

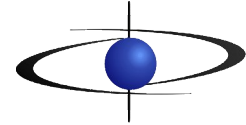


UMHRI

UNIVERSITY MENTAL HEALTH RESEARCH INSTITUTE



European Monitoring Centre
for Drugs and Drug Addiction



Greek REITOX
Focal Point

**2014 NATIONAL REPORT (2013 data) TO THE
EMCDDA
by the Reitox National Focal Point**

**GREECE
New Development, Trends**

**REITOX
ATHENS 2014**

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SUMMARY

I. Summaries by chapter

Chapter 1. Drug policy: legislation, strategies and economic analysis

The new National Strategy for the period 2014 – 2020 and the National Action Plan for the period 2014-2016 are drafted and submitted for endorsement. The National Strategy on Drugs attempts a synthetic and holistic approach to the drugs problem, and among its priorities are the actions for vulnerable population groups, implementation of policies based on best practices and social participation. The National Action Plan is in alignment with the Action Plan on Drugs European Union 2013-2016 and consists of 5 Axes, each one of which has a series of Actions, for which there are indicators identified for the monitoring of its implementation. The evaluation of the Action Plan is foreseen.

The Ministry of Health issued, in 2014, the “Action Plan for responding to the HIV/AIDS epidemic among people who inject drugs (PWID) in Athens and the rest of Greece”, aiming at a more effective response to the HIV/AIDS epidemic.

OKANA established two OST units in two Greek prisons for the first time.

The Charter of fundamental human rights of dependent individuals, launched in 2014 as an initiative of the General Secretary of Transparency and Human Rights of the Ministry of Justice, Transparency and Human Rights in collaboration with the A' Psychiatric Clinic of the Athens University Medical School, constitutes the first, at European level, specialised document of recognising the rights of dependent individuals on health and treatment issues.

The Greek Presidency of the European in 2014 was completed successfully, having managed to fulfil most of its objectives.

Meanwhile, the budget cuts in the drug related agencies continued in 2013, by an average of 15% compared to 2012.

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

The most recent, preliminary, data on cannabis use among adolescents are available from the Greek-leg of the international WHO collaborative study Health Behaviour in School-aged Children (HBSC) conducted by UMHRI in 2014. Data show further increases in lifetime and current use of cannabis among 15-year-olds in 2014 (9.6% and 4.9%, respectively) compared to 2010 (7.0% and 4.0%, respectively) and 2006 (3.7% and 2.2%, respectively). Increases observed in the HBSC study in 2014 corroborate trends observed also in UMHRI's 2011 Greek Nationwide School Population Survey on Substance Use (based on the ESPAD protocol). The National Focal Point stresses the

urgent need for repeating the nationwide general population household survey which uses probabilistic sampling and the European Model Questionnaire for measuring drug use—the last survey of this kind had been conducted in 2004.

Chapter 3. Prevention

In the prevention field, at policy level, an important development was the 2013 enacted law, where the main actors in drug prevention are defined, while a network of all agencies involved in drug prevention is foreseen to be established. In addition, in 2014 OKANA launched one Prevention Centre in Athens (the 6th Prevention Centre in the city of Athens). As far as prevention interventions are concerned, school-based prevention has always been a key priority for prevention in Greece, while families are also of the core target groups. An important point is that during the last years prevention action does not focus only on substance (illegal and legal) use; rather emphasis is given on prevention of all kinds of addiction and risk behaviours as well as psychosocial health promotion. As for quality assurance of prevention interventions, training for prevention practitioners 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.

Chapter 4. High Risk Drug Use (HRDU)

The estimated total number of users aged 15-64 years whose primary drug is heroin is 16162 for the year 2013, with 95% confidence interval (CI) 14158 – 18530. The overall estimate is somewhat lower than the previous year's estimate of 20429 (95% CI 18232 – 22968). The 2013 estimate number of injecting drug users is 5284 (95% CI. 4451 – 6338). This number is also down on last year's figure of 7651 (95% CI 6616 – 8194).

Chapter 5. Treatment theme

In 2013, the National Committee of Planning and Coordination against Drugs was set up with a view to prepare the Greek National Drug Action Plan (2014-2016), whose main targets are the expansion of OST programme, the reduction of its waiting list, the development of interventions in prison settings, as well as the enhancement of therapeutic interventions in general. In 2013, the total number of people in treatment was 12 977, of whom 11 727 were offered the services of the 92 outpatient treatment programmes operating across the country and 1 250 clients attended the programme of 13 inpatient treatment facilities. Almost eight in 10 clients received OST (n = 9 973), of whom 26.7% were in methadone and 73.3% in buprenorphine OST.

A total of 4 894 drug users entered treatment and provided TDI data in 2013. The majority of treatment entrants approached outpatient settings – mostly “drug-free” (71.7%, 22.4% entered OST) – and they had previous treatment attempts (56.9%). Opioids have been the primary substance of abuse (69.3%), followed by cannabis (21.5%), cocaine (5.1%), and the abuse of tranquilisers / sedatives (3.1%). Opioids have been the primary substance of abuse also for the first-ever-treatments, although in substantially lower rates (54.9%). Problems with cannabis were reported by one in 3 first-ever-treatment entrants in 2013 (35.4%).

Following increases between 2003 and 2012 (sharp between 2011 and 2012), in 2013 the number of clients in OST remained stable compared to 2012, likely due to OST reaching capacity during the reporting year. The same reason accounts for the significantly reduced number of treatment entrants in OST in 2013 (n = 1 098) compared to 2012 (n = 2 135).

In 2013 there has been a 23% decrease in the number of treatment entries reporting problems with opioids compared to 2012—stronger amongst first-treatments (31% decrease). By contrast, increases have been observed in all other drug categories—the highest in tranquilisers / sedatives (37% increase; 58% amongst first-treatments) and cannabis (18% increase; 25% among first treatments).

Although the rapid expansion of OST network in 2012 has caused the shortening of the waiting list for entry to the programme, a total of 2 563 applications were pending entry by the end of 2013, with an average waiting time in Athens 3.5 years.

The new development in the availability of treatment services in 2013 was the operation of two new treatment programmes, an Early Intervention Unit for adults in Piraeus by KETHEA and a Multiple Intervention Programme in Chania, Crete by OKANA.

Chapter 6. Health correlates and consequences

In 2013 about 266 of the new HIV infections which were reported through the national HIV/AIDS surveillance system were associated with injecting drug use. These represented about 38% of the all HIV infections with a known source of transmission reported that year. Although high, the number of new infections associated with injecting drug use was by 52% lower in 2013 compared to 2012 (n = 547). Preliminary data suggest further decreases in new infections among PWID in 2014. In 2013, the prevalence of HIV in national samples of PWID accessing drug-related treatment ranged between 6% and 11%, depending on the treatment modality. The HIV prevalence increased further in 2013 relative to 2012 reflecting the increased numbers of PWID tested HIV-positive and linked to drug-related treatment. Higher prevalence of HIV was observed in Athens – this ranged between 4% and 19% with the higher rates reported by OST. HCV prevalence remained high in 2013, ranging between 56% and 74% in national samples of PWID accessing drug-related treatment. HCV prevalence was higher in Athens (80%) relative to other areas, while high prevalence rates were observed among young PWID (<25 year olds) and recent initiates (<2 years of injecting histories), indicating ongoing transmission in 2013. The number of drug-related deaths continued its decreasing trend in 2013.

Chapter 7. Responses to health correlates and consequences

In 2013, the establishment of two low threshold services in Thessaloniki responded to the need of problematic drug users living in the area for health care and psychological support.

In the reporting year, a significant increase was noticed in the number of leaflets on the prevention of infectious diseases provided to drug users. Moreover, there was an increase in the number of condoms and of syringe provision sites, while the number of syringes increased slightly.

On the other hand, there was a decrease on the number of cases of drug users' health emergencies compared to the previous years due to the suspension of the main unit providing this service for the first five months of 2013.

Injecting drug users represented about 31.9% of all people who live with HIV and started antiretroviral treatment (ART) in 2013 in Greece – a higher proportion compared to the previous years (2012: 30.4%, 2011: 11.5%, 2010: 2.6%, 2009: 1.9%).

Psychiatric comorbidity appears to have been a major concern for treatment as new interventions for serving drug users with psychiatric comorbidity (psycho-diagnostic centres) were established in 2013.

Most new interventions have been mainly funded through European Funds – National Strategic Framework (ESPA).

Chapter 8. Social correlates and social reintegration

In 2013, the total number of clients served in social reintegration centres was 901. From 2010 to 2013, the trend in the total number of clients remained relatively in a stable mode.

In the school year 2012-2013, a total of 593 clients attended the 22 schooling structures operated across the country, of whom 48 clients succeeded in moving up a form or obtained the high school leaving certificate, 4 were admitted to higher education, 18 obtained a language certificate and 45 obtained a computer certificate.

Vocational training services are offered by 18 structures, and 109 clients attended these courses.

In 2013, 26.6% of the clients served by specialised social reintegration structures were already employed at the beginning of the reporting year and 29.3% found a job during the year, remaining at the same level with 2012.

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 28.6% of the individuals completed the programme.

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

A stable increase is observed for the years 2012-2013 in both the number of individuals charged with drug-related offences and the number of drug-related cases, reaching the levels of 2005-2006. The number of total, Greek and foreigner arrestees in the four-year period 2009-2012 has generally decreased despite the fluctuations in that period. According to the latest data from the Hearing Dates Department of the Supervisory Juvenile Service of the Athens Juvenile Court, there was a decrease in the number of minors on charges of breaking the Code of Laws on Drugs of the court year 2012-2013 (N=235), compared to the numbers of court year 2011-2012 (N=451) by 47.9%. The number of pharmacy burglaries in 2013 reached the levels of year 2011 and the percentage levels of drug-related road accidents among years 2010, 2011 and 2013 remained the same, with the highest number of drug-related road accidents being observed in 2010. In 2013, nine programmes implemented psychosocial support interventions in 24 prisons. The total number of prisoners who were offered counselling support services through the aforementioned programmes was 2221. In 2013, there were 5 treatment programmes in prison, with a total of 277 clients being offered treatment services, of which 74 clients released from prison and referred to treatment programmes for newly released prisoners. Interventions of information on health issues were held in 20 prisons and a total of 1609 individuals were benefited by them. To ensure continuity of support and treatment of the 2013 newly-released prisoners, 3 counselling centres operated across the country with a total of 206 newly-released prisoners receiving their services. Similarly, the total number of clients in the 3 treatment programmes for newly-released prisoners came up to 109. Finally, the total number of clients served by the 3 social reintegration centres which operate across the country was 77.

Chapter 10. Drug markets

Heroin quantities seized showed a stable decrease in the five year period 2009-2013. Cocaine seizures in 2013 over tripled compared to 2010 and 2012 quantities. In 2012, cannabis seizures increased by 66.0% over 2011 a figure over tripled compared to the years 2007-2009 and remained stable in 2013. Cannabis plants seizures in 2013 decrease by 32.4% compared to the levels of 2012, while the reported seizures in 2013 for methadone tablets reached the lowest levels since 2005. The seized quantities of synthetic drugs in 2013 overcome the low seizure levels of 2011-2012 and the LSD seizures in 2013 followed the low doses of 2010 after the large increase in 2011.

The retail price («street price») of heroin in 2013 ranged between € 12-30 per gram, with a slightly increased minimum price compared to 2012. The retail price of cocaine ranged between € 60-120 per gram, when in 2012 the minimum value was 35€ per gram. Cannabis minimum and maximum prices have been stable since 2011.

In 2013, the maximum purity of heroin samples in active ingredients was 70.0%, increased by 11.0 percentage units compared to the maximum content of heroin samples in 2012, whose levels were 59.0%. In 2013, the average purity of cocaine samples in active ingredients was 75.0%, when in 2012 the values was 59.0%, in 2011 61.1% and in 2008 64.1%.

II. Highlights and transversal analysis

*If you dismantle Greece you will be left with an olive tree, a vine and a boat.
Which means: you only need these three to reconstruct it.*

Odysseas Elytis

Greek Poet, Nobel Prize 1979

A general word

The most important developments in the drug field in Greece in 2013 were on coordination, national strategy and harm reduction.

Following the Law 1439/13, the National Committee for the Coordination and Planning of Drugs Responses was formed, chaired by the National Drugs Coordinator. The Committee drafted the National Strategy (2014-2020) and the National Action Plan on Drugs (2014-2016) and submitted it to the Inter-ministerial Committee on Drugs Action Plan, chaired by the Prime Minister.

Meanwhile, the mass effort for containing the HIV/AIDS epidemic, which started in 2011, escalated: the Ministry of Health issued a special Action Plan for the HIV/AIDS epidemic; new harm reduction interventions were established; the number of syringes and condoms distributed further increased in 2013; the number of users in treatment continued to increase.

This effort did not solely target the HIV epidemic, it also aimed at increasing the availability and the accessibility of treatment, decreasing the number of problem drug users, and, eventually, drug related deaths.

Data show that the effort was, so far at least, successful. Almost 13 000 users were in treatment in 2013 – more than 11 000 of whom were opioid users. This implies that more than half of the opioid users population, according to the 2013 estimate (16 162) are under treatment (taking into account the limitations of the estimate). Drug related deaths continued their steady decline, which started in 2008. The new cases diagnosed with HIV decreased in 2013, as compared to 2012, a sign of containment of the epidemic, although the numbers remain high. Nevertheless, the agents providing ART faced great difficulties in responding to the increased demand, as funds have been significantly reduced, and this treatment is costly. Despite the difficulties, all seropositive individuals have been covered with ART, free of charge.

Pharmacologically assisted treatment is for the first time provided in the prison setting by OKANA. For the first time also a consumption room was established in Athens.

These developments, several of which had financial implications, occurred in the middle of the economic crisis in Greece, and they were effectuated largely with European funds (the National Strategic Reference Framework). There is concern about the future of these interventions when these funds are no longer available. On the other hand, the National Drugs Action Plan, includes all these interventions and is expected to ensure their continuity.

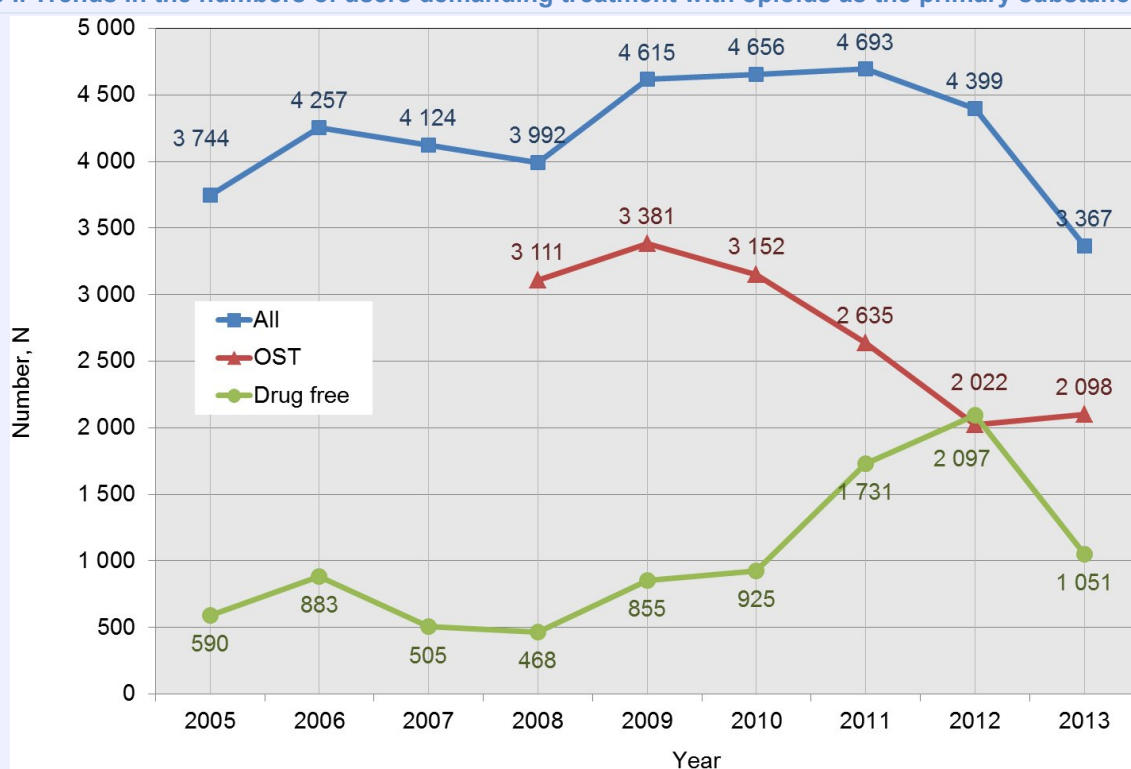
A further optimistic sign in 2013 is the upgraded role of the NGOs. They participated in the drafting of the AIDS Action Plan and they contributed in the public consultation of the Drugs' Action Plan. Quite a few NGOs implement harm reduction interventions and testing for infectious diseases.

Drug specific points

Heroin

Treatment demands by opioid users still constitute the larger part of all demands, although opioid users in treatment continue to be the larger group in treatment. Nevertheless, in 2013 the number of opioid users demanding treatment dropped significantly (Figure I). This decrease is mainly due to the steady reduction, since 2009, of the number of opioid users who contact drug free agencies. As the respective number in OST increases roughly since the same period, it is probably related to the establishment of the 33 new OST units, which attracted users from drug free treatment. It is possible that a number of users in drug free agencies had already applied for OST, and while being in the long waiting list of the programme, had started drug free treatment; they moved to OST, when they were given the opportunity. This is further corroborated by the increasing, in the last three years, percentages of dropouts prevalent in the drug free treatment.

Figure I. Trends in the numbers of users demanding treatment with opioids as the primary substance



Source: Greek REITOX Focal Point, 2014

Heroin street price decreased in 2013. One of the reasons might be that as heroin seizures also decreased, the availability of the product increased; other reasons, according to the Police, are the enlargement of the drug market in Greece, resulting in greater division of profits, and the street quantities being adulterated.

Cocaine

Large increase was shown in the street price of cocaine (by 71%) in 2013, compared to 2012, one possible factor being the seizures of cocaine which more than tripled between these two years. Cocaine users demanding treatment remain relatively stable in the last 5 years, following the large increase in 2007. Cocaine users in treatment increased significantly in 2013, as compared to 2012.

Cannabis

Cannabis seizures stabilized in 2013 in relation to 2012, thus interrupting their increasing trend, prevalent since 2008. The price of cannabis remained stable in the last three years.

Cannabis users in treatment increased substantially in 2013, as compared to 2012; so did the treatment demands for cannabis. Cannabis users show a stable increase since 2007, comprising an increasing proportion of clients in treatment and of treatment demands.

A closing remark

The effort of agencies and policy makers in the last three years to respond effectively to the drugs problem in general and to the HIV epidemic in particular, appears to be bearing fruits in various drugs domains. Notwithstanding the continuing cuts in the agencies budgets, the professionals manage to retain the quality of services high.

Because most of the interventions are based on European funds, worries are increasingly expressed on their future. Given the volatile nature of the drugs problem, an epidemic or an upsurge is a very realistic possibility if national funding is not ensured.

PART A:
NEW DEVELOPMENTS AND TRENDS

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

1.1 Introduction

During the years 2013 and 2014, important developments in the field of drugs occurred, referring mainly to the coordination and the drafting of the National Strategy and the Action Plan. Nevertheless, the budget cuts in the drug agencies continued.

1.2 Legal framework

1.2.1 General legal instruments

2013

Law 4208/2013: Arrangements for the Ministry of Health and other provisions (608809)

Article 20 of this law amends Article 49 Law 4139/2013 on the competences of the National Drugs Coordinator.

Article 20 now reads as follows (the additions to Article 49 Law 4139 begin in 2(c)):

National Drugs Coordinator

Article 49 Law 4139 (Government Gazette A` 74) is replaced as follows:

- 1) The National Drugs Coordinator shall be appointed by the Prime Minister, for a five-year term, and shall be a prestigious expert from the fields of health or social sciences or humanities.
- 2) The National Coordinator shall be responsible for:
 - a. chairing and heading the National Committee for Drugs Planning and Coordination as provided for in Article 50 of said law;
 - b. representing the country in relevant international institutions. If unable to attend, s/he shall designate a replacement for the purpose of participation in international institutions;
 - c. monitoring progress in drafting the National Action Plan, which clearly sets out the principles, the objectives, the actions, the activities, the measures, the time schedule and the respective costs;
 - d. coordinating all services and bodies involved in the implementation of the National Strategy against Drugs;

- e. evaluating the implementation and progress of the National Strategy;
- f. cooperating with the Ministers who participate in the Article 48 Interministerial Committee and for exchanging views on comprehensive drug policy making;
- g. advising and supporting the Interministerial Committee;
- h. cooperating with the services and organisations involved in drug policy making and coordinating their actions;
- i. collecting financial, statistical and administrative data, as appropriate, from the relevant administrative services, as well as information about their actions against drugs;
- j. disseminating information and raising public awareness of drugs;
- k. providing information to the Prime Minister and Parliament by means of an Annual Report, submitted in the first quarter of each year and reflecting the progress made in the implementation of the National Action Plan and the evaluation thereof;
- l. The National Coordinator shall set up an Advisory Board consisting of no less than five (5) and no more than nine (9) members.

The members of the Advisory Board shall be individuals with specialist knowledge and expertise in the field of drugs, e.g. university professors and specialists in a relevant discipline, or individuals with experience in the management of drug-related issues.

The Advisory Board's mission shall be to submit proposals on drug policy matters to the National Coordinator, in order to assist his/her work.

3) A joint decision of the Minister of Health and the Minister for Administrative Reform and E-governance shall lay down the administrative support structure that will assist the National Coordinator and every other pertinent detail.

4) The operating expenditure of this service shall be entered under the relevant Revenue Code Numbers for Expenditure for Specialist Bodies of the budget of the Ministry of Health. The expenditure of this service (e.g. travel expenses, conferences, etc.) shall be managed by the General Directorate of Finance of the Ministry of Health. The business travel expenses of any staff member in Greece or abroad shall be approved by joint decision of the Minister of Health and the Minister of Finance, in accordance with the provisions of Law 2685/1999.

The pay of the National Coordinator shall be equal to that of a Ministry Special Secretary.

Law 4208/2013: Arrangements for the Ministry of Health and other provisions (608809)

Enriching the competences of the National Drugs Coordinator by amending Article 49 Law 4139/2013.

For the content of the amendment, see above.

Law 4138: Government Gazette A` 72/19.03.2013: Urgent arrangements for the Ministry for the Environment, Energy and Climate Change and other provisions

Amending the following articles: a) Article 6 Law 3938/2011 (Government Gazette A` 226) on the disposal of vehicles seized due to criminal offences, including the transportation of narcotic drugs,

b) Article 132 Law 2960/2001 (A` 265) on exemption from registration duty, and c) Article 3(17) Law 3833/2010 (A` 40) on donation of cars to law enforcement authorities.

***Bank of Greece Act No 94/23/2013: Government Gazette B' 3337/27/12/2013:
Amendment to Banking and Credit Matters Committee Decision 281/5/17.3.2009***

Concerning 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.

Circular No 1207/3-9-2013: Notification of provisions of Article 68 Law 4174/2013

Concerning taxation procedures and other provisions (Government Gazette 170 A'), amending certain provisions of Law 3691/2008 on the "prevention and suppression of money laundering and terrorist financing and other provisions" (Government Gazette 166 A')

2014

Ministerial decision 212/2014 (Government Gazette B' 524/28/02/2014): Establishment and operation of OKANA substitution treatment units in the Korydallos and Patras prisons (617354)

This Ministerial Decision establishes the framework for the implementation of substitution treatment in prison. The key points of the decision are outlined below:

- 1) The OKANA OST programme shall be implemented on prison premises made available free of charge by the prison Directors.
- 2) OKANA shall conduct medical screening for all infectious diseases, most notably for HIV/AIDS, hepatitis and tuberculosis, and suggest and implement the necessary treatment to the prisoners concerned. Medical screening shall be repeated at regular intervals, at the discretion of OKANA. The collection and storage of the relevant data shall be an integral part of each prisoner's Personal Health Card. Without prejudice to the provisions on the protection of sensitive personal data, such data may be used for statistical purposes by OKANA.
- 3) OKANA shall provide prison staff with the necessary training in every matter related to the organisation and implementation of the said dependence management and treatment programme.
- 4) In-prison treatment units shall administer the substitution substances approved by decision no. Y5c/100847/14.10.2002 of the Minister of Health and Welfare, on the conditions established therein. They shall also provide the indicated medical and psychosocial dependence treatment in accordance with OKANA terms of reference, as well as psychiatric interventions for the diagnosis and treatment of co-existing psychiatric disorders, if any.
- 5) OKANA shall have full power and responsibility for the administration, management, operation, and staffing of the aforementioned Treatment Units with the necessary medical, nursing, therapeutic, administrative and other staff, as well as for staff recruitment and training.

