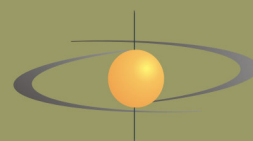


UNIVERSITY MENTAL HEALTH RESEARCH INSTITUTE

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European Monitoring Centre
for Drugs and Drug Addiction



GREEK Reitox
Focal Point

2004 NATIONAL REPORT TO THE EMCDDA by the Reitox National Focal Point

GREECE

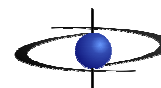
New Development, Trends and in-depth
information on selected issues

REITOX
ATHENS 2004

University Mental Health Research Institute
Director: Professor C.N. Stefanis



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information on selected issues**

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SUMMARY

SUMMARY

1. National Policies and Context

The Greek national strategy on drugs, as specified in the National Action Plan, assigns equal importance to demand and supply reduction, as well as to cooperation among the agencies involved. The main developments in implementation in 2003 include: a) the upgrading of primary school prevention through the MoU signed between the Ministry of Health and OKANA, b) the expansion of substitution treatment with the introduction of buprenorphine, and c) the nationwide network, created in the framework of EQUAL Community Initiative, for the promotion of ex-users' employment and rehabilitation opportunities.

Legislation continues to become more lenient for users who commit drug-related offences. The new law provides for decreased penalties for possession for personal use and includes specific measures to prevent stigma and facilitate user's reintegration.

The Greek Presidency successfully accomplished its tasks and took initiatives. It coordinated the 46th Session of the UN Commission of Narcotic Drugs, where the mid-term evaluation of the UN ten-year Action Plan on Drugs was discussed. Initiatives on drugs taken by the Greek Presidency include the Council Resolution on early intervention in prevention, and two resolutions of the representatives of member states, one on the integration of drug treatment into the national health systems and another one on the development of university curricula for drug abuse disorders. During the term of the Presidency, two Action and Implementation Papers were adopted: the Action Plan on Drugs between the EU and Romania, Bulgaria and Turkey, and the Implementation Paper on demand and supply reduction to deliver to its completion in 2004 the EU Action Plan on Drugs.

Although it is almost impossible to calculate the exact figures for public expenditure, the available figures suggest that, in 2003, there was a significant increase in the expenses of private and public treatment centres, compared to previous years.

2. Drug Use in the Population

The 2003 nationwide survey on drug prevalence in the student population revealed a significant decrease in illicit drug use, compared to 1998 (15.2% and 10%, respectively). This decrease could be largely accounted for by cannabis use, while ecstasy prevalence remained stable. Possible contributing factors are discussed below in relation to other indicators.

Although the majority of students continued to perceive drug use as being moderately or highly risky, the levels of reported ignorance of risks have increased in the last five years.

Interesting attitudes and perceptions of recreational use and users are presented in the "Cultural mediators" survey, conducted in the framework of the IREFREA Sonar Project.

3. Prevention

Prevention in Greece is mainly focused on universal school-based interventions. Nevertheless, in 2003 selective prevention interventions were also promoted.

In 2003, there was a further increase in school and family interventions, following the one already noted in 2001. Community prevention programmes were also enhanced.

Selective prevention interventions, in 2003, were addressed to vulnerable groups of young people, culturally different groups, experimental young users, school drop-outs, young offenders and at-risk families.

Networking initiatives on prevention were promoted, at regional level, in the past year.

4. Problem drug use

The number of problem drug users in Greece, in 2003, ranged between 13,419 and 20,563; the majority were males, aged 15-34 and Athens residents.

The profiles of users seeking treatment differed in a number of characteristics among the various types of treatment. To a large extent, this can be explained either by the structures' admission criteria or by the nature of the services they provide. Compared to other settings, in low threshold services more users were unemployed and lived away from their families, since these were mostly street users. Young clients were mostly found in drug free programmes, while users aged over 41 in substitution units.

While the vast majority in all settings reported heroin as the primary substance of abuse, more drug free treatment clients started their drug career with cannabis, compared to low threshold and (much more so) to substitution clients. Polydrug use was more common in substitution than in low threshold and drug free programmes.

The profile and the characteristics of dependent users contacting treatment services in Greece have not changed substantially in the last 3 years.

5. Drug-related Treatment

In 2003, substitution remained the prevailing form of drug treatment in Greece, with a capacity of 2,155 clients, while the capacity of drug-free units was 1,024, including units for adolescents.

In an effort to meet the high demand for substitution treatment, OKANA, in collaboration with the National Health System, inaugurated five new buprenorphine units in various parts of Greece. In addition, the existing network of methadone units expanded, with the establishment of new units and the creation of the first low threshold substitution structure in Athens for patients who are prematurely discharged from methadone treatment units.

As a result, in 2003, compared to 2002, the capacity of the substitution programme increased by 64.5%, the mean power by 43.6% and the total admissions by 56.5%. This mobilisation, however, has not solved the problem of long waiting lists for methadone.

A slight drop in admissions in drug-free programmes was observed in 2003, compared to 2002, while in terms of capacity and mean power the situation has remained unchanged.

High drop out rates, over 50%, were reported from drug free programmes (inpatient and outpatient). In methadone substitution, 14.1% of the users dropped out in 2003. Twelve percent of the methadone substitution clients achieved abstinence from methadone in 2003, while the respective figure for drug free treatment is 34% on the average. It should be mentioned that the network of substitution services, aiming primarily at harm reduction, is quite supportive and tolerant to relapse incidents.

6. Health correlates and consequences

In 2003, the number of drug-related deaths, resulting from acute intoxications, presented a further decrease from that in 2002, in comparison to 2001. Thus, 2003 was the second consecutive year that drug-related deaths dropped by 22%.

In 2003, hepatitis B infection rates remained at the same low levels as in 2002 and 2001 (between 2.3% and 5.8%), hepatitis C remained at high levels (between 35.8% and 67.2%), while HIV/AIDS prevalence among intravenous drug users has traditionally been and continued to be low in Greece in 2003.

7. Responses to Health Correlates and Consequences

The mobile unit of pre-hospital medicine, a service of the OKANA Help Centre designed to prevent overdose deaths, received in 2003 more than twice as many calls for interventions as in 2002.

Interventions to prevent infectious diseases are increasingly implemented by the OKANA primary health care and needle exchange services and other public and NGO drug-related programmes.

Streetwork activities are implemented to reduce general drug-related harm.

Regarding psychiatric comorbidity, there is only one programme specifically targeting users with dual diagnosis, operated by 18 ANO in the Attica State Psychiatric Hospital, while half of the drug treatment programmes offer tailored services to comorbid users.

8. Social Correlates and Consequences

The number of drug-related charges brought by the prosecution authorities has been steadily increasing in the last four years. Recent data on drug-related court convictions are not available to depict the leniency introduced with the recent laws. Already in 1999 the majority of sentences (95%) imposed for use were commutable (suspended sentences, fines, etc.), whereas for trafficking non-commutable sentences rise to 44%.

Drug use in prisons has a high prevalence, as documented with data from a recent study on imprisoned individuals.

9. Responses to Social Correlates and Consequences

Fourteen specialised social reintegration units for former drug users operated in Greece in 2003. The emphasis lay on the development of job finding skills and the improvement of the educational level, through filling the gaps in basic education and providing vocational training.

Special subsidy schemes for the insertion of ex-users in the labour market were in effect. However, the number of ex-users who benefited from such programmes decreased by 60% between 2000 and 2003, because of bureaucracy and lack of adequate information channels.

10. Drug Markets

Greece belongs to the South Balkan route; drugs seized in the country are mainly in transit.

In 2003, seizures of heroin, cocaine and LSD decreased compared to the previous year, while seizures of cannabis plants and ecstasy tablets increased. The price of ecstasy at street level also increased.

11. Buprenorphine

Buprenorphine treatment was piloted in Greece in 2001-2002 and introduced officially in 2002. The first 5 specialised buprenorphine units run by OKANA, in cooperation with the NHS, became operational in several cities of Greece in 2003, and two more in the beginning of 2004. Buprenorphine is also administered in the OKANA methadone substitution units to a limited number of clients.

Treatment duration is client-tailored and the programme is usually divided into three phases: detoxification, main treatment and rehabilitation. The capacity of the 5 units operating in 2003 was 365 slots and there were 166 users on the waiting list.

Admission criteria include age (minimum 20-22 years) and use of opiates as the primary substance.

Medical and psychiatric care, counselling, psychological support and help in job seeking are provided in an effort to meet the overall needs of the users.

Buprenorphine clients differed from methadone clients in characteristics mainly associated with the admission criteria. Buprenorphine clients are younger in age and have a shorter history of abuse than methadone clients do, but they are polydrug users in higher percentages.

12. Alternatives to Prison

In Greece, although alternatives to prison are foreseen by the legislation their implementation faces obstacles. Treatment measures that delay or annul incarceration are limited, but there is a growing interest in implementing programmes complementary to imprisonment for users in confinement.

In this framework, two prison treatment facilities were in operation in 2003: the Treatment Centre for Drug Dependent Prisoners in Thebes, which has been delivering drug free treatment to imprisoned dependent users, under the auspices of the Ministries of Justice and Health, since 2002, and the EN DRASI therapeutic programme of KETHEA, in cooperation with the Ministry of Education, which has been providing treatment to female imprisoned users in the Athens prison since 2001.

Support interventions for drug users existed, in 2003, in 6 Greek prisons. Their main aims are harm reduction, assessment of prisoners' needs, encouragement, motivation and preparation of users for entering treatment after release.

Quantitative data which could draw the picture in this field are not available, since there is no systematic monitoring of the programmes addressed to imprisoned users.

13. Public Nuisance

Specific references to public nuisance are not included in the Greek NAP. Public nuisance and reaction it is an increasing phenomenon in Greece.

In recent years, drug related nuisance has been associated with the creation of new treatment units by substitution and drug free programmes, as new open drug scenes emerge in these neighbourhoods. Public reaction against prospective treatment units had been vehement, sometimes extreme, and in 2002 OKANA was forced to suspend the opening of a substitution unit in Thessaloniki, due to prolonged public reaction.

The Police have implemented suppressive measures to deal with public nuisance and have established new services, and they have also participated in public debates and conferences.

Efforts by the treatment programmes are twofold: they try to offer their clients and street users opportunities and activities that would limit the time they spend in open drug scenes and, at the same time, they try to inform and sensitise the public to the issue.

14. Comparative Analysis of Developments and Trends

The most important development in 2003 was the significant decrease in illicit drug use in the student population. Following the sharp increase observed in 1998, compared to 1995 (15.7%), the prevalence of drug use in students aged 14-17 decreased in 2003 (10%). The decrease is sharper in the prevalence of cannabis use, which is the most popular drug, while ecstasy remains at the same levels. Findings from the same survey also show a change in patterns of alcohol consumption. Not only has the overall prevalence of drinking increased, but also more frequent consumption and drunkenness has been reported by larger percentages of students. Other changes in drinking patterns include a shift in the preference of students from beer to harder drinks. It should be noted that drinking had decreased in 1998, compared to 1995. It could be that licit and illicit use fluctuate accordingly.

The stability in the prevalence of ecstasy, contrary to the drop in all other drugs, may be a prelude to a forthcoming increase in Greece. The growing popularity of this substance in the country had already been identified by the law enforcement authorities in the 2002 Report on the Drugs Situation in Greece of the Central Anti-drug Coordination Unit. Data for 2003 show an increase in ecstasy seizures and in ecstasy-related deaths, compared to 2002; ecstasy price has also risen. These data may, on the other hand, have less relevance to the higher prevalence than they have to each other. The increase in price and deaths may be attributed to the increase in seizures. Whichever the case, indicators converge to an expected change in the dimensions of the ecstasy problem in the coming years.

Decrease in cannabis experimentation and use among students in the last 4 years might also be related to the steady decrease in the number of cannabis users who seek treatment. As discussed in the *2003 National Report of the Greek REITOX Focal Point* (2003a), contrary to other European countries, treatment demand for cannabis is going down in Greece.

The downward trend in illicit drug use in students should also be seen as an outcome of the prevention strategy in the country. In Greece, school-based prevention in the past decade has been the main pillar of the prevention strategy, followed by family interventions. The emphasis is evidenced by the sharp increase in the number of school programmes –from 84 in 2000 to 182 in 2003; family programmes increased from 40 in 2000 to 137 in 2003. The importance attached by the Greek State to primary school prevention is further underlined by

the upgrading of the Prevention Centres through the Memorandum of Understanding signed between the Ministry of Education and OKANA.

Decrease in drug related deaths is an equally important development in 2003. A downward trend has been clear in the last two years. The substitution programme in Greece has also been targeted to harm reduction, in the last few years. This is the reason for tolerance to relapses and retention of clients who do not achieve abstinence. Moreover, the recent reinforcement of the substitution programme through the increase in slots and the establishment of new units may have contributed to a downward trend in deaths. The new buprenorphine units are expected to further improve the situation. The mobile unit of pre-hospital medicine of the OKANA Help Centre received more than 700 calls for overdose in 2003, contributing in this way to death prevention.

Despite the evidenced social benefit of treatment and low threshold facilities, public reaction against them has increased. The Greek REITOX Focal Point plans to carry out, in 2005, a systematic investigation of the social representations of the public towards use and users, which might assist policy makers in their efforts to improve communication among the various social groups.

PART A

NEW DEVELOPMENTS AND TRENDS

1. NATIONAL POLICIES AND CONTEXT

1.1 Legal framework

1.1.1 Legislation on drugs

Following the 2002 amendments to the drug law, addressing the treatment of drug dependent individuals (framework for the prescription of substitutes and antagonists) and drug dependent prisoners (operation of the first Treatment Centre for Drug Dependent Prisoners in Eleonas, Thebes), in 2003 a new law was enacted on the penal treatment of drug users. The law provides for more lenient penalties for drug use and for not recording the offence on the offenders' criminal records, on condition that they do not commit a relevant offence for a five-year period. It aims at avoiding user stigma and at facilitating social reintegration. The law in question and the overall legal framework, as shaped in the reporting year, are presented below.

Law 3189/2003

Reform of the criminal law concerning minors, drugs and other provisions

This law reforms the criminal law on the treatment of minors (Chapter A) and amends articles of law 1729/1987 on narcotic drugs (Chapter B). Chapter C includes amendments to other provisions. Amendments to the drug law include the reduction of the maximum penalty for drug use from five years to one year and not recording the offence on the criminal record, on condition that there is no conviction for the same act for a five-year period. Moreover, the law provides for admission to a Special Treatment Unit or a Special Prison Department, and lays down the terms and conditions for conditional release. The law stipulates strict penalties on drug traffickers (life sentence and pecuniary penalties).

Law 3215/2003

Ratification of the agreement between the Government of the Hellenic Republic and the Government of the Russian Federation on cooperation between the Greek Ministry of Public Order and the Ministry of Interior of the Russian Federation in combating crime.

Law 3204/2003

Amendment to the NHS law – Arrangements within the competence of the Ministry of Health and Welfare

This law amends and complements the NHS law and includes arrangements on a number of issues within the competence of the Ministry of Health and Welfare. Chapter D of the law regulates issues related to drugs and pharmacies. Article 28 refers to issues related to the operation of KETHEA, and article 39 to issues related to the operation of OKANA.

Law 3227/2004

Measures to combat unemployment and other provisions

This law provides for the financing (under the public investment programme) of agencies like non-profit legal persons incorporated under the private law and local authorities, which are

not end beneficiaries within the meaning of article 1, law 2860/2000, but execute projects intended to provide accompanying and counselling support services to vulnerable population groups based on approved acts or to provide pretraining, training and support services (integrated interventions) under pillars, measures or actions of the “Employment and Vocational Training 2000-2006” Operational Programme, which is financed by the EU Structural Funds.

Substances exempted from control and new controlled substances in the reporting year

Protocol no. DYC3c/125489/2003: Exemption of a pharmaceutical preparation from the provisions of law 1729/87 on narcotic drugs

The pharmaceutical preparation CELIBRON is removed from the Tables of par. 8, ministerial decision A6b/6543/15-7-88, for not containing any active ingredient regulated by law 1729/1987.

Protocol no. DYC3c/32162: Pharmaceutical preparation regulated by law 1729/87 on narcotic drugs

Decision to include the pharmaceutical preparation OXYCONTIN, containing the substance Oxycodone, in Table C of article 4, law 1729/1987.

OXYCONTIN may only be prescribed to patients when pain can not be treated with the administration of non-narcotic analgesics.

Protocol no. DYC3c/32161: Pharmaceutical preparation regulated by law 1729/87 on narcotic drugs

Decision to include the pharmaceutical preparation CONCERTA, containing the substance Methylphenidate, in Table C of article 4, law 1729/1987.

CONCERTA may only be prescribed by child psychiatrists, neurologists and psychiatrists.

Protocol no. DYC3c/39691: Substance regulated by the law on narcotic drugs

Decision to include the substance Amineptine (7-[(10,11-dihydro-5H-dibenzo[a,d]cyclohepten-5-yl)amino]heptanoic acid) in Table C of article 4, par. 3, law 1729/1987.

Protocol no. DYC3c/33722/03: Substance regulated by the law on narcotic drugs

Decision to include the substance Dexmedetomidine (S)-4-[1-(2,3-xylyl)ethyl]imidazole in Table C of article 4, par. 3, law 1729/1987.

1.1.2 Law implementation

The new law 3189/03 provides for more lenient penal treatment of drug users. The new law amends law 1729/87 and stipulates that individuals obtaining or otherwise possessing drugs for personal use only, in quantities substantiated to satisfy their own needs only, or using drugs or cultivating cannabis plants in numbers and areas justified for personal use only, are sentenced to not more than one year in prison. In accordance with this law, the offence is not recorded on the offenders' criminal records, on condition that they do not commit a relevant offence for a five-year period. The new law also stipulates the use of the term “drug dependent individuals” instead of the term “drug addicts” which had been used hitherto. Moreover, it provides for the offender's admission to a Special Treatment Unit or a Special Prison Department, operating under the auspices of lawfully recognised agencies, upon order of the investigating judge. The new law prevents drug users' stigma and facilitates their social and professional reintegration.

1.2 Institutional framework, strategies and policies

On the institutional front, all ministries involved in the implementation of the NAP should set up “drug relevant” divisions/sections (see *2002 National Report of the Greek REITOX Focal Point* (2003a)). Moreover, a Single Fund to Address Problems with Addictive Substances would be established, responsible for allocating the funds needed for the implementation of actions by all competent ministries. The NAP also envisaged the establishment of a Special Institute for Substance Dependence and Drug Addiction and, finally, the consolidation of the Greek legislation on drugs.

1.2.1 Coordination arrangements

The existing NAP, operational since 2002, assigns the responsibility for coordination of actions in the field of demand reduction to OKANA and in the field of supply reduction to the Central Anti-drug Coordination Unit – National Intelligence Unit (SODN-EMP). In 2004, a National Drugs Coordinator was appointed who, among other responsibilities, is also a Member of the Management Board of the EMCDDA.

1.2.2 National Action Plan

The National Action Plan 2002-2006 (NAP) to counter substance dependence was officially in the second year of implementation in 2003. The NAP sets out measures for a balanced development of the appropriate drug demand and supply reduction actions, as well as measures to develop and strengthen cooperation among the agencies involved. The role of civil society having been recognised by the NAP, campaigns were launched in an effort to raise public awareness of issues related to use and users. Nevertheless, in a few cases local communities reacted against the establishment and operation of treatment units, and this is further proof of the importance of reliable and timely information to the public and of the need to systematically investigate the needs and views of local communities.

On the prevention front, public information/awareness programmes and training programmes were implemented. On the treatment front, the existing programmes were enhanced and new ones were developed in order to meet the diverse needs of drug users. Pluralism in treatment is one of the NAP's objectives. On the legislation front, amendments were made to articles of the primary law on narcotic drugs (law 1729/1987), resulting in bringing down the maximum penalty for drug use. On the drug supply reduction front, and in order to combat organised crime, bilateral cooperation agreements were signed with a number of countries. Promoting cooperation is a highly valued objective in the NAP.

Greek Presidency

The Greek government, which held the EU Presidency in the first half of 2003, continued the work initiated by previous Presidencies and introduced new initiatives, shaped through systematic and constructive dialogue among member states, in the context of the EU Horizontal Working Party on Drugs and the European Action Plan 2000-2004. It should be pointed out that attaining the objectives of the Greek Presidency –described as fairly ambitious– was no easy matter. The different perceptions and policy approaches among EU member states, the different decision-making processes and the lack of the necessary legal base in EU legislation concerning health and education resulted in problems which were only solved through tireless and persistent efforts, which led to the full adoption by the Councils of Ministers of all the initiatives taken by the Greek Presidency (OKANA 2003a).

The Presidency is responsible for coordinating the positions of EU member states during the annual sessions of the UN Commission on Narcotic Drugs, held in Vienna in April. The 46th Session, held during the Greek Presidency, was very important, because its main theme was the midterm evaluation of the UN ten-year Action Plan on Drugs (1998-2008) and it also included a two-day ministerial-level segment.

A brief account of the achievements of the Greek Presidency and the key initiatives which led to important decisions and resolutions promoting balanced policies in the fields of demand, supply and international cooperation can be found in "*Greek Presidency of the European Union in the field of drugs*" published by OKANA, in 2003 (OKANA 2003a).

- Council Resolution on the importance of early intervention in preventing drug dependence and drug-related harm among young people. The resolution includes a specific reference to the need to focus on early diagnosis of drug use in young people who risk developing dependence and on the development of innovative approaches and evidence-based early intervention methods and strategies.
- Resolution of the representatives of member state governments participating in the ministerial segment on integrating treatment for drug dependent individuals into the national health systems. The resolution, taking account of the legal, social and health implications of the drug problem, highlights the need to facilitate the integration of drug dependence diagnosis, brief interventions, referrals and medically-assisted treatment into primary and secondary NHS services, where possible.
- Resolution of the representatives of member state governments participating in the ministerial segment on developing curricula on drug abuse disorders for medical students and health and care students and professionals and integrating them in university education.

Moreover, with regard to drug demand and supply reduction, the Council adopted an Action Plan for the Balkans and an Implementation Paper. More specifically:

- On June 5-6, the Justice and Home Affairs Council adopted an Action Plan on Drugs between the European Union and the countries of the Western Balkans (Albania, FYROM, Montenegro, Croatia, Bosnia-Herzegovina) and candidate countries (Bulgaria, Romania and Turkey). The Action Plan aims at promoting cooperation in order to combat drug trafficking and organised crime between the EU, the candidate countries and the Western Balkans, and at strengthening stability and security in the region. Besides supply reduction measures, the Action Plan also includes demand reduction actions, in order to make use of the EU experience in developing the appropriate infrastructures in the Western Balkans.
- On June 25-26, the Council adopted an Implementation Paper on demand and supply reduction, in order to ensure the full implementation of the EU Action Plan on Drugs. The Paper was a joint initiative of the UK and the Greek Presidency aiming to deliver to its completion in 2004 the EU Action Plan on Drugs, especially in the light of its midterm evaluation by the European Commission.

With regard to smoking, the Greek Presidency ended the four-year-long discussions and managed to reach a common position among member states and accession countries at the Health Council. Subsequently, following the unanimous adoption of the document drafted by the Greek Presidency for the European Union, the Greek Presidency, represented by the Minister of Health, signed the WHO International Framework Convention on Tobacco Control. The Convention legislates the protection, prevention and the promotion of health from the devastating consequences of exposure to tobacco. The member states and the accession countries owe, in the frame of the implementation of the Convention, to promote

information and treatment programmes for smoking, to prohibit the sale to minors and to limit the exposure to passive smoking (Ministry of Health and Welfare of Greece 2003).

1.2.4 Implementation of policies and strategies

Demand Reduction

Drug demand reduction is one of the two pillars for the development of effective actions, according to the NAP. In 2003, actions enhancing prevention, treatment and reintegration of former drug users or drug users in treatment were designed and implemented.

Primary prevention

In primary prevention, the main aim was to consolidate the existing Prevention Centres (a total of 63). In 2003, a new Prevention Centre became operational in the Peloponnese, while 4 new Prevention Centres in Athens are nearing operation. For the year 2004, the target is to launch Prevention Centres in every district where there is not one.

At the same time, an Memorandum of Understanding signed by OKANA and the Ministries of Education and Religious Affairs and of Health and Welfare (now Ministry for Health and Social Solidarity) upgraded Prevention Centres into formally accredited providers of prevention programmes to all levels of education. The Memorandum set out the framework for cooperation between the Ministry of Education and OKANA in view of the implementation of school-based prevention programmes. The programmes will be implemented by OKANA Prevention Centres in cooperation with the Health Education Directorates and the Youth Counselling Centres.

According to the Memorandum, Prevention Centres are formally accredited drug dependence prevention and health promotion project providers to all levels of education. Pursuant to law 2161/1993, OKANA has the scientific responsibility for and supervision of such projects. The Memorandum also envisages the setting up of a Joint Committee, made up of two representatives of the Ministry of Education, one representative of the Ministry of Health and Welfare (now Ministry for Health and Social Solidarity) and two representatives of OKANA, which will be in charge of monitoring the implementation of the Memorandum terms and conditions.

In accordance with the NAP, the Prevention Centre of DIAKONIA Foundation for Psychosocial Education and Support, under the auspices of the Archbishopric of Athens, became operational.

Secondary prevention – Treatment

In 2003 and in early 2004, 44 treatment programmes/units and 3 low-threshold services were operational. Substitution treatment expanded through the operation of substitution administration units in public hospitals. Following a pilot buprenorphine project in Rhodes public hospital, 8 new buprenorphine units were launched in various parts of Greece, in cooperation with the NHS. Nevertheless, the problem of long waiting lists has not been solved.

Tertiary prevention – Reintegration

In the field of tertiary prevention, efforts are made to ensure social (re)integration for a growing number of recovering drug users or drug users in treatment. To achieve this target, at least one Social Reintegration Unit should be established in every health district. Furthermore, just like in previous years, training and labour market promotion programmes for former drug users continue to be implemented, as well as Greek Labour Force Employment Organisation (OAED) subsidy schemes for employers who hire former drug users.

The establishment and operation of employment promotion structures for former drug users is underway. The fight against social exclusion and, consequently, the reintegration process is also underpinned by law 3189/2003. In the framework of the EQUAL Community Initiative, in 2002-2003, a nationwide network was created, comprising all agencies active in social reintegration and aiming at increasing ex-users' chances and possibilities of employment and rehabilitation.

Supply Reduction

Special emphasis is placed on organising and coordinating the actions of all agencies involved in drug supply reduction. The Central Anti-drug Coordination Unit – National Intelligence Unit (SODN-EMP) is in charge of coordination. In 2003, Greece signed three international agreements with Malta, Ukraine and Russia in view of combating organised crime, most notably drug trafficking. Establishing international partnerships is a top priority, according to the guidelines of both the European and the National Action Plans on Drugs.

In 2004, the Greek Minister for Public Order met with his Albanian counterpart in view of strengthening cooperation between the two countries. The main subjects on the agenda were bilateral cooperation in security matters in view of the Olympic Games and cooperation in combating organised crime, drug trafficking and trafficking in human beings.

1.2.5 Impact of policies and strategies

The implementation of the policy developed in the framework of the NAP resulted in increased pluralism in the available treatment programmes and a broader coverage of a larger number of users and their increased needs. The actions taken led to the observed drop in the number of drug user deaths, first in 2002 and then on in 2003. The actions included the expansion of OKANA Substitution Units and the involvement of the NHS, through its local structures, in the administration of substitutes and antagonists. It goes without saying that all those actions met with obstacles. One instance of negative impact was the reactions of local inhabitants and the local authorities in Thessaloniki against the establishment of a substitution unit in the city.

Furthermore, the development of new treatment programmes, most notably for adolescents, and the enhancement and upgrading of the services delivered, have contributed to better addressing the issue of drugs. Of great importance is the work of Prevention Centres, which provide information to both the general public and to at-risk groups.

Moreover, in the reporting year, law 3189/2003 was passed. The new law, in addition to amending law 1729/87 in matters related to the penal treatment of drug users, stipulates more relaxed penalties in order to avoid stigma and facilitate users' social and professional reintegration.

1.3 Budgets and funding arrangements

As stated in previous reports, data collection for the purpose of calculating the total cost of action to address the drugs issue is an arduous task. On the one hand, it is not possible to isolate financial data on drug-related suppression and prosecution. On the other hand, there are difficulties in isolating treatment-related financial data in public hospitals, since it is not easy to calculate the cost of hospitalisation for drug-related infections. The figures presented below reflect the field of demand reduction, i.e. the breakdown of expenses incurred by OKANA (Table 1), KETHEA (Table 2), and 18 ANO. The figures suggest increased spending compared to the previous year. The sharp rise for 18 ANO (from € 522,377 to € 4,568,586) is accounted for by the funding received for a large number of new units that will become operational in 2004.

OKANA expenditure

OKANA is the central interministerial body in the field of drug demand reduction. It is in charge of the implementation of demand reduction policy at all prevention levels and solely responsible for the operation of the substitution programme. The financial data on the cost of services delivered by OKANA in the fields of prevention, treatment and social reintegration, as published in the report of OKANA, “*More news from OKANA 2002-2003*”, are presented below.

For substitution treatment, which is delivered to the largest part of the clients of OKANA programmes, on the basis of 2003 figures, the annual cost per client is estimated at € 6,600. This includes personnel wages and expenses, the cost of urine drug tests, the cost of administration of methadone and other substitutes, sundries and a proportion of the Central Service expenditure (OKANA 2004).

Table 1. Cost of services – OKANA 2003

	€
Prevention	
Co-financing of Prevention Centres	3,940,000.00
Training and support	1,400,000.00
Wages	300,000.00
Research	545,000.00
<i>Total</i>	<i>6,185,000.00</i>
Substitution Programme	
Wages	4,400,000.00
Accommodation and operational costs	5,875,000.00
<i>Total</i>	<i>10,275,000.00</i>
Drug-free Therapeutic Programme “GEFYRA” (Patras)	
Wages	200,000.00
Accommodation and operational costs	200,000.00
<i>Total</i>	<i>400,000.00</i>

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	€
Adolescent Units (Athens, Thessaloniki, Rethymno, Larissa)	
Wages	400,000.00
Accommodation and operational costs	300,000.00
<i>Total</i>	700,000.00
Help Centre	
Wages	900,000.00
Accommodation and operational costs	600,000.00
<i>Total</i>	1,500,000.00
Social Rehabilitation Programme	
Wages	200,000.00
Accommodation and operational costs	200,000.00
<i>Total</i>	400,000.00
Vocational Training Centres (Athens, Thessaloniki)	
Wages	100,000.00
Accommodation and operational costs	200,000.00
<i>Total</i>	300,000.00
Headquarters	
Wages	1,643,000.00
Accommodation and operational costs	2,457,000.00
<i>Total</i>	4,100,000.00
TOTAL	23,860,000.00

SOURCE: OKANA, 2004.

KETHEA expenditure

KETHEA income comes from the financing made available by the Ministry of Health and Welfare (now Ministry for Health and Social Solidarity), from donations, sponsorships, bequests, and from the plants and productive workshops run by it. The Ministry covers a large part of the expenses incurred by the therapeutic programmes of KETHEA, since KETHEA provides services to drug users and their families free of charge, without collecting the contributions of insurance funds. In 2003, the state grant increased, in order for KETHEA to proceed to the establishment of new programmes and services envisaged in the NAP on drugs. More specifically, € 16,089,120 was spent on the ongoing integrated KETHEA programmes and € 6,815,100 on the NAP programmes implemented by KETHEA. See the breakdown of KETHEA expenditure for the year 2003 below (Table 2).

Table 2. Breakdown of KETHEA expenditure– 2003

	€
Prevention	
Primary Education	110,280
Secondary Education	130,000
Community	180,560
Supervision / Support / Information	140,280
<i>Total</i>	<i>561,120</i>
Harm Reduction	
17 Counselling Centres	1,926,020
8 Prisoners Support Programmes	983,780
2 Low-threshold Units	260,840
1 Streetwork Programme	170,700
1 Help Line SOS (Thessaloniki)	140,420
<i>Total</i>	<i>3,481,760</i>
Treatment	
4 Inpatient Treatment Units	3,528,120
2 Outpatient Treatment Programmes for Adults	1,394,340
2 Outpatient Treatment Programmes for Adolescents	1,453,920
4 Adolescent Units	3,303,500
2 Specialised Units for women (mothers, prisoners)	361,260
1 Therapeutic Programme for legal addictions	400,700
<i>Total</i>	<i>10,441,840</i>
Social Rehabilitation	
9 Social Rehabilitation Centres	772,520
1 Transitional Centre for special social groups (migrants, social minorities etc.)	1,316,400
2 Support Centres for released drug users	451,400
<i>Total</i>	<i>2,540,320</i>
Vocational Training	
4 Vocational Training Centres	170,560
4 Productive Units	2,026,720
3 Alternative Transitional Schools	330,980
<i>Total</i>	<i>2,528,260</i>
Family Support	
10 Centres for Family Support	703,100
Training	792,660
Research – Evaluation	1,013,360
Administration	841,800
TOTAL	22,904,220

SOURCE: KETHEA, 2004

1.4 Social and cultural context

1.4.1 Public opinion on drug issues

The latest research data available on public opinion and attitudes towards drugs come from the General and School Population surveys and were presented in previous reports. New data on public opinion about drugs will be collected by the General Population survey, which is currently underway (due for completion by the end of 2004).

1.4.2 Debates and initiatives in parliament and civil society

The most controversial issue both for Parliament and for social sector organisations and the public relates to the implementation of security measures for the Olympic Games. More specifically, part of the political world and the public argued that, in view of the Olympic Games, the law enforcement agencies adopted suppressive measures against a number of population groups, including drug users and the homeless. There was a heated debate on the implementation of “Olympic security measures”. According to law enforcement officials, only the measures deemed necessary to ensure the security of the Games were taken. For more details, see chapter 13 Public Nuisance.

1.4.3 Media representations

A daily press study conducted by the Greek REITOX Focal Point is underway, in order to explore how the issue of drugs is presented in daily articles. The aim of the study is to systematically record over time the number of articles and their contents on general or more specific drug-related issues of concern to the public opinion. The study is expected to shed light, within its limitations, to the role of the daily press in co-shaping the public debate on drug-related issues.

The study covers three 12-month periods (1999-2000, 2001-2002, 2003-2004). The sample consists of 24 newspapers, chosen according to readership and their reflecting the entire political spectrum, including the so-called “social news” papers. The unit of analysis is articles that include the term “drugs”. The methodology of analysis and processing is filing and thorough content analysis. The main lines along which the articles are classified and analysed include the length, the style, the stakeholders and the cited substances. The final results are expected to be published in 2005.

Data processing so far has shown that the category with the largest number of occurrences in the articles is the one of “criminal cases”. This category represents infringements of the drug law or other criminal offences related to drug use and trafficking. Presentation varies from paper to paper, just like the length of the reports. Another theme often associated with the drug problem has to do with views and opinions on addressing drugs. This includes the views of politicians, scientists and experts on the issue of drugs, and covers a broad range of subjects, like decriminalisation of drug use as a way to deal with the problem, ways to reach drug addicts and the treatment methods applied, and actions geared towards the social (re)integration of former drug addicts. Another drug-related theme of interest to the daily press has to do with the latest research findings. Presentations focus on findings of foreign research projects and reports –either about Greece or not– and data derived from Greek research projects.

2. DRUG USE IN THE POPULATION

The latest Greek General Population survey was conducted in 1998 and showed a marked increase in drug use prevalence between 1984 -1998.

A number of school population surveys have been carried out in Greece in 1984, 1993, 1998, 1999, 2002 and 2003. As with the general population surveys, student surveys have shown an upward trend until 1998 followed since by a downward trend.

ESPAD study data are available for 1995, 1999 and 2003.

The general population's attitudes towards drug use and users show a shift towards a more lenient legal treatment of users.

2.1 Drug use in the general population

The latest available data regarding prevalence and patterns of use in the general population date back to 1998.

- Between 1984 and 1998, illicit drug use increased markedly with lifetime prevalence rates rising from 4% in 1984 to 12.2% in 1998.
- The highest lifetime prevalence of illicit drug use (around 22%) was reported by males aged 18-35, while recent use (last 12 months) was mostly reported by young adults aged 18-24 (12.9%).

