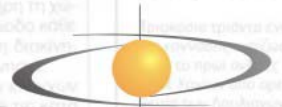


UNIVERSITY MENTAL HEALTH RESEARCH INSTITUTE

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**European Monitoring Centre
for Drugs and Drug Addiction**



**GREEK Reitox
Focal Point**

2007 NATIONAL REPORT (2006 data) TO THE EMCDDA

by the Reitox National Focal Point

GREECE

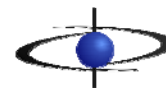
**New Development, Trends and in-depth
information on selected issues**

**REITOX
ATHENS 2007**

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



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SUMMARY

SUMMARY

The year 2006 and the first half of the year 2007 saw important developments in drug policy in Greece. The National Drug Strategy, the draft National Action Plan on Drugs, the Report of the Cross-party Parliamentary Committee are landmark documents for policymaking in the immediate future.

The realistic expectations from the implementation of the National Drug Strategy and the proposals of the Parliamentary Committee would be, first, considerable progress in drug demand reduction and, second, harmonisation of the Greek policy on drugs with the European one.

Current situation in drug demand reduction

Large and small scale epidemiological surveys demonstrate low drug use prevalence rates, particularly among students, and confirm the downward trends in experimental and more regular drug use identified in UMHRI surveys in 2003 and 2004.

Low prevalence is one of the few available indicators for the effectiveness of prevention.

The most common type of prevention is universal prevention, most notably through interventions in the school community under the auspices of the Ministry of Education and Religious Affairs. In 2006, the rise in school-based drug prevention programmes continued, but the share of schools that implement such programmes is still very small.

Prevention in the family, in the community, in youth outside the school setting and selective prevention interventions are implemented by prevention agencies, mostly represented by Prevention Centres. Five new Prevention Centres became operational in 2006. Prevention agencies in 2006 placed emphasis on interventions in the family setting and in youth outside school.

On the treatment front, there was an increase in capacity of both substitution (6.2%) and drug-free programmes (3.3%), just like an increase in admissions, especially in substitution units (a remarkable 20.8%) and in drug-free programmes (9.4%). It should be pointed out that the increase in both capacity and admissions to the substitution programme is higher, although the number of units and staff levels did not change from last year. On the other hand, in drug-free programmes there was a 20.6% staff increase and the number of units remained unchanged.

The total reported capacity by all treatment units in the country comes up to 4,558, while clients come up to 8,204, i.e. it appears that the entire treatment system has exceeded capacity twice.

Although the number of treatment units remained unchanged in 2006, the number of reintegration units increased by 27%, just like the available slots for recovering users. During 2006, there was an 8% increase in recovering drug users in reintegration and a further increase is forthcoming in 2007.

There was also an increase in the absorption rate of funds made available by the Greek Manpower Employment Organisation (OAED) to former or recovering drug users. Nonetheless, most of the users who attend or have completed treatment programmes report having very little, if any, knowledge about OAED services, according to the findings of the survey conducted under the second phase of EQUAL Community Initiative.

The extent of the problem

Compared to the previous year, the number of problem users remained unchanged (approx. 20,000), just like the number of injecting drug users (over 9,000).

There are no significant changes in hepatitis infection rates, but there is an increase in the number of users vaccinated against HBV, either because the “compulsory vaccination generations” are gradually coming to the forefront or because of mobilisation and information.

For the first time after 2004, there is a drop in reported drug-related deaths, although the number of confirmed deaths is small.

Challenges for scientific reflection

Alternatives to prison

Any measure for dependent drug users in prison designed to postpone, avoid, replace or complement prison terms is considered to be an alternative to prison. Such initiatives have been increasingly gaining ground in Europe in recent years.

In Greece there are only two integrated treatment programmes for drug dependent prisoners, while the option of diversion to treatment is not implemented in practice.

The development of alternatives to prison is envisaged in the National Drug Strategy. Thus, it is necessary to explore the system’s capacity to adopt alternatives tailored to suit Greek reality from a cross-disciplinary perspective (legal, medical and social).

Early intervention – Vulnerable social groups

Both the National Drug Strategy and the Report of the Cross-party Parliamentary Committee emphasise early intervention, but the situation on that front is not easy, either.

Units for adolescents continue to operate below capacity, with a steady decline in the number of new clients, and high premature discharge and dropout rates. Although this could be partly explained by the drop in prevalence rates, we need to thoroughly study this phenomenon, since adolescents are the target group par excellence of early diagnosis and early intervention actions. Along the same lines of thinking, “appealing” programmes for young users are piloted in Europe, many of them interactive and/or implemented over the internet.

Selective and, most notably, indicated prevention interventions, implemented at an individual level, make a major contribution to early intervention.

The target group for selective prevention is young people who have already been initiated to drug use, as well as those belonging to vulnerable social groups, while indicated prevention is mostly implemented at an individual level. In quite a few European countries, drug prevention is part of more comprehensive programmes for vulnerable groups, such as young offenders, young people with psychiatric problems, young people from problem families (alcoholism, drugs, violence in the family), young people living in destitute areas, homeless, refugees, etc.

In Greece, selective drug use prevention is restricted to programmes for young people with particular characteristics, and indicated prevention at an individual level is incidental.

Since the holistic and cross-disciplinary approach to the prevention of socio-medical problems is a matter of scientific concern worldwide, Greece, which has always been open to new ideas and patterns, should make an active contribution to this debate.

Prevention in recreational settings

It is well-known that in youth recreational settings the use of licit and illicit substances is highly prevalent. This is confirmed once again by the new IREFREA survey. Tailored programmes for recreational settings should be geared not only towards drug use reduction, but also towards driving under the influence of licit or illicit substances since, as demonstrated by the survey, most clubgoers use their cars.

There is every indication that such programmes need to be implemented in our country, as well. To this effect, cooperation among drug professionals, recreation professionals and other specialists is necessary.

Physical detoxification

There is only one unit in Greece dealing exclusively with physical detoxification: DETOX, at the Thessaloniki Psychiatric Hospital. It is well-known that drug-free treatment programmes admit users who have been through physical detoxification. Easier access to treatment, which is emphasised in the EU Action Plan, the National Drug Strategy and the Report of the Parliamentary Committee, ought to encompass access to physical detoxification, through the establishment of additional units.

Debate with the civil society

Drug-related public nuisance, public reaction to the establishment of treatment units and social exclusion of former drug users are relatively new challenges confronting policymakers in their efforts to address the problem.

The survey conducted in the second phase of EQUAL Community Initiative on public perceptions and representations of drug users and former drug users came up with interesting findings, the most important ones being the social acceptance of dependent drug users and former drug users by the majority of the public and the need to better inform the public about drug-related issues. Reactions, therefore, come from a minority, which nonetheless is visible and to be respected.

Public debate, which was approved by policymakers long ago, is envisaged by the EU Action Plan and the National Drug Strategy. Such a debate would be an integral part of a broader effort for information, clarification of concepts and analysis of realistic and unrealistic fears. It should involve the civil society and opinion makers. It would be more efficient if carried out locally, since it would take on board the particular characteristics of each area and give the public the opportunity to express itself more freely.

On the other hand, dialogue and cooperation will aim at solutions to reduce drug-related public nuisance, without one-sidedly blaming those who adopt a negative or a cautious attitude, even if their fears or reactions are disproportionate to the real risk.

Several European countries are implementing or designing strategies to reduce drug-related public nuisance and burden.

Monitoring – research – evaluation and training

The triptych monitoring – research – evaluation is one of the four equally-weighted pillars of the EU Action Plan. Moreover, both the EU and the National Drug Strategy place emphasis on scientific research, monitoring and training.

Monitoring is an invaluable tool for drug policy makers. It helps them design effective targeted interventions, since it outlines the course of the problem and helps them identify shortcomings. Moreover, a clear picture of the national situation helps place the country among other Member States.

Scientific research will not only provide evidence-based information on every scientific challenge described above and other drug-related issues, but it will also add value to the data collected through monitoring.

The information collected by the Greek REITOX Focal Point on drug-related research in Greece shows that research activity is limited. Lack of funding, coordination and expertise are the main difficulties reported by researchers. The emphasis placed by the National Drug Strategy demonstrates that policymakers are intent on strengthening this area in future.

Evaluation is nowadays across Europe one of the necessary conditions for the development and continuation of a demand reduction programme and one of the criteria for describing a practice as evidence-based. At the same time, enhancing the quality of services delivered to drug users is a key aim of the EU Action Plan and a key trend among European practitioners. Quality improvement can only be measured through evaluation, based on predetermined criteria. This requires the establishment of a quality assurance system that will set the criteria to be fulfilled by demand reduction programmes if they are to be effective and sustainable. In Greece there is no such comprehensive system, although certain agencies have prepared and applied specific operational criteria. Quality assurance, evaluation and promotion of evidence-based practices must be placed high on the agenda in Greece, as well.

Training of professionals is another area on which special emphasis is placed by the National Drug Strategy and the Report of the Cross-party Parliamentary Committee, as well as by the EU Strategy and the Action Plan.

With the ever faster changes in every aspect of drug use and dependence, continuous education and training, just like skills and knowledge update for professionals working in this field, is a must.

On the prevention front, the suspension of the operation of the Educational Centre has created a gap, but knowledge in prevention is increasing rapidly. How will the country for instance respond to new challenges, like indicated prevention, without putting in place a continuous training programme? There is also a need to launch the procedure that will lead to the updating of the educational material, which is fairly outdated.

Training is not only received, it is also delivered, and the acquisition of expertise goes hand in hand with the responsibility for disseminating it. In Health Education, a large number of teachers receive training, but only a few implement prevention interventions in schools. It is necessary to look into the causes of this: is bureaucracy to blame, lack of incentives, lack of teacher support and supervision?

Monitoring, research and training account for a large part of the budget of any comprehensive drug demand reduction programme. Because, however, every attempt to address the drugs problem is based on those three pillars, their funding should be viewed as an investment. The promotion of evidence-based demand reduction interventions is currently making this investment more urgent than ever before.

In a nutshell

In 2008, the European Union will publish the evaluation of the EU Action Plan on Drugs 2004-2008, based on the existing situation in the Member States. The key points pertaining to the state of drugs in Greece in 2006 are summarised here in relation to some of the aims set by the EU Action Plan.

The consistently low drug use prevalence rates, particularly among adolescents, responds to the aim of a “measurable reduction of the use of drugs” formulated in the EU Action Plan.

Improved access to treatment and social reintegration, which are also among the major aims of the EU Action Plan, seem to be approached in Greece with the increase in capacity and staff. The same holds true for easier access to school-based prevention programmes.

The downward trend in drug-related deaths in Greece fulfils yet another aim of the EU Action Plan.

On the other hand, very little progress seems to have been made in areas like enhancing alternatives to prison for drug users, improving early diagnosis and intervention programmes and expanding low-threshold services.

In the immediate future, the state should trigger a cross-disciplinary debate on new types of action to address the drugs problem, which are already being considered by the international community, such as prevention in recreational settings and debate with the civil society.

PART A

NEW DEVELOPMENTS AND TRENDS

1. NATIONAL POLICIES AND CONTEXT

1.1 Legal Framework

1.1.1 Legislation on drugs

Ministerial decision F.429.1/5/150045 (Official Gazette B 34/18.1.2006) of the Ministry of National Defence

Regulation of certain military draft issues.

This ministerial decision provides for draft deferment for treatment in drug dependence treatment centres in Greece or abroad

Circular EGK 2/2006/0-0 EGK.SS.2/2006: number 4 Law 3424/05 amending Law 2331/95 on money laundering

This circular amends, complements and replaces Law 2331/95 and harmonises Greek legislation to Directive 2001/97/EC of the European Parliament and of the Council on prevention of the use of the financial system for the purpose of money laundering and other provisions.

Decision 1131/2006/0-0 P1131 notifying Law 3424/05 on money laundering

Notifying the provisions of Law 3424/05, which amends and replaces the provisions of the first chapter of Law 2331/95 harmonising Greek legislation to Directive 2001/97/EC of the European Parliament and of the Council on prevention of the use of the financial system for the purpose of money laundering and other provisions, and providing guidelines for the implementation of the relevant provisions.

Ministerial decision DY3c/38075 of the Ministry for Health and Social Solidarity

Pharmaceutical preparation regulated by law 3459/06 on narcotic drugs.

Decision to include the pharmaceutical preparation SUBOXONE, containing a mix of BUPRENORPHINE and NALOXONE, in Table D of article 1, par. 2, law 3459/06. The preparation shall be marketed according to the provisions of article 22, par. 2, law 3459/06.

Ministerial decision DY3c/52708 of the Ministry for Health and Social Solidarity

Pharmaceutical preparations regulated by law 3459/06 on narcotic drugs.

Decision to include the pharmaceutical preparations FENTADUR and MATRIFEN, containing the substance FENTANYL, in Table C of article 1, par. 2, law 3459/06.

Ministerial decision DY3c/80696 of the Ministry for Health and Social Solidarity

Pharmaceutical preparation regulated by law 3459/06 on narcotic drugs.

Decision to include the pharmaceutical preparation OXXALGAN, containing the substance TRAMADOL, in Table C of Article 1, par. 2, law 3459/06.

Ministerial decision DYC3c/63672 of the Ministry for Health and Social Solidarity

On the administration of pharmaceutical preparations containing the substance Fentanyl, in the form of transdermal patches.

According to this ministerial decision:

1. The maximum daily dose for Fentanyl transdermal patches is 300µg/hr
2. Doctors, on their own responsibility, may issue special narcotics prescriptions for such pharmaceutical preparations in quantities corresponding to the maximum daily dose for a period of fifteen (15) days
3. In case of cancer patients where the maximum daily dose is not sufficient, some other drug or adjuvant treatment should be prescribed, upon approval from the Health Directorate of the local Prefecture, which is valid for one month.

Ministerial decision DYC3c/50153/06 of the Ministry for Health and Social Solidarity

Maximum daily dose for tramadol.

The maximum daily dose for TRAMADOL is 400 mg.

1.1.2 Law implementation

All drug-related issues are now regulated by law 3459/2006, which was passed in 2006 and codifies drug-related provisions. The institutional framework will be clearly delineated in the forthcoming final Action Plan, which will clarify both the agencies involved and the degree of commitment required in dealing with the drugs issue.

1.2 Institutional framework, strategies and policies

1.2.1 Coordination arrangements

According to the Drug Strategy, coordination in the field of demand reduction is the responsibility of OKANA (Organisation Against Drugs) and in the field of supply reduction the responsibility of the Central Anti-Drug Coordinating Unit-National Intelligence Unit (SODN-EMP).

1.2.2 National Action Plan

The National Action Plan, announced last year, was severely criticised by drug-relevant agencies both for its content and for the preparation process. As a result, the Minister of Health announced a new NAP in July 2007 and stressed that it would be subject to public consultation. The final draft of the National Action Plan is, thus, yet to be presented.

According to the published draft, the National Action Plan has seven key operational objectives:

- Universal right to treatment and gradual elimination of the waiting list
- Easy public access to prevention and information services
- Additional funds allocated to prevention policy

- Overall drug demand reduction
- Combat social stigma and mobilise the public in the fight against dependence
- Develop a robust cooperation framework for all drug-relevant agencies and the world of production and employment in view of the former drug users' social reintegration
- Transform Greece into a regional centre of dependence-related innovation and knowledge.

The draft includes references to demand reduction activities revolving around the gradual integration of the substitution programme into the NHS and the renaming of OKANA as National Dependence Treatment Centre.

1.2.3 Implementation of policies and strategies

Demand reduction

Demand reduction continues to be one of the two pillars for the development and implementation of effective action, according to the National Drug Strategy and decision makers' statements. Through the establishment of new Prevention Centres and the strengthening of existing ones, as well as through the strengthening and expansion of substitution programmes, efforts are made to bring down drug demand both in the general population and in special population groups, by means of tailored and selective actions.

Primary prevention

The policy of OKANA in primary prevention is based on contemporary health culture, as described in the EU Action Plan and reflected in the new Drug Strategy. This policy has some major aims:

- To achieve a high level of health protection, well-being and social cohesion
- To reduce drug-related harms to users' mental and physical health and to society
- To ensure a high level of security for the general public through the development of effective action, national and transnational alike

According to a relevant OKANA document, its Prevention Programming includes the following:

- Strengthen the involvement of the public by ensuring efficient cooperation with the civil society based on the EU Green Paper, as well as recording the current situation in terms of public nuisance and public opinion representations
- Information to vulnerable social groups, special population groups, parents, welfare and other workers, as well as policy- and decision-makers
- Establish a training system for prevention professionals working for OKANA or other agencies
- Strengthen peer training programmes, so as for young people themselves to acquire the necessary skills and knowledge to cope with the drugs problem in educational, employment and recreational settings
- Consolidate the implementation of the MoUs signed with the Ministry of National Defence and with the Ministry of National Education and Religious Affairs
- Preserve and strengthen the existing Prevention Centres

- Develop OKANA Service Networks, in order to better coordinate the work and tap into the potential of OKANA Units and Prevention Centres
- Enhance training programmes for prevention professionals
- Improve prevention programme access to schools and enhance their effectiveness, with due regard for national legislation
- Establish a clear framework for the midterm and final evaluation of prevention programmes

The total number of Prevention Centres by mid-2007 came up to 71, with the establishment of two new Prevention Centres, one in the Municipality of Nea Ionia and one in the Municipality of Amphissa (the reported number of Prevention Centres in the previous Annual Report reflected the period until mid-2006).

In 2006, OKANA discontinued funding to the Educational Centre for the Promotion of Health and the Prevention of Drug Abuse. The Educational Centre has functioned at UMHRI since 1995 and trained over 1,800 prevention and other health professionals.

Secondary prevention – Treatment

In 2006, one specialised Physical Detoxification Unit, 54 treatment programmes/units and 3 low-threshold services were operational. Compared to 2005, a new residential treatment structure was launched by the 18 ANO Dependence Treatment Unit (Attica Psychiatric Hospital) in Athens. Moreover, two specialised programmes providing tailored services to cope with psychiatric comorbidity were launched in Athens and Thessaloniki (by the Attica Psychiatric Hospital and the Thessaloniki Psychiatric Hospital, respectively).

In 2007, a substitution unit was established at the Patras University Hospital (in Rio); the unit operates with the scientific support of OKANA.

According to a relevant OKANA document, its Treatment Programming includes the following:

- Establish a new substitution unit in Thessaloniki at the AHEPA University Hospital, following the relevant approval by the Senate of Aristotle University of Thessaloniki and the Hospital's Board of Trustees
- Establish a new substitution unit in Katerini at the Psychiatric Hospital of Petra, Olympus, following the relevant approval by the Board of Trustees, under the scientific responsibility of OKANA.
- In cooperation with the competent Ministry for Health and Social Solidarity, step up the incorporation of the existing substitution units into the National Health System and take responsibility for staff training, provision of scientific support and evaluation.
- Geographical expansion of the substitution programme through the establishment of new units as described above.
- Increase the active power of the Athens units by an additional 1,500 clients.

Tertiary prevention – Reintegration

In 2006, 19 specialised Social Reintegration Centres were operational, i.e. three more than in 2005. Almost all social reintegration centres, besides providing support and care services, also provide motivation and support in education and/or training, as well as job counselling, in order to facilitate the occupational reintegration of recovering and former drug users.

Furthermore, integrated vocational training, employment promotion and support services are offered by the specialised Social and Vocational Integration Centres (EKKEE). At present, OKANA, KETHEA and the Attica Psychiatric Hospital run EKKEE in several cities across Greece (Athens, Thessaloniki, Larissa and Herakleion, Crete). Moreover, the Greek Manpower Employment Organisation (OAED) continues to implement training and labour market promotion programmes for recovering and/or former drug users. Promotion activities include measures to boost their professional identity, as well as subsidies paid either to employers who hire former drug addicts (under the “new jobs” scheme) or to the former drug addicts themselves for starting up and developing their own business (under the “young professionals” scheme).

At the same time, in 2006, the implementation of the second phase of EQUAL Community Initiative was launched. EQUAL Community Initiative is an instrument of the European Employment Strategy, funded by the European Social Fund, and its aim is to pilot and disseminate new practices of combating discrimination and inequalities in employment. EQUAL Community Initiative has been designed to underpin a horizontal approach in policymaking and services accessible to many population groups that are either excluded or threatened with exclusion from the labour market. The actions for individuals with drug problems aim at developing policies and measures to improve their quality of life. To this effect, they focus on exploring public attitudes toward the social reintegration of former drug users, diagnosing their post-treatment support and relapse prevention needs, studying the existing institutional framework and presenting proposals for improvement, where necessary.

