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European Monitoring Centre
for Drugs and Drug Addiction



**2013 NATIONAL REPORT (2012 data) TO THE EMCDDA
by the Reitox National Focal Point**

**GREECE
New Development and Trends**

**REITOX
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SUMMARY

PART A. NEW DEVELOPMENTS AND TRENDS

1. Drug policy: legislation, strategies and economic analysis

In terms of policy, two major developments are reported. The new Law on Drugs (4139/13), which sets more lenient penalties to drug use and possession for personal use, strengthens drug treatment in prisons for all drug dependent prisoners and foresees the new coordination scheme for drugs. According to the new scheme the supreme decision making body on drugs is the **Interministerial Committee on Drugs Action Plan**, chaired by the Prime Minister and consisting of 10 Ministers, the President of All-Party Parliamentary Committee for Social Affairs and the National Drugs Coordinator. The **National Committee for the Coordination and Planning of Drugs Responses**, chaired by the coordinator and consisting of representatives of the 10 Ministries and 5 drug agencies, with the mandate to draft, monitor and evaluate the National Action Plan. The National Drugs Coordinator is a new institution mandated to chair the National Committee for the Coordination and Planning of Drugs Responses for the drafting of the Action Plan on Drugs, and to represent the country in international bodies related to drugs.

Further cuts in the budgets and the expenditure in drug demand reduction were made in 2012, compared to the previous years.

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

The most recent data on drug use among the student population are from 2011. Fully compatible with the ESPAD methodology, the 2011 Nationwide school population survey on substance use⁷ (conducted by UMHRI and funded by OKANA), involved a nationwide representative sample of approximately 37 000 students aged 13-19 from 676 schools in Greece. Lifetime prevalence of any illicit drugs among 15-19 year old students was 15%. Students used mostly cannabis (13%), with the rates for other illicit drugs being lower than 3%. Last year cannabis use was 10%—most of recent users (6%) used cannabis also in the last 30 days. Seven percent of the 15-19 year old students used cannabis at least 3 times in their lifetime—6% reported 1-2 times use. Higher prevalence of substance use was observed: among boys, older students and in Athens and Thessaloniki (compared to other urban or semi-urban areas). Significant increases have been observed in the use of any illicit drugs between 2007 and 2011—especially cannabis, inhalants and magic mushrooms. Increases have also been observed in recent, –current, –and repeated use of cannabis. Despite recent increases, significantly lower proportions of students use drugs in Greece compared to most of the other countries in the European region (except for inhalants). The National Focal Point stresses the need for implementing a nationwide survey of drug use in the general population—the latter has not been repeated after 2004.

3. Prevention

In the prevention field, OKANA launched two Prevention Centres, enhancing the nationwide network, which consists of 73 Prevention Centres in total. In the recently enacted drug law

(4139/2013), the main actors in drug prevention are defined, while a network of all agencies involved in drug prevention is foreseen to be established. As far as prevention interventions are concerned, school-based and family-based prevention have always been a key priority for prevention in Greece, and in 2012 there was an increase in the respective prevention efforts and interventions. Training for prevention professionals is provided mainly by the OKANA Training and Supervision Centre. Nevertheless, it is important and imperative to further promote evaluation as well as quality standards in prevention.

4. Problem drug use

The situation regarding problem drug use seems to stabilise. The estimated number of users reporting heroin as primary drug and aged 15-64 years, is 20429 for the year 2012, with 95% confidence interval 18232 – 22968. This figure is very close to the previous year's estimate of 20473 (95% c.i. 18529 – 22688). The 2012 estimate for the number of injecting drug users is 7651 (95% c.i. 6616 – 8194). This estimate is also very similar to last year's figure of 7847 (95% c.i. 6904 – 9951).

5. Drug related treatment: treatment demand and treatment availability

In 2012, a total of 103 treatment units offered drug treatment in Greece, including psychosocial interventions (drug-free), opioid substitution treatment (OST), and physical detoxification. Eleven new OST units were launched in 2012, improving the OST coverage in the country. A total of 11604 people received treatment (main phase) during the reporting year—7389 were already in treatment beginning 2012. Most people in treatment were in OST (85%), primarily buprenorphine (73%)—another (15% attended the main phase of drug-free programmes. Forty-five counselling centres provided their services to 4927 drug users in 2012—30% of them eventually entered the main phase of drug free programmes. A number of 1153 users applied for OST in Athens. Among the treatment entries in 2012 (n=5696), opiates dominate, however demands for problems related to cannabis are increasing. Although small in numbers, treatment demands reporting abuse of methamphetamines increased substantially in 2012, corroborating anecdotal evidence and data from other indicators that point to a changing drug use pattern among problem drug users, especially in Athens. The majority of treatment demands in 2012 were Greek nationals (95%), males (83%, decreasing), past-treatments (58%, increasing), opioid users (78%, decreasing), who mostly 'sniff' (40%, followed by injection). The majority of treatment entries abuse multiple substances (74%) and are unemployed (64%)—10% report no stable accommodation or they are homeless. Their mean age was 33-year-old (standard deviation 9 years).

6. Health correlates and consequences

The HIV epidemic among people who inject drugs (PWID) continued in 2012. 522 new HIV infections with injecting drug use (IDU) as the probable source of transmission were reported in 2012—44% of the total 1180 new cases diagnosed that year. The number of IDU cases was twice as high in 2012 as in 2011 (n=260) and 35 times higher than 2010 (n=15). There has been a further increase in the prevalence of anti-HIV infection among PWID samples in 2012 compared to 2011—ranged between 5% and 8% in PWID accessing drug treatment. The HIV epidemic among PWID is concentrated in Athens: depending on the source, HIV prevalence ranged in Athens

between 6% and 20%—the latter involving community samples. Preliminary data for the first eight months of 2013 suggest nonetheless a leveling off, even decrease, in the numbers of new HIV diagnoses among drug users. HCV prevalence remains high (between 60% and 73%) nationally, higher in Athens. The number of drug-related deaths continued to decrease in 2012. According to recent data from the Forensic Service, methamphetamine was detected in 12 drug-related deaths reported in the period 2012-2013. All twelve deaths were reported in the centre of Athens—five of them involved suicide, homicide or road accident.

7. Responses to health correlates and consequences

In 2012, low threshold / harm reduction services continued to strengthen their activities through the development of new interventions in Athens and Thessaloniki, the two big cities of Greece in order to respond to the continuing HIV/AIDS epidemic. In fact, two new syringe programmes operated in Athens and two street work programmes for the first time in Thessaloniki. Moreover, a significant increase was noticed in the number of syringes, of condoms and of leaflets distributed to drug users on the prevention of infectious diseases.

In the current year, OKANA and KETHEA have also developed new harm reduction / low threshold interventions in Athens and Thessaloniki.

Most new interventions have been mainly funded through European Funds (ESPA).

8. Social correlates and social reintegration

In 2012, there was a decrease in the number of clients who attended social reintegration programmes while the available capacity remained unchanged compared to 2011. In the academic year 2011-2012, a total of 622 clients attended schooling structures, of whom 66 clients succeeded in moving up a form or obtained the high school certificate, 5 were admitted to higher education, 16 obtained a language certificate and 33 obtained a computer certificate. Compared to 2011, the number of clients who attended schooling structures and attended vocational training courses remained at the same level, whereas there is a substantial decrease in the number of clients who succeeded in moving to the next grade or obtained the high school leaving certificate, a language or a computer certificate, compared to 2011. In 2012, 28.3% of the clients served by specialised social reintegration structures were already employed at the beginning of the reporting year (decreased by 6.7% compared to 2011) and 28.9% found a job during the year, remaining at the same level with 2011.

With regard to the outcome in social reintegration centres, more than half of the clients were still in the programme at the end of the reporting year, while 1 in 3 individuals completed the programme.

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

The number of drug-related charges and drug-related cases decreased in the period 2010-2012, following a steady increase in the three-year period 2007-2009. The number of Greek arrestees in the eight-year period 2004 - 2011 has generally decreased despite the fluctuations in that period. Between 2008 and 2011, the number of foreign nationals against whom charges were brought

remained stable, with the exception of Georgian nationals who showed a decrease. On the other side Pakistani and Afghan nationals demonstrated an increase in the number of arrestees for the same time period. The distribution of convicted drug offenders by gender and offence remained largely unchanged in the five-year period 2005-2010. Additionally, the geographical distribution of offences and the age distribution of convicts did not change in the same period. In 2010, the number of juvenile offenders (N=210) increased compared to 2009 (N=170) and 2008 (N=186), reaching the levels of 2006 (N=218). According to the latest data from the Hearing Dates Department of the Supervisory Juvenile Service of the Athens Juvenile Court, there was an increase in the number of cases heard by the (one- and three-member) Athens Juvenile Courts in the court year 2011-2012 compared to the three previous court years. The number of drug offenders in prison and the number of convicts have been consistently increasing for the past fourteen years. Pharmacy burglaries in 2012 reached the levels of 2009 showing an increase compared to the substantial low value of 2010. The percentage levels of drug-related road accidents between 2010 and 2012 were the same but the crude number of drug-related road accidents of 2010 remained the higher among all years. The study in the Greek prisons population of drug users, conducted by OKANA in 2011, revealed the need for a comprehensive treatment management in the prison setting, including substitution treatment, which is still absent, to cater for the multiple needs of this subgroup, where the majority had never been in contact with drug treatment services in the community, have a multicultural background and medical or psychiatric comorbidity. The Therapy Centre for Dependent Individuals (KETHEA) continues to expand the number of drug free treatment units in prison settings. In 2012, there was an increase in the number of volunteers and a decrease in the number of the staff members working in in-prison and off-prison treatment programmes or reintegration centres due to the cuts in the funding of drug treatment agencies. On the other hand, a higher number of individuals attended those interventions in the reporting year compared to the previous one (2011).

10. Drug markets

Heroin quantities seized between the years 2009-2010 remained stable, where in 2011 and 2012 heroin seizures were reduced. Cocaine seizures in 2011 were doubled compared to 2010 and in 2012 they reached again the 2010 levels. In 2012, cannabis seizures increased by 65.9% over 2011, a figure over tripled compared to the years 2007-2009. In 2012 the seized tranquillisers' quantities were almost doubled compared to 2011 reaching the higher quantities over the last nine year period. The seized quantities of LSD in 2012 followed the low doses of 2008-2010 after the large increase of 2011. The retail price («street price») of heroin in 2012 ranged between € 8-45 per gram, with a slightly increased maximum price compared to 2011. The retail price of cocaine ranged between € 35-120 per gram, showing an increase at the maximum value after being stable for the past 4 years. Cannabis minimum and maximum prices increase since 2010. In 2012, the average purity of heroin samples in active ingredients was 15.0%, when in 2011 the levels were 12.8%. The average purity of cocaine samples in active ingredients was 59.0%. These are lower levels compared to the levels of 2008 (64.1%) and 2011 (61.1%). Lastly, in the qualitative determination of ecstasy tablets, there is a large reduction in composition of MDMA / MDEA / MDA like substances both in 2011 and 2012.

PART B. ANALYSIS OF INDICATORS IN A WIDER CONTEXT

“[Athenians are] bold beyond their strength, knowingly risky and optimistic in difficulties”*
Thucydides, 460-394 b.c. Athenian historian

In deep recession... The four years of fiscal austerity, prevalent in all areas of public life have affected the health sector and particularly mental health, of which drugs responses form a part. The economic recession has created a dual problem: on one side, the agencies have fewer resources, financial and human, on the other side, the vulnerable groups, drug users being one of them, are starting to present larger problems and a worsening of their social and health status.

In 2012, the drug situation, as illustrated by the data presented in this Report, is not as desperate as one might expect, according to economic situation in Greece.

Seventeen new demand reduction units were established in **...and the system holds...** 2012: 11 new OST units, one drug free treatment unit in the prison setting, three harm reduction units and two Prevention Centres. Two drug free treatment units have been suspended or merged.

In the 103 treatment programmes of all types in Greece, there were, in total, 12257 users in treatment in 2012.

The vast majority (80%) of clients participated in the OST units, which increased by 46% in the last year and by 58% since 2010 as a response to the HIV/AIDS epidemic which is prevalent in Athens since the beginning of 2011. In the same period the OST clients increased by 120% in Thessaloniki, by 55% in other regions of the country and by 35% in Athens. This has a direct effect in the infamous “OST waiting list”, which included more than 6000 opioid dependent people for many years, and the average waiting time exceeded three years. The OST Programme absorbed almost half of the Athens waiting list in the last 3 years, and in 2012 virtually eliminated the Thessaloniki waiting list.

The number of clients in the main phase of the psychosocial treatment programmes remained almost stable – with a slight increase by 6% since 2010, despite the decrease in treatment demands (see below).

In the field of harm reduction, even agencies that had traditionally been against interventions of this type were mobilised to establish relevant interventions, in view of the HIV/AIDS epidemic, which could not be contained for three whole years. By the three new and by the old units, the number of syringes, injecting equipment and informative leaflets largely increased in 2012 compared to the previous years. Nevertheless, this effort, although great, does not appear to be fully coordinated as yet.

Apart from the two new Prevention Centres an overall “change of scene” emerges in the field of drug prevention. Law 4139/13 foresees the establishment of a Network consisting of all agencies involved in substance prevention and psychosocial health promotion and the Ministry of Health and Social Solidarity has already begun efforts towards this aim. Besides that, in the last few years there

* «...παρὰ δύναμιν τολμηταὶ καὶ παρὰ γνώμην κινδυνευταὶ καὶ ἐν τοῖς δεινοῖς εὐέλπιδες»

has been a shift in the emphasis put by the agencies in preventive interventions that address all addictions and psychosocial health promotion in general.

...the users don't Contrary to the picture illustrated above, the users' situation in 2012, was not so optimistic in more than one aspect: first, less users seemed motivated for psychosocial treatment – the number of users who contacted the drug free programmes were reduced by 27% since 2010, while the OST admissions' increase was not comparable, since they draw from their waiting list; drop-outs from drug free treatment also increased, so did ex-users in the reintegration phase. Second, the profile of the users who were admitted to treatment for the first time appeared to be deteriorating: in the past 5 years, daily use increased, polydrug use increased, injectors decreased, although this was probably because of the large increase of cannabis and psychoactive medicines users admitted to treatment. Furthermore, it appears that, among the users admitted to treatment, there were more homeless, more going back to live with their parents and more unemployed.

The presence of methamphetamines' use was documented in the Greek drug scene in 2012: the increase of methamphetamines' users among those entering treatment was impressive, even though the numbers were small (from 5 in 2010 to 44 in 2012). This probably followed the appearance of the new psychoactive drug SISA, which was detected in Greece in 2011, by the Early Warning System.

Third, the HIV/AIDS epidemic continued to increase throughout 2012.

As mentioned, the drugs situation in Greece seems not as problematic as it might be expected after four years of fiscal austerity. The increase in the substitution programme units is a state policy and is exclusively funded by the state. The stability in the function of the drug free programmes, despite the decrease in state funding, can be attributed to many factors, which apply mainly to KETHEA: first, the budgets cuts led to a *restructuring of services*, making full use of their human resources; second, as state funding decreases, fund rising efforts increase and there are *private funds*, which in certain cases proved to be of substantial help; third, and maybe most important, is the *support of the local communities* where demand reduction programmes operate. Many communities assisted the local interventions financially and institutionally.

Apart from the great and steady effort of the agencies, not only to survive, but also to maintain the quality of their services and respond to the users' increased problems, there are also other optimistic signs: the number of heroin users and that of injecting users remains stable in the past three years; the number of non-Greek nationals increase among users who are admitted to treatment, which indicates, on one side, that treatment penetrability increases and on the other, that the new outreach interventions (implemented as a response to the HIV epidemic) feed the demand reduction system with more users from vulnerable groups.

The HIV/AIDS epidemic shows signs of levelling off or even decline in 2013.

New hopes... The new coordination scheme, with the interministerial committees and, particularly the appointment of the drugs coordinator, upgrades the importance of the drugs problem in the country. The new Action Plan is expected to institutionalise a comprehensive response in drug demand and supply reduction, to set priorities and to promote a rationalised management of in all dimensions of the problem.

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

1.1. Introduction

Law 4139/2013 (Government Gazette A 74/20/03/2013) Law on drugs and other provisions

In March 2013, the much-awaited for law on drugs was passed. The main provisions of the law were discussed in the 2012 National Report on the State of Drugs (Chapter 1):

“Public use is punished by up to 5 months imprisonment, but the court can decide to impose no penalty at all depending on the personality of the user, their penal history and in cases when established that the act is improbable to be repeated.

The new bill foresees a) even more lenient penalties for under age users, b) a more organised framework for the Prevention Centres, and c) clearly states the establishment of substitution programmes in prisons by OKANA.”

The Law establishes the new coordination scheme for drugs, discussed in section 1.3 of this Chapter.

The full text of the law can be downloaded at:

<http://www.ministryofjustice.gr/site/LinkClick.aspx?fileticket=YTYbJcYuEkl%3D&tabid=132>

The National Drugs Coordinator

According to the L. 4139/2013, Dr. Christina Papoutsopoulou – Diamantopoulou was appointed, by the Prime Minister, as the first official drugs coordinator for a 5 years' term, following the **Decision Y 292 (Government Gazette 251/5/6/2013)**.

Her mandate is (a) chairing the National Committee for the Coordination and Planning of Drugs Responses to draft an Action Plan on Drugs, (b) represents the country in international bodies related to drugs and (c) is a member of the Interministerial Committee on Drugs Action Plan, which endorsed the Action Plan on Drugs.

The National Strategic Reference Framework (ESPA)

The National Strategic Reference Framework (NSRF), operable for the period 2007–2013, constitutes the reference document for the programming of European Union Funds at national level for the 2007–2013 period. It is elaborated within the framework of the new strategic approach to the Cohesion Policy of the European Union.

In Greece, the NSRF (ESPA) is managed by the Greek Ministry of Development and Competitiveness and funds are distributed to all Ministries.

In 2013, the last year of the current ESPA, Greece was rated in the 4th position among the EU member states in terms of funds absorption, surpassing the target set by the Memorandum by 69.4% and distributing until the end of the first six months of 2013, more than 8 billion €.

Further information on the Greek NSRF: <http://www.espa.gr/en/Pages/News.aspx>

The Greek Presidency of the European Union– First semester 2014

Along with the standard obligations of the Presidency, the organization of the drugs coordinators meeting in June and the high level meeting of the CELAC countries, again in June, the Greek Presidency has also specific priorities.

The first priority of the Greek Presidency is to continue deliberations on **Regulation on the new psychoactive substances**, which has started during the Lithuanian Presidency.

Another issue of the Greek Presidency will be the finalisation of the priority of the Lithuanian Presidency **on the misuse of prescribed controlled medicines**. The paper stems from Action 5 of the EU Action Plan 2013-2016, where the responsible European agencies are requested to propose a suitable response to the widespread misuse of prescribed substances.

In the frame of the Pompidou permanent correspondents' annual meeting, held in Athens in November 2013, Greece plans to propose an **Athens' declaration on economic crisis and drug policy**, which, if adopted will be brought, during the Greek Presidency, to the Horizontal Group with the suggestion to be presented in the 2014 Vienna CND Conference as the European Resolution on that issue. The declaration aims at cautioning the member states and third countries against budget cuts in the drugs field, particularly treatment, and urging them instead, to follow a policy of cost effectiveness and rationalisation.

Greece has also requested from Italy, who is next in the EU Presidency, to cooperate in the drafting of an **EU Green Paper on treatment and harm reduction**. The aim of the Green Paper would be to provide an insight of the strategic policy direction, to which treatment systems should aspire to continue providing high quality care at increasing, diverse patient populations with limited human and financial resources. The two countries are supposed to start preparations during the first semester of 2014. Building an EU consensus on "**Minimum Quality Standards in the prevention, treatment and harm reduction of drugs**" is also an issue that will be promoted by the Greek Presidency in cooperation with the European Commission and the EMCDDA.

Greece plans to promote the **involvement of civil society** in the meetings and conferences during the Presidency period and has already started doing so by inviting civil society representatives in the preparatory meetings.

1.2. Legal framework

1.2.1. General legal instruments

Circular 1049/2012: Criminal complaints and reports to the Financial Crime Prosecutor under Laws 2331/95 and 3691/08 (563570)

Guidance and clarifications about Article 3 Law 3943/2011 on the operational programme against tax evasion, by virtue of which the Committee against Tax Evasion was established.

The law lists in detail the cases in which criminal complaints brought before the Directorate General for Tax Audits and Public Revenue Collection shall be forwarded to the Anti-Money Laundering, Counter-Terrorist Financing and Source of Funds Investigation Authority (established under Article 7 Law 3691/2008).

Legal proceedings shall be initiated by the Public Prosecutor's Office of the Athens Magistrates' Court via the Financial Crime Prosecutor.

Circular 1073/2012: Notification of ministerial decision 2/61546/0020/11 on new Revenue Code Number and clarifications about the establishment of fines under Articles 51 and 52, Law 3691/08 (565788)

By virtue of ministerial decision no. 2/61546/0020/15-9-2011, a new Revenue Code Number was introduced in the state budget classification code (revenue code number 3738), i.e. "Fines imposed by public authorities for infringements related to the prevention and suppression of money laundering and terrorist financing" (Articles 51 and 52, Law 3691/2008).

Thus, all fines imposed under Articles 51 and 52, Law 3691/2008 shall be entered under Revenue Code Number 3738 instead of Revenue Code Number 3739 "Other fines and pecuniary penalties imposed by courts or public authorities", which was used before the introduction of the new code.

Circular 1196/2012: Amendment of circular 1067/11 on reporting to the Anti-Money Laundering Authority (582060)

This circular provides new guidance for the correct and uniform implementation of the provisions of Law 3691/2008 in respect of the persons required to report to the Anti-Money Laundering, Counter-Terrorist Financing and Source of Funds Investigation Authority.

Act of the Governor of the Bank of Greece 2652/2012: Amendment to Banking and Credit Matters Committee decisions (581954)

This act amends decision no. 281/5/17.3.2009 of the Banking and Credit Matters Committee on the "prevention of the use of credit and financial institutions supervised by the Bank of Greece for the purpose of money laundering and terrorist financing", by specifying high-risk groups for money laundering and tax evasion.

It also complements decision no. 285/6/9.7.2009 of the Banking and Credit Matters Committee on "indicative typology of unusual or suspicious transactions within the meaning of Article 4 (paragraphs 13-14) Law 3691/2008" by listing every potentially suspicious case.

The aforementioned decision of the Banking and Credit Matters Committee is also complemented by the following circular.

Circular 1185/2013: Transactions giving rise to suspicion of money laundering (600082)

This circular is addressed to the natural and legal persons obligated under Law 3691/2008 on the "prevention and suppression of money laundering and terrorist financing and other provisions".

The aim of the circular is to raise the awareness of the aforementioned persons by presenting certain indicative cases of unusual or suspicious transactions or activities potentially linked to attempted or committed money laundering or terrorist financing.

“*Suspicious transaction or activity*” (Art. 4 (13) Law 3691/2008, as currently in force) means any transaction or activity which is estimated to provide significant signs or suspicions of possible attempt or commission of the offences referred to in Article 2 Law 3691/2008 or of the involvement of the person concerned or the beneficial owner in criminal activities.

“*Unusual transaction or activity*” (Art. 4 (14) Law 3691/2008, as currently in force) means any transaction or activity which is inconsistent with the transaction, business or professional behaviour or the financial status of the person concerned or the beneficial owner or has no apparent economic, business or personal purpose or motive.

The circular also presents some indicative examples of transactions that may be considered suspicious or unusual.

Ministerial decision on infectious diseases

Ministerial decision 39bis (Government Gazette B 1002 2012): Arrangements to limit the spread of infectious diseases (see ministerial decision 62752 (B 1652/13) (568615)

Article 1 lists the infectious diseases considered to be a public health risk, i.e. those expressly designated as such by the Hellenic Centre for Disease Control & Prevention or referred to in applicable international regulations approved by our country (e.g. International Health Regulations), as well as infectious diseases that are preventable with vaccines.

Such diseases include a) those requiring isolation or restraint (quarantine) to limit their spread and b) communicable diseases that constitute a medical emergency based on the criteria established by the World Health Organisation (WHO), the European Centre for Disease Prevention and Control (ECDC), and the US Centre for Disease Control and Prevention (CDC). The Minister for Health and Social Solidarity may add or remove diseases from the list upon the recommendation of the Hellenic Centre for Disease Control & Prevention. For the diseases listed in paragraph (b), the decision introduces the screening of undocumented migrants and asylum-seekers.

For HIV, HBV, and HCV, in particular, it introduces the screening of drug injectors and sex workers who are not holders of the required health booklet. For these population groups and for undocumented migrants, comprehensive programmes are to be prepared.

Article 1 also defines the powers and the obligations of the Hellenic Centre for Disease Control & Prevention.

Article 2 is about the workplace and requires employers and competent physicians to take preventive measures against the spread of infectious diseases. This article bans the employment of workers who have no health certificate and of undocumented migrants.

The competent bodies for the enforcement of the provisions of the ministerial decision are: the Hellenic Police, the Municipal Police, the Regional Directorates for Public Health and Social Welfare, the Directorate General of Internal Operations of the Decentralised Administration and any other competent authority, such as the Health and Welfare Inspectorate, the Labour Inspectorate, the Financial Crime Squad and the Hellenic Centre for Disease Control & Prevention, either in cooperation or independently.

Article 3 sets out safety standards for living areas to ensure the tenants' health.

Ministerial decision 5298/178 (Government Gazette B 1261 2012): Amending ministerial decision 20537/752/10.

Three-year social security contribution subsidy scheme for hiring 2,300 unemployed disabled persons, released prisoners, etc. (568767)

This ministerial decision sets out the calculation of the subsidy amounts granted under the aforementioned scheme based on the beneficiaries' real gross monthly pay up to the amount of € 751.39 for: a) hiring 2,300 unemployed disabled persons, former drug users, released prisoners, young offenders and young people at social risk and b) the subsidy scheme for the ergonomic arrangement of the workplace for 50 disabled persons.

Amendment of the ministerial decision on the Treatment Centre for Drug Dependent Prisoners in Eleonas, Thebes.

Ministerial decision 143//2013 (MD 14332, Government Gazette B 553 2013): Amendment/codification of ministerial decisions 137061/02 & 96951/10 (pilot operation of the Treatment Centre for Drug Dependent Prisoners in Eleonas, Thebes) (592968)

Ministerial decisions 137061/28-8-2002 (Government Gazette 1154 B) and 96951/1-12-2010 (Government Gazette 1886 B) on the pilot operation of the Treatment Centre for Drug Dependent Prisoners in Eleonas, Thebes, for the physical and psychological dependence treatment and social reintegration of imprisoned drug addicts and users of psychotropic substances are amended and codified in a single decision.

The key amendment has to do with the first phase of the (4-phase) treatment programme and is as follows:

Phase 1 of the treatment programme (preparation-motivation) takes place on specially-arranged secure premises within the Centre. Its focus is on preparing drug-using prisoners for admission, familiarizing them with the principles and the restrictions of the programme, motivating them and raising their awareness, as well as offering them an opportunity for detoxification without pharmacological support. Prisoners who wish to be admitted to the first phase of the Centre's treatment programme submit an application to the Director of the prison where they are held, which is assessed by the Prison Council. If the necessary formal and substantial conditions are fulfilled, the Council drafts a report and forwards the application to the Central Transfers Committee of the Ministry of Justice. The Central Transfers Committee, in accordance with the provisions of the Penitentiary Code, decides on the prisoner's transfer to the Centre for admission to the first phase of the programme.

While in the first phase of the programme, interested prisoners give their written consent to: a) toxicological tests to verify abstinence from drug use, b) work placement with beneficial calculation of the time served, and c) suspension of the right to (regular or educational) prison leave. It should be noted that work during phase 1 is of therapeutic nature and that clients, in light of the specificities of this phase, may rotate in work placements by the 5-member Prison Work Council. During phase 1, therapeutic responsibility lies with the Centre's Therapy Team.

The maximum length of phase 1 is four months. Upon completion of two months in phase 1, interested prisoners may submit an application to the Selection Committee for transfer to phase 2 of the treatment programme. The application for transfer to phase 2 is examined by the competent Selection Committee. The Selection Committee is chaired by the Public Prosecutor-

supervisor of the prison, and its members are the Prison Director and the Head of the Treatment Programme. The Selection Committee decides on the transfer of the prisoner in treatment to phase 2 upon recommendation of the Centre's Therapy Team and considering formal and substantial criteria. The Therapy Team's opinion on the transfer is based on therapeutic criteria: motivation, engagement, change of attitude during phase 1, abstinence from drug use and integration in the therapeutic setting at large.

Following selection for phase 2, the prisoner in treatment signs a "treatment contract", whereby s/he accepts the restrictions and the rules of the treatment programme. In case a repeat application for transfer to phase 2 is not granted, the prisoner in treatment is discharged and immediately transferred back to the prison s/he came from. If s/he so wishes, s/he may apply anew for admission to the Centre. Communication and inmate account arrangements apply as expressly provided for in the Penitentiary Code in effect. Clients in this phase may receive a programme attendance certificate, upon request. Breaches of disciplinary rules are dealt with in accordance with the provisions of the Penitentiary Code in effect and, in special cases, upon recommendation of the Centre's Therapy Team, discharge may be considered.

Ministerial decision 2.2//2012 (MD 2.2250/4.105 Government Gazette B 221 2012): Keeping of a General Social Economy Register in accordance with Law 4019/11 (social economy & social entrepreneurship, etc.) (563388)

In accordance with Article 14(1) Law 4019/2011, a General Social Economy Register is established (hereinafter "General Register"), which is a public book kept in electronic form. The Register is kept at the Social Economy Register Department (hereinafter "Register Department") of the Social Protection Directorate of the Ministry for Labour and Social Security. Social Cooperatives and other Social Economy Entities are registered there.

For an entity or an enterprise to be registered in the Register, the basic criterion is the promotion of the economic and social integration of people who belong to vulnerable population groups, as defined in Article 1(4)(a) Law 4019/11. For this criterion to be met (hereinafter "employment criterion"), at least 40% of the workers must belong to vulnerable population groups, such as people with disabilities (physical, mental, intellectual, sensory), drug addicts or rehabilitated drug addicts, HIV-positive people, prisoners, released prisoners, and young offenders, with the following supporting documents.

Drug addicts or rehabilitated drug addicts: certificate from an official body or other public or private dependence treatment entity established to this effect (18 ANO, KETHEA or therapeutic communities licensed by the Ministry for Health and Social Solidarity in accordance with the law) attesting that the worker is or used to be a drug/other substance user. HIV-positive people: certificate from a public hospital or a competent health service attesting that the worker is HIV-positive. Prisoners, released prisoners: certificate of imprisonment from the Prison Director or release papers. Young offenders: decision of a Juvenile Court ordering reformatory or therapeutic measures or imprisonment in a prison for minors

Law 4138/2013: Illegal logging / agricultural cooperatives / Olympic airways / amendment of circular on Hellenic Police Academies, etc. (592050)

Amendment of Article 6 Law 3938/2011 (Government Gazette A 226) on the disposal of vehicles seized as objects of illegal trade, as means of transportation of narcotic drugs, contraband or illegal migrants, or as means for trafficking in arms or antiquities.

1.2.2. Legal instruments concerning pharmaceutical preparations

Ministerial decision 135725/11 (Government Gazette B 710 2012): Proprietary medicinal products regulated by Law 3459/2006 on narcotic drugs (570245)

Decision to include the proprietary medicinal product Pfizer Fentadur 12µg/h, 25µg/h, 50µg/h, 75µg/h and 100µg/h (transdermal patches containing the active ingredient Fentanyl) in Table C, Law 3459/2006 on narcotic drugs.

Ministerial decision 136860/11 (Government Gazette B 710 2012): Proprietary medicinal products regulated by Law 3459/2006 on narcotic drugs (570246)

Decision to include the proprietary medicinal product Opiodur 12µg/h, 25µg/h, 50µg/h, 75µg/h and 100µg/h (transdermal patches containing the active ingredient Fentanyl) in Table C, Law 3459/2006 on narcotic drugs.

Ministerial decision 54202 (Government Gazette B 2024 2012): Proprietary medicinal products regulated by Law 3459/2006 on narcotic drugs (575494)

Decision to include the proprietary medicinal product Buprenal - Viogen (0.4mg/tab, 2mg/tab and 8mg/tab tablets, containing the active ingredient Buprenorphine Hydrochloride) in Table D, Law 3459/2006 on narcotic drugs. The dispensation of this product shall be carried out in accordance with the provisions of Art. 22 (2) Law 3459/2006.

Ministerial decision 73933 (Government Gazette B 3324 2012): Proprietary medicinal products regulated by Law 3459/06 on narcotic drugs (586037)

Decision to include the proprietary medicinal product Dormiden PD.CSO.J.F. 1mg/vial, 2mg/vial, 5mg/vial (powder for concentrate for solution for injection or infusion containing the active ingredient Remifentanil Hydrochloride), intended for hospital use, in Table C, Law 3459/2006 on narcotic drugs.

Ministerial decision 93492 (Government Gazette B 3324 2012): Proprietary medicinal products regulated by Law 3459/06 on narcotic drugs (586018)

Decision to include the proprietary medicinal product Tropium (100mg/2ml solution for injection containing the active ingredient Tramadol Hydrochloride) in Table D, Law 3459/2006 on narcotic drugs.

Ministerial decision 68107 (Government Gazette B 3324 2012): Proprietary medicinal products regulated by Law 3459/06 on narcotic drugs (586017)

Decision to include the proprietary medicinal product Durfenta (transdermal patches 12 µg/h, 25µg/h, 50µg/h, 75µg/h, 100µg/h containing the active ingredient Fentanyl) in Table C, Law 3459/2006 on narcotic drugs.

Ministerial decision 64061 (Government Gazette B 3324 2012): Proprietary medicinal products regulated by Law 3459/06 on narcotic drugs (586016)

Decision to include the proprietary medicinal product Lavifent (transdermal patches 25µg/h, 50µg/h, 100µg/h containing the active ingredient Fentanyl) in Table C, Law 3459/2006 on narcotic drugs.

Ministerial decision 54202 (Government Gazette B 2024 2012): Proprietary medicinal products regulated by Law 3459/06 on narcotic drugs (575494)

Decision to include the proprietary medicinal product Buprenal - Viogen (0.4mg/tab, 2mg/tab and 8mg/tab tablets containing the active ingredient Buprenorphine Hydrochloride) in Table D, Law 3459/2006 on narcotic drugs. The dispensation of this product shall be carried out in accordance with the provisions of Art. 22 (2) Law 3459/2006.

1.3. National action plan, strategy, evaluation and coordination

1.3.1. New coordination scheme

On top of the new coordination scheme, foreseen by the Law 4139/13 is the **Interministerial Committee on Drugs Action Plan**, set up as the supreme body. The Committee is chaired by the Prime Minister and consists of the Ministers of Health and Social Solidarity, Interior, Finance, Foreign Affairs, Defence, Education, Employment and Social Security, Justice, Citizen's protection, Culture and Tourism and the President of All-Party Parliamentary Committee for Social Affairs.² The National Drugs Coordinator (see below) participates in this Committee.

The Committee is responsible for: (a) the endorsement of the Action Plan drafted by the National Committee for the Coordination and Planning of Drugs Responses (see below), (b) the coordination of the competent agencies for the implementation of the Action Plan, (c) the evaluation of the Action Plan on Drugs, which they may commission to external agencies.

Right below is the **National Committee for the Coordination and Planning of Drugs Responses**, consisting of representatives of the relevant Ministries and agencies (OKANA, KETHEA, Attica Psychiatric Hospital, Thessaloniki Psychiatric Hospital and Greek REITOX Focal Point). Its mandate is the drafting of the Action Plan, designing and developing international cooperation, the coordination, the implementation and the monitoring of the actions of the participating Ministries and agencies foreseen in the Action Plan. The Committee is chaired by the National Drugs Coordinator.

The **National Drugs Coordinator** (see section 1.1 of this Chapter) has already formed the National Committee for the Coordination and Planning of Drugs Responses, i.e. the participating Ministries and agencies were asked and have sent their representatives. The Committee had already had their kick-off meeting in October and the Action Plan is expected to be launched by the end of 2013. will meet to discuss and draft the National Action Plan.

1.4. Economic analysis

In 2012, **OKANA** decreased their expenses by 15% compared to 2009 and by 8% compared to 2011. **KETHEA** decreased their expenses by 33% in 2012, compared to 2009 and by 15% compared to 2011 (Tables 1.1 & 1.2).

² The All-Party Parliamentary Committee on Drugs is a subcommittee in the Standing Committee on Social Affairs

Personnel wages comprised, in 2009, 58.5% of OKANA overall expenditure; the percentage decreased to 41% in 2012. The personnel wages of KETHEA comprise a steady 68% of their overall expenditure since 2009 (KETHEA, 2010, 2011, 2012).

18 ANO, the drugs unit of the Athens Psychiatric Hospital, have decreased their overall expenses by 28.8% in 2012 compared to 2009. For the same two years, salaries have decreased by 38.6%, whereas operational costs have increased by 20% (Table 1.3).

The Thessaloniki Psychiatric Hospital drug treatment units (**IANOS and ARGO** have an overall reduction of 29% between 2009 and 2012, the largest reduction presented by the ARGO programme (63%) (Table 1.4)

Table 1.1. OKANA expenditures, 2005 – 2012

	2005	2009	2011	2012
	€	€	€	€
Prevention				
Co-financing of Prevention Centres	2 982 878	6 146 371	4 043 606	3 926 017
Training and support	661 416		354 800	58 680
Personnel wages	367 878	668 382	549 234	322 165
Research	835 532			
Total	4 847 704	6 814 753	4 947 640	4 306 862
Substitution				
Personnel wages	8 877 650	18 236 516	16 627 455	14 136 376
Accommodation and operational costs	4 384 065	8 522 640	10 799 851	12 939 181
Total	13 261 715	26 759 156	27 427 306	27 075 556
Patras Network of				
Personnel wages	300 710	476 288	340 081	289 842
Accommodation and operational costs	147 755	167 921	268 644	103 126
Total	448 465	644 209	608 725	392 968
Units for Adolescents (Athens, Thessaloniki, Rethymno, Larissa)				
Personnel wages	814 521	1 396 394	959 287	448 142
Accommodation and operational costs	291 019	383 859	350 012	217 054
Total	1 105 540	1 780 253	1 309 299	665 196
Help Centre				
Personnel wages	1 516 863	2 836 611	2 299 723	1 858 528
Accommodation and operational costs	520 990	604 006	717 428	666 419
Total	2 037 853	3 440 617	3 017 151	2 524 947
Social Reintegration Unit				
Personnel wages	325 283	523 680	321 316	261 578
Accommodation and operational costs	123 783	146 225	147 962	153 351
Total	449 066	669 905	469 278	414 929
Specialised Vocational Training Centres (Athens, Thessaloniki)				
Personnel wages	227 652	413 028	434 697	192 254
Accommodation and operational costs	116 305	300 396	300 301	173 638
Total	343 957	713 424	734 998	365 892
Headquarters				
Personnel wages	2 039 611	3 601 702	3 002 537	2 232 204
Accommodation and operational costs	4 102 111	1 936 318	1 170 059	1 638 477
Total	6 141 722	5 538 020	4 172 596	3 870 881
Grants to various agencies (Ministry for Health and Social Solidarity)				
Total		573 881	771 401	458 729
Grand total	28 636 022	46 934 218	43 458 394	40 075 961
European Funds (ESPA) projects				248 167
2011 deficit				6 734 028
				47 058 156

DATA: OKANA, 2006-2012

SOURCE: Greek REITOX Focal Point, 2013

Table 1.2. KETHEA expenditure, 2009-2012

	2009	2010	2011	2012
	€	€	€	€
Primary Prevention				
In Primary Education	192 515	139 565	155 522	95 100
In Secondary Education	206 670	140 031	111 403	99 095
In the Community	347 857	293 409	255 338	198 100
Supervision/Support/Information	252 397	247 869	185 213	296 900
Total	999 439	820 874	707 476	689 195
Harm Reduction-Motivation				
Counselling Centres	3 622 980	3 065 329	2 833 549	2 288 216
Low-threshold Units	617 208	592 335	451 313	378 393
Streetwork Programme	352 694	387 340	392 950	756 800
Psychodiagnostic Centre	527 052	441 121	392 173	283 275
SOS Helpline (Thessaloniki)	200 643	176 372	114 076	101 152
Total	5 320 577	4 662 497	4 184 061	3 807 836
Interventions in the Criminal Justice System				
Counselling Centre at the Juvenile Courts	51 159	15 781	1 439	395
Prisoner Counselling Programmes	1 589 303	967 161	735 285	980 116
Prisoner Treatment Programmes	654 257	510 458	630 161	475 372
Reintegration Centres for Released Prisoners	542 865	782 378	973 304	726 923
Family Support Programme	48 629	48 877	38 416	52 947
Total	2 886 213	2 324 655	2 378 605	2 235 753
Treatment				
Residential Treatment Programmes for Adults	3 700 220	4 060 276	2 896 055	2 447 569
Day-care Treatment Programmes for Adults	1 753 967	1 246 143	1 199 138	1 016 393
Day-care Treatment Programmes for Adolescents/Young Adults	1 230 006	1 492 955	1 632 017	1 356 795
Units for Adolescents	858 839			
Total	7 543 032	6 799 374	5 727 210	4 820 757
Services for Special Population Groups				
Centre for Immigrants and Refugees	488 806	731 047	401 190	339 402
Unit for Legal Addictions (Alcohol & Gambling)	305 374	290 661	338 421	319 853
Specialised Treatment Unit for Dependent Parents	106 578	100 436	107 181	77 680
Total	900 758	1 122 144	846 792	736 935
Social Reintegration				
Social Reintegration Centres	1 545 251	1 733 860	1 529 661	1 315 434
Vocational Training – Education				
Vocational Training Centres	343 071	251 109	298 932	342 212
Production Units (Printing house, Carpenter's workshop, Ceramics workshop, Farm)	3 461 776	3 004 93	2 912 188	2 328 324
Transitional Schools	1 221 475	930 000	1 045 558	910 494
Total	5 026 322	4 185 202	4 256 678	3 581 030
Family Therapy				
Centres for Family Counselling and Therapy	1 819 197	1 460 974	1 367 499	1 031 585
Training of Health Professionals				
	900 036	672 469	556 436	510 748
Research – Evaluation				
	1 502 499	1 123 711	872 720	457 437
Administration				
	1 875 087	1 643 640	1 198 512	1 020 955
Grand total	30 318 411	26 549 400	23 625	20 207 665

DATA: KETHEA, 2010-2013

SOURCE: Greek REITOX Focal Point, 2013

Table 1.3. Cost of 18 ANO services (2009 - 2012)

	2009	2010	2011	2012
	€	€	€	€
Personnel wages	10 000 000	7 958 257	7 815 323	6 138 435
Other operating expenses	1 987 495	2 912 128	2 708 277	2 387 268
Total	11 987 495	10 870 385	10 523 600	8 525 703

DATA: Ministry of Health and Social Solidarity 2010-2013

SOURCE: Greek REITOX Focal Point, 2013

Table 1.4. Cost of services of Thessaloniki Psychiatric Hospital (2009 - 2012)

	2009	2010	2011	2012
	€	€	€	€
IANOS Rehabilitation Department for Drug Dependent Individuals	2 706 923	3 457 544	2 739 283	2 239 563
ARGO Alternative Treatment Programme for Drug Dependent Individuals	930 677	894 808	857 424	338 804
Total	3 637 600	4 352 352	3 596 707	2 578 367

DATA: Ministry of Health and Social Solidarity 2010-2013

SOURCE: Greek REITOX Focal Point, 2013

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

2.1. Technical notes

The national Focal Point collects and presents yearly the latest data available on illicit drug use in the general, school and specific populations in Greece. Data are collected within the framework of the implementation of the GPS Indicator (see www.emcdda.europa.eu/themes/key-indicators/gps).

