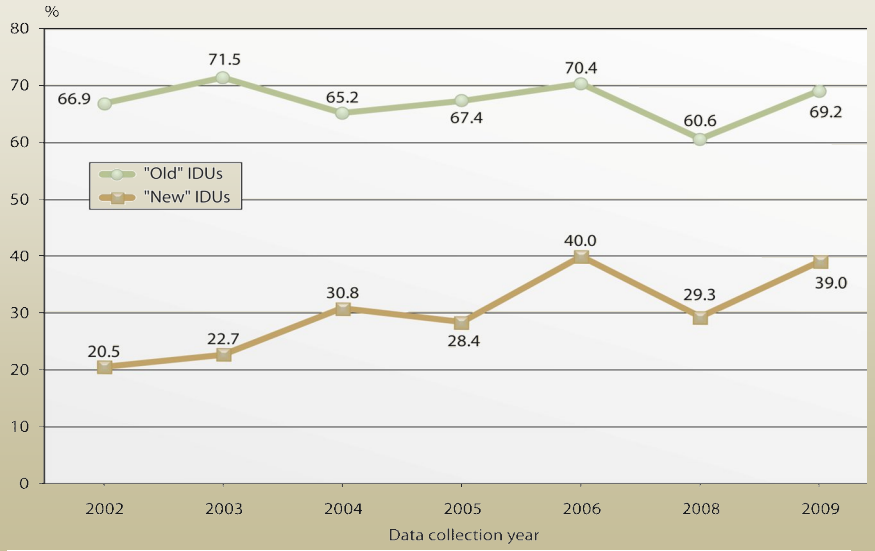
SOURCE: Greek REITOX Focal Point, 2010

Moreover, according to the data for 2009, with the exception of 18 ANO data, HCV infection rates are higher in IDUs who started injecting more than 2 years ago (Figure 6.5).

Similarly, looking at HCV prevalence rates over time (2002-2009) in new and old IDUs from the FP network sample, it becomes clear that HCV infection rates are consistently higher in old IDUs. Among new IDUs, an upward trend is noticed (from 20.5% in 2002 to 39% in 2009) (Figure 6.6.).

HCV infection rates are higher in women than in men, a fact confirmed by international literature (Evans et al 2003, Neaigus et al 2007, Iversen et al 2010, Vescio et al 2008, Lidman et al 2009). According to FP network data for 2009, antibodies to HCV were detected in 74.8% of female IDUs as opposed to 62.9% of male IDUs.

Figure 6.6: Time trends in HCV infection rates (Anti-HCV/EIA) a) new IDUs and b) old IDUs from the FP network sample (2002-2009)

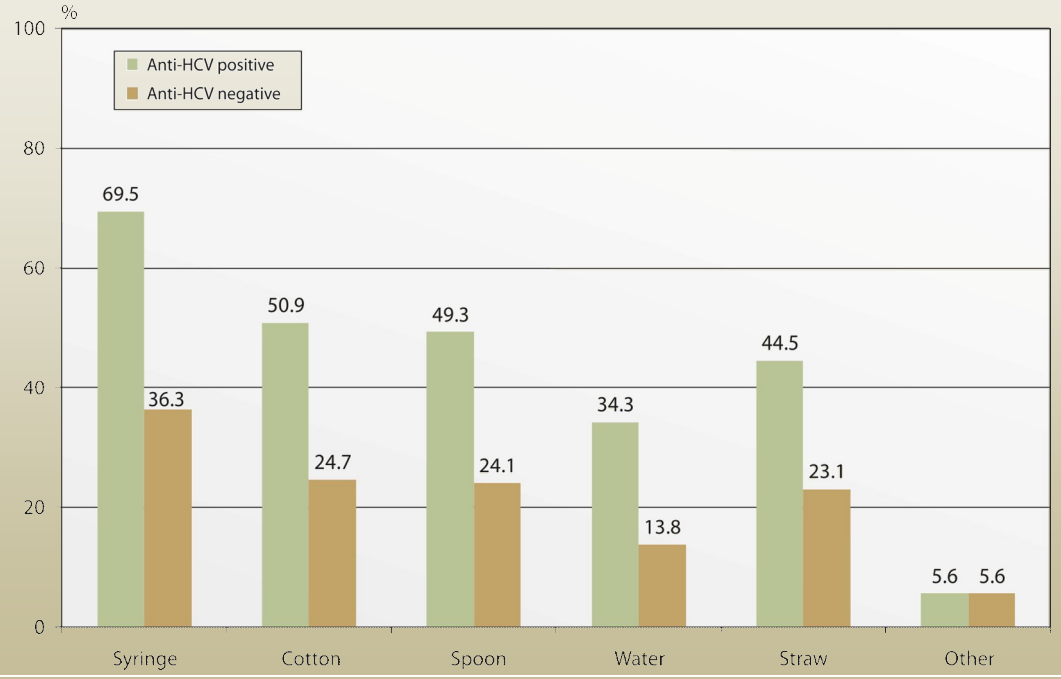


SOURCE: Greek REITOX Focal Point, 2010

Injecting and non-injecting equipment sharing is a risk factor for HCV infection. According to FP network data for 2009, more than one in two IDUs tested for infectious diseases in 2009 (57.2%) report sharing injecting and non-injecting

equipment (syringe, swab, spoon, water, straw, etc.). HCV infection rates are higher in sharers than in non-sharers: 62.2% of the IDUs who reported ever sharing at least one piece of equipment are infected with HCV as opposed to 51.7% of IDUs who reported never having shared equipment. HCV infection rates in sharers and non-sharers from the KETHEA sample are 50.2% and 35%, respectively. In the 18 ANO sample, the respective figures are 44.9% and 17.1%. Conversely, the analysis of FP network data for 2009 on the behaviour of IDUs who reported ever sharing in relation to HCV infection demonstrates that IDUs with antibodies to HCV (anti-HCV/EIA marker) report significantly higher equipment sharing rates compared to IDUs not infected with HCV (Figure 6.7).

Figure 6.7: Equipment sharing in IDUs from the FP network sample a) infected and b) not infected with HCV (anti-HCV/EIA)



SOURCE: Greek REITOX Focal Point, 2010

According to individual data from the FP Network about the IDUs tested for infectious diseases in 2009, nearly one in three IDUs (31.6%) who have a steady partner reported using a condom nearly always in the last 6 months; in case of a casual partner, this figure comes up to 66.1%. Nonetheless, a considerable proportion of IDUs never use a condom either with steady (52.2%) or with casual partners (14.1%). Having sex without a condom is also a risk factor for HCV infection. However, the analysis of individual data from the FP network for 2009 indicates that HCV infection rates in IDUs who reported condom use in the last 6 months "rarely" or "never" (either with a steady or with a casual partner) are not higher than those in IDUs who reported condom use "always" or "often". Specifically, 56% of the IDUs who reported condom use with the steady partner "always" or "often" and 58.7% of the IDUs who reported condom use "rarely" or "never" are infected with HCV (the figures for casual partners are 58.6% and 55.7%, respectively).

6.2.4. HBV prevalence and trends

HBV "carrier" rates in Greece are estimated in the range of 1.9% to 5% (Gogos et al 2003; Zacharakis et al 2009; Lionis et al 1997), although there are geographical areas of high endemicity and population groups (e.g. immigrants) with varying prevalence rates of HBsAg (2.5-12%) (Velonakis et al 2007; Koskinas 2007).

In the section below data on HBV infection are presented based on individual and aggregated data on IDUs who enter treatment and undergo diagnostic test in anyone service/program of the DRID national network.

Based on the 2009 data, HBV infection rates in IDUs (HbsAg marker) ranged between 2.3% and 4.6% (Table 6.4). As shown in Table 6.4, HBV prevalence rates (HBsAg) are higher in men than in women. Moreover, as expected, HBV prevalence rates (HBsAg) are higher in IDUs aged over 34.

Table 6.4: HBV prevalence rates (HBsAg) by gender and age group, based on DRID data (2009)

	FP Network	KETHEA	18 ANO
	N=976	N=837	N=153
	%	%	%
Total	**2.3**	**3**	**4.6**
Gender			
Male	2.3	4.6	5.4
Female	0	1.8	2.4
Age group			
<25	2.3	2.1	6.5
25-34	1.9	2.6	3.3
>34	2.8	5.8	6.7

SOURCE: Greek REITOX Focal Point, 2010.

According to the test results for the serological marker Anti-HBc, 32.5% of the IDUs tested in the FP network sample (n=727), 15.4% in the KETHEA sample (n=358) and 9.2% in the 18 ANO sample (n=153) have an infection history. Based on the FP network data, more than half (62.7%) of the IDUs who have an infection history (Anti-HBc positive) have become immune as a result of infection (HBsAg negative and Anti-HBs positive). Anti-HBc prevalence rates in IDUs of the FP network sample do not vary significantly when it comes to gender, with men at similar rates to women (32.1% and 35.1%, respectively). Moreover, HBV infection history rates increase significantly with age (10.5% in IDUs under 25, 21.3% in IDUs aged 25-34, and 52.5% in IDUs over 34). The prevalence of Anti-HBc antibody is positively correlated with the years of injecting drug use, with IDUs injecting for more

than 2 years having significantly higher infection history rates (36.2%) than IDUs with injecting histories of less than 2 years (11.5%).

According to FP network data, two in every 5 IDUs tested (42.9%) have neither developed the disease nor have they been vaccinated against HBV, i.e. if not vaccinated, they are potential patients. Based on the HBV results for the three serological markers from the FP network data, only one in six IDUs tested (17.9%) has been vaccinated against HBV. Vaccination levels are higher in women (24.2% as opposed to 17.1% in men) and in previously treated IDUs (21.3% as opposed to 14.7% in IDUs admitted to treatment for the first time in their lives). Finally, vaccination levels are higher among drug users who report never having injected (28.2%).

6.2.5. Tuberculosis

In 2009, 49.4% of the 172 IDUs tested in the FP Network sample, 5.9% of the 358 IDUs tested in the KETHEA sample and 4.8% of the 21 IDUs tested in the 18 ANO sample tested positive for the Mantoux test. Positive chest X-ray had 1.7% of the 536 IDUs tested in the FP network sample, 0.2% of the 677 IDUs tested in the KETHEA sample and 0.8% of the 133 cases in total tested at 18 ANO.

6.3. Other drug-related health correlates and consequences

6.3.1. Non-fatal overdoses and drug-related emergencies

No data under this heading are known to the FP to be available.

6.3.2. Other topics of interest

No data under this heading are known to the FP to be available.

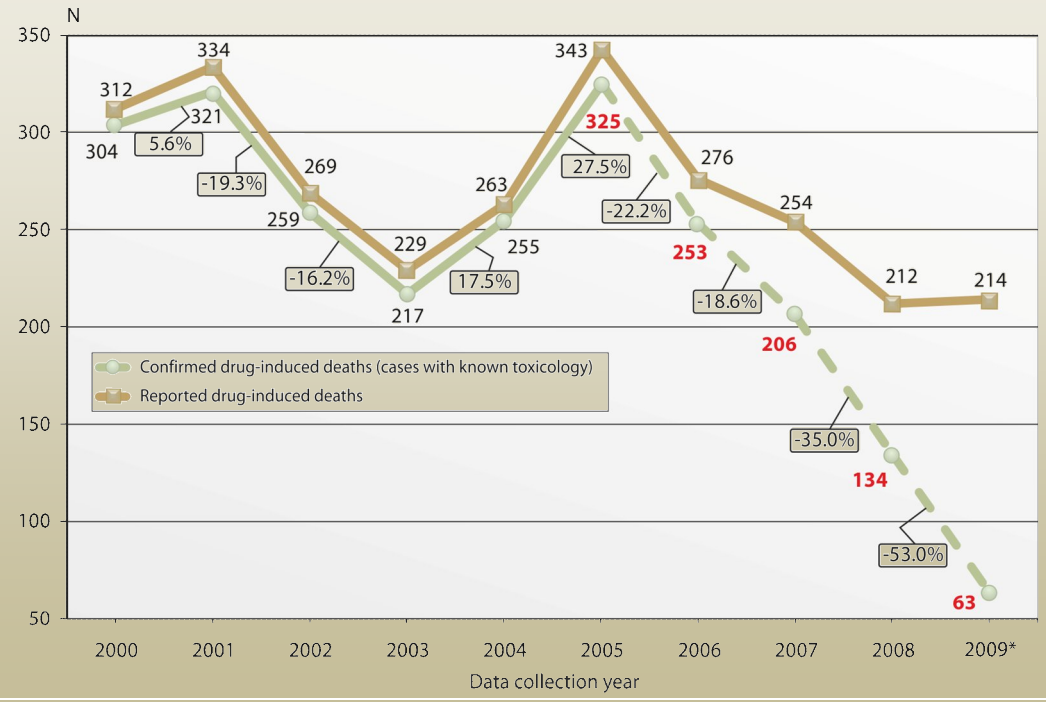
6.4. Drug-related deaths and mortality of drug users

6.4.1. Drug-induced deaths

According to the data reported by the Narcotics Department of the Public Security Division of the Hellenic Police, in the year 2009, 214 drug-induced deaths were reported, of which only 63 (29.4%) were confirmed with the appropriate toxicological analyses by 31.8.2010 (cases with known toxicology). [ST5-2.1.11]

Looking at the number of confirmed drug-induced deaths over time, in 2009 the decreasing trend which began in 2005 appears to be continuing (Figure 6.8),[25] although particularly for the period 2008-2009 the decrease is expected to be considerably smaller once the competent authorities have finalised the confirmation process for the reported death cases. [ST6-1.1.6]

Figure 6.8: Number of reported and confirmed drug-induced deaths (until 31.8.2010) and percentage change of confirmed deaths by year in the period (2000-2009)[25]



SOURCE: Hellenic Police, 2010

[25] Data through 31-8-2010. Under investigation 151 cases in 2009 (70.6%), 69 cases in 2008, 40 cases in 2007, 13 cases in 2006, and 6 death cases in 2005

Table 6.5 presents data on the number and the characteristics of the drug- induced deaths in

Table 6.5: Drug-induced deaths in Greece in the period 2000–2009[26]

	2000		2001		2002		2003		2004		2005		2006		2007		2008		2009	
	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N
Reported deaths		312		334		269		229		263		343		276		254		212		214
Confirmed deaths	97.4	304	96.1	321	96.3	259	94.8	217	97	255	94.8	325	91.7	253	81.1	206	63.2	134	29.4	63
1. Age																				
≤ 20	16.8	51	14.3	46	10.8	28	6	13	5.9	15	4.6	15	2.8	7	2.9	6	5.2	7	3.2	2
21-30	42.8	130	49.2	158	54.1	140	54.4	118	52.1	133	55.1	179	54.9	139	48.1	99	38.8	52	36.5	23
≥ 31	40.5	123	36.4	117	35.1	91	39.6	86	42	107	40.3	131	42.3	107	49.0	101	56.0	75	60.3	38
2. Gender																				
Men	93.8	285	93.5	300	93.4	242	91.7	199	91.8	234	92	299	89.3	226	93.7	193	96.3	129	92.1	58
Women	6.3	19	6.5	21	6.6	17	8.3	18	8.2	21	8	26	10.7	27	6.3	13	3.7	5	7.9	5
3. Nationality																				
Greek	96.1	292	95.6	307	95.4	247	92.2	200	92.9	237	91.1	296	92.5	234	91.7	189	95.5	128	87.3	55
Non-Greek	3.9	12	4.4	14	4.6	12	7.8	17	7.1	18	8.9	29	7.5	19	8.3	17	4.5	6	12.7	8
4. Region																				
Attica	65.8	200	65.7	211	62.2	161	56.7	123	50.2	128	48.3	157	41.9	106	24.8	51	8.2	11	20.6	13
Thessaloniki	16.1	49	16.8	54	19.3	50	18.9	41	22	56	22.5	73	24.5	62	36.4	75	48.5	65	23.8	15
Rest of country	18.1	55	17.4	56	18.5	48	24.4	53	27.8	71	29.2	95	33.6	85	38.8	80	43.3	58	55.6	35
5. Family status																				
Single	95.1	289	92.8	298	93.8	243	94.9	206	96.1	245	96	312	92.1	233	90.3	186	90.3	121	84.1	53
Marrried	3.9	12	4.7	15	4.6	12	4.6	10	3.1	8	3.4	11	5.5	14	7.3	15	8.2	11	14.3	9
Divorced	1	3	2.5	8	1.5	4	0.5	1	0.8	2	0.6	2	2.4	6	2.4	5	1.5	2	1.6	1
6. Educational level																				
Elementary education	36.5	111	33.6	108	42.1	109	12	26	56.9	145	59.1	192	66	167	61.2	126	64.9	87	30.2	19
Secondary education	58.6	178	60.4	194	51.4	133	12.9	28	39.2	100	36.9	120	32.8	83	36.9	76	33.6	45	23.8	15
Higher education	1.3	4	0.6	2	1.2	3	1.4	3	1.6	4	1.2	4	0.4	1	1.4	3	0.0	-	6.3	4
Unknown	3.6	11	5.3	17	5.4	14	73.7	160	2.3	6	2.8	9	0.8	2	0.5	1	0.7	1	39.7	25
Illiterate	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0.0	-	0.7	1	0.0	0
7. Profession																				
Unemployed	76.3	232	80.4	258	86.5	224	84.3	183	78.8	201	82.5	268	83.8	212	84.5	174	82.8	111	69.8	44
Blue-collar workers	9.2	28	3.4	11	4.2	11	4.1	9	5.5	14	7.7	25	5.5	14	7.3	15	6.0	8	4.8	3
Private employees	4.9	15	5.3	17	3.1	8	9.7	21	5.1	13	4.3	14	3.6	9	3.9	8	3.0	4	7.9	5
Musicians	0	-	0	-	0.4	1	0	-	0.4	1	0	-	0	-	0.0	-	0.0	-	0.0	-
Seafarers	0.7	2	0	-	0	-	0.5	1	0	-	0.3	1	0	-	0.0	-	0.7	1	1.6	1
Sex workers	0.3	1	0.3	1	0	-	0.9	2	0	-	0	-	0	-	0.0	-	0.0	-	0.0	-
Civil servants	0	-	0	-	0	-	0	-	0.4	1	0.3	1	0	-	0.0	-	0.0	-	1.6	1
Journalists	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0.0	-	0.0	-	0.0	-
Students	2	6	0.3	1	2.3	6	0.5	1	2	5	0.6	2	0.8	2	0.4	1	0.7	1	0.0	-
Other	6.6	20	10.3	33	3.5	9	0	-	7.8	20	4.3	14	6.3	16	3.9	8	6.7	9	14.3	9
8. Drugs																				
Heroin/morphine	98.7	300	99.1	318	98.8	256	95	206	98.8	252	98.2	319	97.6	247	96.6	199	97.0	130	95.2	60
Cocaine	0.3	1	0.6	2	0.8	2	0.9	2	0	-	0.9	3	0.4	1	1.0	2	0.0	-	9.5	6
Cannabis/alcohol	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0.0	-	0.0	-	0.0	-
Other psychotropic drugs	1	3	0.3	1	0.4	1	4.1	9	1.2	3	0.9	3	2	5	2.4	5	3.0	4	42.9	27

SOURCE: Hellenic Police, 2010

[26] *Data through 31-8-2010. Under investigation 151 cases in 2009, 69 cases in 2008, 40 cases in 2007, 13 cases in 2006, and 6 death cases in 2005

** As from 2009, values do not add up to 100% as more that one substance was detected in almost half of the drug-induced deaths.

*** Category "other psychotropic substances" refers the majority of cases to the use of benzodiazepines

Greece in the period 2000-2009. Given that the confirmation of 70.6% of the reported death cases in 2009 is still pending, no valid commentary of the data can be made. [ST6-1.1.6/7/9 and ST6-1.2.2]

6.4.2. Mortality and causes of deaths among drug users (mortality cohort studies)

The FP knows of no mortality cohort study to be conducted involving drug users.

6.4.3. Specific causes of mortality indirectly related to drug use

Only acute intoxications are recorded under drug-related deaths, i.e. deaths indirectly related to drugs are not recorded.