Moreover, the development of high quality post-treatment social and vocational integration, relapse prevention and employment promotion services for former drug users is envisaged. The programme also aims at establishing and restructuring sheltered workshops, delivering vocational training to former drug users, and developing networks of businesses for the promotion of corporate social responsibility. Finally, information activities are envisaged to raise businesses’ and social partners’ awareness of the targets of the programme, promote it and increase its visibility.

Supply reduction

According to the EU Action Plan and the National Drug Strategy, the development of partnerships to address the drugs issue and combat organised crime and terrorism at large is a top priority. In this light, in 2006 Greece continued to make efforts to establish partnerships with other countries. On the national front, in 2006, according to the Central Anti-drug Coordination Unit-National Intelligence Unit (SODN-EMP), there were fluctuations in the quantities of drugs seized for individual drugs.

1.2.4 Evaluation of policies and strategies

The new National Strategy foresees the evaluation of all demand reduction services as well as the estimation of public expenditures in the field of drugs.

1.3 Budget and public expenditure

The figures presented below reflect expenditure in the field of demand reduction. The relevant data are submitted by the Ministry for Health and Social Solidarity and the finance departments of the services concerned. It should be noted that a breakdown of expenditures is possible for some services, whereas for others it is not.

Expenditure of 18 ANO, Attica Psychiatric Hospital

According to data from the finance department of 18 ANO Dependence Treatment Unit and the Ministry for Health and Social Solidarity, the operating expenses of 18 ANO for the year 2006 came up to € 8,796,700. This figure includes personnel wages, which came up to € 5,667,000. The increase by € 3,185,600 or 56.77% over the previous year reflects the hiring of 240 staff to meet the needs of 18 ANO. As 18 ANO do not keep analytical accounts, it is not possible to present a breakdown of expenditures on demand reduction programmes.

OKANA expenditure

Data from the finance department of OKANA indicated that expenditure to meet the cost of services delivered by OKANA in 2006 decreased by € 836,151.38 compared to 2005. Table 1 presents a breakdown of OKANA expenditure for the three-year period 2004-2006.

Table 1: Cost of OKANA Services (2004, 2005, 2006)

	2004 €	2005 €	2006 €
Prevention			
Co-financing of Prevention Centres	4.532.421,28	2.982.878,19	2.778.241,30
Training and support	8.519,90	661.416,12	200.000,00
Wages	98.449,31	367.877,78	391.538,71
Research		835.532,20	386.644,81
Total	4.639.390,49	4.847.704,29	3.756.424,82
Substitution Programme			
Wages	7.342.744,86	8.877.650,36	10.988.010,01
Accommodation and operational costs	3.784.788,20	4.384.064,94	4.355.950,05
Total	11.127.533,06	13.261.715,30	15.343.960,06
Drug-free Therapeutic Programme "GEFYRA" (Patras)			
Wages	324.237,77	300.709,72	370.859,01
Accommodation and operational costs	154.222,90	147.754,80	172.830,34
Total	478.460,67	448.464,52	543.689,35
Adolescent Units (Athens, Thessaloniki, Rethymno, Larissa)			
Wages	732.232,04	814.521,41	997.780,12
Accommodation and operational costs	215.263,72	291.018,84	286.432,43
Total	947.495,76	1.105.540,25	1.284.212,55
Help Centre			
Wages	1.396.511,02	1.516.862,77	1.821.372,64
Accommodation and operational costs	516.890,28	520.989,97	415.822,06
Total	1.913.401,30	2.037.852,74	2.237.194,70

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	2004	2005	2006
	€	€	€
Social Rehabilitation Programme			
Wages	324.245,06	325.283,13	402.910,23
Accommodation and operational costs	199.157,38	123.782,79	104.193,94
Total	523.402,44	449.065,92	507.104,17
Vocational Training Centres (Athens, Thessaloniki)			
Wages	233.245,31	227.651,55	285.868,66
Accommodation and operational costs	119.640,34	116.305,39	142.578,92
Total	352.885,65	343.956,94	428.447,58
Headquarters			
Wages	2.004.115,05	2.039.610,73	2.536.514,52
Accommodation and operational costs	3.169.523,31	4.102.111,77	1.162.323,33
Total	5.173.638,36	6.141.722,50	3.698.837,85
TOTAL	25.156.207,73	28.636.022,46	27.799.871,08

SOURCE: OKANA.

In the period under consideration (2004-2006), the highest percentage increase in OKANA expenditure reflects the cost of items *Substitution Treatment Programme* and *Units for Adolescents* (37.89% and 35.54% increase from 2004 to 2006, respectively). On the other hand, the highest percentage reduction reflects the cost of items *Headquarters* and *Prevention* (28.5% and 19% reduction from 2004 to 2006, respectively). Increased expenditure on the aforementioned items mostly accounts for personnel wages, while the reduction for *Headquarters* reflects accommodation and operational costs and the reduction for *Prevention* reflects all subitems, most notably *Training and Support* and *Research* (particularly from 2005 to 2006, since from 2004 to 2005 expenditure on those subitems increased).

KETHEA expenditure

According to data from the finance department of KETHEA, in order to meet the cost of services delivered by KETHEA in 2006, expenditure came up to € 23,000,922, i.e. it increased by € 1,664,809. Table 2 presents a breakdown of KETHEA expenditure for the three-year period 2004-2006.

Table 2: Breakdown of KETHEA expenditure (2004, 2005, 2006)

	2004	2005	2006
	€	€	€
Prevention			
Primary Education	225.386	102.167	141.876
Secondary Education	225.386	112.324	146.789
Community	450.773	235.986	264.560
Supervision / Support	375.644	405.134	206.756
Total	1.227.190	855.611	759.981
Harm Reduction			
17 Counselling Centres	2.409.940	2.613.876	2.745.467
9 Prisoners Support Programmes	926.900	830.654	1.090.067
2 Low-threshold Units	324.415	358.768	349.768
1 Streetwork Programme	278.070	190.657	199.113
1 Help Line SOS (Thessaloniki)	139.035	95.674	102.345
Total	4.078.360	4.089.629	4.486.760
Treatment			
4 Inpatient Treatment Units	2.163.525	2.207.644	2.315.612
3 Outpatient Treatment Programmes for Adults	1.304.970	1.609.546	1.529.546
2 Outpatient Treatment Programmes for Adolescents	1.258.970	1.194.569	1.055.221
4 Adolescent Units	1.783.065	1.738.765	2.590.672
2 Specialised Units for women (mothers, prisoners)	324.415	212.876	267.543
1 Therapeutic Programme for legal addictions	324.415	260.564	252.134
Total	7.159.360	7.223.964	8.010.728
Social Rehabilitation			
9 Social Rehabilitation Centres	832.403	902.435	914.331
1 Transitional Centre for special social groups (migrants, social minorities etc.)	330.846	439.900	519.600
2 Support Centres for released drug users	382.301	446.377	512.902
Total	1.545.550	1.788.712	1.946.833
Vocational Training			
4 Vocational Training Centres	153.280	203.004	183.450
4 Productive Units	2.485.770	2.434.277	2.679.865
3 Alternative Transitional Schools	905.100	1.014.877	820.089
Total	3.544.150	3.652.158	3.683.404

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	2004	2005	2006
	€	€	€
Family Support			
16 Centres for Family Support	963.820	1.013.879	1.037.822
Training	449.840	635.200	439.331
Research – Evaluation	889.680	883.834	1.005.198
Administration	1.037.960	1.193.126	1.630.865
TOTAL	20.945.910	21.336.113	23.000.922

SOURCE: KETHEA.

In the period under consideration, the highest percentage increase in KETHEA expenditure reflects the cost of items *Administrative Support* and *Social Rehabilitation* (57.12% and 25.96% increase from 2004 to 2006, respectively), while the highest percentage reduction reflects the cost of *Primary Prevention* (38.1% reduction from 2004 to 2006).

1.4 Social and cultural context

1.4.1 Public opinion of drug issues

Under EQUAL Community Initiative (see 1.2.3), a survey was carried out on the qualitative exploration of public attitudes, behaviours and social representations vis-à-vis former drug users and drug abuse at large (see Chapter 2). Some of the key findings include the following (Kitsos et al., 2007):

- Most of the respondents view the drugs issue as one of the major problems both for the country (80.5%) and for their local communities or places of residence (61.5%). As to the extent of the problem in their neighbourhoods, almost half of the respondents (50.5%) think there *is* a problem, whereas 38.9% think there is no problem.
- Almost 7 in 10 respondents (66.2%) think that most young people have tried drugs. This view is more prevalent among women than among men. In terms of age, this view is expressed by a larger proportion of young adults (aged 20-34) compared to other age groups.
- One in two respondents reports being well informed about drugs. The main source of information for most respondents is television (53.3%), followed at a great distance by friends and acquaintances (12.2%) and the daily press (11.1%). More limited appears to be the appeal of: the internet (5.4%) used by younger respondents (aged 15-19), relevant events (5.3%), radio and TV spots (3.4%), information campaigns of drug-specialised agencies (4.4%), the church (1.6%) more so for women, and information posters (0.7%). Finally, one in one hundred (1%) reports that they receive no information.
- The trend among respondents to overestimate the numbers of drug users in the country is also reflected on the belief that the media do not present the problem in its full extent. To the question about how the drugs problem is presented by the media, the vast majority respond that they think that the drugs problem is downplayed by the media. Three in four respondents (74.6%) report that the drugs problem in Greece is more extended than what is presented by the media, rather than less extended or the same. This view is stronger among women (76.6%), people aged 35-49 (78.8%) and, mostly, among the inhabitants of

Herakleion, Crete (84.7%), while it has the lowest appeal among young people aged 15-19 (66%).

1.4.2 Attitudes to drugs and drug users

As for the relevant public attitudes toward drugs and drug users/addicts that emerge from the same survey:

- The respondents are quite split over the administration of substitutes (e.g. methadone, buprenorphine) to treat dependence (59.4% of the respondents agree with the administration of substitutes).
- The majority of the respondents are marginally against the distinction between “soft” and “hard” drugs (56.1%), with women (59.4%) embracing this policy more than men (52.8%). 36.2% of the respondents are in favour of the distinction between “soft” and “hard” drugs.
- Seven in ten view favourably the possible operation of a treatment unit in their wider area of residence, whereas the opposite view is reported by 11.7% of the respondents (11.2% report they “do not care”). Men and women hold similar views. The largest proportion of negative answers is given by older respondents and by the inhabitants of Thessaloniki compared to the inhabitants of other cities.
- The most commonly reported implications of the operation of a treatment unit are the following: *it would help inform the public* (89.8%), *it would help the area fight against drugs* (89.5%), *it would help resolve the issue of former drug users’ reintegration* (88.6%), *it would help make the social face of the area more visible* (73.1%), *it would disturb life in the area* (49.2%), *it would have a positive financial impact on the area* (38.2%), *it would entail risks for public health* (19.2%), *it would exacerbate the drugs problem* (21.1%) and *crime in the area* (30%), *it would downgrade the area* (30.4%), *drug supply to children would most likely increase* (35.4%) and *it would be risky for children to go out alone* (39.8%).
- In order to more efficiently tackle the drugs problem, the overwhelming majority of the respondents (96.7%) agree with the implementation of stricter penalties on dealers and with the implementation of alternatives to prison for users, e.g. social work (88.8%), compulsory treatment (85.8%) or compulsory medical monitoring (74.2%). Seven in ten (68.9%) agree with the view that the possibility of administering substitutes can help tackle the problem.
- Policy proposals disassociating drug use from any criminal characterisation, such as *not to punish use* (26.5%) or *to legalise the use of cannabis* (19%) have a comparatively smaller -still significant- appeal, particularly among men. 7.3% of the respondents, mostly male, agree with the proposal to *legalise all drugs*.

The general conclusion drawn from the survey is the positive attitude of the vast majority of the public vis-à-vis former drug users. Most of the respondents also view positively the operation of a dependence treatment unit in their wider area of residence.

1.4.3 Initiatives in parliament and civil society

In December 2006, the Report of the Cross-party Parliamentary Committee for the Study and the Response to the Drugs Problem was submitted to the Plenary of the Hellenic Parliament.

The Committee was set up in May 2004, to continue the work of the previous Cross-party Committee set up in 2000. Its mandate lasted from June 3, 2004 to December 31, 2006. During that period, the committee held 47 meetings and hearings with Ministers, Deputy Ministers, state officials, representatives of drug-specialised agencies and experts. The

Committee submitted a report to the Plenary of the Hellenic Parliament. Along with some well-known scientific and social views and beliefs, the report encompasses every aspect of the problem at the international and particularly at the national level (Cross-party Parliamentary Committee for the Study and the Response to the Drugs Problem, 2006).

According to the report of the Committee Chairman, Mr. K. Kiltides, the use and spread of (licit and illicit) drugs, although global problems, should be tackled primarily at the local and national level, since they are highly conditioned by the particular local circumstances. In his report, the Chairman mentions the EU Drug Strategy, the UN reports and the evaluation of the previous EU Action Plan (2000-2004), while admitting that “the action taken in our country is largely haphazard and, at times, implemented as the agencies see fit, without any evaluation methodology”. He also recognises the need for a strategic body for integrated action against drugs. With regard to OKANA, he mentions that its original coordinating role has been altered and it has been diverted from its core mission. He also underscores the delays in drafting and implementing the National Action Plan.

According to the Committee Chairman, “in order to ensure an integrated and effective demand reduction system, it is necessary to take a number of mutually complementary measures that will eventually lead to a reduction in drug use and drug dependence and, ultimately, mitigate the health and social impact” (Cross-party Parliamentary Committee for the Study and the Response to the Drugs Problem, 2006).

Such a system should consist of:

- Measures to prevent experimental drug use or initiation for any reason whatsoever
- “Information-Education”, so as for experts to tap into the potential of the national and local media, as stipulated by the Constitution. Education should universally and consistently include every available prevention and counselling activity.
- Develop reliable and efficient measures to deter and suppress the use and spread of drugs across the country, through international participation and cooperation
- Measures to prevent the establishment of dependence in experimental users
- Early intervention to reduce drug-related health and social harm
- Development of easily accessible, well-targeted pluralistic treatment modalities, including integrated psychosocial and pharmacological treatment, to cater for every dependent drug user
- Provision of effective vocational rehabilitation and social reintegration programmes, doubled by campaigns to combat social “stigma”.

The Committee members suggested that a general debate on the issue should be planned at the Plenary, at the level of Party Leaders. They also deemed necessary the establishment and operation of an Ad Hoc Standing Committee against Drug Dependence and for Quality of Life, responsible among other things for exercising parliamentary control over every authority and agency involved in tackling the drugs problem.

The Committee adopted the Chairman’s report with a very broad majority, including the members’ proposals incorporated in it. The report also includes the views of the Greek Communist Party in a separate chapter.

1.4.4 Mass Media Campaigns

According to statements from the Minister for Health and Social Solidarity about the draft National Action Plan, the Ministry in cooperation with the National Dependence Treatment

Centre (former OKANA, according to the new NAP) and KETHEA, undertake to design a single, year-round and targeted prevention campaign, for which one million euros is allocated from the Ministry's budget, according to the Minister's statement. The aim of this new information campaign is to coordinate the actions of all stakeholders and develop a single communication strategy that will ensure seamless public information about drugs.

2. PREVALENCE OF DRUG USE IN THE POPULATION

2.1 Overview

- The Greek FP collects via standardised questionnaires on an annual basis data on drug use derived on surveys conducted by research institutes and/or individual researchers in the country.
- Greece has been monitoring illicit drug use in the general and student populations through epidemiological surveys following international research protocols since 1984. Surveys were repeated in 1993, 1998, 2003 and 2007 (student population) and in 1993, 1998, and 2004 (general population)
- The general population survey questionnaire has since 2004 become compatible to the European Model Questionnaire (EMQ). The next general population survey is planned for 2009.
- In 2007 the University Mental Health Research Institute (UMHRI) conducted for a fourth consequent time the European School Survey Project on Alcohol and other Drugs (ESPAD study), while also in 2006 conducted for a third time the Health Behaviour in School-aged Children (HBSC survey).
- The Greek FP emphasizes the lack of - and the urgent need for conducting surveys on the prevalence and patterns of drug use and abuse in special (high risk) population subgroups such as prisoners, school drop-outs, economic immigrants, etc.

2.2 Drug use in the general population

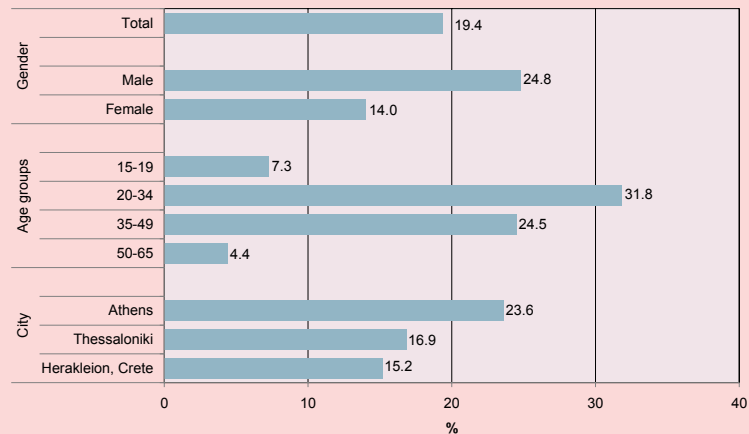
Most recent data on drug use

In 2006, the Greek FP, in cooperation with the Counselling Centre for Students of the National and Kapodistrian University of Athens conducted a survey on the attitudes of the general population in three Greek cities (Athens, Thessaloniki, and Herakleion, Crete) towards drug use and towards the socio-economic reintegration of ex-drug users. This survey, with the title «*A survey in three metropolitan Greek cities on the general population attitudes towards ex drug users' socio-economic (re)integration (2006)*», was an activity implemented by ENTAXI Development Partnership for a Greek National Organisation Against Drugs (OKANA) project under the second phase of EQUAL Community Initiative (hereafter EQUAL survey). Data were collected by means of face-to-face interviews with a total of 702 individuals aged 15-64 chosen by a random multi-staged sampling method from the general population of the three cities. The survey was designed exclusively to measure general population readiness to engage in social contacts of varying degrees of closeness with current and ex-drug users (i.e. social distance). The questionnaire nonetheless included two items one pertaining to lifetime marijuana / hashish use and the other to any illicit drug use other than marijuana / hashish.

- 19.4% of the study population reported lifetime use of any illicit drug (Figure 1).
- The most commonly used drug was marijuana/hashish (19.3%), while a 3.2% reported also use of other drugs.

- Lifetime use was higher in male (24.8%) compared to female (14%) respondents
- Lifetime use was higher also in young adults (aged 20-34, 31.8%) compared to other age groups.
- Respondents in Athens reported higher drug use rates (23.6%, marginally statistically significant difference) than those of Thessaloniki (16.9%) and Herakleion, Crete (15.2%) (Kitsos, Fotiou, Charila et al. 2007).

Figure 1: Lifetime use of any illicit drug in the general population aged 15-64 in the cities of Athens, Thessaloniki and Herakleion, Crete (EQUAL survey)



SOURCE: Kitsos, Fotiou, Charila et al. 2007.

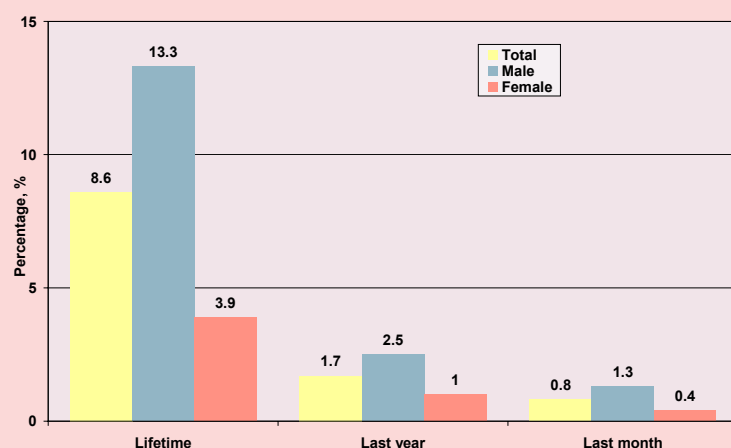
Data from surveys conducted in previous years

According to the findings of UMHRI's 2004 nationwide general population survey (12-64) using a questionnaire fully compatible with the EMQ:

Prevalence

- In 2004 an estimated 670,000 (8.6%) Greeks aged 12-64 had a lifetime (LT) experience of use of any illicit drug (Figure 2).
- Higher rates of LT use are reported by men (estimated 520,000, 13.3%) compared to women (150,000, 3.9%) and by the age groups 25-35 (12.4%) and 18-24 (12%) compared to adolescents and the older respondents.
- An estimated 132,000 (1.7%) Greeks reported last year (LY) use mainly by the population aged 18-24 (4.6%) 25-35 (2.9%).
- An estimated 62,000 reported last month (LM) use of any illicit drug.
- Cannabis accounts for almost the total prevalence of illicit drug use with all other illicit drugs reporting lifetime prevalence below 1%.