2.2 Drug use in the school and youth population

2.2.1 Prevalence

The most recent school survey was carried out in 2003 by the University Mental Health Research Institute (UMHRI) and was funded by the Greek Organisation Against Drugs (OKANA). The research protocol of the 2003 school survey drew a great deal from the ESPAD methodology (questionnaire, sampling methodology, data collection techniques, etc.), while at the same time it was concordant with the methodology applied to the previous nationwide surveys. This enables to follow trends from 1984 onwards on students aged between 14 and 17. The target population for the 2003 survey was defined as students enrolled in the 3rd grade of junior high school and in the 1st, 2nd and 3rd grades of senior high school. The survey involved a total of 8,658 students.

Drawing from these data:

One out of 10 students (10%) aged 14–17 reported lifetime use of any illicit drug (NB: “any illicit drug” in this context includes cannabis, amphetamines, LSD or other hallucinogens, crack, cocaine, ecstasy, and heroin). In 2003, 17 year olds report 6 times higher rates in lifetime illicit drug use (19,8%) than 14 year olds (3,6%), and 3 times higher than 15-16 year olds (7,5%).

More than a half (6.6%) of those reporting lifetime use have tried an illicit substance for 3 or more times during their lifetime. The respective percentage for the 17 year olds is 14.3%.

Twice as many boys (13.3%) as girls (6.9%) report lifetime use of any illicit drug.

Except for tobacco and alcohol, inhalants are the most widely used substance among students (13.4%). Inhalants are very popular among younger students, especially those aged 15-16 (14.1%).

Cannabis is the illicit substance most widely used by students. Almost all illicit drug users (10%) reported cannabis use (9.5%).

Three point nine percent of the respondents reported use of tranquillisers and/or sedatives (without doctor's prescription), while 2% reported use of ecstasy. LSD or other hallucinogens are used by 1.6% of the student population, cocaine by 1.5%, and anabolics by 1.3%.

A gender difference is clear, with 15.4% and 12.6% of boys and 11.4% and 6.6% of girls reporting lifetime inhalants and cannabis use, respectively. Unlike boys (3.4%), girls show a stronger tendency towards the use of tranquillisers and/or sedatives (without doctor's prescription) (4.4%).

2.2.2 Trends

The 1984, 1993, 1998 and 2003 school surveys

Trend analysis of data spanning over the last two decades (1984-2003) shows a fluctuation in the patterns of drug use by the student population. The phenomenon presented a slight increase between 1984 and 1993 (with the exception of the use of tranquillisers/sedatives), a marked increase from 1993 to 1998, and a decrease from 1998 to 2003.

Inhalants are the most popular substance among students at any / all times. Lifetime and last year prevalence rates of inhalants almost doubled from 1993 (6.4% lifetime prevalence) to 1998 (13.6%), while it stabilised between 1998 and 2003 (13.4%).

The use of *cannabis* increased for almost 15 years (from 3.8% in 1984 to 12.5% in 1998), and subsequently decreased in 2003 (9.5%). The same prevalence pattern is reflected in the *last year* and *last month* use of cannabis during the same period.

Similar prevalence trends appear in the use of other illicit drugs, such as *LSD and other hallucinogens* and *cocaine*. An exception to the rule is the prevalence rate of *ecstasy*, the use of which by students has remained invariable over the years.

2.2.3 Attitudes to drugs and drug users

The 2003 school survey

The majority of Greek students agree that there are moderate or great risks involved in the use of drugs.

However, students seem to make a distinction between the risks involved in drug use according to the type of substance and the frequency of use.

At least six out of 10 students (66.5%) perceive a risk in the experimentation of *cannabis*, while nine out of ten (90.2%) see risks in the regular use of the same drug. Compared to other drugs, *cocaine and crack* are also considered to involve moderate or great risks for their users (84.6% perceive risks in the regular use of these drugs). *Drugs by injection*

involve risks in the perceptions of the majority of students irrespective of whether it is for experimentation (75.8%) or for regular use (82.8%).

Substances such as ketamine, GHB, LSD and amphetamines are positioned lower in the list of the most hazardous drugs compared to the more “traditional” drugs. Interestingly, even the regular use of these drugs poses – in the perceptions of the students – comparatively less risks than the experimentation of cannabis, ecstasy, inhalants and other drugs.

Overall, more girls than boys perceive of risks in drug taking. Gender differences in perceptions concern especially the regular use of drugs like cannabis, cocaine/crack, injecting drugs, ecstasy and inhalants, where more girls than boys see risks, whereas more boys than girls see risks in the use of drugs like ketamine, GHB, LSD and amphetamines (Table 6).

Sonar Project (IREFREA) on the “Cultural Mediators”

According to the Greek data derived from the **Sonar Project (IREFREA)** on the “**Cultural Mediators**”, which was carried out in 2003, 43.2% of the professionals working in nightclubs and the youth media (N=45) mentioned that “young people go clubbing because it is a good place to take drugs”. This view is also confirmed by the fact that half of them (51.1%) believe that the “recreational industry creates a permissive atmosphere for drug use”.

Over half of the interviewees (59.5%) said that “increasingly more and more club/party goers have drug problems”. The main reasons reported for problem drug use are the following: a) liking very much the effects of drugs (81.8%), b) being unable to enjoy themselves without drugs (70.5%), c) personal problems (65.1%) and d) lack of will (63.6%).

In reference to the risk of taking substances, the majority of the professionals think that ecstasy use (95.5%), cocaine use (90.9%), or drunkenness (81.8%) every weekend are dangerous behaviours.

Regarding cannabis use, 56.8% believe that “cannabis is a dangerous substance” and “smoking it regularly is a dangerous behaviour”, while almost the same percentage (54.5%) held the opposite view.

Finally, according to the interviewees, the main reasons for young people taking drugs are the following: a) “drugs are widely available” (79.5%), b) “drug use is promoted by the mass media” (67.4%), c) “drug use has become part of the ritual of going clubbing” (60.5%) and d) “there is a lack of information on the consequences of drugs” (50%).

3. PREVENTION

At national policy level, prevention is one of the main priorities of the demand reduction policy. Having established special agencies for prevention (OKANA Prevention Centres) and having acquired experience from prevention programme implementation, there is now a focus on enhancing the existing infrastructure (i.e. OKANA Prevention Centres) and ensuring an institutional framework for the coordination of activities (i.e. the MoU of the institutions involved in school-based prevention).

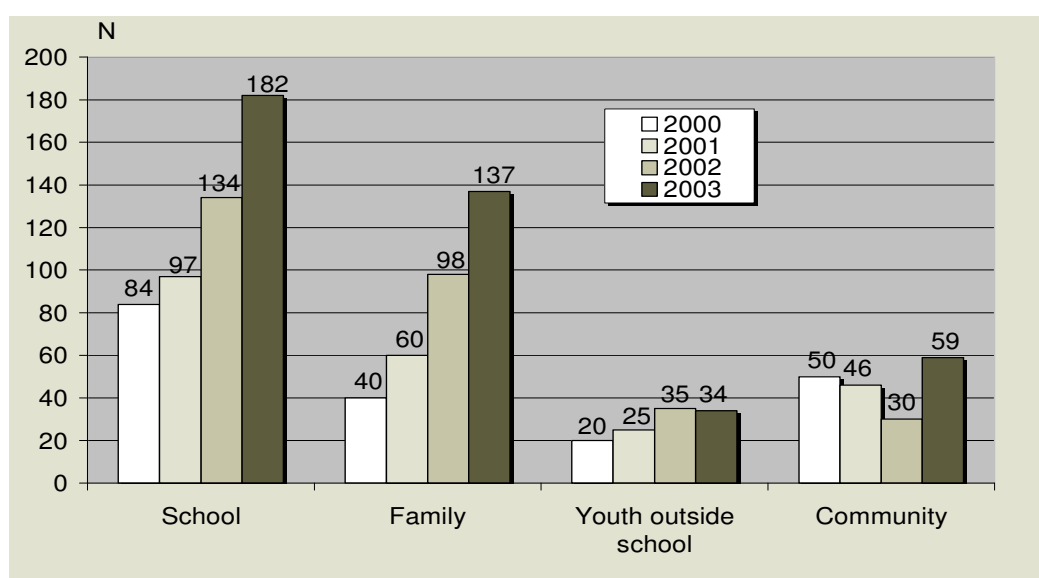
The focus on school-based and family prevention is reflected by the strategies used. More specifically, curricular prevention interventions in the school setting as well as training seminars for teachers and parents are the most common types of interventions. Furthermore, although drug prevention in Greece focuses more on universal interventions, it seems that

certain selective prevention interventions are emerging, geared towards reaching young people, families and high-risk groups.

Prevention data presented below were collected through the EDDRA questionnaire as well as the questionnaires on early childhood prevention, school-based prevention, prevention in recreational settings and universal and selective prevention. The questionnaires were filled in by 68 out of 72 prevention agencies (94.4%). The agencies active in the field of prevention are presented in Annex I.

As shown in Figure 1, the number of interventions of prevention agencies in local communities grew steadily in 2003. In particular, there was a considerable increase in the number of the interventions in school and family settings, which reflects the emphasis placed by prevention professionals on these types of interventions. Moreover, the number of community interventions increased due to the special interest of prevention agencies in developing prevention activities in order to approach the Army and health professionals (see section 1.3.2 *Interventions addressed to specific community groups*, in this Chapter).

Figure 1: Number of prevention interventions in the period 2000-2003 by type of setting



SOURCE: Greek REITOX Focal Point, 2004.

3.1 Universal prevention

3.1.1 School community

For a detailed presentation of organisational and structural information about school-based prevention, please see the data provided to the Structured Questionnaire 22.

Universal Health Promotion Programmes of the Ministry of Education and Religious Affairs

As far as the Health Promotion Programmes on drug prevention are concerned, data for the school year 2002-3 are presented in Table 3.

Table 3: Data on Health Promotion Programmes on drug prevention of the Ministry of Education and Religious Affairs implemented in the school year in 2002-3 in Primary and Secondary Education

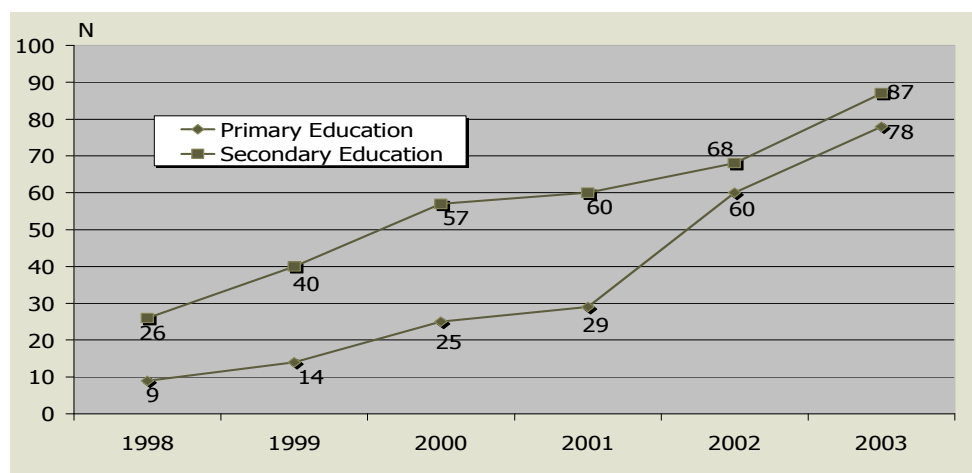
	Number of school units	Number of teachers	Number of students
Primary Education	550	1,100	16,500
Secondary Education	968	1,080	13,960

SOURCE: Ministry of Education and Religious Affairs, 2003.

Universal interventions organised by prevention agencies

The most common strategies of universal school-based prevention include the implementation of training seminars for teachers and curricular interventions delivered either by professionals or by teachers. In this context, there has been a steady increase in the number of prevention interventions in both Primary and Secondary Education during the last six years (Figure 2). In addition, along with the increase in interventions in Primary Education implemented the last two years, in 2003 prevention agencies seem to be gradually beginning to extend their action to cover kindergartens, too.

Figure 2: Number of universal prevention interventions of prevention agencies in Primary and Secondary Education in the period 1998-2003



SOURCE: Greek REITOX Focal Point, 2004.

Kindergartens

In the context of the expansion of prevention interventions in kindergartens, according to 2003 data, 8 training seminars on general prevention issues and on modes of intervention were implemented, with the participation of 178 kindergarten teachers (Table 4).

Regarding prevention interventions addressed to pre-school children, in 2003 there were 4 such interventions involving 140 children from 13 kindergartens (Table 4). In two (2) of these interventions, which were implemented by kindergarten teachers, educational material originally published for Primary Education was adapted to suit group needs, while in the remaining two (2) interventions (one implemented by kindergarten teachers and the other by prevention professionals), methods based on drama techniques were used. In addition, in

two (2) out of the total of four (4) interventions, parallel parents' evenings were organised in order to raise the awareness of parents.

Table 4: Data on prevention activities of prevention agencies in kindergartens in 2003

	Number of interventions	Number of kindergarteners	Average number of meetings	Number of children
Training seminars addressed to kindergarteners	8	178 were trained	7	–
Interventions delivered by professionals	1	–	21	25 (1 kindergarten)
Interventions delivered by kindergarteners	3	13 implemented an intervention	11	115 (12 kindergartens)

SOURCE: Greek REITOX Focal Point, 2004.

Primary Education

According to 2003 data, prevention agencies organised 27 training seminars for primary school teachers. In addition, 51 curricular prevention interventions were implemented with the participation of 8,902 students from 404 schools of Primary Education (Table 5).

Table 5: Data on universal prevention interventions of prevention agencies in Primary Education in 2003

	Number of interventions	Number of teachers	Mean duration (in months)	Average number of meetings	Number of students
Training seminars addressed to teachers	27	862 were trained	–	5	–
Interventions delivered by professionals	7	–	5.8	12	737 (21 schools)
Interventions delivered by teachers	44*	482 implemented an intervention	6.4	18	8,165 (383 schools)

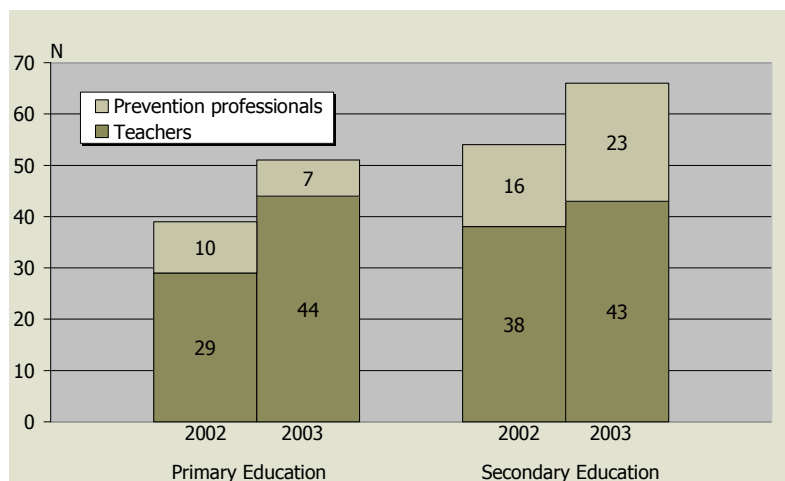
* Some of these interventions were implemented in the context of Health Promotion Programmes of the Ministry of Education and Religious Affairs

SOURCE: Greek REITOX Focal Point, 2004.

Curricular prevention interventions in Primary Education. Regarding the delivery of curricular prevention interventions in Primary Education implemented in 2002 and 2003, as shown in Figure 3, there was an increase in the number of interventions delivered by teachers, while the number of interventions delivered by professionals decreased in 2003 compared with the respective numbers in 2002. This implies that the role of teachers in the delivery of curricular prevention interventions became more active in 2003. However, the proportion of teachers who actually implement curricular interventions is small, compared to the number of teachers who participate in training seminars organised by

prevention agencies so as to implement prevention interventions, as only 47% of the teachers who had been trained were finally involved in curricular prevention interventions.

Figure 3: Main role in delivery of curricular prevention interventions in Primary and Secondary Education in 2002 and 2003

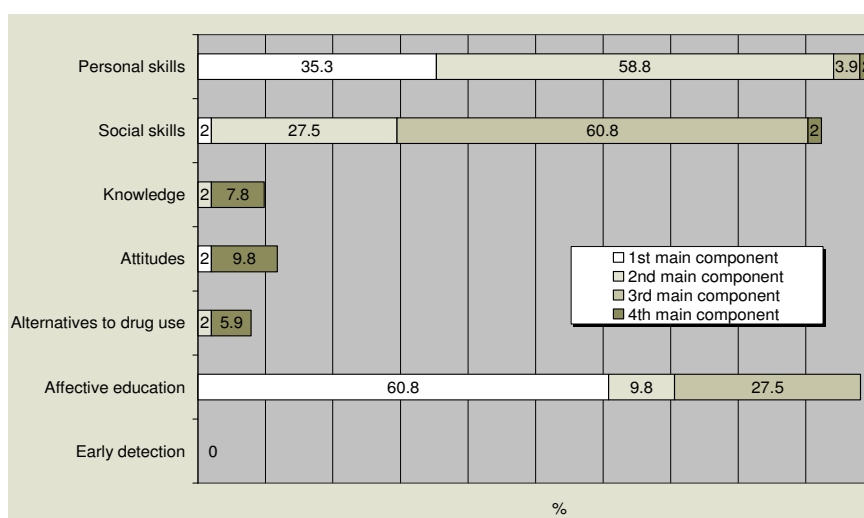


SOURCE: Greek REITOX Focal Point, 2004.

The majority (47 out of 51, 92.2%) of the curricular interventions in Primary Education delivered either by teachers or prevention professionals were based on published educational material, while the remaining 4 (7.8%) were implemented through applying various theoretical models or through adapting existing educational material to suit intervention objectives and group needs.

As far as the components applied are concerned, as shown in Figure 4, curricular interventions in Primary Education mainly focused on the development of personal skills. In addition, they also included affective education and development of social skills.

Figure 4: Main components applied in curricular prevention interventions in Primary Education in 2003



SOURCE: Greek REITOX Focal Point, 2004.

Moreover, 54.9% of the curricular interventions in Primary Education indicated a parallel involvement of parents. In 11 out of the total of 51 curricular interventions in Primary Education, family involvement included training seminars for parents (parents' groups), while 17 interventions involved parents' evenings in order to raise awareness and to provide information regarding prevention issues.

Secondary Education

As shown in Table 6, in 2003, 21 training seminars for secondary school teachers and 66 curricular prevention interventions were implemented. A total of 6,369 students from 309 schools of Secondary Education participated in curricular prevention interventions (Table 6).

Table 6: Data on universal prevention interventions of prevention agencies in Secondary Education in 2003

	Number of interventions	Number of teachers	Mean duration (in months)	Average number of meetings	Number of students
Training seminars addressed to teachers	21	404 were trained	–	5	–
Interventions delivered by professionals	23	–	4.1	12	1,009 (35 schools)
Interventions delivered by teachers	43*	454 implemented an intervention	7.8	18	5,360 (274 schools)

* Some of these interventions were implemented in the context of Health Promotion Programmes of the Ministry of Education and Religious Affairs

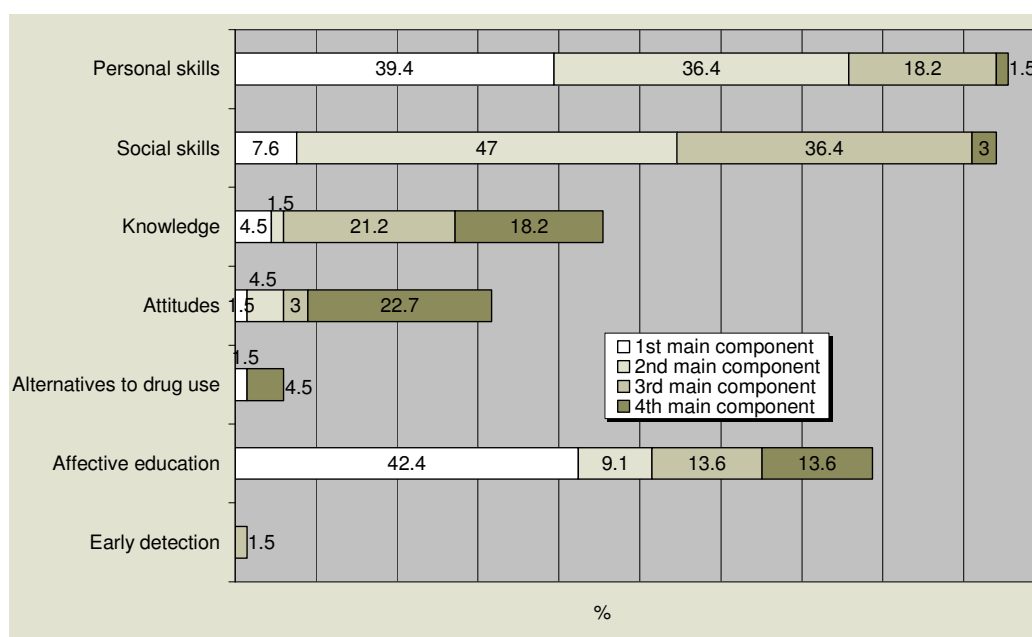
SOURCE: Greek REITOX Focal Point, 2004.

Curricular prevention interventions in Secondary Education. As far as the delivery of curricular prevention interventions in Secondary Education is concerned, there was a steady increase in the number of interventions delivered by teachers, while there was a rather considerable increase in the number of interventions delivered by professionals in 2003 compared to 2002. In addition, while the number of curricular interventions in Secondary Education is higher than the one in Primary Education, the number of curricular interventions delivered by teachers in schools of both levels is the same. This fact, in parallel with the relatively enhanced role of prevention professionals in curricular interventions in Secondary Education, indicates that there are some difficulties in involving teachers of Secondary Education in school-based prevention. Furthermore, as in Primary Education, the proportion of teachers who actually implement curricular interventions is small, compared to the number of teachers who participate in training seminars organised by prevention agencies, as only 43.3% of the teachers of Secondary Education who had been trained were finally involved in curricular prevention interventions.

Regarding the educational material used in curricular prevention interventions in Secondary Education, most of them (52 out of 66, 78.7%) were based on published educational material, while the remaining 14 interventions (21.3%) were implemented through applying various theoretical models or through adapting existing educational material to suit intervention objectives and group needs.

As far as the components applied are concerned, curricular interventions in Secondary Education mainly focused on the development of personal and social skills, followed by affective education (Figure 5). Unlike curricular interventions in Primary Education, however, providing knowledge and changing students' attitudes towards drug use played a major role in Secondary Education.

Figure 5: Main components applied in curricular prevention interventions in Secondary Education in 2003

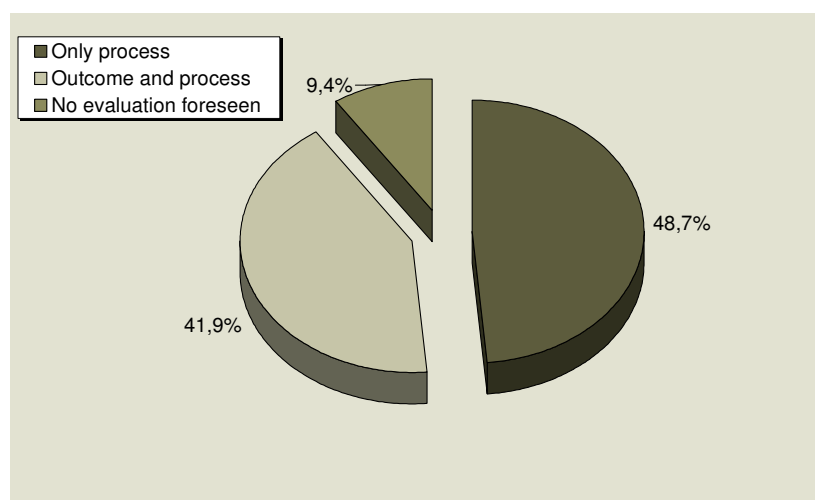


SOURCE: Greek REITOX Focal Point, 2004.

Moreover, 30.3% of the curricular interventions in Secondary Education reported a parallel involvement of parents. In 4 out of the total of 66 curricular interventions in Secondary Education, family involvement included training seminars for parents (parents' groups), while 16 interventions involved parents' evenings in order to raise awareness and to provide information regarding prevention issues. Compared with the respective data from Primary Education, it seems that the role of the family in school-based prevention in Primary Education is more active than in Secondary Education.

Evaluation of curricular prevention interventions is usually based on questionnaires administered to students and/or teachers, as well as on observation and on the reports of teachers and prevention professionals. The evaluation status of the total of 117 interventions in Primary and Secondary Education is presented in Figure 6. As indicated in the *2003 National Report of the Greek REITOX Focal Point (2003a)*, although the need for evaluation has become widely accepted, it is still necessary to further promote the methods and tools used for evaluation.

Figure 6: Evaluation status of curricular prevention interventions in Primary and Secondary Education in 2003



SOURCE: Greek REITOX Focal Point, 2004.

3.1.2 Family

Universal family prevention includes information events and training programmes (parents' groups). In addition, emphasis is placed on the involvement of parents in school-based prevention (see also *1.1 School community*, in this Chapter).

Table 7: Data on universal family interventions in 2003

	Number of interventions	Number of participants	Average number of meetings
Information events	12	1,860	4
Training programmes (parents' groups)	76	3,825	12

SOURCE: Greek REITOX Focal Point, 2004.

As far as the content of the training programmes for parents is concerned, 26.3% of the parents' groups were based on published educational material for family-based prevention, while in 22.4% of the interventions implemented various theoretical models were applied and 51.3% of the interventions were implemented through adapting existing educational material to suit intervention objectives and group needs.

Out of the total of 76 training programmes for parents, the majority (63.1%) carry out both process and outcome evaluation, 32.9% carry out only process evaluation and in 4% of the interventions evaluation was not foreseen. As indicated in the *2003 National Report of the Greek REITOX Focal Point* (2003a), while most of the interventions reported conducting both process and outcome evaluation, when looking at the evaluation indicators used, the majority of them are process indicators. Using the appropriate methods and the respective tools to assess the changes brought about by the implementation of the intervention in relation to the objectives set seems to be quite difficult in family prevention practice.

3.1.3 Community

Youth

In the context of approaching the youth, prevention agencies, along with the school-based interventions, reach adolescents and early adolescents outside the school setting.

Table 8: Data on universal youth interventions in 2003

	Number of interventions	Number of children / adolescents	Mean duration (in months)	Average number of meetings
Information-awareness raising interventions in summer camps, scouts etc	7	618	—	3
Interventions outside school addressed to early adolescents	6	141	3.9	12
Interventions outside school addressed to adolescents	18	419	4.3	14

SOURCE: Greek REITOX Focal Point, 2004.

Most interventions for adolescents (14 out of 18) involve the participation of young people in training seminars (experiential groups) and are mainly designed for students who are not able or willing to attend school-based interventions. As far as the content of these training seminars is concerned, 6 were based on published educational material for youth interventions, while 8 were implemented either through applying various theoretical models or through adapting educational material originally developed for school interventions. In addition, 3 out of the total of 18 youth interventions involved the participation of young people in creative activities alternative to drug use, while one (1) intervention was based on peer education.

Regarding prevention interventions for early adolescents (aged 9-12), 5 out of the 6 interventions implemented in 2003 involved the participation of children in training seminars, while one (1) involved creative activities.

Apart from prevention agencies' interventions, volunteer organisations also organise creative activities for youth. For example, the Centre for Creative Occupation (CCO), run by the volunteer organisation "PROTASI Movement" which is active in drug prevention, targets young people aged 13 to 18.

Out of the total of 24 youth interventions, almost half (54.2%) carried out only process evaluation, 37.5% carried out both process and outcome evaluation, and in 8.3% evaluation was not foreseen.

Interventions addressed to specific community groups

Community-based prevention can be conceived either as interventions addressed to specific community groups (e.g. agencies, institutions, societies, clubs) in order to provide

information on drug use and prevention philosophy, or as the development of networks of volunteers (e.g. mental health professionals, parents, teachers, the Church) with the aim of involving them in prevention activities.

Volunteers

In the context of networking development, prevention professionals approach volunteers who are members of local associations or who participated in prevention interventions in the past (i.e. in the school community, in parents' evenings etc.). Thus, prevention professionals organise training seminars for volunteers and provide support to those who get further involved in prevention activities.

According to 2003 data, there were 12 interventions with the participation of 260 volunteers.

The Army

In the context of approaching young people, prevention professionals organise prevention activities addressed to young men who do their military service. Thus, prevention professionals implement:

- awareness-raising activities and training seminars for young draftees,
- training seminars for regular officers, as well as for professionals (officers) from the Army Psychosocial Support Unit so as to enable them to implement prevention activities.

According to 2003 data, there were 5 interventions with the participation of 1,257 young draftees and 11 interventions for 1,152 Army officers.

Public Security Forces

Prevention agencies also approach professionals from the Public Security Forces (including professionals from the Drug Enforcement). The basic goals of approaching Public Security Forces are the development of cooperation, the provision of information about prevention principles and their own role in prevention, as well as the provision of information about demand reduction agencies. According to 2003 data, there were 8 interventions with the participation of 428 professionals.

Health professionals

Prevention professionals approach health professionals of other social services in order to develop cooperation among agencies, to exchange experiences and to provide information about prevention and prevention services. In 2003, special emphasis was placed on this kind of interventions, as the OKANA Department for Coordination and Monitoring of Prevention Centres of Northern Greece launched a formal cooperation with the Regional Health and Welfare Council of Northern Greece, in order to ensure prevention interventions in the region's public hospitals and social services. In this context, the Prevention Centres of Northern Greece organised training seminars for health professionals working for public hospitals and social services in their region. According to 2003 data, there were a total of 14 interventions with the participation of 358 health professionals.

Youth mediators

Prevention professionals approach youth mediators who have a central role in young people's lives, such as sports club instructors, Sunday School teachers, school custodians, scoutmasters and camp leaders as well as elderly people (as young people's supporters). The main goal of this kind of interventions is to raise their awareness regarding prevention and their own role in it. According to 2003 data, there were 8 interventions with the participation of 273 people.

Mass media campaigns

Providing information to and raising the awareness of the local community play a central role in the activities of demand reduction agencies nationwide. During 2003, in order to change public opinion and attitudes towards drug users, OKANA launched a social mass media campaign called "DEPENDING". The campaign targeted drug users' social exclusion and it involved the development of TV spots and press and magazine clips.

Moreover, in 2003 one intervention targeting media people was implemented, during which 7 journalists were approached. The aim was to raise their awareness of drug addiction and their own role in prevention. In addition, prevention professionals organise info days and activities for specific target groups (e.g. teachers, parents, young people) as well as for the wider community.

Internet

In the context of information and awareness raising activities, the use of the internet is increasing. Prevention and treatment agencies offer detailed information on their various programmes through their websites. Some of these websites are presented in Annexes I and II.

3.2 Selective prevention

Selective prevention is mentioned in the demand reduction policy, since one of the main objectives of the National Action Plan is to "develop prevention programmes for special population groups, such as immigrants, repatriated Greeks, minority groups, dysfunctional families" (page 59).

Moreover, in response to requests of users and their families or individuals with various psychosocial problems, Prevention Centres offer counselling and psychosocial support services or make referrals to appropriate structures. In addition, besides reaching vulnerable social groups, special emphasis is placed on providing information about drugs and about the available services by means of help lines and mobile information units.

Telephone help-lines

By the end of 2003, there were three (3) telephone help-lines specialised in drug matters (Table 9).

Table 9: Telephone Help Lines

Open Line (Department of Adolescents & Young Adults – Drug & Alcohol Dependence Unit 18 ANO)	210 3617089
Telephone Help Line for Psychological Support (ITHAKI Therapeutic Programme – KETHEA)	2310 515150
1031 Drug Helpline (Help Centre – OKANA)	1031

During 2003, the 1031 Drug Helpline of the OKANA Help Centre received 2,558 telephone calls; 449 callers (17.5%) were old callers. The Help Line for Psychological Support of ITHAKI Therapeutic Programme received 901 phone calls; 60.3% of the callers requested support and counselling, while 59% were referred to an appropriate structure.

Mobile units

In order to raise the awareness of the general public and reach individuals and families with drug-related problems, KETHEA has been running the PEGASUS Mobile Information Unit since 1989. PEGASUS implements brief interventions in schools, universities, youth organisations of political parties, parents, law enforcement officers, health professionals, priests and other community groups. Moreover, it provides counselling to drug users and their families.

3.2.1 Vulnerable young people

Prevention agencies and other organisations (e.g. Ministry of Education) develop interventions for vulnerable young people, such as students with behaviour problems in school and/or poor academic performance, young people with psychosocial problems outside school, and young people from culturally different groups.

This area is also covered by voluntary organisations, such as the social sector NGO ARSIS, specialised in providing psychosocial support to young people. To this effect, it runs Youth Support Centres, delivering a vast range of services to young people, including psychosocial support and counselling, support in job seeking, career guidance, legal advice, etc. ARSIS also runs culture and communication clubs giving young people the opportunity to participate in various creative activities, as well as training and productive workshops, where young people are trained in arts and crafts, carpentry, restoration of antique furniture, etc.

The interventions implemented in 2003 targeting at-risk young people are presented in detail below.

Students with psychosocial problems and/or poor academic performance

According to 2003 data, prevention agencies implemented 3 interventions reaching 159 students with psychosocial problems and/or poor academic performance. These interventions involved information and awareness-raising, the development of personal and social skills, counselling and referrals.

Moreover, in the context of health promotion in the school community, the Ministry of Education took the following action:

- Establishment of 16 Youth Counselling Centres. Their mission is to “create a positive climate in the school community (teachers-parents-students) so as to diminish the causal factors of delinquent behaviour” and to “support prevention activities by forging cooperation between school and the community” (www.ypepth.gr).
- Operation of Diagnosis, Evaluation and Support Centres (KDAY – one in every district across the country) for students with physical, mental, psychological, emotional and social specificities. These structures also provide awareness-raising and psychosocial support services to teachers and parents.
- In order to prevent school dropouts, the Ministry of Education introduced the “Additional Learning Support” programme, a remedial teaching programme for junior and senior high school students.

Youth from culturally different groups

In 2003, prevention agencies carried out 4 cross-cultural interventions with 129 young participants, in order to raise young people’s awareness of drugs and provide counselling. One of the four interventions reached young people in a cross-cultural school setting.

Furthermore, reaching culturally different groups is one of the main tasks of the Hellenic Centre for Intercultural Psychiatry and Care. The Centre implements interventions in schools, especially in regions with a strong presence of culturally different groups, in order to raise the awareness of and train students and teachers. It also runs creative activity workshops for young people from culturally different groups outside school.

On the other hand, in order to reach young people from culturally different groups and prevent their educational exclusion, the Ministry of Education introduced reception classes and remedial teaching classes to facilitate Greek language learning and the overall preparation for integration into the school system. Furthermore, in the context of ensuring an institutional framework for special interventions targeting immigrant and repatriated Greek students, there are 25 cross-cultural schools across Greece. In addition, reducing drop out rates is the aim of the project “Education for Gypsy children”, supported and promoted by the Institute for the Education of Children of Greek Descent and for Cross-cultural Education under the auspices of the Ministry of Education.

Experimental young users

In the context of early intervention in young people initiating drug use, OKANA developed units for adolescent occasional or regular drug users up to 18 years of age. Although the main aim of the Adolescent Units is to provide psychosocial support, education and treatment to adolescents and their families (see **Chapter 5: Drug-related treatment**), they also develop a number of actions to approach early adolescent occasional drug users.

Young dropouts

In order to address educational drop-out and its negative consequences (social exclusion), the Ministry of Education introduced the “Second Chance Schools”. These schools are mostly for young people over 18 or even adults who dropped out of school and wish to

complete basic schooling and obtain a secondary school graduate certificate. This is intended to facilitate their access and integration to the labour market.

Young offenders

For the purpose of early intervention in young offenders, KETHEA has been running since 1998 the Counselling Centre for Juvenile Delinquents at the Athens Juvenile Court, as part of STROFI Open Treatment Programme for Adolescents (see **Chapter 12: Alternatives to prison targeting drug using offenders**).

Moreover, ARSIS NGO implements interventions in prisons, including the young prisoners' preparation for social reintegration, creative activities while in prison, education/training, provision of legal advice, as well as psychosocial support and counselling.

