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

REITOX

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SUMMARY

PART A. NEW DEVELOPMENTS AND TRENDS

1. Drug policy : legislation, strategies and economic analysis

The main development in drug policy in 2011 and 2012 was the immediate response by the State to the HIV/AIDS outbreak, which include the 27 new OST units established by OKANA in 2011 and 2012 in the Attica and Thessaloniki public hospitals. Furthermore, harm reduction services increased their needle and condom distribution/exchange.

A new bill – code of drug laws which was introduced in 2011 as amendment to the code of laws 3459/2006, was further amended and is planned to be introduced to the Parliament by the end of 2012. The depenalisation foreseen by last year's bill is slightly changed: public use is punished by up to 3 months imprisonment.

Expenditures od dwemand reduction agencies are presented and discussed in this year's selected issue, in Chapter 12.

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

New data on the use of drugs among the student population is available through the 'Nationwide school population survey on substance use' conducted by UMHRI in 2011. The 2011 survey which is fully compatible with the ESPAD methodology was supported by OKANA/Prevention centres and involved a nationwide representative sample of approximately 37 000 students aged 13-19 from 676 schools in Greece. In 2011 almost one in every 6 students aged 15-19 (15%) have used an illicit drug at least once in their lifetime, mostly cannabis (13%; rates lower than 3% were reported for other illicit drugs). One in every 10 (10%) used cannabis during the year before the survey and most of them (6%) had done so in the last 30 days. Comparatively higher number of students (7%) repeated use, than tried cannabis 1 or 2 times (6%). Substance use is higher among boys, older students and in Athens and Thessaloniki. Despite variations among the age groups and the geographical strata, between 2007 and 2011, significant increases have been observed overall in the use of any illicit drug, and in particular in cannabis, inhalants and in the use of magic mushrooms. Increases have also been observed in the recent, –current, –and the repeated use of cannabis. Despite recent increases, significantly lower proportions of students use drugs in Greece compared to most of the other countries in the European region (except for inhalants). The National Focal Point stresses that no new data is available on the drug use in the general population in Greece as no survey has been conducted since 2004.

3. Prevention

The year 2011 saw important policy developments in the field of drug prevention in terms of coordination at the national level following the approval and publishing of an article of law

concerning the Prevention Centres' institutional operating framework, the ministerial decision issued by the Ministry of Education laying down the framework of cooperation with Prevention Centres and, last but not least, the MoU signed between the Ministry of National Defence and the Ministry of Health and Social Solidarity.

As far as prevention interventions are concerned, school-based prevention has always been a key priority for prevention in Greece, both at the policy level and at the level of practice. Prevention activities include not only drug prevention; rather the focus is on prevention of all kinds of addiction and risk behaviours in view of psychosocial health promotion. In the school year 2010-2011, there was an increase in the prevention interventions in secondary education, as there was an emphasis on drug prevention both in policy and practice levels. With regard to the framework of implementation of school-based prevention interventions, the recent ministerial decision is expected to facilitate coordination and help overcome the difficulties identified in recent years by Prevention Centres. Families are also one of the core target groups: family prevention includes information events and training programmes (parents' groups). Compared to the previous years, in 2011 parents' participation in prevention interventions, particularly information / awareness interventions, increased.

As for quality assurance of prevention interventions, a development in 2011 was the launching of OKANA Training and Supervision Centre. Nevertheless, it is important and imperative to further promote evaluation as well as quality standards in prevention.

4. Estimated number of problem drug users

The estimated number of users reporting heroin as primary drug and aged 15-64 years, is 20 473 for the year 2011, with 95% confidence interval 18 529 – 22 688. This appears a little lower than the 2010 estimate of 22 515 (95% c.i. 20 202 – 25 171). The 2011 estimate for the number of injecting drug users is 7 847 (95% c.i. 6 904 – 9 951).

5. Drug related treatment – treatment demand and treatment

92 treatment units offered drug treatment services in Greece in 2011, 15 more compared to 2010, resulting in a 7% increase in the number of staff. OKANA launched 22 new OST units in the Attica region and in Thessaloniki, also as a response to the 2011 HIV outbreak among the IDU population (see Chapter 6), and KETHEA launched a new programme for female in-prisoned population. Treatment capacity increased by 19% in 2011 compared to 2010 owing mostly to increases in the OST units. About 9 000 people were offered treatment services in 2011 (main phase), indicating a 9% increase compared to 2010; another 280 people were treated in detoxification units and 394 offered treatment services in either in-prison –or out-of-prison settings. About 5 800 individuals entered treatment in 2011, mostly males. Opiates dominate as primary substance of abuse and, moreover, the number of treatment demands reporting abuse by this class of substances continued its increasing trend in 2011; however much higher percentage changes were observed for cannabis and cocaine/crack pressing for adjustments in the existing treatment system. From 2007 onwards users most commonly sniff the primary substance, however an increasing tendency in injecting and a decreasing one in sniffing is observed of late, increasing the risks for injection-associated infections. An increasing tendency is also observed in the abuse of multiple substances. Among the positive signs are that, overall, daily use, current injecting and current sharing of syringes show

signs of decrease from 2007 onwards (although opposite trends characterise small IDU sub-groups in Athens).

6. Helath correlates and drug-related

Unlike previous years, an unusually high number of HIV cases attributed to injecting drug use was recorded in the national HIV/AIDS surveillance system in 2011 (n=256). IDUs represented 27% of all HIV reported cases in 2011 as opposed to 2-3% in all previous years. Data collected in 2011 through Focal Point's DRID system corroborated evidence for an HIV outbreak among the IDU population. Before 2011, the HIV prevalence among IDUs tested annually in drug-treatment settings hardly exceeded 1%, while in 2011 reached levels as high as 5% in some settings. In 2012 (as of August 2012), the number of HIV-positive IDU cases reported through the national HIV/AIDS surveillance system were 314; 40.8% of all cases reported by that time. Likewise, HIV prevalence reported among IDUs tested in various settings ranged from 4% (KETHEA, national), and 9% (MAVY-OKANA, Athens), to 22% (ARISTOTLE, Athens); the latter involving mostly out-of-treatment population. HIV positive IDUs were primarily males, opioid users, with Greek nationality, and in higher proportions aged 25-34. Almost all of them were HCV co-infected. The HIV epidemic was concentrated in Athens. High HCV prevalence among IDUs and recent increases in HCV infection in IDU subgroups (i.e., IDUs with injecting history of less than 2 years) in Athens are suggestive of the adoption of high risk injecting routines by IDU clusters in the capital city. In 2011, HBV infection rates (HBsAg) among IDUs ranged between 1% and 4%, depending on the source of data; almost one in every 2 IDUs tested were also susceptible to HBV infection (data from one source only). The decreased trend in the number of drug-induced deaths in Greece further continued in 2011 according to data reported by the Hellenic Police (n=119 in 2011 compared to n=153 drug-related deaths reported in 2010).

7. Responses to health correlates and consequences

Due to the outbreak of HIV infection among problem drug users, in 2011, low threshold services strengthened their activities through the increase of the campaigns of the street work programmes and the significant increase of syringes distributed / exchanged and of condoms provided. Moreover, new actions were developed by the Hellenic Center for Disease Control and Prevention (HCDCP) and NGO PRAKSIS to tackle the problem, while further harm reduction interventions were designed by OKANA and KETHEA. In addition to this, relevant studies were conducted by the competent agencies.

Psychiatric comorbidity appears to have been a major concern for treatment in recent years since, according to the data, the number of treatment programmes offering tailored services to individuals with psychiatric comorbidity has been constantly growing (2011: 55.7%, 2010: 37.7%, 2009: 31.8%, 2008: 22.0%).

8. Social correlates and social reintegration

In 2011, there was a decrease in the available capacity while the number of clients who attended social reintegration programmes remained unchanged compared to 2010, while there was an overall upward trend in both capacity and clients between 2003 and 2010. In the school year 2010-

2011, a total of 635 clients attended schooling structures, of whom 103 clients succeeded in moving up a form or obtained the high school leaving certificate, 2 were admitted to higher education, 44 obtained a language certificate and 62 obtained a computer certificate. Compared to 2010, there was a substantial increase in the number of clients who attended schooling structures and attended vocational training courses. There is also an increase in the number of clients who succeeded in moving up a form or obtained the high school leaving certificate compared to 2010. In 2011, 35% of the clients served by specialised social reintegration structures were already employed at the beginning of the reporting year (increased by 6.1% compared to 2010) and 29% found a job during the year, following the downward trend observed since 2008.

With regard to the outcome in social reintegration centres, from 2006 to 2011, the percentage of individuals who were still in the programme at the end of the reporting year, along with programme completion, premature discharge and drop out rates remained relatively unchanged.

As for the OKANA social reintegration unit, the “low substitution doses” sub-programme which started operations in March 2011, no longer accept new admissions, as the psychiatrist of the unit withdrew from the programme in September 2011.

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

The number of drug-related charges and drug-related cases decreased in the period 2010-2011, following a steady increase in the three-year period 2007-2009. The number of Greek arrestees for drug-related offences in 2010 decreased. Albanians constitute the majority for drug-related offences among foreign arrestees for the period 2004-2010. In the two-year period 2009-2010 Pakistani and Palestinian nationals demonstrated an increase in the number of arrestees for the same time period.

The distribution of convicted drug offenders by gender and offence remained largely unchanged in the five-year period 2005-2009. Similarly, the geographical distribution of offences and the age distribution of convicts also remained unchanged in the same period.

In 2009, the number of juvenile offenders (N=170) continued to decrease compared to 2008 (N=186) and 2006 (N=218). According to the latest data from the Hearing Dates Department of the Supervisory Juvenile Service of the Athens Juvenile Court, there was a small reduction in the number of cases heard by the (one- and three-member) Athens Juvenile Courts in the court year 2010-2011 compared to the court year 2009-2010 and still a sharp increase compared to the court years 2008-2009 and 2007-2008. The number of drug offenders in prison and the number of convicts have been consistently increasing for the past thirteen years.

Pharmacy burglaries in 2011 reached the levels of 2008 showing an increase compared to the substantial low value of 2010. The recorded number of drug-related road accidents recorded in 2011 remains higher than the corresponding number of accidents in the period 2007-2009 but does not reach the number of drug-related road accidents of 2010.

An increase is observed in the number of drug using prisoners participated in the counseling support interventions and treatment programmes compared to the two previous years (2010, 2009). The fact that a new in-prison treatment programme operated in 2011 is attributed to the increase of the number of prisoners being in the main treatment in the reporting year.

In 2011, a higher rate of drug using prisoners dropped out from the treatment programmes compared to 2010 (20.1% and 10.7% respectively). On the other hand, although dropout continued to be the main mode of exit from treatment programmes for released prisoners in 2011, its rate decreased compared to the previous year (2010: 63.5%, 2011: 46.6%).

In the reporting year, the number of staff employed in treatment programmes for released prisoners decreased mainly owing to the decrease of the number of medical staff and psychologists. On the other hand, the number of staff for Reintegration Centres increased significantly. This is might be related to the fact that during the previous three years (2008-2010) the need for "more scientific staff" had been voiced by the staff of the Centres.

10. Drug markets

Almost one in every three students aged 15-19 perceive it is easy to find cannabis, and about one in 10 think it is easy to find illegal substances other than cannabis. Boys, older students and those living in the two largest cities of the country perceive of easy availability in higher proportions compared to girls, younger students and students living in other cities. Perceived easy availability has increased for cannabis during the last 8 year but remained unchanged for the other substances. Compared to the average European 16-year-olds Greece perceive in lower proportions that the availability of cannabis is easy. The seized quantities of heroin between the years 2009-2010 remained stable. The seized quantities for the year 2011 were similar to the 2006 levels. The seizures of cocaine for the year 2011 were doubled compared to 2010. In 2011, cannabis seizures increased by 74.5% over 2010, a figure considerably lower than in the years 2007-2009. In 2011 the seized quantities psychotropic, chemical and precursor substances were very low (N=70). The retail price («street price») of heroin in 2011 ranged between € 8-20 per gram much cheaper than 2010 and 2009. The retail price of cocaine ranged between € 40-100 per gram. The average retail price of cannabis stood at € 20 per gram as opposed to € 25 per gram in 2010, € 8.5 per gram in 2009 and € 10 per gram in 2008. The prices of ecstasy tablets fell, ranging between € 5-10 per tablet. Finally, the prices of LSD doses ranged between € 5-15 per dose, returning to the 2009 levels. In 2011, the average purity of heroin samples in active ingredients was 12.8%, when in 2008 the levels were 19.3%. The average purity of cocaine samples in active ingredients was 61.1%, when in 2008 the value was 64.1%. Lastly, in the qualitative determination of ecstasy tablets for the year 2011, there is a large reduction in composition of MDMA / MDEA / MDA like substances.

PART B. SELECTD ISSUES

11. Residential treatment for drug users in Europe

The first residential treatment programme in Greece was the therapeutic community ITHAKI (KETHEA) established in 1994. National drug strategies have always encouraged therapeutic pluralism and therefore, residential treatment services were being continuously established in the past 30 years. In 2011 there were 12 residential treatment programmes in Greece, 6 therapeutic communities 1 detoxification programme and 4 residential programmes.

The 5 therapeutic communities of KETHEA have become more open to the society in the past 20 years, they still, though follow the principle of hierarchical model and view dependence as a symptom of other problems of the individual, which they can learn to recognize and tackle in a healthy manner, by adopting a new way of life. The 18 ANO residential treatment, on the other side, adopts the philosophy that dependence establishes when a personal crisis meets a social crisis.

The common approaches between the two main agencies and types of residential programmes are: a) they are all drug free programmes, b) they are funded by the State and they offer their services free of charge, c) they are 3-phased programmes (counselling, main treatment and rehabilitation).

Although the number of clients requesting residential treatment has been almost stable in the past decade, they occupy a smaller proportion of the total population of users treated in any type of treatment in Greece. In 2011, out of the 9 049 clients in al types of treatment, 873 were in residential treatment facilities.

12. Recent trends of drug-related public expenditures and drug services

Greece runs its 5th year of recession with an annual growth rate of -6.5 %, public debt 170%. The fiscal austerity imposed by the 2 MoU signed by the Greece governments and the European Union and the IMF(in 2010-2011) has particularly affected mental health services and hence drug services. In 2011 OKANA's budget was reduced by 35%. Owing to the HIV/AIDS outbreak in 2010, OKANA collaborated with HCDCP (the ECDC Focal Point and received an additional 10 million for the establishment of new OSTs, which limited the cut ot 15%.

KETHEA, the biggest NGO drug agency in Greece presented a 22% reduction in their expenditures between 2011 and 2009 and a 11% between 2011 and 2010.

OKANA rthe coordinating body in demand reduction and the responsible agency for the OST presents an increased by 52% budget in 2011 compared to 2005, since 25 new OST units were established in this period.

The effects of a 3rd MoU recently signed on the drugs services budget will appear shortly. The effects on the drug professional and most important the users have already started to become visible.

PART C. ANALYSIS OF INDICATORS IN A WIDER CONTEXT

"Poverty makes you sad as well as wise" Bertold Brecht.

2011 is the third year of fiscal austerity in Greece; the third year of budget cuts in health, mental health and drugs agencies, which had an average cut of 20% in their budgets between 2010 and 2011.

Fear and stress as levers of mobilisation.

One would expect that this situation would have a dramatic effect in the function of prevention and treatment services. The data presented in

this report, though, do not corroborate this phenomenon for 2011. This could only mean that the drugs services made a titanic effort to maintain the quality of their services.

Fear of the effects that the crisis may have on the prevalence of use and the social condition of users together with the HIV/AIDS outbreak in 2010, which was seen as a precursor of major adverse effects to come, have probably mobilized policy makers and professionals to take measures to minimize them.

In **Prevention**, Law 3966 of 2011, which reframed the Prevention Centres from purely drug preventive agencies to Centres of drug Prevention and Psychosocial Promotion, ensured their continuation and funding in the crisis period; as they started offering primary mental health care with referrals or short-term counselling in interventions, they addressed a larger target group, expanded their interventions and covered a wider range of risk factors. Thus, in 2011, the Prevention Centres increased their psychosocial health interventions including besides drugs, issues such as internet dependence and school violence.

Regarding drug prevention, the Prevention Centres and the Ministry of Education, Religion, Culture and Sports increased, in 2011 compared to the previous years, their alcohol and drug related interventions in secondary education by 20% and 40% respectively.

32 new OST units with 30% cuts in funding is a major feat.

Twenty two new OST units were established in 2011 and 10 more in 2012. And this, despite the large cuts in funding of the OKANA. The waiting list in Thessaloniki was almost eliminated (reduced by 90%). In Athens it was eventually reduced by 20%, as the number of new applicants increased - users being encouraged by the large number of admissions.

The number of users **demanding treatment** from drug free services decreased, and this cannot be entirely attributed to the decrease in heroin users, offered by the problematic use estimates. Users were redirected in the new OST units. In fact, the number of users in OST treatment was in 2011 three times that of the users in drug free settings. Therefore, the profile of users demanding treatment in 2011 is in effect the profile of users who joined the substitution programme: increase in heroin as the main substance, increase in injecting, increase in polydrug use (as discussed in previous reports OST clients are usually older in age and heavy users).

Nevertheless, the increase in users of cocaine and cannabis demanding treatment continues and this refers, of course, to the demands of drug free treatment.

Professionals in the drug free treatment sector seemed to have made every effort in 2011 to retain clients in treatment, despite staff and salary reductions, as the number of users in the main treatment phase remained stable although treatment demand was reduced.

The HIV/AIDS epidemic has not been contained yet.

The HIV/AIDS outbreak among PWID in late 2010 showed signs of acceleration even in 2012. The response of the State was immediate and continues despite the fiscal austerity measures: new OST units were established, needle condoms and injecting kits exchange and distribution was increased; new outreach interventions have been undertaken by public institutions and NGOs.

The acceleration of the epidemic and the very low number of low threshold services make clear that the efforts are not enough. But the system has long functioned beyond capacity.

The crisis visible as it may be...

The HIV/AIDS epidemic, the most dramatic drug related development in Greece in the last two years, has features of the economic crisis as contributing factors: the income of the users has decreased (less pocket money, less charity) so larger numbers resort to prostitution. The percentage of employed users among those entering treatment has decreased, while that of users returning to their parental homes has increased. Among users in the rehabilitation phase, the proportion of those who have a job drops progressively every year since 2008, where the EQUAL Community Initiative provided some employment slots; in 2011 29% of the users in the rehabilitation phase found employment in contrast to 56.3% who did so in 2008. Reports from professionals show that the jobs are very low paid and without social insurance (which is obligatory in Greece). Furthermore, the budget of drug free services has decreased, resulting to a decrease in human resources.

…has not lead to helplessness

Although research shows that depressive symptoms and suicide attempts have increased among the general population in Greece in the past 2-3 years, the data presented in this report illustrate a somewhat different picture. Policy makers and professionals have made an enormous effort to maintain quality of services offered and keep the spirit of the users in treatment as high as possible. After all, up to now, no drug related units have closed down, in fact a large number of OST units have been created.

Some professionals in the treatment field report that there is “helplessness” or despair in the users’ population, because the social situation, with an estimated unemployment rate of 25% and with no prospects, deprived them of any motives to recover from the dependence, while others report that the crisis has built up a “stubbornness” in themselves and the users to survive: for example, there are rehabilitation units in some parts of Greece that all participants have a job. The best sign of hope and aspiration in users is the compliance with the substitution programme rules shown by the new recruits in the recently established units, and the wish for treatment shown by the new applicants to OST who increased again the waiting lists.

In prisons the situation is stable: no significant differences in the numbers of imprisoned users, neither in he number of services provided. The new Code of Drugs, which is expected to be submitted to the Parliament, foresees the redirection of dependent offenders to treatment and will reduce the number of imprisoned users.

In short, the fiscal austerity in Greece has affected the funding and the human resources of the drug services. The system functioned relatively well in 2011 and 2012. Many experts believe it is the inertia of the system that we are still experiencing, and that the real problems will become evident in 2013.

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

1.1. Introduction

The outbreak of the HIV/AIDS virus among the HIV was and still is the main concern of policy makers in Greece throughout the last months of 2010 and all of 2011. The low prevalence which existed among the HIV and the general population since the beginning of the epidemic in Greece, was abruptly discontinued in 2010 by a sudden outbreak among the HIV mainly in Athens.

Despite the fiscal austerity the State responded immediately. The effectiveness of the response is too early to be assessed, since it includes a more careful monitoring of the situation and case recording, which might be expected to increase prevalence. During 2011 the incidence of HIV/AIDS among HIVs increased.

The responses to the outbreak include the 27 new OST units established by OKANA in 2011 ands 2012, the increased harm reduction activities and needle exchange and condom distribution by the OKANA Direct Aid and Support Unit (MABY) and by the Hellenic Center for Disease Control and Prevention (HCDCP), which include training to the NGOs. Further information on harm reduction measures on Chapter 7.

The new OST units in the social context

The public nuisance created by the OKANA OST units in the Athens centre had been the subject of debating since 2008. The burdened city centre by illegal immigrants and active drug users provoked an augmenting public reaction which was mainly addressed, in the last 2 years, towards the OKANA units as they were incriminated to “create” new drug scenes.

The public pressure towards OKANA and the local authorities resulted in the Ministerial Decree 123148 (Gov. Gazette 2773 2011) which foresaw the closure of the 4 quite large OST units in Athens and the inclusion of their 1,427 users to the 34 new units established in hospitals. The Decree foresaw the establishment of 34 in Athens, 11 in Thessaloniki and 38 in the rest of the country. All these units would be established in public hospitals. Public reaction initially shifted to the first hospital units created in Athens, but soon receded.

A public opinion nationwide telephone survey conducted in 2011 by OKANA on a sample of 1,011 individuals, revealed that 79.1% of the respondents “agreed” or “rather agreed” with the establishments of new OST units in hospitals, while 70.3% that these units contribute to public health protection (OKANA 2012) .

New code of drug laws

The new bill – code of drug laws introduced in 2011 as amendment to the code of laws 3459/2006, was further amended and is introduced to the Parliament. The bill was extensively discussed in the

National Report 2011. The main difference is that the depenalisation of use introduced in last year's bill is modified: public use is punished by up to 3 months imprisonment, but the court can decide to impose no penalty at all depending on the personality of the user, their penal history and in cases when established that the act is improbable to be repeated.

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

In 2012 the National Organisation for Medicines of Greece (EOF) issued a series of therapeutic protocols for dependence on the following substances: opioids, cannabis, cocaine, alcohol, benzodiazepines, nicotine and hallucinogens. These protocols refer to purely pharmacological types of treatment. OKANA is expected to publish soon the revised version of the operational framework for substitution treatment, which foresees an integrated approach to OST.

Links to the EOF protocols are the following (in Greek):

- Opioids: http://www.eof.gr/c/document_library/get_file?p_l_id=34765&folderId=236302&name=DLFE-1901.pdf
- Cannabis: http://www.eof.gr/c/document_library/get_file?p_l_id=34765&folderId=236302&name=DLFE-2001.pdf
- Cocaine: http://www.eof.gr/c/document_library/get_file?p_l_id=34765&folderId=236302&name=DLFE-2101.pdf

1.2. Legal framework

1.2.1. General legal instruments

Ministerial decision 6/123148 (Government Gazette B 2773 2011) Establishment, relocation and operation of OKANA Treatment Units on Hospital premises (562730)

Placement, installation, relocation and/or operation, as the case may be, of OKANA Treatment Units, for the purpose of implementing and delivering Multiple Intervention Programmes – Substitution Treatment Units and Drug Outpatient Centres on unbuilt premises and/or buildings made available by NHS Hospitals, Urban Health Centres run by the Social Security Foundation (IKA-ETAM), Military Hospitals, and on Armed Forces premises and/or facilities. For the temporary placement and installation on said unbuilt premises of the prefabricated mobile one- or two-storey structures that will host the aforementioned Treatment Units, of a surface area of up to 200 sq.m., no building permit shall be required.

These Units shall administer such approved substitution drugs and/or other approved medicinal substances for the overall pharmaceutical management of drug dependence as defined in the relevant provisions and in accordance with the operating framework and the terms of reference of OKANA Treatment Units.

The aforementioned buildings and/or unbuilt premises shall be made available pursuant to this ministerial decision, to be enforced immediately, fully and faithfully, and properly implemented, upon a formal request in writing by OKANA to this effect and without prior notice. The partnership between Hospitals and OKANA may be based on a concession contract or be informal, for indefinite time and free of charge.

OKANA shall arrange for the maintenance of any buildings made available, on its own responsibility and at its own expense.

OKANA shall bear the full responsibility for the establishment, administrative organisation, management, operation, recruitment, training and staffing of the aforementioned OKANA Treatment Units with the necessary medical, nursing, therapy, administrative and other staff, as well as for policy-making, activity programming and supervision of the work thereof. The operating expenses of these Units shall be chargeable to the budget of OKANA.

Hospitals undertake, through their existing departments: a) to meet the needs of OKANA drug-dependent patients for specialist medical examinations, insofar as such medical specialties are not provided for by OKANA Establishment Plan or the posts remain vacant, b) to meet the health care needs of OKANA drug-dependent patients, c) to administer drugs for the management of physical or mental health problems of OKANA drug-dependent patients, other than the drugs required for the pharmaceutical management of dependence which are administered by OKANA, and d) to execute prescription orders signed by OKANA medical staff and incorporated in the health booklets of OKANA drug-dependent patients who have no health insurance coverage and are entitled to free medical care, when such prescription orders are presented to Hospital Dispensaries.

Upon request of OKANA, should its medical staff be insufficient to meet the needs of the aforementioned Treatment Units, physicians on the list of ancillary physicians kept by the Ministry of Health and Social Solidarity may be placed. Ancillary physicians shall sign contracts with OKANA and shall be paid from its budget.

List of NHS Hospitals, Urban Health Centres run by the Social Security Foundation (IKA-ETAM), Military Hospitals, and Armed Forces premises and/or facilities where OKANA Treatment Units are to be placed, installed, established, relocated and operate.

Thirty-four Units to be established in Attica, 11 in Thessaloniki, and 51 in the rest of Greece.

Law 4058/2012: Provision of security services by armed guards on commercial ships and other provisions (566208)

Article 41
Arrangements concerning NHS Hospitals, Health Centres and OKANA

NHS hospitals, Health Centres in insular, mountainous and remote areas and the Organisation against Drugs (OKANA) may, when faced with staff shortages, meet their staff needs and ensure the proper operation of OKANA Treatment Units by collaborating with psychiatrists, general practitioners, internists, psychologists, social workers and nurses, who shall issue invoices for services. The relevant expense shall be covered with own resources.

Ministerial decision 27677/C7 (Government Gazette B 507 2011): Organisation and operation of Secondary Education classes at 18 ANO Drug Dependence Treatment Unit (540686)

This Ministerial Decision provides for:

The organisation and operation of secondary general and vocational education classes on subjects and specialties covered through home schooling, in accordance with the law in effect, on the premises of 18 ANO Drug Dependence Treatment Unit, so as to enable students to sit the relevant exams in order to obtain the school leaving certificate.

Such classes shall be attended by former or recovering drug users who are in the last phase of the 18 ANO drug-free treatment programme, provided that 3 years have elapsed since they last enrolled in a secondary school.

The classes shall operate under the auspices of a five-member committee, in charge of developing the curriculum, selecting the teachers as provided for in the ministerial decision and informing them about the specificities of their students.

Before the end of the school year, the operation of the classes shall be evaluated by the supervising committee, the teachers, the students and the therapists, and the relevant report shall be drafted by the scientific officer of 18 ANO Drug Dependence Treatment Unit.

18 ANO Drug Dependence Treatment Unit shall notify the competent authorities of the operation of such classes in a timely manner.

The list of subjects and the syllabus are attached.

Ministerial decision 153789/C7 (Government Gazette B 65 2011): Secondary education classes for Social Reintegration clients of 18 ANO Drug Dependence Treatment Unit (534676)

Establishment of secondary education classes for Social Reintegration clients of 18 ANO who wish to obtain a leaving certificate.

A. Operation of secondary education classes on the premises of 18 ANO Drug Dependence Treatment Unit, in the framework of home schooling.

B. The Ministry of Education shall be responsible for the organisation and the operation of the classes, as well as for the recruitment and employment of teachers.

Ministerial decision 6/98553 (Government Gazette B 2176 2011) Allocation of fines under law 3459/06 (Art. 44) on drugs (558414)

All revenue from fines, conversions of penalties or confiscations imposed for Chapter D offences, law 3459/06 “Code of laws on drugs”, shall be entered only under Revenue Code Number 3722 of the state budget.

The amounts collected under the aforementioned Revenue Code Number shall be allocated, through the state budget, to the Ministry of Health and to the Ministry of Justice by 65% and 35%, respectively.

The appropriations shall be equal to the amount collected during the previous financial year, based on available estimates, and any differences from previous years shall be netted. On a proposal of OKANA, such appropriations shall be used by the co-competent Ministries to fund actions in response to drugs.

Ministerial decision 39bis (Government Gazette B 1002 2012): Arrangements to limit the spread of infectious diseases (568615)

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

For these diseases, it introduces the screening of undocumented migrants and asylum-seekers.

More specifically, it imposes in principle the obligation for health testing and hospitalisation or medical treatment, as the case may be (including directly observed treatment, if indicated), of those suffering from the *aforementioned* diseases, *and/or quarantine*. To this effect, the relevant recommendations of the World Health Organisation (WHO), the European Centre for Disease Prevention and Control (ECDC) and the US Centre for Disease Control and Prevention (CDC) apply. Immunization coverage is determined by the National Vaccination Committee in co-operation with the Hellenic Centre for Disease Control & Prevention.

In any case, all international legal instruments on the protection of human rights and civil liberties apply, as well as the Hellenic Constitution, the ECHR and international conventions and protocols in the field of human rights the country has acceded to.

For HIV, HBV, and HCV, in particular, there shall be special screening of drug injectors and sex workers who are not holders of the required health booklet.

Should a sex worker be a trafficking victim, the relevant services of the Hellenic Centre for Disease Control & Prevention and the Police shall be notified immediately.

The Ministerial Decision designates the Hellenic Centre for Disease Control & Prevention as the competent authority, providing know-how and defining the testing procedure for migrants, in accordance with the existing international instruments.

Comprehensive programmes for groups at-risk, including drug injectors, are to be prepared.

Information to treatment and care providers is also provided for.

Undocumented immigrants who have been tested for the aforementioned diseases, provided they do not suffer from them or have been cured, shall be provided with a health certificate issued in accordance with the instructions of the Hellenic Centre for Disease Control & Prevention, stating: a) nationality, b) surname, name, father's name, c) exact date and year of birth, d) photograph, e) fingerprints, f) home address or place of residence. This measure shall enter into force three months after the ministerial decision has entered into force.

The Ministerial Decision bans exercising professions for which a health certificate is required without one.

The Ministerial Decision also sets out standards for living areas and the obligations of users, tenants and landlords.

Presidential decree 67/2011: Organisation of the services of the Harbour Police Corps – Hellenic Coast Guard (545485)

The Narcotics and Smuggling Directorate is responsible for cases of dealing, trafficking in, and use of, narcotic drugs and other psychotropic substances, drug-related financial crimes, and for the persecution of crimes such as illicit import/export of goods and other products. The Directorate coordinates, supports and oversees the work of the regional services of the Harbour Police Corps and the Hellenic Coast Guard in these areas and ensures co-operation with the relevant services and agencies, both Greek and foreign ones, and with international and EU organisations.

Ministerial decision 104830 (Government Gazette B 3115 2011): Amending MD 149020/99 (Drug Dependence Treatment Centres for Prisoners) (560547)

Paragraph 4 indent 5 is replaced as follows: "The individuals to be admitted to the Centre for the first phase of the programme shall be selected by an *ad hoc* three-member panel, made up of: a) the public prosecutor having territorial jurisdiction (for enforcing sentences or over the prison), b) the Director of the Drug Dependence Treatment Centre and, c) the psychiatrist or the psychologist of the Drug Dependence Treatment Centre or, in case of lack of a specialist, the most senior social worker."

Ministerial decision 16445/530 (Government Gazette B 2543 2011): Amending MD 200064/15-03-2007 OAED New jobs subsidy schemes (557054)

The subsidy schemes implemented by virtue of the joint ministerial decisions 200064/15-03-07 and 20537/752/18-10-2010, under which people with special needs were placed for employment in local and regional authorities' enterprises which merged or were wound-up and liquidated, may continue in every beneficiary municipality or municipal public body or municipal public service enterprise or in the regional service or regional enterprise which takes over the tasks of the wound-up enterprise. People with special needs to be transferred to municipal services or municipal public bodies or to regional services shall be employed in services exercising public power, not economic activity.

The aforementioned bodies and enterprises that continue the implementation of such schemes shall be subsidised from the date of transfer of the employees and for the remaining period of time, until the total subsidised period (36 months) has been completed.

Ministerial decision 16446/531 (Government Gazette B 2543 2011): Complementing MD 20537/752/18-10-2010 OAED New jobs subsidy schemes (557053)

Bodies delivering non-commercial public-interest services, i.e. the Hellenic Centre for Disease Control & Prevention, the Therapy Centre for Dependent Individuals (KETHEA), the Organisation against Drugs (OKANA), the Attica Psychiatric Hospital, and the Thessaloniki Psychiatric Hospital, do not fall within the scope of community law (both primary and secondary) on the prohibition of state aid.

Decision 555 (Government Gazette B 139 2011): Devolution of powers to the Deputy Secretaries General of the regional entities of Magnesia & Sporades, Trikala, and Karditsa (535668)

The following powers are transferred to the Deputy Secretaries General of the regional entities of Magnesia and Sporades, Trikala, and Karditsa, for the respective regional entities:

The power to grant and withdraw authorisations to engage in health professions; to grant licences to establish and operate private clinics, private welfare enterprises, private medical practices, private dental practices, private laboratories and all sorts of private health care and welfare practices; to grant licences to establish and operate primary health care entities, based on a feasibility study; to oversee medical, dental and pharmaceutical associations; to grant licences for the establishment and operation of private mental health units; to impose sanctions on medical and dental practitioners, in accordance with the law; to impose sanctions on medical and dental practitioners who prescribe narcotic drugs on a plain prescription pad, as well as on pharmacists who execute such prescriptions; to place doctors in hospitals for specialist training and to issue evidence of formal qualifications in specialised medicine, either from Greece or from other EU countries; to grant licences for the operation of Slimming Centres, on a proposal of the competent committee established at the seat of the regional entity.

To prepare and implement public health programmes; to protect the health of travellers and safeguard public health; to immunize the travelling population; to supply preventive pharmaceutical treatment, such as chemoprophylaxis; to provide information and instructions about disease management, water and food consumption, infectious disease epidemics in various countries, and measures to be taken to prevent infection.

To prepare and implement, in co-operation with the competent Ministry and the relevant bodies, preventive medical and dental care programmes, preventive mental health programmes, social reintegration and de-institutionalisation programmes for chronic psychiatric patients, programmes for the prevention of substance addiction, treatment programmes for alcohol and drug abuse, behavioural addiction or dependency.

1.2.2. Legal instruments concerning pharmaceutical preparations

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

Decision to include the proprietary medicinal product Buprenal - Viogen (0.4mg/tab, 2mg/tab and 8mg/tab tablets, containing the active ingredient Buprenorphine Hydrochloride) in Table D, law 3459/2006 on narcotic drugs.

The dispensation of this product shall be carried out in accordance with the provisions of Art. 22 (2) law 3459/2006.

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

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

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

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

Ministerial decision 121296 (Government Gazette B 3194 2011): Proprietary medicinal products regulated by law 3459/2006 on narcotic drugs (566291)

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

Ministerial decision 34912 (Government Gazette B 3170 2011): Identification of prohibited substances and doping methods within the meaning of Articles 128B and 128C, law 2725/1999 (560938)

Identification of prohibited means (substances and methods), within the meaning of Articles 128B and 128C law 2725/1999, which may artificially alter the sporting mood, ability or performance of an athlete or mask such an alteration.

The list of prohibited substances for the year 2012 includes the following categories: anabolic agents, peptide hormones, growth promoters and relevant substances, glucocorticosteroids, agonists, hormonal and metabolic modifiers, diuretic and other masking agents, and stimulants.

As far as narcotics are concerned, the following substances are included: buprenorphine, dextromoramide, diacetylmorphine - diamorphine (heroin), methadone, morphine, pentazocine,

oxycodone, pethidine, hydromorphone, fentanyl and its derivatives, oxymorphone, and cannabinoids [natural cannabis (cannabis, hashish, marijuana), synthetic Delta-9-tetrahydrocannabinol (THC), and cannabimimetic agents (e.g. Spice)].

Ministerial decision 61549 (Government Gazette B 1105 2011) Proprietary medicinal products regulated by law 3459/06 – terms of dispensation (553323)

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

Ministerial decision 48299 (Government Gazette B 1105 2011): Proprietary medicinal products regulated by law 3459/06 on narcotic drugs (553322)

Decision to include the proprietary medicinal product Pharmacy Cold and Flu Night Capsules (caps containing the active ingredients Paracetamol, Pseudoephedrine Hydrochloride, Pholcodine and Diphenhydramine Hydrochloride) in Table GS, law 3459/2006 on narcotic drugs.

Ministerial decision 47477 (Government Gazette B 1040 2011): Proprietary medicinal products regulated by law 3459/06 on narcotic drugs (543773)

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

Ministerial decision 47476 (Government Gazette B 1040 2011): Setting new sales prices for narcotic drugs under state monopoly (543772)

Decision to set new sales prices for narcotic drugs under state monopoly, following the opinion No 1/08-02-2011 of the Narcotics Committee, as follows:

- Pethidine hydrochloride ampoules 0.100 gr (€ 0.55 / ampoule).
- Pethidine hydrochloride ampoules 0.050 gr (€ 0.40 / ampoule).
- Morphine hydrochloride ampoules 0.010 gr (€ 0.30 / ampoule).
- Morphine hydrochloride ampoules 0.015 gr (€ 0.23 / ampoule).
- Cocaine hydrochloride powder (€ 13.40 / gr).
- Morphine hydrochloride powder (€ 2.80 / gr).
- Pethidine hydrochloride powder (€ 1.70 / gr).
- Opium powder (€ 2.40 / gr).

The aforementioned prices of narcotic drugs under state monopoly are subject to the VAT rate in effect.

Ministerial decision 33402 (Government Gazette B 695 2011): Proprietary medicinal products regulated by law 3459/06 on narcotic drugs (541900)

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

Ministerial decision 33399 (Government Gazette B 695 2011): Proprietary medicinal products regulated by law 3459/06 on narcotic drugs (541899)

Decision to include the proprietary medicinal product Hypnonorm (10mg/tab tablets containing the active ingredient Zolpidem Hemitartrate) in Table D, law 3459/2006 on narcotic drugs.

Ministerial decision 33401 (Government Gazette B 475 2011): Proprietary medicinal products regulated by law3459/06 on narcotic drugs (538534)

Decision to include the proprietary medicinal product Remifentanil/Kabi 1mg, 2mg, 5mg, (powder for concentrate for solution for injection or infusion 1mg/vial, 2mg/vial, 5mg/vial), intended for hospital use, in Table C, law 3459/2006 on narcotic drugs.

Ministerial decision 3566 (Government Gazette B 271 2011): Substance regulated by law 3459/06 on narcotic drugs (536886)

Decision to include the substance Mephedrone in Table A, Art. I(2), law 3459/06 on narcotic drugs.

1.2.3. Transnational agreements

Law 3963/2011: China: Co-operation agreement in combating crime (540478)

Law ratifying and enacting in accordance with Article 28 (1) of the Constitution the Agreement between the Government of the Hellenic Republic and the Government of the People's Republic of China concerning cooperation in combating crime, especially terrorism, illicit drug trafficking and organised crime, signed in Beijing on June 5, 2007.

The Government of the Hellenic Republic and the Government of the People's Republic of China, hereinafter referred to as "the Parties", expressing their willingness to strengthen and improve the already existing friendly and co-operative relations between the two States, as well as their concern about the danger of the spreading international organised crime, agreed to co-operate and provide mutual assistance in the following fields:

- fighting against international terrorism
- fighting against organised crime
- fighting against illicit cultivation, production and trafficking in narcotic drugs, psychotropic substances and precursors

- fighting against illicit activities concerning weapons, including biological, chemical and radiological weapons, guns and ammunition, explosives, nuclear and radioactive material as well as poisonous substances
- fighting against smuggling and international financial crime and legalisation of proceeds (money laundering) from criminal activities
- fighting against illegal migration and illicit trafficking in human beings
- fighting against forgery and counterfeiting of any kind of documents
- fighting against counterfeiting and forgery of banknotes, credit cards, securities and other valuable items
- fighting crime against human life, health, freedom and sexual integrity
- fighting crime against property and especially theft and illicit trafficking in vehicles
- search for missing persons and persons who have committed crimes within the territory of the other Party, as well as identification of corpses, under the territorial jurisdiction of each Party
- fighting against illicit trafficking in historical and cultural artefacts, valuable stones and metals, as well as other valuable items
- improving methods and means of maintaining and restoring public order and handling crisis situations, such as hijacking, kidnapping, etc.
- training and education of police officers
- co-operation in cultural, sporting and social fields through the exchange of police delegations.

The Parties shall co-operate in other areas concerning criminality in general, prevention of crime and maintenance of public order, provided there is mutual interest therein.

Law 3935/2011: Serbia: Co-operation agreement in combating crime (537938)

Law ratifying and enacting in accordance with Article 28 (1) of the Constitution the Agreement between the Government of the Hellenic Republic and the Government of the Republic of Serbia concerning cooperation in preventing and combating crime, especially in its organised forms, signed in Athens on October 17, 2008. The two Governments expressed their willingness to strengthen and improve the already existing friendly and co-operative relations between the two States, as well as their concerns about the danger of spreading international organised crime, and agreed to co-operate and provide mutual assistance in similar fields as in the aforementioned *Law 3963/2011: China: Co-operation agreement in combating crime (540478)*

The Contracting Parties shall co-operate in other areas concerning prevention and suppression of criminality in general provided there is mutual interest.

Law 3936/2011: Ratification of the agreement between the Government of the Hellenic Republic and the Government of the Republic of Cyprus concerning security and police cooperation matters (537936)

Law ratifying and enacting in accordance with Article 28 (1) of the Constitution the Agreement between the Government of the Hellenic Republic and the Government of the Republic of Cyprus concerning security and police cooperation matters, signed in Nicosia on December 3, 2007. The

two Governments, considering their obligations under their capacities as Member States of the European Union and without prejudice to their commitments under bilateral or multilateral agreements with third countries, recognise the mutual benefits from police co-operation in the field of security, prevention and fight against crime, and agree to co-operate in similar fields as in the aforementioned *Law 3963/2011: China: Co-operation agreement in combating crime (540478)*

1.3. National action plan, strategy, evaluation and coordination

The fact that the Code of drug laws which was introduced in 2011 never reached the parliament, left a gap in the coordination arrangements and the drafting of a new Action Plan. This is because the bill would establish the legal framework for the National Coordinator and the Committee that would be responsible for the Action Plan. In 2012, as mentioned before, the bill is reintroduced and is expected to be submitted to the Parliament before the end of the yar. Coordination arrangements have not substantially changed in this new bill.

1.4. Economic analysis

The expenditures of demand reduction agencies is presented and analysed in Chapter 12: **Recent trends of drug-related public expenditures and drug services**

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

2.1. Technical notes

The national Focal Point collects and presents yearly the latest available survey data on illicit drug use in the general, school and specific populations in Greece. Data are collected within the framework of the implementation of the GPS Indicator.

General population data based on probabilistic sampling have been available at almost regular intervals (every 5 years) already since the mid-1980s from the surveys conducted first by the Psychiatric Clinic of the Athens University Medical School and later by the UMHRI. Moreover, the methodology of the latest survey conducted by UMHRI in 2004 was fully harmonised with the EMCDDA standards for surveys (see www.emcdda.europa.eu/themes/key-indicators/gps), thereby permitting comparability between the situation in Greece and the situation in other European countries. It is noted, however, that since 2004 there has been no repeat survey of a representative general population sample.

Surveys of the school population have been conducted without fail since 1984, first by the Psychiatric Clinic of the Athens University Medical School and later by UMHRI. Since the late 1990s, school population surveys have been harmonised with the methodological protocol of the European School Survey on Alcohol & Other Drugs project (ESPAD survey) and have been conducted at regular four-year intervals. Additionally, UMHRI conducts in Greece every four years the Nationwide Health Behaviour Survey in Adolescents under the international project Health Behaviour in School-aged Children (HBSC/WHO collaborative survey), which also provides data on the prevalence of illicit drug use among 15-year-old students.

2.2. Recent developments

In 2011, data collection for the 'Nationwide school population survey on substance use' was completed. The survey is conducted at four-year intervals by the UMHRI in the context of the ESPAD survey. The 2011 survey was funded by OKANA and was conducted with the participation of the drug prevention centres run by OKANA/local authorities. The survey results were published in 2012.

Since 2004 there has been no repeat of the general population survey.

2.3. General population

No new data is available on the drug use in the general population in Greece. The last data available is from 2004 and can be found in earlier national reports of the Focal Point.

2.4. Student population

New data on the use of drugs among the student population is available through the 'Nationwide school population survey on substance use' conducted by UMHRI at four-year intervals. As of 2003 the student population survey is conducted in the context of the ESPAD survey, with the methodology of which is fully compatible. The last survey was completed in 2011 and involved a nationwide representative sample of 37 040 students aged 13-19 from 676 schools.

2.4.1. Current situation (2011)

Lifetime use

According to the most recent data (2011):

Any illicit drug use[1]: almost one in every 6 students aged 15-19 (15.3%) have used an illicit drug at least once in their lifetime. Twice as many male (21.1%) than female students (9.4%) have used drugs in their lifetime. Drug use increases with age: lifetime prevalence increases from 7.4% at the age of 15, to 21.9% and 40.2% at the ages of 18 and 19, respectively. Drug use is significantly higher in the cities of Athens and Thessaloniki (19.3% and 19.4%, respectively) compared to the other areas (12.0%) (Table 2.1).

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

Recent and current use

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

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

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

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

DATA: Nationwide school population survey on substance use, 2011.
SOURCE: University Mental Health Research Institute, 2012

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

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

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

DATA: Nationwide school population survey on substance use, 2011.
SOURCE: University Mental Health Research Institute, 2012

Use 1-2 times and repeated use

More students have repeated cannabis use (3 times or more; 7.8%) than they have only used 1-2 times (5.6%). Boys repeated cannabis use in significantly higher proportions compared to girls (11.1% and 4.4%, respectively). Repeated cannabis use (as opposed to 1-2 times use) increases after the age of 16. Finally, students in Athens and Thessaloniki repeat cannabis use in significantly higher proportions compared to other areas (10.6%, 11.1%, and 5.4%, respectively) (Table 2.2).