No data on drug use in the general population are available since 2004 when the last nationwide survey using probabilistic sampling was conducted by the University Mental Health Research Institute (UMHRI).

The most recent school survey data are available from 2011 when the Nationwide school population survey on substance use was conducted by UMHRI (funded by the Greek Organisation Against Drugs, OKANA and implemented with the cooperation of the drug prevention centres run by OKANA/local authorities). The 2011 survey methodology was fully compatible with that used by the European School Survey on Alcohol & Other Drugs project (ESPAD survey). Additionally, UMHRI conducts every four years the Greek leg of the Health Behaviour in School-aged Children (HBSC/WHO collaborative study), which also provides data on the prevalence of illicit drug use among 15-year-old students.

2.2. Drug use in the school-aged population

The 2011 Nationwide school population survey on substance use was based on the ESPAD survey methodology (Hibell, et al 2012) and involved a nationwide representative sample of 37,040 students aged 13-19 from 676 schools.

Lifetime use in the student population aged 15-19

Any illicit drug use³: almost one in every 7 students aged 15-19 (15.3%) have used an illicit drug at least once in their lifetime. Twice as many male (21.1%) than female students (9.4%) have used drugs in their lifetime. Drug use increases with age: lifetime prevalence increases from 7.4% at the age of 15, to 21.9% and 40.2% at the ages of 18 and 19, respectively. Drug use is significantly higher in the cities of Athens and Thessaloniki (19.3% and 19.4%, respectively) compared to the other areas (12.0%) (Table 2.1).

Drugs: cannabis (13.4%) and inhalants (14.1%) are the drugs most commonly used by students. Lifetime prevalence of drugs other than cannabis and inhalants was below 3% in 2011. Irrespective of the drugs used, boys use drugs in significantly higher proportions compared to girls (Table 2.1).

³ 'Any illicit drug' category includes: cannabis; heroin; LSD; cocaine; crack; amphetamines; ecstasy; magic mushrooms; and GHB.

Table 2.1. Lifetime prevalence of illicit drugs among students (15-19 year olds), by drug in the total school population and by gender, age and geographical stratum (% , 2011)

	Total n=23301	Gender		Age (years)					Geographical stratum		
		Males n=11671	Females n=11630	15 n=5833	16 n=5915	17 n=5356	18 n=4599	19 n=1098	Athens n=3359	Thessaloniki n=1027	Other areas n=18915
Any illicit drug ¹	15.3	21.1	9.4	7.4	10.9	14.9	21.9	40.2	19.3	19.4	12.0
Cannabis	13.4	18.3	8.3	4.9	8.4	13.5	20.7	37.6	17.7	18.2	9.7
Inhalants	14.1	15.7	12.4	12.0	14.4	14.7	14.6	15.9	15.0	16.5	13.0
Ecstasy	2.4	3.6	1.0	2.1	1.7	1.9	2.6	8.1	2.4	1.8	2.4
Amphetamines	2.1	3.1	1.1	2.0	2.0	1.5	2.2	5.5	1.8	1.8	2.4
Cocaine	2.5	3.9	1.0	1.7	1.5	2.0	3.0	11.1	2.7	2.9	2.3
Crack	1.7	2.7	.7	1.8	1.1	1.4	1.8	4.8	1.9	1.3	1.6
LSD	2.5	3.9	1.1	2.0	1.7	2.1	2.8	9.2	3.0	3.0	2.2
Magic mushrooms	2.4	3.6	1.2	2.1	1.9	1.9	2.5	8.2	2.9	2.2	2.2
GHB	.9	1.4	.4	1.0	.6	.7	.9	2.2	.8	.7	1.0
Heroin	1.3	2.0	.6	1.5	1.0	1.0	1.2	3.1	1.1	.8	1.4
Anabolics	2.6	4.2	.9	2.3	2.4	2.5	2.6	5.0	2.3	2.5	2.8

DATA: Nationwide school population survey on substance use, 2011.

SOURCE: University Mental Health Research Institute.

Notes:

1) The 'any illicit drug' category includes: cannabis; heroin; LSD; cocaine; crack; amphetamines; ecstasy; magic mushrooms; and GHB.

Recent and current use of cannabis in the student population aged 15-19

Data on recent (i.e., use in the last 12 months) -and current use (i.e., use in the last 30 days) is available only for cannabis. In 2011, one in every 10 students aged 15-19 (10.4%) reported recent -and one in every 16 (6.3%) current use of cannabis. The male to female ratio was 2 to 1 for current use (14.3% and 6.4%, respectively), and almost 3 to 1 for current use (9.1% and 3.3%, respectively). Recent and current use increases significantly by age. Finally, twice as many students in Athens and Thessaloniki than students in other areas report recent and current use of cannabis (Table 2.2).

Table 2.2. Prevalence of reported cannabis use among students, by period and frequency of use and by gender, age and geographical stratum (% , 2011)

	Total n=23301	Gender		Age (years)					Geographical stratum		
		Males n=11671	Females n=11630	15 n=5833	16 n=5915	17 n=5356	18 n=4599	19 n=1098	Athens n=3359	Thessaloniki n=1027	Other areas n=18915
Cannabis (last 12 months)	10.4	14.3	6.4	3.8	6.9	10.8	16.4	25.0	13.9	13.7	7.5
Cannabis (last 30 days)	6.3	9.1	3.3	2.4	4.0	6.3	9.7	17.4	8.7	7.8	4.4
Cannabis, 1-2 times (lifetime)	5.6	7.2	3.9	2.5	4.4	5.8	8.1	11.2	7.1	7.1	4.3
Cannabis, ≥3 times (lifetime)	7.8	11.1	4.4	2.5	4.0	7.7	12.6	26.4	10.6	11.1	5.4

DATA: Nationwide school population survey on substance use, 2011.

SOURCE: University Mental Health Research Institute, 2012.

Experimental and repeated use of cannabis in the student population

More students have repeated cannabis use (3 times or more; 7.8%) than they have only used 1-2 times (5.6%). Boys repeated cannabis use in significantly higher proportions compared to girls

(11.1% and 4.4%, respectively). Repeated cannabis use (as opposed to 1-2 times use) increases significantly after the age of 16. Finally, students in Athens and Thessaloniki repeat cannabis use in significantly higher proportions compared to other areas (10.6%, 11.1% and 5.4%, respectively) (Table 2.2).

Substance use by minors (13-14-year-old students)

Lower secondary school students aged 13-14 (mean age 13.5; standard deviation 0.5 years) were also asked about drug use in the 2011 survey. 1.7% reported lifetime use of cannabis (1.1% 1-2 times and 0.6% use 3 or more times); 5.8% reported use of inhalants and 1.0% use of ecstasy. Drug use is significantly higher among boys compared to girls (2.6% and 0.9%, respectively for lifetime use of cannabis) and in Thessaloniki compared to Athens or to other areas (3.9%, 1.4% and 1.5%, respectively for lifetime use of cannabis; not shown in Table or figure).

2.3. Trends of substance use in the school-aged population

Since 2007, there has been an overall increase in the prevalence of drug use among 15-19 students. The proportion of students who reported ever having taken drugs increased from 12.0% in 2007 to 15.3% in 2011. More specifically, significant increases have been observed in the lifetime use of any illicit drug (exceptions: 15, -16, and 17-year-olds and areas other than Athens or Thessaloniki), cannabis (exceptions: 15-and 16-year-olds), inhalants (exceptions: 15 -and 19-year-olds), magic mushrooms (only in the total sample, 15-year-olds, girls and Athens). No significant increases were observed between 2007 and 2011 in any one of the other substances measured (Table 2.3).

In addition, significant increases have been observed in the period 2007-2011 in the recent cannabis use (Figure 2.1, exceptions: 15-and 16-year-olds) as well as the current (Figure 2.1, exceptions: 15-, 16-, 17 and 19-year-olds) and the repeated use of cannabis (Figure 2.2, exceptions: 15-and 16-year-olds).

Table 2.3. Trends in the prevalence of lifetime use of substances among 15 to 19-year-old students in Greece, by substance (%), 1984-2011

	1984 (n=10799)	1993 (n=10543)	1998 (n=8554)	2003 (n=8453)	2007 (n=10386)	2011 (n=23301)
Any illicit drug ¹⁾	6.0	6.0	13.7	10.1	12.0	15.3
Cannabis	3.8	4.6	12.6	9.5	9.5	13.4
Inhalants		6.5	13.8	13.0	9.5	14.1
Anabolics						2.6
LSD	1.1	1.3	3.0	1.6	2.4	2.5
Cocaine	1.5	1.0	2.0	1.5	2.2	2.5
Magic mushrooms				0.8	1.8	2.4
Ecstasy			2.1	2.0	2.7	2.4
Amphetamines				0.4	2.7	2.1
Crack		0.5	1.0	0.6	1.9	1.7
Heroin	0.5	0.7	1.1	0.8	1.3	1.3
GHB				0.2	1.0	0.9

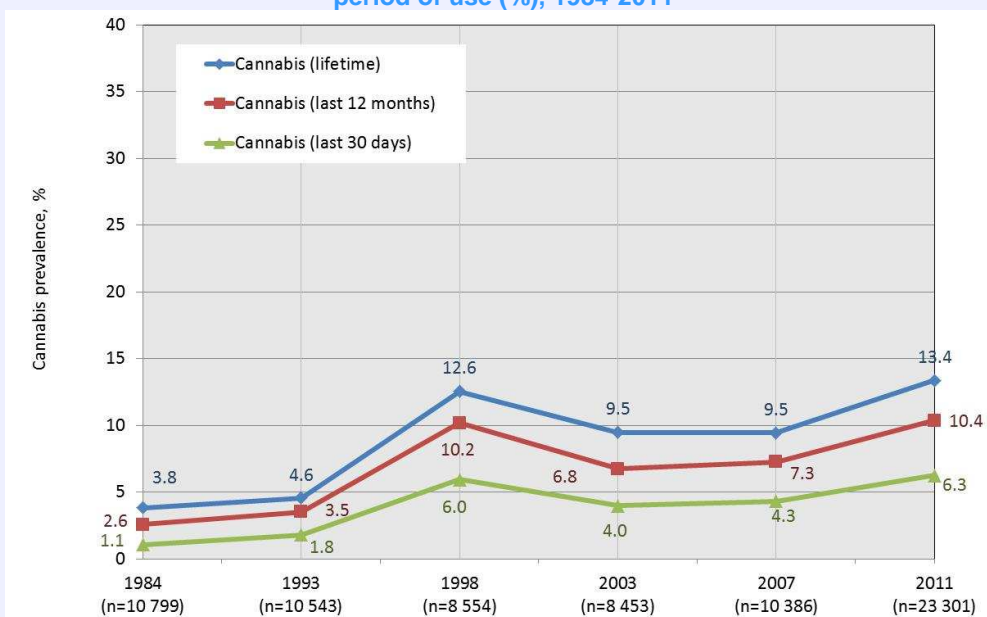
DATA: Nationwide school population survey on substance use, 1984-2011.

SOURCE: University Mental Health Research Institute.

Notes:

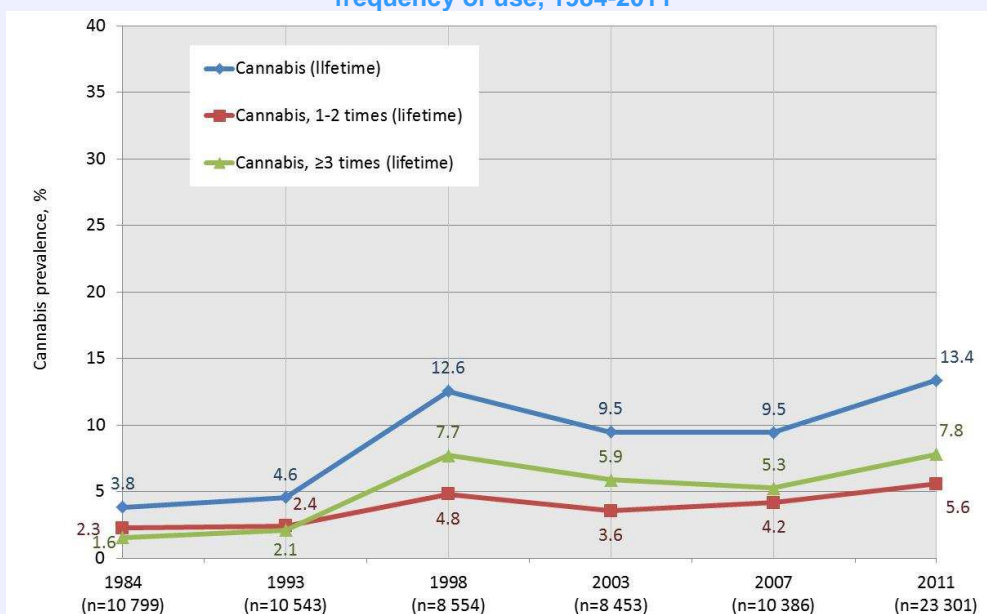
1) The 'any illicit drug' category includes: cannabis; heroin; LSD; cocaine; crack; amphetamines; ecstasy; magic mushrooms; and GHB.

Figure 2.1. Trends in the prevalence of cannabis use among 15 to 19-year-old students in Greece, by time period of use (%), 1984-2011



DATA: Nationwide school population survey on substance use, 1984-2011.
SOURCE: University Mental Health Research Institute.

Figure 2.2. Trends in the prevalence of cannabis use among 15 to 19-year-old students in Greece, by frequency of use, 1984-2011



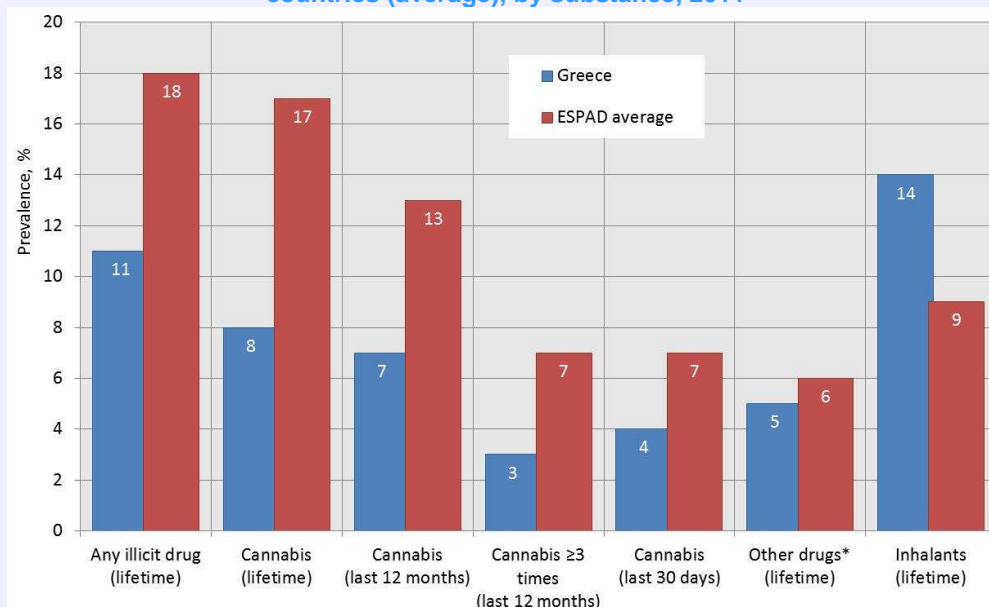
DATA: Nationwide school population survey on substance use, 1984-2011.
SOURCE: University Mental Health Research Institute.

2.4. Substance use in the school-aged population in Greece compared to other countries

Significantly lower prevalence of drug use is observed in Greece compared to most of the other countries in the European region. Based on the most recent data (2011) of the ESPAD international

research program for 16-year-olds, Greece shows lower prevalence rates in the lifetime use of all types of drugs compared to the ESPAD average. The only exception are inhalants (higher in Greece), and the use of drugs other than cannabis (no difference in Greece) (Figure 2.3).

Figure 2.3. Lifetime prevalence of substance use among 16-year-old students in Greece and in the ESPAD countries (average), by substance, 2011



DATA: European School Population survey of Alcohol & other Drugs, ESPAD 2011.
SOURCE: Hibell et al, 2012.

Based on the most recent data (2009/2010) of the international HBSC/WHO collaborative study, the lifetime prevalence of cannabis use among 15-year-old students in Greece is significantly lower in Greece compared to the HBSC/WHO countries' average (Currie et al, 2012).

CHAPTER 3. PREVENTION

3.1. Introduction

3.1.1. Background information: Main drug prevention services in Greece

Drug prevention in Greece is mostly delivered by the nationwide⁴ network of **73 Prevention Centres for Addiction and Psychosocial Health Promotion established within the framework of cooperation between OKANA and local authorities and local stakeholders**.⁵ Their activities include not only drug prevention, rather the focus is on prevention of all kinds of addiction and risk behaviours in view of further strengthening psychosocial health promotion.

Drug prevention interventions are also implemented by the **Ministry of Education and Religious Affairs, Culture and Sports** (hereinafter Ministry of Education), most notably in the context of Health Education Programmes.⁶

Furthermore, prevention interventions are implemented by other drug-specialised or health services⁷, etc., that are active *inter alia* in the field of drug prevention.⁸

The main actors in drug prevention are defined in the recently enacted drug law (4139/2013, for more information regarding this law, please see Chapter 1). Prevention Centres are officially authorised agencies for implementing prevention interventions. In addition, prevention interventions can be implemented by the agencies which are mentioned in this law and are involved in the implementation of the National Action Plan on Drugs, as well as by other governmental or non-governmental (non-profit) agencies (the Church, local authorities, etc.) given that they have drafted a work programme for their prevention activities, which is approved by the Ministry of Health.

Moreover, this law foresees the establishment of a network in the field of drug prevention. This network is composed by the 73 Prevention Centres as well as by all the agencies which are mentioned in this law and are involved in the implementation of the National Action Plan on Drugs and implement prevention interventions. The network is represented by a coordination committee established by the Minister of Health with the participation of representatives from Ministries, organisations and local authorities involved in drug prevention.

⁴ The 73 Prevention Centres which are currently operational (September 2013) cover all 13 regions and 50 of the 51 prefectures of the country.

⁵ Hereinafter Prevention Centres.

⁶ Hereinafter HEPs.

⁷ - Prevention Sector of **KETHEA** – a self-governing body of private law under the supervision of the Ministry of Health.

- **PROTASI** Movement for a different lifestyle – a voluntary organisation

- **18 ANO Dependence Treatment Unit** (Athens Psychiatric Hospital) and **ARGO Alternative Therapeutic Programme** (Thessaloniki Psychiatric Hospital) – two state agencies

- Greek Intercultural Psychiatric Care and the Greek Red Cross – two non-governmental organisations

- **DIAKONIA** Foundation for Psychosocial Education and Support (Archbishopric of Athens) and **ST. LUKE OF CRIMEA** Health Promotion Organisation (Holy Bishopric of Etolia and Acarnania) – two bodies of the Church

⁸ All actors involved in implementation of prevention activities, hereinafter in this Chapter stated as Prevention Centres / agencies.

3.1.2. Data collection tools / Data sources

Data on prevention interventions implemented in Greece mostly derives from the Greek REITOX FP'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 FP has been using questionnaires for prevention agencies. Data on prevention interventions presented in this Chapter are mostly derived from the analysis and processing of the prevention questionnaires filled in by 68 of the 72 Prevention Centres, as well as by three agencies that are active in the field of prevention. Prevention data are also collected from 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).

3.1.3. Definitions

The term *intervention* refers to a set of structured, content-defined sessions/activities carried out in the framework of health education. Interventions vary with respect to the different settings implemented, the different goals set as well as the different methods (inc. duration) and contents used. In any case an intervention should have clearly-defined goals and theoretical framework as well as fixed methodology and duration.

3.1.4. Main developments

In 2012 OKANA launched one Prevention Centre in Athens (the 5th Prevention Centre in the city of Athens) and in 2013 one Prevention Centre in the prefecture of Drama. In addition, OKANA renewed the three-year work-programmes of 26 Prevention Centres, ensuring their continued operation. In addition, in the recently enacted drug law (4139/2013), the main actors in drug prevention are defined, while a network of all agencies involved in drug prevention is foreseen to be established.

As far as prevention interventions are concerned, school-based prevention has always been a key priority for prevention in Greece. Prevention activities include mainly personal and social skills training and do not focus only on substance (illegal and legal) use prevention; rather emphasis is given on prevention of all kinds of addiction and risk behaviours as well as psychosocial health promotion. In the school year 2011-2012, there was an increase in the school-based prevention efforts. Families are also one of the core target groups: family prevention includes information events and training programmes (parents' groups).

As for quality assurance of prevention interventions, training for prevention professionals is provided mainly by the OKANA Training and Supervision Centre. Nevertheless, it is important and imperative to further promote evaluation as well as quality standards in prevention.

3.2. Environmental prevention

Greece has written government alcohol and tobacco policies and legislation in place, while the Ministry of Health is primarily responsible for developing the policy while the main responsibility for policy delivery lies also with other Ministries (such as the Interior or Justice, and Finance). Existing legislation mostly focuses exclusively on alcohol and/or tobacco (e.g. Law 3730/2008 'Protection of minors from tobacco and alcohol'), while legislative articles pertinent to alcohol or tobacco are also included in other all-inclusive legislation. In most cases young people (under age of 18 -and 17 in the case of tobacco and alcohol, respectively) are explicitly mentioned in the legislative texts.

3.2.1. Policy on tobacco

Law foresees the ban of selling, giving for free to -and purchasing or receiving tobacco products from adolescents under age of 18. It also regulates advertising of tobacco products; bans manufacturing, selling and purchasing of products that resemble cigarettes and other tobacco products (e.g. electronic cigarettes).

Smoking is banned in public indoor facilities, while also measures are foreseen to increase public awareness on tobacco use related harm; increase research and documentation on tobacco use; and prevention of the onset of tobacco use.

With regard to tobacco advertisement and availability, a 2005 Joint Ministerial Decision foresaw the ban of the placement of tobacco products in shop windows or the checkout counters of retail stores, convenience stores, grocery stores and the kiosks (periptera); the ban of the advertisement of tobacco-alike products (e.g. electronic cigarettes) and advertisement of tobacco products in health and educational services/facilities; ban messages in tobacco products labelling that may downgrade the harm related to tobacco use; and ban of advertising of tobacco and tobacco related products in audio-visual broadcasting channels (TV, radio) (Joint Ministerial Decision 81348/2005).

3.2.2. Policy on alcohol

Alcohol policy in Greece concerns three areas: ban of selling alcohol to adolescents under age 18; ban of driving under the influence of alcohol, and qualitative control of alcohol production.

With regard to driving, the national maximum legal blood alcohol concentration when driving a vehicle is 0.05% for the general population and 0.02% for the young -and the professional drivers (Joint Ministerial Decision 43500/5691/2002). The implementation of breathalyser tests by the traffic police on the main roads is scattered, while they alcohol testing intensifies during weekends and during national holidays (e.g. Christmas). Breathalyzer test are nonetheless conducted at the scenes of road accidents.

With regard to minors, the most recent piece of legislation (Law 3730/2008) bans the entry and stay of adolescents under age 18 in bars, clubs, etc where alcohol can be bought and used and the consumption of alcohol by minors. According to the Action plan (Ministry of Health and Social Solidarity, 2008, p.26) this measure is not implemented effectively. Law 3730/2008 also foresees

the development of nationwide research on prevalence and the factors and consequences of alcohol consumption from minors, and the development of a national prevention plan for alcohol (p. 42).

3.3. Universal prevention

Prevention Centres / agencies design and implement mainly universal prevention interventions; interventions not only focused on drug issues, rather interventions for the prevention of risk behaviours and the promotion of psychosocial health. In this framework, drug prevention is covered among their activities, while alcohol and smoking prevention is also of great importance. In addition, the importance of interventions regarding aggression and violence prevention is emphasised, while it seems that there is a focus on prevention of video games / internet addiction. Nevertheless, broad prevention interventions in the context of mental health promotion in their community are also widely implemented.

3.3.1. Universal school-based prevention

Major emphasis is placed on prevention interventions in the school setting. School-based prevention has always been a key priority for prevention in Greece, both at the policy level and at the level of philosophy and the principles of interventions implemented.

In addition to drug prevention, school-based interventions are implemented for alcohol and smoking prevention, for school violence and aggression, for video games/internet addiction, as well as broad interventions in order to promote psychosocial health.

Prevention interventions at nursery schools and kindergartens

Prevention activities in this level of education mainly consist of seminars for teachers, in order to inform them and to raise their awareness of the key developmental characteristics of the preschool age children, the main concepts of prevention and health education and the role of the teacher, and to support them in their role as educators. In 2012, training seminars were held with the participation of 157 teachers from 50 nursery schools and kindergartens.

Prevention interventions in primary and secondary education

School-based prevention in primary and secondary education encompasses mainly programme-based interventions either (a) in the context of HEPs of the Ministry of Education or (b) interventions designed and delivered by Prevention Centres / agencies in cooperation with local schools on approval of the Ministry of Education.⁹

⁹ For a brief description regarding the context and key principles of school-based prevention as well as the main multi-session standardised printed programmes used in school-based prevention interventions, please see SQ 25 (section 4.2) submitted to EMCDDA in 2013.

Prevention interventions in secondary education are usually implemented outside school hours (as HEPs are not officially included in the school curriculum), while in primary education they are either delivered during the so-called “flexible zone” of the school curriculum or become part of the optional evening programme in “all-day” schools. Nevertheless, since 2011-2012 school year, in each of the first four grades of primary education, as the implementation of HEPs have been emphasised and further promoted in these grades, specific areas have been assigned to be covered in HEPs. In specific, HEPs are implemented in an one-hour session on a weekly basis and cover the following topics: in Grade A: health education, in Grade B: diet/nutrition, in Grade C: traffic education, in Grade D: environmental education.

HEPs¹⁰ are mainly delivered by teachers, there are some cases where interventions are implemented by prevention professionals. Moreover, according to the Ministry of Education, the implementation of HEPs on drug prevention is based on multi-session standardised printed programmes on drug prevention. According the 2011 ministerial decision (see 3.1.4), Prevention Centres support the design and the implementation of HEPs on drug prevention and on psychosocial health education. In this context, Prevention Centres carry out: a) training seminars to help teachers implement HEPs, and b) supervisory sessions to support teachers who implement HEPs.

School-based prevention interventions addressed to primary and secondary education students are not implemented only in the context of HEPs. Prevention Centres / agencies, implement interventions on the basis of partnerships with local schools. Student participation is voluntary. In addition, outside the purposes of HEPs, the Prevention Centres / agencies, organise teacher training seminars and support sessions in order to inform teachers and raise their awareness of prevention and the role of the school and the teacher in prevention, support them in their role as educators and mainstream prevention in school.

As far as data for the school year 2011-2012 are concerned, coverage data of school-based prevention interventions addressed to primary and secondary students in this school year are presented in Table 3.1.

Compared to the total school population of the country, only a small share of students were involved in prevention and psychosocial health promotion interventions (either in the context of HEPs of the Ministry of Education or outside the context of HEPs) (Table 3.1). However, compared to the previous school years (e.g. 2009-2012 and 2010-11) the coverage of prevention interventions increased in both primary and secondary education (for example in the school year 2010-2011, in primary education 3.82% of the schools and 1.71% of the students were involved in prevention and psychosocial health promotion, while the respective figures in 2010-2011 school year in secondary education were 25.44% and 5.39, respectively).

Regarding the interventions implemented under the HEPs of the Ministry of Education, data about HEPs on drug prevention implemented in the school year 2011-2012 are presented in Figures 3.1 and 3.2. Drug prevention interventions were implemented with the participation of a total of 1760 students from 71 primary schools, and 12236 students from 523 secondary schools. Compared to the previous school year (2010-2011), there was a downward trend in primary education in the

¹⁰ For a brief description regarding the context and key principles of school-based prevention as well as the main multi-session standardised printed programmes used in school-based prevention interventions, please see SQ 25 (section 4.2) submitted to EMCDDA in 2013

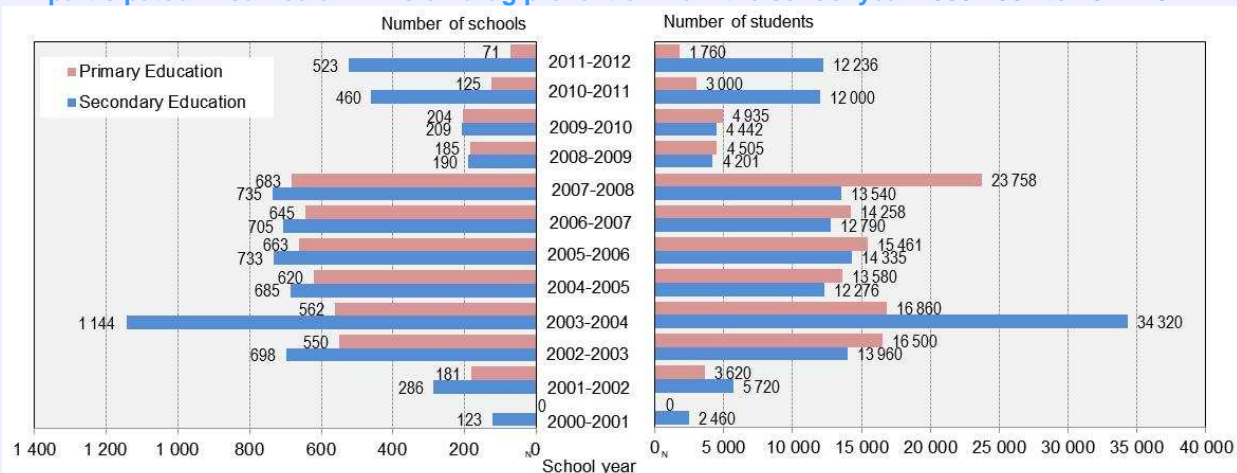
number of HEPs on drug prevention implemented in the school year 2011-2012, while the implementation of HEPs on drug prevention in secondary education remained at the same level with the school year 2010-2011, in accordance with the Ministry's of Education emphasis on that area in the last two years.

Table 3.1. Universal prevention interventions for students in primary and secondary education in the school year 2011-2012

	Primary education		Secondary education	
	Number of schools	Number of students	Number of schools	Number of students
Drug prevention interventions <i>(incl. HEPs and interventions implemented by Prevention Centres and other agencies)</i>	112	3 045	718	25 508
Alcohol / smoking prevention interventions <i>(incl. HEPs and interventions implemented by Prevention Centres and other agencies)</i>	119	3 624	402	11 755
Prevention interventions for addictive behaviours	22	1 096	60	4 244
Prevention interventions for school violence and aggressive behaviours	64	2 382	42	3 430
Prevention interventions for video games/internet addiction	24	820	33	2 207
Prevention interventions in the context of mental health promotion	174	7 538	93	5 585
Total	515	18 505	1 348	52 729
School population <i>(National Statistical Service 2012)</i>	10 696	798 380	3 902	695 705
% of prevention and psychosocial health promotion interventions implemented compared to the total school population	4.81	2.32	34.55	7.58

SOURCE: Greek REITOX Focal Point, 2013.

Figure 3.1. Number of schools and number of students in primary and secondary education that participated in curricular HEPs on drug prevention from the school year 2000-2001 to 2011-2012

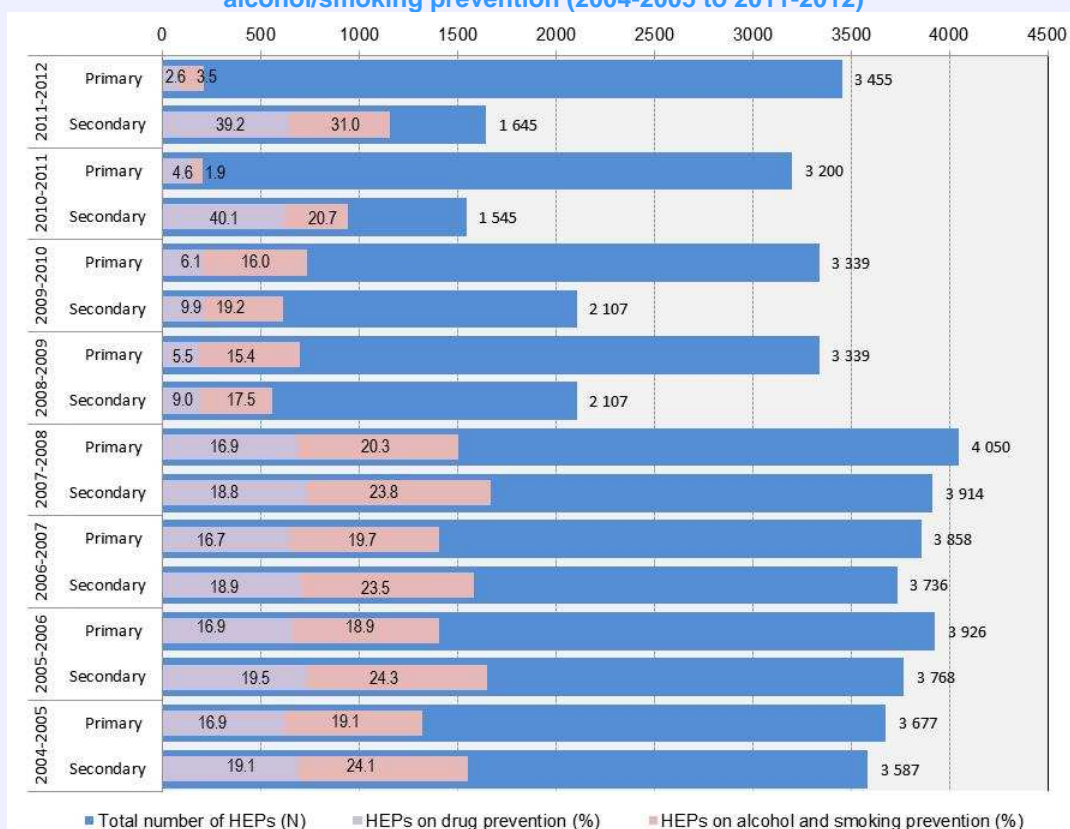


DATA: Ministry of Education.

SOURCE: Greek REITOX Focal Point, 2013.

Drug as well as alcohol and smoking prevention interventions are widely implemented in secondary education, while in primary education HEPs seem to focus on other topics, as there was a decrease in the last school years in the proportion of HEPs on drug and alcohol/smoking prevention compared to all HEPs (2010-2011 and 2011-2012) (Figure 3.2).

Figure 3.2. Total number of curricular HEPs implemented and the proportion of HEPs on drug and/or alcohol/smoking prevention (2004-2005 to 2011-2012)



DATA: Ministry of Education.

SOURCE Greek REITOX Focal Point, 2013.

For the purpose of HEPs implementation, in the school year 2011-2012, according to data reported by Prevention Centres / agencies, a total of 1641 teachers from 680 primary schools and 791 teachers from 246 secondary schools took part in training seminars and support sessions for teachers implementing curricular HEPs (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 2011 NR of the Greek REITOX FP, 2011).

Table 3.2. Teacher training seminars and support sessions in primary and secondary education in the school year 2011-2012

	Primary education		Secondary	
	Number of schools	Number of teachers	Number of schools	Number of teachers
Training seminars in curricular HEP implementation	511	1 346	193	700
Supervision sessions during curricular HEP implementation	169	295	53	91
Total seminars and sessions for curricular HEP implementation	680	1 641	246	791
Training seminars and support sessions outside the context of Health Education	526	1 504	400	1 240
Total	1 206	3 145	646	2 031

SOURCE: Greek REITOX Focal Point, 2013.

Regarding the teacher training seminars and support sessions held by Prevention Centres / agencies, 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

2011-2012, such seminars and sessions were attended by 1504 teachers from 526 primary schools and 1240 teachers from 400 high schools (Table 3.2).

Interventions in higher education

Prevention Centres / agencies carry out interventions in higher education, too, in cooperation with the country's educational establishments. In 2012, prevention interventions were attended by 124 students. Moreover, during 2012 almost 100 students were placed for practical training in Prevention Centres.

3.3.2. Universal family-based prevention

Alongside the school community, parents are one of the main target groups for prevention interventions in Greece. Prevention Centres / agencies design and implement two types of interventions¹¹ for parents both: a) brief, open one-off sessions on prevention, psychosocial development and child upbringing (information and awareness interventions), and b) parents' groups (max 15 participants) typically of an experiential nature, with a predetermined number of sessions, chiefly aiming at improving communication in the family and supporting parents in their role (training interventions / parents' groups / schools).

In addition, Strengthening Families Program (SFP), the North American prevention programme for parents, has been translated and adapted by Choremio Research Laboratory of the St. Sophia's Children's Hospital in Athens. In the context of its adaptation in the Greek context it has been piloted and evaluated.

Data about the universal prevention interventions for parents implemented in 2012 are presented in Table 3.3.

Table 3.3. Universal family-based prevention interventions in 2012

	Number of interventions	Number of participants	Average duration (months)	Average number of sessions
Information / awareness interventions (opens sessions)	61	9 124 (290 groups)	2.5	1.6
Training interventions (parents' groups / schools)	98	6 605 (368 groups)	4.9	11.1

SOURCE: Greek REITOX Focal Point, 2013.

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 FP, 2008). Participation levels for both information / awareness interventions and training interventions increased compared to 2011, with the respective figures for 2011 being 7344 (317 parents' groups) and 4816 (318 parents' groups) (Greek REITOX FP, 2012). In any case, parents' participation in prevention interventions over the past five years has been growing.

¹¹ For a brief description of these two main types interventions implemented in universal family-based prevention and the main multi-session standardised printed programmes used in family-based prevention interventions, please see SQ 25 submitted to EMCDDA in 2013, as well as 2010 NR of the Greek REITOX FP (2010).

3.3.3. Universal community-based prevention

Prevention Centres / agencies, appear to be responding to the challenge of organising prevention interventions outside the school setting for pre-adolescents and adolescents, while in view of providing information and raising public awareness about drugs, drug prevention, drug dependence, as well as psychosocial health promotion, prevention professionals target other members of the local community such as volunteers, the army, public security forces, health professionals and youth mediators.

Youth outside the school setting

In order to reach the youth and involve them in prevention interventions, Prevention Centres / agencies do not restrict their activities to the school setting only, but target children aged 4-12 and adolescents by means of interventions implemented outside the school setting (office-based interventions or interventions in settings frequented by young people, e.g. summer camps). Such interventions involve the implementation of multi-session standardised printed programmes for youth prevention (see 2011 NR of the Greek REITOX FP, 2011).

Data on universal prevention interventions for preadolescents and adolescents implemented in 2012 are presented in Table 3.4. Compared to the previous years, the number of interventions for children and adolescents has remained largely unchanged (see 2011 NR of the Greek REITOX FP, 2011).

Table 3.4. Data about universal prevention interventions in preadolescents and adolescents in the year 2012

	Number of interventions	Number of participants	Average duration (months)	Average number of sessions
Interventions for children aged 4-12	20	1 582 (72 groups)	2.4	6
Interventions for adolescents aged 10-18	24	720 (39 groups)	3.4	8

SOURCE: Greek REITOX Focal Point, 2013.