Figure 2: Lifetime, last year and last month use of any illicit drug in the general population (2004)



SOURCE: Adapted from Kokkevi, Fotiou and Richardson 2007.

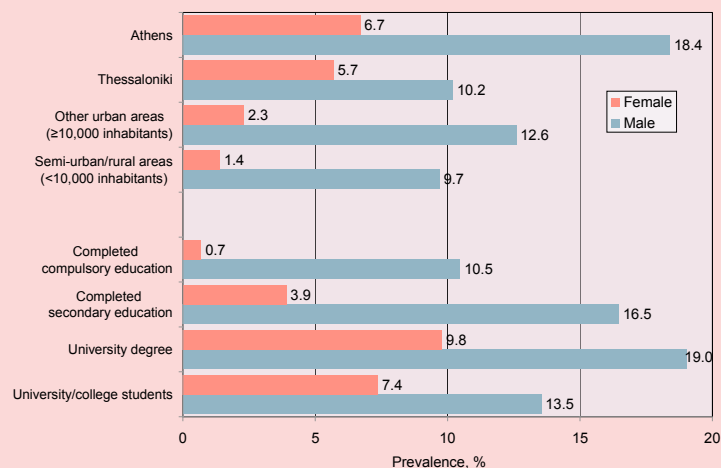
Incidence

- In 2004, an estimated 39,000 (0.5%) Greeks aged 12-64 used an illicit drug for the first time within the past 12 months prior to the survey
- Incidence rate for cannabis in 2004 was much lower compared to 1998 (1.3%) but it was not significantly different from that of 1984 (0.6%)
- Almost eight in 10 initiates in 2004 were men, and seven in 10 had an age between 18 and 24. One in 2 initiates was from the Athens sample (Kokkevi, Fotiou and Richardson 2007)

Geographical area

- Drug use rates are higher in Athens (12.4%, 18.4% for males and 6.7% for females) compared to Thessaloniki (7.9%), the other urban areas (7.3%) and the semi-urban / rural areas (5.8%).
- Gender differences are higher in the other urban - and the semi-urban / rural areas compared to Athens and Thessaloniki (Figure 3) (Kokkevi, Kitsos and Fotiou, in press).

Figure 3: Lifetime use of any illicit drug in the general population, by gender, geographical stratum and educational level (2004)



SOURCE: Adapted from Kokkevi, Kitsos and Fotiou, *in press*.

Educational status

- Respondents with a higher educational status report higher rates of drug use (14.6%) compared to those with medium (10.2%) or low (5.4%) educational status, in both genders
- University/college students' prevalence rate is 10.7% with gender differences being nonetheless smaller compared to other groups (Figure 3) (Kokkevi, Kitsos and Fotiou, in press).

Trends

- After a large increase in the prevalence of lifetime use of any illicit drug between 1984 (4%) and 1998 (12.2%) prevalence rates decreased in 2004 (8.6%)
- Incidence rates remained unchanged between 1998 and 2004 in adolescents, declined in the young adult group (18-24 years) and dropped sharply at older ages.
- Men are consistently more heavily involved in illicit drug use compared to women, but the large gender differences have narrowed over the years, especially in the younger age groups

- The lifetime prevalence of unprescribed use of prescription-type drugs has decreased markedly over the last 20 years from 13.5 to 9.1% (Kokkevi, Fotiou and Richardson 2007)

Excessive use

- In 2004 only a 0.4% of the respondents aged 18-35 used cannabis 10 times or more in the last month.
- A 0.2 percent of the same age group reported 20 or more times use of cannabis in the last month, all of whom were male.

2.3 Drug use in the student population

Latest data on drug use in the student population

The most recent available research data on illicit drug use in the student population come from the HBSC survey conducted in 2006 in a nationwide representative sample of 4,500 students aged 11,13 and15 with the use of anonymous self-administered questionnaire and with teachers absent from classroom. According to preliminary findings:

- 3.7% of the 15 year old students report lifetime use of cannabis
- Lifetime use is reported by an almost threefold number of boys (6%) than girls (1.9%)
- 3.1% reported LY use (4.4% male and 2.1% female) and 2.2% (3.3% male and 1.4% female) reported LM cannabis use.

Data from school population surveys conducted in previous years

- According to the ESPAD survey (2003), 10% of the adolescents aged 14-18 report lifetime use of any illicit drug, and use increases with age. Two in three adolescents who report LT use of any illicit drug have used it 3 times or more in their lifetime (6.6%). At the age of 17-18, LT use rates come up to 16%, with twice as many boys as girls reporting use (22% as opposed to 10%). More frequent use (≥ 10 times in their lifetimes) is reported by 7% of students in that age group (9% of boys and 4% of girls) (Andersson, Hibell, Beck et al. 2007).
- According to a study based on findings of a survey six large cities exploring the correlation between attitudes and behaviours toward physical exercise, hooliganism, diet, smoking and cannabis or ecstasy use in 5,991 students aged 11-12, 13-14 and 16-17 (random stratified sampling, anonymous self-administered questionnaire, teachers absent from classroom), cannabis or ecstasy use was reported by 3.9% of boys and 1.6% of girls aged 13-14. In adolescents aged 16-17, LT use is reported by 11.2% of boys and 4.3% of girls (Papaioannou, Karastogiannidou and Theodorakis 2004).
- In 2004, a study was published on cannabis use in early adolescence and its potential correlation with psychotic symptoms at an older age. The study was based on a survey conducted in 2001 in the framework of a nationwide longitudinal study entitled "Greek Cohort Study" (based on the National Perinatal Survey) on 3,500 18-year-old adolescents (45% boys) (posted questionnaire with ensured anonymity of data). According to the study, 6% of the adolescents reported LT use of cannabis. More specifically, 2% of the respondents reported cannabis use only once in their lifetimes, 1.4% two to four times, 1.5% five times or more, and 0.9% reported regular use. The reported use of other drugs was much lower than 1%. Among those who reported LT cannabis use, one in 4 reported first use before the age of 15. Compared to girls, boys report considerably higher use

rates of cannabis (8% vs. 4% in girls) and other drugs (1.7% vs. 0.3% in girls) (Stefanis, Delespaul, Henquet et al. 2004).

2.4 Consistency between indicators & data interpretation

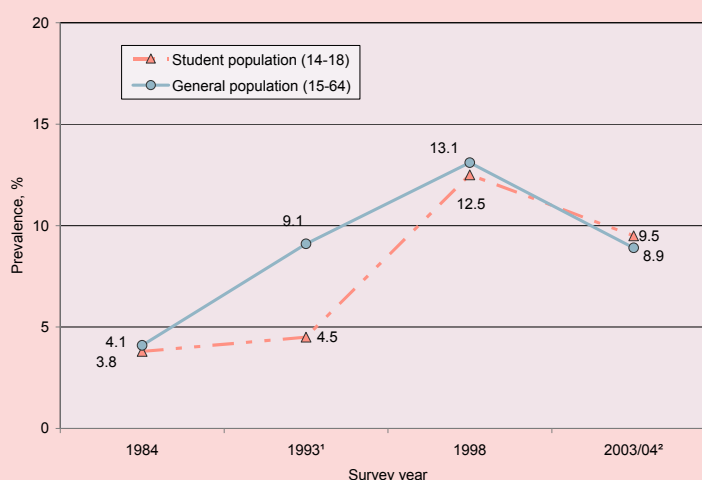
With regard to prevalence estimates:

- Apparent differences in lifetime prevalence rates provided by the different surveys presented in the previous sections of this chapter should be read with caution. It is important to approach these differences in the light of the methodological differences between the surveys and the impact that these differences could have on prevalence rates. Specifically with regard to the general population surveys described earlier their approach and their context are very different. Not only have the two surveys different study goals but they also differ a lot in terms of the population covered and the questionnaire used. The EQUAL survey was an ad hoc survey designed to collect data on public attitudes towards drug users and towards the socio-economic reintegration of ex-drug users. It was limited to three cities and involved a sample aged 15-64 years old. Its questionnaire included only two items on drug use that were presented at the end of the instrument («have you ever used in your lifetime a) marijuana/hashish b) some other drug?» allowing for yes, no, don't know, don't answer response categories). The UMHRI survey on the other hand is the primary source of information about prevalence, correlates, and trends in substance use and abuse in Greece and abides by the survey guidelines set by the EMCDDA. The questionnaire contains a number of items on drug use that provide the possibility of controlling for internal validity.

With regard to trends:

- Validity of comparisons between the years is considered to be high due to the use of the same methodology throughout the survey circles. Furthermore, results show that there is an apparent consistency in trends regarding drug use in both the general and the student populations. LT use escalates from 1984 to 1993 and it does so more sharply from 1993 to 1998 when it reaches a peak. From 1998 to 2004 LT use has a decreasing trend (see Figure 4 on cannabis) (Kokkevi, Fotiou and Richardson 2007). According to preliminary data from the most recently conducted HBSC survey in 2006 this trend seems to persist (from 5.2% LT cannabis use in 2002 to 3.7% in 2006).

Figure 4: Trends in lifetime cannabis use in the general (aged 15-64) and the student population



¹ The 1993 general population survey conducted only in Athens.

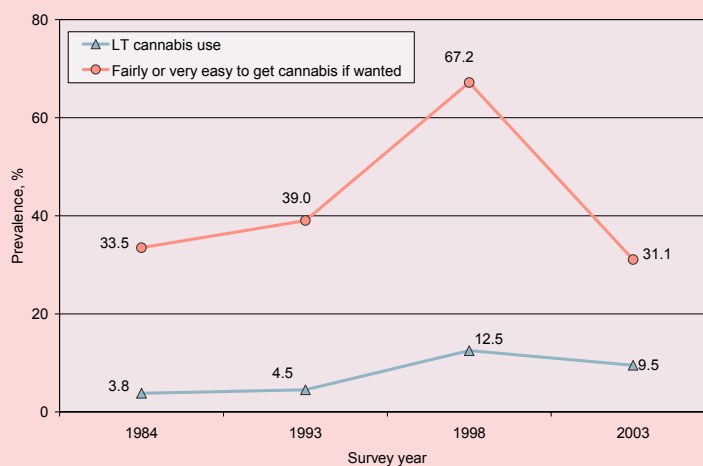
² The student and the general population surveys were conducted in 2003 and 2004 respectively.

SOURCE: Adapted from Kokkevi, Fotiou and Richardson 2007.

- Fluctuations in the prevalence of drug use in students over the 20 year period are consistent with changes in perceptions of drug availability (Figure 5).

- Finally, within surveys, and with regard to data collection methodologies and / or instruments, there were no serious changes that could possibly affect estimations through surveys. Other, most notably environmental (contextual) factors may account for trend variation and these need further investigation (for some discussion on general population data trends see Kokkevi, Fotiou and Richardson 2007).

Figure 5: Trends in lifetime cannabis use and of perceptions of availability in students aged 13-18



SOURCE: Adapted from Kokkevi, Kitsos and Fotiou, *in press*.

3. PREVENTION

Overview

Drug prevention in Greece is mostly implemented by the 70 Prevention Centres established across the country by OKANA and the local authorities, by the Ministry of Education and Religious Affairs that implements Health Promotion Programmes in primary and secondary education, as well as by other governmental and non governmental drug-specialised or health services, etc., which also implement prevention interventions. The agencies that are active in the field of drug prevention (hereafter prevention agencies) are presented in Annex I.

Against the backdrop of the National Prevention Policy and in order to accomplish the planning of Prevention Centres across the country and ensure nationwide coverage, in 2006 OKANA established five new Prevention Centres in cooperation with local authorities. The 70 Prevention Centres that were in operation by mid-2007 covered 48 of the 51 prefectures of the country. Also, in 2006, OKANA renewed the three-year scientific programmes to ensure the continued operation of 20 Prevention Centres. Awareness raising and information meetings were held with representatives of the local communities in areas where there were no Prevention Centres, so as to mobilise them to establish one.

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

For the purpose of collecting information about prevention agencies and the interventions they implemented in 2006, the Greek REITOX Focal Point used three questionnaires to collect data on school-, family-, and community-based prevention activities, along with one questionnaire for information about the prevention agencies themselves. The questionnaires were sent to seventy-five (75) prevention agencies (see Annex I). Data presented below about prevention interventions are based on the analysis and processing of questionnaires filled in by 67 of the 75 agencies (89.3% coverage). Moreover, information about the latest developments in the field of prevention at national level is collected from OKANA, data regarding school-based prevention from the Ministry of Education and Religious Affairs (data on school-based interventions are also collected from prevention agencies), data about training for prevention professionals (Educational Centre for the Promotion of Health and the Prevention of Drug Abuse UMHRI / OKANA, KETHEA and Hellenic Centre for Cross-cultural Psychiatry and Care), and data about help lines (18 ANO Dependence Treatment Unit of the Athens Psychiatric Hospital, OKANA and KETHEA).

As far as school-based prevention is concerned, in the school year 2005-2006 there was an increase in drug prevention interventions implemented in primary and secondary education. Still, compared to the total student population of the country, only a small share of schools, teachers and students participate in prevention interventions. Elementary school students are easier to recruit for prevention interventions, since the Health Promotion Programmes, the main framework for the implementation of prevention interventions, are part of either the so-called “flexible zone” of the school curriculum or become part of the optional evening programme in “all-day” schools. On the other hand, in high schools, Health Promotion Programmes are implemented outside school hours. By way of conclusion, it is worth reiterating that a support and encouragement framework needs to be put in place in order to accomplish the design and implementation of more, more long-term and more effective school-based interventions.

In 2006, prevention agencies continued to attach great importance to the role of family, thus there was a considerable increase in universal information and awareness interventions for parents. An increase was also noticed in universal prevention interventions outside the school setting for adolescents and preadolescents. Moreover, in recent years there has been a clear trend towards developing and implementing selective and indicated interventions.

With regard to quality assurance, it is worth reiterating that it is important and necessary to develop evaluation methods and tools. Finally, 2006 saw the suspension of the operation of the Educational Centre for the Promotion of Health and the Prevention of Drug Abuse UMHRI / OKANA, one of the key training providers for prevention professionals in Greece, because OKANA discontinued financing.

3.1 Universal prevention

3.1.1 Universal school-based prevention

Involvement of every stakeholder in the school community (students, teachers, parents) in prevention interventions has been a key priority for prevention policy in Greece, a pillar of prevention philosophy and one of the fundamental principles of prevention interventions delivered in the country. Prevention for primary and secondary students encompasses programme-based interventions implemented in the context of the Health Promotion Programmes of the Ministry of Education and Religious Affairs and interventions designed and delivered by prevention agencies (Prevention Centres run by OKANA and the local authorities, KETHEA, Kinisi PROTASI) in cooperation with local schools.

Health Promotion Programmes cover a broad range of topics over and above the prevention of use of licit and illicit drugs (e.g. diet and nutrition, gender relations, traffic education, volunteer movement, etc.), have a two- to six-month duration and are delivered by teachers outside school hours in secondary education, while in primary education they are either delivered during the so-called “flexible zone” of the school curriculum or become part of the optional evening programme in “all-day” schools. Teacher participation is voluntary, while they are offered incentives in order to implement Health Promotion Programmes, such as completing working time, hourly compensation and compensation for overtime work. Health Promotion Programmes are funded either from national resources or from the 3rd CSF.

As for the content of Health Promotion Programmes on drug prevention, according to the Ministry of Education and Religious Affairs their implementation is based on multi-session standardised printed programmes for school-based prevention interventions. For a brief description of the most important available programmes, please see Structured Questionnaire 22/25. Teachers who wish to implement a Health Promotion Programme set up a group of volunteer students and design the intervention based on these programmes in cooperation with the Health Promotion director of the local Education Directorate and submit it for approval to the competent directorate of the Ministry of Education and Religious Affairs.

Moreover, in order to enhance its Health Promotion Programmes, the Ministry of Education and Religious Affairs cooperates with prevention agencies for the purpose of providing training and support to teachers, and assuring implementation. In this context, prevention agencies carry out: a) training seminars to help teachers implement Health Promotion Programmes and b) supervisory sessions to support teachers who implement Health Promotion Programmes.

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

School-based interventions addressed to elementary and high school students in the school year 2005-2006 were implemented with the participation of a total of 721 teachers and 17,453 students from 720 elementary schools and 762 teachers and 24,354 students from 924 high schools (Table 3). Compared to the 2004-2005 school year, participants in school-based interventions in the country increased: particularly in secondary education, student participation in prevention interventions increased by 63%, while the increase in primary education came up to 21.8%. Still, teachers’ participation in prevention interventions has remained unchanged over the past two school years, since the change in the number of teachers participating in prevention interventions was 7.9% for primary and 2.4% for secondary education.

Table 3: Detailed data about universal drug prevention interventions addressed to students of primary and secondary education in the school year 2005-2006

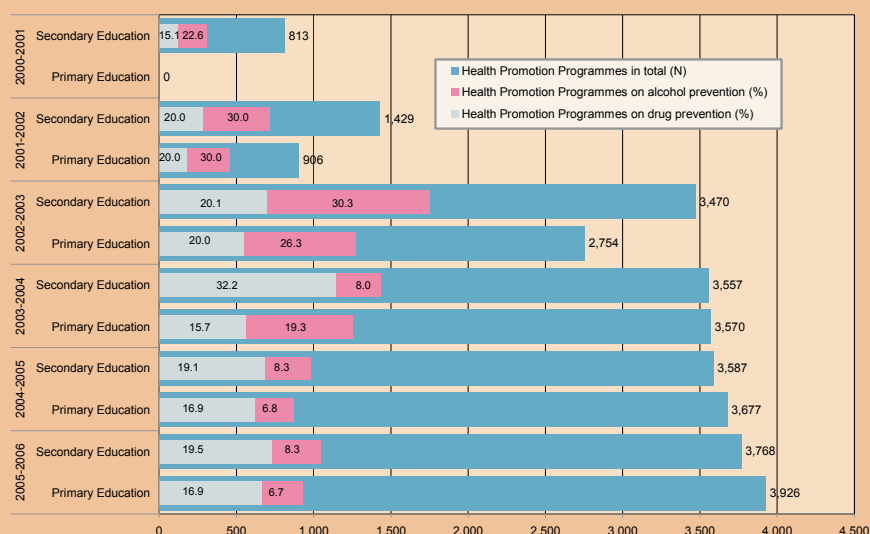
	Primary education			Secondary education		
	Number of schools	Number of teachers	Number of students	Number of schools	Number of teachers	Number of students
Interventions in the context of Health Promotion Programmes of the Ministry of Education	663	713	15,461	733	754	14,335
Interventions by prevention agencies (Prevention Centres run by OKANA and the local authorities, KETHEA, Kinisi PROTASI) outside the context of Health Promotion	57	8	1,992	191	8	10,019
Total	720	721	17,453	924	762	24,354
Student population (school year 2005-2006) (NSSG, 2006)	11,468	69,837	783,086	3,968	78,215	693,323

SOURCE: Greek REITOX Focal Point, 2007.

Compared to the total school population of the country, only a small share of schools, teachers and students are involved in drug prevention activities. In the school year 2005-2006 in primary education only 6.3% of schools, 1% of teachers and 2.2% of students in the country took part in drug prevention interventions. The respective shares for secondary education were 23.3%, 1% and 3.5%.

