

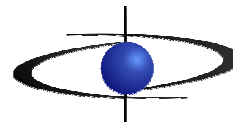


UMHRI

UNIVERSITY MENTAL HEALTH RESEARCH INSTITUTE



European Monitoring Centre
for Drugs and Drug Addiction



Greek REITOX
Focal Point

**2009 NATIONAL REPORT (2008 data) TO THE EMCDDA
by the Reitox National Focal Point**

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

**REITOX
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SUMMARY

SUMMARY

DRUG USE

The latest epidemiological survey in the country's general population was conducted in 2004, i.e. nearly six years ago, so there is an urgent need for the collection of new prevalence data in Greece.

According to the findings of the ESPAD survey, conducted by UMHRI in the school population in 2007, there has been a considerable increase in illicit drug use since the 1980's. Prevalence rates have actually doubled in boys, with a marked increase between 2003 and 2007. At the same time, an increasing number of students downplay the risks associated with drug use, especially cannabis and ecstasy.

The lack of data on population groups over 18 years of age makes it difficult to design programmes which would respond to the real needs of the population involved in illicit drug use or at risk for developing drug dependence.

DRUG DEPENDENCE

The **number of problem users** has remained unchanged in recent years, but in 2008 there was a drop in the number of IDUs. This may imply either that the number of users who engage in drug use patterns other than injecting increases, or that the population of Greek drug users is "aging" and can no longer inject. This is an ambiguous finding: it may suggest that drug users grow older without getting rid of their addiction or it may suggest that they survive the risks associated with it. In any case, one can relatively safely conclude that the work of harm reduction services does bear fruit.

The aging population of users, a European phenomenon, is also observed in Greece in the last years. Indeed, in the past 6 years, the age of drug users who contact drug-specialised services appears to have increased: from 2006 to 2008, the number of users in the 30-40 age group grew, while the number of users in younger age groups declined. In 2008, 24% of the clients in treatment were over 40 years of age.

Compared to 2006, in 2008 the educational status and the labour status of **users recorded by the TDI** appear to have improved. At the same time, although heroin continues to be the primary drug for the vast majority of users, there is an increase in the number of users reporting cannabis or cocaine as their primary drugs. This increase may explain the

improved profile, since, compared to the users of other drugs, cannabis users are younger and more cocaine users are city-dwellers and report regular employment.

The increased numbers of drug users other than heroin users who ask for help may suggest a higher treatment penetration rate in problem users; this is corroborated by the increased numbers of non-Greek nationals who contact drug-specialised services.

Although **hepatitis C infection rates** in IDUs have remained high over time, in 2008 a downward trend is observed compared to 2006.

In 2008, the downward trend in **drug-related deaths**, first recorded in 2006, continues. Nevertheless, every year the gap between deaths occurring in Athens and deaths occurring in the rest of the country is widening: in 2008, the vast majority of drug-related deaths (93.6%) were reported in Thessaloniki and in the rest of Greece, with only 6.3% in Athens.

One could generally argue that the drug dependence situation is conditioned upon and largely determined by the course of the demand reduction system which is in place in the country. The aforementioned positive developments can be partly accounted for by the outcomes of the prevention, treatment, harm reduction and social reintegration programmes implemented in recent years or, in other words, by the response of the State to the drugs problem.

RESPONSES

Some of the aforementioned developments in drug use and drug dependence which were observed in 2008 have been greatly affected by the work of **harm reduction programmes**. Harm reduction in Greece is the task of low-threshold services and one of the goals of the substitution treatment programme.

Credit should be given to the harm reduction services and the substitution treatment programme, as data for 2008 confirm several signs of improved quality of life among Greek drug users. This is actually the key objective of such programmes: prevention of overdose deaths and improved physical and mental health.

The aforementioned signs include the decline in IDUs either due to the adoption of safer drug use patterns or due to the aging of the user population, the downward trend in HVC prevalence and the steady decline in drug-related deaths for the past three years.

The number of low-threshold services in Greece has been invariably small since they were first introduced in Greece in the late 1990's. This National Report wishes to reiterate once again the need for expansion of the low-threshold services.

On the other hand, the **substitution treatment programme** did expand, with the 7 new buprenorphine units launched between 2007 and 2008, following a relative leveling off in the number of units from 2003 to 2006. The establishment of new units resulted in a 30% increase in the number of clients in substitution treatment in 2008 compared to 2006. The staff also increased, although to a lesser extent than that of admissions. The waiting list remains in high levels.

There is a slight increase in the number of psychosocial interventions (**drug-free programmes**), chiefly in the form of (inpatient) therapeutic communities. On the other hand, in the period 2007-2008, admissions decreased by 23%. Moreover, for the first time in 2008 after many years, treatment completion rates decreased and dropout rates increased.

One in every two adolescents drops out from drug-free treatment units. Early intervention **drug-free units for adolescents** still have difficulties in retaining their adolescent clients.

Two findings in 2008, i.e. the aging user population and the low retention rates in units for adolescents, suggest that drug dependence treatment in Greece runs the risk of becoming limited to middle-aged users, at the expense of early interventions. This does not hold true for Greece only, but it could perhaps be taken into consideration by drug policymakers, given that early intervention is a priority for both the European and the National Drugs Strategy.

The picture in the field of **social reintegration** is positive, with new programmes launched and a considerable increase in the number of former drug users who benefited from such interventions in 2008. The current economic crisis makes it imperative to step up efforts in social reintegration, particularly in labour market insertion.

The situation in the field of **prevention** in Greece in 2008 makes it impossible to draw a clean picture, as the work of Prevention Centres is not documented in this Report. It is reminded that the Prevention Centres did not send data to the Focal Point in the frame of their protest for lack of funding in the last years. Drug professionals and policymakers know that Prevention Centres continued their work last year and are aware of the importance of prevention, selective prevention in particular.

The **Health Education programmes of the Ministry of Education** have been at relatively stable levels over time, although in the school year 2007-2008 there was a marked increase in the number of elementary school students who attended such programmes. This may be accounted for by the fact that in primary education Health Education programmes are incorporated in the curriculum, whereas in secondary education they are implemented outside school hours on a voluntary basis.

In recent years in Greece it has been increasingly acknowledged that the problem of dependence is not restricted to drugs, alcohol and tobacco. New programmes emerge,

either targeting **other forms of dependence**, like gambling, pathological internet use or eating disorders, or including interventions for other forms of dependence co-existing with drug dependence. This may lead not only to an holistic understanding of dependence, but also to its incorporation into a broader context of social disorders.

THE PROBLEM AND THE STATE

Penal sanctions

One thorny issue related to tackling the drugs problem in Greece is the penal sanctions imposed on users and dependent users: the lack of alternatives to prison, drug users in prison, drug dependence treatment in prison and a number of related issues. This is a long-known problem.

It is well-known that the option of diversion to treatment, albeit legally enshrined, is not enforced in practice; it is well-known from earlier survey findings that, irrespective of the offence for which they were imprisoned, a fairly large part of prisoners (sometimes the majority of them) are drug users; it is also well-known that the Treatment Centre for Drug Dependent Prisoners in Eleonas, Thebes, is still the only public dependence treatment programme in the prison setting; it is well-known that the burden of psychosocial support and treatment in prison is borne by the NGOs, KETHEA in particular. The 2007 ministerial decision concerning the establishment of a Special Drug Dependence Treatment Department at the Trikala prison was an optimistic development, said Department however is yet to become operational.

Institutional framework

In 2009, the new EU Action Plan on Drugs for the period 2009-2012 came into effect. As it is all too natural, the national action plans will have to harmonise themselves with the EU one, much more so because the EU Action Plan places major emphasis on improved coordination of actions.

The Greek National Action Plan for the period 2008-2012 is largely harmonised with the EU one, although most of the actions envisaged have not been implemented.

The end of the year 2009, time-wise, is right in the middle of the period for which the NAP will be in effect and an excellent time for an interim evaluation, which will highlight the shortcomings, the delays and the necessary adjustments.

CANNABIS MARKET

Cannabis use and production were known even in ancient Greece. Textiles production from cannabis lasted for many centuries. Hashish use became particularly popular in the early 20's as a result of immigration from Asia Minor Greeks. The "hashish culture" lasted for at least until the 50's. It referred to a social sub-group of jobless, authority defying young people. Although cannabis production and use (with the exception of use for the textile industry) was illegal in Greece since 1890, the first serious attempt to control cannabis was in 1987.

Nowadays, Greece cannot be classified among the cannabis producing countries, although some plantations exist. Herbal cannabis is mainly imported through Albania, by land. The main actors in cannabis trafficking are Greeks and Albanians.

TREATMENT AND CARE FOR OLDER DRUG USERS

Drug use in Greece showed a sharp increase in second half of the 90's decade, compared to the 80's, when drug prevalence started being monitored in Greece, through nationwide epidemiological surveys. After 2000 the phenomenon seems to have taken a downward trend (Kokkevi et al. 2007).

A typical drug career in Greece starts at 15, with the first drug experience, usually cannabis. At around 18 years of age the main substance of abuse starts, most often heroin, and two years after that injecting use and shortly dependence. Treatment is sought at around the age of 26, that is, after six or seven years of dependence (Kokkevi, et al. 2009, KETHEA, 2007).

CONCLUSION

Present-day needs in tackling the drugs problem cannot be met with quantitative changes only, i.e. establishment of new units and services. We also need a qualitative change. We need a renewed consensus on our understanding of drug dependence, a broader contextualisation, a new prioritisation and a streamlining of resources. The interim evaluation of the National Action Plan and the actions envisaged in it will make a contribution in this direction. Evaluation of agencies and programmes is also a need; all professionals would rather spend their time and energy on interventions of documented effectiveness.

PART A

NEW DEVELOPMENTS AND TRENDS

1. NATIONAL DRUG STRATEGY AND LAW

1.1. EU Action Plan On Drugs 2009 - 2012

The current EU drugs strategy covers the period 2005-2012. It is detailed in two consecutive Action Plans: the first Action Plan for 2005-2008 is currently at the evaluation stage, and the second Action Plan for 2009-2012 was published in 2009.

The new EU Action Plan on Drugs identifies the following priorities:

1. Improving coordination, cooperation and raising public awareness
2. Reducing the demand for drugs by improving the effectiveness of measures to reduce drug use and its consequences, and by improving the coverage, quality and effectiveness of demand reduction interventions, i.e. prevention, treatment and harm reduction services.
3. Reducing the supply of drugs by more effective law enforcement at EU level to counter drug production and trafficking, making full use of the capacities of Europol and other EU structures.
4. Improving international cooperation through better coordination of national and Community policies and through more initiatives on the part of the EU, the world's major donor in the struggle for sustainable solutions to the global drug problem.
5. Improving understanding of the problem by increasing our knowledge of all aspects of drug use through better coordinated research at EU level.

1.2. National Strategy

The National Drugs Strategy was announced by the Minister for Health and Social Solidarity in 2006 and covered the period 2006-2012, while the National Action Plan on Drugs was announced in 2007 and covered the period 2008-2012. The key principles of the National Strategy and the National Action Plan were presented in detail in the 2006 Report of the Greek REITOX Focal Point on the State of the Drugs Problem in Greece.

In a nutshell, the Action Plan aims at:

- Ensuring the right to treatment and the gradual elimination of the waiting list.
- Facilitating public access to prevention and information services.
- Securing additional funds for prevention policy
- Reducing the demand for drugs

- Countering social stigma and mobilising the civil society in the fight against dependence
- Developing a solid cooperation framework for all drug-relevant agencies and the world of production and employment in view of the former drug users' social reintegration
- Transforming Greece into a regional centre of dependence-related innovation and knowledge.

The NAP envisages the establishment of a National Coordination Agency which will report to the Prime Minister, headed by the National Coordinator, who will be responsible for:

- Preparing a new legal framework against drugs and drug-dependence
- Coordinating the actions of all drug-relevant Ministries
- Representing the country in international decision-making fora
- Monitoring the implementation of the actions proposed under the National Action Plan
- Ensuring the maximum political and social consensus to facilitate the achievement of the NAP objectives.

Ad hoc Committees will be responsible for the implementation, monitoring and evaluation of the NAP.

The establishment and operation of the NAP Implementation Committee and the appointment of the National Coordinator are forthcoming.

1.2.1. Demand Reduction

Demand reduction is one of the main pillars of both the EU and the National Action Plans. Priority actions include the introduction of new services and improved user access, i.e. increased capacity. In the two-year period 2007-2008, that was the direction Greece focused its efforts on, admittedly more so in the field of treatment than prevention.

Prevention

One new Prevention Centre was established by OKANA in collaboration with the local authorities, in 2007, in Fokida.

Treatment

In the two-year period 2007-2008, 7 new substitution treatment units were established (Piraeus, Thessaloniki, Volos, Corfu, Katerini, Preveza, Patras-Rio). KETHEA established ARIADNE non-residential support structure and the Thessaloniki non-residential treatment structure, while PLEFSI was split in two units in 2008 (a support unit for young adults and their families and a support unit for adolescents and their families). Moreover, KETHEA EN DRASI programme launched one more therapeutic community in Koridalos judicial prison.

PEDPO

In 2008, OKANA submitted to the Ministry for Health and Social Solidarity a proposal on a Programme of Controlled Secondary Care for Drug Users (PEDPO), against the backdrop of the expansion of the Substitution Treatment Programme and in order to shorten the waiting list. PEDPO involved the prescription of buprenorphine and naloxone as opioid substitution treatment by medical practitioners who would sign annual non-exclusive engagement contracts with OKANA. Said medical practitioners would be granted a license to practice as “opioid dependence therapists” following attendance and successful completion of a special training programme.

Although there were extensive consultations and the proposal was brought before the Cross-party Parliamentary Subcommittee on Drugs for consideration, no ministerial decision was issued on the implementation of PEDPO.

Reintegration

Four new social reintegration structures became operational in the two-year period 2007-2008. KETHEA launched the Social Reintegration Centre for adolescents in Crete (ARIADNE programme), a Social Reintegration Centre in the frame of the ANADISI programme, a Social Reintegration Centre in Thessaloniki. In the frame of the outpatient treatment unit, and 18 ANO established a programme for the Social Reintegration of Drug-Dependent Women and Mothers.

1.3. Legislation On Drugs

Ministerial decision *DYC3c/167073/08* (Government Gazette B 314/20.02.2009) of the Ministry for Health and Social Solidarity

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

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

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

LAW 3727/2008

Ratification and implementation of the Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse, measures to improve living conditions in and decongest detention centres and other provisions.

This law, *inter alia*, amends law 3459/06 on drugs. More specifically, Chapter II harmonises Greek law with Council Framework Decision 2004/757/JHA. Amendment and completion of provisions of the Code of Laws on Drugs.

LAW 3691/2008

Prevention and suppression of money laundering and terrorist financing and other provisions.

The aim of this law is to strengthen and improve the legislative framework for the prevention and suppression of money laundering and terrorist financing offences. To this effect, it transposes into Greek law the provisions of Directive 2005/60/EC of the European Parliament and of the Council on the prevention of the use of the financial system for the purpose of money laundering and terrorist financing

Ministerial decision DYC3c/27148 (Government Gazette B 1345/09.07.2008) of the Ministry for Health and Social Solidarity

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

Decision to:

1. transfer the pharmaceutical preparation OXXALGAN, containing the substance TRAMADOL, to Table D from Table C of Article 1, par. 2, law 3459/2006.
2. include the following pharmaceutical preparations in the relevant Table of Article 1, par. 2, law 3459/2006:

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

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

Ministerial decision DYC3c/12846 (Government Gazette B 1124/18.06.2008) of the Ministry for Health and Social Solidarity

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

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

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

Joint ministerial decision 2237.8(B)/08/08 (Government Gazette B 37606.03.2008) (Ministry of Economy and Finance and Ministry of Merchant Marine, the Aegean and Island Policy)

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

Joint ministerial decision to add under paragraph 3 of the Joint ministerial decision no. 2237.8 B/03/05/5.9.2005 issued by the Minister of Economy and Finance and the Minister of Merchant Marine concerning the establishment of the Special Account YEN/DA for the purpose of combating drugs the following point:

“Any current balance in US dollars in said Special Account or any future funds denominated in foreign currencies may be converted in euro following a decision of the Coast Guard Chief.”

LAW 3571/07

Ratifying the Agreement between the Government of the Hellenic Republic and the Government of the Islamic Republic of Pakistan on cooperation in fighting crime, especially terrorism, illicit drug trafficking and organised crime.

This law ratifies (in accordance with the provisions of article 28, par. 1, of the Constitution) the agreement between the Government of the Hellenic Republic and the Government of the Islamic Republic of Pakistan on cooperation in fighting crime, especially terrorism, illicit drug trafficking and organised crime, signed in Islamabad on May 12, 2005.

LAW 3569/07

Maritime mutual insurance cooperatives and other provisions falling within the competence of the Ministry of Merchant Marine.

This law, *inter alia*, sets out the establishment, organisation and staffing of the Regional Drug Squads of the Coast Guard (article 5). Pursuant to a decision of the Minister of Merchant Marine, Regional Drug Squads of the Coast Guard are established within the local Port Authorities. The organisation, operation, available assets, equipment, operational uniforms and insignia, personnel selection, personnel retention conditions, personnel training and continuous training, as well as any other detail necessary for the operation of said Squads is set out in a Regulation issued by the Coast Guard Chief, ratified by a decision of the Minister of Merchant Marine which is not published in the Government Gazette.

The mission of the Regional Drug Squads of the Coast Guard is to fight drug-related crime, in parallel to other tasks, in accordance with legislative decree 444/1970 and article 130 of the legislative decree 187/1973 in conjunction with law 3459/2006 (Government Gazette 103 A) "Code of Laws on Drugs".

Command- and operation-wise, the Regional Drug Squads are answerable to the Head of the Port Authority, supervised by the competent Service in accordance with the bylaws of the Ministry of Merchant Marine in effect, and staffed with Coast Guard personnel who have successfully graduated from the Drug Law Enforcement School of the Coast Guard or equivalent schools in Greece or abroad.

Joint ministerial decision 792 (Government Gazette B 1777/05.09.2007) (Ministry for Health and Social Solidarity and Ministry of Justice)

Operation of a Special Drug Dependence Treatment Department at the Trikala closed prison

Joint ministerial decision on the operation of a Special Drug Dependence Treatment Department at the Trikala closed prison.

The general principles/rules of operation of this Special Drug Dependence Treatment Department are described below:

National Drug Strategy and Law

1. The Special Drug Dependence Treatment Department applies a drug-free psychological dependence treatment programme under the auspices of KETHEA.
2. Participation in the programme is voluntary. Interested parties give their informed consent in writing to the Social Service of the prison where they are held.

Participants are eligible provided that:

- a) they are over 21 years of age.
- b) they have not received life sentence.
- c) they have served at least 6 months of their prison term without good time credit.
- d) their conduct in prison sets well-grounded expectations for good conduct and cooperation in the treatment programme.
- e) they are users of psychotropic substances. This is proven by a court decision based on expert opinion in accordance with article 30, par. 2, law 3459/2006.
- f) they have completed the Counselling Support Programme of KETHEA in the prison where they are held. Proof of completion of the Counselling Support Programme shall be a relevant certificate issued by the Scientific Head of the programme.
- g) they understand the Greek language.

2.- The Special Drug Dependence Treatment Department is answerable to the Director of the Trikala Prison and shares the prison administrative services, the security guard at the front entrance, the prison guard personnel and the support functions and facilities.

Rules of operation

1.- In order to safeguard the setting and the operation of the programme at the Special Drug Dependence Treatment Department, any of the following disciplinary offences committed at any time during the programme shall automatically entail the premature discharge of the inmate, with the multidisciplinary team being solely responsible for informing the Director of the Trikala prison thereon:

- a) escape or attempted escape from confinement, as well as violation of the terms of (programmed or extraordinary) prison leave.
- b) using or threatening to use (physical or psychological) violence among clients or between clients and the staff of the Treatment Department.
- c) any infringement of the drug law, as well as using, introducing or attempting to introduce narcotic substances included in the list of controlled drugs of the multidisciplinary team.
- d) intentional destruction of property of the Treatment Department.
- e) Bribing a staff member or promising a present.
- f) fake suicide attempt or deliberate self-harm or foreign-body ingestion in order to avoid fulfilling obligations or obtain privileges.
- g) establishing sexual relations with another client or staff member.
- h) inciting other clients to commit at least one of the above offences.

In the event of any other offence, e.g. unjustifiable absence, breach of rules or disobedience or violation of the terms of the treatment contract by the drug-dependent inmate, the multidisciplinary team recommends to the Director of the Trikala prison the appropriate measures or premature discharge, which automatically entails the inmate's transfer.

All disciplinary penalties are imposed by the competent Disciplinary Council, in accordance with law 2776/1999.

Programmed or extraordinary leave is granted in accordance with the provisions of the Penitentiary Code; the inmate, however, must be subject to a toxicological urine test upon return to the Treatment Department.

Makeup of the treatment team at the Special Drug Dependence Treatment Department

The makeup of the treatment team at the Special Drug Dependence Treatment Department (number of staff, specialties and required qualifications) is determined by KETHEA.

The professionals of the treatment team set up the multidisciplinary team (MDTT) which guarantees the smooth and regular operation of the programme, depending on its objectives and its operational context. The MDTT may include the following specialties, among others: psychologist, psychiatrist, social worker, sociologist, graduate of a recognised therapeutic programme, educationist, researcher, etc. It may be enriched with more experts should the need arise and for as long as necessary.

Moreover, the prison's most senior social worker takes part in the MDTT, which is headed by the Scientific Head, designated by KETHEA.

The Scientific Head has a background in one of the specialties of the MDTT and is appointed based on knowledge and expertise in the field of dependence management. The Scientific Head is responsible for the coordination and the performance of the MDTT, as well as for monitoring and evaluating its work.

The salaries of the members of the multidisciplinary team of the Special Drug Dependence Treatment Department (except for the ones of the Trikala prison social worker who participates in it) are paid by KETHEA, which also bears the scientific responsibility.

Duration and phases of the therapeutic programme

The programme will run on a five-day basis (Monday-Friday). The inmates participating in it will be engaged daily for eight hours on a compulsory basis.

The programme consists of three phases:

- a) individual planning and induction
- b) main phase of treatment (10-12 months)
- c) consolidation of change and relapse prevention.

The programme includes individual and group therapy and educational sessions, which are designed and delivered according to the needs of the participants. The therapeutic planning and intervention escalate on a case by case basis and they are geared towards changing the behaviour and ensuring the inmates' smooth social reintegration.

The time of completion of the Psychological Dependence Treatment Programme is determined by the MDTT and can in no case be less than 12 or more than 24 months.

Operational framework – Programme Monitoring Committee

To ensure the smooth operation of the Psychological Dependence Treatment Programme, a Programme Monitoring Committee is established, consisting of the Director of the prison, the Public Prosecutor of the prison, the Head or a member of the Social Service of the prison, the Head of the KETEHA multi-phase therapeutic programme and the Scientific Head of the MDTT.

The Committee is chaired by the Public Prosecutor of the prison or the Director of the prison. The Committee convenes at least once a month and its responsibilities include:

1. approval of the inmates selected for participation in the Psychological Dependence Treatment Programme
2. ratification of the structured daily programme elaborated by the MDTT
3. efforts to ensure the smooth implementation of the programme within the penitentiary establishment.
4. proposal on the external evaluator of the Psychological Dependence Treatment Community.

Facilities

For the functioning of the Treatment Team at the Special Drug Dependence Treatment Department and the implementation of the Psychological Dependence Treatment Programme, special dormitories and yards are provided for the inmates in treatment and office premises for the scientific staff, two meeting and activity rooms, a refectory, a plenary hall where clients and therapists spend time together, and WC meeting safety and hygiene standards. The facilities must serve the necessary functions of a daily programme of work,

therapy and meals, and accommodate the number of participants as determined by the prison authorities.

Evaluation

The Treatment Programme in the penal justice setting is subject to the internal and external evaluation procedure applied by KETHEA (irrespective of any evaluation commissioned by the prison administration). The prison administration shall facilitate the implementation of KETHEA evaluation projects and KETHEA shall in turn facilitate the implementation of any evaluation projects conducted by the Ministry.

Ministerial decision DYC3c/113328 (Government Gazette B 1841/12.09.2007) of the Ministry for Health and Social Solidarity

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

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

Ministerial decision DYC3c/113324 (Government Gazette B 1841/12.09.2007) of the Ministry for Health and Social Solidarity

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

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

Joint ministerial decision 200064 (Government Gazette B 430/28.03.2007) (Ministry of Economy and Finance and Ministry for Employment and Social Protection)

New jobs and young professionals subsidy scheme for labour market integration of people with disabilities, recovering substance dependent individuals, released prisoners, young offenders or young people at social risk.

Decision to introduce a subsidy scheme for new jobs and young professionals to facilitate the labour market integration of unemployed people with disabilities, recovering substance dependent individuals, released prisoners, young offenders or young people at social risk. It lays down eligibility criteria, non-eligibility criteria and the necessary supporting documents.

1.4. Drug-Related Budget and Expenditure

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

1.4.1 Expenditure of 18 ANO Dependence Treatment Unit, Attica Psychiatric Hospital

According to data from the finance department of 18 ANO Dependence Treatment Unit and the Ministry for Health and Social Solidarity, the operating expenses of 18 ANO for the year 2008 came up to € 12,248,644.79. This figure includes personnel wages, which came up to € 9,508,650, while the remaining amount of € 2,739,994.79 reflects other operating expenses. As 18 ANO do not keep analytical accounts, it is not possible to present a breakdown of expenditure on demand reduction programmes.

Compared to 2006, expenditure increased by nearly € 4 million (total expenditure in 2006: 8,796,700).

1.4.2. Expenditure of the Dependence Treatment Unit, Thessaloniki Psychiatric Hospital

The expenditure of IANOS Dependence Treatment Unit¹, Thessaloniki Psychiatric Hospital, for the year 2008 came up to € 3,234,052. According to data from Thessaloniki Psychiatric Hospital and the Ministry for Health and Social Solidarity, a total of € 614,962 was spent on operating expenses and € 2,619,090 on personnel wages (allocated from the Ministry).

1.4.3. OKANA Expenditure

Data from the finance department of OKANA indicated that expenditure to meet the cost of services delivered by OKANA in 2008 came up to € 39,185,497.28 (Table 1). According to

¹ IANOS Dependence Treatment Unit consists of the Kartera therapeutic community, the DETOX Unit and the Counselling Centre.

the finance department of OKANA, this figure is only part of the total expenditure. It does not include expenditure in the order of € 4,186,501.74 on grants paid by the Ministry for Health and Social Solidarity through OKANA to various agencies (Greek REITOX Focal Point, UMHRI, etc.), free legal assistance to clients of Substitution Treatment Programmes and co-financed vocational training projects.

Compared to 2006, OKANA expenditure in 2008 increased by approx. 41% (table 1.1).

Table 1.1: Cost of OKANA services (2005, 2006 & 2008)

	2005 €	2006 €	2008 €
Prevention			
Co-financing of Prevention Centres	2,982,878.19	2,778,241.30	2,192,047.97
Training and support	661,416.12	200,000.00	45,813.00
Personnel wages	367,877.78	391,538.71	546,143.90
Research	835,532.20	386,644.81	
Total	4,847,704.29	3,756,424.82	2,784,004.87
Substitution Treatment Programme			
Personnel wages	8,877,650.36	10,988,010.01	17,851,592.42
Accommodation and operational costs	4,384,064.94	4,355,950.05	5,897,305.81
Total	13,261,715.30	15,343,960.06	23,748,898.23
Patras Network of Treatment Services			
Personnel wages	300,709.72	370,859.01	446,520.28
Accommodation and operational costs	147,754.80	172,830.34	167,849.66
Total	448,464.52	543,689.35	614,369.94
Adolescent Units (Athens, Thessaloniki, Rethymno, Larissa)			
Personnel wages	814,521.41	997,780.12	1,419,387.90
Accommodation and operational costs	291,018.84	286,432.43	313,968.13
Total	1,105,540.25	1,284,212.55	1,733,356.03
Help Centre			
Personnel wages	1,516,862.77	1,821,372.64	2,746,155.65
Accommodation and operational costs	520,989.97	415,822.06	502,141.41
Total	2,037,852.74	2,237,194.70	3,248,297.06
Social Reintegration Unit			
Personnel wages	325,283.13	402,910.23	513,145.64
Accommodation and operational costs	123,782.79	104,193.94	139,347.80
Total	449,065.92	507,104.17	652,493.44
Specialised Vocational Training Centres			

(Athens, Thessaloniki)			
Personnel wages	227,651.55	285,868.66	470,998.27
Accommodation and operational costs	116,305.39	142,578.92	223,172.57
Total	343,956.94	428,447.58	694,170.84
Headquarters			
Personnel wages	2,039,610.73	2,536,514.52	3,252,254.82
Accommodation and operational costs	4,102,111.77	1,162,323.33	2,457,652.05
Total	6,141,722.50	3,698,837.85	5,709,906.87
Grand total	28,636,022.46	27,799,871.08	39,185,497.28

Source: Greek REITOX Focal Point (Data: OKANA, 2006, 2007, 2009)

1.4.4 KETHEA Expenditure

According to data from the finance department of KETHEA, in order to meet the cost of services delivered by KETHEA in 2008, expenditure came up to € 28,671,589. Table 1.2 presents a breakdown of KETHEA expenditure for the reporting year.

In the two-year period 2007-2008, it is estimated that KETHEA expenditure increased by approx. 25%.

Table 1.2: Breakdown of KETHEA expenditure (2005, 2006 & 2008)

	2005	2006	2008
	€	€	€
Primary Prevention			
In Primary Education	102,167	141,876	178,909.00
In Secondary Education	112,324	146,789	185,670.00
In the Community	235,986	264,560	310,987.00
Supervision / Support / Information	405,134	206,756	221,098.00
Total	855,611	759,981	896,664.00
Harm Reduction			
17 Counselling Centres	2,613,876	2,745,467	3,245,677.00
9 Prisoner Counselling Programmes	830,654	1,090,067	1,466,876.00
2 Low-threshold Units	358,768	349,768	446,987.00
1 Streetwork Programme	190,657	199,113	232,435.00
1 SOS Helpline (Thessaloniki)	95,674	102,345	161,903.00
Total	4,089,629	4,486,760	5,553,878.00
Treatment			

National Drug Strategy and Law

4 Residential Treatment Programmes for Adults	2,207,644	2,315,612	3,135,940.00
3 Out-patient Treatment Programmes for Adults	1,609,546	1,529,546	1,681,988.00
2 Out-patient Treatment Programmes for Adolescents	1,194,569	1,055,221	1,095,119.00
4 New Units for Adolescents	1,738,765	2,590,672	1,883,988.00
2 Specialised Units for Women (Mothers, Prisoners)	212,876	267,543	363,887.00
1 Unit for Legal Addictions (Alcohol, Gambling)	260,564	252,134	296,897.00
Total	7,223,964	8,010,728	8,457,819.00
Social Reintegration			
9 Social Reintegration Centres	902,435	914,331	1,143,443.00
1 Centre for Immigrants / Remigrants	439,900	519,600	462,087.00
2 Reintegration Centres for Released Drug Users	446,377	512,902	375,980.00
Total	1,788,712	1,946,833	1,981,510.00
Vocational Training – Education			
4 Vocational Training Centres	203,004	183,450	209,007.00
4 Production Units (Printing house, Carpenter's workshop, Ceramics workshop, Farm)	2,434,277	2,679,865	5,177,232.00
3 Transitional Schools	1,014,877	820,089	1,043,899.00
Total	3,652,158	3,683,404	6,430,138.00
Family Therapy			
16 Centres for Family Counselling and Therapy	1,013,879	1,037,822	1,594,988.00
Training of Health Professionals	635,200	439,331	685,875.00
Research - Evaluation	883,834	1,005,198	1,275,609.00
Administration	1,193,126	1,630,865	1,785,108.00
Grand Total	21,336,113	23,000,922	28,671,589.00

Source: Greek REITOX Focal Point (Data: KETHEA, 2006, 2007, 2009)

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

2.1. Introduction - overview

- Chapter 2 presents the latest research data available on illicit drug use in the general, student and special populations in the country.
- The data derive from study reports collected yearly by the Focal Point from individual researchers and/or research institutes conducting large and small scale surveys or research on illicit drug use in Greece.
- Greece has been monitoring illicit drug use in the general and student populations through epidemiological surveys following international research protocols since 1984. Surveys were repeated by University Mental Health Research Institute (UMHRI) in 1993, 1998, 2003 and 2007 (student population) and in 1993, 1998, and 2004 (general population)
- No general population survey has been conducted since 2004. The Health Behaviour in School-aged Children (HBSC) survey was conducted for a third time in 2006, while the European School Survey Project on Alcohol and other Drugs (ESPAD) was conducted in 2007 for a fourth consequent time.
- The data collection tool used in the 2004 general population survey provided with measures that were fully compatible with those of the European Model Questionnaire (EMQ). Both the ESPAD Health Behaviour in School-aged Children (HBSC survey)
- The Greek FP emphasizes the lack of - and the urgent need for conducting surveys on the prevalence and patterns of drug use and abuse in special (high risk) population subgroups such as prisoners, school drop-outs, economic immigrants, etc.

2.2. Drug use in the general population

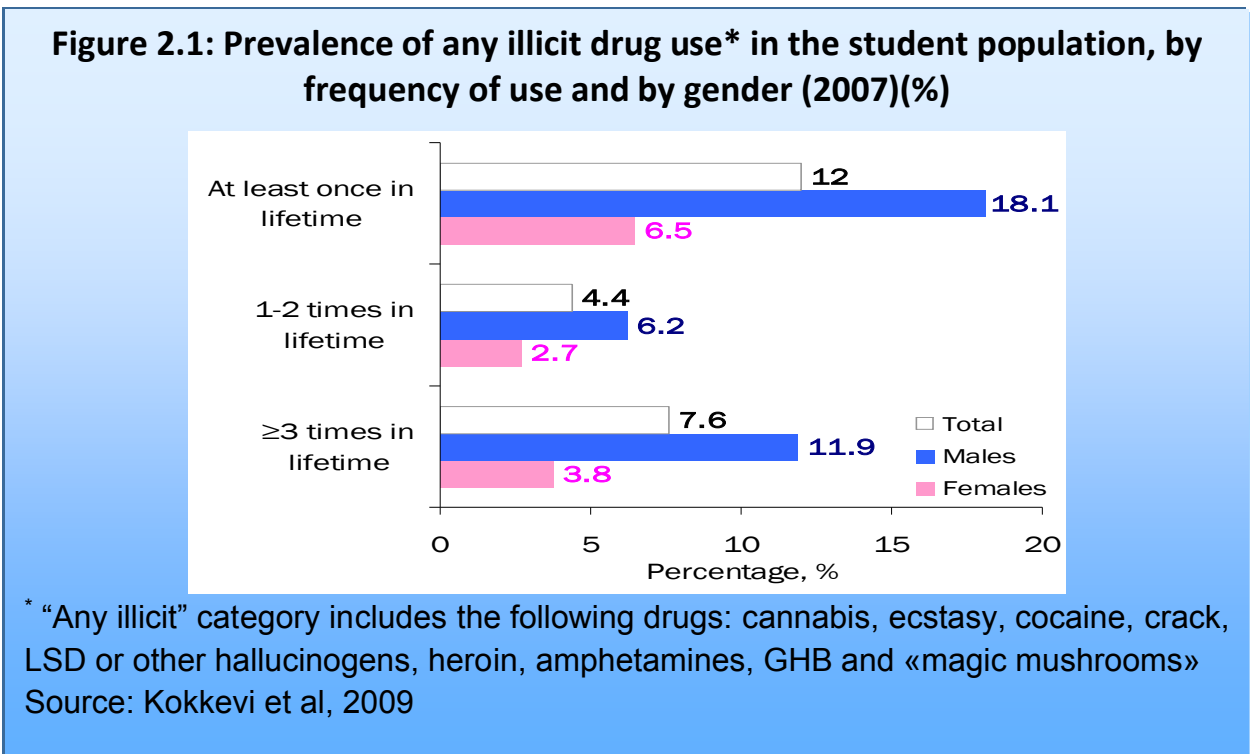
- There are no new data on the prevalence and the patterns of drug use in the general population in Greece.

2.3. Drug use in the school and youth population

- In 2007, the UMHRI conducted the nationwide student population survey based on the ESPAD methodology (Hibell et al., 2009) involving a nationwide representative sample of approximately 10,000 students aged 13-18. A brief account of the findings of the student population survey is presented below (Kokkevi et al., 2009).

2.3.1 Prevalence and patterns of use

- One in 8 students aged 13-18 years (12%) reports lifetime use of any illicit drug.² Over half of the students who report lifetime use (7.6% of the general student population) have used illicit drugs more than once (at least 3 times in their lifetime) (Figure 2.1).
- Almost three times as many boys (18.1%) as girls (6.5%) report lifetime use of any illicit drug (Figure 2.1), with a similar gender difference in more frequent use (at least 3 times

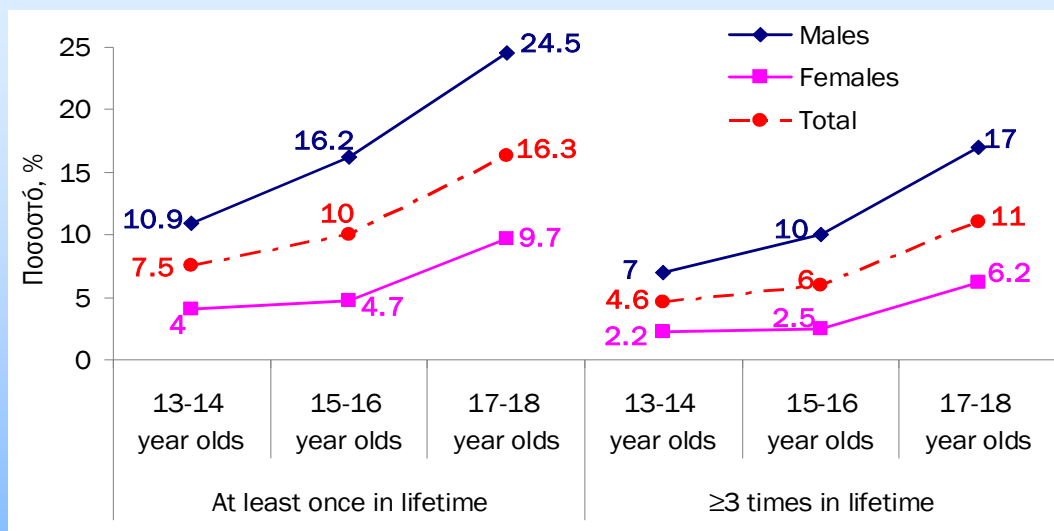


in their lifetime) (11.9% and 3.8% for boys and girls, respectively).