Ministerial Decision Y 4//2014 (Y 485 Government Gazette B 2094 2014): Setting up of an Interministerial Committee on the National Action Plan against Drugs (627544)

By virtue of this decision, the Prime Minister sets up the Interministerial Committee on the National Action Plan against Drugs, consisting of the Prime Minister, the Chairperson of the Parliamentary Standing Committee on Social Affairs and the Ministers of Foreign Affairs, Finance, National Defence, Interior, Education and Religious Affairs, Culture and Sports, Health, Labour, Social Security and Welfare, Justice, Transparency and Human Rights, Public Order and Citizens' Protection, and Shipping and the Aegean.

The Interministerial Committee is chaired by the Prime Minister. The National Drugs Coordinator attends its meetings.

The functioning of the Committee is governed by the provisions of Article 48 Law 4139/2013 (Government Gazette A` 74) and, additionally, by the provisions of the Code of Administrative Procedure.

1.2.2 Legal instruments concerning pharmaceutical preparations

Ministerial Decision DYG3c/82606: Government Gazette B 2689/2013: Proprietary veterinary medicinal products regulated by Law 4139/2013 on narcotic drugs.

Decision to include the proprietary veterinary medicinal products Alzane (5mg/ml solution for injection containing the active ingredient Atipamezole) and Dorbene vet (1mg/ml solution for injection containing the active ingredient Medetomidine) in Table E, Law 4139/2013 on narcotic drugs.

Ministerial Decision DYG3c/69426: Government Gazette B 2689/2013: Proprietary medicinal product regulated by Law 4139/2013 on narcotic drugs.

Decision to include the proprietary medicinal product Fentanyl Pharmabide 25µg/h, 50µg/h, 75µg/h, 100µg/h (transdermal patches containing the active ingredient Fentanyl) in Table C, Law 4139/2013 on narcotic drugs.

1.3 National action plan, strategy, evaluation and coordination

1.3.1 Institutional and policy developments

National Strategy and National Action Plan on Drugs

The National Committee for the Coordination and Planning of Drugs Responses, mandated according to L.4139/13 to draft the National Strategy and the Action Plan on Drugs, completed their

deliberations and submitted the National Strategy for the period 2014 – 2020 and the National Action Plan for the period 2014-2016 to the Inter-ministerial Committee on Drugs Action Plan, chaired by the Prime Minister, for endorsement.

In August 2014, six NGOs, active in the field of drugs, sent a letter to the Prime Minister, asking for the National Strategy and the Action Plan to be put under public consultation. The Prime Minister promptly responded granting the request and the NGOs, as well as other agencies had the opportunity to send their comments to the National Coordinator.

The National Strategy on Drugs (2014-2020) attempts a synthetic (supply and demand reduction) and holistic (cross-sectional and inter-disciplinary) approach to the drugs problem, and comprises the following priorities, among others:

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

The National Strategy on Drugs aims at:

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

The National Action Plan on Drugs is in alignment with the Action Plan on Drugs European Union 2013-2016. It consists of 5 Axes: 1) Demand reduction (prevention, information and awareness raising early detection and intervention, harm reduction, treatment, and social rehabilitation), 2) Supply reduction, 3) Coordination, 4) Training, monitoring, research, evaluation, and 5) International

cooperation. Each Axis has a number of Actions specified and for each Action there are indicators identified for the monitoring and evaluation. According to Article 50 of the L. 4139/13, the National Committee for the Coordination and Planning of Drugs Responses submits annually a report to the Parliament on the Action Plan's evaluation and progress. The Action Plan foresees an external evaluation at the end of the period.

The National Action Plan on Drugs specifically aims at:

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

The endorsement of the National Strategy and Action Plan, according to L. 4139/13 lies upon the competence of the Interministerial Committee, which was established in 2014, following the Ministerial Decree YA Y 485. The Committee is chaired by the Prime Minister and the National Coordinator attends. Further information on the mandate of the Committee in Chapter 1.2: Legal Framework.

Competences of the National Drugs Coordinator

The competences were clearly and in detail defined by the replacement of Article 49 of the L. 4139/13. The full text is cited in Chapter 1.2: Legal Framework

National Action Plan on HIV/AIDS

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

Medically assisted treatment in prisons (OST)

In 2014, the Ministerial Decree 212/2014 (ΦΕΚ Β' 524) endorses the commencement of units for the medically assisted treatment in the prison settings (OST), run by OKANA. Two Greek prisons, (Koridalos and Patras) were selected for the pilot phase, which started in August 2014.

Charter of fundamental human rights of dependent individuals

The Charter was an initiative of the General Secretary of Transparency and Human Rights of the Ministry of Justice, Transparency and Human Rights in collaboration with the A' Psychiatric Clinic of the Athens University Medical School. The Charter was drafted by the Associate Professor of Psychiatry, Meni Malliori and the legal expert Danai Papachristopoulou. Following its launching on June 26th, 2014, the international drugs day during a specially organized press conference, the Charter was put under public consultation.

The Charter of fundamental human rights of dependent individuals constitutes the first, at European level, specialised document of recording, recognising and ensuring the rights of dependent individuals on health and treatment issues.

The rights included are:

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

1.3.2 Priorities and actions of the Greek presidency

Priority 1. Coordination of discussions of the Council Proposal for a new regulation on the new psychoactive substances

During the discussions held in the framework of the Horizontal Group on drugs, on the new regulation on psychoactive substances, the Greek Presidency prepared suggestions which promoted the elaboration and the fine-tuning of the document and consigned it to the Italian presidency with a new structure for further deliberations.

Priority 2. Coordination and representation of the European Union in the 57th UN Commission on Narcotic Drugs meeting in Vienna

The presidency successfully completed the coordination of the 57th CND meeting, which included the preparatory procedures for the UNGASS 2016, scheduled for March 2016 in New York.

During the CND meeting two resolutions proposed by the Greek presidency were adopted, and they were the only European Union resolutions adopted. These resolutions were entitled: “Education and training on drug use disorders” (Resolution 57/6) and “Providing sufficient health services to individuals affected by substance use disorders during long-term and sustained economic downturns” (Resolution 57/7).

Eleven out of the fourteen resolutions proposed by the UN member-states were finalised and adopted and the negotiations were rationally managed so that important for the European Union issues become included in the UN documents, such as a) respecting the international treaties on drugs, b) maintaining the concept of “harm and risk reduction”, c) emphasizing the participation of the civil society in the production and implementation of the drug policies, and d) abolishing death penalty for drug related crimes.

Priority 3. The realization of Political Dialogues between the European Union and third countries

The Greek Presidency successfully completed important political dialogues among the European Union member-states and Balkan countries, countries of Latin America and the Caribbean, the USA, as well as between the European Union and Canada and Uruguay.

The success of the Presidency in this Priority consisted on:

- the recorded, substantial exchange of information among European Union member-states and third countries on implementation of contemporary policies concerning drug responses
- the realistic presentation of the situation of drug demand reduction and supply reduction, focusing on the limitations and gaps of the policies adopted, and also on proposals for cooperation between countries
- the convergence on particular opinions resulting from the open dialogue and comprising the basis for inter-disciplinary, inter-agency and inter-institutional cooperation.

Finally, apart from the planned political dialogues, the cooperation with other, off the agenda, countries (eg. Canada) was discussed.

Priority 4. The discussion on the issue of minimum quality standards

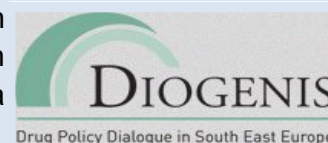
This priority was discussed in the meeting of the European Union member-states National Coordinators on Drugs held in Athens.

Priority 5. The organization of the High Level meetings in Athens, in June

These meetings were, a) the meeting of the European Union member-states National Coordinators on Drugs, and b) the high level conference of the Coordination and Cooperation mechanism between the European Union and the Community of Latin American and Caribbean States (CELAC).

Apart from the aforementioned priorities, other issues were discussed, such as the cooperation with the civil society and its participation in the HDG and the CND meetings, as well as the suspension of methadone maintenance programmes in Crimea, following the establishment of the Russian rule in the area.

NGO DIOGENIS¹ published a book, entitled “Drug Policy and Drug Legislation in South East Europe” in the framework of the programme “Drug Law Reform Project in Southeastern Europe. The book analyses the legislative situation in each country of Southeastern Europe. The publication is in English, with a summary in Greek.



(Apostolou Th. (Ed) Drug Policy and Drug Legislation in South East Europe. Nomiki bibliothiki, Athens 2013).

1.4 Economic analysis

The surplus apparent in both OKANA and KETHEA in the expenses of 2013, is an operating result, estimated on the 31st of December of 2012, when not all financial obligations of the year were paid (salaries, operational costs).

In 2013, OKANA decreased their expenses by 28% and by 16% compared to 2009 and 2012, respectively. KETHEA decreased their expenses by 39% and 8.6% compared to 2009 and 2012, respectively (Tables 1.1 & 1.2).

¹ The Association DIOGENIS is a non-profit organisation whose main objective is to promote drug policy dialogue in Southeast Europe.(www.diogenis.info)

Table 1.1 OKANA expenditure (€), years 2009 - 2013

	2009	2011	2012	2013
Prevention				
Co-financing of Prevention Centres	6 146 371	4 043 606	3 926 017	4 242 846
Training and support		354 800	58 680	13 886
Personnel salaries	668 382	549 234	322 165	408 525
Research			-	
Total	6 814 753	4 947 640	4 306 862	4 665 257
Substitution Treatment Programme				
Personnel salaries	18 236 516	16 627 455	14 136 376	11 554 919
Accommodation and operational costs	8 522 640	10 799 851	12 939 181	7 956 282
Total	26 759 156	27 427 306	27 075 556	19 511 201
Patras Network of Treatment Services				
Personnel salaries	476 288	340 081	289 842	212 745
Accommodation and operational costs	167 921	268 644	103 126	69 539
Total	644 209	608 725	392 968	282 284
Units for Adolescents (Athens, Thessaloniki, Rethymno)				
Personnel salaries	1 396 394	959 287	448 142	565 619
Accommodation and operational costs	383 859	350 012	217 054	99 097
Total	1 780 253	1 309 299	665 196	664 715
Help Centre				
Personnel salaries	2 836 611	2 299 723	1 858 528	1 724 413
Accommodation and operational costs	604 006	717 428	666 419	220 772
Total	3 440 617	3 017 151	2 524 947	1 945 185
Social Reintegration Unit				
Personnel salaries	523 680	321 316	261 578	182 247
Accommodation and operational costs	146 225	147 962	153 351	40 209
Total	669 905	469 278	414 929	222 456
Specialised Vocational Training Centres (Athens, Thessaloniki)				
Personnel salaries	413 028	434 697	192 254	423 196
Accommodation and operational costs	300 396	300 301	173 638	150 022
Total	713 424	734 998	365 892	573 218
Headquarters				
Personnel salaries	3 601 702	3 002 537	2 232 404	1 818 630
Accommodation and operational costs	1 936 318	1 170 059	1 638 477	3 791 527
Total	5 538 020	4 172 596	3 870 881	5 610 157
Grants to various agencies (Ministry for Health and Social Solidarity)				
Total	573 881	771 401	458 729	238 500
Grand total	46 934 218	43 458 394	40 075 961	33 712 974

Data: OKANA, 2010-2014

Source: Greek REITOX Focal Point, 2014

Table 1.2 KETHEA expenditure (€), years 2009 - 2013

	2009	2010	2011	2012	2013
Primary Prevention					
In the school setting	192 515	139 565	155 522	95 100	135 426
In the Community	347 857	293 409	255 338	198 100	179 515
Supervision/Support/Information	252 397	247 869	185 213	296 900	349 755
Total	999 439	820 874	707 476	689 195	664 696
Harm Reduction-Motivation					
Counselling Centres	3 622 980	3 065 329	2 833 549	2 288 216	2 091 496
Low-threshold Units	617 208	592 335	451 313	378 393	329 957
Streetwork Programme	352 694	387 340	392 950	756 800	209 791
Psychodiagnostic Centre	527 052	441 121	392 173	283 275	222 247
Helpline	200 643	176 372	114 076	101 152	84 768
Total	5 320 577	4 662 497	4 184 061	3 807 836	2 938 259
Interventions in the Criminal Justice System					
Counselling Centre at the Juvenile Courts	51 159	15 781	1 439	395	1 186
Prisoner Counselling Programmes	1 589 303	967 161	735 285	980 116	679 299
Prisoner Treatment Programmes	654 257	510 458	630 161	475 372	501 030
Reintegration Centres for Released	542 865	782 378	973 304	726 923	939 615
Family Support Programme	48 629	48 877	38 416	52 947	39 183
Total	2 886 213	2 324 655	2 378 605	2 235 753	2 160 313
Treatment					
Residential Treatment Programmes for Adults	3 700 220	4 060 276	2 896 055	2 447 569	2 295 802
Day-care Treatment Programmes for Adults	1 753 967	1 246 143	1 199 138	1 016 393	1 201 288
Day-care Treatment Programmes for Adolescents/Young Adults	1 230 006	1 492 955	1 632 017	1 356 795	982 268
Units for Adolescents	858 839	-	-	-	-
Total	7 543 032	6 799 374	5 727 210	4 820 757	4 479 358
Services for Special Population Groups					
Centre for Immigrants and Refugees	488 806	731 047	401 190	339 402	257 200
Unit for Legal Addictions (Alcohol & Gambling)	305 374	290 661	338 421	319 853	262 072
Specialised Treatment Unit for Dependent Parents	106 578	100 436	107 181	77 680	14 736
Total	900 758	1 122 144	846 792	736 935	534 008
Social Reintegration					
Social Reintegration Centres	1 545 251	1 733 860	1 529 661	1 315 434	879 293
Vocational Training – Education					
Vocational Training Centres	343 071	251 109	298 932	342 212	328 649
Production Units (Printing house, Carpenter's workshop, Ceramics workshop, Farm)	3 461 776	3 004 93	2 912 188	2 328 324	1 857 294
Transitional Schools	1 221 475	930 000	1 045 558	910 494	785 278
Total	5 026 322	4 185 202	4 256 678	3 581 030	2 971 221
Family Therapy	1 819 197	1 460 974	1 367 499	1 031 585	712 635
Training of Health Professionals	900 036	672 469	556 436	510 748	526 827
Research – Evaluation	1 502 499	1 123 711	872 720	457 437	280 479
Administration	1 875 087	1 643 640	1 198 512	1 020 955	999 314
New Services in Response to the Economic Crisis					
Versatile Psychodiagnostic Centres					436 691
Street-work Units					846 318
Telephone helpline of support and					33 800
Total					1 316 809
Grand total	30 318 411	26 549 400	23 625 650	20 207 665	18 463 212

Data: KETHEA, 2010-2014

Table 1.3 OKANA operating result (€), year 2013

	2013
State funding	23 000 000
Funding through overdue costs	10 920 585
European funds (ESPA)	2 958 845
Funding through agencies	270 000
Other funds	548 637
Total funding	37 698 067
Surplus 2013	3 985 093

Data: OKANA, 2014

Source: Greek REITOX Focal Point, 2014

Table 1.4 KETHEA operating result (€), year 2013

	2013
State funding	18 000 000
Donations	1 284 607
European funds (ESPA)	1 006 341
Productive Units	1 495 999
Other funds	120 004
Total funding	21 906 951
Surplus 2013	3 443 739

Data: KETHEA, 2014

The percentage of personnel salaries of OKANA, was reduced in 2013 by 40% and 15% compared to 2009 and 2012 respectively and it constituted 49% of the total expenses (in 2009 personnel salaries constituted 58% and in 2012 48% of the expenses).

Personnel salaries in KETHEA constituted in 2013 60% of the expenses, compared to 68% in the last 3 years.

The Ministry of Health did not deliver data on the expenses of 18 ANO (the drugs unit of the Athens Psychiatric Hospital) and of the Thessaloniki Psychiatric Hospital drug treatment units (IANOS and ARGO).

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

2.1 Introduction

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

2.2 Drug use in the general population

The last nationwide general population household survey which used probabilistic sampling and the European Model Questionnaire for measuring drug use was conducted by the University Mental Health Research Institute (UMHRI) in 2004 — the survey has not been repeated since.

In 2012, the Greek leg of the European Health Interview Survey published its report of the National Health Interview Survey (Hellenic Statistical Authority [ELSTAT], 2011). The survey was conducted in 2009 on behalf of the National Statistics Office. It was nationwide, face-to-face, and involved 6 036 persons over 15 years of age — 60.9% females. The study reported a 96% response rate. The scope of the survey was the general population health conditions and health-related behaviour. Two measures on recent use (any use in the 12 months prior to the survey) of cannabis and drugs other than cannabis were included in the survey. Study participants were asked the following questions: “During the past 12 months, have you taken any cannabis? ...any other drug, such as cocaine, amphetamines, ecstasy or other similar substances?” Recent cannabis use was reported by 0.6% (about 6 per 1 000 population over 15 years of age) and recent use of drugs other than cannabis by 0.2% (about 2 per 1 000 population) (ELSTAT, 2011). The reported rate for recent cannabis use was significantly lower compared to that reported in UMHRI’s 2004 household survey (1.7% for recent cannabis use in the UMHRI survey).

2.3 Drug use in the school population

2.3.1 New preliminary data on cannabis use among the 15-year-old students

In 2014, HBSC-Greece, the Greek leg of the Health Behaviour in School-aged Children (HBSC): WHO collaborative cross-national study (Currie, Nic Gabhainn, Godeau, & International-HBSC-

Network-Coordinating-Committee, 2009) – was conducted by UMHRI. The scope of the study was health and health-related behaviour among adolescent students aged 11, 13, and 15. The study used anonymous self-completed questionnaires administered in the classroom. Only for the 15-year-olds (n = 1 320), the survey included a variable on cannabis use. At the time that this report was finalised, data analyses were still in progress. According to preliminary data, the prevalence of lifetime use of cannabis was 9.6% in 2014—increased compared to 2010 (7.0%) and almost three times as high as in 2006 (3.7%). An increasing trend was observed also in current use (use in the last 30 days), from 2.2% in 2006 to 4.0% in 2010 and 4.9% in 2014. The observed increases in the prevalence of cannabis use concerned mainly boys.

Although preliminary, the observed increases in the HBSC cohort (see above) corroborate trends observed previously in the Greek Nationwide School Population Survey on Substance Use (conducted by UMHRI on a 4-year-basis based on the ESPAD research protocol) (University Mental Health Research Institute [UMHRI], March 2012). The prevalence of lifetime cannabis use in the national representative sample of 16-year-old students (ESPAD cohort) increased from 5.7% in 2003, to 6.8% in 2007, and 8.4% in 2011 (Hibell et al., 2012).

2.3.2 Cannabis and the use of other substances among the 15-to-19-year-old students

Table 2.1 presents data on the prevalence of lifetime use of various substances among 15-to-19-year-old students (n = 23 301), by substance, gender, age and geographical stratum. The data are based on the most recent Greek Nationwide School Population Survey on Substance Use conducted in 2011 (University Mental Health Research Institute, March 2012). Almost one in 6 students aged 15-19 (15.3%) had used an illicit drug at least once in their lifetime — twice as many males (21.1%) than females (9.4%). Irrespective of the type of drug, boys reported drug use in significantly higher proportions than girls. Higher prevalence rates were observed in Athens and Thessaloniki (19.3% and 19.4%, respectively) compared to other areas (12.0%). Cannabis (13.4%) and inhalants (14.1%) were the two drug categories most commonly used in 2011— prevalence of lifetime use of other drugs was below 3% (Table 2.1).

Table 2.2 presents the trends in the prevalence of lifetime use of various drugs among 15-to-19-year-old students in Greece, by drug for the period 1984-2011. Since 2007, there has been an overall increase in the prevalence of lifetime drug use: from 12.0% in 2007 to 15.3% in 2011.

2.3.3 Recent and current use of cannabis among the 15-to-19-year-old students

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 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 (Table 2.1).

Table 2.1 Prevalence (%) of lifetime use of substances among students, by substance, gender, age and geographical stratum, 2011 data

	Total n=23 301	Gender		Age (years)					Geographical stratum		
		Males n=11 671	Females n=11 630	15 n=5 833	16 n=5 915	17 n=5 356	18 n=4 599	19 n=1 098	Athens n=3 359	Thessa loniki n=1 027	Other areas n=18 915
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
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
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	0.7	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	0.9	1.4	0.4	1.0	0.6	0.7	0.9	2.2	0.8	0.7	1.0
Heroin	1.3	2.0	0.6	1.5	1.0	1.0	1.2	3.1	1.1	0.8	1.4
Anabolics	2.6	4.2	0.9	2.3	2.4	2.5	2.6	5.0	2.3	2.5	2.8

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

Source: University Mental Health Research Institute, 2012

Table 2.2 Prevalence (%) of lifetime use of substances among 15 to 19-year-old students in Greece, by substance, years 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

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

Source: University Mental Health Research Institute, 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 nationwide¹ network of 74 Prevention Centres for Addiction and Psychosocial Health Promotion established within the framework of cooperation between OKANA and local authorities and local stakeholders.² Prevention Centres are co-funded by the Ministry of Health and the Ministry of Interior, while the responsibility for the systematic supervision and evaluation of the activities implemented by the Prevention Centres lies with OKANA. 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 (hereinafter Ministry of Education), most notably in the context of Health Education Programmes³.

Furthermore, prevention interventions are implemented by other drug-specialised or health services⁴, etc., that are active inter alia in the field of drug prevention^{5,6}.

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 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 Centres /

¹ The 74 Prevention Centres which are currently operational (September 2014) cover all 13 regions and 50 of the 51 prefectures of the country.

² Hereinafter Prevention Centres.

³ Hereinafter HEPs.

⁴ - 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*

⁵ All actors involved in implementation of prevention activities, hereinafter in this Chapter stated as Prevention Centres / agencies.

⁶ The main actors in drug prevention are defined in the 4139/2013 drug law (for more information regarding this law, please see 2013 NR of the Greek FP (2013)).

agencies. Data on prevention interventions presented in this Chapter are mostly derived from the analysis 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 (incl. 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 2014 OKANA launched one Prevention Centre in Athens (the 6th Prevention Centre in the city of Athens). In addition, OKANA renewed the three-year work-programmes of 14 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 established⁶.

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. During the last years prevention action does not focus only on substance (illegal and legal) use; rather emphasis is given on prevention of all kinds of addiction and risk behaviours as well as psychosocial health promotion. In the school year 2012-2013, 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 practitioners 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 Universal prevention

Most prevention activity in Greece tends to implement universal strategies and to take place in schools. Prevention interventions do not only focus on drug issues, rather interventions for the prevention of risk behaviours and the promotion of psychosocial health are widely implemented.

3.2.1 Universal school-based prevention

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.

School-based prevention includes mainly programme-based interventions addressed to students, while the role of teachers' training is considered crucial in prevention. In addition to drug prevention, school-based interventions cover topics such as alcohol and smoking prevention, school violence and aggression, video games/internet addiction, while personal and social skills training in the broad context of young people's psychosocial health promotion is also widely implemented.

Prevention activities start from nursery schools and kindergartens, where Prevention Centres / agencies run training seminars for teachers on the key developmental characteristics of the preschool age children, the main concepts of prevention and health education, the role of schools in prevention etc.

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.⁷

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.

