

# Greece

## Greece Drug Report 2018

This report presents the top-level overview of the drug phenomenon in Greece, covering drug supply, use and public health problems as well as drug policy and responses. The statistical data reported relate to 2016 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

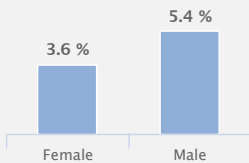
### THE DRUG PROBLEM IN GREECE AT A GLANCE

#### Drug use

"in young adults (15-34 years)  
in the last year"

#### Cannabis

**4.5 %**



#### Other drugs

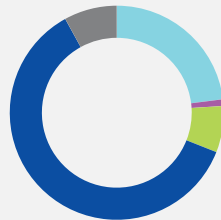
MDMA **0.4 %**  
Cocaine **0.6 %**

#### High-risk opioid users

**17 067**  
(14 663 - 20 103)

#### Treatment entrants

by primary drug



#### Opioid substitution treatment clients

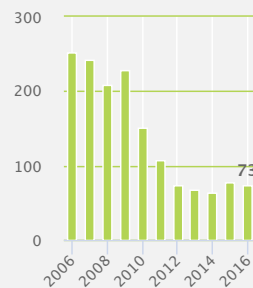
**9 974**

#### Syringes distributed

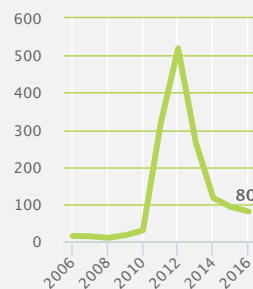
through specialised  
programmes

**335 903**

#### Overdose deaths



#### HIV diagnoses attributed to injecting



Source: ECDC

#### Drug law offences

**17 741**

#### Top 5 drugs seized

ranked according to quantities  
measured in kilograms

1. Herbal cannabis
2. Heroin
3. Cocaine
4. Cannabis resin
5. MDMA

#### Population

(15-64 years)

**6 934 132**

Source: EUROSTAT Extracted on:  
18/03/2018

NB: Data presented here are either national estimates (prevalence of use, opioid drug users) or reported numbers through the EMCDDA indicators (treatment clients, syringes, deaths and HIV diagnosis, drug law offences and seizures). Detailed information on methodology and caveats and comments on the limitations in the information set available can be found in the EMCDDA Statistical Bulletin.

# National drug strategy and coordination

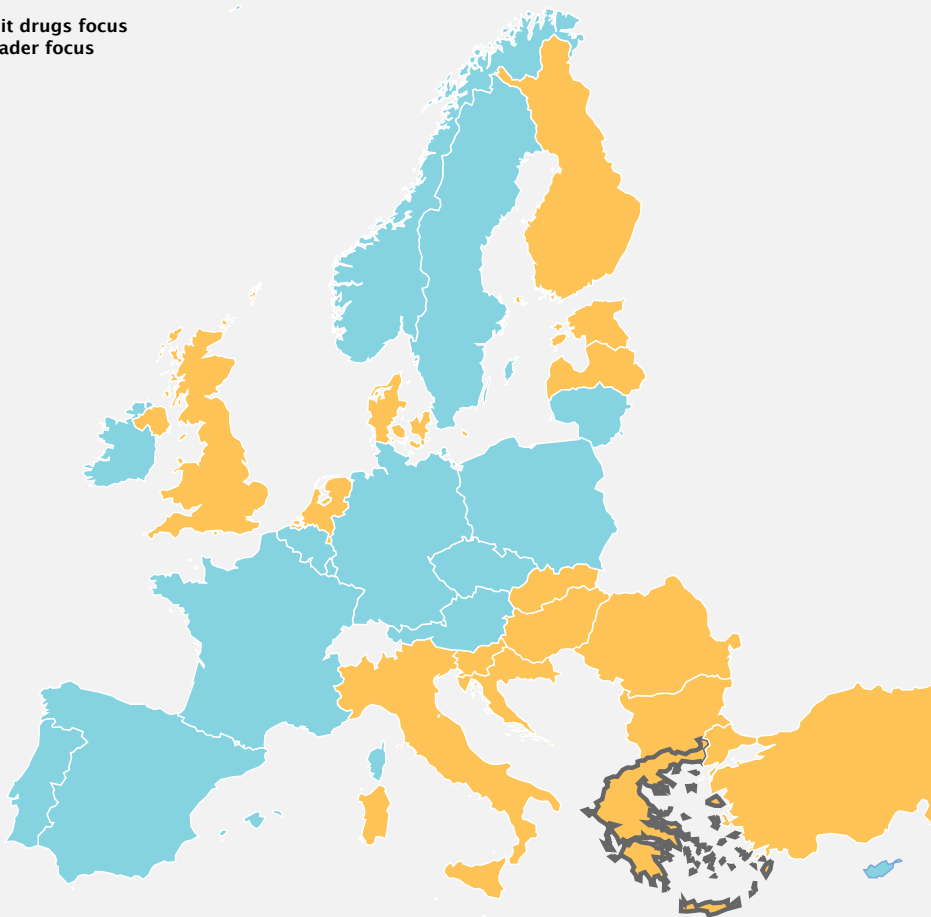
## National drug strategy

The draft Greek National Drug Strategy (2014-20) addresses illicit drugs and follows the EU's balanced approach to drug policy by placing equal emphasis on reducing drug demand and drug supply. It was developed by the National Committee for the Coordination and Planning of Drugs Responses. Although the strategy and its accompanying action plan are currently pending final parliamentary approval, the goals and actions set out in the strategy documents are being followed by the different policy actors that implement drug policy and responses to the drug problem. Among its priorities is the need to assist vulnerable groups and the adoption of evidence-based best practices. The strategy's action plan also covers 2014-20 and has been designed to mirror the approach of the EU action plan on drugs (2013-16). The action plan is structured in five pillars covering (i) demand reduction (prevention; information and awareness raising; early detection and intervention; harm reduction; treatment; and social rehabilitation); (ii) supply reduction; (iii) coordination; (iv) training, monitoring, research and evaluation; and (v) international cooperation. Actions and indicators are defined for each area and designed to assist future monitoring and assessment.

As in other European countries, in Greece, drug policy and strategy evaluation is undertaken using ongoing indicator monitoring and specific research projects. The national focal point for the EMCDDA at the Mental Health Research Institute produces a range of epidemiological and other data annually that support this assessment work and provide insights into different aspects of drug problems in Greece.

### Focus of national drug strategy documents: illicit drugs or broader

- Illicit drugs focus
- Broader focus



NB: Year of data 2016. Strategies with broader focus may include, for example, licit drugs and other addictions.

## National coordination mechanisms

Established by Law No 4139/13, the Greek drug coordination system consists of three levels. The top level is the Inter-ministerial Committee on the Drugs Action Plan, which is the main drug policymaking body in Greece. This committee has several responsibilities, including the approval of drug action plans, the coordination of the agencies involved in implementing action plans and the evaluation of action plans. It is chaired by the prime minister and includes all ministers involved in implementing the strategy and action plan. The second level is the National Committee for the Coordination and Planning of Drugs Responses, which is composed of representatives from 10 ministries, the major drug agencies and the national focal point. It is tasked with drafting the action plan, overseeing its

coordination, implementation and monitoring, and developing international cooperation. At the third level is the National Drug Coordinator, who chairs the National Committee for the Coordination and Planning of Drugs Responses. The coordinator is appointed by the prime minister for a five-year term, with a mandate to chair the National Committee for the Coordination and Planning of Drugs Responses, draft an action plan on drugs and represent the country on international bodies related to drugs. The National Drug Coordinator is a member of the Inter-ministerial Committee on the Drugs Action Plan.

## Public expenditure

Understanding the costs of drug-related actions is an important aspect of drug policy. Some of the funds allocated by governments for expenditure on tasks related to drugs are identified as such in the budget ('labelled'). Often, however, most drug-related expenditure is not identified ('unlabelled') and must be estimated using modelling approaches.

The mid-term national action plan on drugs (2011-12) had, for the first time, an associated budget. This document also provided comprehensive estimates of planned, labelled and executed drug-related expenditure.

According to the national authorities, during 2011-12, planned labelled drug-related expenditure accounted for approximately 0.07 % of gross domestic product (GDP). Comparable data on executed expenditure are lacking, but the data that are available relate mainly to the funding of the health sector and indicate that public austerity affected the financing of drug-related services; there are indications that drug-related expenditure declined markedly in Greece between 2011 and 2014.