² Cannabis, ecstasy, cocaine, crack, LSD or other hallucinogens, heroin, amphetamines, GHB and «magic mushrooms».

- The shares of students who have tried illicit drugs or have repeated use more than double with age: at the age of 17-18, one in 4 boys (24.5%) reports ever using any illicit drug, and one in 6 (17%) reports repeated use (Figure 2.2).
- Illicit drug use rates are higher in Athens compared to other parts of the country.

Figure 2.2: Prevalence of any illicit drug use ¹⁾ in the student population, by age group (2007) (%)

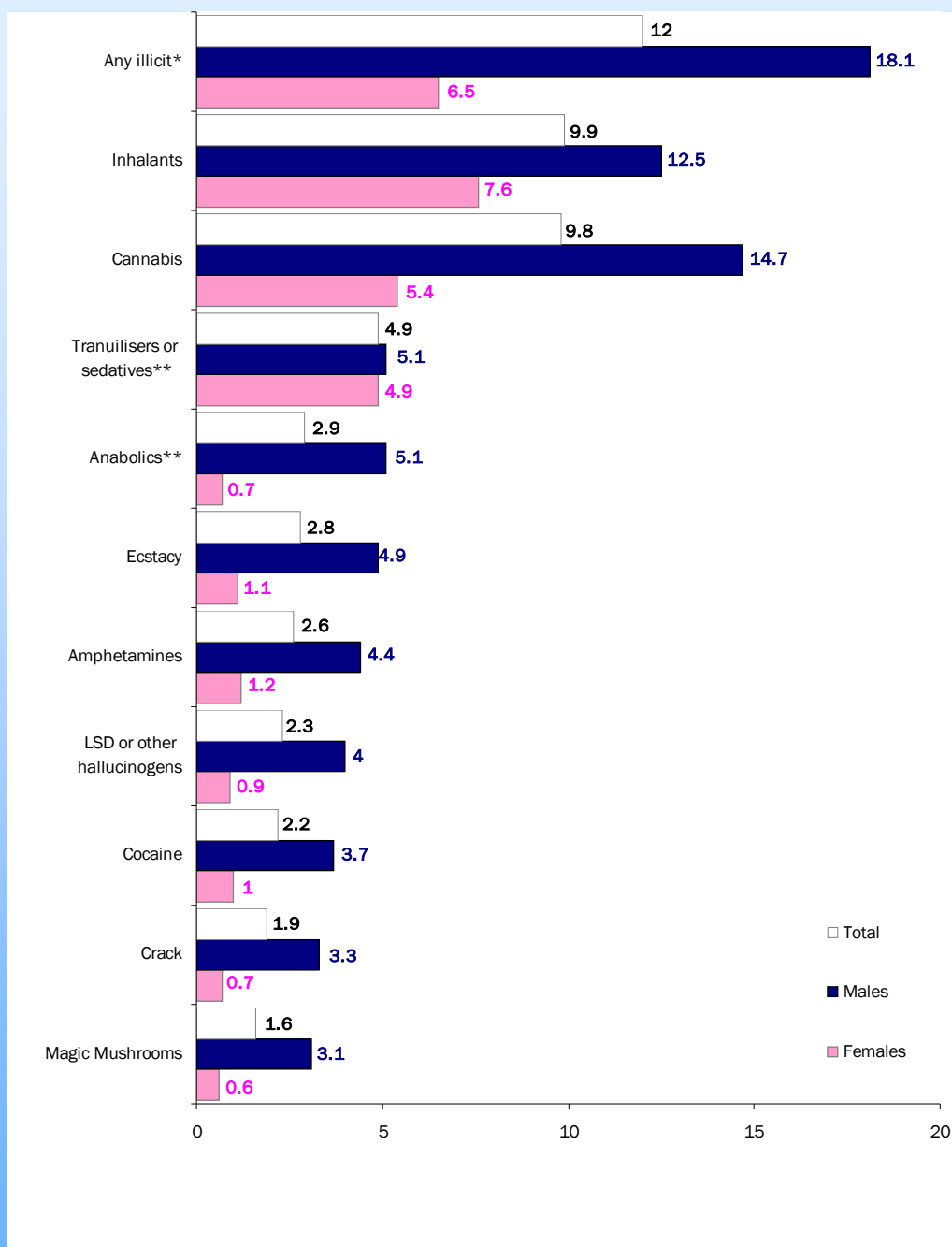


¹⁾ “Any illicit” category includes the following drugs: cannabis, ecstasy, cocaine, crack, LSD or other hallucinogens, heroin, amphetamines, GHB and «magic mushrooms»

Source: Kokkevi et al, 2009

- Cannabis continues to be the most commonly-used illicit drug (9.8%), followed at a great distance by ecstasy (2.8%), amphetamines (2.6%), LSD or other hallucinogens (2.3%), cocaine (2.2%) and other illicit drugs (Figure 2.3).

Figure 2.3: Prevalence of lifetime use in the student population, by type of drug and by gender (2007) (%)



1) "Any illicit" category includes the following drugs: cannabis, ecstasy, cocaine, crack, LSD or other hallucinogens, heroin, amphetamines, GHB and «magic mushrooms»

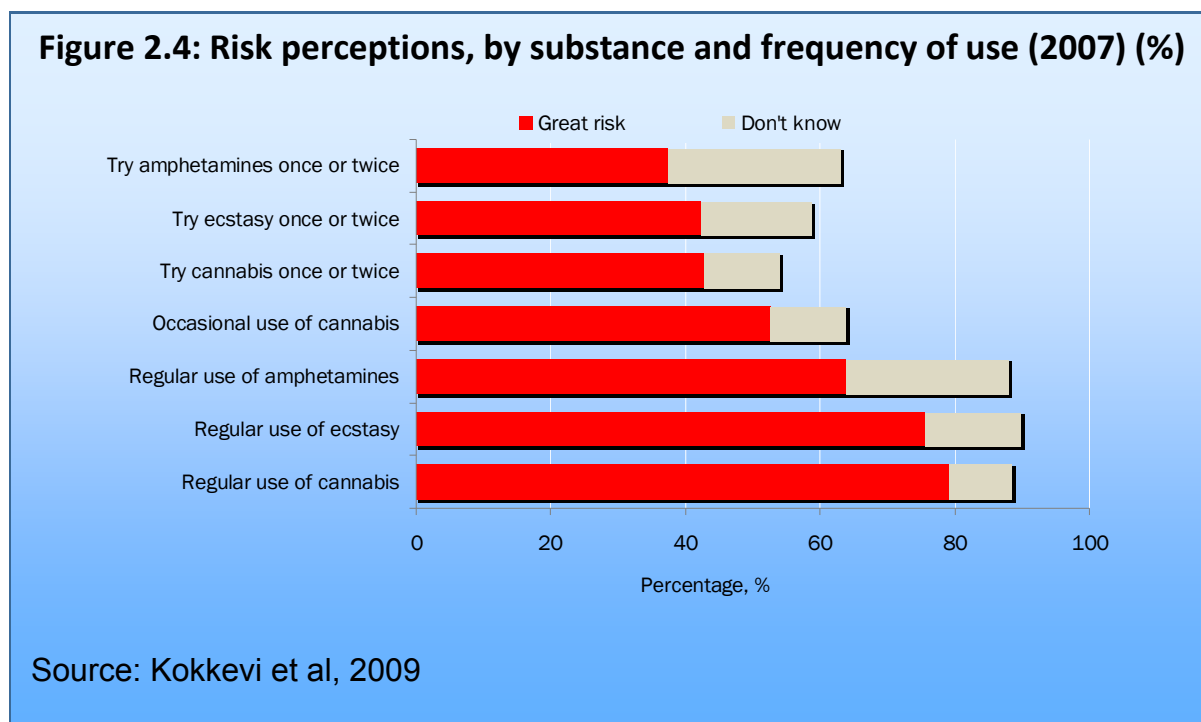
2) Without doctor's prescription

Source: Kokkevi et al, 2009

2.3.2 Risk perceptions

According to the findings of the 2007 student population survey:

- Two in every 5 students aged 13-18 (42.7%) think of trying once or twice cannabis as a *risk (some risk or great risk)*, while most of them report that there is a *risk* in the occasional (52.6%) and the regular use (79.3%) of the substance (Figure 2.4).



- The proportion of students who think of trying cannabis once or twice as a *risk* decreases with age: from 50% at the age of 13-14 to 37% at the age of 17-18.
- Twice as many boys (13.1%) as girls (6.9%) report that trying cannabis once or twice is harmless. Similar perceptions hold true for other illicit drugs as well, e.g. amphetamines and ecstasy.
- A substantial minority of students answer «don't know» to the question about the risks associated with illicit drug use. The widest gap in knowledge about risks pertains to the use of amphetamines (about one in 4 adolescents answers «don't know»). Nonetheless, even for the most popular drugs among young people, i.e. cannabis and ecstasy, 10-15% of the students answer «don't know».

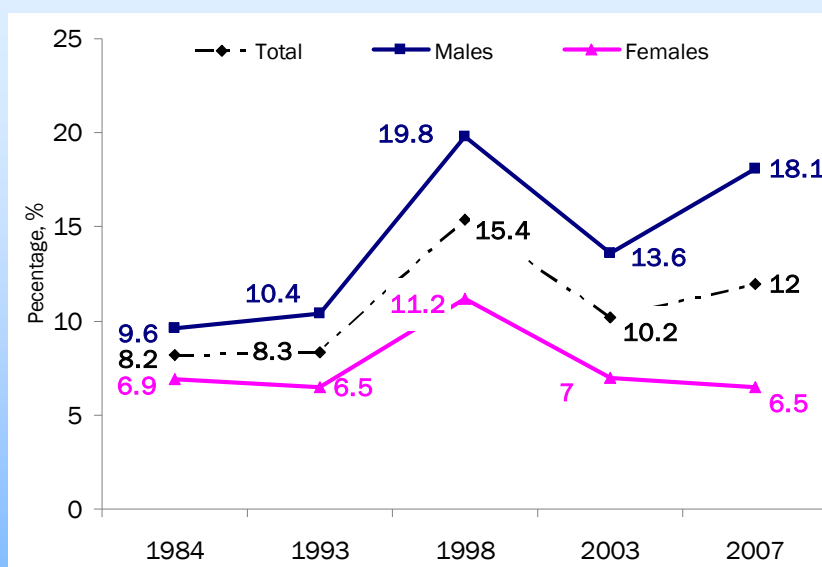
2.3.4. Trends

Below are presented trends based on analyses involving data from the 1987, 1993, 1998, 2003 and the 2007 student population surveys in Greece (Kokkevi et al., 2009).

Trends in the prevalence of use

- Between 1984 and 2007, the proportion of male students who report ever using drugs doubled, while there was no considerable change in the proportion of female students.
- As far as prevalence trends are concerned, in the period under examination there was a considerable increase in drug use in the late 1990s, but thereafter the trend levelled off until 2003. From 2003 to 2007, only prevalence rates among boys increased (Figure 2.5).

Figure 2.5: Trends in the lifetime use of any illicit drug use* in the student population, by gender (1984-2007) (%)



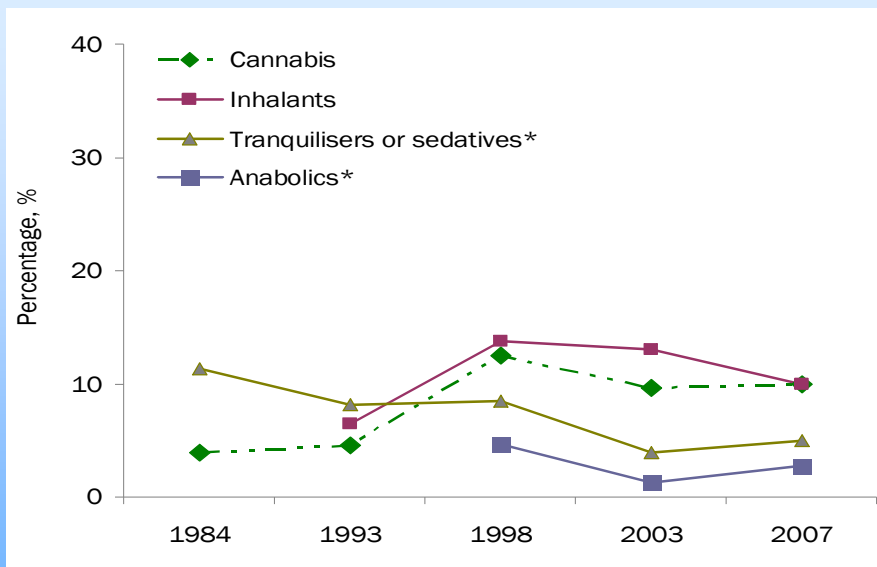
* "Any illicit" category includes the following drugs: cannabis, ecstasy, cocaine, crack, LSD or other hallucinogens, heroin, amphetamines, GHB and «magic mushrooms»

Source: Kokkevi et al, 2009

Trends by type of drug

- Cannabis: In the twenty five year period 1984-2007, the share of students reporting cannabis use initially tripled from 1984 to 1998 (from 3.9% to 12.5%). Subsequently, however, between 1998 and 2003 there was a downward trend (rates among students in 2003 dropped to 9.6%), which levelled off until the year 2007 (9.9%) (Figure 2.6).

Figure 2.6: Trends in the lifetime use of a) cannabis, b) inhalants, c) tranquilizers or sedatives* and anabolics* in the student population (1984-2007) (%)



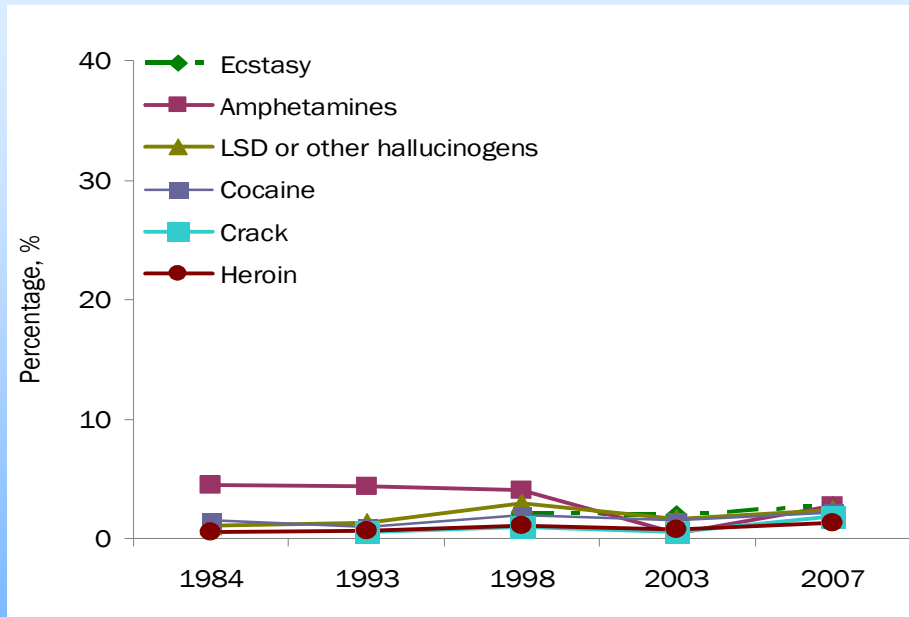
* Without doctor's prescription

Source: Kokkevi et al, 2009

- Ecstasy: No changes have been noted in the use of ecstasy between 1998 and 2007 (no data available for 1984 and 1993) (2.1%, 2% and 2.7% for 1998, 2003 and 2007, respectively).
- Amphetamines: With regard to amphetamine use, no changes were noted from 1984 to 1998. Thereafter, between 1998 and 2003 there was a drop and a slight increase until 2007.
- Other drugs: For other illicit drugs, changes over time are not statistically significant because of the small number of individuals who report using them. That said, the prevalence rates of LSD or other hallucinogens doubled from 1984 (1.1%) to 2007

(2.4%) and peaked in 1998 (3%). A similar increasing trend is noted for crack cocaine (0.5% in 1993, 1% in 1998, 0.6% in 2003 and 1.9% in 2007), cocaine (1.5% in 1984, 2.2% in 2007) and heroin (0.5% in 1984, 1.3% in 2007) (Figure 2.7).

Figure 2.7: Trends in the lifetime use of a) ecstasy, b) amphetamines, c) LSD or other hallucinogens, d) cocaine, e) crack and f) heroin in the student population (1984-2007) (%)



* Without doctor's prescription

Source: Kokkevi et al, 2009

Trends of perception of risk

- Over the period 1993 to 1998 (no data available for 1984), the proportion of students who view trying cannabis once or twice as involving *no risk* (i.e. *no* or only *low risk*) increased considerably. Thereafter, until 2003, there was a decrease, followed again by a slight increase until 2007.
- A similar time trend is also noted in perceptions about occasional and regular cannabis use (Figure 2.8). These trends apply both to males and females and to all ages, the difference being that among 17- to 18-year-olds from 1998 to 2007 the proportion of

students who view trying cannabis as *harmless* was in steady decline, from 32.5% down to 18.4% for occasional use and from 11.5% to 5.9% for regular use.

- The proportion of students who view trying ecstasy as involving no or only low risk has been steadily growing from 1998 (10%) to 2003 (13.6%) and 2007 (17.2%) in both genders (no data available for 1984 and 1993) and in all age groups, except among 13- to 14-year-olds where it remained stable between 1998 and 2003 (9.9% in both years) and grew in 2007 (15.9%).

2.4. Drug use among targeted groups/settings at national and local level³

There are no data available to the FP on the drug use among targeted groups or settings at national or local level

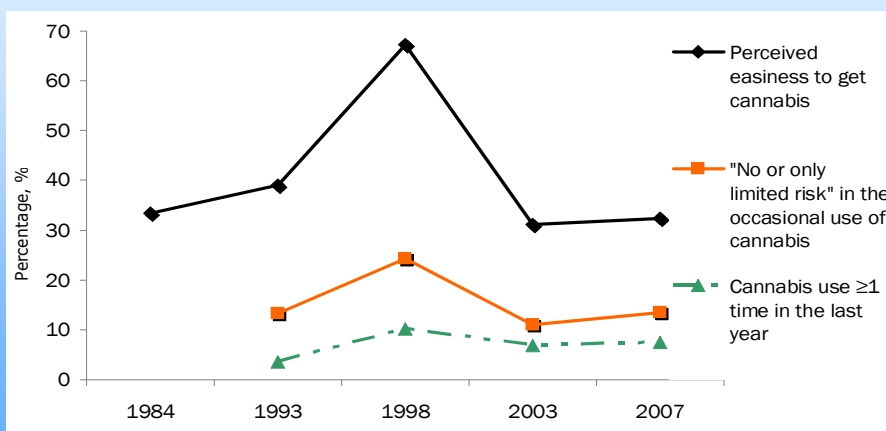
2.5. Relationship between the different indicators and of trends in a wider context

The level of consistency between data from within the same survey as well as between data from different surveys is a good marker for assess the validity of these data.

- Drawing from the student population survey data that are available since 1984, it can be seen that fluctuations in the prevalence rates of, for instance, recent cannabis use are consistent with the respective fluctuations in the percentages of the perceived harmlessness in using cannabis occasionally, on the one hand, and with those of the perceived easiness in getting cannabis, on the other hand (Figure 2.8).
- In addition, as it is shown in Figure 2.9, trends in, for example, the lifetime prevalence of cannabis that are reported for the ESPAD and the HBSC student populations in Greece, are consistent (especially in the last waves of these surveys) with the respective trends reported for the total ESPAD and HBSC populations.

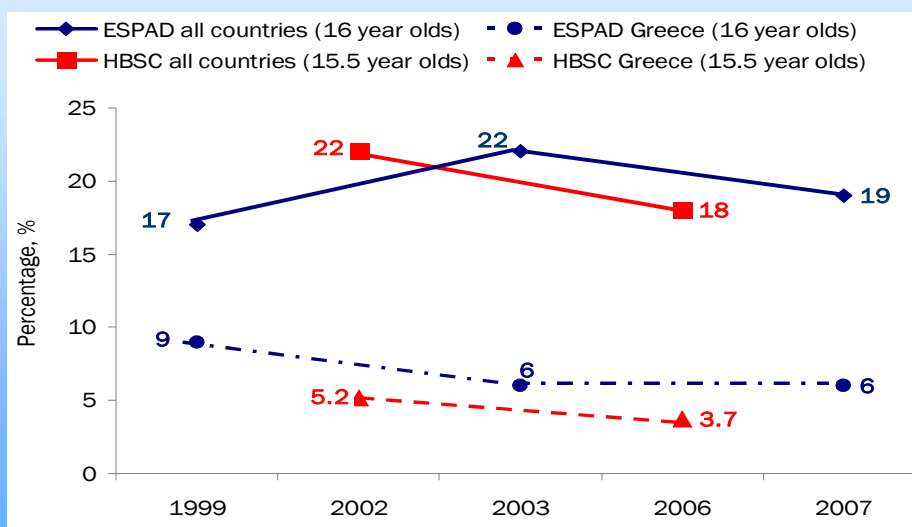
³ E.g: University students and conscript surveys, migrants, music venues, nightlife settings, gay clubs, gyms...

Figure 2.8: Trends in a) the recent use of cannabis, b) perceived harmlessness of the occasional use of cannabis and c) perceived easiness of getting cannabis among students aged 13-18 (1984-2007) (%)



Source: Kokkevi et al, 2009

Figure 2.9: Consistency in the trends of lifetime cannabis use in the ESPAD and the HBSC student populations with the respective trends in the student population in Greece (%)



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

3. PREVENTION

3.1 Introduction

Drug prevention is mostly implemented by a nationwide⁴ network of 71 Prevention Centres established by OKANA and local authorities, by the Ministry of Education, Lifelong Learning and Religious Affairs (hereinafter Ministry of Education) mainly through the implementation of the Health Education Programmes (HEPs) in primary and secondary education, as well as by other governmental and non-governmental drug-specialised or health services⁵, etc, which, among other tasks, are active in the field of drug prevention.

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

With regard to the data collection of the prevention interventions implemented in 2008 in Greece, in an attempt to put pressure on the competent bodies so as to resolve their funding and institutional problems, the General Meeting of the Staff Union of Prevention Centres established by OKANA and local authorities decided to refrain from submitting information about their activities in 2008 to the Greek REITOX Focal Point. As a result, this National Report does not include information about the prevention interventions implemented in 2008 by the Prevention Centres run by OKANA and local authorities. The latest available data about the prevention interventions implemented by the Prevention Centres run by OKANA and local authorities are for the year 2006 and were presented in the 2007 National Report of the Greek REITOX Focal Point (2007).

Prevention questionnaires of the Greek REITOX Focal Point were only filled in by PROTASI movement for another lifestyle, KETHEA and the Prevention Centre of DIAKONIA Foundation for Psychosocial Education and Support of the Archbishopric of Athens. The relevant data are presented in Section 3.6 of this Chapter (they are presented separately as there was no meaning to analyse these data due to limited coverage).

⁴ The 71 Prevention Centres which operated by mid-2009 cover 49 of the 51 prefectures of the country.

⁵ Including three non governmental organisations (Hellenic Centre for Cross-cultural Psychiatry and Care, Hellenic Red Cross, KETHEA), one state agency (Thessaloniki Psychiatric Hospital), one voluntary organisation (PROTASI movement), and one church agency (Prevention Centre of DIAKONIA – Foundation for Psychosocial Education and Support of the Archbishopric of Athens).

Prevention

Besides information collected through the prevention questionnaires, the Greek REITOX Focal Point also collects information about the latest developments in the field of prevention at national level from OKANA, data regarding school-based prevention from the Ministry of Education, data about training for prevention professionals (KETHEA), and data about help lines (18 ANO Dependence Treatment Unit of the Athens Psychiatric Hospital, OKANA and KETHEA).

3.2 Universal Prevention

3.2.1 Universal school-based prevention

The involvement of every stakeholder in the school community (students, teachers, parents) in prevention interventions has been a key priority for prevention policy in Greece, a pillar of prevention philosophy and a fundamental principle for prevention interventions delivered in the country. With regard to interventions addressed to students, prevention in primary and secondary education encompasses programme-based interventions in the context of the Health Education Programmes (HEPs) of the Ministry of Education and interventions designed and delivered by prevention agencies in cooperation with local schools. In addition, information providing and awareness raising activities are implemented for students by prevention agencies. Training teachers is also important for Greek prevention agencies either in order to support them on the implementation of HEPs or in order to raise their awareness for drug prevention, in view of mainstreaming prevention principles and methods in school subjects.

The implementation of HEPs began in secondary education in the school year 2000-2001 and in the school year 2001-2002 in primary education. HEPs cover a broad range of topics over and above the prevention of use of licit and illicit drugs (e.g. diet and nutrition, gender relations, STDs, AIDS and hepatitis B, interpersonal relations / mental health, coping with stress, etc.), have a two- to six-month duration and are delivered by teachers outside school hours in secondary education, while in primary education they are either delivered during the so-called “flexible zone” of the school timetable or become part of the optional afternoon

“The implementation of Health Education Programmes in schools aims at contributing, through active and experiential learning, to a change in students’ attitude and behaviour, enhancing responsibility, self-esteem, self-confidence, the students’ personality and their ability to adopt positive lifestyles and attitudes.” (www.ypepth.gr)

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programme in “all-day” schools.

As for the content of HEPs on drug abuse prevention, according to the Ministry of Education their implementation is based on multi-session standardised printed programmes for school-based prevention interventions. Moreover, in order to enhance its HEPs, the Ministry of Education cooperates with local prevention agencies (i.e. Prevention Centres run by OKANA and local authorities, KETHEA, etc.) for the purpose of providing training and support to teachers, and assuring implementation of HEPs. For more information about the context of implementation of HEPs as well as for a brief description of the most important available programmes for school-based prevention, please see Structured Questionnaire 22/25 submitted in September 2007, as well as previous National Reports of the Greek REITOX Focal Point (2006, 2007).

In addition to their involvement in HEPs, prevention agencies implement school-based prevention interventions in cooperation with local schools. Students and teachers take part in such interventions on a voluntary basis and the interventions are delivered either by prevention professionals or by trained teachers with the support of prevention professionals. For the implementation of school-based prevention interventions, apart from the main programmes for school-based prevention interventions (see Structured Questionnaire 22/25 submitted in September 2007), several Prevention Centres run by OKANA and local authorities have developed their own programmes. Moreover, prevention agencies organise teacher training seminars designed to inform teachers and raise their awareness of drug prevention and the role of school, in view of mainstreaming prevention in schools.

Table 3.1 presents **data** on the HEPs on drug prevention implemented **in the school year 2007-2008**. The HEPs were implemented with the participation of a total of 701 teachers and 23,758 students from 683 elementary schools, and 745 teachers and 13,540 students from 735 high schools.

Table 3.1: Data on universal drug prevention interventions implemented under the Health Education Programmes of the Ministry of Education in primary and secondary education in the school year 2007-2008

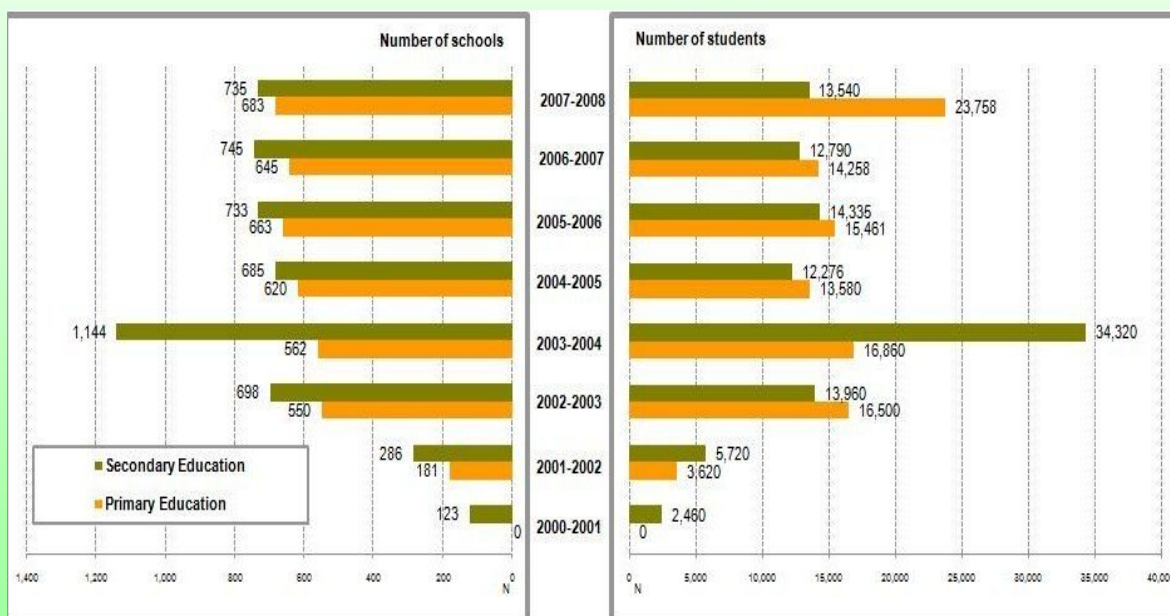
	Number of schools	Number of teachers	Number of students
Primary education	683	701	23,758
Secondary education	735	745	13,540

SOURCE: Greek REITOX Focal Point 2009 (data from the Ministry of Education).

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Compared to the last school year (2006-2007), the HEPs implemented in 2007-2008 remained largely at the same levels with a slight upward trend (Figure 3.1). As shown in Figure 3.1, this does not apply to the participation of elementary school students, given that considerably more students participated in HEPs in the school year 2007-2008, with an increase of 66.6% as opposed to 5.9% for high school students. On the other hand, in primary education, teachers' interest in prevention interventions does not appear to match that of their students, with a 3.1% increase in the number of teachers involved in HEPs in

Figure 3.1: Number of schools and students in primary and secondary education that participated in Health Education Programmes on drug prevention in the school years 2000-2001 to 2007-2008.



SOURCE: Greek REITOX Focal Point 2009 (data from the Ministry of Education).

the past two school years. Similarly, the number of elementary schools in which HEPs were implemented in the school year 2007-2008 increased by 5.9% compared to the previous year. In secondary education, teacher participation in HEPs on drug prevention implemented in the school year 2007-2008 increased by 2.3% compared to the previous year, while the number of schools involved in such programmes increased by 4.2%.

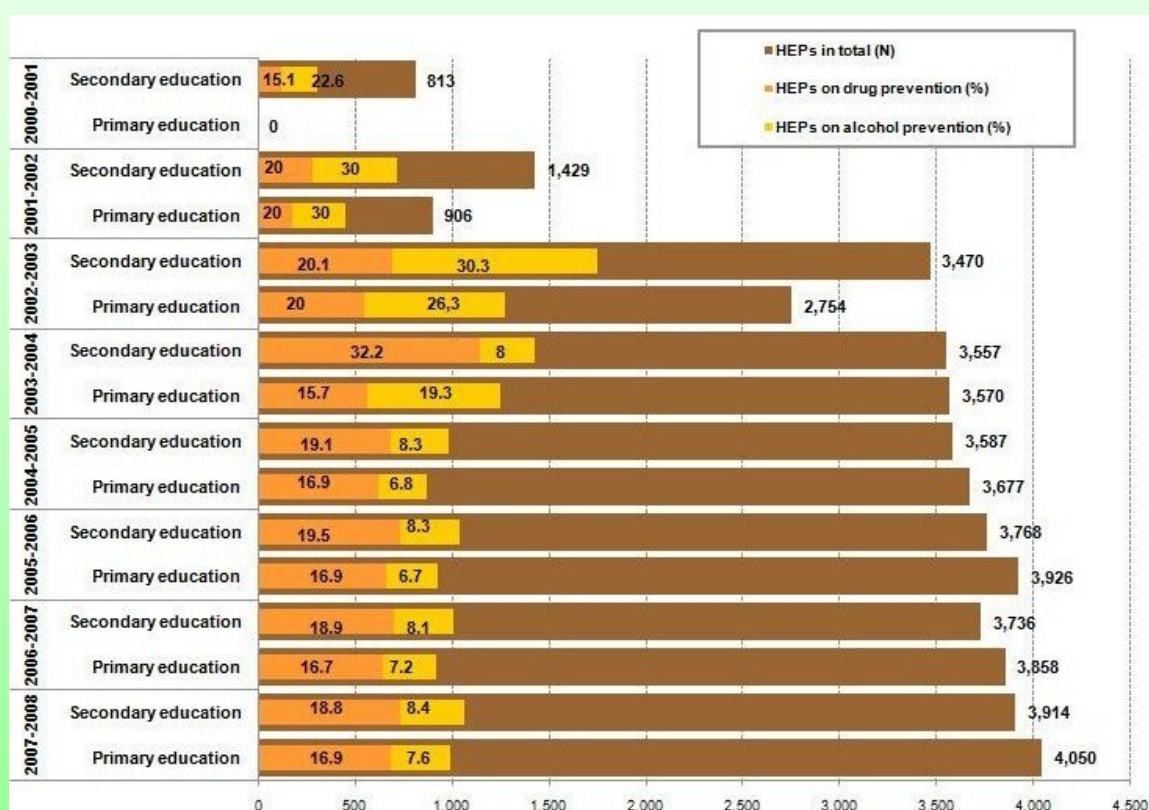
Considering the marked increase in the number of primary school students who participated in HEPs on drug prevention in the school year 2007-2008, and the fact that for the past four years the number of students who participate in HEPs on drug abuse prevention per elementary school is higher than the number of students per high school (Figure 3.1), it is assumed that primary school student participation in prevention interventions has been

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made easier, since HEPs in primary education are delivered either during the so-called “flexible zone” of the school timetable or during the afternoon programme in “all-day” schools, while in secondary education they are delivered outside school hours.

As mentioned above, HEPs cover a broad range of topics. Out of the total HEPs implemented in primary education in the school year 2007-2008, 16.9% were on drug abuse prevention. The respective proportion in secondary education was 18.8% (Figure 3.2).

Figure 3.2: Total number of schools in primary and secondary education that implemented Health Education Programmes (HEPs) and the proportion of HEPs on drug and alcohol prevention in the school years 2000-2001 to 2007-2008



SOURCE: Greek REITOX Focal Point 2009 (data from the Ministry of Education).

3.2.2 Universal family-based prevention

Along with the school community, parents continue to be one of the main target groups for prevention interventions in Greece. In this context, universal family-based prevention includes **information and awareness interventions** (open sessions for parents on drug prevention and child upbringing), and **training interventions**, (parents' groups usually using experiential methods), which aim chiefly at improving communication in the family and supporting parents in their role. After the end of a first cycle of sessions, many prevention agencies give interested parents the option of continuing for a second, more in-depth cycle. There are some well-known multi-session standardised printed programmes used for parents' groups.

3.2.3 Universal community-based prevention

Youth outside the school setting

Young people are the key target group of prevention interventions both inside and outside the school setting. In this vein, prevention agencies target preadolescents and adolescents by means of interventions implemented outside the school setting. Such interventions involve groups implemented with experiential methods, creative activities (e.g. drama groups, music groups, painting groups, etc.), as well as brief information and awareness-raising interventions in settings like summer camps, the Boy Scouts of Greece, etc. Apart from a well-known multi-session standardized printed programme for this target group (for the implementation of adolescents' groups), a number of Prevention Centres established by OKANA and local authorities have developed their own programmes.

Interventions addressed to specific community groups

Besides schools, parents and young people, the action of prevention agencies also targets other community groups (e.g. volunteers, armed forces, law enforcement). The main aim of community-based action is to raise community awareness, reach stakeholders and get them involved in prevention interventions, and forge partnerships among different local stakeholders. For a brief overview of the rationale of such interventions and their target groups see 2007 National Report of the Greek REITOX Focal Point (2007).

Moreover, information, awareness-raising and mobilisation of community groups and local stakeholders in line with the philosophy of prevention are pursued through open discussions, seminars and lectures, as well as through the development and distribution of

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information leaflets about OKANA, the Prevention Centres run by OKANA and local authorities and other prevention agencies.

Internet

In view of providing information and raising public awareness, drug-specialised agencies utilise the internet to disseminate information about drugs and about the available drug dependence prevention and treatment structures and services.

Moreover, since 2006, ITHAKI Psychological Support Help Line (KETHEA) has been delivering counselling and information by email.

Finally, prevention agencies tap into the potential of the internet through newsletters that give more visibility to the actions they implement and facilitate communication about prevention-related matters. Examples include DIAVLOS monthly newsletter (developed by 23 Prevention Centres run by OKANA and local authorities and PROTASI movement) and PYXIDA ON THE INTERNET, a periodical e-publication of PYXIDA Drug Prevention and Health Promotion Centre of the NW Sector of the Prefecture of Thessaloniki).

Interventions in the workplace

The workplace could become a setting for prevention interventions and health promotion interventions at large. At the European level, information is available mostly from the project “Euridice: Ideas and Proposals for Intervention on Drug Addiction in the Workplace”, which focuses on the development of prevention interventions in the workplace. The project is supported by the European Commission and carried out with the participation of 10 Member States. The Greek participant is OKANA.

3.3 Selective Prevention

Help lines

In Greece, there are three help lines providing information about drugs and the services available in the country and/or counselling so as to ensure prompt crisis management and referral.

In 2008, according to estimates, the Open Line 2103617089 (18 ANO Dependence Treatment Unit, Attica Psychiatric Hospital) received approx. 900 calls. ITHAKI

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Psychological Support Help Line 1145 (KETHEA) received 2,355 calls, of which 363 from users.

In 2008, the SOS Drugs Help Line / 1031 of OKANA received 2,435 calls in total, 739 of which were repeat calls. According to the data reported for 2008, most of the callers (2,105) asked for information about the existing treatment structures and the users' treatment options. Most of the callers were drug users' family members (1,570), followed by the drug users themselves (466). As for the place of residence of the users who called or were the reason for the call, Athens remains at the lead (1,819 calls), but there is also a considerable number of calls from other parts of Greece (502). The largest part of the users who called or were the reason for the call reported regular or part-time employment (34.5%), although reported unemployment rates were considerable (31.7%).

3.3.1 At risk groups

The Ministry of Education, Prevention Centres run by OKANA and local authorities, other drug-related agencies, as well as various NGOs design and implement interventions targeting young people at risk, such as students with behaviour problems in school and/or poor academic performance, young people with psychosocial problems outside the school setting or young people from culturally different groups.

The most important programme for professionals providing counselling and support to young people with delinquent behaviour associated with drug dependence is *Drug education for young offenders: Training Icarus* (TACADE, 2000), published by KETHEA in cooperation with TACADE, UK.