HEPs⁷ are mainly delivered by teachers. According to the Ministry of Education, the implementation of HEPs on drug prevention is based on multi-session standardised printed programmes on drug prevention, while, for the purpose of teacher training and support and/or HEP implementation on drug prevention and on psychosocial health education, schools cooperate with the Prevention Centre of their region.⁸

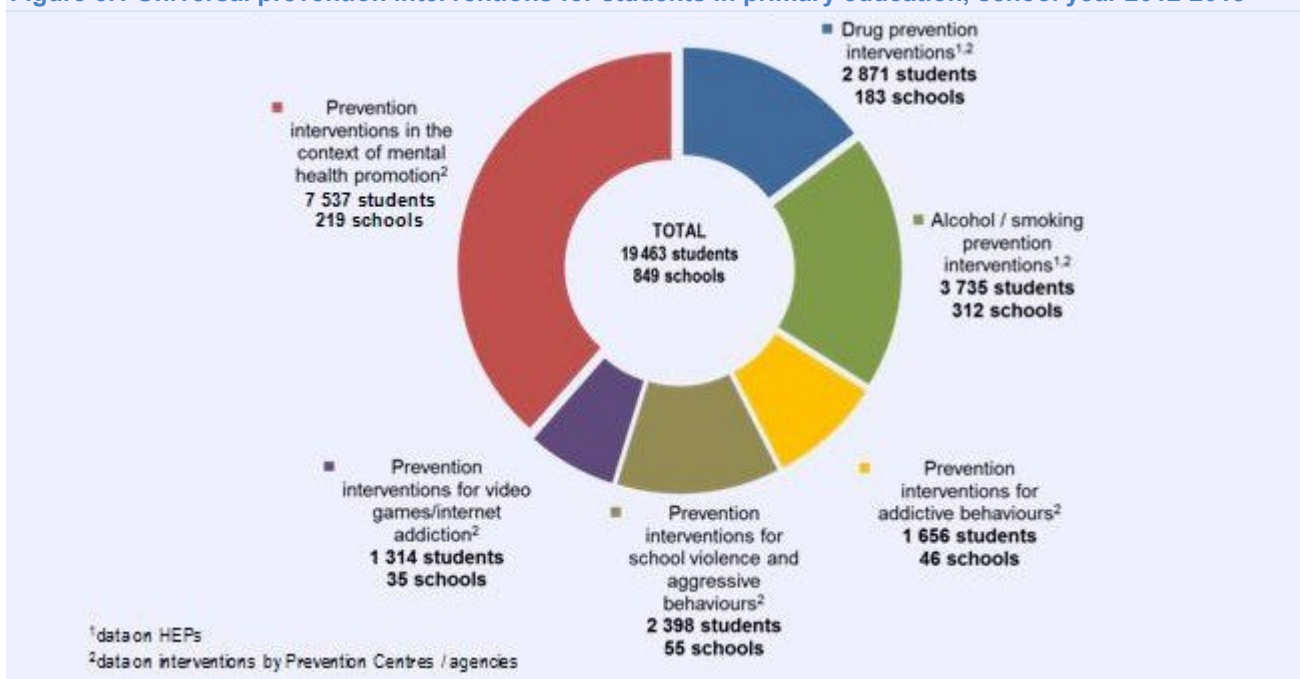
School-based prevention interventions addressed to primary and secondary education students are not implemented only in the context of HEPs. Prevention Centres / agencies, implement interventions on the basis of partnerships with local schools. Student participation is voluntary. In addition, outside 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.

⁷ 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.

⁸ A 2011 ministerial decision issued by the Ministry of Education laid down the framework of cooperation with Prevention Centres (Government Gazette B/434/17-3-2011, decision no. 24146/G7). For more details about this ministerial decision, see also 2011 NR of the Greek FP (2011).

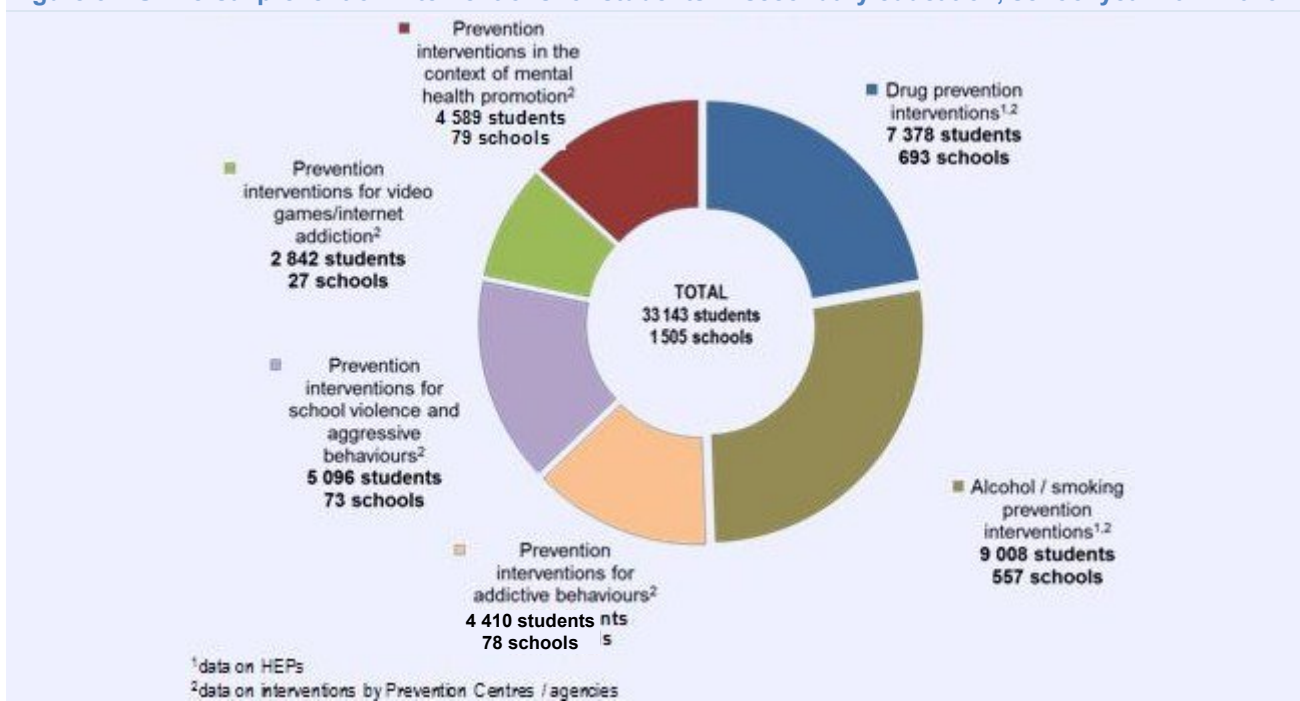
As far as data for the school year 2012-2013 are concerned, coverage data of school-based prevention interventions addressed to primary and secondary students in this school year are presented in Figures 3.1 and 3.2.

Figure 3.1 Universal prevention interventions for students in primary education, school year 2012-2013



Source: Greek REITOX Focal Point, 2014

Figure 3.2 Universal prevention interventions for students in secondary education, school year 2012-2013



Source: Greek REITOX Focal Point, 2014

Teachers' training seminars on prevention issues are widely organised by Prevention Centres / agencies. In specific, for the purpose of HEPs implementation, in the school year 2012-2013, according to data reported by Prevention Centres / agencies, a total of 2 588 teachers from 1 199

primary and secondary schools took part in training seminars and support sessions for teachers implementing curricular HEPs (Table 3.1). 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 Focal Point, 2011).

Table 3.1 Teacher training seminars and support sessions in primary and secondary education, school year 2012-2013.

	Primary education		Secondary education	
	Number of schools	Number of teachers	Number of schools	Number of teachers
Training seminars in curricular HEP implementation	619	1 388	311	676
Supervision sessions during curricular HEP implementation	189	347	80	177
Total seminars and sessions for curricular HEP implementation	808	1 735	391	853
Training seminars and support sessions outside the context of Health Education	816	2 482	583	2 357
Total	1 624	4 217	974	3 210

Source: Greek REITOX Focal Point, 2014

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, such seminars and sessions increased in the school year 2012-2013 as they were attended by 2 482 teachers from 816 primary schools and 2 357 teachers from 583 high schools (Table 3.1).

Prevention Centres / agencies carry out interventions in higher education, too, in cooperation with the country's educational establishments. In 2013, prevention interventions were attended by 120 students. Moreover, during 2013 almost 140 students were placed for practical training in Prevention Centres.

3.2.2 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 interventions⁹ 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).

⁹ 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).

Data about the universal prevention interventions for parents implemented in 2013 are presented in Table 3.2. The emphasis placed on the role of the family in prevention is clearly reflected on the large number of participants in family-based interventions.

Table 3.2 Universal family-based prevention interventions, year 2013

	Number of interventions	Number of participants	Average duration (months)	Average number of sessions
Information / awareness interventions (opens sessions)	62	10 037 (314 groups)	2.7	1.6
Training interventions (parents' groups / schools)	101	5 319 (306 groups)	4.0	9.6

Source: Greek REITOX Focal Point, 2014

3.2.3 Universal community-based prevention

Prevention Centres / agencies, appear to be responding to the challenge of expand their prevention action for pre-adolescents and adolescents by organising interventions outside the school setting, while in view of providing information and raising public awareness about addiction and the role of prevention, prevention practitioners target the local community such as volunteers, the army, health professionals and youth mediators.

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). In addition, PROTASI Movement has been running since 1993 a Creative Entertainment Centre for children and adolescents in order 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>).

Data on universal prevention interventions for preadolescents and adolescents implemented in 2013 are presented in Table 3.3. 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 3.3 Data about universal prevention interventions in preadolescents and adolescents, year 2013

	Number of interventions	Number of participants	Average duration (months)	Average number of sessions
Interventions for children aged 4-12	17	1 607 (52 groups)	2.3	4
Interventions for adolescents aged 10-18	21	977 (43 groups)	3.4	7

Source: Greek REITOX Focal Point, 2014

As far as interventions addressed to local community groups are concerned, the main aim of community-based action of Prevention Centres / agencies 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 2013 are presented in Table 3.4. 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).

Table 3.4 Data about universal community-based prevention interventions by target group, year 2013

	Number of interventions	Number of participants
Volunteers	12	211
Law enforcement	2	26
Armed forces*	32	8 602
Health professionals	13	384
Youth leaders / mediators	7	294

* Interventions were mainly implemented in the context of Memorandum of Understanding between the Ministry of National Defence and the Ministry of Health and OKANA (please see 2012 NR of the Greek REITOX Focal Point, 2012).

Source: Greek REITOX Focal Point, 2014

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.

In view of providing information and raising public awareness, Prevention Centres / agencies¹⁰ utilise the internet to disseminate the interventions they implement and communicate prevention-related information (please see 2012 NR of the Greek REITOX Focal Point, 2012).

3.3 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.

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.

3.3.1 Selective prevention interventions in youth

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

¹⁰ For a list of websites of Prevention Centres / agencies, please see SQ 25 submitted to EMCDDA in 2013.

In addition, KETHEA has established the Community Intervention Centre in the centre of Athens in order to address the needs of young people who live in downtown Athens and are faced with problems such as social exclusion, delinquency and drug use (KETHEA 2014).

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 2013 data, selective interventions were carried out in 14 schools approaching 797 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 2013) please see the 2011 NR of the Greek REITOX Focal Point (2011).

3.3.2 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 2013, 203 parents participated in such interventions.

3.3.3 Interventions in recreational settings

As stated in previous NR of the Greek REITOX Focal Point (see, inter alia, Greek REITOX Focal Point, 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.

3.4 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 2013, the Prevention Centres supported 231 students from 15 schools.

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 2013, the Prevention Centres supported over 5 300 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. For other agencies implementing indicated prevention (without available data for 2013) please see the 2011 NR of the Greek REITOX Focal Point (2011).

In Greece, there are three help lines (Table 3.5), 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 3.5 Help lines.*

	Telephone number	Operating hours	2013 data
Open Line 18 ANO Dependence Treatment Unit, Attica Psych. Hospital	210 3617089	Monday to Friday 10.00 – 16.00	1 411 calls
ITHAKI Psychological Support Help Line KETHEA	1145	Monday to Friday 09.00 – 21.00	2 475 calls 13 emails
SOS Drugs Help Line OKANA	1031	Monday to Friday 08.00 – 14.00	1 832 calls

* By year of establishment.

Source: Greek REITOX Focal Point, 2014

3.5 National and local media campaigns

In 2013, 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 regarding smoking on TV stations of national coverage.

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

In 2013 OKANA launched a poster competition for the International Drugs Day, entitled “Don’t keep me out” The selection of the winning poster was conducted by the OKANA and the Liaison Office of the Athens School of Fine Arts. The poster was designed by Giannis Gianoutsos, architect, and was used in all the activities and events that OKANA organised in various Greek cities. The symbol illustrated on the poster originates from a clay figurine of the archaic period of the 6th century b.c. The figurine belongs to the collection of the National Archaeological Museum of Athens. It is a complex of human figures and it is called “cyclic dance”.





In addition, in 2013 KETHEA launched a campaign, entitled “the power to change”, for the celebration of the 50th anniversary of KETHEA establishment. The campaign consisted of newspaper and websites postings, messages on television, cinema and means of public transport, as well as distribution of leaflets in highways’ toll stations and recreational places. As part of the same campaign, open air events were organised all over Greece.

3.6 Quality assurance

3.6.1 Training of prevention practitioners

OKANA Training and Supervision Centre was launched in 2011 in order to provide training seminars in the area of drug addiction for practitioners and other group (e.g. armed forces officers, journalists, members of sport associations, etc). In 2013 the “Induction training course for prevention practitioners’ (with a 2-week duration) was implemented in which 27 prevention practitioners participated.

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

3.6.2 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 Focal Point 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 especially regarding the assessment of their outcomes (see also 2013 NR of the Greek Focal Point, 2013).

3.6.3 Drug prevention quality standards

As stated in previous NR of the Greek REITOX Focal Point (see Greek REITOX Focal Point, 2008), there are no uniform national standards for the development of prevention interventions. However, there are specifications and criteria¹¹ for the operation of Prevention Centres, and certain

¹¹ 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).

specifications¹¹ 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 Project¹². 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 practitioners.

3.6.4 Networking in the field of prevention

Networking among prevention practitioners 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.¹³ 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 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.¹³

¹² <http://www.prevention-standards.eu>

¹³ For an overview of regional interagency networks and networks of Prevention Centres / agencies, please see SQ 25 submitted to EMCCDA in September 2013.

CHAPTER 4. HIGH RISK DRUG USE (HRDU)

4.1 Introduction

The number of high risk drug users (HRDU) 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 HRDU is defined as someone who will at some point seek treatment for heroin use.

4.2 Prevalence of and trends in HRDU

The estimated total number of users aged 15-64 years whose primary drug is heroin is 16 162 for the year 2013, with 95% confidence interval 14 158 – 18 530. This represents a rate of 2.24 per 1000 population in this age group (95% CI 1.96 – 2.57). Table 4.1 presents the estimated numbers of users by gender, age and place of residence. The overall estimate is somewhat lower than the previous year’s estimate of 20 429 (95% CI 18 232 – 22 968). Not too much should be read into a single year’s figures, given that the confidence interval is quite wide. However, the estimates of the last few years seem to be consistent in indicating that the population size has fallen from a peak of 24 000 in 2009.

Table 4.1 Estimated number of high risk heroin users aged 15-64 years by age, gender and place of residence, year 2013.

	Records	“Hidden” population ¹	Estimate of the total population	
			Population	95%CI ²
Total	3 142	13 020	16 162	14 158 – 18 530
Gender				
Male	2 652	11 401	14 053	12 134 – 16 360
Female	490	1 692	2 182	1 628 – 3 007
Age				
15-24	224	644	868	584 – 1 377
25-34	1 610	5 946	7 556	6 345 – 9 076
35-64	1 308	6 245	7 553	6 052 – 9 528
Place of residence				
Attica	1 537	6 773	8 310	6 392 – 10 985
Elsewhere	1 551	6 867	8 418	3 920 – 10 335

Notes: ¹Estimate of the number of high risk heroin users who did not attend any treatment service in the year 2013.

²Confidence interval

Source: Greek Reitox Focal Point, 2014

4.3 Characteristics of HRDU

Table 4.2 presents estimates of the number of problem drug users who injected in the last month. The estimated total of 5 284 (95% CI 4 451 – 6 338) is also down on last year’s figure of 7 651 (95% CI 6 616 – 8 194).

Table 4.2 Estimate of high risk users aged 15-64 who reported injecting in the last month, by age, gender and place of residence, year 2013.

	Records	“Hidden” population ¹	Estimate of the total population	
			Population	95% CI ²
Total	1 296	3 988	5 284	4 451 – 6 338
Gender				
Male	1 113	3 383	4 496	3 742 – 5 465
Female	183	608	791	504 – 1 337
Age				
15-24	116	258	374	240 - 655
25-34	722	2 198	2 656	2 064 – 3 465
35-64	458	1 456	2 021	1534 – 2 752
Place of residence				
Attica	565	1 391	1 956	1 525 – 2 565
Elsewhere	701	2 340	3 041	2 376 – 3 970

Notes: ¹Estimate of the number of injecting users who did not attend any treatment service in the year 2013.

²Confidence interval

Source: Greek Reitox Focal Point, 2014

CHAPTER 5. TREATMENT THEME

T0. Overview

National profile

In 2013, the National Committee of Planning and Coordination against Drugs was set up with a view to prepare the Greek National Drug Action Plan (2014-2016), whose main targets are among others the enhancement of therapeutic interventions, the development of interventions in prison settings, as well as the reduction of the OST programme waiting list. In 2013, the total number of people in treatment was 12 977, of whom 11 727 were offered the services of the 92 outpatient treatment programmes operating across the country and 1 250 clients attended the programme of 13 inpatient treatment facilities. Almost eight in 10 clients received OST (n = 9 973), of whom 26.7% were in methadone and 73.3% in buprenorphine OST.

As for the data reported by 38 of the 39 drug-free counselling centres operating across the country, in 2013, 5 081 clients received counselling services. Besides, in 2013, 516 clients attended the OKANA Admission, Information, Assessment and Referral Centre of which 425 clients were finally admitted to OST units in Attica.

A total of 4 894 drug users entered treatment and provided TDI data in 2013. The majority of treatment entrants approached outpatient settings — mostly “drug-free” (71.7%, 22.4% entered OST) — and they had previous treatment attempts (56.9%). Among the treatment entrants, opioids have been the primary substance of abuse (69.3%) most frequently reported, followed by cannabis (21.5%). Cocaine was reported by 5.1%, and the abuse of tranquilisers / sedatives by 3.1% of the treatment entrants. Opioids have been the primary substance of abuse also for the first-ever-treatments, although in substantially lower rates (54.9%). Problems with cannabis were reported by one in 3 first-ever-treatment entrants in 2013 (35.4%).

Trends

Following increases between 2003 and 2012 (sharp between 2011 and 2012), in 2013 the number of clients in OST remained stable compared to 2012, likely due to OST reaching capacity during the reporting year. The same reason accounts for the significantly reduced number of treatment entrants in OST in 2013 (n = 1 098) compared to 2012 (n = 2 135).

In 2013 there has been a 23% decrease in the number of treatment entries reporting problems with opioids compared to 2012 — stronger amongst first-treatments (31% decrease). By contrast, increases have been observed in all other drug categories — the highest in tranquilisers / sedatives (37% increase, 58% amongst first-treatments) and cannabis (18% increase; 25% among first treatments).

Although the rapid expansion of OST network in 2012 has caused the shortening of the waiting list for entry to the programme, a total of 2 563 applications were pending entry by the end of 2013, with an average waiting time in Athens 3.5 years.

New developments

The new development in the availability of treatment services in 2013 was the operation of two new treatment programmes, an Early Intervention Unit for adults in Piraeus by KETHEA and a Multiple Intervention Programme in Chania, Crete by OKANA.

In 2013 OKANA published the new Operational Framework for its treatment facilities in an effort to enhance the quality of their services.

T1. National profile

T1.1 Policies and coordination

The National Strategy Against Drugs 2014-2020, which includes the three-year Greek National Drug Action Plan 2014-2016, has two axes of equal importance –demand reduction and supply reduction– whose fields of action are associated with the coordination between institutions, research as well as cooperation at national *and* international level for best practices.

The main treatment-related priorities of the Greek National Drug Action Plan (2014-2016) are to:

- Reduce the use of illegal substances and its effects
- Develop early intervention actions
- Develop specific interventions for selected vulnerable target groups, such as adolescents, young adults, women and prisoners
- Further develop availability and accessibility of services for drug users
- Assess accessibility and continuity of treatment and aftercare interventions for drug users
- Increase the effectiveness of therapeutic interventions
- Reinforce social reintegration
- Reduce the harmful effects of the use and dependence on physical and mental health of the user (infectious diseases, physical and psychiatric comorbidity) and social life (interpersonal and family relationships, vocational rehabilitation)
- Reduce the consequences of use and dependence in society (reducing availability)

The main objectives of the Greek National Drug Action Plan (2014-2016) are the geographical expansion of the national network of drug treatment, the facilitation of access for addicts and their families in treatment services, career services and agencies, as well as the direct response to requests for admission to OST Treatment Programme through the expansion of the OST Programme and the reduction of its waiting list.

The National Coordinator against Drugs is in charge of the National Committee of Planning and Coordination Against Drugs. The National Coordinator is appointed by the Prime Minister for a five-year term. The National Coordinator is responsible for the coordination in the drug field (incl. drug treatment) at national level.

T1.2 Organisation and provision of drug treatment

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).

All of the above mentioned providers offer outpatient treatment, while inpatient treatment communities operate within KETHEA, Attica and Thessaloniki Psychiatric Hospital, and prison settings.

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

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.

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.

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.

Besides, 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).

Outpatient network

In 2013, a total of 92 outpatient treatment facilities offered drug treatment in Greece: 53 OST units (44 buprenorphine and 9 providing mainly methadone); 32 drug-free treatment programmes (21 outpatient/adults, 11 outpatient/adolescents; and 7 drug-free treatment programmes for imprisoned and released drug users (Table T1, see Chapter 9 for prison data).

Table T1. Network of outpatient treatment facilities (total number of units)

	Total number of units	National Definition (Characteristics/ Types of centre included within your country)
Specialised drug treatment centres	85	OST Units: 53 Drug-free for adults: 21 Drug-free for adolescents: 11 With the term 'specialised drug treatment centre' we mean an operational or administrative single modality, at a single site, with designated staff offering drug treatment for drug dependence on an outpatient basis. Only the main treatment phase of the treatment centres offering multi-phased psychosocial interventions (drug-free) is included in this category —counselling centres (admission phase) and internal facilities that offer other types of care (e.g., medical services and tests) as part of the programme are excluded.
Low-threshold agencies	0	None of the low-threshold agencies in Greece provide drug treatment.
General/ Mental health care	0	None
Prison settings	7	This category included units designed for both in-prison and released prison population. Released prison population: 3 In-prison population: 4
Other outpatient units	—	—
Other outpatient units	—	—

Source: Standard table 24

In 2013, the total capacity of the aforementioned outpatient treatment programmes was 9 387 slots (5 units did not provide relevant data to the Greek REITOX Focal Point). Most of the treatment slots were offered in OST units (n = 8 309, 88.5%), 9.7% (914) were offered by drug-free treatment programmes, and 1.8% (n = 164) were offered in prison settings.

In 2013, the total number of clients attending outpatient treatment programmes was 11 727, of whom 9 973 (85.0%) were offered services in OST; 1 494 (12.7%) in drug-free settings; 260 clients (2.2%) were offered services in prison settings (Table T2).

Table T2. Total outpatient treatment provision (number of clients)

	Total number of clients	National Definition (Characteristics)
Specialised drug treatment centres	11467	OST Units: 9973 Drug-free for adults: 1166 Drug-free for adolescents: 328 Only the clients of the main treatment phase of the treatment centres offering multi-phased psychosocial interventions (drug-free) are included in this category —clients of the counselling centres (admission phase) and of the internal facilities that offer other types of care (e.g., medical services and tests) as part of the programme are excluded. (See counselling centres in drug-free units T 1.2.3)
Low-threshold agencies	0	None of the low-threshold agencies in Greece provide drug treatment.
General/Mental health care	0	
Prison settings	260	Released prison population: 109 In-prison population: 151
Other outpatient units	—	—
Other outpatient units	—	—

Source: Standard table 24

Counselling services in drug-free units

Counselling centres constitute the first stage of the treatment process of drug users asking for support. Almost 6 out of 10 counselling centres prepare their clients for inpatient treatment, while the majority of counselling centres prepare their clients for outpatient services (87%). The mean length of stay is approximately 40 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, almost 8 in 10 to newly-released prisoners, 8 in 10 to immigrants, almost 2 in 3 to homeless users, to mothers to clients over the age of 40 and to clients who are HIV positive, approximately 9 in 10 to users awaiting trial, 7 in 10 to users with psychiatric comorbidity, 4 out of 10 to prostitutes 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 (almost 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, 9 in 10 of the centres provide information and guidance related to legal problems.