## Drug laws and drug law offences

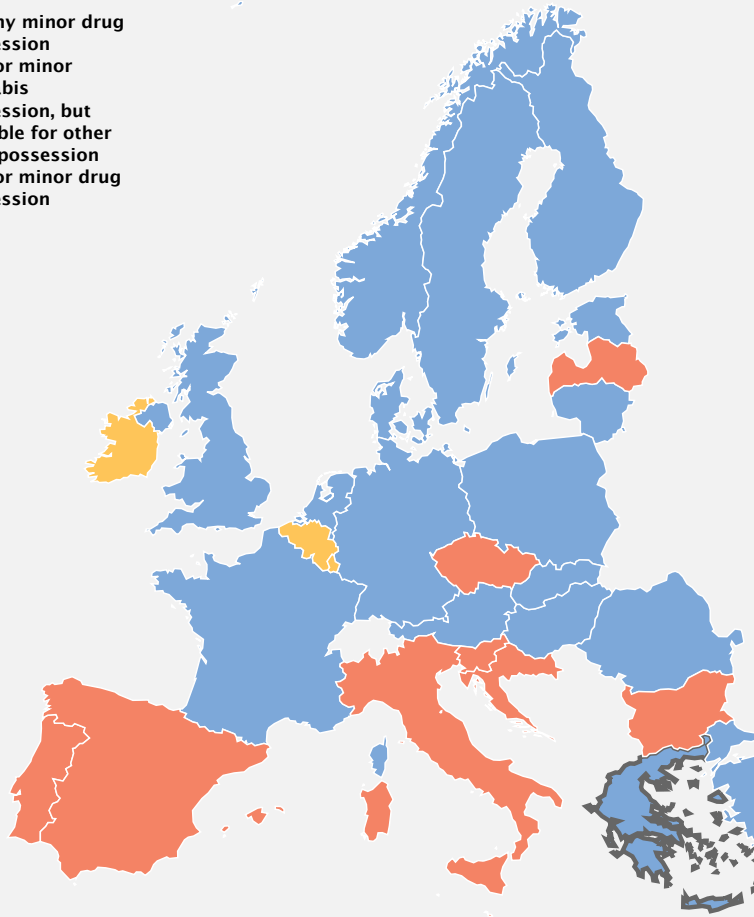
### National drug laws

The Greek drug law of 1987 and its amendments were significantly modified in 1993, 2006, 2009 and 2013. The law distinguishes between drug possession/acquisition for personal use and for commercial use, and the punishment varies accordingly. In general, the 2013 law (Law No 4139/2013) establishes more lenient sanctions. It stipulates that individuals using drugs or obtaining or otherwise processing drugs for personal use only, in quantities to satisfy their own needs, or cultivating cannabis plants in numbers and areas justified for personal use only, can be sentenced to no more than five months in prison. The offence is not recorded on the offender's criminal record on the condition that he or she does not commit another relevant offence within a five-year period. Upon the order of the investigating judge, offenders may be admitted to a special treatment unit operating in a prison setting or a community drug treatment programme operated by a lawfully recognised agency (the law specifies the recognised drug agencies). For offenders who are undergoing treatment, the imposition of the penalty can be suspended. The 2013 amendment also removed the definitions of all quantities of substances for personal use from the previous law; this decision is now left to judges, based on the substance, its quantity and purity, and the needs of the offender.

Those convicted of drug supply may be sentenced to up to three years' imprisonment if addicted or sharing in a group, or at least eight years' imprisonment if not. A life sentence is possible in very special cases, such as trafficking by medical professionals, teachers, drug therapists, etc. There is also provision for a fine of EUR 50 000 to EUR 500 000, reaching EUR 1 million in special cases. The Greek drug law also states that a drug-dependent offender charged with drug dealing can be considered for conditional release, provided that he or she (i) has served a minimum of one fifth of the sentence and (ii) has successfully and certifiably completed drug treatment. He or she is then referred to reintegration structures outside prison.

## Legal penalties: the possibility of incarceration for possession of drugs for personal use (minor offence)

- For any minor drug possession
- Not for minor cannabis possession, but possible for other drug possession
- Not for minor drug possession



NB: Year of data 2016

## Drug law offences

Drug law offence (DLO) data are the foundation for monitoring drug-related crime and they are also a measure of law enforcement activity and drug market dynamics; they may be used to inform policies on the implementation of drug laws and to improve strategies.

In Greece, the Hellenic Police and other prosecution authorities report a steady increase in the number of DLOs and drug law offenders since 2012. The majority of the DLOs in 2016 were linked to the use or possession of illicit substances. Approximately two thirds of the offences were related to cannabis, followed by opioid-related offences.

### Prevalence and trends

Cannabis is the illicit drug most commonly used among the Greek adult population (aged 18-65 years), the available data indicating a slightly increasing trend since 2004. Use of amphetamines, cocaine and MDMA/ecstasy remain at low levels among the general population.

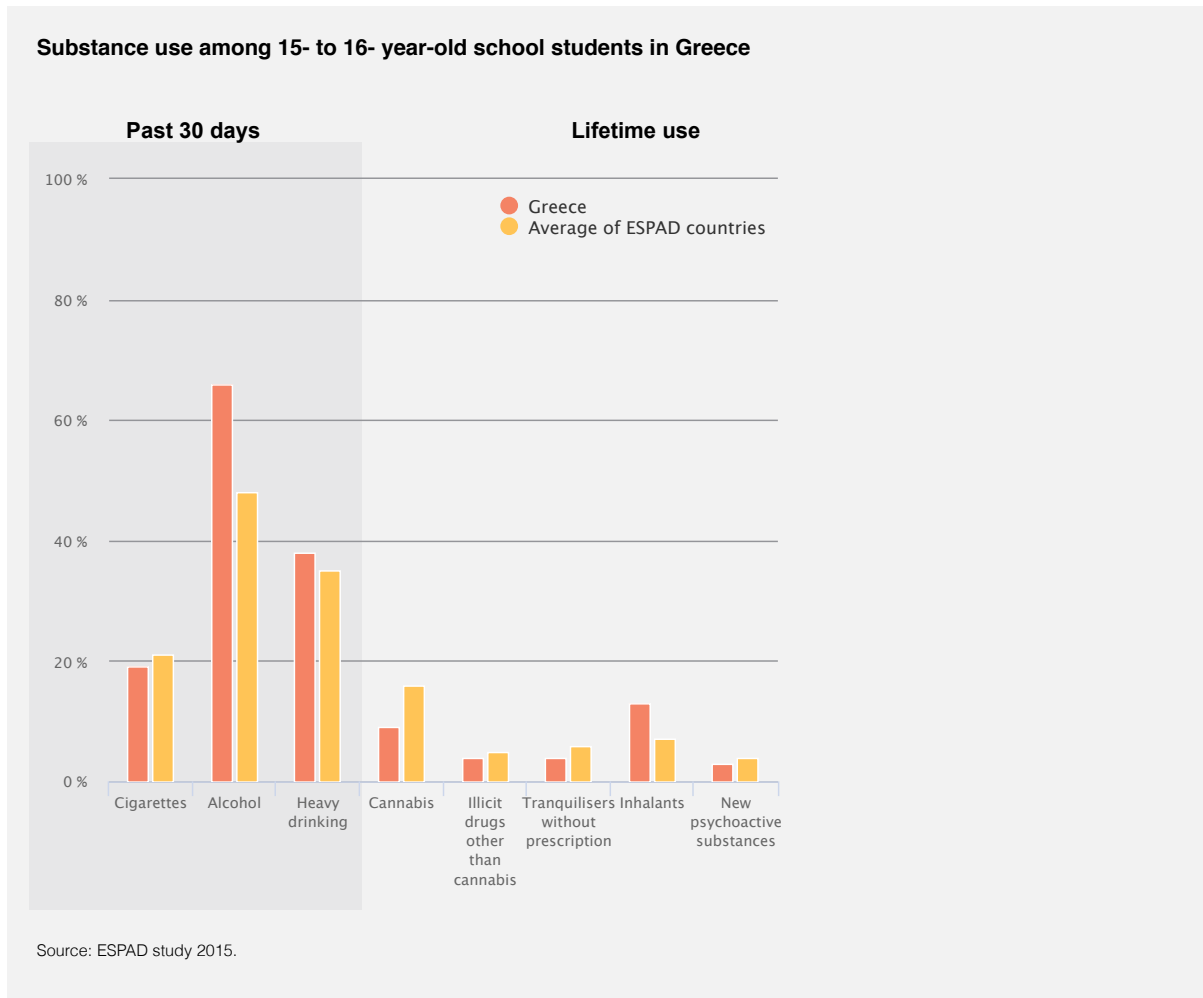
Athens participates in the Europe-wide annual wastewater campaigns undertaken by the Sewage Analysis Core Group Europe (SCORE). This study provides data on drug use at a municipal level, based on the levels of illicit drugs and their metabolites found in wastewater. The presence of cocaine metabolites and MDMA shows that stimulant use was higher at the weekend than on weekdays in 2017. In general, the levels of amphetamine metabolites and MDMA were low, indicating limited use of these substances in Athens. A decrease in the levels of illicit drugs and their metabolites has been reported over the period 2014-17, indicating a possible decline in the use of those substances, although a small increase was observed in 2017 for cocaine and methamphetamine metabolites.