PROTASI Movement 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” (<http://www.kpachaia.gr>).

Furthermore, in order to reach the youth and involve them in prevention, Prevention Centres in cooperation with local Armed Forces units implement interventions in recruits (see *Interventions addressed to specific community groups*).

Interventions addressed to specific community groups

Prevention Centres / agencies extend their activities to local community groups that “may greatly affect public life at the 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 dependence prevention and act as multipliers (e.g. mental health professionals, [...] volunteers)” (<http://www.pyxida.org.gr>). The main aim of community-based action is to raise public awareness, reach stakeholders and get them involved in prevention interventions, and forge partnerships among different local stakeholders. Data regarding community-based interventions implemented in 2012 are presented in Table 3.5. For a brief summary of the main scope and basic goals of these types of interventions, please see 2010 NR of the Greek REITOX FP (2010).

Regarding the Armed Forces, prevention interventions were implemented in the context of Memorandum of Understanding between the Ministry of National Defence and the Ministry of Health and OKANA.

Table 3.5. Universal community-based prevention interventions by target group in the year 2012

	Number of interventions	Number of participants
Volunteers	20	246
Law enforcement	5	229
Armed forces	38	9 920
Health professionals	11	1 580
Youth leaders	7	257

SOURCE: Greek REITOX Focal Point, 2013.

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, Prevention Centres / agencies.

Internet

In view of providing information and raising public awareness, Prevention Centres / agencies¹² utilise the internet to disseminate information about the interventions they implement and about prevention, drugs, etc. In addition, Prevention Centres / agencies utilise the internet to promote the activities they implement and communicate prevention-related information (please see 2012 NR of the Greek REITOX FP, 2012).

Mobile units

PEGASUS Mobile Information Unit (KETHEA), the only mobile unit which implemented brief interventions across the country using a specially-fitted bus, suspended its operation in 2012.

3.4. Selective prevention

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

¹² For a list of websites of Prevention Centres / agencies, please see SQ 25 submitted to EMCDDA in 2013.

ICARUS Prevention Unit (KETHEA), established in 2004, designs and implements selective and indicated prevention interventions, targeting individuals, groups and populations running a higher risk of displaying delinquent behaviours and resorting to the use of drugs.

3.4.1. Selective prevention interventions in youth

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.

Prevention Centres / agencies approach vulnerable social groups mainly in the school setting targeting mostly adolescents who experiment with drugs, students who manifest delinquent behaviour as well as students with various psychosocial problems. These interventions involve activities for students, while seminars for teachers in view of raising their awareness and supporting them in case management are held.

According to 2012 data, selective interventions were carried out in 33 schools approaching 1393 students. Most of them address experimental drug users and youth with psychosocial problems, while few of these interventions were for immigrants and culturally different groups.

For other agencies implementing selective prevention (without available data for 2012) please see the 2011 NR of the Greek REITOX FP (2011).

3.4.2. Selective family-based interventions

Given the emphasis placed on the role of the family in prevention, Prevention Centres / agencies, also reach families with specific characteristics (single parents, families from culturally diverse groups, immigrants, etc.). In 2012, 285 parents participated in such interventions.

3.4.3. Interventions in recreational settings

As stated in previous NR of the Greek REITOX FP (see, *inter alia*, Greek REITOX FP, 2008), in Greece systematic prevention interventions in recreational settings have not been developed; 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.

3.5. Indicated prevention

As far as indicated prevention interventions in the school setting are concerned, Prevention Centres in cooperation with local schools provide counselling to students upon request. In 2012, the Prevention Centres supported some 244 students from 19 schools.

Moreover, with a view to promoting mental health in schools, the Ministry of Education established Differential Diagnosis, Diagnosis and Support Centres (KEDDY) for students with psychological, emotional and social particularities and special learning needs. These structures also raise the awareness of and provide support to teachers and parents.

Prevention Centres also implement indicated prevention interventions for drug users and their families and individuals with various psychosocial problems possibly associated with drug use (e.g. parents of children who exhibit problematic behaviours, parents and children / adolescents who seek support in matters of communication and relationships). They provide counselling and psychosocial support and make referrals to specialised structures, if necessary. In 2012, the Prevention Centres supported over 4900 individuals.

Moreover, the adolescents' services of OKANA, KETHEA and 18 ANO Dependence Treatment Unit (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 about drugs, brief individualised counselling, motivation for seeking help, direct aid and psychological support for prompt crisis management (e.g. drug-related suicidal behaviour, relapse prevention) and/or referral.

Table 3.6. Help lines*

	Telephone number	Operating hours	2012 data
Open Line (18 ANO Dependence Treatment Unit, Attica Psychiatric Hospital)	210 3617089	Monday to Friday 10.00 - 16.00	1 741 calls
ITHAKI Psychological Support Help Line (KETHEA)	1145	Monday to Friday 09.00 – 21.00	2 646 calls 11 emails
SOS Drugs Help Line (OKANA)	1031	Monday to Friday 08.00 – 14.00	1 832 calls

SOURCE: Greek REITOX Focal Point, 2013.

* By year of establishment

3.6. National and local media campaigns

In 2012, PYXIDA Drug Prevention and Health Promotion Centre of the NW sector of the Prefecture of Thessaloniki (<http://www.pyxida.org.gr>) continued to air TV spots on TV stations of national coverage.

Moreover, the Prevention Centres cooperate with local media in broadcasting TV and radio spots. Prevention professionals also take part in radio and TV shows, publish articles, etc.

3.7. Quality assurance

3.7.1. Training of prevention professionals

OKANA Training and Supervision Centre was launched in 2011 in order to provide training seminars in the area of drug addiction for professionals and other group (e.g. armed forces officers, journalists, members of sport associations, etc). Training seminars implemented during 2012 in prevention field are summarised in Table 3.7.

Table 3.7. Training seminars in the drug prevention field organised by OKANA Training and Supervision Centre in 2012

Training Seminar	2012 data
Developing prevention interventions in the Armed Forces <i>(in the context of Memorandum of Understanding Ministry of Defence – Ministry of Health / OKANA)</i>	16 prevention professionals <i>One two-day training seminar</i>
Prevention in the Armed Forces <i>(in the context of Memorandum of Understanding Ministry of Defence – Ministry of Health / OKANA)</i>	75 Military School graduates (medical and social sciences), 66 health professionals of the Armed Forces <i>8 two-day training seminars</i>
Drug prevention in secondary education: UNPLUGGED drug prevention programme <i>(in cooperation with PYXIDA Prevention Centre)</i>	16 prevention professionals <i>One three-day training seminar</i>

DATA: OKANA

SOURCE: Greek REITOX Focal Point, 2013.

At the same time, KETHEA continues to hold training seminars in drug prevention and treatment at large, with the participation of prevention professionals.

3.7.2. Evaluation of prevention interventions

In 2011 six Prevention Centres of the prefecture of Thessaloniki, Rodopi and Xanthi, OKANA Regional Health Administration Office of Thessaloniki and the Greek REITOX FP started conducting an evaluation study investigating the effectiveness of a smoking prevention programme addressed to primary school students. The pilot implementation of the programme and its evaluation study was conducted in the school year 2012-2013.

Nevertheless, evaluation of prevention interventions in Greece still needs to be enhanced. According to 2012 data, the evaluation of most interventions is still 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 targets.

3.7.3. Drug prevention quality standards

As stated in previous NR of the Greek REITOX FP (see Greek REITOX FP, 2008), there are no uniform national standards for the development of prevention interventions. However, there are

specifications and criteria¹³ for the operation of Prevention Centres, and certain specifications⁹ on the basis of which the Prevention Centres prepare their three-year work programmes, which are approved both by their own boards and by OKANA board of directors.

In view of promoting quality standards in drug prevention, UMHRI and the Greek REITOX Focal Point participated in the EU Prevention Standards Partnership which has been undertaking the Phase II of the European Drug Prevention Quality Standards Project¹⁴. It is a co-funded by the European Union, two-year project (started in April 2013) in order to develop activities that will embed the Prevention Standards (developed in Phase I of the project) a robust framework, including the provision of further training materials for a wide range of drug professionals

3.7.4. Prevention-related 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.

As mentioned in 2011 NR of the Greek REITOX FP (2011), in March 2010, the European project “TAKE CARE: Strategies towards responsible alcohol consumption for adolescents in Europe” was launched, with the participation of partners from 10 Member States and Germany as the lead partner. The Greek partner implementing the project is OKANA, in cooperation with HIPPOCRATES Drug Prevention Centre of the Prefecture of the Dodecanese. The project has a 33-month duration and is financially supported by the 2008-2013 Health Programme of the European Commission.

Moreover, OKANA takes part in the European network “Euridice: Ideas and proposals for intervention on drug addiction in the workplace”. In 2012, the network submitted a project proposal for funding.

3.7.5. Networking in the field of prevention

Networking among prevention professionals is crucial in improving existing interventions and promoting the effective ones, while networking among health and social agencies within a community offers a coordinated network of the services provided.

Local networks of agencies involved in the drugs field and of psychosocial and mental health institutions, have been established in different areas.¹⁵ Nevertheless, in addition to established formal networks, Prevention Centres / agencies have a close collaboration with health and social services of their region, in view of coordinating action.

Furthermore, Prevention Centres attach great importance to the establishment of a framework of cooperation among them. They pursue regular communication with one another in order to

¹³ For a brief description of the main specifications and criteria for the operation of Prevention Centres and the main standards for designing prevention interventions based on the three-year work programmes please see 2012 NR of the Greek FP (2012).

¹⁴ <http://www.prevention-standards.eu>

¹⁵ For an overview of regional interagency networks and networks of Prevention Centres / agencies, please see SQ 25 submitted to EMCCDA in September 2013.

exchange experiences, address common difficulties and needs, and develop joint actions, while national, regional and local networks have been established in view of strengthening cooperation ties.¹⁵

CHAPTER 4. ESTIMATED NUMBER OF PROBLEM DRUG USERS

The number of problem drug users (PDU) in Greece 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.

The estimated total number of users aged 15-64 years whose primary drug is heroin is 20429 for the year 2012, with 95% confidence interval 18232 – 22968. Table 4.1 presents the breakdown of this total by gender, age and place of residence. This figure is very close to the previous year’s estimate of 20473 (95% c.i. 18529 – 22688). It thus appears that the estimated total number of users has stabilized at about the same level as in the years 2006-2008 after a relative increase in 2009 and 2010.

Table 4.2 presents estimates of the number of problem drug users who injected in the last month. The estimated total of 7651 (95% c.i. 6616 – 8194) is also very similar to last year’s figure of 7847 (95% c.i. 6904 – 9951).

Table 4.1. Estimated number of problem drug users aged 15-64 years with heroin the main substance of abuse, by gender, age, and place of residence, 2012.

	Records	“Hidden” population *	Estimate of the total population	
			Population	95% c.i.**
Total	4 143	16 286	20 429	18 232 – 22 968
Gender				
Male	3 470	13 529	16 999	15 021 – 19 315
Female	673	2 755	3 428	2 590 – 4 632
Age				
15-24	317	1 844	2 161	1 318 – 3 714
25-34	2 173	7 129	9 302	8 097 – 10 752
35-64	1 653	7 067	8 720	7 117 – 10 794
Place of residence				
Attica	2 030	6 995	9 025	7 788 – 10 528
Elsewhere	2 080	8 329	10 409	8 755 – 12 474

SOURCE: Greek REITOX Focal Point 2013.

*Estimated number of problem drug users who were not recorded by any therapeutic agency in the year 2012

**Confidence interval

Table 4.2.: Estimated number of problem drugs users aged 15-64 years who reported injecting in the last month, by gender, age, and place of residence, 2012.

	Records	“Hidden” population*	Estimate of the total population	
			Population	95% c.i.**
Total	1 930	5 721	7 651	6 616 – 8 914
Gender				
Male	1 673	4 771	6 444	5 528 – 7 579
Female	257	949	1 206	796 – 1 931
Age				
15-24	181	530	711	481 – 1 116
25-34	1 099	2 879	3 978	3 344 – 4 790
35-64	650	2 152	2 802	2 094 – 3 859
Place of residence				
Attiki	832	2 237	3 069	2 520 – 3 797
Outside Attiki	1 079	3 122	4 201	3 417 – 5 247

SOURCE: Greek REITOX Focal Point 2013.

*Estimated number of injecting users who did not attend any treatment service in the year 2012

**Confidence interval

CHAPTER 5. DRUG-RELATED TREATMENT – TREATMENT DEMAND AND TREATMENT AVAILABILITY

5.1. Introduction

5.1.1. Overview of the drug treatment modalities in Greece

Drug treatment is provided by public entities or bodies corporate under private law, all of which are fully or partially government-funded (except from one which is fully funded by local authorities).

The officially recognised drug treatment providers in Greece are the following: **OKANA, KETHEA, 18 ANO Dependence Treatment Unit (Attica Psychiatric Hospital), IANOS Rehabilitation Unit for Individuals Addicted to Toxic Substances** and **ARGO Alternative Therapeutic Programme (Thessaloniki Psychiatric Hospital), ATHENA Treatment Programme (Psychiatric Clinic of the University of Athens)**, public general hospitals (in cooperation with **OKANA**), **THISEAS Association (Municipality of Kalithea), IASON Addiction, Prevention and Treatment Unit (Hellenic Centre for Mental Health and Research)**, and the **Ministry of Justice** (Eleonas prison).

The main drug treatment modalities available in Greece are: psychosocial interventions (drug-free treatment programmes), opioid substitution treatment (OST), and physical detoxification.

5.1.2. Data sources and data collection tools

Treatment unit data

Data collection on drug-related treatment has been conducted by the Focal Point since 1994 with the cooperation of all officially recognised treatment agencies in the country; almost 100% coverage at treatment agency level in 2012.

Data on drug treatment services are collected through the Treatment Form (2010 version), which is a revised version of the original TUF A (Treatment Unit Form, 1997 version). The Treatment Questionnaire is completed by each treatment unit once per year and provides aggregated data on the characteristics of the services provided and the clients treated. Data refer to treatment units which delivered main treatment during the reporting year (in the case of multi-phased programmes data refer to only the main treatment phase).

Counselling centre data

As of 2012, data on counselling services are collected through the Counselling Centre Form, which was introduced and piloted in 2011. The Counselling Centre Form is completed by each counselling centre once per year and provides aggregated data on the characteristics of the services provided and the clients participated.

Note that treatment and counselling data are delivered to the Focal Point in aggregated form and it is therefore not possible to control for double-counting between the different settings.

Treatment demand data

Individual data on new treatment entries are collected through the TDI system which was based on the EMCDDA's Standard Protocol (v2.0 until 2012) and collects information on the number, the socio-demographic characteristics and the drug use (behavioural) patterns of individuals who demand and enter treatment for drug-related problems. TDI data reported here have been cross-checked to eliminate double counts.

No general practitioner (GP), private clinics data are collected, nor is there any reliable information about the number and the characteristics of the individuals who approach this type of services for drug-related problems.

5.1.3. Definitions

Capacity refers to the number of beds (in the case of inpatient treatment programmes), or to the average number of clients who can be offered the services of an outpatient programme, on a monthly basis.

Continuous treatment refers to clients who were in treatment at the end of the reporting year.

Admissions refer to the individuals who ask for (and eventually receive) drug counselling and/or treatment services in a particular treatment site during the reporting year.

Treatment completion refers – only for OST – to full abstinence from any illicit drug use and reduced or no use of the substitute.

Premature discharge refers to the expulsion from the treatment programme due to violating the therapeutic protocol.

5.2. General description, availability and quality assurance

5.2.1 Strategy / policy

In 2012 OST services were further expanded (launch of 11 new OST units), according to the relevant policy decision in 2011 by **OKANA** and **Ministry of Health** to shorten the waiting list and reduce waiting time for entry to OST.

In addition, in 2012 **OKANA** updated and published the operational framework for the OST programme.¹⁶ It is an all-embracing and comprehensive framework setting the terms of reference for every phase of the OST programme and the services provided.

¹⁶ Available only in Greek, <http://www.okana.gr/2012-02-03-13-07-06/therapeutikes-monades-farmakeutikhs-antimetwpishs-ths-eksarthshs>

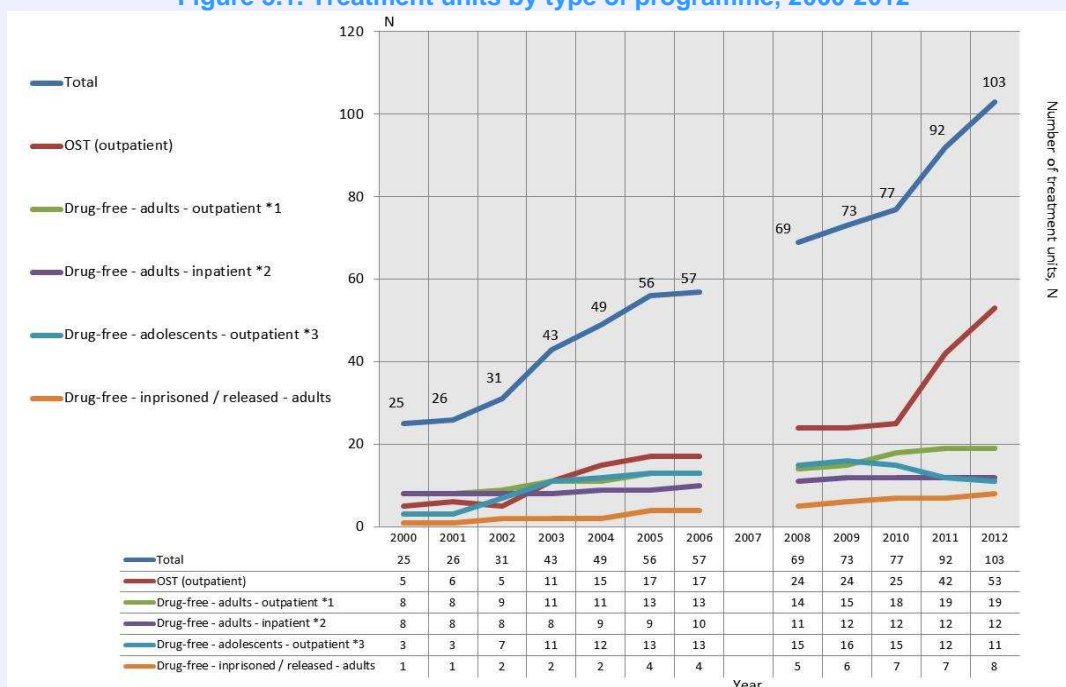
5.2.2. Treatment systems

Overview of treatment availability in Greece

In 2012, a total of 103 treatment units offered drug treatment in Greece: 53 OST units (44 buprenorphine and 9 providing mainly methadone); 42 drug-free treatment programmes (11 inpatient/adults; 19 outpatient/adults, 11 outpatient/adolescents; and 1 detoxification unit) (Figure 5.1); and 8 drug-free treatment programmes for imprisoned and released drug users (see *Chapter 9* for prison data).

Alongside the treatment units, in 2012 there were 45 counselling centres in total: 33 counselling centres for adults 8 for adolescents and young adults and 4 counselling centres for released drug users (see *Chapter 9* for prison data).

Figure 5.1. Treatment units by type of programme, 2000-2012



SOURCE: Greek REITOX Focal Point, 2013.

(*¹ **Drug-free - adults - outpatient**) Counselling Centre II: Motivation and Day Care Centre of 18 ANO Psychiatric Hospital of Attica, that offers treatment services in the reporting year, is included in outpatient drug-free programmes for adults.

(*² **Drug-free - adults - inpatient**) Detoxification Unit of IANOS Rehabilitation Department for Dependent individuals in Thessaloniki is included in inpatient drug-free programmes for adults.

(*³ **Drug-free - adolescents - outpatient**) Adolescents Unit of Rethimno which suspended operations in 2012 is not included, whereas KETHEA ARIADNE Counselling Centre for Adolescents in Heraklio, Crete which offers treatment services is included.

The main developments in the availability of treatment services in 2012 are the following¹⁷:

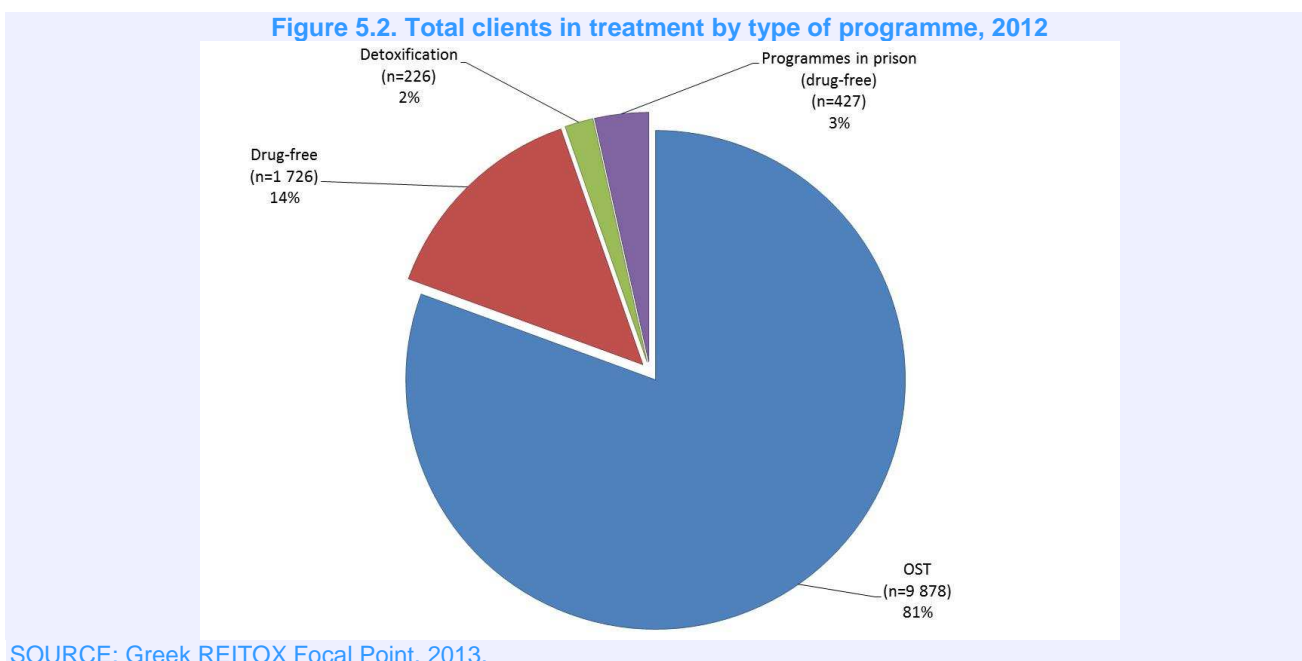
- **OKANA** launched 11 new OST units within public general hospitals in several cities (5 in Athens, 1 in Thessaloniki and 5 in the rest of Greece), meeting the needs of drug addicts across the country. Most of the units are hosted in hospitals and staffed by the existing **OKANA** and/or hospital staff.
- **KETHEA** launched a Treatment Programme in Diavata prison, Thessaloniki.

¹⁷ Note in addition that, 4 drug-free units and 1 counselling centre did not provide data for 2012 to the Focal Point, whereas 1 counselling centre provided data only through its Annual Report (and it is therefore presented separately).

- In Rethymno, Crete, **OKANA** treatment unit for adolescents and counselling centre for adults no longer exist, as they merged into one Multiple Intervention Programme.
- **KETHEA** PLEFSI (counselling centre) suspended operations. Its services are provided by other treatment units of **KETHEA** in Athens.
- **KETHEA** launched a counselling centre for adults in Athens (**KETHEA EXELIXIS**).

Treated population

In 2012, the total number of people in treatment (main treatment phase) was 12257 (Figure 5.2).



Capacity and treated population

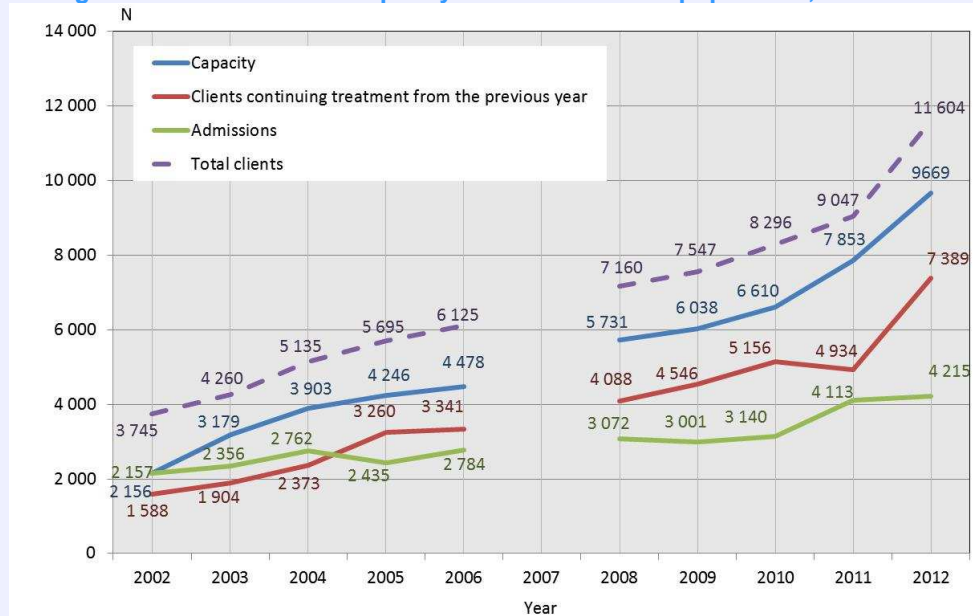
In 2012, the total capacity of the treatment units (main treatment phase, except prison settings) was 9669 slots (data for 89 of the 92 treatment units) (Figure 5.3). Most of the treatment slots were offered in OST units (8691, 89.9%, Figure 5.6), and 10.1% (978, Figure 5.13) were offered by drug-free treatment programmes. Compared to 2011, in 2012 the treatment capacity increased by 23.1%, sustaining the increasing trend observed in the entire 2002-2012 period (Figure 5.3), which is a direct consequence of the increasing number of treatment units over the years (Figure 5.1).

In 2012, the total number of people in treatment (main phase, except prison settings) was 11604 (Figure 5.3), of whom 9878 (85.1%) were offered services in OST, and 1726 (14.9%) in drug-free settings. In addition, 7389 (63.7%) were in continuous treatment (mainly OST), while 4215 (36.3%) were admitted to the main phase of the treatment in the reporting year (Figure 5.3).

In the period 2002-2012, the annual total number of individuals receiving treatment has been consistently increasing (Figure 5.3). In 2012, there has been a 28.3% increase in the number of people who received main treatment compared to 2011, with “old” clients¹⁸ being the only group driving this increase (49.8% increase between the two years).

¹⁸ Clients continuing treatment from the previous year.

Figure 5.3. Trends in the capacity and in the treated population, 2002-2012



SOURCE: Greek REITOX Focal Point, 2013.

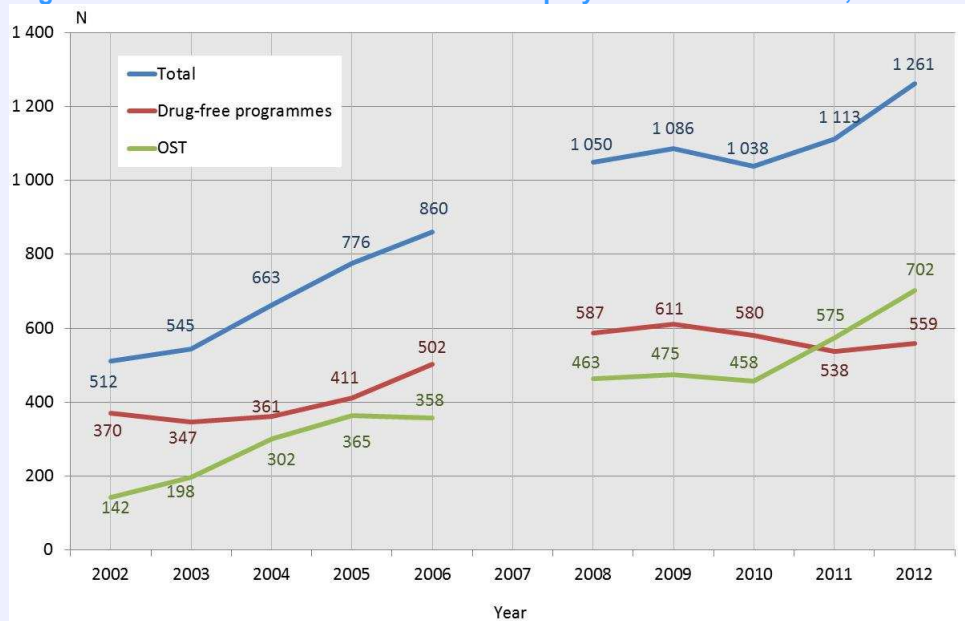
Treatment outcome

With regard to treatment outcome, 8716 individuals (75.1%) continued treatment until the end of 2012. Another 2888 clients (24.9%) withdrew from the programmes. Prevailing modes of exit were: dropout (32.4%); treatment completion (16.2%); premature discharge (26.7%); and referral to other unit or service (15.6%).

Personnel

In 2012, 1261 people were employed in treatment units (salaried staff), almost evenly distributed between drug-free and OST units (44.3% and 55.7%, respectively).

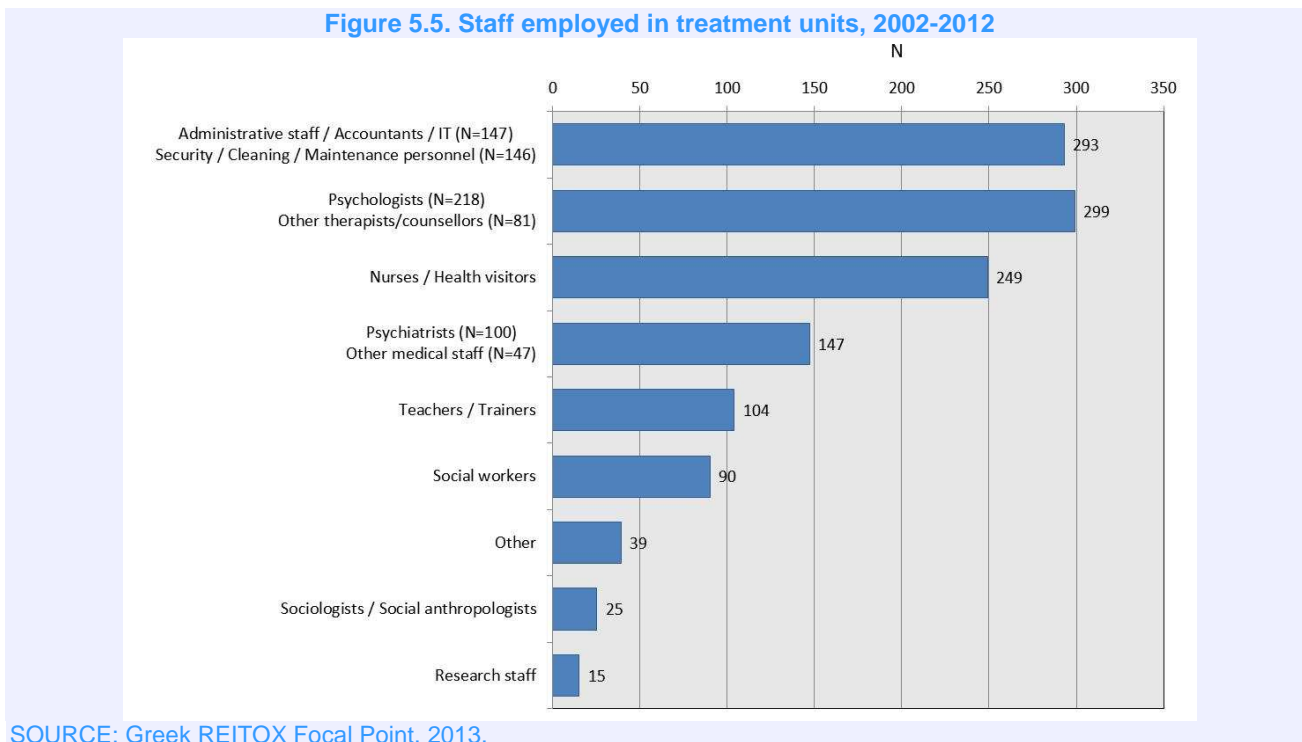
Figure 5.4. Trends in the number of staff employed in treatment units, 2002-2012



SOURCE: Greek REITOX Focal Point, 2013.

In 2012, the number of staff employed in treatment units increased by 13.3% compared to 2011, mostly attributed to the opening of the new OST units. Before 2011, there has been a constant increase in number of staff employed in treatment units until 2009 when this increase was halted (Figure 5.4).

As for the number of staff employed in treatment units by specialty, see Figure 5.5.



In addition to the salaried staff, in 2012, a total of 94 volunteers (75 in 2011) of various backgrounds (educational staff / teachers / trainers, psychologists, reintegration specialists, social workers, nurses / health visitors, research staff and psychiatrists) provided services to the treatment units.

Moreover, 37 former drug users worked as salaried staff and 15 former drug users worked as volunteers. The services they provided include most notably moderation of group therapy sessions, individual counselling sessions, delivering lectures or speeches and street-work.

Quality assurance

No single homogenous scheme for evaluation, quality standards and guidelines for treatment has been implemented so far in Greece. Rather, each specialised therapeutic agency has developed its operational framework to ensure and enhance the quality of its services.

According to 2012 data, the majority of the 39 drug-free units (71.8%) report having recently performed an evaluation of the therapeutic procedure and / or treatment outcome while only 2 of the 53 OST programmes reported an internal or external evaluation procedure.

With the aim to improve their services, almost all treatment units (9 out of 10) reported in 2012 that have provided continuous education and training to their staff. Among them almost 9 in 10 had their staff attended formal training courses or lectures delivered by third parties and in a same proportion they reported that they delivered in-service training seminars (mostly scientific supervision to their therapy staff).

Opioid substitution treatment (OST)

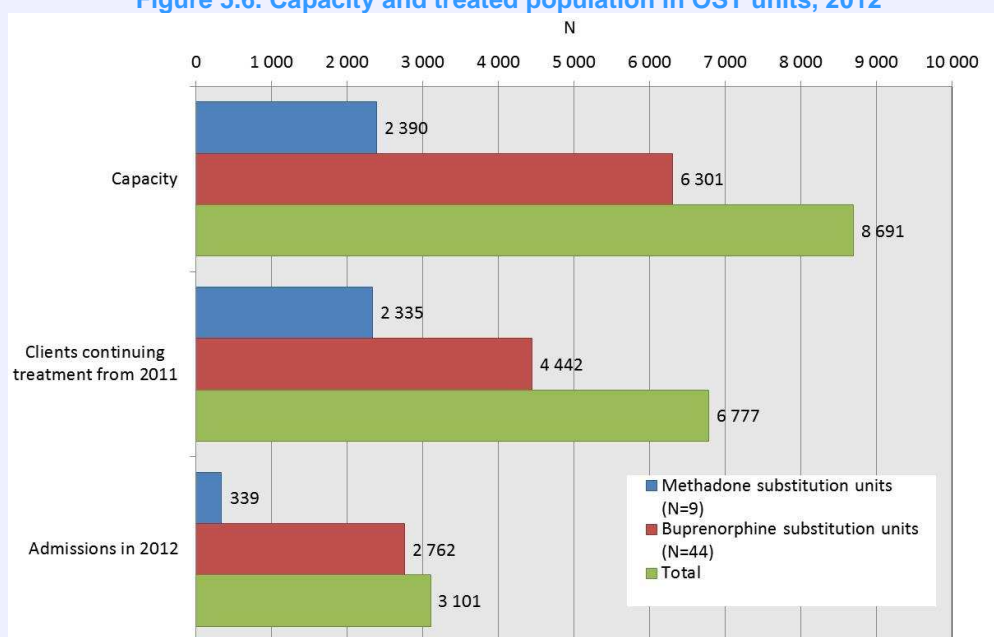
In 2012 53 OST units operated in Greece of which nine (9) methadone substitution units and forty-four (44) buprenorphine substitution units. OST services are provided only by **OKANA**.

Capacity and treated population in OST

The main goal of the OST 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, whilst 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. OST units can be divided into two main types according to the pharmaceutical substance used in order to deal with dependence: methadone and buprenorphine substitution units.

As shown in Figure 5.6, the total capacity of OST units in 2012 was 8691 (data for 52 of the 53 OST units). A total of 9878 individuals¹⁹ were offered OST services, 27.1% (n=2674) of whom were in methadone –and 72.9% (n=7204) in buprenorphine OST units.

Figure 5.6. Capacity and treated population in OST units, 2012

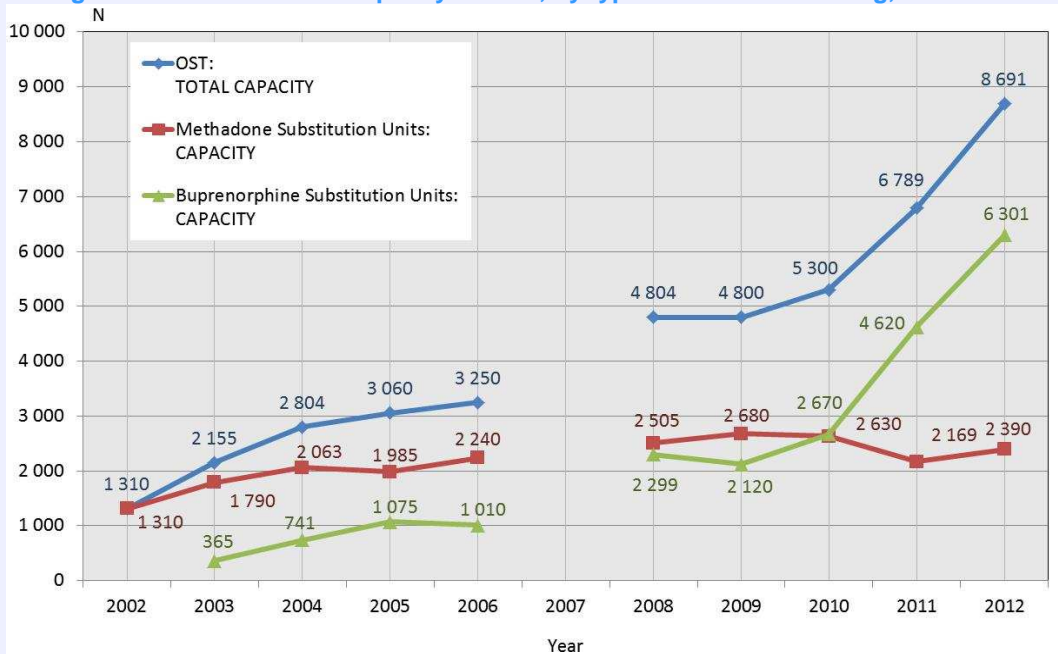


SOURCE: Greek REITOX Focal Point, 2013.

In 2012 the total capacity of the OST programme rapidly increased by 28.0% over 2011 and by 64.0% compared to 2010, following the trend observed since 2010 onwards, which is attributed to the expansion of the OST programme during the last 3 year period. The increase in the capacity of OST from 2009 to 2012 is mostly attributed to the increase in the capacity of the buprenorphine (tripled), while the capacity in methadone decreased by 10.8% at the same period (Figure 5.7).

¹⁹ Standard Table 24, q.3.3.3 and q.5.1.1

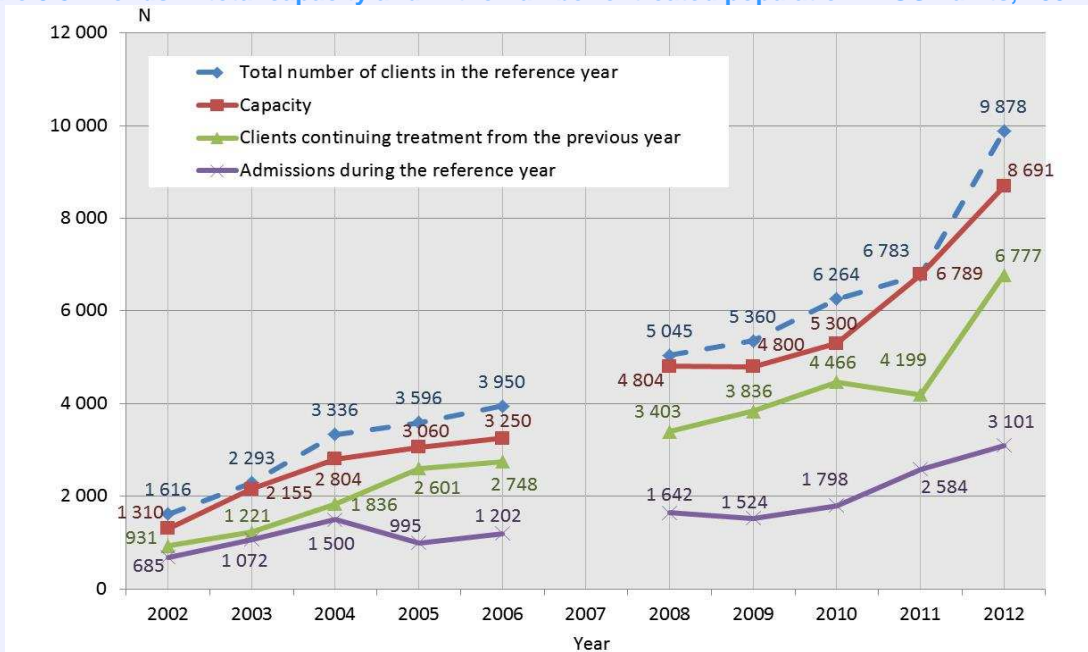
Figure 5.7. Trends in the capacity of OST, by type of substitution drug, 2002-2012



SOURCE: Greek REITOX Focal Point, 2013.