As for interventions in the school setting, as stated in previous National Reports of the Greek REITOX Focal Point (see Greek REITOX Focal Point 2006 and 2007), under the action plan of the Ministry of Education for drug use prevention in schools, 60 Youth Counselling Centres were established and, based on the Ministry of Education, they are currently at the stage of personnel recruitment.

In an attempt to reach young people from culturally different groups and counter the risk of educational exclusion, the Ministry of Education established in 1996 cross-cultural schools, reception classes and language courses, so as for students to learn Greek and prepare themselves for integration into the Greek school system at large. With regard to the cross-cultural schools, there are in total 26 schools (13 of primary and 13 of secondary education) in 6 (out of the 51) prefectures of the country (www.ipode.gr).

Moreover, in view of preventing crime, in 1995 Juvenile Protection Associations (JPAs) were set up, under the auspices of the Ministry of Justice, Transparency and Human

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Rights, in charge of preventing juvenile delinquency. Furthermore, the Ministry of Justice, Transparency and Human Rights established back in 1976 the Supervisory Juvenile Services at the Juvenile Courts, operating under the auspices of the juvenile judge in the seat of each court of first instance that has a Juvenile Court (www.ministryofjustice.gr, for a brief overview of these structures see Greek REITOX Focal Point 2007).

Drug-specialised agencies also implement prevention and early intervention activities for young people with delinquent behaviour. Since 1998, KETHEA STROFI Open Treatment Programme for Adolescents (KETHEA) has been operating an Adolescent Counselling Centre at the Athens Juvenile Court and, since 2004, it has been offering counselling to adolescent and young drug users at the Special Juvenile Correctional Setting in Avlona, Attica.

3.3.2 At-risk families

Given the emphasis placed on the role of the family in prevention, prevention agencies also reach at-risk families.

3.3.3 Recreational settings

Based on data for 2006, the activities of prevention agencies in recreational settings are incidental and largely confined to the distribution of prevention-related information leaflets, information about the health impact of drug use, etc. (see Greek REITOX Focal Point 2004, 2005, 2006 and 2007).

3.4 Indicated Prevention

As far as indicated prevention interventions in the school setting are concerned, prevention agencies in cooperation with local schools provide counselling to students upon request. Moreover, with a view to promoting health in schools, the Ministry of Education established the Centres for Differential Diagnosis, Diagnosis and Support of Special Educational Needs (KEDDY). These centres offer diagnosis, evaluation and support to students with special educational needs and information and awareness-raising to teachers, parents and the community at large.

Indicated prevention interventions are implemented by the Prevention Centres run by OKANA and local authorities upon request of drug users or their families and individuals

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with various drug-related psychosocial problems. The Prevention Centres provide counselling and psychosocial support and make referrals to specialised structures.

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

3.5 National and Local Media Campaigns

During 2008 the Ministry of Health undertook a national TV campaign with the slogan "Life is coloured, find your own". The main objective of the Ministry of Health through this campaign was to raise young people's awareness about a number of issues such as smoking, drug use, alcoholism, nutrition, exercise, school bullying, sexual education and the excessive use of electronic games. In particular, 8 Greek persons (actors, singers, athletes, etc) who are popular among young people, presented a TV spot for each of the above mentioned problems. The TV spot on drug use was presented by an actor asking young people whether they prefer "a trip to nowhere or the journey of life and reminds". The TV spot at the end stated "do not ever forget: Life is the best puff". In addition to these TV spots, there was a special song of a popular Greek singer with similar messages.

Moreover, Prevention Centres run by OKANA and local authorities develop TV and radio spots, posters, information leaflets, postcards with the aim of disseminating the principles of drug prevention in local level. Few of these campaigns are also widespread at national level.

3.6 Quality Assurance

3.6.1 Training of prevention professionals

As mentioned in the 2007 National Report of the Greek REITOX Focal Point (2007) the operation of the Educational Centre for the Promotion of Health and the Prevention of Drug Abuse was suspended in 2006 and the only specialised agency which provides training for drug prevention is KETHEA. In 2008, KETHEA provided individual counselling and supervision to professionals working for a Prevention Centre run by OKANA and local authorities on designing a workshop on "Group dynamics: working with groups in the school setting".

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Moreover, according to OKANA information, in 2008 approvals were granted for the participation of prevention professionals in conferences, one-day events, seminars, experiential workshops, scientific symposia and meetings on prevention and mental health promotion.

Furthermore, all prevention agencies attach great importance to networking and the existence of a framework for cooperation. They pursue regular communication with one another in order to exchange experiences, address common difficulties and needs, and develop joint actions. Against this backdrop, in addition to the Panhellenic Network of Prevention Agencies, regional and local networks have been established among prevention agencies run by OKANA and local authorities in view of strengthening cooperation ties.

3.6.2 Evaluation

Based on 2006 data, the evaluation of most prevention interventions is based on improvised questionnaires for the participants designed by the prevention agencies themselves and data gathered are mostly about the scope and the approval of the intervention rather than about the achievement of its targets (see Greek REITOX Focal Point 2007).

3.6.3 Formal requirements and criteria for the operation of prevention agencies

As already mentioned in previous National Reports (see Greek REITOX Focal Point 2007), there are no uniform conditions or criteria for the development of prevention interventions by prevention agencies. Nevertheless, there are specifications and terms of reference for the operation of Prevention Centres run by OKANA and local authorities, which are summarised in Table 3.2.

3.6.4 RESEARCH

The implementation of European and national research projects has an undeniable contribution to the development of effective approaches and methodologies and to the improvement of the relevant interventions. In this vein, several prevention agencies participate in European projects. For a non-exhaustive list of Greek prevention agencies

participating in European projects see the last annual 2007 National Report of the Greek REITOX Focal Point (2007).

Table 3.2: Requirements and criteria for the operation of Prevention Centres run by OKANA and local authorities

Requirements	Criteria
<i>Staffing of Prevention Centres</i>	<ul style="list-style-type: none"> – Existence of specifications for the staffing of Prevention Centres – All prospective prevention professionals are interviewed by a Recruitment Committee, with the participation of OKANA
<i>Planning</i>	<ul style="list-style-type: none"> – Drafting a three-year scientific plan in cooperation with OKANA. The three-year scientific plans of the Prevention Centres are approved by the competent Evaluation Committee and by the Board of OKANA.
<i>Evaluation and monitoring</i>	<ul style="list-style-type: none"> – Evaluation of the three-year scientific plans – Six-month scientific reports of activities drafted by the Prevention Centres and submitted to the Applied Prevention Department of OKANA – Regular meetings with the Prevention Centres' experts groups and Boards

SOURCE: Greek REITOX Focal Point 2009 (data from OKANA).

3.7 Interventions Implemented by PROTASI Movement, KETHEA Prevention Sector and the Prevention Centre of DIAKONIA – Foundation for Psychosocial Education and Support of the Holy Archbishopric of Athens in 2008

Data on the interventions of PROTASI movement, KETHEA Prevention Sector and the Prevention Centre of DIAKONIA Foundation for Psychosocial Education and Support of the Archbishopric of Athens are presented below (they are presented separately as there was no meaning to analyse these data due to limited coverage). These agencies filled in the Greek REITOX Focal Point questionnaires on the activities implemented in 2008. The agencies are presented by year of establishment.

3.7.1 PROTASI movement for another lifestyle and its activities in 2008

“PROTASI is a non-governmental organisation (NGO), in which at present a considerable number of active citizens of Patras are involved, either as members or friends or beneficiaries. [...] Its members are citizens aware of their responsibility for prevention, who receive training in order to subsequently train their fellow citizens. [...] Prevention is not promoted through advice, it is a daily educational practice stemming from the children’s experiences from infancy to adolescence.” (www.kpachaia.gr)

Every new PROTASI member receives training in the philosophy of prevention and in designing prevention activities, and later receives support in implementing such activities. In 2008, twenty (20) young volunteers attended the training seminar for new PROTASI members. At the same time, 80 volunteers were active in volunteer groups in 2008.

In 2008, a group of volunteer teachers held information and awareness-raising meetings with 55 sixth graders from 3 elementary schools, with a focus on exploring and managing changes in students’ lives in the transition from elementary to high school. Information meetings were also held with members of Parents’ Associations from schools in Patras, with 150 participants. The meetings were conducted by trained volunteer parents with a focus on raising parents’ awareness of prevention and the role of parents.

PROTASI movement has been running a Creative Entertainment Centre for children and adolescents since 1993. The mission of the Creative Entertainment Centre is to “give children and adolescents the opportunity, by means of alternative proposals, to use their leisure time meaningfully, in the benefit of recreation, personal development and creative expression” (www.kpachaia.gr). In 2008, 55 children and young people participated in creative entertainment groups.

Also, in 2008, several events were organised, TV and radio spots were developed, as well as posters, information leaflets, graffiti art on walls and postcards, with the aim of disseminating the principles of drug abuse prevention. At the same time, the publication of PROSOPO magazine continued. For more information about the activities of PROTASI movement, see the website www.kpachaia.gr.

3.7.2 KETHEA Prevention Sector and its activities in 2008

“KETHEA drug abuse prevention programmes and activities are addressed to the school community, local communities, families and groups at risk for drug use. The programmes combine elements from various scientific approaches and give special emphasis on

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reinforcing the protective factors [...] and on reversing or mitigating the risk factors. [...] Their aim is to prevent all forms of drug abuse and they are based on active participation and experiential learning.” (KETHEA 2008)

KETHEA Prevention Sector runs:

- **Primary and Secondary Education Departments** for drug abuse prevention and psychosocial health promotion through interventions in school communities (students, teachers, parents). A parallel goal is to create and strengthen a framework of cooperation and interaction between the members of the school community.
- The **PEGASUS Mobile Information Unit**, which has been operating since 1989, using a specially outfitted double-decker bus to deliver brief information and prevention interventions across Greece. The missions always take place upon request of and in cooperation with the local authorities and other community agencies.
- The **IKAROS Prevention Unit**, launched in 2004, designs and implements selective and indicated prevention interventions addressed to individuals, groups and populations that run a higher risk of developing delinquent behaviours or getting involved in drug abuse.

For further information about KETHEA Prevention Sector see also the website www.prevention.gr. A brief overview of the main activities of KETHEA Prevention Sector in 2008 is presented below.

In the area of school-based prevention, in the school year 2007-2008, KETHEA Prevention Sector conducted information and training seminars with the participation of 393 teachers in primary and secondary education. Moreover, in the school year 2007-2008, training interventions were implemented with the participation of 180 elementary school students, information meetings with 4,028 high school students and experiential groups with 60 high school students. Furthermore, in the school year 2007-2008 the indicated prevention intervention “Supporting children in the transition from elementary to high school” was implemented, whose aim was, *inter alia*, to prevent school dropout and delinquency among preadolescents. 27 students and one teacher from one school participated in the intervention and also the children’s parents were reached (KETHEA 2008). Moreover, in the area of early intervention for students with drug use problems, KETHEA Prevention Sector delivered a training seminar to 81 professionals working for the Youth Counselling Centres of the Ministry of Education.

Against the backdrop of the long working relationship between KETHEA Prevention Sector and OAED, in 2008 information and training seminars were held with the participation of 87 teachers in OAED apprenticeship schools. In 2008, three Counselling Centres were launched in the apprenticeship schools of Herakleion, Attica, Moschato and Egaleo, where individual and group meetings were held with the participation of 64 students.

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At the level of post-secondary and higher education, information meetings were held with 325 students attending private vocational training courses, as well as educational workshops with 33 university students.

In 2008, the parent schools organised by KETHEA Prevention Sector were attended by 116 parents.

Also, in 2008 a training course was delivered to staff working for the Youth House run in Volos by the Ministry of Justice, Transparency and Human Rights, where juvenile delinquents are hosted pursuant to a court decision, as well as to the staff of the Youth House of SOS Children's Villages. Moreover, KETHEA Prevention Sector delivered information / awareness-raising and counselling to 13 children from the Greek Training Centre for People with Hearing Impairments.

PEGASUS Mobile Unit (KETHEA) has been active in the field of drugs since 1989 and implemented brief community-based interventions across the country. The missions of PEGASUS are addressed to the local community and include information and awareness raising meetings, experiential workshops, as well as cultural and sports events. In the year 2008, through PEGASUS's missions over 3,880 people were reached.

3.7.3 The Prevention Centre of DIAKONIA Foundation for Psychosocial Education and Support (Archbishopric of Athens) and its activities in 2008

"The Prevention Centre of DIAKONIA Foundation for Psychosocial Education and Support of the Archbishopric of Athens was launched in 2002 and implements interventions and activities geared towards "promoting healthy lifestyles, steering young people away from drug use, creating prevention nuclei in agencies that are in direct contact with young people and raising awareness of the community, centred around the parish". (www.ecclesia.gr)

In 2008, 55 parents participated in parent training groups organised by the Prevention Centre, 40 of whom had participated in parents' groups in the past and requested that the training continue with a second cycle.

Moreover, in 2008 training seminars were delivered to catechists and volunteers working in the parishes of the Holy Archbishopric of Athens, with 30 participants. Information / awareness-raising sessions were held with 80 priests of the Holy Archbishopric of Athens.

4. PROBLEM DRUG USE

4.1 Introduction

- Problem drug users are defined as individuals who will eventually seek help for heroin/opiates use from a treatment service.
- Since 2002, the probable number of problem drug users has been calculated by applying the internationally preferred multiple records or capture-recapture method to annual TDI data. This involves fitting an appropriate statistical model to user records collected by three information sources (KETHEA, 18 ANO, rest of the treatment services in the FPs network of TDI) in order to estimate the “hidden population”, i.e. drug users who did not contact any treatment service during the year in question.
- It should be stressed that in 2008 the number of TDI forms that were collected from the OST programmes through the Treatment Demand Indicator was by 47 percent decreased compared to 2006 (see Chapter 5). This decrease seems to be related mainly to the suspension of the operation of the Greek FP during the first part of 2008, when several OST programmes did not collect TDI data.

4.2 Prevalence estimates of PDU

For the year 2008, the total number of problem drug users aged 15-64 whose primary drug is heroin/opiates is estimated to be 20,181 with a 95% confidence interval (c.i.) from 17,502 to 23,391. This figure appears to be at the same level as the two previous years (20,516 in 2007 and 20,146 in 2006). Table 4.1 shows a breakdown of problem drug users by gender and age.

Table 4.2 shows the corresponding estimates of the numbers of injecting drug users (in fact, users who reported last month injecting use). The estimated total of 8,148 (95% c.i., 6,882-9,727) is somehow lower than the estimates of the previous years, which were consistently over 9,000.

Table 4.1: Estimates of problem heroin users aged 15-64 by gender and age (2008)

	Records	Hidden population ¹	Estimate of the total population	
			Population	95% c.i. ²
Total	3,972	16,209	20,181	17,502 – 23,391
Gender				
Men	3,459	13,636	17,095	14,733-19,952
Women	513	2,157	2,670	1,898-3,871
Age³				
25-34	2,375	8,306	10,681	8,957-12,857
35-64	804	4,071	4,875	3,656-6,615
Place of residence				
Attica	2,082	5,327	7,409	6,505-8,499

¹Estimate of the number of users who were not recorded in the year 2008.

²Confidence interval.

³Separate estimates made only when permitted by the number of records.

Table 4.2: Estimates of problem users aged 15-64 who reported last month injecting use by gender and age (2008)

	Records	Hidden population ¹	Estimate of the total population	
			Population	95% c.i. ²
Total	1,771	6,377	8,148	6,882-9,727
Gender				
Men	1,599	5,497	7,096	5,976-8,504
Women	172	1,113	1,285	607-3,022
Age³				
25-34	1,079	3,709	4,788	3,866-6,014
35-64	323	1,360	1,683	1,127-2,625
Place of residence				
Attica	758	2,097	2,855	2,294-3,620

¹Estimate of the number of last month injectors who were not recorded in the year 2008.

²Confidence interval.

³Separate estimates made only when permitted by the number of records.

4.3. Data on PDUs from non-treatment sources

- There is a lack of data in the required form from sources of information other than treatment services, e.g. medical services or police. This fact makes cross-checking and improving the above estimates impossible.

4.4 Intensive, frequent, long-term and other problematic forms of use

- There are no new general population data that could be the basis for further estimation of the prevalence and the patterns of problematic drug use in the general population in Greece.

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

5.1. Introduction

5.1.1. Background information

- The overview of the main types of treatment available in Greece in 2008 is based on data collected by means of the “Treatment Questionnaire”. The “Treatment Questionnaire” is a revised version of and has replaced the “Treatment Unit Form / TUF A”.
- The Treatment Demand Indicator (TDI) has been implemented in Greece by the Greek REITOX Focal Point since 1994. Data collection is being carried out in cooperation with the FPs TDI network of services and it is based on the EMCDDA Standard Protocol 2.0.
- The TDI records the number, the socio-demographic characteristics and the drug use (behavioural) patterns of individuals who seek treatment for problems related to drug use in the treatment programmes which are part of the FP national TDI network. The TDI in Greece does not collect general practitioner or prison data, nor is there any indication regarding the total number of people who approached GPs or prison officials for a drug-related problem.

5.1.2. Definitions

- Within the context of the TDI implementation, treatment is any activity that directly targets people who have problems with their drug use and aims at ameliorating the psychological, physical or social state of individuals who take the initiative to seek help for their drug problems. Treatment is usually delivered by drug-specialised services, but may also be delivered by general services offering medical and psychological care to people with drug problems. This is a broad definition that encompasses: a) interventions designed to reduce drug-related harm among active users, as well as those whose primary goal is detoxification and abstinence, b) non-

medical as well as medical interventions, c) brief (crisis management), counselling and support interventions, as well as more structured long-term programmes.

- Treatment programme is any service delivering treatment as defined above to people with drug problems. Treatment programmes may be based within medical or non-medical, governmental or non-governmental, public or private, specialised or non-specialised structures.
- New treatment admissions refer here to individuals who entered the main therapeutic phase of a treatment programme for the first time. It does not include readmissions of the same individual during the year in the same reporting structure. However, it is not possible to cross-check data between the different treatment programmes in order to rule out double counting.
- Low threshold services are services that aim at reaching and assisting out-of-treatment drug users. Such users can be reached through special streetwork interventions, i.e. in places frequented by users and dealers, as well as through open door services which place no conditions for admitting and serving users. Main services provided are: information and training in delivery of first aid and management of emergencies; information and training in safer drug use practices; needle exchange/distribution programmes; condom distribution programmes; tests to detect infectious diseases, referrals for tests, vaccination; specialised medical services for other somatic problems (e.g. pathological problems, dental problems), referrals for somatic problems; counselling; motivating drug users to attend a treatment programme; family support for addicts' family member (regardless of the addict's participation in a treatment programme)
- Premature discharge refers to expulsion from the programme owing to breach of the setting's rules.

5.2. Strategy/policy

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

5.3. Treatment systems

5.3.1. New developments and trends

In 2008, OKANA launched 6 new substitution treatment units (Piraeus, Thessaloniki, Volos, Corfu, Katerini, Preveza), while ATRAPOS physical detoxification programme launched a partnership with the Athens Fifth Substitution Treatment Unit for people over 12 years old.

KETHEA established ARIADNE open support structure and an open support structure in Thessaloniki, while PLEFSI was split in two units in 2008 (support unit for young adults and their families and support unit for adolescents and their families). Moreover, one more therapeutic community (KETHEA EN DRASI) became operational at Koridalos judicial prison.

In the reporting year, 18 ANO Dependence Treatment Unit (Attica Psychiatric Hospital) established the “Eating Disorders Section”, a specialised centre admitting and managing cases of concurrent drug addiction and eating disorders. It serves patients of any age, whether drug dependent or not, with a current or past eating disorder of any kind. The services provided include: a) individual and group therapy, b) art and physical expression groups, and c) alternative groups of a psychoeducational nature.

Furthermore, a “Pathological Internet Use Section” was established by 18 ANO Dependence Treatment Unit to admit and manage cases of concurrent drug addiction and pathological internet use. It serves adults, whether drug dependent or not, with a current or past abuse of the net. The services provided include: a) individual and group therapy, b) art and physical expression groups, and c) alternative groups of a psychoeducational nature. Moreover, the section is also involved in “networking” and “e-linking”. Just like streetworking in the field of drug dependence, “networking” entails a therapeutic presence in websites which receive many visitors in order to raise users’ awareness. In this context, a chat group called “Internet-addicted adults in Greece” has been developed on the social networking site Facebook. E-linking involves the existence of sites which lead to the section’s webpage and/or to its blog, to webpages of other agencies and vice-versa, the aim being to ensure quicker access to the available services for those concerned. In this context, a link directory was developed on the DART webpage (Digital Awareness & Response to Threats, www.dart.gov.gr).

5.3.2. Types of interventions

The officially recognised treatment programmes currently operating in Greece come up to 66 in total. The analysis encompasses 59 of the 66 programmes that operated during the reporting year and delivered main treatment within an organised structure. The analysis does not include two programmes which did not submit data, two physical detoxification programmes (described in Section 5.3.3.3 below) and three programmes in prison settings, which are described in Chapter 9.

The dependence treatment programmes that delivered main treatment in 2008 can be divided into the following types:

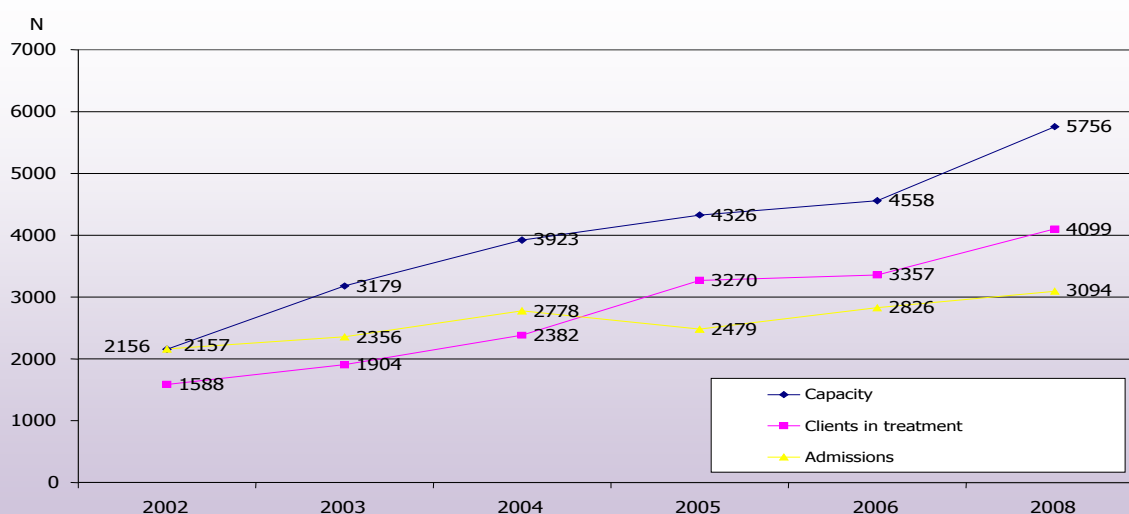
- 24 substitution treatment units, of which seven (7) chiefly methadone substitution units and seventeen (17) buprenorphine substitution units.
- 35 drug-free treatment programmes, of which ten (10) inpatient programmes for adults, fourteen (14) outpatient programmes for adults and eleven (11) outpatient programmes for adolescents.

Treatment coordination

A wide range of treatment options is available in Greece, under the auspices of public entities or bodies corporate under private law.

Implementation

Figure 5.1.: Capacity, clients in treatment and admissions to treatment (2002-2008)



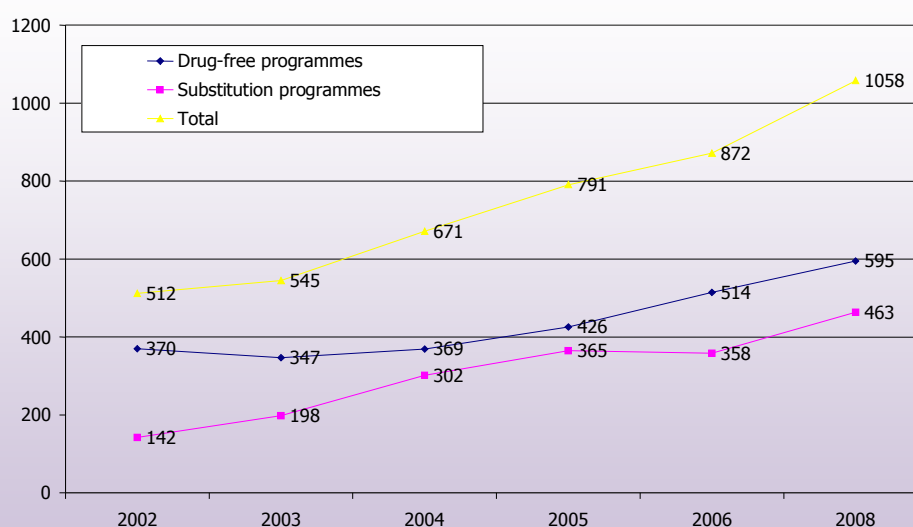
SOURCE: Greek REITOX Focal Point, 2009.

Drug Related Treatment: Treatment Demand and Treatment Availability

As mentioned, the overview of the main types of treatment currently available in Greece is based on data reflecting 59 of 66 programmes that operated during the reporting year and delivered main treatment within an organized structure. In 2008, the treatment programmes' reported total capacity was 5,756 (4 of the 59 programmes did not report capacity data) (Figure 5.1). Most of the treatment slots are offered in substitution treatment units (83.46%), with 16.54% offered by drug-free treatment programmes. In the reporting year, the total clients who received main treatment were 7,193, of whom 4,099 were already in treatment at the beginning of 2008 and 3,094 were admitted to treatment during the year.

In recent years, the number of treatment slots has steadily increased. Figure 5.1 illustrates the increase since 2002, as a direct consequence of the increasing number of treatment structures over the years (the analysis included 26 treatment programmes in 2002, 31 in 2003, 40 in 2004, 50 in 2005 and 50 in 2006). Similarly, the number of "all clients" in treatment per year has increased, as demonstrated by the sum of clients already in treatment and "new clients" (3,745 in 2002 versus 7,193 in 2008). This increase is accounted for almost exclusively by the substitution treatment programme, since there has been a drop in admissions to drug-free programmes.

Figure 5.2. Staff employed in treatment programmes (2002-2008)



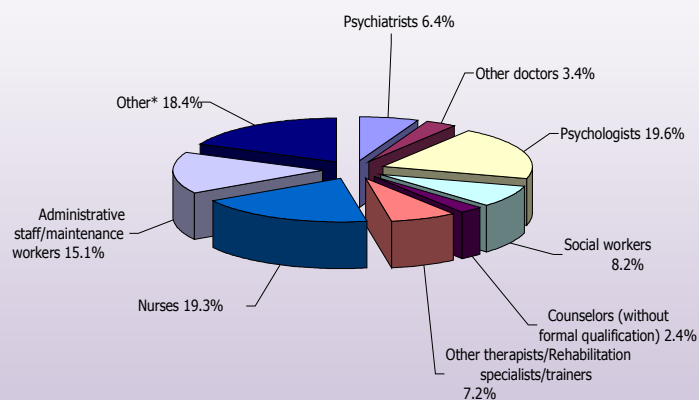
SOURCE: Greek REITOX Focal Point, 2009.

The total staff employed in treatment units in 2008 amounted to 1,058, of whom 56.24% in drug-free programmes and 43.74% in the substitution programme. Figure 5.2 shows the increase in staff members employed in treatment programmes from 2002, mostly as a result of the development of new structures. In 2008, compared to 2002, both the number of treatment programmes and the staff more than doubled.

Drug Related Treatment: Treatment Demand and Treatment Availability

In terms of staff specialisation (Figure 5.3), in the reporting year the largest part of salaried staff in treatment programmes represents psychologists (19.6%), nurses (19.3%) and administrative staff / accounting staff / maintenance workers (15.1%). Psychiatrists represent 6.4% of the staff in treatment structures and most of them (67.6%) work for substitution programmes (as opposed to 32.4% working for drug-free programmes). Furthermore, treatment programmes employ social workers (8.2%), therapists / rehabilitation specialists / trainers (7.2%), other doctors and counselors without any formal qualification (5.8%). More specialties are reported in smaller proportions, e.g. pharmacists, PE teachers, guards, health visitors, etc.

Figure 5.3. Staff working for treatment programmes by specialty (2008)



SOURCE: Greek REITOX Focal Point, 2009.

In 2008, a total of 34 volunteers of various backgrounds, such as psychologists (23.5%), other therapists / rehabilitation specialists / trainers (8.8%), psychiatrists (5.9%), social workers (2.9%) and medical doctors (2.9%) provided services to the aforementioned treatment programmes. Compared to 2006, there was a 29.2% drop in the total number of volunteers.

Funding

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

Providers

The officially recognised dependence treatment providers in Greece are the following: OKANA, KETHEA, 18 ANO Dependence Treatment Unit (Attica Psychiatric Hospital), the

Thessaloniki Psychiatric Hospital, the Psychiatric Clinic of the University of Athens, Public General Hospitals (in cooperation with OKANA), THISEAS Association (Municipality of Kalithea), the Hellenic Centre for Mental Health and Research, and the Ministry of Justice (Eleonas prison).

5.3.3. Treatment units in the country

Substitution treatment

According to the current terms of reference of the OKANA substitution units, “successful participation in substitution programme”, irrespective of the time of attendance, means reduction in drug use, reduction in delinquent behaviour and improvement of the existential well-being of the individual, while “successful completion of the programme” means abstinence from the substitute for at least one year, verified by the social reintegration unit. In line with the general philosophy of the substitution treatment programme, opiate dependence is treated as a disease, i.e. as a state of mental, physical and social dysfunction of the individual. Substitution treatment is administered either with a focus on progressive detoxification / dependence treatment or, more often, with a focus on maintenance, i.e. long-term administration of adequate amounts of the substance in order to reduce risk behaviour and harm (OKANA, 2002).

At the same time, it is acknowledged that the combined administration of psychosocial support services maximises the effects of the pharmaceutical treatment. Therapeutic emphasis is placed mostly on medical / psychiatric care and on individual support / counselling (major emphasis reported by all programmes). Almost all substitution units also place great emphasis on relapse prevention (90.9%) and individual psychotherapy (87%). Moreover, more than half of the programmes (54.5%) place emphasis on group therapy, and nearly one in three uses family therapy (36.4%). Compared to 2006, the proportion of substitution treatment units that report utilising the principles of individual therapy remains unchanged, while a smaller proportion of substitution treatment units report using group and family therapy.

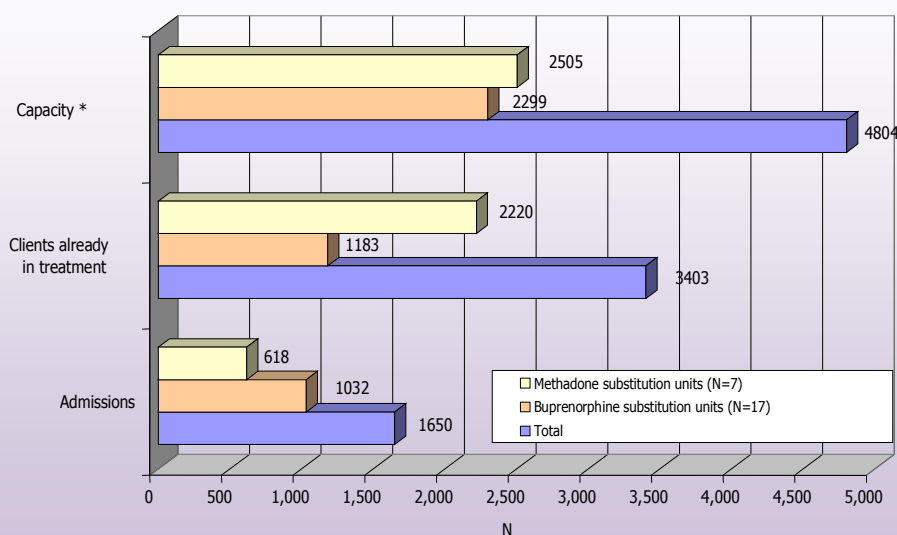
Besides medical and psychiatric care, which are the main services delivered by most substitution units, additional services (which vary from unit to unit) include help in job-seeking (offered by 82.61% of the programmes), career guidance (73.91%), housing support (34.78%), financial support (13.04%) and basic schooling / academic education (17.39%).

Drug Related Treatment: Treatment Demand and Treatment Availability

Substitution treatment units can be divided into two types according to the main pharmaceutical substance used in order to treat dependence: a) units that deliver substitution treatment with the use of methadone mostly (hereafter “methadone substitution units”) and b) units that only prescribe buprenorphine as a substitute (hereafter “buprenorphine substitution units”). In the reporting year, most of the clients of methadone substitution units were prescribed with methadone (86.15%), and about one in every ten clients was prescribed with buprenorphine (11.13%). In buprenorphine substitution units, 86.07% of the clients were prescribed with buprenorphine. In both types of programmes, a fairly small share of patients was administered naltrexone (0.42% and 0.5%, respectively), a substance prescribed to clients who have achieved full abstinence from drugs, including the substitute.

In 2008, the total capacity of substitution treatment programmes was 4,804 (in 23 of 24 structures) (Figure 5.4). The total admissions to substitution programmes come up to 1,650, of which 37.45% represents methadone substitution units and 62.55% buprenorphine substitution units. New admissions account for 78.3% of the total admissions to substitution treatment (31.81% of new admissions to methadone and 68.19% to buprenorphine substitution programmes). The mean power of the programmes in 2008 was 3,455 clients (in 21 of 24 structures).

Figure 5.4. Capacity, clients already in treatment and admissions to substitution units (2008)



SOURCE: Greek REITOX Focal Point, 2009.

In 2008, the total clients in substitution programmes came up to 5,053, of whom 56.16% in methadone substitution units and 43.8% in buprenorphine substitution units.

Drug Related Treatment: Treatment Demand and Treatment Availability

The analysis of the aforementioned quantitative data from the last four-year period (2005-2008, no data available for 2007) points to the following emerging trends:

- The total capacity of the substitution programme increased by 47.82% compared to 2006 and by 56.99% compared to 2005. Staff levels also increased by 29.33% from 2006 to 2008, whereas between 2005 and 2006 they remained largely unchanged.
- Total admissions (new admissions and readmissions) increased by 37.27% compared to 2006 and by 65.83% compared to 2005.
- As a result, the mean power of the substitution structures increased (by 16.17% compared to 2006 and by 27.96% compared to 2005). There was also an increase in the total number of clients (27.92% and 40.24%, respectively).

Nonetheless, the increase in both the number of available substitution treatment slots and the number of admissions does not seem to have met the problem users' demand for substitution treatment. Waiting lists for admission to treatment are a problem affecting all substitution units (except for the Fourth Substitution Unit in Athens, which functions as a low-threshold programme and admits clients from other substitution units). The number of applicants waiting for admission varies during the year. By way of illustration, based on the relevant data (late December 2008), a total of 5,261 applicants were waiting for admission to OKANA substitution programmes, i.e. 3,569 for the seven substitution structures in Athens and Piraeus and 930 for the five substitution structures in Thessaloniki. Each one of the 12 buprenorphine substitution units operating outside Athens and Thessaloniki has its own waiting list; applicants on their waiting lists come up to 762 in total (397 in 2006).

Exits from substitution units represent approximately one fifth (17.44%) of the total number of clients who attended the substitution treatment programme in 2008. In order to evaluate the treatment outcome, one needs to bear in mind that substitution treatment programmes are long-term programmes as a rule.

The analysis of the longitudinal data (Figure 5.5) on the modes of exit from substitution units has excluded two units due to their philosophy (low threshold) and one unit which did not submit relevant data.

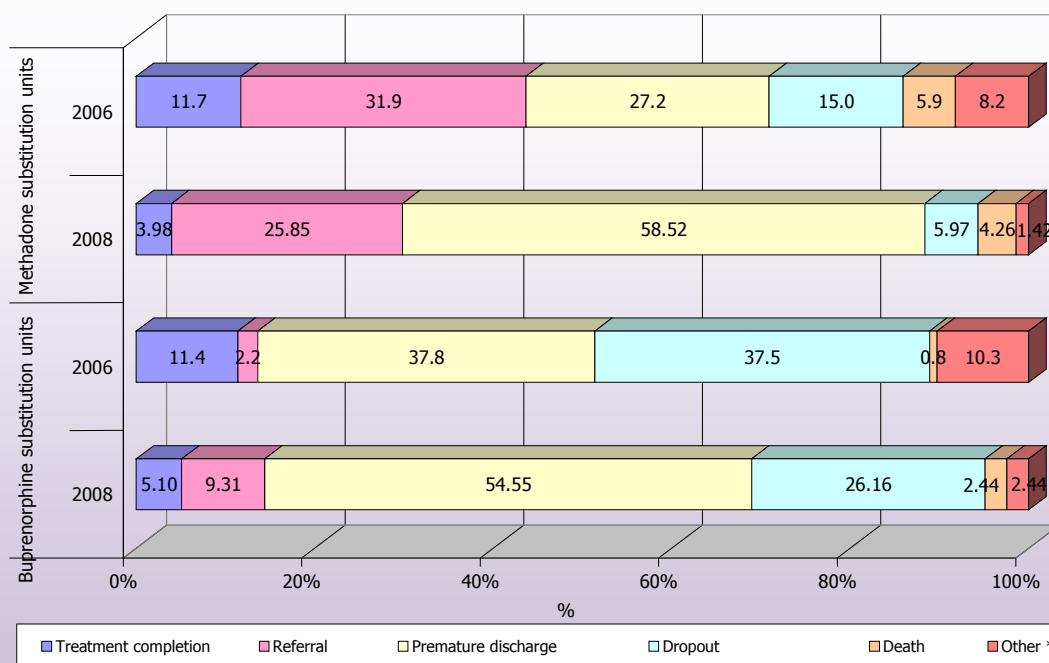
- The main mode of exit from methadone substitution units reported in 2008 is premature discharge (58.52%). This figure increased considerably compared to 2006. Although in recent years efforts have been made to retain in treatment rather than discharge difficult patients with recurring relapses, according to the terms of reference of OKANA substitution units "massive programme attendance and the development of a particular collective state of mind among the clients" make it imperative that there should be certain clear reasons for premature discharge from treatment. It should also be pointed out that, in line with the client retention policy, in order for discharges to be of a therapeutic nature, they include the prospect of readmission in a relatively short period of time. Another considerable mode of exit

Drug Related Treatment: Treatment Demand and Treatment Availability

from methadone substitution units is referral to another unit or service (25.85%); this is largely associated with the operation of maintenance-oriented units that admit clients who find it difficult to meet the requirements of a short-term programme. Referrals dropped by 6.1% compared to 2006, falling back to the 2005 levels. 3.98% of the clients leave methadone substitution units having completed treatment.