Information on drug use among 15- to 16-year-old students is available from the 2015 European School Survey Project on Alcohol and Other Drugs (ESPAD). The survey has been conducted in Greece every four years since 1999. In 2015, for one of the eight key variables, the Greek results were below the ESPAD average (35 countries), namely lifetime use of cannabis. Nevertheless, long-term trends indicate a tendency towards an increase in cannabis use among students since 2007. In the case of lifetime use of illicit drugs other than cannabis, tranquillisers or sedatives without prescription and new psychoactive substances (NPS), the Greek results were similar to the ESPAD averages. Approximately 3 % of Greek school students reported lifetime use of synthetic cannabinoids. Cigarette use in the last 30 days was similar to the ESPAD average. In contrast, lifetime use of inhalants was more common among Greek students. Approximately three quarters of Greek students reported alcohol use had occurred during the last 30 days, which was well above the ESPAD average, and a slightly higher proportion than the ESPAD average reported that heavy episodic drinking had taken place during the same period.

## High-risk drug use and trends

Studies reporting estimates of high-risk drug use can help to identify the extent of the more entrenched drug use problems, while data on first-time entrants to specialised drug treatment centres, when considered alongside other indicators, can inform an understanding of the nature of and trends in high-risk drug use.

High-risk drug use in Greece is mostly attributed to the injecting of opioids, mainly heroin. The size of the high-risk drug-using population has been estimated annually since 2002 and the latest data indicate that the estimated number of high-risk heroin users in 2016 was around 17 000 (2.46 per 1 000 adult population), while the estimated number of people who inject drugs was around 4 200. The available data suggest that the estimated number of high-risk heroin users has decreased since 2010, with stabilisation in recent years.

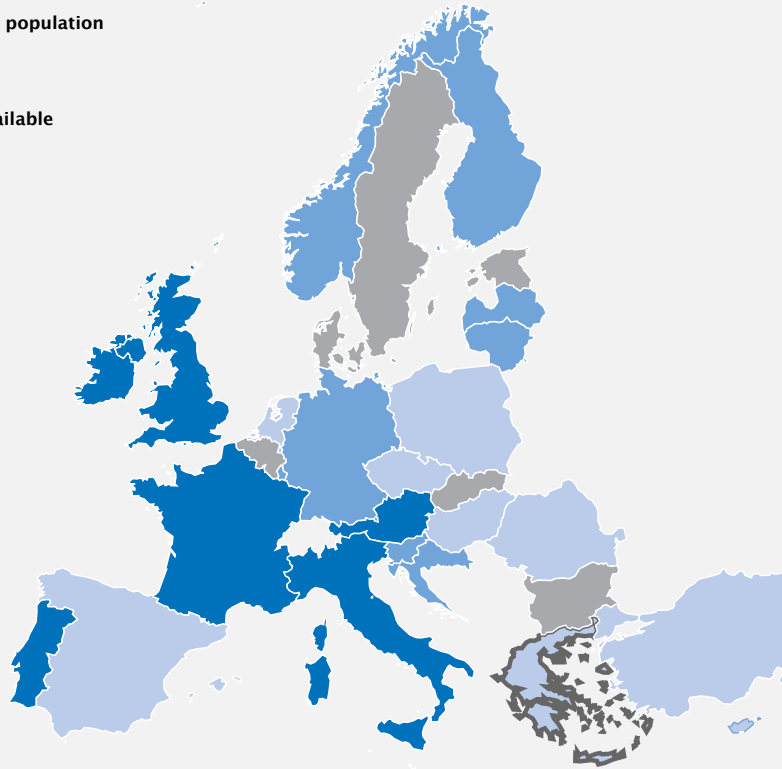


Heroin use remains the most common reason for seeking specialised treatment in Greece; however, the number of people entering treatment for the first time as a result of primary heroin use has halved in recent years, while the number of cannabis-related treatment demands has increased. In recent years, injecting as a primary mode of primary heroin use has declined from about 40 % in 2006 to less than 30 % in 2016. Approximately 1 out of 10 treatment clients is female; however, the proportion in treatment varies by type of primary drug and programme.

## National estimates of last year prevalence of high-risk opioid use

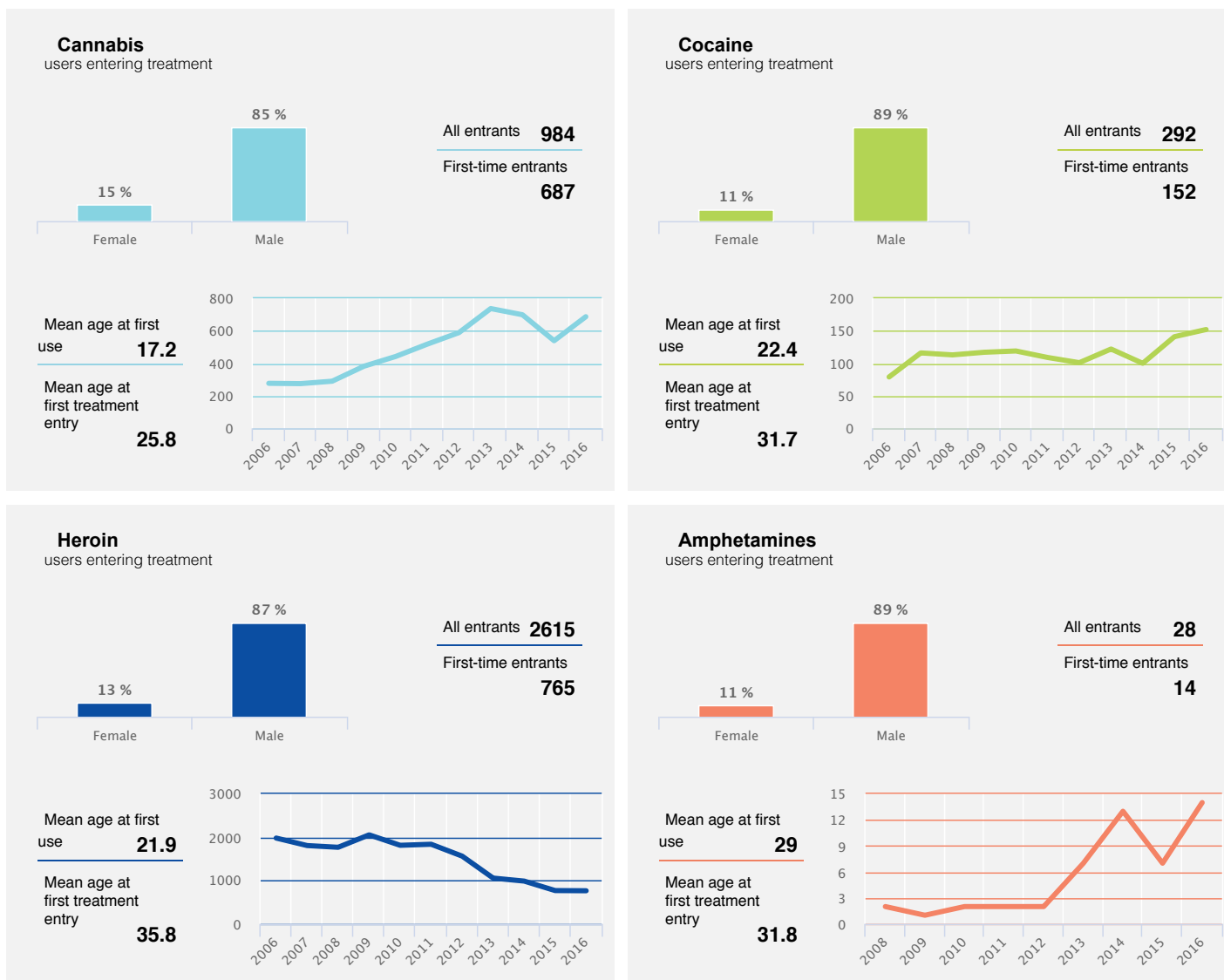
Rate per 1 000 population

- 0.0–2.5
- 2.51–5.0
- > 5.0
- No data available



NB: Year of data 2016, or latest available year

## Characteristics and trends of drug users entering specialised drug treatment in Greece



NB: Year of data 2016. Data is for first-time entrants, except for gender which is for all treatment entrants.

## Drug harms

### Drug-related infectious diseases

In Greece, drug treatment centres, low-threshold services and public health laboratories/reference centres report annually to the Greek national focal point individual or aggregated data on the results of testing drug users entering treatment for hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV). Surveillance data on the prevalence and incidence of HIV/acquired immune deficiency syndrome (AIDS) among people who inject drugs (PWID) are derived from the Hellenic Centre for Diseases Control and Prevention (HCDCP-KEELPNO) of the Ministry of Health.