Data on the participation of schools, students and teachers in Health Promotion Programmes on drug prevention in the school year 2005-2006 are presented in Table 3 and in Figure 6. Participation of the school community in the year in question increased compared to the school year 2004-2005 (Figure 6) in both primary and secondary education. Nonetheless, in secondary education fewer students per school participated in Health Promotion Programmes on drug prevention

Figure 6: Data from the Ministry of Education on the number of schools and students that participated in Health Promotion Programmes on drug prevention in primary and secondary education during the school years 2000-2001 until 2005-2006

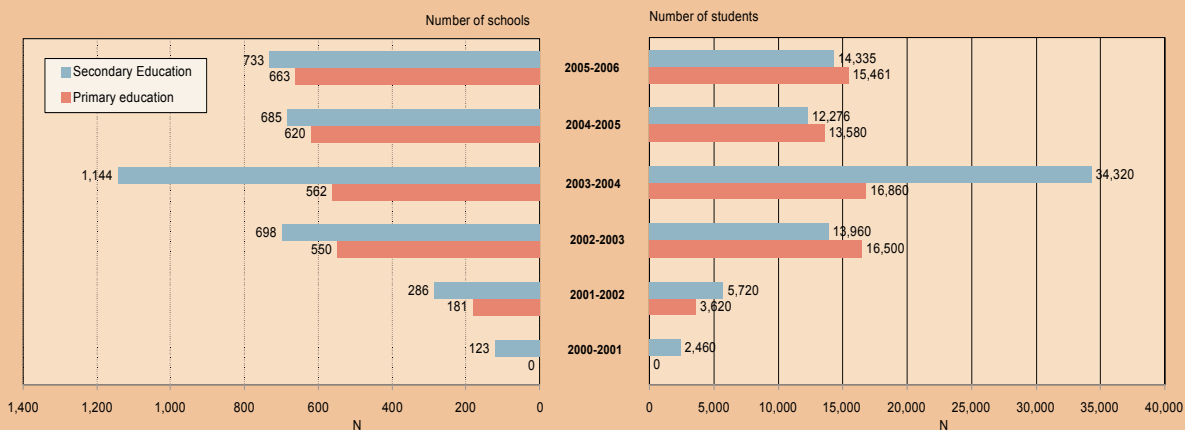


SOURCE: Greek REITOX Focal Point, 2007.

compared to primary education. This leads us to the conclusion that it is easier for prevention interventions to attract students in primary education, given that Health Promotion Programmes in primary education are either part of the so-called “flexible zone” of the school curriculum or become part of the optional evening programme in “all-day” schools, while in secondary education they take place outside school hours.

As mentioned above, Health Promotion Programmes cover a broad range of topics. Out of the total Health Promotion Programmes implemented in primary education in the school year 2004-2005, 16.9% were on drug prevention. The respective share in secondary education was 19.5% (Figure 7).

Figure 7: Data from the Ministry of Education on the total number of schools in primary and secondary education that participated in Health Promotion Programmes and the proportion of Health Promotion Programmes on drug and alcohol prevention during the school years 2000-2001 until 2005-2006



SOURCE: Greek REITOX Focal Point, 2007.

For the purpose of Health Promotion Programmes implementation, prevention agencies deliver training seminars for teachers. According to information from prevention agencies, in the school year 2005-2006, training seminars on the implementation of Health Promotion Programmes were attended by 1,234 elementary school teachers and 590 high school teachers. The large number of teachers who received training compared to the number of teachers who actually implemented Health Promotion Programmes during the same school year (713 in primary education and 754 in secondary education, see Table 3), as well as data from previous years (see 2006 National Report of the Greek REITOX Focal Point, 2006) showing that a large number of teachers receives training but only a few actually implement Health Promotion Programmes in class, highlights the difficulties teachers face in implementing prevention interventions. Furthermore, supervision sessions held by prevention agencies to support teachers who implement Health Promotion Programmes were attended by 408 elementary school teachers from 287 schools and 199 high school teachers from 109 schools.

Regarding the interventions addressed to students of primary and secondary education carried out by prevention agencies outside the context of Health Promotion of the Ministry of Education, data on the participation of the school community are presented in Table 3. Compared to the school year 2004-2005, the number of such interventions increased; a considerably larger number of schools and students participated in interventions carried out

by prevention agencies both in primary and secondary education. Thus, whereas in the school year 2004-2005 18 schools and 754 students participated in interventions implemented by prevention agencies in primary education, in the school year 2005-2006 the respective numbers were 57 schools and 1,992 students. This is the case for secondary education, too: in the school year 2004-2005, 60 schools and 2,669 students participated, while in the school year 2005-2006 the respective numbers were 191 schools and 10,019 students. The fact that only a few teachers participated in interventions implemented by prevention agencies (16 in the school year 2004-2005 and 8 in 2005-2006 in primary education and 30 and 8, respectively, in secondary education) shows that most interventions are delivered by prevention professionals rather than teachers. Nonetheless, Health Promotion Programmes appear to be *the* context for the implementation of school-based drug prevention interventions, since most students participate in prevention interventions which are part of Health Promotion Programmes.

Moreover, in addition to programme-based interventions targeting students, in the school year 2005-2006, 684 elementary school teachers and 859 high school teachers took part in training seminars held by prevention agencies in view of mainstreaming prevention in school, managing students with drug use problems and supporting the teachers themselves in their educational role.

3.1.2 Universal family-based prevention

Along with the school community, parents continue to be one of the main target groups for prevention interventions in Greece. In this vein, universal family-based prevention includes Information and awareness raising meetings and evenings (open sessions) on drug prevention and child education and training courses (parents' groups), which involve parent participation in groups of an experiential nature in order to improve communication in the family and support parents in their role. There are some well-known multi-session standardised printed programmes used for parents' courses.

The emphasis placed by prevention agencies on the role of the family in prevention is clearly reflected on the number of participants in interventions implemented for this target group. This is also confirmed by data from previous years (see 2006 National Report of the Greek REITOX Focal Point, 2006). In 2006 there was a considerable increase in the number of parent information/awareness interventions, with 24 interventions that reached 3,573 parents. The respective numbers for 2005 are 18 interventions and 1,943 parents. Parent training courses continued consistently in 2006 with 88 courses and 3,249 participants (in 2005 there were 263 groups with the participation of 3,458 parents). The increase in the number of information/awareness interventions and the large number of parents reached may show that it is far easier for parents to participate in interventions offering them the opportunity to reflect and exchange views on matters of their interest within a cycle of open sessions, without the commitment required for participation in a parents' group.

3.1.3 Universal community-based prevention

Youth outside the school setting

In order to reach the youth and involve them in prevention interventions, prevention agencies do not restrict their interventions to the school setting only. In spite of the reported difficulties in ensuring youth participation (e.g. finding time to attend, high drop out rates, etc.), prevention agencies target preadolescents and adolescents by means of interventions implemented outside the school setting. The most popular published programme for interventions in adolescents is *Logbook – Armenistis 1900* (Koumbi et al., 2000). Again,

there is a well-known multi-session standardised printed programme used for interventions for adolescents and certain Prevention Centres run by OKANA and the local authorities have developed their own educational materials for interventions for this target group.

Compared to 2005, interventions for preadolescents and adolescents outside the school setting increased. Particularly with regard to preadolescents, there was a considerable rise not only in the number of interventions implemented in 2006, but also in the number of participants: in 2006 there were 17 interventions with 965 participants as opposed to 8 interventions with 655 participants in 2005. Interventions for adolescents also increased: in 2006, 19 interventions with 613 adolescents were implemented, whereas the respective numbers for 2005 are 9 interventions and 488 adolescents. Furthermore, in 2006, just like in 2005, the preadolescents who participated in interventions outside the school setting were more than the adolescents. This may indicate that it is easier to attract and involve younger children in prevention interventions, as data from previous years demonstrate. Moreover, prevention agencies report mobilisation of adolescents as one of the major difficulties in implementing interventions outside the school setting.

More than half of the interventions implemented in 2006 (20 interventions with 1,307 participants of a total of 36 interventions with 1,578 participants) involved the adolescents' and preadolescents' participation in creative activities, and the remaining ones (16 interventions with 271 participants) involved their participation in groups of an experiential nature. Prevention agencies appear to be responding to the challenge of mobilising children by increasing interventions involving children in creative activities (e.g. drama groups, music groups, painting groups, etc.); participation in such groups may be easier compared to interventions involving children in experiential groups.

Moreover, prevention agencies implement brief information and awareness interventions in settings like summer camps, the Boy Scouts of Greece, etc. In 2006, six such interventions were carried out with the participation of 427 children aged 7-17. Finally, prevention agencies also reach young adults, aged 18-25, and offer them either creative activities or experiential groups. According to the information for 2006, 5 such interventions were implemented (3 creative groups and 2 training courses) with the participation of 86 young people.

Interventions addressed to specific community groups

Besides schools, parents and young people, the action of prevention agencies also targets other community groups. The main aim of community-based action is to raise community awareness, reach stakeholders and get them involved in prevention interventions, and forge partnerships among different local stakeholders. The main target groups reached are volunteers, the Armed Forces, the police, health professionals and youth mediators. Overall, there were no major changes in community-based interventions implemented in 2006 compared to 2005 (see 2006 National Report of the Greek REITOX Focal Point 2006).

Moreover, information, awareness-raising and mobilisation of community groups and local stakeholders in ways that are in line with the philosophy of prevention are pursued through open discussions, seminars and lectures, as well as through the development and distribution of information leaflets about OKANA, the Prevention Centres run by OKANA and the local authorities and other prevention agencies.

Internet

In view of providing information and raising public awareness, drug-specialised agencies utilise the internet in order to disseminate information about drugs and about the available

drug dependence prevention and treatment structures and services. The demand reduction agencies' websites are listed in detail in Annexes I and II.

Moreover, in 2006, ITHAKI Psychological Support Help Line (KETHEA) started delivering information and providing counselling by email.

Finally, prevention agencies tap into the potential of the internet through newsletters that give more visibility to the actions they implement and facilitate communication about prevention-related matters. Examples include DIAVLOS monthly newsletter (developed by 22 Prevention Centres run by OKANA and the local authorities and Kinisi PROTASI) and PYXIDA ON THE INTERNET, a periodical e-publication of PYXIDA Drug Prevention and Health Promotion Centre of the NW Sector of the Prefecture of Thessaloniki.

Mobile units

PEGASUS Mobile Information Unit (KETHEA) has been active in the field of drugs since 1989 and implemented brief community-based interventions across the country. The missions of PEGASUS are addressed to the local community and include information and awareness raising meetings, experiential workshops, as well as cultural and sports events. In the year 2006, through PEGASUS's missions over 3.300 people were reached.

Interventions in the workplace

The workplace could become a setting for prevention interventions and health promotion interventions at large. At the European level, information is available mostly from the project "Euridice: Ideas and Proposals for Intervention on Drug Addiction in the Workplace", which focuses on the development of prevention interventions in the workplace. The project is carried out with the participation of 10 Member States and supported by the European Commission. The Greek participant is OKANA. Furthermore, at national level, some Prevention Centres run by OKANA and the local authorities have taken action in this field. In 2006, such interventions targeted health workers, factory workers and municipal employees, with the participation of 126 individuals.

3.2 Selective prevention

For selective prevention, please see Chapter 12. Vulnerable groups of young people

3.3 Indicated prevention interventions

For indicated prevention, please see Chapter 12. Vulnerable groups of young people

3.4 Quality assurance

3.4.1 Training of prevention professionals

In order to invest in the training of professionals of the Prevention Centres run by OKANA and the local authorities as well as in the production of education and information material to support their work, OKANA in cooperation with UMHRI established in 1995 the Educational Centre for the Promotion of Health and the Prevention of Drug Abuse (hereafter Educational

Centre). In addition OKANA cooperates with other agencies, such as KETHEA and the Hellenic Centre for Cross-cultural Psychiatry and Care.

During 2006, the Education Centre provided the basic training for prevention professionals (19th three-month training course) to 17 professionals from 16 Prevention Centres run by OKANA and the local authorities. In addition, the Educational Centre organised 10 seminars for 177 professionals, a number meetings, telephone contacts or internet communications to provide scientific support to prevention professionals and a two-day conference on “Cross-cultural education and Greek school: Problems and need for prevention” (September 28-29, 2006). In addition, KETHEA provided two seminars in implementing the educational programmes published by KETHEA attended by 31 prevention professionals from 20 Prevention Centres run by OKANA and the local authorities.

In 2006, the operation of the Educational Centre was suspended because OKANA discontinued financing. The Educational Centre was one of the key training providers for prevention professionals in Greece. During its operation, its training seminars were attended by over 1,800 professionals. Moreover, the Educational Centre has produced the most important educational materials used in the implementation of prevention interventions.

In line with the emphasis placed in networking and cooperation among agencies, prevention agencies pursue regular communication with one another in order to exchange experiences, address common difficulties and needs, and develop joint actions. Against this backdrop, in addition to the Panhellenic Network of Prevention Agencies, regional and local networks have been established among prevention agencies run by OKANA and the local authorities in view of strengthening cooperation ties.

3.4.2 Evaluation

Evaluation of the interventions that are implemented is often faced with major difficulties. More often than not, evaluation is based on makeshift questionnaires for the participants designed by the prevention agencies themselves or on observations of the prevention professionals themselves, and the information gathered is mostly about the scope and the approval of the intervention rather than about the achievement of its targets.

3.4.3 Formal requirements and criteria for the operation of prevention agencies

There are no formal requirements or criteria for the development of prevention interventions by prevention agencies, although there are specifications and terms of reference for the operation of Prevention Centres run by OKANA and the local authorities, which are summarised in Table 4.

Table 4: Requirements and criteria for the operation of Prevention Centres run by OKANA and the local authorities

Specifications	Criteria
<i>Staffing qualifications</i>	<ul style="list-style-type: none"> • Preparation of 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.

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Specifications	Criteria
<i>Planning</i>	<ul style="list-style-type: none"> • Drafting a three-year scientific plan in cooperation with OKANA. The three-year scientific plans of the Prevention Centres are approved by the Board of OKANA.
<i>Monitoring and evaluation</i>	<ul style="list-style-type: none"> • Evaluation of the three-year scientific plans. • Six-month scientific reports of activities drafted by the Applied Prevention Department of OKANA. • Regular meetings with the Prevention Centres' experts groups and Boards.

SOURCE: Greek REITOX Focal Point, 2007.

3.4.4 Research

The implementation of European and national research projects has an unquestionable contribution to the development of effective approaches and methodologies and to the improvement of the relevant interventions. In this vein, several prevention agencies participate in European projects, e.g. OKANA participates in “Euro-net” (www.euronetprev.org), Prevention Centre PYXIDA is involved in “EU-Dap” (www.eudap.net), Prevention Centre ELPIDA participates in the “Emergency Brake” project (www.emergency-brake.de), Prevention Centre ARIADNE participates in the “Project against Drugs” in cooperation with the Greek General Secretariat for Youth, and the Prevention Centre of the Prefecture of Herakleion participates in the European forum for urban safety “Democracy, cities and drugs” (www.democitydrug.org).

Furthermore, in order to have a picture of the prevalence of use in the student population at the local level, three Prevention Centres run by OKANA and the local authorities conducted in their region in 2006 the HBSC-WHO survey on students’ health (Health Behaviour in School-aged Children), supervised and coordinated by UMHRI. The findings of such surveys are a valuable input in setting priorities in prevention and health promotion.

4. PROBLEM DRUG USE AND THE TREATMENT DEMAND POPULATION

4.1 Prevalence estimates of PDU

Since 2002, the probable number of problem drug users has been calculated by applying the internationally preferred multiple records or capture-recapture method to annual TDI data. This involves fitting an appropriate statistical model to user records collected by three information sources (KETHEA, 18 ANO, rest of the network) in order to estimate the “hidden population”, i.e. drug users who did not contact any treatment service during the year in question. As a consequence of the type of data employed, “problem users” are defined as individuals who will eventually seek help for heroin use from a treatment service.

Table 5: Estimates of problem heroin users aged 15-64 by gender and age (2006)

	Records	Hidden population ¹	Estimate of the total population Population	95% c.i. ²
Total	4,099	16,047	20,146	18,285 – 22,252
Gender				
Men	3,482	13,865	17,348	15,619-19,320
Women	617	2,172	2,789	2,288-3,440
Age³				
15-24	1,050	3,979	5,029	4,223-6,038
25-34	2,190	8,253	10,443	9,132-12,001
Place of residence				
Attica	2,232	7,080	9,313	8,212-10,617

¹ Estimate of the number of users who were not recorded in the year 2006.

² Confidence interval.

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

For the year 2006, the total number of users aged 15-64 whose primary drug is heroin is estimated to be 20,146 with a 95% confidence interval (c.i.) from 18,285 to 22,252. This figure appears to be higher than the corresponding estimate for the year 2005, which was 19,151 (95% c.i., 17,335-21,209), but this difference is not statistically significant, as suggested by the wide confidence intervals. Table 5 shows a breakdown of problem users by gender and age. Table 6 shows the corresponding estimates of the numbers of injecting drug users (in fact, users who reported last month injecting use). The estimated total of 9,729 (95% c.i., 8,542-11,134) is very close to the estimated 9,416 for 2005.

As pointed out in previous Annual Reports, the lack of data in the required form from sources of information other than treatment services, e.g. medical services or police, makes cross-checking and improving the above estimates impossible.

Table 6: Estimates of problem users aged 15-64 who reported last month injecting use by gender and age (2006)

	Records	Hidden population ¹	Estimate of the total population Population	95% c.i. ²
Total	2,062	7,667	9,729	8,542-11,134
Gender				
Men	1,818	6,680	8,498	7,412-9,796
Women	244	693	937	730-1,232
Age³				
15-24	572	1,672	2,244	1,875-2,718
25-34	1,118	3,598	4,716	4,077-5,492
Place of residence				
Attica	923	2,318	3,243	2,826-3,750

¹ Estimate of the number of users who were not recorded in the year 2006.

² Confidence interval.

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

4.2 Treatment Demand Indicator

4.2.1 Introduction

The socio-demographic characteristics and the drug use patterns of individuals who seek “treatment” for drug-related problems and/or are admitted to treatment in drug-specialised services / “treatment centres” are recorded with the use of the Treatment Demand Indicator (TDI). The Treatment Demand Indicator (TDI) has been implemented in Greece since 1994 by the Greek REITOX Focal Point. Data collection is carried out in cooperation with the national TDI network (see Graph 1 at the end of this Chapter) based on the application of the TDI protocol (Standard Protocol 2.0).

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

SOURCE: Greek REITOX Focal Point/UMHRI, 2000.

For TDI purposes, treatment centre is any service delivering treatment as defined above to people with drug problems. Treatment centres may be based within medical or non-medical, governmental or non governmental, public or private, specialised or non specialised structures.

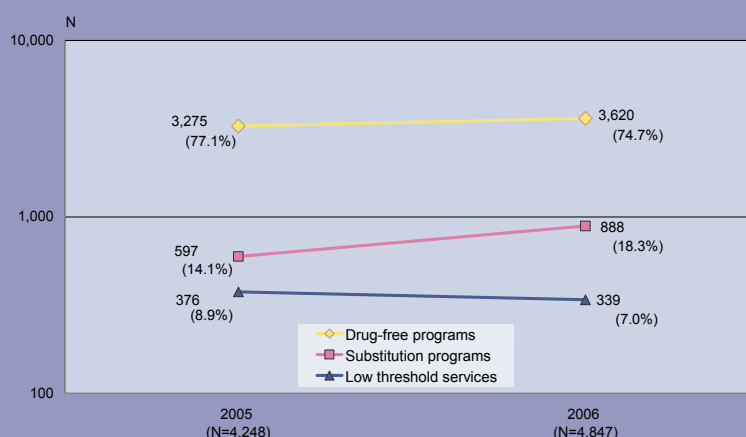
SOURCE: Greek REITOX Focal Point/UMHRI, 2000.

In 2006, the TDI network was further extended with new programmes and programmes that submitted data for the first time in 2006. Such programmes include: the AGRINIO Buprenorphine Substitution Unit (OKANA), the Rhodes Buprenorphine Substitution Unit (OKANA),

the EN DRASI Admission and Reintegration Centre for Released Prisoners in Athens (KETHEA), and the ARIADNE Counselling Centre of the Prefecture of Lasithi in Aghios Nicolaos, Crete (KETHEA).

In 2006, a total of 4,847 TDI individual forms were filled in (14.1% increase compared to 2005, N = 4,248), of which 3,620 (74.7%) in drug-free programmes, 888 (18.3%) in substitution programmes and 339 (7%) in low threshold services (Figure 8). The changes in drug user profiles, which come to light when studying the data over time, may be accounted for by the changing shares of each one of the three aforementioned different types of programmes in TDI data over the years. The data from the National TDI Network are presented below (see Section 4.2.2).

Figure 8: Numbers and shares of TDI forms filled in by type of service and by year (2005, 2006)



SOURCE: Greek REITOX Focal Point, 2007.

The data submitted by the OKANA Admission, Information and Guidance Centre (hereafter Admission Centre), which consist data from non-treatment sources, are presented separately in Section 4.2.3.

4.2.2 User profile based on data from the National TDI Network¹ (2006, N = 4,847)

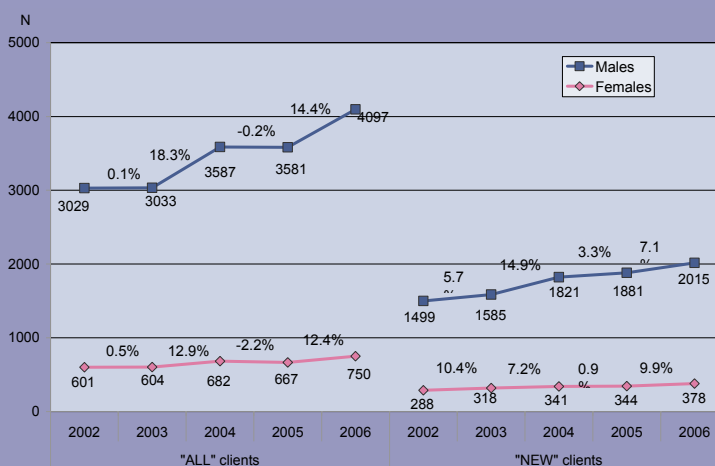
“All clients”: the total number of individuals who sought treatment from the TDI network in the reporting year.