- In buprenorphine substitution units, the overall picture as to the ranking of the modes of exit has remained unchanged in recent years. The main mode of exit reported in 2008 is premature discharge (54.55%), with a higher rate than in 2006. The second most important mode of exit is dropout (26.16%), whose rate declined compared to 2006. Treatment completion accounts for 5.93% of the exits from buprenorphine substitution programmes.

Figure 5.5. Modes of exit from substitution units (2006-2008)



SOURCE: Greek REITOX Focal Point, 2009.

The reported main reason for premature discharge from substitution units is use of illicit substances outside the premises, accounting for 58.2% of the cases in methadone substitution units (46.77% in 2006) and 31.4% in buprenorphine substitution units (28.66% in 2006). Other reasons for premature discharge include involvement in illegal activities other than drug use (18.85% and 7.75%, respectively, for the two aforementioned types of units), breach of the unit's rules and regulations (1.23% and 16.67%, respectively), non-

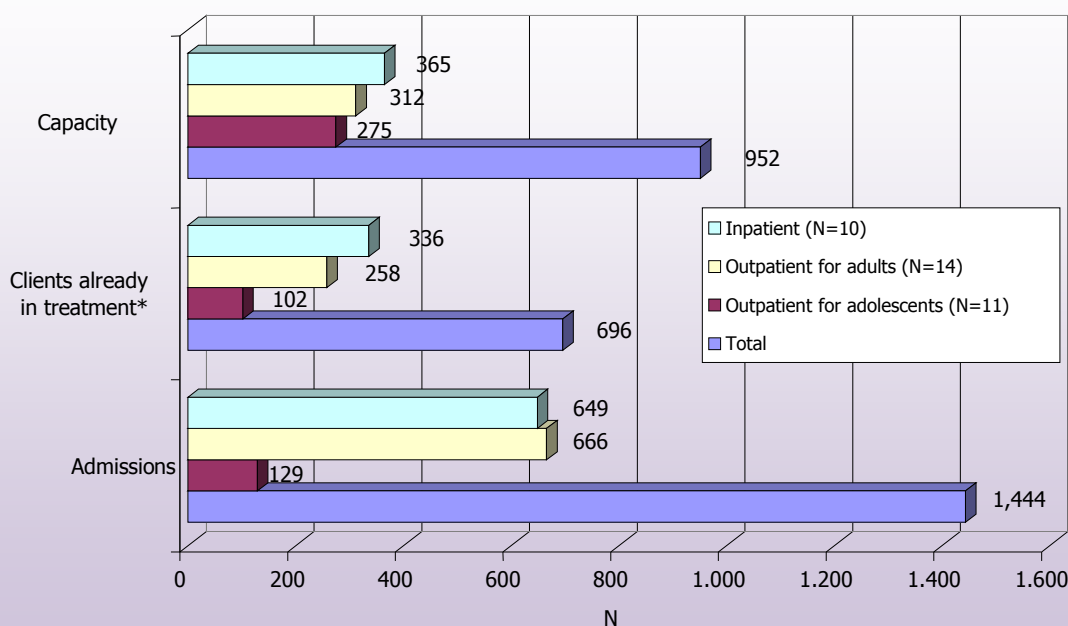
Drug Related Treatment: Treatment Demand and Treatment Availability

attendance of therapy / counselling sessions (3.69% and 2.71%, respectively), as well as violent behaviour on the premises (2.87% and 3.1%, respectively).

Drug-free treatment programmes

According to the data reported by drug-free treatment programmes for 2008, total capacity was 952 (27.2% decrease in the available treatment slots compared to 2006) (data for 32 of 35 drug-free treatment programmes). Outpatient programmes offer most of the available slots (61.7%) compared to inpatient programmes (38.3%). In the reporting year, 696 clients attended the main phase of treatment in drug-free treatment programmes. As shown on Figure 5.6, in 2008 there were 1,444 admissions in total, most of which to outpatient programmes for adults (46.1%) and to inpatient programmes for adults (44.9%), followed by the programmes for adolescents (8.9%, i.e. 129 clients). From 2006 to 2008, the number of treatment structures increased (from 33 to 35), but the number of admissions decreased (by 11.1%).

Figure 5.6. Capacity, clients already in treatment and admissions to drug-free treatment programmes (2008)



SOURCE: Greek REITOX Focal Point, 2009.

82.9% of the total admissions in 2008 were clients who contacted the particular drug-free treatment units for the first time. The highest new admission rates were to outpatient

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programmes for adults (88% of the total admissions to such programmes), followed by programmes for adolescents (85.3%) and inpatient programmes (80.9%).

In 2008, the mean power in 33 of 35 drug-free treatment programmes was 642 clients. This figure represents the average number of clients who attended drug-free treatment programmes on three specific dates during the reporting year. It cannot be correlated in order to draw inferences as to the full use of capacity for two reasons:

- a) in all programmes for adolescents, just like in some outpatient programmes for adults, the mean power figure only represents drug users in treatment, whereas capacity also includes slots for parents or user family members, and
- b) some of the reporting programmes are new and are gradually reaching full operational capacity during the reporting year.

The analysis of the longitudinal data on drug-free programmes (2005-2008, no data available for 2007) points to the following emerging trends:

- The capacity of drug-free treatment programmes in 2008 decreased by 27.2% compared to 2006 and by 24.8% compared to 2005.
- Notwithstanding the decrease in capacity, the mean power increased by 4.1% compared to 2006; compared to 2005, the mean power remains at the same levels.
- There was a 14.3% increase in the total number of clients attending drug-free treatment programmes in 2008 compared to 2006 and a 4% increase compared to 2005.
- Finally, there was an 11.1% drop in total admissions in 2008 compared to 2006 and a 2.7% drop compared to 2005.

With regard to the outcome of the treatment process, 32.4% of the total clients who received treatment services in drug-free programmes were still in treatment at the end of the reporting year (reflecting 33 of the 35 programmes that reported the relevant data). Due to the time of admission to the programme and the scheduled duration of treatment, those clients' treatment process was still in progress.

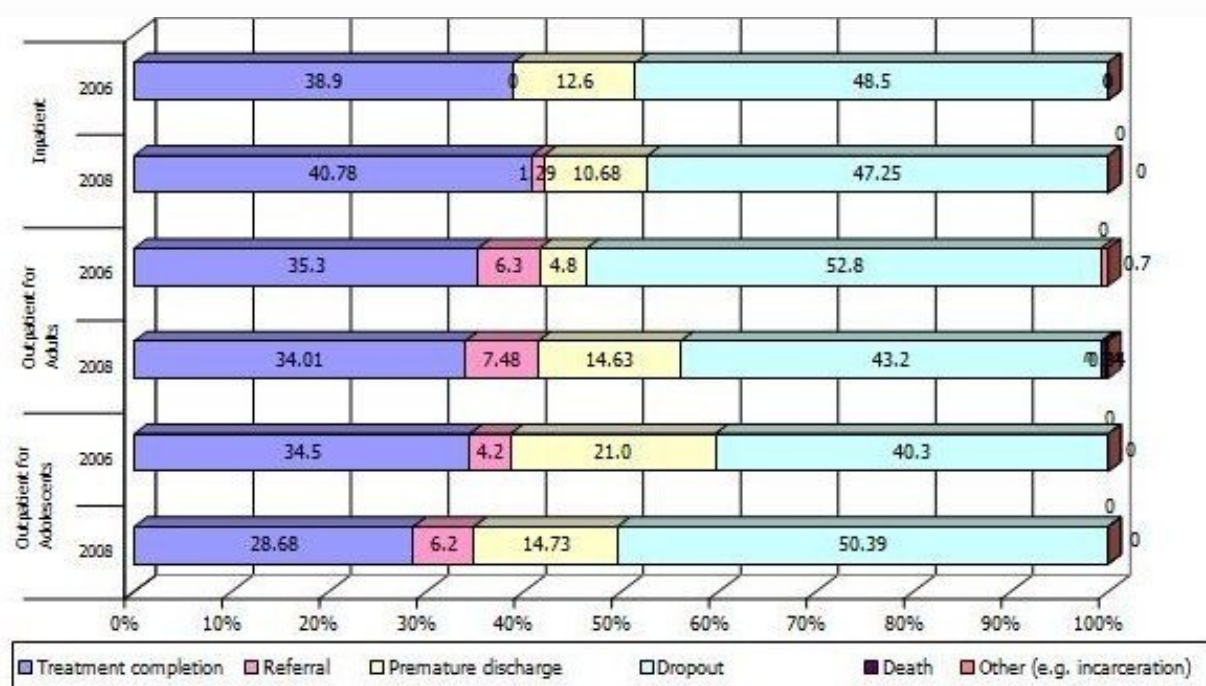
Figure 5.7 illustrates the modes of exit from drug-free treatment programmes during the last three years (2006-2008). This calculation reflects 33 of the 35 programmes that operated in 2008 (the respective figure for 2006 was 27 of 33 programmes); two (2) outpatient programmes for adults were excluded for not having submitted the relevant data.

- The prevailing mode of exit from inpatient programmes for adults is dropout, with nearly one in two clients withdrawing early from the therapeutic process on their own volition (47.25%). On the other hand, an equally large share of clients leaves the programme having completed treatment (40.78%). One in ten clients is prematurely discharged.

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- The prevailing modes of exit from outpatient programmes for adults are dropout (43.2%) and treatment completion (34.01%). About one in ten clients is prematurely discharged owing to breach of rules (14.63%).
- In programmes for adolescents, one in every two clients drops out (50.39%); this may be partly explained by the characteristics of this particular age group and the difficulties adolescents have in recognising drug use as a problem. Nearly one in ten is prematurely discharged and nearly one in four adolescents leaves the programme having completed treatment.

Figure 5.7. Modes of exit from drug-free treatment programmes (2006-2008)



SOURCE: Greek REITOX Focal Point, 2009.

The comparison of the above data with those of 2006 and 2005 points to the following emerging trends:

- Treatment completion as a mode of exit from outpatient programmes for adults declined from 2005 to 2006 and leveled off until 2008 (45.4% in 2005, 35.3% in 2006 and 34% in 2008). Although between 2005 and 2006 there was an increase in dropout rates, subsequently and until 2008 dropout rates decreased (39.5% in 2005, 52.7% in 2006 and 43.2% in 2008). Moreover, the premature discharge rates in adults increased (8.1% in 2005, 4.8% in 2006 and 14.6% in 2008).

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- The premature discharge rates in adolescents owing to breach of rules declined (17.7% in 2005, 21% in 2006 and 14.7% in 2008). Although between 2005 and 2006 treatment completion rates among adolescents increased, in 2008 they fell back again to the 2005 levels (26.8% for 2005, 34.5% for 2006 and 28.7% for 2008). There seems to be no considerable change in dropout rates among adolescents (55.4% in 2005, 49% in 2006 and 50.4% in 2008).

With regard to the main reasons for premature discharge in 2008, the following differences emerge among the three types of treatment:

- The main reasons for premature discharge from inpatient treatment programmes include use of illicit substances outside the premises (28.77%), violent behaviour on the premises (19.18%), use of illicit substances on the premises (17.81%) and breach of rules (16.44%).
- The main reasons for premature discharge from outpatient programmes for adults include violent behaviour on the premises (33.33%), use of illicit substances outside the premises (19.61%) and alcohol use (19.61%).
- Finally, the main reasons for premature discharge from units for adolescents include use of illicit substances outside the premises (53.33%) and violent behavior on the premises (33.33%).

Other treatment interventions

Detoxification Units

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

In the reporting year, the two Detoxification Units served a total of 359 clients. Of the clients who exited the programmes by the end of the reporting year, 54.47% completed it and moved on to the next phase of the therapeutic process, 32.89% dropped out and 12.11% were prematurely discharged owing to breach of rules.

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Early intervention units for adolescents

The units for adolescents adopt an early intervention philosophy, i.e. they intervene at an early stage of drug use to prevent addiction from setting in. In recent years, the number of treatment structures targeting this population group and offering early intervention has increased.

The drop in illicit drug use prevalence rates in adolescence (Kokkevi 2005), the difficulties adolescents face in recognising drug use as a problem in itself and their resistance to seeking help result in the relatively small attendance and the high drop-out rates witnessed in drug treatment services for adolescents.

The four early intervention programmes for adolescents that were launched in recent years with the ambition to develop a multiphase therapy scheme that would also deliver main treatment only deliver, for the time being, brief drug-related specialised services largely based on counselling, while trying to retain adolescent users and motivate them to attend the programme.

In the reporting year, the total capacity of the four early intervention structures was 120. They delivered counselling services to adolescent drug users and parents or significant others. Nearly half of the participants in the early intervention programme (41.18%) dropped out.

Moreover, in 2008, ATRAPOS Unit for Adolescents (OKANA) ran in a structured and systematic way an Early Intervention Programme for experimental users, attended by a total of 36 clients.

Self-help promotion programme

The Open Psychosocial Support Programme has been running in Thessaloniki since 2001 under the Self-help Promotion Programme (Psychology Department of the Aristotle University of Thessaloniki in cooperation with OKANA). In 2008, the programme ran without OKANA financing and remained operational with the support of Aristotle University, although the largest part of its expenses was not covered. The programme is still running without any financing whatsoever. Its core mission is to promote self-help in managing dependence on psychotropic substances –drugs and alcohol. The programme is geared towards providing support to individuals with drug or alcohol dependence problems and their families.

In the reporting year, a total of 460 individuals participated in programme activities (26.16% decrease compared to 2006), of whom 393 had drug dependence problems and 67 alcohol

dependence problems. 135 relatives and friends of users of psychotropic substances also attended the programme. It is estimated that psychosocial support is provided to a monthly average of 119 problem users. In addition to establishing and supporting self-help groups, the programme provides assistance in medical (54 clients in 2008), educational (71 clients), legal (42 clients) and employment matters (41 clients). The programme also has a streetwork strand, which reached 62 users (the streetwork programme only ran for three months in 2008 due to funding problems).

5.3.4. Quality assurance

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

According to 2008 data, the majority of the 35 drug free programmes (68,6%) report having recently performed an evaluation of the therapeutic procedure and/or treatment outcome while only 2 of the 23 substitution treatment programmes (8,7%) reports having undertaken an internal or external evaluation procedure.

In view of enhancing service quality, almost all treatment programmes (89,5%) provide (continuous) education and training to their staff (data for 57 of 59 treatment programmes). In the reporting year, 82,1% of the programmes made sure that part of their staff attended formal training courses or lectures delivered by third parties and 82,1% delivered in-service training seminars. Furthermore, 67,9% of the programmes provide scientific supervision to their therapy staff.

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

5.4. Access to treatment

5.4.1. Introduction

- The FP collects TDI data from all treatment services/programmes available nationwide. TDI has a total of 72 reference points (data collection points): 57 outpatient, 8 inpatient and 7 low threshold.
- In 2008, the TDI network of services was further extended with new programmes, some of which submitted data for the first time already in 2007.
- A total of 4,682 TDI individual forms were filled in. It should be noted that, between 2006 and 2008, there is 47% drop in the number of TDI forms submitted by substitution programmes. This drop appears to be connected with the suspension of the operations of the FP in the first half of 2008, during which several substitution programmes ceased to fill in TDI individual forms.

5.4.2. Characteristics of treatment demands (2008 data)

Table 5.1 presents the characteristics of the treatment demands for the year 2008.

- The Greek TDI collected in 2008 anonymous, individual data from a total of 4,682 people who accessed treatment services for drug-related help. Almost half of them (N=2,224, 47.5%) were “new” clients, i.e., people who have never been treated before.
- From the 4,682 people who approached treatment services in 2008, 2,311 (49.4%) approached outpatient settings. Just more than a half of the outpatient TDI cases (52.5%) were “new” clients. One in every 5 outpatient TDI clients (20.6%) entered opioid substitution programs.
- 1,931 people (41.2%) approached inpatient settings. Unlike outpatients, a substantially lower percentage of treatment demands in inpatient settings were in 2008 by “new” clients (40.2%).
- From the 4,682 people who approached treatment services in 2008, 440 (9.4%) approached low-threshold settings. More than a half of them (55.3%) were “new” clients.
- One in every 10 treatment demands (entries) in 2008 (N=475, 10.1%) took place in opioid substitution programs (all of them outpatient). More than half of them (55.1%) were “new” clients.

Characteristics of all treatment demands

As shown in Table 5.1 for 2008:

- The vast majority of all treatment demands are male (86.8% and 13.2%, for male and female clients, respectively).
- The mean age of clients is 29.6 years (standard deviation 7.6 years). The mean age is lower in female (28.3 years) than in male clients (29.7 years). More than half of the users (56.8%) who requested treatment from the TDI network of services in 2008 are young adults aged between 25 and 34 years. One in 4 (23.4%) is younger (15-24 years), while one in 5 (19.9%) belongs to the age group 35-64.
- About one in 3 demands (30.6%) took the initiative himself/herself to seek treatment. About one in 2 (46%) were urged either by friends (23.3%) or by their family members (22.7%). Another 23.2% of demands were referrals from other sources such as health care services (including other treatment programmes), general practitioners, judicial services or the police, help-lines etc.
- Almost two thirds (63.3%) of the treatment demands in 2008 live with their parents, 12.4% live alone, and an equal share (12.4%) live with a spouse/partner (with or without children). Nine in 10 (89.7%) report stable accommodation and 9.8% report temporary accommodation or homelessness. One in every 7 demands (14%) report sharing accommodation with at least one more drug user. Half of those who report sharing accommodation with at least one more drug user, report living with the parental family, i.e. at least 335 families in Greece had more than one drug users in 2008. Moreover, 13.3% of those sharing accommodation with users report living with a spouse/partner without children and 9.6% living with a spouse/partner with children.
- Most of the users who requested treatment in 2008 are unemployed (61.3%), one in 4 (24.6%) have regular employment, while one in 7 (14.1%) were in occasional employment or in other status (students, economically inactive etc).
- With regard to the highest educational level completed, the largest proportion of clients (36.8%) are higher secondary education graduates (or with a few years in higher education). 30.8% are lower secondary education graduates (or with a few years in higher secondary), 22.3% are elementary school graduates (or with a few years in lower secondary), and 8.5% are higher education graduates.
- The primary drug among the majority of clients in 2008 is heroin/opiates (85.3%), followed by cannabis (8.7%), cocaine (4%) and other drugs (1.2%).
- 8.5 years is the average length of use of the primary drug.
- Two in every 3 users (67.1%) who contacted TDI treatment programmes in 2008 report abusing more than one drug (polydrug use). Nearly one in every 3 users (30.8%) reported using two drugs, one in 5 (19.7%) reported using three drugs and one in 6 (16.5%) reported using four or five drugs in the last 30 days. The most common

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secondary drugs include cannabis (55.3%), tranquillisers or sedatives (46.8%), and cocaine (34.6%), followed at a distance by other stimulants (10.1%), heroin/opiates (7.7%), alcohol (7.3%), and hallucinogens (6.7%).

- Seven in every 10 users (70.2%) who requested treatment from TDI treatment programmes in 2008 report lifetime injecting, while nearly two fifths (38.1%) report

Table 5.1. TDI 2008 data on client characteristics, by type of treatment, type of client, and pattern of use

	N	ALL DEMANDS	TYPE OF CENTRE			CLIENT CHARACTERISTICS							
			Out patient	In patient	Low threshold	"New" clients	In substitutu	Polydrug users	Ever injectors	Current injectors	Opiate users	Cocaine users	Cannabis users
			%	%	%	%	%	%	%	%	%	%	%
		4682	2311	1931	440	2224	475	3142	3266	1771	3995	185	406
			49.4	41.2	9.4	47.5	10.1	67.1	69.8	37.8	85.3	4	8.7
Type of Centre	Outpatient	49.4				54.4	100	53.3	42.4	42.5	45	62.2	83
	Inpatient	41.2				34.8	0	36.3	46.1	45.7	44.6	35.7	13.5
	Low threshold	9.4				10.8	0	10.4	11.5	11.9	10.4	2.2	3.4
Type of client	"New" clients	47.7	52.5	40.2	55.3		55.1	46.3	39.9	44.6	44.7	61.7	71.8
	In substitution treatment	10.1	20.6			11.7		11	12.1	12.5	11.7	1.1	0.2
Gender	Male	86.8	86.5	86.9	87.3	87.4	84.8	86.4	86.6	90.3	87	84.9	86.2
	Female	13.2	13.5	13.1	12.7	12.6	15.2	13.6	13.4	9.7	13	15.1	13.8
Age	Mean age	29.55	28.85	29.6	32.96	29.17	36.5	29.42	30.19	29.44	30.02	29.31	24.3
	Male	29.73	29.07	29.74	33.14	29.31	36.89	29.67	30.39	29.69	30.29	29.76	23.98
	Female	28.33	27.45	28.65	31.73	28.21	34.31	27.85	28.91	27.08	28.24	26.75	26.34
	15-24 year olds	23.4	31.4	16.7	10.7	28.7	6.1	23.9	18.4	20.8	19.9	22.8	59.7
	25-34 year olds	56.8	48.4	67.1	55.2	50.7	42.3	56.7	60.3	60.9	59.8	56.5	28.4
Referral	35-64 year olds	19.9	20.2	16.2	34.1	20.6	51.6	19.4	21.2	18.2	20.3	20.7	11.9
	Family/friends	46	47.5	45.7	38.5	57.8	39.7	46.2	43.7	47.9	44.6	57.6	56.6
	Self referred	30.6	27.4	30.9	46.3	17.1	45.5	31.1	35.9	34.5	33.2	15.8	14
	Other drug trt centres	8.3	8.3	8.7	6.6	5.6	0.9	7.6	7.6	5.4	8.1	11.4	8
	Hospital/other medical st	3.5	3.3	4.5	0.2	4.5	5.4	3.3	3.8	2.8	3.3	2.2	3.5
Living status	Other (general practitione	11.6	13.5	10.2	8.4	15	8.5	11.8	9	9.4	10.8	13	17.9
	With parents	63.3	63.8	66.3	47	63	40	63.7	62.4	63.8	63.1	58.4	70.7
	Alone	12.4	10.3	11.2	28.7	12	12.9	12.7	12.5	13.3	12.1	13.5	12.8
	With partner (alone)	5.9	7.2	4.3	6.2	6	9.5	5.7	5.9	4.7	5.7	11.4	4.7
	With partner and child(re	6.5	9	3.9	4.6	8.7	26	5.9	6.1	5.5	6.7	8.6	3.9
	With friends	2.1	1.2	2.3	6.4	2.2	1.3	2.3	2.4	2.7	2.3	1.1	1.2
Labour status	Other (alone with child, o	9.8	8.5	12	7.1	8.1	10.3	9.7	10.7	10	10.1	7	6.7
	Regular employment	24.6	33.9	16.9	10.8	27.6	33	23	20.3	15.7	22.6	47.6	33.2
	Unemployed	61.3	47.2	74.9	74.9	54.6	47.4	62.9	69.1	73.5	65.7	42.7	28.1
Educational status	Other (pupil/student, eco	14.1	18.9	8.2	14.3	17.8	19.6	14.1	10.6	10.8	11.7	9.7	38.7
	Never	1.7	1.6	1.3	4	2.5	4.5	1.8	1.5	1.7	1.7	2.2	0.8
	Primary education	22.3	21.4	21.8	29	25	32.7	22.9	24.3	27.9	23	16.3	18.9
	Lower secondary educati	30.8	30.8	30.5	32.5	28.1	27	31.6	31.7	31.3	30.8	22.3	35.7
	Higher secondary educat	36.8	36.9	38.6	27.8	36.2	32.1	35	34.8	31.8	36.1	46.2	36.2
Primary substance	Higher education	8.5	9.4	7.9	6.6	8.2	3.8	8.7	7.6	7.3	8.4	13	8.4
	Opiates	85.3	77.9	92.2	94.5	79.9	98.6	85.9	95.2	97.8			
	Cocaine	3.9	5	3.4	1	5.1	0.4	4.7	1.7	0.9			
	Cannabis	8.7	14.6	2.8	3.2	13	0.2	7.4	1.7	0.6			
	Other	2.1	2.5	1.6	1.3	2	0.8	2	1.4	0.7			
	Polydrug users	67.1	72.4	59.1	74.3	65.2	72.8		70.4	73.2	67.5	80	56.9
	Age of first use (mean)	20	20	20	20	21.8	22.9	19.6	19.5	19.5	21.1	22.5	17
	Length of use (average)	8.4	7.5	8.8	12	9.2	11.9	8.7	9.5	8.9	10.1	8.9	10.5
Risk	Ever injectors (% Y,N)	70.2	60.6	78	85.6	58.8	83.7	73.6		100	78.2	30.6	13.6
	Current injectors (% Y,N)	38.1	32.9	42	48.1	35.6	47	41.6	54.3		43.6	8.2	2.5
	Ever sharing (% all TDIs)	36.1	29.8	41	48.2	26.7	44.2	39.4	51.8	59.3	40.5	13	5.7
	Current sharing (% all TDI	10.3	8.5	11.4	14.3	10.2	15.2	11.4	14.7	27.2	11.8	2.2	0
Onset	Current sharing (% curre	27.6	26.7	27.7	30.7	29.7	33.8	28	27.6	27.6	27.7	26.7	0
	Age of first illicit (mean)	16	16	16	16	17.8	17	15.7	15.6	15.5	17.1	17.3	16.6

Source: Greek FP, 2009

injecting in the last 30 days. One in every 3 treatment demands (36.1%) report lifetime

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- needle sharing, while one in 10 (10.3%) also report needle sharing in the last 30 days.
- The mean age of onset of illicit drug use is 16 years (standard deviation 3.4 years), and the mean age at initiation to the primary drug abuse is 20 years (standard deviation 5.4 years).

Client characteristics by type of treatment

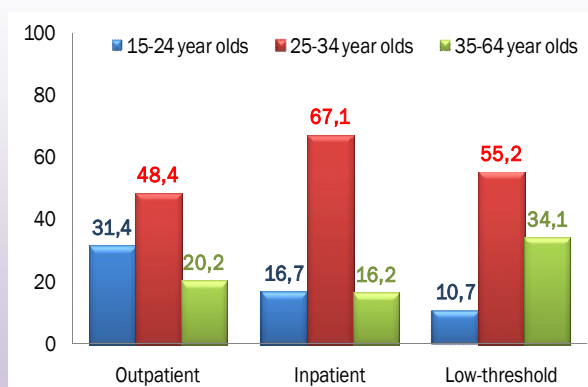
Below are presented the characteristics of the clients who approached outpatient, inpatient and low-threshold services in 2008 (Table 5.1). For each one of three types of treatment services, only those of the characteristics that differentiate them from the characteristics of the clients of the other types of treatment services are highlighted.

Outpatient treatment demands

Outpatient treatment demands are characterised by comparatively:

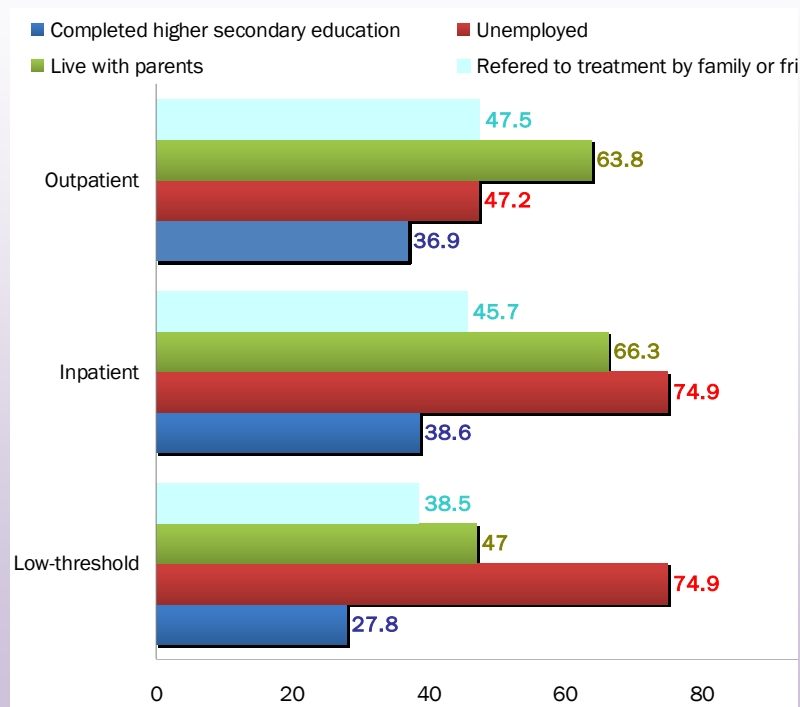
- the highest rates of young people aged 15-24 (Figure 5.8)
- the lowest rates of self-referrals
- the lowest rates of unemployed (Figure 5.9)
- lower rates of heroin/opiate use (as primary substance) and higher rates of cannabis and cocaine abuse (Figure 5.10)
- higher rates of polydrug use (Figure 5.11)
- shorter length of years of abuse of the primary substance (Figure 5.11) , and
- the lowest rates of injecting and sharing needles (Figure 5.11)

Figure 5.8. Age groups of treatment demands, by type of programme (%)



Source: Greek FP, 2009

Figure 5.9. Treatment demand client characteristics (selection of), by type of programme (%)



Source: Greek FP, 2009

(Figure 5.10)

- the lowest rates of polydrug users (Figure 5.11) , and
- higher rates of injecting and sharing needles (Figure 5.11)

Low-threshold treatment demands

Low-threshold demands show comparatively:

- the highest rates of clients over 35 and the lowest rates of young people aged 15-24 (Figure 5.8)
- the highest rates of self-referrals (Figure 5.9)
- the highest rates of living alone
- the lowest rates of regular employment
- the lowest rates of clients who completed upper secondary education (Figure 5.9)
- the highest rates of clients reporting heroin/opiates as primary substance (Figure 5.10)
- the highest rates of polydrug users (Figure 5.11)
- the highest length of years of use of the primary substance, and

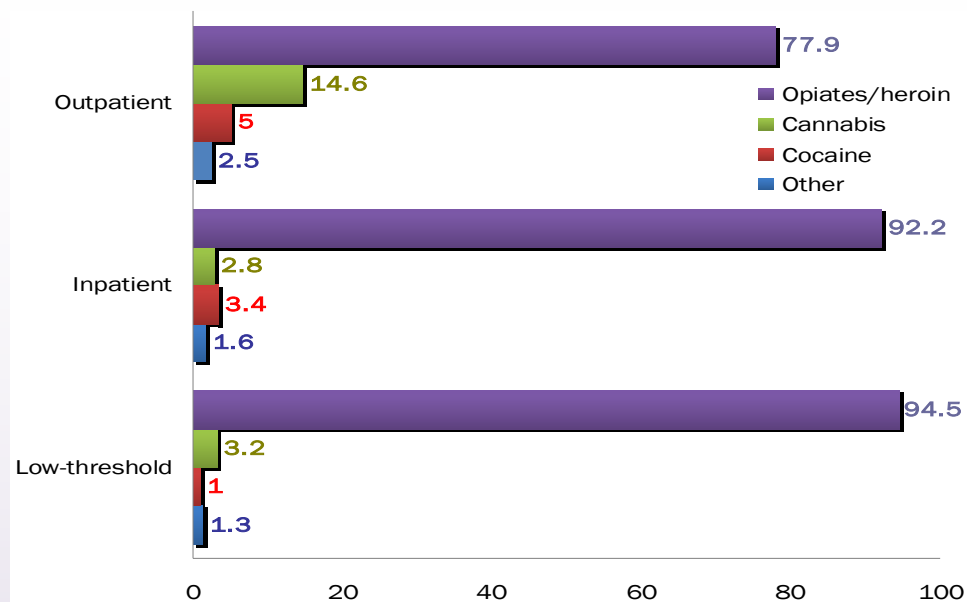
Inpatient treatment demands

Inpatient treatment demands are characterised by comparatively:

- substantially lower rates of “new” clients
- the highest rates of people aged 25-34 (Figure 5.8)
- the highest rates of living with their parents (Figure 5.9)
- the highest rates of unemployed (Figure 5.9)
- the highest rates of clients who completed upper secondary education (Figure 5.9)
- among the highest rates of clients reporting heroin/opiates as primary substance

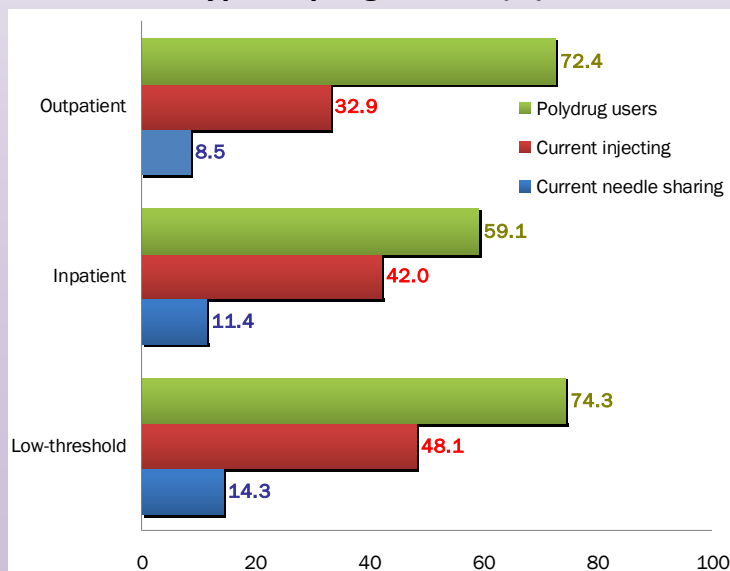
- the highest rates of injecting and sharing needles (Figure 5.11)

Figure 5.10. Primary substance of abuse by type of programme (%)



Source: Greek FP, 2009

Figure 5.11. Polydrug use, current injecting and current needle sharing by type of programme (%)



Source: Greek FP, 2009

Client characteristics by type of client

“New” clients

Almost half of the 4,682 people who approached treatment services in 2008 (N=2,224, 47.5%) are “new” clients, i.e., people who have never been treated before. More than half (54.4%) approached outpatient services, one in every 3 “new” clients (34.8%) approached inpatient services and 10.8% approached low-threshold services. One in every 8 “new” clients (11.7%) entered opioid substitution programmes. According to Table 5.1, “new” clients:

- are found in high rates in outpatient services
- although the majority are aged 25-34 years, among “new” clients are relatively high rates of younger ages (15-24)
- show high rates of living with their family and accordingly,
- show high rates of referrals by family or friends
- although primarily unemployed, the rates of unemployment are relatively low
- although primarily opiate users, the rates of cannabis and cocaine users are relatively high, and
- although with a majority of lifetime injectors, the rate of lifetime injecting is relatively low

All clients in treatment

No data are collected data on the characteristics of all clients in treatment.

OST treatment new entries

The new entries in opiate substitution treatment services display (Table 5.1):

- high proportions of clients over 35 and, accordingly, low proportions of young people aged 15-24
- high rates of self-referrals
- high rates of living with a partner (with or without children)
- although primarily unemployed, show relatively low rates of unemployment
- although with the majority having completed upper secondary education, demonstrate relatively high rates of clients with only primary education
- the highest rates of clients reporting opiates as primary substance
- among the higher rates of polydrug users
- among the higher length of years of use of the primary substance, and
- among the higher rates of injecting and the highest proportion of clients reporting sharing injecting equipment

Client characteristics by type of primary substance

Heroin/opiate users demanding treatment

Given that the heroin/opiate users account for the 85.3% of all treatment demands, their characteristics are similar to those presented above (see § 5.4.2.1. *Characteristics of all treatment demands*). Compared to the cannabis and the cocaine users, nonetheless, heroin/opiate users (Table 5.1):

- are found in higher proportions in inpatient and in low-threshold services
- are much older than cannabis users
- the majority had already asked for treatment in the past (“old” clients)
- took themselves in much higher proportions the initiative to seek treatment
- are in much higher proportions unemployed, and
- report in much higher proportions risk behaviours (i.e. injecting drugs and sharing used needles)

Cannabis users demanding treatment

One in every 11 treatment demands in 2008 (N=406, 8.7%) reported cannabis as primary substance. Compared to the opiate/heroin and the cocaine users, cannabis users:

- are found primarily in outpatient services
- the vast majority are “new” clients
- unlike heroin/opiate users and alike to cocaine users, are pushed in much higher proportions by family or friends to seek treatment
- live in higher proportions with their parents
- unlike to both the heroin/opiate and the cocaine users:
 - are younger
 - have in much higher proportions completed upper secondary education and have regular employment, and
 - report in much higher proportion polydrug use

Cocaine users demanding treatment

One in every 25 treatment demands in 2008 (N=185, 4%) reported cocaine as primary substance. Compared to the opiate/heroin and the cannabis users, cocaine users:

- unlike heroin/opiate users:
 - are found mainly in outpatient services

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- the majority are “new” clients
- are pushed in much higher proportions by family or friends to seek treatment
- unlike cannabis users:
 - are older
 - live in higher proportions with a partner (with or without children)
- unlike to both the heroin/opiate and the cannabis users:
 - have in much higher proportions completed upper secondary education and have regular employment, and
 - report in much higher proportion polydrug use

Polydrug users demanding treatment

Two thirds of the treatment demands in 2008 (N=3.142, 67.1%) are polydrug users. Less than half of them (46.3%) are “new clients”. The majority of the polydrug users (53.3%) approached outpatient services, 36% approached inpatient services and a 10.4% percent approached low-threshold. One in 10 polydrug users (11%) entered opioid substitution programmes. As it can be seen in Table 5.1, the characteristics of polydrug users are very similar to those of all clients seeking demand (see § 5.4.2.1 *Characteristics of all treatment demands*).

Client characteristics by pattern of use

Ever injectors demanding treatment

A total of 3.266 cases (69.8% of the treatment demands in 2008), reported lifetime injecting. Two fifths of them (39.9%) were “new clients”. The largest proportion of the ever injectors (46.1%) approached inpatient services, a similar proportion (42.4%) approached outpatient services and 11.5% percent approached low-threshold services. One in every 8 ever injectors (12%) entered opioid substitution programmes.

Ever injectors:

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

Current injectors demanding treatment

Drug Related Treatment: Treatment Demand and Treatment Availability

One in every 3 treatment demands in 2008 (1.771 cases, 37.8%) report current injecting. Almost half of them (44.6%) are “new” clients. The largest proportion of the ever injectors (45.7%) approached inpatient services, a similar proportion (42.5%) approached outpatient services and 11.9% approached low-threshold services. One in every 8 current injectors (12.5%) entered opioid substitution programmes.

Current injectors:

- are in much higher proportions male and over 34 years of age
- have in much higher proportions worse educational background
- are in much higher proportions unemployed

5.4.3. Relevant contextual and qualitative information and research results

No contextual data or qualitative information pertaining treatment demands is collected by the FP nor is it available by other possible sources.