#### Prevalence of HIV and HCV antibodies among people who inject drugs in Greece (%)

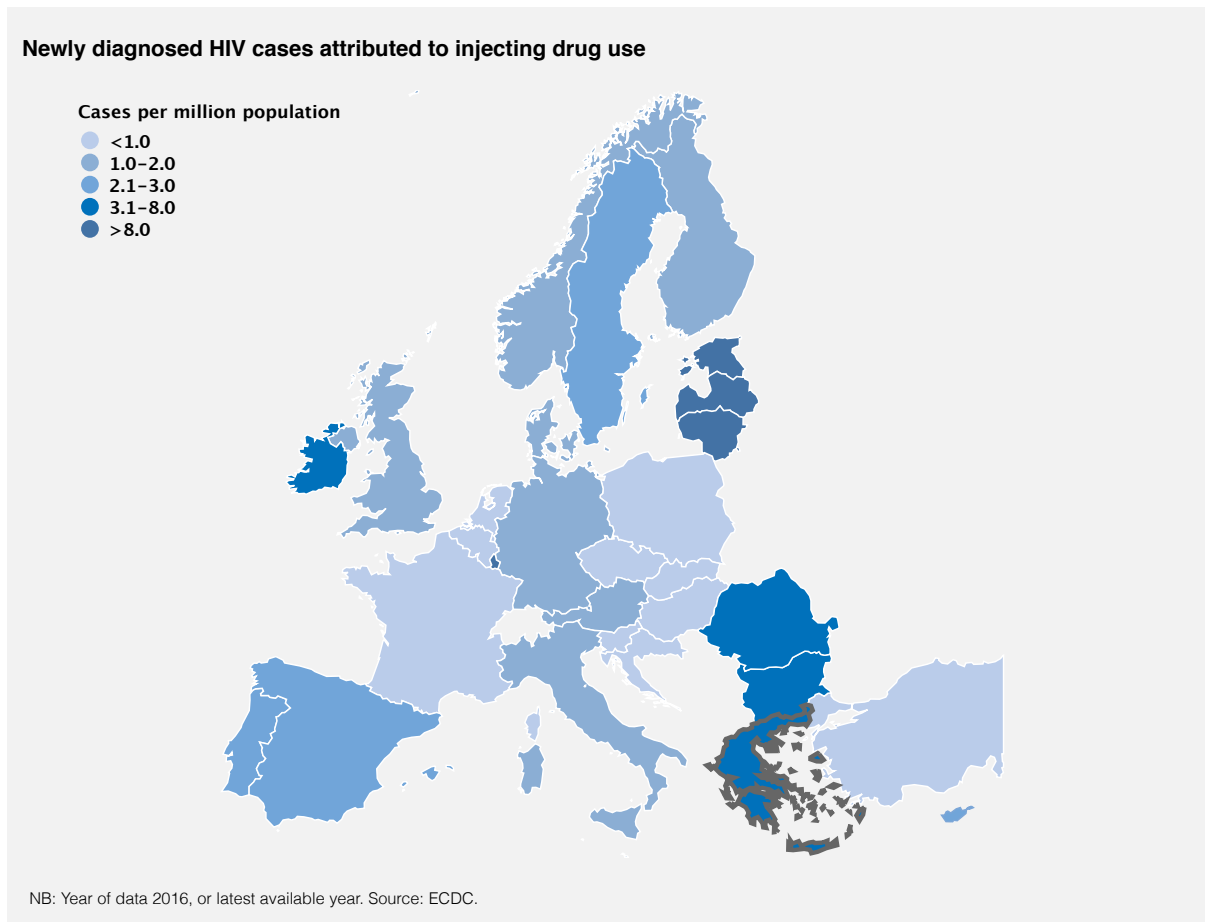
region	HCV	HIV
National	63.5	5.1
Sub-national	60.4 - 67.5	1.1 - 9.2

Year of data: 2016

Until 2010, the proportion of new HIV cases linked to injecting drug use had remained low, at 2-3 %, and the number of newly reported cases of HIV infection ranged from 9 to 25 per year. However, in 2011, the number of reported cases increased more than ten-fold, reaching 315 by the end of the year, indicating that there was an HIV outbreak among PWID. These cases represented 33 % of all newly reported cases of HIV infection (with a known transmission route) in 2011. In 2012, approximately half of all newly reported HIV cases were linked to injecting drug use, while in the following years the number and proportion fell and, in 2015 and 2016, approximately one in five new HIV infections were associated with injecting drug use, indicating a stabilisation in the HIV transmission



rate among PWID. HIV prevalence among PWID also increased among those tested, from 0.7-0.8 % of those registered before 2011 to 6.0-10.7 % in 2013. In 2016, the estimated national HIV prevalence rate among PWID was 5.1 % and was higher in females than in males. In general, the highest HIV prevalence rates are observed among PWID in the Attica region, which includes the capital city, Athens.

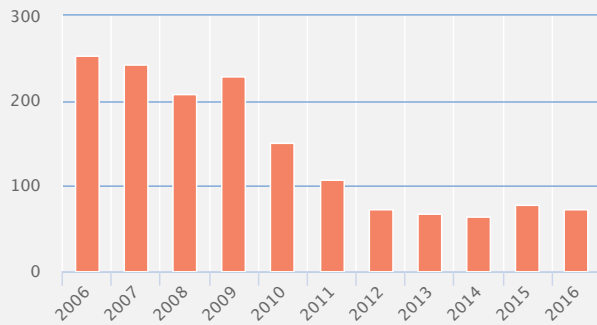


In 2016, between 18.6 % and 29.4 % of PWID tested positive for HBV (based on anti-HBc — a marker of previous or current hepatitis B infection). The infection rates were higher among older drug injectors and those who had been in prison in the past.

The data indicate that two thirds of treatment clients were HCV positive, while HCV infection was more common among PWID in Athens and, in particular, among those receiving opioid substitution treatment. HCV prevalence rates were significantly higher among PWID with an injecting history of more than two years than in recent initiates, among those older than 34 years, females, and those who had been in prison in past. It is estimated that up to 40 % of those with a chronic HCV infection have a history of drug injection.

## Characteristics of and trends in drug-induced deaths in Greece

**Trends in the number of drug-induced deaths**



NB: Year of data 2016, or most recent year

### Drug-related emergencies

There is no systematic data collection for drug-related emergencies in Greece, but some data are available from various sources, such as the Poison Information Centre and drug treatment services.

In 2016, the Poison Information Centre reported 159 drug-related emergency cases, one third of which involved the use of heroin/other opioids or the use of heroin in combination with benzodiazepine. The medical services for the drug treatment agencies Organisation Against Drugs (OKANA) and the Icarus Prevention Unit (KETHEA), operating in Athens and Thessaloniki, reported 66 drug-related emergency cases, most of which involved the use of heroin/other opioids.

### Drug-induced deaths and mortality

Drug-induced deaths are deaths directly attributable to the use of illicit drugs (i.e. poisonings and overdoses).

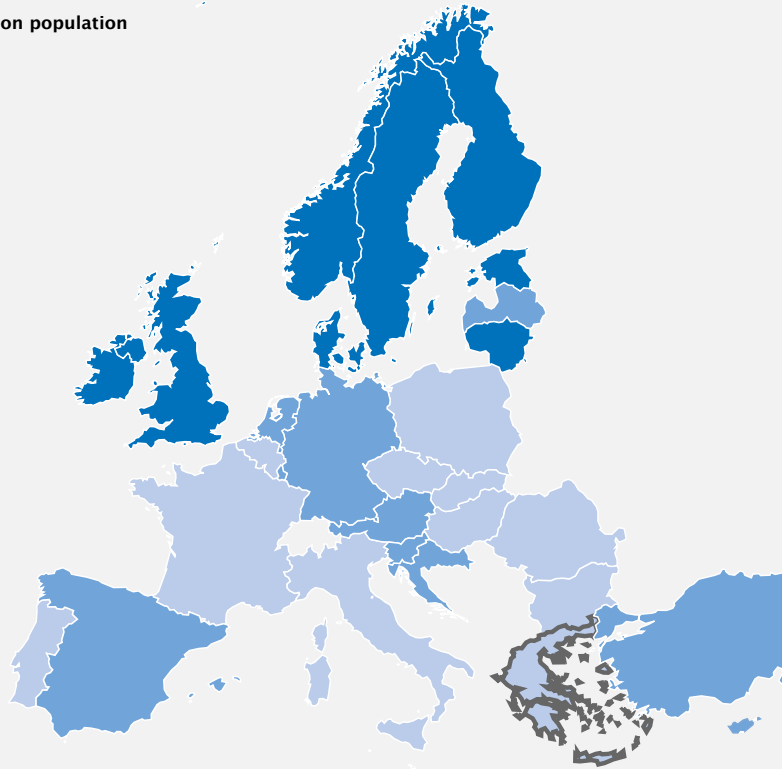
Following a period of decline in drug-induced deaths that started in 2005, in 2015, the Hellenic Police reported an increase and preliminary data indicate that the number remained stable in 2016. The majority of the confirmed deaths were of males who were older than 30 years and most involved opiates.

In 2016, the mortality rate for all ages was 6.8 deaths per million, below the European average of 15.4 deaths per million.