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

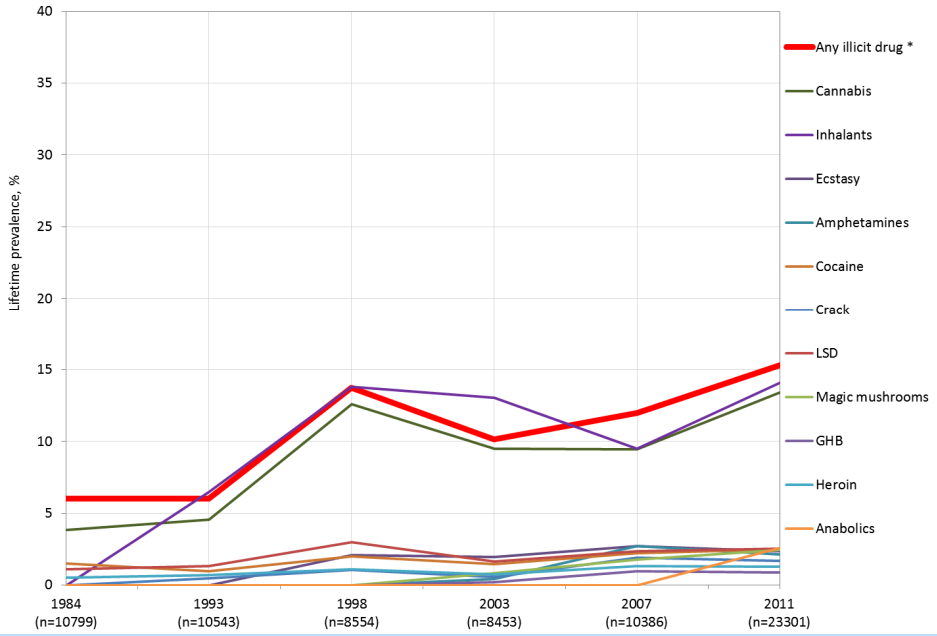
Lower secondary school students aged 13-14 (mean age 13.5; standard deviation 0.5 years) were also asked for drug use in the 2011 survey. 1.7% reported lifetime use of cannabis (1.1% 1-2 times and 0.6% repeated use in 3 or more times); 5.8% reported use of inhalants and 1.0% use of ecstasy. Drug use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

2.4.2. Time trends

Overall trends

Despite variations, the overall 27-year trend in the prevalence of lifetime use of any illicit drug is an increasing one. Between 1984 and 2011, lifetime use has been more that doubled (6.0% in 1984 and 15.3% in 2011) (Figure 2.1).

Figure 2.1. Trends in lifetime prevalence of substance use among 15 to 19-year-old students in Greece, by substance (Nationwide school population survey on substance use)



DATA: Nationwide school population survey on substance use, 1984, 1993, 1998, 2003, 2007, and 2011.
SOURCE: University Mental Health Research Institute, 2012
* The 'any illicit drug' category includes: cannabis; heroin; LSD; cocaine; crack; amphetamines; ecstasy; magic mushrooms; and

Lifetime prevalence almost tripled among boys (7.8% and 21.1%, respectively), 18-year-olds (8.5% and 21.9%, respectively), 19-year-olds (14.6% and 40.2%, respectively), and among the students in Athens (6.5% and 19.3%, respectively) and Thessaloniki (5.5% and 19.4%, respectively) (not shown in Figure). Statistically significant increases are observed in all substances; however the lifetime

prevalence of substances other than cannabis and inhalants remained low (below 3% all the period between 1984 and 2011) (Figure 2.1).

Recent trends

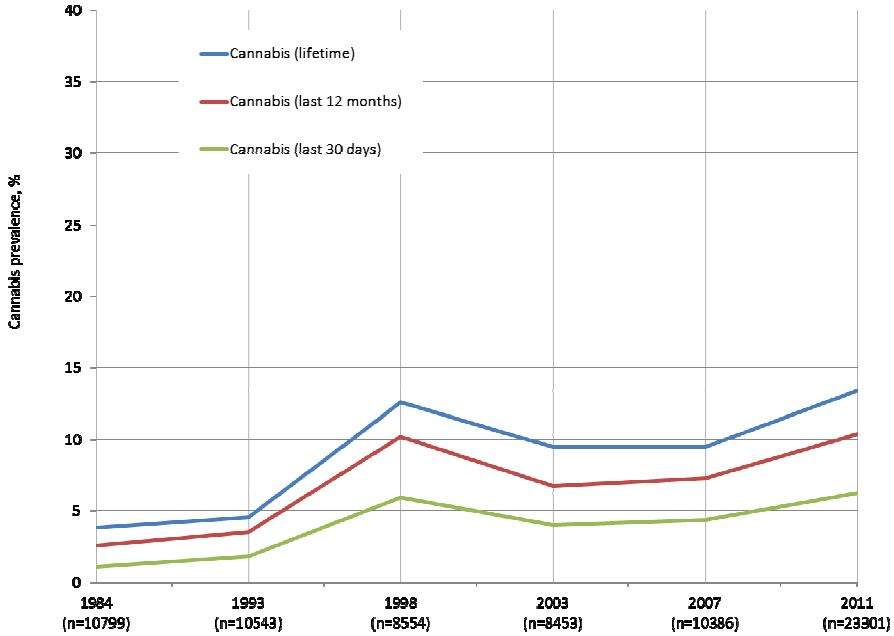
Significant increases have been observed in the last 4 years (2007-2011) in the lifetime use of (Figure 2.1):

- Any illicit drug (except for 15, -16, and 17-year-olds and in other areas).
- Cannabis (except for 15-and 16-year-olds)
- Inhalants (except for the15 -and 19-year-olds)
- Magic mushrooms (all and only among 15-year-olds, girls and in Athens).
- No significant increases were observed in anyone of the other substances measured.

In addition, significant increases have been observed in the last 4 years (2007-2011) in the:

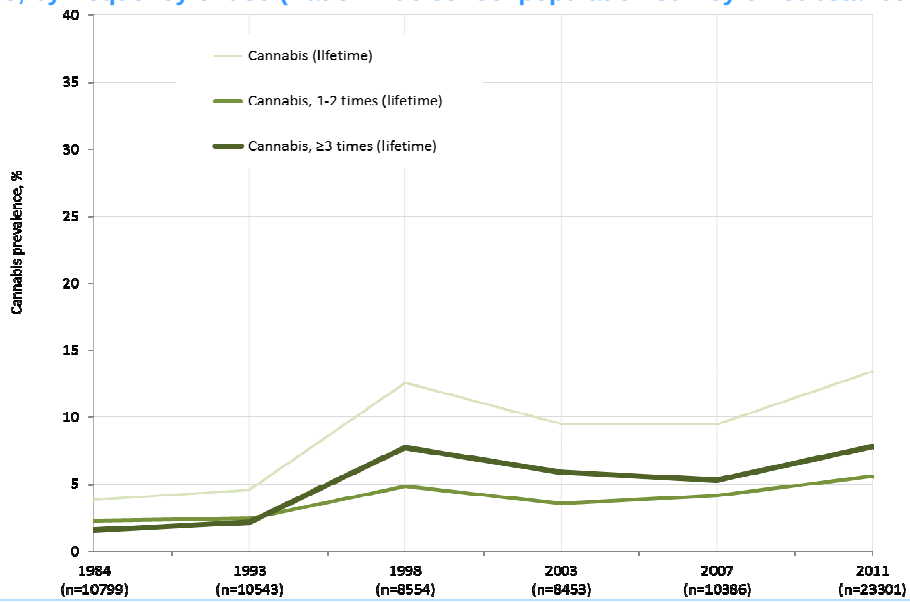
- Recent cannabis use (except for 15-and 16-year-olds) (Figure 2.2)
- Current cannabis use (except for 15, -16, -17 and 19-year-olds) (Figure 2.2)
- 1-2 times use (all and only among girls, 18-year-olds, and in Athens and Thessaloniki) (Figure 2.3)
- Repeated use of cannabis (except for the 15-and 16-year-olds) (Figure 2.3).

Figure 2.2. Trends in the prevalence of cannabis use among 15 to 19-year-old students in Greece, by time period of use (Nationwide school population survey on substance use)



DATA: Nationwide school population survey on substance use, 1984, 1993, 1998, 2003, 2007, and 2011.
SOURCE: University Mental Health Research Institute, 2012

Figure 2.3. Trends in the prevalence of cannabis use among 15 to 19-year-old students in Greece, by frequency of use (Nationwide school population survey on substance use)



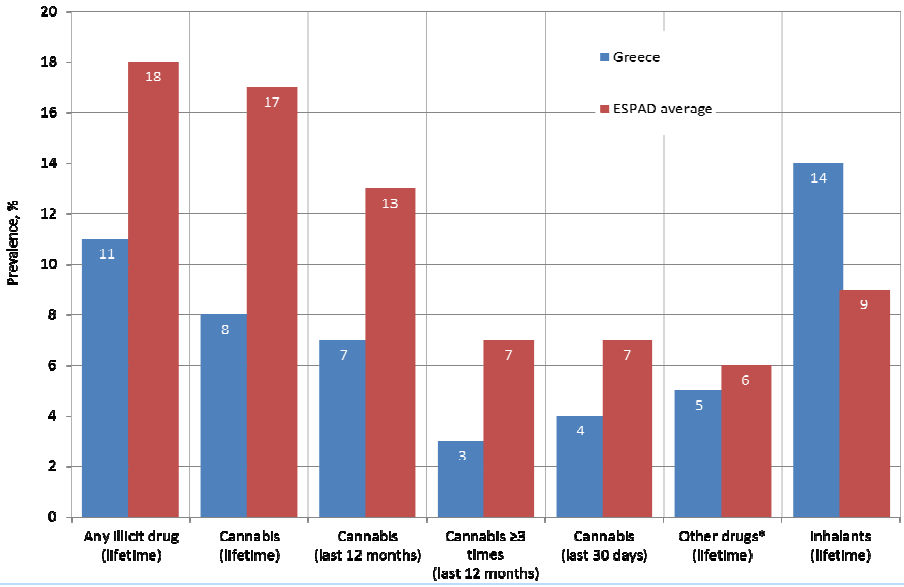
DATA: Nationwide school population survey on substance use, 1984, 1993, 1998, 2003, 2007, and 2011.
SOURCE: University Mental Health Research Institute, 2012

2.4.3. Greece compared to other countries

Significantly lower prevalence of drug use is observed in Greece compared to most of the other countries in the European region.

ESPAD international research program

Figure 2.4. Lifetime prevalence of substance use among 16-year-old students in Greece and in the ESPAD countries (average), by substance



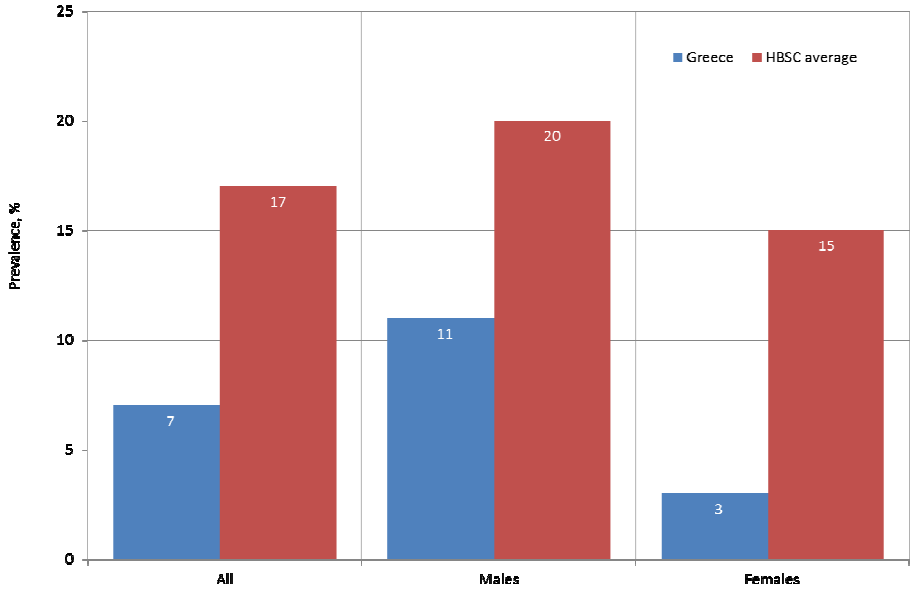
DATA: European School Population survey of Alcohol & other Drugs, ESPAD 2011.
SOURCE: Hibell et al, 2012

Based on the most recent data (2011) of the ESPAD international research program for the 16-year-olds, Greece shows lower prevalence rates in the lifetime use of all types of drugs compared to the ESPAD average. The only exception are inhants (higher in Greece), and the use of drugs other that cannabis (no difference in Greece) (Figure 2.4).

HBSC/WHO international collaborative study

Based on the most recent data (2009/2010) of the international HBSC/WHO collaborative study, the lifetime prevalence of cannabis use among 15-year-old students in Greece is significantly lower in Greece compared to the HBSC/WHO countries' average (Figure 2.5).

Figure 2.5. Lifetime prevalence of cannabis use among 15-year-old students in Greece and in the HBSC/WHO countries (average)



DATA: Health Behaviour in School-aged Children, HBSC/WHO collaborative study 2009/2010.
SOURCE: Currie et al, 2012

CHAPTER 3. PREVENTION

3.1. Introduction

3.1.1. Background information: Main drug prevention services in Greece

Drug prevention in Greece is mostly delivered by the nationwide[2] network of **71 Prevention Centres for Addiction and Psychosocial Health Promotion established by OKANA in cooperation with local authorities and local stakeholders** (hereinafter Prevention Centres). Their activities include not only drug prevention, rather the focus is on prevention of all kinds of addiction and risk behaviours in view of further strengthening psychosocial health promotion.

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

Furthermore, prevention interventions are implemented by other drug-specialised or health services[3], etc., that are active *inter alia* in the field of drug prevention.

3.1.2. Data collection tools / Data sources

Data on prevention interventions implemented in Greece mostly derives from the Greek REITOX FP's monitoring system, which has been established in order to collect and disseminate reliable and comparable data on an annual basis on the prevention interventions implemented in Greece. To this effect, since 2002, the Greek REITOX FP has been using questionnaires for prevention agencies. Data on prevention interventions presented in this Chapter are mostly derived from the analysis and processing of the prevention questionnaires filled in by 65 of the 71 Prevention Centres, as well as by three agencies that are active in the field of prevention. In 2012 (for 2011 data) the Greek REITOX FP revised the prevention questionnaires in order to cover all the prevention activities (prevention interventions for school violence and aggression, prevention interventions for video games / internet addiction, etc) implemented by the Prevention Centres, as well as the other agencies, and not only drug and alcohol prevention interventions.

In addition to the prevention questionnaires designed to collect data on the interventions carried out in every reporting year, the Greek REITOX FP also gathers information from OKANA (about the latest developments in the field of prevention at the central level), the Ministry of Education

[2] The 71 Prevention Centres which are currently operational (September 2012) cover all 13 regions and 49 of the 51 prefectures of the country.

[3] Including three NGOs (**KETHEA, Hellenic Centre for Cross-cultural Psychiatry and Care** and **Hellenic Red Cross),** two state agencies **(18 ANO Dependence Treatment Unit (Attica Psychiatric Hospital)** and **ARGO Alternative Dependence Treatment Programme (Thessaloniki Psychiatric Hospital)),** one voluntary organisation **(PROTASI movement for another lifestyle)** and two church agencies **(DIAKONIA Foundation for Psychosocial Education and Support of the Archbishopric of Athens** and **ST. LUKE OF CRIMEA Health Promotion Organisation of the Holy Bishopric of Etolia and Acarnania**)

(aggregated data on HEPs and latest developments on school-based prevention), and from helpline operators (18 ANO Dependence Treatment Unit - Attica Psychiatric Hospital, OKANA and KETHEA).

3.1.3. Definitions

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

3.1.4. Main developments

An important development in 2011 was the ministerial decision that was issued, in the framework of the partnership between OKANA and the Ministry for Education, laying down the framework for the cooperation between the Ministry for Education and the Prevention Centres in the field of drug prevention and psychosocial health promotion (Government Gazette B/434/17-3-2011, decision no. 24146/G7). The decision is expected to contribute to the more systematic implementation of school-based interventions in the field of drug prevention and health education at large (http://www.okana.gr). For more details about this ministerial decision, see also 2011 NR of the Greek FP (2011).

In mid-2011, law 3966/2011 was published, after it was passed in Parliament. The law includes an article concerning the institutional framework for the operation of Prevention Centres (Government Gazette A 118/24-5-2011, law 3966/2011, article 58). In accordance with this article, the hitherto called Drug Prevention Centres shall expand the scope of their activities to include prevention of all kinds of addiction and promotion of psychosocial health, and shall be renamed “Prevention Centres for Addiction and Psychosocial Health Promotion”. For more details about this article, see also 2011 NR of the Greek FP (2011).

Furthermore, in 2011 in the framework of the joint action in the field of drugs in the Armed Forces, a Memorandum of Understanding was signed between the Ministry of National Defence and the Ministry of Health and Social Solidarity and OKANA. For more details about this Memorandum of Understanding, see also 2011 NR of the Greek FP (2011).

Moreover, an important development in 2011 was the launching of OKANA Training and Supervision Centre in order to provide training seminars in the area of drug addiction for professionals and other group (e.g. armed forces officers, journalists, members of sport associations, etc).

In 2011, OKANA renewed the three-year plans of 6 Prevention Centres, ensuring their continued operation. According to OKANA, the process has been launched for the establishment of two new Prevention Centres in the prefectures of Drama and Lassithi.

To sum up, as already mentioned in the 2011 NR of the Greek FP (2011), the year 2011 saw important policy developments in the field of drug prevention in terms of coordination at the national level following the approval and publishing of an article of law concerning the Prevention Centres' institutional operating framework, the ministerial decision issued by the Ministry of Education laying down the framework of cooperation with Prevention Centres and, last but not least, the MoU signed between the Ministry of National Defence and the Ministry of Health and Social Solidarity.

As far as prevention interventions are concerned, school-based prevention has always been a key priority for prevention in Greece, both at the policy level and at the level of practice. Prevention activities include not only drug prevention; rather the focus is on prevention of all kinds of addiction and risk behaviours in view of psychosocial health promotion. In the school year 2010-2011, there was an increase in the prevention interventions in secondary education, as there was an emphasis on drug prevention both in policy and practice levels. With regard to the framework of implementation of school-based prevention interventions, the recent ministerial decision is expected to facilitate coordination and help overcome the difficulties identified in recent years by Prevention Centres. Families are also one of the core target groups: family prevention includes information events and training programmes (parents' groups). Compared to the previous years, in 2011 parents' participation in prevention interventions, particularly information / awareness interventions, increased.

As for quality assurance of prevention interventions, a development in 2011 was the launching of OKANA Training and Supervision Centre. Nevertheless, it is important and imperative to further promote evaluation as well as quality standards in prevention.

3.2. Environmental prevention

3.2.1. Alcohol and tobacco policy context in Greece

Greece has written government alcohol and tobacco policies and legislation in place. National Action plans pertinent to, independently, alcohol and tobacco are available, both covering the period 2008-2012 (Ministry of Health, 2008a; 2008b). However, the latter have no binding force and are used mostly as reference documents. What follows refers only to legislation.

Alcohol and tobacco policies apply at the national level. Reviewing existing mostly European policies and holding expert consultations is the most common method for policy development while also in almost all policies intra-ministerial consensus is required. Changes in policy on alcohol and tobacco have been made as a response to the need to adhere to international agreements and conventions. This is particularly the case with tobacco where governments where forced to adhere - to harmonise national legislation with developing EU regulations on combating tobacco use.

Existing policies do not include definitions of alcohol use, abuse, drunkenness, binge drinking, drunk-driving or tobacco smoking nor do they make references to e.g., ICD, DSM. In addition there is nowhere in the policies reference to particular alcoholic beverages or tobacco products (except for the electronic cigarette which is explicitly mentioned in recent pieces of legislation).

In Greece the Ministry of Health is primarily responsible for developing the policy while the main responsibility for policy delivery lies also with other Ministries (such as the Interior or Justice, and Finance). There is no information available whether any monitoring system exists for the implementation of the alcohol or tobacco policies and there is also no information available the existence of an evaluation plan for policy implementation in place.

Existing legislation mostly focuses exclusively on alcohol and/or tobacco (e.g. Law 3730/2008 'Protection of minors from tobacco and alcohol'). Legislative articles pertinent to alcohol or tobacco are also included in other all-inclusive legislation. In most cases young people (under age of 18 -and 17 in the case of tobacco and alcohol, respectively) are explicitly mentioned in the legislative texts.

3.2.2. Policy on tobacco

Law foresees the ban of selling, giving for free to -and purchasing or receiving tobacco products from adolescents under age of 18. It also regulates advertising of tobacco products; bans manufacturing, selling and purchasing of products that resemble cigarettes and other tobacco products (e.g. electronic cigarettes). Smoking is banned in public indoor facilities, while also measures are foreseen to increase public awareness on tobacco use related harm; increase research and documentation on tobacco use; and prevention of the onset of tobacco use. Law also foresees the development of a national prevention action plan on tobacco (Law 3730/2008). With regard to tobacco advertisement and availability, a 2005 Joint Ministerial Decision foresaw the ban of the placement of tobacco products in shop windows or the checkout counters of retail stores, convenience stores, grocery stores and the kiosks (periptera); the ban of the advertisement of tobacco-alike products (e.g. electronic cigarettes) and advertisement of tobacco products in health and educational services/facilities; ban messages in tobacco products labelling that may downgrade the harm related to tobacco use; and ban of advertising of tobacco and tobacco related products in audio-visual broadcasting channels (TV, radio) (Joint Ministerial Decision 81348/2005).

3.2.3. Policy on alcohol

Alcohol policy in Greece concerns three areas: ban of selling alcohol to adolescents under age 18; ban of driving under the influence of alcohol, and qualitative control of alcohol production. With regard to driving, the national maximum legal blood alcohol concentration when driving a vehicle is 0.05% for the general population and 0.02% for the young -and the professional drivers (Joint Ministerial Decision 43500/5691/2002). The implementation of breathalyser tests by the traffic police on the main roads is scattered, while they alcohol testing intensifies during weekends and during national holidays (e.g. Christmas). Breathalyzer test are nonetheless conducted at the scenes of road accidents. With regard to minors, the most recent piece of legislation (Law 3730/2008) bans the entry and stay of adolescents under age 18 in bars, clubs, etc where alcohol can be bought and used and the consumption of alcohol by minors. According to the Action plan (Ministry of Health and Social Solidarity, 2008, p.26) this measure is not implemented effectively. Law 3730/2008 also foresees the development of nationwide research on prevalence and the factors and consequences of alcohol consumption from minors, and the development of a national prevention plan for alcohol (p. 42).

3.3. Universal prevention

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

3.3.1. Universal school-based prevention

Major emphasis is placed on prevention interventions in the school setting. School-based prevention has always been a key priority for prevention in Greece, both at the policy level and at the level of philosophy and the principles of Prevention Centres and of the other agencies that are active in the field of prevention.

In addition to drug prevention, Prevention Centres also implement interventions in the school setting for alcohol prevention, for smoking prevention, for school violence and aggression, for video games/internet addiction, as well as interventions in order to promote psychosocial health.

Prevention interventions at nursery schools and kindergartens

The Prevention Centres, as well as other agencies that are active in the field of prevention, emphasise the role of prevention in this level of education. Their prevention activities mainly consist of seminars for teachers, in order to inform them and to raise their awareness of the key developmental characteristics of the preschool age children, the main concepts of prevention and the role of the teacher, and to support them in their role as educators. In 2011, training seminars were held with the participation of 90 teachers from 30 nursery schools and kindergartens.

Prevention interventions in primary and secondary education

Prevention in **primary and secondary education** encompasses programme-based interventions either (a) in the context of the HEPs of the Ministry of Education, or (b) interventions designed and delivered by the Prevention Centres, as well as by other agencies active in the field of drug prevention, in cooperation with local schools.[4]

Prevention interventions in primary education are usually implemented during the so-called ‘flexible zone’ of the school timetable or become part of the optional afternoon programme in ‘all-day’ schools, while in secondary education interventions are implemented outside school hours.

[4] For a brief summary regarding the context of prevention in primary and secondary education, for more information about the context of HEPs as well as for a brief description of the multi-session standardised printed programmes used in drug prevention, please SQ 25 submitted to EMCDDA in September 2010.

Regarding the interventions addressed to students under the HEPs.[3] The key principles for the implementation of HEPs are summarised as following. The implementation of HEPs first started in secondary education in the school year 2000-2001 and was extended to cover primary education in 2001-2002. In addition to drug prevention, HEPs cover a broad range of topics, such as diet and nutrition, gender relations, STDs, interpersonal relationships / mental health, etc. HEPs are of a duration of at least 5 months and they consist of one- or two-hour sessions on weekly basis. Although HEPs are mainly delivered by teachers, there are some cases where interventions are implemented by prevention professionals of Prevention Centres and of other agencies active in drug prevention. Moreover, according to the Ministry of Education, the implementation of HEPs on drug prevention is based on multi-session standardised printed programmes on drug prevention.[3]

In order to enhance its HEPs, the Ministry of Education cooperates with governmental and non governmental organisations (i.e. Prevention Centres as well as other agencies active in drug prevention) for the purpose of teacher training and support and/or HEP implementation. According the 2011 ministerial decision (see 3.1.4), Prevention Centres support the design and the implementation of HEPs on drug prevention and on psychosocial health education. In this context, Prevention Centres carry out: a) training seminars to help teachers implement HEPs, and b) supervisory sessions to support teachers who implement HEPs.

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

In addition, outside the purposes of HEPs, the Prevention Centres as well as other agencies, organise teacher training seminars and support sessions in order to inform teachers and raise their awareness of prevention and the role of the school and the teacher in prevention, support them in their role as educators and mainstream prevention in school.

Regarding data for the school year 2010-2011, school-based prevention interventions addressed to primary and secondary students in this school year were delivered to a total of 13 167 students from 418 elementary schools and 37 570 students from 1 012 high schools (Table 3.1). Out of this total school-based prevention, drug prevention interventions were implemented to a total of 6 301 students from 228 primary schools and 23 416 students from 637 secondary schools.

Compared to the total school population of the country, only a small share of schools, teachers and students were involved in drug prevention (either in the context of HEPs of the Ministry of Education or outside the context of HEPs). More specifically, in the school year 2010-2011, in primary education 1.99% of the schools and 0.79% of the country's students participated in drug abuse prevention interventions. The figures for secondary education are 16.01% and 3.39%, respectively (Table 3.1).

Compared to the previous school year (2009-2010), in the school year 2010-2011 the coverage of drug prevention interventions remained at low levels in primary education (2.7% of the primary schools and 1% of the student population were involved in drug prevention in the school year 2009-2010, see 2011 NR of the Greek REITOX FP, 2011). On the other hand, in secondary education there was an increase in drug prevention interventions in the school year 2010-2011 compared to

the previous school year, as in that school year there was an emphasis on drug prevention both in policy and practice levels (in the school year 2009-2010, 10.2% of the secondary schools and 2.3 of the student population were involved in drug prevention, see 2011 NR of the Greek REITOX FP, 2011).

Table 3.1. Universal prevention interventions for students in primary and secondary education in the school year 2010-2011

	Primary education		Secondary education	
	Number of schools	Number of students	Number of schools	Number of students
Drug prevention interventions *(incl. HEPs and interventions implemented by Prevention Centres and other*	228	6 301	637	23 416
Alcohol prevention interventions *(incl. HEPs and interventions implemented by Prevention Centres and other*	60	2 120	312	9 278
Smoking prevention interventions	34	1 080	15	897
Smoking and alcohol prevention interventions	2	65	12	836
Prevention interventions for school violence and aggression	18	1 299	7	295
Prevention interventions for video games/internet addiction	30	936	13	1 600
Prevention interventions in the context of mental health promotion	46	1 366	16	1 248
Total	**418**	**13 167**	**1 012**	**37 570**
School population (National Statistical Service 2012)	11 444	801 101	3 978	691 556
% of drug prevention interventions implemented compared to the total school population	1.99	0.79	16.01	3.39
% of prevention and mental health promotion interventions implemented compared to the total school population	3.65	1.64	25.44	5.43

SOURCE: Greek REITOX Focal Point, 2012.

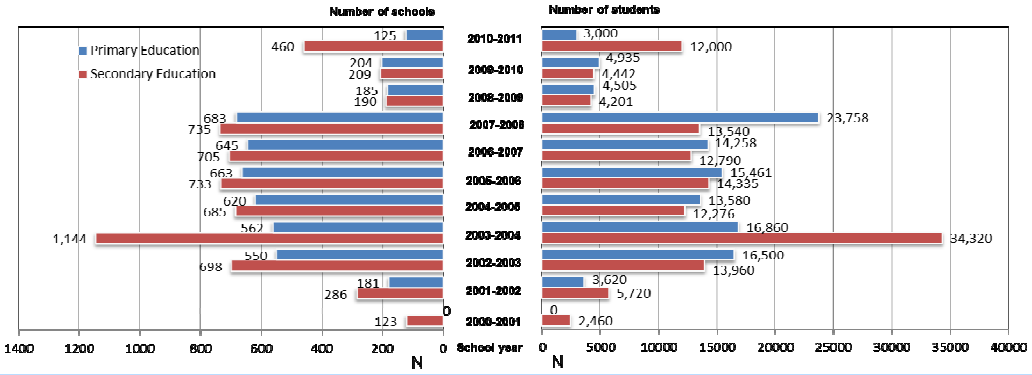
Regarding the interventions implemented under the HEPs of the Ministry of Education, data about HEPs on drug prevention implemented in the school year 2010-2011 are presented in Figures 3.1 and 3.2. Drug prevention interventions were implemented with the participation of a total of 3 000 students from 125 primary schools, and 12 000 students from 460 secondary schools. Compared to the previous school year (2009-2010), there was a downward trend in primary education in the number of HEPs on drug prevention implemented in the school year 2010-2011, while there was an increase in HEPs on drug prevention in secondary education in accordance with the Ministry's of Education emphasis on that area.

As for the coverage of the total HEPs, in the school year 2010-2011, there was a further decrease in the school community's participation in HEPs compared to the previous school years (Figure 3.2).

Just like in the previous school year (2009-2010), in the school year 2010-2011 in primary education the number of HEPs on drug prevention compared to all HEPs implemented remained at low levels. Of the total schools that implemented HEPs, 4.6% of primary schools implemented HEPs on drug prevention (Figure 3.2). This picture changes in secondary education, as there was an increase in the number of HEPs on drug prevention compared to the total number of HEPs (as shown in Figure 3.2 of the total number of secondary schools that implemented HEPs, 40.1% of the schools

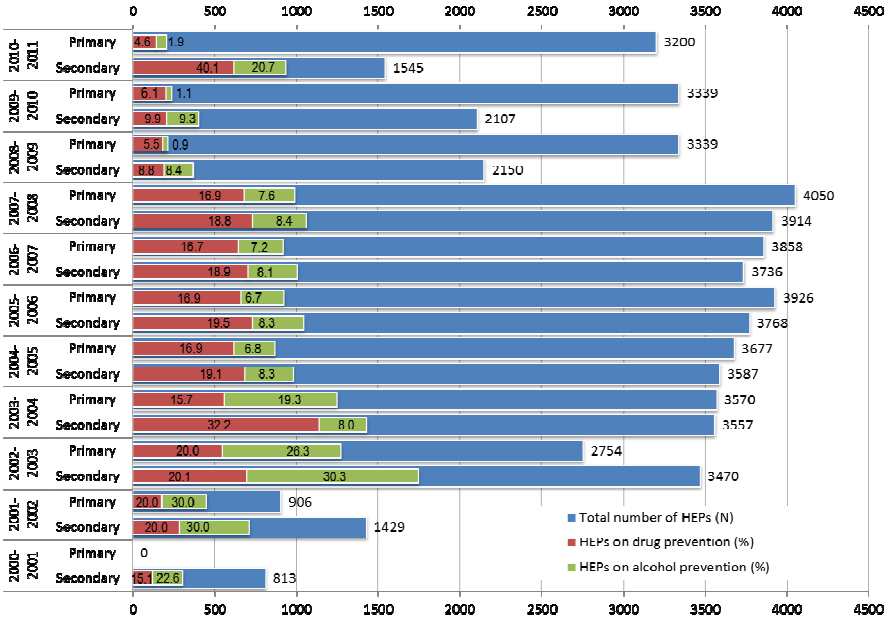
implemented HEPs on drug prevention, while the respective figure for the school year 2009-2010 was 9.9%).

Figure 3.1. Number of schools and number of students in primary and secondary education that participated in curricular HEPs on drug prevention from the school year 2000-2001 to 2010-2011



DATA: Ministry for Education and Religious Affairs, Culture and Sports.
SOURCE: Greek REITOX Focal Point, 2012.

Figure 3.2. Total number of curricular HEPs implemented and the proportion of HEPs on drug and/or alcohol prevention (2000-2001 to 2010-2011)



DATA: Ministry for Education and Religious Affairs, Culture and Sports.
SOURCE: Greek REITOX Focal Point, 2012.

For the purpose of HEPs implementation, in the school year 2010-2011, according to data reported by Prevention Centres and other prevention agencies, a total of 1 631 teachers from 853 primary schools and 684 teachers from 303 secondary schools took part in training seminars and support sessions for teachers implementing curricular HEPs (Table 3.2). Once again, it is worth mentioning that a large number of teachers receives training but only a few actually implement HEPs in class, highlighting the difficulties that teachers face in implementing prevention interventions (see also 2010 NR of the Greek REITOX FP, 2010).

Table 3.2. Teacher training seminars and support sessions in primary and secondary education in the school year 2010-2011

	Primary education		Secondary education	
	Number of schools	Number of teachers	Number of schools	Number of teachers
Training seminars in curricular HEP implementation	666	1 345	252	598
Supervision sessions during curricular HEP implementation	187	286	51	86
Total seminars and sessions for curricular HEP implementation	**853**	**1 631**	**303**	**684**
Training seminars and support sessions outside the context of Health Education	550	1 206	361	1 086
Total	**1 403**	**2 837**	**664**	**1 770**

SOURCE: Greek REITOX Focal Point, 2012.

Regarding the teacher training seminars and support sessions held by Prevention Centres, as well as other agencies active in drug prevention, in view of mainstreaming prevention principles in school, managing students with drug use problems and supporting the teachers themselves in their educational role, in the school year 2010-2011, such seminars and sessions were attended by 1 206 teachers from 550 primary schools and 1 086 teachers from 361 high schools (Table 3.2).

Interventions in higher education

The Prevention Centres and the other prevention agencies carry out interventions in higher education, too, in cooperation with the country's educational establishments. In 2011, prevention interventions were attended by 127 students. Moreover, in 2011 almost 100 students were placed for practical training in Prevention Centres.

3.3.2. Universal family-based prevention

Alongside the school community, parents are one of the main target groups for prevention interventions in Greece. The Prevention Centres and the other prevention agencies design and implement two types of interventions for parents:

- **Information and awareness interventions**: Brief, open one-off sessions or cycles of sessions for parents on prevention, psychosocial development and child upbringing.
- **Training interventions (parents' groups / schools)**: Groups (maximum 15 participants) typically of an experiential nature, chiefly aiming at improving communication in the family and supporting parents in their role. The interventions have a predetermined number of sessions and often parents are grouped according to the children's age and their needs (parents of preschool children, school children and adolescents) and the topics addressed are chosen accordingly. Moreover, several interventions involve the implementation of multi-session standardised printed programmes for family-based prevention (see Greek REITOX FP, 2010), while, after the end of a first cycle of sessions, interested parents are given the option of continuing for a second, more in-depth cycle.

Data about the universal prevention interventions for parents implemented in 2011 are presented in Table 3.3.

Table 3.3. Universal family-based prevention interventions in 2011

	Number of interventions	Number of participants	Average duration (months)	Average number of sessions
Information / awareness interventions (opens sessions)	45	7 344 (205 groups)	2.4	2.5
Training interventions (parents' groups / schools)	98	4 816 (318 groups)	4.6	10.9

SOURCE: Greek REITOX Focal Point, 2012.

The emphasis placed on the role of the family in prevention is clearly reflected on the large number of participants in family-based interventions. Participation levels have always been high (see, for example, Greek REITOX FP, 2008). Compared to the previous year, in 2011 parents' participation in prevention interventions, particularly information / awareness interventions, increased, as the participants in information / awareness interventions in 2010 came up to 3 972 (148 parents' groups). Participation levels for training interventions remained largely unchanged compared to 2010, with a slight increase in parents' participation, with the respective figure for 2010 being 4 539 (317 parents' groups) (Greek REITOX FP, 2011). In any case, parents' participation in prevention interventions over the past five years has been growing. By way of comparison, in 2005, the participants in information / awareness interventions came up to 1 943 and the participants in training interventions to 3 458 (Greek REITOX FP, 2006).

3.3.3. Universal community-based prevention

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

Youth outside the school setting

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

Data about the universal prevention interventions for preadolescents and adolescents implemented in 2011 are presented in Table 3.4. Compared to the previous years, the number of interventions for children and adolescents has remained largely unchanged, e.g. in 2005 there were 17 interventions attended by 965 children (42 groups) aged 4-12 and 19 interventions attended by 613 adolescents (31 groups), respectively, in 2009 the respective figures for the interventions targeting children aged 4-12 were 18 interventions with 1,075 participants, and for the interventions targeting adolescents aged 10-18 they were 19 interventions and 706 participants.

Table 3.4. Data about universal prevention interventions in preadolescents and adolescents in the year 2011

	Number of interventions	Number of participants	Average duration (months)	Average number of sessions
Interventions for children aged 4-12	15	685 (36 groups)	3.1	9
Interventions for adolescents aged 10-18	24	772 (46 groups)	3.5	7

SOURCE: Greek REITOX Focal Point, 2012.

Most of the interventions involved the children's and adolescents' participation in groups of an experiential nature (26 interventions attended by 625 children and adolescents), and several interventions offered creative leisure activities (9 interventions attended by 245 children and adolescents).

PROTASI Movement has been running a Creative Entertainment Centre for children and adolescents since 1993. The mission of the Creative Entertainment Centre is to "give children and adolescents the opportunity, by means of alternative proposals, to use their leisure time meaningfully, in the benefit of recreation, personal development and creative expression" (http://www.kpachaia.gr).

Furthermore, in 2011 there were 2 interventions targeting young people over 17, with 28 participants. Also, in order to reach the youth and involve them in prevention, the Prevention Centres in cooperation with local Armed Forces units implement interventions in recruits (see *Interventions addressed to specific community groups*).

Interventions addressed to specific community groups

The Prevention Centres and the other prevention agencies extend their activities to local community groups that "may greatly affect public life at the local level (elected local representatives, trade union representatives, representatives of the church, associations, etc.), come in direct contact with children and young people (e.g. boy scouts, sports and culture clubs) and may become actively involved in dependence prevention and act as multipliers (e.g. mental health professionals, volunteers)" (http://www.pyxida.org.gr). The main aim of community-based action is to raise public awareness, reach stakeholders and get them involved in prevention interventions, and forge partnerships among different local stakeholders. Community-based interventions are described in brief below; detailed data for 2011 are presented in Table 3.5. For a brief summary of the main scope and basic goals of these types of interventions, please see 2010 NR of the Greek REITOX FP (2010).

In order to network with key local stakeholders, the Prevention Centres organise information meetings with representatives of local authorities, local associations and agencies, with a view to establishing a cooperation framework that will make their community work easier.

Moreover, information, awareness-raising and mobilisation of community groups and local stakeholders for drug prevention are pursued through open discussions, workshops and lectures, as well as through the development and distribution of information leaflets about OKANA, the Prevention Centres and other drug prevention or treatment agencies.

Table 3.5. Universal community-based prevention interventions by target group in the year 2011

	Number of interventions	Number of participants
Volunteers	16	446
Law enforcement	4	177
Armed forces	9	8 938
Health professionals	6	170
Youth leaders	7	257

SOURCE: Greek REITOX Focal Point, 2012.

Internet

In view of providing information and raising public awareness, the Prevention Centres and the other prevention agencies utilise the internet to disseminate information about the interventions they implement and about prevention, drugs, etc. The demand reduction agencies' websites are listed in Annexes

The Prevention Centres, as well as other agencies active in drug prevention, utilise the internet to promote the activities they implement and communicate prevention-related information. Examples include DIAVLOS (two-monthly newsletter published by 25 Prevention Centres and PROTASI Movement, see also Greek REITOX FP, 2008), PYXIDA ONLINE (periodical e-publication of PYXIDA Drug Prevention and Health Promotion Centre of the NW sector of the Prefecture of Thessaloniki), and the periodical electronic newsletter of ELPIDA Drug Prevention Centre of the Eastern sector of the Prefecture of Thessaloniki.

Mobile units

PEGASUS Mobile Information Unit (KETHEA) implements brief interventions across the country. Using a specially-fitted bus, the missions of PEGASUS are addressed to the local community and include information and awareness raising meetings, experiential workshops, as well as cultural and sports events.

3.4. Selective prevention

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

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

3.4.1. Selective prevention interventions in youth

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

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

According to 2011 data, selective interventions were carried out in 32 schools approaching 972 students. Most of them address experimental drug users and youth with psychosocial problems, while few of these interventions were for immigrants and culturally different groups.

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

3.4.2. Selective family-based interventions

Given the emphasis placed on the role of the family in prevention, the Prevention Centres, as well as other agencies active in drug prevention, also reach families with specific characteristics (single parents, families from culturally diverse groups, immigrants, etc.). In 2011, 167 parents participated in such interventions.

3.4.3. Interventions in recreational settings

As stated in previous NR of the Greek REITOX FP (see, *inter alia*, Greek REITOX FP, 2008), in Greece systematic prevention interventions in recreational settings have not been developed; the activities in this area are incidental and largely restricted to the distribution of prevention-related information leaflets, information about the health impact of drug use, etc.

3.5. Indicated prevention

As far as indicated prevention interventions in the school setting are concerned, the Prevention Centres in cooperation with local schools provide counselling to students upon request. In 2011, the Prevention Centres supported some 174 students from 9 schools.

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

The Prevention Centres also implement indicated prevention interventions for drug users and their families and individuals with various psychosocial problems possibly associated with drug use (e.g. parents of children who exhibit problematic behaviours, parents and children / adolescents who seek support in matters of communication and relationships). They provide counselling and psychosocial support and make referrals to specialised structures, if necessary. In 2011, the Prevention Centres supported over 3,700 individuals. Moreover, individual counselling to people belonging to at-risk groups and drug users and their families is also provided by PEGASUS Mobile Information Unit (KETHEA).

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

Help lines

In Greece, there are three help lines (Table 3.6), providing information about the available demand reduction structures in the country, information about drugs, brief individualised counselling, motivation for seeking help, direct aid and psychological support for prompt crisis management (e.g. drug-related suicidal behaviour, relapse prevention) and/or referral.

Table 3.6. Help lines

Open Line (18 ANO Dependence Treatment Unit, Attica Psychiatric Hospital)	210 3617089
ITHAKI Psychological Support Help Line (KETHEA)	1145
SOS Drugs Help Line (OKANA)	1031

SOURCE: Greek REITOX Focal Point, 2012.
* By year of establishment

In 2011, the Open Line (18 ANO Dependence Treatment Unit, Attica Psychiatric Hospital) received 1 721 calls.

In 2011, ITHAKI Psychological Support Help Line (KETHEA) received 2 294 calls and 19 e-mails. The Help Line is addressed to dependent drug users and their environment and provides information and psychological support, and makes referrals to drug treatment services (KETHEA 2011).

The SOS Drugs Help Line / 1031 (OKANA) received a total of 2 124 calls, with most of the callers (1 404 callers) being first-time callers.

3.6. National and local media campaigns

In 2011, PYXIDA Drug Prevention and Health Promotion Centre of the NW sector of the Prefecture of Thessaloniki (http://www.pyxida.org.gr) continued to air TV spots on TV stations of national coverage.

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

3.7. Quality assurance

3.7.1. Training of prevention professionals

An important development in 2011 was the launching of OKANA Training and Supervision Centre in order to provide training seminars in the area of drug addiction for professionals and other group (e.g. armed forces officers, journalists, members of sport associations, etc).

In 2011 PYXIDA Drug Prevention and Health Promotion Centre of the NW sector of the Prefecture of Thessaloniki (http://www.pyxida.org.gr) organised a training seminar for prevention professionals on the prevention programme *UNPLUGGED*.

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

3.7.2. Evaluation of prevention interventions

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

Nevertheless, evaluation of prevention interventions in Greece still needs to be enhanced. According to 2011 data, the evaluation of most interventions is still based on questionnaires for the participants and on observations of the prevention professionals themselves. The data thereby collected, however, are mostly about the scope and the approval of the intervention rather than about the achievement of its targets.

3.7.3. Drug prevention quality standards

As stated in previous NR of the Greek REITOX FR (see Greek REITOX FP, 2008), there are no uniform national standards for the development of prevention interventions. However, there are specifications and criteria for the operation of Prevention Centres (Table 3.7), and certain standards on the basis of which the Prevention Centres prepare their three-year activity plans, which are approved both by their own boards and by OKANA board of directors (Table 3.8).

Table 3.7. Specifications and criteria for the operation of Prevention Centres

Specifications	Criteria
Staffing of Prevention	- Specifications for the staffing of Prevention Centres - Approval and implementation of the specifications by the Boards of Prevention Centres - All prospective prevention professionals are interviewed by a Recruitment Committee, with the participation of OKANA
Planning	- Drafting a three-year scientific plan in cooperation with OKANA. The three-year scientific plans of the Prevention Centres are approved by the relevant Evaluation Committee and by the Board of OKANA (see also Table 3.8).
Evaluation and monitoring	- Evaluation of the three-year scientific plans - Six-month scientific reports of activities drafted by Prevention Centres and submitted to OKANA Applied Prevention Department - Regular meetings with the Prevention Centres' scientific teams and Boards

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

Table 3.8. Main standards for designing prevention interventions based on the three-year scientific plans prepared by the Prevention Centres run by OKANA/local authorities

Standards	Description
Initial situation	- Describe local socio-demographic data. - Describe the relevant prevention activities and agencies in the area.
Theoretical background	- Describe the main philosophy behind the interventions developed.
Detailed intervention plan	Describe, for every intervention designed: - The target group and its particular characteristics - The objective - The aims - The rationale and the organisational arrangements - The type of evaluation, the tools and the indicators to be used.
Timetable of the intervention	- Describe the main parts in terms of organising the intervention, as well as its duration and staff's involvement.

SOURCE: Greek REITOX Focal Point, 2012.

In addition, in 2011 the Greek REITOX FP published the *Handbook on Drug Prevention: Guidelines and Intervention Planning.* This publication was an attempt to set out key principles and guidelines in the area of drug prevention in Greece. It was developed at the initiative of the REITOX FP in cooperation with OKANA. It is based on the Prevention and Evaluation Resources Kit (PERK) of the EMCDDA, while the key principles it puts forth are partially based on Preventing Drug Use Among Children and Adolescents: A Research-Based Guide for Parents, Educators and Community Leaders (2nd edition, 'Red Book')[5] published by the National Institute on Drug Abuse (NIDA). Furthermore, the Handbook also draws from the EMCDDA's Best Practice Portal and on EMCDDA's EDDRA information system. This manual provides an overview of prevention in Greece, it includes key concepts and definitions while it proposes some key principles in drug prevention. Also it constitutes a guide in designing a prevention intervention, suggesting and analysing the main lines for the planning and evaluation of prevention interventions. In addition, two examples of prevention interventions are presented.

[5] National Institute on Drug Abuse (NIDA) (2003). *Preventing Drug Use among Children and Adolescents: A Research-Based Guide for Parents, Educators and Community Leaders* (2nd Ed.). Bethesda, MD: National Institute on Health.

3.7.4. Prevention-related research

The implementation of national and European research projects has an undeniable contribution to the development of effective approaches and methodologies and to the improvement of the existing interventions.