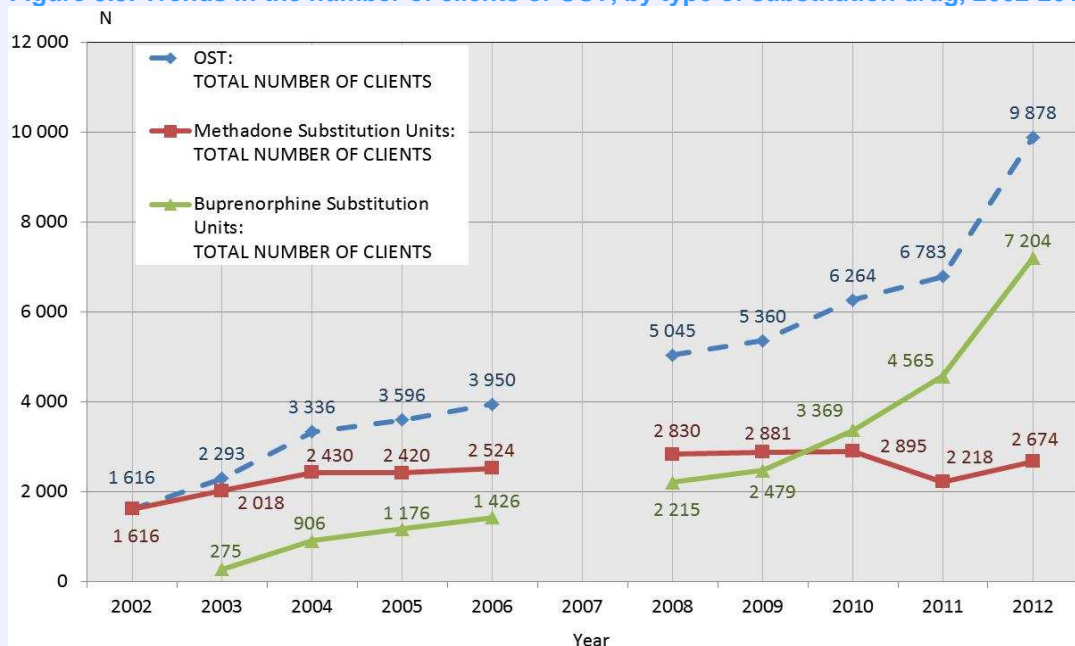
The total number of people in OST treatment is steadily increasing between 2002 and 2011, while in 2012 it rapidly increased by 45.6% over 2011 (Figure 5.8 and 5.9).

Figure 5.8. Trends in total capacity and in the number of treated population in OST units, 2002-2012



SOURCE: Greek REITOX Focal Point, 2013.

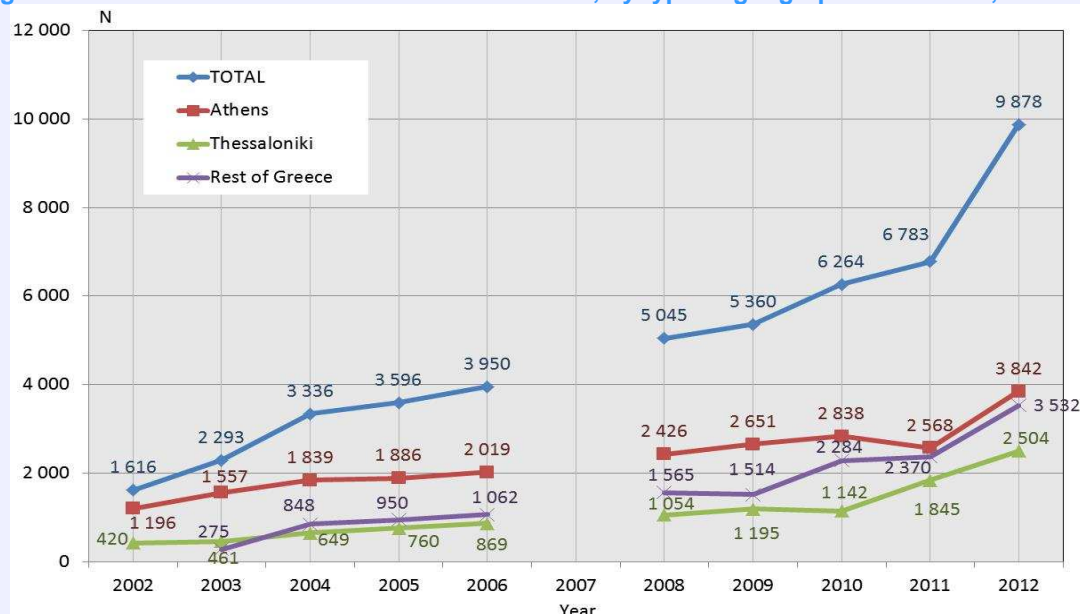
Figure 5.9. Trends in the number of clients of OST, by type of substitution drug, 2002-2012



SOURCE: Greek REITOX Focal Point, 2013.

As for the geographical allocation of the clients, in 2012, 38.9% (n=3842) of the clients attended OST Units in Athens, a similar percentage (35.8%, n=3532) was distributed in the OST Units operating in other parts of Greece and the rest of them (25.3%, n=2504) attended Units in Thessaloniki, following the trend from 2002 to 2012 (Figure 5.10).

Figure 5.10. Trends in the number of clients of OST, by type of geographical stratum, 2002-2012

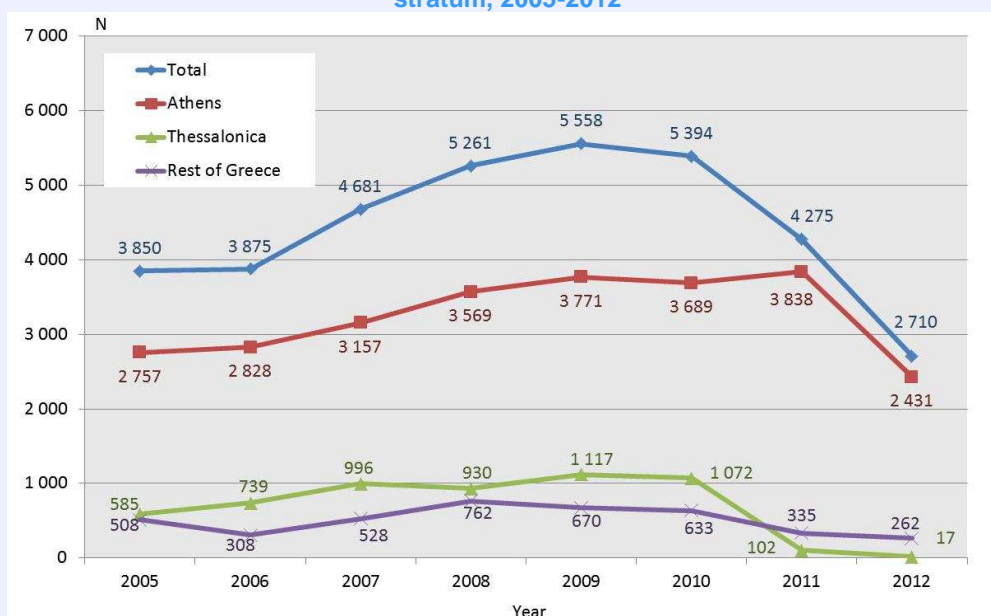


SOURCE: Greek REITOX Focal Point, 2013.

Waiting list for OST

The rapid expansion of the OST network in the last 2 years (2010-2012) has caused the shortening of the waiting list (Figure 5.11). The recent increase in both the number of available OST slots and the number of clients in OST seems to have met drug users' demand for OST.

Figure 5.11. Trends in the number of opioid users on the waiting list for OST, total and by geographical stratum, 2005-2012



SOURCE: OKANA, 2013.

More specifically, by the end of December 2012, a total of 2710 applications²⁰ for admission to OKANA OST programme were pending (reduced by 36.6% compared to 2011 and 49.8% compared to 2010), of which 2431 (89.7%) were applications for admission to the 23 OST units in Athens and Piraeus (reduced by 36.7% compared to 2011). As it is shown in Figure 5.11, waiting list for admission to treatment is a problem affecting mostly the OST units in Athens, even though it substantially decreased in 2012 compared to 2011.

As for the waiting list in the 12 OST Units in Thessaloniki, only 17 applications for admission were pending by the end of December 2012, continuing the downward trend observed since 2010. More specifically, in 2012 the waiting list in Thessaloniki was by 83.3% lower than 2011 and 98.4% than 2010 (Figure 5.11).

Each one of the 18 OST Units operating in other parts of Greece has its own waiting list; in 2012 applicants on their waiting lists come up to 262 in total, reduced by 21.8% compared to 2011 and by 58.6% compared to 2010 (Figure 5.11).

Treatment outcome in OST

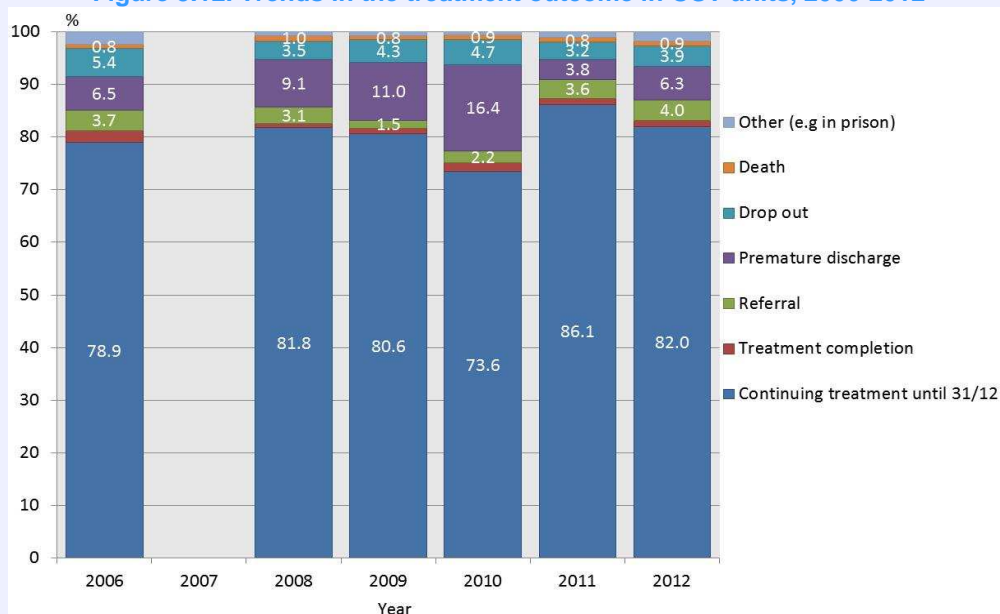
The vast majority of individuals (82.0%, n=8100) who received treatment in OST Units, were still in treatment at the end of the reporting year, while exits from OST Units represent approximately one fifth (18.0%, n=1778) of the total number of clients who attended the OST programme in 2012 (Figure 5.12).

More specifically, in 2012, premature discharge accounts for 6.4% (n=627) of the total number of individuals attending OST programme in the reporting year. Referral to another unit or service represents 4.0% (n=395), dropouts account for 3.9% (n=384) followed by imprisonment (1.5%, n=152) and treatment completion (1.1%, n=110) (Figure 5.12).

²⁰ Note that OKANA only gives data about the number of applicants **who were never contacted** and are waiting for admission to OST units and that this number varies during the year. There are also applicants who were contacted but did not respond for various reasons (death, prison, change of residence, etc.), but they are not counted to the waiting list.

In order to evaluate the treatment outcome, one needs to bear in mind that OST programmes are long-term programmes as a rule. It is noted that 63.3% of the clients are in substitution treatment for more than one year (59.5% in 2011).

Figure 5.12. Trends in the treatment outcome in OST units, 2006-2012



SOURCE: Greek REITOX Focal Point, 2013.

As for the main reasons for premature discharge from OST Units, 1 in 4 clients did not attend the scheduled substitution administration and a same proportion attempted to export pharmaceutical substance (methadone or buprenorphine) off the unit or import drugs in the unit.

Personnel in OST

In 2012, the total (salaried) staff employed in OST units came up to 702. The staff levels in OST units remained the same during 2008-2010, and in 2012 increased by 53.3% compared to 2010 (Figure 5.4).

Counselling services in OST

The Admission, Information and Assessment Centre (KYEP) has been operating in Athens since 2002. Its mission is to assess the needs of dependent drug users seeking treatment and refer them to the most appropriate programme (run either by KYEP or by other agencies). The ultimate objective of this service is to improve the services delivered to users who apply for admission to OST. Most notably, KYEP is responsible for managing the waiting list for admission to the OST units in Athens and Piraeus and receiving applications for admission to the Attica OST Programme. Apart from managing the waiting list and receiving applications for admission, the **OKANA** Admission, Information, Assessment and Referral Centre is responsible for providing information about all treatment programmes and the Attica OST Programme in particular, and distributing information material to applicants. Moreover, it is responsible for history taking and case assessment, with the use of special diagnostic tools and by means of an interview and discussion with the applicant which, depending on the particular case, may be accompanied by recommendations and/or motivation/encouragement for attending a drug-free programme, and for compiling the patient's file prior to admission to the Attica OST Programme. In addition, the Family Support Programme operates since 2008 within the KYEP and offers its services to the family environment of the client.

In 2012, 1153 clients attended the Admission Groups of the Programme (increased by 61% compared to 2011). These clients were referred to methadone or buprenorphine substitution units of Attica after being tested (microbiological, biochemical, pathology and radiology tests). In 2012 the number of Admission Groups (102 AG) has been increased by 209% compared to 2011 (33 AG). However, the clients who were finally admitted to OST units came up to 998. This number increased by 77% compared to 2011 (565 admissions) (OKANA, 2013). It must be noted that in the last two years (2011-2012) the number of individuals who exceptionally applied for admission to OST Programme due to HIV increased tremendously. More specifically, in 2012 it increased by 1857% compared to 2010 (7 in 2010, 130 in 2012).

An admission centre to OST has been operating in Thessaloniki since 2011. Its role is mainly administrative, as it is responsible for managing the waiting list for admission to the OST units in Thessaloniki and receiving applications for admission to the local OST programme.

With regard to the OST Units operating outside Attica, admission procedures are handled by the Unit itself.

Drug-free settings

42 drug-free units currently operate in Greece. N=20 (47.6%) are operated by **KETHEA**, n=8 (19.0%) by **18 ANO** and the remaining are operated by **OKANA**, the **Psychiatric Hospital of Thessaloniki** and other agencies.

Capacity and treated population in drug-free units

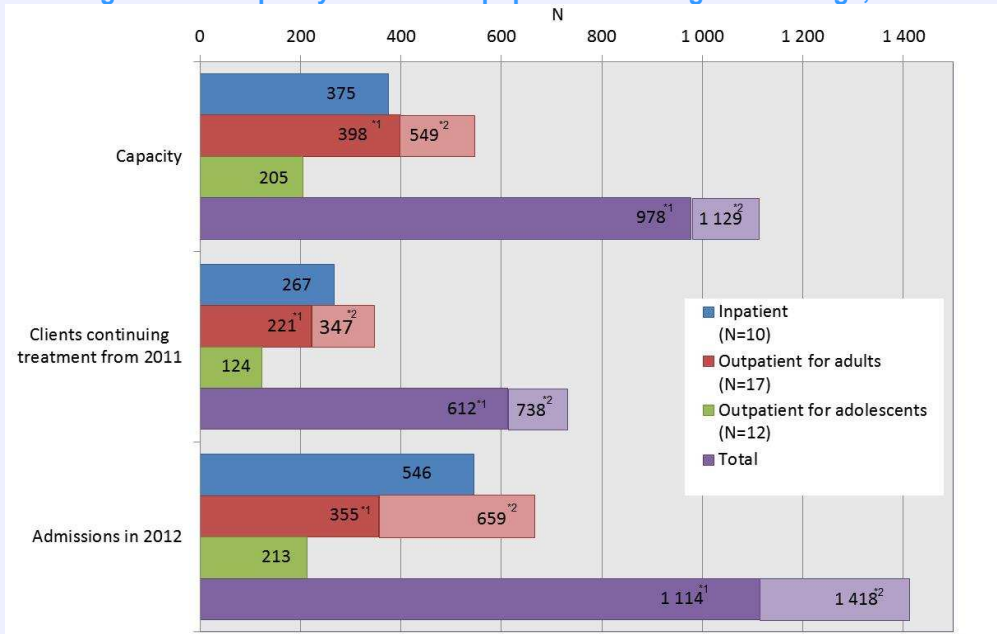
The main objectives of drug-free treatment programmes include total abstinence from drug use, improvement of personal and social skills, health condition and family and social relations, decrease in deviant behaviour, vocational training. The therapeutic process may be multi-phased (counselling, main treatment, social reintegration) and may be developed in a single or a network of affiliated units.

In 2012, the total capacity of the main phase of treatment reported by drug-free units was 978 (data from 37 of the 39 programmes) (Figure 5.13). Outpatient programmes offer most of the available treatment slots (603, 61.7%) compared to inpatient (375, 38.3%). In 2012, 1726 people were in treatment (main phase) in drug-free settings,²¹ with more than one in every three of them (612, 35.5%) being in continuous treatment at the beginning of the reporting year (Figure 5.13). Another 1114 (64.5%) were reported as admissions, almost half of them in inpatient settings (49.0%), 31.9% in outpatient settings for adults and 19.1% in outpatient settings for adolescents.

There is a slight increase in the capacity of drug-free treatment units in 2012 over 2011 (Figure 5.14), while the total number of people receiving treatment in drug-free settings decreased between the two years. The latter trend is driven by decreases in the number of admissions (Figure 5.14).

²¹ Standard Table 24, q.3.3.3

Figure 5.13. Capacity and treated population in drug-free settings, 2012



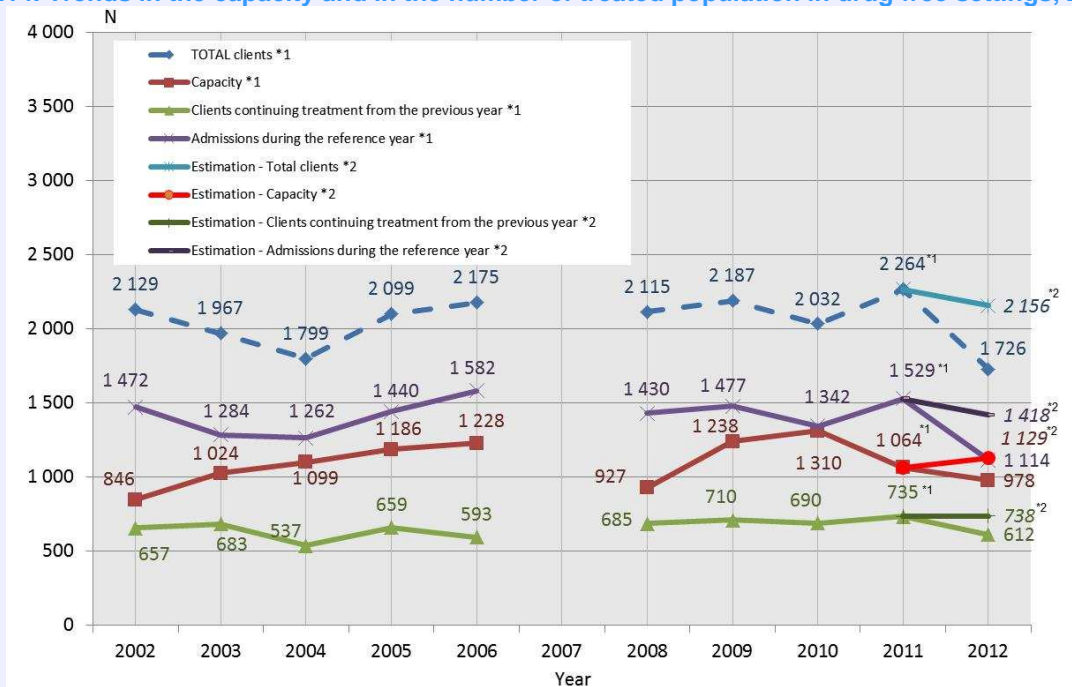
SOURCE: Greek REITOX Focal Point, 2013.

Note: In 2012 two numerous outpatient programmes for adults didn't send data to the FP.

(^{*1}) Actual number based on FP data

(^{*2}) Estimation: by adding the missing number of clients attending the two outpatient programmes according to their 2011 data.

Figure 5.14. Trends in the capacity and in the number of treated population in drug-free settings, 2002-2012



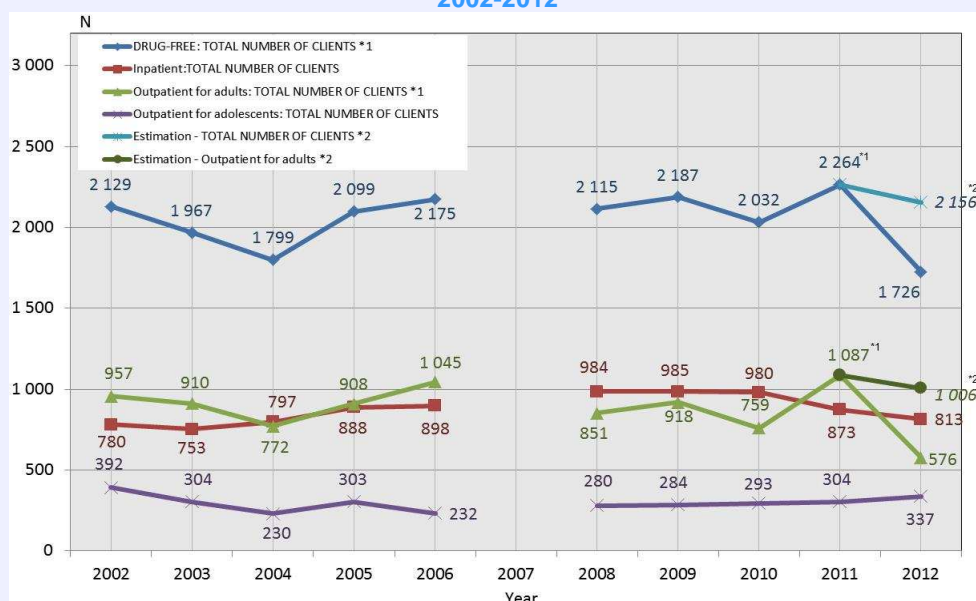
SOURCE: Greek REITOX Focal Point, 2013.

Note: In 2012 two numerous outpatient programmes for adults didn't send data to the FP.

(^{*1}) Actual number based on FP data

(^{*2}) Estimation: by adding the missing number of clients attending the two outpatient programmes according to their 2011 data.

Figure 5.15. Trends in the number of treated population in drug-free settings, by type of intervention, 2002-2012



SOURCE: Greek REITOX Focal Point, 2013.

Note: In 2012 two numerous outpatient programmes for adults didn't send data to the FP.

(*1) Actual number based on FP data

(*2) Estimation: by adding the missing number of clients attending the two outpatient programmes according to their 2011 data

Treatment outcome in drug-free units

With regard to treatment outcome, 64.3% (n=1110) of the total number of individuals who received treatment in drug-free units exited the programme and 35.7% (n=616) were still in treatment at the end of the reporting year (clients whose treatment process was still in progress, due to the time of admission to the unit and the scheduled duration of treatment). Figure 5.16 illustrates trends in the outcome for drug-free treatment programmes for the last seven years (2006-2012).

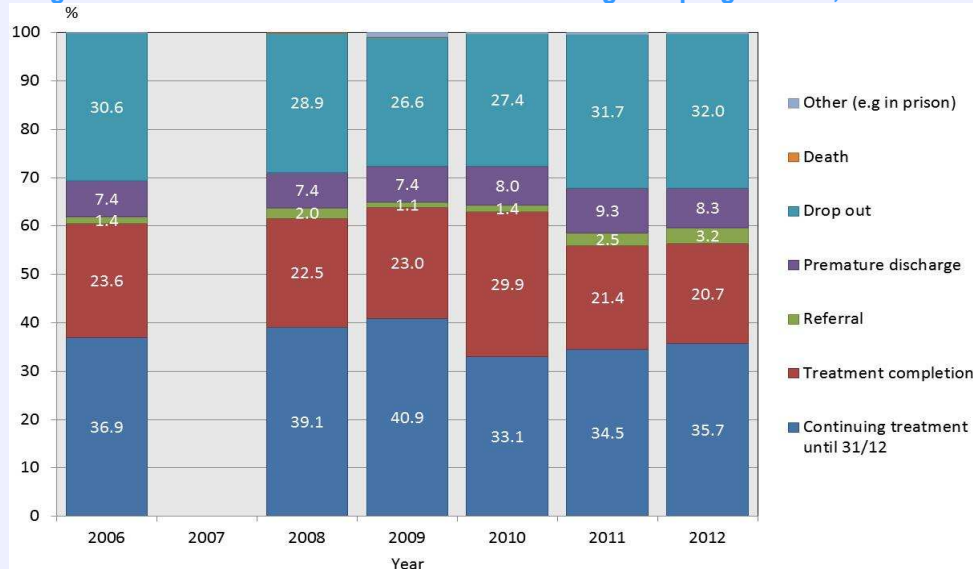
In inpatient programmes, 34.9% (n=284) of the clients appear to disengage early from the therapeutic process on their own volition. On the other hand, an equally large share of clients (30.1%, n=245) was still in treatment at the end of the reporting year. Treatment completion rates came up to 25.5% (n=207), while nearly one in ten clients is prematurely discharged from inpatient drug-free programmes (8.6%, n=70).

In outpatient programmes for adults more than 4 in 10 clients continue their treatment until the end of the reporting year (43.4%, n=250). Another 22.2% (n=128) drops out from the programme, while 17.9% completes treatment (n=103). One in ten clients is prematurely discharged owing to breach of the setting's rules (11.1%, n=64)

In programmes for adolescents, 4 in 10 clients drop out (41.5%, n=140), whereas a same percentage of clients (35.9%, n=121) continue their treatment. Almost 1 in 7 leaves the programme having completed treatment (14.0%, n=47) and only a rather small proportion of adolescents are referred (5.9%, n=20).

As for the main reasons for premature discharge in 2012, 1 in 2 individuals are discharged from inpatient treatment programmes due to violent behaviour on the premises, while almost a same percentage is dismissed from outpatient programmes for adult because of their use of illicit substances outside the premises. Finally, the main reason for premature discharge from units for adolescents is denial in receiving medical therapy (1 in 3 adolescents).

Figure 5.16. Trends in treatment outcome in drug-free programmes, 2006-2012



SOURCE: Greek REITOX Focal Point, 2013.

Treatment outcome in drug-free units

In 2012, 559 people were employed in drug-free treatment units (salaried staff). This number was relatively the same compared to 2011. Before 2012, there was a constant increase in the number of staff employed in drug-free units until 2009 when this trend started to be levelled off (Figure 5.4).

Counselling services in drug-free units

Counselling centres constitute the first stage of the treatment process of drug users asking for support. Half of the counselling centres prepare their clients for inpatient treatment, while almost all counselling centres prepare their clients for outpatient services. The mean length of stay is 46 days, with all counselling centres offering their clients the option of staying in the programme longer than initially scheduled. The services delivered by the counselling centres are tailored to meet the needs of specific user population profiles by almost all counselling centres. More specifically, approximately 9 in 10 of the aforementioned centres deliver tailored services to users on probation or suspended sentence, 8 in 10 to newly-released prisoners, 8 in 10 to immigrants, 2 in 3 to homeless users, more than 1 in 2 to mothers, approximately 9 in 10 to users awaiting trial, 2 in 3 to users with psychiatric comorbidity and almost 1 in 2 to adolescents. With regard to the across-the-board services delivered to clients, apart from the information and awareness-raising provided by all counselling centres, as well as the individual and group therapy (9 in 10 centres), major emphasis is placed on information and guidance related to personal hygiene and infectious diseases, with almost all centres providing such services to their clients. In terms of social services, 8 in 10 of the centres provide information and guidance related to legal problems.

Counselling centres provide information, individual and group counselling / support, health care services, status assessment and family support, whilst being the preparatory stage for admission to treatment (main phase).

Based on the data reported to the FP by 37 of the 39 drug-free counselling centres operating across the country, in 2012, 4927 clients with drug use and dependence problems received counselling services, of whom 609 were adolescents and 4318 were adults.

With regard to outcome, 81.2% (n=3724) of the total number of individuals who received counselling services in 2012, exited the programme and only 18.9% (n=865) were still in the counselling centre at the end of the reporting year (data for 35 of the 37 counselling centres). The main modes of exit

from counselling centres were drop out (39.8%) and admission to the main treatment phase (37.6%).

Detoxification units

In Greece only one specialized detoxification structure operates, within **IANOS Rehabilitation Department for Dependent Individuals (Thessaloniki Psychiatric Hospital)**. The reported capacity of this unit is 19 clients monthly and the scheduled duration of the programme is 21 days.

The main goal of physical detoxification programmes 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 motivation and preparation for the main treatment phase through psychotherapy groups.

In 2012, the Detoxification Unit served a total of 226 clients²², while total admissions came up to 215. With regard to the modes of exit, 66.5% of the clients completed the programme and moved on to the next phase of the therapeutic process, 26.0% dropped out and 6.0% were prematurely discharged, due to substance use and violent behaviour on the premises

Drug treatment in prisons

In 2012, there were eight (8) drug-free treatment programmes for adults in prisons, of which five (5) therapeutic communities for imprisoned and three (3) outpatient programmes for released prisoners. The total number of individuals in treatment came up to 427,²³ of whom 170 (39.8%) were already in treatment at the beginning of the year, whereas total admissions²⁴ came up to 257 (60.2%). For more data on drug treatment in prisons, see *Chapter 9*.

Drug specific intervention

In Greece, only one Early Intervention Programme for cannabis users operates within the programme of ATRAPOS Unit for Adolescents, which is included in the analysis of the drug-free outpatient programmes for adolescents.

5.3. Access to treatment

5.3.1. Characteristics of treated individuals

Characteristics of all individuals in treatment (treatment data)

Based on treatment centre reports, most of the people in treatment (main phase) in 2012 were treated for opioids (94.6%, n=10505), most of them in OST Programme (89%, n=9350); smaller proportions for cannabis (3.2%, n=373) all of them in drug-free programmes (especially in settings for adolescents (n=249). The rest of them (2.2%, n=233) were treated for cocaine, other stimulants, hypnotics, sedatives, hallucinogens or other substances. In counselling centres smaller proportions of people compared to those treated in the main phase were treated for opioids (73.2%, n=3593) and higher for cannabis (15.9%, n=779) and cocaine (5.4%, n=263). Similarly, cannabis is the substance most commonly reported in counselling centres for adolescents (63.4%, n=383), whereas opioids are mostly reported in counselling centres for adults (79.7%, n=3429).

²² Standard Table 24, q.3.3.3

²³ Standard Table 24, q.3.3.3

²⁴ Individuals who ask (and eventually receive) for drug counselling/treatment services during the reporting year.

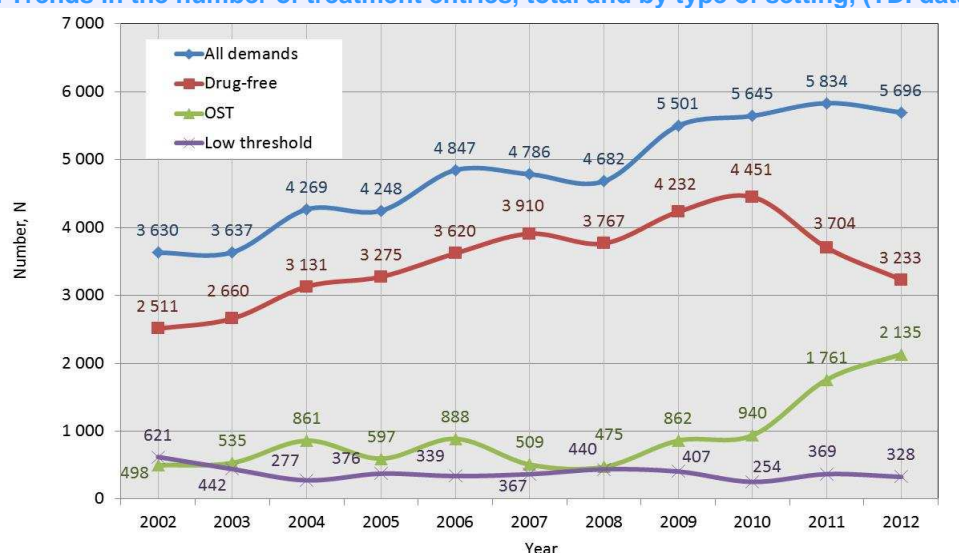
Characteristics of the 2012 treatment demands (TDI data)

Overview

In 2012, ninety-four out of the $n = 111$ units delivered TDI data to the Focal Point (85% coverage). Data reported below refer to a total of 5696 individuals who demanded and entered treatment in 2012 (here referred to as *treatment demands*).²⁵ Detailed qualitative information on the characteristics of all treatment demands in 2012 and the period 2002-2012 is presented in Table 5.1 in the end of the chapter.

Overall, two in every 3 treatment demands (68.9%) were reported from outpatient settings, one in every four (25.4%) inpatient and 5.7% low threshold. In 2012, the majority of the demands (56.8%) were addressed to drug-free settings (decreased compared to 2011, 63.5%), 37.5% entered OST (increased compared to 2011, 30.2%) and 5.7% of the drug users were offered services in low-threshold settings. Two in every 5 demands (42.4%, $n=2406$ decreased compared to 2011) were first-ever treatments, i.e. drug-users who had never been treated before. *Family and/or friends* and *self-referrals* were the two most frequently reported sources of referral to treatment (38.1% and 35.1%, respectively).

Figure 5.17. Trends in the number of treatment entries, total and by type of setting, (TDI data) 2002-2012

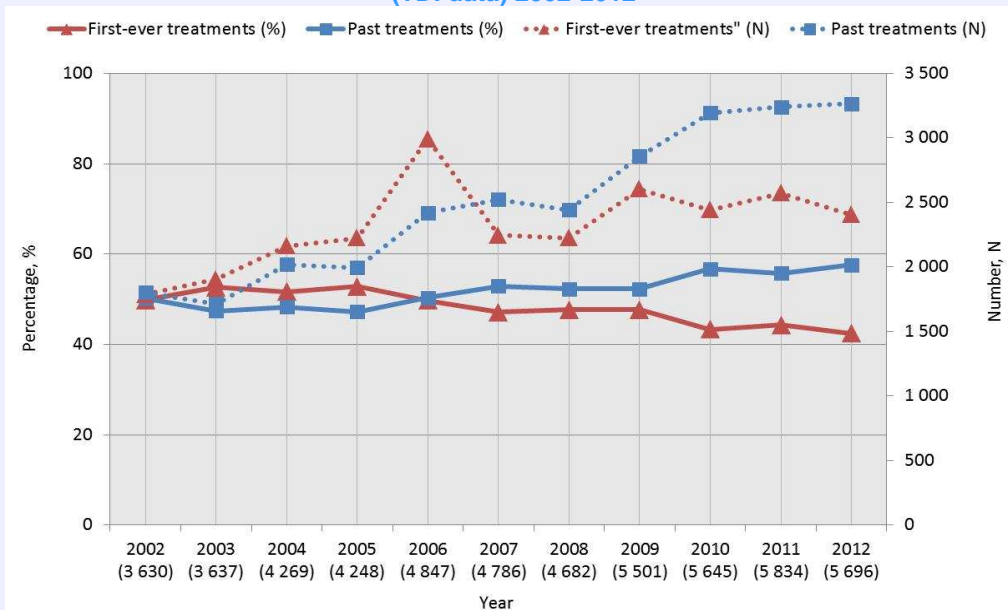


SOURCE: Greek REITOX Focal Point, 2013.

Last 5 year trend: there has been an overall increasing trend in the number of treatment demands in the last 5 years (Figure 5.17). Between 2008 and 2012, observed increases have been driven mostly by past treatments—unlike first-ever treatments whose numbers, despite variations in the intermediate years, remained more or less stable (Figure 5.18). More specifically comparatively larger proportions of past treatments entered treatment in the period 2008-2012, especially after 2009 with this trend showing nevertheless a tendency of levelling-off. The increasing trend in the number of demands among past treatments may be mainly attributed to the scaling-up of OST services in 2011 and especially 2012—services which usually give a priority on past treatments.

²⁵ Note. An additional $n = 320$ people with no TDI data were estimated to have entered treatment in the official treatment system in Greece in 2012 (possible double counting not accounted for). Another $n = 866$ applied and joined the waiting list for OST treatment in Athens. In addition, the TDI system does not collect data on possible treatment demands addressed to GPs, private clinics and/or other treatment centers which are not accredited by the state.

Figure 5.18. Trends in the number and the percentage of treatment demands, by treatment history status, (TDI data) 2002-2012

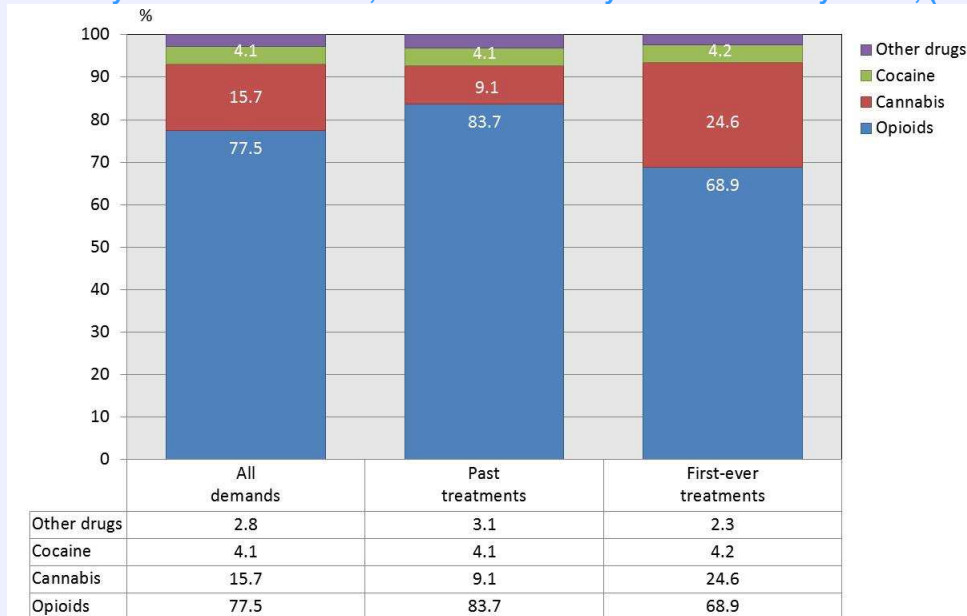


SOURCE: Greek REITOX Focal Point, 2013.

Primary substance of abuse

2012: opioids were the primary substance of abuse (77.5%), followed by cannabis (15.7%), cocaine (4.1%) and other drugs (2.8%)(Figure 5.19). Compared to past treatments, a significantly smaller proportion of first-ever treatments reported abuse of opioids (68.9% and 83.7%, respectively), and a much larger (more than two times) reported problems with cannabis (9.1% and 24.6%, respectively) (Figure 5.19).