## Drug-induced mortality rates among adults (15-64 years)

Cases per million population

- <10
- 10-40
- > 40



\*NB: Year of data 2016, or latest available year. Comparison between countries should be undertaken with caution. Reasons include systematic under-reporting in some countries, different reporting systems and case definition and registration processes. Data are for all ages.\*

## Prevention

The draft Greek National Strategy on Drugs (2014-20) names drug prevention as one of its priorities. Drug prevention in Greece is mostly implemented by a nationwide network of 75 Prevention Centres for Addiction and Psychosocial Health Promotion, which were established within the framework of cooperation between the Organisation Against Drugs (OKANA) and local authorities and stakeholders. Their activities include the prevention of all kinds of dependence and the promotion of psychosocial health. The Ministry of Education, other governmental and non-governmental drug services and health services are also active in the field of prevention. OKANA and the Ministry of Education have a memorandum of understanding to promote school-based prevention interventions and anti-bullying policies. There has been a shift in focus from (illicit) drugs to other substances, types of addiction and violent behaviour.

### Prevention interventions

Prevention interventions encompass a wide range of approaches, which are complementary. Environmental and universal strategies target entire populations, selective prevention targets vulnerable groups that may be at greater risk of developing substance use problems and indicated prevention focuses on at-risk individuals.

In Greece, environmental prevention activities focus on regulating access to alcohol and tobacco. In 2016, a new law was enacted bringing in stricter measures on tobacco products, but its implementation has been a challenge.

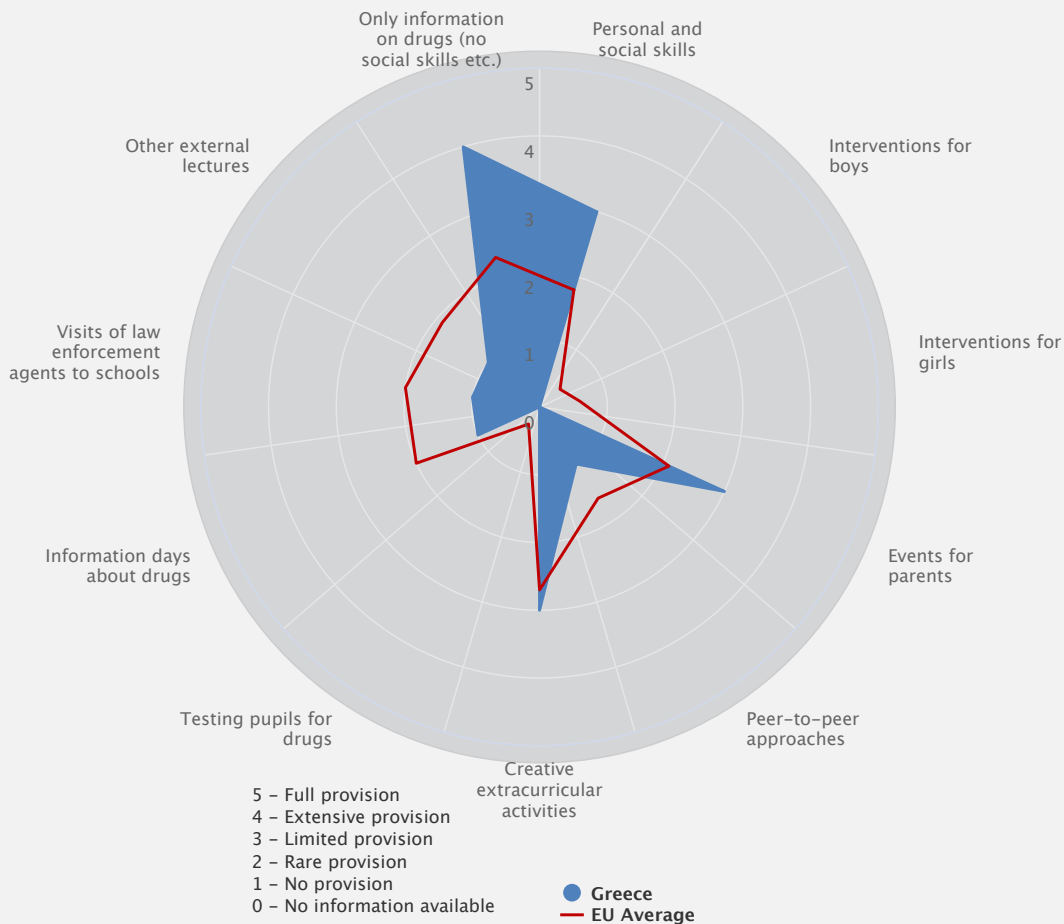
Particular emphasis is placed on prevention interventions in school settings. Universal prevention in primary and secondary education takes the form of programme-based interventions in the context of the health promotion programmes implemented by the Ministry of Education and programmes carried out in close cooperation with interventions designed and delivered by the network of Prevention Centres. The development of personal and social skills is a key feature of these activities, in both primary and secondary education. Furthermore, the Prevention Centres and other agencies provide training seminars and supervision sessions to help teachers implement health promotion programmes.

Families are another core target group for drug prevention. Family prevention includes information events and training programmes (parents' groups). Prevention Centres also provide information and raise public awareness about drugs and drug dependence, and prevention professionals target other members of the local community, such as volunteers, the army, public security forces, health professionals and youth mediators. They have expanded to include all kinds of addiction and the promotion of psychosocial health, and have been renamed Prevention Centres for Addiction and Psychosocial Health Promotion.

In recent years, a number of selective prevention interventions targeting at-risk groups and individuals have been developed. The Icarus Prevention Unit (KETHEA) designs and implements interventions aimed at young offenders, young people who experiment with drugs, immigrants, returning migrants, refugees, disabled children, children from dysfunctional environments, at-risk families and children living in care institutions. In 2010, KETHEA opened a community intervention centre in Athens to work with young people from socially excluded families who exhibited delinquent behaviour and had drug use problems. Some Prevention Centres and agencies implement activities targeting young people who are experimenting with drugs or who have psychosocial problems, come from single-parent families or families from culturally diverse groups, or are immigrants.

Indicated prevention activities are mainly individual or group counselling and referrals to other specialised services for students with psychological, emotional and social problems or special learning needs.

## Provision of interventions in schools in Greece



NB: Year of data 2015

## Harm reduction

Since the 2011 human immunodeficiency virus (HIV) outbreak among people who inject drugs (PWID) in Athens, harm reduction service provision in Greece has been scaled up. Low-threshold facilities and outreach programmes focus on the prevention of infectious diseases and of overdose deaths, as well as on the management of health problems among drug users. All drug users attending a drug treatment programme have the right to free medication if they are HIV or hepatitis C virus positive or have other serious health problems (Law No 4139/2013). PWID are also an important target group in the action plan, adopted in 2017, for responding to the hepatitis C epidemic in Greece by creating awareness, improving services and better monitoring.

### Harm reduction interventions

In Greece, harm reduction interventions include the provision of clean needles and syringes, condoms, printed health education and information materials, and training in safe use and first aid for drug users. The services offered by low-threshold programmes include testing for infectious diseases in low-threshold facilities in Athens; vaccination against the hepatitis A and B viruses is available free of charge.

In 2016, about 336 000 sets of sterile injecting equipment were provided at six fixed locations in Athens and Thessaloniki, while seven sites were regularly serviced by teams of outreach workers and by mobile units. In 2016, a new needle and syringe programme opened in Athens; however, harm reduction service coverage in the rest of the country remains low. Following reductions in the numbers of syringes distributed at needle and syringe exchange/distribution sites in 2014 and 2015, numbers rose again in 2016, but have not yet reached the same level as in 2013, when more than 400 000 syringes were given out.

In 2016, owing to a vaccination shortage, the number of individuals immunised against hepatitis C shrank to a quarter of those immunised in 2015. Under a new initiative, assessment for fibrosis of the liver is offered to vulnerable groups, and around 1 000 PWID were screened in 2016.

**Availability of selected harm reduction responses in Europe**

<b>Country</b>	<b>Needle and syringe programmes</b>	<b>Take-home naloxone programmes</b>	<b>Drug consumption rooms</b>	<b>Heroin-assisted treatment</b>
Austria	Yes	No	No	No
Belgium	Yes	No	No	No
Bulgaria	Yes	No	No	No
Croatia	Yes	No	No	No
Cyprus	Yes	No	No	No
Czech Republic	Yes	No	No	No
Denmark	Yes	Yes	Yes	Yes
Estonia	Yes	Yes	No	No
Finland	Yes	No	No	No
France	Yes	Yes	Yes	No
Germany	Yes	Yes	Yes	Yes
Greece	Yes	No	No	No
Hungary	Yes	No	No	No
Ireland	Yes	Yes	No	No
Italy	Yes	Yes	No	No
Latvia	Yes	No	No	No
Lithuania	Yes	Yes	No	No
Luxembourg	Yes	No	Yes	Yes
Malta	Yes	No	No	No
Netherlands	Yes	No	Yes	Yes
Norway	Yes	Yes	Yes	No
Poland	Yes	No	No	No
Portugal	Yes	No	No	No
Romania	Yes	No	No	No
Slovakia	Yes	No	No	No
Slovenia	Yes	No	No	No
Spain	Yes	Yes	Yes	No
Sweden	Yes	No	No	No
Turkey	No	No	No	No
United Kingdom	Yes	Yes	No	Yes

## The treatment system

According to Law No 4368/2016 and the Joint Ministerial Decision A3(c)/MS/CS 25132/4-4-2016, people without social security and vulnerable social groups, including people who inject drugs, have access to all public health services including hospitalisation and medication therapy.