CHAPTER 7: RESPONSES TO HEALTH CORRELATES AND CONSEQUENCES

7.1. Introduction

The drug dependent users' health problems are addressed by dependence treatment programmes and by low threshold / harm reduction services providing assistance to active drug users.

The interventions implemented by low threshold and harm reduction services mostly focus on overdose and infectious disease prevention, and on management of health problems. Such services, however, are available only in the regions of Attica and Thessaloniki and there is no coverage for the rest of Greece.

The data presented in this Chapter reflect the activities of low threshold / harm reduction services and are mostly derived from the Harm Reduction Questionnaire of the Greek REITOX Focal Point.

Active drug users: out-of-treatment drug users.

Low threshold services aim at reaching and assisting out-of-treatment drug users. Such users can be reached through special streetwork programmes, i.e. in places frequented by users and dealers, as well as through open door services, which place no conditions for admitting and serving users (see OKANA website – www.okana.gr).

Harm reduction interventions aim at mitigating the more **direct** consequences of drug use by means of "realistic" and low threshold programmes (Cheung YW 2000).

7.2. Prevention of drug related emergncies and reduction of drug related deaths

The activities for the prevention of overdose cases implemented by low threshold / harm reduction services are described below:

7.2.1. User information and training

Information. Printed information material (leaflets) about drug-related sudden deaths and emergencies are distributed by the following low threshold / harm reduction services:

- Drug Addicts Care Facility (OKANA)
- Direct Aid and Support Unit (MABY) (OKANA)
- EXELIXIS Streetwork Programme (KETHEA)
- STREETS OF ATHENS Programme (Medecins du Monde NGO)

Moreover, EXELIXIS Streetwork Programme (KETHEA) distributes relevant information material to users' families or friends, to the social services of the municipalities of Western Attica and to KETHEA therapeutic communities.

The number of leaflets distributed to drug users in 2009 by two low threshold / harm reduction services, i.e. the Drug Addicts Care Facility (OKANA) and EXELIXIS Streetwork Programme (KETHEA), comes up to 5,964 –a significant increase compared to 2008 (2,557 leaflets).

Training. The following programmes deliver individual and group training to drug users in overdose risk prevention and management:

- MABY (OKANA)
- Drug Addicts Care Facility (OKANA)
- EXELIXIS Streetwork Programme (KETHEA)
- Development, Social Support and Medical Cooperation Projects (PRAKSIS NGO)

In 2009, 1,020 drug users received training in emergency and death prevention –a significant increase compared to 2008 (643 users).

In the reporting year, a total of 17 trainers (psychologists, social workers, sociologists, sociotherapists, and medical doctors) were involved in individual and group training sessions.

Medical doctors from the STREETS OF ATHENS programme (Medecins du Monde) also participate in such training sessions on a case-by-case basis.

7.2.2. Mobile Unit of Pre-hospital Medicine

The OKANA Mobile Unit of Pre-Hospital Medicine (KIM) in 2009 responded to 2,531 calls for intervention from the National Centre of Instant Medical Aid (EKAV), in the region of Athens, of which 1,597, i.e. more than half (63%), involved dependent drug users.

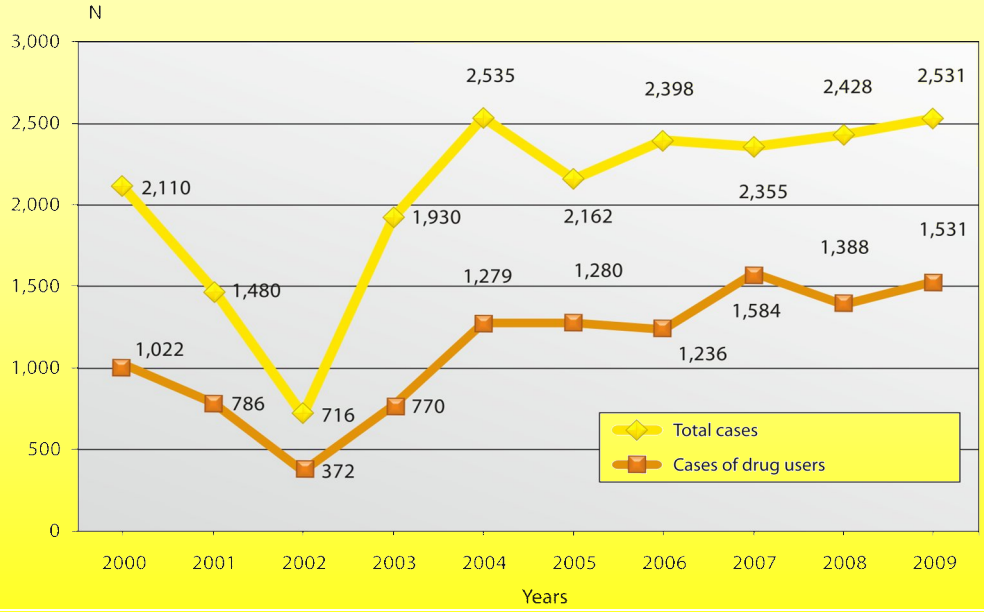
The main causes of the emergencies were: a) overdose, b) symptoms exclusively related to the use of psychoactive substances and c) withdrawal syndrome.

The relevant data for the period 2000-2009 are presented in Figure 7.1.

According to the data, the total number of cases served by KIM remained largely unchanged in the last three years (2007 – 2009), although there was a marginal increase in the number of cases involving dependent drug users in the years 2008-2009 (Figure 7.1).

Moreover, the staff of EXELIXIS Streetwork Programme (KETHEA) call EKAV in emergency cases and accompany users to the hospital.

Figure 7.1: Cases served by the Mobile Unit of Pre-Hospital Medicine in the years 2000-2009



SOURCE: Greek REITOX Focal Point 2010 (DATA: OKANA 2000-2009)

7.3. Prevention of drug-related infectious diseases

Low threshold / harm reduction services implement various types of interventions designed to prevent the spread of infectious diseases, such as information and training in safer drug use practices, needle exchange / distribution programmes, drug user screening or referral for screening for infectious diseases, etc.

The activities implemented by low threshold / harm reduction services in the area of infectious disease prevention are described below:

7.3.1. User information and training

Information. Printed information material on the prevention of infectious diseases is distributed by the low threshold / harm reduction programmes run by a) OKANA (Drug Addicts Care Facility, MABY), b) KETHEA (EXELIXIS Streetwork Programme), c) Medecins du Monde (STREETS OF ATHENS

Programme) and d) the ATHENA – HYGEIA Prevention Centres of the City of Athens (Streetwork Programme).

A total of 5,282 leaflets on the prevention of infectious diseases were distributed to drug users in 2009 by the Drug Addicts Care Facility (OKANA), NOSTOS Low Threshold Counselling Unit (KETHEA), EXELIXIS Streetwork Programme (KETHEA) and the streetwork programme of the ATHENA – HYGEIA Prevention Centres of the City of Athens. Compared to 2008, the number of leaflets distributed in 2009 (5,282) is significantly smaller (2008: 8,957).

Information about the prevention of infectious diseases is also provided through the helplines 1031 (OKANA) and 1145 (KETHEA).

Training. The Development, Social Support and Medical Cooperation Projects run by PRAKSIS NGO provide training in the context of the health education courses delivered at the counselling centres of KETHEA therapeutic programmes in Thessaloniki and Athens. Topics covered include HIV/AIDS, viral hepatites and STDs.

Practical advice and training on safer use or safer injecting is provided by the following low threshold / harm reduction programmes: a) EXELIXIS Streetwork Programme (KETHEA), b) MABY and Drug Addicts Care Facility (OKANA), c) STREETS OF ATHENS Programme (Medecins du Monde) and d) Development, Social Support and Medical Cooperation Projects (PRAKSIS NGO).

Individual counselling on the risks associated with infectious diseases is provided to drug users by almost every low threshold / harm reduction service.

7.3.2. Needle Exchange / Distribution Programmes and / or Condom Distribution Programme

Needle exchange / distribution programmes

Needle exchange / distribution programmes are implemented by the following low threshold / harm reduction services:

- MABY (OKANA)
- Drug Addicts Care Facility (OKANA)
- STREETS OF ATHENS Programme (Medecins du Monde)

In 2009, 55,483 needles were exchanged by MABY and "Streets of Athens" and 13,096 were distributed by the Drug Addicts Care Facility. The total number of needles exchanged or distributed in the reporting year comes up to 68,579 (Table 7.1) (see also ST 10).

Table 7.1: Number of needles exchanged / distributed in 2008 and 2009

	2008	2009
Number of needles exchanged	41,069	55,483
Number of needles distributed	14,040	13,096
Total	**55,109**	**68,579**

SOURCE: Greek REITOX Focal Point 2010 (DATA: OKANA, MEDECINS DU MONDE)

The data suggest a significant increase in the number of needles exchanged in 2009 compared to 2008 (Table 7.1). According to a member of the nursing staff of MABY needle exchange service (OKANA), which exchanged 87.4% of the total needles, the increase is accounted for by the fact that "more foreign drug users were served in the reporting year (2009) compared to last year (2008)".

On the other hand, there was a drop in the number of needles distributed in the reporting year (2009) compared to the previous year (2008) by the Drug Addicts Care Facility (OKANA) (Table 7.1). According to the head of the facility, this reflects "the smaller number of needles distributed in 2009 by our streetwork programme because of the smaller number of drug users in public drug scenes due to strong police presence".

Training: At the Drug Addicts Care Facility (OKANA), current or former users are involved in training other users in the prevention of infectious diseases. Moreover, the health promotion training courses delivered by the Facility to social workers working for public hospitals include needle exchange / distribution among the topics.

Condom distribution programmes

The low threshold / harm reduction services run by OKANA (MABY, Drug Addicts Care Facility), KETHEA (EXELIXIS Streetwork Programme, NOSTOS Low Threshold Counselling Unit), Medecins du Monde (STREETS OF ATHENS Programme) and the ATHENA – HYGEIA Prevention Centres of the City of Athens, distribute condoms to drug users within the framework of their streetwork or needle exchange / distribution programmes.

Furthermore, RRAKSIS NGO distributes condoms to socially excluded groups, including problem drug users.

Table 7.2: Number of condoms distributed to drug users (2006, 2008-2009)

	2006	2008	2009
Number of condoms	11,278	17,929	18,703

SOURCE: Greek REITOX Focal Point 2010 (DATA: OKANA, KETHEA, ATHENA – HYGEIA Prevention Centres)

The available data (OKANA, KETHEA, ATHENA – HYGEIA Prevention Centres) indicate an increase in the number of condoms distributed to drug users in 2009 compared to 2008 and 2006 (Table 7.2).

7.3.3. Streetwork programmes

The activities of streetwork programmes focus on reducing drug-related harm and on motivating drug users for treatment.

There are 6 streetwork programmes, run by KETHEA (EXELIXIS streetwork programme, NOSTOS Low Threshold Counselling Unit), OKANA (Drug Addicts Care Facility), Medecins du Monde, the Self-help Promotion Programme and the ATHENA – HYGEIA Prevention Centres of the City of Athens.

Four of the programmes are active in downtown Athens, one in Piraeus and one in Thessaloniki. In 2009 the streetwork programme in Thessaloniki suspended its activities due to lack of funding.

The available quantitative data about the activities of the streetwork programmes are presented in Table 7.3.

Table 7.3: Data about streetwork programmes in 2009

Number of contacts = 9,379 ▪ Drug Addicts Care Facility ▪ EXELIXIS streetwork programme ▪ Medecins du Monde
Number of users = 1,085 ▪ NOSTOS Low Threshold Counselling Unit ▪ ATHENA – HYGEIA Prevention Centres
Number of campaigns = 262 ▪ Drug Addicts Care Facility ▪ NOSTOS Low Threshold Counselling Unit ▪ ATHENA – HYGEIA Prevention Centres
Number of injection kits = 9,661 ▪ Drug Addicts Care Facility ▪ Medecins du Monde

SOURCE: Greek REITOX Focal Point 2010 (DATA: OKANA, KETHEA, MEDECINS DU MONDE, ATHENA – HYGEIA PREVENTION CENTRES)

The STREETS OF ATHENS Programme (Medecins du Monde) only ran for 8 months in 2009 (1-8/2009) due to administrative problems and because the drug scenes moved to other parts of Athens due to strict policing measures.

The Outreach Programme of the Self-Help Promotion Programme (OKANA and Aristotle University of Thessaloniki) was not implemented in 2009 due to lack of funding.

Moreover, in 2009, the streetwork programme of the Drug Addicts Care Facility (OKANA) continued to cooperate with the streetwork programme of ATHENA – HYGEIA Prevention Centres of the City of Athens in implementing interventions in new user populations (e.g. young cannabis users) and in new heroin scenes. The joint actions included: a) distribution of printed information material about the services available to drug users, prevention of the spread of infectious diseases and safer use practices, b) on-the-spot counselling and referral to low threshold or other health care services and c) distribution of injection kits.

The Drug Addicts Care Facility (OKANA) continues its peer training programme for outreach work.

7.3.4. Screening tests for infectious diseases

OKANA Direct Aid and Support Unit (MABY) is the only low threshold service running a microbiological laboratory that offers specifically to active, recovering and former drug users the opportunity of having screening tests performed for HAV, HBV, HCV and HIV/AIDS.

Moreover, the STREETS OF ATHENS streetwork programme (Medecins du Monde) takes blood samples from active drug users to have it tested for HBV, HCV and HIV/AIDS, albeit at a smaller scale than MABY. The blood is analysed at Henry Dunant Hospital. This service underfunctioned in the reporting year because of staff shortages.

In total, in 2009, 10,715 tests were performed for HAV, HBV, HCV and HIV/AIDS – more than in 2008 (9,740).

The number of tests and the number of individuals screened at the microbiological laboratory of MABY (OKANA) for the years 2008 and 2009 are presented in detail in Table 7.4.

Approximately one fourth of the individuals screened at the microbiological laboratory in 2009 were active drug users (active drug users: HAV 27.5%, HBV 26.7%, HCV 27.5%, HIV/AIDS 25.3%) (Table 7.4).

Table 7.4: Data about HAV, HBV, HCV and HIV/AIDS tests performed at the MABY microbiological laboratory in the years 2008-2009[27]

	HAV		HBV		HCV		HIV/AIDS	
	2008	2009	2008	2009	2008	2009	2008	2009
Total number of tests	1,523	1,661	4,574	5,510	1,517	1,668	1,670	1,830
Number of tests for active users	–	453	–	1,364	–	456	–	454
Total number of individuals	1,516	1,575	1,506	1,619	1,506	1,580	1,636	1,717
Number of active users	–	433	–	433	–	434	–	434

SOURCE: Greek REITOX Focal Point 2010 (DATA:)

Referrals for tests

In the reporting year, EXELIXIS streetwork programme (KETHEA) and the Self-help Promotion Programme (AUTh, OKANA) made referrals for hepatitis, HIV/AIDS and Mantoux tests to public hospitals and to MABY.

The number of drug users referred for screening by the aforementioned programmes in 2009 comes up to 281– 52.7% increase compared to 2008 (184 users).

Moreover, PRAKSIS NGO refers individuals, including drug users, for hepatitis and HIV/AIDS tests to the special services of general hospitals.

7.3.5. Vaccination

MABY (OKANA) is the leading provider of this specialised service to dependent drug users among all of the low threshold/harm reduction services. Vaccinations are also performed in the Diagnostic Centre of EXELIXIS (KETHEA).

In 2009, a total of 100 clients were vaccinated against HAV and 190 against HBV. In 2008, the number of clients vaccinated by these services was slightly higher (HAV123, HBV197).

Table 7.5 shows the number of individuals vaccinated against hepatitis at MABY in 2008 and in 2009.

[27] Data on tests for active users is available only for the year 2009

Table 7.5: Number of individuals vaccinated at MABY (OKANA) against HAV and HBV (2008, 2009)

HAV		HBV	
2008	2009	2008	2009
123	87	194	174

SOURCE: Greek REITOX Focal Point 2010 (DATA: OKANA)

7.4. Responses to other health correlates among drug users

7.4.1. Somatic co-morbidity

The specialised medical services of MABY (OKANA), of EXELIXIS (KETHEA) and to a smaller extent those of the STREETS OF ATHENS Programme (Medecins du Monde) try to motivate active users so as for them to take care of their physical health.

Pathological problems are treated by MABY (OKANA), EXELIXIS (KETHEA) and STREETS OF ATHENS Programme (Medecins du Monde), and dental services are provided by the respective programmes run by OKANA and KETHEA. Moreover, full blood screening is available at MABY (OKANA) (2009: 2,215 clients).

The most common pathological problems treated by the medical services of the aforementioned programmes include various infections (skin or respiratory infections, abscesses), infected wounds, thrombophlebitis, overdose, withdrawal syndrome, gastroenterological and neurological disorders and liver diseases (most notably chronic HCV infection).

The available quantitative data about pathological and dental cases for the years 2008 and 2009 are presented in Table 7.6.

Table 7.6: Data about pathological and dental cases from low threshold / harm reduction services (2008-2009)

Pathological cases				Dental cases			
Visits		Clients		Visits		Clients	
2008	2009	2008	2009	2008	2009	2008	2009
4,889	5,655	3,080[28]	4,022[29]	1,088	1,388	728	839

SOURCE: Greek REITOX Focal Point 2010 (DATA: OKANA, KETHEA, MEDECINS DU MONDE)

[28] No data reported on the number of clients by KETHEA
[29] No data reported on the number of clients by Medecins du Monde

Compared to 2008, in 2009 there was an increase in the number of visits and the number of drug users who sought treatment for pathological and dental problems from the medical services of low threshold / harm reduction programmes (Table 7.6).

Furthermore, the Self-help Promotion Programme (AUTh, OKANA) in Thessaloniki referred 21 users with dental problems and 25 users with pathological problems to local general hospitals.

In 2009, the medical services of PRAKSIS NGO also received 857 visits by patients with pathological problems, including drug users, 146 visits for dental problems and 194 visits of female patients for gynecological and obstetric services.

7.4.2. Psychiatric co-morbidity

In Greece there are two dependence treatment programmes specialised in psychiatric co-morbidity, the Dual Diagnosis Programme of 18 ANO Dependence Treatment Unit (Attica Psychiatric Hospital) and the Dual Diagnosis Unit of IANOS Rehabilitation Department for Dependent Individuals (Thessaloniki Psychiatric Hospital). Moreover, drug users with psychiatric co-morbidity are admitted to several drug treatment programmes.

Treatment data for 2009

Quantitative data from the Dual Diagnosis Unit of IANOS Rehabilitation Department for Dependent Individuals (Thessaloniki Psychiatric Hospital) for the period 2005-2009 are presented below (Table 7.7).

Table 7.7: Admissions to the Dual Diagnosis Unit for the years 2005-2009

	2005	2006	2007	2008	2009
Total admisions	49	30	42	65	72
Gender					
Males	35	-	38	58	62
Females	14	-	4	7	10

SOURCE: Greek REITOX Focal Point 2010 (DATA: IANOS Rehabilitation Department for Dependent Individuals)

In the reporting year, there are more admissions than in previous years (Table 7.7). 80.5% (N=58 clients) of the admissions in 2009 were new admissions. Fifty-five (55) of the 72 clients who attended the programme in the reporting year were self-referrals and 17 were referrals from other treatment programmes. Twenty-six (26) of the 72 clients attended the programme regularly, and 46 attended occasionally or dropped out. All of the clients engaged in polydrug use, their primary drug

being heroin and secondary drugs benzodiazepines, cannabis, alcohol, Parkinson's drugs and cocaine. Their most common psychiatric problems were psychosis (schizoid or other) and personality, depressive or bipolar disorders.

The EXELIXIS Diagnostic Centre (KETHEA) offers comorbid users who attend a KETHEA programme the opportunity for a psychiatric assessment and also follows up certain cases.

Quantitative data for the period 2007-2009 are presented below (Table 7.8).