“New clients”: of the total number of individuals registered by the TDI network in the reporting year, those who report starting treatment for the first time in their lives.

Socio-demographic characteristics

Gender: The overwhelming majority of users (84.5%) are men. Between 2005 and 2006, men had a larger percentage increase than women in “all clients” (14.4% men and 12.4% women, respectively). In “new clients”, the percentage increase in the number of women is higher, but not statistically significant (9.9% women and 7.1% men, respectively). In any case, in recent years men have represented the overwhelming majority (approximately 85%) of users who request treatment every year, and the percentage increase in their number is almost always higher than in women (Figure 9).

Figure 9: Number and percentage increase of “all” and “new” clients by year and by gender (2002-2006)

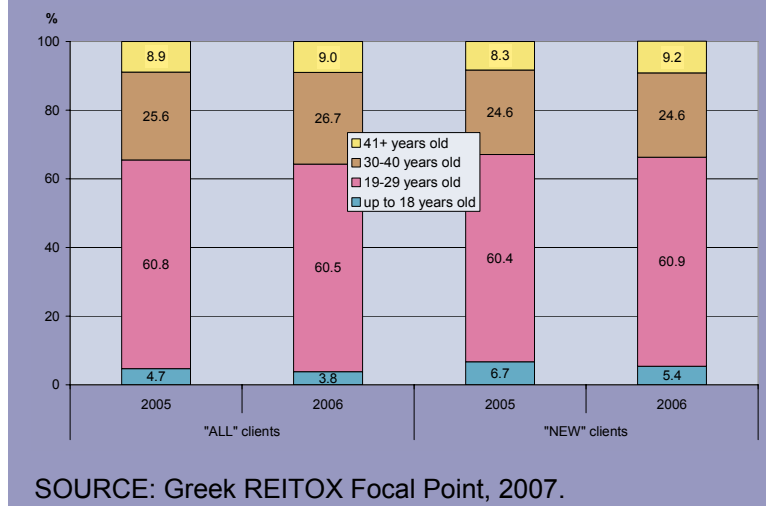


SOURCE: Greek REITOX Focal Point, 2007.

Age: Most users (60.5%) are young, from 19 to 29 years old. 26.7% are aged 30-40 and 3.8% are adolescents (18 or younger). The mean age is 29 years (standard deviation 7.6 years). The mean age in women is lower (27.8 years) than in men (29.3 years). The downward trend recorded between the years 2002 and 2005 in the absolute number and in the share of adolescents who sought treatment (Greek REITOX Focal Point 2006) continues in 2006 as well, both in “all” clients (from 4.7% in 2005 to 3.8% in 2006) and in “new” clients (from 6.7% in 2005 to 5.4% in 2006) (Figure 10).

¹ Not including data from the OKANA Admission, Information and Guidance Centre.

Figure 10: Distribution of clients by age group in “all” and in “new” clients (2005, 2006)



Educational level: With regard to the highest educational level completed, the largest proportion (38.3%) are higher secondary education graduates, and 31.8% are lower secondary education graduates. 21.9% are elementary school graduates, and 6.2% are higher education graduates.

Nationality: Almost all clients are Greeks (3.3% non-Greeks). Based on declared nationality, the share of non-Greeks recorded by the TDI remained unchanged between 2005 and 2006 in “all” clients (3.3%), whereas in “new” clients it grew from 4.1% in 2005 to 4.5% in 2006, continuing the upward trend recorded since the beginning of the decade (2.6% in 2002, 3.2% in 2003, 4% in 2004).

Labour status: Most are unemployed (57.6%), one in four (25%) has regular employment and one in ten (10.5%) occasional employment. 5.4% pursue their studies.

Living status: Most of them live with their parents (66.9%), 11.5% live with a spouse/partner with or without children, and 11.9% live alone. Nine in ten (92.1%) report stable accommodation and 7.8% report temporary accommodation / homeless. 17.5% of the clients share accommodation with at least one more drug user and 59.2% of those report living with the parental family, i.e. at least 475 families in Greece have more than one drug users. Moreover, 12.1% (N = 97) of those sharing accommodation with other drug users report living with a spouse / partner without children and 8.8% (N = 71) living with a spouse / partner with children.

Treatment history

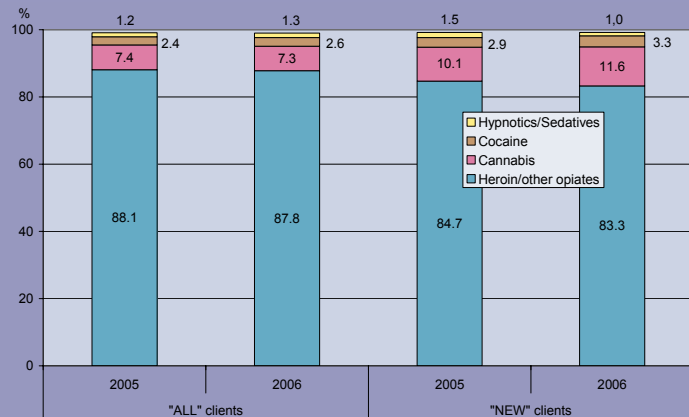
Half of the respondents (49.7%) report having never been in treatment in the past.

One in three (32.4%) took the initiative to seek treatment themselves. About one in four were urged by their families (23.5%) or their friends (22.6%) (possibly including other drug users who attend or have completed dependence treatment programmes). 13.9% are referrals from other health care or social services (including other treatment centres). Finally, 1.2% are referrals from judicial services or the police.

Drug use patterns

The most common primary drug is heroin/other opiates (87.8%), followed by cannabis (7.3%), cocaine (2.6%) and hypnotic/sedatives (1.3%). In absolute terms, the numbers of users who sought help for heroin / opiates, cannabis and cocaine all climbed between 2005 and 2006 in both subgroups of clients (Figures 10 and 11). As a result, the proportions of users who reported abuse of heroin, cannabis and cocaine did not change considerably between 2005 and 2006, the only exception being the proportion of “new” cannabis users, with a marginal increase between 2005 and 2006 (from 10.1% to 11.6%) (Figure 11), and the proportion of adolescents (particularly in “new” clients) with cannabis or cocaine as their primary drug, which is growing, as opposed to that of heroin/opiates, which dropped significantly (from 35.8% in 2005 to 25.6% in 2006).

Figure 11: Number of “all” clients by primary drug by year and percentage change (2005, 2006)

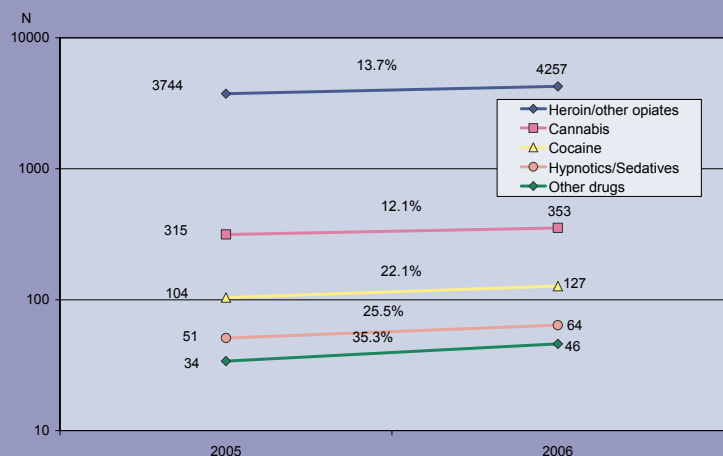


SOURCE: Greek REITOX Focal Point, 2007.

Compared to 2005, the largest percentage increase in the number of users in 2006 in “all” clients (35.3%), comparatively speaking, reflects users of “other drugs”² –particularly users of stimulants (amphetamines, other CNS stimulants and ecstasy)–, while the smallest one heroin/opiates (13.7%) and cannabis (12.1%). However, the number of clients reporting “other drugs” as their primary substance of abuse is still relatively small compared to other categories of drugs (Figure 11).

In “new” clients, the largest percentage changes between 2005 and 2006 were recorded in users with cannabis as their primary drug (23.1%), followed by cocaine (21.5%). Compared to 2005, fewer “new” clients reported problems with hypnotic / sedatives (- 24.2%) (Figure 12).

Figure 12: Number of “new” clients by primary drug per year and percentage change (2005, 2006)

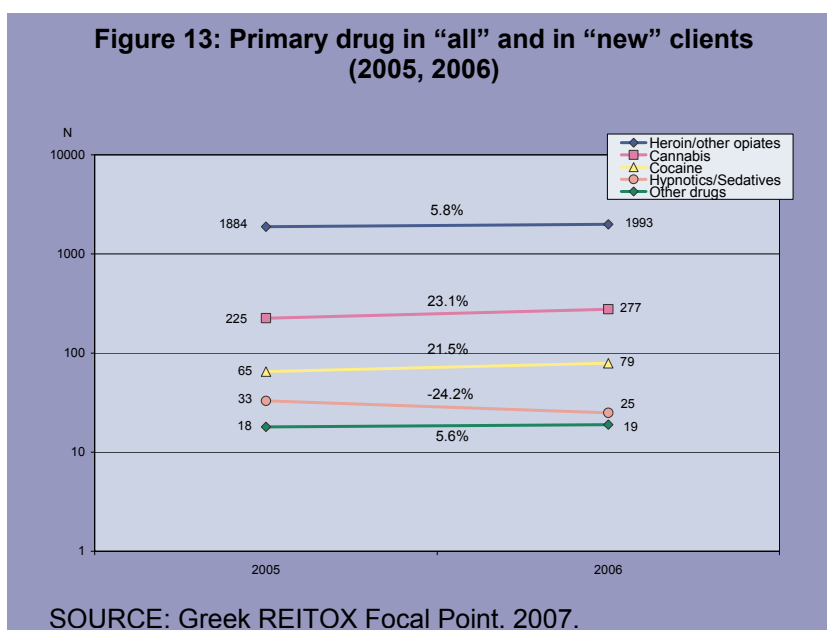


SOURCE: Greek REITOX Focal Point, 2007.

Given the small number of users reporting other drugs as the primary substance of abuse (in “all” clients) and hypnotic / sedatives (in “new” clients), the percentage changes recorded over time are simply indications and should be treated with caution.

² The term “other drugs” refers to the categories: Other stimulants (amphetamines, ecstasy), Inhalants, Hallucinogens, and Other drugs.

Daily use of the primary drug in the last 30 days (indicative of heavy dependence) is reported by the majority of users (66.3%). Daily use is reported by seven in ten (70.3%) heroin / opiate users and by a similar proportion (70.5%) of hypnotic/sedatives users. Daily use is also reported by one in three cannabis users (33.5%), whereas among cocaine users daily use is reported by only one in four (25.4%).



Among heroin/other opiate users, a marginally larger proportion of women (78.5%) than men (77.2%) report daily use in the last month. The same holds true among cannabis users, with 45.5% of women reporting daily use as opposed to 41.1% of men.

Sniffing (41.7%) and injecting (39.3%) are the most popular routes of administration of the primary drug. Smoking or inhaling is reported by 16.9% of users.

44.4% of heroin/other opiate users report injecting as the usual route of administration, while the respective share in cocaine users is much smaller (8.9%). Compared to 2005, there is an increase in sniffing among opiate users (42.7% in 2005 and 45.6% in 2006).

69.7% of users report polydrug use. The most common secondary drugs³ include cannabis (61.7%), hypnotic/sedatives (49.4%) and cocaine (31.5%), followed at a distance by other stimulants (13.2%), hallucinogens (8.1%), opiates (7.7%) and alcohol (6%).

The vast majority of users (82.2%) report cannabis as the substance of onset of drug abuse at a mean age of 15.8. Opiates are reported by 6.2% at a mean age of 19.2 and hypnotic/sedatives by 5.5% at a mean age of 15.2. More men (83.6%) than women (75%) report cannabis as the substance of onset of abuse, but the opposite is the case with opiates or cocaine, i.e. more women than men report opiates (11.4% of women and 5.2% of men, respectively) or cocaine (1.8% of women and 0.9% of men, respectively) as the substances of onset of illicit drug use.

Risk behaviour

Three in four users (74.3%) report lifetime injecting. Of those, more than half (56.1%) also report syringe sharing.

³ Users may list up to four secondary drugs.

Less than half (44.6%) report injecting in the last month; of those, 32.7% report syringe sharing. The steady drop in injecting noticed between 2002 and 2005 (Greek REITOX Focal Point 2006) appears to be curbed in 2006, with a slight increase in both “all” and “new” clients and in both genders (Figure 14).

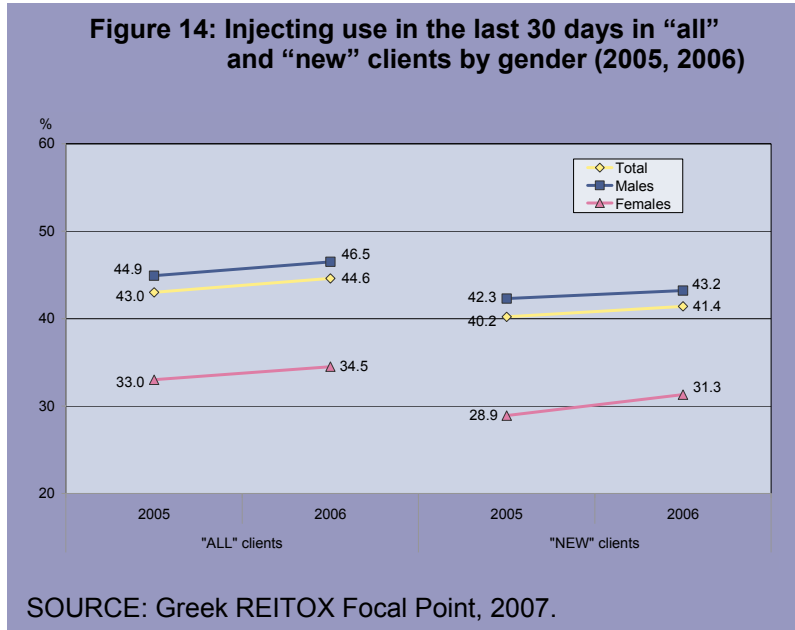


Figure 15: Syringe sharing in the last 30 days among injectors in “all” and “new” clients by gender (2005, 2006)



SOURCE: Greek REITOX Focal Point, 2007.

Syringe sharing in the last 30 days among users reporting injecting use dropped between 2005 and 2006 (Figure 15). The decrease is more marked among women and especially in “new” clients.

Mean ages

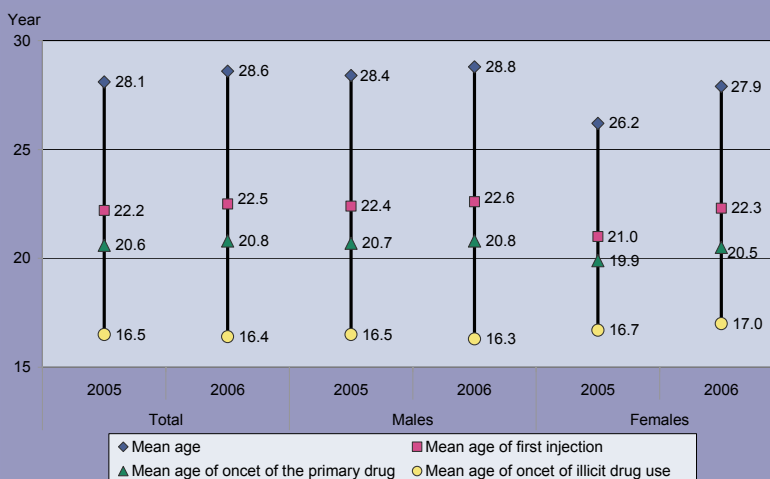
“All” clients: The mean age of clients recorded by the TDI system in 2006 is 29 (standard deviation 7.6 years). The mean age of onset of illicit use is 16 (standard deviation 3.4 years), the mean age of

onset of the primary drug is 20 (standard deviation 5.2 years), and the mean age of first injecting use is 21.6 (standard deviation 5.1 years).

“New” clients: The mean age of “new” clients recorded by the TDI system in 2006 is 28.6 (standard deviation 7.9 years), marginally higher than in 2005 (28.1 years, standard deviation 7.6 years). The mean age of onset of illicit use is 16.4 (standard deviation 3.7 years), the mean age of onset of the primary drug is 20.8 (standard deviation 5.6 years), and the mean age of first injecting use is 22.5 (standard deviation 5.6 years) (Figure 16).

According to 2006 data on “new” clients, men start illicit use at a relatively younger age (16.3 years) than women (17 years). Thereafter, however, women report almost similar to men mean ages for the onset of use of the primary drug (20.5 years in women and 20.8 in men) and for the first injecting use (22.3 in women and 22.6 in men), and lower mean age (i.e. age at first request for treatment from the TDI network) (27.9 years as opposed to 28.8 in men) (Figure 16).

Figure 16: Mean age, mean age of onset of injecting use, mean age of onset of primary drug use, and mean age of onset of illicit use in “new” clients by gender (2005, 2006)



SOURCE: Greek REITOX Focal Point, 2007.

4.2.3 Profile of users from non-treatment sources

The concise profile of users presented below refers to users who contacted in 2006 the OKANA Admission Centre (N = 502). This population consists of users who are not immediately admitted to any one of the treatment process phases upon recording by the TDI system. Rather, they file applications for admission to one of the substitution programmes running in Athens and Piraeus. Except for users that meet the criteria for urgent admission, admission to substitution programmes is usually granted years later and those users are then recorded again by the TDI system, but this time as users in treatment.

Socio-demographic characteristics

- 82.5% of the applicants are men and 17.5% women.
- The mean age of users is 33.7 (standard deviation 8.6), 34.5 for men and 29.9 for women. 42.5% belong to the 19-29 age group. 33.8% are aged 30-40 and 23.7% are over 41.
- About half of the users (47.2%) live with their families, one in five (21.6%) lives with a spouse / partner (with or without children) and 16.7% live alone.
- The vast majority (93.4%) has stable accommodation.
- 18.4% report sharing accommodation with drug users.
- 4.2% are non-Greek nationals.
- 56.8% are unemployed, 26.7% have regular jobs and 13.9% work occasionally.
- With regard to the highest educational level completed. 42.2% are higher secondary education graduates, 27.3% are lower secondary education graduates and 23.2% are elementary school graduates. Finally, 4.8% have graduated from post-secondary or higher education.

Treatment history

- 53.3% have never been admitted to treatment.
- The vast majority (89.3%) reports being self-referrals to the substitution programme, or referred by friends (6.6%). 2.9% report their families as the main source of referral.