Drug treatment in Greece is provided by public entities or corporate bodies under private law, almost all of which are fully or partially funded by the government.

The main treatment modalities available are psychosocial interventions and opioid substitution treatment (OST), which are delivered mainly in outpatient settings. Outpatient treatment is provided through specialised drug treatment centres and counselling centres that provide services separately for adults and adolescents and are the access points to drug treatment for an increasing proportion of drug users. With regard to specialised treatment programmes, one early intervention programme for cannabis users is integrated into a drug-free outpatient treatment unit for adolescents.


Inpatient treatment is provided by residential drug treatment units, therapeutic communities and prison units through a specialised detoxification structure that offers a 21-day treatment programme. Psychosocial treatment, screening for mental health disorders, provision of mental healthcare, case management and referral to relevant medical and social services are available in a majority of the units.

OST is the most frequently offered treatment option and is currently available in most Greek cities. The Organisation Against Drugs (OKANA) is the only organisation with legal permission to establish, operate and monitor OST programmes. The substances used in OST are methadone and buprenorphine.

## Drug treatment in Greece: settings and number treated

### Outpatient

Specialised Drug Treatment Centres (11533)



### Inpatient

Therapeutic communities (599)

Other Inpatient (233)

"Residential drug treatment" (147)

### Prison

Prison (427)



NB: Year of data 2016

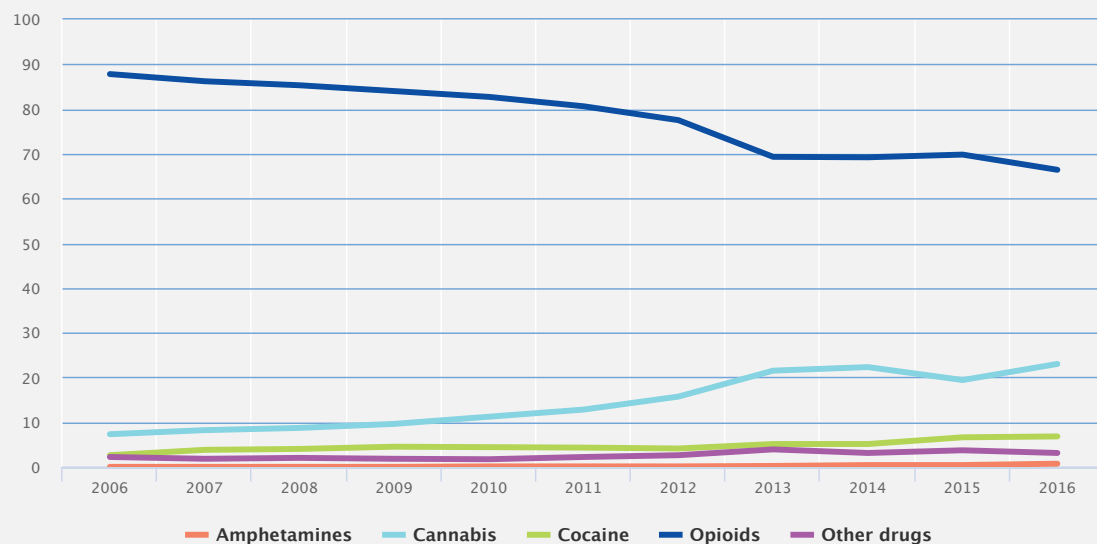
## Treatment provision

In 2016, 12 939 people received drug treatment in Greece and 9 out of 10 treatment clients were treated in outpatient settings; the majority were treated in OST programmes.

Treatment demand data indicate that most clients enter treatment as a result of primary heroin use. Since 2012, the number of treatment entries for heroin use has decreased, although the 2016 data show stabilisation. At the same time, the proportion of cannabis-related treatment entries has increased, which could be explained by multiple factors, including an increase in the number of people developing problems as a result of cannabis use, changes in the cannabis market (increased potency) and the emergence of special treatment programmes addressing the needs of cannabis users.



## Trends in percentage of clients entering specialised drug treatment, by primary drug, in Greece



NB: Year of data 2016.

Over the period 2010-12, the number of clients treated in OST programmes almost doubled, although the number has remained stable in recent years. According to the 2016 data, a total of 9 974 patients received OST, with buprenorphine-based medication prescribed most frequently. No waiting time is normally expected before entering OST, except in the Attica region (Athens), where most opioid users are situated. The estimated waiting time in this area at the end of 2016 was up to two years.

## Drug use and responses in prison

No recent information is available on drug use among prisoners in Greece, but data are available on prisoners undergoing drug treatment and on treatment clients in the community who have been in prison. Approximately 2 out of 10 prisoners in drug treatment have been diagnosed with a psychiatric comorbidity. Among drug treatment clients in the community, based on the treatment demand indicator data, nearly 60 % had been in prison during their lifetime.

In 2016, there were seven treatment programmes operating in prisons, including opioid substitution treatment (OST). These programmes offer relapse prevention and testing and treatment for infectious diseases. In addition, seven programmes implemented psychosocial support interventions in 21 prisons, meeting needs in several areas of the country. These programmes offer a number of services, including information and counselling, harm reduction and death prevention.

Non-governmental organisations provide special programmes to HIV-positive prisoners.

Imprisoned drug users who opt for treatment undergo a three-week detoxification programme before being admitted for drug treatment in prison. Following the successful completion of the 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.

## Quality assurance

The promotion of effectiveness and best practices are emphasised in the Hellenic policy documents, while the development of national guidelines in the field was provided for in the last law relating to drugs, enacted in 2013. There is no formal and uniform quality assurance system for drug demand interventions at the national level. Each of the main drug demand reduction organisations has developed its own system to assure and enhance the quality of its services. Accreditation and/or certification are not prerequisites for professionals, services or drug demand reduction programmes in Greece.

However, there are specifications and criteria for the operation of Prevention Centres and certain standards based on which the Prevention Centres prepare their five-year activity plans.

In 2011, a handbook entitled *Drug prevention: guidelines and intervention planning* was issued, which was intended to assist prevention professionals in planning and evaluating their interventions. In-depth evaluations of prevention programmes remain rare. With a view to promoting quality standards in drug prevention, the University of Mental Health Research Institute and the Greek national focal point for the EMCDDA participated in the EU Prevention Standards Partnership, which has been undertaking Phase II of the European Drug Prevention Quality Standards Project .

Each specialised therapeutic agency has developed its own operational framework to assure and enhance the quality of its services. In 2013, a new operational framework for opioid substitution treatment programmes was published.

The Organisation Against Drugs (OKANA) Training and Supervision Centre provides seminars for practitioners in the demand reduction field as well as for law enforcement officers. In 2016, the Icarus Prevention Unit (KETHEA), in cooperation with the Law Schools of the Aristotle University of Thessaloniki and of the University of Nicosia, launched an 18-month post-graduate training programme on criminal law and addiction, as well as providing training seminars for drug demand reduction practitioners, researchers, students and other groups.

## Drug-related research

The draft national drug strategy encourages a scientific approach to the drugs problem through monitoring, evaluation and research. The national strategy and the action plan on drugs, however, were never formally endorsed and the research priorities were not realised. Several government sources provide funding for research, mainly to university departments and to a major treatment centre that is active in the research field. National funding for research has been scarce in Greece in recent years but the results of two major research projects on drug use prevalence were published in 2015. Most of the research that has been conducted to date is epidemiological, but clinical research on treatment, among other types of research, is also carried out. Each year, the national focal point for the EMCDDA collects information about all the drug- and alcohol-related scientific papers by Greek authors published either in Greece or abroad and publishes the *Greek bibliography on drugs and alcohol*. A paper on the response to the 2012-13 HIV/AIDS epidemic in Greece was published in 2015, within the framework of the Aristotle project, and was one of the winners of the 2016 EMCDDA scientific awards.

## Drug markets

Cannabis is the most frequently seized substance in Greece. It remains the only illicit drug that is produced in Greece and is grown on a small scale for the domestic market. Greece is a transit country for herbal cannabis that is cultivated in Albania; it passes by land to Greece's ports and then to other EU countries. Data from 2016 seizures suggest that the cannabis resin seized in Greece originates primarily from the Netherlands and Albania.