Based on the data reported to the Focal Point by 38 of the 39 drug-free counselling centres operating across the country, in 2013, 5 081 clients with drug use and dependence problems received counselling services, of whom 587 were adolescents and 4 494 were adults.

With regard to outcome, 82% (n=3 805) of the total number of individuals who received counselling services in 2013, exited the programme and only 18% (n=839) were still in the counselling centre at the end of the reporting year. The main modes of exit from counselling centres were drop out (43.2%) and admission to the main treatment phase (38.2%). Please note that 3 counselling centres did not provide relevant data to the Focal Point.

For the counselling services in OST, please see T1.4.

Inpatient network

The network of inpatient treatment facilities consists of 5 residential treatment facilities, 6 therapeutic communities, 1 programme in prison and 1 detoxification unit.

Table T3. Network of inpatient treatment facilities (total number of units)

	Total number of units	National Definition (Characteristics/Types of centre included within your country)
Hospital-based residential drug treatment		
Residential drug treatment	5	18 ANO (Attica Psychiatric Hospital)
Therapeutic communities	6	KETHEA: 5 Thessaloniki Psychiatric Hospital: 1
Prisons	1	Ministry of Justice (Eleonas prison).
Other inpatient units	1	Detoxification Unit
Other inpatient units		

Source: Standard table 24

In 2013, a total of 1250 clients were offered the services of inpatient treatment programmes, of which 670 (53.6%) in therapeutic communities, 193 (15.4%) in non-hospital based residential treatment, 261 (20.9%) in detoxification treatment, and 126 (10.1%) in prison setting.

Table T4. Total inpatient treatment provision (number of clients)

	Total number of clients	National Definition (Characteristics)
Hospital-based residential drug treatment	0	
Residential drug treatment	193	
Therapeutic communities	670	
Prisons	126	
Other inpatient units	261	Detoxification Unit
Other inpatient units		

Source: Standard table 24

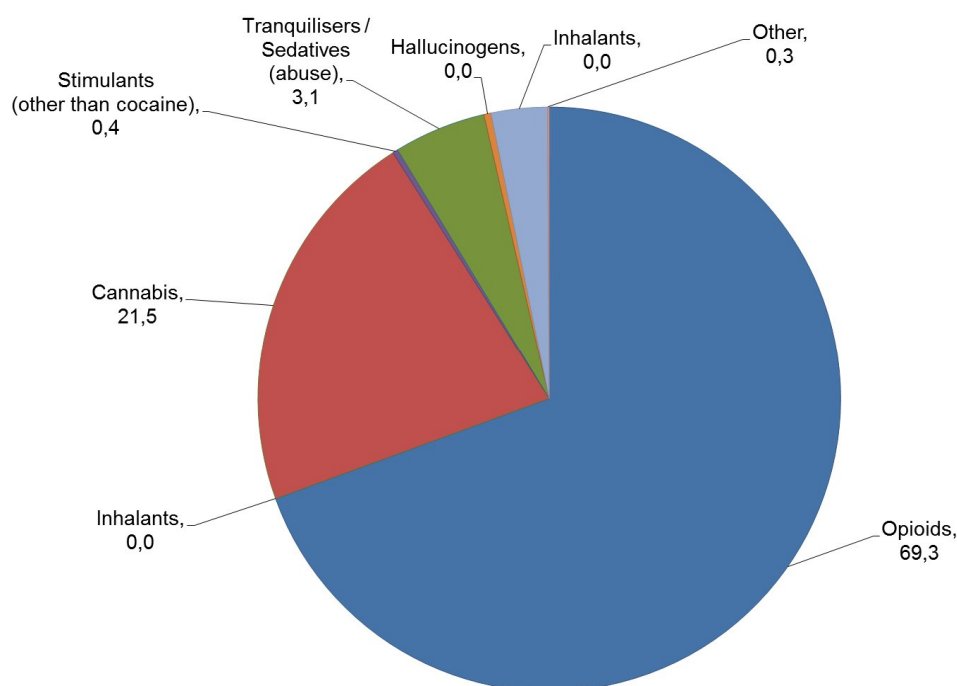
T1.3 Key data

Based on data from 4 894 drug users entering treatment in 2013 (TDI data), opioids have been the primary substance of abuse (69.3%), followed by cannabis (21.5%). Cocaine and the abuse of tranquilisers / sedatives were reported less frequently (5.1% and 3.1%, respectively) (Figure T1). “Other drugs”, a category which includes stimulants other than cocaine, accounted for about 0.8% of the treatment demands. Opioids have been the primary substance of abuse also for the first-ever-treatments, although in substantially lower rates (54.9%) compared to past-treatments (80.0%). Problems with cannabis were reported by one in 3 first-ever-treatment entrants in 2013 (35.4%).

In 2013 there has been a 23% decrease in the number of treatment entries reporting problems with opioids compared to 2012—stronger amongst first-treatments (31% decrease). By contrast, increases have been observed in all other drug categories—the highest in tranquilisers / sedatives (37% increase; 58% amongst first-treatments) and cannabis (18% increase; 25% among first treatments).

As primary substance, opioids was reported in significantly higher proportions by OST entries (96.3%, compared to clients entering other treatment modalities 61.4%), entrants over 24-year-olds (78.8%, compared to younger ones 27.4%), Greek nationals (70.3%, compared to non-Greeks 56.2%) and unemployed (70.3%, compared to those reporting some kind of employment 56.2%) (all, $p < 0.001$). By contrast, cocaine and cannabis were reported in higher proportions by entries in treatment modalities other than OST, non-Greeks, employed and – only with cannabis – by treatment entrants below 25 years of age (all differences at $p < 0.001$). Abuse of tranquilisers / sedatives was reported in higher proportions by females, older users ($p = 0.003$), unemployed, and entries in treatment modalities other than OST ($p = 0.026$).

Figure T1. Proportion of treatment demands by primary drug, year 2012



Source: TDI

In 2013, the total number of people who received treatment (main treatment phase in multi-phased programs) was 12 977, of whom 11 882 (91.6%) were opioid users and 9 973 (76.9%) received OST services (Table T5). A total of 4 894 drug users entered treatment and they were registered in the TDI system in Greece in 2013.

Data on the number of clients in treatment derive from aggregate data that treatment facilities report yearly to the FOCAL POINT. The Treatment Form/TUF is used for collecting these data with 100% coverage. Data on treatment demands derive from the TDI system: in 2013, 100 out of the 125 units delivered TDI data to the Focal Point.

Table T5. Summary table - Clients in treatment

	Number of clients
Total clients in treatment	12 977
Total opioid users in treatment	11 882
Total OST clients	9 973
Treatment demands	4 894

Source: ST24 and TDI

Based on Treatment Form/TUF data, most of the people in treatment (main phase) in 2013 were treated for opioids (92.8%, n=11 438), most of them in OST Programme (87.1%, n=9 961); smaller proportions for cannabis (4.6%, n=566) all of them in drug-free programmes. The rest of them (2.6%, n=326) 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 (68.8%, n=3 490) and higher for cannabis (19.9%, n=1 010) and cocaine (5.3%, n=271). Similarly, cannabis is the most commonly reported substance in counselling centres for adolescents (63%, n=370), whereas opioids are mostly reported in counselling centres for adults (74.4%, n=3 340).

Based on the treatment demand (TDI) data for 2013:

The age of initiation of primary substance use was 19.9 years of age (Standard deviation [SD] 6.2 years). The average length of abuse of the primary substance before entering treatment was 10.1 years (SD 7.0 years)—shorter among first-ever treatments (8.8 years) and among entrants seeking help for cannabis and cocaine use (8.9 years for both groups).

More than half of the treatment demands (44.8%) reported daily use of the primary substance—higher among first-ever treatments (49.3%) and among cannabis (39.7%) and cocaine users (16.1%).

Opioid users mostly sniff the primary substance (51.5%)—one in 3 (36.8%) reported injection as the main route of administration (less popular among new entrants, 32.8%). Cocaine users also mostly sniff (50.0%), while another 29.8% smoke the substance—one in 5 cocaine users (19.5%) mostly inject (less popular among new entrants, 12.4%).

Almost three in 4 demands (71.7%) reported abuse of more than one substance (polydrug use), a lower proportion among first-ever treatments (66.9%). Polydrug use is more prevalent among cocaine (80.8%) and opioid users (76.8%) than cannabis (52.9%) users. Prescription drugs,

cannabis and cocaine are the drugs most frequently reported by opioid users. Cocaine is the drug most frequently reported by cannabis users. Finally, cannabis and opioids are the drugs most frequently reported by cocaine users. Based on self-reports of the treatment personnel, one in three entrants (34.8%) would qualify for a multiple addiction diagnosis (data for 771 entrants, mostly in OST).

Four in 5 opioid users (79.5%) and one in 3 cocaine users (32.7%) reported lifetime injecting—about half of them (35.4% and 17.5% for opioid and cocaine users, respectively) were current injectors (i.e., had injected in the last 30 days). Injecting drug use is significantly lower among first-ever treatments (32.1% and 10.1% for opioid and cocaine users, respectively).

About 55% of opioid -and of cocaine users reported lifetime sharing of used syringes— among them, one sixth (opioid) and one eighth (cocaine) had shared used syringes in the last 30 days prior to entry (current sharing).

T1.4 Treatment modalities

Outpatient and Inpatient services

The services provided to drug users in outpatient treatment are tailored to meet the needs of specific user population profiles (Table T6).

Table T6. Services available in the Outpatient setting

	% of outpatient facilities provide this service
Psychosocial treatment/ counselling	50% - 75%
Screening of mental health disorders	> 75%
Mental health services	> 75%
Case management	Not available
Outreach to clients in the community in need of treatment	Not available
Established referral processes to relevant medical and social services	25% - 50%

Source: Structured questionnaire 27P1.

Table T7. Services available in the Inpatient setting

	% of inpatient facilities provide this service
Psychosocial treatment/ counselling	> 75%
Screening of mental health disorders	> 75%
Mental health services	> 75%
Case management	Not available
Detoxification	<25%
Established referral processes to relevant medical and social services	25% - 50%

Source: Structured questionnaire 27P1.

Opioid substitution treatment (OST)

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. In 2013, 53 OST units operated in Greece of which nine (9) were methadone and forty-four (44) buprenorphine substitution units. OST services are provided only by OKANA.

A total of 9 973 individuals were offered OST services in 2013, 26.7% (n = 2 667) of whom were in methadone and 73.3% (n = 7 306) in buprenorphine OST units.

In 2013, a total of 2 461 clients receive methadone, 5 368 received buprenorphine and 5 120 received the buprenorphine-naloxone combination (double records between the substitution treatment schemes cannot be excluded given that clients often skip from one substitution drug to another depending on their phase of treatment).

OST services are available in most cities of the country, 43% of OST units are located in Athens (Attica region), another 23% in Thessaloniki, and the remaining 34% in several cities around Greece. Except from the Attica region (Athens), no waiting time is normally expected for entering OST. By the end of December 2013, a total of 2 563 applications¹ for entry to OKANA OST programme were pending entry, of which 2 301 (89.8%) were applications for entry to the 23 OST units located in Athens and Piraeus. According to OKANA, in 2013 the average waiting time to enter OST in this region came up to 3.5 years.

As for the waiting list in the 12 OST Units in Thessaloniki, only 45 applications for admission were pending by the end of December 2013. Each one of the 18 OST Units operating in other parts of Greece has its own waiting list; in 2013 applicants on their waiting lists come up to 217 in total.

Counselling services in OST

The Admission, Information and Guidance Centre 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 OKANA 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, the OKANA Admission, Information, Assessment and Referral Centre 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

¹ Since the time of the application, OKANA is in contact with the applicants in order to update the progress of the application. Regarding the number of applications that pending, please note that OKANA provides data on the number of OST applicants who have not been contacted since their application and therefore there is no information regarding their status. Applicants who were contacted but they are not interested anymore in entering the OST programme due to various reasons (death, prison, change of residence, etc.) are not included in the number of applications that are pending.

Programme. In addition, the Family Support Programme operates since 2008 within the OKANA Admission, Information, Assessment and Referral Centre and offers its services to the family environment of the client.

In 2013, 516 clients attended the Admission Groups of the Programme (decreased by 55.2% compared to 2012). These clients were referred to methadone or buprenorphine substitution units of Attica after being tested (microbiological, biochemical, pathology and radiology tests). In 2013 the number of Admission Groups (48 AG) has been decreased by 52.9% compared to 2012 (102 AG). However, the clients who were finally admitted to OST units came up to 425. This number decreased by 57.4% compared to 2012 (998 admissions) (OKANA, 2014). It must be noted that in 2013 the number of individuals who exceptionally applied for admission to OST Programme due to HIV decreased by 7.7% in 2013 compared to 2012 (130 in 2012, 120 in 2013).

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.

T1.5 Quality assurance of drug treatment services

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.

In 2013 OKANA published the new Operational Framework for the OST programme. Based on international experience and bibliography, the Operational Framework for OKANA treatment units proposes a common framework and mode of operation that aims at:

- the treatment procedure divided into phases
- the mobility within the OKANA treatment system
- the ability to respond to a wider range of treatment needs
- the rationalisation of treatment function in order to respond to treatment needs and
- the cooperation with other treatment programmes, in terms of building a pluralistic network of treatment services all over the country.

This framework also forms the main body of an effort to enrich it with further instructions and recommendations for the integration of research data and educational processes, providing the staff of the substitution units with a reliable guide to make decisions, to select interventions, to obey to protocols, to collect and use data and to evaluate the services with the goal of continuous improving. All of these, two years after its launch, will be subject to evaluation of the new operational framework.

According to 2013 data, the majority (79.1%) of the 43 drug-free units report having recently performed an evaluation of the therapeutic procedure and / or treatment outcome while only 1 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 2013 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).

T2. Trends

A total of 4 894 drug users entered treatment and they were registered in the national TDI system in 2013 — lower compared to 2012.

Primary substance of use: Following increases between 2002 and 2009, the numbers of first-ever entries for problems related to opioids have been decreasing since 2010 – 44% decrease between 2009 and the reporting year. Less drug users entered for the first time treatment in 2013 (n = 1 145) compared to 2002 (n = 1 507, a 24% decrease). By contrast, the treatment demand for problems related to cocaine, cannabis and the abuse of tranquilisers / sedatives has been increased steadily since 2002 (+352%, +276%, and +107%, respectively between 2002 and the reporting year) (Figure T2).

Figure T2. Trends in numbers of drug users entering treatment for the first time, by primary drug, years 2002-2013



Source: TDI

Similar trends were observed among all treatment entries: Following increases between 2002 and 2011, the number of treatment entries for problems related to opioids has been decreasing since 2012 – 28% decrease between 2011 and 2013. About the same number of drug users entered

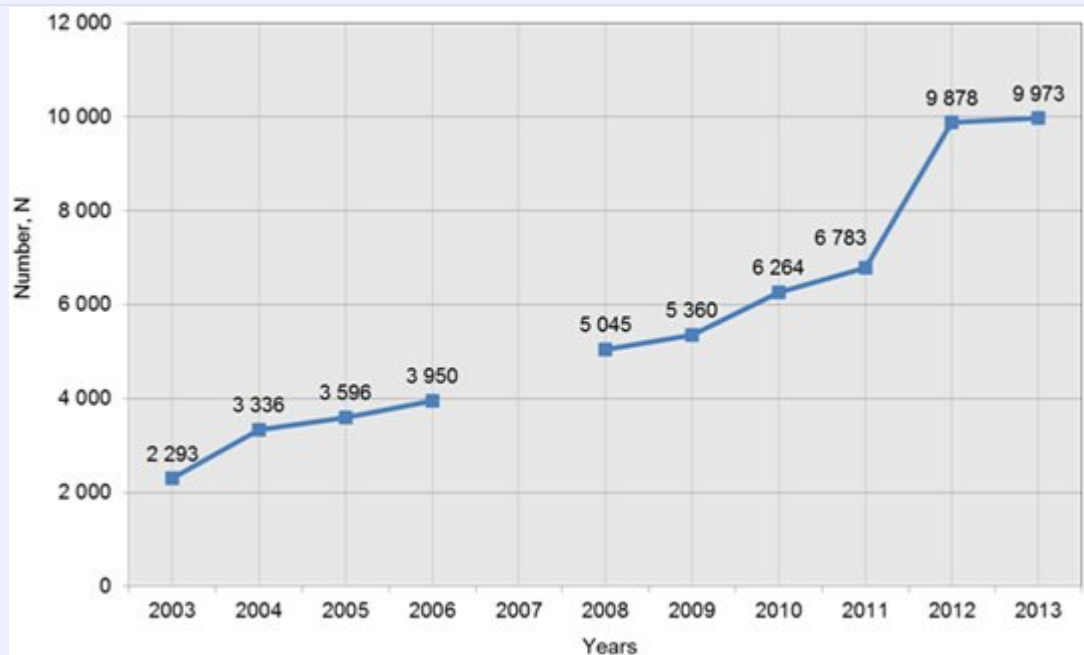
treatment in 2013 (n = 3 367) compared to 2002 (n = 3 226). By contrast, the number of treatment entries for problems related to cocaine, cannabis and the abuse of tranquilisers / sedatives increased steadily since 2002 (443%, 294%, and 206% increase, respectively between 2002 and the reporting year) (Figure T3).

Figure T3. Trends in numbers of all drug users entering treatment, by primary drug, years 2002-2013



Source: TDI

Figure T4. Trends in numbers of clients in opioid substitution treatment, years 2003-2013



Source: ST 24

Notwithstanding recent decreases in the number of drug users with problems with opioids, the predominance of the latter over the other substances reflects the combined effect of – on the one

hand – the prevailing pattern in problem drug use in Greece in which opioids had been omnipresent and – on the other hand – the limited availability of OST slots in 2013.

Against this backdrop, the total number of clients in OST treatment has been steadily increasing between 2003 and 2011, while in 2012 it increased sharply (46% increase over 2011) reflecting the large scaling up of OST services that took place that year (Figure T3). No any new OST unit was launched in 2013 and therefore the total number of OST clients remained relatively stable that year. More specifically, according to Treatment Form/TUF, new entries to OST treatment were reduced by 34% in 2013 compared to 2012, while clients continuing treatment from the previous year increased by 17%. In order to explain this development, one must bear in mind that OST programme is long-term programme as a rule: in 2013, 71.4% (n = 7121) of the clients were in OST for more than one year (63.3% in 2012).

T3. New developments

The main developments in the availability of treatment services in 2013 are the following:

- KETHEA launched an Early Intervention Unit for adults in Piraeus (KETHEA NOSTOS).
- In Chania, Crete, OKANA launched a Multiple Intervention Programme.

CHAPTER 6. HEALTH CORRELATES AND CONSEQUENCES

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

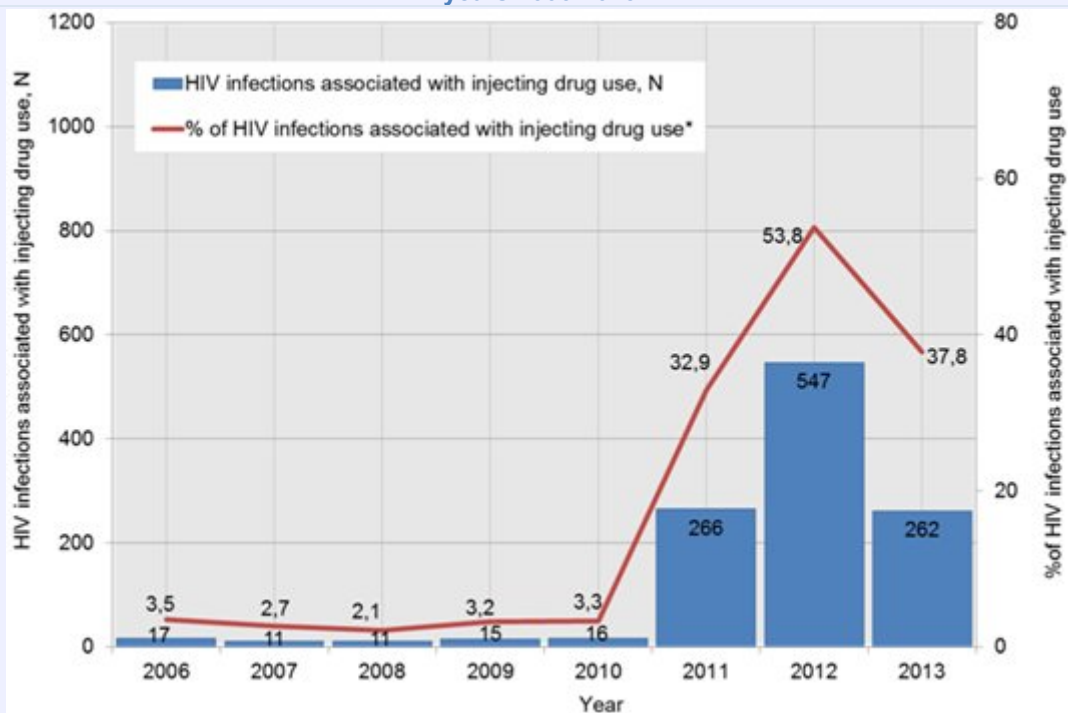
6.1.1 HIV

National HIV surveillance system: HIV infections with injecting drug use as the probable source of transmission

Data on new HIV infections by transmission category (including injecting drug use) are collected through the Greek national HIV/AIDS surveillance system and presented in the annual national report of the Hellenic Centre for Disease Control & Prevention (KEELPNO, 2014).

In 2013 a total of 920 new HIV infections were reported in the HIV/AIDS surveillance system. Of these, 262 infections were related to injecting drug use — 37.8% among those with a known source of transmission. The number of new HIV infections associated with injecting drug use decreased by 52% in 2013 compared to 2012 (n = 547), equalling the rates reported in 2011 (n = 266) (Figure 6.1). Preliminary data of KEELPNO show further decreases in new HIV infections associated with injecting drug use in the first six months of 2014.

Figure 6.1 New HIV infections with injecting drug use as the probable route of transmission in Greece, years 2006-2013



Notes: *Among cases with a known probable source of transmission.

Source: Combined data from KEELPNO, 2014

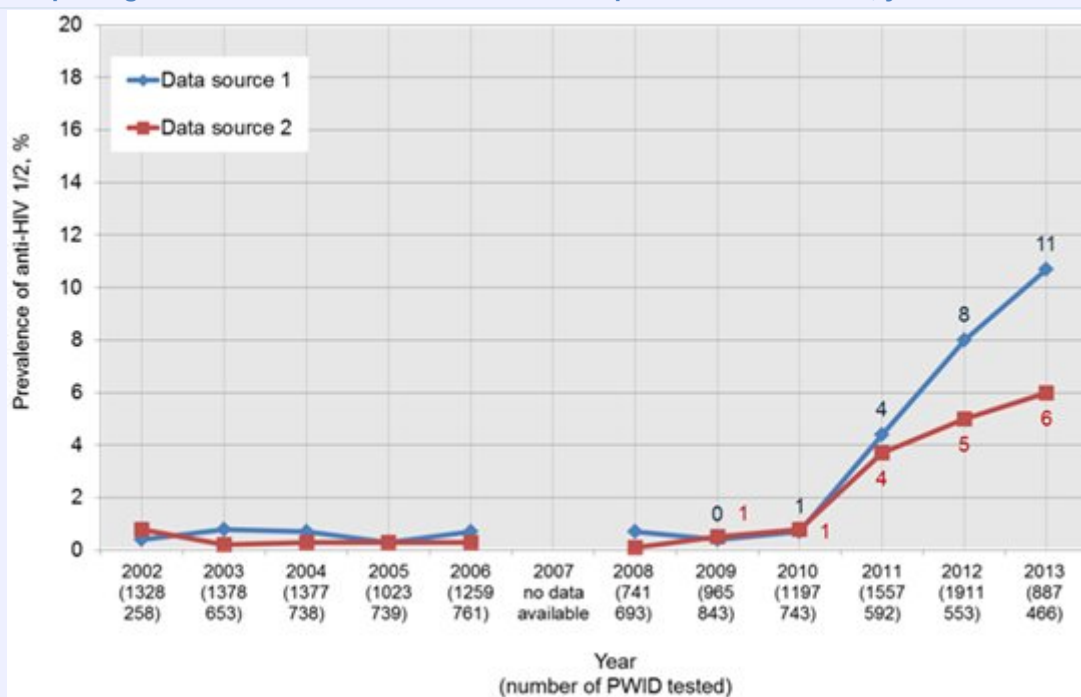
The sharp increases in the number of new HIV infections in 2012 may have reflected the scaling-up of testing uptake in Athens that year which continued throughout 2013. The subsequent reductions in 2013 may reflect the combined effect of increased HIV testing and harm reduction interventions and decreased HIV transmission in PWID networks.