In 2011, UMHRI conducted the 'Nationwide school population survey on substance use', a survey which is repeated at a four-year interval by UMHRI in the context of ESPAD survey. The 2011 survey was funded by OKANA, while data collection was implemented in collaboration with the 71 Prevention Centres. The findings of such surveys are a valuable input in setting priorities in prevention and health promotion.

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

Moreover, OKANA takes part in the European network "Euridice: Ideas and proposals for intervention on drug addiction in the workplace". In 2011, the network submitted a project proposal for funding.

CHAPTER 4: ESTIMATED NUMBER OF PROBLEM DRUG USERS

The probable number of problem drug users in Greece continues to be estimated every year by the internationally recommended "capture-recapture" method, based on the annual data from the Treatment Demand Indicator. An appropriate statistical model is fitted to the records from three sources of information: KETHEA, 18 ANO and the rest of the network of treatment services reporting to the Focal Point. This permits the estimation of the "hidden population" of people who are problem drug users but did not happen to be recorded by any of these sources in the year in question. Because of this method of estimation, the definition of a problem drug user is someone who may eventually attend the treatment services because of his or her use of opiates. The lack of data in the appropriate form from other sources that might record problem drug users, such as the Police, is regrettable as it prevents checking and possible improvement of our current estimates.

The estimated total number of problem drug users aged 15-64 years with main substance heroin was 20 473 in the year 2011, with 95% confidence interval from 18 529 to 22 688. This is down from the previous year's estimate of 22 515 (95% c.i. from 20 202 to 25 171), although as always it is necessary to take into account that the confidence intervals are very wide. However, the 2010 estimate was in turn down from the 2009 figure of 24 097 (95% c.i. 21 362 – 27 272) and thus it appears that the generally increasing trend which had been observed since 2002 may have come to an end. Table 4.1 gives the breakdown of the estimated number of problem drug users by gender, age and place of residence. Table 4.2 presents corresponding estimates of the number of drug users who reported that they had injected in the previous month. The estimated total of 7 847 (95% c.i. 6 904 – 9 951) is likewise reduced in comparison to the previous two years.

Table 4.1. Estimated number of problem drug users aged 15-64 years with heroin the main substance of abuse, by gender, age, and place of residence, 2011.

	Records	"Hidden" population*	Estimate of the total population	
			Population	95% c.i.**
Total	4 561	15 912	20 473	18 529 – 22 688
Gender				
Male	3 906	14 132	18 038	16 160 – 20 203
Female	652	1 848	2 500	1 991 – 3 203
Age				
15-24	418	1 180	1 598	1 175 – 2 256
25-34	2 520	7 475	9 995	8 843 – 11 357
35-64	1 623	6 628	8 251	6 827 – 10 063
Place of residence				
Attiki	2 028	6 028	8 056	7 000 – 9 337
Outside Attiki	2 478	8 437	10 915	9 519 – 12 586

SOURCE: Greek REITOX Focal Point 2012.

*Estimated number of problem drug users who were not recorded by any therapeutic agency during 2011

**Confidence interval

Table 4.2.: Estimated number of problem drugs users aged 15-64 years who injected drugs in the last month, by gender, age, and place of residence, 2011.

	Records	"Hidden" population*	Estimate of the total population	
			Population	95% c.i.**
Total	2 104	5 743	7 847	6 904 – 9 951
Gender				
Male	1 836	5 206	7 042	6 122 – 8 878
Female	267	574	841	627 – 1 108
Age				
25-34	1 234	2 789	4 023	3 473 – 5 257
35-64	630	2 289	2 919	2 162 – 3 549
Place of residence				
Attiki	827	1 976	2 803	2 330 – 3 630
Outside Attiki	1 243	3 207	4 450	3 756 – 5 693

SOURCE: Greek REITOX Focal Point 2012.

*Estimated number of problem drug users who were not recorded by any therapeutic agency during 2011

**Confidence interval

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

5.1. Introduction

5.1.1. Overview of the drug treatment modalities in Greece

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

The officially recognised drug treatment providers in Greece are the following: OKANA, KETHEA, 18 ANO Dependence Treatment Unit (Attica Psychiatric Hospital), the Thessaloniki Psychiatric Hospital, the Psychiatric Clinic of the University of Athens, public general hospitals (in cooperation with OKANA), THISEAS Association (Municipality of Kalithea), the Hellenic Centre for Mental Health and Research, and the Ministry of Justice (Eleonas prison).

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

- The main objectives of drug-free treatment programmes include total abstinence from drug use, improvement of personal and social skills, health condition and family and social relations, decrease in deviant behaviour, vocational training. The therapeutic process may be multi-phased (counselling, main treatment, social reintegration) and may be developed in a single or a network of affiliated units.
- The main goal of the OST programme is to achieve reduction in drug use and drug-related social and health problems, as well as to protect public health from the spread of infectious diseases, whilst ultimately helping individuals who wish and can achieve lasting abstinence to do so, in addition to harm reduction. Its main pursuit is stabilisation in a normal way of life, accompanied by improved family and social relations, and a renewed interest in education / training, work and occupational rehabilitation. OST units can be divided into two main types according to the pharmaceutical substance used in order to deal with dependence: methadone and buprenorphine substitution units.
- The main goal of physical detoxification programmes is to provide pharmaceutical assistance to (mostly but not exclusively heroin) users, in order to manage the physical withdrawal symptoms. It also prepares the individuals for the main treatment phase.
- Counselling centres constitute the first stage of the treatment process as they are the first contact points for those seeking help for their drug use. Counselling centres provide information, individual and group counselling / support, health care services, status assessment and family support, whilst being the preparatory stage for admission to treatment.

5.1.2. Data sources and data collection tools

Treatment unit data

Data collection on drug-related treatment has been conducted by the Focal Point since 1994 with the cooperation of all officially recognised treatment agencies in the country; almost 100% coverage at treatment agency level in 2011.

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

Counselling centre data

As of 2011, data on counselling services are collected through the Counselling Centre Form, which was introduced and piloted in 2011. The Counselling Centre Form is completed by each counselling centre once per year and provides aggregated data on the characteristics of the services provided and the clients participated.
Note that treatment and counselling data are delivered to the Focal Point in aggregated form and it is therefore not possible to control for double-counting between the different settings.

Treatment demand data

Individual data on treatment demand / treatment entries (TDI) are collected by the Focal Point since 1994 involving all officially recognised treatment agencies in the country.
TDI data are collected from both treatment and low-threshold settings. No general practitioner or private clinics data are collected, nor is there any reliable information about the number and the characteristics of the individuals approaching this type of services for drug-related problems.
The TDI monitoring system is based on the EMCDDA's Standard Protocol 2.0 and collects individual information on a number of socio-demographic and behavioural indicators. Prior to analysis all individual cases are cross-checked in order to eliminate double counts with the use of an anonymous coding system.

5.1.3. Definitions

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

Continuous treatment refers to clients who were in treatment at the end of the reporting year.
Admissions refer to the individuals who ask for (and eventually receive) drug counselling and/or treatment services in a particular treatment site during the reporting year.

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

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

Treatment demands refer to individuals who demand and enter treatment (as defined by the TDI protocol).

First-ever treatments (as opposed to *past treatments*) refer to treatment demands who have never been treated before in their lives.

5.2. General description, availability and quality assurance

5.2.1 Strategy / policy

Among the key policy decisions taken in 2011 by OKANA in cooperation with the Ministry of Health and Social Welfare was to relocate and further expand the OST services, starting from Athens and Thessaloniki (see section *Treatment systems*). Relocation of OST units occurred primarily due to mounting public pressure in relation to the perceived nuisance that the presence of several OST units caused in some areas (OKANA, 2012). The decision for the rapid expansion of the OST programme was taken in an effort to shorten the waiting list and reduce the waiting time for entry to OST, but it was also taken in light of the responses that had to be urgently made in order to combat the expanding HIV epidemic among people who inject drugs in Athens in 2011.

In addition, a National Committee for the Coordination of Addiction was set up in 2010 with the mandate to prepare a mid-term two-year plan. The Committee consisted of representatives from several Ministries as well as agencies and organisations in the field of addiction (OKANA, KETHEA, 18 ANO, Thessaloniki Psychiatric Hospital, and the Focal Point). In 2011, the Committee prepared and submitted to the Prime Minister the National Plan for Addiction 2011-2012 (see Greek REITOX Focal Point, 2011).

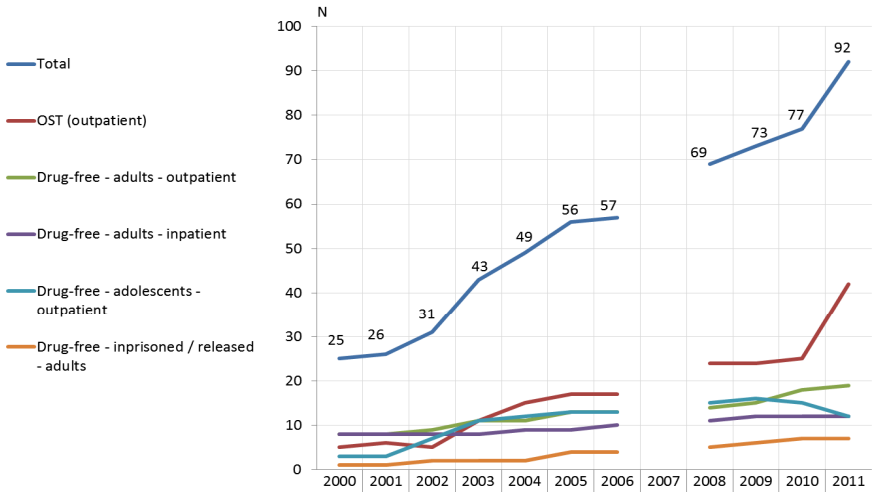
5.2.2. Treatment systems

Overview of treatment availability in Greece

In 2011, a total of 92 treatment units offered drug treatment in Greece: 42 OST units (33 buprenorphine and 9 providing mainly methadone); 43 drug-free treatment programmes (11 inpatient/adults; 19 outpatient/adults, 12 outpatient/adolescents; and 1 detoxification unit) (Figure 5.1); and 7 drug-free treatment programmes for imprisoned and released drug users (see *Chapter 9 for* prison data).

Alongside the treatment units, in 2011 there were 45 counselling centres in total: 31 counselling centres for adults and 10 for adolescents and young adults and 4 counselling centres for released drug users (see *Chapter 9 for* prison data).

Figure 5.1. Treatment units by type of programme (2000-2011)*



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Total	25	26	31	43	49	56	57		69	73	77	92
OST (outpatient)	5	6	5	11	15	17	17		24	24	25	42
Drug-free - adults - outpatient	8	8	9	11	11	13	13		14	15	18	19
Drug-free - adults - inpatient	8	8	8	8	9	9	10		11	12	12	12
Drug-free - adolescents - outpatient	3	3	7	11	12	13	13		15	16	15	12
Drug-free - inprisoned / released - adults	1	1	2	2	2	4	4		5	6	7	7

SOURCE: Greek REITOX Focal Point, 2012.

(*1) 5 OST units that suspended operations in 2011 are not included.

(*2) 2 counselling centres (Counselling Centre II: Motivation and Day Care Centre of 18 ANO Psychiatric Hospital of Attica, and OKANA Counselling Centre for adults in Rethimno, Crete which operates within Adolescents Unit of Rethimno) that offer treatment services in the reporting year, are included in outpatient drug-free programmes for adults.

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

(*4) NAFTILOS Adolescents Unit (OKANA) in Thessaloniki and OKANA ATRAPOS Detoxification Unit for Adolescents in Athens which suspended operations in 2011 are not included, whereas KETHEA ARIADNE Counselling Centre for Adolescents in Heraklio, Crete which offers treatment services is included.

The main developments in the availability of treatment services in 2011 are the following[6]:

- OKANA launched 22 new OST units within public general hospitals in Athens, Piraeus and Thessaloniki, while 5 OST units (2 in Athens, 2 in Piraeus and 1 in Thessaloniki) suspended operations. In specific, in August 2011, the number of OKANA OST Units was 25, and two months later it was doubled to 42. In August 2012, 52 units operated across the country, while it is estimated that 13 additional units will be ready to operate in next months (Micha 2012). Most of the units are hosted in hospitals and staffed by the existing OKANA and/or hospital staff.
- KETHEA launched a Treatment Programme for Women in Eleonas prison, Thebes, which became operational late in December 2010.

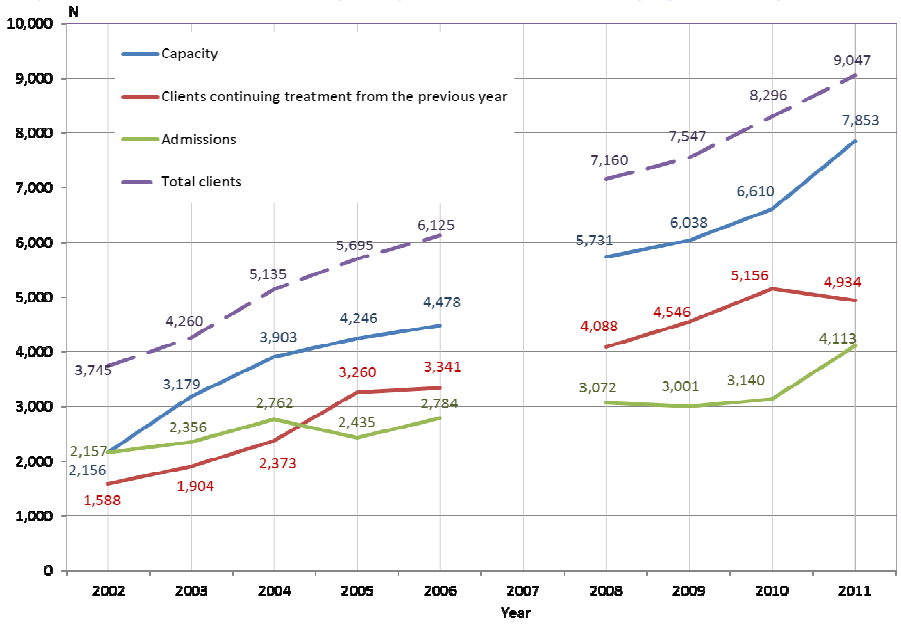
[6] Note in addition that 3 OST, 3 drug-free units and 1 counselling centre did not provide data for 2011 to the Focal Point, whereas 1 counselling centre provided data only through its Annual Report (and it is therefore presented separately), and 1 counselling centre provided treatment services in the reporting year (and it was included in the analysis for treatment units).

- OKANA ATRAPOS (the detoxification unit for adolescents in Athens), which had been in the evaluation phase in 2010, suspended operations.
- OKANA NAFTILOS (the treatment unit for adolescents in Thessaloniki) suspended operations.
- KETHEA EXANTAS (counselling and early intervention centre) no longer offers treatment services.

Capacity and treated population

In 2011, the total capacity of the treatment units (main treatment phase) was 7 853 slots (data for 75 of the 78 treatment units) (Figure 5.2). Most of the treatment slots were offered in OST units (6 789, 86.5%, Figure 5.10), and 13.5% (1 064, Figure 5.5) were offered by drug-free treatment programmes. Compared to 2010, in 2011 the treatment capacity increased by 18.8%, sustaining the increasing trend observed in the entire 2002-2011 period (Figure 5.2), which is a direct consequence of the increasing number of treatment units over the years (Figure 5.1).

Figure 5.2. Trends in the capacity and in the treated population (2000-2011)



SOURCE: Greek REITOX Focal Point, 2012.

In 2011, the total number of people in treatment (main phase) was 9 047 (Figure 5.2), of whom 6 783 (75.0%) were offered services in OST, and 2 264 (25.0%) in drug-free settings. In addition, 4 934 (54.5%) were in continuous treatment (mainly OST), while 4 113 (45.5%) were admitted to the main phase of the treatment in the reporting year (Figure 5.2).

In the period 2002-2011, the annual total number of individuals receiving treatment has been consistently increasing (Figure 5.2). In 2011, there has been a 9.1% increase in the number of people who received main treatment compared to 2010, with new admissions being the only group driving this increase (31.0% increase between the two years).

Treatment outcome

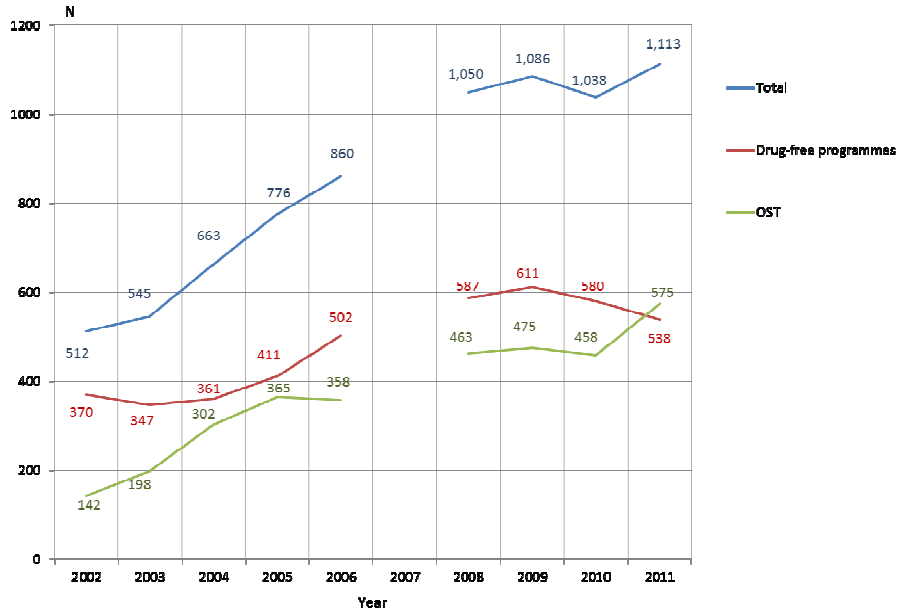
With regard to treatment outcome, 75 of the 78 treatment units reported the relevant data. More specifically, 6 354 individuals (74.5%) continued in treatment until the end of 2011. Another 2 179 clients (25.5%) withdrew from the programmes. Prevailing modes of exit were: dropout (37.9%); treatment completion (22.6%); premature discharge (19.9%); and referral to other unit or service (13.3%).

Personnel

In 2011, 1 113 people were employed in treatment units (salaried staff), almost evenly distributed between drug-free and OST units (48.3% and 51.7%, respectively).

In 2011, the number of staff employed in treatment units increased again by 7.2% compared to 2010, mostly attributed to the opening of the new OST units. Before 2011, there has been a constant increase in number of staff employed in treatment units until 2009 when this increase was halted (Figure 5.3).

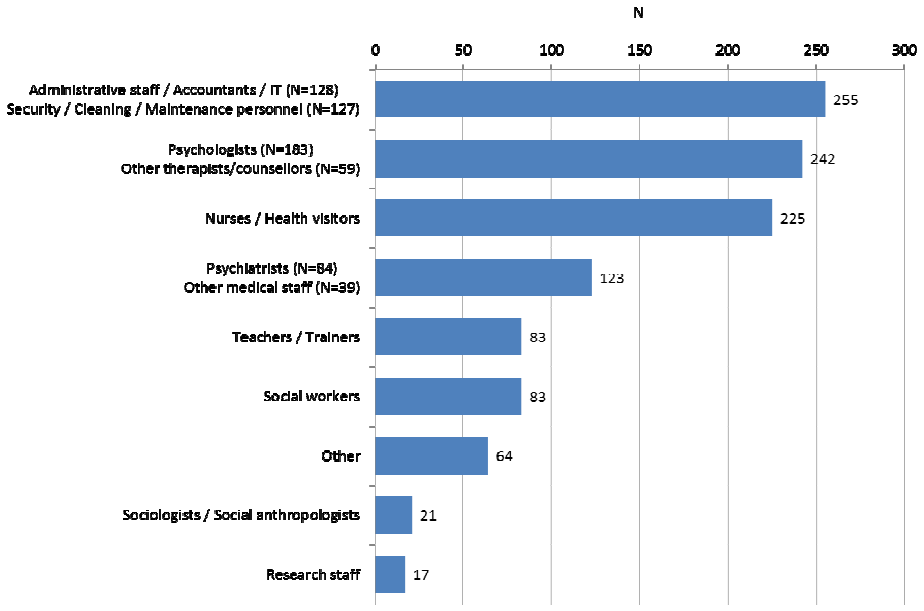
Figure 5.3. Trends in the number of staff employed in treatment units (2002-2011)



SOURCE: Greek REITOX Focal Point, 2012.

The largest proportion of salaried staff for 2011 refers to administrative staff / accountants / IT and security / cleaning / maintenance personnel (22.9%, n=255), followed by psychologists and other therapists / counsellors (21.7%, n=242) and nurses / health visitors (20.2%, n=225). Psychiatrists and other medical staff represent 11.1% (n=123) of the staff employed in treatment structures. Other professions include educational staff / teachers / trainers (7.5%, n= 83, all of them in drug-free units) and another 7.5% (n=83) social workers. Other specialties are reported in smaller proportions, e.g. sociologists / social anthropologists, research staff and other (Figure 5.4).

Figure 5.4. Staff employed in treatment units by specialty (2011)



SOURCE: Greek REITOX Focal Point, 2012.

In addition to the salaried staff, in 2011, a total of 75 volunteers (62 in 2010) of various backgrounds (educational staff / teachers / trainers, psychologists, sociologists, social anthropologists, reintegration specialists, social workers, nurses / health visitors, research staff and doctors) provided services to the treatment units. Moreover, 38 former drug users worked as salaried staff and 4 former drug users worked as volunteers. The services they provided include most notably moderation of group therapy sessions, individual counselling sessions, delivering lectures or speeches and street-work.

Quality assurance

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

According to 2011 data, the majority of the 39 drug-free units (76.9%) report having recently performed an evaluation of the therapeutic procedure and / or treatment outcome while only 2 of the 39 OST programmes reported an internal or external evaluation procedure.

With the aim to improve their services, almost all treatment units (9 out of 10) reported in 2011 that have provided continuous education and training to their staff. Among them almost 9 in 10 had their staff attended formal training courses or lectures delivered by third parties and in a similar proportion they reported that they delivered in-service training seminars (mostly scientific supervision to their therapy staff).

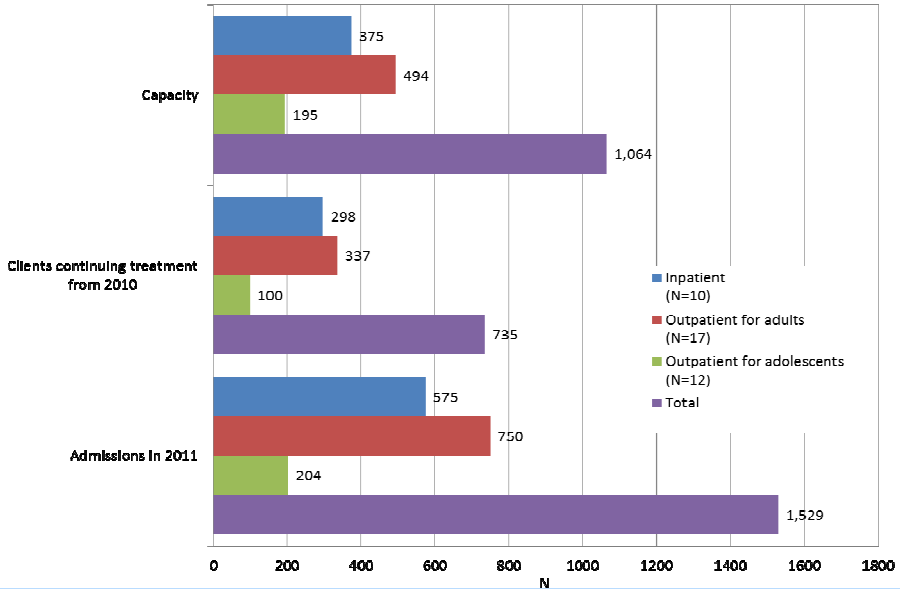
Drug-free settings

43 drug-free units currently operate in Greece. N=20 (46.5%) are operated by KETHEA, n=8 (18.6%) by 18ANO and the remaining are operated by OKANA, the Psychiatric Hospital of Thessaloniki and other agencies.

Capacity and treated population in drug-free units

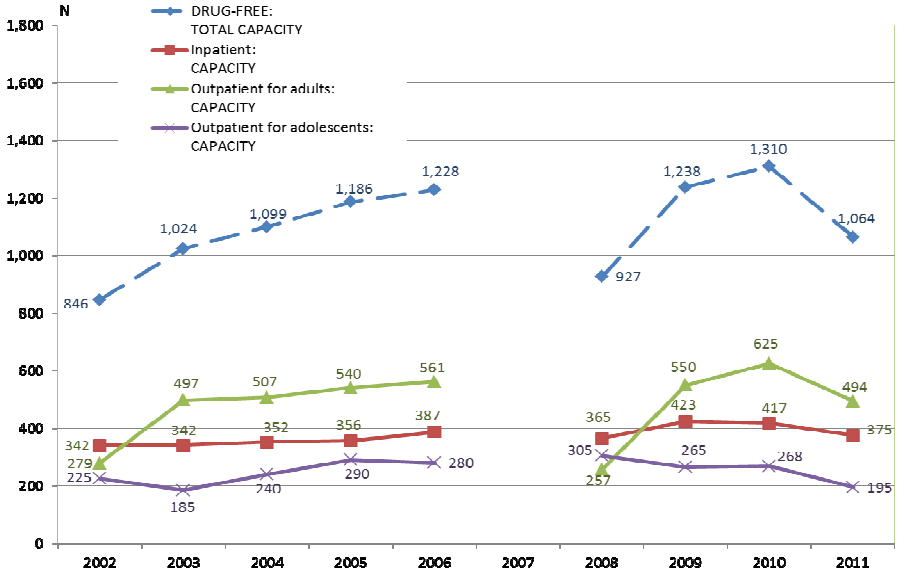
In 2011, the total capacity of the main phase of treatment reported by drug-free units was 1 064 (data from 37 of the 39 programmes) (Figure 5.5). Outpatient programmes offer most of the available treatment slots (689, 64.8%) compared to inpatient (375, 35.2%). The capacity of drug-free treatment units had been steadily increased until 2010, with this trend significantly changing in 2011, during which the number of the available treatment slots were reduced by 18.8% (Figure 5.6). This decrease in 2011 may be explained by the suspension of several drug free interventions most notably outpatient for adults and adolescents (Figure 5.6).

Figure 5.5. Capacity and treated population in drug-free settings (2011)



SOURCE: Greek REITOX Focal Point, 2012.

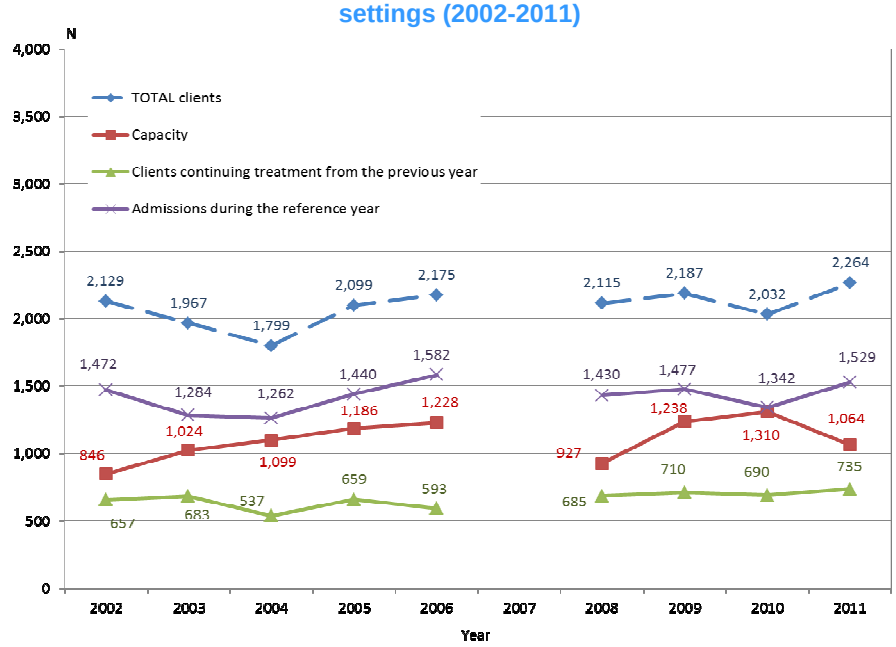
Figure 5.6. Capacity and treated population in drug-free settings (2002-2011)



SOURCE: Greek REITOX Focal Point, 2012.

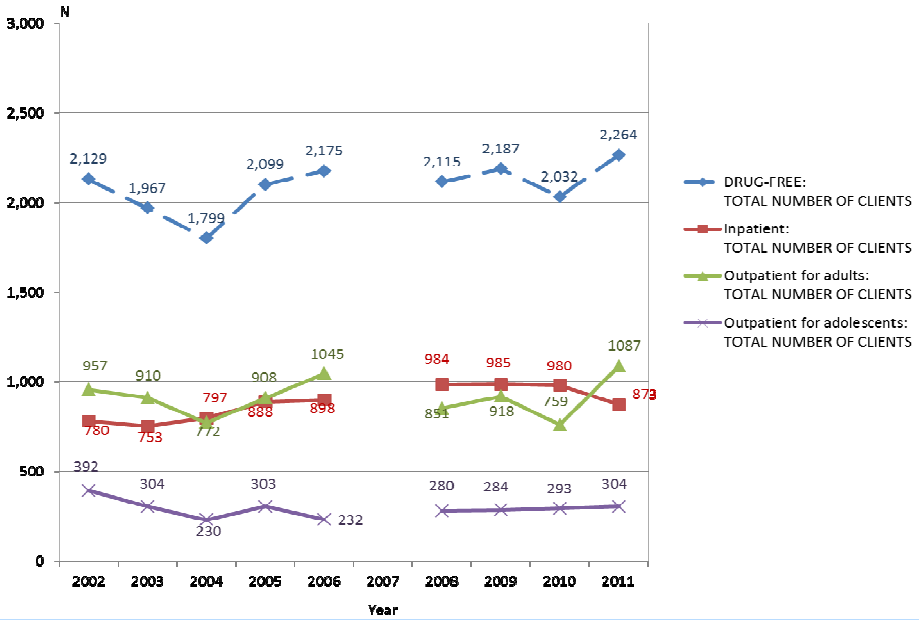
In 2011, 2 264 people were in treatment (main phase) in drug-free settings,[7] with almost one in every 3 of them (735, 32.5%) being in continuous treatment at the beginning of the reporting year (Figure 5.5). Another 1 529 (67.5%) were reported as admissions, half of them in outpatient settings for adults (49.1%), 37.6% in inpatient settings for adults and 13.3% in settings for adolescents.

Figure 5.7. Trends in the capacity and in the number of treated population in drug-free settings (2002-2011)



SOURCE: Greek REITOX Focal Point, 2012.

Figure 5.8. Trends in the number of treated population in drug-free settings, by type of intervention (2002-2011)



SOURCE: Greek REITOX Focal Point, 2012.

[7] Standard Table 24, q.3.3.3

Contrary to the observed trend in the capacity, the total number of people receiving treatment in drug-free settings increased by 11.4% in 2011, compared to 2010 (2 032 and 2 264 for 2010 and 2011, respectively). This trend is mostly driven by increases in the number of admissions (increased by 14%) (Figure 5.7), while also concerns outpatient units for adults (increased by 43%) (Figure 5.8).

Treatment outcome in drug-free units

With regard to treatment outcome, 65.5% (n=1 264) of the total number of individuals who received treatment in drug-free units exited the programme and 34.5% (n=667) were still in treatment at the end of the reporting year (data for 37 of the 39 programmes that reported the relevant data). This figure reflects clients whose treatment process was still in progress, due to the time of admission to the unit and the scheduled duration of treatment.

- In inpatient programmes, 34.6% (n= 302) of the clients appear to disengage early from the therapeutic process on their own volition. On the other hand, an equally large share of clients (30%, n=262) was still in treatment at the end of the reporting year. Treatment completion rates came up to 23.9% (n=209), while only one in ten clients is prematurely discharged from inpatient drug-free programmes (10.4%, n=91).
- In outpatient programmes for adults almost 4 in 10 clients continue their treatment until the end of the reporting year (37.9%, n=286). Another 26.8% (n=202) drops out from the programme, while 20.4% complete treatment (n=154). One in ten clients is prematurely discharged owing to breach of the setting's rules (10.1%, n=76).
- In programmes for adolescents, nearly 4 in 10 clients continue their treatment (39.1%, n=119), whereas a same percentage of clients (35.5%, n=108) drops out. Almost 1 in 6 leaves the programme having completed treatment (16.8%, n=51) and only a rather small proportion of adolescents are prematurely discharged (4.3%, n=13).

The analysis of the main reasons for premature discharge in 2011 points to the following conclusions:

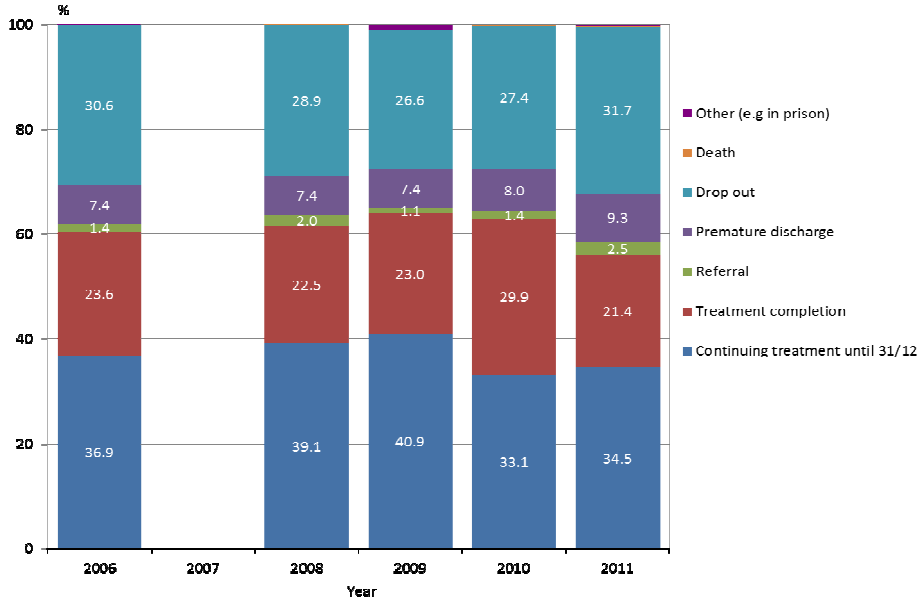
- The main reasons for premature discharge from inpatient treatment programmes include violent behaviour on the premises (35.2%), breach of rules of the unit / programme (13.2%), use of alcohol (11.0%), use of illicit substances outside the premises (8.8%), non-attendance of therapy / counselling sessions (7.7%) and use of illicit substances on the premises (6.6%).
- The main reasons for premature discharge from outpatient programmes for adults include use of illicit substances outside the premises (67.1%), violent behaviour on the premises (11.8%), breach of other rules of the unit / programme (9.2%) alcohol use (5.3%) and non-attendance of therapy / counselling sessions (5.3%).
- Finally, the main reasons for premature discharge from units for adolescents include use of illicit substances outside the premises (46.2%) and on the premises (15.4%), non-attendance of therapy / counselling sessions (15.4%), alcohol use (7.7%) and involvement in illegal activities other than drug use (7.7%).

Figure 5.9 illustrates the outcome for drug-free treatment programmes in the last six years (2006-2011).[8] The percentage of individuals who were still in treatment at the end of the reporting year

[8] This calculation reflects 37 of the 39 programmes that reported data for 2011 (the respective figure for 2010 was 36 out of 39, for 2009 was 35 out of 37, for 2008 was 32 out of 34 and for 2006 was 29 out of 31). Two outpatient programmes for adults were excluded for not having provided the relevant data.

seems to increase from 2006 to 2009, but from 2009 to 2011 it declined approaching the 2006 levels. Drop out and treatment completion rates remained largely unchanged through the years 2006-2011. As for the latter, there was an exception in 2010, as it increased by 7% compared to 2009. Premature discharge rate appeared to be stable from 2006 to 2010, whereas in 2011 there was a slight increase by 1.4% compared to 2010. As for the referral rates, they also remained unchanged from 2006 to 2011.

Figure 5.9. Trends in treatment outcome in drug-free programmes (2006-2011)



SOURCE: Greek REITOX Focal Point, 2012.

Personnel in drug-free units

In 2011, 538 people were employed in drug-free treatment units (salaried staff). This number was smaller by 7.2% compared to 2010, mostly attributed to the suspension of some drug-free programmes. Before 2011, there was a constant increase in the number of staff employed in drug-free units until 2009 when this trend started to be levelled off (Figure 5.3).

Counselling services in drug-free units

Counselling centres constitute the first stage of the treatment process of drug users asking for support. Half of the counselling centres prepare their clients for inpatient treatment, while almost all counselling centres prepare their clients for outpatient services. The mean length of stay for the first is 46 days and for the latter is 42, whereas almost all counselling centres offer their clients the option of staying in the programme longer than initially scheduled. The services delivered by the counselling centres are tailored to meet the needs of specific user population profiles by almost all counselling centres (36 out of 38). More specifically, 8 in 10 of the aforementioned centres deliver tailored services to users on probation or suspended sentence, approximately 8 in 10 to newly-released prisoners, approximately 8 in 10 to immigrants, 1 in 2 to homeless users, 1 in 2 to mothers, 8 in 10 to users awaiting trial, 1 in 2 to users with psychiatric comorbidity and 1 in 2 to adolescents. With regard to the across-the-board services delivered to clients, apart from the information and awareness-raising provided by all counselling centres, as well as the individual and group therapy (almost all centres), major emphasis is placed on information and guidance related to personal

hygiene and infectious diseases, with almost all centres providing such services to their clients. In terms of social services, 8 in 10 of the centres provide information and guidance related to legal problems.

Based on the data reported to the FP by 38 of the 45 drug-free counselling centres operating across the country, in 2011, **5 609** clients with drug use and dependence problems received counselling services, of whom 727 were adolescents and 4 882 were adults. Males represented 83.5% of the client population.

With regard to outcome, 85.5% (n=4 505) of the total number of individuals who received counselling services in 2011, exited the programme and only 14.5% (n= 736) were still in the counselling centre at the end of the reporting year (data for 37 of the 38 counselling centres). The main modes of exit from counselling centres were drop out (44.5%), admission to the main treatment phase (40%) and referral (10%).

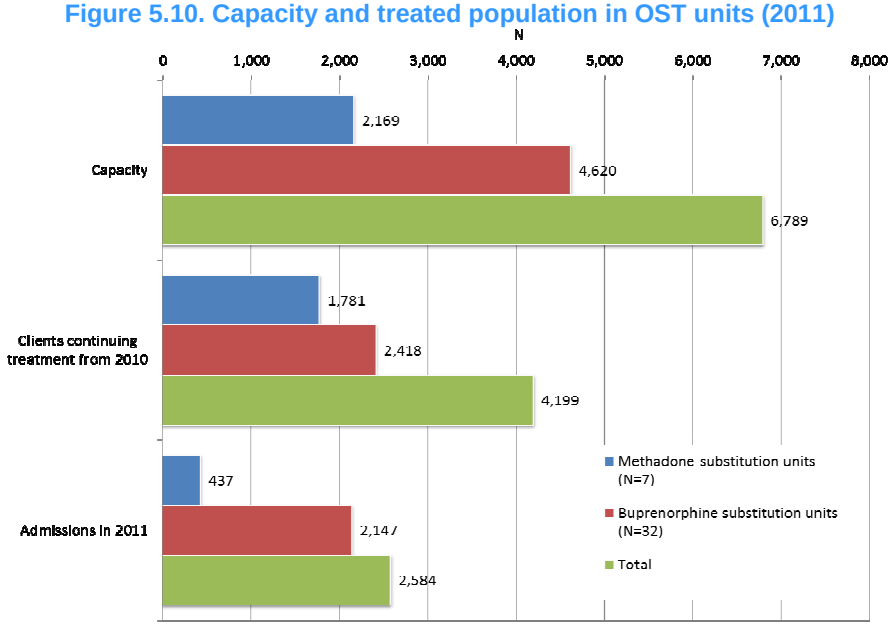
Opioid substitution treatment (OST)

42 OST units currently operate in Greece of which nine (9) methadone substitution units and thirty-three (33) buprenorphine substitution units. Only OKANA provides substitution treatment services.

Capacity and treated population

As shown in Figure 5.10, the total capacity of OST units in 2011 was 6 789 (data for 38 of the 39 OST units). A total of 6 783 individuals[9] were offered OST services, 32.7% (n=2 218) of whom were in methadone –and 67.3% (n=4 565) in buprenorphine OST units (Figure 5.10).

Figure 5.10. Capacity and treated population in OST units (2011)



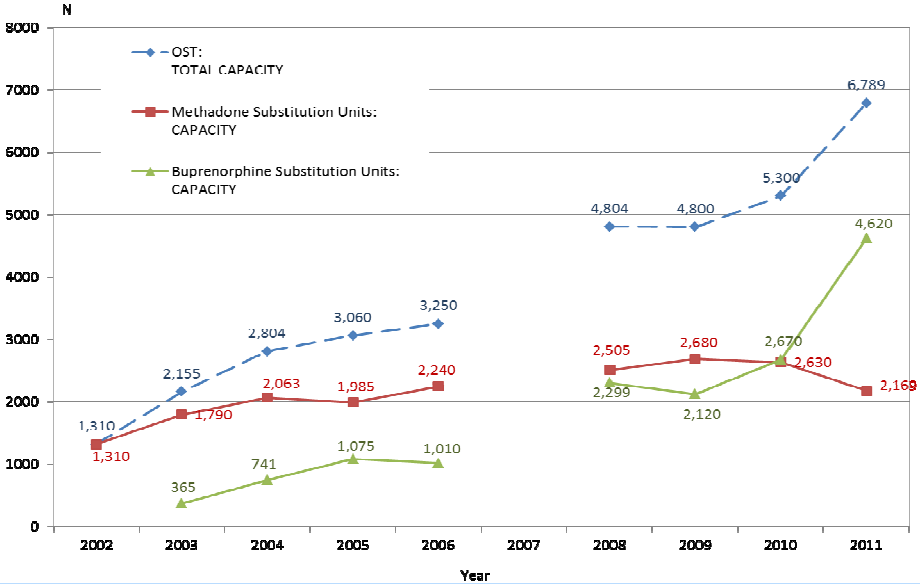
SOURCE: Greek REITOX Focal Point, 2012.

In 2011 the total capacity of the OST programme increased by 28.1% over 2010, was 41.3% higher compared to 2008 and quintupled compared to 2002, while there is no difference in capacity

[9] Standard Table 24, q.3.3.3 and q.5.1.1

between 2008 and 2009 (Figure 5.11). As it is shown in Figure 5.11 the increase in the capacity of OST from 2008 to 2011 is mostly attributed to the increase in the capacity of the buprenorphine (increased by 100%), while the capacity in methadone decreased by 13%.

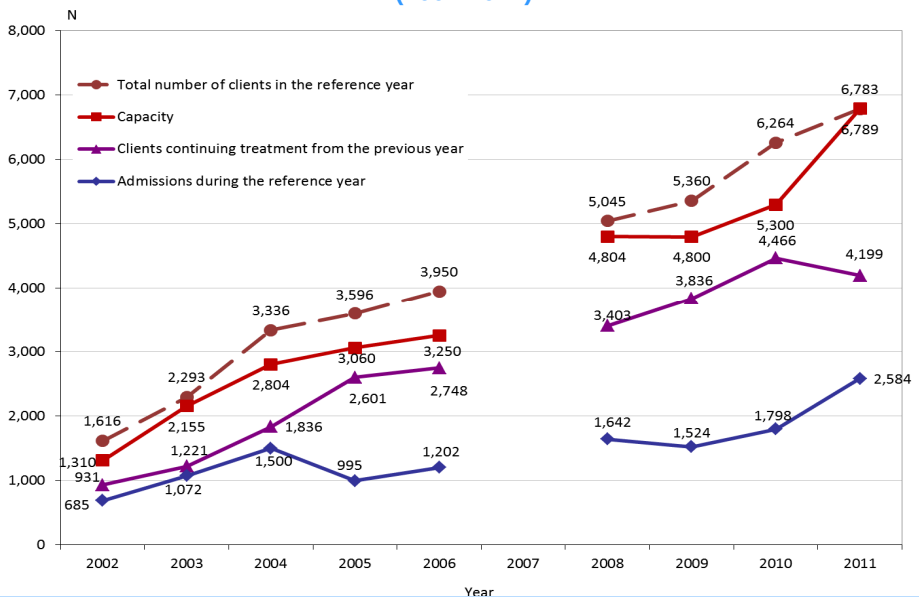
Figure 5.11. Trends in the capacity of OST, by type of substitution drug (2002-2011)



SOURCE: Greek REITOX Focal Point, 2012.

The total number of people in treatment is continuously increasing between 2002 and 2011. More specifically, in 2011 the total number of clients in OST increased by 8.3% over 2010 and 34.4% compared to 2008, whereas it was quadrupled compared to 2002 (Figure 5.12). In 2011 admissions increased by 43.7% compared to 2010, mostly because of the opening of the OST units (Figure 5.1).

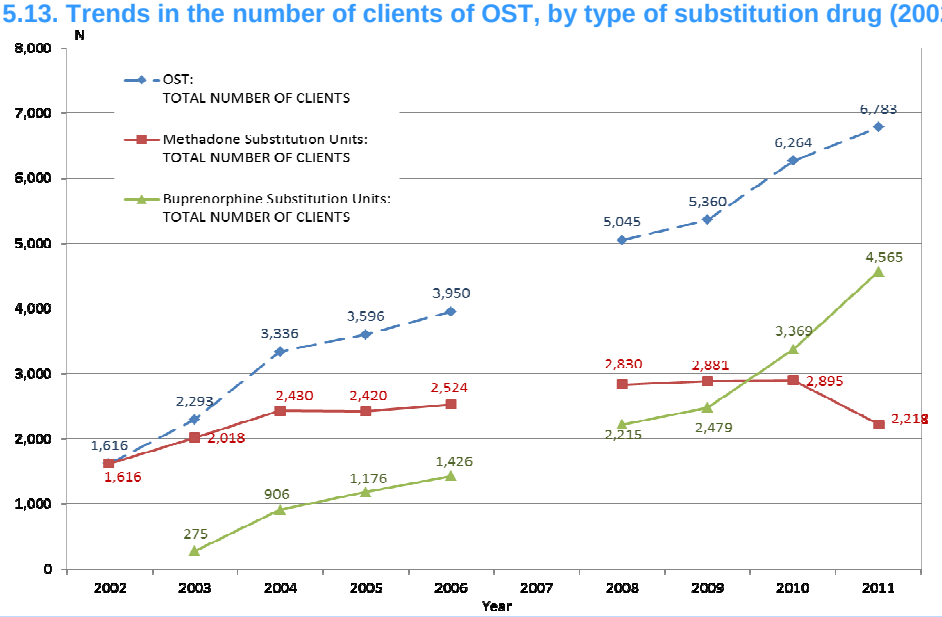
Figure 5.12. Trends in total capacity and in the number of treated population in OST units (2002-2011)



SOURCE: Greek REITOX Focal Point, 2012.