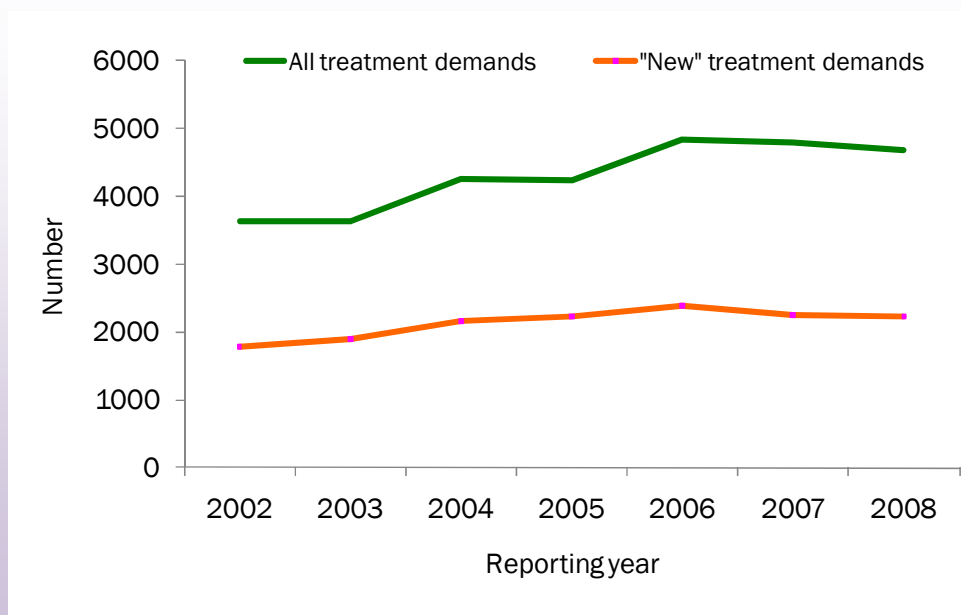
5.4.4. Trends of clients in treatment (incl. numbers)

Trends in treatment demands

Over the seven-year period 2002-2008 (Table 5.2):

- There is an increasing tendency in the number of treatment demands from 2002 to 2008, with this tendency being less evident among “new” treatment demands (Figure 5.12).
- In terms of the proportion of the “new” treatment demands in the total number of demands, there seems to be an only marginally decreasing tendency from 49.8% in 2002 to 47.5% in 2008.
- Males account for the overwhelming majority (around 85%) of users requesting treatment from the TDI network and the percentage increase in their number is larger than that of females. More specifically, between 2002 and 2008, the percentage increase in the number of males is considerably larger than in that of females in «all clients» (34.1% increase for men and 3.2% for women). Moreover, in «new clients» the percentage change in the number of women is negative (-2.4%), whilst the percentage change in the number of men is positive (29.6%).

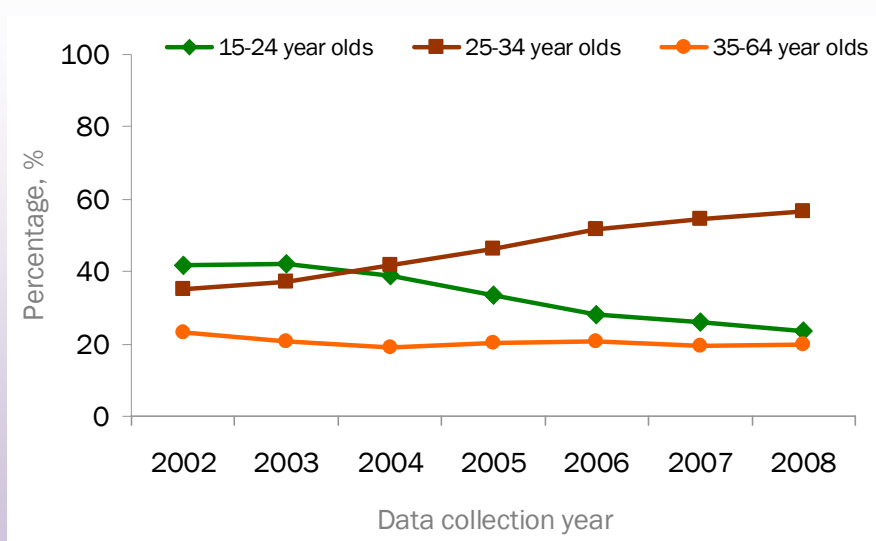
Figure 5.12. Trends in the number of a) all treatment demands and b) “new” treatment demands (N)



Source: Greek FP, 2009

- The proportion of the treatment demands belonging to the 30-40 age group increased, whilst the proportion of those belonging to the younger age group (15-24) decreased (Figure 5.13).

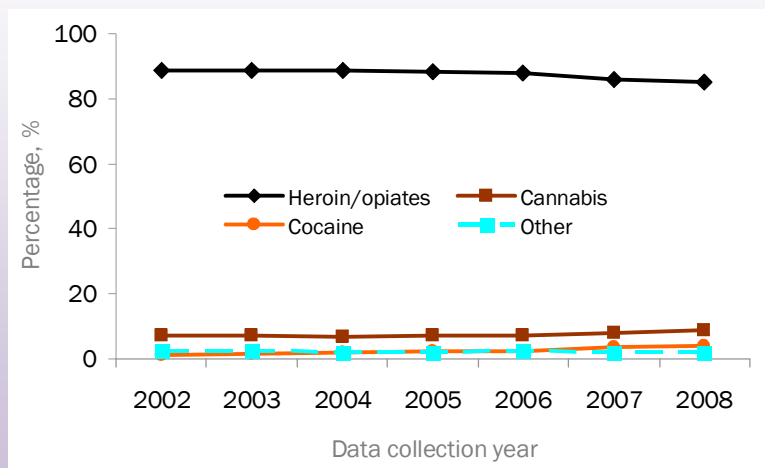
Figure 5.13. Trends in the proportion of treatment demands, by age group (%)



Source: Greek FP, 2009

- There seems to be an increase in the proportion of treatment demands who report having graduated from higher secondary education (33.9% in 2002 and 38.8% in 2008).
- There an increase in the proportion of non-Greek treatment demands (from 2.2% in 2002 to 5.9% in 2008).
- The proportion of treatment demands who reported regular employment status grew from 19.2% in 2002 to 24.6% in 2008.
- The proportion of treatment demands who reported living with the parental family decreased significantly (72.3% in 2002 and 63.3% in 2008), while there was a marginal increase in the proportion of treatment demands who reported living alone or with their spouse/partner (10.2% and 10.6%, respectively in 2002 and 12.4% and 12.4%, respectively in 2008).
- The proportion of treatment demands reporting heroin/opiates as their primary drug seem to decrease, while that of cannabis and cocaine increase. More specifically, the proportion of treatment demands owing to cannabis abuse increased from 7.3% in 2002 to 8.7% in 2008, while that of cocaine abuse increased from 1.4% in 2002 to 4% in 2008 (Figure 5.14).
- There is a marginal decrease in the proportion of treatment demands reporting daily use of the primary drug, albeit not among “new” treatment demands
- There is also a major shift among heroin/opiate users from injecting to sniffing (51.9% injecting and 31.6% sniffing in 2003 as opposed to 39.2% injecting and 51.7% sniffing in 2008).
- There is a decrease in the proportion of treatment demands reporting polydrug use (from 79.2% in 2002 to 67.1% in 2008).
- There is a decline in injecting (from 80.4% in 2002 to 70.2% in 2008 for lifetime injecting and from 50.3% in 2002 to 38.1% in 2008 for last month injecting). This trend is observed in both males and females and in both “all” and “new” demands.

Figure 5.14. Trends in the proportion of treatment demands reporting a) heroin/opiates, b) cannabis, c) cocaine and d) other substances as primary substance (%)



Source: Greek FP, 2009

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- Needle sharing also declined among users who report injecting in the last 30 days (from 34.8% in 2002 to 27.2% in 2008 for needle sharing in the last 30 days). Again, this trend is observed in both males and females and in both “all” and “new” demands.
- Finally, between 2002 and 2008, the mean age of the treatment demands increased by one year (28.5 years in 2002 and 29.6 years in 2008).

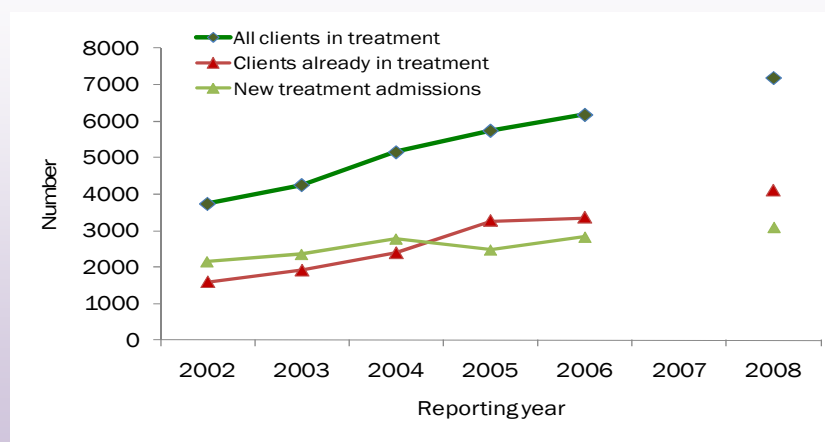
Trends in Opioid Substitution Treatment (OST)

Based on treatment data for the period 2005-2008 (no data available for 2007) the total number of new admissions (including readmissions) in OST increased by 37.3% compared to 2006 and by 65.8% compared to 2005. There was also an increase in the total number of clients (27.9% and 40.2%, respectively).

This trend cannot be compared against the TDI data of the same period as the 2007 and 2008 TDI figures regarding OST (see Table 5.2) should be read with caution due to the significantly lower numbers TDI forms that this type of services returned in 2008 (affecting 2007 rates) and 2009 (affecting 2008 rates). This drop of the returned forms was mainly due to the suspension of the operations of the FP in the first 6 months of 2008.

Trends in the total number of clients in treatment

Figure 5.15. Trends in the number of a) all clients in treatment, b) clients already in treatment (from previous year), and c) new treatment admissions (N)



Source: Greek FP, 2009

Over the seven-year period 2002-2008 (Figure 5.15):

- There is an increase in the total number of clients in treatment the sum of clients already in treatment from 3,745 in 2002 to 7,193 in 2008. This increase is attributed almost exclusively to the substitution treatment

programmes, as there has been a drop in admissions to drug-free programmes.

Table 5.2. Trends in TDI data by type of programme and type of client, sociodemographic characteristics and risk behaviour (2002-2008)

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

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

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

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

6. HEALTH CORRELATES AND CONSEQUENCES

6.1. Introduction

6.1.1. Overview and background information

- The Greek REITOX Focal Point (hereafter referred to as FP) has been monitoring the prevalence of HCV, HBV and HIV/AIDS infection among injecting drug users (IDUs) in Greece since 2000.
- Infectious diseases monitoring in Greece takes place in the context of the implementation of the Drug-related Infectious Disease Indicator (DRIDI).
- The FP has established a national network of partners, consisting of inpatient and outpatient treatment programmes (drug-free and substitution), low-threshold services, public laboratories and hospitals.
- Data are collected annually by means of an individual anonymous questionnaire with information about the screening results for every IDU tested for HCV, HBV, HIV/AIDS, tuberculosis, etc.
- Individual or aggregated data are collected about: Blood test results for the serological markers Anti-HCV (EIA) and Anti-HCV (RIBA) for HCV; blood test results for the serological markers HBsAg, Anti-HBc and Anti-HBs for HBV; blood test results for HIV/AIDS; results for the Mantoux tuberculin skin test and the chest X-ray; and results for any other screening (in an open-ended question).
- Monitoring also includes measures on: Risk behaviours (use of syringe and other injecting and non-injecting equipment, condom use); treatment history; and primary substance of abuse.
- No seroprevalence studies have been conducted in (samples of) IDUs
- Drug-related infectious diseases data are presented separately: a) for the individual data collected and processed by the FP from most of the members of the DRID National Network (hereafter referred to as “FP network data”), and b) for the aggregated data reported by KETHEA and 18 ANO, which are subject to no further processing by the Greek REITOX Focal Point.
- Additional data on newly reported HIV cases involving IDUs come from the Centre for Disease Control and Prevention (HCDCP). HCDCP is responsible for the epidemiological surveillance of the prevalence and incidence of HIV/AIDS in Greece. Data coverage is high in Greece (estimated at 80%-90%), because antiretroviral

therapy is prescribed free of charge. Pursuant to a ministerial decision, case reporting is mandatory, anonymous and confidential.

- Drug-related deaths data are collected by the Narcotics Department of the Public Security Division of the Hellenic Police. The data are based on the results of forensic autopsies and toxicological analyses carried out by the competent bodies (University Forensic Medicine and Toxicology Laboratories and Forensic Services of the Ministry of Justice) in death cases.
- Only acute intoxications are recorded under drug-related deaths, i.e. deaths indirectly related to drugs are not recorded.

6.1.2. Definitions

- DRID National Network: all agencies across Greece that collect and submit to the FP on a yearly basis (individual or aggregated) data for the Drug-related Infectious Disease Indicator in injectors
- FP network data: individual data collected and processed by the FP directly from most of the members of the DRID national network
- KETHEA data: aggregated data reported by KETHEA and subject to no further processing by the FP
- 18 ANO data: aggregated data reported by 18 ANO and subject to no further processing by the FP
- IDU (injecting drug user): any individual who reports lifetime injecting drug use
- Non-IDU: any individual who does not report lifetime injecting drug use
- «Old» IDU: (for the purposes of this analysis) any IDU who started injecting drug use more than 2 years ago
- «New» IDU: (for the purposes of this analysis) any IDU who started injecting drug use in the last 2 years

6.2. Drug related infectious diseases

6.2.1. 2008 sample characteristics

The IDU sample screened in 2008 at the three different data sources (FP network, KETHEA, 18 ANO) is presented in Table 6.1.

Table 6.1: IDUs screened in 2008, by type of screening (N)

	HBV ¹	HCV ²	HIV/AIDS	Tuberculosis ³
	N	N	N	N
FP network	739	732	741	287
KETHEA	708	653	693	618
18 ANO	129	129	129	129

¹ Screened at least for HBsAg

² Screened for Anti-HCV/EIA

³ Chest X-ray

SOURCE: FP network, KETHEA and 18 ANO, 2009.

The overwhelming majority of IDUs who had virological screening performed in 2008 are male (Table 6.2), just like the majority of problem drug users in Greece (see Chapter 4). The ratio of males to females is comparatively higher in the KETHEA and the FP network samples and lower in the 18 ANO sample, since 18 ANO data include data from two Special Programmes for drug dependent women and mothers. Compared to previous years, all samples include a smaller proportion of females.

Table 6.2: IDU's screened in 2008, by gender and age (%)

	FP network	KETHEA	18 ANO
	%	%	%
Gender			
Male	89.3	89.3	73.6
Female	10.7	10.7	26.4
Age group			
<25	10.9	21	17.8
25-34	53.2	66.7	62.8
>34	35.9	12.3	19.4

SOURCE: FP network, KETHEA, 18 ANO.

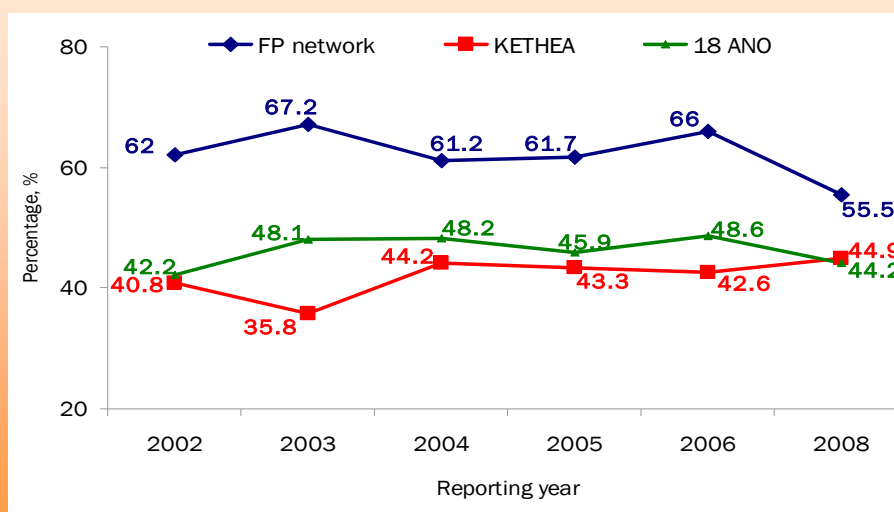
Moreover, young and young adults (≤ 34 years of age) make up the majority of the samples of KETHEA and 18 ANO (Table 6.2), which is typical for drug-free programmes. Compared to previous years, the proportions of IDUs under 25 and over 34 who were screened for infectious diseases and for whom we have the test results declined, while the proportion of IDUs aged 25-34 increased.

6.2.2. Viral hepatitis and HIV/AIDS

HCV prevalence and trends

Approximately 2-2.5% of the country's general population is estimated to be chronically infected with HCV (Iatriko Vima, 2006). The true dimensions of the problem, however, are hard to assess accurately, since most of the patients are asymptomatic and there is no systematic case reporting at the national level. In addition the prevalence of HCV in Greece varies substantially between regions (Velonakis et al., 2007).

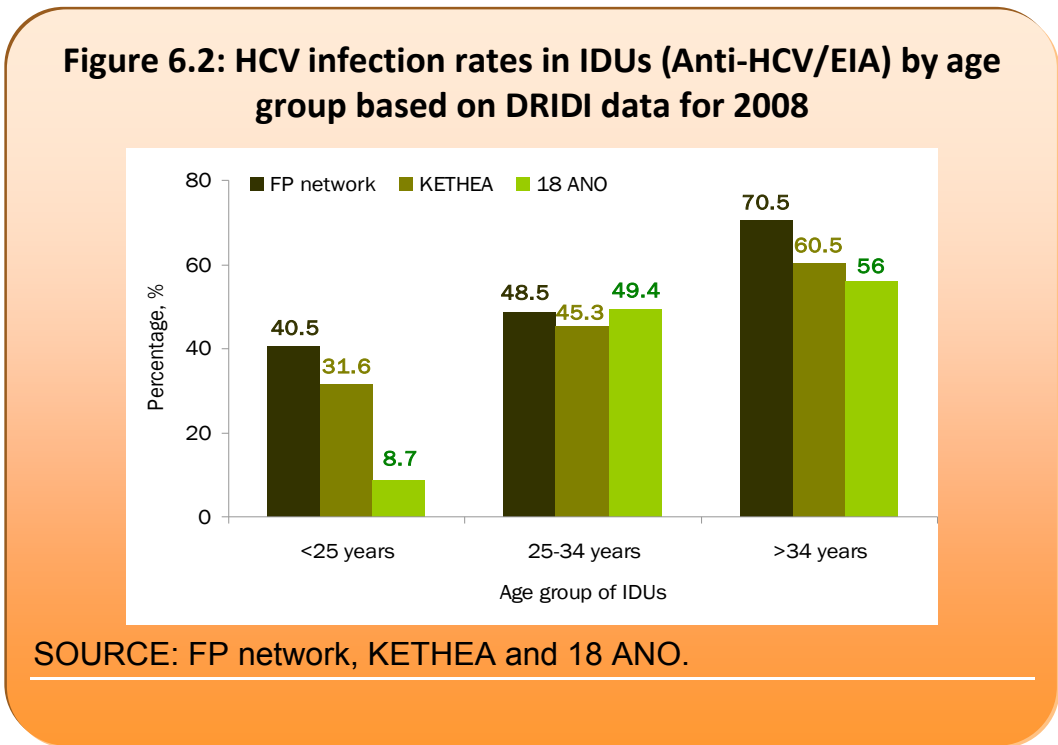
Figure 6.1: HCV infection rates in IDUs (Anti-HCV/EIA) based on DRIDI data (2002-2008)



SOURCE: FP network, KETHEA and 18 ANO

In 2008, HCV infection rates in the IDU population in Greece ranged between 44.2% and 55.5% (Figure 6.1), depending on the treatment programme and the clients' different profiles. The clients of drug-free programmes, who are usually younger in age and with a less severe abuse history, tend to have lower HCV infection rates. Thus, according to data from the FP network, HCV infection rates in IDUs attending substitution programmes are 60.9%, in clients of the OKANA low threshold services 77.5%, and in clients of drug-free programmes in the FP network 44.7%. The respective rates in the KETHEA and 18 ANO samples, consisting of clients of drug-free programmes only, are 44.9% and 44.2%, respectively (Figure 6.1). Despite the variations in individual years, between 2002 and 2008 HCV infection rates in IDUs in Greece have consistently been high (Figure 6.1).

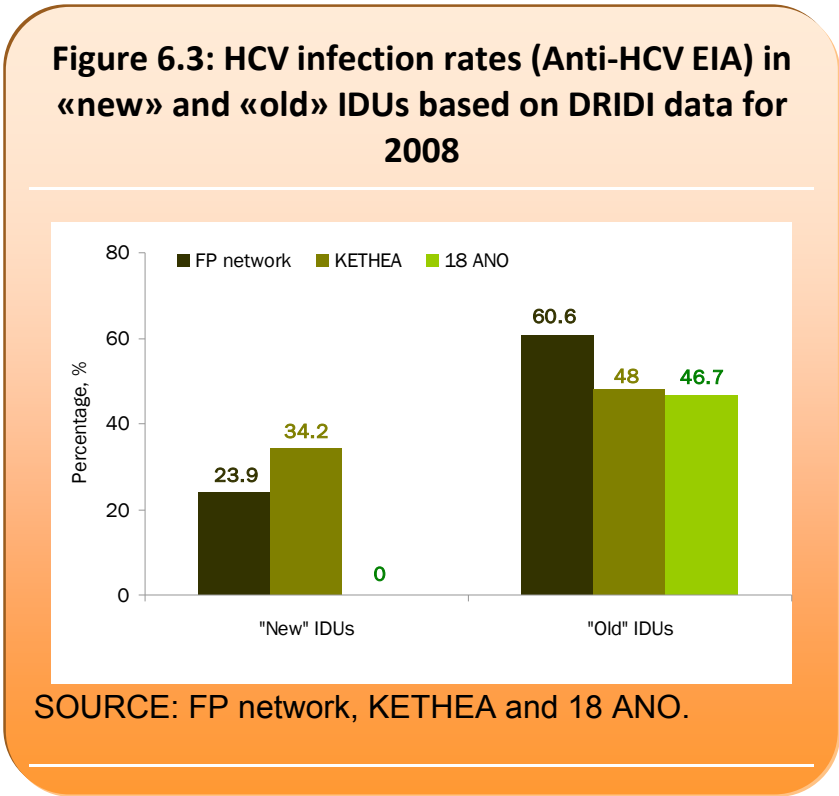
The data for 2008 confirm the findings from previous years, whereby HCV infection rates normally increase with age (Figure 6.2) and with the years of injecting use (Figure 6.3).



According to FP individual data, HCV infection rates in 2008 were similar in both male and female IDUs (55.8% and 52.5% in males and females, respectively).

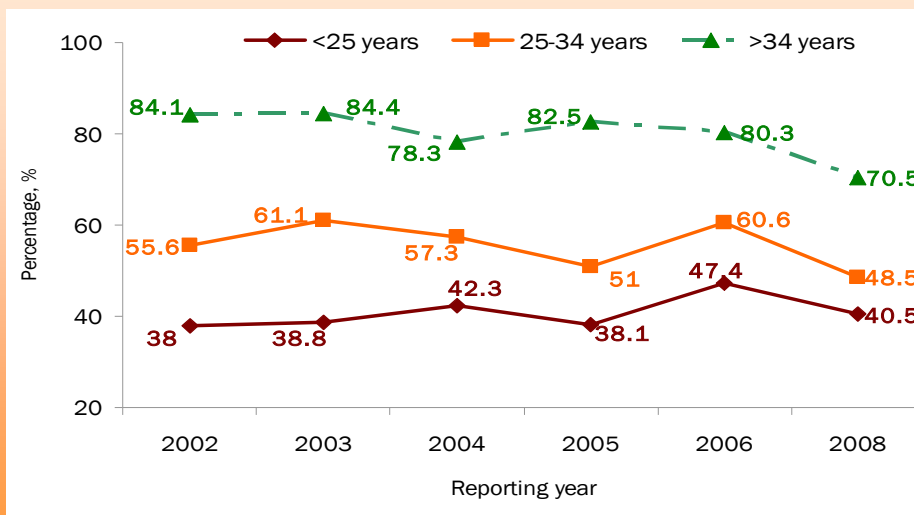
Monitoring trends in HCV prevalence in IDUs under 25 years of age or in «new» IDUs can be an indirect indicator of the estimated incidence of the phenomenon. Thus, looking at HCV prevalence over time by age group, it becomes clear that:

- infection rates continue to be at comparatively higher levels in older IDUs
- despite variations, there appears to be an overall increasing trend in younger IDUs (<25) (Figure 6.4).



It should be stressed that the decrease in HCV prevalence that emerges between 2006 and 2008 is likely to be due to the fact that several OSTs did not send DRID data for the first part of 2008.

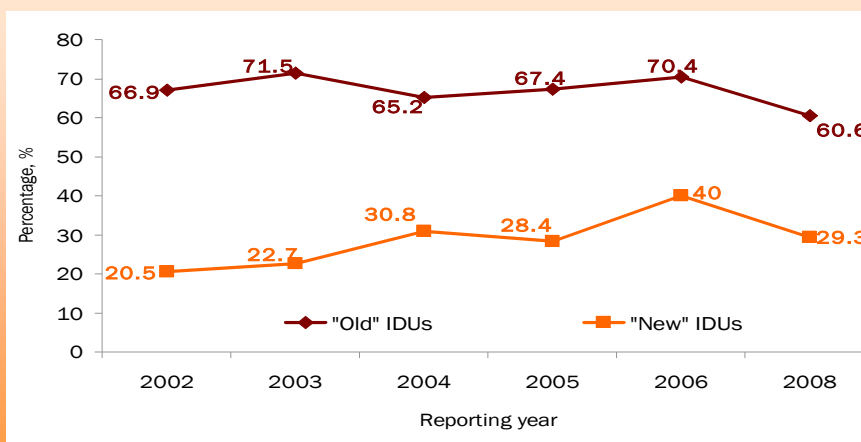
Figure 6.4: Time trends in HCV infection rates in IDUs from the FP network, by age (2002-2008)



SOURCE: FP network.

Similarly, looking at HCV prevalence rates over time in «new» and «old» IDUs, i.e. those who started injecting in the last two years and those who started injecting earlier, it becomes clear that in the seven-year period 2002-2008 there is an overall increasing trend in HCV prevalence among «new» IDUs (Figure 6.5).

Figure 6.5: Time trends in HCV infection rates in «old» and in «new» IDUs from the FP network (2002-2008)



SOURCE: FP network.

HBV prevalence and trends

HBV «carrier» rate in Greece is estimated at around 2-3%, although there are geographical areas of high endemicity (Velonakis et al., 2007) and population groups (immigrants) with varying prevalence rates of HBsAg (2.5-12%) (Koskinas 2007).

In 2008, HBV infection rates in IDUs in Greece based on the HBsAg marker ranged between 0% and 2.7% (Table 6.3). In the 18 ANO sample for 2008, there is no HBV positive case. The prevalence rate of the HBsAg marker varies according to gender and age group only in the FP network sample, where higher prevalence rates are found in men (2.9% as opposed to 1.3% in women) and in users over 25 (approx. 3% as opposed to no case in users under 25) (Table 6.3).

Table 6.3: HBV (HBsAg) prevalence rate by gender and age group based on DRIDI data (2008)

	FP network	KETHEA	18 ANO
	%	%	%
Total	2.7	2.3	0
Gender			
Male	2.9	2.2	0
Female	1.3	2.6	0
Age group			
<25	0	2.7	0
25-34	3	2.1	0
>34	3.1	2.3	0

SOURCE: FP network, KETHEA and 18 ANO, 2008.

According to the test results for the serological marker Anti-HBc, 26.3% of the IDUs screened in the FP network sample (N=613), 14.6% in the KETHEA sample (N=288) and 3.2% in the 18 ANO sample (N=127) have an infection history.

Based on the FP network data, more than half (54%) of the IDUs who have an infection history (Anti-HBc positive) have become immune as a result of infection (HBsAg negative and Anti-HBs positive). Anti-HBc prevalence rates in IDUs of the FP network sample do not vary significantly when it comes to gender, with men having marginally lower prevalence rates than women (25.9% and 29.2%, respectively). Moreover, as expected, HBV infection history rates increase significantly with age and are positively correlated with the years of

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injecting drug use, with «old» IDUs having significantly higher infection history rates than «new» IDUs (13.3% and 27.2%, respectively).

Based on FP network data, more than one in every 2 IDUs screened (53%) have neither developed the disease nor have they been vaccinated against HBV, i.e. if not covered by the vaccination programme, they are potential patients.

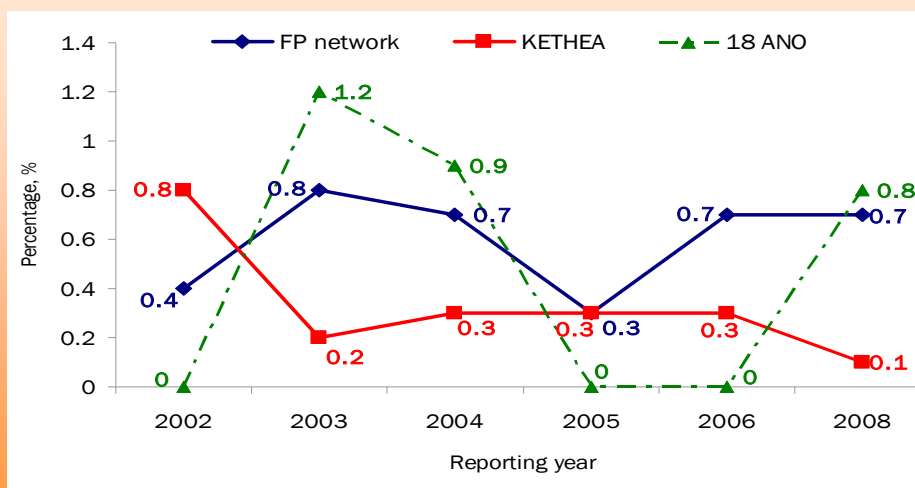
According to the HBV results for the three serological markers from the FP network data, only one in six IDUs screened (16.6%) has been vaccinated against HBV. Vaccination levels do not vary between male (16.6%) and female IDUs (16%), but they are twice as high in IDUs who have been admitted to treatment in the past (22.5%) as in IDUs who are admitted to treatment for the first time in their lives (11%). Finally, vaccination levels are higher among drug users who report never having injecting (non-IDUs) (22.2%).

HIV / AIDS prevalence and trends

This section presents data on HIV infection rates among users who contact members of the DRID national network (mostly diagnostic screening results in the context of treatment), as well as data from the Hellenic Center For Disease Control & Prevention (HCDCP) concerning the epidemiological surveillance of HIV/AIDS in Greece.

FP network data: HIV prevalence rates in IDUs registered by the DRIDI remains at very low levels for 2008. Based on the individual and aggregated data reported to the FP, it ranges between 0% and 0.8% (Figure 6.6).

Figure 6.6: HIV/AIDS infection rates in IDUs based on DRIDI data for the years 2002-2008



SOURCE: FP network, KETHEA and 18 ANO.

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HCDCP data: According to HCDCP data, from the beginning of 2008 until 31.10.2008, 547 new HIV-positive cases were reported in Greece, including AIDS cases at first report. Eight of those (1.5%) are IDUs, most of them male (HCDCP 2008).

Of the total number of HIV-positive cases reported in Greece (9,229) from 1984 to 31.10.2008, 317 (3.4%) are IDUs. Of those, 248 (78.2%) are men and 69 (21.8%) are women (Table 6.4).

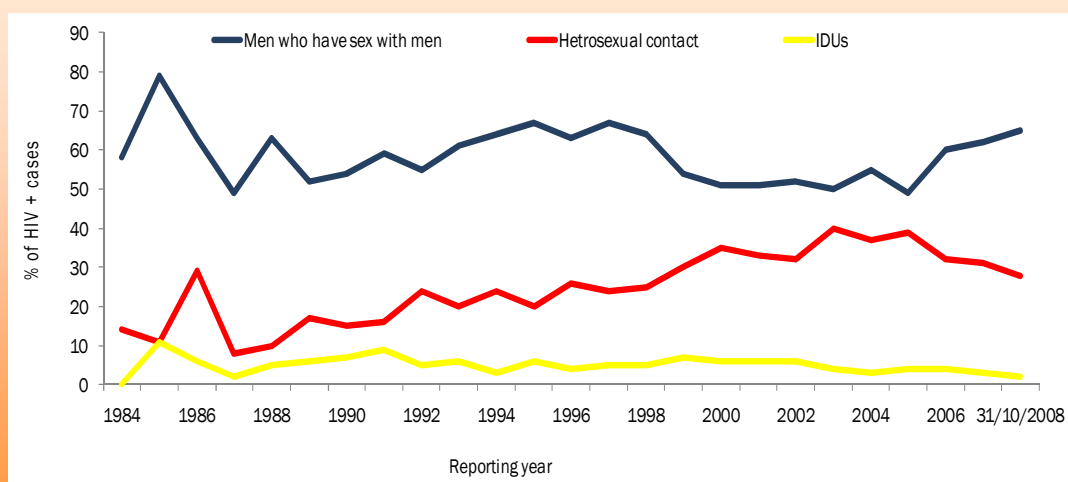
Table 6.4: Total HIV-positive cases reported in Greece by transmission group and gender until 31.10.2008

<i>Transmission group</i>	<i>Men</i>		<i>Women</i>		<i>Total*</i>	
	N	%	N	%	N	%
Men who have sex with men	4252	57.4	–	–	4252	46.1
Injecting Drug Users	248	3.3	69	3.9	317	3.4
Haemophiliacs/coagulation disorder	219	3	15	0.8	234	2.5
Transfusion recipients	57	0.8	40	2.3	97	1.1
Heterosexuals	931	12.6	1180	66.6	2118	22.9
Mother to child	30	0.4	26	1.5	57	0.6
Undetermined	1672	22.6	442	24.9	2154	23.3
Total	7409	100	1772	100	9229	100

* Including cases of unknown gender.

SOURCE: HCDCP, 2008.

Figure 6.7: Transmission groups (percentage of HIV infections without considering undetermined cases) reported in Greece



SOURCE: HCDCP, 2008

As far as new HIV infections among IDUs in 2008 are concerned, data collection had not been completed when HCDCP published its data, although the proportion of IDUs was expected to be the same to that of 2007 and not much different to that of the previous years (Figure 6.7).

6.2.3. Tuberculosis

With regard to TB infection, 47.3% of the 112 IDUs screened in the FP network sample and 7.3% of the 286 IDUs screened in the KETHEA sample tested positive for the Mantoux test (6.5% of the 31 IDUs screened in the 18 ANO sample). Positive chest X-ray had 0.7% of the 287 IDUs screened in the FP network sample, 0.3% of the 618 IDUs screened in the KETHEA sample and 0.8% of the 129 cases in total screened at 18 ANO.

6.2.4. Other infectious morbidity

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

6.2.5. Behavioural data

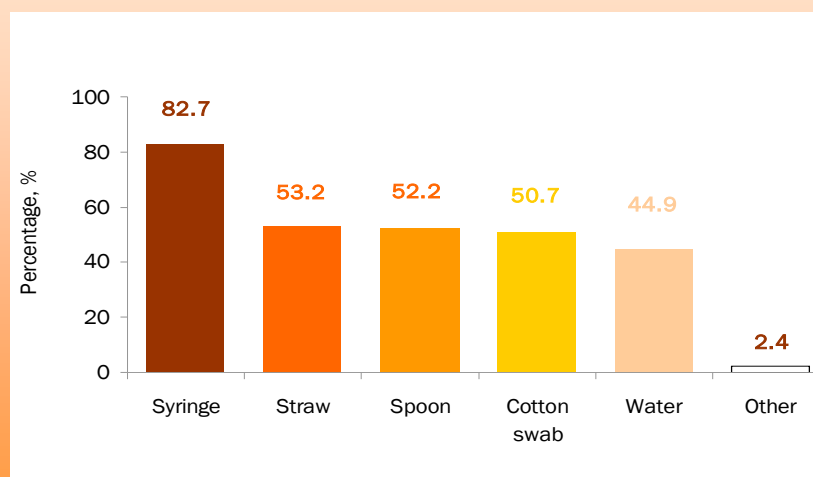
Injecting and non-injecting equipment sharing

According to data from the FP network for 2008:

- More than one in 2 IDUs (54.4%) reports having shared injecting or non-injecting equipment (syringe, swab, spoon, water, straw, etc.) at least once in their lifetime. Among sharers, the most commonly shared piece of equipment is the syringe (82.7%), followed at similar levels by the straw (53.2%), the spoon (52.2%) and the swab (50.7%) (Figure 6.8).

- Most of the sharers (56.6%) report having shared more than one piece of equipment, 5.9% report having shared two, 8% three and 42.7% four or more pieces of equipment.
- Three fifths (60.3%) of the IDUs who report lifetime sharing have been infected with HCV. On the other hand, 53.4% of the IDUs who report never having shared equipment have HCV antibodies.

Figure 6.8: Injecting and non-injecting equipment sharing among IDUs who report lifetime sharing, by piece of equipment for the year 2008 based on the FP network data



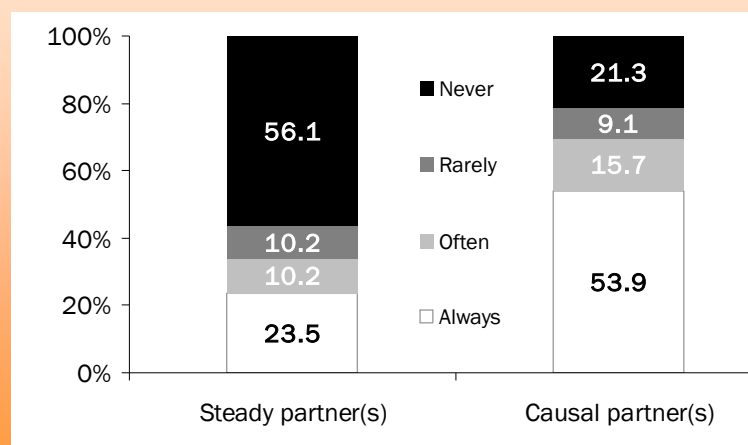
SOURCE: FP network 2008.