3.2.2 At-risk families

Given the emphasis placed on the role of the family in prevention (see section 1.2 Family, in this Chapter), prevention agencies try to reach at-risk families. Based on 2003 data, 8 interventions were implemented with the participation of 256 parents. Detailed data are presented in Table 10.

Table 10: Data on selective family interventions in 2003

Number of interventions	At-risk families' characteristics	Number of parents	Activities
3	Families from culturally different groups	145	Information – raising awareness
2	Families with psychosocial problems	70	Training
3	One-parent families	41	Counselling

SOURCE: Greek REITOX Focal Point, 2004.

Moreover, in view of preventing social exclusion, the Hellenic Centre for Intercultural Psychiatry and Care reaches parents from culturally different groups in order to provide psychosocial support and counselling.

3.2.3 Recreational settings

As indicated in the *2003 National Report of the Greek REITOX Focal Point* (2003a), the importance of prevention in recreational settings is recognised at national policy level, although the notion of prevention in recreational settings is developing gradually in Greece.

In this context, prevention interventions in recreational settings are still rather limited in the country. At the local level, Prevention Centres established by OKANA and the Local Authorities in 46 out of the 52 prefectures in Greece plan and develop their interventions according to local needs. Thus, there is a number of Prevention Centres that implement interventions in recreational settings, involving mostly dissemination of information through provision of advice, distribution of leaflets etc., but such programmes are quite fragmented.

3.3 Quality assurance

Regarding the Prevention Centres established by OKANA and the Local Authorities, the formal requirements and criteria were originally laid down in 1996 by OKANA, when the first Prevention Centres were inaugurated, and updated in 2000. As neither the formal requirements and criteria nor the instruments applied have changed, for a detailed presentation please see the *2002 National Report of the Greek REITOX Focal Point* (2002) (p. 95).

3.3.1 Training

OKANA has assigned the continuous training of prevention professionals to specific institutions, which deliver their training programmes under the supervision and evaluation of OKANA. Updated data for the year 2003 are presented in Table 11.

Table 11: Training institutes, main types of training and data on training activities in the drug prevention field in 2003

Training Institutes*	Main types of training and data on the respective training seminars in 2003
<i>Educational Centre for the Promotion of Health and the Prevention of Drug Abuse</i>	<ul style="list-style-type: none"> – Three-month introductory training course on prevention: 2003: 1 training course with the participation of 14 prevention professionals – Training seminars on specific educational material and other prevention issues 2003: 28 training seminars with the participation of 373 prevention professionals – Six-day training seminar for 222 professionals of prevention agencies in Cyprus – Support to prevention professionals who plan or implement interventions based on the educational material published by the Educational Centre 2003: supervision meetings with the professionals of 9 Prevention Centres
<i>Hellenic Centre for Intercultural Psychiatry and Treatment</i>	<ul style="list-style-type: none"> – Training in the implementation of interventions in ethnically and culturally diverse groups – Training in the implementation of interventions in the army
<i>Therapy Centre for Dependent Individuals (KETHEA)</i>	<ul style="list-style-type: none"> – Training course on networking among drug agencies – Support to prevention professionals who plan of implement interventions based on educational material published by KETHEA 2003: Supervision meetings of 7 prevention professionals of the Prevention Centre of the Psychosocial Education and Support Institution DIAKONIA (Athens Archdiocese) Supervision meetings of 22 prevention professionals of Prevention Centres

* The training institutes are presented in alphabetical order.

SOURCE: Greek REITOX Focal Point, 2004.

The training seminars in specific educational material involve material published by the training institutes themselves. More specifically, the Educational Centre for the Promotion of Health and the Prevention of Drug Abuse has published educational material for school-based prevention in Primary (Children's games, 2000) and Secondary Education (On my own two feet, 1996; Adolescent Discussion: Mental Health and Interpersonal Relationships, 2000), as well as for family-based prevention (Communication in the family, 1996) and youth interventions (Armenistis: Log Book 1900, 2000). Moreover, KETHEA has published educational material for Primary (Skills for primary school students, 2003; The garden with the 11 kittens, 1994) and Secondary Education (Health promotion: mental health, interpersonal relationships for students aged 11-14, 2000).

Furthermore, given the importance of school-based prevention, one of the main activities of prevention professionals is the implementation of training seminars addressed to teachers of both Primary and Secondary Education (see also section 1.1 School community, in this Chapter).

In addition, in 2003, the Prevention Centres of the Prefecture of Ilia PAREMVASIS and of Achaia (both in the Peloponnese) organised a three-day training seminar for prevention professionals in peer education. The seminar was implemented under the EURO-YOUTH European prevention programme of the EURO-NET network, in which OKANA has been participating in cooperation with the above two Prevention Centres.

The Department of Primary Prevention and Information about Substance Use and AIDS of the Hellenic Red Cross provides annually a five-month training programme in primary prevention and (six-month) seminars on mental health and general prevention issues. In 2003, 93 professionals participated in the former and 82 in the latter.

3.3.2 Networking and cooperation among agencies

Prevention professionals attach great importance to networking and cooperation in order to exchange experiences, to address common difficulties and needs and to develop common actions. In this context, there were some developments regarding the promotion of networking of prevention agencies as well as the exchange of information and experience among prevention professionals.

In addition to the Panhellenic Network of Prevention Agencies (for details see the *2003 National Report of the Greek REITOX Focal Point* (2003a)), prevention professionals in Central Macedonia created the Network of Central Macedonia, in an effort to further strengthen their working relations. In 2003, regular meetings were held and working groups were set up in order to better explore prevention-related issues and concerns.

A similar initiative has been taken by the Prevention Centres of Thessaly in order to respond to the training and supervision needs of prevention professionals. In 2003, the training programme "Systemic training and supervision of prevention professionals in the health district of Thessaly" continued (for more details, please see the *2003 National Report of the Greek REITOX Focal Point* (2003a)), in cooperation with the Thessaloniki Family Therapy Centre.

Moreover, a number of Prevention Centres in the Prefecture of Attica launched the DIAVLOS electronic newsletter. The aim of this initiative is to provide information and strengthen cooperation among prevention professionals with the use of the Internet and e-mail.

3.3.3 Research

In an attempt to promote evidence-based prevention interventions, the Greek REITOX Focal Point participates in the “European Drug Addiction Prevention trial / EU-Dap” (www.eudap.net), which is a European research programme on school-based prevention.

In addition, prevention agencies conduct regional research studies on public opinion and attitudes towards drug use and prevention in view of assessing the needs of local communities and designing more appropriate interventions.

4. PROBLEM DRUG USE

4.1. Prevalence and incidence estimates

The total number of problem drug users in 2003 was estimated in the same way as in 2002, i.e. by applying the capture-recapture (or multiple record) method of estimation to data collected for the Treatment Demand Indicator. This involves fitting a suitable statistical model to the distribution of treatment demands between KETHEA, 18 ANO and the rest of the network. In this way, it was estimated that there were a further 18,969 users who did not contact any treatment service in 2003 (the “hidden population”), in addition to the 3,637 who did. Thus, the size of the population of users, independently of the primary substance of abuse, was estimated to be 22,626 with a 95% confidence interval from 19,648 to 26,111. This figure is close to the previous year’s estimate of 23,532 (95% confidence interval 20,250 – 27,462).

In general, different countries have found it necessary to adapt the European Union’s preferred definition of problem drug use to the data that they have available. In Greece, the nature of the treatment data makes it necessary to define problem users as people whose primary substance of abuse is heroin and who will eventually seek treatment for their problem. In the age range 15-64 years, which is of main interest, the size of this population is estimated by the same method to be 17,767 (13,419 – 20,563). This too is close to the 2002 figure of 18,481 (15,853 – 21,652). Table 16 gives a breakdown by sex, age and place of residence.

The lack of suitable data makes it impossible to use other methods to estimate the number of problem users or to use alternative sources of data (such as data from the police or hospitals) within the same methodology. It would be extremely valuable to have this capability, in order to verify the present estimates and possibly to increase their accuracy by narrowing the rather wide confidence intervals.

Table 12: Estimates of the population of problem users aged 15-64 with heroin as the primary substance of abuse, year 2003

	Records	Hidden population ¹	Estimated total population	
			Population	95% c.i. ²
Total	3,134	14,633	17,767	13,419-20,563
Sex				
Male	2,626	12,186	14,812	12,696-17,374
Female	508	2,439	2,947	2,082-4,287

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Age				
15-24	1,248	6,684	7,932	6,148-10,366
25-34	1,227	4,501	5,728	4,708-7,047
35-64	659	2,365	3,024	2,250-4,175
Place of residence				
Athens	1,799	9,327	11,126	9,101-13,714
Elsewhere	1,270	5,132	6,402	5,221-7,937

¹ Number of users not seen in 2003, estimated by statistical model.

² c.i. =confidence interval.

SOURCE: Greek REITOX Focal Point, 2004.

4.2 Profile of clients in treatment

The Treatment Demand Indicator (TDI) has been implemented in Greece since 1994 by the Greek REITOX Focal Point in order to record the socio-demographic characteristics and the drug use patterns of users seeking treatment in specialised services. Data collection is carried out in cooperation with the TDI national network (see Chart 1 at the end of the Chapter), based on the application of the TDI protocol (Standard Protocol 2.0).

Individual data are routinely collected, to allow for double entry checks from all agencies. Data are delivered to the Focal Point continuously throughout the year, where they are subjected to quality control and processed.

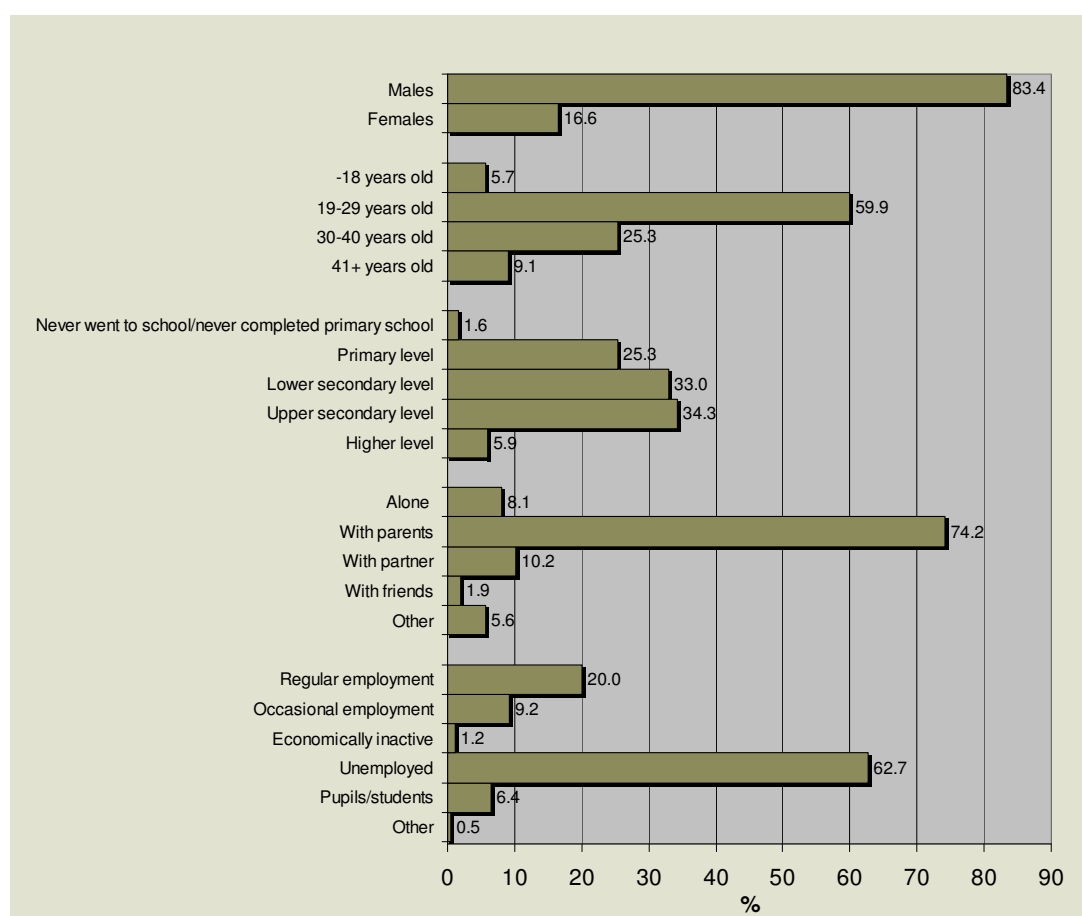
Sections 2.1, 2.2 and 2.3 in this Chapter present the breakdown of data from the TDI national network for the year 2003. A total of 3,637 individual forms were filled in (in 34 units across the country), out of which 2,660 (73.1%) in drug-free programmes, 535 (14.7%) in substitution programmes and 442 (12.2%) in low-threshold services. Compared to the total number of forms filled in 2002, in the year 2003 there was a 3.9% increase in the share of drug-free programmes, a 1% increase in the share of substitution programmes and a 4.9% decrease in the share of low-threshold services. The increases can be explained by the fact that new programmes have become part of the network (six drug-free units and two substitution programmes), while the decrease in the share of low-threshold services is partly due to the fact that the Médecins du Monde programme “Streets of Athens” did not participate.

Section 2.4 in this Chapter presents comparative data for the years 2001 and 2003. The comparative analyses between 2001 and 2003 do not include data from 18 ANO Drug and Alcohol Dependence Treatment Unit of the Attica State Psychiatric Hospital which, in 2001, only submitted aggregated data.

4.2.1 Socio-demographic characteristics of users in the year 2003

The main socio-demographic characteristics of users who contacted the treatment services of the TDI national network in 2003 are presented in Figure 7.

Figure 7: Socio-demographic characteristics of users



SOURCE: Greek REITOX Focal Point, 2004.

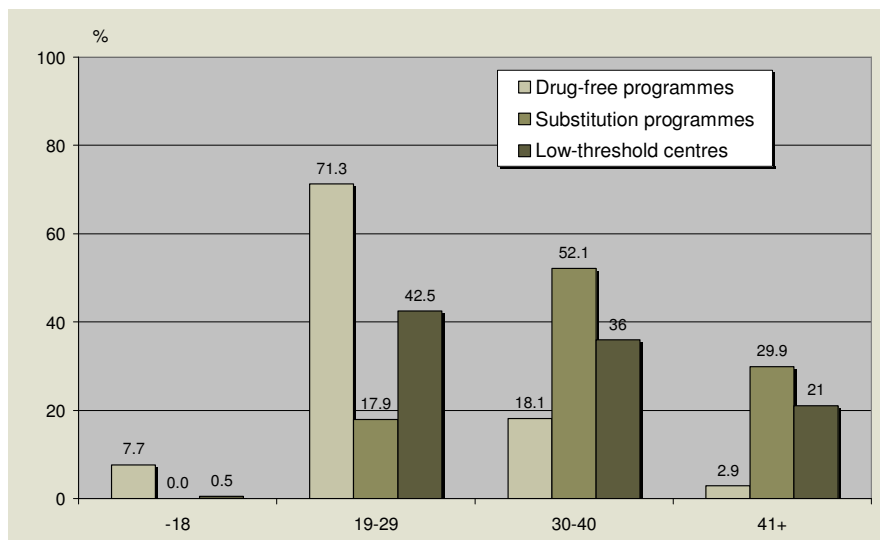
4.2.2 User characteristics for the year 2003 by type of treatment service

- With regard to gender, the percentage of women in low-threshold services (19.5%) is higher than the respective percentages in substitution (17%) and drug-free programmes (16.1%).
- As in previous years, adolescent users almost exclusively attend drug-free programmes, with the exception of a 0.5% found in low-threshold services. Young adults mainly prefer drug-free programmes and low-threshold services, while users older than 40 years old are mostly found in substitution programmes, where age and duration of drug use are among the selection criteria (Figure 8).
- With regard to current living status (where), unstable accommodation has been found to be more common among users in contact with low-threshold services (13.1%) than users in substitution (3.9%) and drug-free programmes (5.9%).
- As far as current living status (with whom) is concerned, significantly more users that attend drug-free programmes live with their parents (80.5%) than users in substitution and low-threshold services (54.1% and 60%, respectively), a fact that is influenced by age (Figure 8). Living with partner has been found to be more common among users in substitution (26.6%) than among those in drug-free programmes and low-threshold services (6.1% and 15.6%, respectively).
- As far as educational level is concerned, users who had no or little schooling are found more in substitution programmes (4%) and low-threshold services (3.7%) than drug-free

programmes (0.7%). Higher education graduates, on the other hand, are found more in drug-free programmes (6.6%) than in substitution programmes (5.5%) or low-threshold services (2.3%).

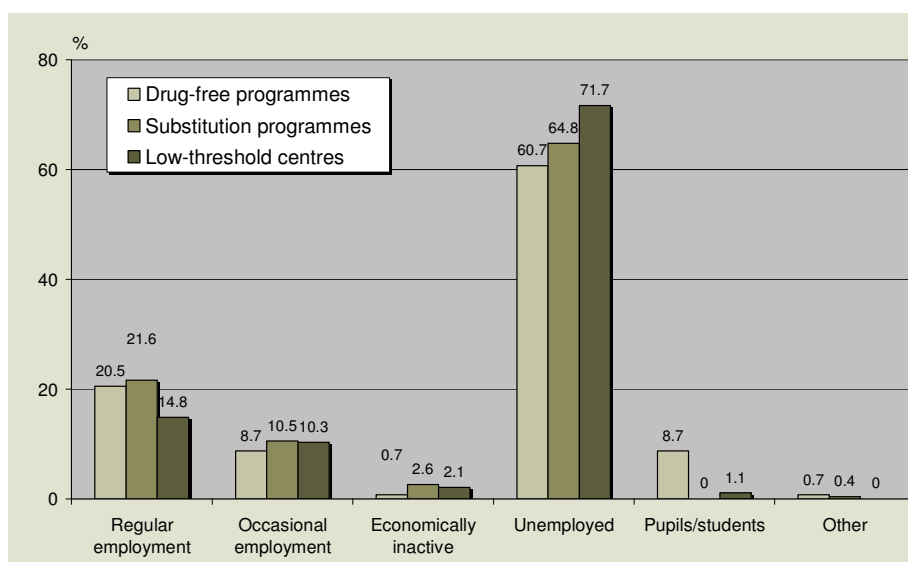
- Although most of the users (62.7%) are unemployed, unemployment is more common among users found in low-threshold services (Figure 9).

Figure 8: Age distribution by centre type



SOURCE: Greek REITOX Focal Point, 2004.

Figure 9: Labour status by centre type

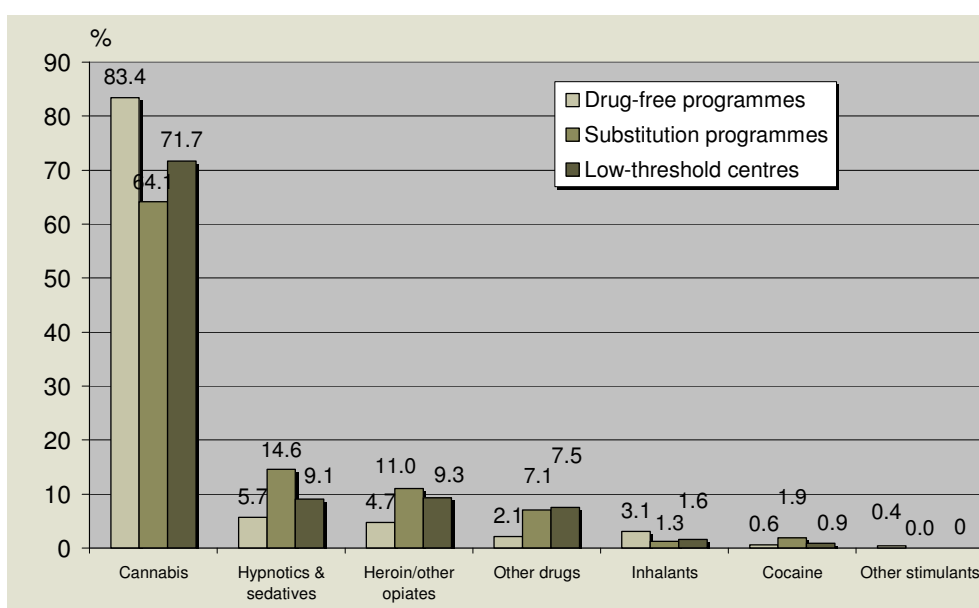


SOURCE: Greek REITOX Focal Point, 2004.

Substance of onset of use

- Cannabis remains by far the most commonly reported substance of onset of use (79.1%). However, the substance of onset of use changes according to centre type, as shown in Figure 10.

Figure 10: Substance of onset of use by centre type



SOURCE: Greek REITOX Focal Point, 2004.

- The mean age of onset of use is 16 years, whereas the median is 15. The mean age varies according to the substance: 13 for inhalants, 15 for hypnotics/sedatives, hallucinogens and other substances, 16 for cannabis, 18 for other stimulants, 19 for heroin and 20 for cocaine.
- There is no gender difference with respect to the mean age of onset of use.

Primary substance of abuse

- Greece belongs to the group of countries where a very large percentage of users reports opiates as the primary substance of abuse (EMCDDA, 2003). In 2003, opiates were recorded as the primary substance of abuse by 88.8% of users seeking treatment. The second substance remains cannabis (7.4%), followed by hypnotics/sedatives (1.6%) and cocaine (1.5%).
- The primary substance of abuse according to centre type is presented in Table 13.

Table 13: Primary substance of abuse by centre type

Primary substance of abuse	Drug-free programmes %	Substitution programmes %	Low-threshold programmes %	Total %
Heroin/other opiates	86.1	99.4	91.6	88.8
Cannabis	9.3	0.2	4.3	7.4
Sedatives/hypnotics	1.8	0	2.5	1.6
Cocaine	1.8	0.4	0.7	1.5
Other drugs*	1	0	0.9	0.8

* Including stimulants, hallucinogens, inhalants and unspecified medicaments and anticholinergic-antiparkinsonian drugs.

SOURCE: Greek REITOX Focal Point, 2004.

- The mean age of onset of use of the primary substance varies according to the drug: 16 for cannabis, 18 for pills and other substances, 20 for heroin/other opiates and 21 for cocaine.
- The mean age of onset of use of the primary substance is 20 years for men and 19 for women.

Secondary substance of abuse

- The majority of users (76.5%) report polydrug use. However, polydrug use varies significantly according to centre type: it has been observed to be more common among users in substitution programmes (84%) and low-threshold services (81.2%) than among users in drug-free programmes (74.2%). Differences are also found in the number of secondary substances used by centre type, where more than 2 secondary substances are used more often by users contacting low-threshold services (31.7%) than by users attending drug-free and substitution programmes (22.1% and 23.6%, respectively).
- In addition, polydrug use has been found to be more common among women (81.6%) than among men (75.4%).

Risk behaviour

- The majority of users who sought treatment in 2003 had injected at least once in their lifetime (78.3%) and nearly half of them (49.7%) had done so in the last 30 days. Since injecting use is one of the admission criteria for substitution programmes, this practice has been found to be more common at any / all times among users in this type of centre compared to users in drug free programmes and low-threshold services.
- Injecting use in the last 30 days is significantly more common among men (51%) than among women (43.1%).
- The mean age of first injecting use is 21 years, 20 for women and 21 for men.
- More than half of injecting drug users (57.7%) has reported lifetime needle sharing and this goes for all centre types, although it appears to be more common among users in substitution and low-threshold services. 32.7% of those who reported injecting in the last 30 days also reported sharing needles but this is much more common among users contacting drug-free programmes.
- Sharing needles has been found to be more common among women than men but this is more the case with regard to sharing needles in lifetime (56.7% for men, 62.4% for women).

4.2.3 The characteristics of cocaine users

As pointed out in every previous report of the Greek REITOX Focal Point, the vast majority of users who contact the services are heroin users. The *2003 National Report of the Greek REITOX Focal Point* (2003a) included an extensive presentation of the profile of cannabis users and a comparison of the characteristics of heroin/opiate users and cannabis users. This section presents a comparison of the main characteristics of cocaine users with those of heroine/opiate users in contact with the treatment services of the TDI network.

The number of users caught by the TDI who report cocaine as the primary substance of abuse is small in Greece (53 individuals in 2003), although it represents a considerable share of drug users seeking help in other European countries, such as Spain and the

Netherlands (EMCDDA 2003). On the other hand, it would be interesting to explore their characteristics, since they constitute a user population subgroup with a high-risk behaviour (15.1% injecting as the usual route of administration). Their characteristics are as follows:

- They are mostly male (77.4%), young people (13.2% adolescents, 52.8% in the 19-29 age group) and have a high educational level (40.4% upper secondary level graduates, 12.8% higher level graduates). As far as drug use history is concerned, cannabis was the substance of onset of abuse for most of them (83%) and they started using cocaine at a mean age of 21. As an average, 7 years elapse between the onset of use of cocaine and their latest request for therapeutic help. About one in three (35.8%) report lifetime injecting and 13.2% report current injecting (last 30 days).
- Compared to heroin/opiate users, cocaine users are younger and better educated. The time elapsing between the onset of use of the primary substance of abuse and the latest request for treatment is shorter for cocaine users.

4.2.4 Trends: 2001-2003

- No clear trends appear in terms of socio-demographic characteristics, i.e. gender, age, nationality or labour status.
- Compared to 2001, referral rates from the family appear to be relatively increased (from 21.8% in 2001 to 25.2% in 2003), as opposed to referral rates from medical/social services, which appear to be slightly decreased (from 6.7% to 4.3%). The increased referral rates from the family seem to be partly accounted for by the significant increase (from 3 in 2001 to 11 in 2003) in the number of adolescents' and young adults' units that joined the network in 2003.
- No significant change has been observed in the primary substance of abuse for which users seek help, except for a slight increase in cocaine use (Table 14), which is hard to assess, given that the number of cocaine users is very small.

Table 14: Primary substance of abuse: 2001, 2003

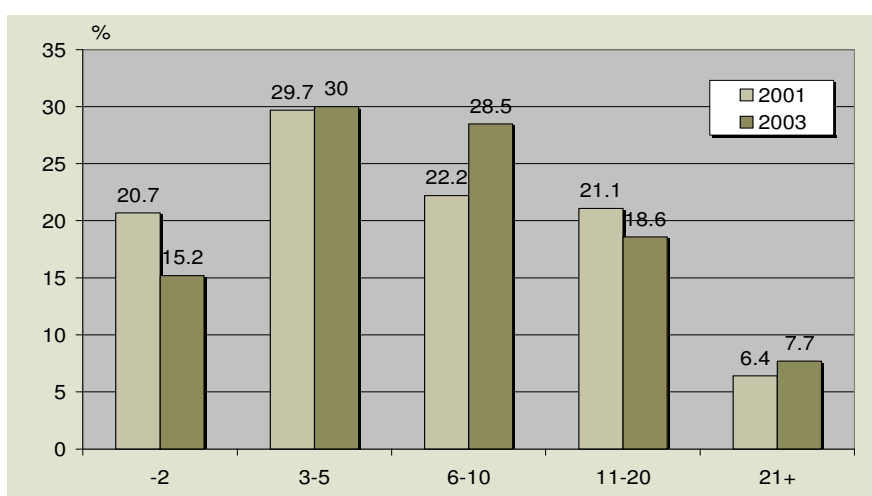
Primary substance of abuse	2001	2003
	(N=3,659) %	(N=3,215) %
Heroin/opiates	89.7%	88.5%
Cannabis	7.3%	7.7%
Hypnotics/sedatives	1.4%	1.6%
Cocaine	0.8%	1.4%
Other stimulants (amphetamines, ecstasy- type stimulants)	0.2%	0.5%
Hallucinogens	0.1%	0.2%
Inhalants	0%	0.1%
Other drugs*	0.5%	0.1%

* Including unspecified medicaments, anticholinergic-antiparkinsonian drugs, antidepressants and Speedball.

SOURCE: Greek REITOX Focal Point, 2004.

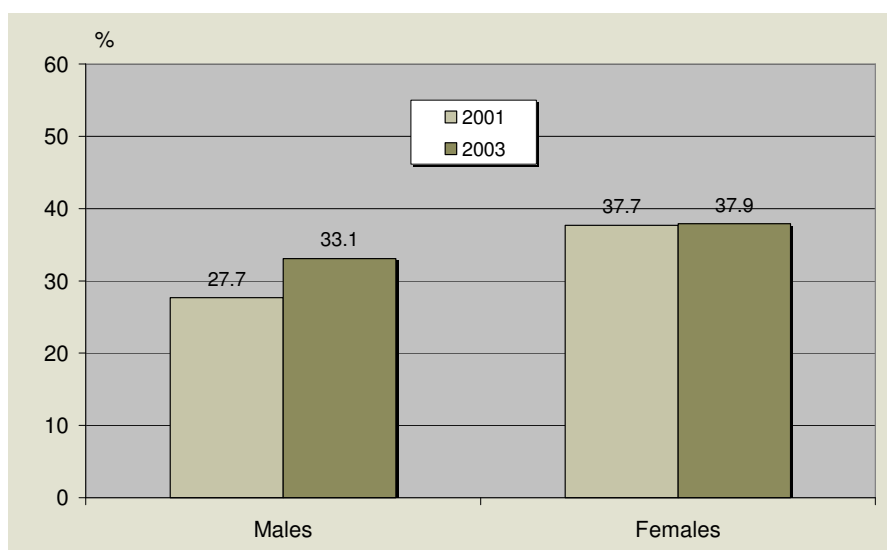
- There is an increase in the time elapsing between the onset of use of the primary substance of abuse and the latest request for treatment (Figure 11), and also in the duration of primary substance abuse from 7 years in 2001 to 7.5 years in 2003.
- No variation has been observed in injection rates in the last 30 days, although there is an increase in needle sharing, most notably among men (Figure 12).
- As far as lifetime risk behaviour is concerned, no significant variations have been observed.
- A slight decrease in the percentage of users that had never been treated before has been found between the two years (54.9% in 2001, 52.8% in 2003), but the difference is not statistically significant.

Figure 11: Time elapsing (in years) between onset of use of the primary substance of abuse and latest request for treatment (2001, 2003)



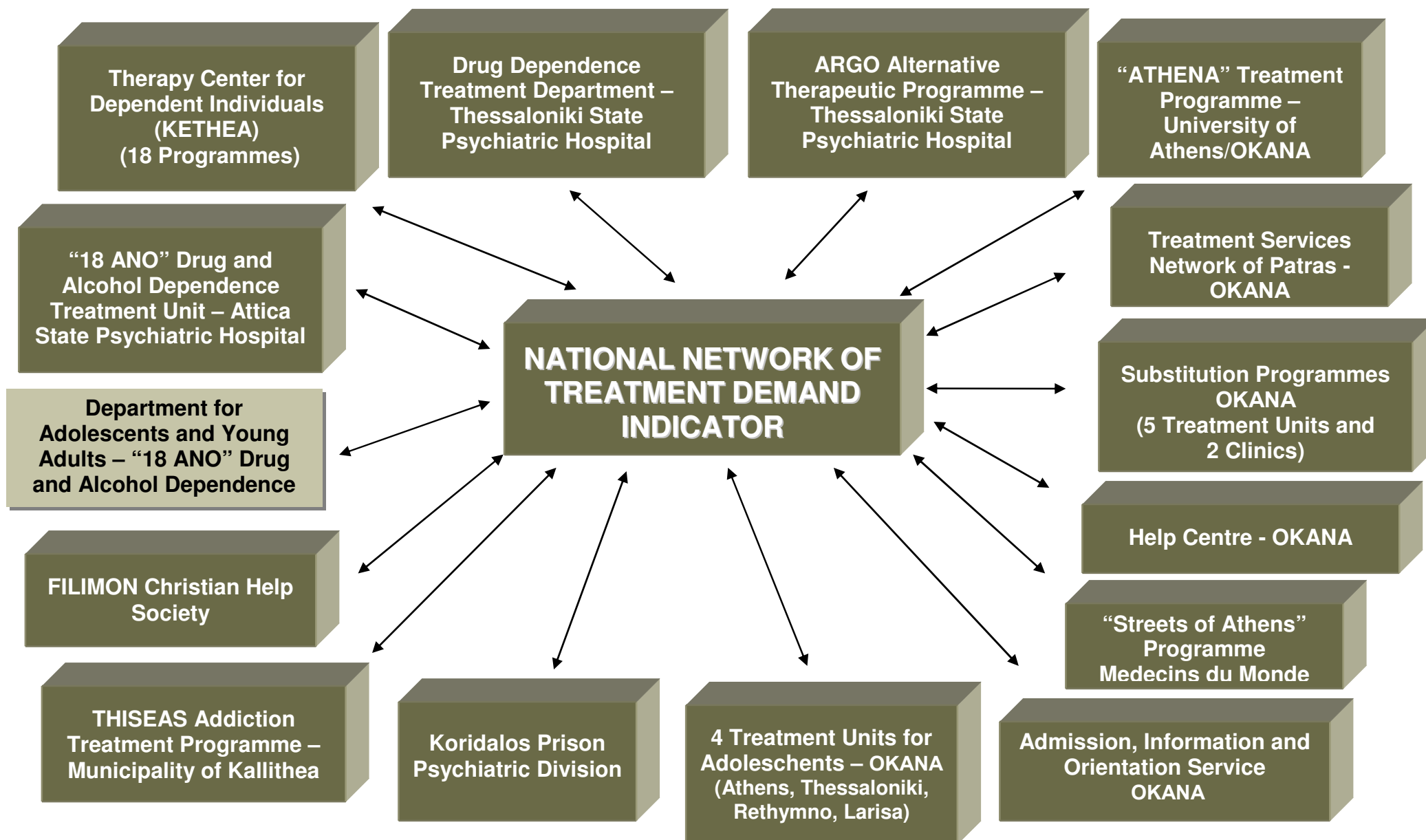
SOURCE: Greek REITOX Focal Point, 2004.

Figure 12: Needle sharing among injecting drug users in the last 30 days by gender (2001, 2003)



SOURCE: Greek REITOX Focal Point, 2004.

Chart 1: NATIONAL NETWORK OF TREATMENT DEMAND INDICATOR



5. DRUG-RELATED TREATMENT

A wide range of treatment options is available in Greece, under the auspices of governmental and non-governmental organisations. The officially recognised treatment programmes that currently operate amount to 44¹ (see Table I, Annex II) and can be divided in the following categories: eight (8) inpatient drug-free programmes, twenty one (21) outpatient drug-free programmes (10 for adults and 8 for adolescents), and fifteen (15) substitution treatment units (Figure 13).

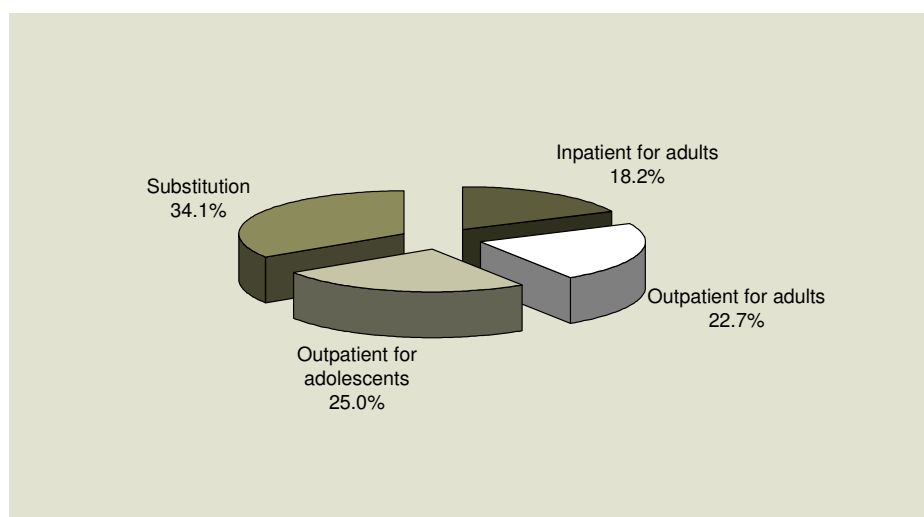
Treatment services are non-profit and they are fully or partially subsidised by the government, except for one which is fully funded by the local authorities.

The main objectives of drug-free treatment units include total abstinence from illegal drugs, improvement of personal and social skills, health, family and social relations, decrease of deviant behaviour and vocational integration. As for substitution treatment units, their general objectives include minimisation of drug-related risks, not only for drug users themselves but also for the community, and gradual detoxification from all drugs including substitution ones.