Figure 5.19. Primary substance of abuse, all demands and by treatment history status, (TDI data) 2012

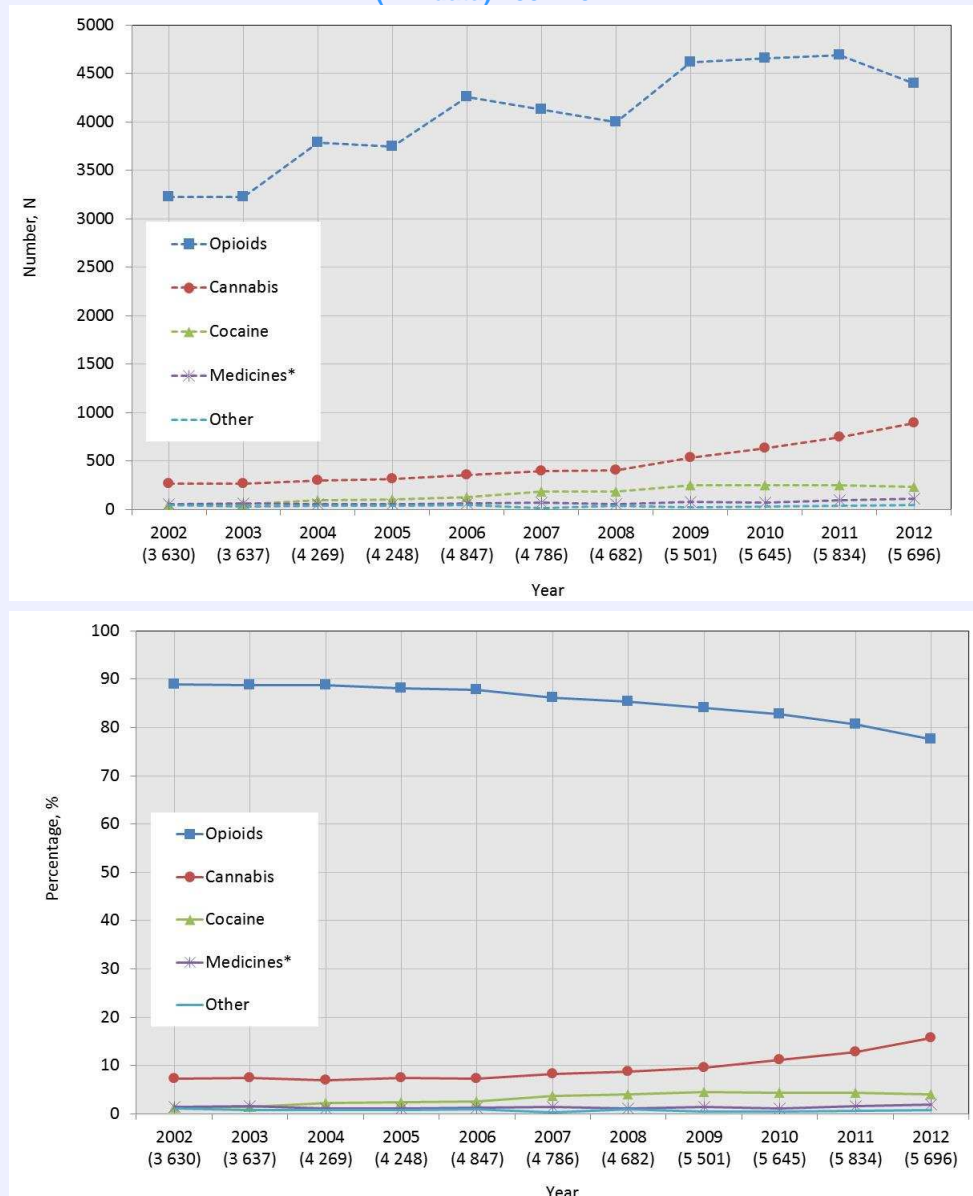


SOURCE: Greek REITOX Focal Point, 2013.

More than half of the treatment demands (56.9%) reported daily use of the primary substance, a significantly higher proportion of first-ever treatments (60.0%) than past treatments (54.6%). The age of initiation of primary substance use was 20.1 years (Standard deviation [SD] 5.9 years), higher among first-ever treatments. The average length of abuse of the primary substance

before entering treatment was 11.0 years (SD 7.3 years), shorter among first-ever treatments (Table 5.1).

Figure 5.20. Trends in the number and the percentage of treatment demands by primary substance, (TDI data) 2002-2012



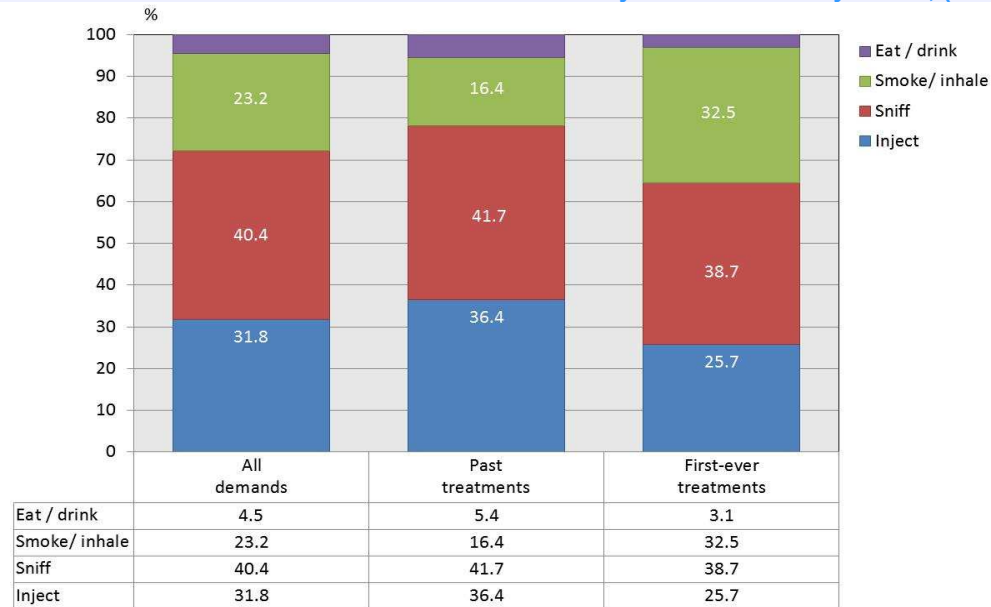
SOURCE: Greek REITOX Focal Point, 2013.

Last 5 year trend: There has been an increasing trend in the number of treatment demands for problems related to all types of substances between 2008 and 2012—the highest increases were observed in cannabis (119% increase) and in the abuse of prescription medicines (100% increase). Compared to 2011, in 2012 increases in the number of demands were observed only in cannabis (19% increase), medicines (18% increase) and other drugs (15% increase)—opioids and cocaine had a decrease (Figure 5.20). The proportion of cannabis users among users seeking treatment was almost twice as high in 2012 (15.7%) as in 2008 (8.7%)(Figure 5.20)—13.0% and 24.6% among first-ever treatments, respectively. Although referring to small numbers (therefore subject to measurement errors), it is of note that the number of drug users reporting abusing methamphetamines increased from only 5 cases in 2010 to 44 in 2012.

Route of administration

2012: Sniffing was the main route of administration reported by the largest proportion of treatment demands (40.4%), followed by injection (31.8%), and smoking/inhaling (23.2%) (Figure 5.21). As expected, first-ever treatments reported lower rates of injection and higher rates of smoking/inhaling as this group reports comparatively lower rates of opioid use and higher rates of cannabis use (Figure 5.21).

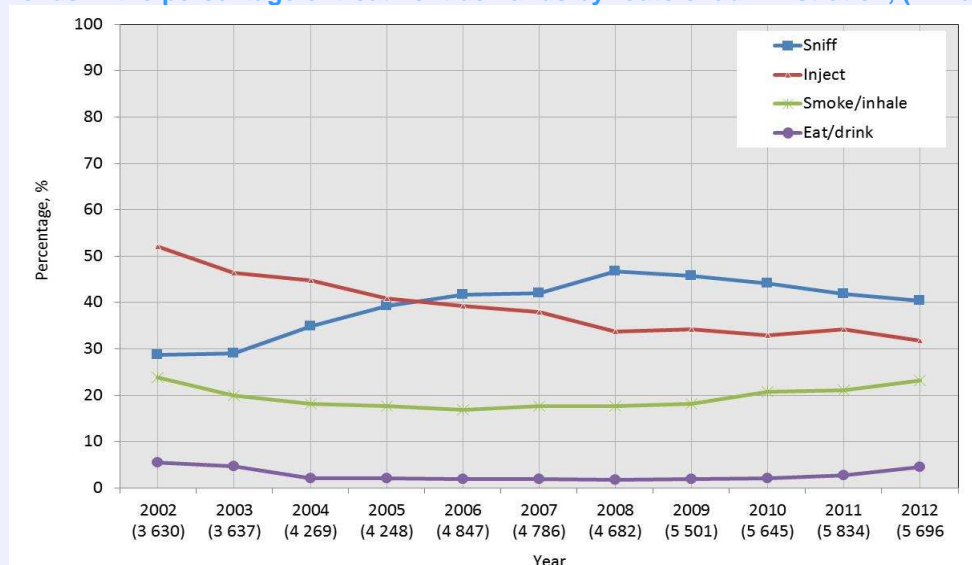
Figure 5.21. Main route of administration in all demands and by treatment history status, (TDI data) 2012



SOURCE: Greek REITOX Focal Point, 2013.

Last 5 year trend: There have been increases in the number of all types of route of administration reported between 2008 and 2012: the highest 5-year-period increases were reported in 'eat/drink' (200% increase, driven by increases in the abuse of prescription drugs) and in 'smoke/inhale' (60% increase, driven by increases in the abuse of cannabis). These two routes were the only that continued to increase in TDI reports in 2012 compared to 2011 (60% and 7% increase, respectively) (Figure 5.22).

Figure 5.22. Trends in the percentage of treatment demands by route of administration, (TDI data) 2002-2012



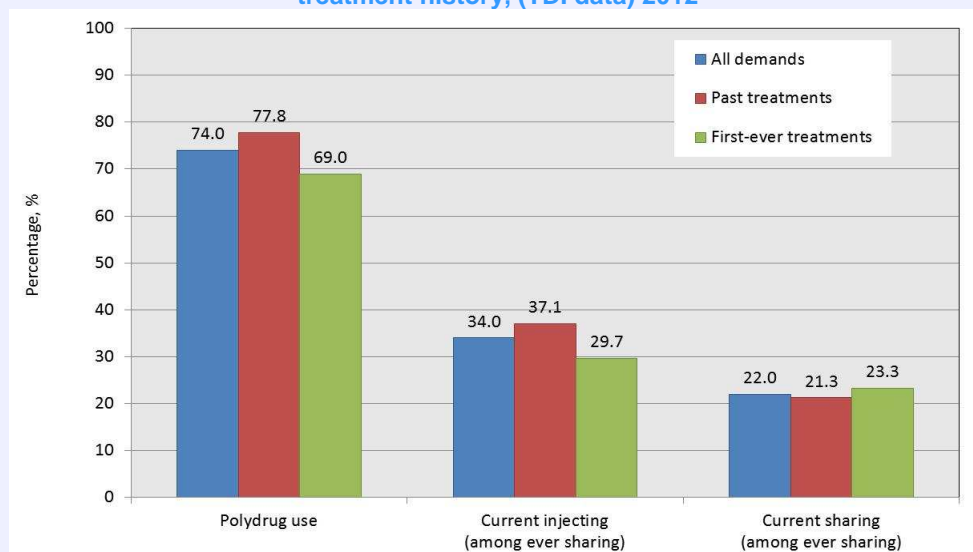
SOURCE: Greek REITOX Focal Point, 2013.

Risk patterns

In 2012: Three in every 4 demands (74.0%) reported the abuse of more than one substance (polydrug use), a higher proportion among past (77.8%) compared to first-ever treatments (69.0%) (Figure 5.23). Cannabis (50.2%) and prescription medicines (mainly benzodiazepines) (52.7%) were the most frequently reported secondary substances of abuse, followed by cocaine (33.5%).

In 2012, seven in every 10 treatment demands (69.5%) reported lifetime injecting, with only half of them (34.0%) reporting current injecting (i.e., injecting in the last 30 days)—significantly lower among first-ever treatments (29.7%) compared to past treatments (37.1%) (Figure 5.23).

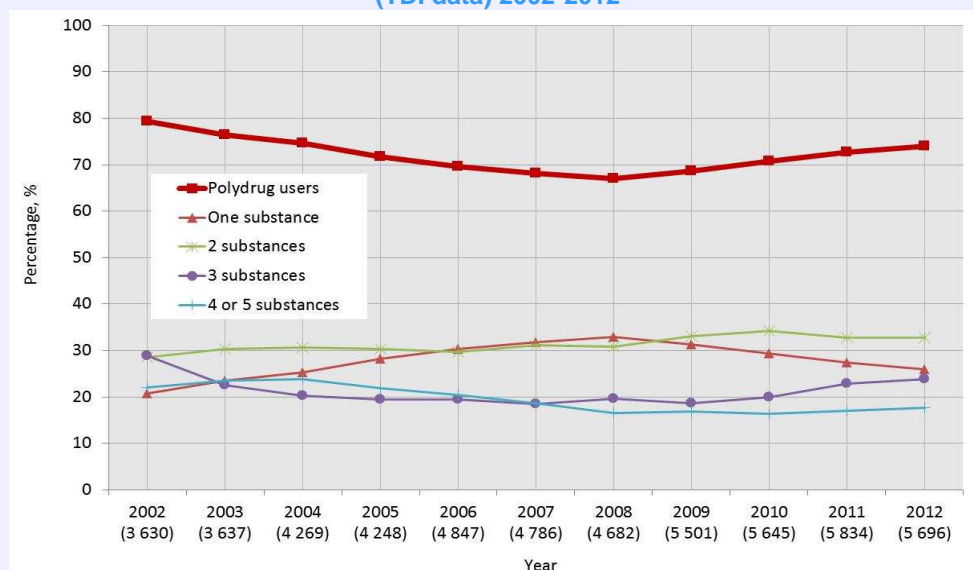
Figure 5.23. Polydrug use, current injecting and current sharing of used syringes: all demands and by treatment history, (TDI data) 2012



SOURCE: Greek REITOX Focal Point, 2013.

More than half of the treatment demands (57.2%) reported lifetime sharing of used syringes. Among them, one in every 4 (22.0%) shared their syringes in the last 30 days (Figure 5.23).

Figure 5.24. Trends in the percentage of treatment demands reporting polysubstance use data, (TDI data) 2002-2012

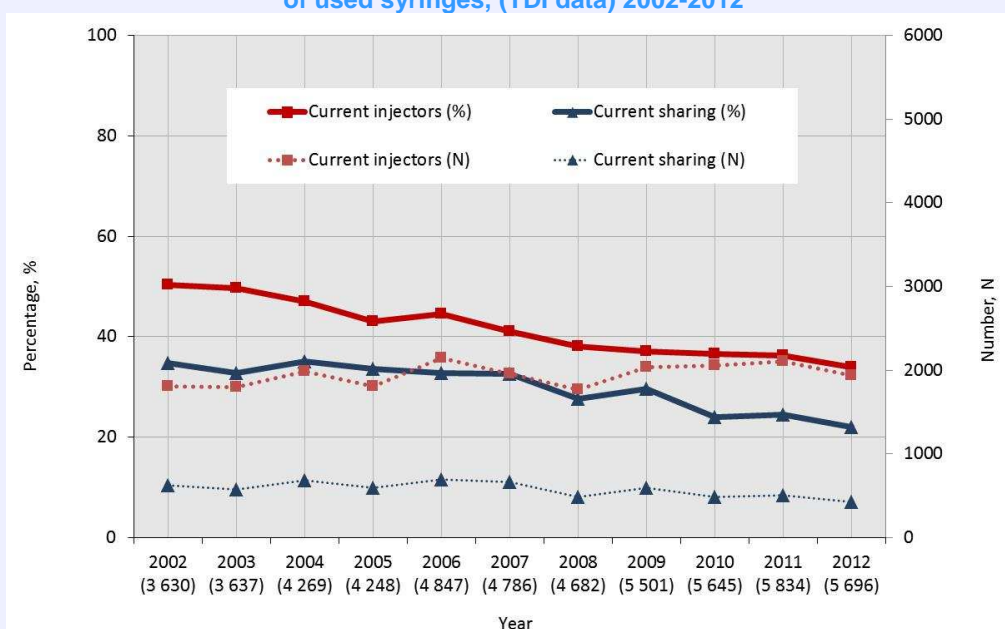


SOURCE: Greek REITOX Focal Point, 2013.

Last 5 year trend: The number of those reporting daily use has increased by 12% between 2008 and 2012 (with some variation in the intermediate years). However, the proportion of this group (vs. the other groups of users who report less frequent use) was smaller in 2012 compared to 2008 while also the trend in decreasing one (Table 5.1). On the contrary, since 2009 the trend in the percentage of users reporting abuse of multiple substances is an increasing one. Increases were most notable among those reporting 3 or more substances of abuse (Figure 5.24). Abuse of multiple substances among first treatments followed the same trend except that in the last couple of years there is a levelling-off (not shown in Figure).

As it is shown in Figure 5.25, despite increases in the number of current injectors after 2008, there is an overall decreasing trend in the proportion of those among ever injectors reporting current injecting. A similar (decreasing) trend has been observed in current sharing of used syringes (Figure 5.25). Similar trends have been observed among the first-ever treatments (not shown in Figure).

Figure 5.25. Trends in the percentage of treatment demands reporting current injecting and current sharing of used syringes, (TDI data) 2002-2012



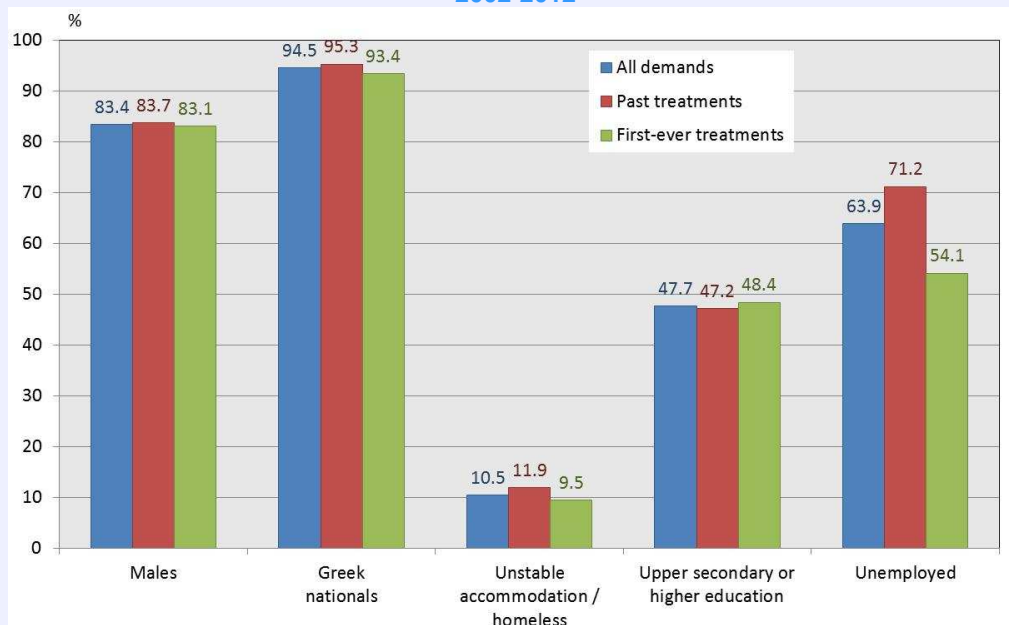
SOURCE: Greek REITOX Focal Point, 2013.

Socio-demographic characteristics

The vast majority of all 2012 treatment demands were males (83.4%), also among first treatments (Figure 5.26). The mean age was 32.8 years (SD 8.9 years), lower among first treatments (31.9 years), and 2 years higher among males compared to females (33.1 years and 30.9 years, respectively). Among the three age groups, young adults (25-34 years) account for half of the treatment demands (47.5%) with the age group 35-64 being the second largest group (35.7%). In 2012, only one in every 18 demands was of non-Greek nationality (5.5%, 6.6% among the first treatments) (Figure 5.26). Three in 5 treatment demands (58.3%) lived with their parents, one in 7 (14.9%) lived alone and a similar proportion (15.1%) with a spouse/partner (with or without children). One in 10 (9.7%) lived with children. The vast majority (89.6%) reported stable accommodation, 10.5% were in unstable accommodation or homeless (Figure 5.26). Two in every 3 drug users who asked for treatment in 2012 were unemployed (63.9%, significantly lower among the first-ever treatments, 54.1%). One in 6 (16.3%) had regular employment, while one in 5 (19.8%) were in occasional employment (part-time). Finally, almost one

in 2 treatment demands (47.7%) had at least upper secondary education degree in 2012 (Figure 5.26).

Figure 5.26. Socio demographic characteristics in all demands and by treatment history status, (TDI data) 2002-2012

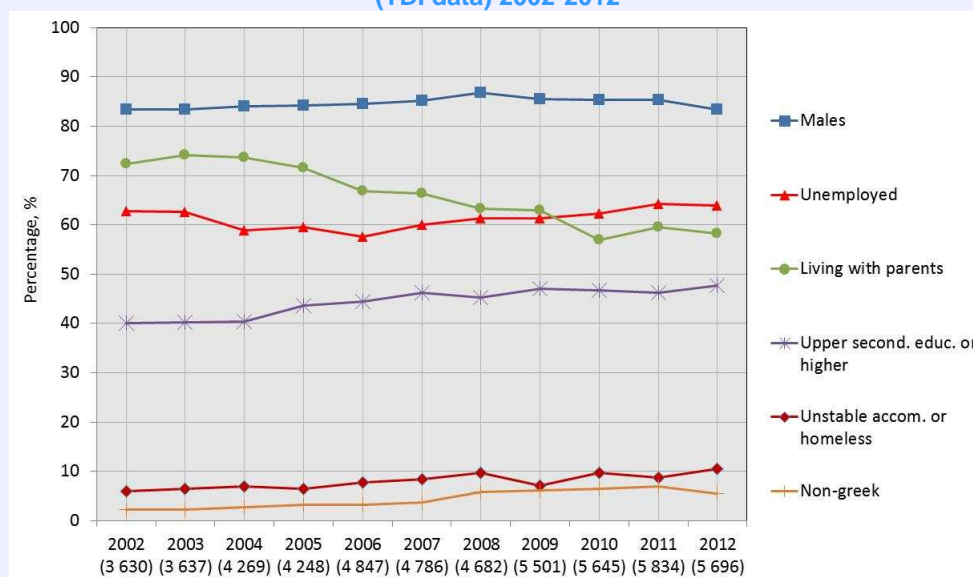


SOURCE: Greek REITOX Focal Point, 2013.

Last 5 year trend:

Gender: Males dominate treatment demands but females have gradually increased their proportion in the period 2008-2012 (from 13.2% to 14.7%) (Figure 5.27). Age group: The age group 25-24 is the group with the highest prevalence in the period 2008-2012, but it is the group of older users (35+) that increased its proportion significantly after 2008 (Table 5.1).

Figure 5.27. Trends in the percentage of treatment demands, by key socio-demographic characteristics, (TDI data) 2002-2012



SOURCE: Greek REITOX Focal Point, 2013.

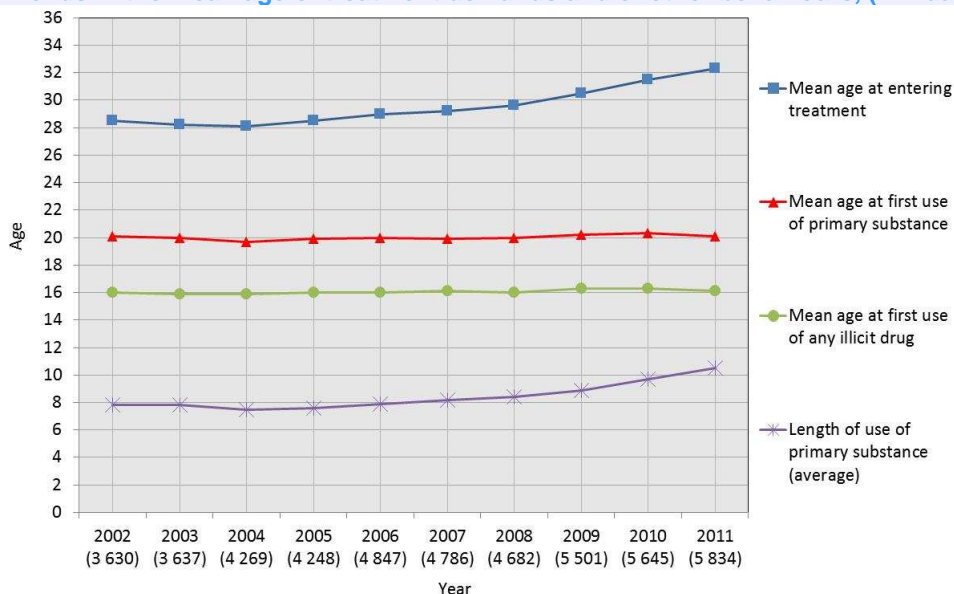
Living conditions: A decreasing trend that was observed in the proportion of the drug users who reported 'living with parents' was halted after 2010 (Figure 5.27). The vast majority of drug users have stable accommodation but homelessness showed a modest but steady increase during the last 10 years.

Nationality: The vast majority of treatment demands (over 90%) have been consistently Greek nationals. Non-Greeks nonetheless have been steadily increased both in numbers and proportions in the last years, a trend nonetheless which was halted in 2012 (Figure 5.27).

Education/employment: Despite that the educational status of drug users has improved in the period 2008-2012, there is a continuous increasing trend in the number and the proportion of unemployed users entering treatment (Figure 5.27).

Mean age/length of use: Finally, there is a continuous increase in the mean age of drug users demanding treatment from 30 in 2008 to 33 years in 2012), a trend which also drives a similar increase in the average length of use of the primary substance (from 8 years in 2008 to 11years in 2012) (Figure 5.28).

Figure 5.28. Trends in the mean age of treatment demands and of other behaviours, (TDI data) 2002-2012



SOURCE: Greek REITOX Focal Point, 2013.

Table 5.1. Trends in the characteristics of treatment demands in Greece, 2002-2012

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
<i>n</i>	3 630	3 637	4 269	4 248	4 847	4 786	4 682	5 501	5 645	5 834	5 696
Type of treatment											
Drug-free	69.2	73.1	73.3	77.1	74.7	81.7	80.5	76.9	78.8	63.5	56.8
OST ¹	13.7	14.7	20.2	14.1	18.3	10.6	10.1	15.7	16.7	30.2	37.5
Low-threshold	17.1	12.2	6.5	8.9	7.0	7.7	9.4	7.4	4.5	6.3	5.7
Type of setting											
Outpatient	38.3	44.5	56.0	52.6	54.7	47.5	49.4	54.2	59.9	66.7	68.9
Inpatient	44.5	43.3	37.5	38.5	38.3	44.8	41.2	38.4	35.6	27.0	35.4
Low-threshold	17.1	12.2	6.5	8.9	7.0	7.7	9.4	7.4	4.5	6.3	5.7
Treatment history											
First-ever treatments ³	49.8	52.6	51.7	52.8	49.7	47.1	47.7	47.7	43.3	44.3	42.4
Past treatments	50.2	47.4	48.3	47.2	50.3	52.9	52.3	52.3	56.7	55.7	57.6
Gender											
Males	83.4	83.4	84.0	84.3	84.5	85.2	86.8	85.5	85.3	85.3	83.4
Females	16.6	16.6	16.0	15.7	15.5	14.8	13.2	14.5	14.7	14.7	16.6
Age											
Mean age at entering treatment	28.5	28.2	28.1	28.5	29.0	29.2	29.6	30.5	31.5	32.3	32.8
Mean age (Males)	28.9	28.6	28.5	28.9	29.3	29.4	29.7	30.9	31.8	32.7	33.1
Mean age (Females)	26.4	26.0	26.1	26.7	27.8	27.5	28.3	28.2	30.0	29.7	30.9
Age group 15-24 ³	41.8	42.1	39.0	33.4	27.9	26.0	23.4	20.1	17.4	16.6	16.7
Age group 25-34	35.2	37.3	41.9	46.3	51.6	54.6	56.8	56.6	54.1	50.6	47.5
Age group 35-64	23.0	20.7	19.1	20.3	20.5	19.5	19.9	23.3	28.6	32.8	35.7
Referral											
Family/friends	42.6	47.8	50.9	51.0	46.1	45.3	46.0	45.4	40.4	39.7	38.1
Self referred	37.7	32.4	28.3	28.9	32.4	32.4	30.6	32.7	37.9	35.4	35.1
Other drug treatment centres	7.5	7.8	7.8	8.5	8.6	7.9	8.3	8.2	6.7	6.5	6.2
Hospital/other medical source	3.0	3.0	3.4	4.2	3.6	3.6	5.1	4.1	4.0	3.1	4.5
Other ⁴	9.2	9.0	9.6	7.4	9.3	10.8	10.0	9.6	11.0	15.3	16.1
Living conditions											
With parents	72.3	74.2	73.7	71.5	66.9	66.4	63.3	62.9	56.9	59.6	58.3
Alone	10.2	8.1	9.2	10.3	11.9	11.0	12.4	13.3	14.2	15.3	14.9
With partner (alone)	6.2	4.6	4.5	5.5	4.6	4.3	5.9	5.4	5.8	7.3	8.8
With partner and child(ren)	4.3	5.6	5.0	5.2	6.9	7.0	6.5	6.4	7.3	6.2	6.3
With friends	1.7	1.9	1.2	1.2	1.5	2.4	2.1	2.2	2.6	2.3	2.1
Other (alone with child, other)	5.3	5.6	6.3	6.3	8.2	8.9	9.8	9.8	13.2	9.3	9.7
Accommodation status											
Stable or other	94.0	93.5	93.1	93.6	92.2	91.6	90.2	92.9	90.3	91.2	89.6
Unstable/homeless	6.0	6.5	6.9	6.4	7.8	8.4	9.8	7.1	9.7	8.8	10.5
Nationality											
Greek	97.8	97.7	97.3	96.7	96.7	96.3	94.1	93.8	93.5	93.0	94.5
Non-greek	2.2	2.3	2.7	3.3	3.3	3.7	5.9	6.2	6.5	7.0	5.5

Notes:

(1) OST: Opioid Substitution Treatment

(2) "First treatments": drug users who have never treated before

(3) PDU age groups. Data do not include treatment demands aged <15 and >64 years.

(4) Other: (source of referral) includes general practitioners, social services, court/probation/police, other

Table 5.1 Trends in the characteristics of treatment demands in Greece, 2002-2012 (continued)

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
<i>n</i>	3 630	3 637	4 269	4 248	4 847	4 786	4 682	5 501	5 645	5 834	5 696
Employment status											
Regular employment	19.2	20.0	22.8	24.0	25.0	24.3	24.6	22.3	20.7	17.7	16.3
Unemployed	62.8	62.7	58.9	59.5	57.6	60.0	61.3	61.3	62.3	64.3	63.9
Occasional employment or other status ⁵	18.0	17.3	18.3	16.5	17.4	15.7	14.1	16.4	17.0	18.0	19.8
Highest level of education completed											
Never in school/some years of primary education	2.3	1.6	1.2	1.6	1.7	1.3	1.7	1.5	2.0	2.4	2.3
Primary education completed	25.1	25.3	23.6	22.0	21.9	21.9	22.3	22.4	22.5	22.2	20.4
Lower Secondary education completed	32.7	33.0	34.8	32.6	31.8	30.7	30.8	29.0	28.8	29.3	29.6
Higher Secondary education completed	33.9	34.3	35.7	39.1	38.3	38.7	36.8	37.5	37.6	38.2	39.5
Tertiary education completed	6.1	5.9	4.7	4.6	6.2	7.5	8.5	9.6	9.1	8.0	8.2
Primary substance											
Opioids	88.9	88.8	88.7	88.1	87.8	86.2	85.3	84.0	82.7	80.6	77.5
Cannabis	7.3	7.4	7.0	7.4	7.3	8.2	8.7	9.6	11.2	12.8	15.7
Cocaine/crack	1.3	1.5	2.2	2.4	2.6	3.8	4.0	4.5	4.4	4.3	4.1
Medicines	1.4	1.6	1.2	1.2	1.3	1.5	1.2	1.4	1.2	1.6	2.0
Other ⁶	1.2	0.8	0.8	0.8	0.9	0.3	0.9	0.4	0.5	0.7	0.8
Route of administration (primary substance)											
Inject	52.1	46.4	44.8	40.9	39.3	38.0	33.7	34.2	32.9	34.2	31.8
Smoke/inhale	23.8	19.9	18.2	17.7	16.9	17.6	17.6	18.1	20.7	21.1	23.2
Eat/drink	5.5	4.7	2.1	2.1	2.0	2.0	1.8	1.9	2.1	2.7	4.5
Sniff	28.7	29.0	34.9	39.2	41.7	42.0	46.8	45.7	44.2	41.8	40.4
Frequency of use (primary substance)											
0-1 times a week	7.6	8.2	8.0	7.9	8.7	7.9	9.2	9.9	10.0	12.0	11.4
2-6 times a week	14.3	14.7	15.9	15.8	14.4	16.7	15.4	15.8	16.5	17.0	16.9
Daily	66.1	66.1	64.0	64.1	66.3	63.2	63.1	61.1	61.0	56.5	56.9
No use in the last 30 days	12.0	11.0	12.0	12.2	10.7	12.3	12.3	13.2	12.5	14.5	14.8
Polydrug use											
One substance	20.8	23.5	25.3	28.2	30.3	31.8	32.9	31.3	29.3	27.4	26.0
2 substances	28.5	30.4	30.6	30.3	29.7	31.1	30.8	33.1	34.3	32.7	32.7
3 substances	28.8	22.6	20.2	19.5	19.4	18.5	19.7	18.7	20.0	22.9	23.8
4 or 5 substances	22.0	23.5	23.9	21.9	20.5	18.6	16.5	16.8	16.4	17.1	17.6
Polydrug users	79.3	76.5	74.7	71.7	69.6	68.2	67.0	68.6	70.7	72.7	74.0
Risk behaviour											
Ever injectors	80.4	78.3	76.7	73.8	74.3	72.0	70.2	70.8	70.2	71.2	69.5
Current injectors ⁷	50.3	49.7	47.0	43.0	44.6	41.1	38.1	37.1	36.6	36.2	34.0
Ever sharing injecting equipment	59.1	57.7	56.1	55.9	56.1	54.1	51.4	56.4	54.3	57.3	57.2
Current sharing injecting equipment ⁸	34.8	32.7	35.1	33.6	32.8	32.6	27.6	29.7	24.0	24.5	22.0
Age of onset and length of use											
Mean age at first use of any illicit drug	16.0	15.9	15.9	16.0	16.0	16.1	16.0	16.3	16.3	16.1	16.1
Mean age at first use of primary substance	20.1	20.0	19.7	19.9	20.0	19.9	20.0	20.2	20.3	20.1	20.1
Length of use of primary substance (average)	7.8	7.8	7.5	7.6	7.9	8.2	8.4	8.9	9.7	10.5	11.0

Notes:

(5) Other status: student or economically inactive etc

(6) Other: mainly amphetamines, MDMA and other derivatives, benzodiazepines

(7) Among ever injectors

(8) Among ever sharing

CHAPTER 6. HEALTH CORRELATES AND DRUG-RELATED DEATHS

6.1. Drug-related infectious diseases among people who inject drugs (PWID)

6.1.1. Technical notes on DRID indicator

The 2012 data presented in this section derive from four sources: (a) routine diagnostic testing among people who inject drugs (PWID) who access the official drug treatment system in the country, including low-threshold settings, (b) serobehavioural studies in community samples of active drug-users, (c) rapid tests conducted by mobile medical units, and d) the national HIV case reporting system coordinated by the **Hellenic Center for Disease Control and Prevention (KEELPNO)**.

- The national focal point (FP) coordinates the routine diagnostic testing data collection system yearly since 2000. Data collection has been in line with EMCDDA's DRID protocol.²⁶ Anonymous data on biological indicators are collected through diagnostic tests conducted upon entry. Diagnostic tests are foreseen in the treatment protocols of each service. Data on socio-demographic and behavioural indicators are collected through face-to-face paper-and-pencil interviews conducted by treatment staff. The system collects data only for PWID who enter/access treatment services—not those already in treatment. By implication the FP has not an exact picture of the prevalence of drug-related infectious diseases among those in treatment. In addition, especially for HIV, no information is available about the rate of recent infection. Only the state accredited health and treatment settings are included in FP's monitoring system. No data on infectious diseases is available from prison settings. Routine data reach the FP in two forms: anonymous individual data from **OKANA** (mostly OST and low-threshold²⁷) and **Psychiatric Hospital of Thessaloniki** (detox; 'drug free'), and aggregate data from the **KETHEA** ('drug-free'), and the **18 ANO/Psychiatric Hospital of Athens** ('drug-free'). No controls for double counting can be conducted between individual and aggregate data and therefore, in the sections that follow, DRID data are presented separately for **OKANA/Psychiatric Hospital of Thessaloniki**, **KETHEA**, and **18 ANO**. In 2012, data on serological and behavioural indicators were collected from a total of 2071 PWID tested in the drug treatment system (not accounting for double counts; data from 59 out of the 84 sites in the DRID network, 70% coverage at the treatment center level in 2012). The number of tests conducted in 2012 in the three different data sources and the demographic characteristics of the PWID tested are presented in Table 6.1.

²⁶ For an overview see: <http://www.emcdda.europa.eu/publications/methods/drid-overview>

²⁷ Data sources 2 and 3 refer exclusively to PWID in contact with drug-free services. Data source 1 refers mainly to PWID who either enter OST (68.1% in 2012) or approach low-threshold services (26.3% in 2012). The remaining (5.6% in 2012) enter drug-free treatment.

Table 6.1. Number of PWID tested in treatment settings (routine data) in 2012, by data source, by type of testing and by demographic characteristics

	Number of PWID tested for...				Gender		Age		
	HbsAg	Anti-HCV	Anti-HIV 1,2	Chest X-ray	Males	Females	<25	25-34	≥35
Data source 1 (n=1911)	1 897	1 896	1 911	979	82.2	17.8	4.2	46.6	49.2
Data source 2 (n=553)	530	535	553	388	88.1	11.9	12.5	66.0	21.4
Data source 3 (n=96)	96	23	96	96	62.5	37.5	4.3	72.9	22.9

SOURCE: Greek REITOX Focal Point, 2013

Data source 1: individual data from OKANA and Psychiatric Hospital of Thessaloniki; OST (68.1%), low-threshold (26.3%), and drug-free (5.6%) settings; national, non-representative sample.

Data source 2: aggregate data from KETHEA "drug-free" settings; national, non-representative sample.

Data source 3: aggregate data 18 ANO at Psychiatric Hospital of Athens; "drug-free" settings; Athens, non-representative sample.

- Up until 2012, no serobehavioral surveys involving community samples of PWID were known to the FP. Since August 2012, **ARISTOTLE**, a serobehavioural prevention and research project, has been conducted in Athens. **ARISTOTLE** is run by the **National Retrovirus Reference Center (Athens University Medical School)** in collaboration with **OKANA** and **KEELPNO** and with the support of NGOs. **ARISTOTLE** has both, prevention and research component. Its prevention component aims at decreasing HIV/AIDS transmission among PWID in Athens by raising awareness, distributing clean injection equipment and by linking HIV positive cases into care. Its research component includes a serobehavioural study with the use of respondent driven sampling (RDS) methodology. **ARISTOTLE** is EU funded (ESPA 2007-2013).
- Aggregate data on HIV tests involving out-of-treatment PWID is also provided through the mobile medical units run by **KEELPNO** and **PRAKSIS-NGO** in 2012.
- HIV case reporting takes place through the national HIV/AIDS surveillance coordinated by **KEELPNO**. Injecting drug use is included among the possible transmission categories. According to **KEELPNO**, data coverage of its surveillance system is estimated to be high given that HIV/AIDS case reporting is mandatory, anonymous and confidential (KEELPNO 2012).

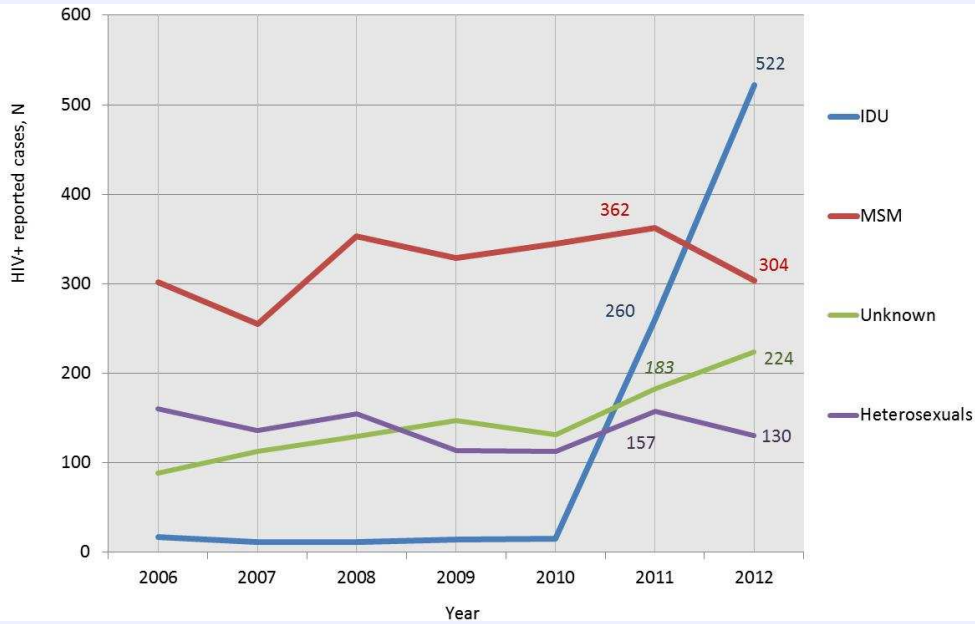
6.1.2. HIV

PWID among HIV positive cases

Data from the national HIV/AIDS surveillance system (KEELPNO)

According to **KEELPNO**, 522 (44.2%) out of the total 1180 new HIV infections reported in 2012 had injecting drug use (IDU) as the probable source of transmission—twice as high as in 2011 (n=260) and 35 times higher than 2010 (n=15) (Figure 6.1). IDU cases were mostly males (82.2%) (KEELPNO 2012). The sharp increases in the number of HIV-positives in 2012 very likely reflect changes in the testing policy—most notably the scaling-up of testing uptake as a response to the HIV outbreak among PWID in Athens.

Figure 6.1. HIV reported cases by probable route of transmission in Greece 2006-2012



SOURCE: KEELPNO.

Notes: 'IDU' Injecting drug use as probable route of transmission; 'MSM' Men having sex with men.

Data from mobile medical units

The Mobile Medical Units of **KEELPNO** reported data on 2312 blood tests conducted in Athens historical centre between September 2011 and June 2012. A total of 113 cases (4.9%) were HIV-positive. Among the cases with a known probable route of transmission, four in every five were PWID (KEELPNO Mobile Units, 2012).