Drug use patterns

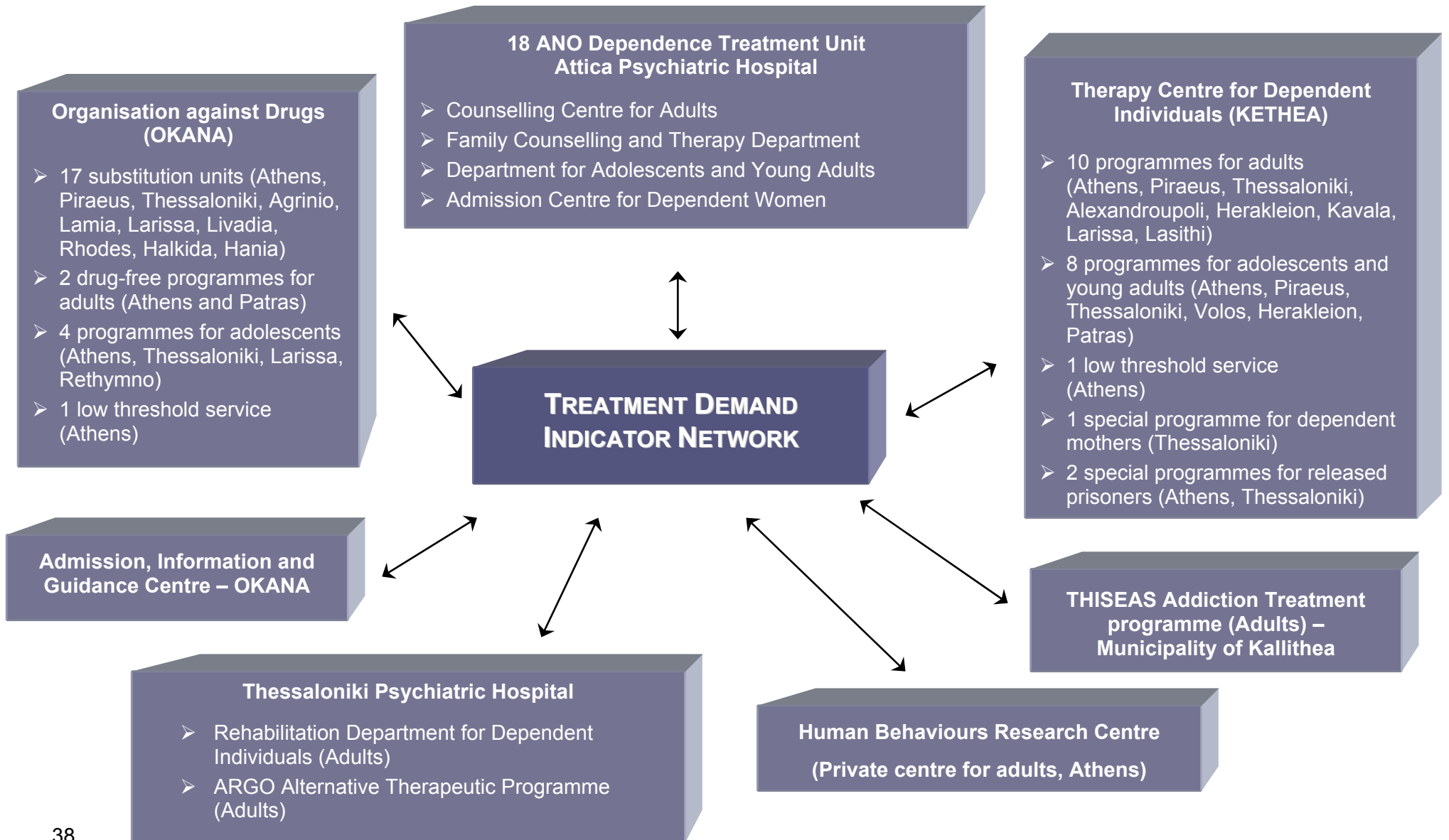
- Almost all users (99.8%) report heroin/opiates as their primary drug (in any case, this is a prerequisite for admission to substitution programmes).
- The vast majority of users (96.6%) report daily use of the primary drug.
- The most popular route of administration of the primary drug is sniffing (58.8%). One in three reports injecting use (30.5%), and 10.2% report smoking/inhaling.
- Only one in four reports using one substance only (26.6%). One in two (50.7%) reports using three or more substances.
- Cannabis is the substance of onset of abuse for most users (76.1%) at the age of 15.8, followed at a great distance by heroin / opiates (9.6%) at the age of 21.8, and cocaine and other drugs (in equal shares of 6.6%) at a mean age of 21.5 and 14.7, respectively.
- The mean age of onset of illicit use is 16.5.

Risk behaviour

- The vast majority (84.3%) report lifetime injecting and, of those, one in two (50.2%) reports lifetime syringe sharing.
- 47% report injecting in the last month and, of those, one in five (19.4%) also reports syringe sharing.
- The mean age of first injecting use is 22.7 (standard deviation 6.3 years).

The basic sociodemographic profile and the drug use behaviour of the so-called “out of treatment” population registered at this special service of OKANA resembles that of users recorded at low threshold services and in substitution units. The main reason for this resemblance is the fact that users from these three sources belong actually to the same group, i.e. all of them have been abusing opiates normally for a long period of time. The OKANA Admission Centre, substitution units and low threshold services primarily target long-term opiate users.

Chart 1: NATIONAL TDI NETWORK



5. DRUG-RELATED TREATMENT

5.1 Overview

A wide range of treatment options is available in Greece, under the auspices of public entities or bodies corporate under private law. The officially recognised treatment programmes currently⁴ operating in Greece come up to 54 in total (see Annex II) and deliver different types of treatment services.

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

The officially recognised dependence treatment providers in Greece are the following: OKANA, KETHEA, 18 ANO Dependence Treatment Unit (Attica Psychiatric Hospital), the Thessaloniki Psychiatric Hospital, the Psychiatric Clinic of the University of Athens, Public General Hospitals (in cooperation with OKANA), THISEAS Association (Municipality of Kallithea), and the Hellenic Centre for Mental Health and Research.

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

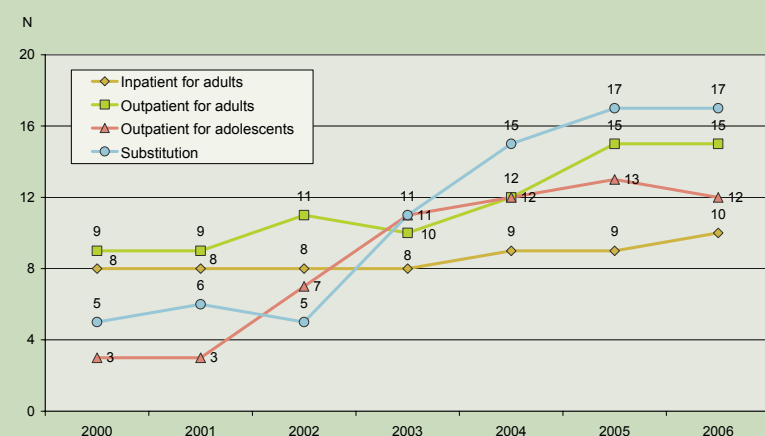
The majority of both inpatient and outpatient drug-free treatment programmes follow a multi-stage therapeutic procedure consisting in counselling, detoxification, treatment, rehabilitation and family services, as well as halfway houses and hostels. As for the substitution units, they follow a non-residential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

Services offered include psychotherapy, medical care, education, vocational training, housing aid and aftercare observation.

5.2 Treatment system

The number of treatment programmes almost doubled in the years 2002-2005, with special emphasis on expanding services for adolescents and young adults and on establishing new substitution units (Greek REITOX Focal Point 2005), while in 2006, they remained unchanged (Figure 17).

Figure 17: Treatment units by type of programme (2000-2006)



SOURCE: Greek REITOX Focal Point, 2007.

⁴ Including programmes that became operational until September 2007 inclusive.

The latest developments in the treatment options available to drug dependent individuals are as follows:

In May 2006, 18 ANO Dependence Treatment Unit (Attica Psychiatric Hospital) developed a new special programme for dependent mothers and their children. This is an inpatient programme designed as a two-pronged intervention in the area of dependence and in supporting the parental role. KETHEA merged the two structures of PLEFSI Early Intervention Network (which ran separately in the previous year) into a single one.

During the reporting year, OKANA established and has already launched a new substitution treatment unit at the Patras University Hospital (in Rio). In the vein of expanding the existing prevention and treatment interventions, 18 ANO established the Family Department, which has been operating as an independent structure in Athens since June 2006. The new structure aims at providing information, support, counselling and psychotherapy to drug users' families. It targets: a) families whose drug dependent member does not attend any dependence treatment programme, in view of mobilising it and urge it to formulate a treatment request, b) families in need of information that will help them prevent or diagnose drug dependence, and c) the families of 18 ANO clients, so as for them to support the drug dependent member in treatment and help prevent relapse. The Family Department is staffed by ten (10) therapists and two (2) administrative staff members.

In the same view of expanding the existing treatment programmes, four new Counselling Centres became operational by KETHEA: one in Trikala, one in Kilkis, one in Gianitsa and one in Aghios Nicolaos. The above units are expected to facilitate access to treatment in the regions of Thessaly, Macedonia and Crete.

General information and methodological considerations

In view of providing a global overview of the situation of drug-related treatment programmes, some existing results of process indicators (i.e. admissions, waiting lists, completion rates, etc.) for the main types of treatment in Greece are presented in this Chapter, based on concrete data for the year 2006, provided by means of a special questionnaire (Treatment Unit Form / TUF A) by the nationwide treatment units network. The collected information has been controlled to assure internal coherence as well as consistency across the years. The data reflect treatment programmes that delivered main treatment (i.e. therapeutic communities) during the year, in terms of their main treatment phase (in the case of multi-phase programmes, counselling and social reintegration phases are not included).

Thus, the overview of the main types of treatment currently available in Greece is based on quantitative data reflecting 49 of the 54 programmes that operated during the reporting year and delivered main treatment within an organised structure. The analysis does not include five (5) programmes: a) four drug-free outpatient programmes, two (2) for adults and two (2) for adolescents, which mostly delivered counselling services (see Annex II) and b) one buprenorphine substitution programme which had not submitted data by the end of May 2007 (for more details about the operation of the aforementioned units for adolescents, see Section 5.2.2 Other drug-free interventions in this Chapter).

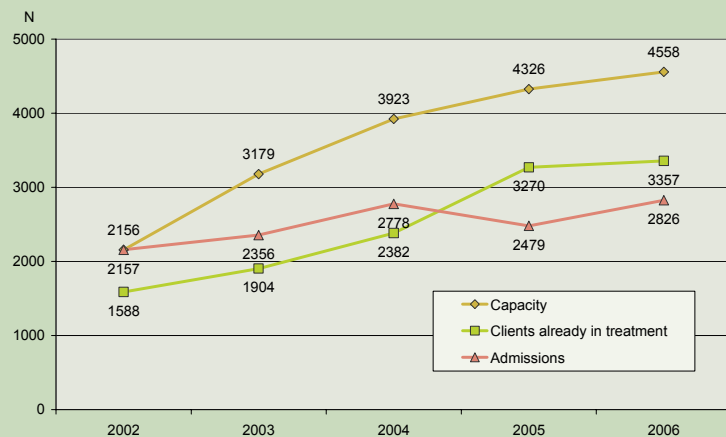
The dependence treatment programmes/units that delivered main treatment in 2006 are divided in the following types:

- 33 drug-free treatment programmes, of which ten (10) inpatient programmes for adults, thirteen (13) outpatient programmes for adults and ten (10) outpatient programmes for adolescents.

- 17 substitution treatment units, of which seven (7) mainly methadone substitution units and ten (10) buprenorphine substitution units.

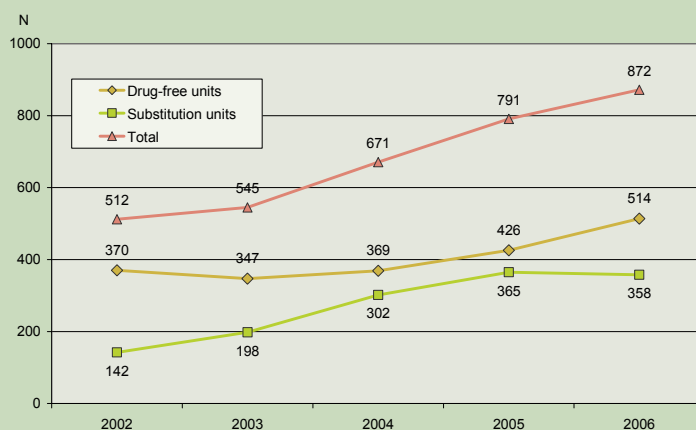
Over the last five years (2002-2006), the number of treatment slots has steadily increased. Figure 2 illustrates the increase since 2002, as a direct consequence of the increasing number of treatment structures over the years (the analysis included 26 treatment programmes in 2002, 31 in 2003, 40 in 2004 and 50 in 2005). It is worth pointing out that, although the number of treatment programmes remained unchanged at 50 in 2006, there was an increase in both the available treatment slots (5.3%) and the total clients admitted to treatment during the year (13.9%). The number of dependent users who attended treatment programmes during the year increased by 7.5% compared to 2005 (5,749 in 2005 and 6,183 in 2006).

Figure 18: Capacity, clients already in treatment and admissions to treatment programmes (2002- 2006)



SOURCE: Greek REITOX Focal Point, 2007.

Figure 19: Number of total staff employed in treatment units (2002-2006)



SOURCE: Greek REITOX Focal Point, 2007.

Staffing

The total staff employed in treatment units in 2006 amounted to 872, of whom 58.9% in drug-free programmes and 41% in substitution programmes. Figure 19 shows the increase in staff members employed in treatment programmes from 2002 to 2005, mostly as a result of the development of new structures. In 2006 there was a 10.2% increase in the number of staff without a parallel increase in the number of structures; this demonstrates the efforts made to strengthen the structures' human resources. Still, it seems that the increase in

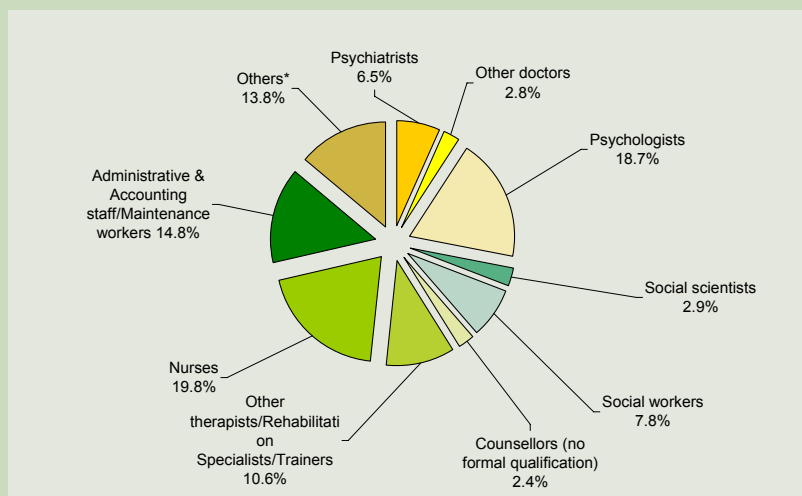
(therapeutic mostly) staff continues to be one of the major needs reported by the programmes in view of ensuring full development and smooth operation.

In terms of staff specialisation (Figure 20), in the reporting year the largest part of salaried staff of treatment programmes represents nursing staff (19.8%), psychologists (18.7%) and administrative staff / accounting staff / maintenance workers (14.8%). Psychiatrists represent 6.5% of the staff of treatment structures and most of them (68.4%) work for substitution programmes (as opposed to 31.5% working for drug-free programmes). Furthermore, treatment programmes employ therapists / rehabilitation specialists / trainers (10.6%), social

workers (7.8%), social scientists (2.9%), other doctors and counsellors without any formal qualification (2.4%). More specialties are reported in smaller proportions, e.g. pharmacists, gym instructors, guards, health visitors, etc.

In addition to the salaried staff, in 2006 a total of 48 volunteers of various specialties, such as psychologists (35.4%), other therapists / rehabilitation specialists / trainers (16.6%), social workers (8.3%) and medical doctors (6.2%) provided services to the aforementioned treatment programmes. Compared to 2005, there was a 42% drop in the total number of volunteers.

Figure 20: Staff working for treatment units by specialty (2006)



* "Others" includes: PE teachers, guards/security staff, pharmacists, health visitors, waiters, ward assistants and drivers.

SOURCE: Greek REITOX Focal Point, 2006.

Quality assurance

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

According to 2006 data, the majority of the 33 drug free programmes (75.7%) report having recently performed an evaluation of the therapeutic procedure and/or treatment outcome while none of the 16 substitution treatment programmes reports having undertaken an internal or external evaluation procedure.

In view of enhancing service quality, almost all treatment programmes (95.9%) provide (continuous) education and training to their staff. In the reporting year, 93.8% of the programmes made sure that part of their staff attended formal training courses or lectures delivered by third parties and 89.8% delivered in-service training seminars. Furthermore, three in four programmes (75.5%) provide scientific supervision to their therapy staff. According to the available data, 329 OKANA employees (scientific and administrative staff) attended training seminars on the theory and practice of drug dependence management and information technology.

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

5.3 Drug-free treatment

5.3.1 Inpatient and outpatient treatment

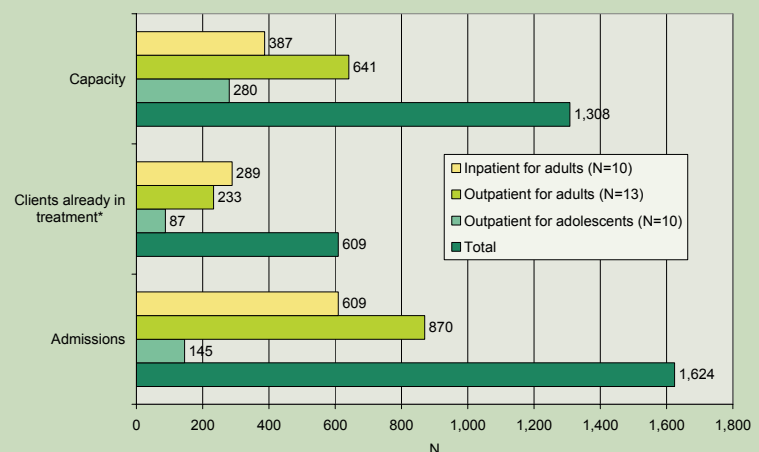
Therapeutic approach

The therapeutic approach inpatient and outpatient drug-free treatment programmes adopt consists of various types of counselling or therapy, on which greater or smaller emphasis is placed depending on the philosophy of the structure and/or the organisation. The vast majority of the programmes place great emphasis on group therapy (93.9%). Moreover, many programmes place emphasis on relapse prevention (78.8%), individual support/counselling (72.7%) and family therapy (66.7%). Less drug-free programmes place great emphasis on individual psychotherapy (42.4%), medical/psychiatric care (27.3%) and the organisation of self-help groups (30.3%).

Capacity, waiting lists and patient mobility

In 2006, the total capacity of drug-free treatment programmes was 1,308 (3.3% increase of the available treatment slots compared to 2005). Outpatient programmes offer most of the available slots (70.4%) compared to inpatient programmes (29.5%). At the beginning of the reporting year, approx. 609 clients (data reflecting 32 of 33 treatment programmes) attended the main phase of treatment in drug-free treatment programmes. During the year, there were 1,624 admissions (Figure 21), most of which to outpatient programmes for adults (53.5%), followed by inpatient programmes for adults (37.5%) and admissions to the main phase of treatment of adolescents' programmes (8.9%, i.e. 145 clients).

Figure 21: Capacity, clients already in treatment and admissions to drug-free treatment programmes (2006)



* Data on "clients already in treatment" reflect 12 of 13 outpatient programmes for adults.

SOURCE: Greek REITOX Focal Point, 2007.

Although there was no increase in the number of treatment structures, in 2006 there was a 9.4% increase in the number of admissions compared to 2005.

Furthermore, 76.2% of the total admissions during the reporting year were clients who contacted the particular units for the first time. The highest new admission rates were to outpatient units for adults (71.4% of the total admissions to this type of programmes), followed by units for adolescents (85.5%) and inpatient units (80.9%).

In 2006, the mean power in drug-free treatment units was approx. 617 clients (reflecting 31 of the 33 units that submitted data). This figure represents the average number of clients who attended the treatment programmes on three specific dates during the reporting year. It cannot be correlated in order to draw inferences as to the full use of capacity for the following reasons: a) the mean power figure reflects a smaller number of programmes, b) in all

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

Trends: 2004-2006

The operational results of drug-free programmes, compared to the two previous years (2004-2005), point to the following emerging trends :

- In 2006, there was a small increase (3.3%) in the capacity of drug-free treatment programmes compared to 2005, because the number of programmes remained unchanged.
- Similarly, there was a 3.8% drop in the mean power compared to 2005, but a 26.2% rise compared to 2004.
- There was a 3.7% increase in the total number of clients who attended drug-free treatment programmes in 2006 compared to 2005 and a 22.4% increase compared to 2004.
- As a direct consequence of the above, total admissions in 2006 increased by 9.4% compared to 2005 and by 26.4% compared to 2004.

The fact that there was no increase in the number of drug-free treatment programmes, doubled by the 20.6% increase in staff in the existing ones compared to 2005, appears to be positively correlated with the increase in capacity and in total admissions to drug-free structures in 2006.

Statistics and treatment outcome results

With regard to the outcome of the treatment process, 26.4% of the total clients who received treatment services in drug-free programmes were still in treatment at the end of the reporting year (reflecting 31 of the 33 programmes that submitted the relevant data). Due to the time of admission to the programme and the scheduled duration of treatment, those clients' treatment process was still in progress.

Figure 22 illustrates the modes of exit from drug-free programmes during the last two years (2004-2006). This calculation reflects 27 of the 33 programmes that operated in 2006 (the respective figure for 2005 was 23 of 33 programmes, while for 2004 it was 19 of 25). We had to exclude a) two (2) outpatient programmes for adults that did not submit the relevant data and b) four (4) programmes (one inpatient, one outpatient for adults and two (2) outpatient for adolescents) that are relatively new structures and have not operated long enough to have full treatment outcome data.