The majority of both inpatient and outpatient drug-free treatment programmes follow a multi-stage therapeutic procedure consisting in counselling, detoxification, treatment, rehabilitation and family services, as well as halfway houses and hostels. As for the substitution units, they follow a non-residential working hour programme adapted to the needs of the individuals in treatment, especially those who work.

Services offered include psychotherapeutic, medical, educational, vocational, housing and aftercare.

Figure 13: Treatment units by type of programme



SOURCE: Greek REITOX Focal Point, 2004.

5.1 Treatment systems

In view of stepping up efforts to tackle drug use and more efficiently cater for dependent individuals, new treatment structures continued to be established in the reporting year.

¹ All treatment programmes operating to date are included; private psychiatric clinics that might accept addicts are not included.

Compared to last year, the number of treatment programmes increased by 33.3%. In the field of treatment, this suggests that therapeutic interventions tend to expand to cover various regions across the country. At the same time, it clearly shows that therapeutic agencies are aware of the urgent need to develop services that will meet the increased needs of adolescents and young drug users and their families at the local level.

The new treatment programmes established in the last year are as follows:

Three new open treatment programmes for adolescents and young users were launched in 2003: two OKANA adolescents' units in Rethymno (April 2003) and Larissa (August 2003), and one KETHEA adolescents' therapeutic programme in Piraeus (June 2003) (see Map 1, Annex II).

In the field of substitution treatment, OKANA expanded the existing network of services through the establishment of new units. In 2003, the first low-threshold substitution structure became operational in Athens. This unit admits patients who were prematurely discharged by the existing substitution structures because of repeated relapses, in an attempt to intensify efforts to discontinue parallel drug use.

Moreover, in early 2004 a new substitution unit (Substitution Unit C) became operational in Thessaloniki (capacity 200). The Treatment Unit for Drug Addicts in Chania, having a comparable capacity, also became operational in the same period of time.

Furthermore, OKANA, with the assistance of the National Health System (NHS) and other health services, launched an effort to establish buprenorphine substitution treatment units in order to respond to the recorded high demand for substitution programmes, both in big cities where there was a shortage of programmes and in other parts of the country where there were no such programmes (OKANA 2003b). In 2003, five structures became operational in Rhodes, Lamia, Agrinio, Livadia and Larissa (see Map 1, Annex II). Depending on the local needs and the available resources, the new structures were outpatient dependence treatment departments or fully-fledged treatment units, like the ones already operating under the OKANA Substitution Programme.

In the beginning of 2004, two more structures were launched: the Outpatient Clinic for Drug Addicts in Chalkida (capacity 70) and the Support Clinic for Drug Addicts in Peristeri, Western Attica (capacity 50).

Treatment programmes under development

Apart from the fully developed treatment programmes, whose operation is presented in detail in the following sections, over the past two years a number of new programmes have been launched², aiming at developing a multi-phase therapeutic protocol, which will include the provision of main treatment services. However, in 2003, only their first phase ran (i.e. pre-admission/counselling centre), providing mostly counselling services. The services provided by those programmes (7 programmes for adolescents and 2 outpatient programmes for adults, see also Table I, Annex II) include case assessment, motivation and preparation for admission to the main phase of treatment and development of a treatment plan. Individual and/or group meetings, as well as family and couple sessions, were also held.

In 2003, the 7 newly established programmes for adolescents served a total of 164 young drug users. As for the two Counselling Centres of the KIVOTOS Cross-Cultural Therapeutic Programme, they offered services to 83 drug addicts.

² IASON Addiction Prevention & Treatment Unit is not included, as it has been operating since 1991.

General information about treatment in the reporting year

Information regarding target groups, objectives, methodologies and settings remains the same as that provided in detail in the previous National Reports submitted to the EMCDDA. Thus, the focus of the information presented in this report will be on quantitative data regarding the different types of therapeutic programmes, in view of providing a global overview of the situation of drug-related treatment programmes.

Along these lines, some existing results of process indicators (i.e. admissions, waiting lists, completion rates, etc.) for the main types of treatment in Greece are presented below, based on data gathered by means of a special questionnaire (Treatment Unit Form/TUF A) by the nationwide treatment units network. The data reflect treatment programmes that delivered main treatment (i.e. therapeutic communities) during the year.

5.2 Drug-free treatment

5.2.1 Inpatient and outpatient treatment

Capacity, patient mobility and waiting list

The drug-free treatment programmes operating in 2003 had a total capacity of 1,024. As shown in Table 15, in 2003 outpatient programmes for adults have the largest capacity (497), followed by inpatient programmes (342) and outpatient adolescents' programmes (185).

In the year 2003, the mean power of 18 out of 20 drug-free treatment programmes was 512. This figure represents the average number of clients attending the treatment programmes on three dates during the reporting year, which were considered to be typical in terms of patient mobility. According to Table 15, the average number of patients attending inpatient programmes was relatively low compared to the available slots. Such a comparison is not possible for other types of programmes. For outpatient programmes for adults, the data on mean power are not complete. Furthermore, for adolescents' programmes, the mean power figure only represents the users themselves, whereas capacity also includes parents or user family members.

Twenty percent of drug-free treatment programmes (please see the footnotes of Table 15) report that there is a waiting list for admission to treatment. In adolescents' programmes there is no waiting list. A total of 131 patients are awaiting admission to the main phase of treatment or to other treatment phases, in the case of multiphase programmes (Table 15).

Table 15: Capacity, mean power and waiting list of drug-free programmes in 2003

TREATMENT PROGRAMMES	CAPACITY	MEAN POWER	WAITING LIST
Inpatient (N=8)	342	272	80*
Outpatient for adults (N=8)**	497	161	51***
Outpatient for adolescents (N=4)****	185	80	0
TOTAL	1,024	513	131

* The number is accounted for by a single programme.

** The mean power data refer to 6 out of 8 outpatient programmes for adults.

*** The number refers to 3 programmes.

**** For outpatient programmes for adolescents, capacity refers to the young users themselves, their parents and user family members.

SOURCE: Greek REITOX Focal Point, 2004.

With regard to patient mobility in drug-free treatment programmes, in the beginning of the reporting year some 683 patients were reportedly attending the main treatment phase in drug-free programmes (data for 19 out of 20 programmes). Moreover, in 2003 there were 1,284 admissions in total. As shown in Table 16, the largest part of admissions (47.1%) were to outpatient programmes for adults -this is consistent with the fact that such programmes have the largest capacity. 37.4% were admissions to inpatient programmes, followed by admissions to outpatient adolescents' programmes (15.5%). It should be pointed out that a very large share of the patients who were admitted last year contacted the programmes for the first time (79% new admissions). Readmissions to drug-free programmes in 2003 represented approximately 5%³ of the total number of patients.

Table 16: Patients in treatment and admissions to drug-free programmes in 2003

TREATMENT PROGRAMMES	PATIENTS ALREADY IN TREATMENT	TOTAL NUMBER OF ADMISSIONS	NEW ADMISSIONS	READMISSIONS IN 2003 *
Inpatient (N=8)	273	480	346	30
Outpatient for adults (N=8) **	305	605	522	34
Outpatient for adolescents (N=4)	105	199	146	14
TOTAL	683	1,284	1,014	78

* Patients admitted to treatment more than once during the reporting year. However, patients admitted to a treatment unit in previous years and re-admitted in 2003 are not included here.

** Regarding "patients already in treatment" and "readmissions in 2003", the data refer to 7 out of 8 outpatient programmes for adults.

SOURCE: Greek REITOX Focal Point, 2004.

Trends

- During the reporting year, the total capacity of drug-free programmes was 1,024.
- The mean power of drug-free treatment programmes was more or less the same as in 2002 (535 individuals).
- In 2003, admissions to drug-free programmes dropped by 12.8% compared to 2002.

Staffing, training and evaluation

As far as staffing is concerned, the total number of staff members employed by drug-free treatment programmes in 2003 was 347. Just like in 2002, most staff members are employed in inpatient programmes (53.9%), followed by outpatient programmes for adults (25.9%) and outpatient programmes for adolescents (20.2%). In terms of staff specialisation, the global picture is also almost the same as in 2002 (see also the *2003 National Report of the Greek REITOX Focal Point* (2003a)). More specifically, the largest part of salaried staff represents "therapists" or trainers (26.2%). In addition, there are also considerable proportions of psychologists (19.6%), administrative personnel or maintenance workers (15%) and nurses (10%). Moreover, other specialities including social scientists and workers, psychiatrists and

³ One treatment programme that did not provide data about readmissions is not included in the calculation.

other doctors, counsellors, educators and physical education teachers make up the remaining staff.

To improve services, all agencies that run drug treatment programmes lay emphasis on continuous staff training. In-service training is the main type of training offered to professionals working at therapeutic programmes. Along these lines, all drug-free treatment programmes organised in-house training seminars and arranged that part of their staff should attend a formal seminar or course delivered by another organisation. Moreover, all programmes operate under expert supervision.

By way of illustration, some training activities carried out by KETHEA in 2003 are listed below: a) KETHEA carried out five long-term training courses with the participation of 115 treatment and prevention professionals from Greece and Cyprus, in drug dependence counselling, group dynamics, family therapy, trainers' training in treatment services and management of dependence treatment organisations, b) it delivered induction training to 79 new staff members, and c) it provided training in drug treatment and prevention centre establishment to professionals working for other agencies (e.g. OKANA, Attica and Thessaloniki State Psychiatric Hospitals, etc.) (KETHEA 2004).

Regarding quality assurance, a single homogeneous scheme including formal requirements and criteria on drug-related treatment offered in the country has not been implemented to date (see also the *2003 National Report of the Greek REITOX Focal Point* (2003a)). This is due to the fact that therapeutic programmes differ substantially in terms of philosophy, theoretical principles and quality assurance. Rather, each specialised therapeutic agency has developed its own specific principles and criteria to ensure and enhance the quality of services. According to 2003 data, most drug-free treatment services report having recently performed an evaluation of the therapeutic procedure and/or treatment outcome (80%).

Statistics and evaluation results

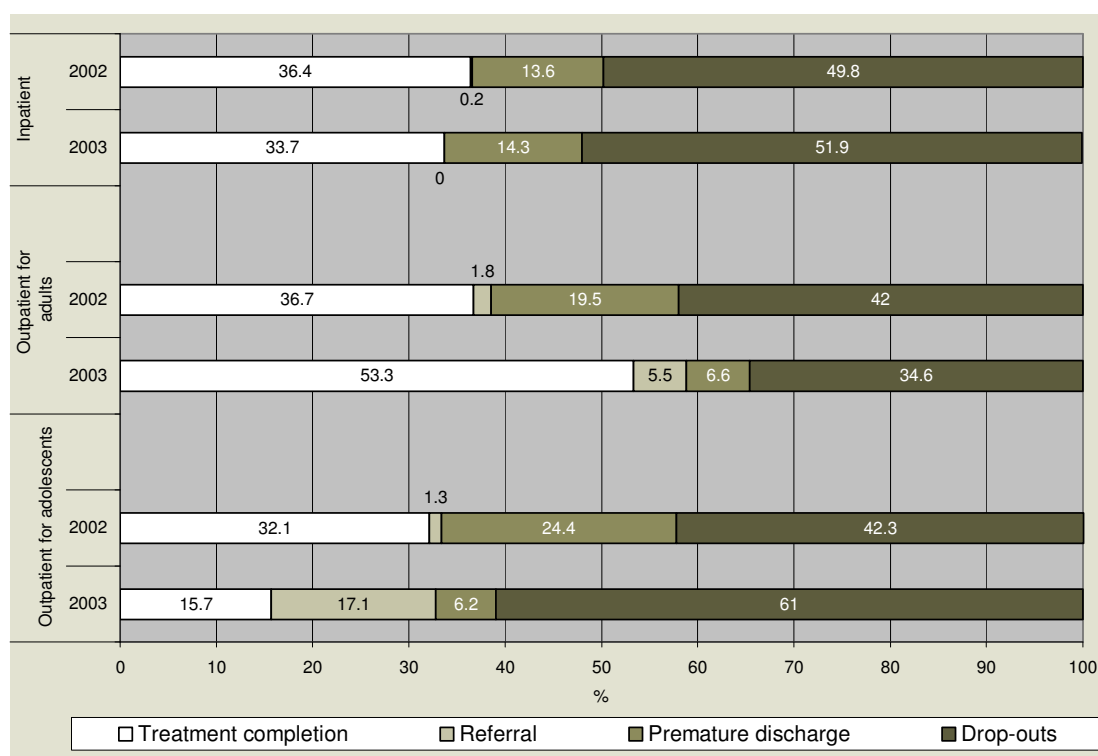
Out of the total patients (1,967 individuals) who attended drug-free treatment programmes in 2003, 551 (a rate of 28%) were still in treatment at the end of the year. 264 patients were still in inpatient treatment units (35.1% of the total patients attending this type of programmes), 193 patients were in outpatient treatment units for adults (51.5%), and 94 clients were in adolescents programmes (30.9%). The above figures should be interpreted in relation to the planned duration of treatment for each type of programme and the time point of patient admission.

With regard to treatment outcome, Figure 14 shows the modes of exit from the drug-free programmes in the last two years (2002-2003). Data for 2003 come from 18 out of 20 drug-free treatment programmes (as opposed to 18 out of 21 programmes in 2002).

- In inpatient programmes, about half of the patients drops out (51%). On the other hand, a significant proportion of patients (33.7%) completes treatment. Finally, one out of 7 clients is prematurely discharged from the programme.
- In outpatient programmes for adults, the prevailing mode of exit is completion of treatment, accounting for over half of the patients who leave the programme (53.3%). About one out of 3 clients drops out, while there is a relatively small proportion of patients who are discharged prematurely (6.6%).
- In outpatient adolescents' programmes, the prevailing mode of exit is drop out, accounting for more than half of the exits from such programmes (61%). About one out of 6 adolescents leaves the programme having completed treatment.

A comparison of data for 2002 and 2003 highlights a difference in the modes of exit from treatment programmes from one year to the next, most notably in the outpatient programmes for adults and adolescents. Still, given that these are only two consecutive years, it is not possible to discern whether this difference reflects a more general trend. Moreover, in order to interpret this variation, further study of the qualitative data related to the operation of the programmes during those two years is required.

Figure 14: Modes of exit from drug-free programmes in the years 2002-2003



SOURCE: Greek REITOX Focal Point, 2004.

Differences are also observed in the main reasons for which these three types of drug-free treatment programmes prematurely discharge patients. The main reasons for premature discharge for each type of programme in 2003 are listed below.

- The main reasons for premature discharge reported by inpatient programmes include sexual relations between patients (25.7%), violent behaviour on the premises (18.9%) and violation of the rules and regulations of the unit (16.2%).
- The main reasons for premature discharge reported by outpatient units for adults include the use of illicit drugs outside the premises (33.3%), non attendance of treatment or counselling sessions (16.7%), violent behaviour outside the premises (16.7%) and use of alcohol (16.7%).
- The main reasons for premature discharge reported by outpatient adolescents' treatment programmes include violent behaviour on the premises (38.5%) and use of illicit drugs either on the premises (38.5%) or outside the premises (23.1%).

5.3 Medically assisted treatment

5.3.1 Withdrawal treatment

The withdrawal phase is an integral part of the therapeutic process in all treatment programmes. Detoxification takes place either during the counselling/preparation phase prior to admission to treatment or upon admission of the dependent individual to the main phase of treatment. In Greece there is only one specialised detoxification unit, run by the Drug Dependence Treatment Department of the Thessaloniki State Psychiatric Hospital. The main tasks of the unit include the provision of medical assistance to cope with withdrawal symptoms, awareness raising, admission to psychotherapy and relapse prevention. The scheduled duration of the programme is 21 days.

In 2003, the aforementioned Detoxification Unit (DETOX) served a total of 300 clients, 292 of whom were admitted during the same year. Approximately half of them (51.7%) completed the detoxification programme and most of them (94.7%) went on receiving services in the framework of the treatment programme. 36.3% of the clients dropped out of the programme and 12% were prematurely discharged for violation of the rules. The mean reported duration of hospitalisation is approximately 14 days.

Furthermore, in order to meet the needs of users who are awaiting admission to treatment, the Drug Dependence Treatment Department developed a respective waiting phase. Users enter this phase after having completed the detoxification phase as outpatients. In this phase, participants receive the following services: a) administration of antagonists, b) urine drug tests and c) support groups 3 times a week.

5.3.2 Substitution Treatment

This section includes a comparative presentation of the substitution treatment programmes which ran during the reporting year and of the results of the operation of the 6 OKANA Substitution Treatment Units and the 5 OKANA/NHS (buprenorphine) Substitution Units, which first became operational in 2003 (see also **Chapter 11.1 Treatment with Buprenorphine**).

Capacity, patient mobility and waiting list

Substitution treatment programmes have a total capacity of 2,155. The six OKANA Substitution Treatment Units represent 1,790 places and, as pointed out in the *2003 National Report of the Greek REITOX Focal Point* (2003a), have seen a significant increase in capacity in the past few years. Moreover, with the operation of the 5 OKANA/NHS buprenorphine treatment structures in 2003, 365 more places were created for dependent individuals entering substitution treatment.

As shown in Table 17, the mean power of substitution treatment programmes is relatively low compared to their reported capacity. For the newly established structures in public hospitals, this can be explained by their having operated for only a short period of time and not having reached full capacity yet. The difference noted between the mean power and the capacity of OKANA Substitution Units is mainly due to the establishment of a new unit, which is gradually becoming operational and therefore not working at full capacity.

Table 17: Capacity and mean power of substitution treatment units in 2003

TREATMENT PROGRAMMES	CAPACITY	MEAN POWER
OKANA Substitution Units ((N=6)	1,790	1,348
OKANA/NHS Substitution Units (N=5)	365	91
TOTAL	2,155	1,439

SOURCE: Greek REITOX Focal Point, 2004.

According to Table 18, in the beginning of 2003 a total of 1,221 patients were previous year admissions and continued treatment. The relatively small number of such patients in public hospital units (42 patients) can be explained by the fact that they all became operational in 2003, except for one unit whose pilot operation had started in 2002.

The total admissions to substitution programmes in 2003 were 1,072. In almost all of the five substitution units which ran in 2002 there was an increase in the number of admissions to treatment. It should also be underscored that approximately 84.4% of the total admissions made in 2003 represent new patients for the units in question (data from 5 out of 6 units that submitted the relevant data).

According to the latest data, however, the increased demand for admission to substitution programmes has resulted in over 2,500 individuals being on waiting lists for admission to OKANA Substitution Treatment Units. The mean waiting time is three years (OKANA 2004). It is worth pointing out that the waiting list does not concern Substitution Unit C in Athens, which admits users who are prematurely discharged from other OKANA substitution units. Waiting lists are also reported by all treatment structures operating in public hospitals. 166 users in total have applied for and are awaiting admission to treatment.

Table 18: Patients in treatment and admissions to substitution treatment units in 2003

TREATMENT PROGRAMMES	PATIENTS ALREADY IN TREATMENT	TOTAL NUMBER OF ADMISSIONS	NEW ADMISSIONS	READMISSIONS IN 2003 *
OKANA Substitution Units (N=6)**	1,179	839	540	12
OKANA/NHS Substitution Units (N=5)	42	233	229	3
TOTAL	1,221	1,072	769	15

* Patients admitted to treatment more than once during the reporting year. However, patients admitted to a treatment unit in previous years and re-admitted in 2003 are not included here.

** Regarding "new admissions" and "readmissions in 2003", the data refer to 5 out of 6 units.

SOURCE: Greek REITOX Focal Point, 2004.

Trends

- In 2003, the increase in substitution treatment capacity was as high as 64.5% compared to 2002 data. This can be explained partly by an increase in the number of substitution treatment units and partly by an increase in the capacity of existing units.
- Because of the increased capacity, the average number of patients in substitution treatment expectedly increased by 43.6%.

- The total admissions to substitution units in 2003 increased by 56.5% compared to 2002.
- The waiting list is still a problem.

Staffing, training and evaluation

Regarding the staffing of substitution units, a total number of 198 professionals provided specialised drug services to drug addicts in the reporting year. The 39.4% increase compared to the staff employed in 2002 is fully accounted for by the 5 new structures (OKANA/NHS Substitution Treatment Units) established during the reporting year. As for the staff makeup, the largest part of salaried staff represents administrative personnel or maintenance workers (25.8%) and nurses (24.7%). Moreover, substitution programmes employ a significant share of psychiatrists (12.6%), social workers (12.1%), psychologists (9.6%) and other doctors (7.1%).

To enhance their services, all substitution treatment units provide some form of training for their staff. In 2003, 90.9% of the programmes arranged that part of their staff should attend a formal seminar or course delivered by another organisation, 63.6% organised in-house training seminars, and 54.5% operated under expert supervision. More specifically, OKANA financed fully a) the participation of part of the treatment staff in national and international conferences and meetings on various issues (80 and 22 professionals, respectively), b) the training of 20 treatment staff members in issues related to the approach of adolescents and c) the participation of a staff member in the European Fellowship Scheme of the Pompidou Group (OKANA 2004).

As for evaluation, 27.3% of the substitution treatment units report having recently performed an evaluation of the therapeutic procedure and/or treatment outcome. In addition, a recent study in the area of evaluation research assessed the efficacy of the two substitution units in Thessaloniki (Substitution Treatment Units A and B). According to the findings, a large share of clients stays in therapy (80%) and achieves reduction of heroin use by 70% and reduction of delinquent behaviour by 80%. Moreover, most patients report significant improvement in terms of physical and mental health, while 40% have a job after 1 year of programme attendance and 12% achieve drug recovery. However, it is emphasised that the aforementioned results refer solely to the clients of these two programmes, which represent only 5-10% of the estimated number of heroin addicts in the area of Thessaloniki. Based on these findings, it is argued that the operation of the substitution programmes have a positive impact on the main indicators of the drug problem, given that the services offered could benefit a larger population (Gazgalidis 2003).

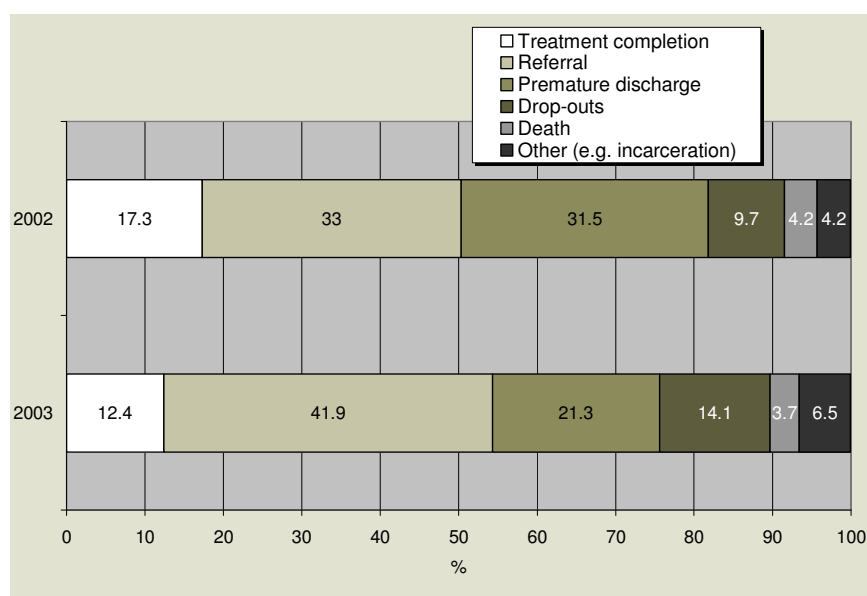
Statistics and evaluation results

In the end of the year 2003, a total of 1,609 patients, representing 79.7% of the total patients who received treatment during the year, were still in the six OKANA Substitution Treatment Units. As for the five treatment structures in public hospitals, 243 patients (88.4%) continued to attend the treatment programme at the end of the year. This increased share can be explained by the fact that those programmes were in operation for a shorter time.

Figure 15 shows the modes of exit from OKANA Substitution Treatment Units in the past two years. It should be pointed out that the figures represent the 5 older substitution units, which are fully operational and can, therefore, provide comprehensive results of this kind. The calculation has not included the new treatment structures, since this would lead to underestimating treatment completion rates.

- The prevailing mode of exit from OKANA Substitution Units is referral, representing 41.9% of the total exits in 2003. The large number of referrals, however, does not necessarily imply that patients discontinue treatment. These are mostly referrals from one substitution unit to another, in order to ensure full abstinence from drugs (including methadone) in the long run or continue methadone maintenance, depending on the user's needs and capabilities. The increase in referral rates in 2003 may be explained by the fact that a low-threshold substitution programme was launched during that year, to which patients who continued parallel use were referred.
- An important mode of exit from the programme is premature discharge (21.3% of the total exits). It should be pointed out, however, that this rate has dropped compared to 2002 (31.5%). This is in line with the treatment approach OKANA Substitution Treatment Units have tended to adopt over the last two years. According to information from treatment programmes, abstinence from drug use is no longer a sine qua non for the clients to remain in the programme. Clients who relapse are not immediately discharged; rather, a number of actions are taken in order to retain them in the unit, e.g. counter-incentives, change of the prescribed dose of methadone, more frequent urine tests.
- 12.4% of the patients left the programme in 2003 having completed treatment. It is worth pointing out that treatment completion means that the patient achieves abstinence from all drugs including substitution ones.

Figure 15: Modes of exit from OKANA Substitution Treatment Units in the years 2002-2003



SOURCE: Greek REITOX Focal Point, 2004.

For patients who were prematurely discharged from OKANA Substitution Treatment Units after all, despite the above actions, the main reason reported was use of illicit drugs outside the premises (55.8% of premature discharges). This rate has dropped considerably compared to the previous year (85.8%) and this may reflect the changes in the treatment approach in the above units. Other reported reasons for premature discharge include violent behaviour on the premises (17.4%), violation of the rules and regulations of the unit (16.3%) and involvement in criminal activity other than drug use (10.5%).

5.3.3 Other medically assisted treatment

ARGO Antidote Administration Programme

The drug-free ARGO Treatment Programme (Thessaloniki State Psychiatric Hospital) runs a 25-strong antidote administration programme, which may also prescribe naltrexone in addition to the counselling and therapy services it delivers. In 2003, a total of 13 individuals attended the programme's main phase of treatment.

6. HEALTH CORRELATES AND CONSEQUENCES

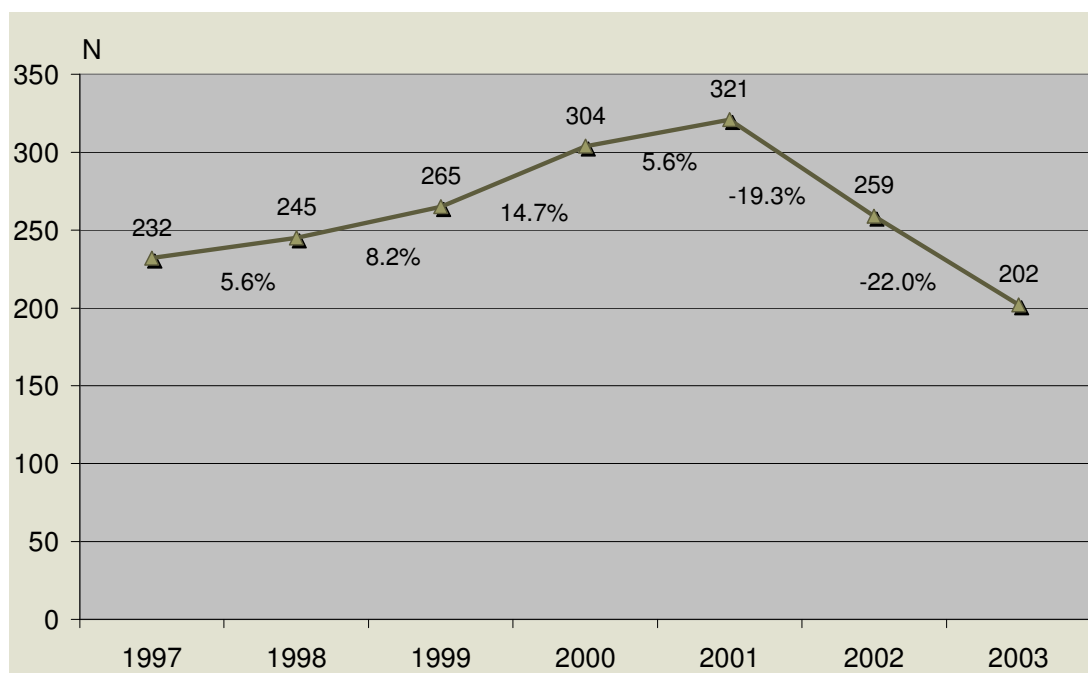
6.1 Drug-related deaths and mortality of drug users

6.1.1 Direct overdoses

Data on drug-related deaths (acute intoxications) derive from the results of forensic tests and toxicological analyses conducted, in cases of sudden deaths, by the Forensic and Toxicological Laboratories and the Forensic Services of the Ministry of Justice. These data are collected and processed by the Third Drug Section of the Public Security Directorate of the Hellenic Police.

Until 2001, drug-related deaths in Greece rose steadily. In 2002, a decrease (19.3%) in the number of deaths appeared for the first time. A further decrease was documented by the 2003 data: 202 confirmed drug-related deaths were reported. Compared to the 2002 figure (259), last year deaths decreased by 22% (Figure 16).

Figure 16: Drug-related confirmed deaths, 1998-2003



SOURCE: Hellenic Police 2004.

As seen in Table 19, the socio-demographic characteristics of dead users in 2003 showed a similar pattern to those prevalent in previous years:

- Heroin is reported as the cause of death in the vast majority of cases (87.6%).
- The majority of dead users were male (92.1%), Greeks (92.1%), single (95.5%) and unemployed (84.7%)
- More than half (56.4%) belonged to the 21-30 age group, while 37.1% were older.
- Attica prefecture (Athens) is the place of most deaths (55.4%), followed by Thessaloniki (18.8%).

Table 19: Characteristics of drug related death cases 1992-2003

	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Reported deaths	86	83	164	190	241	241	255	277	312	334	269	226*
Confirmed drug related deaths	79	78	146	176	222	232	245	265	304	321	259	202*
1. Age												
≤ 20 years	1	4	8	7	14	24	33	47	51	46	28	13**
21-30 years	47	49	71	90	98	102	112	122	130	158	140	114
≥ 31 years	31	25	67	79	110	106	100	96	123	117	91	75
2. Sex												
Males	70	70	135	162	202	209	216	245	285	300	242	186
Females	9	8	11	14	20	23	29	20	19	21	17	16
3. Nationality												
Greek	76	74	141	168	212	227	240	251	292	307	247	186
Foreigners	3	4	5	8	10	5	5	14	12	14	12	16
4. Area												
Attica	61	69	105	136	166	166	170	186	200	211	161	112
Thessaloniki	9	4	21	18	25	38	39	30	49	54	50	38
Rest of the country	9	5	20	22	31	28	36	49	55	56	48	52
5. Marital status												
Single	75	74	129	157	184	195	227	245	289	298	243	193
Married	2	3	13	15	32	28	16	16	12	15	12	8
Divorced	2	1	4	4	6	9	2	4	3	8	4	1

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	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
6. Education												
Primary level	27	28	31	73	78	85	87	65	111	108	109	22
Secondary level	27	38	23	30	106	135	143	169	178	194	133	26
Higher level	6	2	1	6	4	4	3	3	4	2	3	3
Unknown	19	10	91	66	34	8	12	28	11	17	14	151
Illiterate	—	—	—	1	—	—	—	—	—	—	—	—
7. Profession												
Unemployed	47	50	81	99	144	144	175	197	232	258	224	171
Workers	15	9	24	29	21	25	31	18	28	11	11	8
Private employees	10	5	16	20	9	21	14	11	15	17	8	20
Musicians	—	—	—	3	2	—	—	—	—	—	1	—
Sailors	4	1	1	4	7	1	—	1	2	—	—	1
Sex workers	—	1	—	4	1	3	—	1	1	1	—	—
Civil servants	2	2	3	1	—	—	—	—	—	—	—	—
Journalists	—	—	2	—	—	—	—	—	—	—	—	—
Students	—	—	—	—	3	7	4	6	6	1	6	—
Other	1	10	19	16	35	31	21	31	20	33	9	2
8. Substances												
Heroin	73	77	134	157	213	222	243	263	300	318	256	177
Morphine	3	—	8	3	1	—	—	—	—	—	—	14
Cocaine	1	—	—	1	—	3	1	1	1	2	2	2
Cannabis-Alcohol	—	—	—	2	1	1	—	—	—	—	—	—
Psychotropic substances	2	1	4	13	7	6	1	1	3	1	1	9

* Data until 10/9/2004.

** The distribution of deaths by age for 2003 refers to age groups : ≤ 19 ετών, 20-29 years and ≥ 30 years.

SOURCE: Hellenic Police.

6.1.2 Mortality and causes of death

A study on the mortality of drug users and causes of death has not been possible in Greece so far.

Data from the substitution programme, on a nationwide basis, showed 15 deaths among the 1,887 clients who received services from the programme in 2003.

The drug free therapeutic centre KETHEA, conducted, in 2002, a follow up study on users who had been admitted to the centre in the period 1994-95. Of the sample of 551 users who were contacted, 37 were reported dead (Papanastasatos 2003).

6.2 Drug-related infectious diseases

The National Infectious Diseases Network, established by the Greek REITOX Focal Point in 2001, is made up of drug treatment centres (inpatient and outpatient, drug-free and substitution), low threshold services, public health laboratories, and one general hospital (see Chart 2 at the end of the Chapter).

Individual data are collected by the majority of network members with the use of a questionnaire constructed by the Greek REITOX Focal Point, based on information requested by the relevant EMCDDA Standard Tables. The anonymous personal code used enables double entry clearance. Two therapeutic agencies (KETHEA and 18 ANO) provide aggregated data, again with the use of a questionnaire designed by the Greek Focal Point. Individual and aggregated data refer to medical test results for HBV (HBsAg), HCV and HIV/AIDS for every drug user tested within the reporting year. For KETHEA, information on tuberculosis is also available.

The national coverage of the indicator cannot be estimated precisely. It is thought to be quite high, though, on the one hand because all users in contact with treatment and low-threshold facilities are encouraged to take infectious diseases tests, on the other hand because medical tests are mandatory for dependent users admitted to substitution programmes or to the main treatment phases of drug-free programmes.

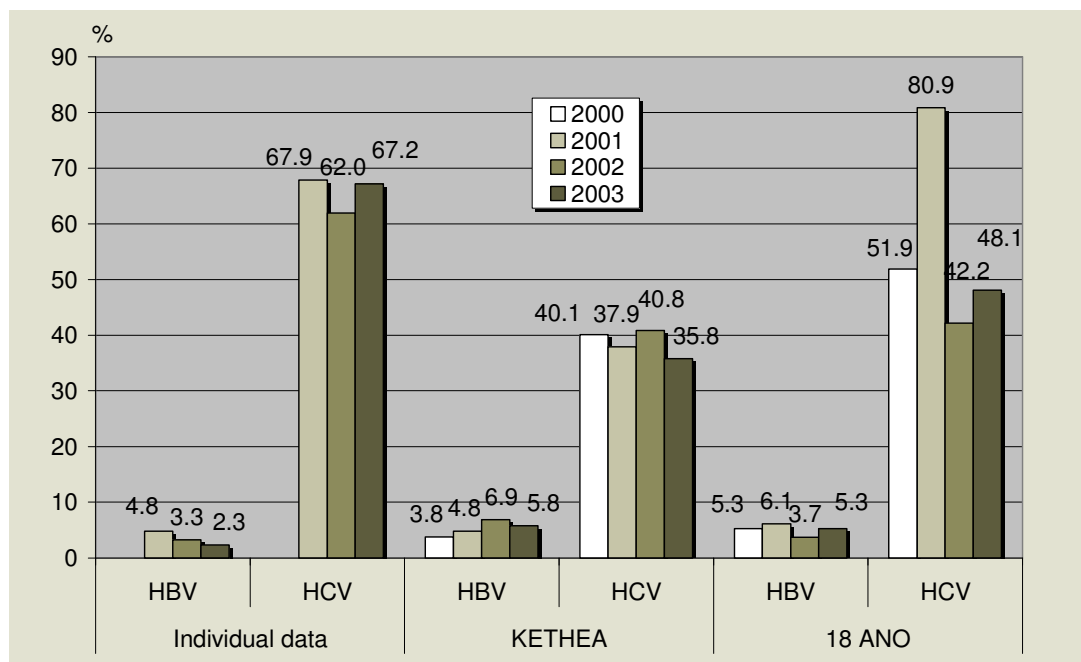
Data for 2003 represent 1400 individual data and approximately 740 aggregated data.