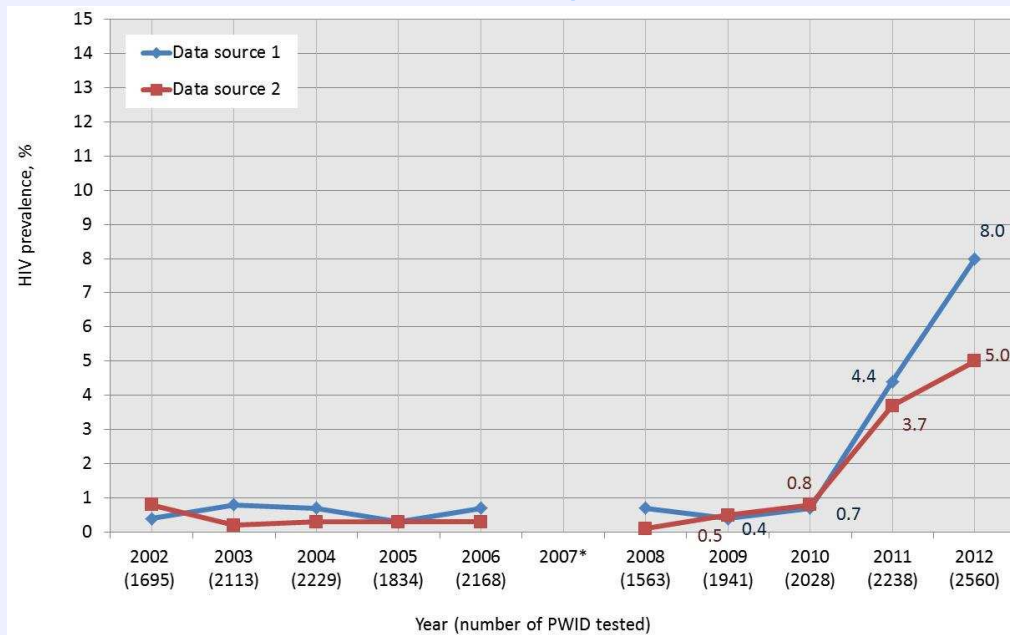
According to data reported by **PRAKSIS-NGO** on the results from a total of 6022 rapid HIV tests conducted in people over 18 from vulnerable groups in Athens in 2012, 185 cases were found HIV-positive (3.1%). Among the HIV positive cases, n=35 (18.9%) were PWID (PRAKSIS 2012).

HIV in PWID samples: routine data from treatment settings

In 2012, anti-HIV prevalence among PWID accessing drug treatment ranged nationally between 5.0% and 8.0%, depending on the source of data. In 2012 there has been a further increase in the prevalence of anti-HIV infection among this population compared to 2011 (Figure 6.2).

The HIV epidemic among PWID is concentrated in Athens: in 2012, 93.6% of the HIV positive cases of PWID were reported by treatment units in Athens. HIV prevalence among samples of PWID accessing drug treatment was higher in Athens (range 7.0%-11.5%) compared to other areas (range 0.8%-1.5%). HIV prevalence differs by treatment setting: thus, based on Athens data, prevalence was 6.2% in low-threshold settings, around 8% in 'drug-free' settings and 15.3% in OST services. The relatively higher prevalence observed in OST may be explained by the fact that OST incorporated most of **ARISTOTLE's** newly diagnosed HIV+ cases who agreed to be linked to treatment in 2012. According to **OKANA** Admission, Information and Assessment Centre (**KYEP**), n = 130 PWID who were diagnosed HIV-positive applied for priority entry in OST in Athens, in 2011—increased by 83% and 1857% compared to 2011 and 2010, respectively. The highest prevalence rates have been observed in studies involving community samples of active drug injectors (**ARISTOTLE**) (19.8%) (Figure 6.3).

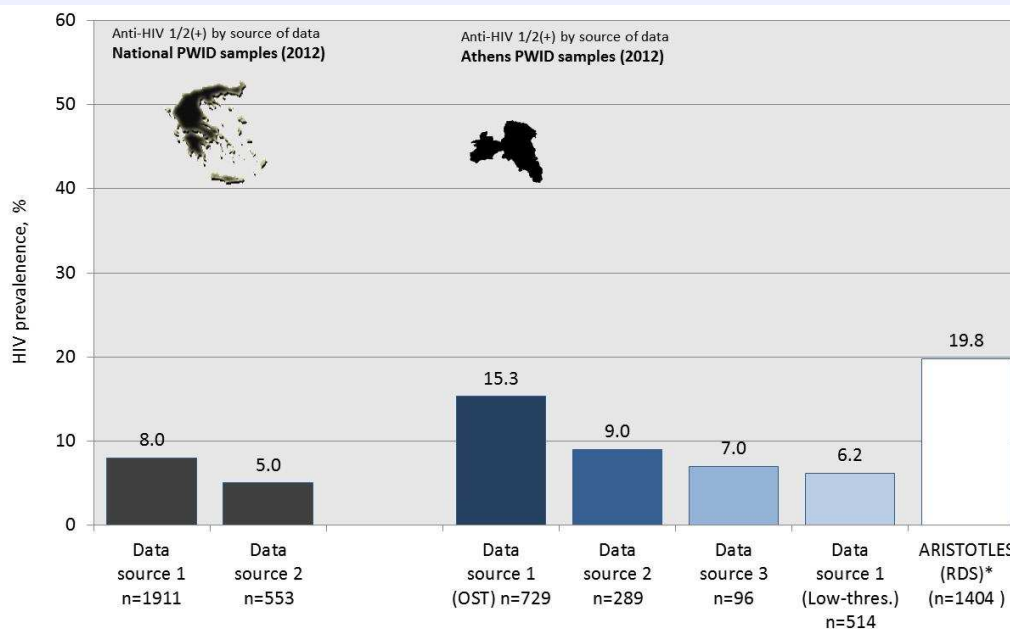
Figure 6.2. HIV prevalence among PWID tested in drug treatment system in Greece, by source reporting national data to the focal point, 2002-2012



SOURCE: Greek REITOX Focal Point, 2013.

Notes: For 2012: Data source 1: individual data from **OKANA** and **Psychiatric Hospital of Thessaloniki**; data from OST (68.1%), low-threshold (26.3%), and drug-free (5.6%) settings; national non-representative sample. Data source 2: aggregate data from **KETHEA** "drug-free" settings; national non-representative sample. * No data are available for 2007.

Figure 6.3. HIV prevalence among PWID tested in drug-related services in 2012, by source of data



SOURCE: Greek REITOX Focal Point, 2013.

Notes: 'PWID' People who inject drugs; Data source 1: individual data from **OKANA** and the **Psychiatric Hospital of Thessaloniki**; data from OST (68.1%), low-threshold (26.3%), and drug-free (5.6%) settings; national non-representative sample. Data source 2: aggregate data from **KETHEA** "drug-free" settings; national non-representative sample. Data source 3: aggregate data **18 ANO** at **Psychiatric Hospital of Athens**; "drug-free" settings; Athens, non-representative sample. ***ARISTOTLE**: research project using respondent driven sample conducted in the Athens city center since August 2012.

Based on data from source 1 only (n=152), 78.3% of the HIV-positive cases were males, 56.6% were 25-34 years of age (only 5.3% were <25), 61.7% had a history of past treatment, 96.7% reported opiate use (7.2% reported cocaine), 92.7% had at least 2 years injecting history, and

90.5% have shared syringes or other injecting equipment. Almost all anti-HIV-positive (96.7%) had HCV co-infection and 4.0% had HBV co-infection

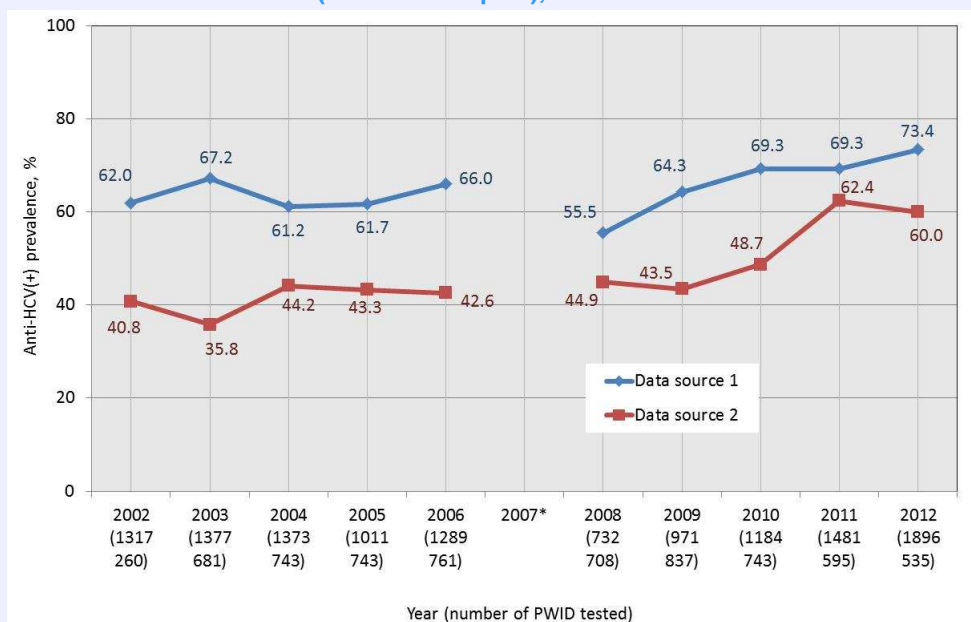
HIV among community samples of PWID: serobehavioural surveys

Among 1404 PWID recruited in the context of the **ARISTOTLE** project (RDS methodology) in Athens city center between August 1st and December 31st 2012, 278 were tested anti-HIV-positive (19.8%, 95% CI: 17.7%, 22.0%; 14.8%, 95% CI: 10.9%, 19.2% weighted prevalence if accounting for RDS design) (Sypsa et al *Forthcoming*). Out of 147 users with injecting history of less than 2 years ('new' injectors), 36 were found anti-HIV-positive indicating an incidence of HIV infection in 'new' injectors of 23.4 new cases per 100 PWID per year (95% CI: 16.9, 32.4). Higher proportions of PWID tested anti-HIV-positive were among those reporting homelessness, never treated before, with past imprisonment, abusing speedball, injecting frequently, share injecting equipment, and those received money in exchange for sex (Sypsa et al *Forthcoming*).

6.1.3. HCV among PWID

HCV antibody prevalence in PWID has been consistently high and increasing over the last 10 years in Greece. In 2012, the anti-HCV prevalence rates ranged between 60.0% and 73.4%, depending on the source of data (Figure 6.4). Compared to 2011, in 2012 the prevalence of anti-HCV continued the increasing trend in data source 1 (OST, low-threshold), but remained stable in data source 2 ('drug-free').

Figure 6.4. Trends in HCV antibody prevalence among PWID entering drug treatment (national samples), 2002-2012



SOURCE: Greek REITOX Focal Point, 2013.

Notes: Data source 1: individual data from **OKANA** and **Psychiatric Hospital of Thessaloniki**; 2012 data from OST (68.1%), low-threshold (26.3%), and drug-free (5.6%) settings; national non-representative sample. Data source 2: aggregate data from **KETHEA** "drug-free" settings; national non-representative sample. * No data are available for 2007.

Table 6.2 shows differences in anti-HCV prevalence by sample characteristics (Data source 1): anti-HCV prevalence is significantly higher among older injectors (compared to young injectors), in

Athens (compared to other areas), and among injectors with injecting history of two or more years (compared to 'new' injectors) (Table 6.2).

Table 6.2. HCV antibody prevalence in PWID accessing treatment, by sample characteristics (source 1), 2012

PWID tested (n=1896) (n; %)	Anti-HCV(+)		p
	N	%	
Sex			
Male (1607; 82.2%)	1135	72.7	ns
Female (349; 17.8%)	257	76.7	
Age			
Mean age	36.9		p<0.001
<25 (83; 4.2%)	48	62.3	p<0.001 ^a
25-34 (911; 46.6%)	616	70.1	
>34 (962; 49.2%)	728	77.4	
Area			
Athens (1250; 63.9%)	977	79.4	p<0.001
Other areas (706; 36.1%)	415	62.3	
Injecting history			
Injecting history of less than 2 years (125; 6.4%)	77	63.6	p=0.012
Injecting history of 2 years or more (1822; 93.6%)	1308	74.1	
Injecting opioid^b			
Opioids (1823; 96.4%)	1340	73.5	ns
Other (68; 3.6%)	49	72.1	
Injecting cocaine/crack^c			
Cocaine/crack (88; 4.7%)	78	72.7	p<0.001
Other (1803; 95.3%)	1311	88.6	
Setting			
Low-threshold (515; 26.3%)	378	74.6	ns
Other (1441; 73.7%)	1014	73.0	

SOURCE: Greek REITOX Focal Point, 2013.

Notes: ^a <25 year olds compared to the ≥25 year olds; ^b Abuse of cocaine/crack is not excluded; ^c Abuse of opioids is not excluded.

As it is shown in Table 6.3 (source 1), PWID in Athens show consistently higher rates of HCV infection compared to other areas, suggesting higher injecting risks in the capital city. Data also show that anti-HCV has increased in Athens by almost 20 percent points between 2008 and 2012. The same trends are observed also among young injectors (<25 years of age), 'new' injectors (<2 years of injecting history), and among PWID who also abuse cocaine.

Table 6.3. Trends in HCV antibody prevalence among all, young, 'new' and among PWID who also abuse cocaine (data source 1), 2008-2012

	Anti-HCV(+) prevalence (%)														
	Total					Athens					Other areas				
	2008	2009	2010	2011	2012	2008	2009	2010	2011	2012	2008	2009	2010	2011	2012
All PWID tested in Source 1	55.5	64.3	69.3	69.3	73.4	60.0	68.3	74.6	76.5	79.1	47.6	59.3	60.0	61.6	62.3
PWID <25 years of age	40.3	38.8	52.4	52.5	62.3	42.6	49.9	61.2	52.2	73.3	34.8	25.0	40.0	52.6	55.3
Injecting history of <2 years	29.3	39.0	55.5	52.4	63.6	33.9	44.7	59.4	76.5	72.9	21.2	28.8	51.9	49.2	51.0
Abuse of cocaine	50.0	46.8	66.1	70.4	88.6	62.5	65.0	69.6	95.0	95.6	33.3	33.3	63.9	64.8	81.4

SOURCE: Greek REITOX Focal Point, 2013.

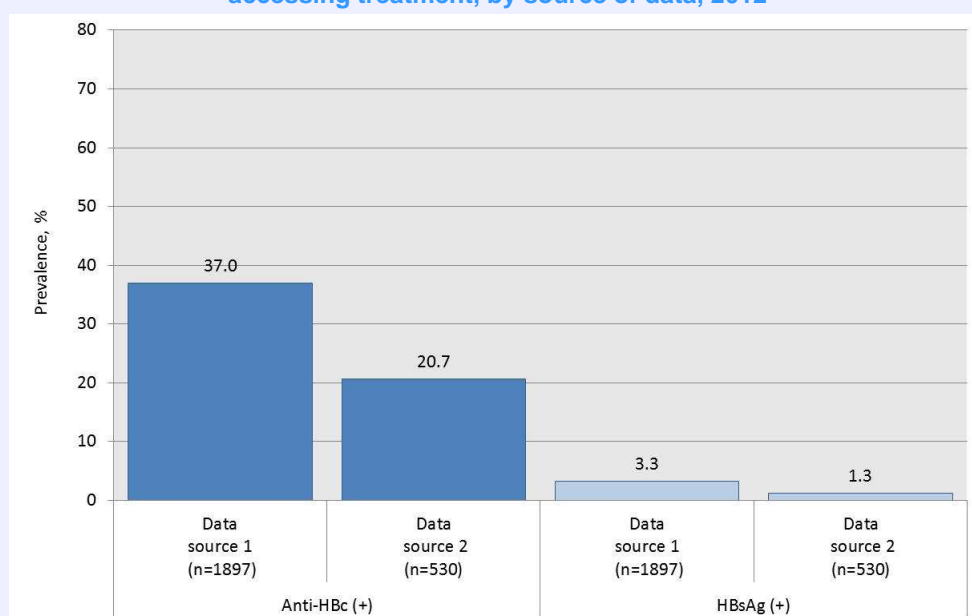
Notes: : Data source 1: individual data from OKANA and the Psychiatric Hospital of Thessaloniki; 2012 data from OST (68.1%), low-threshold (26.3%), and drug-free (5.6%) settings; national non-representative sample.

Especially for the young injectors in Athens the increases in HCV infection continued through 2012, suggesting that the incidence increased in this sub-group. This is in turn indicative of an increasing incidence also among all injectors given that new injectors are likely mostly being infected by longer-term injectors. Data on young, 'new' injectors and injectors who also abuse cocaine should be seen with caution given the small sample sizes.

6.1.4. Hepatitis B among PWID

The tests used to detect HBV among PWID are based on enzyme immunoassays for the serological markers HBsAg (surface antigen), anti-HBc (core antibody) and anti-HBs (surface antibody). In 2012, HBV infection rates (HBsAg) among PWID in Greece ranged between 1.3% and 3.3%, depending on the source of data (Figure 6.5). No significant differences were observed in the prevalence of HBsAg by gender or age.

Figure 6.5. Exposure to HBV (anti-HBc-positive) and current infection (HBsAg-positive) among PWID accessing treatment, by source of data, 2012



SOURCE: Greek REITOX Focal Point, 2013.

Notes: Data source 1: individual data from **OKANA** and **Psychiatric Hospital of Thessaloniki**; 2012 data from OST (68.1%), low-threshold (26.3%), and drug-free (5.6%) settings; national non-representative sample. Data source 2: aggregate data from **KETHEA** "drug-free" settings; national non-representative sample.

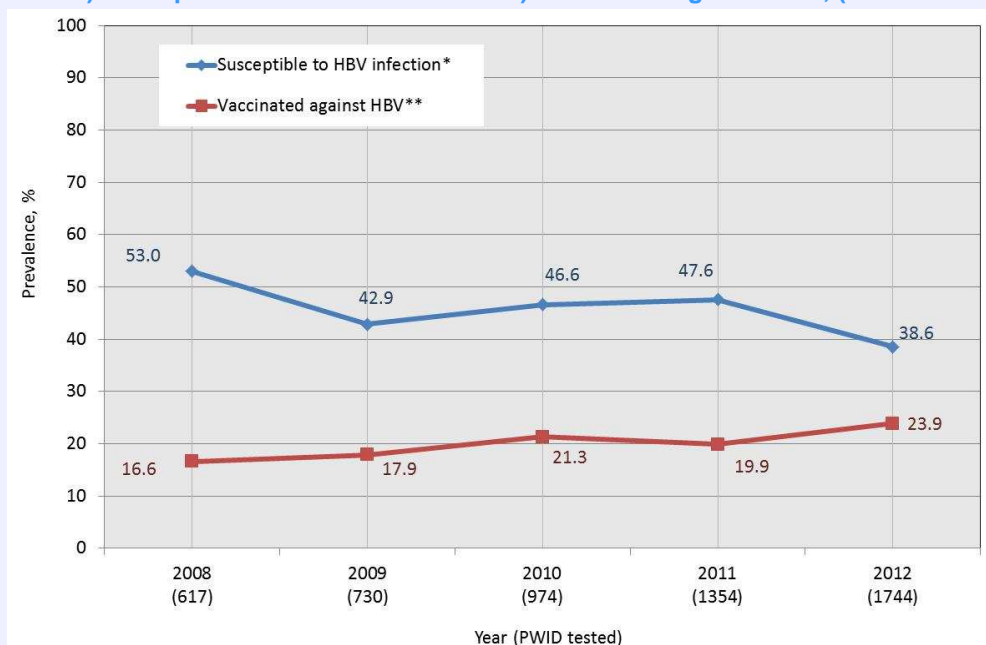
According to the test results for hepatitis B core antibody (Anti-HBc), evidence of exposure to HBV was demonstrated in 37.0% of those tested in data source 1, and 20.7% in data source 2 (Figure 6.5).

Based on the analyses of the data from data source 1, Anti-HBc was demonstrated in higher proportions among male users (37.7%, compared to females 33.5%), those aged over 34 years old (45.7%, compared to those under 25, 22.2% and those aged 25-34, 28.0%), and among PWID with injecting histories of more than 2 years (37.5%, compared to IDU new injectors, 29.9%). Almost two thirds of PWID (62.5%) detected with hepatitis B core antibody have become immune as a result of infection (Anti-HBs-positive and HBsAg-negative).

It is of note that almost 2 in every 5 injectors tested (38.6%, data source 1) have neither developed the disease nor have they been vaccinated against HBV, i.e. they are susceptible to HBV infection.

In addition, only one in every 4 users tested (23.9%) has been vaccinated against HBV. Despite being low, the rates of vaccination in this population increase steadily as a result of the introduction of universal vaccination policy for HBV in Greece in 1998 (Figure 6.6). In 2012, vaccination against HBV was higher among women (30.7%, compared to 22.3% among men), and among previous treatments (24.5%, compared to 17.7% among first-ever treatments).

Figure 6.6. PWID a) susceptible to HBV infection and b) vaccinated against HBV, (data source 1) 2008-2012



SOURCE: Greek REITOX Focal Point, 2013.

Notes: *(HBsAg(-), Anti-HBc(-), Anti-HBs(-)); **(HBsAg(-), Anti-HBc(-), Anti-HBs(+)).

6.1.5. Tuberculosis

Positive for the Mantoux test were in 2012: 35.7% of 196 tested in settings of data source 1, 10.0% of 367 tested in settings of data source 2, and 15.6% of 96 tested in settings of data source 3. Positive chest X-ray had 0.6% of 979 tested from the data source 1 sample, 0.5% of 388 tested in the data source 2, and none of 96 tested in settings of data source 3.

6.2. Drug-induced deaths

6.2.1. Technical notes

Data on sudden drug-related deaths are collected and reported to the Focal Point by the Narcotics Department of the Public Security Division of the **Hellenic Police**.

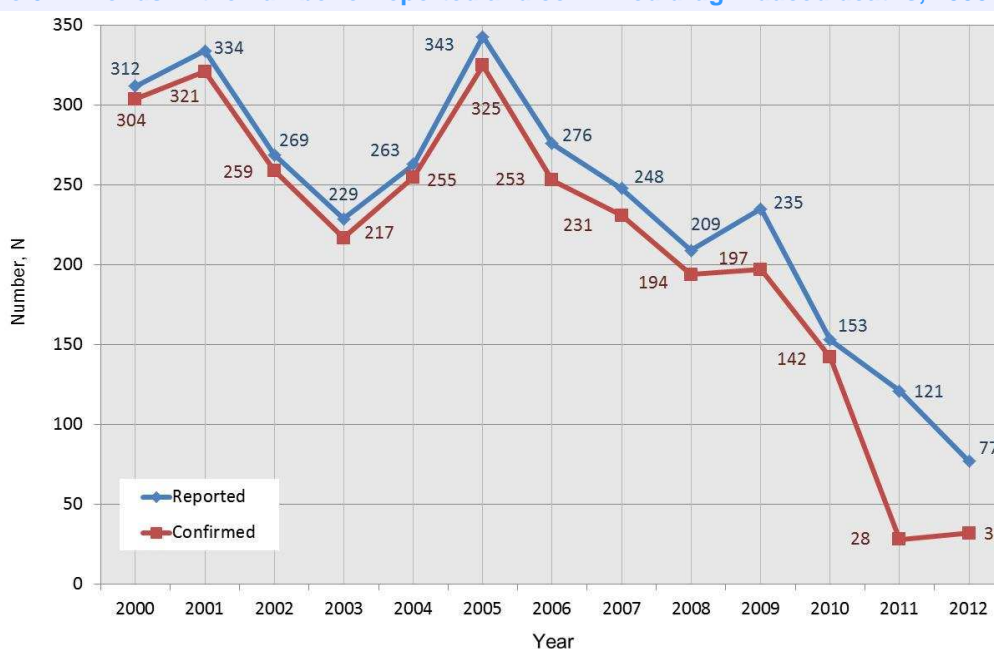
Data are based on the results of forensic autopsies and toxicological analyses carried out in death cases by the competent bodies (**University Forensic Medicine and Toxicology Laboratories** and **Forensic Service of the Ministry of Justice**).

Only acute intoxications are recorded under drug-related deaths, i.e. deaths indirectly related to drugs - e.g. deaths of infectious diseases associated with injecting, accidents, suicides, etc, are not recorded.

6.2.2. Drug-related reported deaths

According to data reported by the Narcotics Department of the Public Security Division of the **Hellenic Police**, 77 drug-induced deaths were reported in 2012, of which 32 (41.6%) had been confirmed with the appropriate toxicological analyses by October 2013 (Figure 6.7 and Table 6.4).

Figure 6.7. Trends in the number of reported and confirmed drug-induced deaths, 2000-2012



SOURCE: Hellenic Police, 2013.

Notes: Pending confirmation: 99 reported deaths from 2011 (83.2%); 13 reported deaths from 2010 (8.5%); 39 reported deaths from 2009 (16.6%); 15 reported deaths from 2008 (7.1%); 17 reported deaths from 2007 (6.8%); 13 reported deaths from 2006 (8.3%); and 18 reported deaths from 2005 (5.2%).

The decreasing trend in the drug-related deaths continued in 2012 (Figure 6.7).

Table 6.4 presents the socio-demographic characteristics of the confirmed deaths. Although, there are still 58.4% of the reported deaths are still to be confirmed, it is clear that most of the deaths concern single male users, over 30 years of age, with Greek nationality and unemployed. Nine in every 10 drug-induced death cases (90.6%) involved heroin/morphine.

According to data from the **Forensic Service of the Ministry of Justice** there were twelve deaths in which methamphetamine was detected in the decedent's blood in the period 2012-2013. Deaths were attributed to multiple drug use and other pathophysiological reasons (i.e., acute pulmonary edema and ischemic heart disease). In five of these cases, fatal injury from suicide, homicide or road accident was reported as the possible cause of death. All twelve deaths were reported in the city centre of Athens and the surrounding area and involved drug users between 24-52 years of age and mostly men (9 men). Two of them were homeless under the age of 30.

Table 6.7. Drug-induced deaths in Greece in the period 2000-2012*

	2000		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010		2011		2012		
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	
Reported deaths	312		334		269		229		263		343		276		248		209		235		153		121		77		
Confirmed deaths	304	97.4	321	96.1	259	96.3	217	94.8	255	97	325	94.8	253	91.7	231	93.1	194	92.8	197	83.8	142	92.8	28	23.1	32	41.6	
Age																											
≤ 20	51	16.8	46	14.3	28	10.8	13	6	15	5.9	15	4.6	7	2.8	7	3.0	8	4.1	6	3.0	6	4.3	2	7.1	1	3.1	
21-30	130	42.8	158	49.2	140	54.1	118	54.4	133	52.1	179	55.1	139	54.9	107	46.3	84	43.3	84	42.6	55	39.3	13	46.4	11	34.4	
≥ 31	123	40.5	117	36.4	91	35.1	86	39.6	107	42	131	40.3	107	42.3	117	50.6	102	52.6	107	54.3	79	56.4	13	46.4	20	62.5	
Sex																											
Men	285	93.8	300	93.5	242	93.4	199	91.7	234	91.8	299	92	226	89.3	219	94.8	181	93.3	172	87.3	131	92.9	24	85.7	28	87.5	
Women	19	6.3	21	6.5	17	6.6	18	8.3	21	8.2	26	8	27	10.7	12	5.2	13	6.7	25	12.7	10	7.1	4	14.3	24	75.0	
Nationality																											
Greek	292	96.1	307	95.6	247	95.4	200	92.2	237	92.9	296	91.1	234	92.5	211	91.3	180	92.8	181	91.9	135	95.1	26	92.9	30	93.8	
Non-Greek	12	3.9	14	4.4	12	4.6	17	7.8	18	7.1	29	8.9	19	7.5	20	8.7	14	7.2	16	8.1	7	4.9	2	7.1	2	6.3	
Region																											
Attica	200	65.8	211	65.7	161	62.2	123	56.7	128	50.2	157	48.3	106	41.9	69	29.9	38	19.6	60	30.5	34	23.9	4	14.3	3	9.4	
Thessaloniki	49	16.1	54	16.8	50	19.3	41	18.9	56	22	73	22.5	62	24.5	79	34.2	84	43.3	53	26.9	43	30.3	7	25.0	13	40.6	
Other areas	55	18.1	56	17.4	48	18.5	53	24.4	71	27.8	95	29.2	85	33.6	83	35.9	72	37.1	84	42.6	65	45.8	17	60.7	16	50.0	
Family status																											0.0
Single	289	95.1	298	92.8	243	93.8	206	94.9	245	96.1	312	96	233	92.1	211	91.3	180	92.8	174	88.3	133	93.7	28	100.0	32	100.0	
Married	12	3.9	15	4.7	12	4.6	10	4.6	8	3.1	11	3.4	14	5.5	15	6.5	11	5.7	17	8.6	8	5.6	0	0.0	0	0.0	
Divorced	3	1	8	2.5	4	1.5	1	0.5	2	0.8	2	0.6	6	2.4	5	2.2	3	1.5	6	3.0	1	0.7	0	0.0	0	0.0	
Educational level																											
Elementary education	111	36.5	108	33.6	109	42.1	26	12	145	56.9	192	59.1	167	66	131	56.7	87	44.8	20	10.2	18	12.8	4	14.3	0	0.0	
Secondary education	178	58.6	194	60.4	133	51.4	28	12.9	100	39.2	120	36.9	83	32.8	86	37.2	50	25.8	28	14.2	10	7.1	3	10.7	1	3.1	
Higher education	4	1.3	2	0.6	3	1.2	3	1.4	4	1.6	4	1.2	1	0.4	3	1.3	3	1.5	4	2.0	0	0.0	1	3.6	0	0.0	
Unknown	11	3.6	17	5.3	14	5.4	160	73.7	6	2.3	9	2.8	2	0.8	11	4.8	52	26.8	145	73.6	113	80.1	20	71.4	31	96.9	
Illiterate	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	2	1.0	0	0.0	0	0.0	0	0.0	0	0.0	
Occupational status																											
Unemployed	232	76.3	258	80.4	224	86.5	183	84.3	201	78.8	268	82.5	212	83.8	201	87.0	165	85.1	162	82.2	132	93.0	26	92.9	32	100.0	
Other	52	23.7	30	19.6	26	13.5	34	15.7	34	21.2	43	17.5	25	16.2	30	13.0	29	14.9	35	17.8	10	7.0	2	7.1	0	0.0	
Drugs																											
Heroin/morphine	300	98.7	318	99.1	256	98.8	206	95	252	98.8	319	98.2	247	97.6	220	95.2	185	95.4	191	97.0	127	89.4	24	85.7	29	90.6	
Cocaine	1	0.3	2	0.6	2	0.8	2	0.9	0	0	3	0.9	1	0.4	4	1.7	3	1.5	1	0.5	3	2.1	1	3.6	1	3.1	
Other psychotropic drugs	3	1	1	0.3	1	0.4	9	4.1	3	1.2	3	0.9	5	2	7	3.0	6	3.1	5	2.5	12	8.5	3	10.7	2	6.3	

SOURCE: Hellenic Police, 2013.

Notes:

*Data for confirmed deaths through 2012.

Reported deaths pending confirmation: 45 (2012); 93 (2011); 11 (2010); 38 (2009); 15 (2008); 17 (2007)

CHAPTER 7. RESPONSES TO HEALTH CORRELATES AND CONSEQUENCES

“Active” drug users: drug users who do not seek treatment or have no clear treatment request.

Low threshold services aim at reaching and assisting “active” drug users. Such users can be reached through streetwork programmes in open-air drug scenes, as well as through “open door” services, which place no conditions for admitting and serving users (www.okana.gr).

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

The data presented in this Chapter mainly derived from the Harm Reduction Questionnaire and the Treatment Questionnaire (see Chapter 5) of the Greek REITOX Focal Point.

7.1. New developments

As a response to the continuing HIV/AIDS epidemic in Athens in 2012, two new syringe programmes were established in Athens. For the first time in Thessaloniki, two street work programmes were inaugurated in 2012, as a preventive measure for the spreading off the epidemic to other areas.

OKANA developed a *Network* (called “Directions for Safe Use”) consisting of outreach harm reduction programmes run mainly by NGOs. Considering that each programme provides different services, their cooperation aims at the *holistic* confrontation of the increase of HIV infection amongst people who inject drugs (PWID) and contributes to the prevention and early intervention of health problems related to drug use.

New programmes were designed for the Dual Diagnosis Unit of **IANOS** Rehabilitation Department for Dependent Individuals (Thessaloniki Psychiatric Hospital) so as that the Unit will be able to offer a more effective treatment to comorbid drug users.

In **2013**, the Direct Aid and Support Unit of **OKANA** has created a Supervised Drug Consumption Room in its premises. In the beginning, the Unit will serve a small number of PWID frequenting in the open-air drug scenes of downtown Athens.

KETHEA, in 2013 is going to operate a new low threshold unit in the centre of Athens to cover the needs of the increasing number of problem drug users in the area. The approach of the target group will be achieved through the development of a street work programme. In the mobile unit of the programme injection kits will be provided to PWID.

The new harm reduction / low threshold interventions have been mainly funded through European Funds (ESPA).

In 2013, the **Ministry of Health and Social Solidarity** assigned **KEELPNO** to form a Committee consisting of drug agencies, and NGOs active on HIV/AIDS aiming at drafting a paper with the requirements and the cost of a concise plan to combat the HIV epidemic. Upon receipt of the paper of the Committee, the Ministry created a Coordinating Committee, consisted of the heads of all

relevant organisations, mandated to draft a consultation to the Ministry on the necessary actions to implement the paper's requirements.

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

7.2.1. User information and training

Information

Printed information material (leaflets) about drug-related sudden deaths and emergencies are distributed to *drug users* by four low threshold programmes run by **OKANA** and **KETHEA**. According to the available quantitative data, in 2012 the number of leaflets came up to 800.

A Low Threshold Programme of **KETHEA** distributed relevant information material to *users' families* and *friends* and *professional groups* (police officers, social services personnel of the State Hospitals).

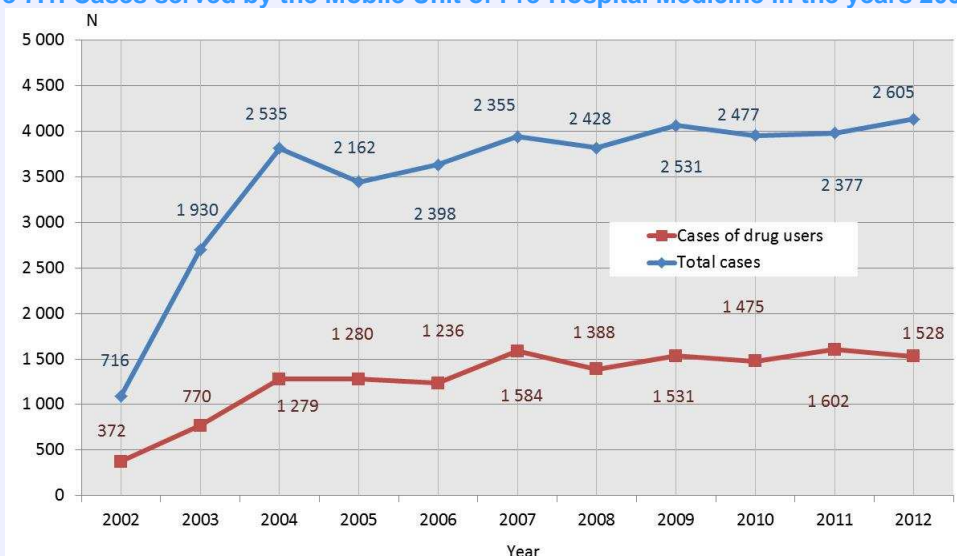
Training

Five low threshold programmes run by **OKANA**, **KETHEA** and the **NGO PRAKSIS** (Development, Social Support and Medical Cooperation Projects) deliver individual and group training to *drug users* in risk prevention and overdose management.

In 2012, a lower number of drug users attended group training sessions (N= 661) compared to 2011 (N=814) and 2010 (1015).

7.2.2. Mobile Unit of Pre-Hospital Medicine

Figure 7.1. Cases served by the Mobile Unit of Pre-Hospital Medicine in the years 2002-2012



DATA: OKANA 2012.

SOURCE: Greek REITOX Focal Point, 2013.

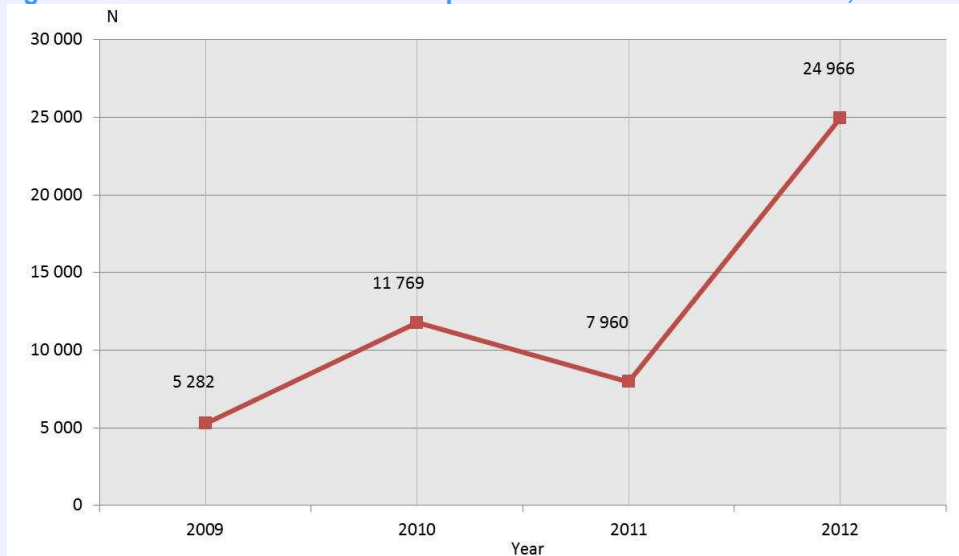
7.3. Prevention and treatment of drug-related infectious diseases

7.3.1. User information and training

Information

Printed information material on the prevention of infectious diseases is distributed to *drug users* by seven low threshold and harm reduction programmes run by **OKANA**, **KETHEA**, **Médecins du Monde NGO**, the **ATHENA – HYGEIA** Prevention Centres of the City of Athens and the street work programme of Hellenic Center for Disease Control and Prevention (**KEELPNO**²⁸).

Figure 7.2. Number of leaflets on the prevention of infectious diseases, 2009-2012



DATA: OKANA, KETHEA, Médecins du Monde NGO, KEELPNO, ATHENA YGEIA Prevention Centres 2009-2012.
SOURCE: Greek REITOX Focal Point, 2013.

The mobile units of **RRAKSIS NGO** and **KEELPNO** distributed 47000 leaflets to *socially excluded groups*, including drug users.

Information about the prevention of infectious diseases is provided through the helplines of **OKANA**, **KETHEA**, **PRAKSIS NGO** and **KEELPNO**.

An outreach programme of **KETHEA** distributed 600 leaflets on “Drug use and pregnancy” to female drug using sex workers – more than in 2011 (N= 540).

Training

In 2012, two outreach programmes of **KETHEA** and **OKANA** provided training on prevention of infectious diseases and safer drug use to PWID, drug using sex workers and transsexuals.

PRAKSIS NGO continued to provide training in the context of the health education courses delivered for the Counselling Centres of **KETHEA** therapeutic programmes in Thessaloniki and

²⁸ Quantitative data deriving from KEELPNO related to the actions of six mobile units and one street work programme. The data from the mobile units is related to socially excluded individuals (immigrants, homeless, sex workers, PWID) and from the street work programme to drug users.

Athens, for Addictions' Department IANOS run by **Thessaloniki Psychiatric Hospital** and for the **Centre of Research and Human Behaviours** in Athens. Topics include HIV/AIDS, viral hepatitis and drug harms.

A street work programme of **KETHEA** continued to cooperate with a medical doctor to provide on a voluntary basis counselling on STDs to drug using sex workers.

7.3.2. Syringe and condom provision

Syringe programmes

Syringe programmes are implemented by two **OKANA** low threshold services, by the mobile unit of **Médecins du Monde** NGO, by the six mobile units and one street work programme of **KEELPNO** and by one **KETHEA** low threshold unit.

In 2012, syringes were *distributed/exchanged* at eight (8) mobile units, at the premises of three (3) low threshold services and by the street workers of two (2) outreach programmes (in total 13 syringe provision sites). The available relevant quantitative data are presented in the Table 7.1.