The increase between 2008 and 2011 is due to the increased number of clients by 106% in buprenorphine, while the number of clients in methadone decreased by 22% (Figure 5.13).

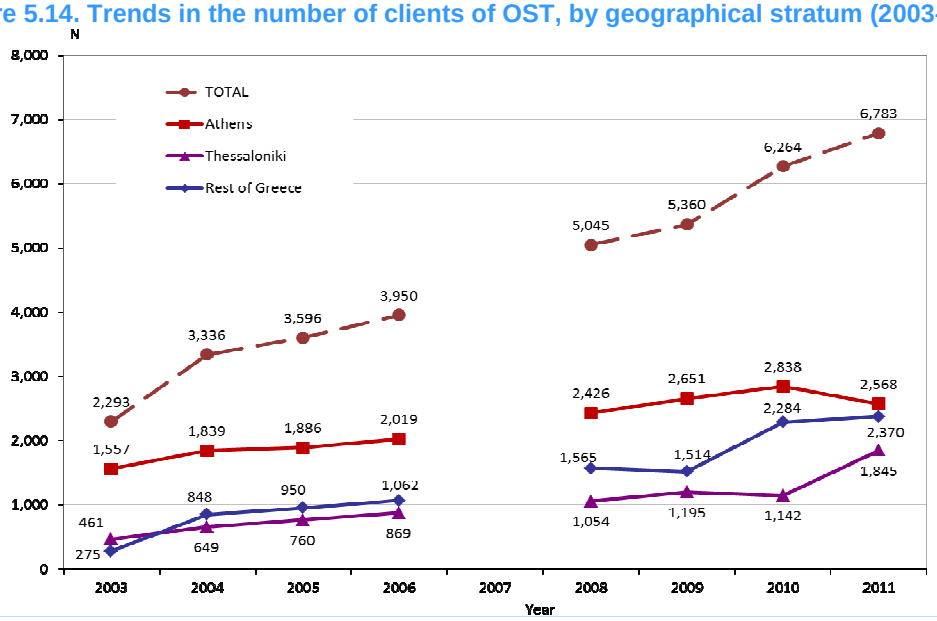
Figure 5.13. Trends in the number of clients of OST, by type of substitution drug (2002-2011)



SOURCE: Greek REITOX Focal Point, 2012.

As for the geographical allocation of the clients, in 2011, 37.9% (n=2 568) of the clients attended the OST Programme in Athens, a similar percentage (34.9%, n=2 370) were distributed in the OST Units operating in other parts of Greece and the rest of them (27.2%, n=1 845) attended the Programme in Thessaloniki, following the trend from 2003 to 2011. However, in 2011 the number of clients in Athens declined by 9.5%, while it increased by 3.7% in the rest of Greece and by 61.6% in Thessaloniki. This leads us to the conclusion that in 2011, the increase in the total number of clients is attributed to the increase in clients who attended the OST Units operating in Thessaloniki (Figure 5.14).

Figure 5.14. Trends in the number of clients of OST, by geographical stratum (2003-2011)



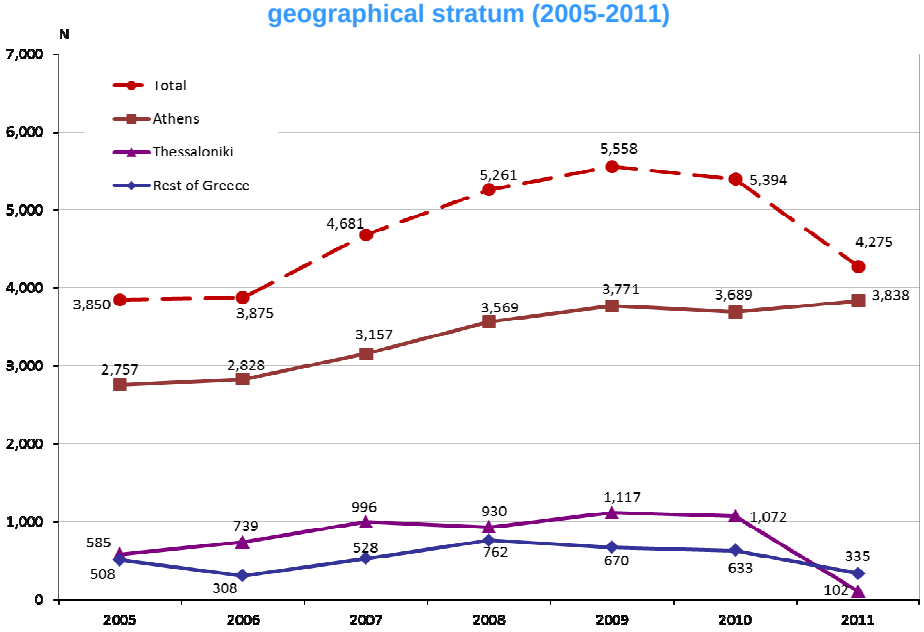
SOURCE: Greek REITOX Focal Point, 2012.

Waiting list

The rapid expansion of the OST network has caused the shortening of the waiting list (Figure 5.15). Nonetheless, in Athens, the recent increase in both the number of available OST slots and the number of clients in OST does not seem to have met drug users' demand for substitution treatment.

More specifically, by the end of December 2011, a total of 4 275 applications[10] for admission to OKANA substitution programme were pending (reduced by 20.8% compared to 2010), of which 3 838 (90%) were applications for admission to the 18 OST units in Athens and Piraeus (increased by 4%). As it is shown in Figure 5.15, waiting list for admission to treatment was a problem affecting mostly the OST units in Athens, as it is continuously increasing between 2005 and 2009, whereas it remains stable from 2009 to 2011.

Figure 5.15. Trends in the number of opioid users on the waiting list for OST, total and by geographical stratum (2005-2011)



SOURCE: OKANA, 2012.

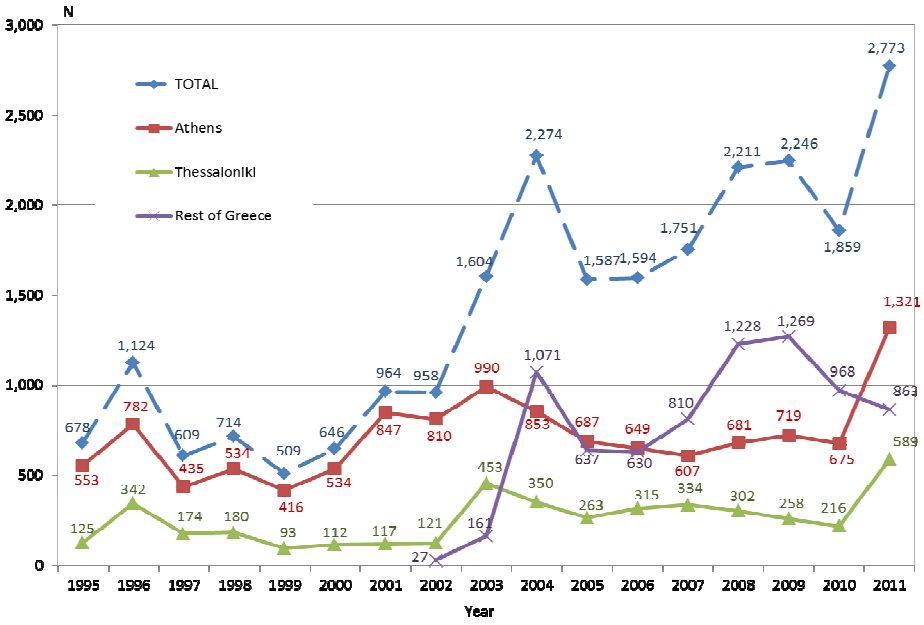
For the late increase (by 4% between 2010 and 2011) in the waiting list for admission to the OST units in Athens, we must bare in mind that in 2011 the number of applications has doubled compared to 2010 (1 321 and 675 applications respectively), being the higher number from 1995 onwards (Figure 5.16).

As for the waiting list in the 11 structures in Thessaloniki, 102 applications for admission were pending in 2011. As it is shown in Figure 5.15, the waiting list in Thessaloniki increased between 2005 and 2010. Since 2011 the waiting list decreased substantially by 90.5% compared to 2010.
Each one of the 13 substitution units operating in other parts of Greece has its own waiting list; in 2011 applicants on their waiting lists come up to 335 in total. The waiting list in the rest of Greece

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

remains at constant level between 2005 and 2010, but this trend changes in 2011, as it reduced almost by half compared to 2010 (Figure 5.15).

Figure 5.16. Trends in the annual number of applications for OST, total and by geographical stratum (1995-2011)



SOURCE: OKANA, 2012.

Treatment outcome in OST

The vast majority of individuals (86.1%, n=5 687) who received treatment in OST units, were still in treatment at the end of the reporting year, while exits from OST units represent approximately one seventh (13.9%, n=915) of the total number of clients who attended the OST programme in 2011 (data for 38 of the 39 units that reported relevant data) (Figure 5.17).

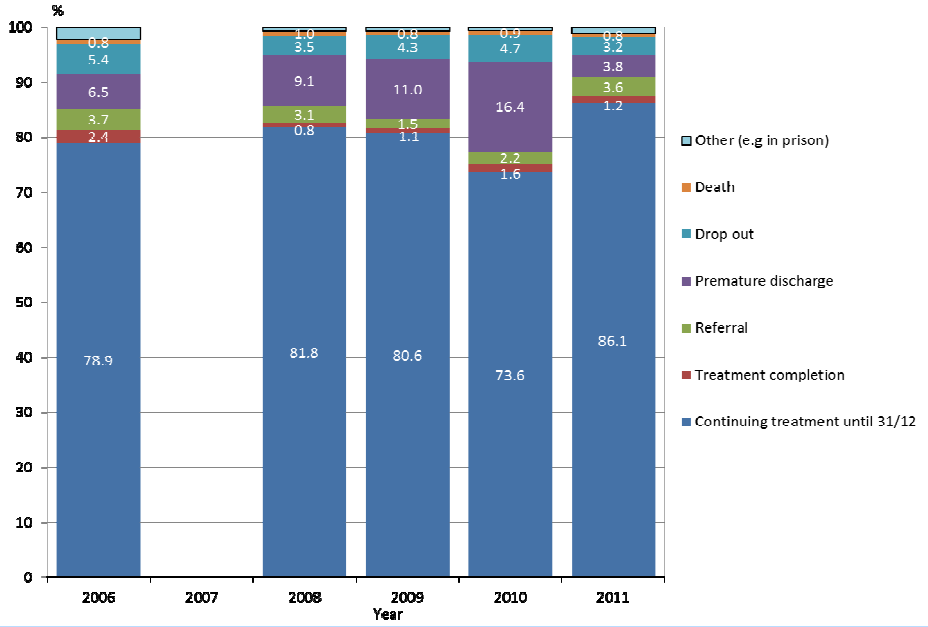
More specifically, in 2011, premature discharge accounts for 3.9% (n=254) of the total number of individuals attending OST programme in the reporting year. Referral to another unit or service represents 3.6% (n=240), dropouts account for 3.2% (n=214) followed by treatment completion (1.2%, n=79) (Figure 5.17).

In order to evaluate the treatment outcome, one needs to bear in mind that OST programmes are long-term programmes as a rule. It is noted that 59.5% of “all clients” are in substitution treatment for more than one year (63.7% in 2010).

As shown on Figure 5.17, during the last six-year-period (2006-2011) the outcome figure of the treatment procedure remained relatively unchanged. More specifically, the percentage of individuals who were still in treatment at the end of the reporting year, appeared to be stable from 2006 to 2009, whereas in 2010 it decreased by 7.1% compared to 2009. However in 2011, there was an increase by 12.6% compared to 2010. As for the rate of premature discharge, it constantly increased from 2006 to 2010, while in 2011 it decreased by 12.6% compared to 2010. The rate of

referral to another unit or service, dropout and treatment completion remained largely unchanged through the years 2006-2011.

Figure 5.17. Outcome in OST units (2006-2011)



SOURCE: Greek REITOX Focal Point, 2012.

The reported main reason for premature discharge from OST units is attempt to export pharmaceutical substance (methadone or buprenorphine) off the unit or import drugs in the unit (21.3%). Other reasons for premature discharge include non-attendance of therapy / counselling sessions (14.7%), breach of the unit's rules and regulations (14.3%), use of illicit substances outside the premises (12.4%), deceit in urine tests (8.1%), violent behaviour on the premises (7.0%), involvement in illegal activities other than drug use (4.7%), as well as use of illicit substances on the premises (1.6%).

Personnel

In 2011, the **total (salaried) staff** employed in OST units came up to **n=575**. The staff levels in OST units remained the same during the triennium 2008-2010, and in 2011 increased by 25.5% compared to 2010 (Figure 5.3).

Counselling services in OST

The Admission, Information and Guidance Centre has been operating in Athens since 2002. Its mission is to assess the needs of dependent drug users seeking treatment and refer them to the most appropriate programme (run either by OKANA or by other agencies). The ultimate objective of this service is to improve the services delivered to users who apply for admission to OST. Most notably, the OKANA Admission, Information, Assessment and Referral Centre is responsible for managing the waiting list for admission to the OST units in Athens and Piraeus and receiving applications for admission to the Attica OST Programme. Apart from managing the waiting list and receiving applications for admission, the OKANA Admission, Information, Assessment and Referral Centre is responsible for providing information about all treatment programmes and the Attica OST

Programme in particular, and distributing information material to applicants. Moreover, it is responsible for history taking and case assessment, with the use of special diagnostic tools and by means of an interview and discussion with the applicant which, depending on the particular case, may be accompanied by recommendations and/or motivation/encouragement for attending a drug-free programme, and for compiling the patient's file prior to admission to the Attica OST Programme.

In 2011, 717 clients attended the Admission Groups of the Programme. These clients were referred to methadone or buprenorphine substitution units of Attica after being tested (microbiological, biochemical, pathology and radiology tests). In 2011 the number of Admission Groups (33 AG) has been increased by 65% compared to 2010 (20 AG). However, the clients who were finally admitted to OST units came up to 565. This number increased by 48% compared to 2010 (382 admissions) (OKANA, 2011).

In addition, the Family Support Programme operates since 2007 within the OKANA Admission, Information, Assessment and Referral Centre and offers its services to the family environment of the client, while in 2011 was enriched by developing an integrated context of service provision to families, parents, couples and other relatives of dependent individuals.

With regard to the OST units operating outside Attica, the responsibility for all the above rests with the units' competent service.

Other types of interventions

Detoxification units

In Greece, in 2011, only one specialized detoxification structure operated, within IANOS Rehabilitation Department for Dependent Individuals (Thessaloniki Psychiatric Hospital), as the detoxification programme of ATRAPOS Unit for Adolescents was in the evaluation phase and suspended operations in the reporting year. The reported capacity of the Detoxification Unit of IANOS Rehabilitation Department for Dependent Individuals is 19 clients monthly. The mission of the Detoxification Unit is to provide pharmaceutical assistance to (mostly but not exclusively heroin) users, in order to manage the physical withdrawal symptoms. It also provides information and health awareness, relapse prevention, as well as motivation and preparation for the main treatment phase through psychotherapy groups. The scheduled duration of the programme is 21 days.

In 2011, the Detoxification Unit served a total of 280 clients[11], while total admissions came up to 272. With regard to the modes of exit, 54% of the clients completed the programme and moved on to the next phase of the therapeutic process, 39.7% dropped out and 6.3% were prematurely discharged. The main reasons for premature discharge from the Detoxification Unit include involvement in illegal activities other than substance use (35.3%), sexual relationships between clients (35.3%) and violent behaviour on the premises (29.4%).

Drug treatment in prisons

In 2011, there were seven (7) drug-free treatment programmes for adults in prisons, of which four (4) therapeutic communities for imprisoned and three (3) outpatient programmes for released

[11] Standard Table 24, q.3.3.3

prisoners. The total number of individuals in treatment came up to 394,[12] of whom 124 (31.5%) were already in treatment at the beginning of the year, whereas total admissions[13] came up to 270 (68.5%).

Drug specific intervention

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

5.3. Acces to treatment

5.3.1. Characteristics of treated individuals

Characteristics of all individuals in treatment (treatment data)

Based on treatment centre reports, most of the people in treatment (main phase) in 2011 were treated for opioids (86.5%); smaller proportions for cannabis (3.7%), cocaine (2.3%) and the abuse of hypnotics and sedatives (1.6%). In counselling centres relatively smaller proportions of people compared to those treated in the main phase were treated for opioids (80.8%) and relatively higher for cannabis (12.8%) and cocaine (4.2%). Finally, cannabis is the substance most commonly reported in counselling centres for adolescents (57.2% and 33.9%, for cannabis and opioids, respectively).

Characteristics of the 2011 treatment demands (TDI data)

Overview

In 2011, 82 out of the 100 units delivered TDI data to the Focal Point (82% coverage) on a total of 5 834 individuals who demanded and entered treatment country's treatment centres (here forth referred to as *treatment demands*) (Figure 5.18).[14]

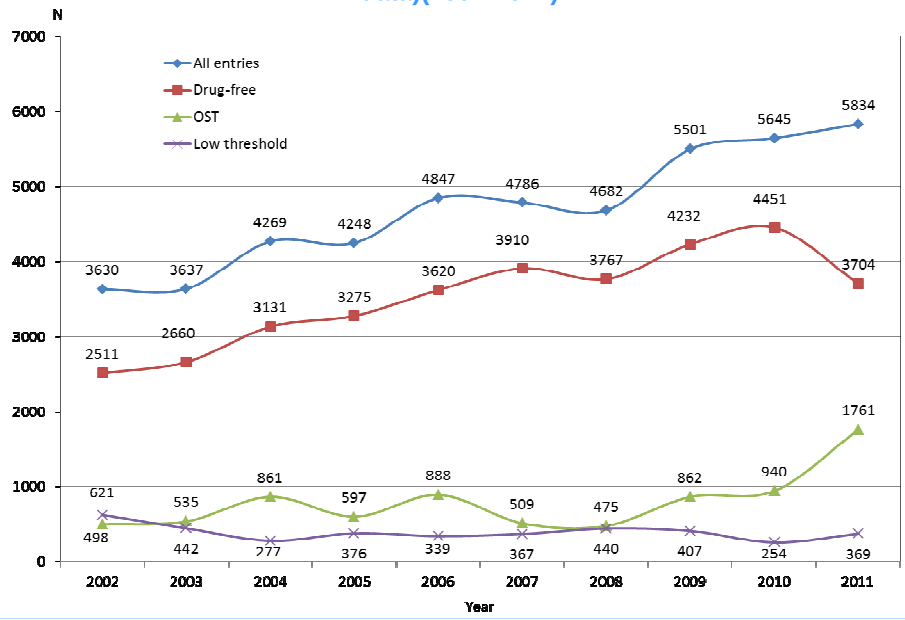
The characteristics of all treatment demands in 2011 are presented in Table 5.1 placed in the end of the chapter). Two in every three treatment demands (66.7%) were reported from outpatient settings, 27% from inpatient and 6.3% from low threshold settings. Two in every three demands (63.5%) had been addressed to drug-free settings, 30.2% entered OST and 6.3% drug users were offered services in low-threshold settings. A little less than half (44.3%, n=2 572) were first-ever treatments, i.e. drug-users who had never been treated before. Two in every five demands were referred to treatment by family and/or friends (39.7%) and at a similar rate were self-referred (35.4%).

[12] Standard Table 24, q.3.3.3

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

[14] Note that the TDI system does not collect data on treatment demands addressed to GPs, private clinics and/or other treatment centers which are not accredited by the state. The system also does collect individual data on demands for OST in Athens and Thessaloniki which, due to the lengthy waiting time for entry, do not meet the requirements as set by the definition of "drug treatment".

Figure 5.18. Trends in the number of treatment demands, total and by type of treatment (TDI data)(2002-2011)



SOURCE: Greek REITOX Focal Point, 2012.

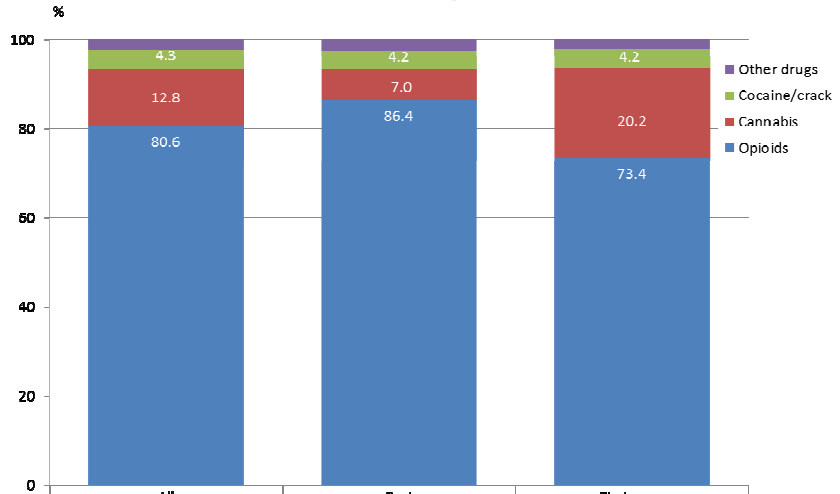
The characteristics of all treatment demands in 2011 are presented in Table 5.1 placed in the end of the chapter). Two in every three treatment demands (66.7%) were reported from outpatient settings, 27% from inpatient and 6.3% from low threshold settings. Two in every three demands (63.5%) had been addressed to drug-free settings, 30.2% entered OST and 6.3% drug users were offered services in low-threshold settings. A little less than half (44.3%, n=2 572) were first-ever treatments, i.e. drug-users who had never been treated before. Two in every five demands were referred to treatment by family and/or friends (39.7%) and at a similar rate were self-referred (35.4%).

Primary substance of abuse

In 2011, opioids were the primary substance of abuse (80.6%), followed by cannabis (12.8%), cocaine/crack (4.3%) and other drugs (2.3%) (Figure 5.19). Compared to past treatments, a significantly smaller proportion of first-ever treatments reported abuse of opioids (86.4% and 73.4%, respectively), and a much larger (almost three times) reported cannabis as the primary drug (7.0% and 20.2%, respectively) (Figure 5.19).

More than half of the treatment demands (56.5%) reported daily use of the primary substance, a significantly higher proportion among first-ever treatments (58.9%) than past-treatments (54.7%). The age of initiation of primary substance use was 20.1 years of age (higher among first-ever treatments) and the average length of abuse of the primary substance before entering treatment was 10.5 years (shorter among first-ever treatments) (Table 5.1).

Figure 5.19. Primary substance of abuse in all demands and by treatment history status (TDI data; 2011)



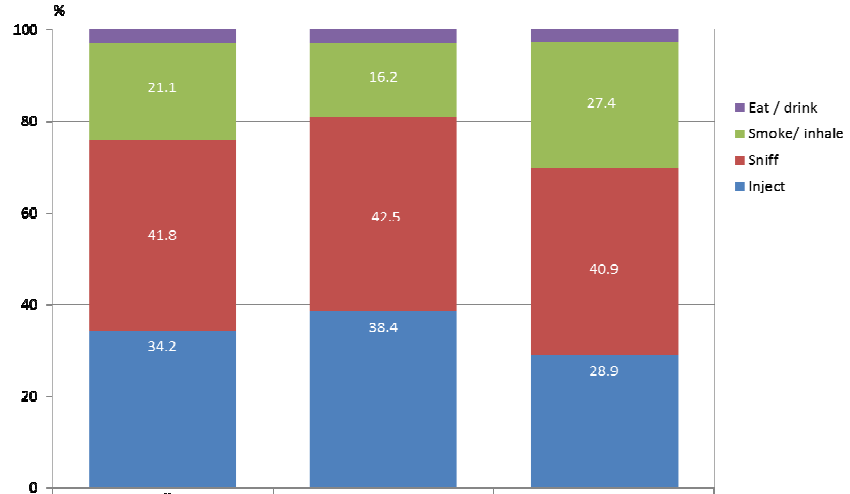
	All demands	Past treatments	First-ever treatments
Other drugs	2.3	2.4	2.2
Cocaine/crack	4.3	4.2	4.2
Cannabis	12.8	7.0	20.2
Opioids	80.6	86.4	73.4

SOURCE: Greek REITOX Focal Point, 2012.

Route of administration

Sniffing was the main route of administration reported by the largest proportion of the 2011 treatment demands (41.8%), followed by injection (34.2%), smoking/inhaling (21.1%) and other routes (2.9%) (Figure 5.20). First-ever treatments reported in lower proportions injection as the main route of administration (Figure 5.20), expectedly so given that they were also in significantly lower proportions opioid users.

Figure 5.20. Main route of administration in all demands and by treatment history status (TDI data; 2011)



	All demands	Past treatments	First-ever treatments
Eat / drink	2.9	2.9	2.8
Smoke/ inhale	21.1	16.2	27.4
Sniff	41.8	42.5	40.9
Inject	34.2	38.4	28.9

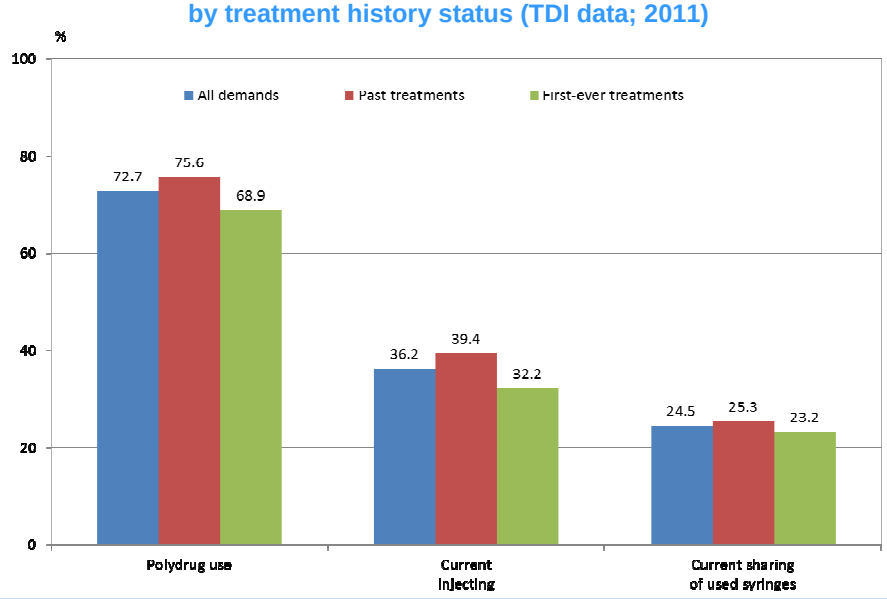
SOURCE: Greek REITOX Focal Point, 2012.

Risk patterns

Almost three in every 4 treatment demands (72.7%) reported abuse of more than one substance (polydrug use), a significantly higher proportion among past treatments (75.6%) compared to first-ever treatments (68.9%) (Figure 5.21). Cannabis (55.8%) and pharmaceuticals (tranquilizers/sedatives; non-prescribed use) (55.9%) were the most frequently reported secondary substances of abuse, followed by cocaine/crack (36.8%).

Seven in every 10 treatment demands (71.2%) reported in 2011 lifetime injecting, with half of them (36.2%) reporting current injecting (injecting in the last 30 days), a figure significantly lower among first-ever treatments (32.2%) compared to past treatments (Figure 5.21).
Something more than half of the treatment demands (57.3%) reported lifetime sharing of used syringes, while – among them – one in every 4 (24.5%) reported current sharing (sharing in the last 30 days) (Figure 5.21).

Figure 5.21. Polydrug use, current injecting and sharing of used syringes in all demands and by treatment history status (TDI data; 2011)



SOURCE: Greek REITOX Focal Point, 2012.

Socio-demographic characteristics

The vast majority of all 2011 treatment demands were males (85.3% and 14.7%, for males and females, respectively). The proportion of females was even lower among the first-ever treatments (13.3%) (Figure 5.22).

The mean age was 32.3 years (Std. deviation 8.6 years, 31.8 years among first-ever treatments), 2-and-a-half years higher among males compared to females (32.7 years and 29.7 years, respectively).

Among the three age groups, young adults (25-34 years) account for more than half of the treatment demands (50.6%), with the age group 35-64 being the second largest group (32.8%).

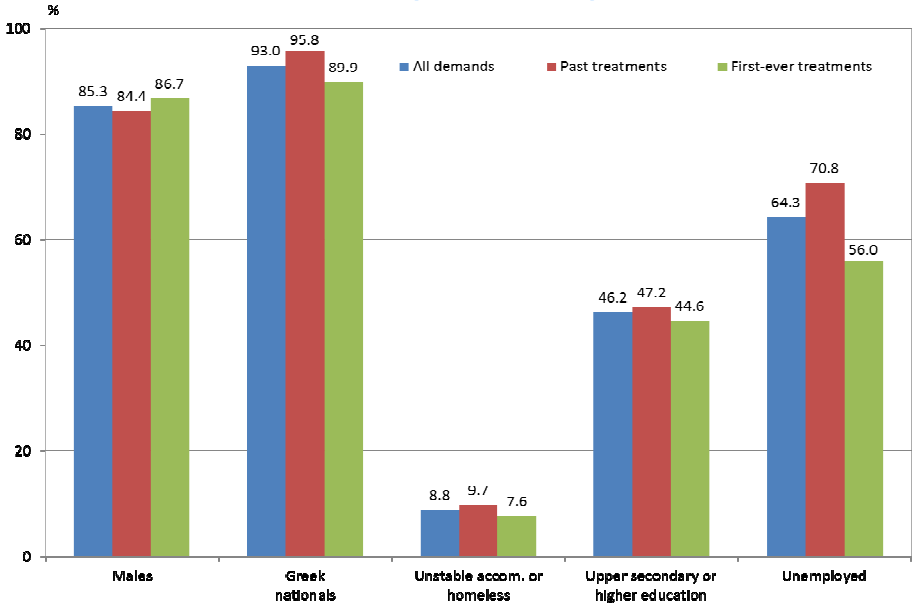
One in every 13 treatment demands were of non-Greek nationality (7.0%, 10.1% among the first-ever treatments) (Figure 5.22).

Three in every five treatment demands (59.6%) lived with their parents, one in seven (15.3%) lived alone and a similar share (13.5%) lived with a spouse/partner (with or without children). One in every ten (9.3%) lived with (their) children.

Nine in 10 (90.9%) reported stable accommodation and 8.8% report unstable accommodation or homelessness (Figure 5.22).

Most of the 2011 treatment demands were unemployed (64.3%, significantly lower among the first-ever treatments, 56.0%), one in 6 (17.7%) had regular employment, while one in 10 (10%) were in occasional employment (part-time). Finally, almost one in two treatment demands in 2010 (46.2%) had at least upper secondary education degree (Figure 5.22).

Figure 5.22. Socio-demographic characteristics in all demands and by treatment history status (TDI data; 2011)



SOURCE: Greek REITOX Focal Point, 2012.

Demands to outpatient -compared to demands to inpatient settings

In 2011, 3 889 individuals (66.7%) and 1 576 individuals (27.0% of the TDI population) demanded treatment in outpatient -and inpatient settings, respectively. Compared to demands to inpatient settings, demands to outpatient settings were in higher proportions first treatments; in higher proportions cannabis abusers and predictably in lower proportions opioid abusers; would mainly inject in lower proportions; and would be in lower proportions current injectors and daily users; however, demands in outpatient settings were in higher proportions polydrug users. Between outpatient and inpatient demands no differences were observed in terms of gender, age, nationality, educational status, use of cocaine and lifetime -and current sharing of syringes.

Demands to drug-free -compared to demands to OST

In 2011: 3 704 individuals (63.5%) and 1 761 individuals (30.2% of the TDI population) entered treatment in drug-free -and OST settings, respectively. In addition, even though opioids prevail among drug-free clients (71.4%), meaningful comparisons on the basis of primary substance of use and drugs use patterns cannot be made. However, unlike demands for OST, demands in drug-free settings showed: *lower mean age* (30.1 -vs. 36.1 years) and *lower age of initiation* of primary substance and *shorter length of use* before entering treatment; higher proportions of *female* clients and clients of *non-Greek nationality* (even though males, 84.5%, and Greek-nationals, 92.3%, prevail overall); higher proportions of clients with *higher educational status; and* lower proportions in *daily use* of the primary substance and lower proportions of *polydrug* use. Between drug-free and OST entries no differences were observed in terms of their unemployment status, mean age of initiation to drug use and current sharing of syringes.

Characteristics by primary substance of abuse

In 2011, 4 693 (80.6%) of the treatment demands were opioid users, 746 (12.8%) cannabis users, 248 (4.3%) cocaine users and 2.3% abusers of other drugs.

Compared to cannabis -and cocaine users, opioid users showed:

- Higher mean age (33.6 -vs. 24.4 years) (compared only to cannabis users) and higher age of initiation of primary substance use and longer length of primary substance abuse prior to the last demand for treatment
- Lower proportions of first-ever treatments (compared only to cannabis users); lower proportions of living with parents; lower proportions of non-Greeks; lower proportions of completed upper secondary education status
- Higher proportions of unemployed, higher proportions in polydrug use (compared only to cannabis users)

Compared to opioid -and cocaine users, cannabis users:

- had lower mean age (24.4 years) and higher age of initiation of any illicit use and of primary substance use (note: cannabis is the most prevalent substance of initiation) and the shortest length of primary substance abuse
- were in higher proportions first-ever treatments, living with parents, and non-Greeks
- were in lower proportions self-referrals, unemployed and polydrug users

Compared to opioid -and cannabis users, cocaine users have:

- Lower (the lowest) proportions of living with parents, non-Greeks (compared only to cannabis users), completed upper secondary education status
- Higher (the highest) proportions of unemployed (compared only to opioid users)
- Lower (the lowest) proportions of daily use, but higher (the highest) proportions of polydrug use.

Treatment demands in Athens compared to other cities

Treatment demands in Athens differ in their characteristics compared to those in other cities. More specifically, as it is shown in Table 1, compared to other cities higher proportions of demands in Athens are past-treatments; new injectors; non-Greek nationals; unemployed; with unstable accommodation or homeless. Noticeably, demands in Athens report in lower proportions injection as the main route of administration; i.e. they mostly sniff (anecdotal reports refer to high proportions of IDUs with damaged veins). In addition, higher proportions of current injectors in Athens compared to other cities report injecting cocaine and daily use of the primary substance. Finally, higher proportions of IDUs reporting current sharing of used syringes in Athens inject stimulants other than cocaine compared to other cities (6.5% and 1.7%, respectively; not shown in Table).

Table 5.2. Differences in the characteristics of treatment demands between Athens and other cities (TDI 2011)

	Athens	Other areas	p^1
All demands (n=5 834)			
Males	84.4	86.4	*p<0.05*
Mean age (years)	32.3	32.3	*ns*
First-ever treatments	41.3	47.7	*p<0.001*
New 'injectors (injecting < 2 years)	8.8	6.5	*p<0.01*
Greek nationals	90.6	96.1	*p<0.001*
Unemployed	65.8	62.5	*p<0.01*
Unstable accomodation / homeless	11	6.3	*p<0.001*
Injection as main route of administration	26.4	43.4	*p<0.001*
Current injection	30.4	42.8	*p<0.001*
Current injectors (n=2 105)			
Opioids as primary substance	93.9	96.1	*p<0.05*
Cocaine/crack as primary or secondary substance	42.3	24.5	*p<0.001*
Stimulants[2] as primary or secondary substance	5.3	4	*ns*
Daily use of primary substance	78.3	66.8	*p<0.001*
Current sharing of syringes	23	25.7	*ns*

SOURCE: Greek REITOX Focal Point

* (1) Between Athens and Other areas
(2) Other than cocaine/crack

5.3.2. Trends among individuals in treatment (TDI data)

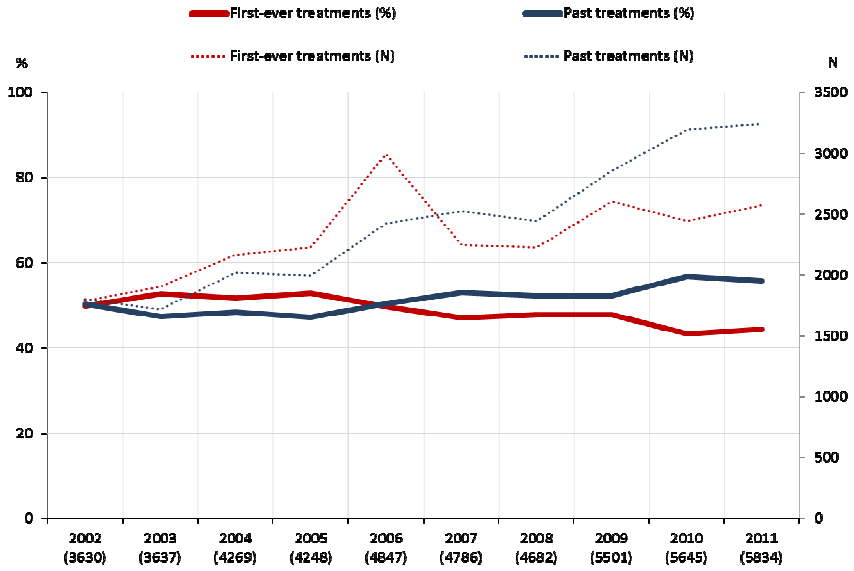
Trends in treatment demands (TDI data)

Trends in the first-ever treatments (treatment history)

In 2011, 44.3% (n=2 572) of the treatment demands were first-ever treatments, i.e. drug-users who had never been treated before. Between 2002 and 2011, there is an overall increasing trend in the number of both the first-ever treatments and past treatments (Figure 5.23). Noticeably, from 2006 onwards, larger proportions of past treatments started entering treatment with the trend showing nevertheless a tendency towards levelling off in 2011. The increasing trends in the past treatments may be mainly attributed to the relatively high drop-out numbers (see Figure 5.9 and Figure 5.17).

On the other hand, the 2011 increases in the numbers of first-ever treatments may be attributed to the opening of new OST units which gave the opportunity to drug users who had never been treated before to enter treatment for the first time in 2011. For the same reason, further increases in the number of first-ever treatments entering treatment are expected in the coming years.

Figure 5.23. Trends in the number and the percentage of treatment demands by treatment history status (TDI data; 2002-2011)

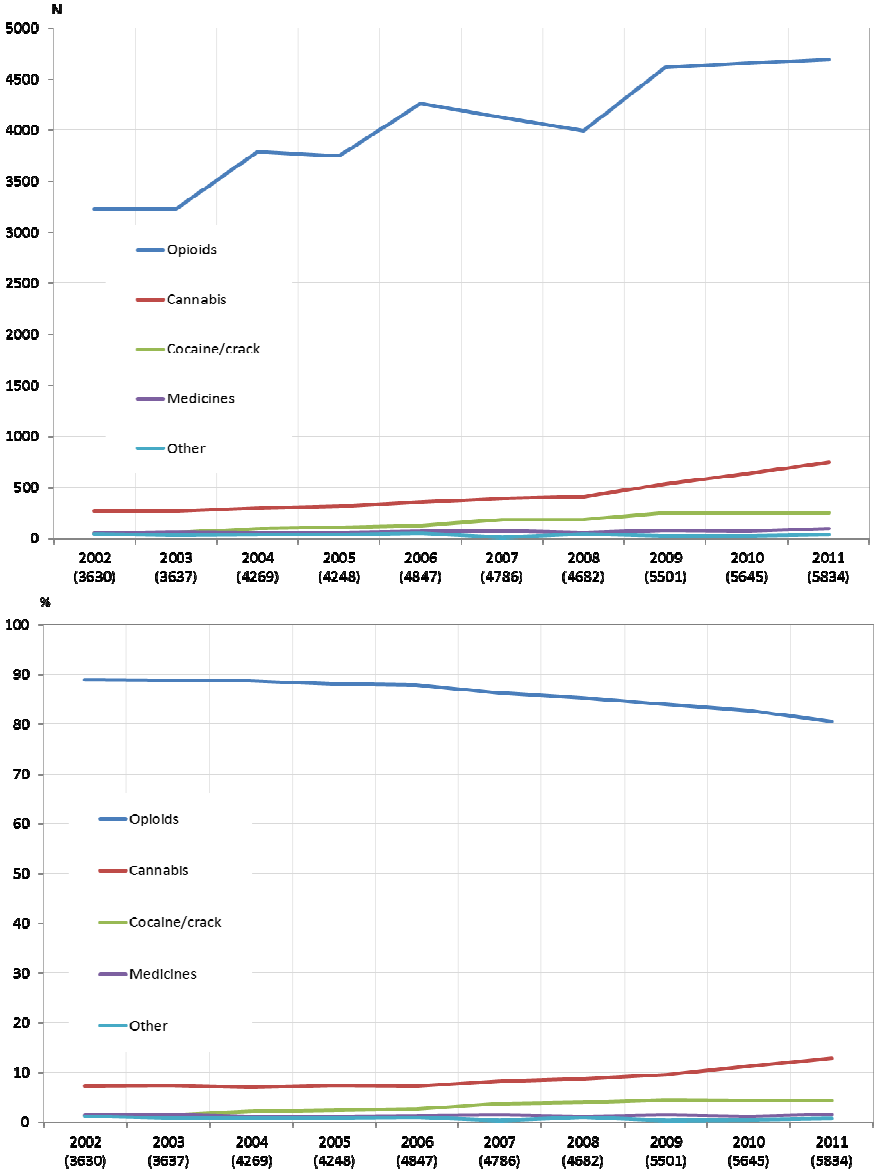


SOURCE: Greek REITOX Focal Point, 2012.

Trends in the primary substance

In 2011, opioids remained the primary substance of abuse (80.6%), followed by cannabis (12.8%), cocaine/crack (4.3%) and other drugs (2.3%). Between 2002 and 2011, there has been an overall increasing trend in the number of opioid users. Significant increases have also been observed in the number of cannabis and cocaine users, most notably after 2008 (Figure 5.24), both groups also steadily claiming larger proportions among users seeking treatment (Figure 5.24). More specifically, between 2008 and 2011 there has been a 17.5% percentage increase in the number of those reporting opioids (6.0% increase among first-ever treatments), but also an 83.7% and a 34.1% increase in those reporting cannabis and cocaine/crack use, respectively (78.6% increase and 3.5% decrease, respectively among the first-ever treatments).

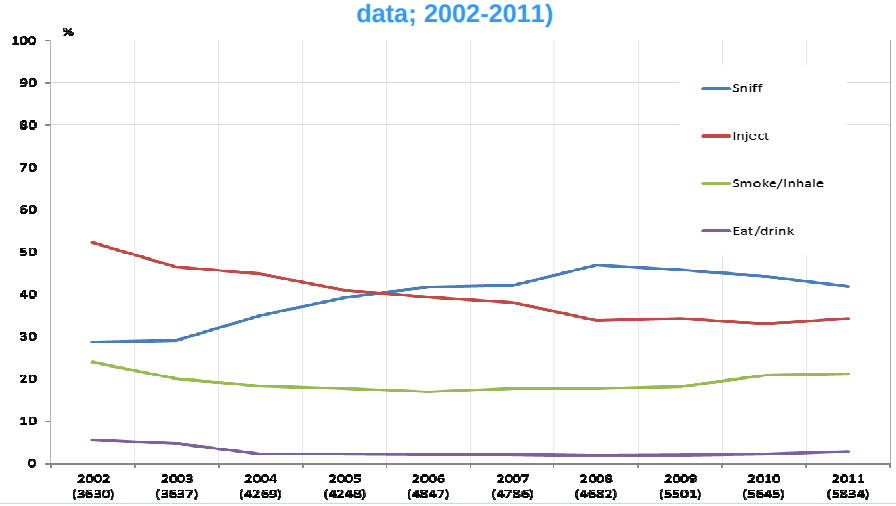
Figure 5.24. Trends in the number and the percentage of treatment demands by primary substance (TDI data; 2002-2011)



Trends in the route of administration

In 2011, sniffing was reported by the largest proportion treatment demands (41.8%), followed by injection (34.2%), smoking/inhaling (21.1%) and other routes (2.9%). Sniffing dominates as a route of administration since 2006 when a shift has been observed in the routines of drug abusers from injection to sniffing. This trend persists until 2011 although the numbers of those injecting have increased since 2008 unlike those who sniff which have been levelled off since 2009. An increasing trend is also observed since 2008 in the number of users reporting smoking/inhaling as the main route of administration (Figure 5.25), especially among first-ever treatments (from 21.3% in 2008 to 27.4% in 2011, a 49% percentage increase, not shown in Figure).

Figure 5.25. Trends in the percentage of treatment demands by route of administration (TDI data; 2002-2011)



SOURCE: Greek REITOX Focal Point, 2012.

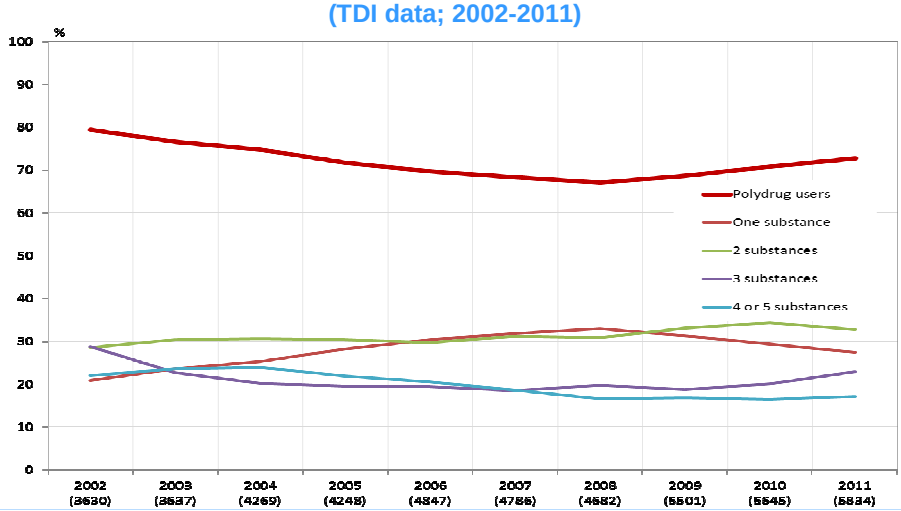
Trends in the frequency of use

More than half of the treatment demands in 2011 (**56.5**%) reported daily use of the primary substance. Between 2002 and 2011, the majority of users (ranging between 55% and 65%) would make daily use of the primary substance. In addition, despite variations, the number of those reporting daily use shows an increasing trend overall (albeit a decreasing tendency is observed in 2011 compared to 2010).

Trends in poly-substance use

In 2011, 72.7% of the treatment demands reported abuse of more than one drug (polydrug use). After a decreasing trend between 2002 and 2008, from 2009 onwards there is an increasing trend in the percentage of users reporting abuse of multiple substances. Increases were most notable among those reporting 3 –and 4 or more substances of abuse (Figure 5.26). Similar trends have been observed also for the first-ever treatments (not shown in Figure).