Condom use

Drawing from the FP network data:

- 57.1% of the IDUs report not having a steady partner or not having had sex with him/her in the last 6 months. A similar proportion of IDUs (56.7%) report not having casual partners or not having had sex with them in the last 6 months.

Figure 6.9: Frequency of condom use among IDUs with steady and/or casual partners in the last 6 months based on FP network data for the year 2008



SOURCE: FP network 2008.

- IDUs who did have sex in the last 6 months appear to adopt different behaviours towards steady and casual partners when it comes to condom use. While with steady partners one in four IDUs (23.5%) reports always using condoms, with casual partners this figure becomes nearly one in

two (53.9%). Nonetheless, a large share of IDUs never uses condoms either with steady (56.1%) or with casual partners (21.3%) (Figure 6.9).

6.3. Other drug-related health correlates and consequences

6.3.1. Non-fatal overdoses and drug-related emergencies

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

6.3.2. Other topics of interest

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

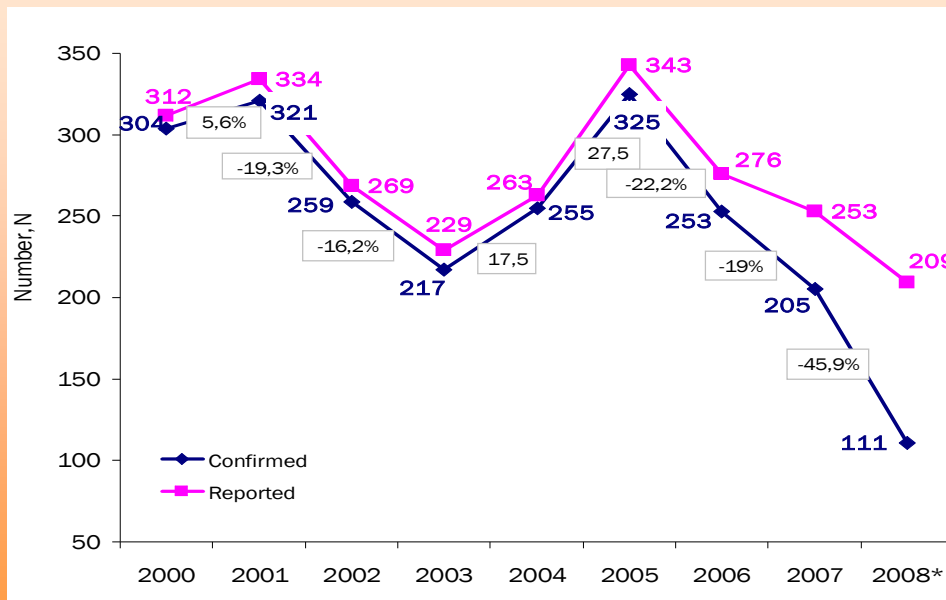
6.4. Drug related deaths and mortality of drug users

6.4.1. Drug-related deaths (overdoses/poisonings)

According to data based on the results of forensic autopsies and toxicological analyses carried out by the competent bodies (University Forensic Medicine and Toxicology Laboratories and Forensic Services of the Ministry of Justice) in death cases (until 30.6.2009):

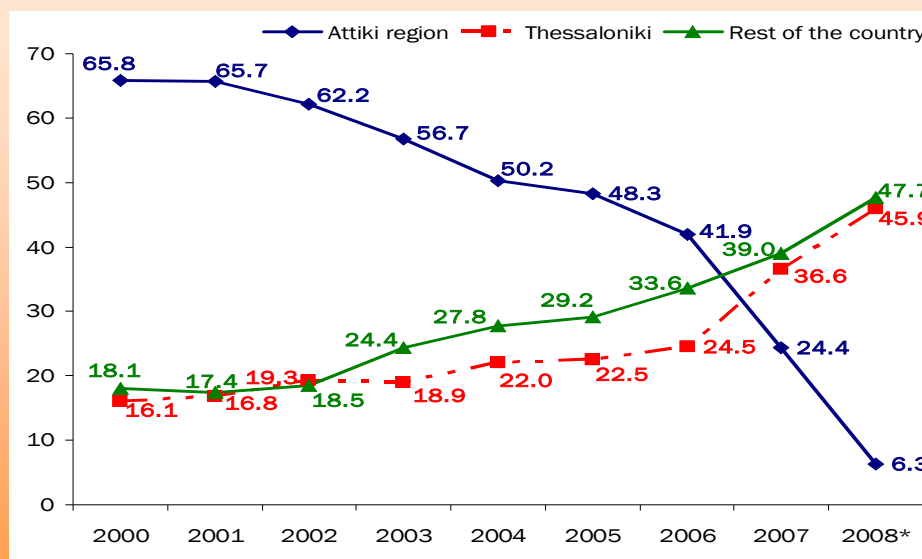
- In 2008, 209 drug-related deaths were reported, of which 111 (53.1%) were confirmed with the appropriate toxicological analyses.
- Looking at the number of confirmed drug-related deaths over time, in 2008 the decreasing trend which began in 2005 appears to be continuing (Figure 6.10), although particularly for the period 2006-2008 the decrease is expected to be considerably smaller once the competent authorities have finalised the confirmation process for the reported death cases.

Figure 6.10. Number of reported and confirmed drug related deaths (until 30.06.2009) and percentage change of confirmed deaths by year in the period 2000-2008



* Only 53.1% of the reported death cases have been confirmed for 2008.
SOURCE: Hellenic Police 2009

Figure 6.11: Confirmed drug related deaths (until 30-06-09) by year and by region in the period 2000-2008



* Only 53.1% of the reported death cases have been confirmed for 2008.
SOURCE: Hellenic Police 2009.

Out of the confirmed deaths (Table 6.5):

- the overwhelming majority (98.2%) were induced by the use of heroin and 1.8% by the use of psychotropic substances other than cocaine, morphine and a combination of cannabis and alcohol
- Most of the victims were male (95.5%), Greek nationals (94.6%), single (89.2%) and unemployed (82%)
- 56.8% of the deaths were over 30 years of age, 37.8% between 21 and 30, and 5.4% were under 21 years of age. Although only half of the reported deaths have been confirmed, it seems that the increasing trend in users over 30 which has been observed for the past five years continues in 2008.
- The deaths confirmed to date for 2008 are restricted in regions other than Attica (rest of Greece 47.5% and Thessaloniki 45.9%). Attica in 2008 accounts for 6.3% of the confirmed deaths. As shown in Table 6.5 and Figure 6.11, the trend identified in recent years, whereby drug-related deaths are increasingly common in regions other than Attica, continues in 2008.

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

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

6.4.3. Specific causes of mortality indirectly related to drug use

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

Table 6.5: Drug-related deaths in Greece in the period 2000-2008*

	2000		2001		2002		2003		2004		2005		2006		2007		2008	
	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N
Reported deaths	312		334		269		229		263		343		276		253		209	
Confirmed deaths	97.4	304	96.1	321	96.3	259	94.8	217	97	255	94.8	325	91.7	253	81	205	53.1	111
1. Age																		
≤ 20	16.8	51	14.3	46	10.8	28	6	13	5.9	15	4.6	15	2.8	7	2.9	6	5.4	6
21-30	42.8	130	49.2	158	54.1	140	54.4	118	52.1	133	55.1	179	54.9	139	47.8	98	37.8	42
≥ 31	40.5	123	36.4	117	35.1	91	39.6	86	42	107	40.3	131	42.3	107	49.3	101	56.8	63
2. Gender																		
Men	93.8	285	93.5	300	93.4	242	91.7	199	91.8	234	92	299	89.3	226	93.7	192	95.5	106
Women	6.3	19	6.5	21	6.6	17	8.3	18	8.2	21	8	26	10.7	27	6.3	13	4.5	5
3. Nationality																		
Greek	96.1	292	95.6	307	95.4	247	92.2	200	92.9	237	91.1	296	92.5	234	91.7	188	94.6	105
Non-Greek	3.9	12	4.4	14	4.6	12	7.8	17	7.1	18	8.9	29	7.5	19	8.3	17	5.4	6
4. Region																		
Attica	65.8	200	65.7	211	62.2	161	56.7	123	50.2	128	48.3	157	41.9	106	24.4	50	6.3	7
Thessaloniki	16.1	49	16.8	54	19.3	50	18.9	41	22	56	22.5	73	24.5	62	36.6	75	45.9	51
Rest of country	18.1	55	17.4	56	18.5	48	24.4	53	27.8	71	29.2	95	33.6	85	39	80	47.8	53
5. Family status																		
Single	95.1	289	92.8	298	93.8	243	94.9	206	96.1	245	96	312	92.1	233	90.2	185	89.2	99
Marrried	3.9	12	4.7	15	4.6	12	4.6	10	3.1	8	3.4	11	5.5	14	7.3	15	9	10
Divorced	1	3	2.5	8	1.5	4	0.5	1	0.8	2	0.6	2	2.4	6	2.4	5	1.8	2
6. Educational level																		
Elementary education	36.5	111	33.6	108	42.1	109	12	26	56.9	145	59.1	192	66	167	60.9	125	68.5	76
Secondary education	58.6	178	60.4	194	51.4	133	12.9	28	39.2	100	36.9	120	32.8	83	37.1	76	30.6	34
Higher education	1.3	4	0.6	2	1.2	3	1.4	3	1.6	4	1.2	4	0.4	1	1.5	3	0	-
Unknown	3.6	11	5.3	17	5.4	14	73.7	160	2.3	6	2.8	9	0.8	2	0.5	1	0.9	1
Illiterate	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-
7. Profession																		
Unemployed	76.3	232	80.4	258	86.5	224	84.3	183	78.8	201	82.5	268	83.8	212	84.4	173	82	91
Blue-collar workers	9.2	28	3.4	11	4.2	11	4.1	9	5.5	14	7.7	25	5.5	14	7.3	15	6.3	7
Private employees	4.9	15	5.3	17	3.1	8	9.7	21	5.1	13	4.3	14	3.6	9	3.9	8	3.6	4
Musicians	0	-	0	-	0.4	1	0	-	0.4	1	0	-	0	-	0	-	0	-
Seafarers	0.7	2	0	-	0	-	0.5	1	0	-	0.3	1	0	-	0	-	0.9	1
Sex workers	0.3	1	0.3	1	0	-	0.9	2	0	-	0	-	0	-	0	-	0	-
Civil servants	0	-	0	-	0	-	0	-	0.4	1	0.3	1	0	-	0	-	0	-
Journalists	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-
Students	2	6	0.3	1	2.3	6	0.5	1	2	5	0.6	2	0.8	2	0.5	1	0.9	1
Other	6.6	20	10.3	33	3.5	9	0	-	7.8	20	4.3	14	6.3	16	3.9	8	6.3	7
8. Drugs																		
Heroin	98.7	300	99.1	318	98.8	256	88.5	192	98.8	252	98.2	319	97.6	247	97.1	199	98.2	109
Morphine	0	-	0	-	0	-	6.5	14	0	-	0	-	0	-	0	-	0	-
Cocaine	0.3	1	0.6	2	0.8	2	0.9	2	0	-	0.9	3	0.4	1	0.5	1	0	-
Cannabis/alcohol	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-
Other psychotropic drugs	1	3	0.3	1	0.4	1	4.1	9	1.2	3	0.9	3	2	5	2.4	5	1.8	2

*Data through 30/06/09. Under investigation 6 death cases in 2005, 13 cases in 2006, 40 cases in 2007 and 98 cases in 2008.

SOURCE: Hellenic Police, 2008.

7. RESPONSES TO HEALTH CORRELATES AND CONSEQUENCES

7.1 Introduction

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

Low threshold services and specialised harm reduction programmes implement a broad range of interventions in the area of prevention of drug related emergencies and reduction of drug related deaths and in the area of prevention and treatment of infectious diseases and other health problems. However, such services are available only in the regions of Attica and Thessaloniki, in limited numbers, and there is no coverage for the rest of Greece.

The data presented in this Chapter reflect the activities of low threshold / harm reduction services and are mostly derived from the Harm Reduction Questionnaire, an updated questionnaire designed by the Greek REITOX Focal Point in 2008, based on the main themes of the two questionnaires («Treatment Unit Form (TUF) – Form B», and «Responses to Health Correlates and Consequences Form») that were used in previous years.

7.2 Prevention of Drug Related Emergencies and Reduction of Drug-Related Deaths

The activities for the prevention of overdose cases implemented by low threshold / harm reduction services aim at providing mainly information and training in delivery of first aid and management of emergencies.

7.2.1 User information and training

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

Responses to Health Correlates and Consequences

1. Drug Addicts Care Facility (OKANA)
2. Immediate Help and Support Unit (MABY) (OKANA)
3. «EXELIXIS» Low Threshold Programme (KETHEA)
4. «Streets of Athens» Programme (Medecins du Monde NGO)

«EXELIXIS» Low Threshold Programme (KETHEA) published leaflets on overdose and first aid in December 2008 and distributes them to users who contact its structures. Moreover, it provides individual counselling and also distributes relevant information material to the users' families or friends.

The available quantitative data about the number of leaflets distributed to drug users in 2008 are presented below:

- Drug Addicts Care Facility (OKANA): 2,457 leaflets
- «EXELIXIS» Low Threshold Programme (KETHEA): 100 leaflets

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

Individual training sessions are available at:

1. MABY (OKANA)
2. Drug Addicts Care Facility (OKANA)
3. «EXELIXIS» Low Threshold Programme (KETHEA).

Group training sessions on a weekly basis are available at:

1. Drug Addicts Care Facility (OKANA)
2. «EXELIXIS» Low Threshold (KETHEA)
3. Development, Social Support and Medical Cooperation Projects (PRAKSIS NGO).

The available quantitative data for the year 2008 are presented below:

- Drug Addicts Care Facility (OKANA)
 - Total number of participants: 303
 - Total number of trainers: 8 (psychologists, social workers, social therapists)
- «EXELIXIS» Low Threshold Programme (KETHEA)
 - Total number of participants: 240
 - Total number of trainers: 5 (psychologists, social workers, sociologists, social therapist)

- Development, Social Support and Medical Cooperation Projects (PRAKSIS NGO)
 - Total number of participants: 100
 - Total number of trainers: 6 (doctors, social workers)

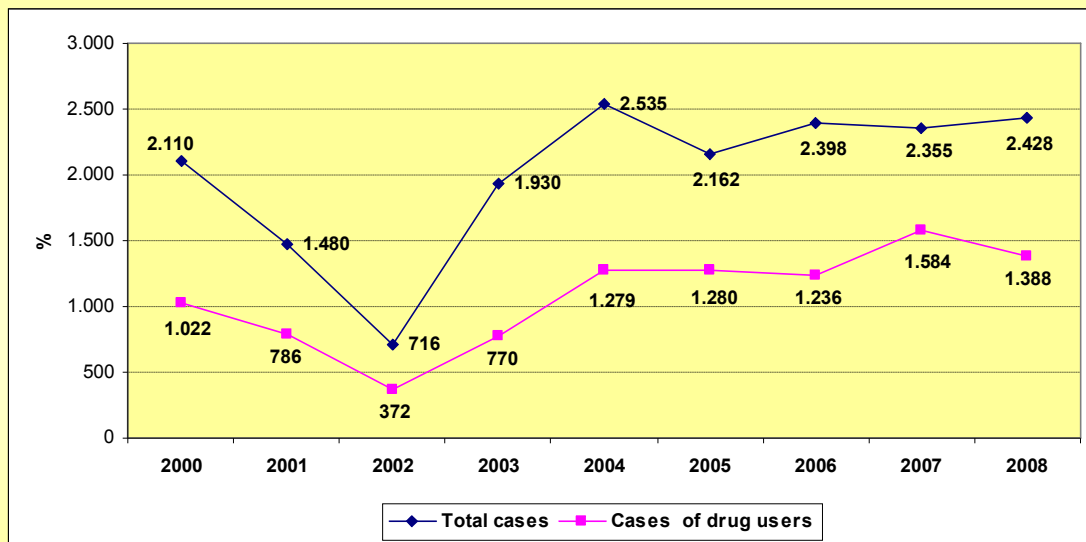
The PRAKSIS NGO projects also provide training courses on the effect of drugs and first aid at the Information Centre run by «DIAVASI» programme (KETHEA).

7.2.2 Mobile Unit of Pre-Hospital Medicine

The OKANA Mobile Unit of Pre-Hospital Medicine (KIM) is still the only service that deals specifically with the management of overdose cases.

In 2008, KIM responded to 2,428 calls for intervention from the National Centre of Instant Medical Aid (EKAV), in the region of Athens, of which 1,388, i.e. more than half (57.16%), concerned dependent drug users. The relevant data for the period 2000–2008 are presented in Figure 7.1.

Figure 7.1: Cases served by the Mobile Unit of Pre-Hospital Medicine in the years 2000-2008



SOURCE: Greek REITOX Focal Point, 2009.

The figures for the past three years (2006–2008) suggest an increase in the number of cases in 2007 compared to 2006, while in 2008 the number of cases decreased compared to the previous year (Figure 7.1).

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

7.3 Prevention and Treatment of Drug-Related Infectious Diseases

The activities implemented by low threshold / harm reduction services in order to prevent and address infectious diseases in active users are described below.

7.3.1 Prevention of infectious diseases

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

For more details about the prevalence of infectious diseases in IDUs, see Chapter 6, Section 6.1.

User information and training

Information: Printed information material on the prevention of infectious diseases is distributed by the low threshold/harm reduction programmes run by a) OKANA (Drug Addicts Care Facility, MABY), b) KETHEA («NOSTOS» Counselling Unit and “EXELIXIS” Lowthreshold Programme) and c) the NGOs Medecins du Monde (Streets of Athens programme) and PRAKSIS (Development, Social Support and Medical Cooperation Projects).

The available quantitative data about the number of leaflets distributed to drug users in 2008 are presented below:

- «NOSTOS» Low Threshold Counselling Unit (KETHEA): 5,000 leaflets
- «EXELIXIS» Low Threshold Programme (KETHEA): 1,500 leaflets

Responses to Health Correlates and Consequences

- Drug Addicts Care Facility (OKANA): 2,457 leaflets.

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

The Open Psychosocial Support Programme for Drug Users and their Families (Self-help Promotion Programme, Thessaloniki) delivers health education seminars, in the framework of which drug users receive information about the prevention of infectious diseases.

Training: «NOSTOS» Low Threshold Counselling Unit (KETHEA), in the framework of its streetwork action, offers drug users training in safer drug use and harm reduction. Moreover, «EXELIXIS» Low Threshold Programme (KETHEA) delivers health education and information seminars to prisoners, in the framework of which drug users receive training in the prevention of infectious diseases.

The Development, Social Support and Medical Cooperation Projects run by PRAKSIS NGO also provide training in the framework of the health education courses delivered for KETHEA programmes in Thessaloniki and Athens. In Thessaloniki, at the “ITHAKI” Programme Counselling Centre, drug users receive training in the following themes: HIV/AIDS, viral hepatitis and STDs. In Athens, at the “DIAVASI” Programme Information Centre, drug users receive training in hepatitis prevention.

Practical advice and training on safer use or safer injecting use is provided by the following low threshold/harm reduction programmes: a) «EXELIXIS» Low Threshold Programme (KETHEA), b) «NOSTOS» Low Threshold Counselling Unit (KETHEA), d) MABY and Drug Addicts Care Facility (OKANA) and e) Streets of Athens Programme (Medecins du Monde NGO).

At the Drug Addicts Care Facility (OKANA) and at «NOSTOS» Low Threshold Counselling Unit (KETHEA) former or current drug users (peer educators) are involved in training other users in the prevention of infectious diseases.

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

Needle exchange/distribution programmes and/or condom distribution programmes

In Greece there are still two needle exchange programmes and one needle/condom distribution programme. There are also three condom-only distribution programmes:

«EXELIXIS» (KETHEA), «NOSTOS» (KETHEA) and PRAKSIS NGO. These programmes cover the wider regions of Attica and Piraeus.

Table 7.1 shows the low threshold/harm reduction services which run needle exchange/distribution programmes and the relevant quantitative data for the year 2008.

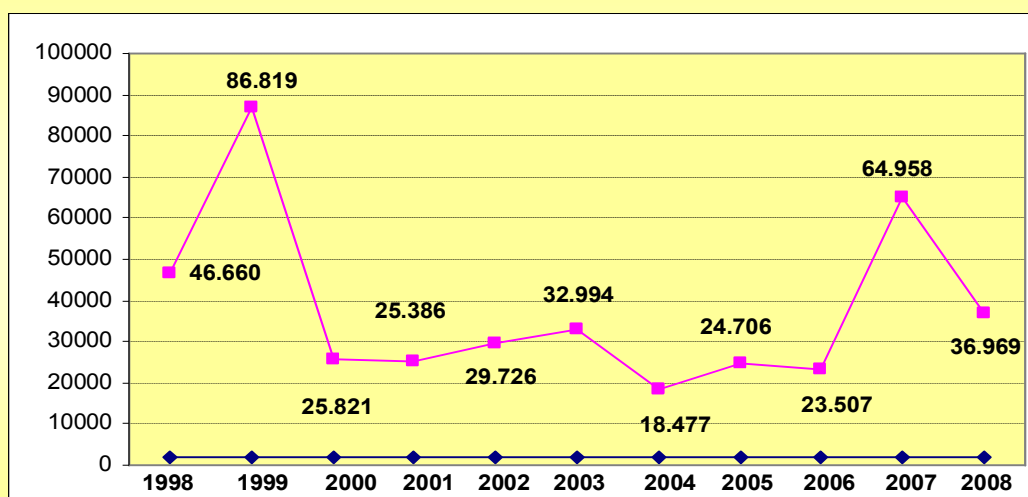
Table 7.1 : Data about the needle exchange/distribution programmes for the year 2008

Programme (Organisation)	Number of users/contacts		Number of needles	
MABY (OKANA)				
Needle exchange service	Users:	720	Exchanged:	36,969
Drug Addicts Care Facility (OKANA)				
Streetwork programme	Contacts:	2,049	Distributed:	4,098
Needle distribution service	Contacts:	4,971	Distributed:	9,942
Streets of Athens streetwork programme (Medecins du Monde)				
Mobile Unit	Contacts:	2,452	Exchanged:	4,100

SOURCE: Greek REITOX Focal Point, 2009.

Moreover, data for the ten-year period 1998–2008 concerning the number of needles exchanged by the relevant MABY service (OKANA) are presented in Figure 7.2.

Figure 7.2: Number of needles exchanged by MABY (OKANA) in the years 1998 – 2008



SOURCE: Greek REITOX Focal Point, 2009.

The data suggest variation in the number of exchanged needles over the past three years (2006–2008), i.e. there is an increase from 2006 to 2007 followed by a decrease from 2007 to 2008 (Figure 7.2).

Table 7.2 shows the low threshold/harm reduction services that run condom distribution programmes and the relevant quantitative data for 2008.

Table 7.2 : Data about the condom distribution programmes for the years 2006 and 2008

Programme (organisation)	Number of condoms	
	2006	2008
MABY (OKANA)		
Needle exchange service	1,313	3,092
Drug Addicts Care Facility (OKANA)		
Streetwork programme & Needle distribution service	3,756	4,837
«EXELIXIS» Low Threshold Programme (KETHEA)		
Streetwork programme	3,000	5,000
«NOSTOS» Low Threshold Counselling Unit, Piraeus (KETHEA)		
Streetwork programme	3,000	5,000

SOURCE: Greek REITOX Focal Point, 2009.

The data indicate an increase in the number of condoms distributed in 2008 by the above programmes compared to 2006.

Condoms are also distributed by the Streets of Athens streetwork programme (Medecins du Monde) and by RRAKSIS NGO.

Streetwork programmes

The activities of streetwork programmes focus on motivating drug users for treatment and on promoting safer drug use practices through, *inter alia*, needle exchange/distribution services and condom distribution services.

Quantitative data about the activities of five (5) out of six (6)⁶ streetwork programmes are presented in Table 7.3. Four of these programmes cover downtown Athens, one covers Piraeus and one covers Thessaloniki.

Table 7.3: Data about streetwork programmes in 2008

Programme (Organisation)	Scope
Drug Addicts Care Facility (OKANA) (www.okana.gr)	<ul style="list-style-type: none">• 2,049 contacts in total• Distributed 4,098 syringes and «injecting kits» which contained the following articles: leaflets, alcohol pad, water for dissolving drugs, and condom
«EXELIXIS» streetwork programme (KETHEA) (www.kethea-exelixis.gr)	<ul style="list-style-type: none">• 759 users reached in total• 2,736 contacts in total
Streetwork programme, «NOSTOS» Low Threshold Counselling Unit, Piraeus (KETHEA) (www.nostos-kethea.gr)	<ul style="list-style-type: none">• 373 users reached in total• Distributed 5,000 condoms
Streets of Athens programme (Medecins du Monde) (www.mdmgreece.gr)	<ul style="list-style-type: none">• 2,452 contacts in total• Exchanged 4,100 syringes and distributed «injecting kits» which contained the following articles: leaflets, alcohol pad, water for dissolving drugs, citric or ascorbic acid, sterile glass ampoule and condom
Outreach programme of the Self-Help Promotion Programme (OKANA and Aristotle University of Thessaloniki) (www.selfhelp.gr)	<ul style="list-style-type: none">• 62 users reached in the first five months of 2008

SOURCE: Greek REITOX Focal Point, 2009.

Moreover, according to information reported by the Drug Addicts Care Facility (OKANA), its streetwork programme continues to cooperate with the ATHENA – HYGEIA Prevention Centres streetwork programme of the City of Athens in implementing interventions in new user populations (e.g. young cannabis users) and in new heroin scenes. The joint actions,

⁶ The «ATHENA-HYGEIA» Prevention Centres streetwork programme did not submit data for 2008 pursuant to a decision of the Prevention Centres' Staff Union to refrain from reporting about their activities in 2008 to the Greek REITOX Focal Point, because of insufficient public financing.

implemented on a weekly basis, include: a) distribution of printed information material about the services available to drug users, prevention of the spread of infectious diseases and safer use practices, b) on-the-spot counselling and referral to low threshold or other health care services and c) needle and condom distribution.

Moreover, the Drug Addicts Care Facility (OKANA) continues its peer training programme for outreach work. The peer group members have long frequented the Drug Addicts Care Facility and regularly attended the seminars on safer drug use and prevention of infectious diseases.

7.3.2 Treatment of drug related infectious diseases

It is common practice for low threshold/harm reduction services to perform screening tests or make referrals for screening tests to detect infectious diseases in active users in view of managing infectious diseases.

Tests to detect infectious diseases

OKANA Direct Aid and Support Unit (MABY) is the only low threshold service running a microbiological laboratory to offer dependent drug users the opportunity of having screening tests performed for HAV, HBV, HCV and HIV/AIDS. The number of tests and the number of users screened in 2008 is shown in Table 4.

Table 7.4: Data about HAV, HBV, HCV and HIV/AIDS tests performed at the MABY microbiological laboratory in 2008

	Hepatitis A	Hepatitis B	Hepatitis C	HIV/AIDS
Number of tests	1,523	4,574	1,517	1,670
Number of users	1,516	1,506	1,506	1,636

SOURCE: Greek REITOX Focal Point, 2009.

With regard to HBV tests, in particular, 1,517 HBsAg antigen tests were performed, as well as 1,551 and 1,506 tests for the anti-HBs and anti-HBc antibodies, respectively.

Moreover, in 2008, the Streets of Athens streetwork programme (Medecins du Monde) took 456 specimens of blood from 152 users to have it tested for HBV, HCV and HIV/AIDS. The blood was analysed at «Henry Dunant» Hospital.

Referrals for tests

Table 7.5 shows the low threshold/harm reduction services which made referrals, the number of drug users, and the health care services they were referred to for tests in 2008.

Table 7.5: Number of users and health care services they were referred to for tests from low threshold/harm reduction services in 2008

Referring agency (programme)	Number of users	Health services & tests
KETHEA		
«EXELIXIS» Low Threshold Programme	88	MABY (OKANA): Hepatitis & HIV/AIDS
	82	Athens General Hospital for Thoracic Diseases «Sotiria»: Mantoux test
«MOSAIC» Programme	22	MABY (OKANA): Hepatitis & HIV/AIDS
	18	Athens General Hospital for Thoracic Diseases «Sotiria»: Mantoux test
Self-Help Promotion Programme – Open Psychosocial Support Programme for Drug Users and their Families	13	Thessaloniki Infectious Diseases Hospital: Hepatitis
	1	«Hippokrateion» General Hospital of Thessaloniki: HIV/AIDS

SOURCE: Greek REITOX Focal Point, 2009.

Moreover, PRAKSIS NGO referred 65 individuals, including drug users, for hepatitis and HIV/AIDS tests and 100 individuals for Mantoux tests to «Andreas Syggros» Venereal and Skin Diseases Hospital, to the National School of Public Health and to special services of General Hospitals.

Vaccination

MABY (OKANA) is the leading provider of this specialised service to dependent drug users among all the low threshold/harm reduction services. In the year 2008, 123 clients were vaccinated against HAV and 194 against HBV. An additional three (3) clients were vaccinated against HBV by the medical services of «EXELIXIS» (KETHEA).

7.4 Responses to Other Health Correlates Among Drug Users

7.4.1 Somatic co-morbidity

The specialised medical services of MABY (OKANA), of «EXELIXIS» (KETHEA) and to a smaller extent of the Streets of Athens programme (Medecins du Monde) try to motivate active users so as for them to take care of their physical health. Pathological problems are treated by MABY (OKANA), «EXELIXIS» (KETHEA) and Streets of Athens (Medecins du Monde), and dental services are provided by the respective programmes run by OKANA and KETHEA.

The most common pathological problems treated by the medical services of the aforementioned programmes include various infections (skin or respiratory infections, abscesses), infected wounds, thrombophlebitis, overdose, withdrawal syndrome and hepatitis screening.

The relevant quantitative data about these three programmes are presented in Table 7.6.

Compared to 2006, in 2008 there is an overall increase in the number of visits and the number of users who contacted low threshold/harm reduction services to treat pathological and dental problems (Table 7.6).

Furthermore, the Open Psychosocial Support Programme for Drug Users and their Families of the Self-help Promotion Programme in Thessaloniki referred 25 users with dental problems to the Dental Clinic of the General Hospital «Aghios Demetrios», with which it has a working relation, and 16 users with mental disorders to the Psychiatric Hospital of Thessaloniki and to psychiatric clinics of General Hospitals.

The medical services of PRAKSIS NGO also received 3,288 visits by patients with pathological problems, including drug users, and 1,690 visits for dental problems.

Table 7.6: Data about pathological and dental cases from low threshold/harm reduction programmes in 2006 and in 2008

Programme (organisation)	Pathological cases				Dental cases			
	Visits		Clients		Visits		Clients	
	2006	2008	2006	2008	2006	2008	2006	2008
1. MABY (OKANA)	1,766	3,649	440-1,417*	2,900	119	696	44-107*	549
2. EXELIXIS (KETHEA)	49	990	46	-	108	392	12	134
3. Streets of Athens (Medecins du Monde)	350	250	300	180		**		**

* OKANA reports an estimate with a range of 440-1,417 clients for pathological cases and 44-107 clients for dental cases.

** No such service available.

SOURCE: Greek REITOX Focal Point, 2009

7.4.2 Psychiatric comorbidity

Introduction

A number of epidemiological studies suggest that in drug user populations the prevalence of at least one additional concurrent psychiatric disorder ranges between 40% and 70%. Anxiety and depressive disorders, psychosis-like syndromes as well as personality disorders, such as antisocial or borderline disorders, are the clinical entities most commonly found among drug dependent individuals (Liappas 2006).

A large number of studies, mainly from the English-speaking world, report personality disorders in up to 79% of heroin-dependent individuals (Gazgalidis 2006). «Whether the personality disorder is also an aetiological factor or simply the outcome of substance dependence is often impossible to clarify ex post. For this reason, most studies focus on

antisocial personality disorder and assume it is the most common aetiological factor» (Gazgalidis 2006).

According to the findings of a survey on drug-dependent patients in the Detox Unit of Thessaloniki Psychiatric Hospital, whose aim was to explore the frequency of occurrence and the severity of symptoms of anxiety and/or depression and correlate them to the overall treatment outcome, dropout rates are higher among patients who manifest high degrees of anxiety and depression upon admission. Moreover, even when such patients are retained in treatment, they have higher irritability and maladaptiveness in complying with the programme (Nikolaou et al. 2006).

With regard to the treatment options offered to this population, according to a relevant paper (Matsa 2006) «...what we need is a comprehensive, integrated approach in the framework of an integrated dependence treatment unit, in either inpatient or outpatient structures, that will ensure full accessibility and retention in treatment for this population and make it possible to manage the particular problems caused by comorbidity with medication, *inter alia*, as appropriate. A necessary condition for the successful operation of such structures is their staffing with trained and experienced professionals and the existence of teams of therapists within the setting, as well as cooperation with the family.» (Matsa 2006).

Treatment data for 2008

In Greece there are two dependence treatment programmes specialised in psychiatric comorbidity, the Dual Diagnosis Programme of 18 ANO Dependence Treatment Unit (Attica Psychiatric Hospital) and the Dual Diagnosis Unit of «IANOS» Rehabilitation Department for Dependent Individuals (Thessaloniki Psychiatric Hospital).

Quantitative data from the **Dual Diagnosis Unit of «IANOS»** Rehabilitation Department for Dependent Individuals (Thessaloniki Psychiatric Hospital) for the period 2005-2008 are presented below (Table 7.7).

In 2008 there are more admissions compared to the past three years (Table 7.7). Eleven (11) patients out of 65 attended the programme regularly, 45 attended occasionally and 9 seem to have dropped out.

All of the patients engaged in polydrug use, their primary drug being heroin and secondary drugs benzodiazepines, followed by cannabis, alcohol, Parkinson's drugs and cocaine. The majority (58 out of 65) reported injecting.

The most common psychiatric problems in this group of patients are psychosis (schizoid or other), severe personality disorders (borderline, antisocial and schizoid-like), depressive and bipolar disorders.

Table 7.7: Admissions to the Dual Diagnosis Unit (Thessaloniki Psychiatric Hospital) for the years 2005 - 2008

Year	Total admissions	Males	Females
2005	49	35	14
2006	30	-	-
2007	42	38	4
2008	65	58	7

With regard to treatment outcome, there is no specific completion deadline because of the nature of the cases, nor are there criteria for premature discharge, even drug use is tolerated. The main concern for this Unit is to retain patients in treatment and have them comply with their medication regime in view of sustaining abstinence.

The «**EXELIXIS**» **Diagnosis Centre** (KETHEA) offers comorbid users who attend a KETHEA programme the opportunity for a psychiatric assessment. From 2007, psychiatric assessment is also open to adolescent users attending KETHEA programmes.

Quantitative data for the years 2007 and 2008 are presented below (Table 7.8).

Table 7.8: Number of individuals and number of visits for psychiatric assessment in the years 2007 – 2008 at the EXELIXIS Diagnosis Centre (KETHEA)

Years	2007	2008
ADULTS		
Individuals	95	382
Visits	116	518
ADOLESCENTS		
Individuals	29	151
Visits	49	304

The above data indicate a considerable increase in the number of individuals and visits for psychiatric assessment in 2008 compared to 2007, which suggests that comorbidity diagnosis is a key concern for the therapeutic process applied in KETHEA.

In addition to the aforementioned specialised programmes or services, users with psychiatric comorbidity **are admitted** to 39 (66.1%) of the 59 structures offering main dependence treatment services (22 drug free programmes and 17 substitution programmes).

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

In 2008, **tailored services** to meet the special needs of drug users with psychiatric disorders were provided by 13 programmes (22%), 10 drug free and 3 substitution ones. The number of such programmes decreased compared to 2006, when dependence treatment services tailored to psychiatric comorbidity were provided in 15 of the 49 programmes in total (30.6%), 8 drug free and 7 substitution ones.

51.1% of all programmes (those providing tailored services and the rest) assess the clients' mental status with psychiatric assessment tools.

In 2008, of the total clients in main treatment, 20% represented individuals with a diagnosed psychiatric problem. The respective figure in treatment units that admit users with comorbidity or offer tailored services was 23.8%.

7.5 Interventions in Youth Recreational Settings

The Mobile Unit of «NOSTOS» Low Threshold Counselling Unit (KETHEA) distributes information material about the treatment programmes of KETHEA and provides individual counselling to individuals, including drug users, attending concerts, festivals and other cultural events.

7.6 Information and Training of Health Professionals

Information to health professionals on drug abuse was provided by three low threshold/harm reduction programmes during the reporting year.

Quantitative data for the year 2008 are presented below:

1. MABY Drug Addicts Care Facility (OKANA) provided information to 42 professionals (social workers, psychologists, doctors, nurses and police officers) working for hospitals and social services.
2. «NOSTOS» Low Threshold Counselling Unit (KETHEA) provided information to 1,689 individuals, including health professionals and police officers.
3. The Open Psychosocial Support Programme for Drug Users and their Families provided information to 77 professionals (social workers, nurses, psychologists and doctors) who work for hospitals either on permanent staff or in training.

Training: The Open Psychosocial Support Programme for Drug Users and their Families also delivered training to 51 individuals (most of them psychologists) who worked for the programme either as volunteers or in the framework of their practical training. The training courses were delivered by 4 trainers and had a duration of one month.

7.7 The Contribution of Former or Current Drug Users to The Activities of Low Threshold/Harm Reduction Programmes

In the reporting year, former or current drug users worked for three low threshold/harm reduction programmes. The Drug Addicts Care Facility (OKANA) put on its payroll 7 individuals and «EXELIXIS» (KETHEA) 2 individuals. Additionally, the Open Psychosocial Support Programme for Drug Users and their Families employed 2 salaried staff and 65 volunteers. The services rendered by these professionals to the programmes include most notably individual counselling sessions and outreach work.

7.8 Building and Material Infrastructure Available to Low Threshold/Harm Reduction Programmes/Units

The new harm reduction questionnaire includes questions about the level of satisfaction with building and material infrastructure.

Based on the available information from Table 7.9, most of the respondents are «moderately satisfied» with the building infrastructure available to low threshold/harm reduction programmes. All of them report «moderate satisfaction» with the material infrastructure of their programmes.

The needs reported mainly revolve around a) securing appropriate premises through remodelling and extending the existing ones, b) retrofitting premises to make them more disabled-friendly, c) developing information webpages and d) creating new mobile information and first aid units.