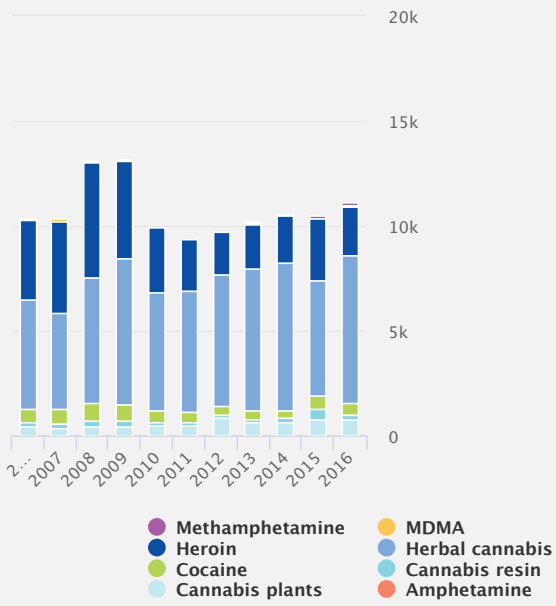
Heroin originating from Afghanistan and Pakistan is smuggled into Greece through the southern leg of the Balkan route or via other EU Member States. Cocaine is smuggled into Greece, mainly by sea, directly from South America or through some intermediate ports in Spain, the Netherlands and Italy. The cocaine and heroin arriving in Greece are mainly intended for onward transit to other European countries.

According to the Central Anti-Drug Coordinating Unit, in 2016, the quantities of herbal cannabis, cocaine and MDMA/ecstasy products seized were larger than in 2015.

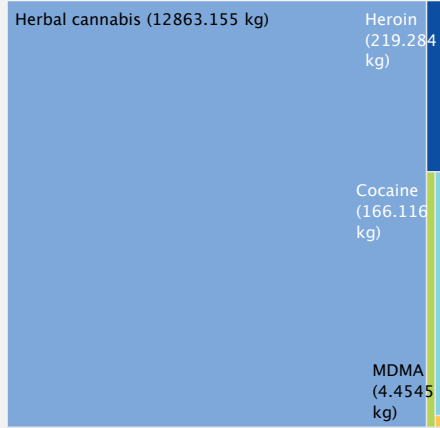
In 2016, nine synthetic cannabinoids were identified for the first time in Greece. The reported quantity of synthetic cannabinoids seized was lower than in previous years.

**Drug seizures in Greece: trends in number of seizures (left) and quantities seized (right)**

Number of seizures



Quantities seized



NB: Year of data 2016

## Key statistics

Most recent estimates and data reported

	Year	Country data	EU range	
			Min.	Max.
<b>Cannabis</b>				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	9.1	6.5	36.8
Last year prevalence of use - young adults (%)	2015	4.5	0.4	21.5
Last year prevalence of drug use - all adults (%)	2015	2.8	0.3	11.1
All treatment entrants (%)	2016	23.0	1.0	69.6
First-time treatment entrants (%)	2016	39.7	2.3	77.9
Quantity of herbal cannabis seized (kg)	2016	12863.1	12	110855
Number of herbal cannabis seizures	2016	7076	62	158810
Quantity of cannabis resin seized (kg)	2016	155	0	324379
Number of cannabis resin seizures	2016	248	8	169538
Potency - herbal (% THC) (minimum and maximum values registered)	2016	n.a.	0	59.90
Potency - resin (% THC) (minimum and maximum values registered)	2016	n.a.	0	70.00
Price per gram - herbal (EUR) (minimum and maximum values registered)	2016	13 - 25	0.60	111.10
Price per gram - resin (EUR) (minimum and maximum values registered)	2016	15 - 35	0.20	38.00
<b>Cocaine</b>				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	1.3	0.9	4.9
Last year prevalence of use - young adults (%)	2015	0.6	0.2	4.0
Last year prevalence of drug use - all adults (%)	2015	0.4	0.1	2.3
All treatment entrants (%)	2016	6.8	0.0	36.6
First-time treatment entrants (%)	2016	8.8	0.0	35.5
Quantity of cocaine seized (kg)	2016	166.1	1	30295
Number of cocaine seizures	2016	526	19	41531
Purity (%) (minimum and maximum values registered)	2016	41.6 - 94.7	0	99.00
Price per gram (EUR) (minimum and maximum values registered)	2016	60 - 110	3.00	303.00
<b>Amphetamines</b>				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	1.5	0.8	6.5
Last year prevalence of use - young adults (%)	n.a.	n.a.	0.0	3.6
Last year prevalence of drug use - all adults (%)	n.a.	n.a.	0.0	1.7
All treatment entrants (%)	2016	0.7	0.2	69.7
First-time treatment entrants (%)	2016	0.8	0.3	75.1
Quantity of amphetamine seized (kg)	2016	1.8	0	3380
Number of amphetamine seizures	2016	16	3	10388
Purity - amphetamine (%) (minimum and maximum values registered)	2016	n.a.	0	100.00
Price per gram - amphetamine (EUR) (minimum and maximum values registered)	2016	5 - 15	2.50	76.00
<b>MDMA</b>				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	1.2	0.5	5.2
Last year prevalence of use - young adults (%)	2015	0.4	0.1	7.4
Last year prevalence of drug use - all adults (%)	2015	0.2	0.1	3.6
All treatment entrants (%)	2016	0.2	0.0	1.8
First-time treatment entrants (%)	2016	0.4	0.0	1.8
Quantity of MDMA seized (tablets)	2016	9522	0	3783737
Number of MDMA seizures	2016	74	16	5259
Purity (MDMA mg per tablet) (minimum and maximum values registered)	2016	n.a.	1.90	462.00
Purity (MDMA % per tablet) (minimum and maximum values registered)	2016	n.a.	0	88.30
Price per tablet (EUR) (minimum and maximum values registered)	2016	3 - 8	1.00	26.00
<b>Opioids</b>				
High-risk opioid use (rate/1 000)	2016	2.4	0.3	8.1
All treatment entrants (%)	2016	66.4	4.8	93.4
First-time treatment entrants (%)	2016	48.1	1.6	87.4
Quantity of heroin seized (kg)	2016	219.2	0	5585
Number of heroin seizures	2016	2306	2	10620

Purity - heroin (%) (minimum and maximum values registered)	2016	13.8 - 41.6	0	92.00
Price per gram - heroin (EUR) (minimum and maximum values registered)	2016	15 - 30	4.00	296.00
<b>Drug-related infectious diseases/injecting/death</b>				
Newly diagnosed HIV cases related to Injecting drug use -- aged 15-64 (cases/million population, Source: ECDC)	2016	7.4	0.0	33.0
HIV prevalence among PWID* (%)	2016	5.1	0.0	31.5
HCV prevalence among PWID* (%)	2016	63.5	14.6	82.2
Injecting drug use -- aged 15-64 (cases rate/1 000 population)	2016	0.6	0.1	9.2
Drug-induced deaths -- aged 15-64 (cases/million population)	2016	6.8	1.4	132.3
<b>Health and social responses</b>				
Syringes distributed through specialised programmes	2016	335903	22	6469441
Clients in substitution treatment	2016	9974	229	169750
<b>Treatment demand</b>				
All entrants	2016	4314	265	119973
First-time entrants	2016	1753	47	39059
All clients in treatment	2016	12939	1286	243000
<b>Drug law offences</b>				
Number of reports of offences	2016	17741	775	405348
Offences for use/possession	2016	13213	354	392900

\* PWID — People who inject drugs.

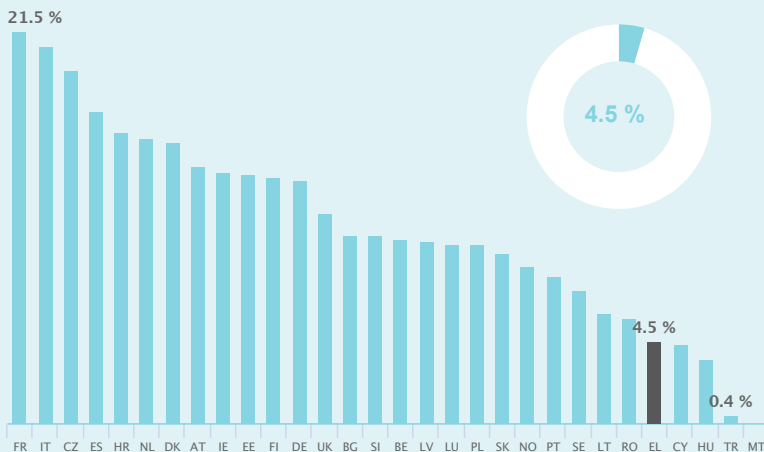
Data for drug-induced deaths is for all adults