- In inpatient programmes, nearly half of the exits are dropouts (48.51%). On the other hand, a fairly large share of patients leaves the programme having completed treatment (38.91%). About one in ten clients is prematurely discharged owing to breach of rules.
- The prevailing modes of exit from outpatient programmes for adults are dropouts (52.79%) and treatment completion (35.32%). A relatively small share of clients is prematurely discharged (4.83% in 2006 as opposed to 8.1% in 2005).
- The main modes of exit from programmes for adolescents are dropout (40.34%) and premature discharge (21%). This may be partly explained by the characteristics of this particular age group and the difficulties adolescents have in recognising drug use as a

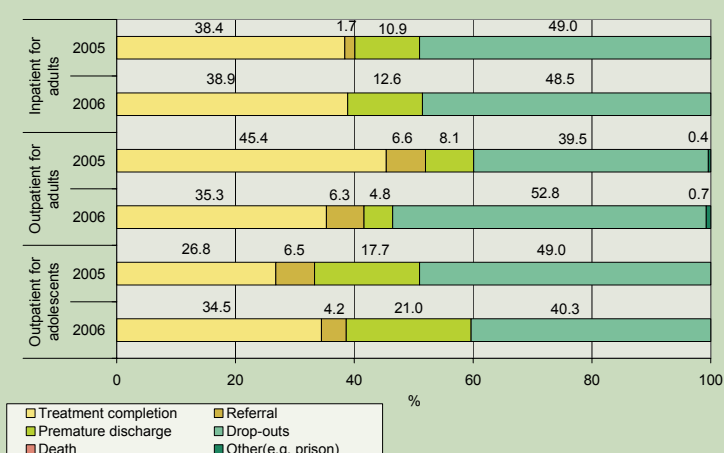
problem. Nonetheless, one in three adolescents leaves the programme having completed treatment.

The study of data over time points to the following emerging trends:

Treatment completion had been the prevailing mode of exit from outpatient programmes for adults in the two previous years (43.4% in 2004 and 45.4% in 2005), but in 2006 there was an increase in dropout rates among clients who find it hard to meet programme requirements (40.3% in 2004, 39.5% in 2005 and 52.7% in 2006). Moreover, the number of adults who are prematurely discharged has been dropping (10.2% in 2004, 8.1% in 2005 and 4.8% in 2006).

An upward trend is also observed in the shares of adolescents who are prematurely discharged from the programmes owing to breach of rules (from 7.7% in 2004 to 17.7% in 2005 and 21% in 2006), which seems to be partly explained by the wider use of the “provisional discharge” measure in order to tackle behaviours that are incompatible with the rules of the programme. Nonetheless, there is a gradual increase in the number of adolescents who leave the programme having completed treatment (one in six in 2003, one in four in 2004, one in four in 2005 and one in three in 2006).

Figure 22: Modes of exit from drug-free treatment programmes (2005-2006)



* In 2006, there was no premature discharge owing to death.

SOURCE: Greek REITOX Focal Point, 2007.

As far as the main reasons for premature discharge in 2006 are concerned, there are differences among the three types of treatment:

“Premature discharge” is defined as expulsion from the programme owing to breach of the setting’s rules.

- The main reasons for premature discharge from inpatient treatment programmes include violent behaviour on the premises (25.97%), use of illicit substances outside the premises (18.18%), use of illicit substances on the premises (16.88%) and alcohol use (11.69%).
- The main reasons for premature discharge from outpatient programmes for adults include use of illicit substances outside the premises (46.67%), violent behaviour outside the premises (26.67%) and non-attendance of therapy / counselling sessions (13.33%).
- The main reasons for premature discharge from units for adolescents include use of illicit substances outside the premises (76%), violent behaviour on the premises (8%) and sex with other clients (4%).

5.3.2 Other drug-free interventions

Open Psychosocial Support Programme

Self-help promotion programme

The Open Psychosocial Support Programme has been running in Thessaloniki since 2001 under the Self-help Promotion Programme (Psychology Department of the Aristotle University of Thessaloniki and OKANA). Its core mission is to promote self-help in managing dependence on psychotropic substances –drugs and alcohol. The programme is geared towards providing support to individuals with drug or alcohol dependence problems and their families.

In 2006, a total of 623 individuals participated in programme activities (3.1% less than in 2005), of whom 461 had drug dependence problems, 58 alcohol dependence problems and 104 were relatives and friends of users of psychotropic drugs. It is estimated that psychosocial support is provided to a monthly average of 130 problem users. In addition to establishing and supporting self-help groups, the programme also provides assistance in medical (72 clients in 2006), educational (57 clients), legal (45 clients) and employment matters (50 clients).

Early intervention units for adolescents

The phenomenon of drug use in adolescents and young adults is closely associated with experimental or occasional use, and even more regular drug use does not necessarily establish drug dependence. In recent years (2002-2005), there has been a marked increase in the number of treatment structures targeting this population group and offering early intervention, in order to avoid addiction setting in.

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

For these reasons, two of the programmes for adolescents that were launched in recent years with the ambition to develop a multiphase therapy scheme that would also deliver main treatment only deliver, for the time being, brief drug-related specialised services largely based on counselling, while trying to retain adolescent users and motivate them to attend the programme (Annex II).

In 2006, these two structures, of a total capacity of 144 (adolescents and parents / family members), delivered counselling services to 44 adolescent drug users and 84 parents or significant others. Of the aforementioned adolescents, 86.3% dropped out.

Moreover, in the reporting year, ATRAPOS Unit for Adolescents (OKANA) ran in a structured and systematic way an Early Intervention Programme for experimental users, attended by a total of 7 adolescents and 19 parents.

5.4 Medically assisted treatment

5.4.1 Withdrawal treatment

In Greece there is still only one specialised detoxification structure (capacity 15), operating within the Rehabilitation Department for Dependent Individuals (Thessaloniki Psychiatric

Hospital). Its mission 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 sensitisation and preparation for the main treatment phase through psychotherapy groups. The scheduled programme duration is 21 days.

In 2006, the Detoxification Unit (DETOX) served a total of 217 clients. Of the 208 clients who exited the programme by the end of the reporting year, 45% completed it and moved on to the next phase of the therapeutic process, 37.9% dropped out and 13.9% were prematurely discharged owing to violations of the setting.

5.4.2 Substitution treatment

Philosophy, therapeutic emphasis and main services

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

At the same time, it is acknowledged that the combined administration of psychosocial support services maximises the effects of the pharmaceutical treatment. During the treatment process, therapeutic emphasis in substitution programmes is placed mostly on medical / psychiatric care (major emphasis in 94.1% of the programmes) and on individual support / counselling (94.1%). Substitution programmes also place great emphasis on relapse prevention (94.1%) and individual psychotherapy (87.5%). Moreover, a large part of the treatment programmes places emphasis on group therapy (75%), and about half of the programmes (56.5%) use family therapy (as opposed to 11.8% in 2005). Compared to 2005, a clearly larger proportion of substitution treatment units report utilising the principles of individual, group and family therapy.

Moreover, basic medical and psychiatric care are the main services delivered by all substitution units in the context of the treatment plan either inside or outside the unit, in cooperation with other agencies. Additional services, which vary from unit to unit, include help in job-seeking (offered by 87.5% of the programmes), career guidance (68.8%), housing (43.8%) and financial support (12.5%).

Administration of substitution substances

Substitution treatment units can be divided into two types according to the main pharmaceutical substance used in order to treat dependence: a) units that deliver substitution treatment with the use of methadone mostly (hereafter “methadone substitution units”) and b) units that only prescribe buprenorphine as a substitute (hereafter “buprenorphine substitution units”) (Annex II). In 2006, most of the clients of methadone substitution units were prescribed with methadone (94.14%), and only a relatively small share of patients was prescribed with buprenorphine as a substitute (8.6%). In

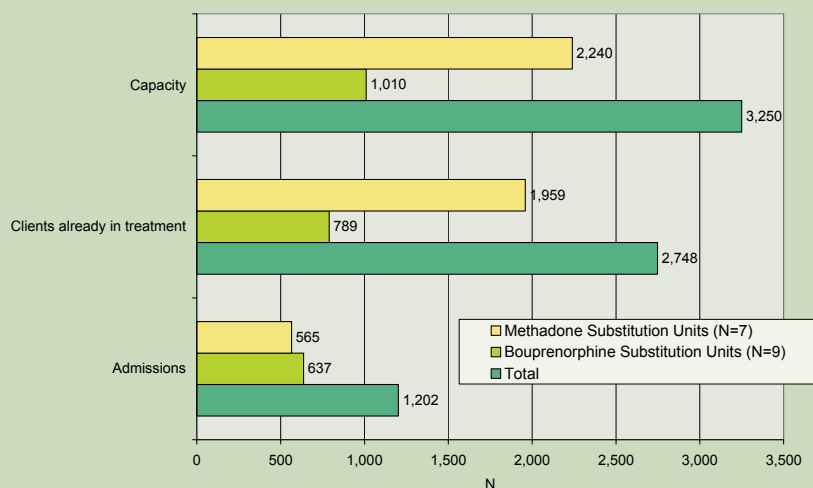
buprenorphine substitution units, the share of clients prescribed with buprenorphine comes up to 98.3%. In both types of programmes, a fairly small share of patients was administered naltrexone (1.03% and 2.14%, respectively), a substance prescribed to clients who have achieved full abstinence from drugs, including the substitute

Capacity and patient mobility

In 2006, the total capacity of substitution treatment units was approx. 3,250 (in 16 of 17 structures) (Figure 23). The total admissions to substitution programmes come up to 1,202, of which 47% represents methadone substitution units and 52.9% buprenorphine substitution units. New admissions account for 85.6% of the clients admitted to treatment in 2006

“New admissions” represents the number of clients who were admitted to the programme for the first time.

Figure 23: Capacity, clients already in treatment and admissions to substitution units (2006)



(48.7% of new admissions to methadone and 51.2% to buprenorphine substitution programmes). The mean power of the programmes in 2006 was 2,974 clients.

The total clients in substitution programmes in 2006 came up to 3,950, of whom 63.8% in methadone substitution units and 36% in buprenorphine substitution units.

SOURCE: Greek REITOX Focal Point, 2007.

2004-2006 trends and waiting list

The analysis of the aforementioned quantitative data from the last three-year period (2004-2006) points to the following emerging trends:

The programmes' total capacity increased by 6.2% compared to 2005 and by 15.9% compared to 2004, while staff levels remained almost unchanged compared to the previous year (365 in 2005 and 358 in 2006).

Total admissions (new admissions and readmissions) increased by 20.8% compared to 2005. The considerable 34% drop in 2005 compared to 2004 can be explained by the fact that in 2004 numerous new substitution structures were established, therefore many users who had applied for treatment were absorbed and were still in treatment in 2005. Almost all substitution units ultimately aim at the clients' discontinuing use of any drug, but they do not deter the clients' long-term stay in the programme. As a result, a considerable number of users are in maintenance treatment.

Moreover, the mean power of the structures appears to have increased (by 10.1% compared to 2005 and by 30% compared to 2004), while the total number of clients remains more or less unchanged compared to the previous year.

Nonetheless, the increase in both the number of available substitution treatment slots and the number of admissions, as reflected on the aforementioned comparative data, does not seem to have met the problem users' demand for substitution treatment. Waiting lists for admission to treatment are a problem affecting all substitution units (except for the Fourth Substitution Unit in Athens, which functions as a low-threshold programme and admits clients from other substitution units). The number of applicants waiting for admission naturally varies during the year. By way of illustration, based on relatively recent data (late May 2007), a total of 3,828 applicants were waiting for admission to OKANA substitution programmes, i.e. 2,969 for the five substitution structures in Athens and Piraeus and 859 for the four structures in Thessaloniki. Each one of the seven buprenorphine substitution units operating outside Athens and Thessaloniki (Annex II) has its own waiting list; applicants on their waiting lists come up to 397 in total (504 in 2005).

Statistics and treatment outcome results

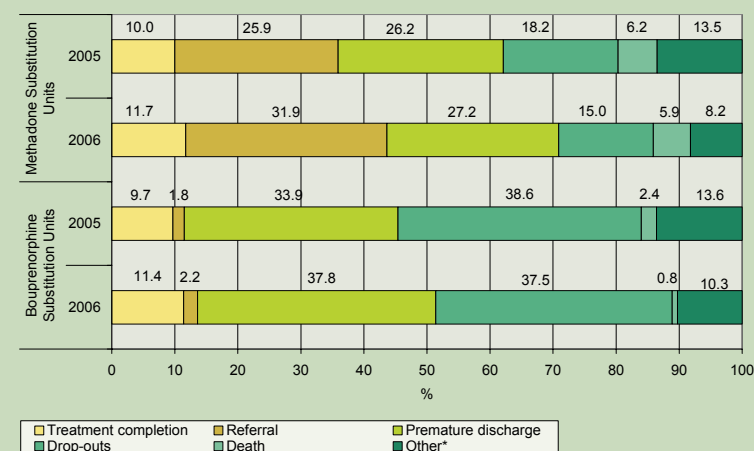
Exits from substitution units represent approximately one fifth (21%) of the total number of clients who attended the substitution programme in 2006. In order to evaluate the treatment outcome, one needs to bear in mind that substitution programmes are long-term programmes as a rule.

The longitudinal data on the modes of exit from substitution units refer to 14 programmes. The calculation has excluded certain units either due to their philosophy (low threshold) or due to insufficient time of operation or because they did not submit the relevant data.

- The overall picture as to the ranking of the modes of exit from methadone substitution units appears to have changed since the last year. The main mode of exit reported in 2006 is referral to another unit or service (31.9%); this is largely associated with the operation of maintenance-oriented units that admit clients who are incapable of meeting the requirements of a short-term programme (OKANA 2004). Referrals increased by 6% compared to 2005. Another equally considerable mode of exit from methadone units is premature discharge (27.23%), a figure more or less unchanged from the previous year (26.2%), but higher compared to 2004 (14.3%). Although in recent years efforts have been made to retain in treatment rather than discharge difficult patients with recurring relapses, according to the terms of reference of OKANA substitution units "massive programme attendance and the development of a particular collective state of mind among the clients" make it imperative that there should be certain clear reasons for premature discharge from treatment. It should also be pointed out that, in line with the client retention policy, in order for discharges to be of a therapeutic nature, they include the prospect of readmission in a relatively short period of time. Nearly one in ten clients leaves methadone substitution units having completed treatment. Bearing in mind the harm reduction policy permeating the substitution programme, this rate is within what would normally be expected from such a treatment approach.
- In buprenorphine substitution units, the overall picture as to the ranking of the modes of exit has remained unchanged over the past two years. The main modes of exit reported in 2006 are premature discharge (37.78%) and dropout (37.5%). An additional mode of exit is unforeseen circumstances, e.g. incarceration or health conditions not permitting the administration of the substitute. Treatment completion accounts for about one tenth (11.39%) of the exits from this type of programmes, as well.

The main reason for premature discharge from substitution units is use of illicit substances outside the premises, accounting for 46.77% of the cases in methadone substitution units (70.3% in 2005) and 28.66% in buprenorphine substitution units (39.7% in 2005). Other reasons for premature discharge include breach of the unit's rules and regulations (24.19% and 17.82%, respectively, for the two aforementioned types of units), involvement in illegal activities other than drug use (12.10% and 12.74%, respectively), violent behaviour outside the premises (5.65% and 6.37%, respectively), as well as non-attendance of therapy / counselling sessions (4.03% and 5.10%, respectively).

Figure 24: Modes of exit from substitution units (2005-2006)



* "Other" includes incarceration and health reasons.

SOURCE: Greek REITOX Focal Point, 2007.

5.5 Conclusions

Although the number of treatment structures remained unchanged in 2006 compared to the previous year, the number of clients served increased by 7.5%. Actually, there was a significant 18.8% increase in new admissions to substitution programmes. Moreover, the increase in the total number of clients of treatment programmes can be positively associated with both the increase in the number of available treatment slots by 5.3% and the increase in staff employed by the programmes by 10.2%. Nonetheless, in May 2007, 3,828 individuals were on the waiting lists for admission to substitution programmes.

As for the units for adolescents and young adults, in 2006 demand for treatment in this age group dropped by 24.4% and treatment retention rates were low. This may be partly explained by the drop in drug use trend during the past five years recorded by the relevant surveys (Kokkevi 2005) and partly by the characteristics of this particular age group and the adolescents' difficulty in recognising drug use as a problem in itself.

An upward trend is observed in premature discharge rates from programmes for adolescents owing to breach of rules (from 7.7% in 2004 to 17.7% in 2005 and 21% in 2006), which appears to be accounted for by the wider use of the "provisional discharge" measure in order to tackle behaviours that are not compatible with the programmes' rules and regulations. The main mode of exit from programmes for adolescents continues to be dropout (40.34%). This holds true for both dependence treatment programmes and structures providing chiefly counselling to adolescents. On the other hand, there is also a gradual increase in treatment completion rates in adolescents (one in 6 in 2003, one in 4 in 2004, one in 4 in 2005 and one in 3 in 2006).

The government has acknowledged the importance of prevention and early intervention. Perhaps the time has come for an evaluation of programmes that target adolescents, a very

special age group, and therapists and practitioners are called upon to make a substantial contribution with their experience and their proposals.

6. HEALTH CORRELATES AND CONSEQUENCES

6.1 Drug related infectious diseases

6.1.1 Overview

Since 2000, the Greek REITOX Focal Point (GFP) has been monitoring the prevalence of HBV, HCV and HIV/AIDS infection among injecting drug users (IDUs) in Greece by means of the Drug-related Infectious Diseases Indicator (DRIDI). To this effect, it has created a national network of partners, consisting of inpatient and outpatient treatment programmes (drug-free and substitution ones), low-threshold services, public laboratories and hospitals (see Graph 2 at the end of this Chapter). Data are collected annually by means of an individual anonymous questionnaire with information about the screening results for every IDU tested for HBV, HCV, HIV/AIDS, etc. either by the programme or by the laboratory. The questionnaire makes it possible to collect information about:

- Blood test results for the serological markers HBsAg, Anti-HBc and Anti-HBs (for HBV)
- Blood test results for the serological markers Anti-HCV (EIA) and Anti-HCV (RIBA) (for HCV)
- Blood test results for HIV / AIDS
- Results for the Mantoux tuberculin skin test and the chest X-ray
- Results for any other screening (in an open-ended question)
- Risk behaviours (use of syringe and other injecting and non-injecting equipment, condom use)
- Treatment history
- Primary substance of abuse.

IDUs are individuals who report lifetime injecting use of drugs.

The DRIDI results are presented separately:

- For the individual data collected and processed by the Greek REITOX Focal Point from most of the members of the DRIDI national network (hereafter called GFP individual data)
- For the aggregated data submitted in a processed form to the Greek REITOX Focal Point by KETHEA and 18 ANO and subject to no further processing by the Greek REITOX Focal Point.

Moreover, in addition to the data on HIV prevalence among users who contact agencies that are part of the DRIDI national network (derived mostly from diagnostic screening during treatment), Section 1.7 in this Chapter presents data from the Hellenic Centre for Disease Control and Prevention (HCDCP), which is responsible for the epidemiological surveillance of HIV/AIDS in Greece.

The IDU sample screened in 2006 at the three different sources (GFP individual data, KETHEA, 18 ANO) is presented in Table 7.

Table 7: IDUs screened by disease in 2006

	HBV* (N)	HCV** (N)	HIV/AIDS (N)	Tuberculosis*** (N)
GFP individual data	1,293	1,289	1,259	605
KETHEA	757	739	761	639
18 ANO	148	148	148	148

* Screened at least for HBsAg.

** Screened for Anti-HCV/EIA.

*** Chest X-ray.

SOURCE: Greek REITOX Focal Point, KETHEA and 18 ANO, 2007.

The overwhelming majority of IDUs who had virological screening performed are men, just like the majority of problem drug users in Greece (see Chapter 4). The men to women ratio is comparatively higher in the KETHEA and Greek Focal Point samples and lower in the 18 ANO sample (18 ANO data include data from two Special Programmes for drug dependent women and mothers). Moreover, most of the IDUs in the KETHEA and 18 ANO samples are young adults aged 25-34 -which is largely typical of drug-free treatment programme clients (Table 8).

Table 8: IDU distribution by gender and age for 2006

	GFP individual data %	KETHEA %	18 ANO %
Gender			
Men	85.7	90	77.7
Women	14.3	10	22.3
Age group			
< 25	13.5	27.9	20.9
25-34	49.8	62.1	60.8
> 34	36.7	10	18.2

SOURCE: Greek REITOX Focal Point, KETHEA and 18 ANO, 2007.