Based on data of KEELPNO for 1 083 HIV-positive cases with injecting drug use as the probable source of transmission reported in the period 2011-2013, 84% were males, 76% had Greek nationality, and 51% were aged between 25-34 (Nikolopoulos, 2014).

HIV prevalence: data from routine diagnostic testing in drug-related treatment settings

In 2013, the prevalence of HIV amongst PWID tested in the drug-related therapeutic system in Greece ranged nationally between 6.0% and 10.7% (depending on the source of data). The latter suggest a further increase in prevalence compared to 2012 (Figure 6.2).

Figure 6.2 HIV prevalence among PWID tested in drug-related treatment settings in Greece, by source of reporting national data to the Greek Reitox focal point of the EMCDDA, years 2002-2013

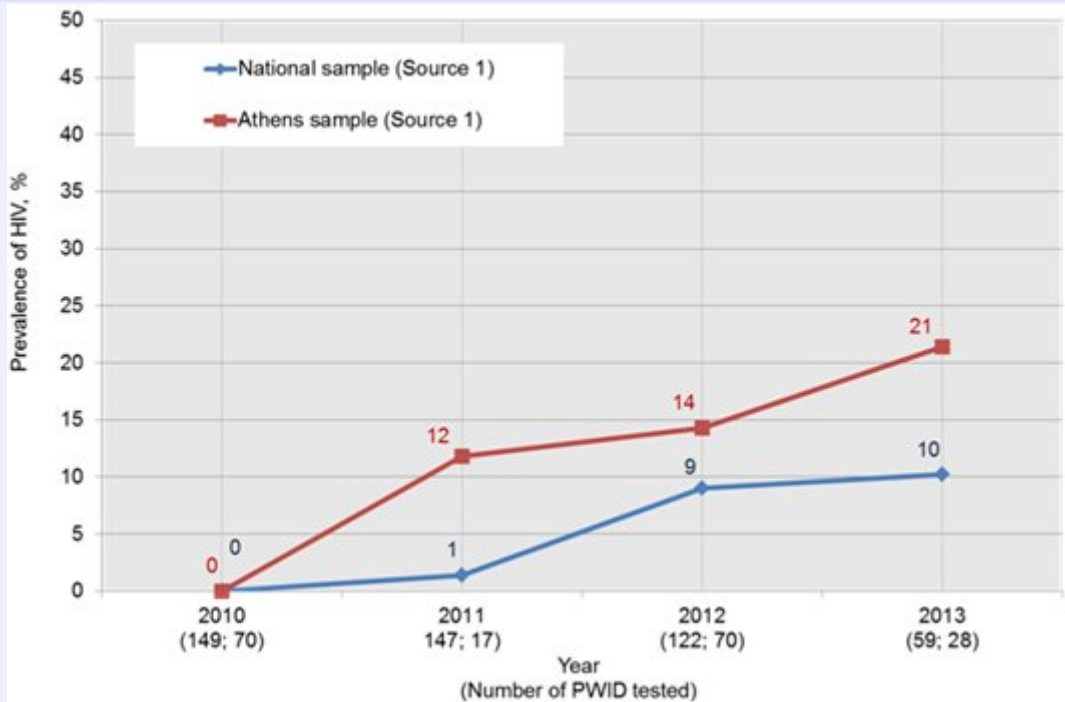


Notes. For 2013: Data source 1: individual data from OKANA and Psychiatric Hospital of Thessaloniki; data from OST (71%), low-threshold (12%), and drug-free (17%) settings; national non-representative sample. Data source 2: aggregate data from KETHEA "drug-free" settings; national non-representative sample.

Source: Greek REITOX Focal Point.

About one in every 10 (10.2%) PWID with injecting history of less than 2 years was tested HIV-positive in 2013, a higher percentage in Athens (21.4%). HIV prevalence continued its increasing trend in Athens in 2013, suggesting ongoing transmission, testing and linkage to care in this group.

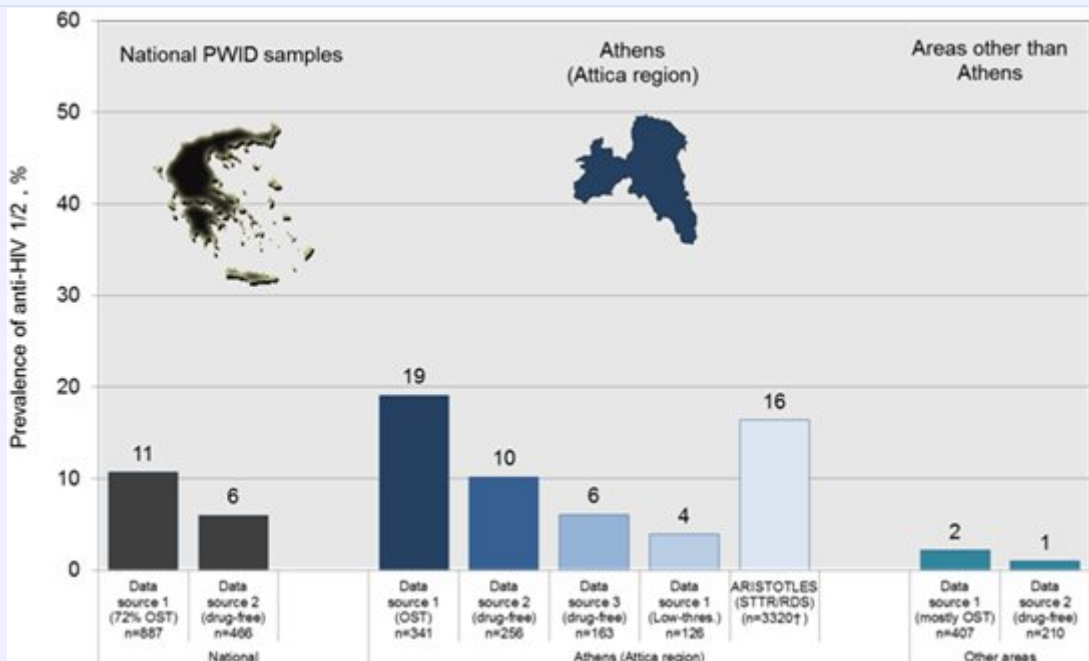
Figure 6.3 HIV prevalence among PWID with injecting histories of less than 2 years tested in drug-related treatment settings in Greece (Data source 1)



Notes. For 2013: Data source 1: individual data from OKANA and Psychiatric Hospital of Thessaloniki; data from OST (71%), low-threshold (12%), and drug-free (17%) settings; national non-representative sample.

Source: Greek REITOX Focal Point.

Figure 6.4 HIV prevalence among PWID tested in drug-related settings in 2013, by source of data and geographical region



Notes. † Refers to the period: August 2012-December 2013

Source: Greek REITOX Focal Point.

HIV prevalence was higher in Athens (range 3.9%-19.1%) compared to other areas (range 1.0%-2.2%) (Figure 6.4)—about 72.6% of the HIV diagnoses were reported by treatment and low-threshold

units located in Athens (Attica region). HIV prevalence was also higher among PWID entering OST – especially in Athens (19.1%). The higher HIV prevalence in OST (relative to other treatment settings) may be explained by the fact that most of the HIV cases diagnosed through ARISTOTLE – the Seek-Test-Treat-Retain intervention which was implemented in Athens in 2013 using respondent driven sampling (see next section) – were linked to OST.

Based on individual data from source 1 for 2013 (n = 644, mostly OST entries, 14.3% overall HIV prevalence), significantly higher rates of HIV infection were observed among PWID who reported: age below 35 years (19.2%, p = 0.004), living in Athens (18.3%, p < 0.001); unstable accommodation (21.4%, p = 0.042); homeless at least once in the last 12 months (24.7%, p < 0.001); “injection” as the main route of administration of any substance (25.5%, p < 0.001); injecting in the last 30 days (21.9%, p < 0.001); having shared injection paraphernalia in the last 30 days (21.3%, p = 0.016); and HCV co-infection (17.7, p < 0.001) (data not shown in Table).

HIV among community samples of PWID: serobehavioural surveys

ARISTOTLE – a serobehavioural survey combining a seek-test-treat-retain model of intervening in reducing HIV transmission was implemented in Athens between August 2012 and December 2013. ARISTOTLE aimed at containing the 2011 outbreak and it was designed to reach out to high risk, hard to reach injecting drug users, engaging them in HIV testing, and for those testing positive linking them to drug-related and antiretroviral treatment (ART). The intervention was funded by EU and national resources and run by the Athens University Medical School and OKANA in collaboration with the non-governmental organizations Praksis and Positive Voice. ARISTOTLE used respondent driven sampling (RDS) methodology to enrol a total of 3 320 single cases of PWID who had injected at least once in the 12 months prior to the survey. Anti-HIV was detected in 543 drug users (16.4%).

Studies

Studies examined risk factors of HIV infection among PWID during the HIV outbreak in Athens in 2012 and 2013. These studies were based on the serobehavioural data collected in the context of Aristotle STTR intervention (see previous section).

One study using data from 1 404 recent PWID recruited through RDS in Athens between August and October 2012 showed that the odds of HIV infection were 2.3 times as high in homeless as in housed PWID and 2.1 times as high among PWID who injected at least once per day as among less frequent injectors (both, p < .001). The probability of HIV infection was higher among PWID who abused speedball and cocaine (8.5 and 2.6 times higher than those who did not use these substances as primary drugs; both, p < .001) (Sympsa et al., 2014).

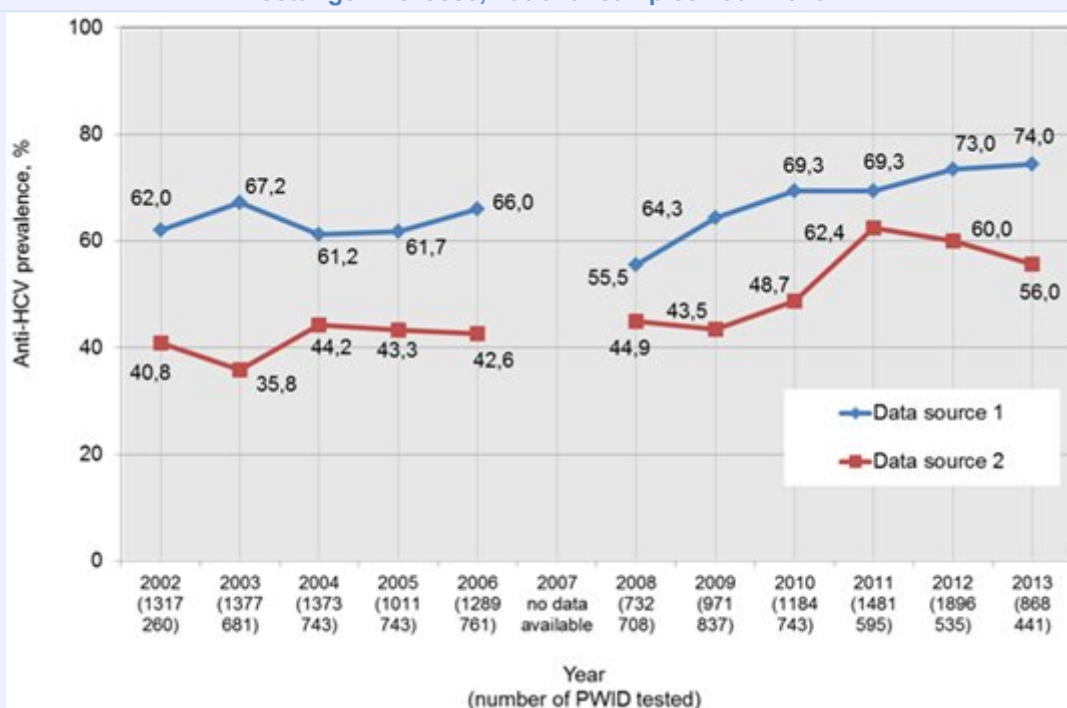
Another study using data from 3 320 recent PWID showed increased risk for HIV infection among PWID who reported frequent injection, syringe sharing in the last 30 days, use of cocaine and speedball, current homelessness, history of incarceration, larger injection network size and lack of previous drug treatment (Hatzakis et al., 20-28 July 2014).

6.1.2 Hepatitis C

Data presented below derive from laboratory tests conducted in drug-related treatment settings and reported annually to the Greek Reitox focal point. Detection of antibodies to hepatitis C (anti-HCV) is conducted in dried blood spot samples by enzyme immunoassays.

In 2013, the overall prevalence of antibodies to HCV ranged between 55.6% and 74.4%, depending on the source of data – higher among PWID entering OST (Figure 6.5). Compared to 2012, in 2013 the prevalence of hepatitis C remained stable in data source 1 (mostly OST entries), but decreased in data source 2 (drug-free settings). Over the last 12 year period the prevalence of hepatitis C in PWID remains high and overall increasing in Greece.

Figure 6.5 Trends in the prevalence of antibodies to HCV among PWID tested in drug-related treatment settings in Greece, national samples 2002-2013



Notes. For 2013: Data source 1: individual data from OKANA and Psychiatric Hospital of Thessaloniki; 2013 data from OST (71%), low-threshold (12%), and drug-free (17%) settings; national non-representative sample. Data source 2: aggregate data from KETHEA "drug-free" settings; national non-representative sample.

Source: Greek REITOX Focal Point.

Based on individual data from source 1 for 2013 (n = 643, mostly OST entries 78.5% overall HIV prevalence), significantly higher prevalence rates of hepatitis C were observed among PWID who reported: having been homeless (84.5%, p = 0.013) – or having been incarcerated (83.9%, p < 0.001) at least once in the last 12 months; "injection" as the main route of administration (86.0%, p < 0.001); use of cocaine or other stimulants (82.7%, p = 0.021); less than 2 years injecting history (recent initiates) (88.4%, p < 0.001); and injecting in the last 30 days (82.4%, p = 0.042).

Table 6.1 draws on the same source of data for the period 2008-2013 and presents trends in the prevalence of antibodies to hepatitis C among all, young (<25 years of age), new initiates (<2 years of injecting history) and among PWID who use cocaine/stimulants among other substances, by geographical stratum (Athens and other areas). The overall prevalence of hepatitis C has increased

by almost 20 percent points between 2008 and 2013, uniformly between Athens and other areas. Increases are observed also among young injectors, recent initiates, and among PWID who use cocaine/stimulants.

PWID samples in Athens show consistently higher rates of HCV infection compared to other areas, suggesting higher injecting risks in PWID networks in the capital city. Especially for the young PWID, the increases in HCV infection in Athens continued through 2013, suggesting ongoing transmission (Table 6.1). Data on young, new initiates and injectors who use cocaine should nonetheless be interpreted cautiously given the small sample sizes (not shown in Table).

Table 6.1 Trends in the prevalence of antibodies to hepatitis C among all, young, new initiates and among PWID who use cocaine/stimulants (data source 1; years 2008-2013)

	Total						Athens						Other areas					
	2008	2009	2010	2011	2012	2013	2008	2009	2010	2011	2012	2013	2008	2009	2010	2011	2012	2013
All PWID tested in Source 1	55.5	64.3	69.3	69.3	73.4	74.4	60.0	68.3	74.6	76.5	79.1	80.4	47.6	59.3	60.0	61.6	62.3	67.4
PWID <25 years of age	40.3	38.8	52.4	52.5	62.3	75.0	42.6	49.9	61.2	52.2	73.3	77.8	34.8	25.0	40.0	52.6	55.3	74.1
Injecting history of <2 years	29.3	39.0	55.5	52.4	63.6	53.7	33.9	44.7	59.4	76.5	72.9	55.6	21.2	28.8	51.9	49.2	51.0	51.9
Use of cocaine / other stimulants	50.0	46.8	66.1	70.4	72.7	81.5	62.5	65.0	69.6	95.0	95.6	86.4	33.3	33.3	63.9	64.8	81.4	68.4

Notes. Data source 1: individual data from OKANA and the Psychiatric Hospital of Thessaloniki; 2013 data from OST (71%), low-threshold (12%), and drug-free (17%) settings; national non-representative sample.

Source: Greek REITOX Focal Point.

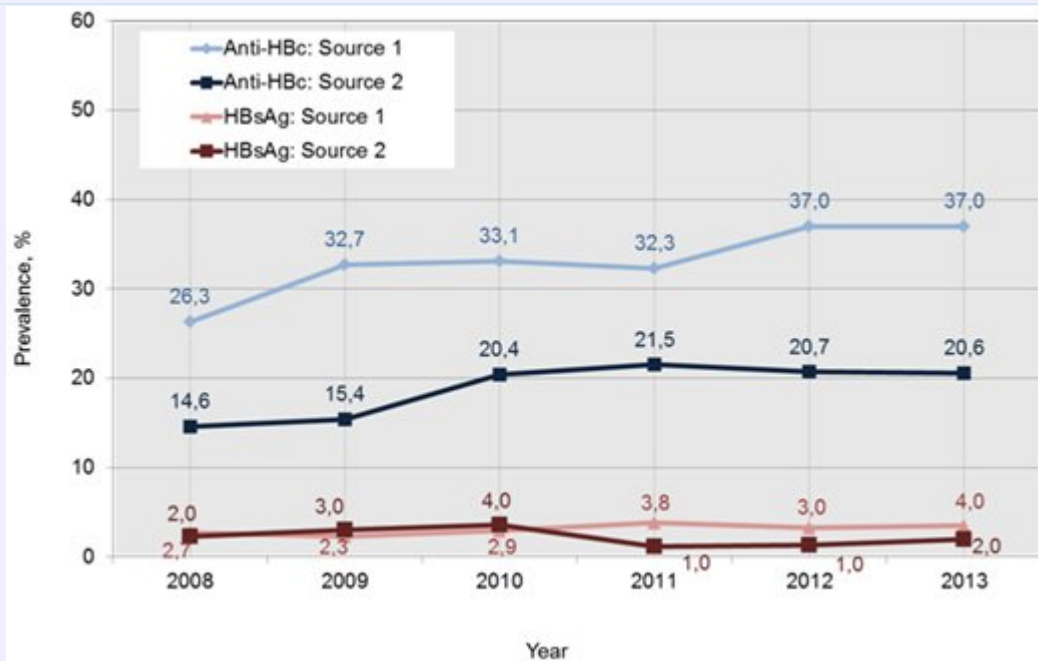
6.1.3 Hepatitis B

Data on Hepatitis B derive from laboratory reports recorded in drug-related treatment settings; they are not through a national notification system. Detection of hepatitis B virus (HBV) serological markers (surface antigen HBsAg, core antibody anti-HBc, and surface antibody anti-HBs) is conducted in dried blood spot samples by enzyme immunoassays.

Anti-HBc: In 2013, 37.0% of those entering (mostly) OST and 20.6% of those entering drug-free services had ever had hepatitis B infection, that is, they had antibodies to hepatitis B core antigen (anti-HBc), a marker of previous or current hepatitis B infection. This is higher than in 2008 when prevalence was 26.3% and 14.6%, respectively (Figure 6.6). The differences in the prevalence of anti-HBc between treatment modalities reflect differences in the overall demographic profile of their clients (see Table 6.3). The overall increasing prevalence of anti-HBc may reflect the increasing proportions of older drug users (users with longer histories of drug use) entering treatment yearly.

HBsAg: HBV current infection rates (HBsAg) among PWID ranged between 2.0% and 3.5%, depending on the source of data (Figure 6.6). No significant differences were observed in the prevalence of HBsAg by gender or age.

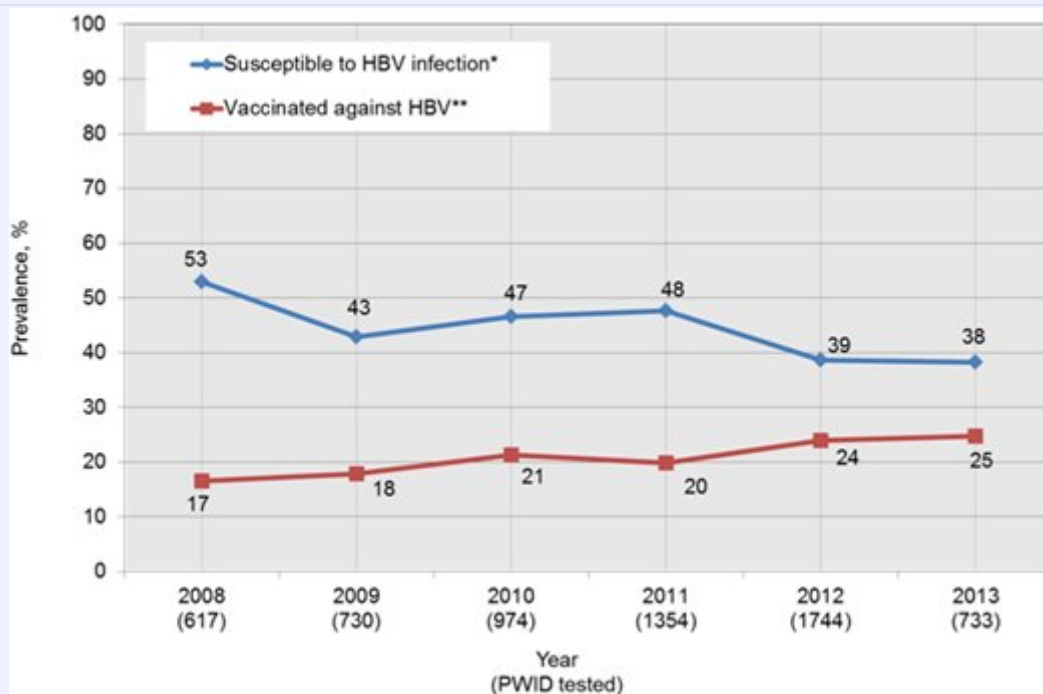
Figure 6.6 Exposure to HBV (anti-HBc-positive) and current infection (HBsAg-positive) among PWID accessing treatment, by source of data



Notes. Data source 1: individual data from OKANA and the Psychiatric Hospital of Thessaloniki; 2013 data from OST (71%), low-threshold (12%), and "drug-free" (17%) settings; national non-representative sample. Data source 2: aggregate data from KETHEA "drug-free" settings; national non-representative sample.

Source: Greek REITOX Focal Point.

Figure 6.7 PWID who were a) susceptible to HBV infection and b) vaccinated against HBV (data source 1; years 2008-2013)



Notes. *HBsAg(-) and anti-HBc(-) and anti-HBs(-); **HBsAg(-) and anti-HBc(-) and anti-HBs(+); Data source 1: individual data from OKANA and the Psychiatric Hospital of Thessaloniki; 2013 data from OST (71%), low-threshold (12%), and "drug-free" (17%) settings; national non-representative sample.

Source: Greek REITOX Focal Point.

Based on the analyses of the data from data source 1 (n = 890; 71% OST, 12% low-threshold, and 17% “drug-free” entries), Anti-HBc was detected in higher proportions among male users (39.1%, compared to females 27.7%), those aged over 34 (44.7%, compared to those under 25, 21.4% and those aged 25-34, 27.9%), and among PWID with injecting histories of more than 2 years (38.4%, compared to recent initiates, 20.0%). One in two PWID (50.4%) detected with hepatitis B core antibody had become immune as a result of infection (Anti-HBs-positive and HBsAg-negative). Almost 2 in every 5 injectors tested (38.3%) neither had they developed the disease nor had they been vaccinated against HBV, that is, they are susceptible to HBV infection. One in every 4 users tested (24.7%) had been vaccinated against HBV. In 2013, vaccination levels were higher among women (34.1%, compared to 22.6% in men), and among past treatments (26.9%, compared to 20.8% in first-ever treatments). Despite being low, the rates of vaccination in this population have been increasing steadily as a result of the introduction of universal vaccination policy for HBV in Greece in 1998 (Figure 6.7).