Table 7.9: Satisfaction level with the building and material infrastructure available to low threshold/harm reduction programmes

Programme (organisation)	Building infrastructure			Material infrastructure		
	<i>High</i>	<i>Moderate</i>	<i>Low</i>	<i>High</i>	<i>Moderate</i>	<i>Low</i>
MABY (OKANA)		✓			✓	
Drug Addicts Care Facility (OKANA)			✓		✓	
«EXELIXIS» programme (KETHEA)		✓			✓	
«NOSTOS» Low Threshold Counselling Unit (KETHEA)	✓				✓	
Open Psychosocial Support Programme for Drug Users and their Families		✓			✓	
Streets of Athens (Medecins du Monde)					✓	
PRAKSIS NGO		✓			✓	

7.9 Conclusions

Information and training of active users regarding overdose prevention and prevention of infectious diseases are standard activities of most low threshold / harm reduction programmes.

Responses to Health Correlates and Consequences

Interventions to raise the awareness of health professionals who come into contact with active users (e.g. nursing and medical staff of general hospitals and health centres, pharmacists, etc.) are considered to be insufficient due to the fact that they are implemented by a few low threshold / harm reduction services.

Drug users with psychiatric comorbidity are admitted in Greece by most services offering main dependence treatment (66.1%), while specialised treatment services are provided to them by 18 ANO Dependence Treatment Unit and «IANOS» Rehabilitation Department for Dependent Individuals.

The need to develop webpages and increase the number of mobile first aid units has been highlighted by low threshold/harm reduction professionals.

8. SOCIAL CORRELATES AND SOCIAL REINTEGRATION

8.1. Definitions and background information

- The accompanying support services include information and mobilization for training, career guidance, psychological support to improve self-confidence and social skills for communication and transactions with public services, employers, and the workplace at large.
- Premature discharge refers to expulsion from the programme owing to breach of rules.

8.2. Social exclusion and drug use

8.2.1. Drug use among socially excluded groups

In 2008, 61.3% of all users approaching treatment services were unemployed users. Homeless users comprise 9.8% of all users who approached drug services at the reporting year. 5.9% of users approaching various therapeutic services in 2008 have foreign nationality.

8.3. Social reintroduction

8.3.1. Overview

Social (re)integration is an essential component of the treatment process in all EU Member States and the EU Action Plan 2009-2012 sets itself to promote increased availability and accessibility of social reintegration programmes. Traditionally, social reintegration followed treatment. In recent years in Europe, however, social reintegration interventions are implemented at every stage of the therapeutic process.

Social Correlates and Social Reintegration

In Greece, social reintegration follows drug dependence treatment and constitutes the last but not least stage of the therapeutic process. In recent years, increasing emphasis has been placed on reintegration services. Reintegration services are provided by all drug dependence treatment programmes either at the final stage of an integrated treatment process or in specialised social reintegration structures. In 2008, data were reported by twenty-one (21) social reintegration centres, of which sixteen (16) belong to KETHEA, one (1) to OKANA, three (3) to 18 ANO Dependence Treatment Unit of the Attica Psychiatric Hospital, and one (1) to the dependence treatment programmes of the Thessaloniki Psychiatric Hospital (Table 8.1). The scheduled duration of the programmes ranges between 6 and 24 months; three in four programmes (76.2%) have a duration of one year.

Table 8.1: Capacity and clients in Social Reintegration Centres (2008)

Social Reintegration Centres	Capacity	Clients
ITHAKI TP	45	86
STROFI TP	30	20
PAREMVASI TP	42	86
DIAVASI TP, morning programme	33	44
18 ANO TP (Section A)	65	59
EXODOS TP	30	69
NOSTOS TP	50	73
EXELIXIS TP	13	7
ARIADNE TP	40	37
DIAVASI TP, evening programme	21	42
GEFIRA TP	30	16
EN DRASI TP	30	27
PILOTOS TP	15	24
EXANDAS TP	15	8
OXYGONO TP	10	12
18 ANO TP (Section B)	60	132
18 ANO TP (Women and Mothers)	30	39
18 ANO TP (Thessaloniki Psychiatric Hospital)	60	27
ANADYSI TP	10	1
OPEN THERAPEUTIC STRUCTURE TP	10	9
ARIADNE TP Aftercare	20	2
Total	659	820

SOURCE: Greek REITOX Focal Point, 2009

The total capacity of the specialized social reintegration structures is 659. This figure reflects the number of clients that can be served by the units on a monthly basis.

Social Correlates and Social Reintegration

Compared to 2006, the available capacity decreased by 15.94%, in spite of the establishment of four (4) new structures (ARIADNE – Social Reintegration Centre of the Counseling Group for Adolescents, ANADYSI and Thessaloniki Open Therapeutic Structure (KETHEA), and Social Reintegration for Drug Dependent Women and Mothers (18 ANO).

Based on the data of the Greek REITOX Focal Point, the total number of clients served in specialized reintegration structures in 2008 was 820, i.e. a slight 3.27% increase compared to 794 clients in 2006.

8.3.2. Housing

Accommodation to clients who come from other parts of Greece or lack family support is made available by most social reintegration centres, in the hostels they run. Moreover, OKANA provides free accommodation (in hotels) to clients attending substitution units in Athens and Thessaloniki for as long as this is deemed necessary. A total of 155 clients availed themselves of these services in 2008.

8.3.3. Education and training

Occupational rehabilitation is a key objective for social reintegration interventions. Vocational training and the filling of educational gaps increase the likelihood of labour market integration.

At present there are 19 schooling structures, of which 14 are in-service and 5 are out-tasked. A total of 478 clients attended the schooling structures in the school year 2007-2008 (data reflecting 14 of the 19 structures, since 5 did not report relevant data). The key objective of such structures is to help participants prepare themselves for exams and/or obtain formal qualifications. In 2008, 69 clients succeeded in moving up a form or obtained the high school leaving certificate (data for 14 of 19 structures).

Vocational training services are offered both to former and to recovering drug users at the stage of social reintegration by 18 structures, 9 of which in-service and 9 out-tasked. In 2008, in 10 structures which reported data out of 18, 112 clients attended vocational training courses. From January 2007 to May 2008, the OKANA Specialised Vocational and Social Reintegration Centres (EKKEE) designed and implemented 20 different training courses under the subproject “Integrated Interventions in favour of Specific Disadvantaged Groups (the disabled and former drug users)”, in Athens and Thessaloniki. Furthermore, under the Employment and Vocational Training OP, the action plans IRIDA in Attica and IASON in Thessaloniki were completed in 2008, delivering accompanying support services

to a total of 450 former or recovering drug users.⁷ Pre-vocational and vocational training and accompanying services programmes for therapy programme members and graduates were also implemented by the two KETHEA Specialised Vocational and Social Reintegration Centres (EKKEE) based in Athens and Thessaloniki, with branches in Larissa and Herakleion, Crete.⁸

In the reporting year, 15 KETHEA Social Reintegration Centres operated in Athens, Piraeus, Thessaloniki, Larissa, Volos, Patras and Herakleion, Crete, with the aim of facilitating the former drug users' labour market reintegration. The centres provide a) counseling, support and educational mobilization services and b) career guidance, employment counseling and support on the labour market. In 2008, 527 clients availed themselves of such KETHEA services (499 in 2007).⁹

8.3.4. Employment

In 2008, the Greek Labour Force Employment Organisation (OAED) continued to implement special subsidy schemes for new jobs and young professionals in order to facilitate labour market integration for vulnerable population groups. According to the relevant data, in the reporting year a total of 110 recovering or former drug users benefited from the employment subsidies scheme, of whom 60 (54.55%) found a job in the private sector, and the rest (45.45%) received a subsidy in order to set up their own businesses.

Compared to 2006, the number of former drug users who availed themselves of the aforementioned employment schemes halved (220 in 2006). Whilst in 2006 there was a turnabout in the downward trend observed from 2000 to 2005, in 2008 again there is a decrease in the number of beneficiaries from OAED employment schemes for vulnerable social groups (Figure 8.1).

According to the data reported from specialized social reintegration centres, 56.26% of their total clients in 2008 were already employed at the beginning of the reporting year and 43.74% found a job during the year.

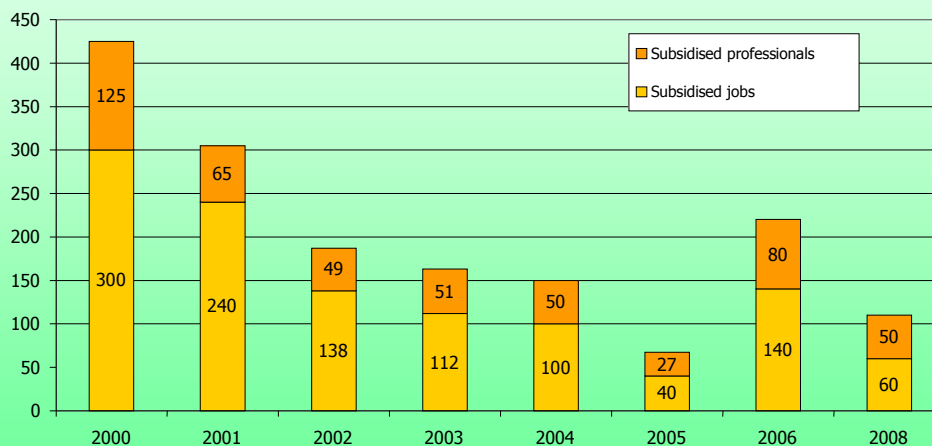
In most reintegration structures, finding a steady job within a certain period of time is a condition for remaining in the programme. This must be achieved at the first stage of social reintegration, during the first three months, i.e. at the stabilization stage.

⁷ Data from the OKANA website.

⁸ Data from KETHEA Report of Activities, 2008.

⁹ Data from KETHEA Report of Activities, 2008.

Figure 8.1. Former drug users who participated in OAED employment schemes (2000-2008)



SOURCE: Greek REITOX Focal Point, DATA: OAED, 2009.

8.3.5. Basic Social Assistance

Support and care services.

The provision of accompanying support services enhances the effectiveness of social reintegration interventions, since at this stage the recovering user is still thought to be in the treatment process, therefore relapse is a real risk.

In order to more fully respond to the needs of former drug users at this key stage of dependence treatment, the reintegration structures offer individuals and groups psychological support sessions, opportunities to develop personal and social skills, strengthen family ties, improve physical health, and join creative entertainment groups. In the reporting year, accompanying support services were offered by 16 of the 21 social reintegration centres, while all of them offered counseling and psychological support services.

Legal services.

Pending cases before the courts may impede the progress of the therapeutic process or completely cancel it (in case of imprisonment). This is why dependence treatment programmes offer clients with pending cases legal advice and support or representation in court.

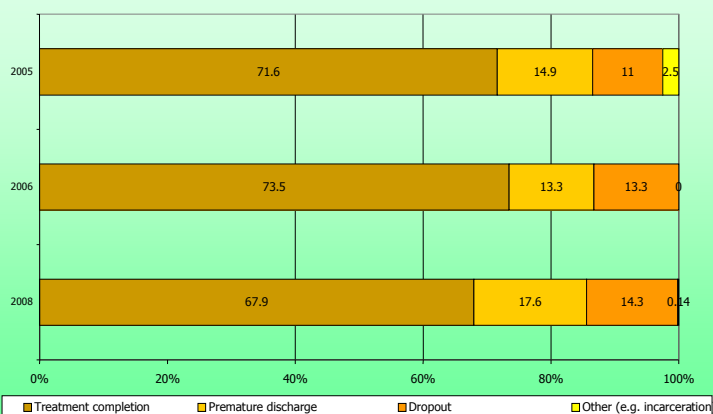
Moreover, legal services are offered to clients who have completed the programme. Based on the data reported from social reintegration centres, in 2008 **legal services were rendered to a total of 120 clients** (143 in 2006). In the same vein, KETHEA and OKANA run a legal support service in cooperation with the country's Bar Associations. In 2008, **the legal service of OKANA provided legal assistance to a total of 417 clients** of its treatment units (655 in 2006).

Aftercare services.

All social reintegration centres provide follow-up services to clients who complete the reintegration phase. The duration of such services ranges from 6 to 24 months and 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.

8.3.6. Outcome data

Figure 8.2. Modes of exit from social reintegration centres (2005-2008)



SOURCE: Greek REITOX Focal Point, 2009.

Figure 8.2 shows the mode of exit from social reintegration centres in the period 2005-2008 (no data available for 2007). The prevailing mode of exit is completion of the programme (67.9% in 2008), followed at a great distance by premature discharge (17.6%), dropout (14.3%) or other (0.14%). The picture

does not appear to have changed noticeably in recent years. It seems that clients who have reached this particular phase hardly ever drop out of the dependence treatment process, unlike those in the main treatment phase, as shown by the respective outcome data (see Chapter 5).

8.3.7. Quality assurance

Evaluation of the interventions is implemented by the majority of the programmes (85.7%). All of these programmes have undertaken an internal evaluation procedure while 77.8% of them have performed an external evaluation procedure. Half of the programmes implement evaluation about the achievement of the targets and 38.9% about the scope and the procedure of the programme.

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

9.1 Introduction

In Greece, the legislation provides for the implementation of demand reduction interventions targeting dependent drug users involved with the law (offenders, prisoners and released prisoners).

According to the National Action Plan on Drugs (2008 – 2012), the development of such interventions aims at a) developing comprehensive counselling, support and dependence treatment interventions for prisoners, b) developing integrated multiphase programmes, both in- and off-prison, to ensure continuity of care and integrated management, c) developing substitution programmes in prison, d) increasing the availability of counselling and psychological dependence treatment programmes through geographical expansion, e) improving the infrastructure, the quality and the effectiveness of existing structures and f) supporting the social reintegration of users with a prison history, so as to ensure relapse prevention both drug- and delinquency-wise.

In 2009, the Greek REITOX Focal Point designed a new questionnaire about interventions in the prison setting, both in- and off-prison, and used it to collect data from the agencies that implement such interventions.

9.2 Drug - related Crime

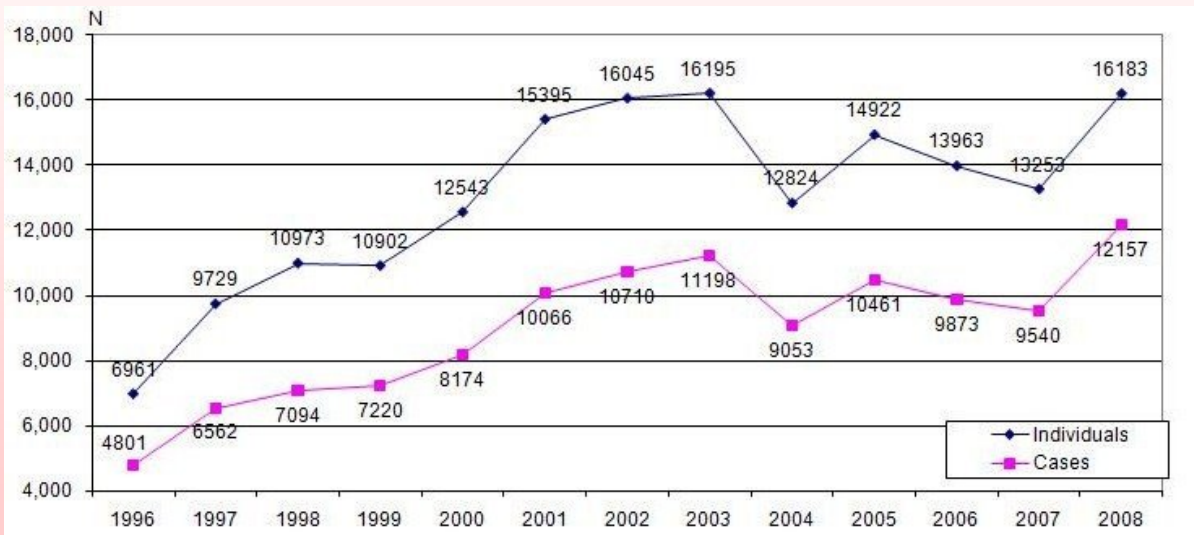
9.2.1 Drug-related charges

Every year the Greek REITOX Focal Point collects from SODN-EMP (Central Anti-drug Coordination Unit-National Intelligence Unit) data on charges brought for drug-related offences. In 2008, the Greek DPAs¹⁰ brought 18,015 charges against 16,183 individuals for drug use, production/cultivation, dealing/trafficking and other drug-related offences. As shown in Figure 8.1, compared to 2007, there is a 22.1% increase in the number of

¹⁰ Hellenic Police, Customs, Special Controls Service, Coast Guard.

individuals charged with drug-related offences and a 27.4% increase in the number of drug-related cases.

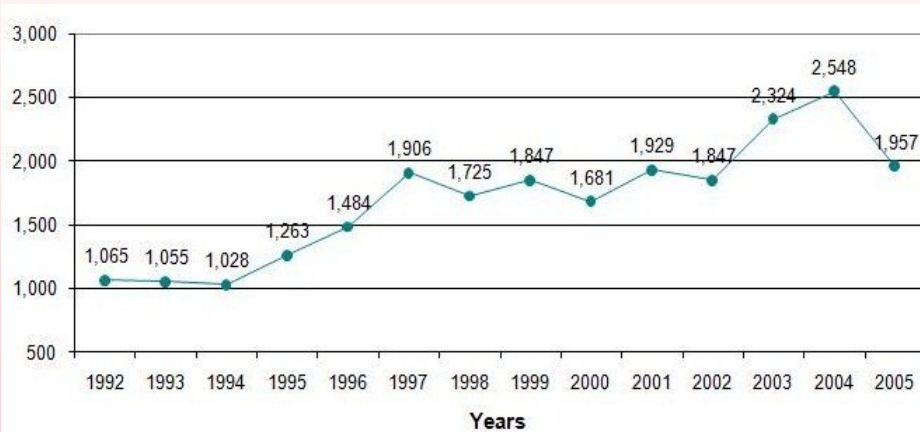
Figure 9.1: Number of drug – related cases and individuals charged with drug – related offences



SOURCE: SODN-EMP

9.2.2 Drug law offences

Figure 9.2: Distribution of convictions for drug – related offences (1992 – 2005)

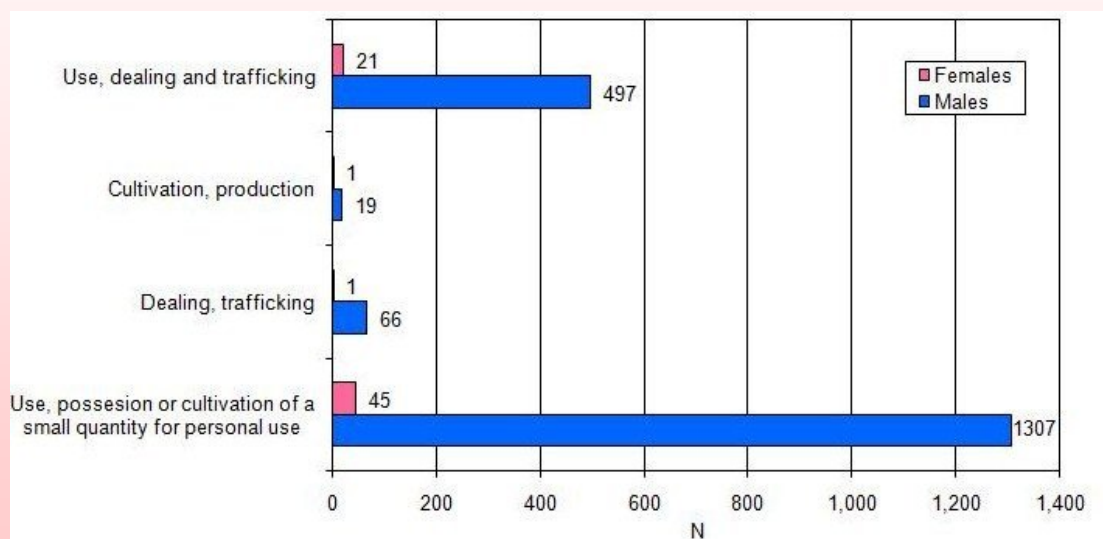


SOURCE: ESYE

The Greek National Statistical Service (ESYE) is a General Secretariat under the Ministry for Economy and Finance. It is responsible for collecting data from the judicial services on the number of individuals convicted for drug-related offences and reports them to the Greek REITOX Focal Point on a yearly basis. The latest available data are for the year 2005 (Figure 9.2). Of

a total of 56,923 convicts, 1,957 (3.4%) were convicted for drug-related crimes. The overwhelming majority (96.5%, N=1889) are men. 1,352 individuals (69.1%) were convicted for drug use, possession or cultivation of a small quantity for personal use, 518 (26.5%) for drug use, dealing and trafficking, 67 (3.4%) for drug dealing and trafficking, and 20 (1.0%) for drug cultivation/production (less than in 2004, when 65 individuals were convicted for cultivation). Figure 9.3 shows the distribution of convicts by gender and drug-related offence.

Figure 9.3: Distributions of convicts by gender and drug – related offences (2005)



SOURCE: ESYE

Most of the offences (31.3%) were committed in the region of Macedonia, 28.4% in the region of Attica, 10.2% on the Aegean islands, 9.9% in the Peloponnese, 7.2% on Crete and 13.0% in the rest of the country.

The sentences imposed for drug use, possession or cultivation of a small quantity for personal use are prison sentences no longer than 12 months. Of the sentences imposed for drug trafficking/dealing, 97.0% are prison sentences longer than 12 months and confinement for a period of time or for life. Similarly, of the sentences imposed for drug cultivation/production, 89.5% are prison sentences longer than 12 months and confinement for a period of time, while of the sentences imposed for drug use, dealing and trafficking, 80.5% are prison sentences longer than 12 months and confinement for a period of time or for life.

The sentences imposed for drug use, possession or cultivation of a small quantity for personal use were suspendable and commutable, and only 1 individual (of a total of 1,352,

i.e. 0.07%) received a non-commutable sentence. On the other hand, non-commutable sentences were imposed in the vast majority of the trafficking/dealing cases (82.1%).

Agewise, 80.0% of the individuals convicted for drug-related offences were between 22 and 44 years old.

9.2.3 Drug-related offences committed by minors

The latest available data from ESYE on minors awarded reformatory, therapeutic or correctional measures are for the year 2005. The number of minors who committed drug-related offences and were placed under supervision in therapeutic or reformatory institutions, or under parental supervision, supervision of JPAs or supervisors, was 197, of whom 95.9% were males. 85.3% were charged for drug use, possession or cultivation of a small quantity for personal use and 13.2% for drug use, dealing and trafficking. 79.7% of the minors were aged from 19 to 21.

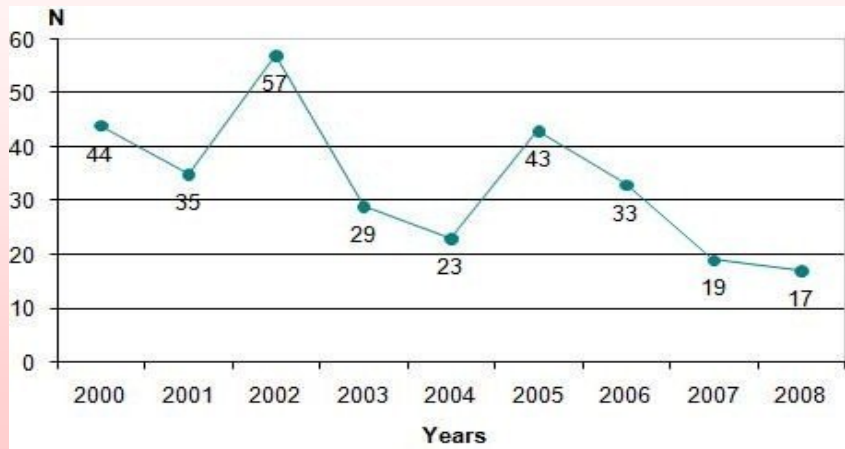
The Supervisory Juvenile Service of the Athens Juvenile Court presents every year to the Greek REITOX Focal Point information about drug-related cases. In the court year 2007-08, the one-member Athens Juvenile Court tried 22 drug-related cases (of a total of 1,874 cases) and the three-member Athens Juvenile Court tried 15 (of a total of 60 cases).

The data set is about 37 juvenile offenders, most of whom (94.6%) were males. 4 minors were Greek nationals, 5 were Albanian, 4 Somali, 2 Egyptian, 1 Polish, 1 Syrian, 1 Sudani, 1 Nigerian, 1 Ethiopian and 17 were of foreign/unknown nationality.

9.2.4 Other drug-related offences

The number of pharmacy burglaries is an indirect indicator of drug-related crime. According to data from the Hellenic Police, there were 17 pharmacy burglaries in 2008 –this figure is smaller compared to both 2006 (33 pharmacy burglaries) and 2007 (19 pharmacy burglaries reported). In the period 2000-2008, there was an average 33 pharmacy burglaries yearly, the lowest value being 17 pharmacies in 2008 and the highest 57 in 2002. Figure 9.4 shows the distribution of pharmacy burglaries in the period 2000-2008.

Figure 9.4: Distribution of pharmacy burglaries in the period 2000 – 2008



SOURCE: HELLENIC POLICE

9.3 Interventions in the criminal justice / penitentiary system

9.3.1 Psychosocial support

Support interventions are the most important in-prison activity designed to respond to the special needs of drug users in custody.

In 2008, eight programmes implemented support interventions in prison (seven KETHEA programmes and one 18 ANO programme). The programmes are listed below: 1) KETHEA STROFI, 2) KETHEA MOSAIC, 3) KETHEA OXYGONO, 4) KETHEA ARIADNE, 5) KETHEA PILOTOS, 6) KETHEA EN DRASI, 7) KETHEA Counselling Unit for Prisoners in Thessaloniki, and 8) 18 ANO Prison Programme.

The prisoner support interventions included information, awareness and support groups in 16 penitentiary establishments and in the Detention Centre for Aliens in 2008 (Table 9.1). Compared to the previous years, the coverage of support interventions is constantly growing. Suffice it to mention that in 2004 support groups were available in ten prisons, in 2005 in twelve and in 2006 in fifteen.

Table 9.1: Prisons offering support services to drug dependent prisoners (2008)

PENITENTIARY ESTABLISHMENT	IMPLEMENTING AGENCY
<i>For juvenile offenders</i>	
Special Juvenile Correctional Establishment in Avlona	KETHEA
Penitentiary Establishment for Minors in Kassavetia, Volos	KETHEA
Juvenile Reformatory Facility in Volos	KETHEA
<i>For adults</i>	
Koridalos Judicial Prison	KETHEA, 18 ANO
Koridalos Prison Psychiatric Division	KETHEA, 18 ANO
Koridalos Women's Prison	KETHEA, 18 ANO
Closed Prison in Aghios Stefanos, Achaia	KETHEA
Penitentiary Establishment for Adults in Kassavetia, Volos	KETHEA
Diavata Judicial Prison, Thessaloniki	KETHEA
Diavata Military Prison, Thessaloniki	KETHEA
Komotini Judicial Prison	KETHEA
Cassandra Rural Prison	KETHEA
Neapoli Judicial Prison, Crete	KETHEA
Nea Alikarnassos Closed Prison, Crete	KETHEA
Hania Judicial Prison	KETHEA
Aghia Rural Prison, Hania	KETHEA
Detention Centre for Aliens	KETHEA

SOURCE: Greek REITOX Focal Point 2009.

Based on the available appeal data, in the reporting year a total of 1,480 prisoners participated in support groups. The support groups organised by KETHEA attracted a total of 1,199 prisoners (121 in prisons for minors and 1,078 in prisons for adults and in the Detention Centre for Aliens), i.e. 22.6% increase in the number of beneficiaries compared to 2006 (978). The number of drug users who participated in the in-prison support programmes of 18 ANO Dependence Treatment Unit in 2008 was 281 –slightly less than in 2006 (296).

9.3.2 Transition to treatment

A number of drug dependent prisoners had imprisonment suspended and joined off-prison dependence treatment programmes following successful completion of in-prison support programmes, in 2 of the 8 programmes that implemented in-prison support interventions in 2008.

The relevant figures are presented below:

- 26 individuals were admitted to treatment following completion of the in-prison programme implemented by the Counselling Unit for Prisoners in Thessaloniki (KETHEA) in the prisons of Diavata, Cassandra, Komotini and in the Thessaloniki Military Prison (number of beneficiaries: 316).
- One individual was admitted to treatment following completion of the in-prison programme implemented by PILOTOS treatment programme (KETHEA) in Kassavetia Rural Prison and in Volos Juvenile Reformatory Facility (number of beneficiaries: 48).

9.3.3 Legal support

In 2008, in-prison information and awareness-raising of legal matters, mostly through group and individual sessions, were provided by the following KETHEA programmes:

1. PILOTOS: Kassavetia Prison for Minors, Volos Juvenile Reformatory Facility.
2. STROFI: Avlona Special Juvenile Correctional Establishment
3. Counselling Unit for Prisoners in Thessaloniki: prisons of Diavata, Cassandra and Komotini, Thessaloniki Military Prison.
4. ARIADNE: Prisons of Neapoli, Nea Alikarnassos, Hania and Aghia (Crete).

9.3.4 Support to prisoners on remand

Support services (awareness-raising groups, individual counselling, group counselling, etc.) are also available to prisoners on remand. They are delivered by three treatment programmes: two run by KETHEA (STROFI Counselling Centre for Adolescents and EN DRASI Treatment Programme) and one by 18 ANO Dependence Treatment Unit (18 ANO Prison Programme). Table 9.2 shows the number of prisoners on remand who received support services in 2008.

Table 9.2: Prisoners on remand who received support services (2008)

Agency	Beneficiaries		
	Male	Female	Total
KETHEA EN DRASI	405	93	498
KETHEA STROFI	32	4	36
18 ANO PRISON PROGRAMME	20	4	24

SOURCE: Greek REITOX Focal Point 2009

9.4 Responses to drug-related health issues in prisons

Given the large number of drug users in prison, it is imperative to develop, implement and support harm reduction and treatment interventions in prison. Nonetheless, treatment in prison mostly relies on NGOs and harm reduction is confined to information meetings and printed material.

In the field of treatment, for a number of years there has been only one public treatment programme for drug dependent prisoners, the Treatment Centre for Drug Dependent Prisoners (KATK) in Eleonas, Thebes. Treatment is also available through the therapeutic communities of EN DRASI programme (KETHEA) in Koridalos Women's and Judicial Prisons. Psychosocial support and counselling is offered by 18 ANO and KETHEA in various prisons across the country.

9.4.1 Drug treatment

The Treatment Centre for Drug Dependent Prisoners (KATK) in Eleonas, Thebes operates under the auspices of the Ministry of Justice in specially arranged off-prison facilities.

In 2008, there were 83 clients in total in the programme's main phase of treatment and 12 clients in the social reintegration phase, receiving chiefly information and psychological support services. The respective figures for the years 2006 and 2005 are presented below: in 2006, 91 clients were in the main phase of treatment and 9 in the social reintegration phase, and in 2005 106 clients were in the main phase of treatment and 6 in the social reintegration phase. The comparison of data from the three years (2005, 2006, 2008) indicates a decrease in the number of clients in the main phase of treatment (2005: 105 clients, 2006: 91 clients, 2008: 83 clients) and a slight increase in the number of clients in the social reintegration phase (2005: 6 clients, 2006: 9 clients, 2008: 12 clients).

The total KATK staff members in the reporting year were 79, of whom 79.7% administrative and security staff and 20.2% therapists of different specialties (doctors, psychologists, social workers and nurses). Moreover, according to the reported data, staff training is not adequate, since it is confined to the occasional attendance of lectures.

The therapeutic communities of EN DRASI programme (KETHEA) in Koridalos Women's and Judicial Prisons focus on individual counselling, group therapy and peer confrontation groups. Moreover, they provide psychiatric support, education and career guidance services.

In 2008, 50 female prisoners attended the programme's main phase of treatment in Koridalos Women's Prison. The same number of female prisoners (50) attended the programme in 2006, whereas in 2005 the programme was attended by 41 female prisoners, less than in 2006 or 2008.

Under the auspices of EN DRASI programme (KETHEA), in 2008 an additional therapeutic community was launched in Koridalos Judicial Prison. It was attended by 20 prisoners.

9.4.2 Prevention and Reduction of drug – related harm

In 2008, five KETHEA programmes implemented information and health awareness interventions (e.g. prevention and management of infectious diseases), safer drug use and overdose prevention in 12 Greek prisons. The interventions consisted mainly of seminars and group sessions attended by 794 drug dependent prisoners (Table 9.3). Compared to 2006, more programmes implemented harm reduction interventions in the reporting year and there was a considerable increase in the number of participants (2008: five programmes involved in harm reduction interventions with 794 participants. 2006: one programme involved in harm reduction interventions with 79 participants).

Table 9.3 : Information and awareness-raising interventions for drug dependent prisoners in 2008

TYPE OF INTERVENTION	AGENCY	BENEFICIARIES
	1. COUNSELLING UNIT FOR PRISONERS IN THESSALONIKI → in the prisons of Diavata, Thessaloniki, Cassandra & Komotini	
A. Health-related	Seminars, individual & group sessions, printed information material	360
B. Safer use	Seminars, individual & group sessions	
C. Overdose prevention	Individual sessions	
	2. PILOTOS → in Kassavetia Rural Prison & Volos Juvenile Reformatory Facility	
A. Health-related	Seminars, individual & group sessions	48
	3. STROFI → in Avlona Special Juvenile Correctional Establishment	
A. Health-related	Group sessions & printed information material	80
	4. OXYGONO → Closed Prison in Aghios Stefanos, Achaia	
A. Health-related	Seminars, group sessions	104
B. Safer use	Seminars, group sessions	
C. Overdose prevention	Seminars, group sessions	
	5. ARIADNE → in the prisons of Neapoli, Nea Alikarnassos, Hania, Aghia (Crete)	
A. Health-related	Seminars, group sessions, printed information material	202
B. Safer use	Group sessions	
C. Overdose prevention	Seminars, group sessions	
		TOTAL: 794

Source: Greek REITOX Focal Point 2009

9.5 Reintegration of drug users after release from prison

9.5.1 Psychosocial support

EN DRASI Treatment Programme (KETHEA) implements special interventions for released prisoners and provides the following services: a) information and mobilisation, b) counselling, relapse prevention and preparation for therapeutic communities, c) motivational interview, and d) self-help groups. In 2008, it served 102 released prisoners (92 males and 10 females).

18 ANO Prison Programme organises awareness-raising groups and provides individual counselling to released prisoners who may then request treatment from its available programmes. In 2008, 55 individuals (54 males and 1 female) participated in self-help groups and 25 individuals (18 males and 7 females) attended individual sessions.

9.5.2 Reintegration of released prisoners

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

- The Admission and Reintegration Centre for Released Drug Users in Thessaloniki (KETHEA) provides counselling, therapy, relapse prevention and social reintegration services to released drug users and their families. In 2008, the Centre served 18 clients (therapy: 12 users, social reintegration: 5 users and 1 parent).
- The EN DRASI Admission and Reintegration Centre (KETHEA) comes as a continuation of the support and therapy programmes implemented in Koridalos prison. 27 clients in total received social reintegration services in 2008, although this figure does not represent released prisoners only.

Moreover, in 2008 EPANODOS Reintegration Centre for Released Prisoners was established (as a legal entity under private law), under the auspices of the Ministry of Justice, with a mission of providing vocational training, labour market promotion, counselling and psychosocial support to released prisoners. Its target group includes drug

users, as well. Information about the treatment services drug users can contact in order to tackle problem drug use is available on its website (www.epanodos.org.gr).

9.5.3 Staffing and equipment of social reintegration programmes

Based on the data, the staff is small in the social reintegration programmes of a) the Admission and Reintegration Centre for Released Drug Users in Thessaloniki (KETHEA), b) the EN DRASI Admission and Reintegration Centre (KETHEA), and c) the Treatment Centre for Drug Dependent Prisoners (KATK). In all those structures, staff members are two to three (3 reported by KATK reintegration programme, though part-time), and the request for “more scientific staff” is voiced.

The building and material infrastructure available to reintegration programmes is rated “moderately satisfactory” or “unsatisfactory”. There is a need to ensure appropriate premises through remodeling and extending the existing ones and fitting them with specialised equipment.

9.6 Conclusions

Compared to 2007, the numbers of both the individuals charged with drug-related offences and the drug-related cases have increased. On the other hand, the latest data about the number of drug-related convictions (for 2005) indicate a drop compared to the years 2003-2004.

The geographical distribution of offences and the age distribution of convicts remain unchanged compared to 2004.

In 2008, there was a 23% decrease in the number of juvenile offenders compared to 2006, although the number of cases heard by the one-member and the three-member courts remained stable.

The number of pharmacy burglaries in the last three years (2006-2008) has decreased.

In recent years, support programmes for drug dependent prisoners have been constantly expanding. Moreover, in 2008 one additional therapeutic community was established in Koridalos Judicial Prison by KETHEA EN DRASI. Moreover, during the reporting year 1,480 prisoners participated in support interventions and 165 in treatment programmes.

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

According to the data, there is a need to strengthen the scientific staff of the Treatment Centre for Drug Dependent Prisoners (KATK) and provide them with better training. Moreover, there is a need to improve the building and material infrastructure of the reintegration programmes for released prisoners.

10. DRUG MARKETS

10.1 Availability and supply

10.1.1 Perceived availability of drugs, exposure, access to drugs

The perceptions of drug availability are drawn from the most recent survey in the high school population (see Chapter 2). Main points are summarised below: (Kokkevi et al. 2009)

- 40.2% of the students report “fairly” or “very easy” (hence forth “easy”) access to inhalant substances, while 36.5% report “easy” access to tranquillisers or sedatives without the doctor’s prescription.
- One in 4 thinks it is “easy” to find cannabis (25.8%) and one in 7 (14.3%) ecstasy.
- Boys and older students believe in higher percentages than girls and younger students, that the access to licit and illicit substances is “easy”.
- The opinions about the degree of accessibility to cocaine and heroin are similar in the two genders.

10.1.2 Trafficking patterns

The available data from SODN for the year 2007 suggest that 14.3% of the seized heroin comes from Albania, 1.5% from Bulgaria, 1.2% from Turkey, 0.2% from Pakistan, and the remaining 82.8% comes from other countries or is of unknown origin. In 2007, most of the heroin was transported overland. The quantity trafficked in Greece through either airports or ports were negligible.

The seized quantities of cocaine for the year 2007 come from Latin American countries (Ecuador, Guyana, Bolivia, Brazil, Argentina), as well as from Bulgaria and Nigeria, and were transported by land (25.1%), sea (69.6%) and air (5.3%).

In 2007, 47.03% of the total quantity of seized raw cannabis originated in Albania, and 7.45% of the seized processed cannabis in Italy. In 2007, the Greek DPAs seized a

quantity of processed cannabis (1.3%) originating in the Netherlands. Processed and raw cannabis was trafficked by land, sea and air.