Table 7.8: Number of individuals and number of visits for psychiatric assessment in the years 2007-2009 at the EXELIXIS Diagnostic Centre

	2007	2008	2009
Individuals	124	533	429
Visits	165	822	1,449

SOURCE: Greek REITOX Focal Point 2010 (DATA: KETHEA)

The above data suggest that, although the number of individuals who consulted the Diagnostic Centre in 2009 is smaller than in 2008, there is a significant increase in the number of visits in the reporting year, due to the fact that in 2009, besides offering psychiatric assessment, the Diagnostic Centre also followed up certain cases. As to the psychiatric disorders of the Diagnostic Centre clients, the most frequent diagnosis was depressive disorders associated with drug use or withdrawal.

Moreover, the Self-help Promotion Programme (AUTh, OKANA) admits and supports problem drug users with mental problems (Activity Report 2010, Self-help Promotion Programme).

In addition to the aforementioned specialised programmes or services, users with psychiatric comorbidity were admitted in 2009 to 39 (59.1%) of the 66 structures offering main dependence treatment services in Greece (24 drug free programmes, of which 10 for adolescents, and 15 substitution programmes).

In the above programmes, dependent users with a diagnosed psychiatric disorder enter treatment under the exact same terms and conditions as the rest of the users, i.e. they receive no tailored treatment.

In 2009, **tailored services** to meet the special needs of drug users with psychiatric disorders were provided by 21 treatment programmes (31.8% of the total), 14 drug-free and 7 substitution ones (Table 7.9).

The number of treatment programmes offering tailored services to meet the needs of users with psychiatric comorbidity increased in 2009 compared to 2006 or 2008 (Table 7.9).

Table 7.9: Treatment programmes offering tailored services to users with psychiatric comorbidity (2006, 2008, 2009)

	2006	2008	2009
Number of treatment programmes offering services tailored to psychiatric co-morbidity	15	13	21
Number of Total treatment programmes	49	59	66

SOURCE: Greek REITOX Focal Point 2010

50.9% of all programmes (those offering tailored services and the rest) assess the clients' mental status with psychiatric assessment tools. This figure is slightly smaller than in 2008 (51.1%) and higher than in 2006 (32%).

In 2009, 16.4% (N= 7,630) of all clients in main treatment had a diagnosed psychiatric problem. The respective figure in treatment programmes that admit users with co-morbidity or offer tailored services was 13.4% (N= 6,951).

7.5. The contribution of former drug users to the activities of law threshold / harm reduction programmes

In 2009, the number of former drug users who worked for low threshold / harm reduction programmes (Drug Addicts Care Facility and MABY (OKANA), EXELIXIS streetwork programme (KETHEA) and Self-help Promotion Programme (AUTh and OKANA) as full-time salaried staff remained the same (13) as last year (2008).

7.6. Building and material infrastructure available to low threshold / harm reduction programmes/units

As shown in Table 7.10, most of the respondents are "moderately satisfied" with the building and material infrastructure available to low threshold / harm reduction services. The same level of satisfaction was reported last year (see 2009 Annual Report of the Greek REITOX Focal Point, Table 7.9, p. 108). This also applies to the needs reported, which mainly revolve around a) securing appropriate premises through remodelling and extending the existing ones, b) retrofitting premises to make them more disabled-friendly, c) developing information webpages and d) creating new

mobile information and first aid units (see 2009 Annual Report of the Greek REITOX Focal Point, p.108).

Table 7.10: Satisfaction level with the building and material infrastructure available to low threshold / harm reduction services

	Building infrastructure			Material infrastructure		
	High	Moderate	Low	High	Moderate	Low
MABY (OKANA)		✓			✓	
Drug Addicts Care Facility (OKANA)			✓		✓	
EXELIXIS Diagnostic Centre (KETHEA)			✓			✓
EXELIXIS Programme OFF CLUB (KETHEA)	✓			✓		
EXELIXIS streetwork programme (KETHEA)					✓	
NOSTOS Low Threshold Counselling Unit (KETHEA)		✓		✓		
Self-help Promotion Programme (AUTh-OKANA)		✓			✓	
STREETS OF ATHENS (Medecins du Monde)					✓	
PRAKSIS NGO		✓			✓	

SOURCE: Greek REITOX Focal Point 2010 (DATA: OKANA, KETHEA, SELF-HELP PROMOTION PROGRAMME - AUTh, OKANA, MEDECINS DU MONDE, PRAKSIS NGO 2009)

7.7. Information and training of health proffesionals

Information to health professionals on drug abuse was provided by the following low threshold / harm reduction programmes in 2009:

- Drug Addicts Care Facility (OKANA)
- EXELIXIS streetwork programme (KETHEA)
- NOSTOS Low Threshold Counselling Unit (KETHEA)
- Self-help Promotion Programme (AUTh, OKANA)

In the reporting year, information was provided to a total of 225 professionals: a) social workers, psychologists and nurses working for hospitals, prisons, NGOs and municipal social services in Attica, and b) graduate and postgraduate students at university departments of psychology, sociology and social work.

Moreover, NOSTOS Low Threshold Counselling Unit (KETHEA) in Piraeus distributed printed information material to 450 local pharmacies.

Training: In 2009, the Self-help Promotion Programme (AUTh, OKANA) and EXELIXIS streetwork programme (KETHEA) delivered training in drug use related issues to 65 health professionals (psychologists, medical doctors, social workers, sociologists, nurses).

7.8. Conclusions

In the reporting year, low threshold / harm reduction services appear to have attracted more clients than they did last year (2008). In fact, more drug users received information and training in overdose prevention, exchanged used syringes, were screened (for hepatites and HIV/AIDS) and were treated for pathological and dental problems at low threshold specialized services in 2009 compared to 2008.

More clients with psychiatric co-morbitity contacted the specialized treatment services in 2009 than in the past two years (2007, 2008) and more treatment programmes provided services tailored to meet the needs of users with psychiatric co-morbidity in the reporting year compared to 2006 or 2008.

Professionals working for most of the low threshold / harm reduction services continue to voice the need for further improvement of the building and material infrastructure, just like they did last year.

CHAPTER 8: SOCIAL CORRELATES AND SOCIAL REINTEGRATION

8.1. Introduction

8.1.1. Definitions

The accompanying support services include information and mobilization for training, career guidance, psychological support to improve self-confidence and social skills for communication and transactions with public services, employers and the workplace at large.

Premature discharge refers to expulsion from the programme owing to breach of rules.

8.1.2. Data collection

Data on social reintegration centers in the country mostly derives from the monitoring system of the Greek REITOX Focal Point. The Focal Point has been using the "Social Reintegration Questionnaire" so as to collect information from the Social Reintegration Centers. It also collects information from other organizations, such as OAED.

8.2. Social exclusion and drug use

8.2.1. Drug use among socially excluded groups

In 2009 unemployed users comprise 61.3% of all users who approached drug services. 7.1% of all users approaching treatment services were homeless users at the reporting year. 6.2% of users approaching various therapeutic services in 2009 have foreign nationality.

8.3. Social reintegration

8.3.1. Overview

Social reintegration interventions can be divided into three main types: housing, education (including training) and employment. They may also employ measures like counselling or recreational activities. In many European countries, social reintegration does not necessarily have to take place after treatment; rather, it can take place irrespective of prior treatment, either as the

last step in the treatment process or as a separate and independent post-treatment intervention carried out by non-treatment services, with its own goals and means. In Greece, social reintegration follows drug dependence treatment and constitutes the last, albeit integral phase of the treatment process. Reintegration services are provided either at the final phase of an integrated treatment process or in specialised social reintegration structures.

Table 8.1: Capacity and clients of Social Reintegration Centres (2009)

Social Reintegration Centres	Capacity	Clients
ITHAKI TP	45	81
STROFI TP	30	21
PAREMVASI TP	40	81
DIAVASI TP, morning programme	33	24
18 ANO TP (Section A)	65	73
EXODOS TP	30	67
NOSTOS TP	50	84
EXELIXIS TP	13	6
ARIADNE TP	40	36
DIAVASI TP, evening programme	21	44
GEFIRA TP	30	12
PILOTOS TP	15	18
OXYGONO TP	10	9
18 ANO TP (Section B)	60	98
18 ANO TP (Women and Mothers)	30	52
IANOS (Thessaloniki Psychiatric Hospital)	60	39
ANADYSI TP	10	3
OPEN THERAPEUTIC STRUCTURE TP	10	6
ARIADNE TP Aftercare	20	1
ATRAPOS TP	15	9
OKANA Social Reintegration Unit	120	51
Ioannina Counselling and Reintegration Unit	10	13
Special programme for dependent parents	10	1
EXANDAS TP	15	10
KYTTARO TP	20	8
KIVOTOS TP		1
Total	**802**	**848**

SOURCE: GREEK REITOX FOCAL POINT, 2010

In 2009, operations data were reported by 26 social reintegration centres, of which nineteen (19) belong to KETHEA, three (3) to OKANA, three (3) to 18 ANO Dependence Treatment Unit of the Attica Psychiatric Hospital, and one (1) to the dependence treatment programmes of the

Thessaloniki Psychiatric Hospital (Table 8.1). The scheduled duration of the programmes ranges between 6 and 24 months (69.3% of the programmes have duration of one year).

According to the operations data of the aforementioned structures in the reporting year, the total capacity was 802. This figure reflects the number of clients that can be served by the units on a monthly basis. Compared to 2008, the available capacity increased by 21.7%.

The total number of recovering drug users served in reintegration structures throughout the year was 848, i.e. a slight 3.4% increase compared to 820 clients in 2008. 57.5% of the clients received social reintegration services for the first time in 2009.

8.3.2. Housing

Provision of accommodation or support in finding accommodation is an important social reintegration intervention intended to bring about more stability in the lives of recovering drug users. Half of the social reintegration centres offer accommodation in hostels to clients who come from other parts of Greece or lack family support. Moreover, OKANA provides free accommodation (in hotels) to clients attending substitution units in Athens and Thessaloniki for as long as this is deemed necessary. In 2009, accommodation capacity was 167, and a total of 303 clients were accommodated.

8.3.3. Education and training

Increasing the knowledge level, filling educational gaps and providing vocational training are key objectives at the stage of social reintegration. Interventions designed to enhance the academic, technical or practical skills increase the clients' likelihood of labour market integration.

In the reporting year, in Greece there were 23 schooling structures, of which 19 were in-service and 4 were out-tasked. The key objective of such structures is to help participants prepare themselves for exams and/or obtain formal qualifications. A total of 607 clients attended the schooling structures in the school year 2008-2009 (data for 18 of the 23 structures, since 5 did not report relevant data), of whom 102 clients succeeded in moving up a form or obtained the high school leaving certificate and 4 were admitted to higher education (data for 13 of the 23 structures).

Vocational training services are offered both to former and to recovering drug users at the stage of social reintegration by 17 structures, of which 12 in-service and 5 out-tasked. In 2009, in 9 structures which reported data out of 17, 75 clients attended vocational training courses.

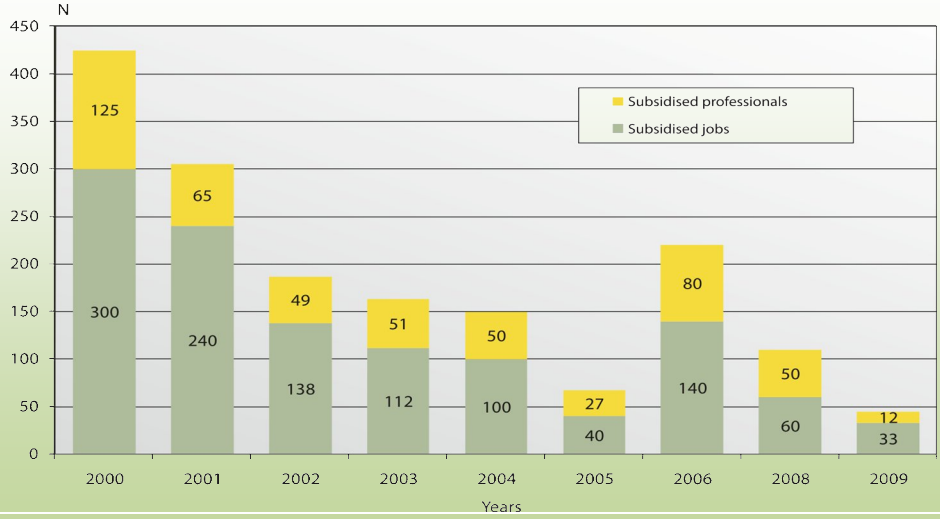
In the reporting year, the OKANA Specialised Vocational and Social Reintegration Centre (EKKEE) designed and implemented non-subsidised creative leisure management workshops of a duration of approximately 4 months in the areas of photography, IT, jewellery- and decorative item-making, landscape gardening, filmmaking, journalism, support in job-seeking and remedial teaching of Greek and English. Out of the 83 applicants, more than 60 attended the workshops (IT courses were in the highest demand). Vocational training courses were not delivered in the year 2009. EKKEE also delivered the following accompanying support services: career guidance, psychological support for empowerment and increased self-confidence, social skills-building for interacting with public services, employers, etc. Moreover, EKKEE actively promotes and encourages the adoption of attitudes and behaviours that foster labour market integration. In 2009, accompanying support services were delivered to a total of 70 clients.

In September 2009, EXODOS (KETHEA) launched a "multimedia applications technician" training course, as a branch of the Larissa 1st Vocational Training Centre. The course is attended by members of the Social Reintegration Centre or EXODOS graduates. Sixteen (16) students attended the course upon commencement.

8.3.4. Employment

The key employment promotion agency is the Greek Labour Force Employment Organisation (OAED), which is active in preventing and fighting social exclusion, in order to ultimately attain labour market integration of vulnerable population groups. According to the relevant data, in 2009, a total of 45 former or recovering drug users benefited from the employment scheme for vulnerable population groups: most of them (73.3%) found a job in the private sector, and the rest (26.7%) received a business start-up grant.

Figure 8.1: Former drug users who participated in OAED employment schemes (2000-2009)



DATA: OAED, 2010

Compared to the previous year, there is a substantial decrease in the number of former drug users who availed themselves of OAED employment schemes (the respective number for 2008 being 110). The downward trend observed since 2000 seems to continue in 2009, the only exception being the year 2006, when the number of beneficiaries from OAED employment schemes increased (Figure 8.1).

The data on the labour status of clients of social reintegration centres indicate that treatment programmes place major emphasis on the former drug users' vocational rehabilitation at this particular phase of the treatment process. This is also demonstrated by the fact that in most reintegration structures, finding a steady job within a certain period of time is a condition for remaining in the programme. According to data reported from specialised social reintegration centres, in 2009, 36.7% of their total clients were already employed at the beginning of the reporting year and 41.2% found a job during the year.

The social reintegration centers have developed partnerships with various organizations. The majority of them (85,7%) cooperates with OAED while more than half of them (57,1%) businesses and employers. 42.9% of the social reintegration center cooperate with local authorities and 23,8% with accompanying support services. Other partnerships are developed with the Chamber of Commerce (19%), the Chamber of Handicrafts (14,3%), the Chamber of Industry (9,5%) and the Technical Chamber (4,8%).

8.3.5. Other services

Support and care services

One of the key objectives of social reintegration services is to provide support to former drug users at the critical stage of transition from the treatment system to social and labour reality. At this crucial stage of dependence treatment when former users are asked to take responsibility for their own health and life, reintegration structures offer individuals and groups psychological support sessions, opportunities to develop personal and social skills, strengthen family ties, improve physical health, and join creative entertainment groups. In the reporting year, 330 clients availed themselves of such services offered by social reintegration units. Accompanying support services were offered by 14 of the 26 social reintegration centres, while all of them offered counselling and psychological support services.

Legal services

Pending legal cases are a major obstacle in the course of drug dependence treatment. Ending involvement with criminal justice is a prerequisite for dependence treatment and for starting a new

lifestyle. In order to ensure unhindered attendance at treatment programmes, clients are offered legal advice and support or representation in court. Legal services are offered even to clients who have completed the programme.

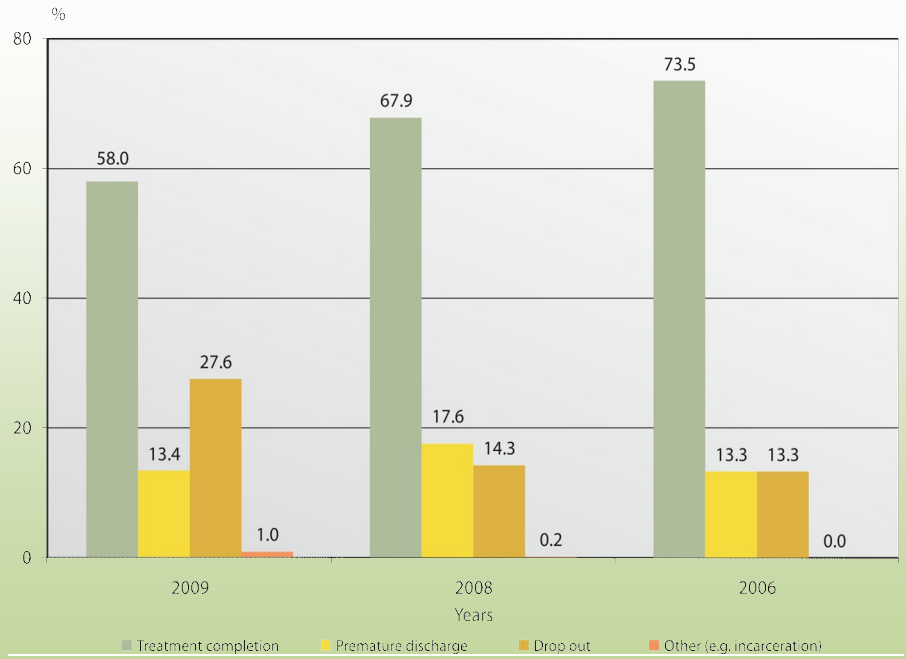
In 2009, social reintegration centres offered legal services to a total of 157 clients (data for 12 of the 18 centres offering legal services) (120 clients in 2008). In the same vein, KETHEA and OKANA run a legal support service in cooperation with the country's Bar Associations. In 2009, the legal service of OKANA provided legal assistance to a total of 347 clients of its treatment units (417 clients in 2008) and dealt with a total of 421 cases.

Aftercare services

Almost all social reintegration centres provide follow-up services. The duration of such services ranges from 6 to 24 months and they give clients the opportunity to smoothly experience the move away from the treatment setting, adjust to the new reality and consolidate the change achieved in their lives. The services vary among the centres, although they mostly consist of individual and group sessions, family groups, psychotherapy, etc.

8.3.6. Outcome data

Figure 8.2: Modes of exit from social reintegration centres (2006-2009)



SOURCE: GREEK REITOX FOCAL POINT, 2010

According to the outcome data reported by social reintegration centres for the year 2009 (Figure 8.2), 58% of the clients exit the structures having completed the programme. Approximately one in four clients drops out (27.6%) and one in ten is prematurely discharged (12.2%). With regard to the modes of exit from social reintegration centres, in recent

years programme completion rates seem to decline steadily while dropout rates have been increasing.

8.3.7. Quality assurance

Evaluation of the interventions is implemented by the majority of the programmes (84.6%). All of these programmes have undertaken an internal evaluation procedure while only 18.2% of them have performed an external evaluation procedure. Almost half of the programmes (45,5%) implement evaluation about the achievement of the targets, 36,4% about the scope of the programme and 31,8% about the procedure of the programme.

CHAPTER 9: DRUG-RELATED CRIME, PREVENTION OF DRUG-RELATED CRIME AND PRISON

9.1. Introduction

The Greek law provides for the implementation of demand reduction interventions targeting dependent drug users involved with the law. Moreover, it provides for more lenient penalties for most drug possession and dealing offences, as well as for alternatives to prison in order to facilitate dependence treatment, which nonetheless are rarely enforced, according to representatives of the agencies that implement support and treatment interventions in prison (KETHEA 2010).

This year the relevant legislation has adopted some of the proposals put forward by KETHEA Legal Support Service in the form of a reasoned plan in view of mainstreaming the application of favourable provisions for drug dependent offenders in prison (KETHEA 2010).