Figure 5.26. Trends in the percentage of treatment demands reporting polysubstance use (TDI data; 2002-2011)

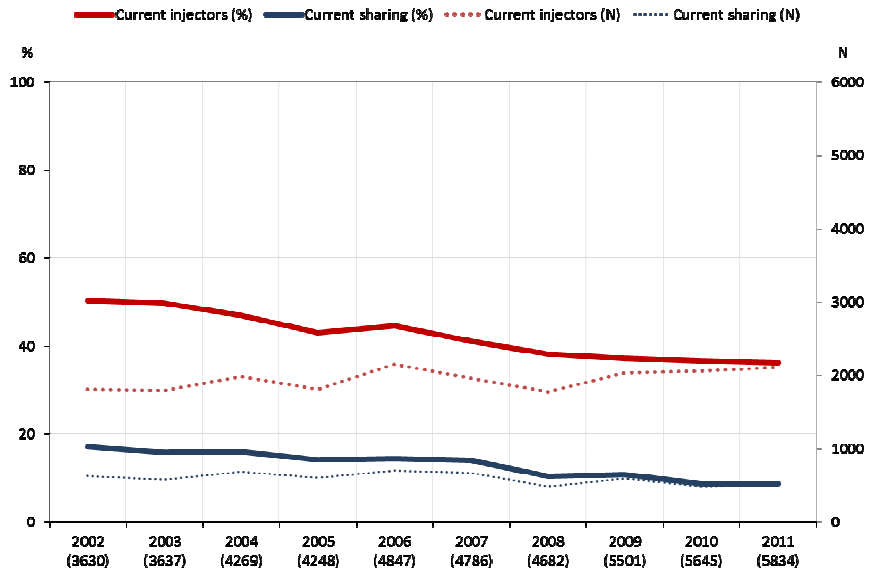


SOURCE: Greek REITOX Focal Point, 2012.

Trends in current injecting and current sharing of used syringes

In 2011, 36.2% reported current injection, i.e. injection in the last 30 days (32.2% among first-ever treatments) while also 24.5% reported current sharing, sharing in the last 30 days. As it is shown in the Figure 5.27, despite the increases in the numbers of current injectors (especially after 2008), there is an overall decreasing trend in the proportions of current injectors demanding treatment during the last 10 years (compared to never – and never in the last 30 days injectors, not shown in the graph). A decreasing trend has been also observed in the in the proportion of users who have shared syringes in the last 30 days (compared to those who have not shared syringes in the last 30 days, not shown in the graph). Similar trends have been observed among the first-ever treatments (not shown in Figure).

Figure 5.27. Trends in the percentage of treatment demands reporting current injecting and current sharing of used syringes (TDI data; 2002-2011)



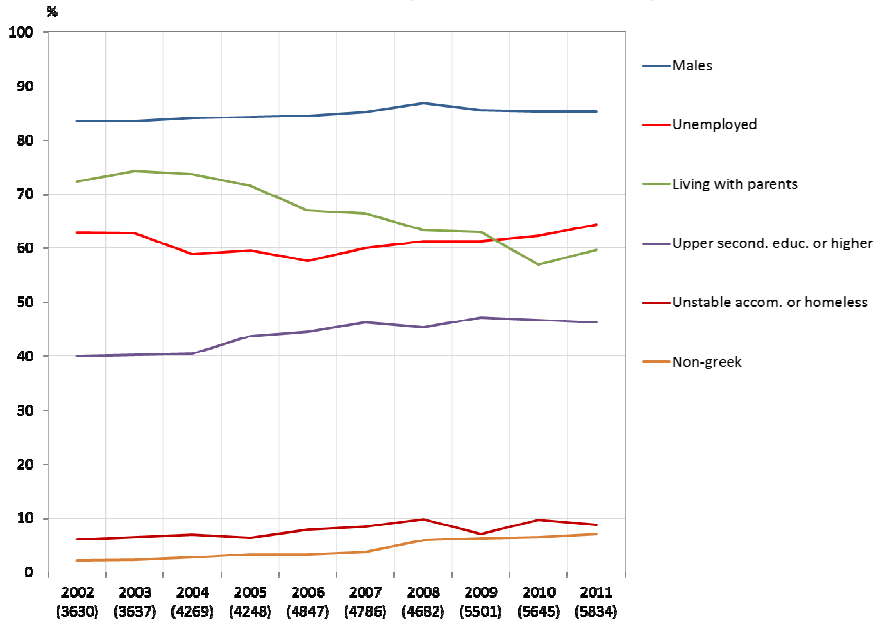
SOURCE: Greek REITOX Focal Point, 2012.

Trends in the socio-demographic characteristics

Gender: No noteworthy changes have been observed with regard to gender (Figure 28). Although the numbers show overall an increasing trend in both genders, males consistently outnumber females all the way through the last 10 years.

Age groups: The age group 25-24 is the group with the highest prevalence for most of the 10-year-period. Numbers consistently for this age group increased until, nonetheless, 2008 when the increasing trend was levelled off and changed to a decreasing trend ever since. In contrast, decreasing trends are observed after 2004 in the number of adolescents or young adults up to 24 years of age entering treatment. Older users (35+) retained a relatively stable representation in the total annual number of treatment demands until 2008 when their proportion started increasing significantly.

Figure 5.28. Trends in the percentage of treatment demands, by key sociodemographic characteristics (TDI data; 2002-2011)



SOURCE: Greek REITOX Focal Point, 2012.

Living conditions: 'With parents' was the response option most often picked by respondents to the question "*Whom do you live with?"* (about 60% in 2011). However, a consistently decreasing trend can be observed in the last 10 years (levelled off only in 2011) (Figure 5.28) paralleled with an increasing trend in all other states, most notably 'living alone' and 'other' category which includes the living condition of living alone with children (not shown in Figure).

Accommodation: The vast majority of treatment demands (over 90%) report stable accommodation all the way through the last 10 years. Homeless users however steadily increased both in terms of numbers and proportions (Figure 5.28), albeit they hardly reach the volumes of those reporting stable accommodation. The prominence of stable accommodation may be attributed to the fact that a large proportion of users live with their parents (see above).

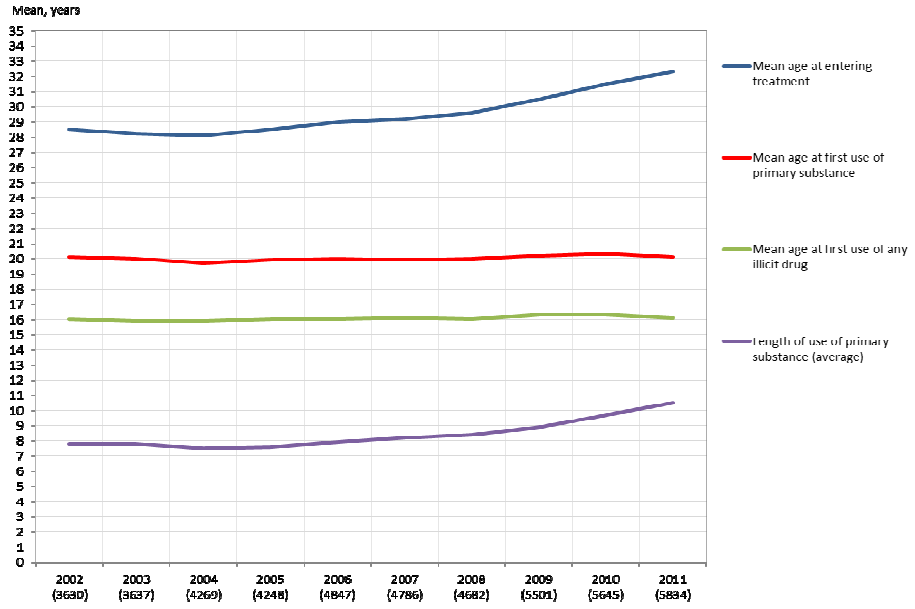
Nationality: The vast majority of treatment demands (over 90%) have been consistently Greek nationals. Non-Greek users nonetheless steadily increased both in numbers and proportions (Figure 5.28).

Employment status: There is a continuous increasing trend in the number of unemployed users entering treatment (Figure 5.28). The number of those with regular employment showed an increasing trend until 2006 however ever since increase was levelled off while a decreasing trend emerges from 2009 onwards, coinciding with an increasing trend in the number of users reporting occasional employment.

Educational status: Although the educational status of the drug users was in 2011 improved compared to 2002, no significant changes were observed in the percentage of drug users reporting having completed upper secondary education degrees or higher (Figure 5.28).

Mean ages: Mean age has since 2009 surpassed the 30 years (32.3 years in 2011). There is a clear increasing trend in the mean age of drug treatment demands: throughout the 10-year-period the mean age increased by approximately 2 years (Figure 5.28). The increasing trend characterises equally males and females although a levelling off of this increase is observed in female demands which is difficult to explain. In addition, no changes have been observed in the mean age at first use of any illicit drug (16.1 years of age in 2011) and the mean age at first use of primary substance (20.1 years of age in 2011). However, increases have been observed in the average length of use of the primary substance (10.5 years in 2011) (Figure 5.29).

Figure 5.29. Trends in the mean age of treatment demands and of other behaviours (TDI data; 2002-2011)



SOURCE: Greek REITOX Focal Point, 2012.

Table 5.1. Trends in the characteristics of treatment demands in Greece (2002-2011)*

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
n	3 630	3 637	4 269	4 248	4 847	4 786	4 682	5 501	5 645	**5 834**
Type of treatment										
Drug-free	69.2	73.1	73.3	77.1	74.7	81.7	80.5	76.9	78.8	**63.5**
OST[2]	13.7	14.7	20.2	14.1	18.3	10.6	10.1	15.7	16.7	**30.2**
Low-threshold	17.1	12.2	6.5	8.9	7.0	7.7	9.4	7.4	4.5	**6.3**
Type of setting										
Outpatient	38.3	44.5	56.0	52.6	54.7	47.5	49.4	54.2	59.9	**66.7**
Inpatient	44.5	43.3	37.5	38.5	38.3	44.8	41.2	38.4	35.6	**27.0**
Low-threshold	17.1	12.2	6.5	8.9	7.0	7.7	9.4	7.4	4.5	**6.3**
Treatment history										
First-ever treatments[3]	49.8	52.6	51.7	52.8	49.7	47.1	47.7	47.7	43.3	**44.3**
Past treatments	50.2	47.4	48.3	47.2	50.3	52.9	52.3	52.3	56.7	**55.7**
Gender										
Males	83.4	83.4	84.0	84.3	84.5	85.2	86.8	85.5	85.3	**85.3**
Females	16.6	16.6	16.0	15.7	15.5	14.8	13.2	14.5	14.7	**14.7**
Age										
Mean age at entering treatment	28.5	28.2	28.1	28.5	29.0	29.2	29.6	30.5	31.5	**32.3**
Mean age (Males)	28.9	28.6	28.5	28.9	29.3	29.4	29.7	30.9	31.8	**32.7**
Mean age (Females)	26.4	26.0	26.1	26.7	27.8	27.5	28.3	28.2	30.0	**29.7**
Age group 15-24[4]	41.8	42.1	39.0	33.4	27.9	26.0	23.4	20.1	17.4	**16.6**
Age group 25-34	35.2	37.3	41.9	46.3	51.6	54.6	56.8	56.6	54.1	**50.6**
Age group 35-64	23.0	20.7	19.1	20.3	20.5	19.5	19.9	23.3	28.6	**32.8**
Referral[5]										
Family/friends	42.6	47.8	50.9	51.0	46.1	45.3	46.0	45.4	40.4	**39.7**
Self referred	37.7	32.4	28.3	28.9	32.4	32.4	30.6	32.7	37.9	**35.4**
Other drug treatment centres	7.5	7.8	7.8	8.5	8.6	7.9	8.3	8.2	6.7	**6.5**
Hospital/other medical source	3.0	3.0	3.4	4.2	3.6	3.6	5.1	4.1	4.0	**3.1**
Other	9.2	9.0	9.6	7.4	9.3	10.8	10.0	9.6	11.0	**15.3**
Living conditions										
With parents	72.3	74.2	73.7	71.5	66.9	66.4	63.3	62.9	56.9	**59.6**
Alone	10.2	8.1	9.2	10.3	11.9	11.0	12.4	13.3	14.2	**15.3**
With partner (alone)	6.2	4.6	4.5	5.5	4.6	4.3	5.9	5.4	5.8	**7.3**
With partner and child(ren)	4.3	5.6	5.0	5.2	6.9	7.0	6.5	6.4	7.3	**6.2**
With friends	1.7	1.9	1.2	1.2	1.5	2.4	2.1	2.2	2.6	**2.3**
Other (alone with child, other)	5.3	5.6	6.3	6.3	8.2	8.9	9.8	9.8	13.2	**9.3**
Accomodation status										
Stable or other	94.0	93.5	93.1	93.6	92.2	91.6	90.2	92.9	90.3	**91.2**
Unstable/homeless	6.0	6.5	6.9	6.4	7.8	8.4	9.8	7.1	9.7	**8.8**
Nationality										
Greek	97.8	97.7	97.3	96.7	96.7	96.3	94.1	93.8	93.5	**93.0**
Non-greek	2.2	2.3	2.7	3.3	3.3	3.7	5.9	6.2	6.5	**7.0**

*(1) "Unknown", "Don't want to answer", "Non applicable", and missing values were excluded from the calculations
(2) OST: Opioid Substitution Treatment
(3) "First treatments": drug users who have never treated before
(4) PDU age groups have been used here. Data do not refer to new treatment demands aged <15 and >64 years.
(5) Other: (source of referral) includes general practitioners, social services, court/probation/police, other
(6) Other status: student or economically inactive etc.
(7) Other: mainly amphetamines, MDMA and other derivatives, benzodiazepines

Table 5.1 Trends in the characteristics of treatment demands in Greece (2002-2011) *continued**

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

*(1) "Unknown", "Don't want to answer", "Non applicable", and missing values were excluded from the calculations
(2) OST: Opioid Substitution Treatment
(3) "First treatments": drug users who have never treated before
(4) PDU age groups have been used here. Data do not refer to new treatment demands aged <15 and >64 years.
(5) Other: (source of referral) includes general practitioners, social services, court/probation/police, other
(6) Other status: student or economically inactive etc.
(7) Other: mainly amphetamines, MDMA and other derivatives, benzodiazepines

CHAPTER 6. HEALTH CORRELATES AND DRUG-RELATED DEATHS

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

6.1.1. Technical notes on DRID

The NFP has been monitoring annually the prevalence of infectious diseases among people who inject drugs (IDU) in Greece since 2000. Data on HIV, HBV, HCV and TB are collected according to the DRID protocol.[15] Data are currently available in Greece from three sources: a) routine diagnostic testing from drug treatment and low-threshold settings (referred to below as DRID data); b community-based testing, i.e., serobehavioural studies and mobile medical units; and only for HIV data c), case reporting from the HIV/AIDS surveillance in Greece coordinated by the Hellenic Center for Disease Control and Prevention (KEELPNO).

- Routine data originate from within the wider drug treatment system, including low-threshold settings. Data on biological indicators are collected through diagnostic tests -while data on socio-demographic and behavioural indicators are collected via face-to-face interviews conducted upon contact with the treatment services. Routine data are collected annually only for IDUs who enter/access treatment services during a calendar year - not for those in already treatment, i.e. seroconversion is not reported. In addition there is no information on how many of the HIV-positive cases among IDUs are newly diagnosed infections, i.e. not known positives who have for some reason repeated testing during the reference period. Only the state accredited health and treatment settings are included in the monitoring system. Coverage at the treatment center level is high (90% in 2011). No data on infectious diseases are collected in prisons. Routine data come in two forms: individual (anonymous) -or aggregated data (data from KETHEA and 18 ANO). No checks for double counting can be conducted between individual and aggregated data and therefore in the sections that follow, DRID data are analyzed and presented separately for a) the individual data reported mainly by OKANA (referred to as data source 1), and b) for the aggregated data reported by KETHEA (referred to as data source 2) and by 18 ANO (referred to as data source 3). Data sources 2 and 3 refer exclusively to IDUs in contact with drug-free services. Data source 1 refers mainly to IDUs who either enter OST (60% in 2011) or approach low-threshold services (34% in 2011). The remaining (6% in 2011) enter drug-free treatment.
- Up until 2012, no serobehavioral surveys involving IDU samples were known to the NFP. Since August 2012, a new serobehavioural study, ARISTOTLE – a collaborative project is being conducted in the Athens city centre run by the National Retrovirus Reference Center (Athens University Medical School), OKANA, and the Hellenic Centre for Disease Prevention and Control (KEELPNO). ARISTOTLE has both prevention and research component. Its prevention component aims at decreasing HIV/AIDS transmission among IDUs in Athens

[15] For an overview see: http://www.emcdda.europa.eu/publications/methods/drid-overview

metropolitan area by raising awareness, distributing clean injection equipment and by linking HIV cases into care. Its research component includes a serobehavioural study with the use of RDS methodology. ARISTOTLE is funded by the EC 2007-2013 NSRF programme for development. Finally, data on HIV tests involving out-of-treatment IDUs is also provided though the mobile medical units currently run by of KEELPNO and PRAKSIS-NGO.

- HIV case reporting involving injecting drug users takes place through the national HIV/AIDS surveillance coordinated by KEELPNO. Injecting drug use is included among the possible transmission categories. According to KEELPNO, data coverage of its surveillance system is estimated to be high given that HIV/AIDS case reporting is mandatory, anonymous and confidential, while also antiretroviral therapy is prescribed free of charge (KEELPNO 2012).

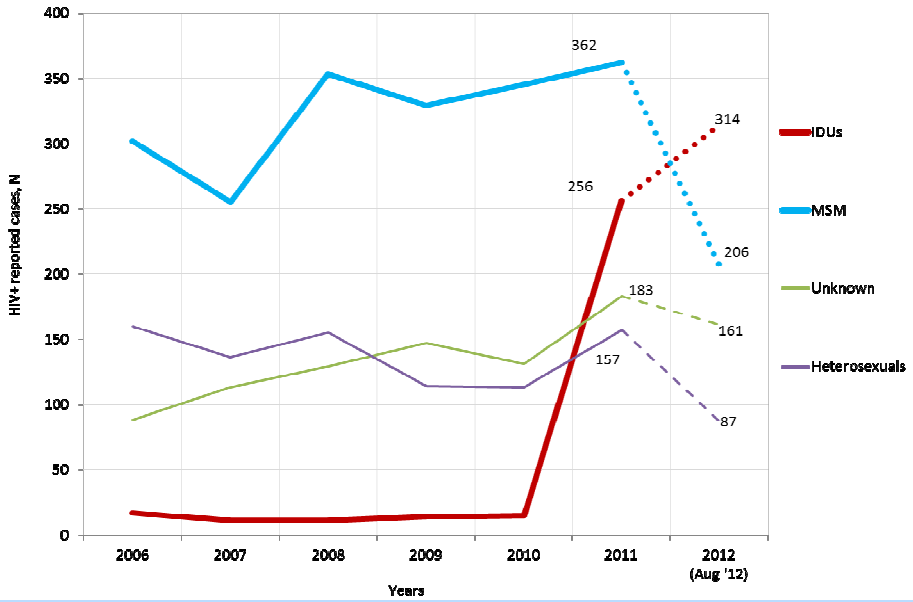
6.1.2. HIV

IDUs among HIV cases

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

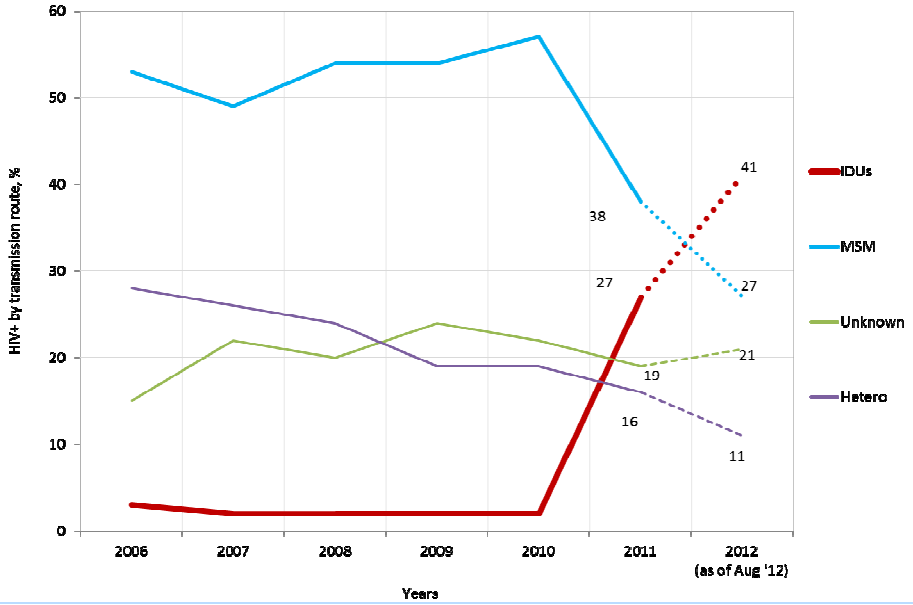
According to KEELPNO (2012), throughout the recent years no more than 20 cases which had IDU as a probable source of transmission were reported annually in Greece (Figure 6.1). IDUs never represented more than 2–3% of all total reported cases (Figure 6.2). In 2011, a total of 256 HIV cases were attributed to injecting drug use, with this route of transmission representing 26.8% of all reported cases that year (Figure 6.1 and Figure 6.2). Between January 1st and August 31st 2012, 768 HIV cases have already been recorded in KEELPNO's surveillance system, 314 of which (40.8%) were reported as IDU cases (Figure 6.1 and Figure 6.2) (Nikolopoulos 2012).

Figure 6.1. HIV reported cases by probable route of transmission in Greece (2006-Aug2012)



SOURCE: KEELPNO

Figure 6.2. IDUs as a proportion among HIV cases in Greece (2006-Aug2012)



SOURCE: KEELPNO

Among the 2011 IDU cases, four in every 5 (about 80%) were males, one in every 2 (about 55%) aged between 25-34 years and four in every 5 (about 80%) Greek nationals (Table 6.1) (note that as between January 1st and August 31st 2012 a significant increase has been observed in the number of non-Greek IDU cases an increase which also reflects changes in testing policy).

Table 6.1. HIV cases with IDU as a probable use of transmission, by Sociodemographic characteristics, 2011

	HIV cases with IDU as a probable use of transmission, 2011 (N=256)	
	N	**%**
Gender		
Male	208	81.2
Female	48	18.8
Age group		
<25	26	10.2
25-34	134	52.3
>34	96	37.5
Nationality		
Greek	207	80.9
Non-Greek	42	16.4
Unknown	7	2.7

SOURCE: KEELPNO

Data from HIV testing by mobile medical units

The Mobile Medical Units of KEELPNO reported data on 2 312 blood tests conducted between September 2011 and June 2012 in downtown Athens. 113 cases (4.9%) were HIV positive. Four in every five HIV-positive cases for which the probable route of administration was known were IDUs (KEELPNO Mobile Units, 2012). IV positive

According to data reported by PRAKSIS-NGO on the results from a total of 1 332 rapid HIV tests that the NGO conducted on individuals from vulnerable groups in Athens from June 2010 and November 2011, 24 cases were found HIV-positive (3.2%). one in every six HIV-positive cases for which the probable route of administration was known, was an IDU (PRAKSIS 2012).

HIV among IDU samples: routine data from treatment settings

In 2011, data on serological and behavioural indicators were collected on a total of 2 329 IDUs (not accounting for double counts; data from 63 out of the 70 sites in the DRID network). The number of tests conducted in 2011 in the three different data and the demographic characteristics of the IDUs tested are presented in Table 6.2 and Table 6.3, respectively.

Table 6.2. Number of IDUs tested in treatment settings (routine data) in 2011, by data source and by type of testing

		Tested for...			
	*	HbsAg	Anti-HCV	HIV	Chest X-ray
Data source 1		1 512	1 481	1 557	965
Data source 2		595	526	592	497
Data source 3		89	29	82	89

SOURCE: Greek REITOX Focal Point, 2012

*Data source 1: OST (60.0%), drug-free (5.9%) and low-threshold (34.1%) settings (national, non-representative sample).
Data source 2: drug-free settings (national, non-representative sample).
Data source 3: drug-free settings (Athens, non-representative sample).

Table 6.3. Demographic characteristics of IDUs tested in treatment settings (routine data), 2009-2011

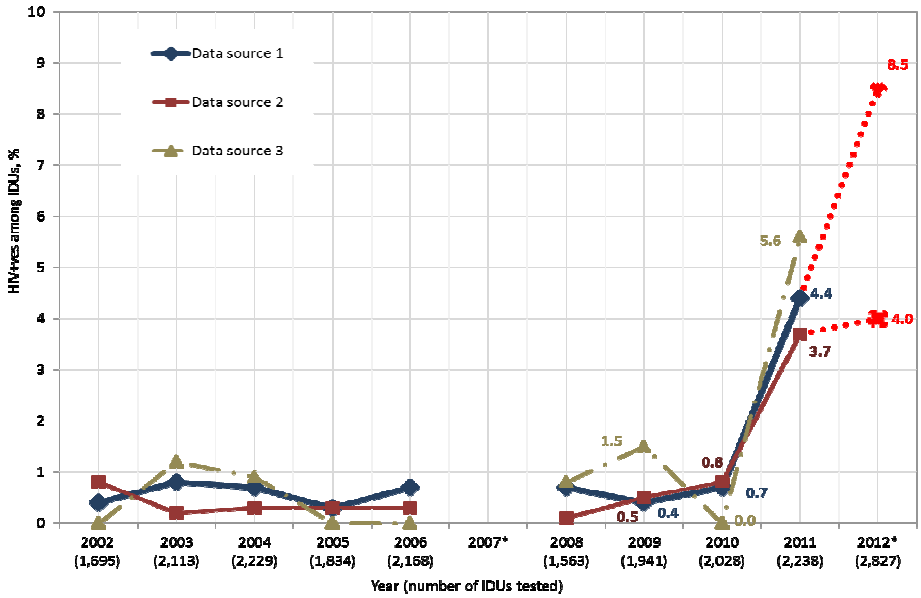
		Data source 1			Data source 2			Data source 3		
	*	2009 (n=976)	2010 (n=1197)	2011 (n=1557)	2009 (n=843)	2010 (n=743)	2011 (n=595)	2009 (n=153)	2010 (n=88)	2011 (n=89)
Gender										
Male		87.8	83.1	85.1	86.5	87.9	86.2	73.2	69.3	65.2
Female		12.2	16.9	14.9	13.5	12.1	13.8	26.8	30.7	34.8
Age group										
<25		11.1	7.0	4.2	17.4	14.9	13.9	20.3	10.2	3.4
25-34		54.5	50,9	46.4	70	68.4	66.6	60.1	68.2	58.4
>34		34.4	42.1	49.3	14.6	16.7	19.5	19.6	21.6	38.2

SOURCE: Greek REITOX Focal Point, 2012

*Data source 1: OST (60.0%), drug-free (5.9%) and low-threshold (34.1%) settings (national, non-representative sample).
Data source 2: drug-free settings (national, non-representative sample).
Data source 3: drug-free settings (Athens, non-representative sample).

NFP's data corroborate KEELPNO's evidence for sharp increases in the number of HIV cases involving IDU and possible rise in the infection in this group. Before 2011, the HIV prevalence among IDUs annually tested in the treatment settings never exceeded 2% (DRID data, Figure 6.3). In 2011, data reported from all sources showed a sharp increase in the number of IDUs diagnosed with HIV and a significant increase in the HIV prevalence in this population reaching levels as high as 4.4% at the national level (Figure 6.3); even higher in Athens (around 8%). Among the HIV positive cases in 2011, 85.9% were males, 56.3% 25-34 years of age and 88.0% were opioid users (8.0% also injected stimulants). Finally, 98.3% were HCV co-infected.

Figure 6.3. HIV prevalence among IDUs tested in Greece, by source reporting to the focal point (2002-2011)



SOURCE: Greek REITOX Focal Point, 2012

*2007 data not available. For 2011: Data source 1: consists of IDUs accessing OST (60.0%), drug-free (5.9%) and low-threshold (34.1%) settings; national sample; n=1 557 IDU tests in 2011 and n=2 550 in 2012 (only in Athens). Data source 2: consists of drug-free settings; national sample; n=592 tested in 2011 and n=577 in 2012. Data source 3: consists of drug-free settings; Athens sample; n=89 tested in 2011 and no data available as yet for 2012.

As for the period January 1st and August 31st 2012, HIV prevalence data are available from MAVY-OKANA[16] (mainly Athens sample, in-and out-of-treatment IDUs, non-representative), KETHEA[17] (national sample, non-representative), and the ARISTOTLE study (Athens sample, mostly out-of-treatment IDUs; see next paragraph).

According to MAVY-OKANA (Athens data), out of the total 2 573 problem drug users tested until September 2012, 220 cases were found HIV positive (8.6%) (Figure 6.3); no differences have been observed in the prevalence of HIV between male and female users.[18]
According to national data from KETHEA, out of the total 577 injecting drug users who had been tested for infectious diseases until August 2012, 23 cases of were found HIV positive (4.0%).[19] Only one out of the 23 cases was detected in treatment settings outside Athens.

HIV among IDU samples: serobehavioural surveys

More than 1 000 tests had been conducted between August 1st and September 31st 2012 in the context of the ARISTOTLE study involving samples of (primarily) street users in Athens city centre.

[16] MAVY-OKANA (Direct Aid & Support Unit): a low-threshold medical setting which also conducts the majority of tests on behalf of OKANA in Athens and some for OST units in Thessaloniki.
[17] Therapy Center for Dependent Individuals, conducting annually tests to about 750 IDUs.
[18] There is no quantitative information on how many of the HIV positive cases are newly diagnosed infections (i.e. are not known positives who have for some reason repeated testing during the reference period).
[19] There is no quantitative information on how many of the HIV positive cases are newly diagnosed infections (i.e. are not known positives who have for some reason repeated testing during the reference period).

According to the preliminary results -and without the sample having reached equilibrium in terms of its characteristics, 225 IDUs were found with antibodies to HIV-1 (22.5%). Out of the first 108 HIV-positive IDUs, 65 (60.2%) were new cases. The characteristics of the study sample by HIV status are presented in Table 6.4. As it is also shown in Table 6.4, IDUs from Afghanistan or Iran had a higher risk (compared to Greek IDUs) of testing HIV positive.

Table 6.4 HIV prevalence in IDUs tested at 'Aristotle', by demographic characteristics (August 1st - September 31st 2012)

		Anti-HIV			
	Total, n (%)	**Positive, n (%)**	**Negative, n (%)**		
	1000 (100.0)	225 (22.5)	775 (77.5)	***p-value***	
Age (18-62)					
Mean (SD)	35.3 (7.9)	34.2 (7.3)	35.6 (8.0)	**0.015**	
Gender				0.800	
Male	848 (84.8)	192 (22.6)	656 (77.4)		
Female	152 (15.2)	33 (21.7)	119 (78.3)		
		Anti-HIV			
	Total, n (%)	**Positive, n (%)**	**Negative, n (%)**	**OR of**	
	1000 (100.0)	225 (22.5)	775 (77.5)	**Anti-HIV (+)**	***p-value***
Country of origin					
Greece	862 (86.2)	189 (21.9)	673 (78.1)	*Ref. category*	-
Europe (other)	41 (4.1)	11 (26.8)	30 (73.2)	1.31	0.461
Afghanistan/Iran	46 (4.6)	16 (34.8)	30 (65.2)	**1.89**	**0.045**
Middle East (other)	17 (1.7)	4 (23.5)	13 (76.5)	1.1	0.874
Africa	27 (2.7)	5 (18.5)	22 (81.5)	0.89	0.674
Other	7 (0.7)	0 (0.0)	7 (100)		

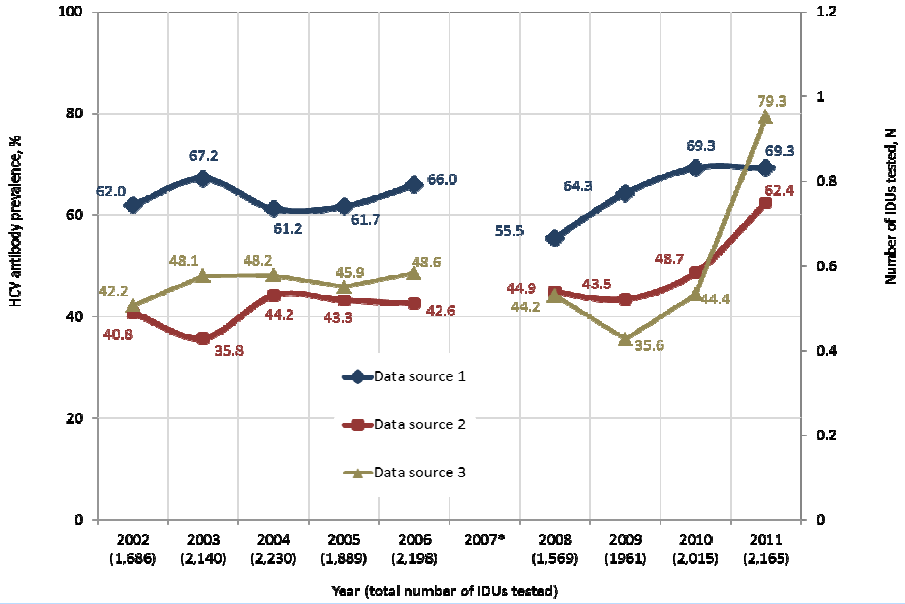
SOURCE: National Retrovirus Reference Center, Department of Hygiene, Epidemiology and Medical Statistics, Medical School, University of Athens.

6.1.3. HCV among IDUs

Injecting drug use is the main risk factor for HCV transmission in Greece. Injecting drugs has also been associated with changing the genotype distribution among patients with HCV hepatitis (Raptopoulou et al 2011).

According to DRID data, HCV antibody prevalence in IDUs has been consistently high and increasing over the last 10 years in Greece. In 2011, prevalence rates ranged between 62.4% and 79.3%, depending on the source of data (Figure 6.4). Compared to 2010, in 2011 HCV infection rates remained stable in data source 1 (national sample), but increased significantly in data sources 2 (national sample) and 3 (Athens sample) (Figure 6.4).

Figure 6.4. Trends in HCV antibody prevalence among IDUs, in Greece, by data source (2002-2011)*



SOURCE: Greek REITOX Focal Point, 2012

*2007 data not available. For 2011: Data source 1: consists of IDUs accessing OST (60.0%), drug-free (5.9%) and low-threshold (34.1%) settings; national sample; n=1 557 IDU tests in 2011 and n=2 550 in 2012 (only in Athens). Data source 2: consists of drug-free settings; national sample; n=592 tested in 2011 and n=577 in 2012. Data source 3: consists of drug-free settings; Athens sample; n=89 tested in 2011 and no data available as yet for 2012.

Table 6.5. HCV antibody prevalence in IDUs accessing treatment, by IDU characteristics (2011)*

	HCV antibody prevalence				
	Positive		Negative		
IDU groups (n; %)	**N**	**%**	**N**	**%**	**p-value**
Total	1 481	100.0			
Sex					
Male (1 264; 85.5%)	865	68.4	399	31.6	*ns*
Female (214; 14.5%)	160	74.8	54	25.2	
Age					
Mean age	37.0		35.0		*p<0.001*
<25 (61; 4.1%)	32	52.5	29	47.5	*p<0.01*[e]
25-34 (683; 46.1%)	454	66.5	229	33.9	
>34 (737; 49.8%)	541	73.4	196	26.6	
Area					
Athens (773; 52.2%)	591	76.6	182	23.5	*p<0.001*
Other areas (708; 47.8%)	436	61.6	272	38.4	
Injecting history					
New injector[a] (143; 9.7%)	75	52.4	68	47.6	*p<0.001*
Long injector[b] (1 329; 90.3%)	948	71.3	381	28.7	
Injecting opioids[c]					
Opioids (1 438; 97.2%)	1 002	69.7	436	30.3	*ns*
Other (41; 2.8%)	24	58.5	17	41.5	
Injecting cocaine/crack[d]					
Cocaine/crack (108; 7.3%)	76	70.4	32	29.6	*ns*
Other (1 373; 92.7%)	951	69.3	422	30.7	
Setting					
Low-threshold (515; 34.8%)	380	73.8	135	26.2	
Other (966; 65.2%)	647	67.0	319	33.0	*p<0.01*

SOURCE: Greek REITOX Focal Point, 2012

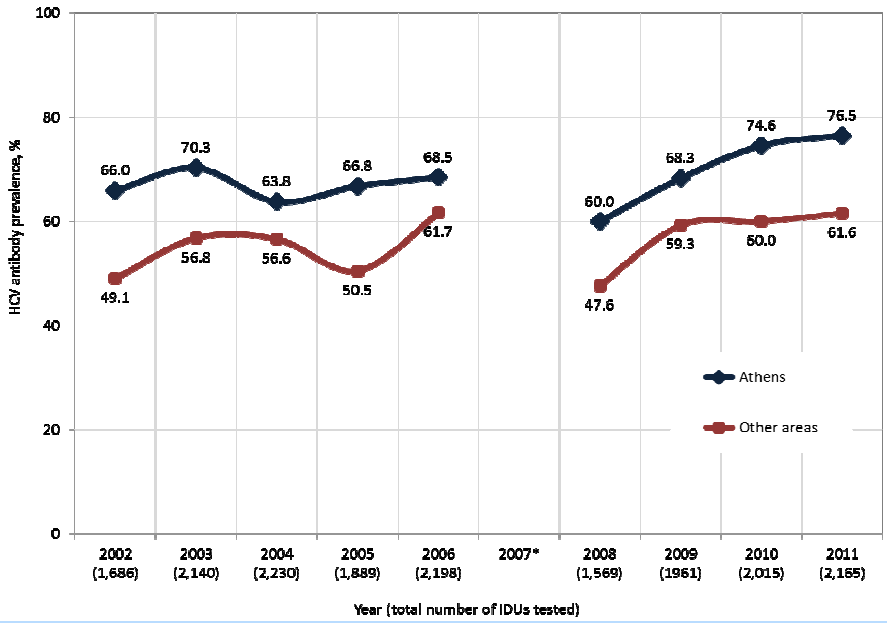
* a) Injecting history of less than 2 years; b) Injecting history of 2 years or more; c) Abuse of cocaine/crack is not excluded; d) Abuse of opioids is not excluded; e) <25 year olds compared to the ≥25 year olds

Table 6.5 shows the HCV status by IDU characteristics (2011 sample n=1 481; source 1). As expected, HCV antibody prevalence was significantly higher among older IDUs (compared to the 'young' IDUs), in Athens compared to the other areas (76.6% and 61.6%, respectively), and among long injectors compared to 'new' injectors (71.3% and 52.4%, respectively).

IDU samples between Athens and other areas differ in many respects; the former pursuing health risky injecting behaviors in higher proportions compared to the latter (see Chapter 4, TDI data, for an overview). By implication, the Athens IDU samples show consistently higher rates of HCV infection compared to other areas, suggesting that the IDU populations in Athens were at an elevated risk for acquiring HIV through risky injection practices.

In addition, possible significant changes in the HCV antibody prevalence in IDU samples during the last years in Athens is an indicator of injecting risk in the IDU population. Analyses on Athens data show that between 2008 and 2010 there has been a significant increase in the rate of HCV infection, suggesting a higher risk for an HIV outbreak (source 1; national sample) (Figure 6.5). The same trend is observed also for young injectors (<25 years of age, Figure 6.6), the 'new' injectors (Figure 6.7), and among IDUs who also inject cocaine (Figure 6.8). Especially for the 'new' – and the cocaine injecting users the increases continued also in 2011 (Figure 6.7 and Figure 6.8).

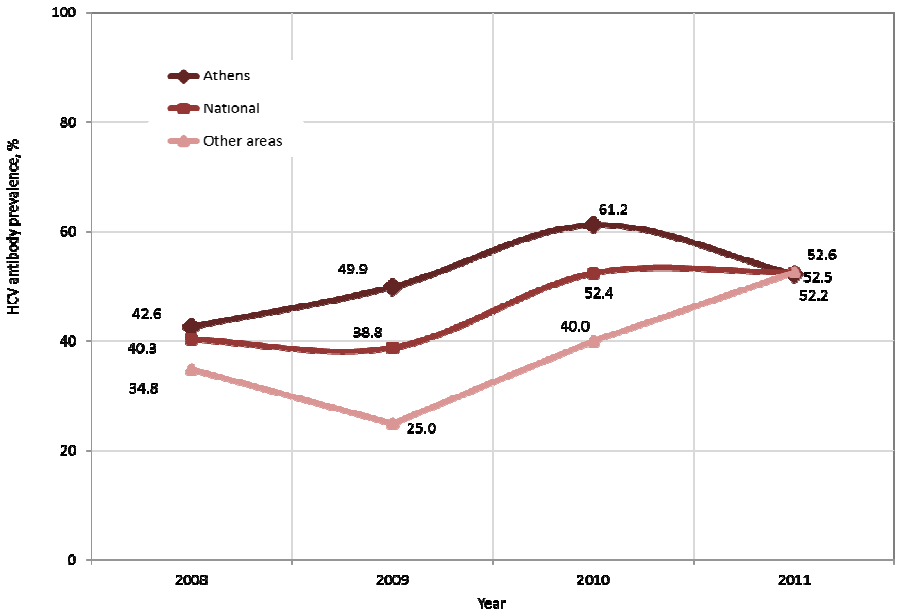
Figure 6.5. Trends in HCV antibody prevalence among IDUs, in Athens and in other areas (data source 1; 2002-2011)*



SOURCE: Greek REITOX Focal Point, 2012

*2007 data not available. In 2011 Data source 1 consists of IDUs accessing OST (60.0%), drug-free (5.9%) and low-threshold (34.1%) settings; national sample.

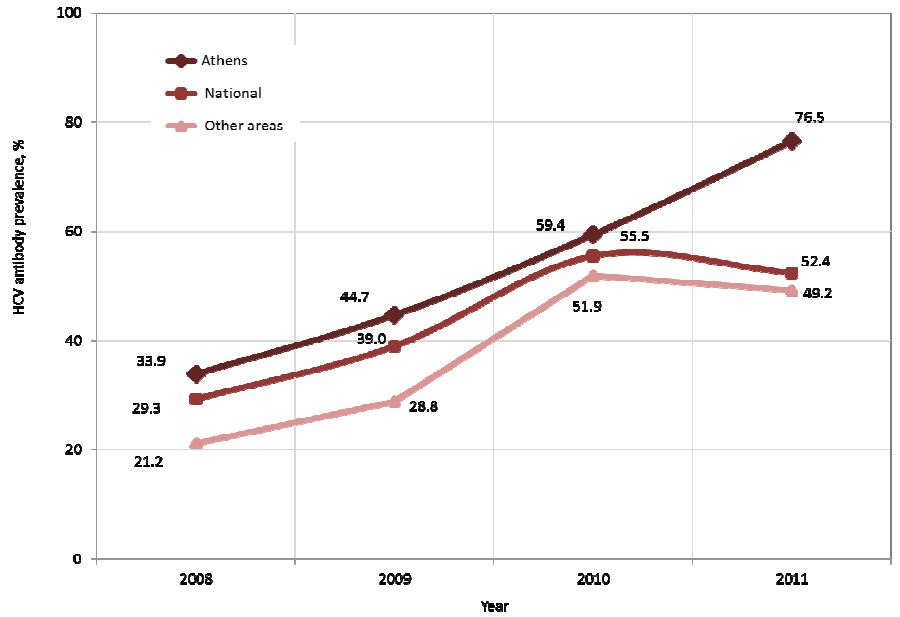
Figure 6.6. Trends in HCV antibody prevalence among young IDUs (<25 years of age) (data source 1; 2008-2011)*



SOURCE: Greek REITOX Focal Point, 2012

* In 2011 Data source 1 consists of IDUs accessing OST (60.0%), drug-free (5.9%) and low-threshold (34.1%) settings; national sample.

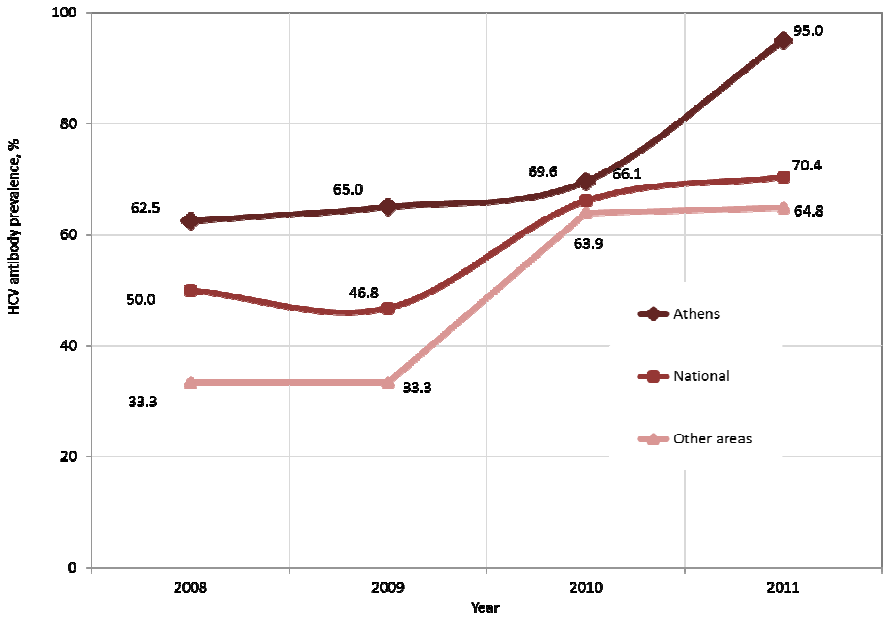
Figure 6.7. Trends in HCV antibody prevalence among 'new' IDUs (<2 years of injection) (data source 1; 2008-2011)*



SOURCE: Greek REITOX Focal Point, 2012

* In 2011 Data source 1 consists of IDUs accessing OST (60.0%), drug-free (5.9%) and low-threshold (34.1%) settings; national sample.

Figure 6.8. Trends in HCV antibody prevalence among IDUs also injecting cocaine/crack (data source 1; 2008-2011)*



SOURCE: Greek REITOX Focal Point, 2012

* In 2011 Data source 1 consists of IDUs accessing OST (60.0%), drug-free (5.9%) and low-threshold (34.1%) settings; national sample.

Significant increases in the HCV antibody prevalence among 'young' and 'new' IDUs suggest that the incidence of HCV increased in this sub-group. This is indicative of an increasing incidence also among all IDUs given that new IDUs are likely mostly being infected by longer-term IDUs. This suggests that the observed increase in prevalence of HCV in IDUs is very likely to be due to an increase in incidence rather than an increase in mortality or out-migration of HCV negative IDUs.[20]

6.1.4. Hepatitis B among IDUs

The tests used to detect HBV among IDUs are based on enzyme immunoassays for the serological markers HBsAg (surface antigen), anti-HBc (core antibody) and anti-HBs (surface antibody). In 2011, HBV infection rates (HBsAg) among IDUs in Greece ranged between 1.1% and 3.8%, depending on the source of data (Table 6.6). No significant differences were observed in the HBsAg seroprevalence rates according to gender or age.

According to the test results for hepatitis B core antibody (Anti-HBc), indications for infection history were found in 32.3% of the IDU in data source 1, in 21.5% of the IDU in data source 2, and in 14.0% of those in data source 3.

Based on the analyses of the data from data source 1, Anti-HBc was detected in higher proportions among male IDUs (33.3%, compared to females 26.4%), IDUs over 34 (41.0%, compared to those under 25, 12.8% and those aged 25-34, 23.7%), and among IDU with injecting histories of more than 2 years (33.8%, compared to IDU new injectors,15.8%). More than half (58.3%) of IDUs

[20] Communication with EMCDDA experts.

detected with hepatitis B core antibody have become immune as a result of infection (HBsAg (-), Anti-HBc(+) and Anti-HBs (+)).