Table 7.1. Number of campaigns, individuals and contacts of syringe provision (2012)

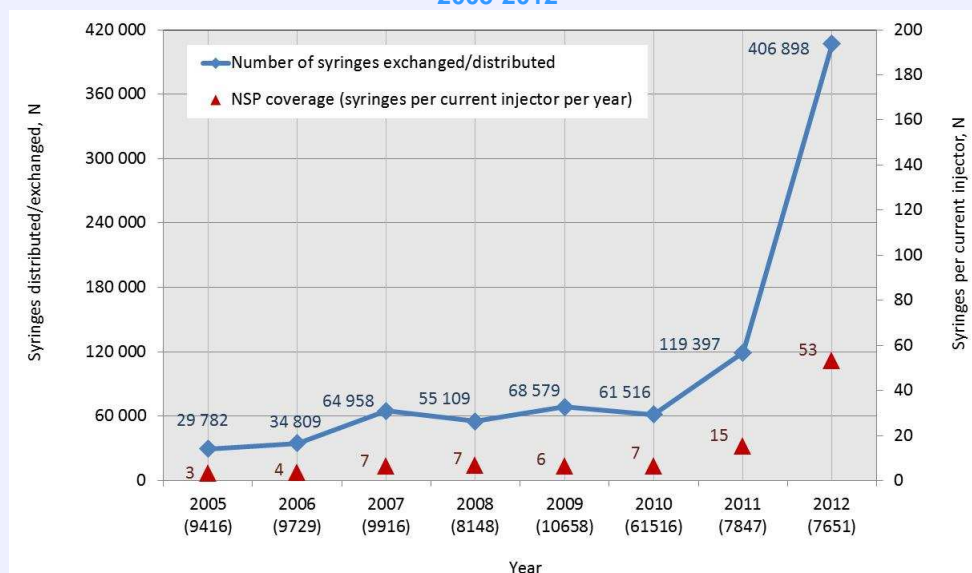
Campaigns	Individuals	Contacts
607	5 151*	26 415

DATA: OKANA, KETHEA, Médecins du Monde NGO, KEELPNO 2012.

SOURCE: Greek REITOX Focal Point, 2013.

* Data about the number of clients of syringe provision sites are submitted to the Greek REITOX Focal Point as aggregates, therefore it is not possible to remove double records for those who were recorded in the population of more than one site.

Figure 7.3. Number of syringes distributed/exchanged and coverage of syringe programmes in Greece, 2005-2012



DATA: OKANA, KETHEA, Médecins du Monde NGO, KEELPNO, KEELPNO 2012.

SOURCE: Greek REITOX Focal Point, 2013.

In the reporting year, the total number of syringes *distributed/exchanged* increased significantly compared to the previous years (Figure 7.3). Almost 3.5 times more syringes were distributed in 2012 compared to 2011, resulting to a notable increase in coverage. The 2012 nationwide coverage

for syringe programmes was estimated at 53 syringes per injecting drug user per year (n=7651 national central estimate for problem injecting drug users in 2012, see Chapter 5). Given, nonetheless, that syringe programs are available only in Athens, the respective coverage for Athens is estimated at 132 syringes per injector per year (Figure 7.3).

In 2012, the number of *injection kits* came up to 41889.

Condom distribution

Condoms are distributed by eight syringe and outreach programmes run by **OKANA**, **KETHEA**, **Médecins du Monde NGO**, the **ATHENA – HYGEIA** Prevention Centres of the City of Athens, **KEELPNO** and by the Municipality of Thessaloniki.

Table 7.2. Number of condoms distributed to drug users (2010-2012)

	2010	2011	2012
Number of condoms	14 239	24 184	96 237

DATA: OKANA, KETHEA, KEELPNO ATHENA – HYGEIA Prevention Centres, Médecins du Monde NGO 2012.
SOURCE: Greek REITOX Focal Point, 2013.

The mobile units of **PRAKSIS NGO** and of **KEELPNO** distributed also 85700 condoms to *socially excluded groups*, including drug users – this figure is higher compared to 2011 (N= 50000).

7.3.3. Screening tests for infectious diseases

OKANA Direct Aid and Support Unit is the only low threshold programme which offers to “active” or former drug users the opportunity of having screening tests for HAV, HBV, HCV and HIV/AIDS. *The mobile unit of Médecins du Monde NGO has interrupted this activity since 2011 and it is going to use rapid HIV testing within 2013.*

Data about the number of blood samples taken for hepatitis and HIV/AIDS and the number of individuals screened at the Unit are presented in detail in Table 7.3.

Table 7.3. Data about blood tests for HAV, HBV, HCV and HIV/AIDS taken at the microbiological laboratory of OKANA Direct Aid and Support Unit, 2012

	Number of blood samples	Number of blood samples taken from active users	Number of individuals	Number of active users
HAV	2 919	509	3 063	541
HBV	2 968	510	3 134	543
HCV	2 968	511	3 124	545
HIV/AIDS	3 067	511	3 288	545
Total	3 622	622	3 590	554

DATA: OKANA 2012
SOURCE: Greek REITOX Focal Point, 2013.

Moreover, in 2012 the mobile units of **PRAKSIS NGO** and **KEELPNO** offered this service to *socially vulnerable groups*, including drug users as follows:

- **PRAKSIS NGO** took 57 blood samples for HAV and HBV
- **KEELPNO** took 2 312 blood samples for HIV/AIDS

- **PRAKSIS NGO** performed tests for HIV/AIDS (*Rapid HIV testing*) for 3472 individuals in Athens and Thessaloniki of whom 10.4% (N=362) were PWID.

Referrals

In general, the clients of low threshold services are referred for screening to the microbiological laboratories of public hospitals.

In 2012, according to the available data, the medical services of **KETHEA**, **OKANA** and of **PRAKSIS NGO**²⁹ referred in total 135 former or current drug users for Mantoux screening tests to the competent public services.

Two hundred one (201) *socially excluded people*, including drug users were referred for HBV, HCV and HIV/AIDS screening tests by **NGO PRAKSIS** to the public hospitals.

7.3.4. Vaccination

Among the low threshold / harm reduction services, the health services of **OKANA** and to a smaller extent of **KETHEA** perform vaccinations against HAV and HBV to mostly “*active*” drug users.

In 2012 the aforementioned services vaccinated 81 individuals against HAV and 173 individuals against HBV.

7.3.5. Treatment

According to OST protocols of **OKANA**, all HIV positive problem drug users are offered prioritized OST and antiretroviral therapy.

7.4. Responses to other health correlates among drug users

7.4.1. Somatic co-morbidity

Pathological problems are treated by the medical services of **OKANA** and **KETHEA** and to a smaller extent by the mobile unit of **Médecins du Monde**, and dental services are provided by the respective programmes run by **OKANA** and **KETHEA**. The aforementioned services operate in Athens. Moreover, dental services offered to the clients of twelve OST units in Thessaloniki in the premises of one OST unit run by OKANA.

Pathological problems are treated by the Direct Aid and Support Unit (OKANA), the Diagnostic Centre of EXELIXIS Low Threshold Programme (KETHEA) and, to a smaller extent, by the mobile unit of “Streets of Athens” (Medecins du Monde), and dental services are provided by the respective programmes run by OKANA and KETHEA.

²⁹ The quantitative data from PRAKSIS NGO are either for socially excluded individuals or for PWID.

The most common pathological problems treated in the reporting year include: various infections (skin or respiratory infections, abscesses), thrombophlebitis, overdose, withdrawal syndrome, cardiovascular conditions, neurological disorders, chronic lower limb ulcers, scabies, HIV infection and chronic HCV infection.

Table 7.4. Data about pathological and dental cases from low threshold / harm reduction services, 2011-2012

	Pathological cases		Dental cases	
	Visits	Clients	Visits	Clients
2011	5 423	4 387	1 354	825
2012	6 190	5 027	2 707	915

DATA: OKANA, KETHEA, MÉDECINS DU MONDE 2012

SOURCE: Greek REITOX Focal Point, 2013.

The medical services of **PRAKSIS NGO** treated 3799 socially excluded individuals, including drug users, for pathological, dental and eye problems as well as female patients for gynecological problems in Athens and Thessaloniki – the figure is slightly lower compared to 2011 (N= 4188).

Referrals

The low threshold / harm reduction programmes refer clients to public hospitals for management of their health problems. In 2012 the medical services of the aforementioned programmes made 333 referrals for mostly pathological problems – the figure is lower compared to the previous year (2011: 1100 referrals).

NGO PRAKSIS (serving socially excluded individuals, including drug users) made 1725 referrals to public hospitals, public primary health care services, medical services of other NGOs and volunteer physicians – a significant increase compared to 2011 (709 referrals).

In the reporting year, the mobile unit of **Médecins du Monde** continued to provide medication (e.g. antibiotics, painkillers, etc) to drug users.

7.4.2. Psychiatric co-morbidity

The Dual Diagnosis Unit of **IANOS** Rehabilitation Department for Dependent Individuals (Thessaloniki Psychiatric Hospital) is a treatment programme specialised in psychiatric co-morbidity which mainly offers care to drug users from the Northern Greece with severe psychiatric problems.

According to the Unit's data:

- The number of comorbid dependent users referred to the Unit for psychiatric assessment in 2012 (N=85) remained almost unchanged compared to 2011 (N=84) and 2010 (N=78)
- 74.1% were new clients
- 65.0% were referrals from the Counselling Centre of the Programme that runs the Unit and 35% were referrals from other treatment programmes
- All of the clients engaged in polydrug use, the primary drug in the vast majority being heroin and secondary drug cannabis
- The clients' most common psychiatric problems were psychosis (schizoid or other), personality disorders, bipolar disorder, depression and dysthymia.

Other treatment programmes specialised in psychiatric co-morbidity are the following:

- The **ARGO** Alternative Therapeutic Programme (Thessaloniki State Psychiatric Hospital) has developed a dual diagnosis service which follows a pilot approach for drug users with concurrent psychiatric (psychotic) and drug dependence problem
- Cases of comorbid drug users which can not be confronted by other dependence treatment programmes of Attica prefecture, are referred to the Dependence Treatment Unit **18 ANO** (Attica State Psychiatric Hospital)
- The medical services of **KETHEA** (EXELIXIS Diagnostic Centre) offers comorbid dependent users the opportunity for a diagnosis and a psychiatric assessment, and also follows up cases of clients in Attica prefecture, except for very serious ones. Moreover, diagnosis and follow-up of cases of comorbid adolescent users is carried out by a child psychiatrist. *In 2012, 1 048 individuals consulted the Diagnostic Centre – the figure is higher compared to the previous two years (2011: 912, 2010: 898).*

In addition to the aforementioned specialised programmes / services, users with psychiatric comorbidity were acceptable to admission in 2012 to the vast majority (87.0%) of the treatment programmes in Greece (i.e. to 80 out of 92 treatment programmes).

In 2012, tailored services to meet the special needs of drug users with psychiatric disorders were provided by 51 treatment programmes, i.e. 30 substitution and 21 drug free programmes, representing 55.4% of the total – a similar rate compared to 2011 (55.1%).

A percentage of 45.7% of all programmes (those offering tailored services and the rest) assess the clients' mental status with psychiatric assessment tools.

In 2012, of the total clients in treatment, 23.2% represented individuals with a diagnosed psychiatric problem – a higher rate compared to the two previous years (2011: 20.7%, 2010: 17.1%). The respective figure in treatment programmes that admit users with comorbidity or offer tailored services was 24.5%.

7.5. Further data on the low threshold / harm reduction interventions

7.5.1. Streetwork programmes

The street work programmes in Thessaloniki

The first street work programme was held under the auspices of the Municipality of the city which took the initiative to create a network of drug prevention and treatment services for the development of relevant interventions. The first activity of the network was the development of a street work programme addressing drug users frequenting in a big open-air drug scene in downtown Thessaloniki for two months (May, June 2012). The activities of the programme were related to counseling, distribution of information material on infectious diseases and distribution of condoms.

The second street work programme was developed by **OKANA** in late 2012. In particular, the staff of the programme was trained on prevention and harm reduction interventions addressing drug users and other vulnerable groups. The main actions of the programme were: a) mapping the open-air drug scenes and the health and social services of the city; and b) creating a network of competent services and NGOs so as that the programme shall respond to the requests of the target groups.

The outcome of street work programmes

In 2012, 7 street work programmes and 2 mobile units³⁰ run by **KETHEA**, **OKANA**, **Médecins du Monde NGO**, the **ATHENA – HYGEIA** Prevention Centres of the City of Athens, **KEELPNO** and the **Municipality of Thessaloniki** performed **1058 campaigns** (there is no data for 2 street work programmes) – an increase compared to 2011 (N=722).

Three of seven street work programmes and the 2 mobile units delivered syringes and other injecting equipment to PWID.

The mobile units of **PRAKSIS NGO** and **KEELPNO** performed **1 845 campaigns** to offer their services to vulnerable groups, including drug users in the reporting year.

One of the mobile units of **KETHEA** made 251 *campaigns* to inform pharmacists and policemen on drug treatment.

In 2012 the staff of the “Support at Home” service of a street work programme of **KETHEA** made 66 visits to drug users at their place of residence (home, hospital, squatting, etc.) in order to support them and their relatives / friends– a significant increase compared to 2011 (25 visits). The **OKANA** street work programme supports also clients when in prison or hospital.

The average number of personnel for each outreach programme is about 5 employees per campaign.

7.5.2. The contribution of former drug users to the activities of low threshold / harm reduction programmes

In the reporting year, former drug users worked for eight low threshold / harm reduction programmes run by **OKANA**, **KETHEA**, **Médecins du Monde NGO** and the outreach programmes of **PRAKSIS NGO**.

Relative quantitative data are presented in the Table 7.5.

Table 7.5. Number of drug users working for the low threshold services (2011-2012)

	2011	2012
Salaried staff	13	13
Volunteers	4	9
Total	17	22

DATA: OKANA, KETHEA, Médecins du Monde NGO, PRAKSIS NGO 2012.
SOURCE: Greek REITOX Focal Point, 2013.

³⁰ Mobile units: The staff of those units offers their services to drug users following the principles of street work programmes.

7.5.3. Information and training of health professionals

The representatives of the most low threshold / harm reduction services reported being “moderately satisfied” with the building and material infrastructure. The same level of satisfaction was also reported in the three previous years (2010, 2009, 2008). Compared to their assessment, the main needs identified concern: 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.

7.5.4. Information and training of health professionals

Information and training to 154 students of Nursing and Medical School and 128 health professionals (social workers, psychologists, physicians) on drug use was provided in 2012 by four threshold programmes run by **KETHEA** and **OKANA**.

Compared to the previous two years (2010, 2011), in 2012 the number of professionals and students being informed and trained have been increased (2010: 252, 2011: 156, 2012: 282).

CHAPTER 8. SOCIAL CORRELATES AND SOCIAL REINTEGRATION

8.1. Introduction

8.1.1. Definitions

- The accompanying support services include career guidance, employment counselling, psychological support for empowerment and self-confidence building, social skills-building for interacting with public services, employers, etc.
- “Premature discharge” denotes 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 2012 unemployed users comprise 63.9% of all users who approached drug services. 10.8% of all users approaching treatment services were homeless users at the reporting year. 5.5% of users approaching various therapeutic services in 2012 have foreign nationality.³¹

8.3. Social reintegration

8.3.1 Overview

Social reintegration interventions can be divided into three main types: a) education (including training), b) employment and c) housing. They may also employ measures like counselling or recreational activities.

³¹ TDI data.

In many European countries, social reintegration does not necessarily take place after treatment; rather, it can take place 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.

In 2012, social reintegration services were provided by 25 social reintegration programmes which can be divided as follows:

- five (5) social reintegration centres for adolescents and young adults (Annex III)
- seventeen (17) social reintegration centres for adults (Annex III)
- two (2) social reintegration programmes for adults which constitute phases/stages operating within multi-phase drug-free therapeutic programme (Annex II) , and
- one (1) social reintegration programme for adolescents and young adults which is also part of a multi phase drug-free therapeutic programme (Annex II)

of which: seventeen (17) belong to **KETHEA**, three (3) to **OKANA**, three (3) to **18 ANO Dependence Treatment Unit (Attica Psychiatric Hospital)**, and two (2) to **Thessaloniki Psychiatric Hospital**.

In 2012, operations data were reported by the aforementioned 25 social reintegration programmes. Please note that one social reintegration centre for adults sent two questionnaires instead of one (no double record).

The **KETHEA EXANTAS** Counselling and Early Intervention Centre no longer offers treatment and social reintegration services.

The scheduled duration of the social reintegration programmes is one year (382 days).

According to the operations data of the aforementioned structures in the reporting year, the **total** capacity was 853 (95 adolescents and young adults, and 758 adults). These figures reflect the number of clients that can be served by the units on a monthly basis.

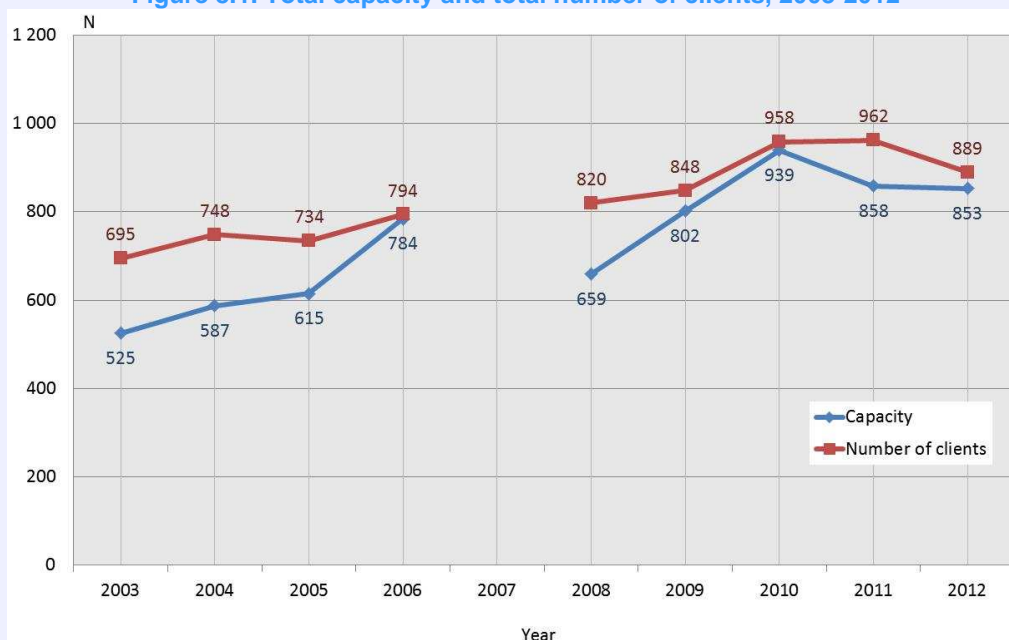
In the period 2003-2006, the capacity of social reintegration units steadily increased, whereas in 2008, it decreased by 15.9% compared to 2006 (Figure 8.1). A similar increase in total capacity was noted for the period 2008-2010. However, from 2010 this upward trend is halted. In 2012, the available capacity decreased by 9.2% compared to 2010.

The total number of clients served in social reintegration centres throughout the year was 889. Half of the clients (n=449) received social reintegration services for the first time in 2012. Social reintegration centres for adolescents and young adults served 60 clients in total, whilst social reintegration centres for adults served 829 clients, respectively.

In the period 2003-2010, the total number of clients who received social reintegration services was constantly increasing. Figure 8.1 illustrates this increase, which is a direct consequence of the increasing number of social reintegration programmes over the years. In 2011, the total number of clients remained unchanged compared to 2010, whereas in 2012 it decreased by 7.6% compared to 2011.

In the period 2003-2010, the increase in capacity was commensurate with the increase in the number of clients. However, as shown in Figure 8.1, between 2010-2011, the total number of clients who received social reintegration services remained stable, while the total capacity of the units decreased by 8.6%. The opposite is observed between the years 2011-2012, when the total number of clients decreased by 7.6%, while the total capacity remained stable.

Figure 8.1. Total capacity and total number of clients, 2003-2012



SOURCE: Greek REITOX Focal Point, 2013.

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. More than half of the 26 social reintegration programmes offer accommodation within the entity 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 for as long as this is deemed necessary. In 2012, accommodation capacity was 230, and a total of 263 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 2012, in Greece there were 18 schooling structures available to recovering drug users. The key objective of such structures is to help participants prepare themselves for exams and/or obtain formal qualifications. A total of 622 clients attended the aforementioned schooling structures in the school year 2011-2012 (635 clients in 2011), of whom 66 clients succeeded in moving up a form or

obtained the high school leaving certificate (103 clients in 2011), 5 were admitted to higher education (2 in 2011), 16 obtained a language certificate (44 in 2011) and 33 obtained a computer certificate (62 in 2011).

Vocational training services are offered both to former and to recovering drug users at the stage of social reintegration by 16 structures. In 2012, 162 clients attended vocational training courses (177 clients in 2011).

All of the structures provide vocational training services both to former and to recovering drug users at the stage of social reintegration. More specifically, in the reporting year, the **OKANA** Specialised Vocational and Social Reintegration Centre (EKKEE) in Athens designed and implemented non-subsidised creative leisure management workshops of a duration of approximately 5 months in the areas of photography, IT, arts, music, journalism. All applicants (128 clients) attended the workshops and 56 of them successfully completed these courses. Moreover, in March 2012, the **OKANA** Specialised Vocational and Social Reintegration Centre (EKKEE) in Athens launched a new vocational programme for adults in the areas of IT, photography, jewellery and technology (heating systems, air-conditioning, etc). Out of the 339 applicants, 90 were accepted to join the programme. The **OKANA** Specialised Vocational and Social Reintegration Centre (EKKEE) in Thessaloniki implemented creative workshops in IT, jewellery, decorative item-making, and gardening in 2011 to 45 clients.

Since the beginning of the 2011-2012 academic year, **KETHEA** ITHAKI continued to operate on its premises a “Culinary Art’s Assistant” training course, as a branch of the Vocational Training Centre in Thessaloniki. Twenty eight (28) students attended this training structure and 16 successfully completed the courses. Moreover, in the 2011-2012 academic year, a second vocational training course continued its operation (“culinary art technician”), attended by members of the therapeutic communities and the social reintegration centres of EXODOS and PILOTOS (**KETHEA**). In the 2011-2012 academic year, **KETHEA** DIAVASI launched on its premises an “electronic design technician” training course. Four (4) students attended this training structure in 2011.

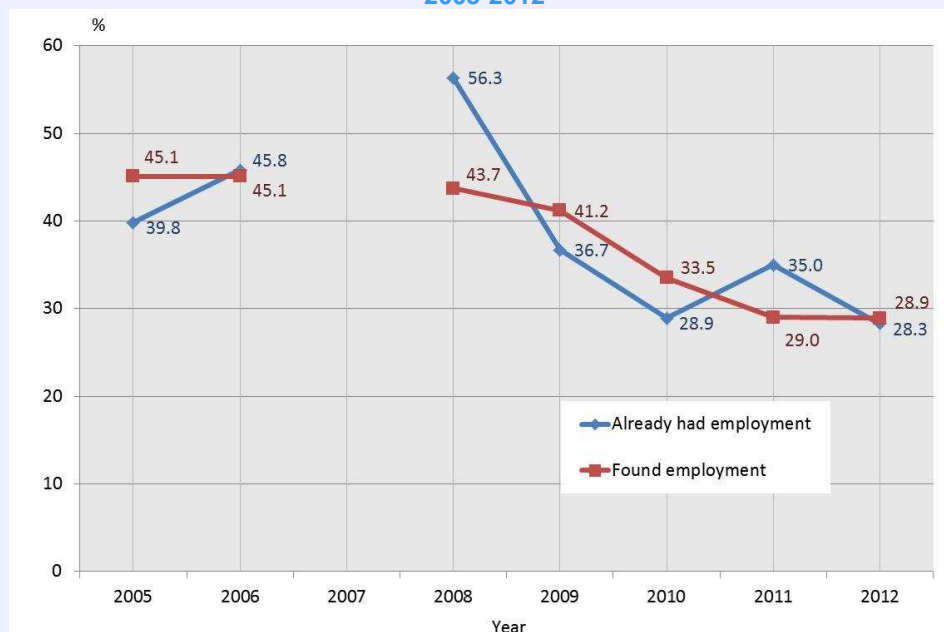
8.3.4. Employment

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. For 2012, **OAED** sent the total number of **applications** for the former or recovering drug users who seek a job in the private sector (117 applications) and for young professionals requesting a grant (36 applications). As a result, there is no reported data about the number of beneficiaries from **OAED** employment schemes for vulnerable population groups in 2012.

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 structures, in 2012, 28.3% (n=252) of their clients were already employed at the beginning of the reporting year and a similar percentage (28.9%, n=257) found a job during the year.

As shown in Figure 8.2, the percentage of clients who were already employed at the beginning of the reporting year is dramatically decreasing from 2008 to 2012, with the exception of 2011 when it appeared increased compared to 2010. As for the individuals who found a job during the year, this trend has been steadily downwards since 2008, when EQUAL community initiative has been completed, whereas in 2012 it remained at the same level compared to 2011 (Figure 8.2)

Figure 8.2. The percentage of clients already employed and clients who found employment during the year, 2005-2012



SOURCE: Greek REITOX Focal Point, 2013.

Moreover, the **OKANA** Specialised Vocational and Social Reintegration Centre (EKKEE) in Thessaloniki reported that 36 of its clients in total found a job.

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. Accompanying support services were offered by 16 of the 26 reintegration centres, while all of them offered counselling and psychological support services.

Moreover, the **OKANA** Specialised Vocational and Social Reintegration Centre (EKKEE) in Athens and in Thessaloniki delivered the following accompanying support services: career guidance, employment counselling, psychological support for empowerment and self-confidence building, social skills-building for interacting with public services, employers, etc. Besides, EKKEE actively promotes and encourages the adoption of attitudes and behaviours that foster labour market integration. EKKEE in Athens provided accompanying support services to 145 clients of the

substitution programmes in Athens, while its branch in Thessaloniki provided career counselling to 258 clients, family counselling to 30 clients and psychosocial support to 38 clients of the substitution programmes in Thessaloniki.

OKANA social reintegration unit

The social reintegration unit's programme places special emphasis on providing former drug users medicopsychosocial care. It systematically offers medical care (as well as psychiatric care, referral to **OKANA** Help Centre for pathological and dental care and laboratory tests, cooperation with public hospitals and other medical settings for patient referral and hospitalisation). It also gives the option of naltrexone treatment. The programme aims at completing drug dependence treatment as a follow-up of substitution treatment, at ensuring systematic medical and psychological care for clients, and at implementing a comprehensive relapse prevention programme. Moreover, from March 2011, the social reintegration unit serves users who were stabilized at low substitution doses, provided they fulfill certain conditions. The "low substitution doses" sub-programme has among its goals the motivation for gradual reduction and cessation of the substitute, the prevention of relapse and the initiation of the individuals in the main phase of the social reintegration unit's programme.

The participation of a psychiatrist in the Scientific Staff is of major importance. Over and above their administrative duties, psychiatrists play an important role in following up clients, monitoring their overall health status in cooperation with the **OKANA** Help Centre and other public health service providers, and finally in taking the responsibility for administering naltrexone, when deemed necessary.

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 2012, social reintegration centres offered legal services to a total of 154 clients (data for 14 of the 16 units offering legal services). The respective figure for 2011 was 87 clients. In the same vein, **KETHEA** and **OKANA** run a legal support service in cooperation with the country's Bar Associations. In 2012, the **OKANA** Legal Support Service dealt with 280 clients' cases (181 cases in 2011), whereas **OKANA** Specialised Vocational and Social Reintegration Centre (**EKKEE**) in Thessaloniki offered legal counseling to 113 clients (107 clients in 2011).

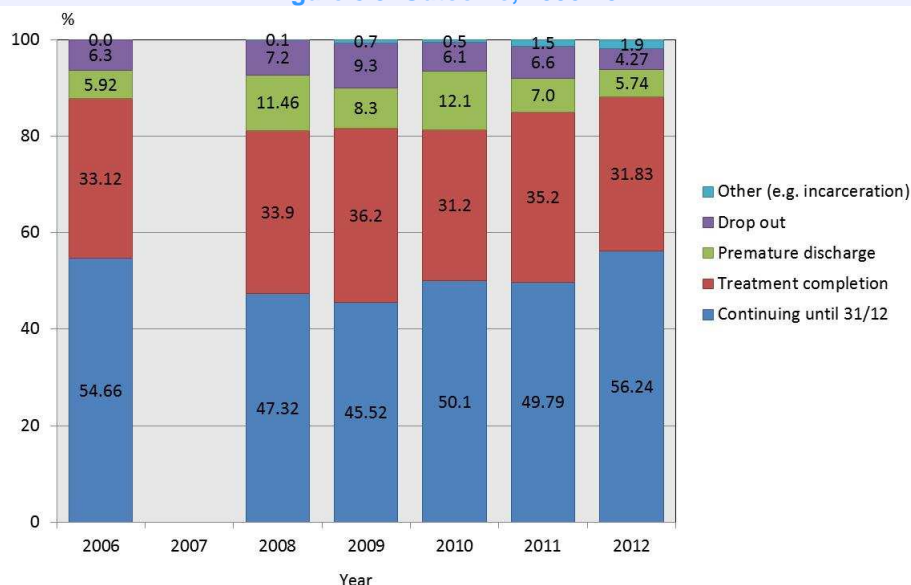
Aftercare services

All of the 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 from centre to centre, although they mostly consist of individual and group sessions, family groups, psychotherapy, etc.

8.3.6. Outcome data

According to the outcome data reported by social reintegration centres for the year 2012 (Figure 8.3), more than half of the clients (56.2%, n=500) continued attending the social reintegration programme, whereas 31.8% (n=283) of the clients exited the structures having completed the programme. A relatively small percentage of clients is prematurely discharged (5.7%, n=51), and a similar share of clients drops out (4.3%, n=38).

Figure 8.3. Outcome, 2006-2012



SOURCE: Greek REITOX Focal Point, 2013.

8.3.7. Quality assurance

Evaluation of the interventions is implemented by 24 of the 26 programmes. All of them have undertaken an internal evaluation procedure while only two of them have performed an external evaluation procedure. Almost half of the programmes (11 of 24) implement evaluation about the achievement of the targets, eight (8) about the scope of the programme and eight (8) about the procedure of the programme.

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

9.1. Introduction

9.1.1. Definitions

Types of drug law offences

Seizure: any instance in which a narcotic drug or chemical substance that is used for the manufacture of narcotics, is seized by the competent drug law enforcement authorities.

Personal possession and consumption (use): any instance when a narcotic drug is seized, that was destined for the exclusive personal use of someone. Therefore, it is not defined as “trafficking”, “cultivation”, “manufacture” or “diversion”.

Drug Trafficking: any illicit importation, exportation, transfer, acquisition, sale, supply, consignment or distribution of a drug or chemical substance that is used for the manufacture of drugs with the intent to achieve financial gains.

Drug Cultivation: any growing or cultivation of opium poppy (*papaver somniferum*), coca bushes and cannabis plants, as defined by the 1961 United Nations Convention.

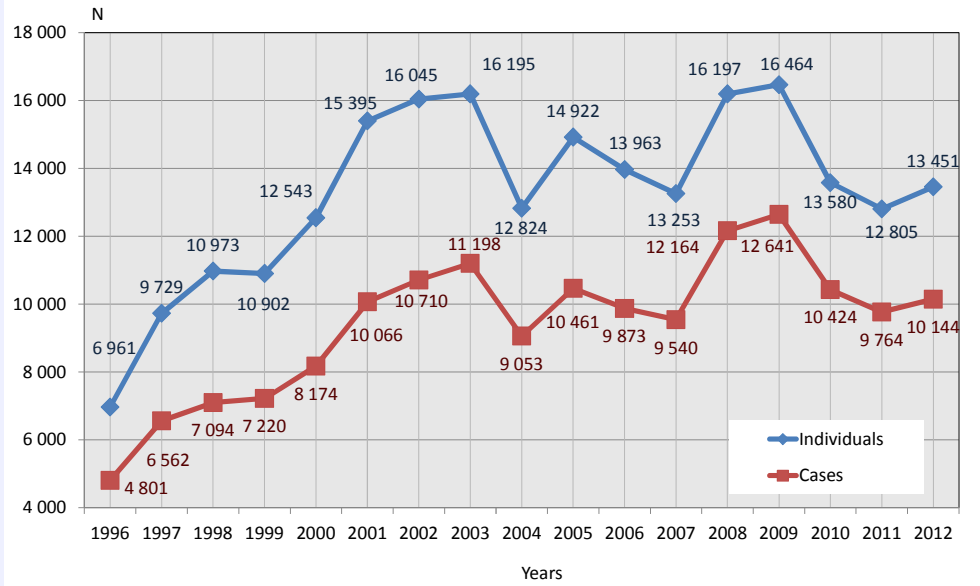
9.2. Drug - related crime

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 2012, the Greek **Drug Prosecution Authorities (DPAs³²)** brought 13385 charges against 13451 individuals for drug use, production / cultivation, dealing / trafficking and other drug-related offences (see ST11). As shown in Figure 9.1, the decline in both the number of individuals charged with drug-related offences and the number of drug-related cases observed in the three-year period 2005-2007 reappeared in the years 2009-2012. More specifically, both the number of individuals and cases approached the levels of 2006.

³² Hellenic Police, Customs, Special Controls Service, Coast Guard.

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

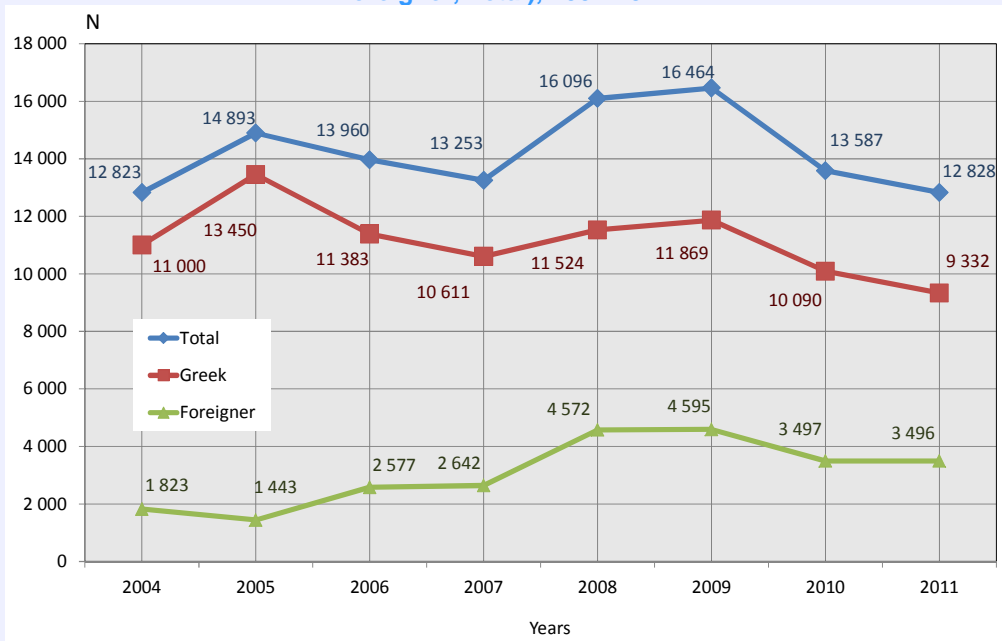


DATA: SODN-EMP 2012
SOURCE: Greek REITOX Focal Point, 2013.

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. Figure 9.2 shows the distribution of the arrestees in the eight-year period 2004-2011.

The number of Greek arrestees in the eight-year period 2004 - 2011 has generally decreased despite the fluctuations in that period. From 2008 to 2011, the number of foreign nationals against whom charges were brought remained stable, with the exception of Georgian nationals who showed a decrease. On the other side Pakistani and Afghan nationals demonstrated an increase in the number of arrestees for the same time period.

Figure 9.2. Number of individuals charged in Greece for drug-related offences by nationality (Greek, Foreigner, Total), 2004-2011*



DATA: SODN-EMP 2011
SOURCE: Greek REITOX Focal Point, 2013.

* Updated figures based on the "2011 Annual Report on the State of Drugs in Greece", March 2013

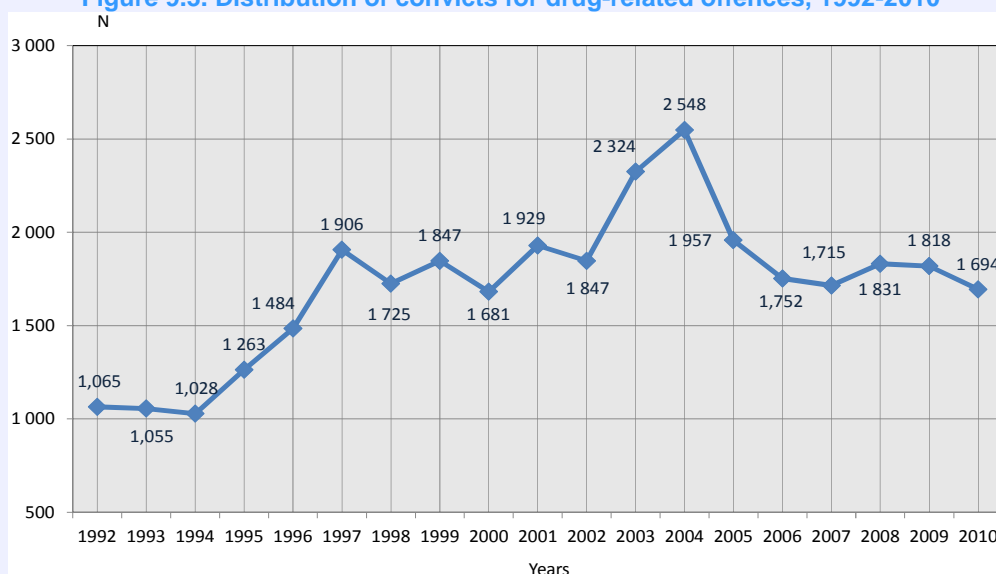
9.3. Drug law offences

9.3.1. Convictions for drug-related offences

The **Hellenic Statistical Authority (ELSTAT)** 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 2010 (Figure 9.3). The number of convicts for drug related offences drops steadily since 2004. In 2012, of a total of 43135 convicts, 1694 (3.9%) were convicted for drug-related crimes.

The overwhelming majority (95.2%, N=1612) are men. 1226 individuals (72.4%) were convicted for drug use, possession or cultivation of a small quantity for personal use, 383 individuals were convicted for drug use, dealing and trafficking (22.6%), 70 individuals for drug dealing and trafficking (4.1%), and 15 individuals for drug cultivation / production (0.9%).

Figure 9.3. Distribution of convicts for drug-related offences, 1992-2010



DATA: Hellenic Statistical Authority, 2012.

SOURCE: Greek REITOX Focal Point, 2013.

Most of the offences (36.2%) were committed in the region of Central and West Macedonia (Balkan route), 24.7% in the region of Attica, 7.6% in the Peloponnese, 6.9% on the Aegean islands, 6.7% on Crete, 6.1% in the region of East Macedonia and Thrace, 5.9% in the region of Thessaly and 5.9% in the rest of the country. It is pointed out that the two regions where most of the offences were committed were again Macedonia and Attica in the years 2005-2009, too.

The maximum sentences imposed for drug use, possession or cultivation of a small quantity for personal use is one year imprisonment. Of the sentences imposed for drug trafficking / dealing, the majority of penalties are prison sentences for a term or for life. Similarly, the sentences imposed for drug cultivation / production are non-commutable prison sentences exceeding five years. The sentences imposed for drug use, dealing and trafficking are prison sentences exceeding one year and prison sentences for a term or for life (97.1%).

The vast majority (99.2%) 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 total of the trafficking / dealing cases.

Age wise, 76.0% 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%), 2006 (77.0%), 2007 (77.0%), 2008 (79.0%) and 2009 (77.0%).

9.3.2. Drug-related offences committed by minors

The latest available data from the **Hellenic Statistical Authority** on minors awarded reformatory, therapeutic or correctional measures are for the year 2010. The number of minors who committed drug-related offences and were placed under supervision in therapeutic or reformatory institutions, or under parental supervision, supervision of **Juvenile Prosecution Authorities (JPAs)** or supervisors, was 210, of whom 94.3% were males. 91.9% stood trial for drug use, possession or cultivation of a small quantity for personal use and 0.8% for drug use, dealing and trafficking.

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 data presented below were submitted to the Greek REITOX Focal Point in October 2013.

The rulings in the court year 2011-2012 (September 2011 - July 2012) were processed and it was found that the (one- and three-member) Athens Juvenile Courts tried a total of 451 minors on charges of breaking the Code of Laws on Drugs in conjunction with other offences. For the majority of them (N=331), a conviction or acquittal ruling was issued. The data (N=451) continue to demonstrate an increase compared to the numbers of court year 2008-2009 (N=123), 2009-2010 (N=295) and 2010-2011 (N=204).

Some juvenile offenders stood trial on more than one occasion in the court year 2011-2012 for various drug-related offences, and quite often juvenile offenders are tried on more than one charge. This explains why the number of cases is 451, although the juvenile offenders involved are actually 350.

Out of the total 451 accused / co-accused, 337 were charged with minor drug-related offences (supply of drugs for personal use). The court awarded reformatory measures and punitive sanctions to 136 of the total accused [9 cautioned, 1 attendance of educational program, 83 placed under supervision of **JPAs**, 14 placed under supervision of **JPAs** and participation in a counselling program, 5 exclusive participation in a counselling program, 1 placement in institution, 23 discharged as accidental users].

Additionally, of the 451 cases, 114 were charged with major drug-related offences (drug purchase, possession and dealing). The court found 47 of them guilty and again awarded reformatory measures and punitive sanctions [1 cautioned, 24 placed under supervision of **JPAs**, 7 placed under supervision of **JPAs** and participation in a counselling program, 7 confinement to a Special Juvenile Correctional Establishment, 2 participation in a counselling program].

The analysis of the juvenile offenders' personal records demonstrates that, besides the 350 minors accused of drug-related offences in conjunction with other offences, 48 minors stood trial only for breach of the Penal Code and other special criminal laws, but had a drug abuse history.