In 2007, almost all psychotropic, chemical and precursor substances were smuggled into Greece through the land borders (99.6%), with as little as 0.4% smuggled through airports. Of the seized quantities of psychotropic substances, 0.5% came from Bulgaria, 0.3% from the Netherlands, 0.2% from Belgium, 0.01% from the Czech Republic, 0.02% from the UK, and the overwhelming majority (99.0%) was of unknown origin.

10.2 Seizures

10.2.1 Quantities and numbers of seizures of all illicit drugs

Every year, SODN collects from the DPAs, processes and reports to the Greek REITOX Focal Point data about the quantities of drugs seized, the most common trafficking patterns and the countries of production and origin. Table 10.1 shows the quantities of drugs seized during the five-year period 2004-2008.

Table 10.1: Narcotic drug seizures (2004-2008)

	2004	2005	2006	2007	2008 ³
Heroin (kg)	315	331	312	259	448
Cocaine (kg)	1,152	43	57	255	67
Cannabis ¹ (kg)	4,777	18,220	12,446	6,915	4,663
Cannabis plants	39,820	34,967	32,492	17,611	23,892
Methadone (tablets)	10,993	15,354	5,035	14,119	4,394
Synthetic drugs ² (tablets)	87,953	150,932	118,680	58,355	8,620
LSD (doses)	1,111	120	146	2,880	506
Tranquillisers (tablets)	43,722	58,219	56,120	53,625	66,783

¹ Including seizures of processed and raw cannabis.

² Including amphetamine and ecstasy tablets.

³ Data for 2008 include seizures effected through 31/05/09.

SOURCE: SODN-EMP

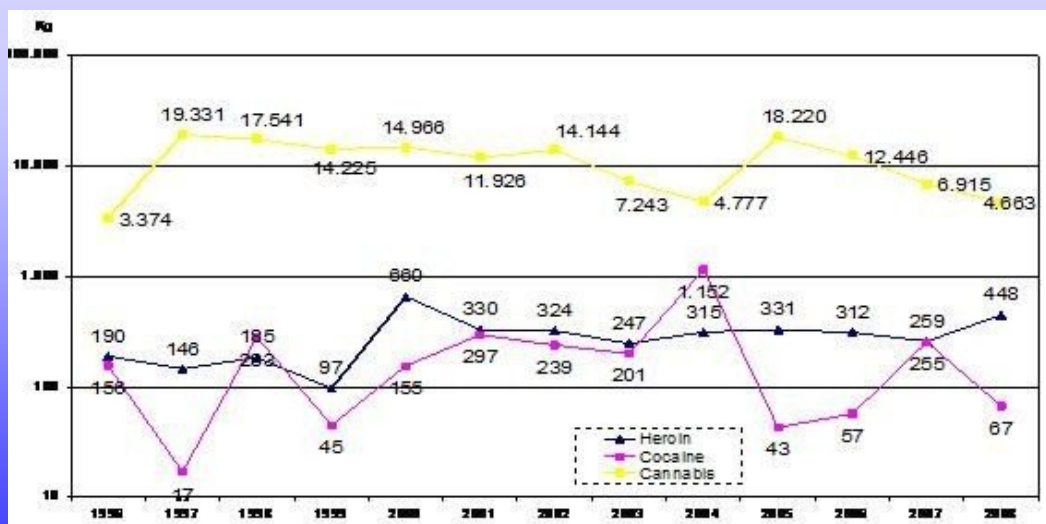
Drug Markets

The seized quantities of heroin over the past five years increased in 2008. According to SODN data, cocaine seizures decreased (73.7%) compared to 2007, although there is an increase compared to the years 2005-2006. For cannabis, there is a sharp 32.6% drop compared to 2007.

According to Table 10.1 and in comparison to 2007, the quantity of heroin seized in 2008 increased by 73.0%, cannabis plants increased by 35.7%, and tranquilliser tablets increased by 24.5%. A significant 68.9% drop is reported in methadone tablets in 2008 compared to 2007, and also a clear drop compared to the three-year period 2004–2006. In the period 2007-2008, there was also a remarkable 82.4% drop in the seized quantity of LSD.

Finally, Figure 10.1 shows the evolution of heroin, cocaine and cannabis seizures over time.

Figure 10.1: Seized quantities of heroin, cocaine and cannabis (1996 – 2008)



SOURCE: SODN-EMP

10.3 Price and purity

10.3.1 Price of illicit drugs at retail level

Information about the price of drugs on the illegal market is reported by SODN. The retail price («street price») of heroin in 2008 ranged between € 10-80 per gram, the retail price of cocaine ranged between € 45-100 per gram. No variation has been observed

compared to 2007. The price of processed cannabis increased and typically stood at € 10 per gram, as opposed to € 6 per gram in 2007. Over the last year, there has been an increase in the lowest and highest prices of ecstasy tablets (from € 6-10 per tablet in 2007 to € 8-25 per tablet in 2008), and a fall in LSD prices (from € 16-20 per dose to € 5-10 per dose, respectively).

10.3.2 Purity/potency of illicit drugs

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).

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

Compared to 2007, in 2008 there was an increase in purity of all the samples analysed by the Chemical Service of Athens. In 2007, the average content of heroin samples in active ingredients was 19.3%, but reached at 23.0% in 2008. A similar increase in purity (+16.9%) is detected in cocaine samples, while in ecstasy tablets the increase is over doubled (+125.0%).

10.3.3 Composition of illicit drugs and drug tablets

The Greek REITOX Focal Point receives on a regular basis from the State General Chemical Laboratory (Third Chemical Service of Athens and Second Chemical Service of Thessaloniki) data about the chemical composition and the quantitative and qualitative determination of seized ecstasy tablets. According to these data, in 2008 96.12% of the tablets contained MDMA, MDEA, MDA or a combination thereof, 2.28% contained amphetamine, methamphetamine or a combination thereof, 1.11% contained the possible combinations of all the aforementioned substances, and only 0.49% contained other psychoactive substances. This breakdown and the prices for the years 2006-2007 are presented in Table 10.2. There is no actual year-to-year variation.

Table 10.2: Chemical composition and quantitative and qualitative determination of seized ecstasy tablets (2006-2008)

%	2006	2007	2008
MDMA / MDEA / MDA	98.66	99.05	96.12
Amphetamines, methamphetamines	1.30	0.36	2.28
Possible combinations of the above	0.03	0.49	1.11
Psychoactive substances	0.01	0.10	0.49
Total	100.0	100.0	100.0

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

10.4 Conclusions

Perceived easiness in getting substances varies according to the substance, with inhalants and prescription medicines being easier accessible than cannabis or ecstasy by the high school population.

The trafficking patterns for heroin, cocaine and cannabis in 2007 were similar to those in 2006, with cocaine sea transport increasing by 28.2%. On the other hand, the vast majority of psychotropic, chemical and precursor substances entered Greece through the land borders, whilst in 2006 they were typically shipped through Post.

The seized quantities of heroin, cannabis plants and tranquillisers have increased in the period 2007-2008, while a drop is reported in cocaine, cannabis, methadone tablets, synthetic drugs and LSD seizures for the same time period.

The retail prices of cocaine and heroin have remained unchanged over the past two years, the prices of processed cannabis and ecstasy rose, and the price of LSD fell.

The average purity of all the samples increased in the period 2007-2008.

Finally, there was little variation in the composition of ecstasy tablets in the three-year period 2006-2008, with MDMA/MDEA/MDA and their analogues present in the vast majority of the tablets tested (96.12%-99.05%).

PART B

SELECTED ISSUES

11. CANNABIS MARKETS AND PRODUCTION

11.1 Markets

Historical overview: from the ancient Greeks to the post-war “hashish culture”

Cannabis production in Greece dates back to the 5th ce. b.c. It is first mentioned in Herodotus that the ancient Greeks were taught by their eastern neighbours, the Skyths, ways to cultivate cannabis. From the 5th ce. onwards, cannabis was used in manufacturing boat sails, ropes and other textiles. The euphoric qualities of cannabis were also recognized, as mentioned by Galen, the Greek physician from Pergamon (Stefanis et al. 1977)

Cannabis production, mainly for the textile industry, continued during the Middle Ages. During the Ottoman rule production was limited and particularly after 1930, when Greece became an independent state, large quantities of cannabis used for textile needs were imported. Cannabis production grew significantly after 1875, organized by the immigrants from Egypt, Cyprus and other eastern areas. After being reduced during the years of the World War I, production increased again and became a major agricultural product, which Greece was also exporting. It is estimated that before 1915 26,000 acres in Greece were put to hashish cultivation and in 1928 there were 10 cannabis textile factories (Stringaris 1933, Papadopoulos 1959). They were gradually led to bankruptcy after the total prohibition of any use of cannabis in Greece, in the beginning of the 20th century.

In 1890 the first law for the prohibition of cultivation, importation and use of hashish passed. Despite that, hashish use, became particularly prevalent after 1922, when large numbers of Greek refugees were repatriated from Asia Minor (1.5 million), following the defeat of the Greek Army. Asia Minor Greeks brought the habit of smoking hashish with them, which was easily spread to native population, facilitated by the frustration and poverty at the time (Papageorgiou 1979).

Gradually the “hashish culture” was established. The drug was smoked mainly in the “tekedes” (cafes frequented by hashish smokers) by young, jobless people, defying law and authority –the “manges”; they had their own code of honour and rejected the established social order. The “hashish culture” was prevalent in many ways, there were even special songs for hashish and “manges” (Petropoulos 1971, Moschovakis et al 1978).

From 1932 to 1970 drug laws in Greece became increasingly severe, yet not strictly enforced (Stefanis et al.1977). The first comprehensive law based also on the UN definitions of use and dependence and foreseeing specific sanctions and penalties for all drug related crimes (use, trafficking, cultivation, etc) was Law 1729 passed in 1987 (Kotsalis 2005).

The situation today

Although Greece cannot be considered a par excellence cannabis producing country, there is both hydroponic and outdoor cultivation of cannabis. Outdoor cultivation is more prevalent. Cannabis sativa is the main type cultivated. Apart from the cannabis plants seized (see 11.2 Seizures) and the individuals charged for cultivation (see 11.3 Offences) there is no other official information on cannabis plantations and their size. Unofficial sources state that the largest cannabis plantations are found in West Peloponese and Crete. In 2007 a huge Police operation took place in the Zoniana region (Rethymno, Crete) to destroy cannabis plantations. The operation lasted more than 3 months and the results are not publicised.

Greece is known to be in the middle of the Balkan route for drug trafficking. Although cannabis is not trafficked through the Balkan route, Police cooperation between the Balkan countries and Turkey extends to cannabis control. Most of the imported cannabis comes from Albania. Cooperation with Balkan Drug Prosecution Authorities (DPAs) is accomplished in many ways, the main one being organising “controlled delivery programmes” (allowing a tracked drug quantity to continue its journey and block it at its destination). Such programmes require good coordination between transit countries (SODN 2008).

11.2 Seizures

Law enforcement coordination

The Central Anti-Drug Coordination Unit – National Intelligence Unit (SODN-EMP), was established in 1990, as a national response to the EU Drug Action Plan 200-2004, and became the national monitoring and intelligence unit on drugs (Ministerial Decree 126/90).

SODN consists of officers – representatives of four DPAs coming from three Ministries: Hellenic Police (Ministry of Interior), Coast Guard (Ministry of Merchant Marine), Customs Services and Special Controls Service (Ministry of Finance). Its headquarters are in the Ministry of Interior.

The aims of SODN are: the closer cooperation of all national DPAs and the provision of accurate and timely information on drug supply reduction in order to respond effectively to the organized drug related crime. They are liaison information provision service between INTERPOL, EUROPOL and the national DPAs. They also responsible for organizing or participating in “controlled delivery programmes” of drug trafficked through Greek soil (SODN 2008).

SODN publishes every year an Annual Report on the work of national DPAs and the statistics on drug related crime. The Greek Focal Point receives data from SODN at annual basis, which are used for the drafting of the Greek Annual Report and the National Report on the Drug Situation in Greece. The Unit participates also in the Early Warning System network.

Every DPA in Greece launches an Action Plan every year. Inter-agency cooperation is a major concern in these Action Plans. Most of the drug supply reduction operations in Greece are joined efforts mainly between the Hellenic Police and the Coast Guard.

Seizures

Plants seized demonstrate the cannabis plantations in Greece. As seen in Table 11.1 quite a few thousands of plants are seized every year by the Greek DPAs. Cannabis resin seizures are generally in low levels; only in 2005 a large quantity of 10 tones was seized. Quantities of herbal cannabis seized have dropped in the last two years (Table 11.1).

Table 11.1 Trends in the quantities of cannabis seized (2001 – 2008)

Cannabis	2001	2002	2003	2004	2005	2006	2007	2008
Resin (kg)	270.78	201.14	89.894	25.038	10,209	74.964	4.833	19.574
Herbal (kg)	11,653	13,942	7,153	4,752	8,000	12,314	6,909	4,426
Plants	18,821	16,343	21,060	39,820	34,993	32,495	17,611	23,892

Source: SODN 2009

Price

As seen in Table 11.2, the price of cannabis resin presented a large increase in 3007 compared to that of earlier years. The same pattern is prevalent in wholesale prices of herbal cannabis.

Table 11.2 Trends in the wholesale and street level price of cannabis (2002 – 2008)

Price	Resin (€)		Herbal (€)	
	Street level (gr)	Wholesale (kg)	Street level (gr)	Wholesale (kg)
2002	3 – 6	900 - 2,200	1.5 - 3	300 - 700
2003	4 - 6	900 - 2,500	1.5 - 5	300 - 800
2004				
2005	4 – 6			
2006	6*		3.25*	500*
2007	7.5*	8,000*	3.37*	1,675*

*average

Source: SODN 2003-2009

Origin

Quantities of cannabis resin seized in Greece present a great variety in terms of countries of origin. In 2005 the largest quantity originated from Pakistan (58.7%) and Bulgaria (40.9%). In 2006 and 2007 there were no large quantities originating from one particular country, while 16,3% was from Albania (in 2006) and 7.5% for Italy (in 2007) (SODN 2007, 2008).

The picture for herbal cannabis is clearer. The largest quantities come consistently from Albania: 63.5% in 2005, 67% in 2006 and 47% in 2007 (SODN 2006, 2007, 2008).

Routes

Cannabis is trafficked through, in, or for Greece in all ways (sea, land, air). More than 80% of herbal cannabis seized is trafficked by cargo lorries (TIR) from Albania.

Places

Common places where cannabis resin is found are: private cars (>50%), country borders (≈16%), private houses (≈14%), ports (≈6%), airports (≈2%), train stations (≈2%) (SODN 2008).

11.3. Offences

According to data from SODN, the main actors in cannabis trafficking in Greece, independent from country of origin, are Greeks and Albanians (SODN 2008).

Cannabis Markets and Production

In 2006, 8,287 individuals were charged for *herbal cannabis* related offences, 75% of them for possession and use, 19% for trafficking and 5.8% for use and trafficking. Of them, 82% were Greeks and 14.6% foreigners, while for the 3% the nationality was unknown. In the same year, 323 individuals were charged for *cannabis resin* related offences, 75.5% for possession and use, 22.9% for trafficking and 1.5% for use and trafficking. Of them, 70% were Greeks, 28% foreigners and 2% of unknown nationality (SODN 2007, 2008).

In 2007, 6,789 individuals were charged for *herbal cannabis* related offences, 36.3% of them for possession and use, 20% for trafficking and the rest for other offences. Of them, 82.7% were Greeks, 15.4% foreigners, and for the 2% the nationality was unknown. In the same year, 265 individuals were charged for *cannabis resin* related offences, 73% for possession, 23.7% for trafficking and 3.3% for other offences. Of them, 67.2% were Greeks and 32.8% foreigners (SODN 2007, 2008).

12. TREATMENT AND CARE FOR OLDER DRUG USERS

Drug use in Greece showed a sharp increase in second half of the 90's decade, compared to the 80's, when drug prevalence started being monitored in Greece, through nationwide epidemiological surveys. After 2000 the phenomenon seems to have taken a downward trend (Kokkevi et al. 2007).

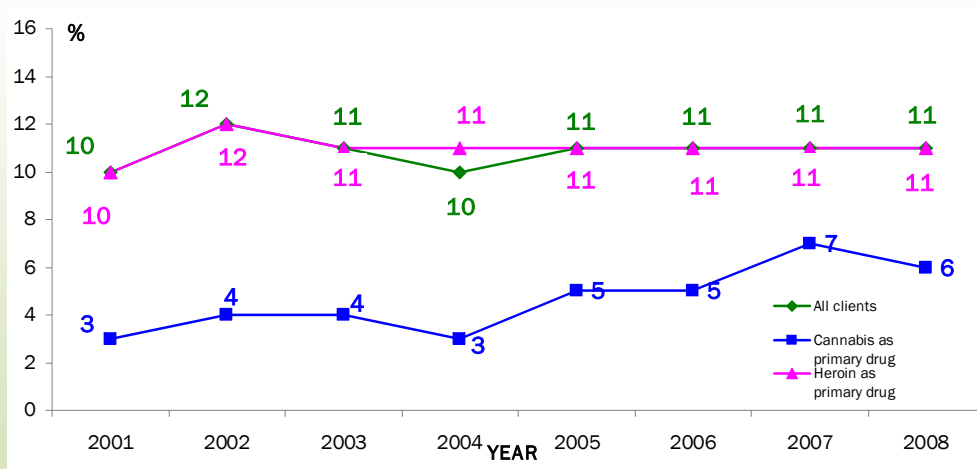
A typical drug career in Greece starts at 15, with the first drug experience, usually cannabis. At around 18 years of age the main substance of abuse starts, most often heroin, and two years after that injecting use and shortly dependence. Treatment is sought at around the age of 26, that is, after six or seven years of dependence (Kokkevi, et al. 2009, KETHEA, 2007).

12.1 Aging Problem of drug users

12.1.1 Age trends in drug users in and out of treatment

The monitoring of the characteristics of drug users entering treatment started in Greece in 1994, but it was in 2001 that the data reached full coverage.

Figure 12.1: Trends in the percentages of drug users aged over 40 years entering treatment, according to primary drug of abuse



SOURCE: Greek REITOX Focal Point, 2009

Treatment and Care for Older Drug Users

According to these data, the percentage of users, among those entering treatment in Greece, who are over 40 years old remained stable in the last 10 years. Since 2001, the proportion of older users is around 10%, the majority (9%) being between 40-49 years old. As more than 80% of Greek users entering treatment have always been *heroin users*, the proportion of users aged over 40 reporting heroin as their primary drug is similar to that of all drug users, around 10%. *Cannabis users* entering treatment have increased since 2004, but their numbers are too small to be meaningful. (Figure 12.1)

Cocaine users over 40 years old entering treatment present a similar pattern to cannabis users is observed: an increase since 2004, but the numbers are too small to warrant interpretation.

The substitution programme

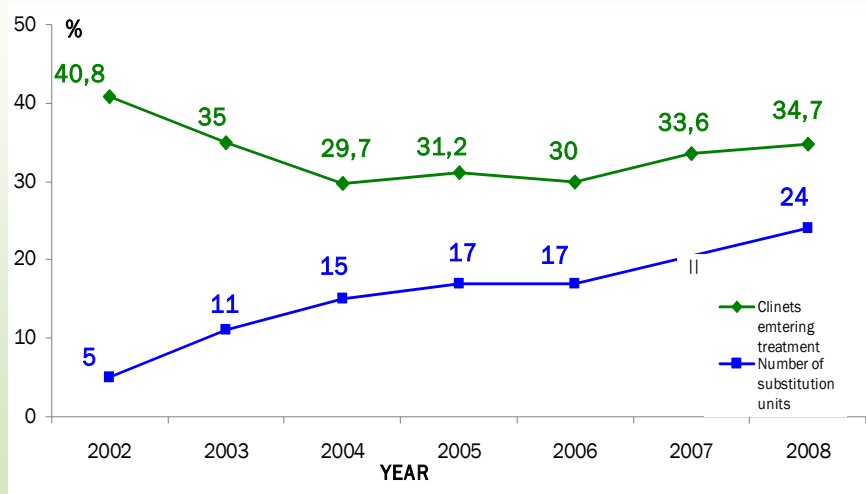
The **substitution programme** in Greece, has a very long waiting list, particularly in Athens and Thessaloniki, amounting to more than 5.000 users in 2008. Thus, because not all applicants can be admitted to treatment, those who belong to vulnerable groups (seriously ill, parents of small children) are considered to have priority and are admitted to the programme by exemption. There are specific criteria for admissions by exemption, advanced age being one of them. Particularly in Athens, for the last 3-4 years almost all of the new admissions are by exemption. Moreover, although almost all of the units of the substitution programme aim at discontinuation of drug use, they do not deter the clients' long-term stay in the programme. As a result, a considerable number of users are in maintenance treatment, and ultimately of an advanced age. For these reasons, the substitution programme has always had higher percentages of older drug users than psychosocial interventions.

Regarding clients **entering** substitution treatment, minor fluctuations of the percentages of older users are prevalent. The higher percentage is observed in 2002 (40.8%), and for the next two years the percentages decrease: 35% in 2003 and 29.7% in 2004. Since 2005 the percentages of drug users aged over 40 slightly, yet almost systematically, increase to reach 34.7% in 2008 (Figure 12.2).

As seen in Figure 12.2, the trend in the percentages of clients entering substitution treatment is inversely proportional to the trend in the numbers of substitution units: the lowest percentages of older clients are observed in the years when an increase in the establishment of units is apparent. This might have two interpretations, both equally valid: a) that the new units absorb a large number of applicants from the waiting list in Athens and Thessaloniki, the need for admissions by exemption drops, therefore younger users can also enter, and b) that, because most of the new units were established in cities other than Athens and Thessaloniki, there are no waiting lists and no exceptional admissions.

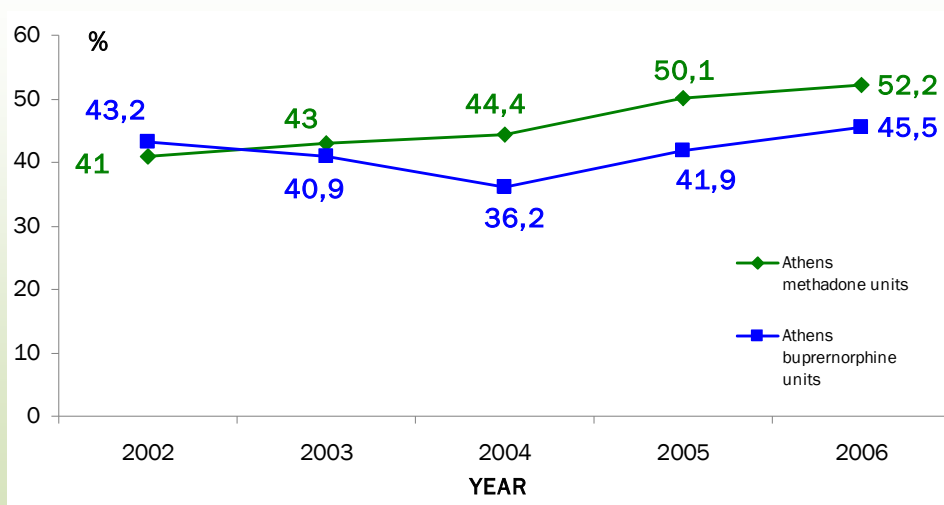
Clients in substitution treatment who are over 40 years old, present steadily increasing proportions through the years. Data from the Athens methadone and buprenorphine units show that the already high percentage of older clients in methadone units in 2002 (41%) increased by 27% in four years, and became 52.2% in 2006. A similar trend is observed in Athens buprenorphine units: after a decrease in the proportion of older clients between 2002 (43.2%) and 2004 (36.2%), an increase follows in 2005 (41.9%) and 2006 (45.5%) (Figure 12.3). Substitution units, mainly methadone units, in Greece are to a large extent maintenance treatment services, as already mentioned above. Especially in Athens, a considerable number of clients participate in the programme for more than 10 years. In this light, the increase in older age clients is understandable.

Figure 12.2: Trends in the proportion of older clients entering substitution treatment and number of substitution units.



SOURCE: Greek REITOX Focal Point, 2009

Figure 12.3: Trends in the proportion of older clients in substitution treatment in Athens



SOURCE: Greek REITOX Focal Point, 2009

An analysis on users over 40 years old, should include abuse of pharmaceutical, especially benzodiazepines which present high percentages in this age group. In Greece, research shows, that around 40% of individuals over 50 years old take benzodiazepine, with and/or without prescription. For many of those individuals abuse of such pharmaceuticals imply covert dependence (Vlachaki et al. 2004, Liappas 2005). In Greece, as in the rest of Europe, women have higher chances of benzodiazepine abuse and dependence (Steka 2004)

12.1.2 Deaths of older drug users

Acute drug intoxications are recorded by the Hellenic Police. Age breakdown for the >40 years old group was not possible. Nevertheless, acute intoxications for people over 31 years of age present large increased in the last 3 years: in 2005, 40% of drug related deaths belonged to the >31 years old group, while in 2008 the same age group accounted for 56.8% of drug related deaths (see Chapter 6).

12.1.3 Factors related to the aging and increasing life expectancy in drug users

Professionals who work in drug treatment on Greece mention several reasons for the ageing phenomenon in drug users.

The most important factor for the increased life expectancy of users in Greece is probably the substitution programme. In Greece it operates mainly as maintenance programme with high tolerance to relapses or to polydrug use and helped clients to improve their quality of life.

Harm reduction programmes, particularly needle exchange or needle administration programmes, should be considered as assisting to the improvement of health, but in Greece such services are limited for many years. Nevertheless, through the primary health care facilities offered in the frame of these services, users have increased access to medical tests, dental care, treatment for Hepatitis B and C and vaccination for Hepatitis B. HAART contribution should be limited, since seroprevalence in Greece has always been in low levels, but the new Hepatitis C treatment schemes have helped, as seen also in the decreasing trend in Hepatitis C prevalence in the last two years (see Chapter 6).

The mobile unit of OKANA, an ambulance service specialised in overdose cases and other drug related health emergencies, has responded to an increasing number of cases in the last few years (see Chapter 7).

Another factor is that in the last few years, there is a shift in the route of administration of heroin in Greece, from intravenous to safer modes, such as sniffing. The increased purity of heroin in the market contributed to that shift, as it made sniffing more effective than before.

Lastly, of course, the increased life expectancy in the general population in Greece, as in all Europe, must have its contribution.

The factors mentioned above are empirical speculations of therapists and other drug professionals. Systematic research and evaluation is needed for evidenced based conclusions.

12.2 Drug use, health and social characteristics of current older drug users

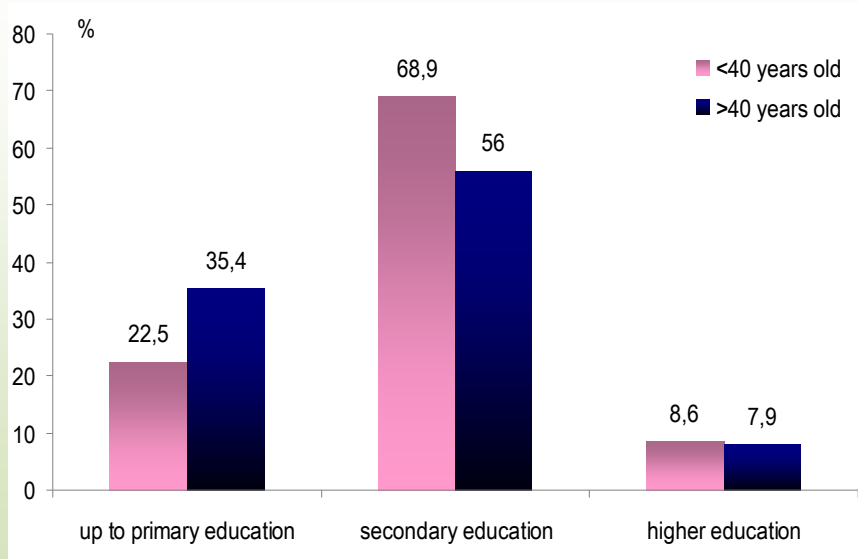
12.2.1 Characteristics of older drug users entering treatment

In this section data for clients entering treatment are analysed, i.e. data collected by the Focal Point for 2008 through the Treatment Demand Indicator.

The majority of users of all ages entering treatment in 2008 are high school graduates (more than 60%).

Drug users over 40 years of age entering treatment present a generally lower **educational status** that their younger counterparts. Compared to users below the age of

Figure 12.4: Educational level of users entering treatment in 2008, by age



SOURCE: Greek REITOX Focal Point, 2009

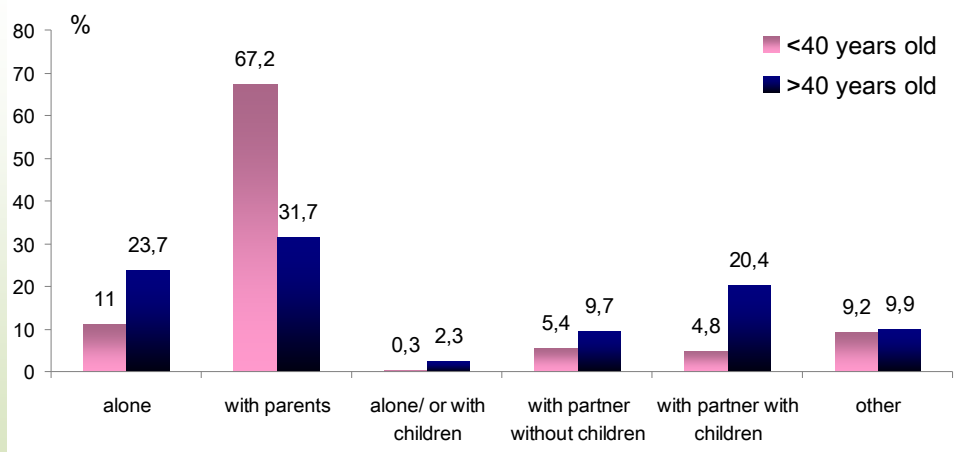
Treatment and Care for Older Drug Users

40 older drug users report reaching up to primary school in higher percentages (22.5% and 35.4%, respectively); the opposite is true for secondary and higher education graduates: out of users below 40, 68.9% have finished high school and 8.6% had higher education, while for users over 40, the respective percentages are 56% and 7.9% (Figure 12.4).

Living with parents is reported by the 63% of all users in 2008.

As expected, a more independent **living status** is reported by older users, compared to the younger ones. Twice as many older drug users than the younger ones report living alone (23.7% and 11%, respectively) and living with children (2.3% and 0.3%, respectively), while four times as many report living with their partner and their children (20.4% and 4.8%, respectively). On the contrary, twice as many younger users (67.2%) report living with parents than users over 40 years of age (31.7%) (Figure 12.5)

Figure 12.5: Current living status of users entering treatment in 2008, by age

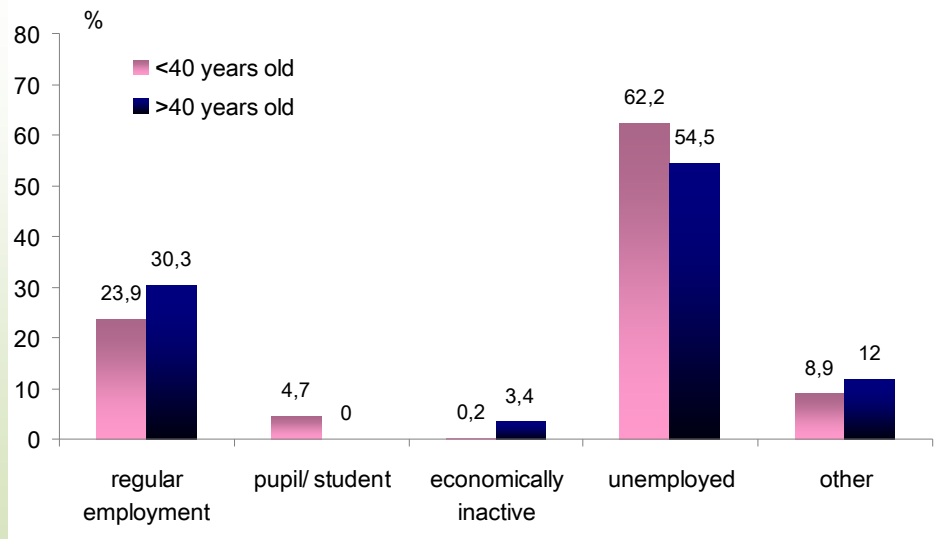


SOURCE: Greek REITOX Focal Point, 2009

In terms of **labour status**, the majority of users, irrespective of age, are unemployed (61.3%).

With regard to age, users over 40 years of age have a regular employment in higher percentages (30.3%) than their younger counterparts (23.9%) and are unemployed in lower percentages (54.5%) than younger users (62.2%). On the other side, 3.4% of older users are economically inactive, while the respective percentage of younger users is minimal (0.2%) (Figure 12.6)

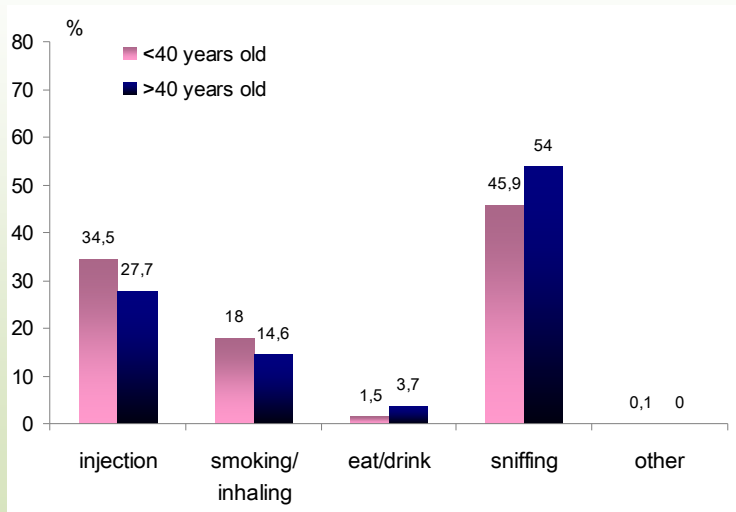
Figure 12.6: Labour status of users entering treatment in 2008, by age



SOURCE: Greek REITOX Focal Point, 2009

For all drug users entering treatment, the most prevalent **route of administration** is sniffing (46.8%).

Figure 12.7: Usual route of administration of main substance of abuse of users entering treatment in 2008, by age



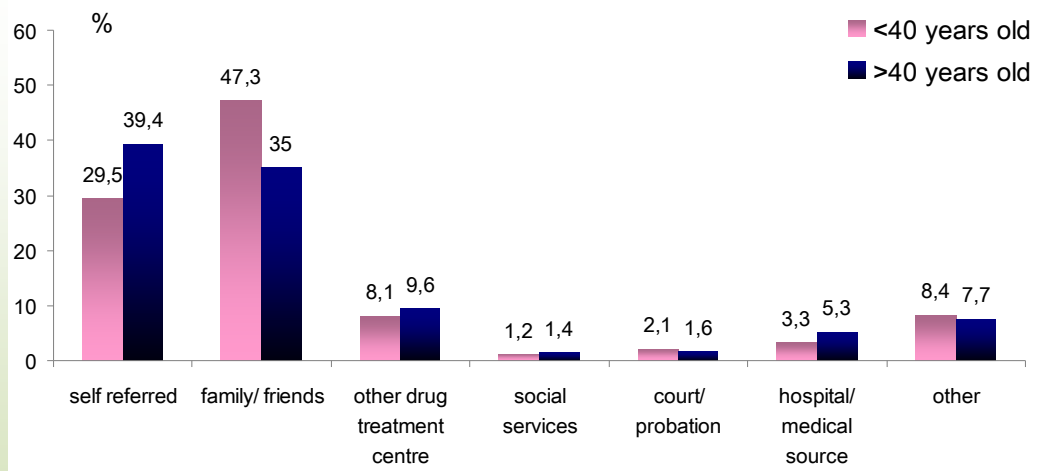
SOURCE: Greek REITOX Focal Point, 2009

In terms of age, more than half of users over 40 years old report sniffing as their main route of primary drug administration (54%). Users below 40 report this route in lower percentages (45.9%). Injecting presents the reverse picture: younger users report it in higher percentages (34.5%) than older users (27.7%), probably because of damaged veins (Figure 12.7)

For the total population of users entering treatment, family and friends are the most common **source of referral** (46%). This is true for users younger than 40

years old; older drug users, though, are self referred in higher percentages (39.4%) than younger users (29.5%) (Figure 12.8)

Figure 12.8: Source of referral of users entering treatment in 2008, by age



SOURCE: Greek REITOX Focal Point, 2009

12.3 Treatment, management and care of older drug users

Policies

Greek drug policy, as expressed through the National Strategies and the National Action Plans for Drugs in the last 10 years, focus mainly on the need for early interventions. The sharp increase in drug use prevalent in the student population surveys in the late 90's, forced policy makers in the 2000 decade to prioritise interventions for adolescents to respond to a possible threat of dependence. Thus, the two National Action Plans in Greece, drafted in the 2000s, put early interventions as a priority.

The downward trend in adolescent users observed in the 2007 ESPAD survey in Greece, could make policy makers to shift priorities, if an increase in the number of older drug users entering treatment had been apparent, which, as discussed in the previous sections is the case in Greece only for the substitution programme clients.

Health and social responses

Treatment and Care for Older Drug Users

Health problems of users, related or not to the dependence, increase with age. To take infectious diseases as just one example, the percentage of users over 35 years old (70%) is significantly higher than that of younger users (40%) (see Chapter 6)

As the largest number of older users is among the clients of the substitution programme, most research data are based on them. Suicidal tendency has been found in higher percentages among clients over 38 years old in the substitution programme (Kouklinos et al. 2000). Treatment of older drug users in substitution has increased difficulties, as according to professionals in the field, an additional problem is despair and disbelief in their capacity to manage their dependence (Papadopoulou et al. 2005).

Further research is needed in Greece to identify and analyse the special problems of older users in treatment.

In Greece, there are no special treatment services for users over 40 years old. Nevertheless, as it is recognised that health and social problems aggravate with age and that these people have particular needs, treatment and harm reduction programmes attempt to meet these needs mostly at individual level, and mainly through collaboration with other agencies and services in the community.

The substitution programme recognizing the specificities of older age groups, included in the criteria for exemptional admissions (i.e. admissions outside the waiting list) age, parenthood and chronic health problems.

Users with children have an increased possibility of belonging to older ages. There are three special treatment programmes for mothers, all in-patient, two in Athens functioning in the frame of 18 ANO Athens psychiatric Hospital and one in Thessaloniki in the frame of KETHEA.

Moreover, other, not specialised to parents programmes have organised a network of agencies to care for the needs of their clients who are parents (Mellos et al. 2004).

PART C

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