6.2.1 Prevalence of Hepatitis C and trends

Greece is a country with low endemicity for hepatitis C and a downward trend during the last few years. (Gogos CA et al, 2003, web 1) The prevalence of Hepatitis C in the general population is estimated to be 1-2.4% (web 5, 6).

In 2003, the prevalence of Hepatitis C in the population of IDUs ranged between 35.8% and 67.2% (Figure 17). Trends in the last four years have remained relatively stable. This range could be attributed to the big differences in the various data sources, mainly due to admission criteria. More specifically, the high prevalence of Hepatitis C presented in the individual data can be explained by the fact that more than half of the sample represents methadone programme clients. Owing to the admission criteria of the programme, methadone clients are older in age, have a longer history of use and poorer health than clients of drug free programmes. Moreover, drug free data include adolescent users. Consequently, almost twice as many methadone clients were reported as HCV positive, compared to clients of drug free programmes (80.5% and 43.4%, respectively).

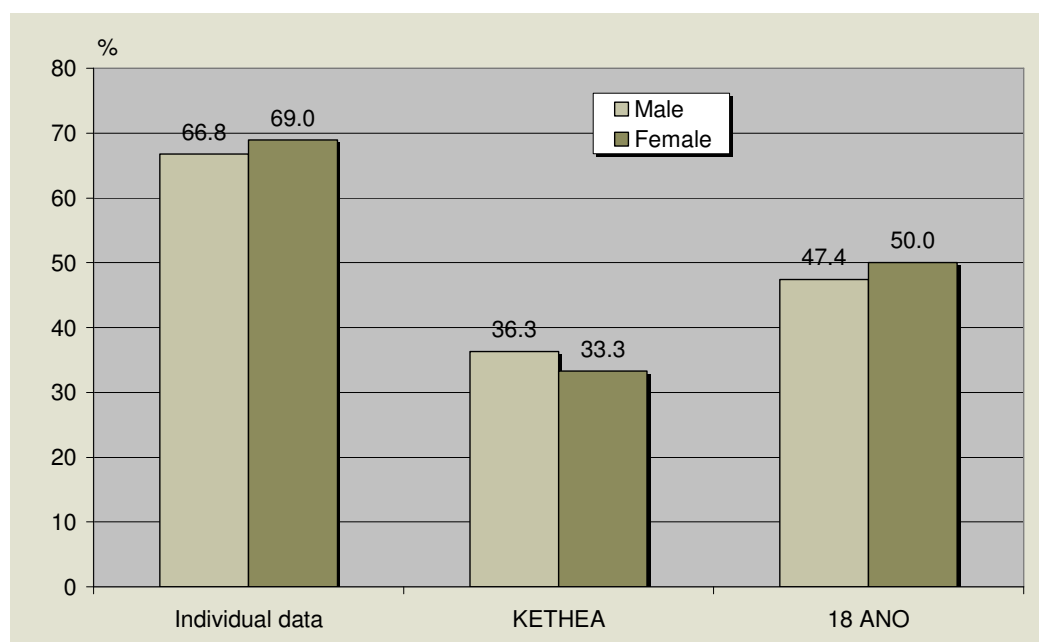
Figure 17: HBV and HCV infection rates in IDUs from three different sources for 2000-2003



SOURCE: Greek FP, KETHEA, 18 ANO.

Women presented higher infection rates than men in most cases, although the differences were insignificant (Figure 18). A more in-depth analysis of the individual data showed that higher rates in women appeared only in the younger age group (below 25), where 55.4% of women were found infected with HCV as opposed to 34% of men.

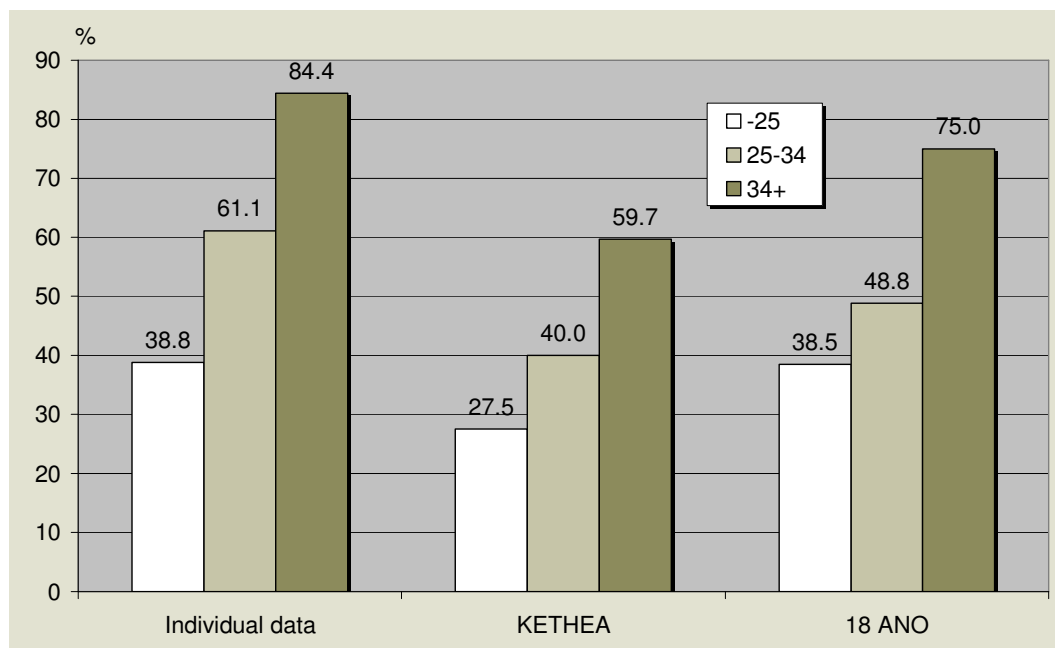
Figure 18: HCV infection rates in IDUs from three different sources, by gender for 2003



SOURCE: Greek FP, KETHEA, 18 ANO.

Rates increase according to age (Figure 19).

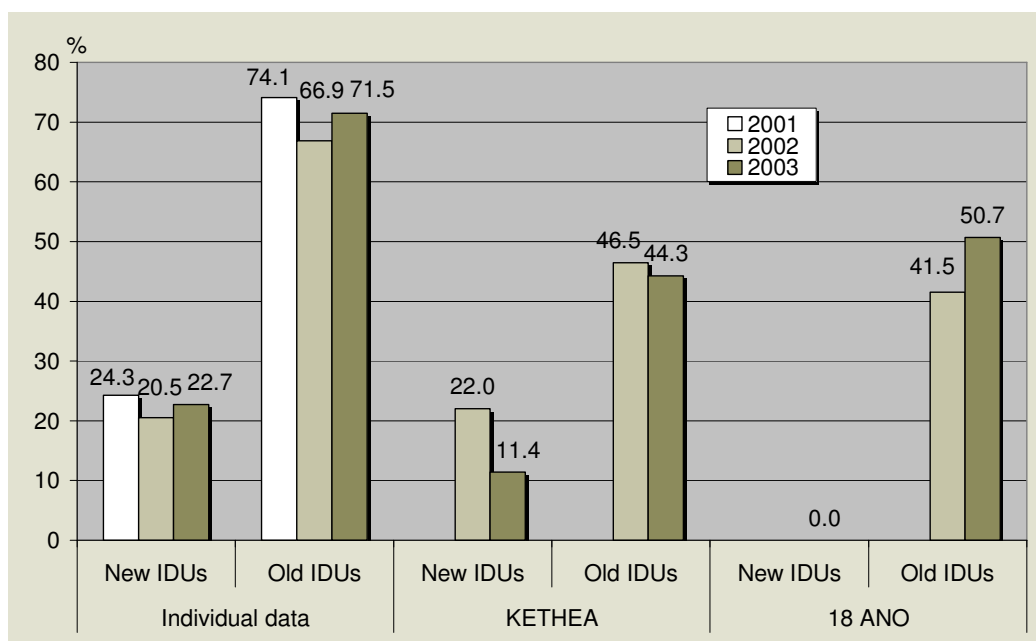
Figure 19: HCV infection rates in IDUs from three different sources, by age for 2003



SOURCE: Greek FP, KETHEA, 18 ANO.

“New” users (who started injecting use less than 2 years before data collection) presented lower prevalence than “old” users, as seen in Figure 20.

Figure 20: HCV infection rates in “new” and “old” IDUs from three different sources, for 2001-2003



SOURCE: Greek FP, KETHEA, 18 ANO.

There is great variation in the prevalence of HCV infection among different regions, as illustrated in Table 20. This range could be attributed to the same reasons concerning different admission criteria in various sources, as already mentioned above but further investigation is needed.

Table 20: HCV infection rates by region according to individual data, 2001-2003

	2001 %	2002 %	2003 %
Attica	67.9 (N=1035)	66.3 (N=985)	70.3 (N=1060)
Central Macedonia	82.6 (N=46)	49.4 (N=330)	52 (N=254)
Central Greece	—	—	82.1 (N=39)
Thessaly	—	—	78.9 (N=19)

SOURCE: Greek REITOX Focal Point, 2004.

6.2.2 Prevalence of Hepatitis B and trends

Greece is a country of intermediate endemicity for hepatitis B and a downward trend during the last few years (Gogos CA et al, 2003, web 1). Despite the existing limitations in the completeness of the national reporting system, there seems to be an apparent decrease in acute Hepatitis B prevalence in the last decade and the same stands for HBV incidence since 1995.

HBV prevalence among IDUs in Greece in 2003 remained invariably low, between 2.3% and 5.8% (Figure 6.2). Individual data showed a decrease between 2001 (4.8%) and 2003 (2.3%). If this trend continues in the coming years it could be the result of compulsory universal child immunisation which started in the 1990s doubled by the systematic vaccination implemented in therapeutic programmes. Differences in terms of gender and age were not significant, as illustrated in Table 21.

Table 21: HBV infection rates in IDUs by gender and age in 2003

	HBV		
	KETHEA	18 ANO	Other treatment services (individual data)
	(N=668)	(N=76)	(N=1372)
	%	%	%
Gender			
Men	5.5	5.3	2.5
Women	7.3	5.3	1.3
Age group			
< 25	4.5	3.8	1.2
25-34	6.3	7.1	2.1
> 34	10.9	0	3

SOURCE: Greek REITOX Focal Point, KETHEA, 18 ANO, 2004.

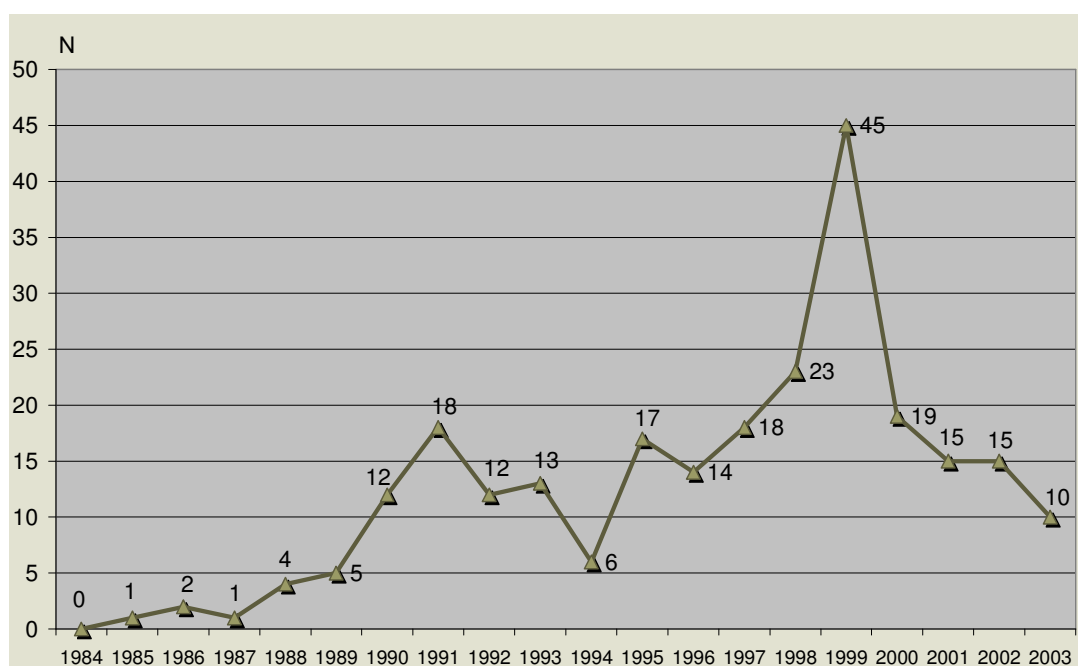
6.2.3 Prevalence of HIV/AIDS and trends

The Hellenic Centre for Infectious Diseases Control (HCIDC-KEEL) of the Ministry of Health provides surveillance data on HIV/AIDS. In Greece, HIV notification is compulsory and anonymous, and the data have a high coverage (80-90%).

In Greece, HIV and AIDS prevalence in IDUs has always been low, as seen in Figure 21. The peak observed in 1999 is due to retrospective recording of cases during that year.

With regard to general population infection rates, Greece has had lower HIV incidence rate from the EC total rate since 2000. Since 1996, AIDS incidence rate has remained constantly lower comparing to the corresponding EC total rate (HCIDC, 2003).

Figure 21: HIV reported notifications and AIDS cases in IDUs in Greece by year of report (1984-2003)



SOURCE: KEEL, 2004.

According to HCIDC (HCIDC, 2003), in 2003 431 HIV positive cases were notified, including cases which were already AIDS patients when reported for the first time (249 cases). Out of these 431 individuals, 10 (2.3%) were IDUs.

In total, out of a total of 6,705 individuals notified in Greece to date, 250 (3.7%) were IDUs. However, it should be noted that, for 24.8% of these cases, the mode of transmission is not specified.

In 2003, 65 new AIDS cases were reported, 5 (7.7%) of which were IDUs. Intravenous users represent 3.9% of the total number (2,438) of Greek AIDS cases so far.

6.2.4 Prevalence of tuberculosis

According to KETHEA (drug free therapeutic centre), out of the 496 individuals tested in 2003, 5 (1%) were found positive to Mantoux tests.

6.3 Psychiatric Comorbidity

Studies on psychiatric comorbidity in Greece generally show a high prevalence of dual diagnosis in dependent users. Personality disorders, antisocial personality in particular, are the most prevalent parallel disorders diagnosed in drug users.

Recent studies indicate the development of this problem. Psychiatric comorbidity was diagnosed in 19% of the clients who completed the substitution programme in 2002 (Kouklinos, et al. 2003). The same dual diagnosis rate (19%) was observed in 2002 among drug users in therapy, according to a study conducted by the Psychiatric Unit of the Red Cross Hospital (Ilias et al. 2003).

In 2003, the Greek REITOX Focal Point conducted a series of studies on the employment needs and potential of drug users in the rehabilitation phase of treatment. A nationwide sample of 600 users, coming from all treatment types, were interviewed on the basis of a structured questionnaire (for further details see the *2003 National Report of the Greek REITOX Focal Point* (2003a)).

According to the results, 13.1% of the users reported being currently on medication for a psychiatric problem, and 6.6% reported having been hospitalised at least once in their life for a psychiatric problem (Table 22).

Table 22: Indications of comorbidity among dependent users in treatment

	Males	Females	Total
	470	124	594
	%	%	%
Hospitalisation for psychiatric problem	7.2	4.0	6.6
Currently on medication for a psychiatric problem	13.6	11.3	13.1
Physical health problems	34.6	36.3	34.5
Physical disability	2.5	2.4	2.5

SOURCE: Greek REITOX Focal Point, 2003

6.4 Other drug-related health correlates and consequences

6.4.1 Somatic comorbidity

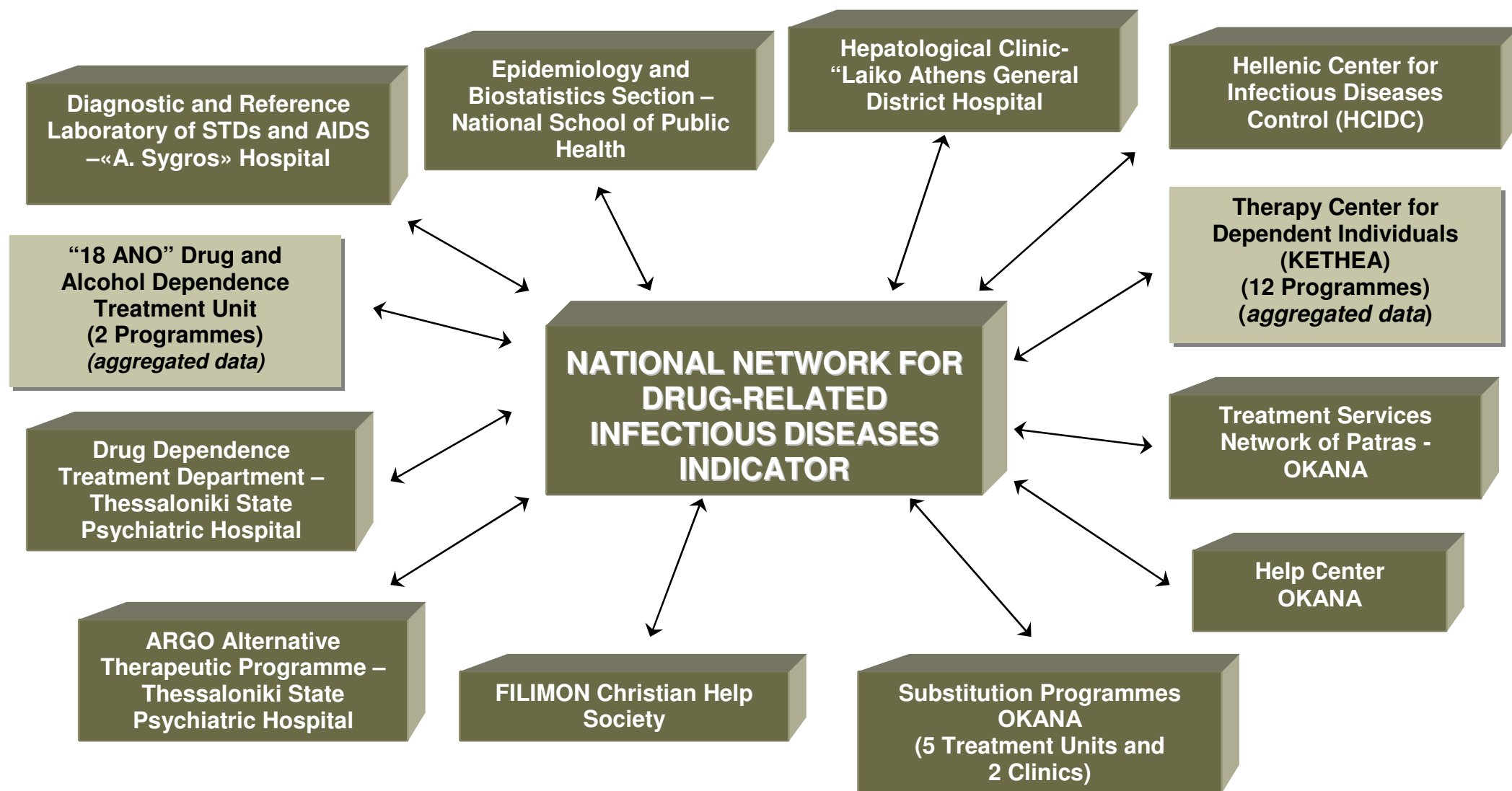
Other results of the aforementioned study showed that 34.5% and 2.5% of users reported physical health problems and physical disability, respectively (Table 22).

6.4.2 Driving and other accidents

Recent data on drug related accidents come from the routine study of the Department of Forensic Medicine and Toxicology of the University of Thessaloniki, which investigated blood alcohol and drugs levels in fatally injured drivers in Northern Greece. Out of the 458 cases examined between 1999-2002, 34 (7.4%) positive results were identified, 20 for drugs and 14 for drugs and alcohol (Raikos et al. 2003).

Earlier studies on drug-related accidents can be found in the *2003 National Report of the Greek REITOX Focal Point* (2003a), Chapter 3.2.

Chart 2: NATIONAL NETWORK FOR THE DRUG-RELATED INFECTIOUS DISEASES INDICATOR



7. RESPONSES TO HEALTH CORRELATES AND CONSEQUENCES

Health services to drug users and drug-related harm reduction in general are delivered by the majority of the specialised drug treatment programmes and by the low-threshold and outreach services. Interventions focus on the following main pillars:

- Information and counselling on the prevention of infectious diseases and safer use, by means of leaflet distribution and/or seminars delivered by specialised staff.
- Laboratory and blood tests to detect hepatitis viruses, HIV/AIDS and tuberculosis.
- Preventive vaccination and referrals to the appropriate centres or hospitals, in case treatment is required.
- Primary health care services and medical care delivered by specialised agencies.
- Needle exchange and distribution, including distribution of injecting equipment and condoms.
- Personal hygiene, supplying and general psychosocial support services.

The choice of the type of intervention depends on the setting and, consequently, on the specific needs of every target group (e.g. users demanding treatment, users reached on the street, prostitutes, homeless). Although the prevention and treatment of infectious diseases is common practice for all dependence treatment programmes across the country, the remaining drug-related harm reduction activities are delivered mostly by low-threshold and outreach services, which continue to be confined to the wider area of Athens.

7.1 Prevention of drug-related deaths

Prevention of overdose cases is carried out as part of a broader context of activities, including interventions designed to reduce use, provide training in safer use practices, inform about first aid and intervene for the purpose of relapse prevention.

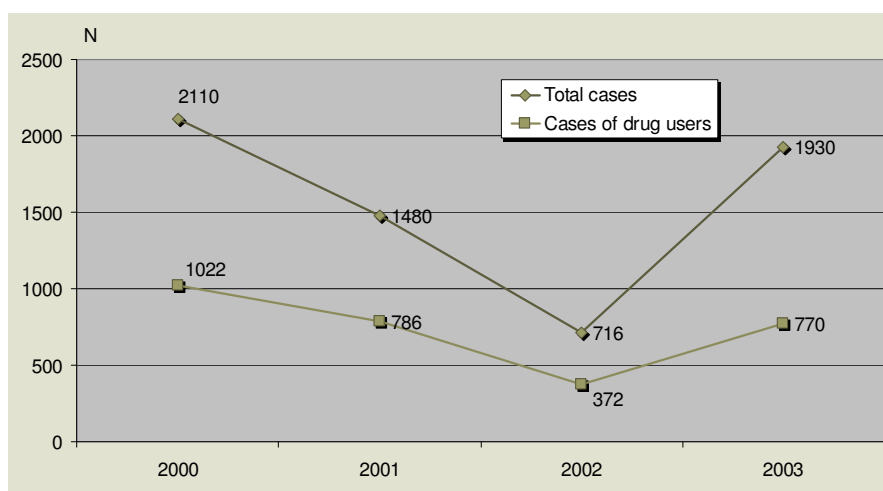
Such interventions are standard practice in drug-free treatment programmes during preparation for the main treatment phase (counselling centres), and in the last phase of the treatment process (social reintegration). On the other hand, low-threshold and outreach services regularly organise seminars and information sessions for drug users who do not approach specialised treatment programmes or other health services.

In the efforts to ensure early intervention in overdose cases, the contribution of OKANA Mobile Unit of Pre-hospital Medicine is invaluable. This is the only mobile unit in the country with this mission, serving the wider area of Athens. In 2003, it received and responded to 1,930 calls from the National Centre of Instant Medical Aid (EKAV). Out of the total calls, 770 cases were drug users, twice as many as in 2002, when the services provided were limited due to lack of personnel (Figure 22).

7.2 Prevention and treatment of drug-related infectious diseases

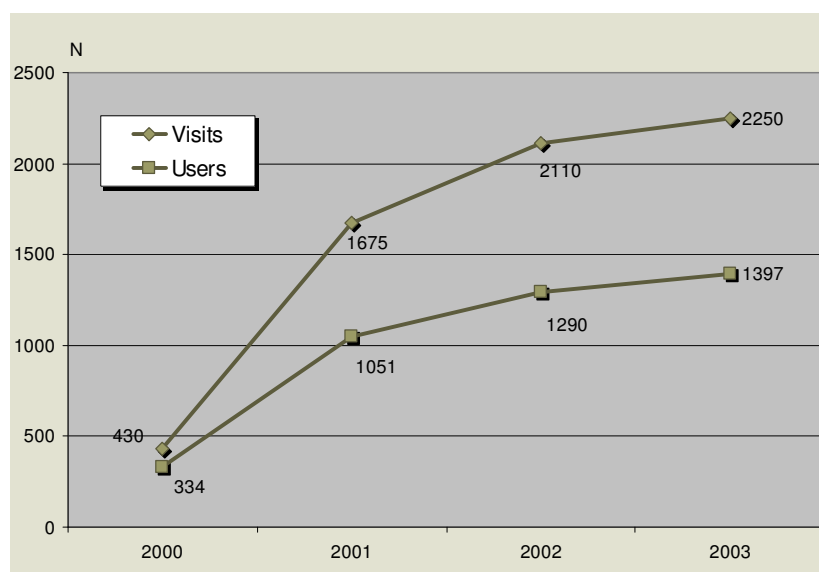
Both the drug treatment programmes and the low-threshold services that operate in the country offer to all their clients the possibility to diagnose, prevent and treat infectious diseases. Most of those services are delivered free of charge, in cooperation with special centres and departments of general hospitals. More specifically, drug dependent individuals who approach treatment programmes and low-threshold services have the following options: a) laboratory screening for HAV, HBV, HCV, HIV/AIDS and tuberculosis and, in some cases, for HPV and syphilis, b) preventive vaccination against HAV and HBV and c) in case of infection, referral for treatment.

Figure 22: Cases served by the Mobile Unit of Pre-hospital Medicine in the years 2000-2003



SOURCE: OKANA, 2004.

Figure 23: Number of visits and users in the Microbiological Laboratory in the years 2000-2003



SOURCE: OKANA, 2004.

Infectious disease diagnosis and prevention services tailored for drug users are also delivered by the Microbiological Laboratory of OKANA Help Centre, serving both users who are not in contact with treatment programmes and users who attend substitution programmes in Athens. As shown in Figure 23, there has been a steady increase in the number of drug users served by the Microbiological Laboratory, as well as in the number of visits in the four-year period 2000-2003.

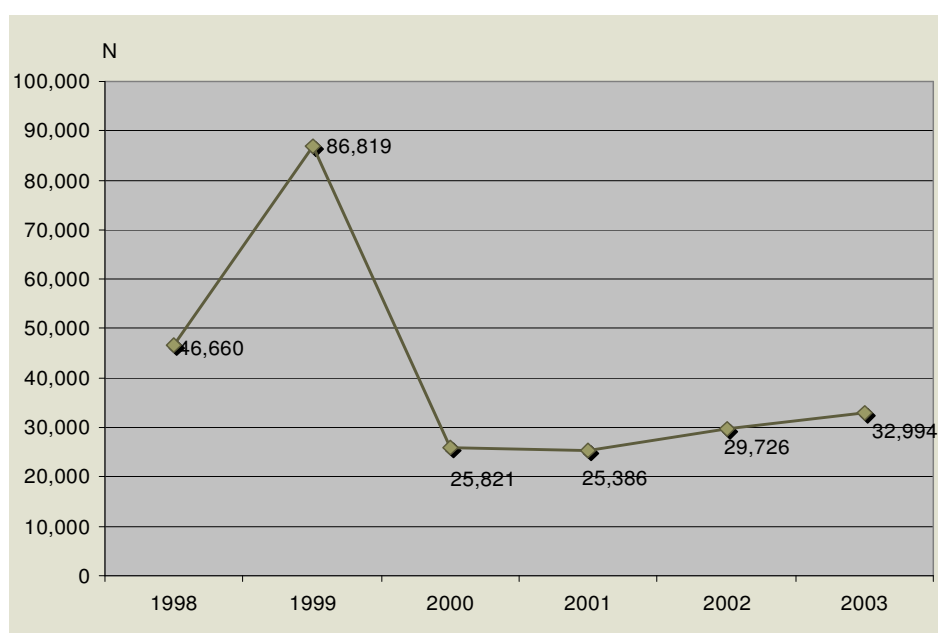
The two low-threshold services operating in Athens, i.e. OKANA Help Centre and KETHEA Multiple Intervention Centre, organise seminars on a weekly basis for users who are not in contact with treatment programmes, in order to inform them about prevention of infectious diseases, the physical problems they may face in case of infection and how the infection can

be treated, once diagnosed. In 2003, the number of seminars organised by the Multiple Intervention Centre rose significantly compared to the previous year (21 and 6 seminars, respectively), and the number of participants also increased (104 and 59 users, respectively).

In a broader context of drug-related harm reduction activities, the two aforementioned centres operate special premises providing temporary accommodation and care to high risk users. The Drug Addicts Care Facility (OKANA Help Centre) and the Off Club (KETHEA Multiple Intervention Centre) provide board, personal hygiene, cleaning, clothing, and creative activities for drug users, in addition to organising regular seminars on safe use and psychosocial support sessions. Users who are not in contact with treatment programmes are the target group of KETHEA Low-threshold Counselling Unit of NOSTOS in Piraeus, which tries to reach drug users directly, in their own environment, in order to inform them about health issues and safer use practices and motivate them for treatment.

Infectious disease prevention by means of needle exchange is a service delivered only in Athens by the Help Centre. In 2003, the Help Centre exchanged 32,994 used syringes for new ones, in a user population of 3,687 (Figure 24). The NGO Médecins du Monde also operate a needle exchange intervention in Athens by means of a mobile unit.

Figure 24: Needles exchanged by the Help Centre in the years 1998-2003



SOURCE: Greek REITOX Focal Point, 2004.

Besides needle exchange, there is a large number of interventions implemented by streetwork programmes designed to prevent the spread of infectious diseases and to reduce drug-related harm in high risk user populations. The living conditions of homeless drug users and the lack of contact with any drug treatment or primary health care service make this population highly vulnerable to infectious diseases and to physical and psychosocial burdens at large. Streetwork programmes strive to improve the quality of life of those individuals as much as possible, through various activities detailed in Table 23.

Table 23: Data from streetwork programmes in 2003

Programme	Target groups	Main activities	Coverage in 2003
<i>Streetwork programme (OKANA Help Centre)</i>	High risk users on the street	<ul style="list-style-type: none"> – needle and injecting equipment distribution – condom distribution – distribution of information leaflets on safe use, infectious diseases and OKANA services 	1,222 users in total
<i>Streetwork (KETHEA Multiple Intervention Centre) (www.kpp.gr)</i>	<ul style="list-style-type: none"> – high risk users – female prostitute users – homeless users – newly released users 	<ul style="list-style-type: none"> – distribution of information leaflets on safe use, health and hygiene and services – condom distribution – motivation to treat health problems and drug dependence 	16 campaigns/month 1,591 contacts in total
<i>Streetwork Programme (KETHEA Low-threshold Counselling Unit, Piraeus)</i>	High risk users on the street	<ul style="list-style-type: none"> – distribution of information leaflets on safe use and services – motivation for treatment – networking with the local community, agencies and services 	21 campaigns in total
<i>Intervention in user joints (Prevention Centre of the Municipality of Athens “Athena Polias”)</i>	<ul style="list-style-type: none"> – young users – female prostitutes – immigrants 	<ul style="list-style-type: none"> – distribution of information leaflets on hepatitis and services – condom distribution – information on programmes and services – motivation for treatment 	4 campaigns/month 52 campaigns in total 70 people in total
<i>“Streets of Athens” (Médecins du Monde) (www.mdmgreece.gr)</i>	High risk users on the street	<p>By means of a mobile medical unit:</p> <ul style="list-style-type: none"> – needle exchange and injecting equipment distribution – medical interventions – blood tests for HIV and HBV, HCV – distribution of information leaflets on hepatitis, AIDS and services – counselling and psychological support 	~ 2,500 contacts yearly

All streetwork programmes cover Athens, except for one which covers Piraeus, and thus it seems urgent for such programmes to be extended to cover more big cities across the country.

7.3 Interventions related to psychiatric comorbidity

Out of a total of thirty-one (31) drug treatment units which ran in the country in 2003, approximately half (45.2%) would not admit drug users with psychiatric disorders (comorbidity / dual diagnosis). This is less than in the year 2002 (53.8%), as a result of the establishment of new substitution units, within or outside the national health system.

In-house psychiatric care is provided in 90.9% of the substitution programmes and in 35% of the drug-free programmes. Besides almost all substitution programmes, the seventeen (17) treatment programmes which give drug addicts with comorbidity the opportunity to be admitted to dependence treatment while receiving psychiatric care include: a) the programmes of 18 ANO Drug and Alcohol Dependence Treatment Unit (Attica State Psychiatric Hospital) and Thessaloniki State Psychiatric Hospital (Therapeutic Community of Karteres and ARGO programme), b) the programmes of ITHAKI (KETHEA), and c) THISSEAS programme. Only one of those programmes, i.e. the Adolescents-Young Users Department of 18 ANO, admits teenage users with comorbidity.

Still, only ten (10) of the aforementioned seventeen (17) programmes deliver *tailored services* for drug dependent individuals with psychiatric disorders. In those programmes, dependence treatment for users with comorbidity is differentiated and adapted to suit the capabilities and special needs of this population. The only programme specifically targeting this population is the “Dual Diagnosis Programme” of 18 ANO (Attica State Psychiatric Hospital), which has recently limited the services it provides due to operational difficulties.

One of the main difficulties associated with comorbidity is that of sound diagnosis, i.e. determining whether the psychiatric symptoms are the result of acute intoxication or withdrawal or whether they are manifestations of intrinsic psychopathology. In order to avoid false diagnosis, i.e. overestimating or underestimating users’ psychiatric symptoms, some dependence treatment programmes administer psychiatric assessment diagnostic tools. More specifically, 38.7% of the programmes administer to all or most of the users demanding treatment some kind of psychiatric assessment instrument (e.g. SCL-90, Beck, MINI), and 16.1% administer some kind of personality evaluation instrument (e.g. MMPI).

Users who are not in contact with dependence treatment programmes (“street users”) may have psychiatric assessment at the Diagnostic Centre of the Multiple Intervention Centre, in Athens. In 2003, 124 psychiatric assessment sessions were held. The figure remains unchanged compared to 2002 (126 sessions).

The non admission of dependent individuals with concurrent psychopathology to almost half of the dependence treatment programmes and the limited tailored services provided to them can be explained by the difficulties inherent in addressing the problem of comorbidity and by the lack of properly trained and qualified staff, capable of addressing such difficulties. To the aforementioned shortcomings in serving drug dependent individuals with comorbidity one should also add the lack of cooperation between dependence treatment programmes and psychiatric hospitals, and the lack of special dependence treatment programmes for patients with dual diagnosis.

The rates of dependent individuals with comorbidity admitted to dependence treatment programmes have remained invariable in the last two years (24.6% in 2002 and 25.5% in 2003).

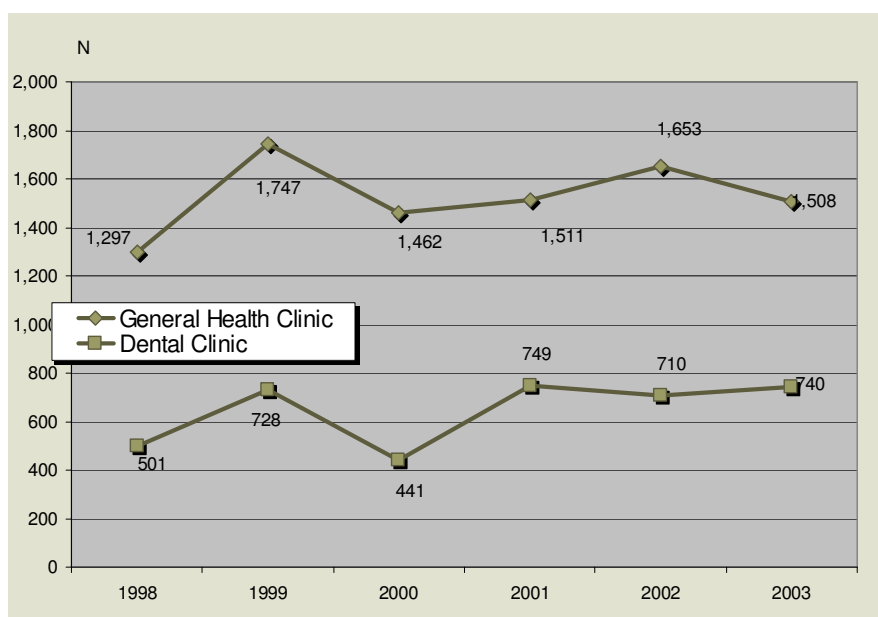
7.4 Interventions related to other health correlates and consequences

The physical health problems of dependent individuals are treated either in the drug treatment units by specialised medical staff or outside the drug treatment units, in cooperation with general hospitals. Substitution programmes place special emphasis on meeting users' medical needs; all substitution units provide *in-house* medical care. On the other hand, most drug-free treatment programmes (80%) refer users with physical health problems to either general hospitals or specialised centres.