## EU Dashboard

### EU Dashboard

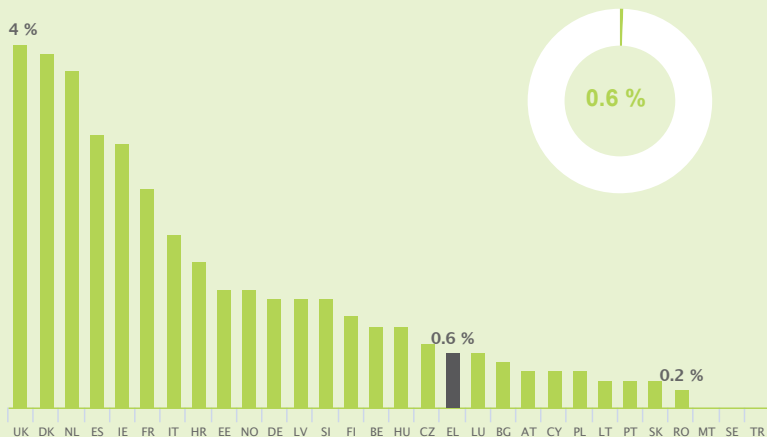
#### Cannabis

Last year prevalence among young adults (15-34 years)



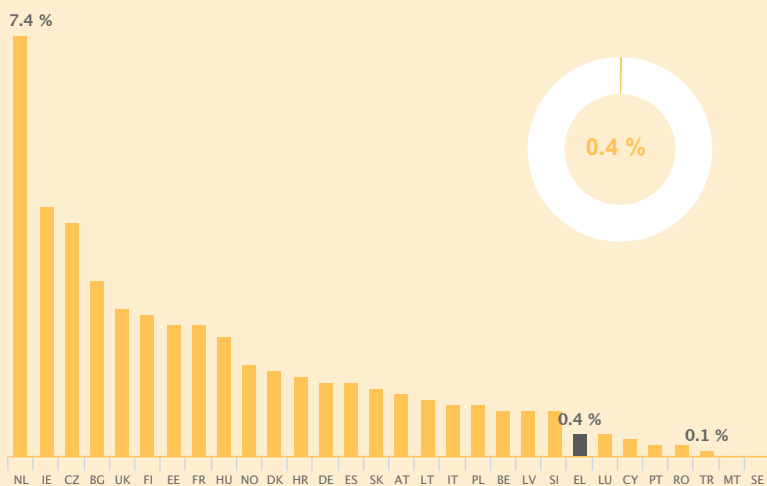
### Cocaine

Last year prevalence among young adults (15-34 years)



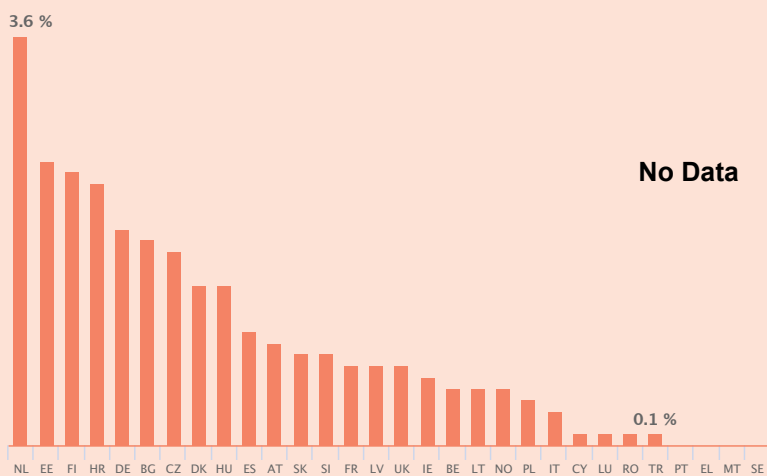
### MDMA

Last year prevalence among young adults (15-34 years)



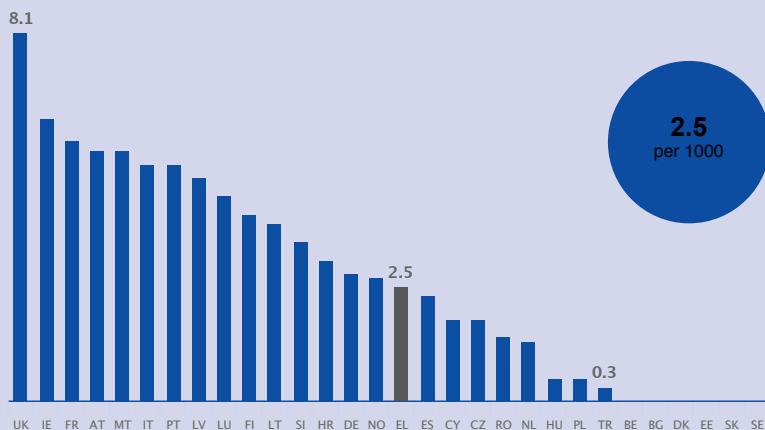
### Amphetamines

Last year prevalence among young adults (15-34 years)



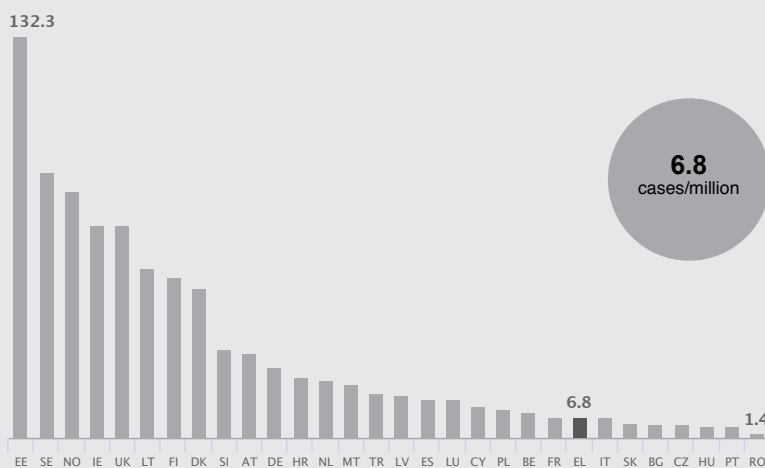
## Opioids

High-risk opioid use (rate/1 000)



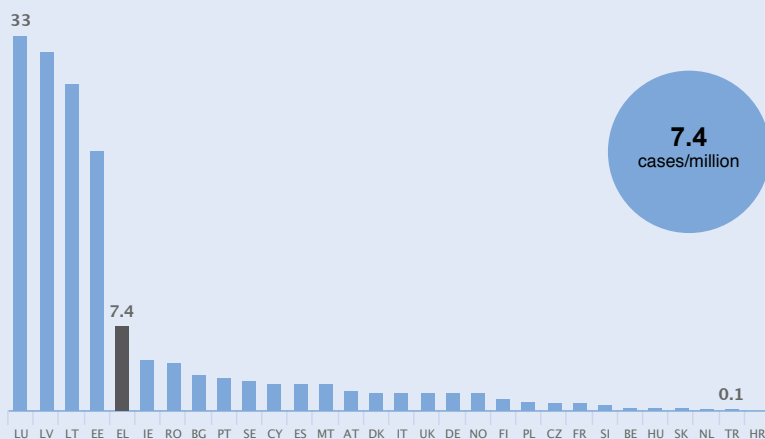
## Drug-induced mortality rates

National estimates among adults (15-64 years)



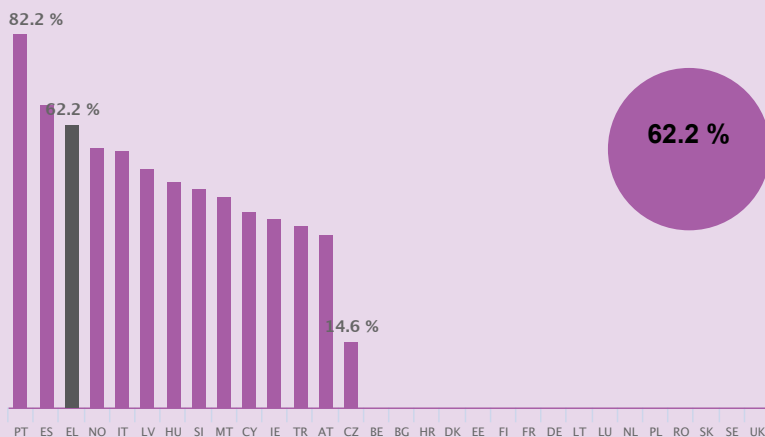
## HIV infections

Newly diagnosed cases attributed to injecting drug use



## HCV antibody prevalence

National estimates among injecting drug users



\*NB: Caution is required in interpreting data when countries are compared using any single measure, as, for example, differences may be due to reporting practices. Detailed information on methodology, qualifications on analysis and comments on the limitations of the information available can be found in the EMCDDA Statistical Bulletin. Countries with no data available are marked in white. Data to calculate the mortality rate for all adults (15-64 years) are not available, however the mortality rate for all ages is 6.8 cases per million.\*

## About our partner in Greece

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

## University Mental Health Research Institute



**EKTEIN**

GREEK REITOX FOCAL POINT

Soranou tou Efesiou, 2

(PO Box 66 517)

GR-15601 Athens

Greece

Tel. +30 2106536902

Fax +30 2106537273

Head of national focal point: Ms Manina Terzidou