Law 3727/2008 provides for a mandatory extenuation of the penalty insofar as the offender is dependent on drugs. Moreover, law 3811/2009 recognised common drug dealing as a misdemeanor insofar as the act is committed by addicts and reinstated the minimum sentence that must be served (3/5 instead of 4/5) before the offender may be considered for conditional release, which facilitates transition to off-prison treatment and reintegration structures (KETHEA 2010).

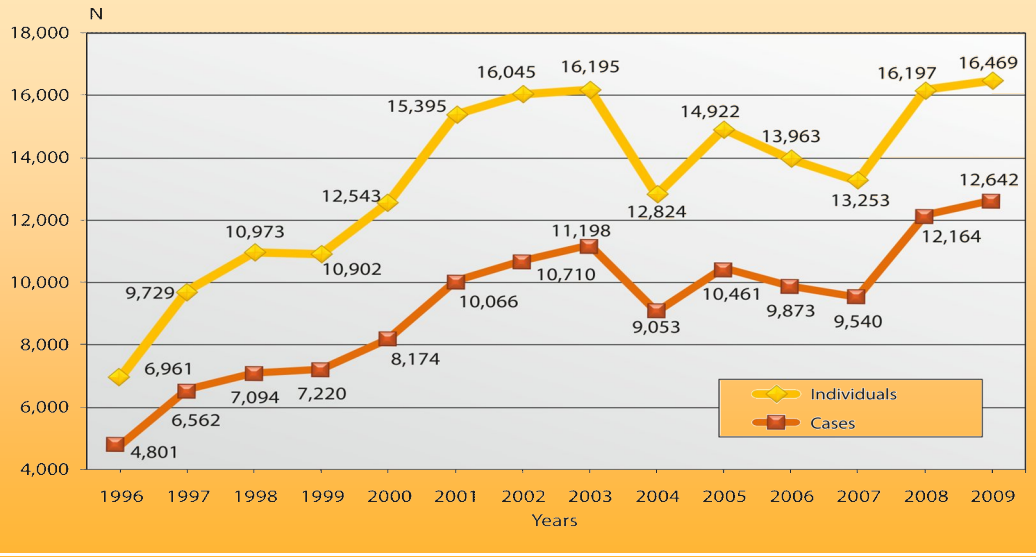
18 ANO Dependence Treatment Unit (Attica Psychiatric Hospital) and the Therapy Centre for Dependent Individuals (KETHEA) issued press releases in the current year in order to avert incarceration of their treated clients (KETHEA press release, 18 ANO press release, 2010).

9.2. Drug - related crime

9.2.1. Drug-related charges

Every year the Greek REITOX Focal Point collects from the Central Anti-drug Coordination Unit – National Intelligence Unit (SODN-EMP) data on charges brought for drug-related offences. In 2009, the Greek DPAs[30] brought 17,535 charges against 16,469 individuals for drug use, production/cultivation, dealing/trafficking and other drug-related offences (see ST11). As shown in Figure 9.1, the downward trend in both the number of individuals charged with drug-related offences and the number of drug-related cases observed in the period 2005-2007 was reversed in the period 2007-2009. Specifically, there was a 24.3% increase in the number of individuals charged with drug-related offences from 2007 to 2009 and a 32.5% increase in the number of drug-related cases in the same period. Over the past five years, there has been an overall steady increase in the number of individuals charged with drug-related offences.

Figure 9.1: Number of drug-related cases and individuals charged with drug-related offences



SOURCE: Greek REITOX Focal Point 2010 (DATA: SODN-EMP)

[30] Hellenic Police, Customs, Special Controls Service, Coast Guard.

SODN-EMP also reports to the Greek REITOX Focal Point data on the number of individuals arrested for drug-related offences in Greece by nationality. Table 9.1 shows the distribution of the arrestees in the period 2004-2008. In the years 2007-2008 there was a sharp 253% increase in the number of Somali nationals and a 137.9% increase in the number of Afghan nationals, followed by equally high increases in the numbers of Pakistani, Bulgarian and Albanian nationals (81.4%, 78.2% and 28.5%, respectively). Greek nationals outnumber the rest of the arrestees throughout the period 2004-2008, while the number of foreigners' arrestees has increased in the same time period (2004:1,823–2008:4,572). The substantial increase in certain nationalities among those arrested for drug-related offences in the period under consideration parallels the increase in the number of immigrants who are arrested for illegally entering Greek territory.

Table 9.1 Number of individuals arrested in Greece for drug-related offences by nationality (2004-2008)

Nationality	Arrestees				
	2004	2005	2006	2007	2008
GREEK	11,000	13,450	11,383	10,611	11,524
ALBANIAN	814	912	1,022	873	1,122
GEORGIAN	111	124	116	259	483
IRAQUI	79	127	130	203	362
IRANIAN	47	66	-	-	-
BULGARIAN	42	35	48	87	155
RUSSIAN	38	47	-		
BRITISH	29	39	70	62	-
ITALIAN	14	28	-	-	-
AFGHAN	-	-	67	70	157
PAKISTANI	-	-	57	59	107
BANGLADESHI	-	-	40	-	-
SOMALI	-	-	-	83	293
PALESTINIAN	-	-	-	-	97
OTHER-UNKNOWN	649	65	1,027	1,116	1,796
Total	**12,823**	**14,893**	**13,960**	**13,423**	**16,096**

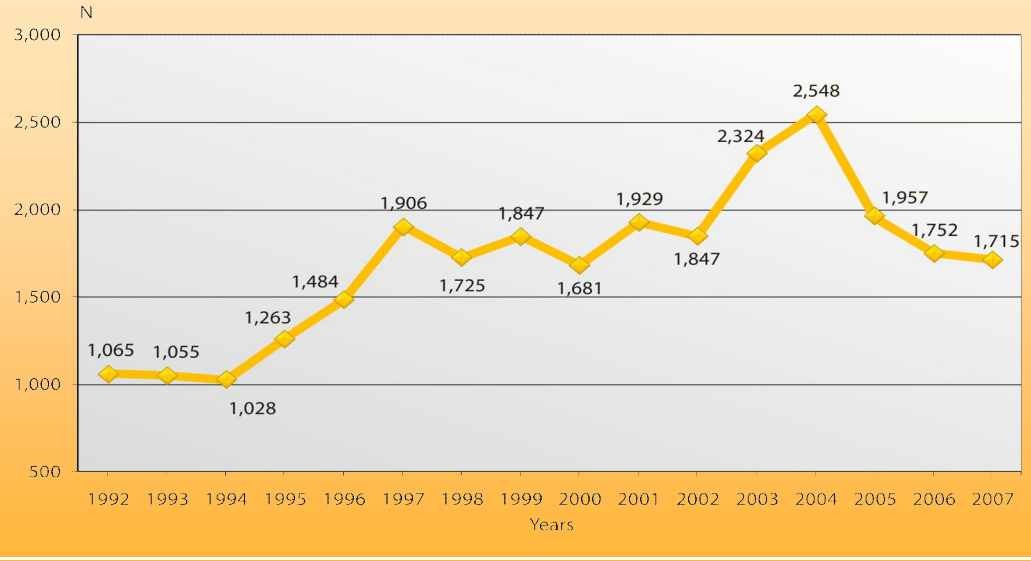
SOURCE: Greek REITOX Focal Point 2008-2009 (DATA: SODN-EMP)

9.2.2. Drug law offences

The Hellenic Statistical Authority is responsible for collecting data from the judicial services on the number of individuals convicted for drug-related offences and reports them to the Greek REITOX Focal Point on a yearly basis. The latest available data are for the year 2007 (Figure 9.2). Of a total of 44,931 convicts, 1,715 (3.8%) were convicted for drug-related crimes. The overwhelming

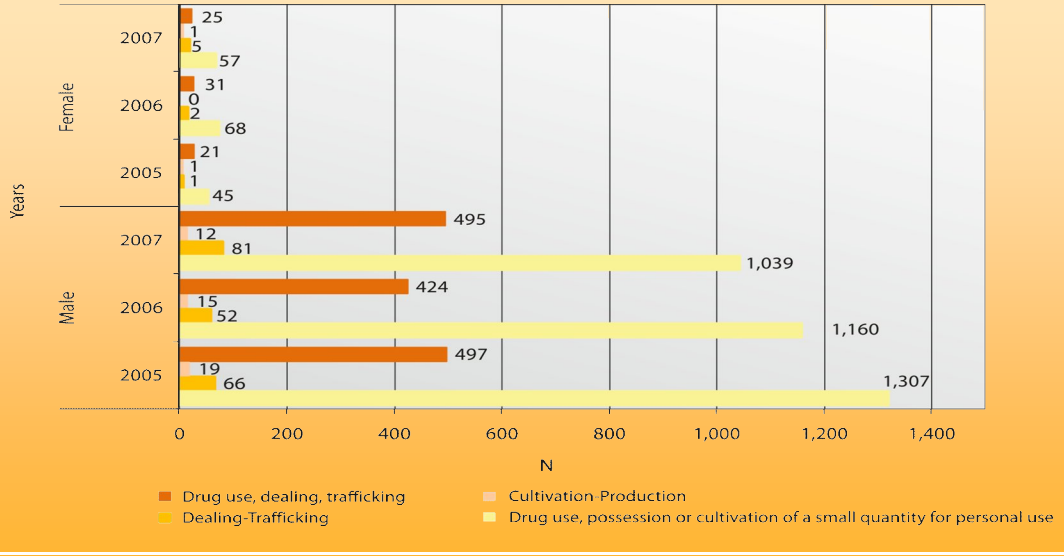
majority (94.9%, N=1,627) are men. 1,096 individuals (63.9%) were convicted for drug use, possession or cultivation of a small quantity for personal use, 520 individuals (30.3%) for drug use, dealing and trafficking, 86 individuals (5.0%) for drug dealing and trafficking, and 13 individuals (0.8%) for drug cultivation/production. Figure 9.3 shows the distribution of convicts by gender and drug-related offence in the three-year period 2005-2007. It is clear that in the period under consideration there has been no significant variation in the distribution of convicts by gender and drug-related offence.

Figure 9.2: Distribution of convicts for drug-related offences (1992-2007)



SOURCE: Greek REITOX Focal Point 2010 (DATA: Hellenic Statistical Authority)

Figure 9.3: Distribution of convicts by gender and drug-related offence in the period 2005-2007



SOURCE: Greek REITOX Focal Point 2010 (DATA: Hellenic Statistical Authority)

Most of the offences (39.2%) were committed in the region of Macedonia, 21.2% in the region of Attica, 11.0% on the Aegean islands, 9.6% in the Peloponnese, 5.3% on Crete and 13.7% in the rest of the country.

The sentences imposed for drug use, possession or cultivation of a small quantity for personal use are prison sentences not exceeding one year. Of the sentences imposed for drug trafficking/dealing, 97.7% are prison sentences exceeding one year and imprisonment for a term or for life. Similarly, of the sentences imposed for drug cultivation/production, 92.3% are prison sentences exceeding one year and imprisonment for a term, while of the sentences imposed for drug use, dealing and trafficking, 97.7% are prison sentences exceeding one year and imprisonment for a term or for life.

97.4% of the sentences imposed for drug use, possession or cultivation of a small quantity for personal use were suspendable and commutable. On the other hand, non-commutable sentences were imposed in the vast majority of the trafficking/dealing cases (97.6%).

Agewise, 77.0% of the individuals convicted for drug-related offences were between 22 and 44 years old; this figure is similar to the ones reported in 2005 (80.0%) and 2006 (77.0%).

9.2.3. Drug-related offences committed by minors

The latest available data from the Hellenic Statistical Authority on minors awarded reformative, therapeutic or correctional measures are for the year 2007. The number of minors who committed drug-related offences and were placed under supervision in therapeutic or reformative institutions, or under parental supervision, supervision of JPAs or supervisors, was 205, of whom 92.7% were males. 90.2% were proceeded against in court for drug use, possession or cultivation of a small quantity for personal use and 9.8% for drug use, dealing and trafficking. 74.1% of the minors were aged from 19 to 21.

The Hearing Dates Department of the Supervisory Juvenile Service of the Athens Juvenile Court presents every year to the Greek REITOX Focal Point information on drug-related rulings. The following data on rulings were submitted to the Greek REITOX Focal Point in August 2010 and were processed. According to the findings, in the court year 2008-2009, the (one- and three-member) Athens Juvenile Courts tried a total of 123 minors (57 Greek and 66 foreign nationals) on charges of breaking the Code of Laws on Drugs, sometimes in conjunction with other offences.

Some juvenile offenders were proceeded against in court on more than one occasion in the court year 2008-2009 for various drug-related offences. Quite often, juvenile offenders are tried on more than one charge. This explains why the number of cases is 146, although the juvenile offenders involved are actually 123.

Out of the total 146 accused/co-accused, 96 were charged with minor drug-related offences (supply of drugs for personal use). The court awarded reformative measures and punitive sanctions to 80 of them (11: cautioned, 29: placed under supervision of JPAs, 27: confinement to a Special Juvenile Correctional Establishment, 11: prison – offence committed before their coming of age, 2: discharged - as accidental users).

Additionally, of the 96 minors, 50 were charged with major drug-related offences (drug purchase, possession, dealing). The court found 46 of them guilty and again awarded reformative measures and punitive sanctions (8: supervision of JPAs, 26: confinement to a Special Juvenile Correctional Establishment, 8: prison for minor offence - committed before their coming of age, 4: prison for criminal offence - committed before their coming of age).

The analysis of the juvenile offenders' personal records demonstrates that, besides the 123 minors accused of drug-related offences, sometimes in conjunction with other offences, 35 minors (25 Greeks, 10 aliens) were proceeded against in court only for breach of the Penal Code and other special criminal laws, but had a drug abuse history.

The profile of the total population of 158 minors proceeded against in court irrespective of reason is as follows:

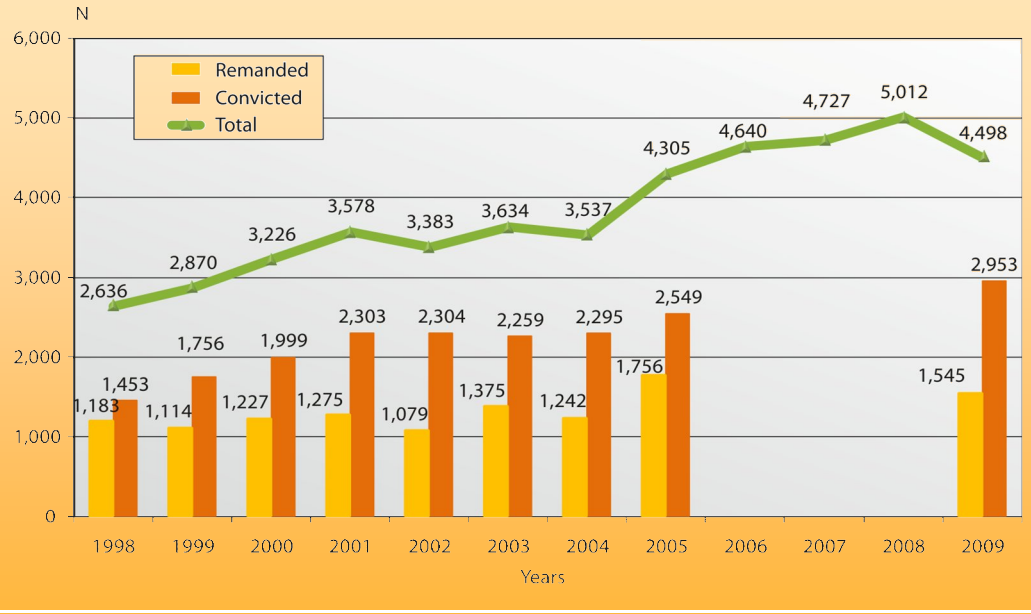
The vast majority of the offenders (94.3%) are males and 51.9% are Greek nationals. In terms of educational level, 51.0% have not completed compulsory education. In terms of labour status, 38.9% do not work, while the rest of the minors work either regularly or occasionally. Athens is reported as the place of residence by 35.4% of the minors. 58.9% of them report first use of illicit drugs between the age of 15 and 17. The primary drugs reported are heroin (46.7%) and cannabis (43.3%). 44.4% of the minors are dependent users and 41.1% have never attended a drug dependence treatment programme. Finally, 40.5% of them first committed an offence at the age of 17. Please note that for certain minors not all of these details are available, as they may be tried *in absentia* or be in custody, therefore they do not cooperate with the Supervisory Juvenile Service.

9.2.4. Drug law offenders in prison

The Directorate of Correctional Institutions for Adults of the Ministry of Justice, Transparency and Human Rights reports to the Greek REITOX Focal Point data on the situation of Greek and foreign drug law offenders in Greek prisons. On December 1, 2009, of a total of 11,547 prisoners, 4,498 were drug law offenders. 42.0% of them were Greeks *vs*. 52.2% in 2008. The number of prisoners held on remand awaiting trial was 1,545, of whom 700 were Greek and 845 foreign nationals, whilst the number of convicted prisoners (clearly higher) came up to 2,953, with 59.7% of them foreign

nationals. As shown in Figure 9.4, the total number of drug offenders in prison and consequently the number of convicts have been consistently increasing for the past twelve years.

Figure 9.4: Remanded and convicted drug offenders and total number by year (1998-2009)[31]



SOURCE: Greek REITOX Focal Point 2010 (DATA: Ministry of Justice, Transparency and Human Rights)

9.2.5. Other drug-related offences

Figure 9.5: Distribution of pharmacy burglaries in the period 2000-2009

SOURCE: Greek REITOX Focal Point 2010 (DATA: Hellenic Police)

The number of pharmacy burglaries is an indicator of drug-related crime. According to data from the Hellenic Police, there were 23 pharmacy burglaries in 2009 - this figure is higher compared to the years 2007 and 2008, when the reported burglaries were 19 and 17, respectively. Over the past decade, the

[31] No information available on the numbers of convicted and remanded prisoners for the years 2006-2008.

overall number of pharmacy burglaries seems to have decreased substantially. In the period 2000-2009, there was an average 32 pharmacy burglaries yearly, the lowest value being 17 burglaries in 2008 and the highest one 57 in 2002.

Figure 9.5 shows the distribution of pharmacy burglaries in the period 2000-2009.

An additional indicator of drug-related delinquency is the number of drug-related road accidents. In the period 2007-2009, drug-related road accidents accounted for 1.8%, 1.2% and 1.4% of the total, respectively.

9.3. Interventions in the criminal justice system

9.3.1. Alternatives to prison

In the context of alternatives to prison for drug users, the Organisation Against Drugs (OKANA) suggested that special "drug courts" should be established to apply alternative to prison programmes for drug users arrested for petty offences (KATHIMERINI DAILY NEWSPAPER, 8/5/2010).

9.4. Responses to drug-related health issues in prisons

Access to drug dependence treatment in prison is not only a right to care for prisoners, but also an effective intervention to tackle dependence and delinquency (KETHEA press release 2010).

Given the large number of drug users in prison, it is imperative to develop, implement and support treatment, psychosocial support and harm reduction interventions in prison. Nonetheless, treatment in prison mostly relies on NGOs and harm reduction interventions are chiefly of an informative nature.

In the field of treatment, since 2002 there has been only one public treatment programme for drug dependent prisoners, the Treatment Centre for Drug Dependent Prisoners (KATK) in Eleonas, Thebes. Treatment is also available through the therapeutic communities of EN DRASI programme (KETHEA) in Koridalos Women's and Judicial Prisons.

Psychosocial support and counselling is provided by 18 ANO Dependence Treatment Unit (Attica Psychiatric Hospital) and KETHEA in 19 out of 30 prisons across the country.

The data presented below are derived from two questionnaires of the Greek REITOX Focal Point: the treatment questionnaire and the questionnaire about interventions in prison.

9.4.1. Drug treatment

This section presents an overview of the in-prison drug dependence treatment programmes in 2009.