6.1.4 Tuberculosis

Positive for the Mantoux test were in 2013: 26.2% of 191 tested in settings of data source 1, 15.0% of 225 tested in settings of data source 2, and 12.0% of 144 tested in settings of data source 3 (Athens only). Positive chest X-ray had 0.4% of 979 tested from the data source 1, 1.0% of 414 tested in the data source 2, and none of 132 tested at data source 3.

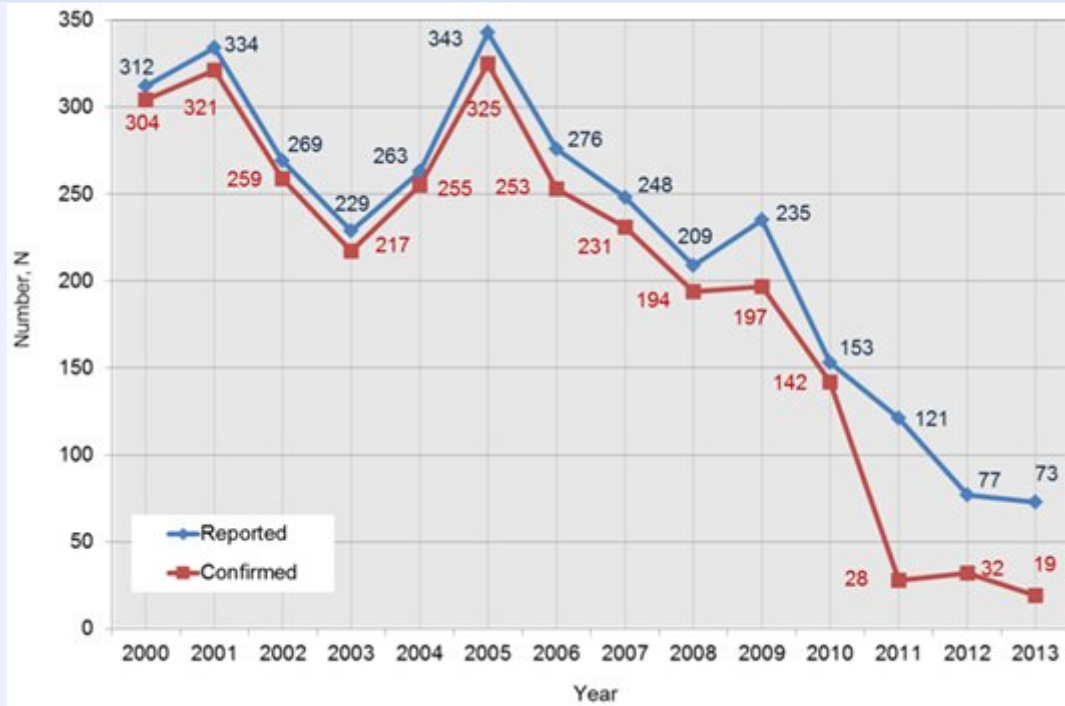
6.2 Drug-related deaths

Data on 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—the University Forensic Medicine and Toxicology Laboratories and the Forensic Service of the Ministry of Justice. Only acute deaths by overdose or the synergic activity of different drugs are recorded under drug-related deaths. Deaths indirectly related to drugs – e.g. deaths of infectious diseases associated with injecting drug use, accidents, suicides, etc. are not recorded.

According to the Hellenic Police, a total of 73 drug-related deaths were reported in 2013, of which 19 (26.0%) had been confirmed with the toxicological analyses by October 2014 (Figure 6.8 and Table 6.2). The overall decreasing trend in the number of drug-related deaths continued also in 2013 (Figure 6.8).

Table 6.2 presents the socio-demographic characteristics of the confirmed deaths. Although, there are still 74.0% of the reported deaths to be confirmed for 2013, it is evident that most of the confirmed deaths concern single male drug users, over 30 years of age, and of Greek nationality. In almost all death cases the substance detected was heroin or morphine.

Figure 6.8 Trends in the number of reported and confirmed drug-related deaths, years 2000-2013



Notes. Pending confirmation: 54 (2013); 45 (2012); 93 (2011); 11 (2010); 38 (2009); 15 (2008); 17 (2007); 13 (2006); and 18 (2005).

Source: Hellenic Police.

Table 6.2 Drug-related deaths in Greece, years 2000-2013

	2000		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010		2011		2012		2013			
	N	%	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		73			
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	19	26.0		
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	0	0.0		
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	3	15.8		
≥ 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	16	84.2		
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	18	94.7		
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	1	5.3		
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	18	94.7		
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	1	5.3		
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	2	10.5		
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	9	47.4		
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	8	42.1		
Family status																														
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	11	57.9		
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	2	10.9		
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	0	0.0		
Unknown																													6	31.2
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	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	3	15.9		
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	1	5.3		
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	15	78.8		
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	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	2	10.5		
Other / Unknown	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	17	89.5		
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	18	94.7		
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	0	0.0		
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	1	5.3		

Notes. Reported deaths pending confirmation: 54 (2013); 45 (2012); 93 (2011); 11 (2010); 38 (2009); 15 (2008); 17 (2007) 13 (2006); and 18 (2005).

Source: Hellenic Police.

Technical notes on infectious diseases data

The 2013 data presented in this section derive from three sources: (a) the national HIV/AIDS surveillance system coordinated by the Hellenic Center for Disease Control and Prevention (KEELPNO), (b) routine diagnostic testing of people who inject drugs (PWID) who access the official drug treatment system in the country, including low-threshold settings, and (c) serobehavioural studies in community samples of active drug users.

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 2014).

The Greek Reitox focal point (FP) coordinates the collection of routine diagnostic testing and behavioural data on a yearly basis since 2000. Data collection has been in line with EMCDDA's DRID protocol (see: <http://www.emcdda.europa.eu/publications/methods/drid-overview>). Anonymous data on biological indicators are collected through diagnostic tests conducted upon entry in the treatment system. Routine diagnostic tests are foreseen in the treatment protocols of all treatment services. 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. Data on socio-demographic and behavioural indicators are collected through face-to-face paper-based interviews conducted by trained treatment staff. The system collects data only for PWID who enter/access treatment services—not those already in treatment. By implication there are no data available on the prevalence on infectious diseases among those in treatment. Especially for HIV, no information is available about the rate of recent infection. Routine data reach the FP in two forms: anonymous individual data from OKANA (mostly OST and low-threshold) and the Psychiatric Hospital of Thessaloniki (detox; 'drug free'), and aggregate data from KETHEA ('drug-free'), and 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 2013, data on serological and behavioural indicators were collected from a total of 1 519 PWID tested in the drug treatment system (not accounting for double counts; data from 59 sites of the DRID network). The number of tests conducted in 2013 in the three different data sources and the demographic characteristics of the PWID tested are presented in Table 6.3.

Table 6.3 Number of PWID tested in treatment settings in 2013 (routine data), by data source, type of testing and 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=890)	890	868	887	678	82.5	17.5	4.8	41.7	53.4
Data source 2 (n=466)	447	441	466	414	86.7	13.3	8.2	55.4	36.5
Data source 3 (n=163)	162	88	163	162	73.6	26.4	9.8	50.3	39.9

Notes. Data source 1: individual data from OKANA and the Psychiatric Hospital of Thessaloniki; OST (71%), low-threshold (12%), and drug-free (17%) 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.

SOURCE: Greek REITOX Focal Point.

Between August 2012 and December 2013, ARISTOTLE, a serobehavioural prevention and research project, was conducted in Athens. ARISTOTLE was run by the National Retrovirus Reference Center (Athens University Medical School) in collaboration with OKANA and KEELPNO and with the support of NGOs. ARISTOTLE used respondent driven sampling and had both, prevention and research component. Its prevention component aimed at minimising HIV transmission among PWID in Athens by raising awareness, distributing clean injection equipment and by testing and linking HIV positive cases to care. ARISTOTLE was EU funded (ESPA 2007-2013).

CHAPTER 7. RESPONSES TO HEALTH CORRELATES AND CONSEQUENCES

7.1 New developments

In 2013, new interventions were developed in response to the growing health problems of drug users. In fact, KETHEA established two new low threshold programmes in Athens and Thessaloniki and OKANA one low threshold programme in Thessaloniki. The new services provide in particular syringe programmes and/or health services.

KETHEA took the initiative in operating psycho-diagnostic centres to better serve the drug users with psychiatric co-morbidity. In 2013, seven psycho-diagnostic centres operate in 7 cities of Greece (Athens, Thessaloniki, Larisa, Heraklio-Crete, Kalamata, Ioannina, Lesvos).

In the reporting year, the involvement of NGOs in prevention actions for the drug-related problems of PWIDs has been additionally enhanced.

The operation of the four mobile units of KEELPNO providing mainly services for the prevention of infectious diseases interrupted the second semester of 2013 due to limited funding.

EVMELEIA intervention has been developed in 2014 by a new outreach programme of OKANA addressing drug users and other vulnerable groups. The main goal of the intervention is to facilitate the access of drug users to health and social services; and treatment programmes for the reduction of HIV infection and the improvement of their quality of life.

The Supervised Drug Consumption Room of ODYSSEAS pilot programme (OKANA) operating for a period of 9 months between 2013 and 2014 was suspended in July 2014.

The new harm reduction / low threshold interventions have been mainly funded through European Funds – National Strategic Reference Framework (ESPA).

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.

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).

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

7.2.1 User information and training

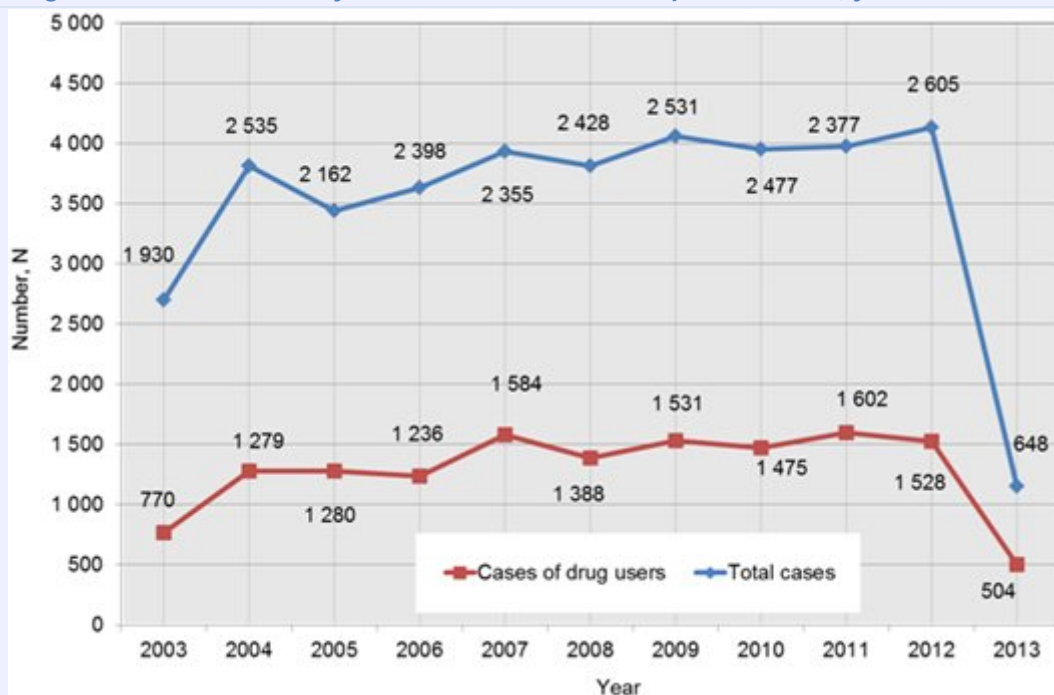
Printed information material (leaflets) about drug-related deaths and drug-related emergencies are distributed to drug users by five low threshold programmes of OKANA and KETHEA. According to the available quantitative data, in 2013 the number of leaflets came up to 2 035.

Six low threshold programmes run by OKANA, KETHEA and PRAKSIS NGO (Development, Social Support and Medical Cooperation Projects) deliver individual and group training to drug users in risk prevention and overdose management. In 2013, the number of drug users attended group training sessions remained almost stable (n=602) compared to 2012 (n=661).

7.2.2 Responding to drug users' health emergencies

The medical services of OKANA and KETHEA in 2013 responded to 551 emergency cases of which 504 were served by the Mobile Unit of Pre-Hospital Medicine (OKANA) (Figure 7.1).

Figure 7.1 Cases served by the Mobile Unit of Pre-Hospital Medicine, years 2003- 2013



Data: OKANA 2013

Source: Greek REITOX Focal Point, 2014

In 2013, there was a significant decrease of the number of emergency cases served by the Mobile Unit compared to the previous years (Figure 7.1) due to the suspension of the Unit for the first five months of 2013.

7.3 Prevention and treatment of drug related infectious diseases

7.3.1 User information and training

Printed information material on the prevention of infectious diseases is distributed to drug users by fourteen low threshold and harm reduction programmes run by OKANA, KETHEA, Médecins du Monde NGO, PRAKSIS NGO, ACT UP NGO, the ATHENA – HYGEIA Prevention Centres of the City of Athens and the Hellenic Center for Disease Control and Prevention (KEELPNO¹). Based on the available quantitative data, in 2013 the number of leaflets increased significantly related to 2012 (66 060 and 24 966 respectively).

In 2013, the outreach programmes of KETHEA and PRAKSIS NGO provided training on prevention of infectious diseases and safer drug use to PWID, drug using sex workers, homosexuals and immigrants.



PRAKSIS

Programme “Ask First”

A comprehensive programme conducted by the **NGO PRAKSIS** (*a humanitarian non-profit organization, aiming at creating and implementing programmes of social support and medical cooperation - www.praksis.gr*).

In the frame of this programme the campaign “take the leap to testing” was launched, which aimed at informing vulnerable groups on the modes of protection, and on the importance of regular medical tests. In collaboration with other NGOs and Universities, events were organized in various parts of Greece. There was also a press conference, followed by a march to the streets of Athens, where the volunteers distributed leaflets to people in the streets.

Another activity in the framework of the programme was the establishment of a telephone hotline for information on Hepatitis B, in collaboration with the General Secretary of Youth and Gilead Company. There were also activities for Hepatitis C.

7.3.2 Syringe and condom provision

Syringe programmes

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

¹ Quantitative data deriving from KEELPNO related to the actions of four mobile units and one street work programme.

In 2013, syringes were distributed/exchanged at eight (8) mobile units, at the premises of seven (7) low threshold services and by the street workers of four (4) outreach programmes (in total 19 syringe provision sites – an increase compared to 2012: 13 provision sites). Sixteen of those sites operate in Athens and two of them in Thessaloniki for the first time. More available relevant quantitative data are presented in the Table 7.1.

Table 7.1 Number of campaigns, individuals and contacts of syringes provision sites, years 2012-2013

	2012	2013
Campaigns	607	1 512
Individuals *	5 151	7 128
Contacts	26 415	27 287

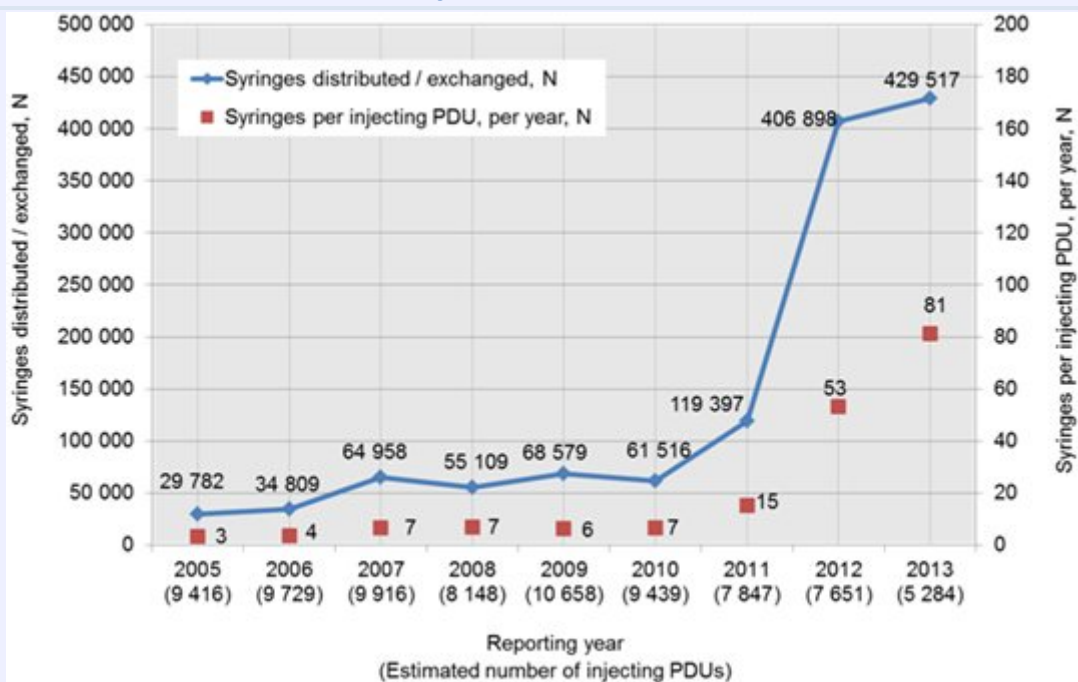
*Data about the number of clients of syringe provision sites are submitted to the Greek REITOX Focal Point as aggregates, therefore it is not possible to remove double records for those who were recorded in the population of more than one site

Data: OKANA, KETHEA, Médecins du Monde NGO, KEELPNO, ACT UP NGO, 2013

Source: Greek REITOX Focal Point, 2014

About 430 000 syringes were handed out to PWID in 2013 – suggesting a 5% increase compared to 2012 (Figure 7.2). Almost 3.6 times more syringes were distributed in 2013 compared to 2011, resulting to a notable increase in coverage which had started already in 2012. The coverage of the syringe programmes was estimated at 81 syringes per injecting drug user per year (n= 5 284 high risk injecting drug users were estimated in Greece in 2013, see Chapter 5). Given, nonetheless, that syringe programmes are available mostly in Athens, the respective coverage of the syringe programmes for Athens was 216 syringes per injector per year.

Figure 7.2 Number of syringes distributed/exchanged and coverage of syringe programmes in Greece, years 2005 – 2013



Data: OKANA, KETHEA, Médecins du Monde NGO, KEELPNO, ACT UP NGO, 2013

Source: Greek REITOX Focal Point, 2014

In 2013, the number of injection kits came up to 28 561, a lower number compared to 2012 (n=41 889).

Θετική Φωνή
άνθρωποι+HIV

Campaign entitles “it’s crazy to think that you catch AIDS in this way!”

The Greek association of HIV positive individuals **Positive Voice*** launched a campaign, consisting of 3 spots for television and the social media, aiming at raising awareness on the stigma and the discrimination faced by the seropositive individuals, at the workplace and other social occasions. The campaign tried, in a humorous way, to reply to the myths and phobias on the spreading of HIV.

* *Positive Voice Greece is the Greek association of HIV positive individuals. Its objectives are the protection of the rights of seropositive people, the containment of HIV/AIDS spread, as well as the limitation of its social and financial impact on the Greek society.* (www.positivevoice.gr).

Condom distribution

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

Table 7.2 Number of condoms distributed to drug users, years 2011 – 2013

	2011	2012	2013
Number of condoms*	74 184	181 937	211 744

*Data deriving from KEELPNO mobile units and PRAKSIS NGO is related to socially vulnerable groups including drug users.

Data: OKANA, KETHEA, KEELPNO ATHENA – HYGEIA Prevention Centres, Médecins du Monde NGO, PRAKSIS NGO, ACT UP NGO, 2013

Source: Greek REITOX Focal Point 2014

7.3.3 Tests to detect infectious diseases

In 2013 OKANA Direct Aid and Support Unit, PRAKSIS NGO and POSITIVE VOICE NGO performed blood tests and rapid tests for HAV, HBV, HCV and HIV/AIDS to drug users.

The available relevant data are presented in the Table 7.3

Table 7.3 Data about blood tests and rapid tests for HAV, HBV, HCV and HIV/AIDS performed at the medical services of low threshold services in 2013

	Number of blood tests	Number of rapid tests	Number of users
OKANA	2 160	-	2 044
PRAKSIS NGO	66	1 599	1 559
POSITIVE VOICE NGO	-	17	17
Total	2 226	1 616	3 620

Data: OKANA, PRAKSIS NGO, POSITIVE VOICE NGO, 2013

Source: Greek REITOX Focal Point 2014

The medical services of low threshold units also refer drug users for screening to the special services of Public Hospitals.

7.3.4 Vaccination

The health services of OKANA and to a smaller extent of KETHEA perform vaccinations against HAV and HBV to drug users (Table 7.4).

Table 7.4 Data about the number of drug users being vaccinated against HAV and HBV in the health services of OKANA and KETHEA, years 2012, 2013

	2012	2013
Individuals being vaccinated against HAV	81	63
Individuals being vaccinated against HBV	173	171

Data: OKANA, KETHEA, 2013

Source: Greek REITOX Focal Point, 2014

Moreover, in 2013 the health services of KETHEA performed tetanus, diphtheria, pneumococcal and influenza vaccines.

Information – protection – Testing: out moto in life

European test week was a pilot project conducted for the first time in Europe, aiming at providing information on HIV and the reduction of delayed diagnosis cases. It was implemented through the collaboration of NGO PRAKSIS, Ath Checkpoint and Kentro Zois (Centre of Life).

The message of the week was “talk about HIV. Have the test” to encourage people to openly talk about HIV/AIDS and to enhance the dialogue among civil society, health professionals and policy makers.

7.3.5 Treatment

In 2013, 262 new HIV diagnoses with injecting drug use as the probable route of transmission were reported to the national HIV surveillance system (KEELPNO; Nikolopoulos 2014; See Chapter 6). Of these, 257 (98.1%) started antiretroviral treatment (ART) during the same year – representing 42.5% of total number of HIV-positive PWID receiving ART in 2013 (n = 605). The PWID represented about 31.9% of all people who live with HIV and started ART in 2013 (n = 806) – a higher proportion compared to the previous years (2012: 30.4%, 2011: 11.5%, 2010: 2.6%, 2009: 1.9%) (Paraskeva 2014).

Overall in the period 2011-2013, of the total 1 075 HIV positive PWID reported the HIV surveillance system, 43.5% started and adhered in ART. More specifically, about 66.0% visited at least once a Special Infection Unit (MEL). Of these, about three fourths (73.0%) started ART. Among them about one in ten (10%) either interrupted ART (7.5%) or died (2.2%) (Paraskeva 2014).

All PWID who are diagnosed with antibodies to HIV are offered free ART and priority access to the medically assisted treatment services for opioid dependence.

Moreover, social security benefits are provided to individuals with HIV infection including PWID (CD4 ratio: from 200 to 500 or <200 lymphocytes – level of disability $\geq 50\%$).

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, KETHEA, PRAKSIS NGO and Médecins du Monde NGO, and dental services are provided by the respective programmes run by OKANA, KETHEA and PRAKSIS NGO. The aforementioned services operate in Athens. Moreover, dental services offered to the clients of twelve Medically Assisted Treatment Units for Opioid Dependence in Thessaloniki in the premises of one unit run by OKANA.

The most common pathological problems treated in the reporting year include: various infections (respiratory, urological and gastrointestinal infections, abscesses), thrombophlebitis, withdrawal syndrome, chronic lower limb ulcers, wounds, emaciation, hypertension, diabetes, epilepsy.

Table 7.5 Data about pathological and dental cases from low threshold / harm reduction services, years 2012-2013

	2012	2013
Pathological cases		
Visits	6 190	5 945
Clients	5 027	4 440
Dental cases		
Visits	2 707	3 298
Clients	915	1 213 *

*No data from one medical service

Data: OKANA, KETHEA, MÉDECINS DU MONDE NGO, PRAKSIS NGO 2013

Source: Greek REITOX Focal Point, 2014

The medical services of low threshold units also refer drug users with health problems to Public Hospitals.

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.

Based on the Unit's data:

- In 2013, fifty two (52) comorbid dependent users referred to the Unit for psychiatric assessment, a lower number compared to 2012 (n=85) and 2011 (n=84).