Table 6.6. HBV prevalence rates (HBsAg) among IDUs accessing treatment, by demographic characteristics (2011)*

	Data source 1 (n=1 512)	Data source 2 (n=595)	Data source 3 (n=89)
	%	%	%
Total	3.8	1.2	1.1
Gender			
Male	4.2	1.4	1.7
Female	1.7	0.0	0.0
Age group			
<25	1.6	1.2	0.0
25-34	4.3	0.8	1.9
>34	3.6	2.6	0.0

SOURCE: Greek REITOX Focal Point, 2012

* In 2011 data source 1 consists of IDUs accessing OST (60.0%), drug-free (5.9%) and low-threshold (34.1%) settings; national, non-representative sample. Data source 2: consists of drug-free settings; national sample; n=595 tested in 2011. Data source 3: consists of drug-free settings; Athens sample; n=89 tested in 2011.

Moreover, almost one every 2 IDUs tested (47.6%, data source 1) have neither developed the disease nor have they been vaccinated against HBV, i.e. they are susceptible. Based on the HBV results for the three serological markers, only one in 5 IDUs tested (19.9%) has been vaccinated against HBV. Vaccination levels were higher among women (26.5% compared to 15.3% among men), and among IDU with a previous treatment history (21.8% compared to 14.6% among the first-ever treated IDUs).

6.1.5. Tuberculosis

Positive for the Mantoux test were in 2011: 40.7% of the n=231 IDU tested in settings of data source 1, 14.1% of the n=291 IDU tested in settings of data source 2, and 12.4% of the 89 IDU tested in settings of data source 3.

Positive chest X-ray had 1.1% of the 965 IDU from the data source 1 sample, 0.6% of the 497 cases tested in the data source 2, and none of the 89 cases of IDU who were tested at data source 3. No significant changes are reported over time.

6.2. Drug-induced deaths

6.2.1. Technical notes

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

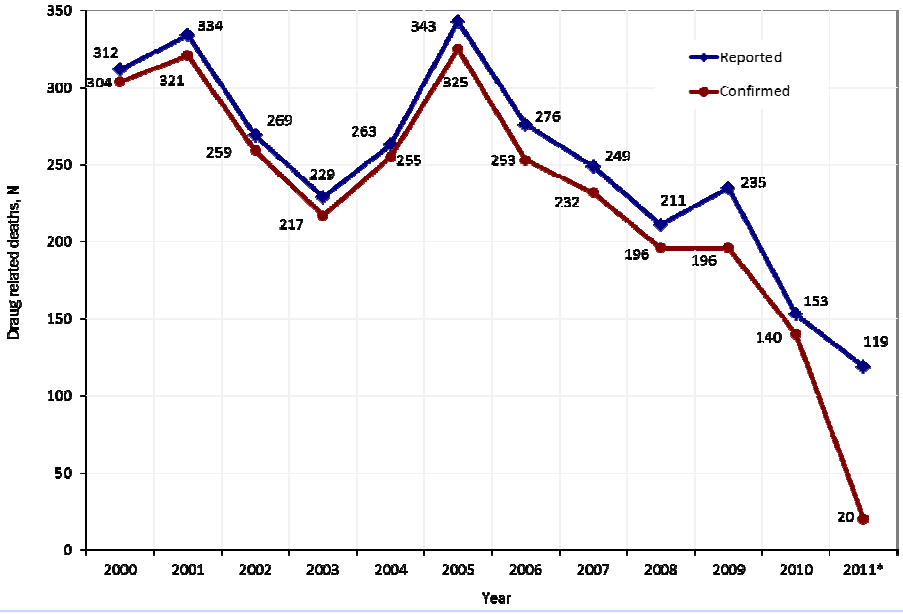
Data are based on the results of forensic autopsies and toxicological analyses carried out in death cases by the competent bodies (University Forensic Medicine and Toxicology Laboratories and Forensic Services of the Ministry of Justice).

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

6.2.2. Drug-related reported deaths

According to the data reported by the Narcotics Department of the Public Security Division of the Hellenic Police, in the year 2011, 119 drug-induced deaths were reported, of which only 20 (16.8%) were confirmed with the appropriate toxicological analyses by October 2012 (Figure 6.9 and Table 6.7).

Figure 6.9. Trends in the number of reported and confirmed drug-induced deaths (2000-2011)



SOURCE: Hellenic police, 2012

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

The decreasing trend in the drug-related deaths, which was first observed in 2005 (with the exception of 2009), appears to be continuing also 2011 (Figure 6.9).

Table 6.7 presents the socio-demographic characteristics of the confirmed drug-induced deaths. Although, still an 83.2% of the reported deaths need to be confirmed, it is evident that most of the deaths are males, over 30 years of age, of Greek nationality and unemployed. Nine in every 10 drug-induced death cases (90.7%) involved heroin/morphine, while also a 42.6% involved substances other than cannabis or cocaine.

Table 6.7. Drug-induced deaths in Greece in the period 2000-2011*

	2000		2001		2002		2003		2004		2005		2006		2007		2008		2009		2010		2011	
	N	***%***	***N***	***%***	***N***	***%***	***N***	***%***	***N***	***%***	***N***	***%***	***N***	***%***	***N***	***%***	***N***	***%***	***N***	***%***	***N***	***%***	***N***	***%***
Reported deaths	312		334		269		229		263		343		276		249		211		235		153		119	
Confirmed deaths	304	97.4	321	96.1	259	96.3	217	94.8	255	97	325	94.8	253	91.7	232	93.2	196	92.9	196	83.4	140	91.5	20	16.8
Age																								
≤ 20	51	16.8	46	14.3	28	10.8	13	6	15	5.9	15	4.6	7	2.8	7	3.0	8	4.1	6	3.1	5	3.6	2	10.0
21-30	130	42.8	158	49.2	140	54.1	118	54.4	133	52.1	179	55.1	139	54.9	108	46.6	86	43.9	83	42.3	55	39.3	8	40.0
≥ 31	123	40.5	117	36.4	91	35.1	86	39.6	107	42	131	40.3	107	42.3	117	50.4	102	52.0	107	54.6	79	56.4	10	50.0
Sex																								
Men	285	93.8	300	93.5	242	93.4	199	91.7	234	91.8	299	92	226	89.3	220	94.8	183	93.4	171	87.2	130	92.9	17	85.0
Women	19	6.3	21	6.5	17	6.6	18	8.3	21	8.2	26	8	27	10.7	12	5.2	13	6.6	25	12.8	10	7.1	3	15.0
Nationality																								
Greek	292	96.1	307	95.6	247	95.4	200	92.2	237	92.9	296	91.1	234	92.5	211	90.9	182	92.9	180	91.8	133	95.0	20	100.0
Non-Greek	12	3.9	14	4.4	12	4.6	17	7.8	18	7.1	29	8.9	19	7.5	20	8.6	14	7.1	16	8.2	7	5.0	0	0.0
Region																								
Attica	200	65.8	211	65.7	161	62.2	123	56.7	128	50.2	157	48.3	106	41.9	70	30.2	40	20.4	59	30.1	32	22.9	1	5.0
Thessaloniki	49	16.1	54	16.8	50	19.3	41	18.9	56	22	73	22.5	62	24.5	79	34.1	84	42.9	53	27.0	43	30.7	6	30.0
Other areas	55	18.1	56	17.4	48	18.5	53	24.4	71	27.8	95	29.2	85	33.6	83	35.8	72	36.7	84	42.9	65	46.4	13	65.0
Family status																								
Single	289	95.1	298	92.8	243	93.8	206	94.9	245	96.1	312	96	233	92.1	212	91.4	182	92.9	173	88.3	131	93.6	20	100.0
Marrried	12	3.9	15	4.7	12	4.6	10	4.6	8	3.1	11	3.4	14	5.5	15	6.5	11	5.6	17	8.7	8	5.7	0	0.0
Divorced	3	1	8	2.5	4	1.5	1	0.5	2	0.8	2	0.6	6	2.4	5	2.2	3	1.5	6	3.1	1	0.7	0	0.0
Educational level																								
Elementary education	111	36.5	108	33.6	109	42.1	26	12	145	56.9	192	59.1	167	66	131	56.5	89	45.4	20	10.2	18	12.9	4	20.0
Secondary education	178	58.6	194	60.4	133	51.4	28	12.9	100	39.2	120	36.9	83	32.8	86	37.1	50	25.5	28	14.3	10	7.1	1	5.0
Higher education	4	1.3	2	0.6	3	1.2	3	1.4	4	1.6	4	1.2	1	0.4	3	1.3	3	1.5	4	2.0	0	0.0	0	0.0
Unknown	11	3.6	17	5.3	14	5.4	160	73.7	6	2.3	9	2.8	2	0.8	12	5.2	52	26.5	144	73.5	112	80.0	15	75.0
Illiterate	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	2	1.0	0	0.0	0	0.0	0	0.0
Occupational status																								
Unemployed	232	76.3	258	80.4	224	86.5	183	84.3	201	78.8	268	82.5	212	83.8	202	87.1	167	85.2	161	82.1	130	92.9	19	95.0
Other	52	23.7	30	19.6	26	13.5	34	15.7	34	21.2	43	17.5	25	16.2	30	12.9	29	14.8	35	17.9	10	7.1	1	5.0
Drugs																								
Heroin/morphine	300	98.7	318	99.1	256	98.8	206	95	252	98.8	319	98.2	247	97.6	221	95.3	187	95.4	190	96.9	125	89.3	17	85.0
Cocaine	1	0.3	2	0.6	2	0.8	2	0.9	0	0	3	0.9	1	0.4	4	1.7	3	1.5	1	0.5	1	0.7	0	0.0
Cannabis/alcohol	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other psychotropic drugs	3	1	1	0.3	1	0.4	9	4.1	3	1.2	3	0.9	5	2	7	3.0	6	3.1	5	2.6	14	10.0	3	15.0

SOURCE: Hellenic Police, 2012

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

CHAPTER 7. RESPONSES TO HEALTH CORRELATES AND CONSEQUENCES

7.1. Introduction

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

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

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

The interventions implemented by low threshold and harm reduction services mostly focus on overdose and infectious disease prevention, and on management of users' health problems. Infectious disease prevention interventions are also developed by the councelling centres of all drug treatment agencies and by the Therapy Centre for Dependent Individuals (KETHEA) in prison. Moreover, the NGOs that provide health services to socially excluded groups, including drug users, develop harm reduction and infectious disease prevention interventions.

In 2011, due to the outbreak of HIV infection among drug users in Greece, new actions were developed by the competent services. In fact, in the beginning of the second semester of the reporting year the Hellenic Center for Disease Control and Prevention (HCDCP) of the Ministry of Health and Social Solidarity launched a pilot programme "Outreach Programme on Health Care for Socially Vulnerable Groups" aiming at providing medical care, psychological support and information on infectious diseases for social groups (e.g. immigrants, sex workers, drug users etc) not having access to health services through the six (6) mobile units operating downtown Athens and Piraeus. The Mobile HIV Information and Screening Unit of PRAKSIS NGO performed screening tests for HIV/AIDS for vulnerable social groups. In addition to this, the cooperation between the low threshold / harm reduction services and NGOs was further strengthened to tackle the problem. Moreover, the establishment of a great number of substitution programmes in the public hospitals of the country (see Chapter 5) contributed to an extent to confronting HIV outbreak among problem drug users.

In the reporting year further new harm reduction interventions were designed. For example, in the current year the Organisation Against Drugs (OKANA) is going to develop a streetwork programme in Thessaloniki and a supervised drug injection facility aiming at providing a safe use place for the most problematic group of IDUs in Athens; and EXELIXIS Low Threshold Programme of KETHEA a pilot syringe exchange programme in the open drug scenes of Athens.

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

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

7.2.1. User information and training

Information: Printed information material (leaflets) about drug-related sudden deaths and emergencies are distributed by four (4) low threshold programmes run by OKANA and KETHEA.

According to the data reported by three programmes, the number of leaflets distributed to drug users in 2011 comes up to 876.

EXELIXIS Low Threshold Programme (KETHEA) placed posters regarding the prevention of drug related deaths and overdoses in the open drug scenes of Athens. The programme distributed also relevant information material to users' families and friends and professional groups (police officers, pharmacy staff, social services personnel of the State Hospitals).

Training: Four (4) low threshold programmes run by OKANA, KETHEA and the NGO PRAKSIS (Development, Social Support and Medical Cooperation Projects) deliver individual and group training to drug users in risk prevention and overdose management.

In 2011, 814 drug users attended training sessions – a number lower than 2010 (N=1 015) and 2009 (N= 1 020). The number of trainers (medical doctors, social workers, psychologists, sociologists, sociotherapists, pharmacist) involved in the training sessions in the reporting year came up to 30 and it is slight higher than in the previous year (2010: 25 trainers).

7.2.2. Mobile Unit of Pre-Hospital Medicine

The OKANA Mobile Unit of Pre-Hospital Medicine in 2011 responded to 2 377 calls for intervention from the National Centre of Instant Medical Aid (EKAV) in the region of Athens, of which 1 602 , 67.4%, involved dependent drug users.

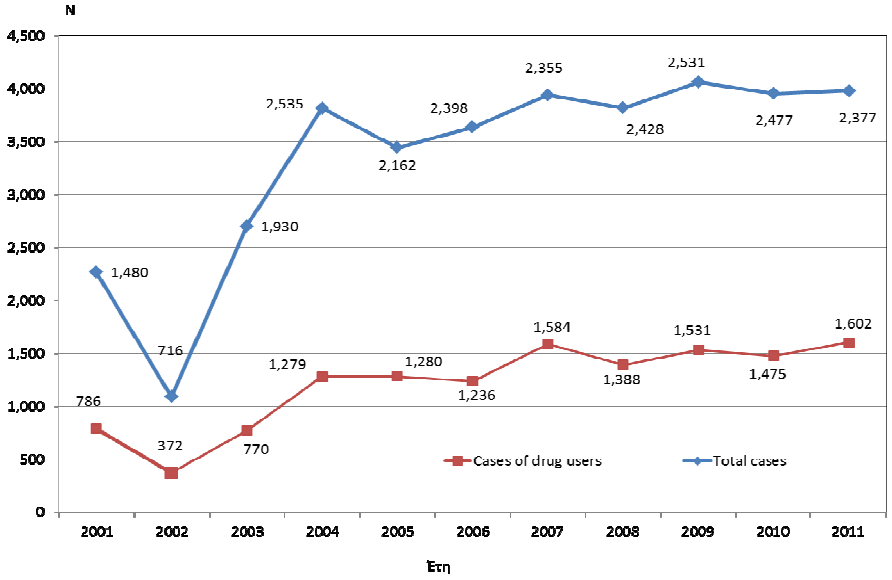
The main causes of the emergencies were: a) overdose, b) symptoms exclusively related to the use of psychoactive substances, and c) withdrawal syndrome.

The relevant data for the period 2001 - 2011 are presented in Figure 7.1.

According to the data, the number of cases involving drug users served by this mobile unit was higher in 2011 compared to the previous years (Figure 7.1).

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

Figure 7.1. Cases served by the Mobile Unit of Pre-Hospital Medicine in the years 2001-2011



DATA: OKANA 2001-2011.
SOURCE: Greek REITOX Focal Point, 2012.

7.3. Prevention and treatment of drug-related infectious

Low threshold / harm reduction services implement various types of interventions designed to prevent the spread of infectious diseases, such as information and training in safer drug use practices, syringe exchange / distribution programmes, drug user screening for infectious diseases, etc. In addition to this, the harm reduction interventions developed by KETHEA in prison setting involve provision of information and awareness on infectious diseases to drug users (see Chapter 9). Moreover, the counselling centres of the drug treatment agencies (KETHEA, OKANA, 18 ANO Dependence Treatment Unit and the drug treatment units of Thessaloniki State Psychiatric Hospital) provide information and guidance on infectious diseases for their clients and refer them systematically for screening to the microbiological laboratories of drug treatment services or public hospitals (see Chapter 5).

Regarding the implementation of relevant projects, KETHEA on behalf of Greece participated in the European Project “Identification and optimisation of evidence-based HCV prevention in Europe for young drug users at risk” (2010-2011 – participated countries: Catalonia, Germany, Greece, Lithuania, the Netherlands). According to the objectives of the Project, KETHEA recorded all relevant prevention interventions implemented in Greece and made interviews with young drug users at risk who had reported negative or unknown HCV status on the following subjects: drug use patterns, risk behaviours, strategies to prevent infection with hepatitis C. The collected information was used for the development of guidelines for relevant prevention strategies. Moreover, in 2012 an intervention study “A Seek-Test-Treat-Retain (STTR) Intervention to Decrease HIV/AIDS Transmission among IDUs in Athens metropolitan area” has been implemented by OKANA, HCDCP and the Athens University Medical School. The main goals of the study are related to screening,

provision of prevention, treatment and health care protocols according to the standards of the relevant protocols of WHO, UNODC and UNAIDS and to the reduction of HIV-1 incidence among IDUs.

7.3.1. User information and training

Information: Printed information material on the prevention of infectious diseases is distributed by the low threshold / harm reduction programmes run by a) OKANA (Drug Addicts Care Facility, Direct Aid and Support Unit), b) KETHEA (EXELIXIS Low Threshold Programme, NOSTOS Low Threshold Counselling Unit), c) Medecins du Monde NGO ("Streets of Athens" programme), and d) the ATHENA – HYGEIA Prevention Centres of the City of Athens (Streetwork Programme).

A total of 7 960 on the prevention of infectious diseases were distributed to drug users in 2011, based on the data reported by 4 of the 6 low threshold / harm reduction programmes. This figure is significantly lower than the one reported by the same number of programmes in 2010 (11,796 leaflets) and higher than this reported in 2009 (5 282 leaflets).

Furthermore, RRAKSIS NGO and HCDCP distribute relevant printed information material to socially excluded groups, including problem drug users. In 2011 both services distributed 140,000 leaflets. In fact, the leaflets of HCDCP provide information on HIV/AIDS, HAB, HAC, tuberculosis and scabies and they have been translated into four (4) foreign languages (English, French, Arabic, Bulgarian).

Information about the prevention of infectious diseases is also provided through the helplines 1031 (OKANA), 1145 (KETHEA) and 800 11 11 600 (PRAKSIS NGO - info on hepatitis B, C and HIV).

Moreover, during the reporting year, the campaigns of the Mobile HIV Information and Screening Unit of NGO PRAKSIS increased significantly as they took place on a daily basis. In addition to this, by the end of 2011, the cooperation which was established between the street work programme of OKANA and the Mobile Unit resulted in more emphasis being laid on the problem drug users.

Training: In 2011, PRAKSIS NGO continued to provide training in the context of the health education courses delivered for the Counselling Centres of KETHEA therapeutic programmes in Thessaloniki and Athens, and for ARGO treatment programme run by the Thessaloniki Psychiatric Hospital. Topics include HIV/AIDS, viral hepatites and STDs.

Practical advice and training on safer use or safer injecting is provided to drug users by most low threshold / harm reduction services.

Individual counselling on the risks associated with infectious diseases including HIV is provided by all low threshold / harm reduction services. Moreover, in 2011 the street work programme of KETHEA EXELIXIS cooperated on a voluntary basis with a medical doctor to provide councelling on STDs to drug using sex workers.

In several services drug users or ex-drug users are involved in the training of other drug users on prevention of infectious diseases.

7.3.2. Syringe exchange / distribution programmes and/or condom distribution programmes

Syringe exchange / distribution programmes

Syringe exchange / distribution programmes are implemented by two (2) OKANA low threshold/harm reduction services, by the "Streets of Athens" programme of Medecins du Monde NGO and by HCDCP through the five (5) of 6 mobile units of its pilot programme "the Outreach Programme on Health Care for Socially Vulnerable Groups".

In 2011, 88 958 syringes were exchanged and 30 439 were distributed. The total number of syringes exchanged or distributed in the reporting year comes up to 119 397 and it is significantly higher than in the previous two years (2009, 2010) due to the reinforcement of prevention measurers taken against HIV outbreak among intravenous drug users (Table 7.1). In addition to this, according to the 2 syringe exchange programmes, the proportion of syringe exchange doubled or tripled in the last months of the reporting year.

Table 7.1. Number of syringes exchanged / distributed in 2009, 2010 and 2011

	2009	2010	2011
Number of syringes exchanged	55 483	48 546	88 958
Number of syringes distributed	13 096	12 970	30 439
Total	68 579	61 516	119 397

DATA: OKANA, Medecins du Monde NGO 2009-2011
SOURCE: Greek REITOX Focal Point 2012

In the late of 2011, OKANA replaced the high dead space syringes exchanged / distributed with low dead space syringes for the reduction of the risks related to HIV infection.

Condom distribution programmes

Six (6) low threshold programmes/harm reduction programmes run by OKANA, KETHEA, the Medecins du Monde NGO and by the ATHENA – HYGEIA Prevention Centres of the City of Athens distribute condoms to drug users.

Table 7.2. Number of condoms distributed to drug users (2009, 2010, 2011)

	2009	2010	2011
Number of condoms	18 703	14 239	24 184

DATA: OKANA, KETHEA, ATHENA–HYGEIA Prevention Centres, Medecins du Monde NGO 2009-2011.
SOURCE: Greek REITOX Focal Point 2012.

The data (Table 7.2) suggest a significant increase in the number of condoms distributed to drug users in 2011 compared to the two previous years (2009, 2010). On the other hand, in the first

semester of the reporting year one of the harm reduction services did not distribute condoms to drug users mainly due to lack of funding.

Furthermore, in 2011 RRAKSIS NGO and HCDCP distributed 50 000 condoms to socially excluded groups, including drug users.

A leaflet on “Drug use and pregnancy”, produced by EXELIXIS programme (KETHEA), is distributed to female drug using sex workers (2011: 540 leaflets).

7.3.3. Screening tests for infectious diseases

OKANA Direct Aid and Support Unit and to a smaller scale the “Streets of Athens” streetwork programme (Medecins du Monde NGO) are the low threshold programmes which offer to “active” or former drug users the opportunity of having screening tests for HAV, HBV, HCV and HIV/AIDS. In 2011 the street work programme of Medecins du Monde NGO did not perform this action due to financial problems.

In the reporting year, 9,668 tests were performed for HAV, HBV, HCV and AIDS/HIV - this figure is slight lower compared to the previous two years (2010: 10 101 tests, 2009: 10 715 tests) due to the fact that the one out of two low threshold programmes did not offer this service in 2011.

Data about the number of tests and the number of individuals screened at the microbiological laboratory of OKANA Direct Aid and Support Unit for the years 2009, 2010 and 2011 are presented in detail in Table 7.3.

Table 7.3. Data about HAV, HBV, HCV and HIV/AIDS tests performed at the microbiological laboratory of OKANA Direct Aid and Support Unit in the years 2009-2011

	Total number of tests			Number of tests for active users			Total number of individuals			Number of active users		
	2009	2010	2011	2009	2010	2011	2009	2010	2011	2009	2010	2011
HAV	1 661	1 595	2 298	453	435	543	1 575	1 533	2 264	433	416	530
HBV	5 510	5 111	2 406	1 364	1 307	544	1 619	1 550	2 367	433	416	531
HCV	1 668	1 610	2 317	456	437	544	1 580	1 547	2 276	434	416	528
HIV/AIDS	1 830	1 725	2 647	454	437	583	1 717	1 650	2 565	434	416	560

DATA: OKANA 2009-2011.
SOURCE: Greek REITOX Focal Point 2012.

Approximately one fourth (23%) of the individuals screened at the microbiological laboratory of OKANA Direct Aid and Support Unit in 2011 were, just like 2009 and 2010, “active” drug users (Table 7.3).

Moreover, the clients of low threshold services are referred for screening to the microbiological laboratories of public hospitals. In fact, according to the available data, in 2011, 168 individuals were referred for HBV, HCV, HIV/AIDS and Mantoux screening tests by two low threshold / harm reduction programmes (KETHEA EXELIXIS streetwork programme and OKANA Drug Addicts Care Facility) to the public hospitals.

Regarding the outreach programmes of HCDCP and PRAKSIS NGO addressing socially vulnerable groups, in 2011, HCDCP took 940 blood samples for HIV/AIDS and PRAKSIS NGO performed tests for HIV/AIDS (*Rapid HIV testing*) for 950 individuals who mentioned dangerous sexual behaviour.

7.3.4. Vaccination

Among the low threshold / harm reduction services, the Direct Aid and Support Unit (OKANA) and to a smaller extent the Diagnostic Centre of EXELIXIS Low Threshold Programme (KETHEA) perform vaccinations against HAV and HBV to mostly “active” drug users.

Based on the data, in 2011 the aforementioned services vaccinated 58 individuals against HAV and 184 individuals against HBV. Compared to 2010, in 2011 there was an increase in the number of clients vaccinated against HBV (2011: 184, 2010: 118).

7.3.5. Treatment

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

7.4. Responses to other health correlates among drug users

7.4.1. Somatic co-morbidity

The specialised medical services of the low threshold / harm reduction programmes aim at motivating “active”, recovering and former drug users so as for them to take care of their physical health.

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

The most common pathological problems treated by the medical services of the aforementioned programmes include various infections (skin or respiratory infections, abscesses), thrombophlebitis, chronic lower limb ulcers, chronic venous insufficiency, overdose, withdrawal syndrome, gastroenterological disorders, cardiovascular conditions, neurological disorders, HIV infection and chronic HCV infection.

In 2011 the specialised medical services of the aforementioned programmes served 4 387 individuals for pathological problems (number of visits: 5 423) and 825 clients for dental problems (number of visits: 1 354) (Table 7.4).

Table 7.4. Data about pathological and dental cases from low threshold / harm reduction services (2010, 2011)

	Visits		Clients	
	2010	**2011**	**2010**	**2011**
Pathological cases	4 582	5 423	3 699	4 387
Dental cases	1 359	1 354	801	825

DATA: OKANA, KETHEA, Medecins du Monde NGO 2010-2011.
SOURCE: Greek REITOX Focal Point 2012.

According to the data, higher number of persons was served for pathological problems in 2011 compared to 2010 (4 387 and 3 699 respectively) (Table 7.4).

Full blood screening is available at the Direct Aid and Support Unit (OKANA). In 2011, the Unit performed full blood tests for 2 973 individuals – this figure is higher than in the previous year (2010: 2 087 individuals).

The low threshold / harm reduction programmes also refer clients to public hospitals for management of their health problems. In 2011, the medical services of the aforementioned low threshold / harm reduction programmes made 1 100 referrals for mostly pathological problems.

In 2011, the medical services of PRAKSIS NGO treated 4 188 socially excluded individuals, including drug users, for pathological, dental and eye problems as well as female patients for gynecological problems. Moreover, it made 709 referrals to public hospitals.

In the reporting year, the mobile unit of “Streets of Athens” (Medecins du Monde) provided medication (e.g. antibiotics, painkillers, etc) to drug users.

7.4.2. Psychiatric co-morbidity

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

According to the Unit’s data, the number of comorbid dependent users referred to the Unit for psychiatric assessment in 2011 (N=84) was higher compared to the previous two years (2010: 78, 2009: 72 persons). 72.6% were new clients in the reporting year.

Fifty-five (55) of the 84 clients were referrals from the Counselling Centre of the Programme that runs the Unit and 29 clients were referrals from other treatment programmes (mainly from KETHEA Therapeutic Programmes).

All of the clients engaged in polydrug use, the primary drug in the vast majority being heroin and secondary drugs benzodiazepines, cannabis, alcohol, hallucinogens, Parkinson’s drugs, methadone, and cocaine. The clients’ most common psychiatric problems were psychosis (schizoid or other), personality disorders, bipolar disorder, depression and dysthymia.

The ARGO Alternative Therapeutic Programme (Thessaloniki State Psychiatric Hospital) has also developed a dual diagnosis service which follows a pilot approach for drug users with concurrent psychiatric (psychotic) and drug dependence problem.

Cases of comorbid drug users which can not be confronted by other dependence treatment programmes of Attica prefecture, are referred to the Dependence Treatment Unit 18 ANO (Attica State Psychiatric Hospital) (Dependence Treatment Unit 18 ANO, 2011).

The medical services of KETHEA (EXELIXIS Diagnostic Centre) offers comorbid dependent users the opportunity for a diagnosis and a psychiatric assessment, and also follows up cases of clients in Attica prefecture, except for very serious ones. Moreover, diagnosis and follow-up of cases of comorbid adolescent users is carried out by a child psychiatrist. In 2011, 912 individuals consulted the Diagnostic Centre – the figure is higher compared to the previous two years (2010: 898, 2009: 533).

In addition to the aforementioned specialised programmes / services, users with psychiatric comorbidity were admitted in 2011 to the vast majority (85.1%) of the treatment programmes in Greece (i.e. to 67 out of 78 treatment programmes).

In 2011, tailored services to meet the special needs of drug users with psychiatric disorders were provided by 43 treatment programmes, i.e. 23 substitution and 20 drug free programmes, representing 55.1% of the total, a significantly larger rate than in the two previous years (2010: 33.7%, 2009: 31.8%) due to the fact that a great number (11 out of 22) of the new substitution programmes developed in 2011, provide such services to the drug users.
44.9% of all programmes (those offering tailored services and the rest) assess the clients' mental status with psychiatric assessment tools.

In 2011, of the total clients in treatment, 20.7% represented individuals with a diagnosed psychiatric problem – a higher rate compared to the two previous years (2010: 17.1%, 2009: 16.4%). The respective figure in treatment programmes that admit users with comorbidity or offer tailored services was 22.0%.

7.5. Further data on the low threshold / harm reduction units / programmes

7.5.1. Streetwork programmes

The activities of streetwork programmes focus on reducing drug-related harm and on motivating drug users for treatment.

There are five streetwork programmes run by KETHEA, OKANA, Medecins du Monde NGO and the ATHENA – HYGEIA Prevention Centres of the City of Athens. Four of these programmes are active in downtown Athens and one in Piraeus.

The available quantitative data about the activities of the streetwork programmes are presented in Table 7.5.

Table 7.5. Data about streetwork programmes in 2011

Contacts	7 076	(Data from 3 programmes)
Individuals	4 219	(Data from 3 programmes)
Campaigns	722	(Data from all programmes)

DATA: OKANA, KETHEA, Medecins du Monde NGO, ATHENA–HYGEIA Prevention Centres 2011.
SOURCE: Greek REITOX Focal Point 2012.

According to the data, there was an increase in the number of campaigns of the streetwork programmes in the reporting year (N= 722) compared to 2010 (N= 623) (Greek REITOX Focal Point 2011).

One streetwork programme of KETHEA supported in the reporting year a new high risk group (African female drug using sex workers) and conducted a small scale research on SISA[21] (methamphetamine) use addressing to 148 drug users who frequented the open drug scenes of Athens. Moreover, in 2011 the staff of the "Support at Home" service of the programme made 25 visits to drug users at their place of residence (home, hospital, uninhabited houses, etc.) in order to provide psychosocial support to them and to members of their support network. In addition to this, the staff of the OKANA streetwork programme support clients when in prison or hospital.

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

In the reporting year, the number of former drug users who worked for six (6) low threshold / harm reduction programmes run by OKANA, KETHEA and Medecins du Monde NGO came up to 17, of whom 13 were salaried staff and 4 volunteers. Compared to 2010, in 2011 there was a decrease in the number of former drug users working in the low threshold services and in the number of programmes employing them (2010: 23 persons in 7 programmes, 2011: 17 persons in 6 programmes).

7.5.3. Building and material infrastructure available to low threshold / harm reduction programmes / units

The representatives of the most low threshold / harm reduction services reported being "moderately satisfied" with the building and material infrastructure. The same level of satisfaction was also reported in the three previous years (2010, 2009, 2008). Compared to their assessment, the main needs identified concern: a) securing appropriate premises through remodelling and extending the existing ones, b) retrofitting premises to make them more disabled-friendly, c) developing information webpages and d) creating new mobile information and first aid units.

[21] Sharp increase of SISA (methamphetamine) distribution in the open drug scenes of downtown Athens in 2011 is related to the fact that the patterns of use of heroin users in Athens have changed to an extent. SISA use is related to severe side effects such as aggression, psychotic symptoms, emaciation etc.

7.5.4. Information and training of health professionals

Information to sixteen health professionals on drug use was provided in 2011 by two low threshold programmes run by KETHEA and OKANA. One programme (OKANA Direct Aid and Support Unit) also delivered drug abuse training to 140 students of nursing.

Compared to the previous two years (2009, 2010), in 2011 the number of programmes which organized training seminars and the number of professionals being trained have been declined (2009: 5 low threshold programmes informed and trained 290 proffesionals, 2010: 5 low threshold programmes informed and trained 252 professionals and postgraduate students, 2011: 2 low threshold programmes informed and trained 156 professionals and students).

CHAPTER 8. SOCIAL CORRELATES AND SOCIAL REINTEGRATION

8.1. Introduction

8.1.1. Definitions

- The accompanying support services include career guidance, employment counselling, psychological support for empowerment and self-confidence building, social skills-building for interacting with public services, employers, etc.
- “Premature discharge” denotes expulsion from the programme owing to breach of rules.

8.1.2. Data collection

Data on social reintegration centers in the country mostly derives from the monitoring system of the Greek REITOX Focal Point. The Focal Point has been using the “Social Reintegration Questionnaire” so as to collect information from the Social Reintegration Centers. It also collects information from other organizations, such as OAED.

8.2. Social exclusion and drug use

8.2.1. Drug use among socially excluded groups

In 2011 unemployed users comprise 64.3% of all users who approached drug services. 9.1% of all users approaching treatment services were homeless users at the reporting year. 7% of users approaching various therapeutic services in 2011 have foreign nationality.

8.3. Social reintegration

8.3.1 Overview

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

In many European countries, social reintegration does not necessarily take place after treatment; rather, it can take place either as the last step in the treatment process or as a separate and independent post-treatment intervention carried out by non-treatment services, with its own goals and means. In Greece, social reintegration follows drug dependence treatment and constitutes the last, albeit integral phase of the treatment process. Reintegration services are provided either at the final phase of an integrated treatment process or in specialised social reintegration structures.

In 2011, social reintegration services were provided by 25 social reintegration programmes which can be divided as follows:

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

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

In 2011, operations data were reported by the aforementioned 25 social reintegration programmes. Please note that one social reintegration centre for adults sent two questionnaires instead of one (no double record).

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

The **scheduled duration** of the social reintegration programmes is one year (383 days).

According to the operations data of the aforementioned structures in the reporting year, the **total capacity** was 858 (90 adolescents and young adults, and 768 adults). These figures reflect the number of clients that can be served by the units on a monthly basis.

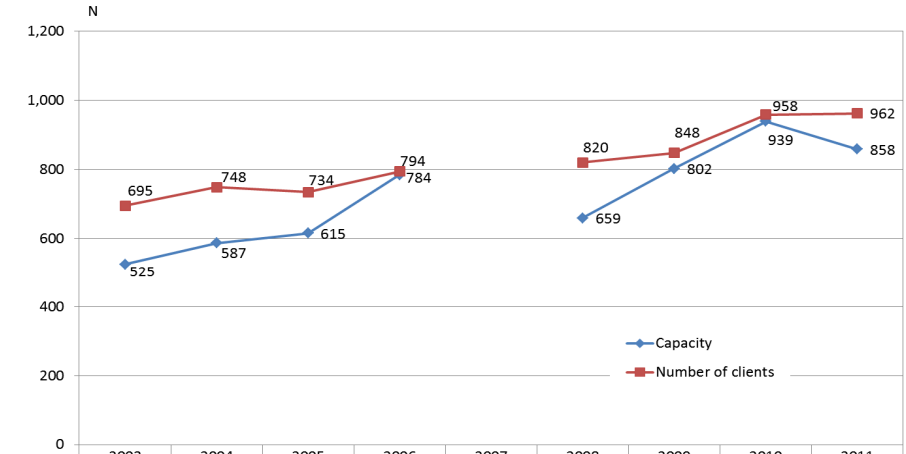
In the period 2003-2006, the capacity of social reintegration units steadily increased, whereas in 2008, it decreased by 15.9% compared to 2006 (Figure 8.1). A similar increase in total capacity was noted for the period 2008-2010. However, in 2011 compared to 2010 (n=939), the available capacity decreased by 8.6% in total.

The **total number of clients** served in social reintegration centres throughout the year was 962 (958 clients in 2010). Half of the clients (n=485) received social reintegration services for the first time in 2011. Social reintegration centres for adolescents and young adults served 61 clients in total, whilst social reintegration centres for adults served 901 clients, respectively.

In the period 2003-2010, the total number of clients who received social reintegration services was constantly increasing. Figure 8.1 illustrates this increase, which is a direct consequence of the increasing number of social reintegration programmes over the years. In 2011, the total number of clients remained unchanged compared to 2010 (n=962 and n=958 respectively).

In the period 2003-2010, the increase in capacity was commensurate with the increase in the number of clients. However, as shown in Figure 8.1, in 2011 compared to 2010, the total number of clients who received social reintegration services remained stable, while the total capacity of the units decreased by 8.6%.

Figure 8.1. Total capacity and total number of clients (2003-2011)



	2003	2004	2005	2006	2007	2008	2009	2010	2011
Capacity	525	587	615	784		659	802	939	858
Number of clients	695	748	734	794		820	848	958	962

SOURCE: Greek REITOX Focal Point, 2012

8.3.2. Housing

Provision of accommodation or support in finding accommodation is an important social reintegration intervention intended to bring about more stability in the lives of recovering drug users. Half of the 26 social reintegration programmes offer accommodation within the entity to clients who come from other parts of Greece or lack family support. Moreover, OKANA provides free accommodation (in hotels) to clients attending substitution units in Athens for as long as this is deemed necessary. In 2011, accommodation capacity was 199, and a total of 314 clients were accommodated.

8.3.3. Education and training

Increasing the knowledge level, filling educational gaps and providing vocational training are key objectives at the stage of social reintegration. Interventions designed to enhance the academic, technical or practical skills increase the clients' likelihood of labour market integration.

In the reporting year, in Greece there were 17 **schooling structures** available to recovering drug users. The key objective of such structures is to help participants prepare themselves for exams and/or obtain formal qualifications. A total of 635 clients attended the aforementioned schooling structures in the school year 2010-2011 (297 clients in 2010), of whom 103 clients succeeded in

moving up a form or obtained the high school leaving certificate (91 clients in 2010), 2 were admitted to higher education (3 in 2010), 44 obtained a language certificate (5 in 2010) and 62 obtained a computer certificate.

Vocational training services are offered both to former and to recovering drug users at the stage of social reintegration by 14 structures. In 2011, 177 clients attended vocational training courses (117 clients in 2010).

All of the structures provide vocational training services both to former and to recovering drug users at the stage of social reintegration. More specifically, in the reporting year, the OKANA Specialised Vocational and Social Reintegration Centre (EKKEE) in Athens designed and implemented non-subsidised creative leisure management workshops of a duration of approximately 5 months in the areas of photography (9 clients), IT (16 clients), arts (8 clients), journalism and creative writing (14 clients). Moreover, in 2011, the OKANA Specialised Vocational and Social Reintegration Centre (EKKEE) in Athens launched a new educational programme for adults in cooperation with the Ministry of Education with a view to minimizing the financial cost. Out of the 106 applicants, 60 attended the educational programme (IT courses were in the highest demand). The OKANA Specialised Vocational and Social Reintegration Centre (EKKEE) in Thessaloniki implemented creative workshops in jewellery and decorative item-making in 2011 to 40 clients.

Since the beginning of the 2010-2011 academic year, KETHEA ITHAKI launched on its premises a “Culinary Art’s Assistant” training course, as a branch of the Vocational Training Centre in Thessaloniki. In the 2010-2011 academic year, KETHEA EXODOS continued to operate on its premises a “multimedia applications technician” training course, as a branch of the Larissa 1st Vocational Training Centre. The course is attended by clients of the social reintegration centre or KETHEA EXODOS graduates. Eight (8) students attended this training structure in 2011. Moreover, in October 2010 a second vocational training course was launched (“culinary art technician”), attended by members of the therapeutic communities and the social reintegration centres of EXODOS and PILOTOS (KETHEA). Seventeen (17) students attended the course upon commencement.

8.3.4. Employment

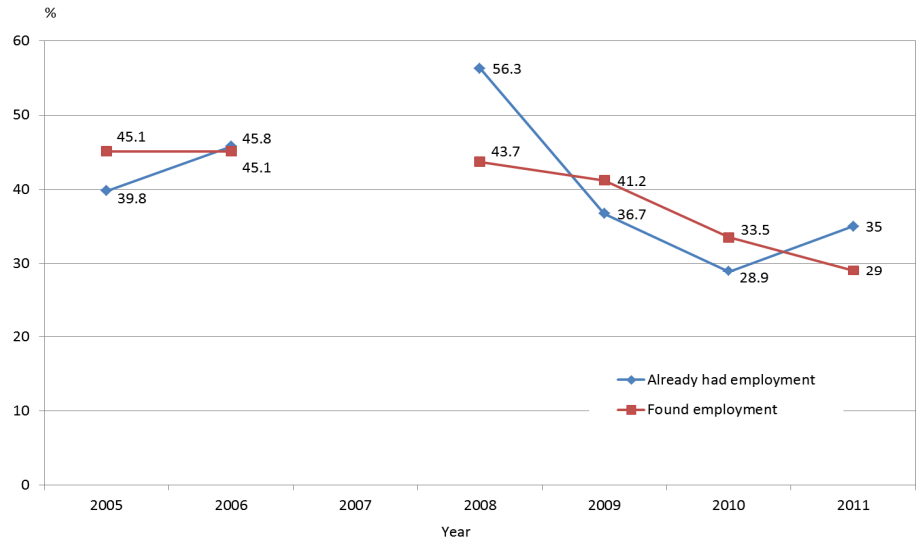
The key employment promotion agency is the Greek Labour Force Employment Organisation (OAED), which is active in preventing and fighting social exclusion, in order to ultimately attain labour market integration of vulnerable population groups. For 2011, OAED sent the total number of **applications** for the former or recovering drug users who seek a job in the private sector (117 applications) and for young professionals requesting a grant (43 applications). As a result, there is no reported data about the number of beneficiaries from OAED employment schemes for vulnerable population groups in 2011.

The data on the labour status of clients of social reintegration centres indicate that treatment programmes place major emphasis on the former drug users’ vocational rehabilitation at this particular phase of the treatment process. This is also demonstrated by the fact that in most reintegration structures, finding a steady job within a certain period of time is a condition for remaining in the programme. According to data reported from specialised social reintegration

structures, in 2011, 35% (n=337) of their clients were already employed at the beginning of the reporting year and 29% (n=279) found a job during the year.

As shown in Figure 8.2, the percentage of clients who were already employed at the beginning of the reporting year is dramatically decreasing from 2008 to 2010, whereas in 2011 it appeared increased by 6.1% compared to 2010. This increase in the number of clients already employed is due to the personal efforts of the individuals and it is explained by the fact that undeclared work has increased substantially (jobs with very low earnings and without health insurance). As for the individuals who found a job during the year, this trend has been steadily downwards since 2008, when EQUAL community initiative has been completed (Figure 8.2).

Figure 8.2. The percentage of clients already employed and clients who found employment during the year (2005-2011)



SOURCE: Greek REITOX Focal Point, 2012

Moreover, the OKANA Specialised Vocational and Social Reintegration Centre (EKKEE) in Thessaloniki reported that 28 of its clients in total found a job.

8.3.5. Other services

Support and care services

One of the key objectives of social reintegration services is to provide support to former drug users at the critical stage of transition from the treatment system to social and labour reality. At this crucial stage of dependence treatment when former users are asked to take responsibility for their own health and life, reintegration structures offer individuals and groups psychological support sessions, opportunities to develop personal and social skills, strengthen family ties, improve physical health, and join creative entertainment groups. Accompanying support services were offered by 16 of the 26 reintegration centres, while all of them offered counselling and psychological support services.

Moreover, the OKANA Specialised Vocational and Social Reintegration Centre (EKKEE) in Athens and in Thessaloniki delivered the following accompanying support services: career guidance, employment counselling, psychological support for empowerment and self-confidence building, social skills-building for interacting with public services, employers, etc. Besides, EKKEE actively promotes and encourages the adoption of attitudes and behaviours that foster labour market integration. EKKEE in Athens provided accompanying support services to 42 clients of the substitution programmes in Athens, while its branch in Thessaloniki provided career councelling to 168 clients, family councelling to 38 clients and psychosocial support to 54 clients of the substitution programmes in Thessaloniki.

OKANA social reintegration unit

The social reintegration unit's programme places special emphasis on providing former drug users medicopsychosocial care. It systematically offers medical care (as well as psychiatric care, referral to OKANA Help Centre for pathological and dental care and laboratory tests, cooperation with public hospitals and other medical settings for patient referral and hospitalisation). It also gives the option of naltrexone treatment. The programme aims at completing drug dependence treatment as a follow-up of substitution treatment, at ensuring systematic medical and psychological care for clients, and at implementing a comprehensive relapse prevention programme. Moreover, by virtue of a recent decision of the OKANA board, in March 2011, the social reintegration unit started to serve users who were stabilized at low substitution doses, provided they fulfill certain conditions.

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

However, the "low substitution doses" sub-programme which started operations in March 2011, no longer accept new admissions, as the psychiatrist of the unit withdrew from the programme seven months later (September 2011).

Legal services

Pending legal cases are a major obstacle in the course of drug dependence treatment. Ending involvement with criminal justice is a prerequisite for dependence treatment and for starting a new lifestyle. In order to ensure unhindered attendance at treatment programmes, clients are offered legal advice and support or representation in court. Legal services are offered even to clients who have completed the programme.

In 2011, social reintegration centres offered legal services to a total of 87 clients (data for 11 of the 16 units offering legal services). The respective figure for 2010 was 161 clients. In the same vein, KETHEA and OKANA run a legal support service in cooperation with the country's Bar Associations. In 2011, the OKANA Legal Support Service dealt with 181 clients' cases (215 cases in 2010), whereas OKANA Specialised Vocational and Social Reintegration Centre (EKKEE) in Thessaloniki offered legal counseling to 107 clients.

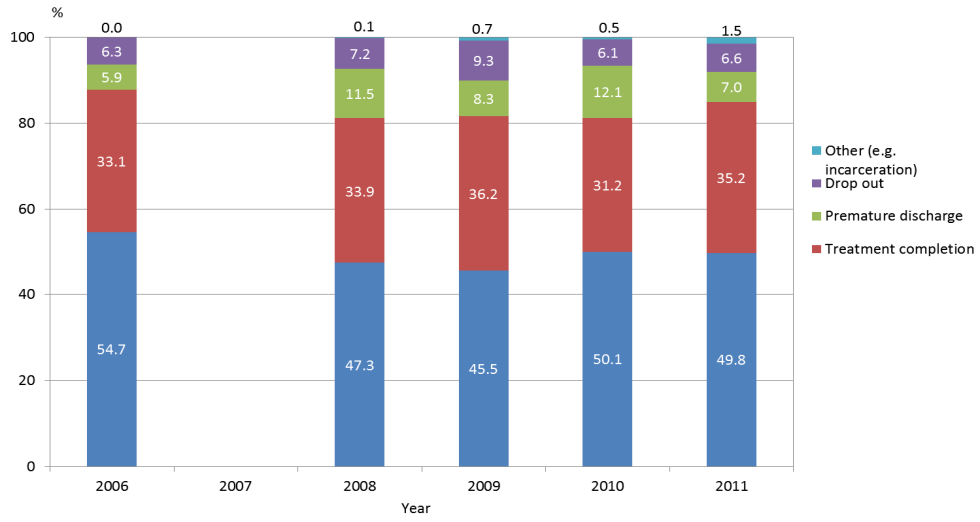
Aftercare services

All of the social reintegration centres provide follow-up services. The duration of such services ranges from 6 to 24 months and they give clients the opportunity to smoothly experience the move away from the treatment setting, adjust to the new reality and consolidate the change achieved in their lives. The services vary from centre to centre, although they mostly consist of individual and group sessions, family groups, psychotherapy, etc.