As for drug dependent individuals who are not in a treatment programme, the two low-threshold centres operating in Athens, i.e. OKANA Help Centre and KETHEA Multiple Intervention Centre, have developed specialised structures to prevent and treat the physical conditions of this user population.

As shown in Figure 25, the dependent individuals served at the General Health Clinic and the Dental Clinic of the Help Centre in 2003 came up to 1,508 and 740, respectively. As for the Multiple Intervention Centre, in 2003 its Diagnostic Centre assessed the physical health of 340 users and made referrals for further diagnosis and treatment, while its Dental Clinic served 118 users.

Figure 25: Users served at the General Health Clinic and the Dental Clinic of the Help Centre in the years 1998-2003



SOURCE: Greek REITOX Focal Point, 2004.

A systematic recording of the cases of drug dependent individuals who freely visit outpatient or other departments of general hospitals to treat physical conditions would provide important additional information on users' needs and would increase NHS capacity to address them appropriately. This, however, is not the case, and this makes it even more difficult to grasp the global picture in view of addressing drug users' physical health problems.

8. SOCIAL CORRELATES AND CONSEQUENCES

There are scarce data regarding the degree and the nature of social exclusion of drug - or ex-drug users in Greece.

Data on drug offences are collected by the Central Anti-drug Coordinating Unit (SODN-EMP) and the Ministry of Justice. Available data include the number of individuals charged of drug law offences yearly (double-counting may occur) and the number of charges for drug use or trafficking by substance. Other data sources include the Statistical Service Unit of the Ministry of Justice which collects data from judicial authorities for all cases of final court convictions. The Focal Point collects data also from the Prisons Directorate of the Ministry regarding the number of individuals imprisoned for drug law offences (sentenced or on remand). There are no sources of information available on drug related crime.

Regarding drug use in prison, albeit scant, survey data from previous years confirm the premise about high prevalence of drug use in Greek prisons.

8.1 Social exclusion

In the context of OKANA participation in EQUAL Community Initiative, the University Mental Health Research Institute (UMHRI) conducted in 2003 a nationwide study on the employability of former drug users aiming *inter alia* at exploring exclusion-related characteristics (i.e. demographic characteristics, history of drug use, work experience / prospects) of the former drug users and attitudes of employers. The findings of the study offer important clues as to former drug users' social and occupational integration or exclusion.

As far as the former drug users are concerned, the study found that this group shares several characteristics that could potentially become impediments to their socio-economic integration and make them vulnerable to labour market exclusion.

The mean age of the former drug users was 35.3. This, doubled by the relatively long drug use period (mean duration of use of the main substance (heroin) 12 years) during which most of them were outside the job market, can lead to exclusion in the first instance and later hinder their social and economic reintegration.

Another factor that seems to play an important role in determining labour market exclusion is the overall low educational attainment combined with the lack of sufficient career credentials (educational level, professional skills and capabilities).

Gender, too, plays an important role. Female former drug users have a higher educational level than male do (e.g. 56.6% of women and 49.6% of men are senior high school graduates or post-secondary vocational training graduates, while university studies are reported by 13.1% of women and 4.5% of men). Yet, regression analysis has shown that, although female former drug users tend to have more qualifications than male do, they have a greater difficulty in finding a job.

Criminal record is also a key factor in the former drug users' efforts for professional and social reintegration (77.8% of the respondents report having been committed for trial at least once in their lifetime, and 37.9% of men and 19.8% of women report having been imprisoned). In this context, what is extremely important in the process of target group (re)integration is pending legal proceedings for past offences. Four out of ten (39,5%) of the sample report having a trial or court decision pending. This traps individuals in a process of attachment to the past and makes it even harder for them to find a job or change their way of living at large.

According to the findings of the study on employers' views, criteria like gender, age, professional credentials, and criminal record turn up having a central position in employers' decisions. Most employers attach great importance to technical skills (most notably computer skills), age, relevant work experience, language skills and gender. Thus, among the employers, those who did not employ former drug users in subsidised posts pay more attention to relevant work experience (66.2% as opposed to 49.6% of those that did employ former drug users), to the gender of the applicant (with the vast majority favouring men over women), and to the applicant's medical and criminal record. The employers' preferred age group is 26-36.

About seven out of ten employers do or would employ former drug users as production line workers, warehouse keepers, technical staff, drivers, auxiliary staff, guards, porters, etc. This finding fits the specific characteristics of former drug users presented above and the employers' recruitment criteria, which drive former drug users to end up filling vacancies which are of an auxiliary nature or require low skill levels.

8.2 Drug related crime

8.2.1 Drug-related charges

Over the past decade, the number of individuals charged of drug law offences by the drug prosecution authorities has been growing, according to data collected by the Central Anti-drug Coordination Unit – National Intelligence Unit (SODN-EMP), the Hellenic Police, Customs, the Financial and Economic Crime Office (SDOE) and the Coast Guard. However, the growth rate has dropped significantly in the past two years, as shown in Figure 26. For the year 2003, the number of individuals charged of drug-related offences came up to 16,195 in 11,198 cases.

The breakdown of statistical data on drug-related offences collected by all law enforcement agencies (counting all charges brought against every offender) shows that the largest number of charges⁴ (8,540) represents offences related to cannabis use or trafficking, followed by heroin-related offences (6,587). The number of charges related to cocaine (852), ecstasy (379), LSD (96) and amphetamines (63) is fairly smaller. Most of the charges are related to use, regardless of the substance concerned.

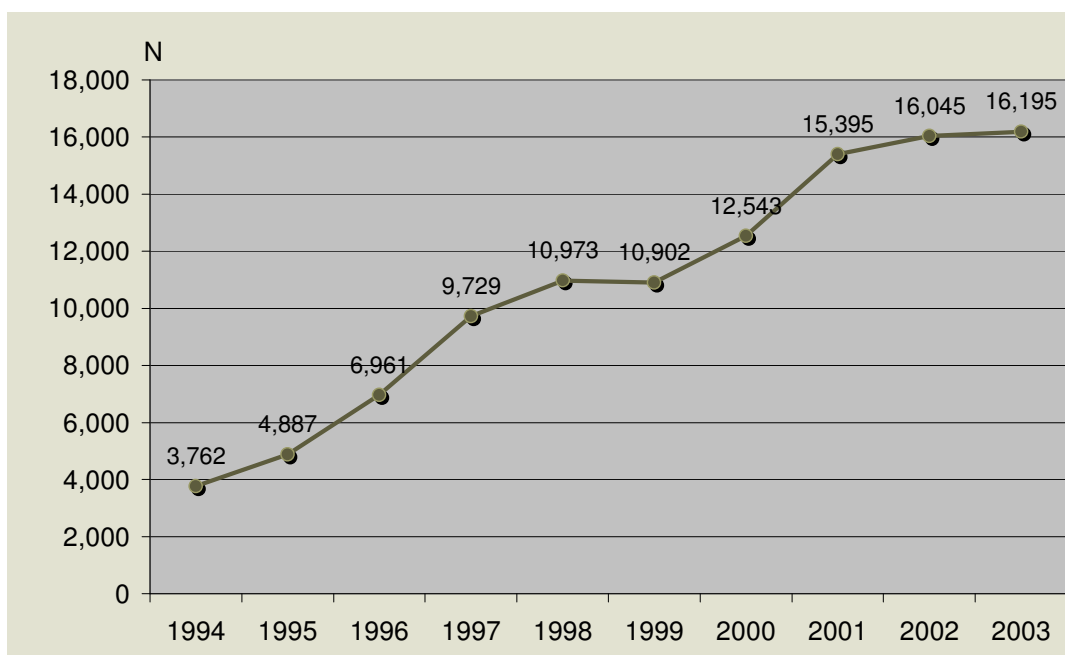
8.2.2 Convictions for drug-related offences

The latest processed data collected by the Ministry of Justice from the country's judicial services on convictions for drug-related offences are for the year 1999. Individuals convicted in 1999 amount to 1,847 (Figure 27), most of them males (95.8%). About one in 4 offences was committed in the region of Attica (24.3%), about one in 4 in Macedonia (Northern Greece, 26.9%), and the rest mostly in Continental Greece/Euboea, the Peloponnese (Southern Greece) and the Aegean islands.

Drug use represented 1,500 cases (81.2%), drug trafficking/dealing 321 cases (17.4%) and cultivation 26 cases (1.4%). Most of the sentences imposed on offenders found guilty of drug use were commutable (pecuniary penalties, suspended prison sentences or sentences with the option of a fine). In as little as 5% of the cases, the sentences were non commutable. For the more serious offences of drug trafficking/dealing and cultivation, the percentages of non commutable sentences rise (44% and 61.5%, respectively).

⁴ Including "unknown offenders" (e.g. offenders who were seen carrying drugs but dropped them and ran away).

Figure 26: Charges of drug-related offences by the Hellenic Police and other Drug Prosecution Authorities (1994-2003)



SOURCE: Central Anti-drug Coordinating Unit.

Figure 27: Individuals convicted of drug law offences (1990-1999)



SOURCE: Ministry of Justice.

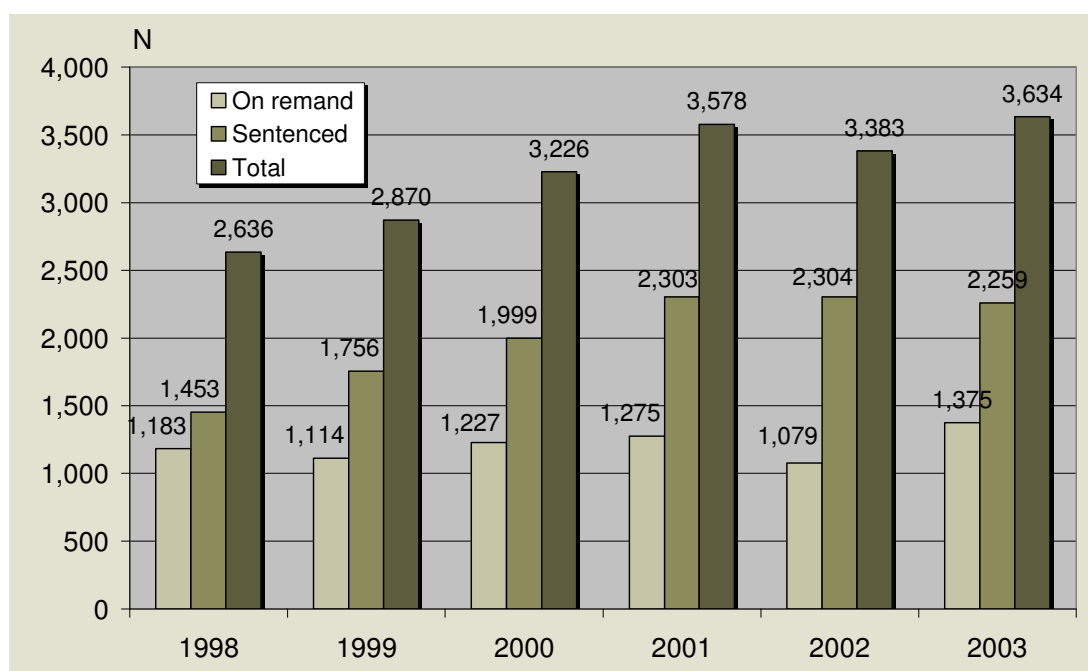
In the same year, the courts imposed reformatory measures for drug-related offences on 352 minors, most of them (73.3%) between 18 and 20 years old. Out of 326 minors charged of drug use, incarceration in reformatories or penitentiaries was imposed on only 1.2% (4 individuals).

Moreover, according to data from the Supervisory Juvenile Services of the Athens Juvenile Court for the year 2001-2002, out of the total convictions of minors (individuals up to 21 years old), 107 (5.5%) were for drug-related offences (5% less compared to the court year 2000-2001). Among the convicted minors, 88 (82.2%) were boys and 19 (17.8%) girls. The vast majority of minors were Greek nationals (96.3%). Most of them (44.9%) were junior high school graduates and lived with both parents (78.5%). Although their places of residence were in various parts of Attica (mostly in Western Attica, 53.3%), the offences were committed in the City of Athens (84.1%).

8.2.3 Drug law offenders in prison

The Greek REITOX Focal Point collects data annually from the Prisons Directorate of the Ministry of Justice on the number of imprisoned drug law offenders. According to the latest data, on December 1st, 2003, imprisoned drug law offenders were 3,634 out of a total of 8,841 prisoners, i.e. 41.1%. 37.8% of them were awaiting trial and 62.2% were serving sentences, 46.3% were foreign nationals and 53.7% were Greek nationals. Among Greek nationals, the share of prisoners awaiting trial was larger (44.9%) than among foreign nationals (29.7%). As shown in Figure 28, the number of detainees for drug-related offences increased by 7.4% compared to 2002 and it has reached a six-year peak. On the other hand, this increase only applies to prisoners awaiting trial (from 31.9% in 2002 to 37.8% in 2003), whereas the number of prisoners serving sentences has decreased.

Figure 28: Prisoners on remand, sentenced prisoners and total number of imprisoned drug offenders (1998-2003). Data: 1st December yearly.



SOURCE: Ministry of Justice.

8.2.4 Other drug-related crime

Pharmacy burglaries: Data on pharmacy burglaries are an indirect indicator of drug-related crime. According to data from SODN-EMP, in 2003 pharmacy burglaries dropped by 49.1% compared to 2002 (from 57 in 2002 to 29 in 2003). According to the Athens Pharmacists Association, most pharmacy burglaries are no longer notified to the police.

School drop-out and delinquency: A retrospective study, based on data collected by KETHEA from 8,322 drug users who contacted its treatment services in Athens, Thessaloniki, Larissa and Heraklion in the period 1995-2002, explored delinquency rates in users who dropped out of high school and users who graduated from high school.

The results have shown that 73.3% of the sample members (for whom details were recorded about offences known to the authorities) were arrested at least once, and 16.2% have a prison history. The respective rates are higher for men than for women. Multiple logistic regression analysis suggests that users who dropped out of high school are 1.6 times more likely than high school graduates to ever be arrested and 2.4 times more likely to have a prison history.

The use of multiple regression models leads to the conclusion that the age of first arrest is associated with the age of dropping out of school only among users who started using drugs after dropping out of school; and not among users who started using drugs before dropping out of school.

According to the findings of the study, for users who started using drugs after dropping out of school, the hypothesis has been put forward that dropping out of school and starting to use psychoactive drugs is associated with the adoption of a delinquent lifestyle (Papandreou et al., 2003).

Trouble with the law upon discharge from treatment: A study conducted in order to assess the outcome of the therapeutic intervention of ATHENA Treatment Programme among drug users who attended it in the period 1998-2001 (N=502) has demonstrated that, upon discharge, (N=216) 78.7% of users had no trouble with the law, whereas 16.6% of users awaited a court sentence for offences committed prior to joining the programme (Liappas et al., 2001).

8.3 Drug use in prison

8.3.1 Recent developments

The most recent data on drug abuse in Greek prisons come from a research project report which was published in 2004 (Fotiadou et al., 2004). The aim of the survey was to identify levels and severity of self-reported abuse of licit and illicit drugs and the abuse-related physical and mental health problems on a sample of Greek male prisoners. The sample was randomised and consisted of 80 prisoners serving sentences or awaiting trial in the Komotini prison.

To evaluate psychiatric disorders for the purposes of the survey, the Mini International Neuropsychiatric Interview (MINI) was used. Disorders included drug abuse and drug dependence. All prisoners who participated in the survey filled in the AUDI Test (the Alcohol Use Disorder Identification Test). Those who reported daily use of opiates and stimulants filled in the Severity of Dependence Scale (SDS). Data were also collected from the prisoners' medical records on Hepatitis B and HIV status.

Data analysis has shown that:

- the sample's mean age was 36
- 60% were in prison for drug-related offences
- 90% reported abusing a licit or illicit substance.

Table 24: Type of drug and prevalence of abuse/dependence according to MINI criteria (n = 80)

Type of drug	Abuse		Dependence		Total	
	N	%	N	%	N	%
Cannabis	—	—	—	—	59	73.8
Alcohol	13	16.3	21	26.3	34	42.5
Opiates	11	13.8	22	27.5	33	41.3
Benzodiazepines	—	—	—	—	32	40
Cocaine	8	10	3	3.8	11	13.8
Amphetamines	8	10	3	3.8	11	13.8
Hallucinogens	—	—	—	—	16	20
Solvents	—	—	—	—	8	10
Ecstasy	—	—	—	—	3	3.8

SOURCE: Fotiadou et al., 2004.

According to the MINI data, 27.5% of prisoners were dependent on opiates and 26.3% on alcohol.

- The most widely used substance was cannabis (used by 73.8%), followed by alcohol, opiates and benzodiazepines (Table 24).
- 13.8% reported parallel abuse of alcohol and illicit substances (Table 25).

Table 25: Concurrent substance misuse (N=80)

	N	%
Cannabis only	18	22.5
Cannabis and alcohol	11	13.75
Cannabis and other drugs	30	37.5
Alcohol only	23	28.7
Alcohol and other drugs	11	13.75

SOURCE: Fotiadou et al., 2004.

- Based on the SDS, dependence was severe for all users of opiates and stimulants.
- In terms of physical health, the examination of medical records has shown that no prisoner was HIV positive, while 26.5% were HBV positive (Table 26).
- In the subgroup of prisoners who had a drug abuse history, 31.2% satisfied the criteria for depression and 37.5% those for antisocial personality disorder.

- 15% of abusers had a history of attempted self-injury, and 16% were evaluated as being at moderate to high risk for suicide (Table 26).

Table 26: Physical and mental health problems among prisoners (N=80)

	N	%
Intravenous drug use	28	35
HIV	0	0
Hepatitis B	21	26.25
High suicide risk (MINI)	13	16.25
Previous psychiatric admission	20	25
Previous deliberate self-harm	12	15

SOURCE: Fotiadou et al., 2004

8.3.2 Other data

According to a small scale qualitative study of 11 female drug addicts imprisoned in Koridallios Women's Prison, conducted with the use of both quantitative and qualitative data (Tentis, 2003):

- Female drug addicts continue to have access to illicit drugs.
- They form groups of female drug dependent prisoners and are consequently marginalised inside the prison.
- They are more vulnerable to manipulation and all forms of abuse.
- They develop dependence on psychiatric drugs prescribed by prison medical staff.
- Therefore, the way female drug addicts are treated in the penitentiary system can potentially cause the opposite (unexpected) results from those suggested in theory by the concept of "incarceration".

9. RESPONSES TO SOCIAL CORRELATES AND CONSEQUENCES

9.1 Social Reintegration

Social reintegration services for former drug users are provided by every existing treatment programme, either at the final stage of a single treatment process (e.g. single-phase programmes) or in fully-fledged social reintegration centres (e.g. multi-phase programmes).

At present, there are fourteen (14) specialised social reintegration centres in the country. Nine (9) of them are run by KETHEA, two (2) by OKANA, one (1) by the "18 ANO" Drug and Alcohol Dependence Treatment Unit of the Attica State Psychiatric Hospital and two (2) by the drug dependence treatment programmes of the Thessaloniki State Psychiatric Hospital (Table 31).

All social reintegration programmes are outpatient and their scheduled duration ranges from 12 months (85.7% of the programmes) to 24 months. The total capacity is 525, representing the total number of clients who can be served monthly by each unit.

According to data for 2003, a total of 695 users attended the social reintegration phase in the specialised social reintegration centres.

9.1.1 Housing aid

Most Social Reintegration Centres (64.3%) provide optional accommodation in hostels in order to meet the housing needs of drug users in treatment. In 2003, a total of 192 clients availed themselves of this service. Moreover, accommodation to former drug users is provided by state agencies, local authorities, NGOs and voluntary associations, although the total number of places offered is small and such accommodation solutions are often subject to time limitations.

9.1.2 Users' education and vocational training

In the context of a broader effort made in treatment programmes to improve the living conditions of former drug users, emphasis is placed on improving their educational level and culture at large. In order to achieve this objective, most of the programmes implement educational interventions geared towards:

- Filling gaps in basic education;
- Improving education and providing further training in general;
- Formally accrediting the qualifications of trainees through participation in examinations.

At present there are four specialised schooling structures for former drug users: a) the Adolescents' Transitional School of STROFI Therapeutic Programme (KETHEA), b) the Alternative School for Adults of EXODOS Therapeutic Programme (KETHEA), c) the Remedial Teaching Programme – School of “18 ANO”, jointly coordinated by the Health Education Directorate of the Ministry of Education and “18 ANO” Drug and Alcohol Dependence Treatment Unit, and d) the School for Former Drug Users of the Thessaloniki State Psychiatric Hospital. Moreover, the treatment programmes ARIADNI, NOSTOS, ITHAKI, PAREMVASSI and DIAVASSI, run by KETHEA, have developed training courses in order to improve the trainees' qualifications. In 2003, 247 clients attended the aforementioned training programmes.

Those educational interventions also include vocational training modules, such as IT training, language learning, cookery, photography, beauty therapy, etc. At the same time, almost all social reintegration programmes deliver career guidance and counselling services to facilitate vocational training and career choices.

As a follow-up of the DIAVASSI training course, there is a Work Club, which provides information about labour issues, teaches job-seeking skills and seeks to establish networks with employment agencies and to provide information to employers. In the reporting year, 72 former users attended the programme, while some 80 businesses and 35 agencies, chambers and associations received information and awareness-raising in view of combating the social exclusion of former drug users.

In the region of Thessaloniki, under ARGO Treatment Programme, there is a Labour Market Support Service for former drug users. In 2003, employment support and promotion groups were organised with the participation of 26 former drug users.

Moreover, in view of supporting the efforts of recovering drug users towards vocational reinsertion and successful social reintegration, the following specialised Vocational Training Centres have been developed:

- OKANA has been running two Specialised Social and Vocational Reintegration Centres in Athens and Thessaloniki since 1998 and 2003, respectively. Their main activities include a) accompanying support services to empower and encourage former drug users, b) developing vocational training programmes based on the trainees' skills and on labour market conditions, c) career guidance, and d) promotion and support of former drug users on the labour market.

According to data for 2003, the two Centres organised a total of six 200-hour seminars, attended by 89 participants in the Substitution Treatment Programme. 84.3% of the participants completed the seminars. As far as the accompanying services programme is concerned, participants in the reporting year came up to 190 (OKANA 2004).

- KETHEA provides services to former drug users in the regions of Attica, Thessaly, Macedonia and Crete through two Specialised Social and Vocational Integration Centres, which implement EU-subsidised vocational training courses in pottery, graphic arts, DTP, carpentry, organic farming, etc.
- The Attica State Psychiatric Hospital established a Specialised Vocational and Social Reintegration Centre, which aspires to enhance the qualifications and skills of former drug users. For the time being, however, no vocational training courses have been implemented.

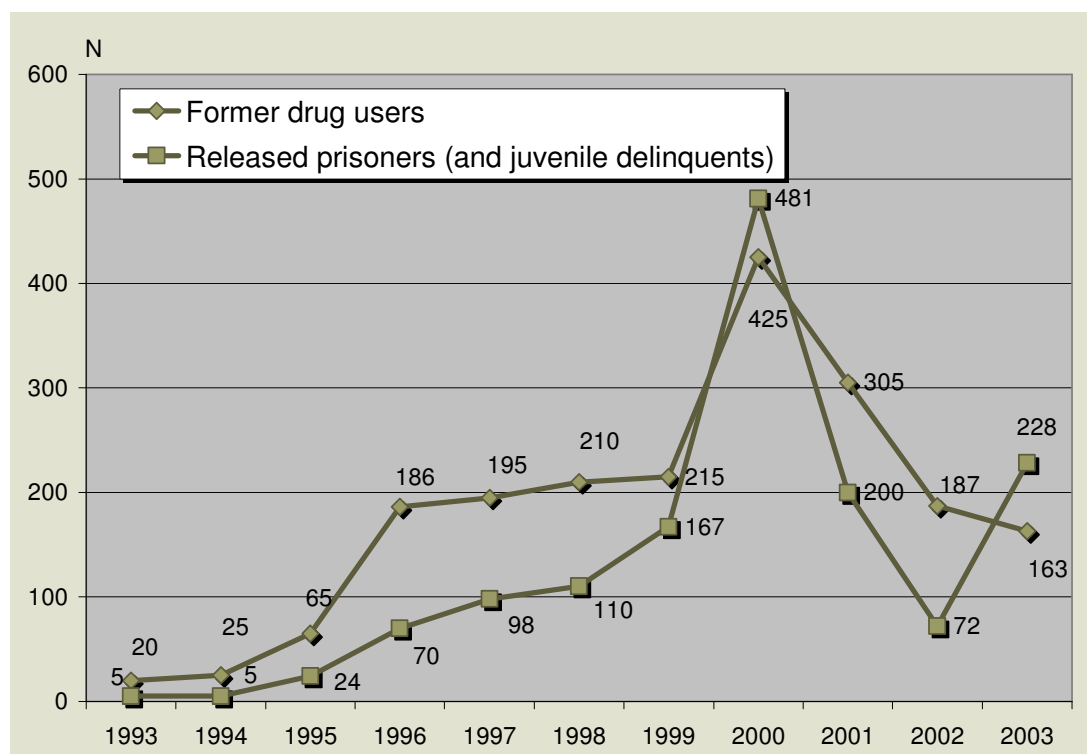
During the reporting year, PROOPTIKI Development Partnership, which brings together 17 agencies, continued to run. The main aim of the partnership is to establish a National Employability Network for drug users in treatment or former drug users. The project is cofinanced by the Ministry of Labour and Social Security (now Ministry for Employment and Social Protection) and by the European Social Fund and it will run from 2002 until 2004. In the year 2003, 6 vocational training courses were implemented under the project. The courses had a duration of 300-340 hours each, they were held in Athens, Thessaloniki, Larissa and Patras, and were attended by a total of 90 participants. Furthermore, in September 2003 a webpage was created (www.prooptikinet.gr), in order to give trainees an opportunity to familiarise themselves with new ways of job-seeking and provide information on labour issues.

9.1.3 Employment

In 2003, the Ministry of Labour and Social Security in cooperation with the Greek Labour Force Employment Organisation (OAED), in the context of its efforts to fight the social exclusion of vulnerable social groups from the labour market, continued to run special subsidy schemes for the creation of new jobs and the young self-employed. The schemes are in line with the guidelines of the National Action Plan on Employment and are addressed, among others, to drug users in treatment, former drug users and former inmates.

According to the relevant OAED data (Figure 29), in the period 1993-2000 there was a considerable increase in the number of participants in subsidised employment schemes, whereas in more recent years their appeal seems to be in steady decline. Compared to 2002, the number of former drug users who benefited from subsidised employment schemes in 2003 decreased by 12.8%, whereas compared to 2000 the decrease is in the order of 60% (61.6%). The limited appeal of OAED programmes is in line with the findings of a survey, according to which drug users in treatment and former drug users reported relatively low satisfaction levels (17%) from OAED employment services, while a large proportion of respondents (over 20%) reported ignorance of the existence of subsidised employment schemes, although they all attended treatment structures (Greek REITOX Focal Point 2003b).

Figure 29: Number of former drug users, released prisoners and juvenile delinquents participating in OAED programmes (1993-2003)



SOURCE: Greek Labour Force Employment Organisation (OAED), 2004

According to the data of the Social Reintegration Centres run by treatment programmes, in the year 2003 a large share of participants in the reintegration phase found a job (52.8%). This is considered to be very important, since employment correlates positively with treatment efficacy (Agrafiotis and Kabriani 2002).

9.1.4 Other services

In order to achieve the main goal of social reintegration services, i.e. the reinsertion of former drug users into social reality, all programmes deliver a number of additional services:

- Individual and group sessions to provide psychological and emotional support and social motivation to users;
- Relapse prevention seminars;
- Family counselling and therapy;
- Group psycho-educational activities (such as sports, theatre, etc.).

Moreover, the Social Reintegration Unit of the Substitution Programme (OKANA) also provides for naltrexone administration. In 2003, a total of 7 individuals availed themselves of this service.

In most of the centres (78.6%), clients completing the social reintegration programme enter a follow-up phase, for 6 up to 24 months. During that period, a specific number of individual and group meetings are held, in order to consolidate the change achieved in the users' way of living.

Following the successful completion of this phase, KETHEA clients take part in a formal graduation ceremony. In 2003, a total of 121 individuals graduated from treatment programmes run by KETHEA.

Evaluation results

Social reintegration is an integral part of the dependence treatment process, since during that phase the results achieved during the main phase of treatment are secured. As for the global picture regarding the treatment process outcome for this particular phase, by the end of the reporting year the largest part of patients continued to attend the programmes (51.9%), given that the scheduled duration of such programmes is longer than one year. Furthermore, completion rates were fairly high (35.4%), whereas premature discharge or drop out rates were relatively low (7.8% and 4.3%, respectively). Finally, there was a 0.6% referral or incarceration rate. Table 27 presents detailed data on completion and interruption rates in social reintegration centres. The significant role of the social reintegration phase is also demonstrated by the qualitative evaluation results, according to which regular participants achieve important changes in their lives, by abstaining from drug use and delinquent behaviour, participating in vocational training programmes, finding employment and improving family relations.

Table 27: Data on Social Reintegration Centres for the year 2003

SOCIAL REINTEGRATION CENTRES*	CAPACITY	NUMBER OF CLIENTS	COMPLETION RATE	INTERRUPTION RATE**
T.P. *** ITHAKI	30	39	23.1%	15.4%
T.P. ARGO	20	26	34.6%	15.4%
T.P. STROFI	40	18	66.7%	0%
T.P. PAREMVASSI	30	60	30%	3.3%
T.P. DIAVASSI	59	110	47.3%	9.1%
T.P. "18 ANO"	106	144	29.2%	10.4%
Drug Dependence Treatment Unit	40	48	12.5%	12.5%
T.P. EXODOS	30	47	40.4%	6.4%
T.P. NOSTOS	30	46	45.7%	26.1%
T.P. EXELIXIS	5	9	66.7%	11.1%
T.P. ARIADNI	40	20	40%	0%
T.P. PLEFSI	25	33	51.5%	6.1%
Treatment Services Network	20	15	40%	33.3%
Substitution Programme of Athens	50	80	26.3%	22.5%

* Social reintegration centres are presented in accordance with their year of establishment.

** "Interruption rate" includes premature discharges and drop outs.

*** "T.P." stands for "Treatment Programme".

SOURCE: Greek REITOX Focal Point, 2004.

New research findings

In 2003, the Greek REITOX Focal Point conducted a nationwide survey on the employment needs and potential of former drug users and drug users in treatment, under EQUAL Community Initiative. The findings suggest that, in spite of their general positive attitude, employers think that former drug users as employees lack self-confidence, are not good enough at working under pressure and at taking initiatives, and lack specialised skills. This is the context in which social reintegration services are structured, with special emphasis on providing emotional support, improving former drug users' qualifications and establishing support networks. Another finding of the survey suggests that recovering drug users voice the need for the treatment process to be linked to integration into the labour market. Treatment programmes play a key part in achieving this, although it is clearly stressed that the education, training and employment needs of recovering drug users are not adequately met. The general conclusion of the survey is that the social exclusion of drug dependent individuals is the result of an interplay between objective and subjective factors: unemployment in the country, discrimination against drug users often because of lack of public awareness, long term use, lack of skills and qualifications, relatively old age, all these factors are interwoven in this complex problem. The most urgent need recorded pertained to the efforts to improve the educational level and the vocational skills and qualifications of former drug users (Greek REITOX Focal Point 2003b, 2003c and 2003d, KETHEA 2003b).

Another survey conducted in the OKANA Social Reintegration Unit explored the clients' needs at this particular phase. The findings suggest that the main request is the provision of psychological support (71%), followed by finding a job (24%) and legal support (5%) (Kouklinos et al. 2003).

9.2 Prevention of drug related crime

Interventions targeting drug dependent prisoners encompass a range of health, social and therapeutic activities and services, as well as post-release services. The aforementioned activities are provided for by the laws in effect on drug dependent offenders which were enacted in the late 1990's and are based on the perception that addicted offenders constitute a distinctive population. Until recently, interventions aimed at imprisoned drug users were limited to the systematic organisation of self-help groups, which were run on a voluntary basis by governmental and non-governmental treatment agencies. The establishment of the Treatment Centre for Drug Dependent Prisoners in Eleonas (Thebes) in 2002 constitutes the first attempt to address the problem of drug dependence in prisons in a systematic and integrated way. Nonetheless, the type and number of services provided are inadequate, as is coverage compared to the number of imprisoned users and their needs.

9.2.1 Assistance to drug users in prison

Prevention activities

No new information available.

Harm reduction measures

In view of reducing drug-related harm and other risk behaviours in prisons, the law provides for the following interventions:

- Systematic blood screening of newcomers, with the prisoners' consent, for the prevention of hepatitis and HIV/AIDS in every prison in the country;

- Personal health card issued for every prisoner, accompanying him/her in all transfers until release;
- Interferon treatment administered to HCV positive prisoners, in cooperation with public hospitals;
- Administration of medication to drug dependent prisoners in detoxification for as long as necessary.

Nevertheless, no reliable data are available on the extent and the degree to which such services are delivered.

Treatment

As regards the interventions and practices for drug dependent individuals that have a treatment component and are implemented in the context of criminal justice, i.e. psychosocial support interventions, in-prison treatment programmes and off-prison services, they are presented in detail in the **Chapter 12: Alternatives to prison targeting to drug using offenders**.

With regard to the administration of substitutes in prison, this provision applies only to drug addicts who were attending a methadone substitution programme before incarceration. In these cases, the possibility is provided to them to continue for a few days substitution to avoid withdrawal syndrome.

In addition, interventions in prisons in the broad sense also include the Medical and Social Support programme, implemented by Medecins du Monde at the Avlona Prison for Minors. During the reference year, 226 minors underwent blood screening in order to identify hepatitis or HIV carriers or patients. Moreover, a psychological support programme was implemented on a weekly basis, providing constructive activities and recreation to young prisoners.

Social reintegration-Community links

See **Chapter 12: Alternatives to prison targeting to drug using offenders**.

In view of facilitating the smooth reintegration of detainees after release, NEMESIS Development Partnership envisages the development and operation of an Integrated Network for the Inclusion and Rehabilitation of Prisoners, which will become part of the social services available at Koridallós men's and women's prisons. OKANA will participate in this project in order to meet the needs of the special group of prisoners who have drug problems. The project is structured along three lines of action:

- The *employment promotion and placement structure* will deliver career guidance seminars, skills development and training seminars, job counselling, etc.
- The *encouragement and support structure* will provide legal advice and support, health services, psychosocial support, counselling and awareness raising on drug-related issues, etc.
- The *education and continuous training structure* will deliver, among other services, social education and training courses in various subjects.

A part of the in-prison actions was launched in November 2003.

9.2.2 Alternatives to prison for drug users

See **Chapter 12: Alternatives to prison targeting to drug using offenders.**

9.2.3 Other interventions for prevention of drug related crime

In the context of services for young offenders geared towards ensuring an early intervention at the individual and family level, the Counselling Centre for Juvenile Delinquents was launched by STROFI Treatment Programme (KETHEA) at the Athens Juvenile Court. For more details please see **Chapter 12: Alternatives to prison targeting to drug using offenders.**

10. DRUG MARKETS

Data on the drug markets derive from various sources. In particular, information on trafficking routes, seizures (number, quantity) and prices (user's reports) of illicit drugs is gathered by the Central Anti-drug Coordinating Unit (**SODN-EMP**) from all Drug Prosecution Authorities (**DPAs**), i.e. the Hellenic Police, the Coast Guard, Customs and **SDOE**. Additionally, information related to drug purity and composition of tablets is reported by the State General Chemical Laboratory. However there is no systematic data collection on perceived availability and access to drugs. Respective results can only be drawn from surveys. Finally it should be mentioned that references to suppression of the drug market in the Greek literature are rare.