- 78.8% were new clients.
- 88.5% were referrals from the Counselling Centre of the Programme that runs the Unit and 11.5% were referrals from psychiatric clinics and KETHEA treatment programmes.
- All of the clients engaged in polydrug use, the primary drug in the vast majority being heroin and secondary drugs benzodiazepines and cannabis.
- The clients' most common psychiatric problems were psychosis (schizoid or other), personality disorders, bipolar disorder, depression and dysthymia.

Other treatment programmes or low threshold 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 dealt with by other dependence treatment programmes of Attica prefecture, are referred to the Dependence Treatment Unit 18 ANO (Attica State Psychiatric Hospital).
- Diagnosis and follow-up of cases of comorbid dependent users is provided by the seven psycho-diagnostic centres of KETHEA being inaugurated in 2013 and the low threshold services of OKANA. According to the available data, in 2013, 1 297 individuals consulted those services - the figure is higher compared to the previous two years (2012: 1 048, 2011: 912).

In addition to the aforementioned specialised programmes / services, users with psychiatric comorbidity were eligible for admission in 2013 to 84 out of 96 treatment programmes in Greece (25% of the clients of those programmes represented individuals with a diagnosed psychiatric comorbidity).

In 2013, tailored services to meet the special needs of drug users with psychiatric disorders were provided by 64 of the 96 treatment programmes (35 medically assisted treatment units for opioid dependence and 29 drug free programmes).

7.5 Further data on the low threshold/harm reduction interventions

7.5.1 Drug user profile of Low Threshold Services

According to the data from two low threshold services run by OKANA and KETHEA, the profile of their clients (n=2 552) is as follows:

- The vast majority were men (80%).
- The mean age of those approaching KETHEA low threshold service (n= 379) was 37 years.
- On average, about one out of three were immigrants, more than half (55%) were homeless and 77.5% were unemployed.

- Most of them were poly-drug users with primary substance heroin. Drug users being served by OKANA low threshold service (n=2 173) mentioned that they also used benzodiazepines, TAI (heroin and dextromethorphan) and SISA (crystal methamphetamine).
- On average, almost one out of three shared syringes.

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

In the reporting year, 28 former drug users worked for seven low threshold / harm reduction programmes run by OKANA, KETHEA and the outreach programmes of PRAKSIS NGO – a higher figure compared to 2012 (N=22).

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 which offer social reintegration services.

8.2 Social exclusion and drug use

8.2.1 Drug use among socially excluded groups

In 2013 unemployed users comprise 64.3% of all users who approached drug services. 8.8% of all users approaching treatment services were homeless users at the reporting year. 7% of users approaching various therapeutic services in 2013 have foreign nationality.¹

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.

¹ 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 2013, 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).

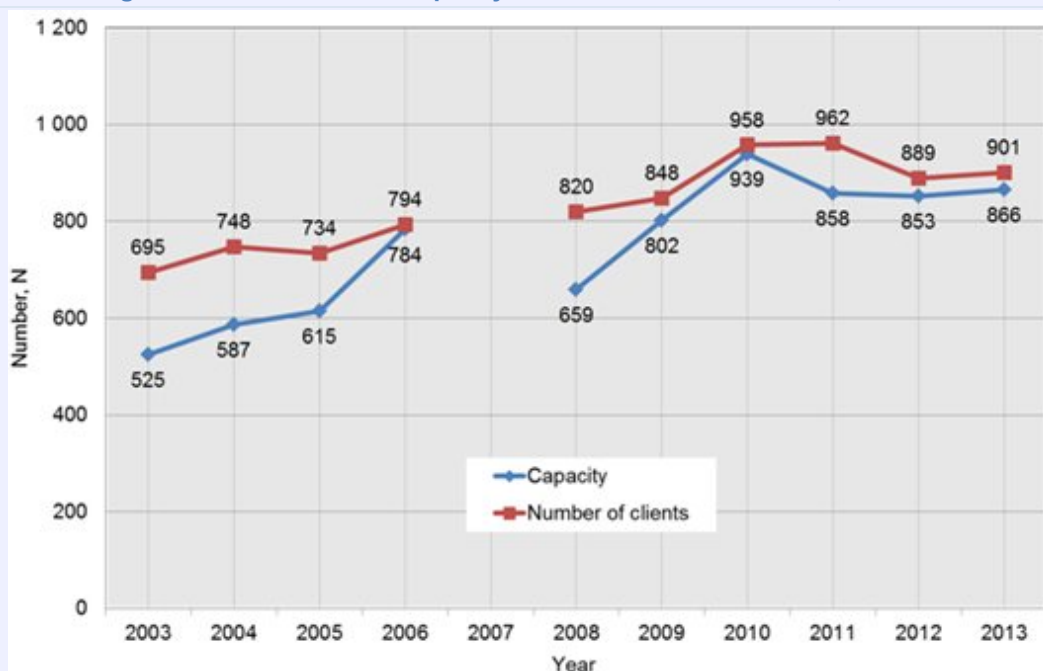
of which: seventeen (17) belong to KETHEA, three (3) to OKANA, three (3) to 18 ANO Dependence Treatment Unit (Attica Psychiatric Hospital), and two (2) to Thessaloniki Psychiatric Hospital.

In 2013, 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 scheduled duration of the social reintegration programmes is one year (396 days).

According to the operations data of the aforementioned structures in the reporting year, the total capacity was 866 (95 adolescents and young adults, and 771 adults). These figures reflect the number of clients that can be served by the units on a monthly basis.

Figure 8.1 Trends in total capacity and total number of clients, 2003-2013



Source: Greek REITOX Focal Point, 2014.

The total number of clients served in social reintegration centres throughout the year was 901. Almost half of the clients (n=426) received social reintegration services for the first time in 2013. Social reintegration centres for adolescents and young adults served 55 clients in total, whilst social reintegration centres for adults served 846 clients, respectively.

In the period 2003-2013, the trend in the total number of clients who received social reintegration, as well as the trend in capacity of the reintegration units display similar fluctuations (Figure 8.1). From 2010 to 2013, both trends remained relatively in a stable mode.

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. Two in three 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 2013, accommodation capacity was 243, and a total of 336 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 2013, in Greece there were 22 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 593 clients attended the aforementioned schooling structures in the school year 2012-2013 (622 clients in 2012), of whom 48 clients succeeded in moving up a form or obtained the high school leaving certificate (66 clients in 2012), 4 were admitted to higher education (5 in 2012), 18 obtained a language certificate (16 in 2012) and 45 obtained a computer certificate (33 in 2012).

Vocational training services are offered both to former and to recovering drug users at the stage of social reintegration by 18 structures. In 2013, 101 clients attended vocational training courses (162 clients in 2012).

All of the structures provide vocational training services both to former and to recovering drug users at the stage of social reintegration. In 2013, two Actions were designed and implemented creative workshops in the areas of photography, IT, jewellery, technology (heating systems, air-conditioning), gardening, culinary art, organic farming and apiculture.

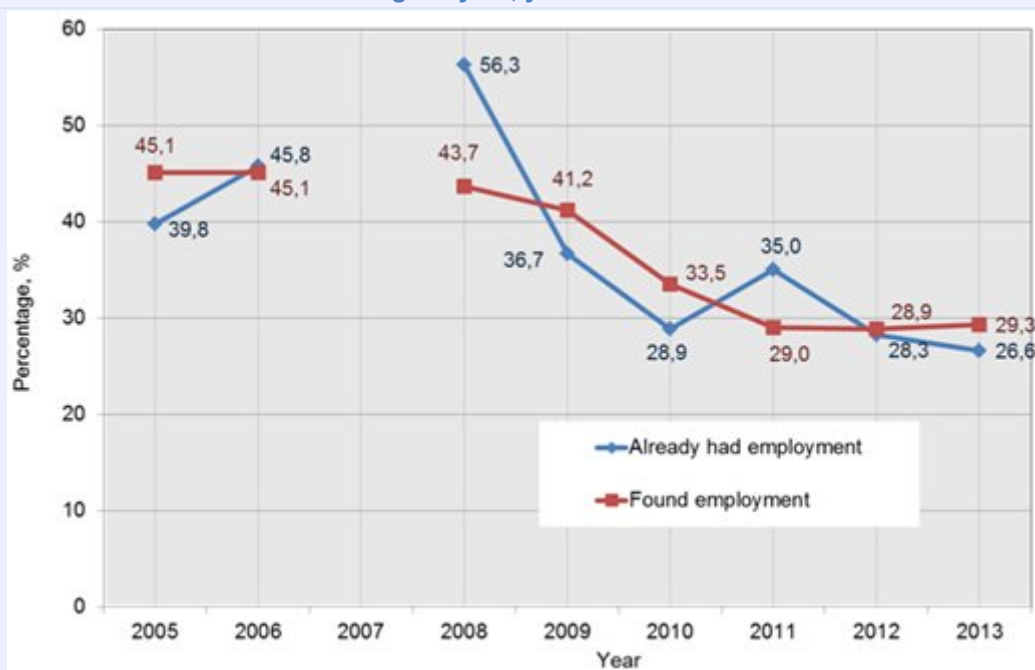
Since the beginning of the 2012-2013 academic year, KETHEA ITHAKI continued to operate on its premises a "Culinary Art's Assistant" training course, as a branch of the Vocational Training Centre in Thessaloniki. Twenty three (23) students attended this training structure and 10 successfully

completed the courses. Moreover, in the 2012-2013 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).

8.3.4 Employment

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 2013, 26.6% (n=240) of the total number of clients were already employed at the beginning of the reporting year and a similar percentage (29.3%, n=264) found a job during the year.²

Figure 8.2 Trends in the percentage of clients already employed and in clients who found employment during the year, years 2005-2013



Source: Greek REITOX Focal Point, 2014.

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 2013, 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 it remains stable in the triennium 2011-2013 (Figure 8.2).

Moreover, the OKANA Specialised Vocational and Social Reintegration Centre (EKKEE) in Thessaloniki reported that 15 of its clients in total found a job.

² Please note that employment services were offered by 22 of the 26 reintegration centres

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 Thessaloniki provided accompanying support services to 45 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. The programme aims at completing drug dependence treatment as a follow-up of substitution treatment and at ensuring systematic medical and psychological care for clients. 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.

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 2013, social reintegration centres offered legal services to a total of 129 clients (data for 14 of the 26 units). The respective figure for 2012 was 154 clients. In the same vein, KETHEA and OKANA run a legal support service in cooperation with the country's Bar Associations. In 2013, the OKANA Legal Support Service dealt with 206 clients' cases (280 cases in 2012).

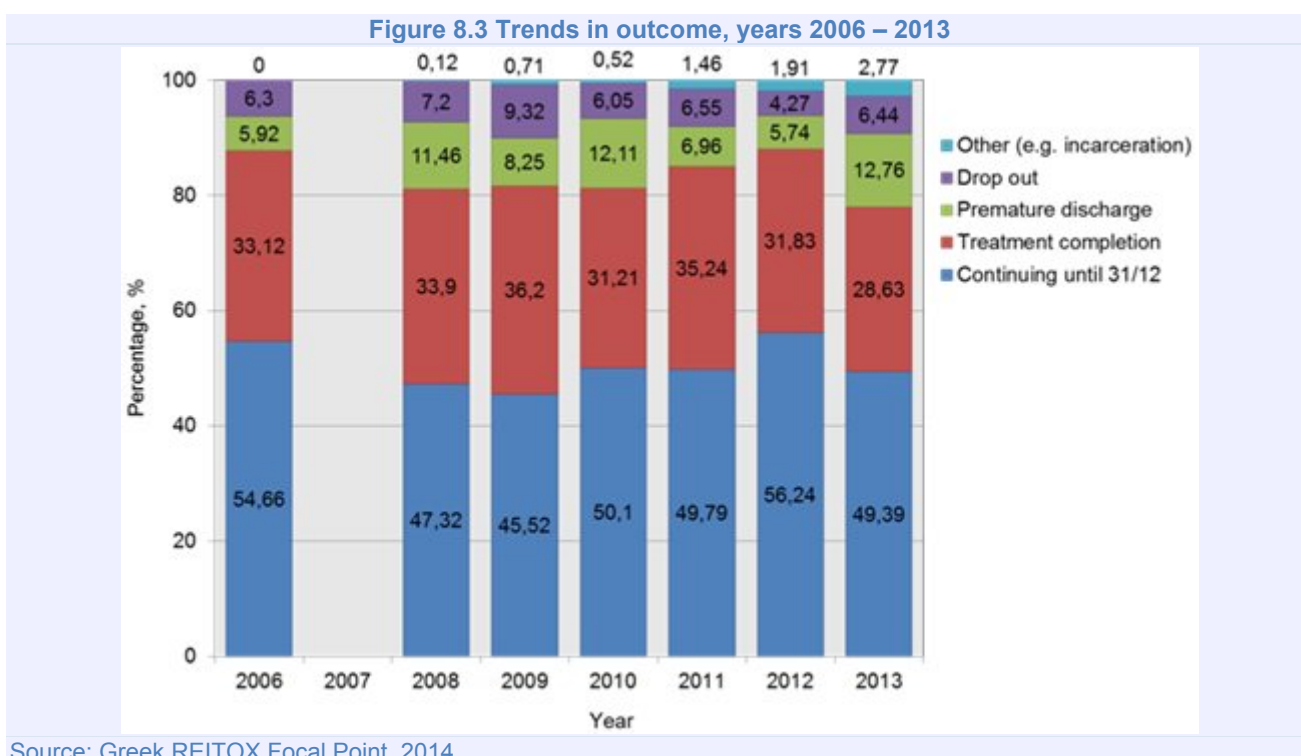
Aftercare services

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 2013 (Figure 8.3), more than half of the clients (49.4%, n=445) continued attending the social reintegration programme, whereas 28.6% (n=258) of the clients exited the structures having completed the programme. A relatively small percentage of clients is prematurely discharged (12.8%, n=115), and a proportion of 6.4%, n=58 dropped out.



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 three (3) of them have performed an external evaluation procedure. Nine (9) out of 24 programmes implement evaluation about the achievement of the targets, six (6) about the scope of the programme and six (6) about the procedure of the programme.

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

9.1 Introduction

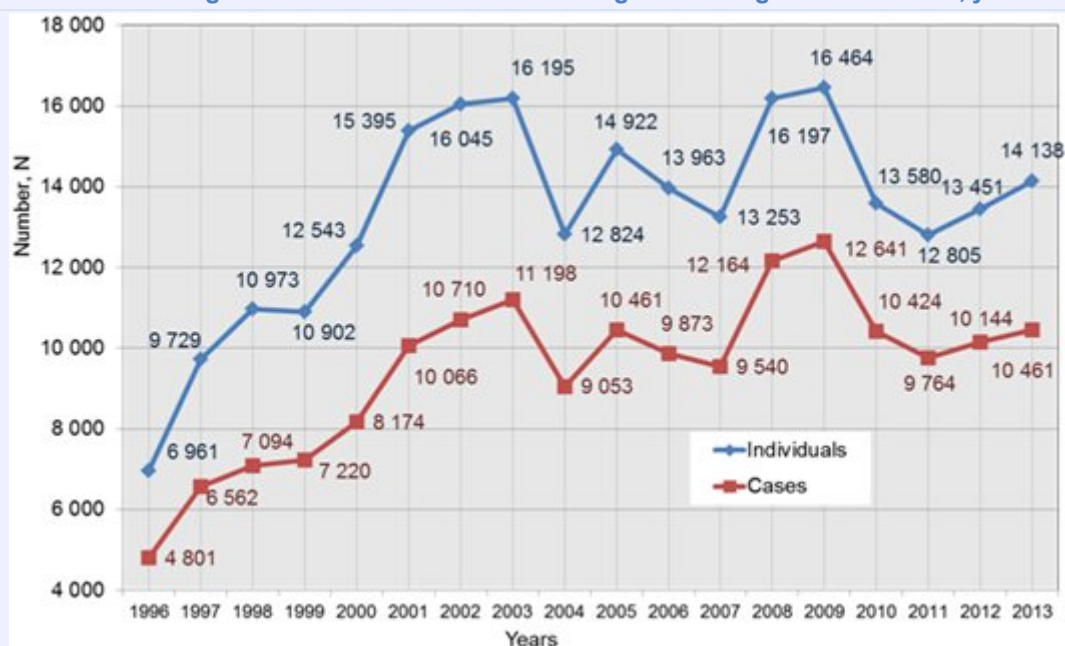
9.1.1 Data collection tools

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.

9.2 Drug - related crime

9.2.1 Drug-related charges

Figure 9.1 Number of drug-related cases and individuals charged with drug-related offences, years 1996-2013



Data: SODN-EMP 2013

Source: Greek REITOX Focal Point, 2014.

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 2013, the Greek Drug Prosecution Authorities (DPAs¹) brought 15 240 charges against 14 138 individuals

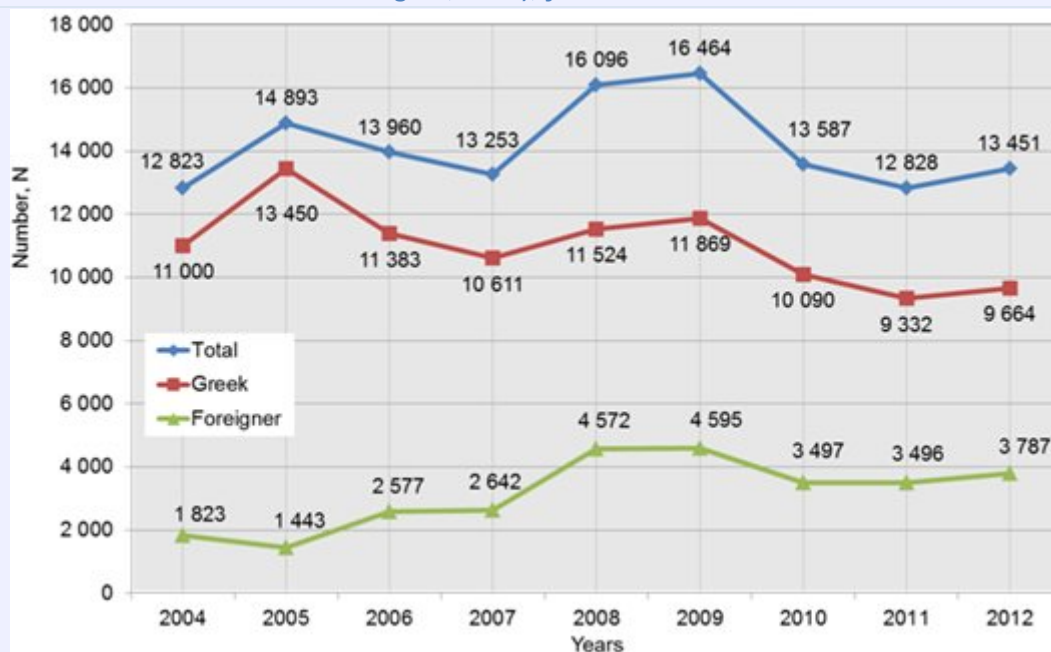
¹ Hellenic Police, Customs, Special Controls Service, Coast Guard.

for drug use, production / cultivation, dealing / trafficking and other drug-related offences (see ST11). A decline for the years 2009-2011 is presented in Figure 9.1 in both the number of individuals charged with drug-related offences and the number of drug-related cases and a stable increase is observed for the years 2012-2013 reaching the levels of 2005-2006. More specifically, the number of cases approached the levels of 2005 and the number of individuals the levels of 2006.

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. The distribution of the arrestees in the nine-year period 2004-2012 is presented in Figure 9.2.

The number of total, Greek and foreigner arrestees in the four-year period 2009-2012 has generally decreased despite the fluctuations in that period. This fluctuation is apparent between the years 2011 and 2012 where the total number of arrestees has increased by 4.9% and the foreigner arrestees by 8.3%.

Figure 9.2 Number of individuals charged in Greece for drug-related offences by nationality (Greek, Foreigner, Total), years 2004-2012*



* Updated figures based on the “2012 Annual Report on the State of Drugs in Greece”, May 2014

Data: SODN-EMP 2012

Source: Greek REITOX Focal Point, 2014.

9.3 Drug law offences

9.3.1 Drug-related offences committed by minors

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 2014.

The rulings in the court year 2012-2013 (September 2012 - July 2013) were processed and it was found that the (one- and three-member) Athens Juvenile Courts tried a total of 235 minors on charges of breaking the Code of Laws on Drugs in conjunction with other offences. For the majority of them (N=139), a conviction or acquittal ruling was issued. The data (N=235) decreased compared to the numbers of court year 2011-2012 (N=451) by 47.9%, following the number of offences between the court years 2010-2011 (N=204) and 2009-2010 (N=295).

Some juvenile offenders stood trial on more than one occasion in the court year 2012-2013 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 235, although the juvenile offenders involved are actually 129.

Out of the total 235 accused / co-accused, 130 were charged with minor drug-related offences (supply of drugs for personal use). The court awarded reformative measures and punitive sanctions to 52 of the total accused [1 cautioned, 11 placed under supervision of JPAs, 3 placed under supervision of JPAs and participation in a counselling program, 15 exclusive participation in a counselling program, 22 charged with a symbolic fund to treatment centres].

Additionally, of the 235 cases, 105 were charged with major drug-related offences (drug purchase, possession and dealing). The court found 50 of them guilty and again awarded reformative measures and punitive sanctions [1 awarded with community service, 7 placed under supervision of JPAs, 10 placed under supervision of JPAs and participation in a counselling program, 1 participation in a counselling program, 11 in special juvenile detention, 2 placed in a reformatory institution and 18 charged with a symbolic fund to treatment centres].

The analysis of the juvenile offenders' personal records demonstrates that, besides the 129 minors accused of drug-related offences in conjunction with other offences, 28 minors stood trial only for breach of the Penal Code and other special criminal laws, but had a drug abuse history.

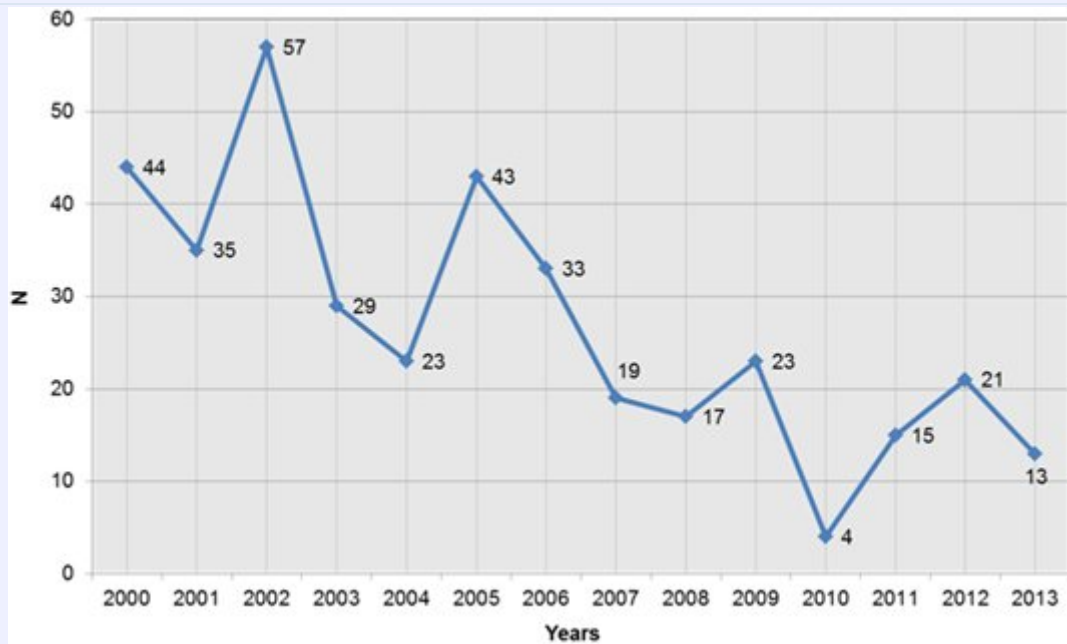
The profile of the total population of 157 minors who stood trial irrespective of reason is as follows:

- The majority of the offenders (89.8%) are males and 56.8% are Greek nationals.
- In terms of educational and labour status 52.2% have not finished high-school, 61.8% 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 38.9% of the minors.
- 97.3% of them report first use of illicit drugs between the age of 15 and 17.
- The primary drugs reported are cannabis (79.4%) and heroin (20.6%).
- 48.5% of the minors are occasional users and 20.6% dependent users.
- 47.8% have never attended a drug dependence treatment programme and 31.4% have a failed treatment history.
- Finally, 37.6% of them first committed the first offence at the age of 16. 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.