8.3.6. Outcome data

According to the outcome data reported by social reintegration centres for the year 2011 (Figure 8.3), almost half of the clients (49.8%, n=479) continued attending the social reintegration programme, whereas 35.2% (n=339) of the clients exited the structures having completed the programme. Approximately one in ten clients is prematurely discharged (7%, n=67), and a similar share of clients drops out (6.6%, n=63). With regard to the outcome in social reintegration centres, from 2006 to 2011, the percentage of individuals who were still in the programme at the end of the reporting year, along with programme completion, premature discharge and drop out rates remained relatively unchanged.

Figure 8.3. Outcome (2006-2011)



SOURCE: Greek REITOX Focal Point, 2012

8.3.7. Quality assurance

Evaluation of the interventions is implemented by 23 of the 26 programmes. Twenty-two (22) of the 23 programmes have undertaken an internal evaluation procedure while only two of them have performed an external evaluation procedure. Half of the programmes (11 of 23) implement evaluation about the achievement of the targets, eight (8) about the scope of the programme and eight (8) about the procedure of the programme.

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

9.1. Introduction

9.1.1. Definitions

Types of drug law offences

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

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

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

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

9.1.2. Overview

In 2011, the Organisation Against Drugs (OKANA) designed the framework for the pilot operation of substitution programmes and the development of interventions for HIV prevention in two prisons of Greece.

In the reporting year, KETHEA participated in a call for tender of the Ministry of Justice Transparency and Human Rights for a study aiming at the treatment and reintegration of drug using underage offenders. KETHEA investigated three scenarios for the confrontation of youth delinquency by using the data of a young offender needs assessment survey conducted by the agency, as well as the international and national experience, in order to make a proposal for the development of the unexploited building infrastructures of the Ministry situated in the Northern Greece. Preliminary research results and the proposal were presented to the professionals from the criminal justice system in a workshop in Thessaloniki and to the public in a conference in Athens within 2012 (KETHEA 2012).

In 2012, KETHEA become associated partner in the European Project “ACCESS to treatment and harm reduction for drug users in custody” aiming at the development and implementation of approaches to reduce drug-related harm to drug users in prisons and/or on release from prison and

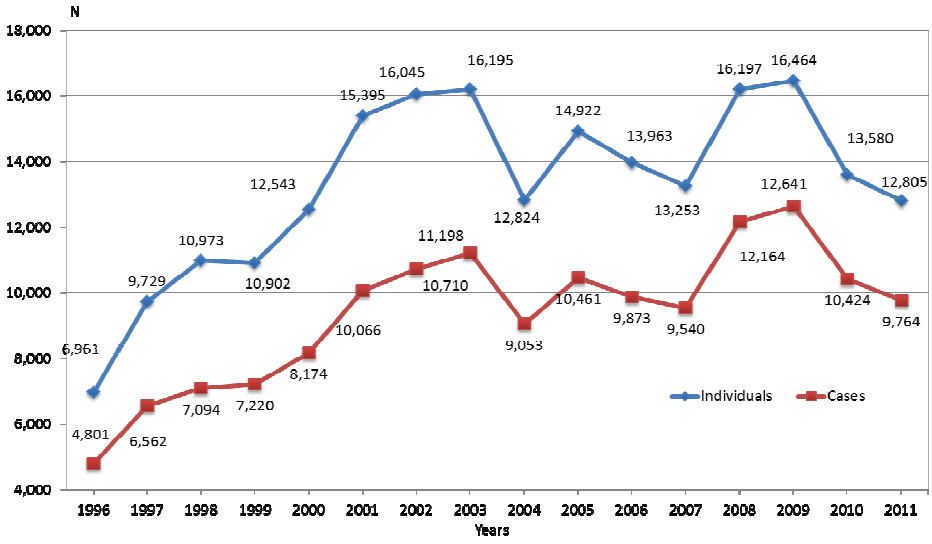
improve their access to treatment (2011-2012)[22]. KETHEA is going to conduct research for evaluating certain councelling and treatment services of the agency operating in prison setting aiming at the description of good practices of work on harm reduction and drug treatment in the Greek criminal justice system.

9.2. Drug - related crime

9.2.1. Drug-related charges

Every year the Greek REITOX Focal Point collects from the Central Anti-drug Coordination Unit – National Intelligence Unit (SODN-EMP) data on charges brought for drug-related offences. In 2010, the Greek DPAs[23] brought 13 176 charges against 12 805 individuals for drug use, production / cultivation, dealing / trafficking and other drug-related offences (see ST11). As shown in Figure 9.1, the decline in both the number of individuals charged with drug-related offences and the number of drug-related cases observed in the three-year period 2005-2007 reappeared in the years 2009-2011. More specifically, the number of individuals returned to the levels of 2004 and the number of cases to the levels of 2006-2007.

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



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

SODN-EMP also reports to the Greek REITOX Focal Point data on the number of individuals arrested for drug-related offences in Greece by nationality. Table 9.1 shows the distribution of the arrestees in the seven-year period 2004-2010.

[22] Partners of the project: University of Applied Sciences, Germany and the NGOs: Association Française de Réduction de Risques, France, ANVOLT, Italy, APDES, Portugal, ARAS, Romania.
[23] Hellenic Police, Customs, Special Controls Service, Coast Guard.

The average number of Greek arrestees in the seven-year period 2004-2010 is 11 418 persons, and their number in 2010 is smaller compared to the previous years. At the same time, the number of foreign nationals arrested in 2010 has decreased compared to the years 2008-2009 but still remains higher than the four-year period 2004-2007.

From 2008 to 2010, the number of the majority of foreign nationals against whom charges were brought remained stable, with the exception of Georgian and Somali nationals who showed a decrease. On the other side Pakistani and Palestinian nationals demonstrated an increase in the number of arrestees for the same time period.

Table 9.1. Number of individuals charged in Greece for drug-related offences by nationality (2004-2010)*

	Arrestees						
	2004	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**
Greek	11 000	13 450	11 383	10 611	11 524	11 869	10 090
Albanian	814	912	1 022	873	1 122	1 062	1 154
Georgian	111	124	116	93	483	221	147
Iraqi	79	127	130	203	362	449	208
Iranian	47	66	-	-	-	-	-
Bulgarian	42	35	48	87	155	154	158
Russian	38	47	-	-	-	-	-
British	29	39	70	62	-	-	-
Italian	14	28	-	-	-	-	-
Afghan	-	-	67	66	157	320	310
Pakistani	-	-	57	59	107	135	149
Bangladeshi	-	-	40	-	-	-	-
Somali	-	-	-	83	293	100	64
Palestinian	-	-	-	-	97	294	421
Other-Unknown	649	65	1 027	1 116	1 796	1 860	886
Foreign Total	1 823	1 443	2 577	2 642	4 572	4 595	3 497
Total	12 823	14 893	13 960	13 253	16 096	16 464	13 587

DATA: SODN-EMP

SOURCE: Greek REITOX Focal Point, 2012

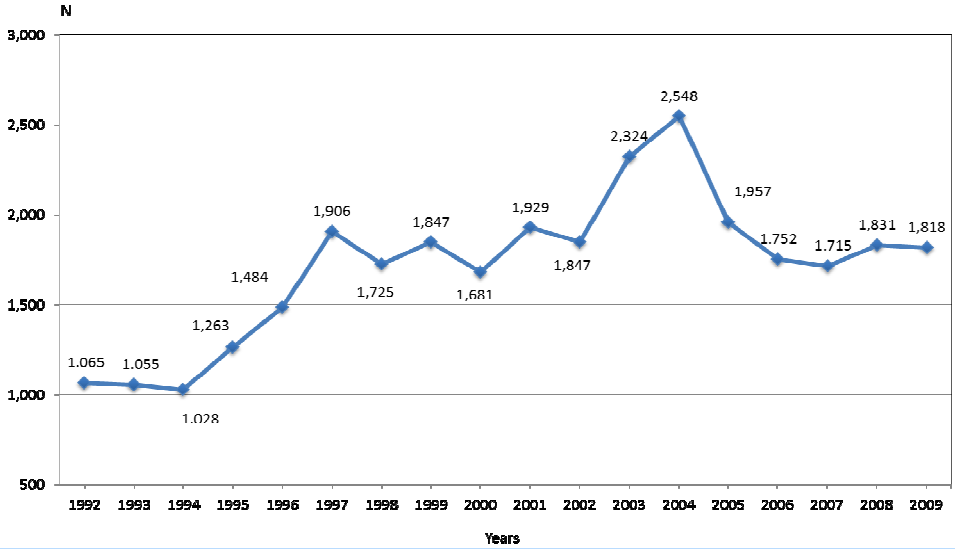
*Updated figures based on the “2010 Annual Report on the State of Drugs in Greece”, February 2012

9.2.2. Drug law offences

The Hellenic Statistical Authority (ELSTAT) is responsible for collecting data from the judicial services on the number of individuals convicted for drug-related offences and reports them to the Greek REITOX Focal Point on a yearly basis. The latest available data are for the year 2009 (Figure 9.2). Of a total of 45 127 convicts, 1 818 (4.0%) were convicted for drug-related crimes. The overwhelming majority (96.3%, N=1 751) are men. 1 222 individuals (67.2%) were convicted for drug use, possession or cultivation of a small quantity for personal use, 520 individuals were convicted for drug use, dealing and trafficking (28.6%), 61 individuals for drug dealing and trafficking (3.4%), and 15 individuals for drug cultivation / production (0.8%). Figure 9.3 shows the distribution of convicts by gender and drug-related offence in the four-year period 2005-2009. In the period

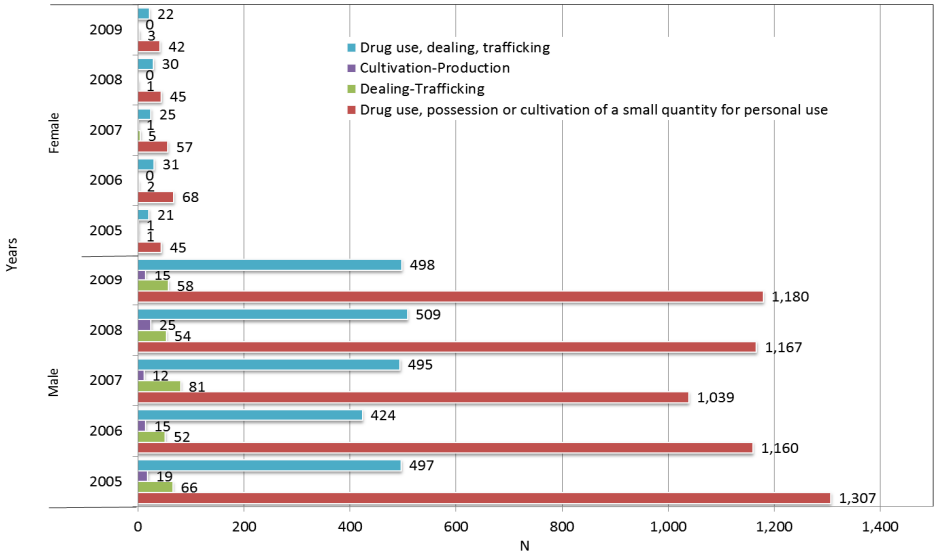
under consideration there has been no significant variation in the distribution of convicts by gender and drug-related offence.

Figure 9.2. Distribution of convicts for drug-related offences (1992-2009)



DATA: Hellenic Statistical Authority
SOURCE: Greek REITOX Focal Point, 2012

Figure 9.3. Distribution of convicts by gender and drug-related offence in the four-year period (2005-2009)



DATA: Hellenic Statistical Authority
SOURCE: Greek REITOX Focal Point, 2012

Most of the offences (32.4%) were committed in the region of Attica, 30.5% in the region of Central and West Macedonia, 8.1% in the Peloponnese, 7.9% on Crete, 6.4% in the region of East Macedonia and Thrace, 4.9% on the Aegean islands, and 9.8% in the rest of the country. It is pointed out that the two regions where most of the offences were committed were again Macedonia and Attica in the years 2005-2008, too.

The maximum sentences imposed for drug use, possession or cultivation of a small quantity for personal use is prison sentences of one year. Of the sentences imposed for drug trafficking / dealing, the total of penalties are prison sentences for a term or for life. Similarly, the sentences imposed for drug cultivation / production are non-commutable prison sentences exceeding five years. The sentences imposed for drug use, dealing and trafficking are prison sentences exceeding one year, and 99.4% of them are prison sentences for a term or for life.

The vast majority (99.2%) of the sentences imposed for drug use, possession or cultivation of a small quantity for personal use were suspendable and commutable. On the other hand, non-commutable sentences were imposed in the total of the trafficking / dealing cases.

Age wise, 77.0% of the individuals convicted for drug-related offences were between 22 and 44 years old. This figure is similar to the ones reported in 2005 (80.0%), 2006 (77.0%), 2007 (77.0%) and 2008 (79.0%).

9.2.3. Drug-related offences committed by minors

The latest available data from the Hellenic Statistical Authority on minors awarded reformative, therapeutic or correctional measures are for the year 2009. The number of minors who committed drug-related offences and were placed under supervision in therapeutic or reformative institutions, or under parental supervision, supervision of JPAs or supervisors, was 170, of whom 84.5% were males. 98.8% stood trial for drug use, possession or cultivation of a small quantity for personal use and 1.2% for drug use, dealing and trafficking.

The Hearing Dates Department of the Supervisory Juvenile Service of the Athens Juvenile Court presents every year to the Greek REITOX Focal Point information on drug-related rulings. The data presented below were submitted to the Greek REITOX Focal Point in October 2012.

The rulings in the court year 2010-2011 (September 2010-July 2011) were processed and it was found that the (one- and three-member) Athens Juvenile Courts tried a total of 204 minors (189 males and 15 females) on charges of breaking the Code of Laws on Drugs in conjunction with other offences. For 164 of them, a conviction or acquittal ruling was issued. The data (N=204) continue to demonstrate an increase compared to the numbers of court year 2008-2009 (N=123) and a small decrease with the data of court year 2009-2010 (N=295).

Some juvenile offenders stood trial on more than one occasion in the court year 2010-2011 for various drug-related offences, and quite often juvenile offenders are tried on more than one charge. This explains why the number of cases is 204, although the juvenile offenders involved are actually 187.

Out of the total 204 accused / co-accused, 153 were charged with minor drug-related offences (supply of drugs for personal use). The court awarded reformative measures and punitive sanctions to 101 of the total accused [24 cautioned, 1 parental custody, 60 placed under supervision of JPAs, 1 participation in a counselling program, 4 placement in institution, 1 prison (offence committed before their coming of age), 10 discharged as accidental users].

Additionally, of the 153 minors, 51 were charged with major drug-related offences (drug purchase, possession and dealing). The court found 38 of them guilty and again awarded reformative measures and punitive sanctions [1 cautioned, 16 placed under supervision of JPAs, 14 confinement to a Special Juvenile Correctional Establishment, 1 participation in a counselling program, 6 prison sentence not exceeding 5 years (offence committed before their coming of age)].

The analysis of the juvenile offenders' personal records demonstrates that, besides the 187 minors accused of drug-related offences in conjunction with other offences, 54 minors (36 Greeks, 18 aliens) stood trial only for breach of the Penal Code and other special criminal laws, but had a drug abuse history.

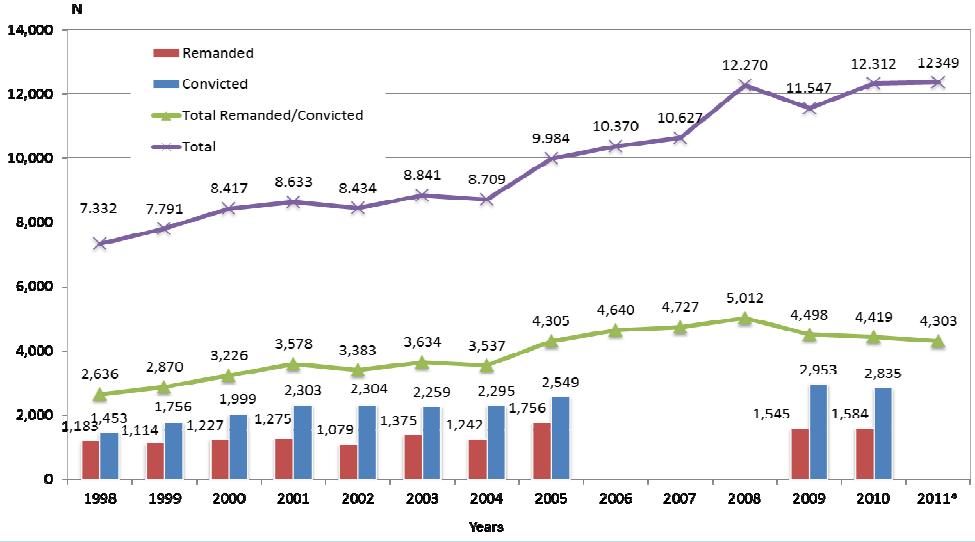
The profile of the total population of 241 minors who stood trial irrespective of reason is as follows:

The vast majority of the offenders (93.8%) are males and 53.1% are Greek nationals. In terms of educational and labour status 24.3% have not finished high-school, 48.1% do not work, while the rest of the minors have either regular or occasional employment. Downtown Athens is reported as the place of residence by 37.9% of the minors. 83.6% of them report first use of illicit drugs between the age of 15 and 17. The primary drugs reported are cannabis (81.9%) and heroin (14.7%). Some of the minors (53.5%) are occasional users and 22.2% dependent users. 62.1% have never attended a drug dependence treatment programme and 23.2% have a failed treatment history. Finally, 41.1% of them first committed the first offence at the age of 17. Please note that for certain minors not all of these details are available, as they may be tried in absentia or be in custody, therefore they cannot cooperate with the Supervisory Juvenile Service.

9.2.4. Drug law offenders in prison

The Directorate of Correctional Institutions for Adults of the Ministry of Justice, Transparency and Human Rights reports to the Greek REITOX Focal Point data on the situation of Greek and foreign drug law offenders in Greek prisons. On January 1, 2011, of a total of 12 349 prisoners, 4 303 were drug law offenders.

Figure 9.4. Remanded and convicted drug offenders and total number by year (1998-2011)



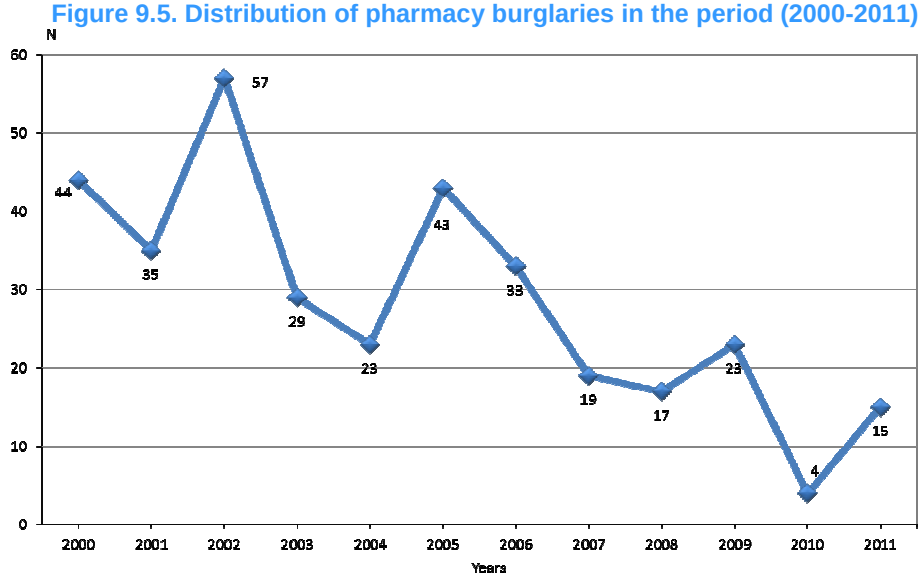
DATA: Ministry of Justice, Transparency and Human Rights
SOURCE: Greek REITOX Focal Point, 2012

As shown in Figure 9.4, the total number of drug offenders in prison and consequently the number of convicts consistently increased in the twelve-year period 1998-2009 and leveled off in the time period 2009-2011.

9.2.5. Other drug-related offences

The number of pharmacy burglaries is an indicator of drug-related crime. According to data from the Hellenic Police, there were 15 pharmacy burglaries in 2011, a low figure compared to the previous years with the exception of 2010 where the number of the pharmacy burglaries (2010: 4) was the lowest in the last twelve-year period. Figure 9.5 shows the distribution of pharmacy burglaries in the period 2000-2011.

Figure 9.5. Distribution of pharmacy burglaries in the period (2000-2011)



DATA: Hellenic Police
SOURCE: Greek REITOX Focal Point, 2012

An additional indicator of drug-related delinquency is the number of drug-related road accidents. Based on the finalised data of the Traffic Police Directorate, in the five-year period 2007-2011 drug-related road accidents accounted for 1.8% (23 of the total 1 292), 1.1% (16 of the total 1 414), 1.4% (19 of the total 1 314), 3.5% (41 of the total 1 162) and 3.5% (35 of the total 1 011) respectively.

It can be observed that the number of drug-related road accidents recorded in 2011 remains higher than the corresponding number of accidents in the period 2007-2009 but does not reach the number of drug-related road accidents of 2010.

9.3. Responses to drug-related health issues in prisons

The large number of drug users in prison makes it imperative to develop, implement and sustain treatment, psychosocial support and harm reduction interventions in the prison setting.

In fact, KETHEA and, to a lesser extent, 18 ANO Dependence Treatment Unit (Attica Psychiatric Hospital) deliver support interventions in 19 of the 32 prisons in the country, responding to the drug using prisoners' need for counselling support.

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

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

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

9.3.1. Support interventions

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

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

In 2011 eight programmes implemented psychosocial support interventions, seven of them run by KETHEA and one by 18 ANO Dependence Treatment Unit, in 19 prisons and in the Detention Centre for Aliens. The number of prisons in which such interventions were delivered, has remained unchanged since 2009.

The total number of participants in counselling support programmes was 2,166 - a higher figure compared to the three previous years (2010: 1 822, 2009: 1 880. 2008: 1 281). In the reporting year the proportion of women prisoners participating in the programmes was almost doubled (13%) compared to the previous two years (2010: 6.8% and 2009: 7.7%). On the other hand, underage prisoners attended the programmes in similar share (6%) in 2011 compared to 2010 (6.1%) and 2009 (6.9%).

Furthermore, at the Detention Centre for Aliens in Athens 39 individuals (31 males and 8 females) participated in information and awareness-raising sessions and in individual counseling sessions in the reporting year, down from 82 in 2010 and 93 in 2009.

Harm reduction

Harm reduction interventions mainly involve provision of information and health awareness to drug users in prison (e.g. infectious disease prevention), safer use training and prevention of drug-related deaths (overdoses).

In 2011, six KETHEA programmes delivered seminars, individual and group sessions, and distribution of information material on a case-by-case basis in view of raising the awareness of and providing information to 1 623 drug users in harm reduction issues in 17 prisons. The number of participants increased in the reporting year compared to the two previous years (2010: 1 550 and 2009:1 535).

Legal support

In-prison information and awareness-raising interventions on legal matters, mostly through group and individual sessions and seminars, were implemented in 2011 by six KETHEA programmes and one 18 ANO programme in 18 prisons, with the participation of 2 036 drug users in prison, an increasing number compared to the two previous years (2010: 1 652 and 2009: 1 441).

Information about legal issues was also provided to 39 individuals at the Detention Centre for Aliens by one KETHEA programme.

Admission to off-prison treatment

In 2011, 33 drug users in prison successfully completed attendance of the in-prison support programmes and availed themselves of the relevant legal provisions in order to be granted suspension of sentence and probation, and enter an off-prison treatment programme. This figure (N=36) in the reporting year is higher compared to 2010 (26 prisoners) and lower compared to 2009 (61 prisoners). Moreover, at the Detention Center for Aliens, 3 individuals suspended their detention to attend an off-prison treatment programme.

9.3.2. Drug treatment

This section presents a brief overview of the four programmes delivering drug dependence treatment services in the prison setting in 2011.

The treatment units in 2011 had a capacity of 145. The number of slots in the reporting year was higher compared to 2010 (number of slots: 125) due to the fact that a new treatment programme was launched by KETHEA in Eleonas women's prison in the end of 2010.

In 2011, the total number of clients in treatment came up to 254. In particular, in the beginning of the reporting year, 69 individuals were already in treatment and 185 drug using prisoners were admitted to treatment during the year (Table 9.2).

The number of clients of in-prison treatment programmes in the reporting year increased compared to the two previous years (2009, 2010) (Table 9.2).

Table 9.2. Number of in-prison treatment clients (2009, 2010, 2011)

	2009	2010	2011
Already in treatment	94	72	69
Admissions	84	97	185
Total	178	169	254

SOURCE: Greek REITOX Focal Point, 2012

In 2011, based on the available data, 108 clients reported opiates as the primary drug, 20 reported cocaine, 18 reported cannabis, 3 reported hypnotics and sedatives and 1 client reported other stimulants except for cocaine. Moreover, 33 clients reported dependence on at least two illicit drugs.

Injecting drug use was reported by 41.3% of the clients (N=105), a smaller share compared to the previous year (2010: 65.1%).

In 2011, 15.7% (N=40) of the clients were older than 40 – similar proportion compared to 2010 (15.4%).

In the reporting year, the three in-prison treatment programmes of KETHEA trained their clients on AIDS/HIV, viral hepatites and STDs. Moreover, the clients of two out of four treatment programmes were tested for HIV/AIDS and/or other infectious diseases.

Outcome

According to the data, in 2011, 46.9% of the clients continued treatment, 20.1% dropped out, 7.9% were prematurely discharged, 23.6% were released from prison and 1.6% were transferred to other prisons (Table 9.3). Compared to 2010, there was an increase in the proportion of dropouts and a decrease in the proportion of releases from prison and of transfers to other prisons. Regarding the rates of those being still in treatment and prematurely discharged, they appeared to be almost similar to the rates of the previous year (2010) (Table 9.3).

Moreover, it should be noted that the vast majority of the KETHEA clients (36 of 40 clients) who were released from prison in 2011 entered the programme (EN DRASI therapeutic programme) for newly-released prisoners of KETHEA.

Table 9.3. Treatment outcome for the years 2010 and 2011

	2010	2011
	%	%
Still in treatment	47.9	46.9
Dropout	10.7	20.1
Premature discharge	7.1	7.9
Release from prison	32.0	23.6
Transfer to other prisons	2.3	1.6

SOURCE: Greek REITOX Focal Point, 2012

In three of the four programmes, there were premature discharges. Half of the clients (50%) were prematurely discharged owing to illicit drug use on and out of the programme settings, 20% owing to involvement in illegal activities other than drug use and the same share (20%) owing to breach of

the programme's rules and regulations, while the remaining 10% were prematurely discharged owing to non-attendance of therapy / counselling sessions.

Staffing

The number of (salaried) staff working for in-prison treatment programmes as a total and by specialty for the years 2010 and 2011 is presented in Table 9.4.

Table 9.4. Number of staff in in-prison treatment programmes (2010, 2011) *

	2010	2011
Psychiatrists	2	1
Other doctors	4	3
Psychologists	10	7
Other social scientists / research staff	5	11
Social workers	6	5
Other therapists	-	4
Counsellors without any formal qualification	1	1
Drug dependence counsellors	5	9
Nursing staff	4	4
Educators	3	3
Accountant & administrative staff / technical staff	26	26
Security staff	43	38
Total	109	112

SOURCE: Greek REITOX Focal Point, 2012

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

According to the data, in the reporting year there was a slight increase in the total number of treatment programme staff compared to the previous one (Table 9.4).

Given that 112 staff members were employed at the in-prison treatment programmes in 2011, 25.9% also worked for other programmes implemented by the same agency or for other programme phases – a slight higher rate compared to the previous year (2010: 21.1%).

Moreover, considering that in 2010 there was a significant increase of volunteers (N=20) compared to 2009 (N=4), in the reporting year the number of volunteers continued to be increasing (N=25).

9.4. Reintegration of drug users after release from prison

9.4.1. Counselling Centres

Four Counselling Centres support drug users who have been recently released from prison. In fact, the Counselling Centres of three treatment programmes (2 treatment programmes for newly-released prisoners and one treatment programme for adolescents) run by KETHEA as well as one Counselling Centre of 18 ANO Dependence Treatment Unit offer their services to this target group.

In 2011, a total of 265 remanded and newly-released prisoners with drug use and dependence problems received counselling services – a lower figure compared to 2010 (N=311) (2010 and 2011 data for 3 Centres derived from the Questionnaires for Counselling Centres and for Interventions in Prison Setting, while one Centre delivered data only on the total number of its clients).

9.4.2. Treatment programmes

This section presents a brief overview of the three KETHEA programmes delivering main treatment to newly-released prisoners.

In 2011, the total number of clients in treatment programmes for newly-released prisoners came up to 140. In particular, in the beginning of the reporting year, 55 clients were already in treatment and 85 newly-released prisoners were admitted to drug treatment during the year, the vast majority of whom were new clients (88.2%, N=75). Moreover, 11.4% (N=16) of the clients were over 40 years old and 35% of all clients reported injecting drug use.

In the reporting year, exits from specialised treatment programmes came up to 62.9% - a higher rate compared to 2010 (49.1%). The main modes of exits in 2011 were dropout (46.6%), completion of the treatment process (29.6%) and premature discharge (21.6%) (Table 9.5). Compared to 2010, in 2011 premature discharge substantially increased, treatment completion remained almost unchanged and dropout rate declined (Table 9.5).

Table 9.5. Main modes of exits from treatment programmes for newly-released prisoners

	2010	2011
	%	%
Treatment completion	30.8	29.6
Dropout	63.5	46.6
Premature discharge	3.8	21.6
Referral	-	1.1
Other (deportation, imprisonment)	1.9	1.1

SOURCE: Greek REITOX Focal Point, 2012

The main reasons of premature discharge were use of illicit substances outside the premises (42.1%), use of alcohol (31.6%) and involvement in illegal activities other than drug use (10.5%).

Staffing

The number of (salaried) staff working for treatment programmes for newly-released prisoners in 2010 and 2011 as a total and by specialty is presented in Table 9.6.

The data show that in 2011 the total number of staff employed in the programmes decreased by 30% compared to 2010 (Table 9.6).

Given that 28 staff members were employed at the treatment programmes for newly-released prisoners in the reporting year, 60.7% (N=17) also worked for other programmes implemented by the same agency or for other programme phases.

Table 9.6. Number of staff in treatment programmes for newly-released prisoners (2010, 2011)

	2010	2011
Psychiatrists	4	1
Other doctors	4	-
Psychologists	8	4
Other therapists / reintegration specialists	2	2
Social workers	1	2
Drug dependence counsellors*	4	4
Nursing staff	2	-
Other social scientists / research staff	4	6
Educators	-	1
Administrative and technical staff	11	8
Total	40	28

SOURCE: Greek REITOX Focal Point, 2012

* Drug dependence counsellors are graduates of treatment programmes.

In 2011, 7 volunteers (8 for 2010) also worked for those programmes, the majority of whom (N=6) were educators supporting clients who were enrolled at some educational level.

Besides the aforementioned specialised programmes, in 2011 drug users who were on probation / suspended sentence and/or awaiting trial / judgment were admitted to 68 of the 79 treatment programmes (which delivered the relevant data). This population accounts for the reporting year 44.6%[24] (2010: 36.9%) of all clients in structures delivering main treatment.

9.4.3. Social Reintegration Centres

The data about the operation of Social Reintegration Centres for 2011 refer to three Centres run by two KETHEA programmes for released prisoners, and one Centre run by the Treatment Centre for Drug Dependent Prisoners (KATK).

The total capacity of Social Reintegration Centres in the reporting year was 50.

The total number of clients served by the social reintegration structures was 53. Of those almost half (47.5%) received social reintegration services for the first time in 2011. Compared to 2010, in the reporting year the number of clients and the proportion of admissions remained almost unchanged (2010: 51 clients, rate of admissions: 47.2%).

Provision of services

In 2011, all three Social Reintegration Centres provided counselling and psychological support services, as well as information and relapse prevention services. Two of the three Centres also provided psychiatric care, career guidance, legal assistance, social services and housing support and one of the three Centres provided medical care and accompanying support services. Compared to 2010, in the reporting year more Centres offered social services and housing support (2010: 1

[24] Data about these two special population groups (users on probation / suspended sentence, users awaiting trial / judgment) are submitted to the Greek REITOX Focal Point as aggregates, therefore it is not possible to remove double entries for individuals who fall in both population categories.

Centre and 2011: 2 Centres). This is related to the fact that in 2011 a higher number of clients received social services (N= 48) and housing support (N=7) compared to 2010 (30 and 4 clients for each type of services respectively).

Outcome

In the reporting year, 55% of the clients were still attending the programmes of Social Reintegration Centres, 31.6% completed them, 11.6% dropped out, 0.8% was referred to main treatment and the same share (0.8%) were prematurely discharged.

Compared to 2010, there is an increase in the share of clients who continue programme attendance (2010: 41.6% & 2011: 55%). Regarding the modes of exits, in 2011, the rate of programme completion (31.6%) remained almost at the same levels (2010: 32.6%) while the rate of premature discharge (0.8%) and dropouts (11.6%) decreased (2010: 6.5% and 15.5% respectively).

Aftercare

All of the Social Reintegration Centres for released prisoners provide aftercare services, for a period between 6 and 24 months, involving most notably individual and group sessions, relapse prevention services, primary health care, legal support and family groups.

Staffing and equipment of the Social Reintegration Centres

In 2011, the 3 social reintegration structures employed a total of 24 full-time and part-time staff - this figure is significant higher compared to 2010 (N=9).

In the reporting year, all the Centres mentioned that they need “more administrative staff” and two of the three Centres reported the need for “further education on issues related to reintegration and labor market and “stability of staff in charge of employment promotion services”.

Regarding the building infrastructure of the Centres, for the last three years (2009, 2010, 2011) the need identified by all of the Centres is related to the provision of “suitable premises”.

CHAPTER 10. DRUG MARKETS

10.1. Availability and supply

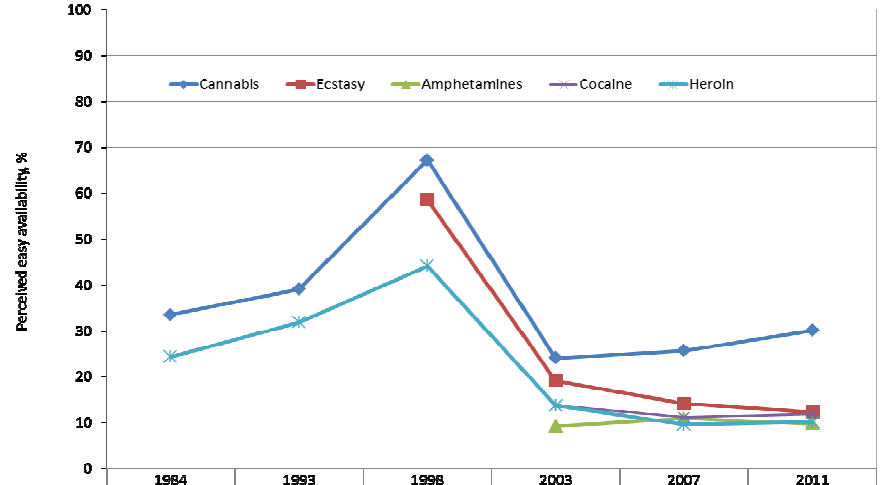
10.1.1. Perceived availability of drugs, exposure, access to drugs

Students data on the perceived availability of illicit drugs come from the most recent 'Nationwide student population survey on substance use conducted by UMHRI in 2011 (See Chapter 2 for more details on the survey characteristics).

In 2011, almost one in every three students aged 15-19 (30.1%) thought it was *easy* ('fairly easy' or 'very easy') to find cannabis if they wanted (Figure 10.1), a significantly higher percentage among boys (36.1%) than girls (23.9%). The proportions of perceived easy availability of cannabis increase with age: 16.7% (15yo), 25.5% (16yo), 32.5% (17yo), 40.7% (18yo), and 46.7% (19+yo). In addition, more students in Athens and Thessaloniki think it is easy to find cannabis (37.2% and 35.3%, respectively), compared to their counterparts in other urban and semi-urban areas (24.4%).

Lower proportions of students perceive of easy availability for other illicit drugs, compared to cannabis. In 2011, perceived easy availability for substances other than cannabis ranged from 9.7% (amphetamines) to 12.3% (ecstasy) (Figure 10.1). Like cannabis, more boys than girls and more students in Athens and Thessaloniki than in other areas think it is easy to find other illicit drugs.

Figure 10.1. Trends in the perceived availability ('fairly easy' or 'very easy') of illicit drugs among students aged 15-19 (1984-2011)



	1984	1993	1998	2003	2007	2011
Cannabis	33.5	39.0	67.2	24.0	25.7	30.1
Ecstasy			58.6	19.1	14.1	12.3
Amphetamines				9.2	10.8	9.7
Cocaine				13.7	11.2	11.9
Heroin	24.3	31.8	44.1	13.7	9.5	10.1

DATA: Nationwide student population survey on substance use (1984; 1993; 1998; 2003; 2007; 2011).
SOURCE: University Mental Health Research Institute, 2012.

In 2011, perceived easy availability was estimated at levels comparable to those of 2003 for all substances except for cannabis which showed a significant increase during that period (from 24.0% in 2003 to 30.1% in 2011) (Figure 10.1). The trends observed in the perceived availability are similar to those observed in the reported use of the various substances (see Figure 2.1 in Chapter 2).

Compared to the average European percentage (29.0%), students in Greece (16-year-olds) perceive in lower proportions (25%) that the availability of cannabis is *easy*.

10.1.2. Trafficking patterns

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 available data from SODN for the year 2010 suggest that 41.6% of the seized quantity of heroin comes from Turkey, 1.8% from Bulgaria, 1.2% from Iraq, 0.6% from Italy and the remaining 58.0% comes from other countries or is of unknown origin. In 2010 as in 2009, the vast majority of heroin (93.0%) was transported overland. The quantity smuggled in Greece through ports represented 4.1% and the quantity smuggled through airports 2.9%. The seized quantities between the years 2009-2010 remained stable. The seized quantities for the year 2011 were similar to the 2006 levels.

Following the spike in the quantity of cocaine seized between 2008 and 2009 (926%), quantities for the year 2010 were similar to the 2007 levels. The seizures for the year 2011 were doubled compared to 2010. Spain and Holland are gates of entrance for cocaine in Europe, as well as France, Italy and United Kingdom is mentioned as transit countries or countries of destination for cocaine. In the year 2010, 76.1% of the cocaine was smuggled by sea, 15.1% by land and 8.8% by air.

In 2011, cannabis seizures increased by 74.5% over 2010, a figure considerably higher than in the years 2007-2009. In 2010 as in 2009, 67.0% of the total quantity of seized raw cannabis originated in Albania. In 2010 as in 2009, the vast majority of raw cannabis (90.7%) was transported overland. The quantity smuggled in Greece by sea represented 9.3%. Respectively, in the year 2010, 93.8% of the processed cannabis was smuggled by land, 4.6% by sea and 1.6% by air.

In 2011 the seized quantities psychotropic, chemical and precursor substances were very low (N=70). Additionally, the seized quantities of 2010 presented a reduction of 72.2% compared to the seizures of 2009. 44.1% of the seized quantities of psychotropic, chemical and precursor substances come from Bulgaria and the remaining quantity comes from other countries or is of unknown origin.

10.2. Seizures

10.2.1. Quantities and numbers of seizures of all illicit drugs

Every year, SODN collects from the DPAs, processes and reports to the Greek REITOX Focal Point data about the quantities of drugs seized, the most common trafficking patterns and the countries of

production and origin. Table 10.1 shows the quantities of drugs seized during the seven-year period 2004-2011 (see ST13 – *All law enforcement agencies*).

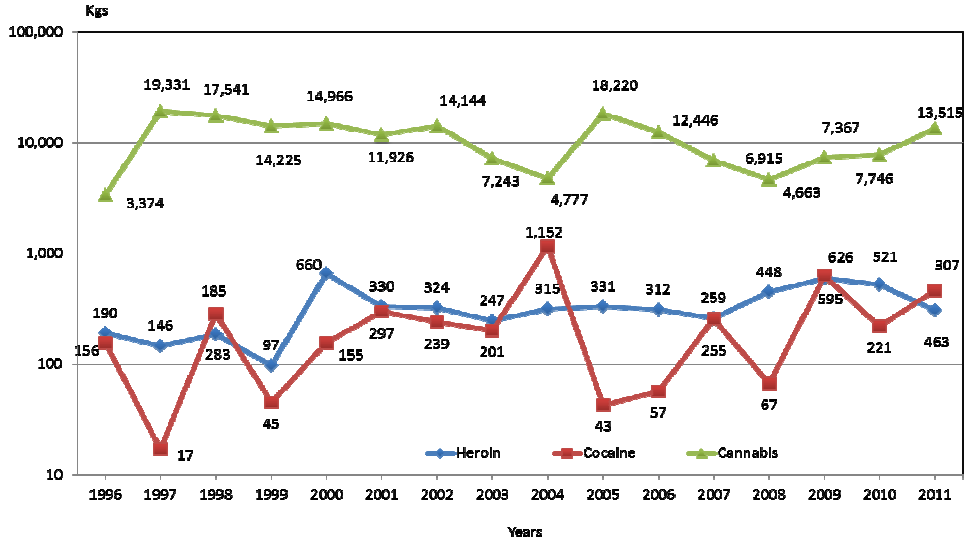
Table 10.1. Narcotic drug seizures (2004-2011)

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

DATA: SODN-EMP
SOURCE: Greek REITOX Focal Point, 2012
* Including seizures of processed (resin) and raw (herbal) cannabis.
** Including amphetamine and ecstasy tablets.

As shown in Table 10.1, the quantity of heroin seized decreased in 2011 compared to the three-year period 2008-2010. The quantities of cannabis plants seized reached similar levels to 2006 and increased by 11 635 plants compared to 2010. The quantities of cannabis in kilos doubled compared to 2010 reaching also the levels of 2006. A 90.0% increase was reported for methadone tablets in 2011 over 2010, after the large drop in 2009 and 2010. It is also clear that the seized quantities of LSD in 2011 made a huge increase after the low doses of 2008-2010 reaching the levels of 2007. Finally, Figure 10.2 shows the evolution of heroin, cocaine and cannabis seizures over time.

Figure 10.2. Seized quantities of heroin, cocaine and cannabis (1996-2011)



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

10.3. Price and purity

10.3.1. Price of illicit drugs at retail level

Information about the price of drugs on the illegal market is reported by SODN. The retail price («street price») of heroin in 2011 ranged between € 8-20 per gram much cheaper than 2010 (€ 10-50 per gram) and 2009 (€ 8-80 per gram). The retail price of cocaine ranged between € 40-100 per gram. The minimum retail price of cocaine fell (by € 5 per gram) compared to 2010 and (by € 10 per gram) compared to 2009 (€ 50-100 per gram) (see ST16).

The average retail price of cannabis stood at € 20 per gram as opposed to € 25 per gram in 2010, € 8.5 per gram in 2009 and € 10 per gram in 2008.

The prices of ecstasy tablets fell, ranging between € 5-10 per tablet, showing a reduction of € 5 per tablet in the maximum retail value compared to the maximum value of 2010. The prices of ecstasy tablets also opposed to € 8-25 per tablet in the two-year period 2008-2009.

Finally, the prices of LSD doses ranged between € 5-15 per dose, returning to the 2009 levels, following a decrease after 2010, when prices ranged between € 16-20 per dose (see ST16).

10.3.2. Purity/potency of illicit dugs

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

The chemical composition and the purity of the drugs seized by the Hellenic Police, Customs, the Coast Guard and the Special Controls Service are determined following a laboratory analysis of samples by the State General Chemical Laboratory (Third Chemical Service of Athens and Second Chemical Service of Thessaloniki).

In 2011, the average purity of heroin samples in active ingredients was 12.8%, decreased by 6.5 percentage units compared to the average content of heroin samples in 2008, whose levels were 19.3%. In 2011, the average purity of cocaine samples in active ingredients was 61.1%, when in 2008 the value was 64.1%.

For the years 2009 and 2010 the State General Chemical Laboratory (Third Chemical Service of Athens and Second Chemical Service of Thessaloniki) did not conduct a laboratory analysis of samples.

10.3.3. Composition of illicit drugs and drug tablets

The Greek REITOX Focal Point receives on a regular basis from the competent services of the State General Chemical Laboratory (Third Chemical Service of Athens and Second Chemical Service of Thessaloniki) data about the chemical composition and the quantitative and qualitative determination of seized ecstasy tablets.

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

Table 10.2. Chemical composition and quantitative and qualitative determination of seized ecstasy tablets (2006-2011)

	2006	2007	2008	2009	2010	2011
	%	%	%	%	%	%
MDMA / MDEA / MDA	98.66	99.05	96.12	43.06	98.5	20.8
Amphetamines / methamphetamines	1.3	0.36	2.28	43.21	0.05	0
Possible combinations of the above	0.03	0.49	1.11	13.18	1.43	0
Psychoactive substances	0.01	0.1	0.49	0.55	0.08	79.2
Total	100	100	100	100	100	100

DATA: State General Chemical Laboratory (Third Service of Athens and Second Service of Thessaloniki))
SOURCE: Greek REITOX Focal Point, 2012

CHAPTER 11. RESIDENTIAL TREATMENT FOR DRUG USERS IN EUROPE

11.1. History and policy framework

A brief history of drug treatment in Greece

The 80's decade at international level is marked by the psychiatric reform and de-institutionalisation which lead to the questioning of the, strong until then, system of therapeutic communities as another mechanism of social compliance (Poulopoulos 2011)

The 80's decade in Greece is characterised by a constant social debate, with often controversial positions, on the drugs problem and the treatment of dependence. The supply reduction is still mostly dominant. Although the extent of the problem remains unknown, as there is no monitoring system of the drugs' situation, the impression created mainly by the Media is that of a serious and increasing problem in the Greek society. The most reliable data come form the two nationwide epidemiological surveys in 1984, conducted by the UMHRI (one on the general and the other on the school population) which can only give a vague picture on use and not of dependence.

Law 1729 of **1987** is considered the first attempt for a global consideration of the drugs problem in Greece. The Law clearly identifies drug dependent people as patients and puts emphasis on destigmatisation and on motivation for treatment.

Since then, emphasis has been put in the creation of treatment services of various types (detoxification units, inpatient and day-care) to meet the diverse needs of individuals with drug use problems. **The first drug treatment programme in Greece was a therapeutic community – ITHAKI,** established in 1983, amidst a global questioning of the therapeutic community model.

Until **1994** the number of treatment programmes in the country (outpatient and inpatient) amounted to 12.(NR 1997)

All these therapeutic programmes were drug free. Until **1995**, abstinence from drug use through drug free treatment was the only policy in the treatment field. Methadone was prohibited by the Greek Constitution.