The programmes are listed below:

- Treatment Centre for Drug Dependent Prisoners (KATK) in Eleonas, Thebes, which operates under the auspices of the Ministry of Justice in specially arranged off-prison facilities.
- Therapeutic community of EN DRASI programme (KETHEA) in Koridalos Judicial Prison
- Therapeutic community of EN DRASI programme (KETHEA) in Koridalos Women's Prison

In 2009, a total of 178 drug-using prisoners attended the main phase of treatment. Specifically, in the beginning of the reporting year 94 prisoners were already in treatment and during the year there were 84 admissions (Table 9.2).

The number of individuals who attended in-prison treatment programmes in the reporting year increased compared to 2008 (Table 9.2).

Table 9.2: Number of individuals in treatment (2008-2009)

	2008	2009
Already in treatment	73	94
Admissions	80	84
TOTAL	**153**	**178**

SOURCE: Greek REITOX Focal Point 2010

According to the available data, in 2009, 86 prisoners in treatment reported opiates as their primary drug, 46 reported prescription drugs or polydrug use, 23 reported cocaine and 9 reported cannabis. Drug injection prior to entering treatment was reported by 106 out of 178 drug-using prisoners.

In terms of the type of treatment and counselling delivered, all three in-prison treatment programmes focus on group therapy. Two of the three programmes also place great emphasis on peer confrontation and self-help groups, as well as on individual counselling.

Outcome

In the reporting year, 42.1% of the individuals continued treatment, 35.9% were released or transferred to other prisons, 11.8% dropped out and 8.9% were expelled. A very small proportion, 1.12%, was referred to other treatment structures.

Data on the expulsion from a programme are available for 1 of the 3 in-prison treatment programmes. The vast majority (93.7%) of the clients was expelled owing to breach of rules; the remaining 6.2% was prematurely discharged owing to use of illicit substances.

Staffing

Table 9.3 shows the salaried staff employed by in-prison treatment programmes.

Therapy staff includes psychiatrists, other doctors, psychologists and nurses. Other staff includes social scientists, social workers, educators, drug dependence counsellors, counsellors without any formal qualification, administrative staff / maintenance workers and security guards.

The drug dependence counsellors are therapy programme graduates and are employed only by EN DRASI programmes (KETHEA). Security guards are employed only by KATK.

Staff data for in-prison treatment programmes as a total and by category for the years 2008 and 2009 are presented in Table 9.3.

According to the data, in 2009 the total number of staff employed by treatment programmes increased slightly compared to 2008 (Table 9.3). Between 2009 and 2008, the number of therapy staff remained the same, while there was a slight increase in the number of administrative and technical staff, as well as in the number of security staff at KATK (Table 9.3).

Table 9.3: Staff of in-prison treatment programmes (2008-2009)

Treatment programme staff	2008	2009
Therapy staff	18	18
Other staff	91	95
Social scientists	11	10
Educators	4	4
Counsellors without any formal qualification	2	2
Drug dependence counsellors	5	5
Administrative and technical staff	21	24
Security staff	48	50
TOTAL	109	113

SOURCE: Greek REITOX Focal Point 2010

9.4.2. Support interventions

Support interventions constitute the bulk of in-prison activities designed to respond to the special needs of drug users in custody.

The support interventions include individual and group counselling, information and mobilization, self-help groups and relapse prevention groups.

In 2009, eight programmes implemented psychosocial support interventions in prison: seven (7) KETHEA programmes and one 18 ANO programme.

The programmes and the prisons in which they are implemented are listed below:

- **KETHEA**
  - STROFI Open therapeutic programme for adolescents (Attica): Special Juvenile Correctional Establishment in Avlona.
  - PILOTOS Day-care therapeutic programme for adolescents and young adults (Thessaly): Juvenile Reformatory Facility in Volos, Penitentiary Establishment for Minors in Kassavetia, Special Juvenile Correctional Establishment in Volos, Larissa Judicial Prison, Trikala Closed Prison.
  - OXYGONO Day-care therapeutic programme for adolescents and young adults (Achaia): Closed Prison in Aghios Stefanos.
  - EN DRASI In-prison therapeutic programme (Attica): Koridalos Judicial Prison, Koridalos Women's Prison, Koridalos Prison Psychiatric Division.
  - Counselling Unit for Prisoners in Thessaloniki: Thessaloniki Military Prison, Komotini Judicial Prison, Cassandra Rural Prison, Grevena Closed Prison.
  - ARIADNE Open therapeutic programme for adults (Crete): Neapoli Judicial Prison, Alikarnassos Closed Prison, Hania Judicial Prison, Aghia Rural Prison.
  - MOSAIC Intercultural transitional day-care programme (Attica): Detention Centre for Aliens.

- **18 ANO Dependence Treatment Unit (Attica Psychiatric Hospital)**
  - 18 ANO Prison programme: Koridalos Judicial Prison, Koridalos Women's Prison, Koridalos Prison Psychiatric Division.

Psychosocial support interventions were implemented in 2009 in nineteen (19) prisons (Table 9.4) and in the Detention Centre for Aliens. Compared to the previous years, such interventions are constantly expanding. Suffice it to mention that in 2005 support interventions were implemented in twelve prisons, in 2006 in fifteen and in 2008 in sixteen prisons.

In three prisons support interventions were implemented for the first time in the reporting year: Grevena Closed Prison, Larissa Judicial Prison and Trikala Judicial Prison. The interventions were carried out by two KETHEA programmes, the Counselling Unit for Prisoners in Thessaloniki and PILOTOS programme. Such interventions had been piloted in the past in the prisons of Larissa and Trikala, but systematic implementation commenced in 2009.

Table 9.4: Prisons with psychosocial support programmes for drug using prisoners in 2009

Penitentiary estaplishment	number of beneficiaries
For juvenile offenders	
Special Juvenile Correctional Establishment in Avlona	131
Penitentiary Establishment for Minors in Kassavetia, Volos	
Juvenile Reformatory Facility in Volos	
For adults	
Koridalos Judicial Prison	1,749
Koridalos Prison Psychiatric Division	
Koridalos Women's Prison	
Closed Prison in Aghios Stefanos, Achaia	
Special Juvenile Correctional Establishment in Volos	
Larissa Judicial Prison	
Trikala Closed Prison	
Diavata Judicial Prison, Thessaloniki	
Thessaloniki Military Prison	
Komotini Judicial Prison	
Cassandra Rural Prison	
Grevena Closed Prison	
Neapoli Judicial Prison, Crete	
Nea Alikarnassos Closed Prison, Crete	
Hania Judicial Prison	
Aghia Rural Prison, Hania	
TOTAL BENEFICIARIES	1,880

SOURCE: Greek REITOX Focal Point 2010

Based on the available appeal data, in the reporting year (Table 9.4) a total of 1,880 prisoners participated in KETHEA psychosocial support programmes and in the 18 ANO Prison Programme – a fairly larger number compared to the previous year (2008: 1,281). In 2009, women and minors represented 7.7% (N=145) and 6.9% (N=131) of the participants, respectively.

Moreover, at the Detention Centre for Aliens in Athens, 93 detainees (91 males and 2 females) participated in information and awareness-raising groups and in individual sessions.

Transition to treatment

In 2009, 61 drug using prisoners were granted conditional release or had their term suspended in order to enter off-prison dependence treatment programmes following successful completion of in-prison support programmes implemented by three KETHEA agencies (EN DRASI, Counselling Unit for Prisoners in Thessaloniki, STROFI) and the 18 ANO Dependence Treatment Unit (Attica Psychiatric Hospital). In the reporting year, this figure (N=61) more than doubled compared to the previous year (2008: 27).

Legal support

In 2009, in-prison information and awareness-raising of legal matters, mostly through group and individual sessions and seminars, were provided by five KETHEA programmes (EN DRASI, PILOTOS, STROFI, Counselling Unit for Prisoners in Thessaloniki, ARIADNE) in 18 prisons, with the participation of 1,441 drug using prisoners.

In the reporting year, both the number of participants and the number of prisons in which legal support interventions were implemented increased compared to 2008 (2009: 1,441 drug using prisoners in 18 prisons, 2008: 1,144 drug using prisoners in 14 prisons).

9.4.3. Prevention and reduction of drug related harm

Harm reduction interventions in prison mostly involve information and health awareness (e.g. prevention of infectious diseases), safer drug use and overdose prevention.

In 2009, six (6) KETHEA programmes (EN DRASI, OXYGONO, PILOTOS, STROFI, Counselling Unit for Prisoners in Thessaloniki, ARIADNE) held seminars and group sessions, including individual sessions where appropriate, and distributed information material in order to raise the participants' awareness of harm reduction in the nineteen (19) prisons across the country they are active in. In 2009, their interventions were attended by 1,535 drug using prisoners – attendance nearly doubled compared to the previous year (2008:794).

9.5. Reintegration of drug users after release from prison

The data presented below are derived from two questionnaires of the Greek REITOX Focal Point: the questionnaire about interventions in prison and the social reintegration questionnaire.

9.5.1 Support interventions

EN DRASI programme (KETHEA) and 18 ANO Prison Programme (Attica Psychiatric Hospital) implement support interventions for released drug using prisoners.

EN DRASI therapeutic programme (KETHEA) provides a) individual sessions including motivational interview, individual needs assessment and information about the programme, and b) group sessions including counselling and psychological support, medical and psychiatric screening, preparation for entering a therapeutic community and relapse prevention seminars.

18 ANO Prison Programme (Attica Psychiatric Hospital) organises awareness-raising groups and provides individual counselling to released prisoners who may then seek treatment from its available programmes.

In 2009, a total of 172 released drug users participated in psychosocial support interventions – a slight increase (approx. 3%) compared to the previous year (2008:167).

9.5.2. Reintegration structures for released prisoners

All drug dependence treatment programmes admit released prisoners to treatment (dependence treatment and social reintegration), while most offer legal support / advice. Moreover, as a complement to in-prison programmes, there are three specialised reintegration structures for released prisoners:

- Admission and Reintegration Centre for Released Drug Users in Thessaloniki (KETHEA)
- EN DRASI Admission and Reintegration Centre (KETHEA)
- KATK Social Reintegration Centre

An overview of the data on social reintegration services for 2009 is presented below:

A total of 46 released prisoners were served by these programmes in the reporting year, almost the same number as in 2008 (45 released prisoners). Of the total released prisoners who attended the

specialized social reintegration programmes, 53.8% (N=26) were “already in treatment” in the beginning of 2009 and 46.15% (N=20) entered the programmes during the reporting year.

Services

In 2009, all social reintegration programmes provided counselling and psychological support, as well as information. Two in three programmes also provided career guidance, employment promotion and legal assistance services, and one in three provided education, housing support and social services.

Outcome

In the reporting year, more than half of the clients (62.2%) continued attending specialized social reintegration programmes, 26.08% completed the programmes, 6.52% dropped out and 2.17% were prematurely discharged.

Aftercare

In 2009, aftercare included individual and group sessions for all specialized social reintegration programmes; self-help groups, family sessions and legal support for two of the three programmes; and relapse prevention seminars and individual counselling or psychotherapy for one of the three programmes.

Staffing and equipment of social reintegration programmes

In 2009, the three social reintegration structures employed 3 full-time psychologists and 1 part-time psychiatrist and 1 part-time social worker. Just like in 2008, the need for “more scientific staff” was voiced, as in 2008 staff members in each structure did not exceed two or three. On the other hand, education / training of the salaried staff is rated “very satisfactory” for two of the three programmes and “moderately satisfactory” for the third one.

The building and material infrastructure available to reintegration programmes is rated “moderately satisfactory” by two of the three programmes and “unsatisfactory” by one in three. All programmes report the need to “secure appropriate premises” and 1 in 3 programmes reports the need for “equipment for new training courses / workshops” and for “a database / internet access”.

9.6. Conclusions

Over the past five years, the number of drug-related charges and drug-related cases has been steadily increasing.

Greeks and Albanians constitute the majority of the arrestees for drug-related offences in the period 2004-2008. In the two-year period 2007-2008, there was a remarkable increase in the number of Somali and Afghan arrestees.

In the three-year period 2005-2007, the distribution of convicted drug offenders by gender and offence remained unchanged. The geographical distribution of offences and the age distribution of convicts also remained unchanged in the three-year period 2005-2007.

In 2007, there was a 5.9% drop in the number of juvenile offenders compared to 2006. The cases heard by the (one- and three-member) Athens Juvenile Courts in the court year 2008-2009 increased four-fold compared to the court year 2007-2008.

The total number of drug offenders in prison and consequently the number of convicts have been consistently increasing for the past twelve years. Pharmacy burglaries decreased substantially in the period 2000-2009, while in the three-year period 2007-2009 drug-related road accidents accounted for 1.5% of the total, on average.

In 2009, more drug using prisoners attended treatment programmes and support interventions in prison compared to 2008, confirming that it is necessary to develop more such structures in the prison setting.

In the reporting year, support interventions were available in an additional three prisons across the country, which brings the total number of prisons with support interventions to 19, representing around 53% of all prisons in the country.

The number of drug using prisoners who were granted conditional release or had their term suspended in the reporting year in order to enter off-prison treatment programmes more than doubled compared to the previous year (2008). This shows that it is imperative to ensure that the favourable legal provisions on drug users who commit minor drug-related offences are more systematically enforced.

According to the data, just like in 2008, there is still a need to strengthen the scientific staff of the social reintegration programmes for released prisoners, and improve their building and material infrastructure.

CHAPTER 10: DRUG MARKETS

10.1. Availability and supply

10.1.1. Perceived availability of drugs, exposure, access to drugs

Data on the perceptions of drug availability are taken from the most recent survey in the school population (ages 13-18) (see chapter 2: Drug use in the general population and specific targeted groups). Responses to the question on perceived availability were classified according to three school geographical categories: Athens, Thessaloniki and other urban areas. Full data regarding perceived availability are presented elsewhere (Kokkevi et al. 2009). Main findings are summarised below:

- 28.7% of the students from the geographical area of Athens report “fairly” or “very easy” (henceforth “easy”) access to cannabis, while the corresponding percentages among students in Thessaloniki and in other urban areas are 23.1% and 22.1%, respectively.
- Higher percentage of students from the other urban areas report that it is “easy” to get cocaine (11.9%) and heroin (10.5%) compared to the students from Thessaloniki (cocaine: 8.9%, heroin: 7.4%)
- In the geographical area of Athens 42.1% of the students report “easy” access to inhalant substances, while the corresponding percentages in Thessaloniki and in the other urban areas are 38.6% and 37.7%, respectively.
- School population of Athens report in a percentage of 38.5% “easy” access to tranquillisers or sedatives (without the doctor’s prescription), when the percentages in Thessaloniki and in the other urban areas are 36.3% and 33.2%, respectively.

10.1.2. Trafficking patterns

The available data from SODN for the year 2008 suggest that 41.5% of the seized heroin comes from Turkey, 10.2% from Albania, 1.8% from Bulgaria, 0.1% from Lebanon, and the remaining 46.4% comes from other countries or is of unknown origin. In 2008, most of the heroin (67.0%) was transported overland. The quantity smuggled in Greece through ports represented 32.9%, while the quantity smuggled through airports was negligible. The seized quantities over the past six years increased in the years 2008 and 2009.

According to SODN data, cocaine seizures soared by 926% compared to 2008, as a result of the large number of seizures made by the Special Controls Service. 18.8% of the seized cocaine originated in Costa Rica, 8.7% in Albania, 5.3% in Liberia and Ivory Coast, 0.9% in Bulgaria, and the remaining 66.4% was of unknown origin. Cocaine was trafficked by air (31.5%), land (9.6%) and sea (1.8%).

Cannabis seizures increased by a considerable 56.9% compared to 2008, offsetting the decrease observed in the years 2007 and 2008. In 2008, 69.3% of the total quantity of seized raw cannabis originated in Albania, and 66.4% of the seized processed cannabis was of unknown origin. Processed and raw cannabis was trafficked by land (96.4%) and sea (3.7%).

In 2008, for 77.0% of the seizures of psychotropic, chemical and precursor substances there is no information available as to the way they were smuggled into Greece, with as little as 18.4% smuggled through the land borders. 18.4% of the seized quantity came from Bulgaria, 5.7% from the UK, and the majority (75.9%) was of unknown origin.

10.2. Seizures

10.2.1. Quantities and numbers of seizures of all illicit drugs

Every year, SODN collects from the DPAs, processes and reports to the Greek REITOX Focal Point data about the quantities of drugs seized, the most common trafficking patterns and the countries of production and origin. Table 10.1 shows the quantities of drugs seized during the six-year period 2004-2009 (see ST13 – *All law enforcement agencies*).

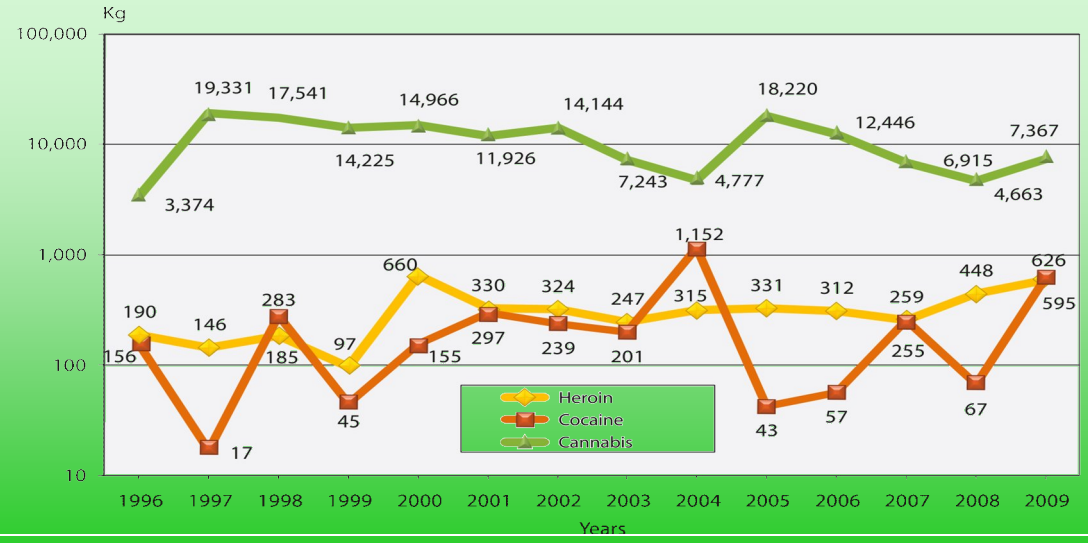
Table 10.1: Narcotic drug seizures (2004-2009)

	2004	2005	2006	2007	2008	2009
Heroin (kg)	334	331	312	259	442	595
Cocaine (kg)	1,152	43	61	255	61	626
Cannabis[32] (kg)	4,777	18,213	12,389	6,915	4,695	7,367
Cannabis plants	39,820	34,993	32,495	17,611	23,916	15,515
Methadone (tablets)	10,993	15,385	5,038	14,119	4,359	1,277
Synthetic drugs[33] (tablets)	87,953	150,932	118,680	58,482	8,652	46,115
LSD (doses)	1,111	120	146	2,880	491	244
Tranquillisers (tablets)	43,722	58,250	56,166	53,625	68,424	72,956

SOURCE: Greek REITOX Focal Point 2010 (DATA: SODN-EMP)

As shown in Table 10.1, over the past three years (2007-2009) an upward trend has been recorded in the quantity of heroin seized, with a 34.6% increase compared to 2008. Seizures of cannabis plants dropped by 35.1%, while seizures of tranquillizer tablets increased by 6.6% (steady increase in the period 2004-2009). A significant 70.7% drop is reported for methadone tablets in 2009 on 2008, just like a steady drop in the period 2007-2009. In the period 2007-2009, there was also a remarkable drop in the seized quantities of LSD.

Figure 10.1: Seized quantities of heroin, cocaine and cannabis (1996-2009)



SOURCE: Greek REITOX Focal Point 2010 (DATA:SODN-EMP)

Finally, Figure 10.1 shows the evolution of heroin, cocaine and cannabis seizures over time.