9.4 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 13 pharmacy burglaries in 2013, a figure similar to the levels of year 2011. Figure 9.3 shows the distribution of pharmacy burglaries in the period 2000-2013.

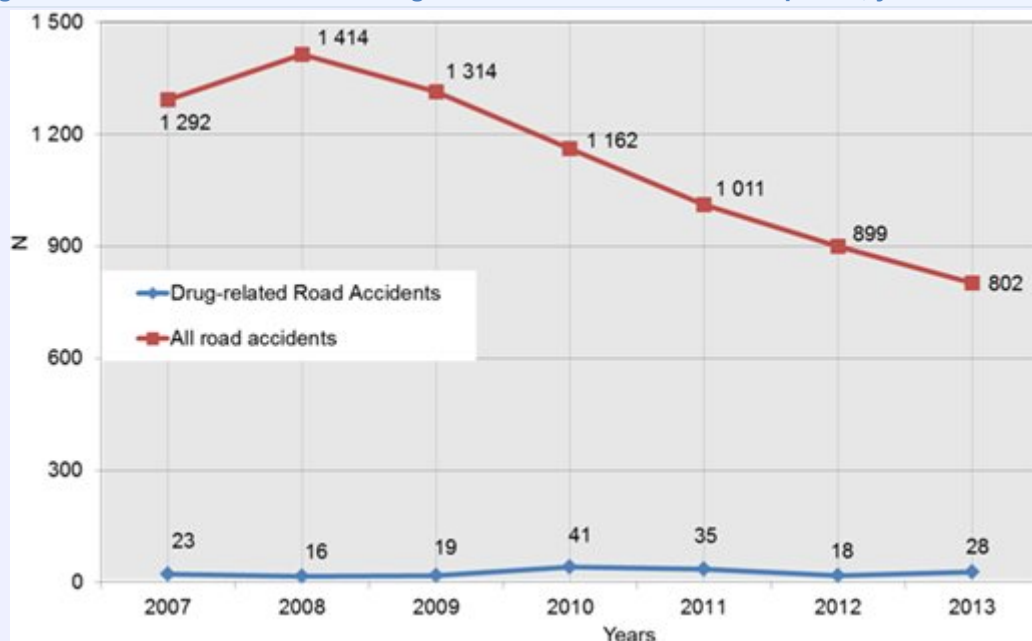
Figure 9.3 Distribution of pharmacy burglaries in the period, years 2000-2013



Data: Hellenic Police, 2013.

Source: Greek REITOX Focal Point, 2014.

Figure 9.4 Distribution of all and drug-related road accidents in the period, years 2007 - 2013



Data: Hellenic Police, 2013.

Source: Greek REITOX Focal Point, 2014.

The number of drug-related road accidents is an additional indicator of drug-related delinquency. Based on the finalised data of the Traffic Police Directorate, in the seven-year period 2007-2013 drug-related road accidents accounted for 1.8% (23 of the total 1 292), 1.1% (16 of the total 1414), 1.4% (19 of the total 1 314), 3.5% (41 of the total 1 162), 3.5% (35 of the total 1 011), 2.0% (18 of the total 899) and 3.5% (28 of the total 802) respectively (Figure 9.4). It can be observed that even though the percentage levels of drug-related road accidents among years 2010, 2011 and 2013 were the same, the highest number of drug-related road accidents was observed in 2010.

9.5 Interventions in the criminal justice system

The main treatment-related objects of the Greek National Drug Action Plan (2014-2016) concerning prisons are to eliminate disparities in the access to health services and to protect the right of treatment for all citizens, through the creation of new support services for drug users within the prison system.

Although medically assisted treatment for opioid dependence was foreseen since 1999 in certain prisons, programmes of this type were never implemented. Law 4139/2013 foresees the implementation of medically assisted treatment for opioid dependence in all Greek prisons and a serious attempt of pilot implementation has already started in selected Greek prisons (Patra and Korydallos). Drug users who are already in treatment while out of prison, will be given priority in this new scheme inside prison. Individuals, except for drug assistance, will be given counseling and psychosocial support in order to deal with social conditions after their release from prison. The main objectives of the application of medically assisted treatment for opioid dependence in prison are, among others, the continuity of treatment procedure for those who came from or will return to a treatment programme in the community and the reduction of drug use, the relapse prevention, the limitation of the expansion of infectious diseases as well as the prevention from future deviant behaviour.

According to the Law 4139 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 successfully completed 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 Responses to drug-related health issues in prisons

9.6.1 Support interventions in prisons

Drug users in prison constitute a specific target group with particular needs. The support interventions in prison settings are developed in recent years in order to respond to these needs, by offering services such as individual and group counselling sessions, information, motivation and awareness-raising as well as self-help groups.

In 2013, nine programmes implemented psychosocial support interventions; seven of them run by KETHEA, one by 18 ANO Dependence Treatment Unit and one by the Treatment Centre for Drug Dependent Prisoners (KATK) in 24 prisons, meeting the needs of several areas of the country.

The total number of prisoners who were offered counselling support services through the aforementioned programmes was 2 221 – a similar figure compared to 2012 (2 170). The majority of them (89.1%, 1 978 prisoners) were men.

As for the different types of interventions, the above mentioned programmes, implemented counseling sessions to 19 prisons, information, motivation and sensation services to 13 of them, self-help groups to 5 prisons, as well as harm reduction measures to 3 of them.

Legal support: In-prison information and awareness-raising interventions on legal matters were implemented in 2013, in 20 prisons, with the participation of 1 949 drug users.

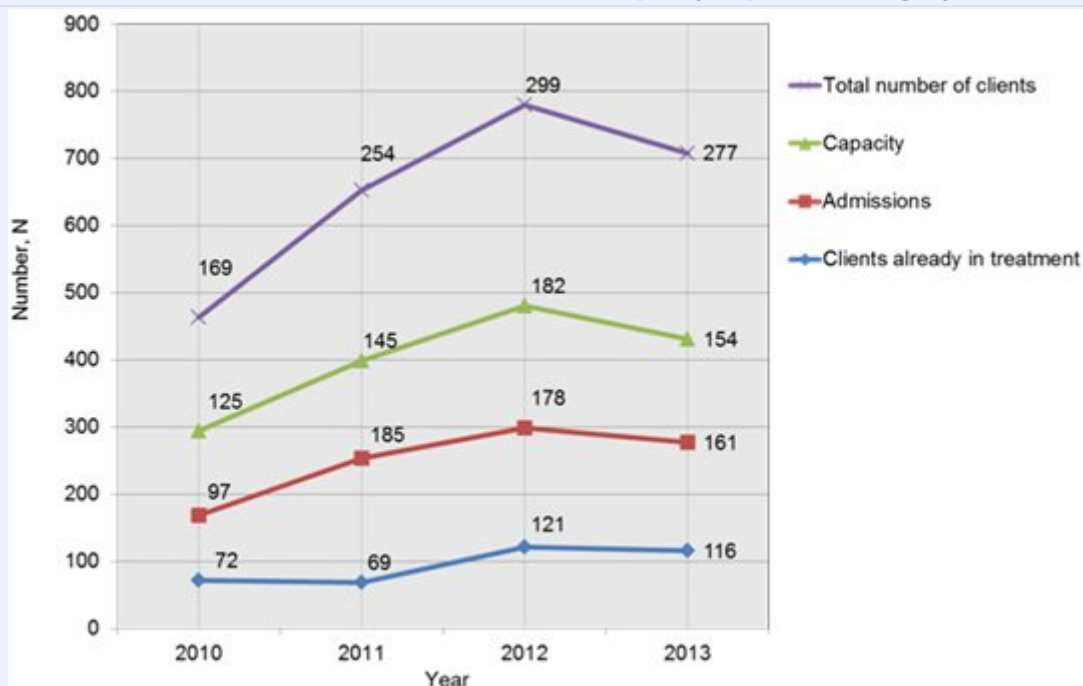
Admission to off-prison treatment: In 2013, 12 drug users in prison successfully completed attendance of the in-prison support programmes and availed themselves of the relevant legal provisions in order to be granted suspension of sentence and probation, and enter an off-prison treatment programme.

9.6.2 Drug treatment in prison

In 2013, there were 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 2013, the total number of clients in treatment came up to 277, of which 58.1% (161 prisoners) were admitted to the programme during 2013, while the rest of them (41.9%, 116 prisoners) were continuing treatment from the previous year. In the period 2010-2013, the trend in capacity was commensurate with the trend in the number of clients. From 2010 to 2012, the total number of clients in treatment was constantly increasing, whereas in 2013 it slightly decreased by 7.4% compared to 2012. (Figure 9.5)

Figure 9.5 Trends in the total number of clients and in capacity in prison settings, years 2010-2013



Source: Greek REITOX Focal Point, 2014

As for the number of clients by primary substance, opioids were referred by 47.8% (n=131) of prisoners, followed by polydrug use (21.5%, n=59), cocaine (21.2%, n=58) and cannabis (8%, n=22). Injecting drug use was reported by 39% of the clients (n=108), whereas 22.4% of the clients (n=62) were older than 40 years.

Outcome: Almost 4 out of 10 prisoners (n=108) continued treatment until the end of 2013, while a smaller proportion of them (26.7%, n=74) released from prison and referred to treatment programmes for newly released prisoners. The proportion of prisoners who were prematurely discharged came up to 16.6% (n=46), whereas a similar proportion (15.2%, n=42) dropped out.

9.6.3 Harm reduction measures

Interventions of information on health issues were held in 20 prisons and a total of 1 609 individuals were benefited by them. Similarly, interventions about safe use were implemented in 18 prisons (1 487 prisoners), and death prevention interventions were held in 13 prisons with 1 289 prisoners being offered this service. Additional to this, 1 out of 5 in-prison treatment programmes retested their clients for HIV/AIDS.

9.7 Reintegration of drug users after release from prison

To ensure continuity of support and treatment of the newly-released prisoners there are:

- three (3) specialised treatment programmes for newly-released prisoners run by KETHEA in Athens, Thessaloniki and Crete

- two (2) counseling centres which constitute phases/stages operating within multi-phase drug-free therapeutic programmes run by KETHEA
- one (1) counseling centre of 18 ANO Dependence Treatment Unit which conducts interventions that meet the special needs of this specific target group, and
- three (3) social reintegration centres for newly-released prisoners, two of which are run by KETHEA and one by KATK.

9.7.1 Counseling centres for newly-released prisoners

In 2013, a total of 206 remanded and newly-released prisoners with drug use and dependence problems received counselling services.

9.7.2 Drug treatment for newly-released prisoners

In 2013, the total number of clients in the 3 treatment programmes for newly-released prisoners which operate across the country came up to 109. A proportion of 68.8% of the clients (n=75) were admitted to drug treatment during the year, the vast majority of whom were new clients (86.7%, n=65).

Besides, 60.6% of clients (n=66) reported injecting use, whereas a relatively small proportion (13.8%, n=15) was over 40 years old.

Outcome: In 2013, approximately 1 out of 3 clients (n=37) continued treatment until the end of 2013, and a similar ratio (n=35) dropped out, while a proportion of 28.4% (n=31) completed treatment.

Newly-released prisoners may also be admitted for dependence treatment and social reintegration to any treatment programme in the country. More specifically, in 2013, at least 4 531 drug users who were on probation / suspended sentence, awaiting trial / judgment and newly-released prisoners* were offered the services of 89 of the 96 treatment programmes (which delivered the relevant data). This number corresponds to 36.8% of the total number of clients in treatment in 2013.

*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.

9.7.3 Social Reintegration Centres for newly-released prisoners

The total number of clients served by the 3 social reintegration centres which operate across the country was 77, of which 47 were clients from the previous year and 30 were new admissions.

In 2013, psychiatric care, relapse prevention services, awareness, counselling and psychological support services, as well as housing support provided by all social reintegration centres. Basic

health care, accompanying support services, career guidance, legal support and social services were provided by 2 out of 3 centres. The total number of clients who received social services came up to 71 clients. A total of 35 clients were accommodated, while 13 clients were offered legal services.

According to the outcome data reported by social reintegration centres, 62.3% of the clients (n=48) continued attending the social reintegration programme, whereas 28.6% of the clients (n=22) exited the structures after having completed the programme, 6.5% of the clients (n=5) dropped out, while 2.6% of them (n=2) were prematurely discharged.

Moreover, aftercare services were provided by two out of three social reintegration centres for released prisoners. The duration of such services ranges from 6 to 24 months, involving mainly individual and family groups.

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.

According to the yearly report of Europol (Serious and Organized Crime Threat Assessment-SOCTA, 2013) the majority of the seized quantity of heroin comes from Afghanistan. The quantities pass through Turkey and follow two routes: The north route transfer the heroin to Romania, Hungary, Czech Republic, Slovakia and to north countries, where the south route passes through Greece, Albania, FYROM, Croatia and Slovenia and reach the west countries.

The traffickers of heroin in Greece use mainly the road transport, with Egnatia Road being the primary transit route. The seized quantities of heroin by the Greek Enforcement Agencies at the borders of Turkey and at the exit gates of Egnatia Road (e.g. port of Igoumenitsa), reveal the south route which ends in Italy and from there to western Europe. Heroin quantities seized showed a stable decrease in the five year period 2009-2013 (Figure 10.1).

Greece is considered to be an ideal country for the sea transport of cocaine, either directly through the production countries of South America or through the intermediate ports of Spain, the Netherlands and Italy. Large quantities of cocaine being trafficked through containers in large ships, making Greece an entrance “gate” of the substance, with final destination the countries of western Europe. Cocaine seizures in 2013 over tripled compared to 2010 and 2012 quantities (Figure 10.1).

Small quantities of cannabis are produced in Greece in order to meet the domestic demand. Greece is also a destination country for the quantities that derive from abroad and finally Greece is a transit country. The main producer country of cannabis in the Balkan area is Albania, which supplies the European countries, either directly through the northern borders or through the route Greece-Italy. Therefore, large quantities of cannabis enter country from the Greek – Albanian borders, with destination Italy through the ports of Patra and Igoumenitsa, while a small part of those quantities are used for domestic consumption. In 2012, cannabis seizures increased by 66.0% over 2011 a figure over tripled compared to the years 2007-2009 and remained stable in 2013 (Figure 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 2005-2013 (see ST13 – All law enforcement agencies).

Table 10.1 Trends in drug seizures, years 2005-2013

	2005	2006	2007	2008	2009	2010	2011	2012	2013
Heroin (kg)	331	312	259	442	595	521	307	331	235
Cocaine (kg)	43	61	255	61	626	221	463	201	706
Cannabis ¹ (kg)	18 213	12 389	6 915	4 695	7 367	7 746	13 515	22 428	20 950
Cannabis plants (units)	34 993	32 495	17 611	23 916	15 515	21 607	33 242	34 040	23 008
Methadone (tablets)	15 385	5 038	14 119	4 359	1 277	1 092	2 075	1 137	694
Synthetic drugs ² (tablets)	150 932	118 680	58 482	8 652	46 115	12 823	70	3 253	34 579
LSD (doses)	120	146	2 880	491	244	141	2 890	104	186
Tranquillisers (tablets)	58 250	56 166	53 625	68 424	72 956	116 591	64 539	123 347	130 847

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

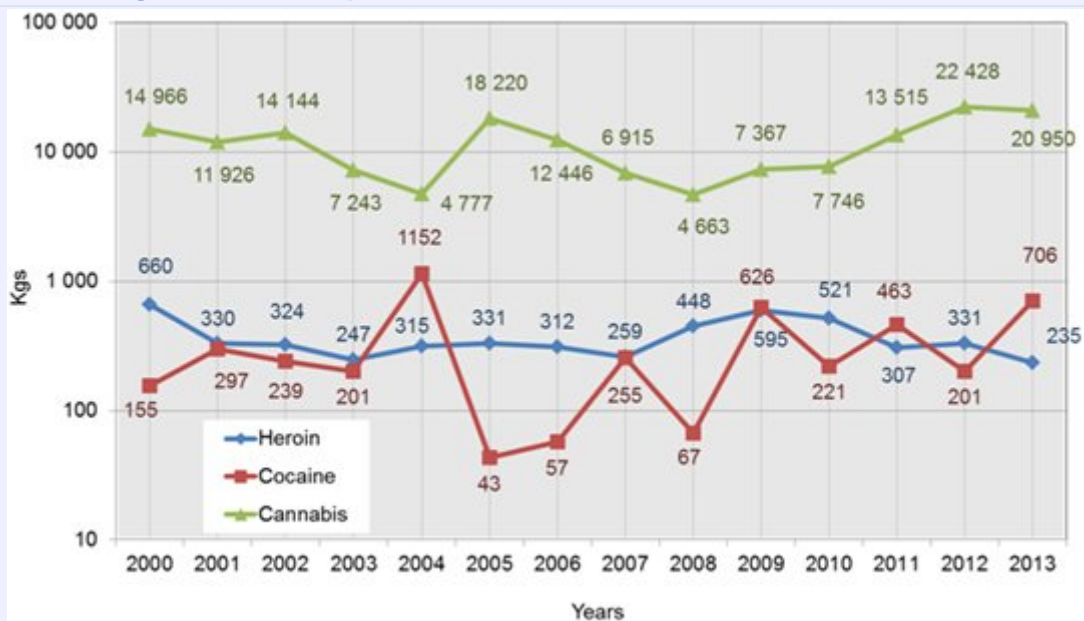
² Including amphetamine and ecstasy tablets.

Data: SODN-EMP, 2013.

Source: Greek REITOX Focal Point, 2014.

Cannabis plants seizures in 2013 decrease by 32.4% compared to the levels of 2012, while the reported seizures in 2013 for methadone tablets reached the lowest levels since 2005 (Table 10.1). The seized quantities of synthetic drugs in 2013 overcome the low seizure levels of 2011-2012 and the LSD seizures in 2013 followed the low doses of 2010 after the large increase in 2011 (Table 10.1).

Figure 10.1 Seized quantities of heroin, cocaine and cannabis, 2000-2013



DATA: SODN-EMP, 2013.

SOURCE: Greek REITOX Focal Point, 2014.

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).

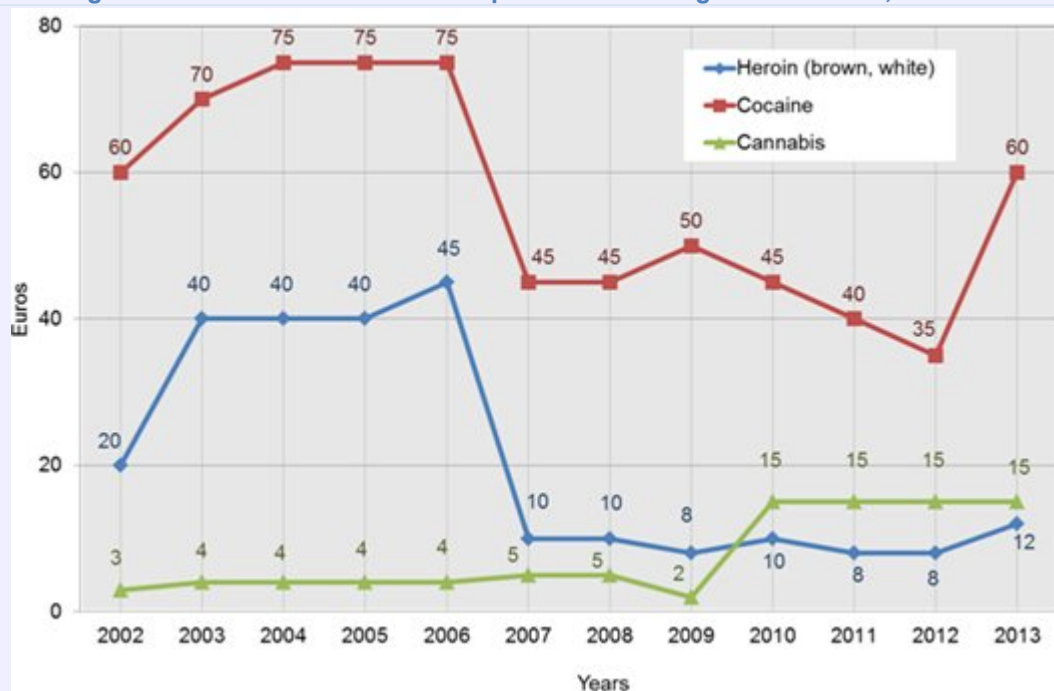
Regarding the minimum prices, a large drop in the price of both heroin and cocaine appeared between 2006 and 2007 (of 78% and 40%, respectively). Heroin minimum price stabilized since then, while cocaine price in 2013 increased by 71.4% in comparison to the price of 2012. Maximum price of heroin decreased between 2012 and 2013 by 33.3%. Cocaine maximum price remained stable in 2013, as well as cannabis minimum and maximum prices between 2011 and 2013.

According to the Hellenic Police the decreased price of heroin 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 price of ecstasy tablets fell, ranging between € 5-10 per tablet, showing a decrease of € 15 per tablet in the maximum retail value compared to the maximum value of 2012, reaching the levels of 2011.

Furthermore, the retail price of LSD dose ranged between € 5-15 per dose, similar to the levels of 2011 and 2012 (see ST16).

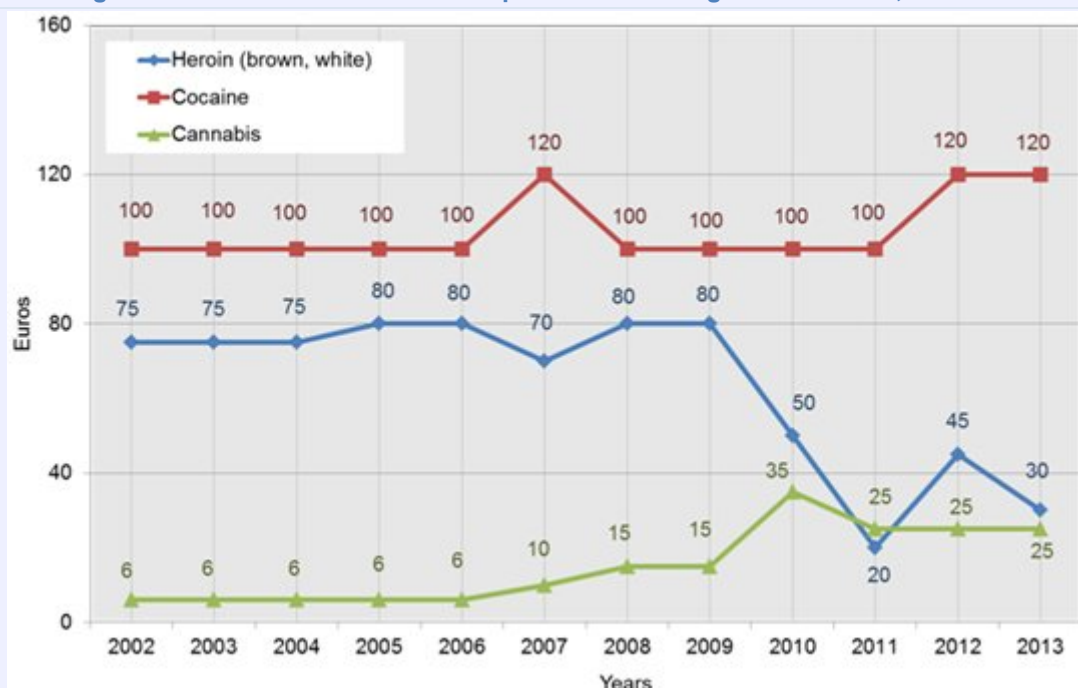
Figure 10.2 Trends in the minimum price of illicit drugs at retail level, 2002-2013



Data: SODN-EMP, 2013.

Source: Greek REITOX Focal Point, 2014.

Figure 10.3 Trends in the maximum price of illicit drugs at retail level, 2002-2013



Data: SODN-EMP, 2013.

Source: Greek REITOX Focal Point, 2014.

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 2013, the maximum purity of heroin samples in active ingredients was 70.0%, increased by 11.0 percentage units compared to the maximum content of heroin samples in 2012, whose levels were 59.0%. In 2013, the average purity of cocaine samples in active ingredients was 75.0%, when in 2012 the values was 59.0%, in 2011 61.1% and in 2008 64.1%.

PART B

BIBLIOGRAPHY & ANNEXES

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