The establishment of OKANA (Organisation Against Drugs) in **1994**, as the coordinating body in demand reduction, marks a substantial change in drug treatment and coordination. Largely due to the growing concern on the HIV epidemic, OKANA given by law the exclusive right to administer substitution treatment, starts in 1995 the first two pilot methadone substitution units in Athens and Thessaloniki. The policy underlying substitution programmes and their aims are that of a progressive abstinence from drug use rather than maintenance.

In **1997,** with harm reduction policy gradually gaining ground, the first low threshold programmes are created, but it is not until 2003 that the substitution programme (Ministerial Decree 104741/03) is legally recognized as a harm reduction programme as well as a treatment one.

Until **2003** substitution treatment units were vastly outnumbered by the drug free programmes. Today they are represented in mostly equal numbers: in **2011** there are 47 drug free programmes in Greece and 42 substitution.

11.1.1. History of residential treatment

As mentioned above the beginning of drug treatment in Greece coincides with the establishment of ITHAKI, in 1983, the first therapeutic community.

This is the first systematic attempt to treat drug users and it coincides with, first the increase in heroin use, and, second, the accession of Greece into the European Union (EEC then) and the subsequent changes in public health and mental health concepts, policy and legislation.

Ithaki *(Itaca), an island in the Ionian sea, the kingdom of Odysseus (Ulysses), who, after the end of the Troyan war, punished by the Gods for his hybris, wandered for10 years trying to return to his island. Odysseus adventures are the object of Homer's epic poem Odyssey.*

ITHAKI fell administratively and financially under the National Welfare Organisation and the Children's Hospital of Attica. Its premises are in a Thessaloniki suburb, Sindos. Drug dependent people who participated in ITHAKI were assessed in two counselling centres, one in Athens and the other in Thessaloniki. ITHAKI was in fact the "nursery" of the KETHEA (Centre for Therapy for Dependent Individuals), which is the largest drug free treatment centre in Greece today and where ITHAKI belongs today.

In 1989 ***KETHEA*** establishes the **PAREMVASI** (in English: "intervention") residential programme which includes the PAREMVASI alternative therapeutic community in Pafina (Attica). In the same year the **EXODOS** (in English: "exit") a therapeutic community is established in Larisa (region: Thessaly, central Greece). In 1993 KETHEA establishes the **NOSTOS** therapeutic community covering Pireus, the Aegean islands and sountern Greece. The community's premises are in Salamina (island in Attica). Only 3 years ago, in 2009, KETHEA establishes the **KITARO** (in English: "tissue cell") therapeutic community in Kalamata (Southern Peloponnese)

Nostos *is a homeric word which means "homecoming". Nostalgia, nostos + algos (pain) is the yearning for the past.*

Residential treatment programmes are also founded by ***18 ANO*** treatment centre of the Attica Psychiatric Hospital. In 1995, 18 ANO establishes the **Department A for Psychological Dependence** , followed by the **Departments B** and **C** in 2004 and 2005, respectively. In-between, in 1997, 18 ANO creates the **Specialised programme for dependent women** and in 2006 the **Specialised programme for dependent mothers and their children**.

The Thessaloniki Psychiatric Hospital establishes the therapeutic community at **KARTERES** (a Thessaloniki suburb) in 1992 and the residential detoxification treatment "**DETOX- CHRISTOS ROGOTIS**" (which is the only detoxication programme in Greece) in 1996. Both these programmes are part of the IANOS Rehabilitation Department for Dependent Individuals.

IANOS (Janus) *Roman god of beginnings and transitions.*

In short, Greek therapeutic communities belong to KETHEA, while 18 ANO has residential treatment programmes.

Changes

The Greek therapeutic communities of KETHEA follow the hierarchical model. Unlike therapeutic communities in other parts of the world, in Greece there was not a strong public reaction of the local community against the first therapeutic community. ITHAKI. Public reaction emerged at a much later stage and peaked in the early 2000's against both residential and outpatient treatment programmes.

Even in the absence of overt reaction, the stigma and the social exclusion of the drug users were prominent in the Greek society. The first therapeutic community had a twofold role: to provide a stable and secure therapeutic environment for its members in a protective closed space, while, at the same time, they had to convey the message to the local communities for tolerance and social acceptance, as well as to prepare the society for inclusion of the former drug dependent people who had completed the reintegration phase.

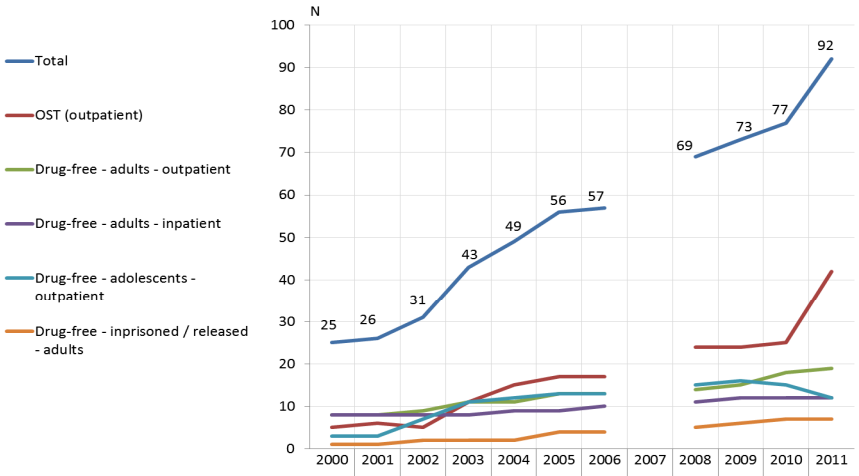
This latter role was (and still is) much assisted by a specificity encountered in Greece: all treatment agencies have formed family associations, which function in parallel, yet autonomous, way with the programme their children/relatives participate in. The families of KETHEA participants have been, and still are, active in coming forward to the community and talk about the problem openly, breaking myths and quite often demanding from the State better support for drug treatment (Poulopoulos 2005).

The therapeutic communities and the other residential treatment programmes have always been alert to adapt to social changes and to avoid institutionalisation of the members. Over the years they became more open to the society and increased their collaboration with the local communities, organising events and interventions on various issues (human rights, support of vulnerable groups or environmental issues). A good example is the PAREMVASI Alternative Community (see 12.2.2.1 *Common approaches*).

Another major change is that the main therapeutic phase is reduced to the benefit of the social rehabilitation phase, which has increased.

Although residential treatment is very much alive in Greece (the most recent therapeutic community being founded as late as 2009), through the years, the number and the rate of increase is much lower that that of the drug free outpatient and the OST programmes; while in 2000 residential treatment comprised 47% of all treatment programmes, the percentage gradually drops to 16% in 2008 and to 13,5% in 2011 (Figure 11.1).

Figure 11.1. (Figure 5.1 reproduced) Treatment programmes by type (2000-2011)



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Total	25	26	31	43	49	56	57		69	73	77	92
OST (outpatient)	5	6	5	11	15	17	17		24	24	25	42
Drug-free - adults - outpatient	8	8	9	11	11	13	13		14	15	18	19
Drug-free - adults - inpatient	8	8	8	8	9	9	10		11	12	12	12
Drug-free - adolescents - outpatient	3	3	7	11	12	13	13		15	16	15	12
Drug-free - inprisoned / released - adults	1	1	2	2	2	4	4		5	6	7	7

SOURCE: Greek REITOX Focal Point, 2012.

11.1.2. Strategy and policy framework for residential treatment

In the National Plan against Addictions, there is no distinction between any kind of treatment in terms of policy, funding and accreditation. OST is a unique case, as, according to the law only OKANA has the right or implement OST programmes and administer substitution substances.

Residential treatment programmes follow the policy and the funding of their agency, KETHEA, 18 ANO, or IANOS. The residential programmes of 18 ANO and IANOS, of the Attica and the Thessaloniki Psychiatric Hospitals respectively, are public programmes and they are financed by the Ministry of Health and Social Solidarity through the hospitals they belong to. KETHEA is an NGO, funded primarily by the Ministry of Health and Social Solidarity and by private donations.

All officially recognized drug treatment in Greece (out or in-patient) is free of charge.

The policy for residential treatment is more or less the same in all agencies: the user contacts the agency, enters the counselling centre phase and there he/she is assessed to continue to the next phase, the main treatment, which might or might not be in a residential facility. There is no compulsory referral. (for further details on referrals, see 2.2.4 *Typical levels of collaboration and networking*)

11.2. Availability and characteristics

11.2.1. National overall availability

The existing 12 residential treatment programmes function within their capacity there are no waiting lists in any of the programmes. Geographically, they cover few Greek cities, but since the programme offers residence, moving from other areas does not seem to create major problems.

Trends in the number of clients entering or receiving residential treatment are presented in 4.1 *Outlook*.

11.2.2. Types and characteristics of residential treatment

Common approaches

Residential treatment and therapeutic communities have a different therapeutic approach and this is described below. Nevertheless, they share very similar structure and activities.

Aims of counselling centre:
a) Assessment of the user's state and planning of the therapeutic intervention or referral, b) Information on detoxification and treatment issues, c) Motivation and preparation of users for admission to therapy, d) Decrease in use, and e) Systematic treatment of health problems.

They are all 3-phases programmes: counselling centre, main treatment and rehabilitation phase. The user contacts the agency, enters the counselling centre phase, becomes oriented and continues to the residential phase but also possibly referred to outpatient programmes or even to other agencies - always with the user's agreement.

The main phase of the treatment includes medical tests, primary heath care, school (for the school dropouts), family support, and participation in various groups and activities.
Rehabilitation in all residential programmes and therapeutic communities includes vocational counselling and training, relapse prevention, support for their legal problems.

All residential treatment is drug-free (no substitution substances) and the user is supposed to have completed detoxification before entering. Only in the DETOX – Christos Rogotis programme, detoxification is offered.

Duration of the programmes is also very similar: less than a year for the main treatment and almost a year for the rehabilitation phase.

Typical mix/intergration of services (specificities and differences between residential treatment and therapeutic communities)

Residential treatment of 18 ANO – (Attica Psychiatric Hospital)

18 ANO treatment (outpatient or inpatient) is based on the principle of therapeutic pluralism, with programmes of different modalities, where the dependent individual can choose the one suitable to them. The philosophy of 18 ANO is that dependence establishes when a personal (psychological) crisis meets a social crisis; this meeting is always mediated by a crisis in the dependent individual's family. The main therapeutic tools are psychotherapy, art and participation in the social process. (18 ANO 2010).

The philosophy of the 18 ANO residential programmes is quite different form a therapeutic community, as they operate on the basis of equity among the members; i.e. old and new members have the same rights and obligations towards themselves and the programme.

Residential treatment is the second phase of treatment, the first being the counselling centre. The duration of residential phase is 6-7 months (depending on the programme), during which he/she is obliged to urine tests twice a week and any contact with the outside world is not permitted. The rehabilitation phase follows.

Apart form psychotherapy, the client is obliged to participate in is all therapeutic activities. These are: occupational therapy group, drama therapy group, group of art and expression, organisation group, sports team, working out group, health group, photography group. pottery group, administration group, group of social speculation, and book and cinema group.

The third phase of the treatment is social reintegration. It lasts 10 months and it is an outpatient phase.

Specialised residential treatment for mothers and their children. This is the only specialised residential treatment for mothers, where they can stay with their children. Pregnant users are also admitted. The mothers follow the same phases as in the other residential programmes of 18 ANO described above (counselling centre, treatment, rehabilitation). There is medical and psychological care for the children, who can participate in the public local day nurseries or kindergartens.

Therapeutic communities (KETHEA)

Although many aspects of the rationale under which ITHAKI functioned in the 80's have changed since then, the main principle is the same: a self-help drug-free therapeutic community model, aiming at psychosocial treatment and reintegration.

The philosophy of the KETHEA therapeutic communities is similar to that of therapeutic communities all over the world. It maintains that drug dependence is a symptom of other problems of the individual, which they can learn to recognize and tackle in a healthy manner. The goal is to encourage the individual to adopt a new way of life, new behaviours and a new value system, as well as providing them with the necessary skills to become a full member of the society. (www.kethea.gr, www.kethea-exodos.gr. www.kethea-kyttaro.gr).

Treatment comprises of three phases. Phase 1 is the counselling centre phase. All users who contact KETHEA, join first the counselling phase which lasts 2-3 months on average (the time can be extended according to individual needs). Following the assessment in this phase the user is placed either in one of the KETHEA programmes (in or outpatient) or referred to another more suitable agency. The main treatment phase is in the case of residential treatment the therapeutic community, As mentioned earlier, the time allocated to treatment and rehabilitation varies.

The common features of the KETHEA therapeutic communities are:

- Referral of drug users for medical tests
- Motivation and preparation of drug users for admission to therapy
- Counselling to drug users and their families
- Individual and group therapy
- Relapse prevention and crisis intervention
- Aftercare services

- Counselling on legal problems
- Family therapy
- Vocational guidance and occupational training
- School lessons (schools for adults are called “School of Second Chance” in Greece) for those who dropped out of school

Members can join groups such as sports, theatre, literature, photography, etc.

The *ITHAKI community* operates 4 production units:

- Printing house **Schema & Chroma** (shape & colour) =graphic arts, publishing.
- The **Farm** covers ITHAKI’s need in agricultural products and sell to the local community, and operates in 130 acres of cotton, barley, clover and a kitchen garden.
- The **Carpenter’s workshop** covers the therapeutic community’s furniture need and sells to the community.
- The **Ceramics workshop** for the ITHAKI’ pottery utensils needs, for selling and forms part of a local authority network for training on pottery crafts

The *alternative community PAREMVASI* presents differences in relation to the rest of the therapeutic communities. A particular feature of the Alternative Community is its strong social orientation and the alternative model for living it represents. The community endeavours to interest its members in current social issues, and encourages them to become active in organising environmental, humanitarian and cultural activities. Its focus is therefore to foster co-operation and interaction between the participants in the therapeutic programme and the general social environment, with a view to their developing closer ties with citizens, municipalities, associations and other entities. (www.kethea-paremvasi.gr).

IANOS Rehabilitation Department for Dependent Individuals - Thessaloniki Psychiatric Hospital

DETOX – Christos Rogotis. Only one specialized detoxification structure operates in Greece, within IANOS Rehabilitation Department for Dependent Individuals (Thessaloniki Psychiatric Hospital). Its operates since 1996 with a capacity of 35 slots. The mission of DETOX is to provide pharmaceutical assistance to (mostly but not exclusively heroin) users, in order to manage the physical withdrawal symptoms. It also provides information and health awareness, relapse prevention, as well as motivation and preparation for the main treatment phase through psychotherapy groups. The scheduled duration of the programme is 21 days.

Therapeutic Community of Karteres. A residential facility which operates since 1992 within IANOS Rehabilitation Department for Dependent Individuals in Thessaloniki Psychiatric Hospital. In order to be admitted, users have to successfully complete the DETOX programme, and participate in the counselling centre of IANOS for a month. The therapeutic community phase lasts 9 months, its capacity is 34 slots, and its main goal is to promote psychological rehabilitation from substances through compliance with a drug-free programme based on Millieu Therapy. In the course of the treatment process, therapeutic emphasis is placed chiefly on group therapy, as well as on therapeutic activities, mandatory (groups of “personal growth”, personal psychotherapy sessions,

and activities such as literature, music, farming, climbing, hiking, cooking and sports) or voluntary (art, photography, film and computer groups) while preparing for the next stage of the treatment process, social reintegration. There is also a “School of Second Chance” for the school drop outs (http://psychografimata.com/6298/tmima-apokatastasis-exartimenon-ianos , IANOS 2011).

Family support

18 ANO provides family therapy for families of users, irrespective of whether the user participates or not in the 18ANO programmes. There is also an association of parents, which functions independently from 18 ANO.

In KETHEA there are two types of involving and/or helping the family of the therapeutic community member: a) meeting of the family where the member and their families meet together engaging in family therapy techniques, and b) each programme (and therapeutic community) operates a Family Support Unit offering support, counselling and therapy to family members. And, of course, the family associations mentioned in 11.1.1 *History of residential treatment*.

OST and residential treatment

Substitution Treatment in Greece is exclusively outpatient. Substitution substances are, by law, only administered by OKANA.

Typical levels of collaboration and networking

Users who follow drug treatment in a residential facility or therapeutic community have entered this phase of treatment via mainly two routes: they, either have contacted the counselling centre of that particular facility, or they may have been referred to it by the counselling centre of an outpatient programme, of the same agency. In particular a user who contacts the counselling centre of a therapeutic community or a residential programme, after he/she completed this phase, i.e. when the therapists decide that the user is ready to proceed to the next phase (main treatment) may be accepted into this residential facility or be referred to an outpatient programme of the same agency, or even he/she can be referred to another agency, if it is deemed appropriate (eg. Specialised treatment for mothers with small children). This assessment of the therapeutic team is discussed with the user and it is the user’s decision to follow that recommendation.

Referrals are also in place in the cases of psychiatric comorbidity. Most residential treatment programmes accept users with a diagnosed psychiatric problem. Three of the KETHEA therapeutic communities (EXODOS, PAREMVASI, KITARO) do not accept them and have to refer them to other programmes (IANOS, 2011)

The DETOX – Christos Rogotis of the IANOS Rehabilitation Department for Dependent Individuals - Thessaloniki Psychiatric Hospital is the only detoxification programme in Greece and accepts referrals from all residential or outpatient programmes all over Greece. Users who after completing the detoxification phase go back to the initial agency and are placed in the main treatment phase. The DETOX also refer users who have successfully completed detoxification, apart from the Karteres therapeutic community, which belongs to the same hospital, to other in or outpatient programmes of other agencies.

11.3. Quality management

11.3.1. Availability of guidelines and service standards for residential treatment

Guidelines

National guidelines for residential treatment do not exist. KETHEA is a member of the World Federation of Therapeutic Communities and applies the Federation's code of ethics, which includes the "Standards and goals for the therapeutic communities". The code is provided to all substance users and their families participating in KETHEA programmes, as well as to the staff. It has been published in Greek, Russian, Albanian, German and English (KETHEA). The guidelines are cited at the end of this chapter.

KETHEA also has a permanent ethics committee within the organisation charged with, among other things, the presentation of an annual report and the elaboration of regulations regarding ethics for each individual KETHEA activity (research, professional education, etc.) (www.kethea.gr) .

Training

There is no centralised training system for drug professionals. Each agency employs professionals with the necessary qualifications and has its own training system.

I8 ANO provides training to its staff inside and outside the agency and has a policy of using ex-users as "special therapists" in the treatment programmes, who undergo special training.

KETHEA in collaboration with the IC&RC (International Certification & Reciprocity Consortium) established in 1981 the first Scientific Committee for the Certification of Drug Addiction Counsellors in Greece, Cyprus, Malta and Bulgaria with the participation of distinguished scientists from those countries. This Committee examines applications and provides certification for professionals from these countries according to international standards and the specific cultural conditions of each country. Certification through the IC & RC is international and recognized in all the countries in which it is active (Germany, Greece, UK, USA, Canada, Cyprus, Malta, Sweden, Bulgaria etc).

Apart form this, KETHEA employs qualified staff, who undergo a several months training inside the various treatment programmes. The agency also gives scholarships to its staff members for post-graduate studies to institutions abroad.

Evaluation

In 2001 **KETHEA** conducted an external evaluation of its therapeutic communities. It was designed as a follow-up study to measure the effectiveness of the therapeutic communities. Quantitative (EuropASI) and qualitative (semi-structures interviews) methodology was employed. The target population were all the KETHEA clients who entered any one of the existing therapeutic

communities in the period between 1994 and 1995, irrespective of the time they spend in the programme. Results are based on a sample of 388 individuals. The study showed that the percentage of ex-clients who abstained from heroin or had reduced their heroin use increased in proportion to the time the spent inside the programme: from 11% of those having stayed inside the community up to 3 months, to 76% for those who had stayed one year or more. The same pattern was observed for cannabis and psychoactive pharmaceuticals use. In relation to legal problems, 10% of those having stayed inside the community up to 3 months still had legal problems, compared to 64% of those who had stayed one year or more. In terms of occupational status, the possibility of having a job increased by 157% for those having stayed inside the community up to 3 months and 227 for those who had stayed one year or more (KETHEA 2001)

In 2005 **18 ANO** conducted an evaluation study based on a follow-up of a representative sample of all the clients who completed treatment (in and outpatient) since 1990. The study aimed at identifying the current living conditions, use status and leisure time activities and employed qualitative (unstructured interviews) and quantitative techniques (structured interviews with EuropASI). The final sample consisted of 188 ex-users. According to the results, the vast majority of the respondents 73.1% were not using any substances at the time of the study, while 10.7% were using heroin. More than half (57.5%) of the respondents declared not having a chronic health problem. 81.8% had a full time job (40% of them as a lower clerk) 90% had no pending legal problems, 90% had not used any psychoactive medicines for a psychiatric problem during the 30 days prior to the interview, 80% and 84%. Respectively, declared being satisfied with their family conditions and their living conditions,. Improvement in their relationship with their partner was shown by 45.8% and with their friends 35.5% (www.18ano.gr/ereyna.html)

11. 4. Discussion and outlook

11. 4.1. Outlook

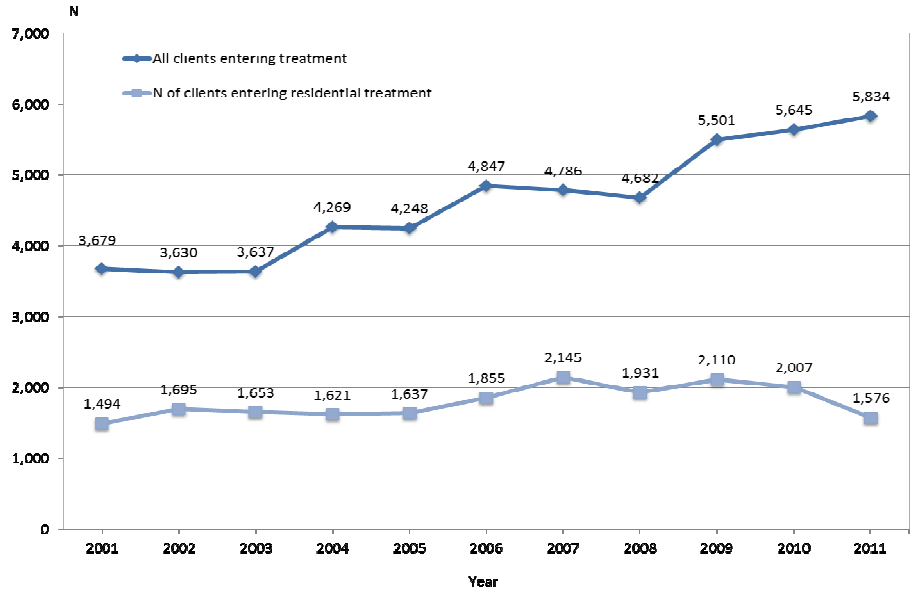
Residential treatment, as all drug free treatment, is available to all users; there are no waiting lists.

In 2011 there were 12 residential programmes out of the 89 treatment programmes in total (13,5%). The overall capacity of treatment in Greece was in 2011 7,883 and the capacity of residential treatment was 460 (5.8%)

Figure 11.2 presents TDI data and, as far as residential treatment is concerned, refers to the clients addressing the counselling centres of the residential programmes; these clients do not necessarily continue to the residential programme as they may be referred to other types of programmes or even to other agencies. It is considered, therefore, more appropriate to talk about “requesting” residential treatment.

The number of clients requesting residential treatment has been almost stable in the past decade. Nevertheless, they represent a decreasing percentage of the total population of users treated in any type of treatment in Greece –from 20% in 2002 to 9.5% in 2011 (Figure 11.2).

Figure 11.2. Trends in the number of clients entering all treatment programmes and those entering residential treatment (2001-2011)

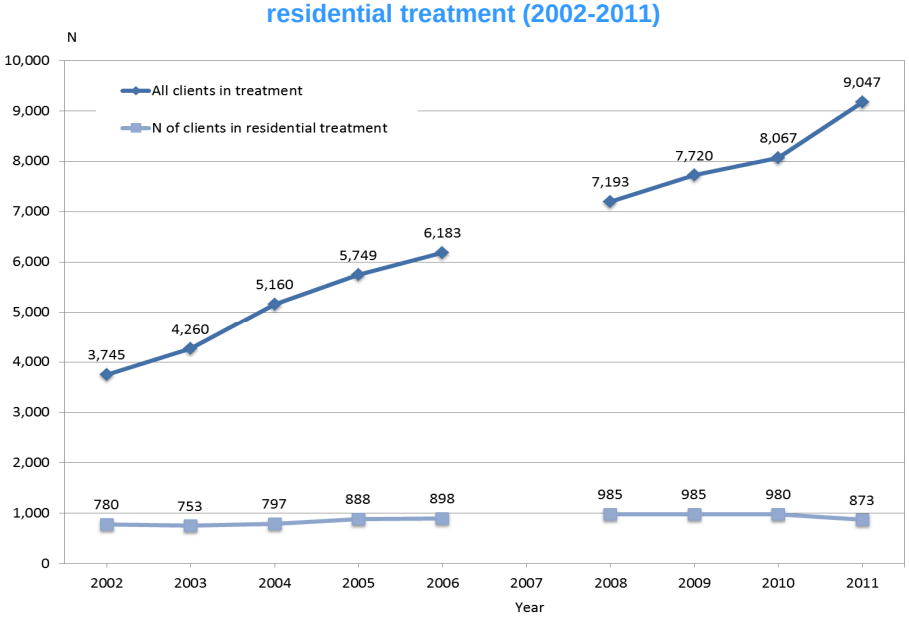


SOURCE: Greek REITOX Focal Point, 2012.

The number of clients requesting residential treatment has been almost stable in the past decade. Nevertheless, they represent a decreasing percentage of the total population of users treated in any type of treatment in Greece –from 20% in 2002 to 9.5% in 2011 (Figure 11.2).

Figure 11.3 presents treatment prevalence, i.e. the number of clients in treatment within the reference years. A similar pattern to that of Figure 11.2 can be seen: although the number of residential treatment clients remained relatively stable since 2001, their percentage among all the total number of clients in treatment has dropped –from 41% in 2001 to 27% in 2011.

Figure 11.3. Trends in the number of clients in all treatment programmes and those in residential treatment (2002-2011)



SOURCE: Greek REITOX Focal Point, 2012.

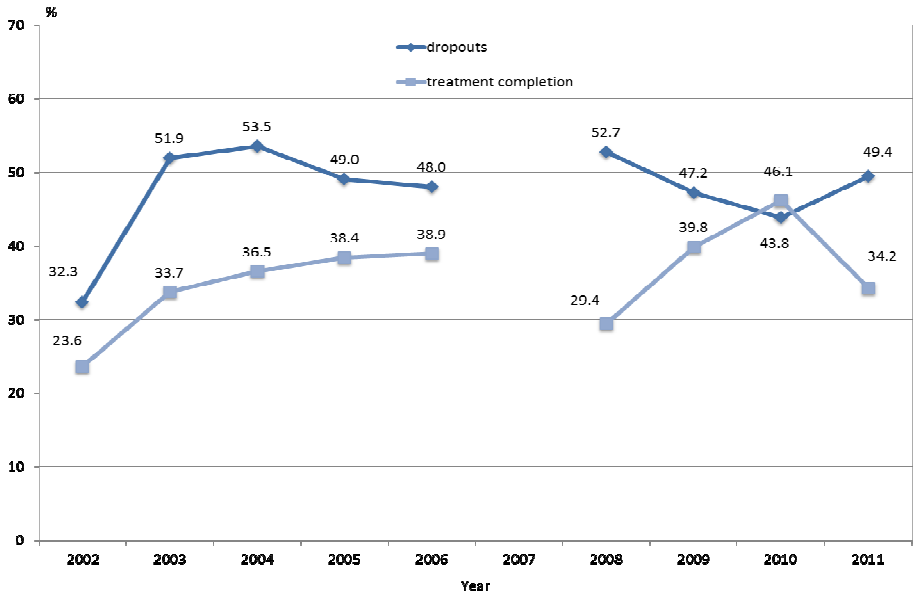
The only detoxification programme in Greece, the DETOX Christos Rogotis, also presents stable numbers of clients in the past 6 years: in 2006, 217 clients were reported, in 2007 -359, in 2009 -273, in 2010 -260 and in 2011 -280.

In relation to treatment completion, as seen in Figure 11.4 the number of clients who successfully completed residential treatment had been gradually increasing from 2002 until 2010. In 2011 a substantial decrease is observed, in combination with n increase in the number of dropouts. In the coming years data will show whether there is downward trend or an one-only event.

The same pattern is observed in all drug-free programmes (see Chapter 5.*Drug related treatment*)

Professionals in the field claim that the economic crisis plays an important role in the motivation and the determination of the user to comply with the treatment obligations, particularly when they are aware that during or after the rehabilitation phase finding a job would be very difficult.

Figure 11.4. Trends in the percentages of clients of residential treatment who successfully completed treatment and who dropped out (2002-2011)



SOURCE: Greek REITOX Focal Point, 2012.

In Greece, it is understood, by both policy makers and professionals that all types of treatment programmes should exist, as users have different profiles and needs. Therapeutic pluralism always been promoted in the Action Plans and in the country's drug strategy. Therefore, residential treatment was never "threatened" and programmes continued to being established in the last 30 years.

Nevertheless, in the last decade, the substation programme gained ground, as policy makers make it a priority, during the early 2000's as a means to reduce the number of drug related deaths and nowadays to control the HIV/AIDS rising epidemic. The last Action Plan 2011-2012 clearly put an emphasis on the establishment of new substitution treatment units.

Due to the fiscal austerity, cuts were effective in all drug treatment agencies, but up to now the agencies have managed to sustain their programmes.

Over the years, residential treatment clients occupy a smaller percentage in relation to the total of clients in treatment in Greece, but their actual number remains relatively stable. One reason for this might be that their effectiveness. Another reason might be that since coverage of any type of treatment programmes is not high in Greece, users who live in cities or areas where there is no programme, might not be able to afford to move from their place of residence to join an outpatient programme; entering a therapeutic community, where accommodation and subsistence costs are covered, might be a preferable solution.

Whatever the case, residential treatment does not seem to “suffer” financially more that the rest under the economic crisis.

World Federation of Therapeutic Communities –standards and goals for the therapeutic communities

1. The therapeutic communities make up a model for treatment aimed first and foremost at recovery from drug addiction through personal development of the individual whom requires him to abstain from mood-altering substances (including drugs prescribed by physicians but which are used illegally).

2. The members of the World Federation of Therapeutic Communities are called upon to:

(a) Recognise that all individuals involved in their therapeutic community have human and civil rights, and to clearly declare the rights, the benefits, and the responsibilities of all members and staff.

(b) Recognise the right of every individual in the therapeutic community to enjoy protection from the improper use of authority on the part of any individual or group.

(c) State the philosophy and the goals of the programme.

(d) Establish rules for their therapeutic community which will provide protection in the event of the apparent or actual abolition of relevant local or national laws.

(e) Operate in an environment which will provide the greatest possibility for physical, spiritual, emotional and aesthetic development and which will guarantee the safety of all.

(f) Facilitate the formation of a society/community, which will be based to the greatest possible extent on the integrity, good will, and compassion of all its members, within which human dignity will be the primary element.

(g) Provide training and proper supervision to personnel.

(h) Answer to an external Board of Directors that will meet at regular established intervals within the year, in order to supervise and be responsible for the activities of each unit's programmes.

(i) Present, following audit, a yearly financial report that will be approved by the Board of Directors.

3. The Board of Directors of the World Federation of Therapeutic Communities will demand compliance with the Standards and Goals each time it examines an application for issuance or renewal of membership. They will also demand active compliance with the criteria established by the World Federation in its Articles of Incorporation, article III, entitled "Determination", and article VI entitled "Membership" (with special reference to paragraphs A1, A2, B1, B2 and C3).

KETHEA. Code of Ethics, Athens

CHAPTER 12. RECENT TRENDS OF DRUG-RELATED PUBLIC EXPENDITURES AND DRUG SERVICES

(1st level reporting strategy)

12.1. Introduction

Greece runs its 5th year of recession with an annual growth rate of -6.5 %, public debt 170% of GDP, public deficit >9% of GDP and the unemployment rate is estimated to 25.5 -30% (Geitona 2012)

Between 2010 and 2011 the Greek governments have signed two MoU with the European Union and the IMF. In November 2012 a 3rd MoU was signed.

In Greece health is mainly funded by the public sector, the NHS, which occupied 59.4% of all health spending in 2010. Despite that, in Greece health spending per capita (2,914 USD) is below the OECD average (3,268 USD) (OECD, 2012).

Total health spending was estimated at 9.3% of GDP in 2011 and it is expected to be lowered to less that 9% in 2012. Public pharmaceutical expenditure, as a share of GDP, dropped from 2.2% in 2009 to 1.4% in 2012. Social insurance in Greece remains compulsory to all employers and there is universal access to health care (Geitona, 2012).

The impact of this situation on the population has been considerable. The rise of unemployment means a) that less citizens are covered by health insurance and b) that less people contribute financially to the NHS. The worsening of the health care system has resulted in long waiting lists and queues. Already in 2009, Eurostat reported that significantly smaller percentages of the population (compared to 2007) reported visits to doctors due to the aforementioned factors. But seeking help from the private health sector has also decreased, by 25-30% probably due to high cost (Eurostat 2011). In 2009 the association between personal economic hardship and major depression was confirmed in a Greek study (Madianos et al. 2011) and in 2011, the same authors found that suicide attempts were increased by 36% compared to 2009, with a significantly higher percentage among individuals with a high score on the IPED (Index of Personal and Economic Distress) scale (Economou et al. 2011). The Greek chapter of Médecins du Monde reported an increase by 30% in the number of people seeking medical assistance in their street units (Kentikelenis et al. 2011).

The picture is expected to get worse since the government has introduced cuts rising to 11,5 million euros for 2013. A study by Prof. Geitona on the expected impact of the continuous austerity measures on health care in Greece concludes that the continuous austerity measures will induce adverse effects on the NHS capacity to maintain standards of care, particularly since the system

seems to be already overloaded with significant inefficiencies in its performance and that the growing dissatisfaction of health professionals due to salary cuts and work overloading should also be considered as a burdening factor (Geitona 2012).

The population seeking medical assistance will also be greatly affected: out of pocket health spending, which is now 5.4% of total household consumption will increase; elder population self-reported health status, which was already below the OECD average in 2009, will worsen; mortality rates for cancer (e.g. cervical, colocteral) will increase due to the non coverage of medical examinations and screening tests; mortality rates for depression - suicide, cardiovascular diseases will also increase (Geitona 2012).

12.2. The drugs problem

The austerity has particularly affected mental health services. In 2012 the budget for mental health services and the rehabilitation of psychiatric patients was cut by 55%. To reach this budget, services have to cut in human resources, which decreases the quality of services offered. Austerity in mental health has, on one hand, indirectly affected the drugs services due to the psychiatric comorbidity in drug dependent people, and on the other had directly affected them by cuts even up to 34% in 2011, compared to 2005.

Perhaps the most important effect of the economic crisis on areas related to the drugs problem is the HIV outbreak among IDUs in Greece, mainly in Athens, which became apparent in 2011. The IDUs have become the most infected population group, representing until August 2012 47% of all reported HIV cases. HIV prevalence in Athens exceeded 5% among IDUs entering treatment and reaches 20% among out of treatment population groups (Fotiou et al 2012). There is evidence to suggest that the economic crisis has largely contributed to this increase. The opportunities of users to raise money to support their addiction (pocket-money form the family, street begging, borrowing) have decreased, as the budget of most families has been severely affected (cuts in salaries, unemployment). The number of unemployed drug users has also increased in the last four years. As a possible result, the number of users engaging in paid sex to raise money has increased (Malliori et al. 2011).

12. 3. Trends in the budget of drug demand reduction agencies

Only in the case of OKANA expenditures and the total expenses of KETHEA, comparisons were possible between 2011 and 2005. for the fest of the services, comparisons were made between 2011 and 2010 and 2011 and 2009. These comparisons give a realistic picture of the fiscal austerity in Greece, as the first MoU was signed in the beginning of 2010 and its implementation became apparent in 2010 ands 2011 budgets; so, 2009 can be regarded as a baseline

Table 12.1 presents the evolution of funding of OKANA, the demand reduction coordinating body and the only agency responsible by law for the OST treatment.

Table 12.1. Cost of OKANA services (2005 – 2011)

	2005	2008	2009	2010	2011	2011-2010	2011-2005
	€	€	€	€	€	%	%
Prevention							
Co-financing of Prevention Centres	2 982 878	2 192 048	6 146 371	14 836 23	4 043 606		
Training and support	661 416	45 813			354 800		
Personnel wages	367 878	546 144	668 382	588 626	549 234		
Research	835 532						
Total	4 847 704	2 784 005	6 814 753	15 424 89	4 947 640	**<68**	>2
Substitution Treatment Programme							
Personnel wages	8 877 650	17 851 592	18 236 516	16 367 382	16 627 455		
Accommodation and operational costs	4 384 065	5 897 306	8 522 640	7 353 349	10 799 851		
Total	13 261 715	23 748 898	26 759 156	23 720 731	27 427 306	>15	>107
Patras Network of Treatment Services							
Personnel wages	300 710	446 520	476 288	374 868	340081		
Accommodation and operational costs	147 755	167 850	167 921	163 067	268 644		
Total	448 465	614 370	644 209	537 934	608 725	>13	>35.7
Units for Adolescents (Athens, Thessaloniki, Rethymno, Larissa)							
Personnel wages	814 521	1 419 388	1 396 394	1 193 148	959 287		
Accommodation and operational costs	291 019	313 968	383 859	392 092	350 012		
Total	1 105 540	1 733 356	1 780 253	1 585 240	1 309 299	**<17**	>18
Help Centre							
Personnel wages	1 516 863	2 746 156	2 836 611	2 427 355	2 299 723		
Accommodation and operational costs	520 990	502 141	604 006	583 294	717 428		
Total	2 037 853	3 248 297	3 440 617	3 010 649	3 017 151	>0.2	>48
Social Reintegration Unit							
Personnel wages	325 283	513 146	523 680	425 695	321 316		
Accommodation and operational costs	123 783	139 348	146 225	108 545	147 962		
Total	449 066	652 494	669 905	534 240	469 278	**<12.2**	>4
Specialised Vocational Training Centres (Athens, Thessaloniki)							
Personnel wages	227 652	470 998	413 028	318 353	434 697		
Accommodation and operational costs	116 305	223 173	300 396	277 356	300 301		
Total	343 957	694 171	713 424	595 708	734 998	>23	>114
Headquarters							
Personnel wages	2 039 611	3 252 255	3 601 702	3 050 339	3 002 537		
Accommodation and operational costs	4 102 111	2 457 652	1 936 318	2 604 323	1 170 059		
Total	6 141 722	5 709 907	5 538 020	5 654 662	4 172 596	**<26**	**<32**
Grants to various agencies (Ministry for Health and Social Solidarity)							
Total			573 881		771 401		
Grand total	28 636 022	39 185 497	46 934 218	51 064 065	43 458 394	**<15**	>52

DATA: OKANA, 2006-2011
SOURCE: Greek REITOX Focal Point, OKANA, 2012

OKANA's expenditures have increased by 52% in 2011 compared to 2005, which is not surprising as the number of OST units increased from 17 in 2005 to 42 in 2011 (147% increase). Although the sharp increase in the number of OST units happened in 2011 and 2012, with 27 new units established, in 2011 OKANA's budget was cut, compared to 2010 by 35% as the state budget approved was 33 208 794 €; Nevertheless, following a contract between OKANA and HCDCP (the Hellenic centre for the control and Prevention of infectious diseases – The ECDC Focal Point) OKANA received an additional amount of 10 249 600 from HCDCP for the establishment of new OST units as a response measure to the sharp increase of HIV/AIDS in IDUs in Athens. In this way, eventually the cut between 2011-2010 dropped to 15%, as presented in Table 12.1.

Regarding the cuts in the individual categories of expenses, in 2011 compared to 2005, only operational costs (wages and Accommodation and operational costs) present a decrease (by 32%). All the other categories, particularly the expenses concerning the OST units, present increase.

This picture is due to the continuous increase in OKANA funding over the past 10 years, as the strategy put emphasis on the OST treatment in Greece. As the actual effect of fiscal austerity started in 2010, comparisons between 2010 and 2011 show decrease in almost all categories. Therefore, 2011 should be considered as a continuation of cuts that started in 2010.

KETHEA, the biggest drugs NGO in Greece, is mainly funded by the Ministry of Health, but has also income from donations and their productive units (printing house, the farm and the carpenter's workshop – details on these units on Chapter 11). The budget broken down by the different sources is presented in Table 12.2b for the years 2009-2011. As seen, the state funding was reduced by 14.5% in 2011 compared to 2010 and by 21% in 2011 compared to 2009. The profits from the productive units and the donations were also reduced.

Table 12.2a. Breakdown of KETHEA expenditure (2009-2011)

	2009	2010	2011	2011-2010	2011-2009
	€	€	€	%	%
Primary Prevention					
In Primary Education	192 515	139 565	155 522		
In Secondary Education	206 670	140 031	111 403		
In the Community	347 857	293 409	255 338		
Supervision/Support/Information	252 397	247 869	185 213		
Total	999 439	820 874	707 476	**<14**	**<29**
Harm Reduction-Motivation					
Counselling Centres	3 622 980	3 065 329	2 833 549		
Low-threshold Units	617 208	592 335	451 313		
Streetwork Programme	352 694	387 340	392 950		
Psychodiagnostic Centre	527 052	441 121	392 173		
SOS Helpline (Thessaloniki)	200 643	176 372	114 076		
Total	5 320 577	4 662 497	4 184 061	**<10**	**<21**
Interventions in the Criminal Justice System					
Counselling Centre at the Juvenile Courts	51 159	15 781	1 439		
Prisoner Counselling Programmes	1 589 303	967 161	735 285		
Prisoner Treatment Programmes	654 257	510 458	630 161		
Reintegration Centres for Released Prisoners	542 865	782 378	973 304		
Family Support Programme	48 629	48 877	38 416		
Total	2 886 213	2 324 655	2 378 605	>2	**<17**
Treatment					
Residential Treatment Programmes for Adults	3 700 220	4 060 276	2 896 055		
Day-care Treatment Programmes for Adults	1 753 967	1 246 143	1 199 138		
Day-care Treatment Programmes for Adolescents/Young Adults	1 230 006	1 492 955	1 632 017		
Units for Adolescents	858 839				
Total	7 543 032	6 799 374	5 727 210	**<16**	**<24**
Services for Special Population Groups					
Centre for Immigrants and Refugees	488 806	731 047	401 190		
Unit for Legal Addictions (Alcohol & Gambling)	305 374	290 661	338 421		
Specialised Treatment Unit for Dependent Parents	106 578	100 436	107 181		
Total	900 758	1 122 144	846 792	**<25**	**<6**
Social Reintegration					
Social Reintegration Centres	1 545 251	1 733 860	1 529 661	**<12**	**<1**
Vocational Training – Education					
Vocational Training Centres	343 071	251 109	298 932		
Production Units (Printing house, Carpenter's workshop, Ceramics workshop, Farm)	3 461 776	3 004 93	2 912 188		
Transitional Schools	1 221 475	930 000	1 045 558		
Total	5 026 322	4 185 202	4 256 678	>2	**<15**
Family Therapy					
Centres for Family Counselling and Therapy	1 819 197	1 460 974	1 367 499	**<6**	**<25**
Training of Health Professionals	900 036	672 469	556 436	**<17**	**<38**
Research – Evaluation	1 502 499	1 123 711	872 720	**<22**	**<42**
Administration	1 875 087	1 643 640	1 198 512	**<27**	**<36**
Grand total	30 318 411	26 549 400	23 625 650	**<11**	**<22**

As a result of the cuts in funding, KETHEA expenditures were reduced by 22% in 2011 compared to 2009 and by 11% compared to 2010, while compared to 2005 the expenditures appear increased by 11% (the total amount of expenditures in 2005 was 21 336 000 €). In 2011 compared to 2009, the highest decrease in KETHEA expenditures is observed in research (42%), followed by training of health professionals (38%) and administrative costs (36%) (Table 12.2a).

Table 12.2b. Sources of funding of KETHEA (2009-2011)

	2009	2010	2011	2011-2010	2011-2009
	€	€	€	%	%
State funds	24 000 000	22 080 000	18 870 000	**<14.5**	**<21**
Private donations	1 372 000	720 000	941 750		
Profits from productive units	2 862 100	2 500 000	1 930 192		
Grand total	28 234 100	25 300 000	21 741 942	**<14**	**<23**

18 ANO, the public drug treatment service, part of the Athens Psychiatric Hospital, have decreased their expenditures by 12% in 2011 compared to 2009; personnel wages were reduced by 21%, while other operating expenses were increased by 26.6% (Table 12.3).

Table 12.3. Cost of 18 ANO services (2008 - 2011)

	2009	2010	2011	2011-2010	2011 - 2009
	€	€	€	%	%
Personnel wages	10 000 000	7 958 257	7 815 323	**<2**	**<21**
Other operating expenses	1 987 495	2 912 128	2 708 277	**<7**	>26,6
Total	11 987 495	10 870 385	10 523 600	**<3**	**<12**

A similar pattern is observed in the Thessaloniki Psychiatric Hospital units **IANOS and ARGO.** IANOS had a 20% decrease between 2011 and 2010, while the decrease in ARGO's expenditure was 4% between the same years**.** (Table 12.4)

Table 12.4. Cost of services of Thessaloniki Psychiatric Hospital (2009 - 2010)

	2009	2010	2011	2011-2010	2011- 2009
	€	€	€	%	%
IANOS Rehabilitation Department for Drug Dependent Individuals	2 706 923	3 457 544	2 739 283	**<20**	**<1,2**
ARGO Alternative Treatment Programme for Drug Dependent Individuals	930 677	894 808	857 424	**<4**	**<8**
Total	3 637 600	4 352 352	3 596 707	**<17**	**<1,1**

As in all public and private health sector, the budget cuts were mainly absorbed by respective cuts in the personnel salaries. The national laws passed in order to implement the first and the second MoU between the Greek government on one side and the European Union and the IMF on the other, were mainly based on salaries' cuts and to a lesser extent other operational costs; the agencies were obliged to abide by these laws, cutting salaries to meet their decreased budgets and in many cases did not have to introduce to large cuts in the quality of the services provided (such as reducing numbers of slots in treatment or in vocational training). This was fortunate as they were bale to maintain reasonable quality standards, but unfortunate at the same time as it could expedite staff burn-out and lower their job satisfaction, which might result in a reduction in quality in the long run. It might be the case that the HIV/AIDS outbreak requiring immediate responses, "intercepted", to a certain extend, larger budget cuts, particularly in OKANA.

The economic crisis affects vulnerable people perhaps more that other population groups and results in drug users having increased needs, particularly those who enter the rehabilitation phase of treatment. With diminished resources and a bigger problem to fight, the agencies made gigantic effort to respond to a continuously deteriorating situation. As Poulopoulos points out " the crisis is going top have significant consequences in the upcoming years by reinforcing drug-misuse related problems, delinquency and social exclusion" (Poulopoulos 2012, p.139).

In 2012 the Greek government signed a 3rd MoU with the European Union and the IMF, which will add to already burdened social welfare state. The effects remain top be seen in next's years report.

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