Greece is considered to serve the transition of drugs flowing into the west through the North Balkan Route of drug trafficking (Turkey, Bulgaria, FYROM, Albania, Greece). The sources of supply and trafficking patterns have not changed in the last few years: heroin is smuggled through the Balkan Route, cocaine is imported from South America and most of the cannabis seized originates from Albania, while synthetic drugs are imported from European countries.

According to the aforementioned sources the latest figures show a decrease in cannabis, heroin and cocaine seizures and an increase in synthetic pills seizures. Prices remain more or less the same (except for ecstasy which has become more expensive) and most tablets sold as synthetic drugs contain MDMA and amphetamine.

10.1 Availability and supply

10.1.1 Availability of drugs

{No new information available}

10.1.2 Sources of supply and trafficking patterns

According to data from SODN-EMP, in the year 2003 the trafficking patterns, sources of origin and supply of the seized narcotic drugs were as follows:

- Cannabis was smuggled in either by road or by courier or by sea from Albania, which was also the country of origin.
- Heroin was transported from Albania, Bulgaria and Turkey, cocaine from South America and the synthetic drugs from European countries.

- The DPAs did not report any major change in the trafficking of illicit drugs in 2003. In SODN's annual report for the drug situation in 2002, it is stated that Greece is mainly considered to be a transit country, not the final destination of smuggled substances. Regarding the nationality of traffickers (2002 data) it has been reported that mostly Greeks, Albanians and rarely Bulgarians are involved in cases of illegal drug trafficking (SODN-EMP, 2003).

10.2 Seizures

The number of seizures and the seized quantities for the year 2003, based on data collected by SODN-EMP from all national DPAs, are illustrated in Table 28.

Table 28: Number of seizures (N) and seized quantities (Q) in 2003

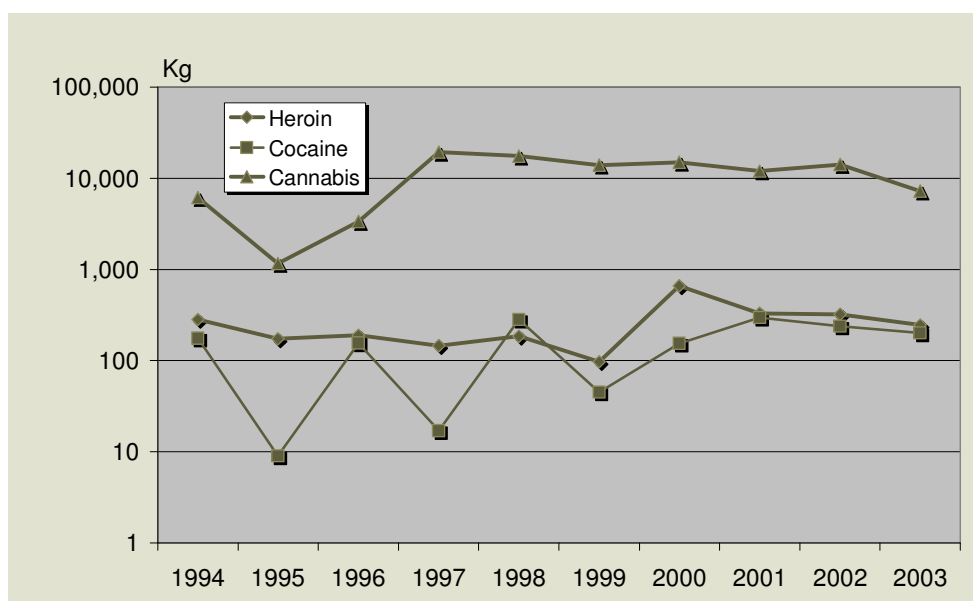
	Hellenic Police		Customs - SDOE		Coast Guard		Total	
	N	Q	N	Q	N	Q	N	Q
Cannabis* (kg)	5,267	5,353.6	15	1,731.5	227	157.9	5,509	7,243
Heroin (kg)	4,294	199.4	6	44.3	41	3	4,341	246.7
Cocaine (kg)	455	20.595	2	0.63	25	179.4	482	200.6
Synthetic drugs (tablets)	172	47,394	—	—	16	328.5	188	47,723
LSD (doses)	41	536	—	—	—	—	41	536

* Including cannabis resin and cannabis leaves.

SOURCE: Central Anti-drug Coordinating Unit, 2004.

In Table 28 as well as Figure 30 it can be observed that in 2003 the quantity of cannabis seized is about half of that seized in 2002, falling (for the first time in the last seven years) below 10 tones. There were also significantly decreased seizures of heroin (24% decrease), cocaine (16% decrease), LSD (38% decrease) and methadone tablets (2002: 9,878, 2003: 4,566), which had increased in 2002 compared to 2001 (Greek Monitoring Centre for Drugs and Drug Addiction – Greek FP, 2003). On the other hand, there was an increase in the seized cannabis plants produced in Greece (2002: 16,343, 2003: 21,060) as well as in the number of opiate tablets (2002: 1,715, 2003: 2,079) and tranquillizers (from 42,445 in 2002 to 51,346.5 in 2003) seized. Another noticeable increase occurred in the number of synthetic drug tablets seized (56% increase, Table 28). As regards the number of seizures, this has also decreased for cannabis and ecstasy. On the other hand the heroin, cocaine and LSD cases increased, in conflict with the trend observed in the quantities seized. A new development reported in 2003 was the seizure of 532 pieces of the hallucinogenic substance psilocybin.

Figure 30: Seized quantities of heroin, cocaine and cannabis (1994-2003)



SOURCE: Central Anti-drug Coordinating Unit.

10.3 Price/Purity

10.3.1 Purity at street level and composition of drugs/tablets

The composition and purity of quantities seized by the Greek DPAs are determined with laboratory analysis performed by the State General Chemical Laboratory and results are reported to SODN-EMP. From quantitative analysis of seizures made in 2003, it was found that:

- There was a decrease in the purity of the heroin samples compared to previous years. Although the average purity in 2002 was about 20%, the purity of large samples (over 100 gr) analysed in 2003 was around 12%, while in small samples it was 15.7%. It has also been reported that in all the sampled quantities more substances were found, in particular about 90% of the samples composed largely of pharmaceutically active ingredients (e.g. paracetamol, caffeine).
- The purity of large samples of cocaine was 43.1%, while the purity of small samples (less than 100gr) was 42.6%.

Qualitative analysis of samples of seized ecstasy-type pills showed that there was an increase in 2003 in the proportion of pills containing MDMA (56.4%) compared to 2002 as well as in the percentage of pills with active ingredient amphetamine (31.8%), amphetamine in combination with MDMA (6.2%) or in combination with other substances (5.1%). On the other hand no pills containing active ingredient MDA were found (Table 29).

Table 29: Composition of “ecstasy” tablets in 2002 and 2003

	2002	2003
Active ingredient	(N=14,291) %	(N=29,298) %
MDMA	50.7	56.4
MDA	32.4	0
Combination of some the substances MDMA, MDEA, MDA	0.6	0.4
Amphetamine	15.3	31.8
Combination of MDMA/MDEA/MDA and amphetamine or methamphetamine	0.5	6.2
Combination of amphetamine and other substances	0	5.1
Other substances or unknown	0.4	0.1

SOURCE: State General Chemical Laboratory.

10.3.2 Price of drugs at street level

According to the last three years data no clear trend – merely a fluctuation of bounds - can be observed as regards prices of most drugs on the illegal market (Table 30, see also Standard Table 16). However, there seems to be some increase in the street level price of the substance “ecstasy”, which did not exceed 20 euros in 2001 and 2002 but ranged from 20 to 30 euros per tablet in 2003.

Table 30: Retail and trafficking drug prices in 2003

Drug	Retail (€)	Trafficking (€)
Cannabis resin	4-6/gr	900-2,500/kg
Cannabis leaves	1.5-5/gr	300-800/kg
Heroin (brown)	40-75/gr	12,000-21,000/kg
Heroin (white)	45-75/gr	15,000-26,000/kg
Cocaine	70-100/gr	35,000-60,000/kg
Amphetamines	3-5/dose	2.4-3/dose
LSD	6-9/dose	3-5/dose
Ecstasy	20-30/tablet	6-15/tablet

SOURCE: Central Anti-drug Coordinating Unit, 2004.

PART B

SELECTED ISSUES

11. BUPRENORPHINE, TREATMENT, MISUSE AND PRESCRIPTION PRACTICES

Buprenorphine has only recently been introduced as a substitution substance in the country, since the pertinent Ministerial Decree was enacted in 2002, when the administration of buprenorphine was approved both in OKANA substitution programmes (100847/ 14-10-2002 Ministerial Decree) and in public general hospitals under OKANA supervision (102480/ 18-10-2002 Ministerial Decree).

Since then, seven buprenorphine substitution treatment units have been established by OKANA within the National Health System (NHS): five were implemented in 2003 and two in the beginning of 2004. All of them, except for one, cover cities other than Athens and Thessaloniki, and five of them cover regions where no other drug treatment options were available (Table I, Annex II). In addition to these outpatient specialised units, OKANA methadone substitution programmes have started the prescription of buprenorphine too, although still to a limited number of clients.

11.1 Treatment with buprenorphine

Most of the data presented in this chapter are derived from the Treatment Unit Forms (TUF A) filled in by the five buprenorphine substitution units that were fully operational in 2003. When data refer to all of the seven relevant units that are currently in operation within the NHS or to buprenorphine treatment in general, this is made explicit.

Main structural characteristics: treatment stages, duration and capacity

Four out of the five buprenorphine substitution units in 2003 report that the treatment programme is divided into several stages, i.e. detoxification – main treatment – rehabilitation. Duration of treatment with buprenorphine is either tailored according to the client's specific needs and possibilities or it varies from 1 to 2 years.

The capacity of the seven buprenorphine substitution units that currently provide services is 485. However, in 2003 (capacity 365) there was already a waiting list of 166 drug users. This appears to be explained by a group of factors: shortage of programmes in most of the regions and, thus, increased treatment demand, time needed for the units to become fully operational, attractiveness of the particular treatment option (see also section 5.3.2. Substitution Treatment).

Admission criteria

Although the drug user's age is a main admission criterion at the five buprenorphine substitution units operating in 2003, the minimum age for buprenorphine prescription varies from unit to unit from 20 to 22 years old. Despite this difference at unit level, according to the official admission criteria all drug users are eligible for buprenorphine prescription unless they are younger than 20 years old and they are not opiate users. Users with heart-respiratory, liver and kidney deficiency as well as pregnant drug users are also excluded.

Priority in admission at the buprenorphine substitution units have drug users with HIV or other serious physical health problems (i.e., cancer, tuberculosis), first degree relatives of drug users being already in the treatment programme, and drug users with special family needs (i.e. single mothers, parents of underage children).

Delivery of buprenorphine

Independently of whether buprenorphine is prescribed at specialised OKANA/NHS units or at OKANA methadone units, prior to buprenorphine prescription drug users have blood and urine tests for any serious diseases that might exclude them from treatment. The common buprenorphine prescription practices include an initial 2-week period of daily prescription, which is minimised to 3 times/week. The daily dosage ranges from 8 to 14 mg depending on the drug user's need.

Administration of pharmaceutical substances

At the five OKANA/NHS buprenorphine substitution treatment units, buprenorphine was prescribed to most of the patients in treatment (98.2%). The share of patients who were prescribed with naltrexone is relatively small (2.2%). At the six OKANA methadone Substitution Treatment Units, only a small share of patients was administered buprenorphine (3.4%) in the year 2003, while methadone was administered to almost all patients (99%). There was also a small share of patients (1.5%) who were administered antagonist treatment (naltrexone). It should be made clear that some patients were prescribed with more than one pharmaceutical substance during the year.

Psychosocial services of buprenorphine substitution units

In addition to the administration of pharmaceutical substitutes, all buprenorphine substitution treatment structures operating in public hospitals also deliver accompanying services, in order to respond to the specific needs of drug dependent individuals and maximise the benefits from treatment. The main services envisaged in the context of the treatment process are provided either by the treatment unit itself or in cooperation with other agencies and include medical and psychiatric care, counselling and psychological support, and help in job-seeking.

Clients in buprenorphine substitution treatment

The total number of drug users who received buprenorphine treatment at the OKANA/NHS specialised units in 2003 was 275. From those, 233 were admitted for therapy in 2003 (229 were new admissions and 4 readmissions) and 42 clients had already been in treatment in the previous year (see also section 5.3.2. Substitution Treatment).

With regard to clients' special profiles, from the total number of 275 drug users in buprenorphine treatment, 13.7% were diagnosed with comorbidity problems, 2.9% were probationers or parolees and 0.5% were physically disabled. A substantial percentage of clients (38.5%) were awaiting charges, trials or sentences, according to data from four out of the five units which provided the respective data.

As for the general characteristics of clients in buprenorphine substitution units compared to those in methadone units, this comparison can only be based on a rough estimation. This is due to the fact that the Treatment Demand Indicator's (TDI) data record only two of the five buprenorphine units and five out of the six methadone units being operational in the year 2003. However, as illustrated in Table 35, the following preliminary conclusions can be drawn:

- Although the majority of drug users seeking treatment belong to the 30-40 age group in both methadone and buprenorphine substitution units, the share of the client population of

buprenorphine programmes aged between 19-29 years is larger than that of methadone programmes. This may be attributed to the limited number of users on waiting lists which means, for 2003, that almost all applicants can be admitted.

- No differences can be identified with regard to sex, citizenship and educational level between the two groups. However, more drug users in buprenorphine units live with their parents than those in methadone units, while a higher percentage of the methadone clients (23.8%) share lodgings with other drug users compared to buprenorphine clients (6%). These data, which seem to be interrelated to some degree with the aforementioned age differences, may also indicate that buprenorphine clients are more socially supported than methadone clients are. In addition, in the population of all users recorded by the TDI reporting system in Greece for 2003, sharing lodgings with other drug users seems to be more common (16.1%) among users in great cities (Athens, Piraeus, Thessaloniki) than among users in other areas of the country (11.6%). The two buprenorphine substitution units upon which the analyses in the Table are based are located in semi-urban areas (i.e. Central Greece and Thessaly).

Table 31: Socio-demographic characteristics of drug users in methadone and buprenorphine substitution units in 2003

	OKANA Methadone Substitution Units	OKANA/NHS Buprenorphine Substitution Units
	(N=5) %	(N=2) %
Number of users	447	84
Age		
19-29 years	15.2	33.3
30-40 years	54.1	39.3
41+ years	30.6	27.4
Sex		
Male	82.8	83.3
Female	17.2	16.7
Citizenship		
Greek	98.2	98.8
Foreigners	1.8	1.2
Living conditions		
Alone	11.2	3.6
With parents	51.0	68.7
With partner	27.7	21.7
With friends	0.9	0.0
Other	9.2	6.0
Education		
Never went to school / never completed primary school	4.5	1.2
Primary level	30.5	32.1
Lower secondary level	26.0	33.3
Upper secondary level	32.6	32.1
Higher level	6.3	1.2

SOURCE: Greek REITOX Focal Point, 2003.

As for the existing differences between buprenorphine and methadone substitution clients in relation to their drug use and drug-related behaviour, the main points from the TDI data are presented in Table 32.

Table 32: Main differences in drug use patterns between buprenorphine and methadone substitution clients in 2003

Differentiating Factors	Treatment Demand Indicator Data
<i>Polydrug use</i>	A significantly higher percentage of buprenorphine clients (96.4%) are polydrug users than methadone clients (81.9%).
<i>Time elapsing between onset of use of the primary substance and the latest request for treatment</i>	Although heroin is the primary substance of both buprenorphine and methadone substitution clients (100% and 99.3%, respectively) the mean time elapsing between its onset and the latest request for treatment differs significantly between buprenorphine clients (11 years) and methadone clients (17 years).
<i>Mean age of onset of primary substance use</i>	The respective mean age for those who approached buprenorphine units (23 years) is significantly different from the mean age of methadone clients (21 years)
<i>Injecting drug use</i>	Less buprenorphine clients (84.5%) reported injecting at least once in their lifetime than methadone clients (95.1%) did. However, slightly more buprenorphine clients (58.3%) than methadone ones (56.1%) reported injecting in the last 30 days. From those, 57.1% of the buprenorphine clients reported currently sharing needles compared to 18.9% of the methadone clients, which shows higher risk behaviour among the client population of the buprenorphine substitution units.
<i>Secondary substances</i>	There are significant differences between buprenorphine and methadone substitution clients in terms of the use of cocaine (40.7% and 29%, respectively), hypnotics and sedatives (19.8% and 70.5%, respectively), cannabis (88.9% and 50.8%, respectively) and alcohol (0% and 9.8%, respectively) as secondary drugs.

SOURCE: Greek REITOX Focal Point, 2003.

With regard to the course of treatment, due to the fact that buprenorphine substitution units have been very recently established in the country, the vast majority (88.4%) of the 275 drug users having attended the treatment programme in 2003 continued attendance at the end of the year, while a percentage of 8.4% dropped out from the programme.

Training of staff and evaluation studies

Prior to the operation of OKANA/NHS buprenorphine substitution units, their personnel participated in a week training organised by OKANA on issues related to buprenorphine effects and prescription, relapse prevention and dealing, and operational matters of the respective units. Currently, training is ad hoc provided in-service or in other institutions, mainly upon personal initiative, while supervision is more regularly provided.

The evaluation research studies in buprenorphine substitution as a means for drug treatment are limited to the one conducted in 2001, which aimed at assessing the results of the pilot implementation of buprenorphine prescription at the OKANA Substitution Unit A in Athens (Ifadis et al., 2002).

11.2 Misuse of buprenorphine

According to data derived from treatment sources (i.e. TDI) and the Drug Prosecution Authorities (i.e. drug-related deaths, charges, seizures, etc.), no misuse of buprenorphine has been detected in the country yet.

12. ALTERNATIVES TO PRISON TARGETING TO DRUG USING OFFENDERS

12.1 Political, organisational and structural information

12.1.1 National policy and strategy

The need to provide alternatives to prison for drug using offenders arises from the need to harmonise the Greek legislation with European standards and to relieve the overcrowded existing correctional facilities. Within this context, the Greek legislation provides for the application of measures alternative to incarceration, such as suspension of prison sentence, commutation of prison sentence to pecuniary penalty, conditional cessation of prosecution, probation or parole order. The drug policy adopted acknowledges drug users as “patients” and applies measures aiming at facilitating recovery and reducing stigma. On the other hand, more severe measures are applied in cases of drug trafficking.

In the framework of this strategy, the National Action Plan envisages the establishment and operation of specialised drug recovery centres within the prison settings. In this context, the first Treatment Centre for Drug Dependent Prisoners (KATK) was established in Eleonas, Thebes in 2002. The treatment provided is based on a drug-free programme. Moreover, the establishment of similar centres for both adult and adolescent drug dependent offenders in various areas of Greece is planned. The National Action Plan also envisages the development of substitution treatment centres for drug dependent prisoners.

12.1.2 Legislation

Two basic legal instruments regulate the institutional response to crime in general, i.e. the Penal Code and the Code of Penal Procedure. Furthermore, there are several ad hoc special penal laws. More specifically, law 1729/1987 and its subsequent complements and amendments are the primary legal documents regulating drug-related offences.

The Greek Penal Law in general and law 1729/1987 in particular provide for the use of measures alternative to incarceration. The most common alternative measures include suspension of prison sentence and commutation to pecuniary penalty. Another alternative measure commonly applied is cessation of prosecution.

The following legal provisions concerning drug using offenders apply to the various stages of the penal procedure, i.e. pre-trial, trial and post-trial:

At the pre-trial stage

The Greek legislation is based on the continental tradition and, consequently, it is governed by the principle of legality. According to this principle, all cases of infringement of the laws in effect lead to mandatory prosecution up to level of the public prosecutor, who has discretion to dismiss the case or refer it to trial.

At the trial stage

The measure of the suspension of sentence (under supervision or not) is provided for in Articles 99 and 100 of the Penal Code. Its application is decided in accordance with the circumstances under which the offence was committed, the motives, the character and the case history of the offender in general, as well as with the need to apply the prison sentence or not.

Commutation of prison sentence to pecuniary penalty is generally applied in cases of prison sentences not exceeding three years. According to Article 82, paragraph 11 of the Penal Code, this measure can not be applied in cases of drug trafficking. The only exception to this, according to law 1729/87 article 12 paragraph 4, is in cases of users selling small quantities of drugs that they possess for personal use.

Moreover, in the case of drug dependent offenders selling small quantities of drugs or committing property crimes without injury, law 2331/95 stipulates that cessation of prosecution is only possible after they have successfully attended a treatment programme.

At the post-trial stage

In accordance with the recently enacted law 3189/03, amending law 2161, article 16, drug users who serve a prison sentence while attending a specialised treatment programme, i.e. the Treatment Centre for Drug Dependent Prisoners, may receive a probation order subject to the assent of either the scientific council of the treatment programme or the head of the Specialised Division of the penitentiary institution, provided that they have attended the programme successfully.

Furthermore, according to another provision of this law (amendment to law 2721/99), suspension of sentence is provided for in cases of drug users attending drug recovery programmes, as long as the offences were committed prior to their entering the programme. This provision applies on condition that the head of the drug treatment programme certifies that the offender attends the programme regularly.

12.1.3 Implementation structure

The main responsibility for coordination and funding of the aforementioned measures rests with the Ministry of Justice, which may collaborate with other ministries (e.g. Ministry of Health), according to the stage of the intervention (i.e. pre-trial, trial or post-trial). The measures are applied by services under the Ministry of Justice, such as courts and correctional facilities.

12.2 Interventions

12.2.1 Types of interventions

In accordance with the laws in effect, at the police inquiry stage, the police do not have discretion to provide an alternative to prosecution for drug-related offenders. At that stage, the application of measures having a drug treatment component is not foreseen in legislative terms. Nonetheless, offenders may contact the existing drug treatment services on their own initiative.

During the pre-trial stage, in cases of use or possession of small quantities of drugs for personal use, treatment diversion is a legal option for non-addicted users. In this case, upon the defendant's request, the public prosecutor and the judicial council may decide to suspend prosecution and refer the drug user to a therapeutic programme. Furthermore, the offender can avoid punishment by producing evidence of successful completion of such a programme by means of a certificate.

As regards the trial stage, in cases of use or possession of any drug for personal use, the Greek Penal Code provides for no further action and diversion, i.e. the drug dependent user can be referred for treatment upon request. As regards addicted users who already attend a treatment programme, they may avail themselves of the measures provided as incentives for recovery and can achieve suspension of prosecution for a certain period of time in order to continue therapy. The prosecution of a dependent drug law offender may be suspended, provided that the director of a licensed drug treatment service submits an official report to the public prosecutor certifying that the offender voluntarily entered and is regularly attending treatment. In some cases, successive suspensions along with successful completion of the drug treatment programme may lead to a definite exemption from prosecution or punishment.

In general, use or possession for personal use does not lead to incarceration. By way of illustration, in 1999, out of 1,776 convictions for drug-related offences, 1,436 individuals were convicted of personal use and a large part of them received either suspended sentence (763 individuals) or commutable prison sentence (550 individuals). Only 5% received non-commutable sentence (latest processed data from the Ministry of Justice).

At the post-trial stage (incarceration), the main provision having a treatment component is the implementation of motivational/support programmes for imprisoned drug users in various penitentiary institutions in the country as well as the establishment of two in-prison treatment programmes. Such interventions *are not alternatives to prison in themselves*, but they *pave the way* for all drug dependent prisoners who wish to participate in therapeutic programmes.

More specifically, the implementation of such interventions relies a great deal on laws 1729/87 and 2331/95, according to which the successful completion of such programmes gives drug dependent prisoners the right to interrupt custody in order to enrol in a treatment programme. The time spent in treatment is considered as equivalent to the time the person would spend in custody. Moreover, the successful completion of the therapeutic programme leads to a temporary suspension of the sentence from three to six years.

In this vein, a concise description of these interventions, which facilitate the referral of offenders from the criminal justice system to the national drug treatment services, is presented below, in order to provide an all-inclusive picture of the present situation regarding the provisions for drug dependent offenders within the criminal justice system.

In-prison psychosocial interventions

Support groups for dependent prisoners have been implemented, since 1987, as voluntary schemes by governmental and non governmental organisations, which have an expertise in designing and implementing treatment programmes for drug users. These include KETHEA, “18 ANO” Drug and Alcohol Dependence Treatment Unit of the Attica State Psychiatric Hospital, and Narcotics Anonymous. Support groups currently run in six large prisons in the country.

The main objectives of these interventions are the following: a) provision of information on drug use and dependence as well as on existing therapeutic programmes, b) harm reduction, c) assessment of the needs of imprisoned users, d) encouragement, e) motivation and f) preparation of users for joining a therapeutic community.

Detailed quantitative data on the operation of the support groups for dependent prisoners in 2003 are presented below:

- The Prisoners Support Centre of EN DRASI Treatment Programme (KETHEA) organised self-help groups in Koridallios Judicial Prisons, in Koridallios Prison Psychiatric Division and in Koridallios Women’s Prisons. In 2003, a total of 199 prisoners participated in the support groups. Thirteen of the participants in the programmes of the former two penitentiaries were referred to treatment structures.
- In the same sites, self-help groups -including specialised groups for drug dependent prisoners belonging to *ethnic minorities*- are also organised by “18 ANO” Drug and Alcohol Dependence Treatment Unit. In 2003, there were four (4) groups in the Judicial Prisons, one (1) group in Women’s Prisons and one (1) group in Koridallios Prison Psychiatric Division. A total of 260 meetings were held, with the participation of some 500 prisoners.
- The Open Treatment Programme for Adolescents and Young Adults in Volos (KETHEA) provides support services to imprisoned drug users in the Rural Prison for Minors in Kassavetia, Volos. During the reporting year, 42 individuals joined the self-help groups. Furthermore, 7 individuals who had participated in such groups in the past contacted KETHEA services upon release.
- In Thessaloniki, the Support Centre for Drug Dependent Prisoners and Released Prisoners (KETHEA) organises groups for prisoners in Diavata Judicial Prison and Thessaloniki Military Prison. A total of 160 prisoners participated in the groups in 2003. According to qualitative evaluation data of the programme, imprisoned users were very consistent in attending the groups, and there was considerable progress in building communication and confidence among the participants.

Regarding the appeal of such programmes, in their first years of operation the aforementioned initiatives proved to be very successful, since they were supported and promoted by prison staff members (mainly social workers). The number of drug dependent prisoners who have participated in the programmes is quite telling. By way of example, in the first year of operation of the KETHEA programmes in the prisons of Athens (1987), 200 prisoners joined the support groups, whereas a total of 1,500 detainees have participated in such groups in the prisons of Athens, Volos, Larissa and Thessaloniki since 1995. Despite the enthusiastic response of imprisoned drug users and the expectations of policy makers, therapists and the prisoners themselves, the results of the application of the alternative treatment measure were rather discouraging. From 1,500 prisoners who attended the in-prison support programmes during this period, 100 achieved successful completion and only 13 were given the right to enter off-prison therapeutic communities by the criminal justice authorities. As regards the treatment outcome in the aforementioned cases, 76.9% (10 individuals) successfully completed the psychological recovery programme (Tentis 2001).

In addition, in recent years, despite the amendment of the law in 1995 in order to provide greater incentives to attend the in-prison support programmes and the growing prisoners' interest in participation, cooperation between treatment agencies and criminal justice authorities has remained problematic. By way of illustration, from 12 individuals who successfully attended the KETHEA programmes in the prisons of Athens in 2002, only 3 were given the right to commute their prison sentence to participation in an off-prison therapeutic community (Tentis 2001).

In-prison treatment programmes

Beside the aforementioned initiatives and in view of providing a more integrated therapeutic alternative for dependent individuals within the criminal justice system, two in-prison drug treatment units have been developed in the last years.

The pilot operation of the Treatment Centre for Drug Dependent Prisoners (KATK) was launched in Eleonas, Thebes in September 2002. The Centre, which is under the auspices of the Ministry of Justice and that of Health and Welfare, aims at becoming the first full-fledged dependence treatment and reintegration programme for addicted prisoners, implemented in special premises outside conventional penitentiaries, based on the principles and specifications of therapeutic communities. The therapeutic programme is drug-free and structured in four phases: it starts with information and preparation in local prisons where imprisoned users serve their time and goes all the way through to the clients' social reintegration.

Within this context, prisoners are provided with the option to serve their sentence while undergoing treatment. Participation in the programme is voluntary, whereas the selection and referral processes are subject to a set of established criteria, i.e. the prisoners must be drug dependent, have served one fifth of their sentence and be sentenced to less than 12 years in prison (prisoners on remand are excluded).

In 2003, a total of 87 individuals attended the programme's main phase of treatment, while currently 40 imprisoned drug addicts are waiting for admission to the first phase of the therapeutic process (detoxification). For the time being, the social reintegration phase is not operational. This programme also provides services tailored to suit members of *special population groups*, such as adolescents and immigrants or refugees. In 2003, 20% of the patients in treatment were adolescents and 12% were immigrants or refugees. KATK has a 76-member *staff*, including 20 professional therapists of different specialties (psychiatrists, other doctors, psychologists, special trainers).

Moreover, an integrated support framework, providing a comprehensive treatment and education programme, has been officially in place since 2001 at Koridallios Women's Prison, on the initiative of EN DRASI Therapeutic Programme (KETHEA) and the General Secretariat for Continuous Training (Ministry of Education). It targets female prisoners, who are a highly burdened population group (Tentis 2003). Within this context, the alternative treatment is offered in a state of confinement. The innovative part of the programme, however, is that released women, following the successful completion of the programme during their time in prison, will receive support aiming at their smooth reintegration into the community through a reception centre. The programme is *staffed* by 10 therapists specialised in drug dependence (psychologists, counsellors and educators).

Regarding the operation of the programme, in the year 2003 there was an increase in the number of prisoners who joined the therapeutic community compared to the previous year (from 58 to 68 participants). A total of 55 female prisoners attended the main treatment phase of the programme.

Both of the above programmes operate under expert supervision.

Off-prison services

In addition to the services offered inside prisons, the licensed drug treatment agencies have organised support programmes for former prisoners in the context of the existing drug treatment centres. These programmes enhance the link between prison and the community and ensure continuity of treatment for released drug users. Along these lines, they provide off-prison specialised services for released drug users in order to complement the programmes implemented in prisons. During the reporting year, the following services operated:

- The Admission and Reintegration Centre of EN DRASI Therapeutic Programme (KETHEA), based in Athens, is a specialised treatment programme addressed to released prisoners. The therapeutic process is structured in two phases: main treatment and social rehabilitation. The programme's aim is to admit, treat the drug dependence of and socially activate released drug users. In 2003, a total of 36 individuals attended the programme's main phase of treatment.
- The Support Centre for Prisoners and Released Prisoners in Thessaloniki (under ITHAKI therapeutic programme of KETHEA) provides support services to released drug users and their families. In view of supporting users in their social and professional reintegration, the Centre has been cooperating with Médecins Sans Frontières (MSF) and the Greek Labour Force Employment Organisation (OAED). In 2003, a total of 49 individuals participated in the released drug users groups.
- "18 ANO" Drug and Alcohol Dependence Treatment Unit developed, in its Counselling Centre, a specialised programme to encourage and motivate newly-released drug users for treatment. It also organises special groups for released prisoners who had attended self-help groups in prison, with the aim of supporting them in their social rehabilitation and preventing relapses.
- Health and psychosocial support services for released drug users are also provided in the MSF Clinic.

12.2.2 Implementation

As far as the extent of implementation of alternative treatment measures is concerned, there is no systematic recording of the cases referred to therapy. The only source of information on this issue is the TDI data, which are based on self-reports. According to estimates of experts working at specialised programmes for drug offenders, diversion has not been sufficiently implemented so far (interview data: G. Zisis, Psychologist, Programme for Drug Dependent Prisoners, 18 ANO Drug and Alcohol Dependence Treatment Unit and Y. Tentis, Head of EN DRASI Therapeutic Programme, KETHEA). This means that few cases are referred for therapy instead of prison. Nonetheless, it is highlighted that adolescent offenders benefit from the option of referral to treatment to a greater extent.

The above are consistent with the Treatment Demand Indicator (TDI) data. Only 1.4% (52 individuals) of drug users who sought treatment in 2003 were referred to therapeutic services by the police or the criminal justice system. More specifically, this percentage is very small among adult drug users (aged 19 and above) (0.9%), whereas the respective percentage for adolescent drug users (aged 18 and less) comes up to 10.7%.

Furthermore, trends deriving from the Counselling Centres of KETHEA lead to the same conclusion. More specifically, the total rate of referrals from criminal justice services remains

at relatively low levels, although it did increase in the last few years (2.1% of the total patients contacting KETHEA treatment services in 1995 and 4.3% in 2002) (KETHEA 2003d). The increase is much more marked among young adults aged under 19 and especially boys (17.8% in 2000 and 26% in 2001) (KETHEA 2002b).

The above demonstrate that Juvenile Courts apply alternatives to prosecution with greater eagerness and often resort to diversion. These results are strongly related to the operation of the Counselling Centre for Juvenile Delinquents of STROFI Therapeutic Programme (KETHEA) at the Athens Juvenile Court. The Centre delivers direct support and counselling in order to motivate adolescents to abstain from drug use, to prevent further involvement in delinquency and to avert social exclusion. In 2003, the Centre served 34 adolescents and 67 parents. 32% of the adolescents who contacted the Counselling Centre were referred to therapeutic services.

The limited number of drug dependent offenders who benefit from the alternative treatment measures (52 individuals in 2003 according to TDI data) are referred to the traditional drug-treatment services, in almost all cases, to drug-free treatment programmes.

The TDI data can give a picture of the treatment options applied in such cases. In 2003, most drug users who were referred to treatment services by court, probation or police contacted drug-free (94.2%) treatment programme counselling centres (53.8% outpatient and 40.4% inpatient), while 5.8% contacted substitution treatment units. It should be taken into account that the above data refer to counselling centres, thus the distinction between outpatient and inpatient programmes is made in accordance with the main treatment phase (i.e. therapeutic community) of the programme and is only indicative.

Regarding the *profile* of drug users referred to drug treatment services by the police or the criminal justice system, according to 2003 TDI data, 88.5% are male and 11.5% are female. Compared to drug users who are referred to treatment by other sources, there is no significant difference with respect to gender. On the other hand, adolescents under 18 years old are overrepresented in the group of users referred to treatment by police/criminal justice system (42.3%) compared to drug users referred by other sources (5.2%). This explains the fact that the majority of them live with their families (73.1%), are primary or secondary education graduates (52.5% and 32.5%, respectively) and are mainly unemployed (59.6%) or pupils/students (19.2%).

Admittedly, in Greece the concept of alternative to prison is quite vague. Furthermore, the application of such measures is inadequate compared to the number of imprisoned users and their needs. Despite the increasing development of support programmes and the establishment of the two in-prison treatment programmes which complement prison sentence for drug addicts in a state of confinement, the application of alternative therapy measures to replace, avoid or delay incarceration punishment for drug dependent offenders is very limited.

The main *obstacles* for the implementation of alternatives to prison can be summed up as follows:

- Legislative constraints, i.e. the Greek criminal procedure is governed by the principle of mandatory prosecution (principle of legality)
- Insufficient knowledge of the alternative options provided for by the law
- Fear of the responsibility involved in ordering alternative treatment, and
- Application of a generalised rather than an individualised approach (EMCDDA 2002).

12.2.3 Monitoring

As far as the monitoring procedures of the alternative treatment process are concerned, a report is sent to the judge and/or public prosecutor by the treatment agency providing therapy to certify that the offender is regularly attending treatment. In cases of non-adherence to the treatment alternative, the suspended sentence is revoked and the offender is subject to the conventional procedure of prosecution or punishment.

12.3 **Quality assurance**

12.3.1 Guidelines

To date there have been no formal guidelines or standards for the implementation of alternatives to prison. Each officially recognised agency implementing such interventions (most notably support and treatment programmes inside prison or traditional treatment centres that admit drug dependent offenders) has developed its own specific principles and criteria based on its own philosophy, its theoretical principles and theoretical framework, and international experience in this field.