[32] Including seizures of processed (resin) and raw (herbal) cannabis
[33] Including amphetamine and ecstasy tablets

10.3. Price and purity

10.3.1 Price of illicit drugs at retail level

Information about the price of drugs on the illegal market is reported by SODN. The retail price («street price») of heroin in 2009 ranged between € 8-80 per gram, the retail price of cocaine ranged between € 50-100 per gram. Compared to 2008, the minimum retail price of heroin fell (by € 2 per gram). The minimum retail price of cocaine rose by € 5 per gram (see ST16).

The price of processed cannabis fell compared to 2008, considering that the average retail price stood at € 8.5 per gram as opposed to € 10 per gram in 2008. No variation has been observed over the past two years in the prices of ecstasy tablets, ranging between € 8-25 per tablet. Similarly, the prices of LSD doses have remained unchanged over the past two years, ranging between € 5-10 per dose, as opposed to € 16-20 per dose in 2007 (see ST16).

Purity is defined as the % content of a sample in «active» ingredients.

10.3.2. Purity/potency of illicit dugs

The chemical composition and the purity of the drugs seized by the Hellenic Police, Customs, the Coast Guard and the Special Controls Service are determined following a laboratory analysis of samples by the State General Chemical Laboratory (Third Chemical Service of Athens and Second Chemical Service of Thessaloniki).

For the year 2009, the State General Chemical Laboratory (Third Chemical Service of Athens and Second Chemical Service of Thessaloniki) did not conduct a laboratory analysis of samples.

10.3.3. Composition of illicit drugs and drug tablets

The Greek REITOX Focal Point receives on a regular basis from the competent services of the State General Chemical Laboratory (Third Chemical Service of Athens and Second Chemical Service of Thessaloniki) data about the chemical composition and the quantitative and qualitative determination of seized ecstasy tablets. According to these data, in 2009 43.06% of the tablets contained MDMA, MDEA, MDA or a combination thereof, 43.21% contained amphetamines, methamphetamines or a combination thereof, 13.18% contained the possible combinations of all the aforementioned substances, and only 0.55% contained other psychoactive substances. This breakdown and the prices for the years 2006-2008 are presented in Table 10.2 (see ST15). No

significant year-on-year variation is noticed, except in the year 2009, when a substantial increase in the seized tablets containing amphetamines, methamphetamines and the possible combinations of all the aforementioned substances resulted in a change in the distribution of percentages.

Table 10.2: Chemical composition and quantitative and qualitative determination of seized ecstasy tablets (2006-2009)

%	2006	2007	2008	2009
MDMA / MDEA / MDA	98.66	99.05	96.12	43.06
Amphetamines, methamphetamines	1.30	0.36	2.28	43.21
Possible combinations of the above	0.03	0.49	1.11	13.18
Psychoactive substances	0.01	0.10	0.49	0.55
Total	**100.0**	**100.0**	**100.0**	**100.0**

SOURCE: Greek REITOX Focal Point 2010 (DATA: State General Chemical Laboratory (Third Service of Athens and Second Service of Thessaloniki))

10.4. Conclusions

Perceived easiness in getting substances varies according to the area and according to the substance, with inhalants, tranquillisers or sedatives (without doctor's prescription) being easier accessible than cannabis, cocaine or heroin by the high school population. Additionally, with the exception of cocaine and heroin, the perceived easiness in getting substances is greater in Athens and in Thessaloniki.

The trafficking patterns for heroin, cannabis, and psychotropic, chemical and precursor substances in 2008 were pretty much the same as in 2007. On the other hand, most of the cocaine was smuggled into Greece by air, when in 2007 cocaine was typically trafficked overland.

The quantities of seized heroin over the last six years increased in the years 2008-2009, while according to SODN data the seized quantities of cocaine increased ten-fold compared to 2008. Also compared to 2008, there is a remarkable 56.9% increase in the seized quantities of cannabis, and a 35.1% drop in seizures of cannabis plants. The quantities of tranquilliser tablets increased by 6.6% (steady increase in the six-year period 2004-2009).

In 2009 there was a significant 70.7% drop in methadone tablets over 2008, just like a steady drop in the three-year period 2007-2009. A marked decrease was also observed in the seized quantities of LSD in the period 2007-2009.

In the two-year period 2008-2009, the minimum retail price of heroin fell, while the minimum retail price of cocaine rose. The price of processed cannabis fell compared to 2008, and the prices of ecstasy tablets and LSD doses remained stable.

Lastly, there was a change in the qualitative determination of ecstasy tablets compared to the three-year period 2006-2008, as a result of increased seizures of tablets containing amphetamines, methamphetamines and the possible combinations of all the aforementioned substances, whilst in the three-year period 2006-2008 tablets containing MDMA, MDEA and MDA represented the overwhelming majority of the seizures.

CHAPTER 11: HISTORY, METHODS AND IMPLEMENTATION OF NATIONAL TREATMENT GUIDELINES

11.1. History and overall framework

In Greece, national treatment guidelines are available for the substitution treatment only. There is 15 years history of laws and decrees specifying the philosophy, the objectives and the admissions criteria of the substitution programme. There are also guidelines for the implementation of the programme issued by the coordinating agency for drugs demand reduction in Greece, OKANA (Organisation Against Drugs). Since OKANA is by law the only responsible agency for the implementation of the programme, its guidelines should be considered national.

The founding law of OKANA (L. 2161/93) already provided for the implementation of the substitution units, but the programme started at a pilot phase in 1995, with the Ministerial Decree 25/22-3-95 which specified the philosophy, objectives and admissions criteria of the programme. These were amended in 2002 (M.D. 100847/9-10-2002).

In 2002, OKANA issued the operational framework of the substitution units, acting as official guidelines for the implementation of substitution programme. Initially they refer to methadone only, since buprenorphine was still in the pilot phase since 2001.

The programme started as detoxification and treatment aiming at total abstinence from all drugs, including methadone. At the time there was a considerable opposition to the use of substitutes for drug treatment, originating mainly from the drug free programmes, either because they felt "threatened", or because they were in principle against it; "threatened" because in Greece the vast majority of treatment programmes (public, NGO) are financed by the state, and, the vast majority of clients in treatment are heroin users, and the main argument against substitution was that substituting one drug with another cannot be considered treatment. The investment of the state in methadone programmes combined with the existing predominance of substitution programmes in Europe, could have contributed to the "insecurity" of the drug free agencies, expressed by negative attitudes towards it at the time. The fact that the supporters of the substitution presented methadone as a "panacea" to dependence did not help to it being accepted.

It might be due to these reactions that the first law, in 1995, defined the programme as "detoxification" (stressing though the need to retain users in the programme by enhancing incentives), specified the age of admission to over 22 and foresaw at least one previous attempt in a drug free programme.

In the following years, the reactions subsided for various reasons: a) the proportion of abstinent users after the two years duration of the programme was around 10%, quite below the drug free rate, and this was considered a "failure" of the programme, which rather "strengthened" than "threatened" the role of drug free treatment, b) the waiting list and the waiting period of the substitution programme was increasing rapidly, and it was thought that motivated users would be inclined to join drug free programmes (this was a myth, as data collected by the Focal Point suggested that only a 2% of the individuals in the waiting list had actually participated in drug free programmes while waiting), c) users of drugs other that heroin (cannabis, cocaine) were motivated to seek treatment, and they would inevitable address the drug free agencies, d) the concept of early intervention gained ground and interventions for adolescents and young adults were implemented by the drug free agencies, e) the budget of the drug free agencies increased, disproving their fears for the opposite, and f) ideas and concepts prevalent in Europe, such as harm reduction, increasing the user's well-being, reducing drug related deaths, became widely spread in Greece, changing the overall attitude towards dealing with the drug problem.

Public reaction to the establishment of substitution units which was virtually non-existent in the first years of the programme, increased rapidly later in places where new units were created. Extreme citizens' reactions were shown in the early 2000's. In the recent years, units are housed mostly in hospitals.

The change of attitudes and the evaluations of the substitution programmes in Europe led the policy makers to introduce modifications to the objectives of the substitution programme and in 2002 the Ministerial Decree established harm

reduction as the main objective of the programme (not abandoning the abstinence goal). It also decreased the lower age limit to 20 from 22.

Nowadays, all treatment modalities co-exist harmoniously under the concept of treatment pluralism, the belief that not all treatments are suitable for all users, and the right of users to choose the modality they consider most appropriate for them.

In 2009, there were 22 substitution units nationwide (7 methadone units and 15 buprenorphine) and 44 drug free agencies. There were 5,360 clients in substitution and 2,378 in drug free treatment.

11.2. Existing guidelines: narrative description of existing guidelines

There are no national guidelines for drug free programmes in Greece. The two major agencies, KETHEA and 18 ANO have each issued their own guidelines, which will not be presented as they are not national.

11.2.1. Objectives of the Substitution and Maintenance Programme established by law

These objectives, established by the Ministerial Decree in 2002 are presented in Table 11.1.

Table 11.1: General aims and specific objectives of the Substitution and Maintenance Programme

General aims	Specific objectives
Minimizing drug related risks	To retain drug users in the programme by enhancing incentives
	To decrease parallel drug use
	To decrease antisocial and criminal behaviour
	To decrease the probability of being infected by infectious diseases and transmitting them to others
	To consolidate a normal way of living, to improve family and social relations and to increase the interest in education/training in order to achieve occupational rehabilitation
Detoxification from drugs	To abstain from opiate drug use
	To abstain from other drug use
	To abstain from alcohol abuse
	To decrease antisocial and criminal behaviour and promote health
	To increase employment perspectives or productive occupation through training and social rehabilitation

11.2.2. Admissions criteria

The same Ministerial Decree specified the following admissions criteria:

- The user must be a chronic IV heroin or other opiates user
- Physical and psychological dependence must have been established
- The user must be over 20 years old
- If the user is under 35 years old must have at least one certified unsuccessful treatment attempt in one of the accredited by the MoH drug free programmes
- The user must not have psychiatric comorbidity
- The users must sign a written consent to the conditions of the therapeutic contract , violation of which can result in sanctions decided and imposed by the therapeutic team of the unit.

Changes in relation to the previous criteria set in 1995 refer to criterion 3 (theLower age was 22), and criterion 4 (the condition for a previous drug free attempt was requested by all users, not only those under 35).

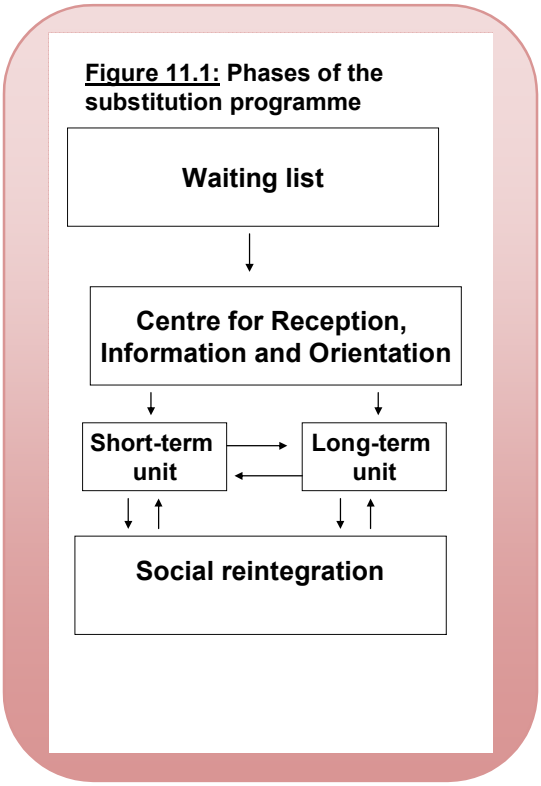
The Ministerial Decree foresaw that OKANA should a) decide on the cases where exceptional admissions are needed (priority admissions), b) draft an operational framework of the units. Both should be decisions of the Management Board of OKANA and ratified by the MoH.

11.2.3. Guidelines of the substitution and maintenance programme issued by OKANA

The book by Annette Verster and Ernst Buning "*Methadone Guidelines*", published by EuroMethwork in 2000, was translated in Greek, published and handed out to the methadone units as general guidelines for the substitution programme (methadone administration) in 2002. The book is quite known and its contents will not be presented.

In parallel, OKANA issued the *operational framework* of the programme, which serves as specific guidelines.

Operational framework of the substitution programme



The operational framework includes the main aims and specific objectives and the admissions criteria established by the Ministerial Decree presented above. It also specifies the criteria for exceptional admissions (priority admissions).

I. Admissions

A user who wishes to join the substitution programme must complete and sign an application form to the **Centre for Reception, Information and Orientation of OKANA.** There he/she is assessed through structured interview and they join the waiting list.

A client who does not fulfill the admissions criteria can be *exceptionally accepted* to the programme, provided he/she is already in the waiting list and following approval of the OKANA administration, in the cases below:

- age over 55 years old
- parent of an under aged child
- first degree relative or spouse to a user who is already participating in the programme
- diagnosis of cancer, bacterial endocarditis, kidney deficiency, diabetes, liver cirrhosis, HIV/AIDS, active tuberculosis, or combination HCV/HBV, HBV/HDV
- transplant of cardiac valve or other vital organ
- pregnancy
- disability degree >67% (according to the Regulation for Degree of Disability Assessment)
- relapse following prior completion of the substitution programme.

II. Centre for Reception, Information and Orientation of OKANA

The Centre accepts application and starts assessment of the user's condition. During the first session, the clients' record is opened, their medical and drug history is discussed and TDI is administered. In the second session the clients are informed on the phases and the units of the programme and they are oriented to the suitable units for their situation (e.g. younger clients are oriented to short-term units). The third session is the placement of the clients to a unit. The whole procedure should last one week.

In each unit the group of therapists (Therapeutic team) is responsible for several decisions, depending on the treatment phase, the specific aim of the unit and the degree of tolerance to relapses.

III. Sort - term Unit (STU)

Phase 1: Motivation. This phase should last 3 months. The aim is the provision of information about the programme, the preparation for the initiation of the substitute administration, the stabilisation of the dosage, and the preparation for Phase 2, psychosocial improvement and maintenance or detoxification. The ratio of therapists to clients is 1/20.

Therapeutic approach. Detailed medical and psychosocial assessment, creation of an individualised treatment plan, signing of the therapeutic contract, participation of the client in groups for stabilisation, information, motivation relapse prevention. Stabilisation and gradual increase of substitute dosage. Re-assessment by the end of the 3 months period.

Assessment tools. Medical assessment, psychosocial assessment (EuropASI), assessment of the therapeutic procedure.

Therapeutic tools. Safe substitute administration, individualised dosage, gradual increase and stabilisation, in response to client's needs. The client participates in the stabilisation group.

Stabilisation group. The participation in this group is mandatory for 1 week, 30 minutes a day. The purpose is to get the client well informed on the nature of the substitute, the stabilisation procedure, dealing with withdrawal symptoms, and relapse prevention and management.

Information group. Clients who showed high compliance and consistency in the stabilisation group can participate in the information group, once a week for one month. The aim of this group is provision of information on the operation of the programme and its various phases.

Motivation and relapse prevention group. Participation on a weekly basis for 6 weeks. The aim of this group is to strengthen the social skills, self confidence and the motivation for abstinence.

Individual sessions. Every client should have individual sessions with their therapist, twice a week, aiming at psychosocial counseling and support. In the last session the client is reassessed for the next phase. The final decision for the client's moving to the next phase belongs to the therapeutic team.

Phase 2: Psychosocial improvement, stabilisation or detoxification. This phase lasts 3-12 months and aims at assisting the client to achieve detoxification or improving their psychosocial state, depending on the client's wish.

Therapeutic approach. Detailed reassessment of the client's situation and creation of a treatment plan (detoxification or improvement). In collaboration with the patient, the dosage of the substitute decreases gradually. Incentives are given to the clients, such as "take home" doses.

Assessment tools. Medical assessment, psychosocial assessment (EuropASI follow-up form), assessment of therapeutic process (client's progress assessed through the Offered Services Monitoring Record).

Therapeutic tools. Treatment plan, *therapeutic contract signed*, Client's legal, medical and welfare problems are cared for. The family or important others are made use to facilitate the client's effort. A nine months' *detoxification programme* is foreseen for the clients who have made a plan aiming at abstinence, while *individual* and g*roup counseling sessions* are being held, twice and once a week respectively, for the clients who aim at detoxification and maintenance, separately.

Lack of compliance to the groups. Every effort should be made to assist the clients to comply with the therapeutic procedure and the regulations of the programme. Clients who are systematically absent, late or violate the rules of non-parallel use, are referred to the low-threshold unit[34]. These clients can return to the Short-Term Unit under certain conditions (evidence of compliance, responsible behaviour, strong motive).

IV. Long - Term Unit (LTU)

The aims of this unit are administration of substitution treatment for relapse prevention and for strengthening and maintaining the social and professional integration of the clients.

Conditions for admission:

- clients who have successfully completed Phase 1 of the STU and their request hace been approved by the therapeutic team,
- clients referred by Phase 2 of the STU for psychosocial improvement and stabilisation, and
- clients with chronic diseases, who have diagnosed psychiatric comorbidity (despite the Ministerial Decree stating the opposite, see 11.3: "implementation process"), who are over 50 years of age, or who during their admission to the programme were assessed by the therapeutic team that they would do better in the LTU. All clients are asked to sign a therapeutic contract.

Treatment approach and procedure:

- Administration of the substitution treatment in doses fully covering the client's needs

[34] The Low-Threshold Unit functioned for one year only, 2003, and thereafter it was merged to the Long-term Unit

- Care for psychiatric problems in case of comorbidity by the psychiatrist of the unit or in liaise with a psychiatric unit of a public hospital
- Care for medical problems by the general practitioner of the unit or the liaised hospital special unit
- Psychosocial support through group or individual counseling for relapse prevention and integration
- Harm reduction interventions
- Vocational training and counseling through specialised programmes
- Assistance to abstinence in cases where the client decides for it. This can start inside the LTU and can be continued in STU, depending on the decision of the therapeutic team.

V. Social Reintegration Unit (SRU)

The aim of this Unit is the achievement of the best possible adaptation of the clients at family, social and vocational level and the parallel abstinence or maintenance state reached when exiting the previous stages of the substitution programme.

The SRU consists of two phases, the pre-reintegration and the reintegration.

Pre – reintegration Phase. In the last weeks of the substitution administration programme (STU/LTU) the client has 2-4 individual sessions with his/her therapist and one of the therapist of the SRU. These sessions aim at facilitating a smooth transition to the SRU. At the end of this phase the therapeutic contract of social reintegration is signed.

Integration phase. The client stays in the SRU at least one year. The programme consists of individual and group sessions once a week each, weekly urine tests and promotion to the labour market. At this stage administration of naltrexone is possible. In cases that the therapeutic team consider that the conditions for a client's participation in SRU are not met at a certain moment in time, the client is referred back to the STU/LTU, where he/she has to stay for at least one year before the return to the SRU can be considered.

Successful completion of the Programme. Clients are considered to have successfully completed the Substitution Programme when they have:

- completed all the phases of treatment
- completed at least one year in the SRU, in total abstinence from all illicit substances and alcohol
- not been arrested for drug related offenses while participating in the Programme.

Table 11.2: Phases of Social Reintegration

Phase	Conent	Aim
Pre –reintegration (strengthening and stabilisation) 1 month	Detachment and "farewell" to STU	Preparation for admission in the SRU
	4 common sessions with therapists of STU and SRU	
Integration phase 12-24 months	Individual support and counseling	Promotion to the labour market
	Group counseling	Support in finding or sustaining a job
		Re orientation in the relationships with family and friends

VI. Policy for the retention of clients to the Programme

Premature discharges should have a therapeutic rather than a punitive nature, and they should include the perspective of readmission to the programme. The compulsory period out of the programme ranges between 6 to 12 months, depending on the severity of the reason for discharge. Each Unit should make every effort to limit the number of premature discharges.

Reasons for premature discharge are:

- the non-reduction of use of other psychotropic substances in spite of the repeated warnings to the client
- repeated acts of violence in the premises
- drug trafficking in the premises and the abuse of the privilege to personal use of the substitute.