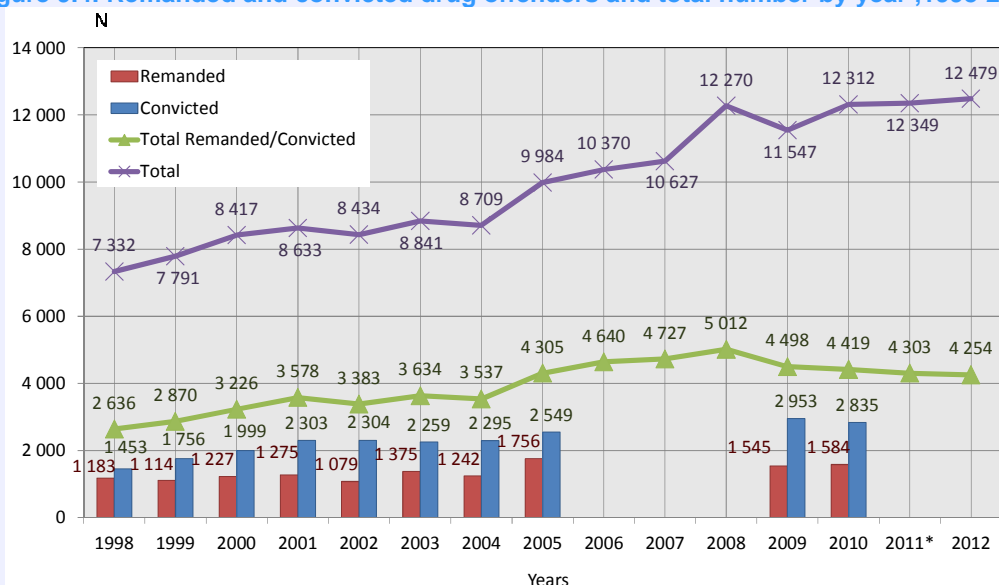
The profile of the total population of 398 minors who stood trial irrespective of reason is as follows:

- The vast majority of the offenders (94.7%) are males and 46.0% are Greek nationals
- In terms of educational and labour status 42.6% have not finished high-school, 55.1% do not work, while the rest of the minors have either regular or occasional employment
- Downtown Athens is reported as the place of residence by 30.9% of the minors
- 78.9% of them report first use of illicit drugs between the age of 15 and 17
- The primary drugs reported are cannabis (90.4%) and heroin (8.9%)
- 72.7% of the minors are occasional users and 6.2% dependent users
- 63.8% have never attended a drug dependence treatment programme and 25.0% have a failed treatment history
- Finally, 43.7% of them first committed the first 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 cannot cooperate with the Supervisory Juvenile Service.

9.3.3. 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 January 1, 2012, of a total of 12479 prisoners, 4254 were drug law offenders. As shown in Figure 9.4, the total number of drug offenders in prison and consequently the number of convicts consistently increased in the twelve-year period 1998-2009 and leveled off in the time period 2009-2012.

Figure 9.4. Remanded and convicted drug offenders and total number by year ,1998-2012



DATA: Ministry of Justice, Transparency and Human Rights, 2012.

SOURCE: Greek REITOX Focal Point, 2013.

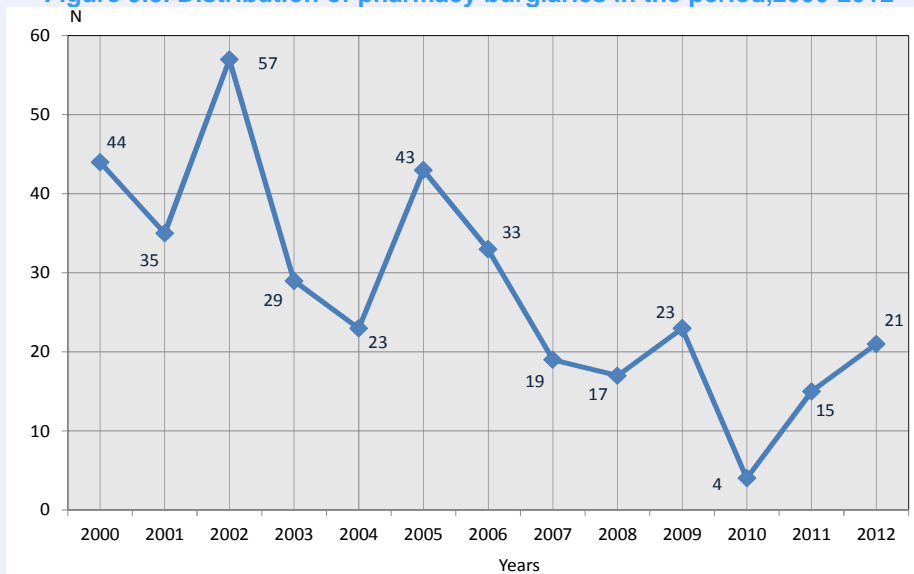
Note: No information available on the numbers of convicted and remanded prisoners for the years 2006-2008, 2011-2012. The numbers for 2011, 2012 record the offenders on 1/1/2011 and 1/1/2012 where the numbers for the previous years refer to offenders on 1/12/1998-2010

9.4. Other drug-related crime

An indirect indicator of drug-related crime is the number of pharmacy burglaries. According to data from the Hellenic Police, there were 21 pharmacy burglaries in 2012, a figure similar to the levels of year 2009. Figure 9.5 shows the distribution of pharmacy burglaries in the period 2000-2012.

An additional indicator of drug-related delinquency is the number of drug-related road accidents. Based on the finalised data of the Traffic Police Directorate, in the six-year period 2007-2012 drug-related road accidents accounted for 1.8% (23 of the total 1292), 1.1% (16 of the total 1414), 1.4% (19 of the total 1314), 3.5% (41 of the total 1162), 3.5% (35 of the total 1011) and 3.5% (18 of the total 899) respectively

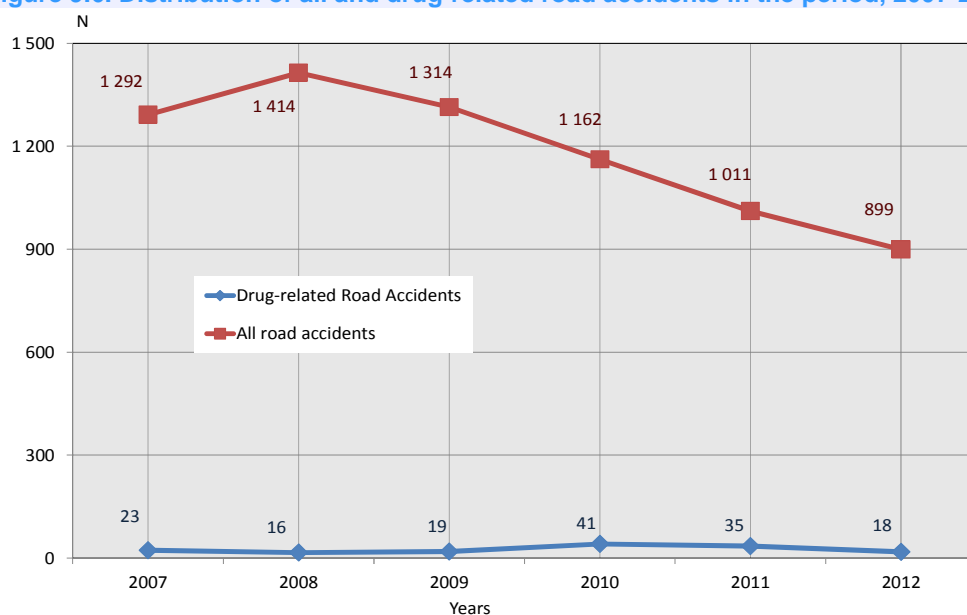
Figure 9.5. Distribution of pharmacy burglaries in the period,2000-2012



DATA: Hellenic Police, 2012.

SOURCE: Greek REITOX Focal Point, 2013.

Figure 9.6. Distribution of all and drug-related road accidents in the period, 2007-2012



DATA: Hellenic Police, 2012.

SOURCE: Greek REITOX Focal Point, 2013.

(Figure 9.6). It can be observed that the percentage levels of drug-related road accidents between 2010 and 2012 were the same but the crude number of drug-related road accidents of 2010 remained the higher among all years.

9.5. Interventions in the criminal justice system

According to the Law 4134 of 2013, dependent users who are accused or convicted for drug related or other offences (non-violent crimes) have the right to treatment in- and off-prison as an alternative to imprisonment. In fact, incarcerated addicts who opt for treatment undergo a three-week detoxification programme before being admitted to treatment in prison. Following the successful completion of the in-prison programme, they may be granted conditional release to attend a treatment programme outside the prison setting. The time spent in the treatment programme counts as time served. Moreover, for the individuals attending a treatment programme outside the prison setting, pending criminal prosecutions and arrest warrants can be suspended as long as their treatment lasts. For the convicted individuals who have completed successfully a treatment programme, the execution of penalties can be suspended for a certain period of time (3-6 years) during which they must abstain from drug use.

9.6. Drug use and problem drug use in prisons

9.6.1. A study to assess drug dependent prisoners needs in the Korydallos and Patras prisons

The study on prisons was conducted by OKANA in 2011, on the two major Greek prisons (Korydallos and Patras correctional facilities) that the majority of drug law offenders are placed. It was a part of the preparatory actions towards an evidence - based design and implementation of opiate substitution treatment programmes in the prison settings, which has not yet been introduced in Greek prisons (OKANA, 2012).

Although substitution treatment was foreseen since 1999 in certain prisons, programmes of this type were never implemented. Law 4139/2013 foresees the implementation of substitution treatment in all Greek prisons and a serious attempt of pilot implementation has already started in selected Greek prisons.

The aim of the study was to identify the actual needs of drug dependent prisoners and the specific characteristics of this group.

Methods

The population of the study was prisoners charged with drug related offenses. The study design consisted of two phases: in Phase A, data were collected from a sample of 350 adult prisoners' records and Phase B was based on structured interviews on a sub-sample (50% – 175) of the Phase A prisoners.

The structured questionnaire constructed for Phase B consisted of the following modules: a) physical and mental health, b) motivation for treatment, c) history of use before custody, d) history of treatment episodes and e) availability of information to the prisoners on the existing treatment programs and their preferences on treatment options.

Results

The largest represented ethnic group, identified during Phase A, were Albanians (28.7%), while Greek prisoners constituted just one third of the sample. Almost all sampled prisoners with drug related offenses, had a drug use history prior to incarceration. Almost all (93.1%) reported cannabis use before prison, 85.3% reported cocaine use and 70.6% heroin use for more than 10 years. More than one third of the sample were multiple drug users. Prisoners were not asked about their current use status (in prison).

Table 9.1. Substances used prior to incarceration

Substance	%
Cannabis	93.1
Pharmaceuticals	44.1
Cocaine	85.3
Amphetamines	14.7
Heroin	70.6
Methadone	21.6
Hallucinogens	22.5
More than one drug	39.2

SOURCE: OKANA, 2012.

In terms of their sociodemographic characteristics, their mean age was 33 years. The majority were single, of low educational background, unemployed or part-time employed before custody. Most were remand prisoners.

Relatively to their health status, one in ten were prescribed medication for a serious chronic disease, 6 in 10 reported physical symptoms, while the majority were at risk of developing a psychiatric disorder, having a high score in the general health scale.

Almost two thirds of the inmates were never induced to treatment, either in the community or in prison. The majority reported having heard of at least one treatment programme or agency, but had never visited one. The vast majority had a high score on treatment motivation scale³³ and expressed an interest in entering treatment in prison.

The researches conclude that the prisoners' profile as illustrated by the study, is suitable for the implementation of an OST programme in prisons, both as a treatment and a harm reduction measure, which will address all opiate use prisoners and not only those incarcerated for drug related offenses.

In view of the fact that that the majority of the sample (and the overall population of prisoners) are of non-Greek ethnicity, cultural factors should also be considered in the design of drug interventions. Furthermore, since the phenomenon of illegal immigration in Greece is quite prevalent, many of the

³³ De Leon G. and Melnick G. CRM scales – Circumstances, motivation and readiness. Centre for Therapeutic Community Research, New York. In: EMCDDA Evaluation Instrument Bank Adapted in Greek by KETHEA.

foreign inmates had never had the chance to contact the community health services for their drug or general health problem. Therefore, prison might be an opportunity for them not only for drug treatment but also for a general health improvement.

Table 9.2. “Compared to one year ago, how would you evaluate your overall health status:” (%)

	Greeks	Albanians	Other ethnic groups	Total
Worse now	34.3	22.6	29.2	28.9
The same	28.6	12.9	20.8	21.1
Better now	37.1	64.5	50	50

SOURCE: OKANA, 2012.

Apart from new drug treatment programmes in prison, it is considered necessary to introduce other measures, according to the international recommendations for the health care of drug addicted prisoners, such as raising awareness on infectious diseases prevention, pre-release planning management and post-release care in the community. It is, therefore, recommended the development of liaison with community services to ensure continuity of treatment and aftercare.

9.7. Responses to drug-related health issues in prison

9.7.1. New developments

The data presented below were derived from four questionnaires of the Greek REITOX Focal Point: 1) Questionnaire for interventions in the prison setting, 2) Questionnaire for Counselling Centres, 3) Questionnaire on treatment, and 4) Questionnaire on social reintegration.

KETHEA launched a new treatment programme for drug-dependent men in Thessaloniki Prison and a counselling programme at the **Detention Centre of General Police Directorate of Thessaloniki**.

9.7.2. Support interventions in prisons

The support interventions developed in recent years in prison serve the same purposes as the Counselling Centres run by the treatment programmes (see Chapter 5) and respond to the particular needs of this target group (drug users in prison).

The support interventions offer individual and group counselling sessions, information, motivation and awareness-raising and self-help groups.

In 2012, ten programmes implemented psychosocial support interventions; eight of them run by **KETHEA**, one by **18 ANO Dependence Treatment Unit** and one by the Treatment Centre for Drug Dependent Prisoners (**KATK**) in 17 prisons, in the hospital and psychiatric hospital for prisoners situated in Korydallos prison and in 2 Detention Centers.

The total number of participants in counselling support programmes was **2170** – a similar figure compared to 2011 (2166).

Legal support: In-prison information and awareness-raising interventions on legal matters were implemented in 2012 by six **KETHEA** programmes and one **18 ANO** programme which develop psychosocial support interventions, in 14 prisons and 2 detention centres, with the participation of **1887** drug users.

Admission to off-prison treatment: In 2012, **45** drug users in prison successfully completed attendance of the in-prison support programmes and availed themselves of the relevant legal provisions in order to be granted suspension of sentence and probation, and enter an off-prison treatment programme. This figure in the reporting year is higher compared to 2011 and 2010 (36 and 26 prisoners respectively).

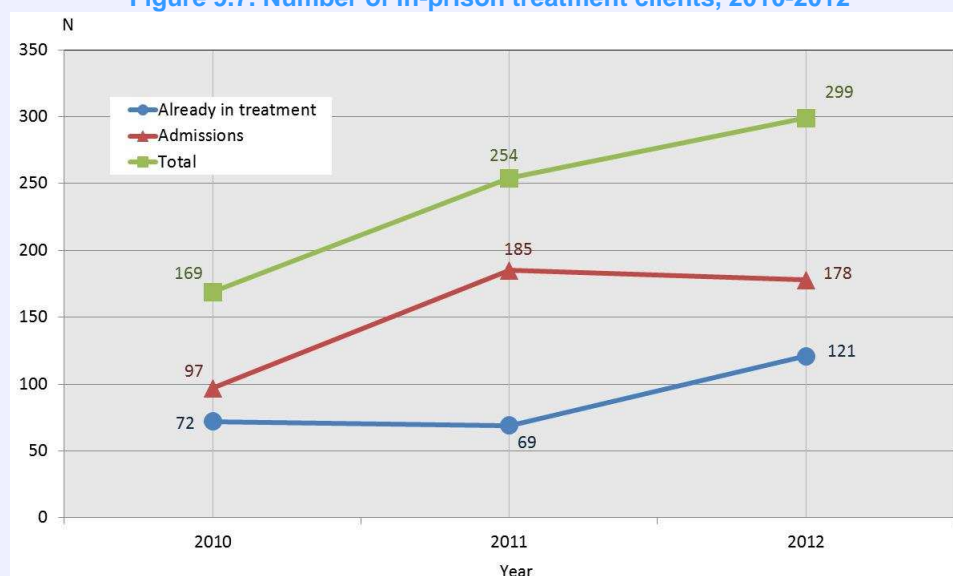
9.7.3. Drug treatment in prison

In the field of main treatment, there are **5** treatment programmes, a public one (Treatment Centre for Drug Dependent Prisoners - **KATK**) run by the Ministry for Justice, Transparency and Human Rights and four treatment programmes run by **KETHEA**. All treatment programmes operate in four prisons situated in the prefectures of Attica, Boeotia and Thessaloniki.

In 2012, the total number of clients in treatment came up to **299**. The number of clients of in-prison treatment programmes in 2012 increased compared to the previous two years (2011, 2010). This increase is related to an extent to the opening of a new in-prison treatment programme (Figure 9.7).

On the other hand, compared to 2011, in the reporting year the number of admissions decreased slightly (3.8%), since the small number of clients (N=21) of the new in-prison treatment programme³⁴ may not positively influence the total number of admissions, while treatment retention increased due to the increase in the number of those continuing treatment from the previous year (Figure 9.7).

Figure 9.7. Number of in-prison treatment clients, 2010-2012



DATA: KETHEA, KATK, 2012.
SOURCE: Greek REITOX Focal Point, 2013.

³⁴ The new in-prison treatment programme has been in full operation within 2013.

The available data on the number of clients by primary substance is presented in the Table 9.3.

Table 9.3. “Compared to one year ago, how would you evaluate your overall health status:” (%)

Primary substance	N
Opioids	145
Cocaine	57
Other stimulants	2
Hypnotics / sedatives	3
Dependence on at least 2 substances	25

DATA: KETHEA, KATK, 2012.

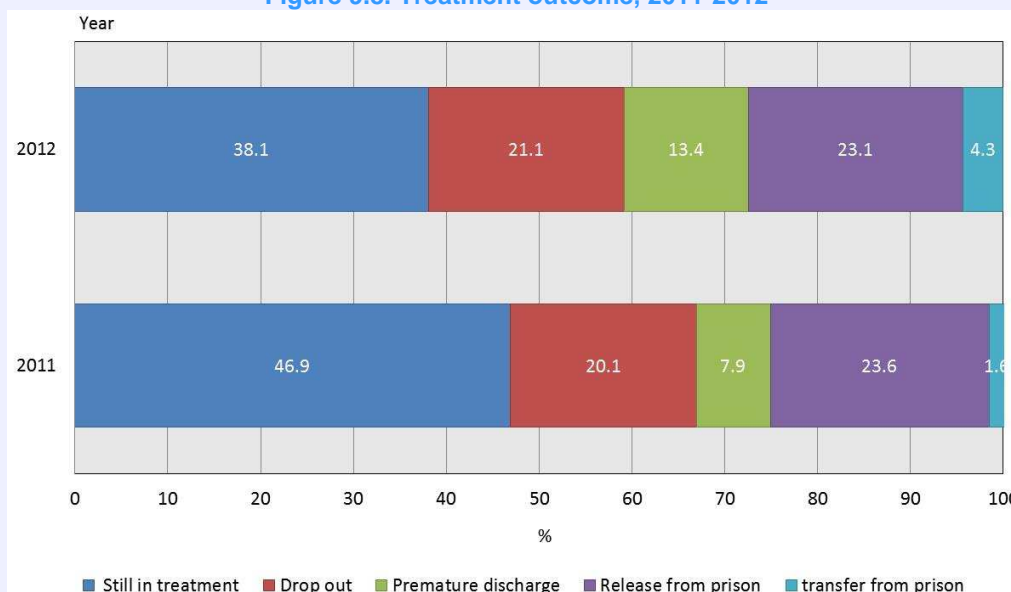
SOURCE: OKANA, 2012.

Injecting drug use was reported by 54.5% of the clients (N=163) – a higher share compared to the previous year (2011: 41.3%).

30.8% (N=92) of the clients were older than 40 – almost double proportion compared to 2011 (15.7%).

Outcome: Compared to 2011, in 2012 the proportions of drop outs and releases from prison remained almost unchanged. On the other hand, the rates of those being still in treatment decreased slightly, while the rates of those being prematurely discharged and being transferred to other prisons increased slightly compared to 2011 (Figure 9.8).

Figure 9.8. Treatment outcome, 2011-2012



DATA: KETHEA, KATK, 2012.

SOURCE: Greek REITOX Focal Point, 2013.

Almost half of those who were released from prison (N=30 / 69), attended a treatment programme for newly released prisoners of **KETHEA**.

9.7.4. Harm reduction measures

Eight **KETHEA** programmes and one **KATK** programme which implement psychosocial support interventions, provided counselling and information to **1 637** drug users in harm reduction issues

(e.g. issues related to infectious disease prevention, safe drug use, overdoses etc) in 16 prisons and a detention centre.

The clients of three in-prison treatment programmes were tested for HBV and HCV, of two programmes for Mantoux and the clients of one programme for HIV/AIDS.

9.8. Reintegration of drug users after release from prison

To ensure continuity of support and treatment, there are **3** specialised treatment programmes for *newly-released prisoners* run by **KETHEA** which are based in the two biggest cities of Greece (Athens and Thessaloniki) and on the island of Crete. Moreover, there are **3** social reintegration structures for newly-released prisoners, two of which are run by KETHEA and one by **KATK**. In addition to this, one Counselling Centre of **18 ANO** Dependence Treatment Unit provides support to this target group.

Newly-released prisoners may also be admitted for dependence treatment and social reintegration to any treatment programme in the country.

9.8.1. Counselling Centres for newly-released prisoners

The Counselling Centres of two KETHEA treatment programmes for newly-released prisoners and one Counselling Centre of 18 ANO Dependence Treatment Unit offer their services to newly-released prisoners.

In 2012, a total of **163** remanded and newly-released prisoners with drug use and dependence problems received counselling services.

9.8.2. Drug treatment for newly-released prisoners

In the reporting year, the total number of clients in treatment programmes for newly-released prisoners came up to **128** – the figure is lower compared to the previous year (2011: 140 clients).

61.7% of the clients (N=79) were admitted to drug treatment during the year, the vast majority of whom were new clients (92.4%, N=73).

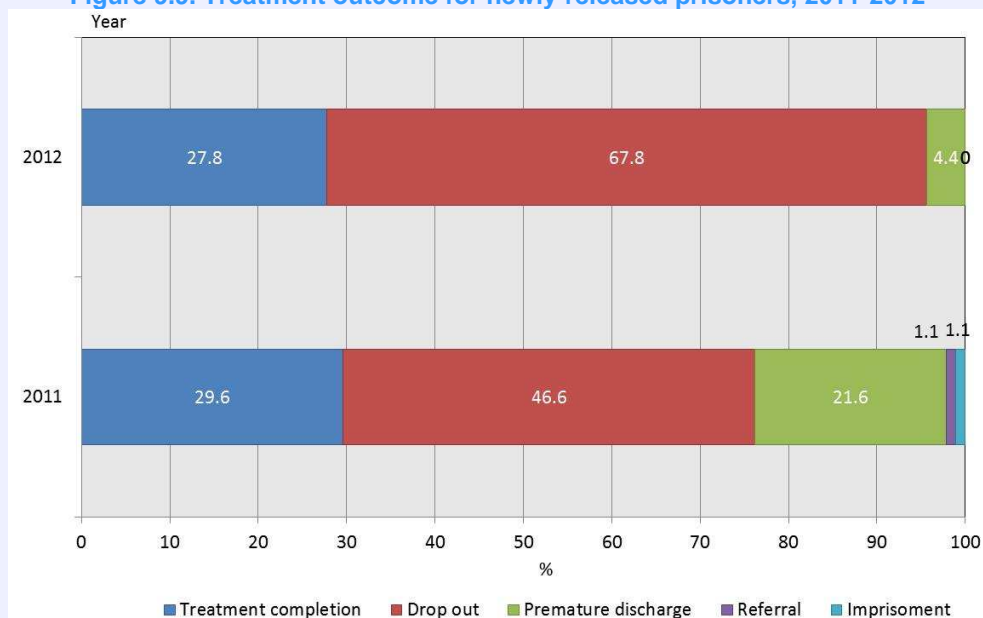
68.0% of clients reported injecting use.

A relatively small proportion (11.7%) was over 40 years old.

Outcome: In the reporting year, exits from specialised treatment programmes came up to 70.3% - a higher rate compared to the previous year (62.9%). In fact, in 2012 drop out rate increased, premature discharge rate declined and treatment completion rate remained almost unchanged compared to 2011 (Figure 9.9). The increase in the rate of drop outs is related to the fact that drug

users in treatment have experienced more often personal frustration lately due to the economic crisis in Greece than in the past (Economou et al. 2011; Economou et al. 2013a; Economou et al. 2013b). The same reason is related to the decrease in the premature discharge rate. In other words, in the treatment practice, relapses and other problematic behaviours have been redefined so as that more flexible treatment approaches apply for drug users attending treatment programmes (Malliori et al. 2013).

Figure 9.9. Treatment outcome for newly-released prisoners, 2011-2012



DATA: KETHEA, 2012.

SOURCE: Greek REITOX Focal Point, 2013.

In 2012, 4971 drug users who were on probation / suspended sentence, awaiting trial / judgment and newly-released prisoners* were admitted to **78** of the 90 treatment programmes (which delivered the relevant data).

This population accounts for the reporting year **43.8%** of all clients in structures delivering main treatment.

**Data about these three special population groups (users on probation / suspended sentence, users awaiting trial / judgment, newly-released prisoners) are submitted to the Greek REITOX Focal Point as aggregates, therefore it is not possible to remove double entries for individuals who fall in three population categories.*

9.8.3. Social Reintegration Centres for newly-released prisoners

The total number of clients served by the social reintegration structures was **65** – the figure is higher compared to 2011 (N=53).

Provision of services: In 2012, all three Social Reintegration Centres continued to provide counselling and psychological support services, as well as information and relapse prevention services. Two of the three Centres also provided psychiatric care, career guidance, legal assistance, social services and housing support.

A higher number of clients received social services (N=59) compared to the previous 2 years (2011: 48, 2010: 30).

Outcome: 60.0% of the clients were still attending the programmes of the Social Reintegration Centres, 24.6% completed them, 10.8% dropped out, 3.1% were prematurely discharged and 1.5% were referred to main treatment.

Aftercare: All of the Social Reintegration Centres for released prisoners provide aftercare services, for a period between 6 and 12 months, involving mainly individual and family groups.

9.9. Staff

9.9.1. Staff in prison and out of prison interventions

To ensure continuity of support and treatment, there are **3** specialised treatment programmes for *newly-released prisoners* run by **KETHEA** which are based in the two biggest cities of Greece (Athens and Thessaloniki) and on the island of Crete. Moreover, there are **3** social reintegration structures for newly-released prisoners, two of which are run by KETHEA and one by **KATK**. In addition to this, one Councelling Centre of **18 ANO** Dependence Treatment Unit provides support to this target group.

Table 9.4. Number of staff in prison and out of prison interventions, 2011-2012

	2011			2012		
	In prison	Out of prison		In prison	Out of prison	
	treatment	treatment	reintegration	treatment	treatment	reintegration
Psychiatrists / other doctors	4	1	1	2	0	1
Psychologists	7	4	6	7	5	3
Other social scientists / research staff	11	6	6	6	3	6
Social workers	5	2	2	6	3	2
Counsellors* / other therapists	14	6	4	15	6	3
Nursing staff	4	0	0	4	0	0
Educators	3	1	2	3	1	0
Administration	26	8	3	21	3	4
Security staff	38	0	0	47	0	0
Total	112	28	24	111	21	19
Volunteers	25	7	0	31	14	8

DATA: KETHEA, KATK, 2012.

SOURCE: Greek REITOX Focal Point, 2013.

Note: Drug dependence counsellors are graduates of KETHEA treatment programmes and are employed only by KETHEA in-prison treatment programmes. Security staff is employed only by the public treatment programme (KATK).

As seen in Table 9.4, the number of staff decreased between the two years, despite the increase in the treated individuals, and the number of volunteers increased. This is probably the result of the budget cuts in drug services, resulting from the economic crisis.

The majority of the staff members at the out of prison interventions and almost one third at the in prison interventions included in the Table 9.4 are also assigned to other units or programmes of the agencies.

CHAPTER 10. DRUG MARKETS

10.1. Availability and supply

10.1.1. Trafficking patterns

Every year, the **Central Anti-drug Coordinating Unit – National Drugs Intelligence Unit (SODN – EMP)** reports to the Greek REITOX Focal Point data collected and processed from the Greek **Drug Prosecution Authorities (DPAs)**. These data refer to the most common trafficking patterns and the countries of production and origin (which are one year behind the reference year) and data on the quantities of drugs seized.

Data from 2008 in 2011 suggest that the majority of the seized quantity of heroin comes from Afghanistan and Pakistan. The quantities pass through Turkey and follow two routes: The north route transfer the heroin to Romania, Hungary, Czech, Slovakia and to north countries, where the south route passes through Greece, Albania, FYROM, Croatia and Slovenia and reach the west countries.

Heroin quantities seized between the years 2009-2010 remained stable, where in 2011 and 2012 heroin seizures were reduced (Figure 10.1).

Cocaine seizures in 2011 were doubled compared to 2010 and in 2012 they reached again the 2010 levels (Figure 10.1). Spain and The Netherlands are considered as European “gates” for cocaine in Europe, and France, Italy and the United Kingdom are mentioned as transit countries or countries of destination for cocaine.

In 2012, cannabis seizures increased by 65.9% over 2011, a figure over tripled compared to the years 2007-2009 (Figure 10.1). Furthermore, in 2012 the seized tranquillisers’ quantities were almost doubled compared to 2011 reaching the higher quantities over the last nine year period (Table 10.1).

10.2. Seizures

10.2.1. Quantities and numbers of seizures of all illicit drugs

Table 10.1 shows the quantities of drugs seized during the nine-year period 2004-2012 (see ST13 – *All law enforcement agencies*).

Table 10.1. Trends in drug seizures, 2004-2012

	2004	2005	2006	2007	2008	2009	2010	2011	2012
Heroin (kg)	334	331	312	259	442	595	521	307	331
Cocaine (kg)	1 152	43	61	255	61	626	221	463	201
Cannabis ¹ (kg)	4 777	18 213	12 389	6 915	4 695	7 367	7 746	13 515	22 428
Cannabis plants (units)	39 820	34 993	32 495	17 611	23 916	15 515	21 607	33 242	34 040
Methadone (tablets)	10 993	15 385	5 038	14 119	4 359	1 277	1 092	2 075	1 137
Synthetic drugs ² (tablets)	87 953	150 932	118 680	58 482	8 652	46 115	12 823	70	3 253
LSD (doses)	1 111	120	146	2 880	491	244	141	2 890	104
Tranquillisers (tablets)	43 722	58 250	56 166	53 625	68 424	72 956	116 591	64 539	123 347

DATA: SODN-EMP, 2012.

SOURCE: Greek REITOX Focal Point, 2013.

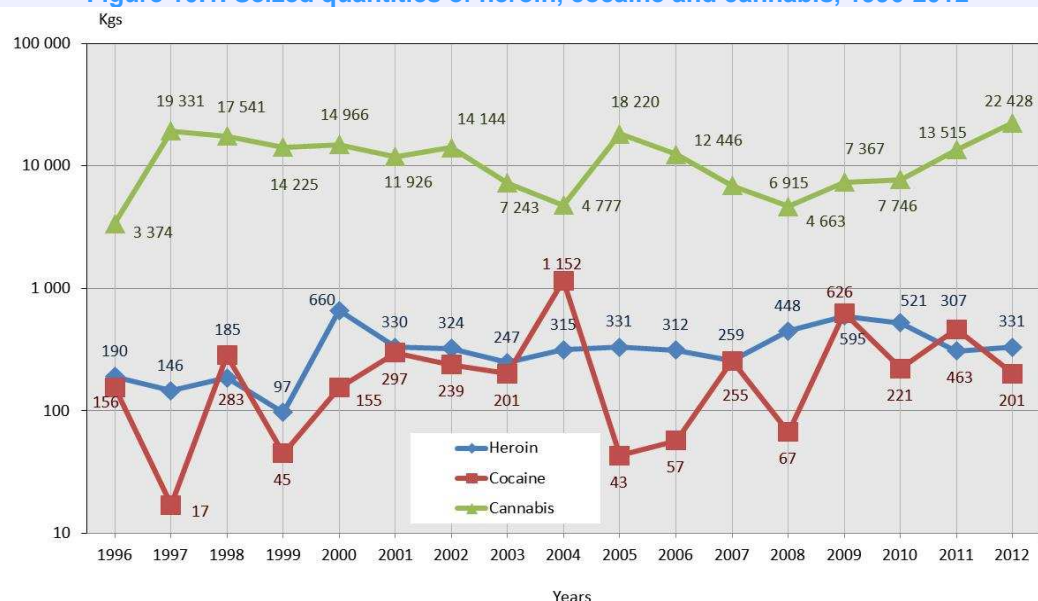
Notes: 1 Including seizures of processed (resin) and raw (herbal) cannabis.

2 Including amphetamine and ecstasy tablets.

As shown in the quantities of heroin seized steadily decrease in the past 4 years, while cocaine quantities vastly fluctuate since 1996 (Figure 10.1).

Concerning cannabis, the largest seized quantities in kilos for the seventeen year-time period 1996-2012 appeared in 2012, reaching 22 428 kilos (Figure 10.1). The reported seizures in 2012 for methadone tablets returned to the levels of 2010, following the levels of the large drop in 2010 (Table 10.1). The seized quantities of LSD in 2012 followed the low doses of 2008-2010 after the large increase of 2011 (Table 10.1).

Figure 10.1. Seized quantities of heroin, cocaine and cannabis, 1996-2012



DATA: SODN-EMP, 2012.

SOURCE: Greek REITOX Focal Point, 2013.

10.3. Price and purity

10.3.1. Price of illicit drugs at retail level

SODN – EMP also provides information annually on the price of drugs on the illegal market.

Figures 10.2 and 10.3 present the minimum and maximum retail prices (respectively).

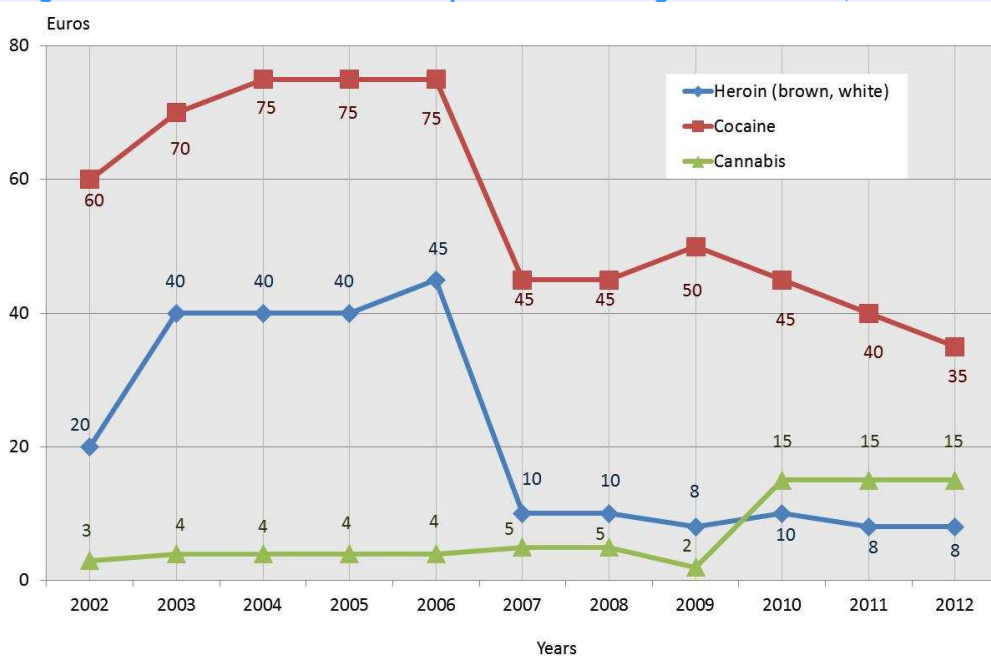
Regarding the minimum prices, a large drop in the price of both heroin and cocaine appeared between 2006 and 2007 (of 78% and 40%, respectively). Heroin minimum prices remain at low levels since then, while cocaine prices still decrease. Maximum prices of heroin dropped by 75% in 2011 and increased slightly in 2012. Cocaine maximum prices increased in 2012 after being stable for the past 4 years. Cannabis minimum and maximum prices increase since 2010.

According to the **Hellenic Police** the decreased prices are due to the financial recession in Greece, which has affected the market in two main ways: a) the large number of immigrants in Greece in the last years (both with and without documents) has resulted in an increase in the number of individuals involved in dealing and trafficking, so the share of the market is divided, and b) the quantities at street level are largely adulterated, since the drug user's income has dropped (there are instances that the Police seized paracetamol sold as heroin).

The prices of ecstasy tablets fell, ranging between € 5-25 per tablet, showing an increase of € 15 per tablet in the maximum retail value compared to the maximum value of 2011.

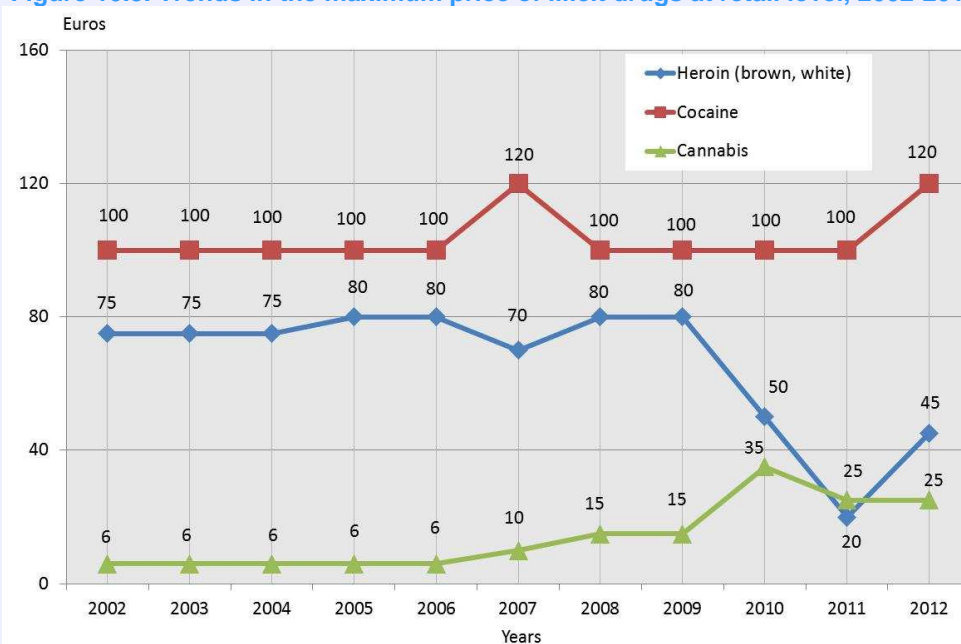
Finally, the prices of LSD doses ranged between € 5-15 per dose, following the levels of 2011 (see ST16).

Figure 10.2. Trends in the minimum price of illicit drugs at retail level, 2002-2012



DATA: SODN-EMP, 2012.
SOURCE: Greek REITOX Focal Point, 2013.

Figure 10.3. Trends in the maximum price of illicit drugs at retail level, 2002-2012



DATA: SODN-EMP, 2012.

SOURCE: Greek REITOX Focal Point, 2013.

10.3.2. Purity/potency of illicit drugs

Purity is defined as the % content of a sample in «active» ingredients.

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)**. It must be noted that these analyses are based on large quantities and not on street level seizures.

In 2012, the average purity of heroin samples in active ingredients was 15.0%, increased by 2.2 percentage units compared to the average content of heroin samples in 2011, whose levels were 12.8%. In 2012, the average purity of cocaine samples in active ingredients was 59.0%, when in 2011 the value was 61.1% and in 2008 64.1%.

For the years 2009 and 2010 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.

As it is clear in the table 10.2 the percent analogies per category of seized ecstasy tablets have been modified in 2011 as well as in 2012. There is a large reduction in composition of MDMA / MDEA / MDA like substances. Possible reasons are the swift from tablets to powder due to easier production (without a tablet machine) and to lower market price of powder. The objective comparisons refer to the years 2006-2010. Analyses in the year 2010 showed that 98.5% of the tablets contained MDMA, MDEA, MDA or a combination thereof, 0.05% contained amphetamine, methamphetamine or a combination thereof, 1.43% contained the possible combinations of all the aforementioned substances, and only 0.08% contained other psychoactive substances. This breakdown for the years 2006-2009 is presented in Table 10.2 (see ST15). No significant year-to-year variation is noticed for 2010, 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 (2006-2012)

	2006	2007	2008	2009	2010	2011	2012
	%	%	%	%	%	%	%
MDMA / MDEA / MDA	98.66	99.05	96.12	43.06	98.5	20.8	11.6
Amphetamines / methamphetamines	1.3	0.36	2.28	43.21	0.05	0.0	0.0
Possible combinations of the above	0.03	0.49	1.11	13.18	1.43	0.0	87.4
Psychoactive substances	0.01	0.1	0.49	0.55	0.08	79.2	1.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0

DATA: State General Chemical Laboratory (Third Service of Athens and Second Service of Thessaloniki)

SOURCE: Greek REITOX Focal Point, 2012

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