12.3.2 Evaluation and research

Given the limited development of diversion measures in the country and the difficulties accompanying their application, there are no evaluation studies available. Nevertheless, evaluation is carried out in terms of the services provided in the broader context of interventions within the criminal justice system. These evaluation and research initiatives are fragmented and mostly left to the discretion of governmental and non-governmental organisations implementing demand reduction interventions in the criminal justice setting.

KETHEA, as part of its overall service evaluation, conducts a systematic evaluation of its support programmes for drug dependent prisoners on the basis of the following indicators: number of participants in the self-help groups, consistency of participation and referrals to therapeutic programmes. According to the findings, the year over year variations observed in terms of the number of receivers of KETHEA services is attributed to the continuous administrative and other changes in prisons, and consequently to the lack of consistency in the implementation of the respective support programmes (KETHEA 2003a). It is further emphasised that the main obstacles for the successful implementation of in-prison motivational programmes are incident upon deficient cooperation with the relevant criminal justice authorities, the lack of appropriate facilities and the continuous transfer of prisoners (Tentis 2001 and KETHEA 2002a).

Moreover, KETHEA carries out evaluation of the services offered in the context of the in-prison Therapeutic Programme EN DRASI. The success indicators include abstinence from drug use and response to the therapeutic procedure. However, outcome comparison between treatment in general and treatment within the criminal justice context is not feasible, as the smooth operation of in-prison programmes is intercepted by the reluctance of criminal justice authorities to approve the suspension of sentence and the referral to an off-prison social reintegration centre in the cases of patients who have successfully completed the in-prison therapeutic programme (Y. Tentis, interview data).

In the area of research studies on drug dependent prisoners, a study conducted at Koridallós Women's Prison examined the ways in which punitive incarceration could become an opportunity for the provision of psychosocial support to drug users. The study, which focused on the self-perception of female drug users, highlights that women drug users are not mere

violators of the criminal law, but instead there are many factors that have had a significant influence on their lives, turning drug use to an uncommon form of self-treatment. In this vein, it is shown that “the correctional system’s consideration of the drug user as a common violator of the law, is ineffectual and in most cases constitutes the cause of the further deterioration of the user’s state” (Tentis Y. 2003).

12.3.3 Training

All agencies that run treatment programmes addressing drug dependent offenders lay emphasis on the education of their staff. In particular, as regards the professionals involved in the treatment of drug addicts in the criminal justice field, along with the in-house training in drug dependence issues in general, they receive specialised training with emphasis on knowledge of the legal and penal context and provisions. However, the experts interviewed admitted that the training initiatives implemented so far are not adequate and expressed the need for further training activities focusing on the weave of drug addiction and delinquency.

Summing up, the attempt to provide an overall picture of the alternatives to prison for drug dependent offenders has to overcome certain difficulties. The most important shortcoming is that there is no single conceptual framework to define the term “alternatives to prison” for drug using offenders. Along these lines, any intervention aiming to ameliorate the psychological, medical or social status of the drug dependent offender even in the state of confinement is part of the alternative treatment procedure. In addition, the mapping of the real situation in terms of quantitative data is not feasible, since in most cases criminal justice authorities and treatment programmes do not carry out a systematic recording of clients who attend the programmes availing themselves of the diversion measure.

13. PUBLIC NUISANCE: DEFINITIONS, TRENDS IN POLICIES, LEGAL ISSUES AND INTERVENTION STRATEGIES

13.1 Definition

The term drug-related public nuisance has not officially been defined in the Greek National Action Plan. Looking at how the issue has been treated in recent years by the media, the policy makers and the public, public nuisance denotes all those manifest social consequences arising from the “deviant behaviour” of those involved (users, dealers, dependent users , ex-users, etc.). Annexation of public space (drug use and drug dealing), damage to property or other forms of crime, violence or intimidation of citizens, threat to the individual or to social institutions are variables which typically determine the type and extent of “public nuisance”, always in connection with the social values of a particular place and time.

Furthermore, the term drug-related public nuisance encompasses the general reaction of the community to the issue as such, be it formal or informal. Such reaction can in turn be reflected in the form, the content and the extent of informal or formal social control measures taken by the community, in order to cope with the negative impact on its smooth functioning. The measures can be preventive or suppressive in nature. They can also be piecemeal, unrelated to each other or they can be part of a broader “public policy” to address the issue.

In Greece, public nuisance, as defined above, has long been manifested, but social reaction against it is relatively new. It only started 3-4 years ago and is steadily growing.

The National Action Plan on Drugs (NAP), which was launched in 2001, does not include a clear reference to or a definition of drug-related public nuisance. A nationwide survey is envisaged, in order to record, among other things, the attitudes of the Greek public opinion towards aspects of the drugs phenomenon and to investigate the nature of the relation between the public and drug dependent individuals. According to expert views, in 2001 public nuisance in Greece was, and still is, not considered as a major problem that policy makers feel they should address.

According to experts⁵ in the drugs field who were interviewed, public nuisance in Greece mainly refers to the following forms: violence and intimidation (brawls), annexation of public space (drug use and trafficking), intrusive verbal contact (begging), risk of deviant behaviour, disruption and irritation of the public, especially due to open drug scenes in the centre of Athens and outside the premises of the substitution and low threshold units. The main fear expressed is the creation of new open drug scenes in the vicinity of such premises.

13.2 Genesis

It is probably because the problem of public nuisance is viewed as spatially limited (around therapeutic and low threshold premises) that public reaction against it is mainly manifested upon preparations for the establishment of new treatment units.

Organised public reactions (sit-ins, demonstrations, etc) started in 2002, against the launching of a KETHEA treatment unit in Evros (Northern Greece). Despite the municipal authorities' consent and the favourable report of the Greek Ombudsman, the reactions of the local community were strong and occasionally extreme. The information and awareness raising campaign of KETHEA not only appeased reactions, but also shifted attitudes in favour of the programme (for further details, see the *2003 National Report of the Greek REITOX Focal Point* (2003a)).

In the same year, the announcement of a new OKANA substitution treatment unit in a certain district of Thessaloniki triggered protests by residents' associations, parent-teacher associations and sports clubs supported by local authorities, who claimed that a) the area was destitute and frequented by drug users, prostitutes and ethnic minorities and b) the building where the programmes would be implemented was located near houses and schools. In actual fact, that was the most controversial issue for public opinion, an issue that took on political dimensions. Although the new facilities were ready in October 2002, the opening time was postponed again because of the reactions of residents which took the form of sit-ins and demonstrations staged in front of the building. Up to this date, the unit is not functioning.

Even the staff of the hospital "Aghios Pavlos", in Thessaloniki, where the buprenorphine unit would be hosted, reacted. Following a general meeting of the employees to discuss the issue, a strong majority voted against hosting the programme in the hospital premises.

Reactions against hosting substitution programmes in hospitals are a problem throughout Greece.

The findings of a survey conducted by the EDGE company for OKANA investigated the perceptions of addictive substances held among the staff of a hospital in Central Greece before the opening of the substitution programmes. According to published data, 60% of the respondents reported that the most suitable locations for treatment programmes were in the

⁵ Six interviews were made with professionals working in the demand reduction field one with a police officer and two with policy makers.

city and 38% in hospital premises, while 39% stated that treatment programmes should be located outside the city. The vast majority of the respondents (96%) believed that it was the State's responsibility to deliver treatment to addicts. It was argued that the State needed to help addicts for the following reasons: a) dependence was viewed as a social problem (45%), b) the State should assist addicts in treatment (23%), and c) addicts were patients (22%). Finally, the respondents named doctors (34%) and social agencies (34%) among the professionals or agencies that should assist the State in this task (*OKANA News*, vol. 2).

13.3 Measures

There does not seem to be a single, consistent attitude towards the problem of public nuisance and public reaction in Greece. Experts interviewed mentioned that measures against public nuisance are only taken when problems arise. The fact that public nuisance has increased, especially in Athens and Thessaloniki, where there is the majority of drug dependent people, is the main reason why most measures are taken in these cities by health and police services.

For example, in order to deal with the problem related to the new OKANA substitution treatment unit in Thessaloniki, an all-party parliamentary committee was set up, which referred the case to the Greek Ombudsman. The Ombudsman's report included concrete proposals on every aspect of the issue, in the spirit of the need to fulfil the duty of social solidarity. It suggested "on the basis of constitutional and legislative facts, that the unit should operate under conditions that would ensure the safety of the neighbours and the proper operation of the substitution treatment units, in order for OKANA to effectively accomplish its task"⁶. Nevertheless, given that the Ombudsman is an independent authority with opinion-giving rather than sanctioning powers, the problem was not settled and the government had to look for different premises to host the OKANA substitution treatment units.

Measures taken by OKANA low threshold services, KETHEA therapeutic programmes, police and local authorities are described in detail below:

OKANA Low Threshold Services

Substitution treatment units and outpatient clinics for dependent users in State hospitals:

There is private security and/or police⁷ surveillance outside the substitution treatment units in Athens and Thessaloniki and outside outpatient clinics in other cities. The presence of security and/or policemen outside the units during working hours makes drug users, dealers or patients leave the area. However, according to a few interviewees, this measure does not always work effectively.

Therapists in substitution treatment services advise patients to leave the area. Moreover, patients who violate the rules and regulations of the programme, including those related to public nuisance (e.g. violence, drug trafficking, robberies, etc.), are discharged prematurely for a certain period of time (from one day to six months, depending on the severity of the act).

⁶ See also the report (law 3094/2003 "Ombudsman and other provisions", number 4 & 6) [CASE NO. 3164/2003] Subject: Establishment of a substitution unit in Thessaloniki, August 2003 (<http://www.synigoros.gr>).

⁷ Police surveillance is carried out by police officers from the local police stations where these units or clinics are situated.

Meeting place "Club": it was established in one of the substitution treatment units in 2003 and one of its goals was the reduction of public nuisance. It was a place where patients spent their leisure time reading newspapers and magazines, watching TV and DVD, drinking coffee and refreshments and playing board games. In order for patients to become members of this meeting place, they had to respect the rules and regulations of the programme (e.g. not be intoxicated or adopt deviant behaviour). The number of patients visiting it was approximately 100 persons per day. This place has recently been shut.

Research project: a small scale research was carried out within 2002 regarding the perceptions of the residents for the establishment of a new OKANA substitution treatment unit in a certain area of Thessaloniki, where protests against the new unit had taken place. The main goal of the research was the residents being sensitized regarding the substitution treatment. In consideration of the research data, OKANA took the initiative to come into contact with the local authorities in order to discuss the issue.

Information of a new buprenorphine substitution treatment unit: OKANA invited the residents and shopkeepers of an area of Athens where a new buprenorphine substitution treatment unit was to be established so as to inform them on this type of treatment. The action was carried out in 2003. The unit will be in operation within 2005.

OKANA Help Centre:

The Drug Addicts Care Facility: this action, which is included in the organisation chart of the Help Centre (1997), contributes to the reduction of public nuisance outside the Centre, because a stable number of drug users (60-70 persons) visit the place daily.

Discussions: the head of the Centre informs the shopkeepers who are against the open drug scene outside the Centre about the goals of its programmes and discusses with them problems related to public nuisance. The persons responsible for the streetwork programme do the same with residents who oppose programmes in their neighbourhoods.

Training courses: users participating in the streetwork programme are trained to keep the places (squares or roads) they frequent clean (e.g. not throw drugs paraphernalia).

A network of services for dependent users: the persons responsible for the streetwork programme contacted NGOs that provide support to socially excluded groups (i.e. KETHEA Multiple Intervention Centre, ACT UP, ARSIS, KEEL, Médecins Sans Frontières, Médecins du Monde) in order to create a network of services for dependent users. This helps participants in the programme using the services of the network cover their basic needs (e.g. health care and accommodation) and contributes to the reduction of public nuisance to a certain extent.

A seminar for policemen of the local police stations where the Help Centre and the Substitution Treatment Units are situated (November 2003). The goals: a) to inform policemen about the programmes of OKANA and b) to explore the needs of policemen and the staff of OKANA Units, in order to determine whether future cooperation between the two agencies is possible. The main conclusions⁸: a) OKANA low threshold services, the police and the local authorities should cooperate in order to face problems related to public nuisance, b) there should be police surveillance outside the units of OKANA, c) there should be seminars for policemen to provide information on issues related to harm reduction. This would help them change their attitudes towards drug users participating in the programmes and towards the effectiveness of the programmes.

⁸ Minutes of the Seminar.

A mobile unit of pre-hospital medicine: for drug use emergencies (in cooperation with the National Centre of Instant Medical Aid, EKAV).

OKANA Campaign

A new campaign entitled “it dependson us” has been developed by OKANA for the information and sensitization of the public in January 2004. In fact, this campaign includes radio and TV spots and in press messages. The concept of the campaign is that drug addicts should be regarded as patients who need treatment and support. Moreover, the campaign aims at the reduction of the stigmatization of drug addicts and the change of attitudes and perceptions regarding drug use of the public and of the agents being involved in the issue.

KETHEA Therapeutic programmes

KETHEA takes actions to face public reaction against its new therapeutic programmes. In fact, it informs residents who are against the programme on its goals and philosophy. Moreover, it brings protesting residents into contact with others who protested against a programme in the past. The latter discuss their experiences with the former. Furthermore, the head of a new programme may take the initiative to invite the residents in order to get to know each other. In addition to this, actions are developed for the improvement of the quality of life in the area. For instance, the persons responsible for the harm reduction programmes contact the restaurant owners of the area where the programmes are located and discuss with them the actions which should be taken in order to keep the area clean from drugs paraphernalia.

Law enforcement services

Line 109: this is a 24 hour service of the Anti-Drug Subdivision of Attica (Attica Police Directorate), which aims at the reduction of criminality, drug-trafficking and drug use in public places. This service, which is part of the legal framework for the establishment of the Anti-Drug Subdivision of the Hellenic Police, has been further strengthened since September 2003 by means of a greater number of policemen and assets (cars, receiving sets, computers and a telephone line 109 for public reporting of drug-related crimes), because there was an increase of the number of users gathering in the open drug scenes in the center of Athens. This initiative was taken by the head of the service and was confirmed by the Police Headquarters. The work of the service, based on the zero tolerance concept, involves the following: a) road checks on the open drug scenes in the center of Athens, outside the premises of OKANA low threshold services and the emergency pharmacies of the area, as well as road checks across the wider area of Attica, b) arresting drug users and dealers, c) taking dealers into custody, and d) keeping suspects under surveillance following public complaints against them through the telephone line. The target group of this action was said to be traffickers of small drug quantities.

Neighbourhood Policeman: another measure to abate public nuisance could be the Neighbourhood Policeman, a newly established institution of the Ministry of Public Order (<http://www.ydt.gr/main>, June 4th, 2003). According to the official presentation of the measure, with the Neighbourhood Policeman the Hellenic Police “introduces new prospects in the relations between the police and the public” whereby the “top priority [of the philosophy of action] is the prevention of petty crime in the neighbourhoods”. The Neighbourhood Policeman approaches “security-related problems [...] in cooperation with the inhabitants and the local stakeholders”, thus strengthening “the citizens’ sense of security”.

Meeting organized by the Ministry of Public Order and OKANA to discuss the ways to deal with the problems of public nuisance arising in the vicinity of OKANA substitution treatment units in Athens (January, 2004). Participants: police officers, the president of OKANA, heads of OKANA low threshold services, representatives of local residents' associations, publishers' association, hoteliers' association, schools, and the Attica Pharmacists Association. The main points of the meeting⁹:

- most association representatives mentioned that the problems related to public nuisance are due to the fact that almost all OKANA units are situated in a certain area in downtown Athens and they proposed decentralisation.
- according to the president of OKANA¹⁰, the main reason for the problem is related to the great number of dependent users who are on the programmes' waiting lists. This could be overcome by means of new slots for dependent users to attend the programme.
- a police officer raised the issue of the enforcement of the provisions of the drugs law concerning habitual dealers of small drug quantities who are also drug users. This would contribute to the reduction of public nuisance because, according to the law, such dealers are forced to attend a treatment programme.
- it was mentioned that there should be a greater number of policemen in areas where there are open drug scenes.

Seminars on drug use for the Police Academy trainees: this contributes to changing their attitudes towards drug users and the health services providing medical care for this population.

Social services of local authorities¹¹

Streetwork programme of the social services of the City of Athens: information to drug users about the health services providing medical care for them.

Prevention Centres: different populations (e.g. teachers, parents, pharmacists, nurses, social workers, etc.) are informed about health issues, including drug use, through seminars, lectures and information material. This helps them change their attitudes towards drug users and contributes to the reduction of public nuisance.

Meeting of the Mayor of Athens, the President of OKANA and the Director General of the Attica Police Directorate (2003) to discuss public nuisance due to the open drug scenes in downtown Athens and in the vicinity of OKANA substitution treatment units. Moreover, the Olympic Games were an additional reason to hold the meeting. According to an interviewee who attended the meeting, the Mayor proposed the relocation of OKANA substitution treatment units in the neighbouring municipalities, since most patients lived there.

Funding

It was mentioned that no agency receives extra funding for all these actions (health/social and law enforcement services).

Coordinated intervention approach between health and enforcement services

It appears that the two conferences on public nuisance, the seminars for policemen on drug use and the requests of the heads of OKANA low threshold services for police surveillance

⁹ Minutes of the Conference of the Ministry of Public Order on public nuisance.

¹⁰ Comments made by the former President of OKANA.

¹¹ The information refers to actions taken by the City of Athens.

outside their units may contribute to strengthening the working relations between the two types of services in future. Moreover, the fact that enforcement services have responded to some extent to the requests of low threshold services could be a good starting point. Furthermore, some experts pointed out in interviews that cooperation between health and enforcement services is better in small cities, because the professionals involved know each other. According to other interviewees though, occasional disagreements between health professionals and enforcement authorities cause difficulties in their cooperation.

As far as the types of measures are concerned, there are measures intended to reduce public nuisance, such as police measures or some of the measures taken by OKANA low threshold services, and others which contribute to the reduction of public nuisance through the change of attitudes and behaviours of patients, professionals and residents, such as the measures taken by streetwork programmes or the seminars.

Olympic Games

On the occasion of the Athens Olympic Games, the law enforcement authorities embarked on an operation aiming at “cleaning” Olympic areas through “removing” the most “vulnerable” social groups, including drug users.

13.4 Results/evaluation

Law enforcement services

Statistics from the Hellenic Police are presented below.

Police data¹²
(September 2003 – August 2004)

Number of road checks on open drug scenes	2,716
Number of people screened	18,156
Number of people arrested	1,238
Number of people booked	579
Number of people taken into custody	99
Seizures	
Heroin	4,860.55 gr
<i>Cannabis</i>	3,078.9 gr + 2 joints
<i>Cocaine</i>	1,417.5 gr
<i>Pills (pharmaceutical substances)</i>	2,169
<i>Money</i>	€29,837.65 + 23 \$
<i>Mobile phones</i>	70
<i>Pairs of scales</i>	17
<i>Cars</i>	4
<i>Weapons</i>	2

SOURCE: Hellenic Police.

¹² The results come from the Anti-Drug Subdivision of Attica (Attica Police Directorate).

According to interviewees from the police, their work has resulted in a decrease in the number of drug users and dealers frequenting big open drug scenes in downtown Athens.

Views of other parties regarding police work

According to some policy makers, repressive measures are not really an answer to the problems related to public nuisance, on account of the fact that the presence of police in an open drug scene may make drug users and dealers leave, but a new one will be created in a different area. In other words, it is a regional solution which shifts, but does not solve the problem.

The measures taken on the occasion of the Athens Olympic Games gave rise to strong protests by health professionals and the media and divided policy makers once again. The Minister of Health himself opposed suppressive treatment of street users. In this case, public opinion showed understanding for the users' situation.

The first visible consequence of this "sweep up" policy, according to reports from managers and staff of treatment programmes, was a significant drop in user requests for treatment, mainly because of fear of arrest, as well as a significant deterioration of the quality of treatment.

The participation of patients already under treatment was also affected; users avoided treatment units in the city centre (18 ANO Social Reintegration Programme, radio programme archives, 7/8/04).

Views about health services

Due to the lack of data about the outcome of the actions taken by these services, the main proposals made by the National Drug Coordinator for the reduction of public nuisance are presented: a) a network of help centres near treatment units should be created, b) substitution treatment units should have lounges for patients, c) local public hospitals should provide treatment to dependent users, d) a new action has been recently launched to inform the public about drug use and mental health in order to change public attitude towards these issues.

In conclusion, it is clear that a strategy for dealing with public nuisance has to give priority to the further development of treatment services so as to be reduced the large number of users waiting for treatment. Moreover, efforts should be pursued for sensitizing public opinion and local authorities on the fact that treatment contributes to the reduction of public nuisance. Up to now, problems related to public nuisance have been tackled as they arose. A thorough investigation of the social representations of the public concerning use and users is also needed. A comprehensive strategy should include efforts not only to raise the awareness and sensitise the public, but also to get them involved in whatever interventions are envisaged in the local communities. Moreover, local authorities and regional agents should play an important role in the expansion of treatment services.

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ANNEX I

Table I: Prevention agencies by geographical region

GEOGRAPHICAL REGION		TITLE	TOWN/CITY	INTERNET SITE
EASTERN MACEDONIA		Prevention Centres established by OKANA and Local Authorities		
	1)	Information & Prevention Centre Against Drugs of the Prefecture of Xanthi	Xanthi	www.prolipsi-xanthi.gr
	2)	Information & Prevention Centre Against Drugs of the Prefecture of Evros "ELPIDA"	Alexandroupoli	
	3)	Prevention Centre for Combating Drugs of the Prefecture of Kavala	Kavala	
	4)	Prevention Centre Against Substance Use of the Prefecture of Rodopi "ORPHEUS"	Komotini	
		Other prevention agencies		
		Information & Prevention Centre of the Municipality of Drama	Drama	www.kepdramas.gr
CENTRAL MACEDONIA		Prevention Centres established by OKANA and Local Authorities		
	1)	Communication & Prevention Centre Against Psychoactive Substances of the Prefecture of Pieria "ATRAKTOS"	Katerini	www.kp-atraktos.gr
	2)	Drug Dependence Prevention & Health Promotion Centre of the North-western Sector of Thessaloniki "PYXIDA"	Thessaloniki	
	3)	Prevention Centre for Combating Substances "ELPIDA"	Thessaloniki	www.kpelpida.gr
	4)	Prevention Centre Against Substance Use of the Prefecture of Halkidiki "PNOI"	Halkidiki	
	5-6)	Information and Prevention Centers "SIRIOS" (2 Centres)	Thessaloniki	
	7)	Information and Prevention Centre of the Western Sector of Thessaloniki "DIKTIO A"	Thessaloniki	
	8)	Prevention Center Against Substance Use of the Prefecture of Pella "ORAMA"	Edessa	www.edessacity.gr/orama
	9)	Prevention Center Against Substance Use of the Prefecture of Imathia	Veria	
	10)	Prevention Centre Against Substance Use of the Prefecture of Serres "OASIS"	Serres	
	11)	Prevention Centre Against Substance Use of the Prefecture of Kilikis "NIREAS"	Kilkis	www.nhreaskp.gr
		Other prevention agencies		
		Information-prevention group against addiction – Alternative Therapeutic Programme "ARGO"-Thessaloniki State Psychiatric Hospital	Thessaloniki	
WESTERN MACEDONIA		Prevention Centres established by OKANA and Local Authorities		
	1)	Prevention Centre Against Drugs of the Prefecture of Florina	Florina	www.prolipsi.gr
	2)	Prevention Centre Against Substances of the Prefecture of Kozani "ORIZONTES"	Kozani	
	3)	Information & Prevention Centre Against Drugs of the Prefecture of Kastoria "DIEXODOS"	Kastoria	
	4)	Prevention Centre Against Substances of the Prefecture of Grevena "ORIZONTES"	Grevena	www.kporizontes.gr
EPIRUS		Prevention Centres established by OKANA and Local Authorities		
	1)	Counselling Centre for Combating Drugs of the Prefecture of Ioannina	Ioannina	
	2)	Prevention Centre of the Prefecture of Arta "KPN ARTAS"	Arta	
	3)	Prevention Centre Against Substance Use of the Prefecture of Thesprotia "ARIADNE"	Igoumenitsa	
	4)	Prevention Centre Against Drugs and Other Substances of the Prefecture of Preveza "KE.PRO.NA.P."	Preveza	
THESSALY		Prevention Centres established by OKANA and Local Authorities		
	1)	Prevention Centre Against Dependence of the Prefecture of Karditsa	Karditsa	www.karditsa-pkp.gr
	2)	Social Intervention Centre of the Prefecture of Trikala	Trikala	
	3)	Drug Prevention Centre of the Prefecture of Magnissia "PROTASI ZOIS"	Volos	
	4)	Prevention Centre Against Substances of the Prefecture of Larissa "ORPHEUS"	Larissa	
IONIAN ISLANDS		Prevention Centres established by OKANA and Local Authorities		
	1)	Municipal Drug & AIDS Prevention Unit of the Prefecture of Corfu "NIKOS MOROS"	Corfu	
	2)	Drug Prevention Centre Against Substances of the Prefecture of Zakynthos "STORGI"	Zakynthos	www.kpstorgi.gr
	3)	Prevention Centre Against Substance Use of the Prefecture of Lefkada	Lefkada	
	4)	Prevention Centre Against Substances of the Prefecture of Kefalonia (& Ithaca) "APOPLOUS"	Kefalonia	

GEOGRAPHICAL REGION		TITLE	TOWN/CITY	INTERNET SITE
WESTERN GREECE	1)	Prevention Centres established by OKANA and Local Authorities Prevention Centre Against Drugs of the Prefecture of Etoloakarnania "ODYSSEUS"	Agrinio	
	2)	Drug Prevention Centre of the Prefecture of Achaia	Patra	www.forthnet.gr/protasi
	3)	Prevention Centre Against Substance Use of the Prefecture of Ilia "PAREMVASIS"	Amaliada	www.paremvasis.net.gr
		Other prevention agencies "PROTASI" Movement	Patra	www.forthnet.gr/protasi
CENTRAL GREECE	1)	Prevention Centres established by OKANA and Local Authorities Drug Prevention Centre of the Prefecture of Evia	Halkida	
	2)	Prevention Centre of the Prefecture of Voiotia "Protasi Zois"	Livadia/Thiva	
	3)	Prevention & Information Centre Against Drugs of the Prefecture of Fthiotida	Lamia	
ATTICA	1)	Prevention Centres established by OKANA and Local Authorities Prevention Centre Against Substance Use & the Promotion of Health of the Municipality of Zografou	Zografou	
	2-5)	Drug Prevention & Health Promotion Centre of the Municipality of Athens "ATHENA IGIA" (4 Centres)	Athens	www.kentro-prolipsis.gr
	6)	Social Intervention Centre — Joint Municipal Enterprise of Alimos, Argiroupoli, Elliniko & Glyfada	Alimos/ Argiroupoli/ Elliniko/ Glyfada	
	7)	Prevention & Information Centre of the Municipality of Peristeri "ODIPORIKO"	Peristeri	
	8)	Dependence Prevention & Mental Health Promotion Centre of the Municipalities of Holargos and Aghia Paraskevi "ARGO"	Holargos	
	9)	Prevention Centre Against Dependence of the Municipalities of Kallithea, Moshato, Tauros "STATHMOS"	Kallithea	
	10)	Drug Prevention & Health Promotion Centre of the Municipalities of Egaleio, Ag. Varvara, Haidari "ARXIS"	Egaleio	
	11)	Drug Prevention Centre of the Municipality of Kifissia "PRONOI"	Kifissia	www.kifissia.gr
	12)	Prevention Center Against Substance Use of the Municipality of Aharnes "DIEXODOS"	Aharnes	
	13)	Prevention Center Against Substance Use of the Municipalities of Ilioupoli and Imittos	Ilioupoli	
		Other prevention agencies Prevention Section – Therapy Centre for Dependent Individuals (KETHEA)	Athens	www.prevention.gr
		Department of Primary Prevention and Information about Substance Use and AIDS – Hellenic Red Cross	Athens	
		Greek Centre for Intercultural Psychiatry and Care (in cooperation with OKANA)	Athens	
		Prevention Centre of the Municipality of Nikaia	Nikaia	
		Prevention Centre of the Psychosocial Education and Support Institution "DIAKONIA" – Athens Archdiocese	Athens	www.ecclesia.gr
PELOPONNESE	1)	Prevention Centres established by OKANA and Local Authorities Information-Prevention & Sensitisation Centre Against Substance Use of the Prefecture of Messinia "KEPEPSO"	Kalamata	
	2)	Prevention Centre Against Substance Use of the Prefecture of Corinth "DIOLKOS"	Korinthos	
	3)	Prevention Centre for Combating Drugs of the Prefecture of Arkadia "KPNNA"	Tripoli	
	4)	Information – Sensitisation & Prevention Centre of the Prefecture of Argolida "ELPIDA ZOIS"	Argos	
NORTHERN AEGEAN	1)	Prevention Centres established by OKANA and Local Authorities Prevention Centre Against Substance Use of the Prefecture of Hios	Hios	www.prolipsihiou.gr
	2)	Prevention Centre Against Substance Use of the Prefecture of Lesvos "PNOI"	Lesvos	
	3)	Drug Prevention and Health Promotion Centre of the Prefecture of Samos "FAROS"	Samos	www.kpfaros.gr

GEOGRAPHICAL REGION		TITLE	TOWN/CITY	INTERNET SITE
SOUTHERN GREECE	1)	Prevention Centres established by OKANA and Local Authorities Prevention Centre Against Substances of the Prefecture of Cyclades "THISEAS"	Paros	
	2)	Prevention Centre Against Substances of the Prefecture of Cyclades "THISEAS"	Siros	
	3)	Drug Prevention Centre of the Prefecture of Kos "HIPPOCRATES"	Kos	
	4)	Centre for the Prevention of Substance Use and for Health Promotion of the Prefecture of Dodecanese "DIMIOURGIA"	Rhodes	
CRETE		Prevention Centres established by OKANA and Local Authorities		
	1)	Prevention Centre Against Drugs of the Prefecture of Rethimnon	Rethimnon	
	2)	Prevention Centre Against Substances of the Prefecture of Chania	Chania	
		Other prevention agencies		
		Prevention Centre of the Municipality of Iraklio "KESAN"	Iraklio	

**Map 1: Prevention Centres established by OKANA and the Local Authorities
1996-2003
(Total number: 63 Prevention Centers)**



Source: OKANA, 2003

ANNEX II

Table I. Treatment Programmes / Units in 2003

SPECIALISED UNIT*	PARENT INSTITUTION	LOCATION	WEBSITE
Inpatient Treatment			
ITHAKI Therapeutic Programme Therapeutic Community	KETHEA	Sindos, Thessaloniki	www.kethea-ithaki.gr
“18 ANO” Drug & Alcohol Dependence Treatment Unit Programme of Psychological Recovery for Drug Users	Attica State Psychiatric Hospital	Athens	
PAREMVASSI Therapeutic Programme Alternative Therapeutic Community	KETHEA	Athens	www.paremvasi-kethea.gr
EXODOS Therapeutic Programme Therapeutic Community	KETHEA	Larissa	www.kethea.gr/exodos
Drug Dependence Treatment Department Therapeutic Community of Karteres	Thessaloniki State Psychiatric Hospital	Thessaloniki	
NOSTOS Therapeutic Programme Therapeutic Community	KETHEA	Piraeus	www.nostos-kethea.gr
“18 ANO” Drug & Alcohol Dependence Treatment Unit Programme for Dependent Women	Attica State Psychiatric Hospital	Athens	
ITHAKI Therapeutic Programme Special Programme for Addicted Mothers	KETHEA	Sindos, Thessaloniki	www.kethea-ithaki.gr
Outpatient Treatment			
<i>Adults</i>			
DIAVASSI Open Therapeutic Programme Open Therapeutic Community	KETHEA	Athens	www.kethea.gr/diavasi
THISEAS Addiction Treatment Programme	Municipality of Kallithea	Athens	
IASON Addiction Prevention & Treatment Unit **	Mental Health Centre	Athens	
“18 ANO” Drug & Alcohol Dependence Treatment Unit Programme of Family Therapy & Counselling	Attica State Psychiatric Hospital	Athens	
DIAVASSI Open Therapeutic Programme Evening Therapeutic Community	KETHEA	Athens	www.kethea.gr
“ATHENA” Treatment Programme	Dept. of Psychiatry, Medical School, University of Athens / OKANA	Athens	www.okana.gr
Treatment Services Network of Patras GEFYRA Therapeutic Community	OKANA	Patras	www.okana.gr
ARGO Alternative Therapeutic Programme	Thessaloniki State Psychiatric Hospital	Thessaloniki	
ARIADNE Open Therapeutic Programme Therapeutic Community	KETHEA	Heraklion	www.kethea.gr/ariadni
KIVOTOS Cross-Cultural Therapeutic Programme **	KETHEA	Kavala, Alexandroupolis	www.kethea.gr
<i>Adolescents</i>			
STROFI Open Therapeutic Programme for Adolescent Drug Users Open Therapeutic Community	KETHEA	Athens	www.strofi.net.gr
“18 ANO” Drug & Alcohol Dependence Treatment Unit Department for Adolescents and Young Adults	Attica State Psychiatric Hospital	Athens	www.hellasnet.gr/tendetox
PLEFSI Early Intervention Network Early Intervention Community	KETHEA	Athens	www.plefsinet.gr
ATRAPOS Adolescents Unit	OKANA	Athens	www.okana.gr
NAYTILOS Adolescents Unit **	OKANA	Thessaloniki	www.okana.gr
ANADYSI Open Therapeutic Programme for Adolescent Drug Users **	KETHEA	Thessaloniki	www.kethea-anadysi.org

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SPECIALISED UNIT*	PARENT INSTITUTION	LOCATION	WEBSITE
Open Therapeutic Programme for Adolescent Drug Users **	KETHEA	Patras	www.kethea.gr
Open Therapeutic Programme for Adolescent Drug Users **	KETHEA	Volos	www.kethea.gr
Adolescents Unit of Rethimnon **	OKANA	Rethymno	www.okana.gr
Adolescents Unit of Larissa **	OKANA	Larissa	www.okana.gr
Open Therapeutic Programme for Adolescent Drug Users **	KETHEA	Piraeus	www.kethea.gr
Substitution Programmes			
Substitution Treatment Unit A of Athens	OKANA	Athens	www.okana.gr
Substitution Treatment Unit A of Thessaloniki	OKANA	Thessaloniki	www.okana.gr
Substitution Treatment Unit B of Thessaloniki	OKANA	Thessaloniki	www.okana.gr
Substitution Treatment Unit B of Athens	OKANA	Athens	www.okana.gr
Substitution Treatment Unit of Piraeus	OKANA	Piraeus	www.okana.gr
Substitution Treatment Unit C of Athens	OKANA	Athens	www.okana.gr
Treatment Unit for Drug Addicts	OKANA / Psychiatric Hospital of Chania	Chania	www.okana.gr
Substitution Treatment Unit C of Thessaloniki	OKANA / General Hospital of Thessaloniki	Thessaloniki	www.okana.gr
<i>Hospital Outpatient Clinics/Substitution Units</i>			
Treatment Unit for Drug Addicts	OKANA / University Regional General Hospital of Larissa	Larissa	www.okana.gr
Outpatient Clinic for Drug Addicts	OKANA / Prefectorial General Hospital of Lamia	Lamia	www.okana.gr
Outpatient Clinic for Drug Addicts	OKANA / Prefectorial General Hospital of Livadia	Livadia	www.okana.gr
Outpatient Clinic for Drug Addicts	OKANA / Prefectorial General Hospital of Agrinio	Agrinio	www.okana.gr
Outpatient Clinic for Drug Addicts	OKANA / Prefectorial General Hospital of Rhodes	Rhodes	www.okana.gr
Outpatient Clinic for Drug Addicts	OKANA / Prefectorial General Hospital of Chalkida	Chalkida	www.okana.gr
Support Clinic for Drug Addicts	OKANA / Social Insurance Institute of Peristeri	Athens	www.okana.gr

* The treatment programmes / units are presented in accordance with their year of establishment.

** These particular treatment programmes provide at the moment mainly counselling services.

Map 1: Regions with drug dependence treatment structures



ANNEX III

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