Monitoring and dealing with relapse:

- *Urine tests.* As they may be considered demeaning for the client, efforts should be made to reduce them up to once a month for the clients with satisfactory process.
- *Relapse.* Increased individual sessions and increase of the dose of the substitute can be used to reduce risk of relapse. Discharge because of repeated relapses is only justified when all other efforts and measures have been strained and/or the risks involved are great (parallel use of other substances or opiates, driving). The number of relapses tolerated is decided by the therapeutic team, who also decides referral to the LTU when considered that the STU regulations are too demanding for the client at that particular moment in time.

Dealing with violence and breach of the regulation. In cases of violent behaviour inside the premises and/or systematic breaching the programme regulation, the therapeutic team may decide to refer the client form the STU to the LTU.

In cases of violence, weapon possession and use, the foreseen actions are:

- immediate initiation of detoxification or referral to LTU
- reconsidering admission to STU after one year provided the client has not exhibited the same behaviour in the meantime.

In cases of life threatening behaviour, use of weapons, deceit, drug trafficking inside the premises, giving the personal dose of substitute to others, the foreseen actions are:

- immediate initiation of detoxification or referral to LTU
- discharge for at least 6 months
- in case of readmission (after the period of discharge) the client is admitted to a different than the initial unit
- in case of repetition of the inappropriate behaviour the client is permanently discharged from the Programme.

System of incentives:

- *"Take home".* "Take home" doses are effective for the clients whose progress is satisfactory, after decision of the therapeutic team. Conditions for "take home": no parallel use for at least 4 months and good conduct and compliance with the regulation. For clients who meet these conditions the take home system starts for the weekends for a 3-months period. If the conditions are still met after the 3-months period, he/she is given the right to take home doses for 5 consecutive days once every 6 months.
- *Social welfare assistance.* The client is assisted to claim social welfare benefits and to stay in the special hostels provided if he/she is homeless.

VII. Special issues

Illness. When a client is ill (certified by doctor or hospital) relatives can take thee daily dose, after signing a written commitment.

Clients form other countries. EU citizens, who participate in a substitution program in their country and visit Greece, can be temporarily accepted to the Greek SP, under the following conditions:

- presentation of document from the substitution programme in the country of origin about the foreign client's personal details and dose
- personal submission of application of the foreign client in the Centre for Reception, Information and Orientation of OKANA
- acceptance of the regulation of the Greek substitution programme
- setting a predetermined period of substitute administration.

VIII. Successful participation – successful completion of the programme

A client is considered to have a successful participation in the substitution program, irrespective of the duration, when he/she has reduced psychotropic substances use, has reduced criminal behaviour or any other involvement with the law, and presents overall improvement of his/her well-being.

Clients who aim at detoxication and leave the programme when reaching abstinence, can be reaccepted with a new 12 months contract, if they relapse within a period of 3 months after leaving.

11.2.4. Amendments

The operational framework described above was amended a few months after its endorsement. The amendments are:

- Buprenorphine is introduced to the STUs.
- *Reception of clients and referrals to Units*. Clients in the waiting list will be invited, in turn, to enter the programme by the Centre for Reception, Information and Orientation of OKANA. Those who meet the conditions for buprenorphine administration, will be informed on the medicine's advantages and that if after test period of 20 days treatment with buprenorphine it is confirmed that the medicine is not suitable for them, they can go back to methadone. The STU will receive clients who enter substitution treatment for the first time, while the LTU will receive clients who have participated in the substitution programme for at least 6 months in the past. If these clients ask themselves to enter the STU for detoxification, it has to be assessed that they can respond to the demands of the STU.
- *Long-Term Unit.* The Low-threshold and the LTU will gradually merge.
- *Dealing with relapses. In the STU*, Phase 1, the client is referred to the LTU in the 4th relapse to opiates, cocaine, benzodiazepines, and/or alcohol. In Phase 2 in the 8th relapse to all the aforementioned substances. Cannabis and amphetamines use is monitored at longer intervals than the other substances' use. Only clients who are free from all substance use are referred to the social reintegration unit. Clients who are stabilised (no relapses) are referred to the LTU after 6 months' participation in the STU. *In the LTU,* cannabis use does not constitute reason for discharge. In case of any substance use during the first 2 months of the programme, no "take home" is given. The client is referred to the low-threshold unit (and when it is abolished discharged for 6 months) in case that urine tests are positive for 3 consecutive times in a 30 days period, and/or after the 12th relapse in a year's period. Positive urine test in alcohol and benzodiazepines are treated with counselling and possible reduction of the dose for preventive reasons.

11.3. Implementation process

The guidelines discussed above form the theoretical background for the operation of the substitution programme, implemented at national level exclusively by OKANA.

In practice, there are quite a few differences among the 22 nationwide units of OKANA. It should be stressed that the guidelines were formulated when substitution units existed only in Athens and Thessaloniki. Through the years, 22 new units were founded in different cities, 16 of them operate in the premises of public regional hospitals.

In almost all of these cities, the one and only existing unit operates as a long tern unit – the level of tolerance to relapses is considerably affected, since the philosophy of the programme is mainly harm reduction.

The size of the waiting list also affects they way units function. In Athens, the waiting list has been quite high for the last 5-6 years (3,771 users in 2009), in Thessaloniki it has been significantly lower (1,117 users in 2009), while 670 users were in 2009 in the waiting lists of all other cities. OKANA being severely criticised by the Media for the waiting list in Athens, is in constant pressure to maximise the capacity of the Athens' units, which operate beyond capacity.

As it is obvious from the description of the guidelines, the therapeutic team of each unit has a broad mandate and is responsible for many decisions that concern the client. As expected, therefore, the teams in different units make different decisions, so that eventually each unit operates under slightly different rules. Their main differences refer to level of tolerance of relapses.

The main issues of the guidelines which were considered by the therapeutic team(s) necessary to "disregard" are a) one of the admissions criteria of the Ministerial Decree which stated that the users should have psychiatric comorbidity (as the majority of heroin users have dual diagnosis), and, b) the times of relapses tolerated before discharge stated in the operational framework (in most cases this number is increased).

11.4. Comparison with the WHO guidelines

	Name of Assessors:	Yes	No	N.A. specify	No answer
1.	**Choice of treatment**				
1.2	For the pharmacological treatment of opioid dependence, clinicians should offer opioid withdrawal, opioid agonist maintenance and opioid antagonist (naltrexone) treatment, but most patients should be advised to use opioid agonist maintenance treatment. Do the present guidelines include this recommendation?	☒	☐	☐	☐
1.3	For opioid-dependent patients not commencing opioid agonist maintenance treatment, consider antagonist pharmacotherapy using naltrexone following the completion of opioid withdrawal. Do the present guidelines include this recommendation?	☐	☒	☐	☐
2.	**Opioid agonist maintenance treatment**				
2.1	For opioid agonist maintenance treatment, most patients should be advised to use methadone in adequate doses in preference to buprenorphine. Do the present guidelines include this recommendation?	☐	☒	☐	☐
2.2	During methadone induction, the initial daily dose should depend on the level of neuroadaptation; it should generally not be more than 20 mg, and certainly not more than 30mg. Do the present guidelines include this recommendation?	☒	☐	☐	☐
2.3	On average, methadone maintenance doses should be in the range of 60–120 mg per day. Do the present guidelines include this recommendation	☒	☐	☐	☐
2.4	Average buprenorphine maintenance doses should be at least 8 mg per day. Do the present guidelines include this recommendation?	☐	☐	☒[35]	☐
2.5	Methadone and buprenorphine doses should be directly supervised in the early phase of treatment. Do the present guidelines include this recommendation?	☒	☐	☐	☐
2.6	Take-away doses may be provided for patients when the benefits of reduced frequency of attendance are considered to outweigh the risk of diversion, subject to regular review. Do the present guidelines include this recommendation?	☒	☐	☐	☐

[35] Guidelines do not officially cover buprenorphine treatment

	Name of Assessors:	Yes	No	N.A. specify	No answer
2.7	Psychosocial support should be offered routinely in association with pharmacological treatment for opioid dependence. Do the present guidelines include this recommendation?	☒	☐	☐	☐
3.	**Management of opioid withdrawal**				
3.1	For the management of opioid withdrawal, tapered doses of opioid agonists should generally be used, although alpha-2 adrenergic agonists may also be used. Do the present guidelines include this recommendation?	☒	☐	☐	☐
3.2	Clinicians should not routinely use the combination of opioid antagonists and minimal sedation in the management of opioid withdrawal. Do the present guidelines include this recommendation?	☒	☐	☐	☐
3.3	Clinicians should not use the combination of opioid antagonists with heavy sedation in the management of opioid withdrawal. Do the present guidelines include this recommendation?	☐	☒	☐	☐
3.4	Psychosocial services should be routinely offered in combination with pharmacological treatment of opioid withdrawal. Do the present guidelines include this recommendation?	☒	☐	☐	☐
4	**Pregnancy**				
4.1	Opioid agonist maintenance treatment should be used for the treatment of opioid dependence in pregnancy. Do the present guidelines include this recommendation?	☒	☐	☐	☐
4.2	Methadone maintenance should be used in pregnancy in preference to buprenorphine maintenance for the treatment of opioid dependence; although there is less evidence about the safety of buprenorphine, it might also be offered. Do the present guidelines include this recommendation?	☐	☒	☐	☐
-	Do the present guidelines agree with the “Clinical guidelines for withdrawal management and treatment of drug dependence in **closed settings**”?	☐	☒	☐	☐

CHAPTER 12: COST OF DRUG RELATED TREATMENT IN EUROPE; A COMPARATIVE ANALYSIS

12.1. Funding sources

The major funding source for drug treatment in Greece is the State. Not only the public sector but also KETHEA the biggest NGO in Greece for treatment and other interventions are mainly financed by the State. A substantial amount of KETHEA's expenditure, almost 20%, comes form sources other the State. In 2010, the self-financing activities of KETHEA fall in the following three categories:

- Donations and sponsorships to meet both the basic operating expenses of the programmes and information/awareness/training activities
- Revenues from production units (most notably from the printing house, but also from the ceramics workshop, the carpenter's workshop, the farm, etc.)
- European projects in the areas of research, graduates' training, professionals' training, and development of new services.

Drug treatment in public and officially recognized agencies is free of charge for the users who address them. Although no private hospital or agency is recognized for delivering drug treatment in Greece, such agencies exist and the cost of treatment they deliver is quite high.

12.2. Cost studies

This section presents the expenditure associated with demand reduction. The relevant data were reported both from the Ministry for Health and Social Solidarity and the finance departments of the services concerned, as part of the routine data collection of the Focal Point. It should be noted that breakdowns of expenditure are possible for certain services, whilst for others they are not.

Expenditure of 18 ANO Dependence Treatment Unit, Attica Psychiatric Hospital

According to data from the finance department of 18 ANO Dependence Treatment Unit and the Ministry for Health and Social Solidarity, the operating expenses of 18 ANO for the year 2009 came up to € 11,987,495.05. This figure includes personnel wages, which came up to € 10,000,000, while the remaining amount of € 1,987,495.05 reflects other operating expenses (Table 12.1). In 2009, payroll expenses account for more than 90% of the total expenditure, and they have almost doubled since 2006, due to a large amount of new staff recruits. Operating expenses appear to systematically decrease in the past three years. 18 ANO is part of the Attica Psychiatric Hospital, from where it also gets financial support.

As 18 ANO do not keep analytical accounts, it is not possible to present a breakdown of expenditure on demand reduction programmes.

Table 12.1: Cost (€) of 18 ANO services (2006 – 2009)

	2006	2008	2009
Personnel wages	5,677,000	9,508,650	10,000,000
Other operating expenses	3,129,700	2,739,995	1,987,495
Total	8,796,700	12,248,645	11,987,495

Expenditure of the Dependence Treatment Units of Thessaloniki Psychiatric Hospital

The expenditure of the Dependence Treatment Unit of Thessaloniki Psychiatric Hospital for the year 2009 came up to € 2,706,923.21, about 20% less compared to 2008 (Table 12.2). According to data from Thessaloniki Psychiatric Hospital and the Ministry for Health and Social Solidarity, the amount of € 2,272,709.33 was spent on personnel wages (allocated from the Ministry) and the remainder was operating expenses. The expenditure of ARGO programme for the year 2009 came up to € 930,676.86, of which € 726,301.76 was personnel wages (allocated from the Ministry). The expenditure of the Alcohol and Gambling Unit came up to € 769,303.61, of which € 656,620.11 was personnel wages (allocated from the Ministry).

Table 12.2: Cost (€) of services of Thessaloniki Psychiatric Hospital (2008 – 2009)

	2008	2009
Dependence Treatment Unit	3,234,052	2,706,923.00
ARGO		930,676.86
Alcohol/gambling		769,303.61

OKANA expenditure

OKANA is the coordinating body on drugs and the agency solely responsible by law for the implementation of the Substitution Programme in Greece.

Data from the finance department of OKANA indicated that expenditure to meet the cost of services delivered by OKANA in 2009 came up to € 46,934,216.60 (Table 12.3). This figure does not include expenditure on free legal assistance to clients of Substitution Treatment Programmes and co-financed vocational training projects. In the past five years, OKANA expenditure increased by more than 60%. The largest increase is observed in the Substitution Treatment Programme and the Social Reintegration Programme, whose cost has more than doubled since 2005. Expenditure on Prevention, which was halved in the period 2005-2008, reflects the well-known problem of under-financing of the Prevention Centres. In December 2009, as a result of a long struggle waged by the Prevention Centres, the Ministry for Health approved both the payment of outstanding debts and appropriations for the following years. This accounts for the three-fold increase in OKANA expenditure on Prevention in 2009 compared to 2008.

Table 12.3: Cost (€) of OKANA services (2005 – 2009)

	2005	2006	2008	2009
Prevention				
Co-financing of Prevention Centres	2,982,878.19	2,778,241.30	2,192,047.97	6,146,370.92
Training and support	661,416.12	200,000.00	45,813.00	
Personnel wages	367,877.78	391,538.71	546,143.90	668,382.34
Research		835,532.20	386,644.81	
Total	**4,847,704.29**	**3,756,424.82**	**2,784,004.87**	**6,814,753.26**
Substitution Treatment Programme				
Personnel wages	8,877,650.36	10,988,010.01	17,851,592.42	18,236,515.86
Accommodation and operational costs	4,384,064.94	4,355,950.05	5,897,305.81	8,522,640.33
Total	**13,261,715.30**	**15,343,960.06**	**23,748,898.23**	**26,759,156.19**
Patras Network of Treatment Services				
Personnel wages	300,709.72	370,859.01	446,520.28	476,287.71
Accommodation and operational costs	147,754.80	172,830.34	167,849.66	167,920.59
Total	**448,464.52**	**543,689.35**	**614,369.94**	**644,208.30**
Adolescent Units (Athens, Thessaloniki, Rethymno, Larissa)				
Personnel wages	814,521.41	997,780.12	1,419,387.90	1,396,393.80
Accommodation and operational costs	291,018.84	286,432.43	313,968.13	383,858.78
Total	**1,105,540.25**	**1,284,212.55**	**1,733,356.03**	**1,780,252.58**
Help Centre				
Personnel wages	1,516,862.77	1,821,372.64	2,746,155.65	2,836,610.67
Accommodation and operational costs	520,989.97	415,822.06	502,141.41	604,006.20
Total	**2,037,852.74**	**2,237,194.70**	**3,248,297.06**	**3,440,616.87**
Social Reintegration Unit				
Personnel wages	325,283.13	402,910.23	513,145.64	523,680.48
Accommodation and operational costs	123,782.79	104,193.94	139,347.80	146,224.29
Total	**449,065.92**	**507,104.17**	**652,493.44**	**669,904.77**

	2005	2006	2008	2009
Specialised Vocational Training Centres (Athens, Thessaloniki)				
Personnel wages	227,651.55	285,868.66	470,998.27	413,028.26
Accommodation and operational costs	116,305.39	142,578.92	223,172.57	300,396.33
Total	**343,956.94**	**428,447.58**	**694,170.84**	**713,424.59**
Headquarters				
Personnel wages	2,039,610.73	2,536,514.52	3,252,254.82	3,601,701.64
Accommodation and operational costs	4,102,111.77	1,162,323.33	2,457,652.05	1,936,317.87
Total	**6,141,722.50**	**3,698,837.85**	**5,709,906.87**	**5,538,019.51**
Grants to various agencies (Ministry for Health and Social Solidarity)				**573,880.53**
Grand total	**28,636,022.46**	**27,799,871.08**	**39,185,497.28**	**46,934,216.60**

SOURCE: Greek Focal Point (DATA: OKANA, 2006, 2007, 2009, 2010)

KETHEA expenditure

According to data from the finance department of KETHEA, in order to meet the cost of services delivered by KETHEA in 2009, expenditure came up to € 30,318,412 (Table 12.4). State grants amounted to € 24,000,000 and the rest came from self financing activities mentioned in section 12.1.

KETHEA relies at a standard basis to a great extent on civil society and voluntary work, as well as on partnerships with the local authorities.

Presenting a summary of KETHEA expenditure over time is difficult due to the constant development of new services. In 2009, expenditure-wise emphasis appears to be placed on two fields: interventions in the criminal justice system (on which nearly € 3 million was spent) and services to special population groups (with almost € 1 million) (Table 12.4).

Total expenditure in 2009 increased by 6% compared to the previous year and by 42% in the last 4 years (Tables 12.4 & 12.5)

Table 12.4: Breakdown of KETHEA expenditure (2009)

Primary Prevention	€
In Primary Education	192,515.00
In Secondary Education	206,670.00
In the Community	347,857.00
Supervision/Support/Information	252,397.00
Total	**999,439.00**

Harm Reduction-Motivation	
23 Counselling Centres	3,622,980.00
2 Low-threshold Units	617,208.00
1 Streetwork Programme	352,694.00
1 Psychodiagnostic Centre	527,052.00
1 SOS Helpline (Thessaloniki)	200,643.00
Total	**5,320,577.00**
Interventions in the Criminal Justice System	
1 Counselling Centre at the Juvenile Courts	51,159.00
18 Prisoner Counselling Programmes	1,589,303.00
2 Prisoner Treatment Programmes	654,257.00
2 Reintegration Centres for Released Prisoners	542,865.00
1 Family Support Programme	48,629.00
Total	**2,886,213.00**
Treatment	
5 Residential Treatment Programmes for Adults	3,700,220.00
5 Day-care Treatment Programmes for Adults	1,753,967.00
6 Day-care Treatment Programmes for Adolescents/Young Adults	1,230,006.00
3 New Units for Adolescents	858,839.00
Total	**7,543,033.00**
Services for Special Population Groups	
1 Centre for Immigrants and Refugees	488,806.00
1 Unit for Legal Addictions (Alcohol & Gambling)	305,374.00
1 Specialised Treatment Unit for Dependent Parents	106,578.00
Total	**900,759.00**
Social Reintegration	
14 Social Reintegration Centres	**1,545,251.00**
Vocational Training – Education	
4 Vocational Training Centres	343,071.00
4 Production Units (Printing house, Carpenter's workshop, Ceramics workshop, Farm)	3,461,776.00
4 Transitional Schools	1,221,475.00
Total	**5,026,321.00**
Family Therapy	
20 Centres for Family Counselling and Therapy	1,819,197.00
Training of Health Professionals	900,036.00
Research – Evaluation	1,502,499.00
Administration	1,875,087.00
GRAND TOTAL	**30,318,412.00**

SOURCE: Greek REITOX Focal Point (DATA: KETHEA, 2010)

Table 12.5: Breakdown of KETHEA expenditure (€) (2005, 2006, 2008)

	2005	2006	2008
Primary Prevention			
In Primary Education	102,167	141,876	178,909.00
In Secondary Education	112,324	146,789	185,670.00
In the Community	235,986	264,560	310,987.00
Supervision / Support / Information	405,134	206,756	221,098.00
Total	**855,611**	**759,981**	**896,664.00**
Harm Reduction			
17 Counselling Centres	2,613,876	2,745,467	3,245,677.00
9 Prisoner Counselling Programmes	830,654	1,090,067	1,466,876.00
2 Low-threshold Units	358,768	349,768	446,987.00
1 Streetwork Programme	190,657	199,113	232,435.00
1 SOS Helpline (Thessaloniki)	95,674	102,345	161,903.00
Total	**4,089,629**	**4,486,760**	**5,553,878.00**
Treatment			
4 Residential Treatment Programmes for Adults	2,207,644	2,315,612	3,135,940.00
3 Day-care Treatment Programmes for Adults	1,609,546	1,529,546	1,681,988.00
2 Day-care Treatment Programmes for Adolescents	1,194,569	1,055,221	1,095,119.00
4 New Units for Adolescents	1,738,765	2,590,672	1,883,988.00
2 Specialised Units for Women (Mothers, Prisoners)	212,876	267,543	363,887.00
1 Alcohol / Gambling Unit	260,564	252,134	296,897.00
Total	**7,223,964**	**8,010,728**	**8,457,819.00**
Social Reintegration			
9 Social Reintegration Centres	902,435	914,331	1,143,443.00
1 Centre for Immigrants / Remigrants	439,900	519,600	462,087.00
2 Reintegration Centres for Released Prisoners	446,377	512,902	375,980.00
Total	**1,788,712**	**1,946,833**	**1,981,510.00**
Vocational Training – Education			
4 Vocational Training Centres	203,004	183,450	209,007.00
4 Production Units (Printing house, Carpenter's workshop, Ceramics workshop, Farm)	2,434,277	2,679,865	5,177,232.00
3 Transitional Schools	1,014,877	820,089	1,043,899.00
Total	**3,652,158**	**3,683,404**	**6,430,138.00**
Family Therapy			
16 Centres for Family Counselling and Therapy	1,013,879	1,037,822	1,594,988.00
Training of Health Professionals	635,200	439,331	685,875.00
Research - Evaluation	883,834	1,005,198	1,275,609.00
Administration	1,193,126	1,630,865	1,785,108.00
Grand Total	**21,336,113**	**23,000,922**	**28,671,589.00**

SOURCE: Greek REITOX Focal Point (DATA: KETHEA, 2006, 2007 & 2009)

12.3. Cost effectiveness studies

Cost effectiveness study of the substitution treatment conducted by the University of Thessaly

A study was conducted in 2010 by the Department of Economic Sciences of the University of Thessaly, under the supervision of Prof. Geitona, entitled: "Socio- economic evaluation of substitution treatment for opiate addiction in Greece".
According to the results of the study the buprenorphine-naloxone combination is the treatment with the smallest social and economic cost compared to the rest of substances used in substitution treatment. The researchers conclude that if the total population of substitution programme clients treated with buprenorphine were shifted to this combination the programme could save up to 54% of the annual cost of the programme. This could also enable the expansion of the programme to 2,057 new clients from the already large waiting list of the programme, particularly in Athens. Moreover, the administration of the combination buprenorphine-naloxone to the total population of the substitution programme clients in Greece would reduce the waiting list by 76.5%. Apart from the aforementioned economic benefits, among the findings of the study is the reduction of drug related mortality and morbidity (avoided mortality and morbidity), as well as the increased client satisfaction and quality of life of the clients of the programme who receive the combination (Geitona et al. 2010).

BIBLIOGRAPHY

Cheung, YW (2000) Substance abuse and development in harm reduction.Canadian Medical Association Journal, 162 (12) 1697 – 1700.

Currie, C., Nic Gabhainn, S., Godeau, E., Roberts, C., Smith, R., Currie, D., Picket, W., Richter, M., Morgan, A., and Barnekow, V. (2008) Inequalities in Young People's Health, HBSC International Report from the 2005/2006 Survey. World Health Organization Regional Office for Europe, Copenhagen

EMCDDA (European Monitoring Centre for Drugs and Drug Addiction) (2010) Annual report 2010: the state of the drugs problem in Europe. EMCDDA, Lisbon, November 2010.

Evans, J. L., J. A. Hahn, K. Page-Shafer, P. J. Lum, E. S. Stein, P. J. Davidson and A. R. Moss (2003) Gender differences in sexual and injection risk behavior among active young injection drug users in San Francisco (the UFO Study). J Urban Health 80(1): 137-146.

Geitona M., Karagianni V., Kousoulakou Ch. and Androutsou L. (2010) Socio- economic evaluation of substitution treatment for opiate addiction in Greece. (in English) University of Thessaly, Department of Economic Sciences, Volos, Greece

Gogos, C. A., K. P. Fouka, G. Nikiforidis, K. Avgeridis, G. Sakellaropoulos, H. Bassaris, A. Maniatis and A. Skoutelis (2003). Prevalence of hepatitis B and C virus infection in the general population and selected groups in South-Western Greece. Eur J Epidemiol 18(6): 551-557.

Greek REITOX Focal Point (2009) 2009 National Report (2008 data) to the EMCDDA by the Reitox National Focal Point. Athens: Greek REITOX Focal Point

HCDCP (Hellenic Center for Disease Control and Prevention). (2009) HIV/AIDS Surveillance Report in Greece, 31-10-2009 (Issue 24). Athens 2009.

Hibell, B., Guttormsson, U., Ahlström, S., Balakireva, O., Bjarnason, T., Kokkevi, A., and Kraus, L. (2009) The ESPAD Report 2007: Substance Use Among Students in 35 European Countries. CAN, Council of Europe. Pompidou Group, Stockholm.

Iatriko Vima (2006) October 1st: World HCV day. Iatriko Vima, September-October 2006:36. (In Greek)

Iversen, J., H. Wand, A. Gonnermann and L. Maher (2010) Gender differences in hepatitis C antibody prevalence and risk behaviours amongst people who inject drugs in Australia 1998-2008. Int J Drug Policy.

KETHEA (Therapy Center for Dependent Individuals) (2010) 2009 Activity Report. KETHEA, Athens.

Kokkevi, A., Fotiou, A., and Kitsos, G. (2008) Adolescent lifestyles and health: Findings from the 2006 HBSC/WHO survey in Greece. Athens: Papazisis Publishers. (In Greek)

Kokkevi, A., Fotiou, A., and Kitsos, G., (2009) Substance use by adolescent students in Greece: Findings from the nationwide 2007 ESPAD survey, Athens: Papazisis Publications.

Kokkevi, A., Kitsos, G., Fotiou, A. (2007) Tobacco, Alcohol and Illicit Drug Use in the General Population of Greece: Trends Between 1984 and 2004 from Nationwide Household Surveys. Athens: VITA Publishers. (In Greek, abstract in English)

Koskinas, I. (2007). Chronic hepatitis B Iatriko Vima,, November-December-January 2007:15. (In Greek)

Lidman, C., L. Norden, M. Kaberg, K. Kall, J. Franck, S. Aleman and M. Birk (2009) Hepatitis C infection among injection drug users in Stockholm Sweden: prevalence and gender. Scand J Infect Dis 41(9): 679-684.

Lionis, C., E. Frangoulis, M. Koulentakis, E. Biziagos and E. Kouroumalis (1997) Prevalence of hepatitis A, B, and C markers in school children of a rural area of Crete, Greece. Eur J Epidemiol 13(4): 417-420.

Neaigus, A., V. A. Gyarmathy, M. Miller, V. Frajzyngier, M. Zhao, S. R. Friedman and D. C. Des Jarlais (2007) Injecting and sexual risk correlates of HBV and HCV seroprevalence among new drug injectors. Drug Alcohol Depend 89(2-3): 234-243.

Non-Governmental Organization PRAKSIS (2010) PROTA ROTA (ASK FIRST) 2009 Activity Report. PRAKSIS NGO, Athens.

Self-help Promotion Programme (2010) 2009 Activity Report. AUTh Department of Psychology and OKANA, Thessaloniki.

TUBIM (2010) 2009 National Report on Counteracting Addictive Substances and Substance Addiction – Turkey. Ministry of Interior, Turkish National Police, Anti-Smuggling and Organised Crime Department. Ankara

Velonakis, N.E., Voskaki, A., Kartali-Ktenidou, S., Kornarou, E., Kotsianopoulou, M., Konstandinidis T., et al. (2007) Guidelines: Infectious Diseases Sheets. In: 4th Health Region of Macedonia & Thrace. November 2007. (In Greek)

Verster A. Buning E. (2000) Methadone Guidelines (translation in Greek: OKANA), EuroMethwork 2000.

Vescio M.F., Longo B., Babudieri S., Starnini G., Garbonara S., Rezza G., Monarca R., (2008) Collerates of hepatitis C virus seropositivity in prison immates: a meta-analysis. Journal of epidemiology and community health 62(4): 305-313.

Zacharakis, G., S. Kotsiou, M. Papoutselis, N. Vafiadis, F. Tzara, E. Pouliou, E. Maltezos, J. Koskinas and K. Papoutselis (2009). Changes in the epidemiology of hepatitis B virus infection following the implementation of immunisation programmes in northeastern Greece. Euro Surveill 14(32).

PRESS RELEASES

KETHEA, 23-4-2010

KETHEA: "Dependence treatment programmes in the prison setting: morally, socially and economically necessary", 8-5-2010

18 ANO Dependence Treatment Unit- Attica Psychiatric Hospital, 28-6-2010

NEWSPAPER

KATHIMERINI daily: "Treatment instead of prison", 08-5-2010

INTERNET

www.emcdda.europa.eu/publications/country-overviews

http://www.keelpno.gr

ANNEX I

Prevention Centres established by OKANA and Local Authorities and other agencies active in the field of prevention, by region

REGION		NAME OF CENTRE / AGENCY	TOWN/CITY	WEB SITE
EASTERN MACEDONIA		**Prevention Centres established by OKANA and Local Authorities**		
	1)	Drug Information and Prevention Centre of the Prefecture of Xanthi	Xanthi	www.prolipsi-xanthi.gr
	2)	Information & Prevention Centre Against Drugs of the Prefecture of Evros ELPIDA	Alexandroupoli	www.e-prolipsi.gr
	3)	Prevention Centre for Combating Drugs of the Prefecture of Kavala	Kavala	
	4)	Prevention Centre Against Substance Use of the Prefecture of Rodopi ORPHEUS	Komotini	
CENTRAL MACEDONIA		**Prevention Centres established by OKANA and Local Authorities**		
	1)	Prevention Centre Against Psychoactive Substances of the Prefecture of Pieria ATRAKTOS	Katerini	www.kp-atraktos.gr
	2)	Drug Abuse Prevention and Health Promotion Centre of the North-western Sector of the Prefecture of Thessaloniki PYXIDA	Thessaloniki	www.pyxida.org.gr
	3)	Drug Prevention Centre of the Eastern Sector of the Prefecture of Thessaloniki ELPIDA	Thessaloniki	www.kpelpida.gr
	4)	Drug Prevention Centre of the Prefecture of Halkidiki PNOI	Halkidiki	
	5-6)	Information and Prevention Centres of Substance Use of the Municipality of Thessaloniki SIRIOS (2 Centres)	Thessaloniki	www.kp-seirios.gr
	7)	Information and Prevention Centre of the Western Sector of the Prefecture of Thessaloniki DIKTIO A	Thessaloniki	
	8)	Prevention Centre Against Substance Use of the Prefecture of Serres OASIS	Serres	
	9)	Prevention Centre Against Substance Use of the Prefecture of Pella ORAMA	Edessa	www.kporama.gr
	10)	Prevention Centre Against Substance Use of the Prefecture of Kilkis NIREAS	Kilkis	www.nhreaskp.gr
	11)	Prevention Centre Against Substance Use of the Prefecture of Imathia PROSVASI	Veria	www.prosvasimathia.gr
		Other prevention agencies		
		Information-prevention group against addiction / Alternative Therapeutic Programme ARGO / Thessaloniki Psychiatric Hospital	Thessaloniki	
WESTERN MACEDONIA		**Prevention Centres established by OKANA and Local Authorities**		
	1)	Prevention Centre Against Drugs of the Prefecture of Florina	Florina	www.prolipsi.gr
	2)	Prevention Centre Against Substances of the Prefecture of Kozani ORIZONTES	Kozani	
	3)	Information & Prevention Centre Against Drugs of the Prefecture of Kastoria DIEXODOS	Kastoria	
	4)	Prevention Centre Against Substances of the Prefecture of Grevena ORIZONTES	Grevena	www.kporizontes.gr
EPIRUS		**Prevention Centres established by OKANA and Local Authorities**		
	1)	Counselling Centre for Combating Drugs of the Prefecture of Ioannina SSKNNI	Ioannina	
	2)	Prevention Centre of the Prefecture of Arta KPN ARTAS	Arta	
	3)	Prevention Centre Against Substance Use of the Prefecture of Thesprotia ARIADNE	Igoumenitsa	www.kpariadnh.gr
	4)	Prevention Centre Against Drugs and Other Substances of the Prefecture of Preveza KE.PRO.NA.P.	Preveza	
THESSALY		**Prevention Centres established by OKANA and Local Authorities**		
	1)	Social Intervention Centre of the Prefecture of Trikala	Trikala	www.trikalacity.gr
	2)	Prevention Centre Against Dependence of the Prefecture of Karditsa SOCIAL INTERVETION CENTRE	Karditsa	www.prevkar.gr
	3)	Drug Prevention Centre of the Prefecture of Magnissia PROTASI ZOIS	Volos	www.protasizois.gr
	4)	Prevention Centre Against Substances of the Prefecture of Larissa ORPHEUS	Larissa	
IONIAN ISLANDS		**Prevention Centres established by OKANA and Local Authorities**		
	1)	Municipal Drug & AIDS Prevention Unit of the Prefecture of Corfu NIKOS MOROS	Corfu	
	2)	Drug Prevention Centre Against Substances of the Prefecture of Zakinthos STORGI	Zakinthos	www.kpstorgi.gr
	3)	Prevention Centre Against Substance Use of the Prefecture of Lefkada	Lefkada	
	4)	Prevention Centre Against Substance Use of the Prefecture of Kefalonia (& Ithaca) APOPLOUS	Kefalonia	

ANNEX I

REGION		NAME OF CENTRE / AGENCY	TOWN/CITY	WEB SITE
WESTERN GREECE		**Prevention Centres established by OKANA and Local Authorities**		
	1)	Centre of Prevention of Addictive Substances of the Prefecture of Achaia	Patra	www.kpachaia.gr
	2)	Prevention Centre Against Substance Use of the Prefecture of Ilia PAREMVASIS	Amaliada	www.paremvasis.net.gr
	3)	Prevention Centre Against Drugs of the Prefecture of Etoloakarnania ODYSSEUS	Agrinio	
		Other prevention agencies		
		Movement for another lifestyle PROTASI	Patra	www.kpachaia.gr
		ST. LUKE OF CRIMEA Health Promotion Organisation of the Holy Bishopric of Etolia and Acarnania	Mesollogi	
CENTRAL GREECE		**Prevention Centres established by OKANA and Local Authorities**		
	1)	Drug Prevention Centre of the Prefecture of Evia	Halkida	
	2)	Prevention Centre of the Prefecture of Voiotia PROTASI ZOIS	Livadia/Thiva	
	3)	Prevention & Information Centre Against Drugs of the Prefecture of Fthiotida	Lamia	
	4)	Prevention Centre Against Substance Use of the Prefecture of Evritania "ALKYONI"	Karpenisi	
	5)	Prevention Centre Against Substance Use of the Prefecture of Fokida	Amfissa	
ATTICA		**Prevention Centres established by OKANA and Local Authorities**		
	1)	Prevention Centre Against Substance Use & for the Promotion of Health of the Municipality of Zografou KEPHEO	Zografou	www.kepheo.gr
	2-5)	Centre for the Prevention of Addiction and Health Education of the Municipality of Athens ATHENA IGIA (4 Centres)	Athens	www.kentro-prolipsis.gr
	6)	Social Intervention Centre – Joint Municipal Enterprise of Alimos, Argiroupoli, Elliniko & Glyfada	Alimos/ Argiroupoli/ Elliniko/ Glyfada	
	7)	Prevention & Information Centre of the Municipality of Peristeri ODIPORIKO	Peristeri	
	8)	Dependence Prevention & Mental Health Promotion Centre of the Municipalities of Holargos and Aghia Paraskevi ARGO	Holargos	
	9)	Prevention Centre Against Dependence of the Municipalities of Kallithea, Moshato, Tauros STATHMOS	Kallithea	www.kp-stathmos.gr
	10)	Drug Prevention & Health Promotion Centre of the Municipalities of Egalaio, Ag. Varvara, Haidari ARXIS	Egalaio	
	11)	Drug Prevention Centre of the Municipality of Kifissia PRONOI	Kifissia	www.pronioi.org.gr
	12)	Prevention Centre Against Substance Use of the Municipality of Acharnes DIEXODOS	Aharnes	
	13)	Prevention Centre Against Substance Use of the Municipalities of Ilioupoli and Imittos	Ilioupoli	
	14)	Prevention Centre Against Substance Use of the Municipalities of Ilion, Petroupoli, Kamatero FAETHON	Ilion	
	15)	Substance Use Prevention and Health Promotion Centre of the Municipalities of Nea Smirin and Ag. Dimitriou ILIOS	Nea Smirni	www.kpilios.gr
	16)	Prevention Centre Against Substance Use of the Municipality of Nea Ionia IRIDA	Nea Ionia	
		Other prevention agencies		
		Department of Prevention and Information about Substance Use and AIDS / Hellenic Red Cross	Athens	
		Prevention Section / Therapy Centre for Dependent Individuals (KETHEA)	Athens	www.prevention.gr
		Prevetion Section / 18 ANO Dependence Treatment Unit of Attica Psychiatric Hospital	Athens	www.18ano.gr
		Greek Centre for Intercultural Psychiatry and Care (in cooperation with OKANA)	Athens	
		DIAKONIA Foundation for Psychosocial Education and Support of the Archbishopric of Athens	Athens	www.ecclesia.gr

ANNEX I

REGION		NAME OF CENTRE / AGENCY	TOWN/CITY	WEB SITE
PELOPONNESE		**Prevention Centres established by OKANA and Local Authorities**		
	1)	Information-Prevention-Sensitisation Centre Against Substance Use of the Prefecture of Messinia KEPEPSO	Kalamata	
	2)	Prevention Centre Against Substance Use of the Prefecture of Corinth DIOLKOS	Korinthos	www.kdiolkos.gr
	3)	Prevention Centre for Combating Drugs of the Prefecture of Arkadia KPNNA	Tripoli	
	4)	Information, Sensitisation & Prevention Centre of the Prefecture of Argolida ELPIDA ZOIS	Argos	
	5)	Prevention Centre Against Substance Use of the Prefecture of Laconia	Sparti	
NORTHERN AEGEAN		**Prevention Centres established by OKANA and Local Authorities**		
	1)	Prevention Centre Against Substance Use of the Prefecture of Chios	Chios	www.prolipsihiou.gr
	2)	Prevention Centre Against Substance Use of the Prefecture of Lesvos PNOI	Lesvos	www.pnoh-lesvos.gr
	3)	Prevention and Health Education Centre of the Prefecture of Samos FAROS	Samos	www.kpfaros.gr
	4)	Prevention Centre Against Substance Use POLIOCHNI	Limnos	www.polioxni.gr
SOUTHERN GREECE		**Prevention Centres established by OKANA and Local Authorities**		
	1-2)	Prevention Centres Against Substances of the Prefecture of Cyclades THISEAS	Paros	www.thiseaskyklades.gr
	3)	Drug Prevention Centre of the Prefecture of Kos HIPPOCRATES	Kos	www.kpippokratis.gr
	4)	Centre for the Prevention of Substance Use and for Health Promotion of the Prefecture of Dodecanese DIODOS	Rhodes	www.kpdiodos.pblogs.gr
CRETE		**Prevention Centres established by OKANA and Local Authorities**		
	1)	Prevention Centre Against Drugs of the Prefecture of Rethimno	Rethimno	www.prolipsis.gr
	2)	Prevention Centre Against Substances of the Prefecture of Chania	Chania	
	3)	Prevention Centre of the Municipality of Iraklio KESAN	Iraklio	www.kesan.gr

CONTENTS OF TABLES

CONTENTS OF FIGURES