Compared to 2005, in 2006 all samples included a smaller share of women. Moreover, the shares of IDUs under 25 and over 34 decreased, while the share of IDUs aged 25-34 grew. Finally, in 2006 there was a major change in the GFP individual data set with the marked increase in the contribution of the OKANA Low Threshold Service (from 1.5% in 2005 to 16.5% in 2006), which mostly serves “street users”, a highly burdened population in terms of abuse history.

6.1.2 HCV prevalence and trends

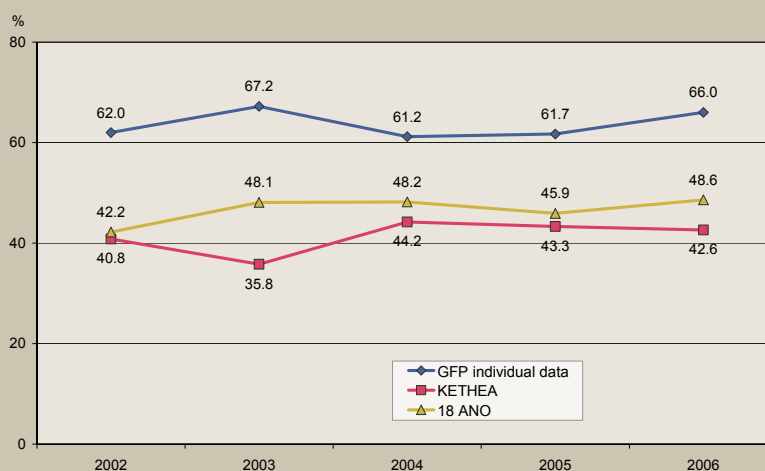
Nearly 2% of the country's general population is estimated to be chronically infected with HCV (2004 data).⁵ The true dimensions of the problem, however, are hard to assess accurately, since most patients have no symptoms and there is no systematic recording of cases at the national level.

As a rule, the prevalence of the HCV antibody in IDUs is extremely high, although there are great variations both within and between countries. In many countries, according to local and national estimates for the year 2004-2005, IDU infection rates are above 60% (EMCDDA 2007).

In 2006, HCV infection rates in the IDU population in Greece ranged between 42.6% and 66% (Figure 25). This difference seems to be explained by the different profiles of users screened at the various sources of information, most notably due to the different admission criteria to each treatment programme (see relevant comment in Greek REITOX Focal Point 2005).

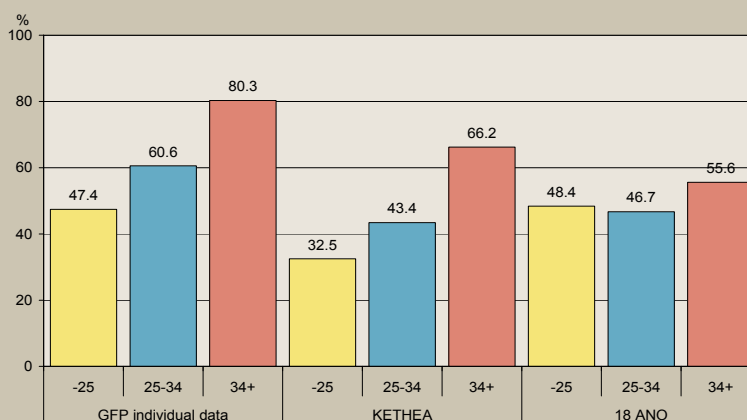
Drug-free treatment programme clients, who are usually younger in age and with a less severe abuse history, tend to have lower HCV infection rates. In particular, GFP individual data indicate that HCV infection rates in IDUs attending substitution programmes are 75.8%, in clients of the OKANA Low Threshold Service 75.1%, and in clients of drug-free programmes 47.5%. The respective rates in the KETHEA and 18 ANO samples, consisting of clients of drug-free programmes only, are 42.6% and 48.6% respectively (Figure 25). Despite the variations in individual years, from 2002 to 2006 HCV infection rates in IDUs in Greece have consistently been high (Figure 26).

Figure 25: HCV infection rates in IDUs (Anti-HCV / EIA) based on DRIDI data (2002-2006)



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

Figure 26: HCV infection rates in IDUs (Anti-HCV / EIA) by age group based on DRIDI data for 2006

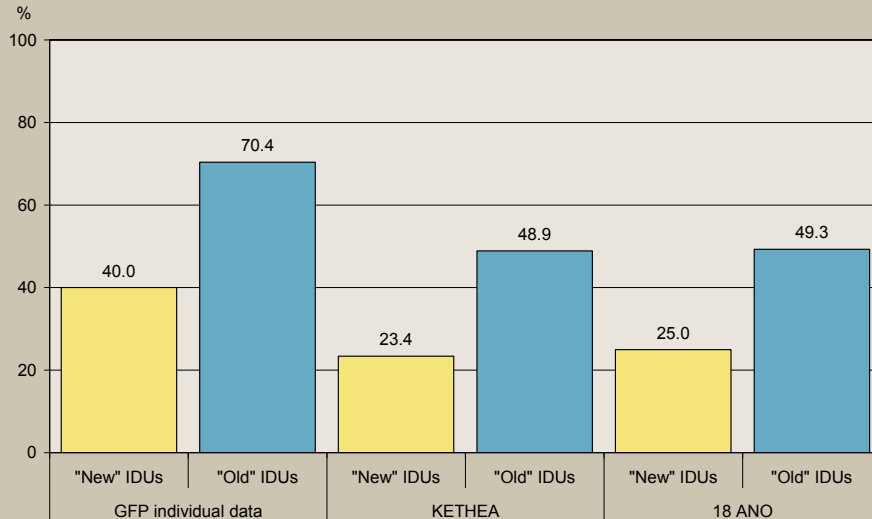


SOURCE: Greek REITOX Focal Point, KETHEA and 18 ANO, 2007.

⁵ www.iatronet.gr/article.asp?art_id=211&pr=1 (last visit August 2007).

The data for 2006, in line with data from previous years, confirm that HCV infection rates normally increase with age (Figure 26) and with the years of injecting use (Figure 27).

Figure 27: HCV infection rates (Anti-HCV EIA) in “new” and “old” IDUs based on DRIDI data for the year 2006



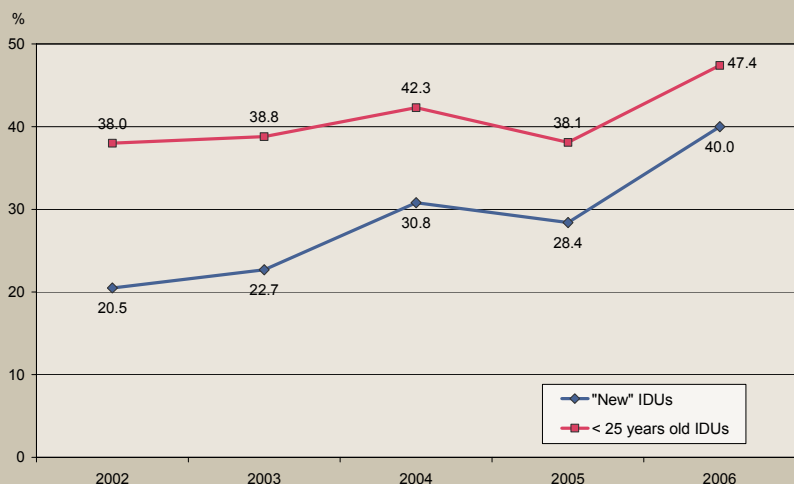
“New” IDUs: those who started injecting use in the last two years

“Old” IDUs: those who started injecting use more than two years ago

SOURCE: Greek REITOX Focal Point, KETHEA and 18 ANO, 2007.

If we look at the prevalence rates in two IDU subgroups based on GFP individual data, i.e. IDUs who started injecting use in the last two years (hereafter “new”) and IDUs under 25 years old (hereafter “under 25”) – where monitoring trends in HCV prevalence can be an indirect indication of the incidence of the phenomenon– it becomes clear that not only do infection rates continue to be high, but there is also an overall upward trend in the five-year period 2002-2005 (Figure 28). This trend may be affected by the synthesis of the population of tested IDUs by year, particularly in relation to their age and their history of drug abuse, further investigation though is required to identify all possible reasons.

Figure 28: HCV infection rates in “new” IDUs and in IDUs under 25 in the period 2002-2006 based on Greek Focal Point individual data



SOURCE: Greek REITOX Focal Point, 2007.

According to GFP individual data, HCV infection rates in female IDUs are higher (70.9%) than in male IDUs (65.2%), although this difference is not statistically significant.

6.1.3 HBV prevalence and trends

HBV “carrier” rate in Greece is estimated at around 3% (2004 data).⁶

At the European level, the prevalence of HBV markers among IDUs varies significantly both within and across countries. In 2004-2005, in the countries that supplied data on the Anti-HBc marker, which suggests a history of infection, prevalence rates in IDUs were over 40% based on available data from five countries only (EMCDDA 2007). In the year 2006, the prevalence of the antibody in IDUs in Greece ranged between 9.1% and 29.1%, placing Greece in the group of countries with the lowest prevalence rates.

In 2006, HBV (HBsAg) infection rates in IDUs in Greece ranged between 1.7% and 8.8%. The prevalence of the HBsAg marker varies according to gender and age group. Based on GFP individual data, the highest HBV (HBsAg) prevalence rates are to be found in men (4% as opposed to 1.1% in women) and IDUs over 34 (5.4%). Higher HBsAg prevalence rates in men compared to women are also recorded in the 18 ANO sample, whereas higher prevalence rates in IDUs over 34 compared to other age groups are also recorded in the aggregated data submitted by KETHEA (Table 9).

Table 9: HBV (HBsAg) prevalence rate by gender and age group based on DRIDI data (2006)

	GFP individual data	KETHEA	18 ANO
	%	%	%
Total	3.6	1.7	8.8
Gender			
Men	4	1.8	11.3
Women	1.1	1.2	0
Age group			
< 25	1.1	1.4	6.5
25-34	2.9	1.5	10
> 34	5.4	4.1	7.4

SOURCE: Greek REITOX Focal Point, KETHEA and 18 ANO, 2007.

HBV infection history and vaccination. Based on the results for the serological marker Anti-HBc, 29.1% of the IDUs screened in the GFP individual data sample (N = 1,013), 15.3% in the KETHEA sample (N = 346) and 9.1% in the 18 ANO sample (N = 99) have an infection history. Based on GFP individual data, of the IDUs screened for all three markers (HBsAg, Anti-HBc and Anti-HBs) and having known results, 58.5% have become immune as a result of infection.

Anti-HBc prevalence rates in IDUs do not normally vary significantly when it comes to gender, with men having higher rates than women, but they do vary when it comes to age.

⁶ http://www.iatronet.gr/article.asp?art_id=210 (last visit August 2007).

HBV infection history rates increase significantly with age, and are positively correlated with the years of injecting use, with “old” IDUs having significantly higher infection history rates than “new” IDUs.

Based on GFP individual data, half of the IDUs screened (50.8%) have neither developed the disease nor have they been vaccinated against HBV, i.e. if not covered by the vaccination programme, they are susceptible to the virus.

Based on the HBV results for the three serological markers from GFP individual data, 19.7% (one in five IDUs screened) have been vaccinated against HBV as opposed to 25.7% in non-IDUs. Vaccination is more likely in drug users who have never engaged in injecting use (non-IDUs). This can be partly explained by the fact that non-IDUs have a relatively lower mean age, so they are more likely to have been vaccinated in childhood, since the compulsory vaccination programme was introduced in 1998 and is gradually covering an increasing proportion of young people.

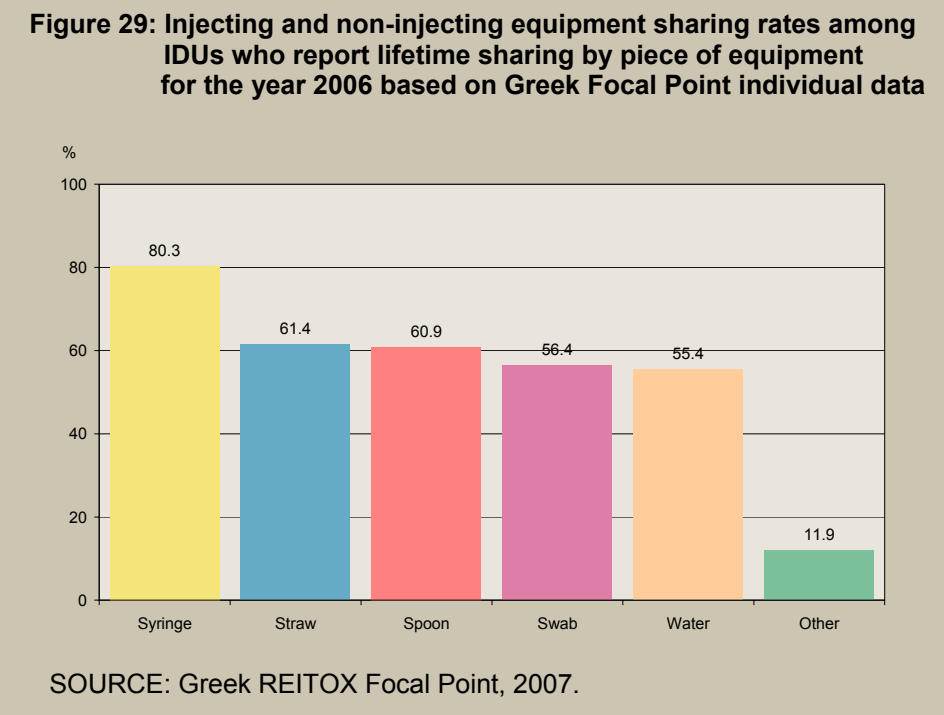
Finally, based on GFP individual data, vaccination rates in female IDUs are significantly higher (26.6%) than in male IDUs (18.5%). Moreover, vaccination is significantly more common among IDUs who have been admitted to treatment in the past (22.3%) than in those who are admitted to treatment for the first time (14.7%).

6.1.4 Sharing injecting and non-injecting equipment

Paraphernalia sharing is a risk factor for HCV infection; this is why needle exchange and distribution programmes are part of the strategies of several European countries (EMCDDA 2007). According to GFP individual data for 2006, 69.3% of IDUs who report lifetime equipment sharing have been infected with HCV. On the other hand, HCV antibodies are detected in 46.7% of IDUs who report never having shared equipment.

Three in four IDUs (76.2%) report having shared injecting or non-injecting equipment (syringe, swab, spoon, water, straw, etc.) at least once in their lifetimes. The sharing rates for each piece of equipment separately among sharers are presented in Figure 29.

The most popular shared piece of equipment in IDUs is the syringe (80.3%), followed by the straw (61.4%), the spoon (60.9%), the swab (56.4%) and the water (55.4%) (Figure 28). “Other” mostly refers to the sharing of aluminium foil, cigarettes and rolled bank notes (an alternative to straw for sniffing cocaine).

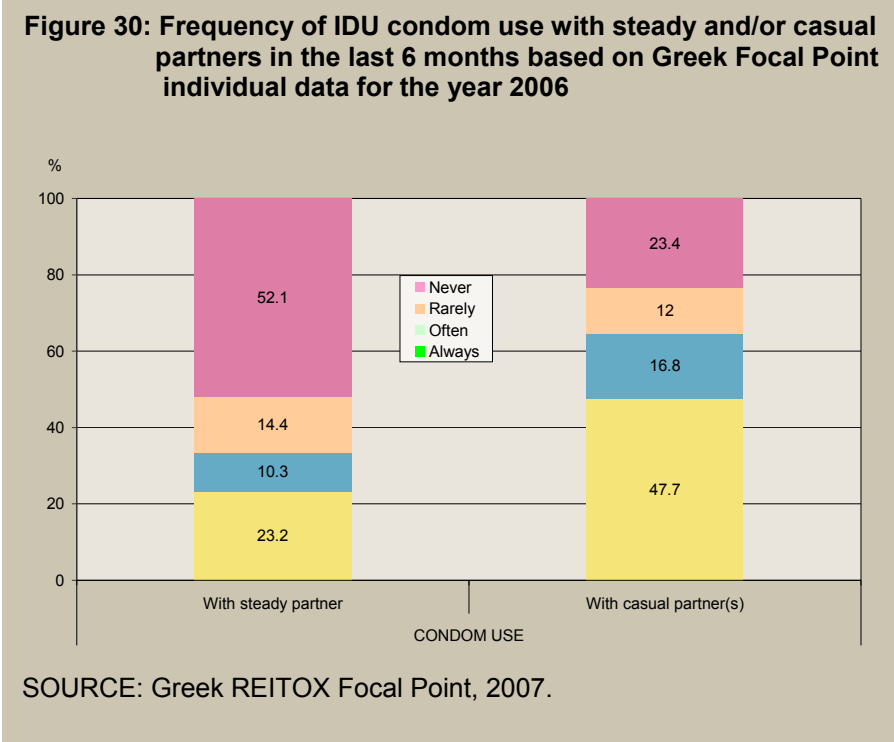


Moreover, the vast majority of sharers (68.6%) share more than one piece of equipment, since 53.4% report having shared more than four pieces of equipment, 6.3% three pieces of equipment, and 8.9% two pieces of equipment. One in three (31.4%) reports having shared just one piece of equipment.

6.1.5 Condom use

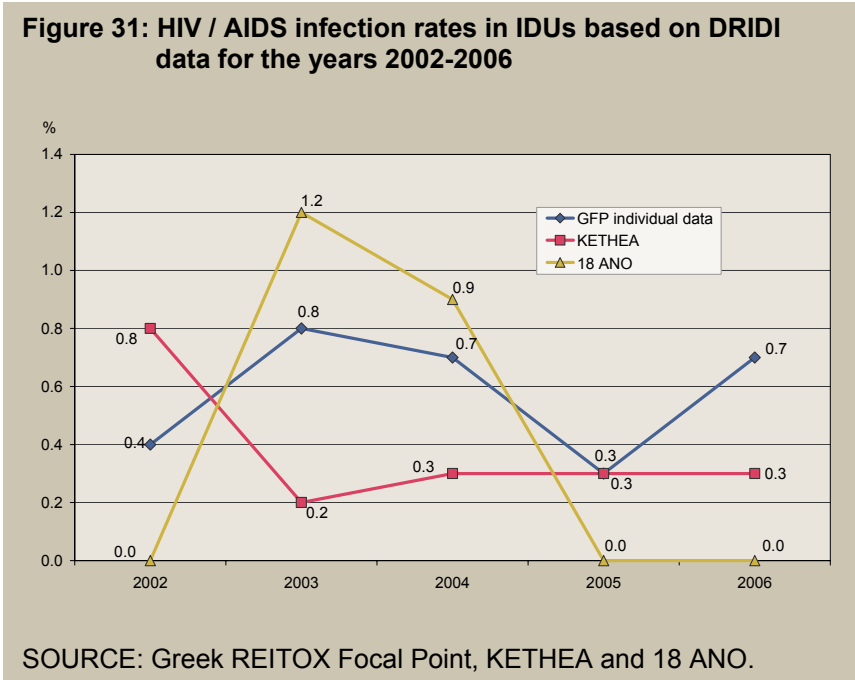
Based on GFP individual data, 47% of the IDUs report not having a steady partner or not having had sex with him/her in the last 6 months. On the other hand, a higher share of IDUs (54.5%) report not having casual partners or not having had sex with them in the last 6 months.

IDUs who did have sex in the last 6 months appear to adopt different behaviours towards steady and casual partners when it comes to condom use. While with steady partners one in four IDUs (23.2%) reports always using condoms, with casual partners this figure becomes nearly one in two (47.7%). Nonetheless, a large share of IDUs never uses condoms either with steady (52.1%) or with casual partners (23.4%) (Figure 30).



6.1.6 HIV / AIDS prevalence and trends based on data from the DRIDI National Network

The HIV prevalence rate in IDUs recorded by the DRIDI remains very low in the year 2006, as well. Based on the individual and aggregated data submitted to the Greek REITOX Focal Point, it ranges between 0% and 0.7% (Figure 31).



6.1.7 HIV / AIDS prevalence and trends based on HCDCP data

The Hellenic Centre for Disease Control and Prevention (HCDCP) of the Ministry for Health and Social Solidarity is responsible for the epidemiological surveillance of the prevalence and incidence of HIV / AIDS in Greece. Data coverage is high in Greece (estimated at 80%-90%), because antiretroviral therapy is prescribed free of charge. Pursuant to a ministerial decision, case reporting is mandatory, anonymous and confidential.

According to HCDCP data, from the beginning of 2006 until 31.10.2006, 485 new HIV-positive cases were reported in Greece, including AIDS cases at first report. 15 of those (3.1%) are IDUs, mostly male (HCDCP 2006).

Of the total number of HIV-positive cases reported in Greece (8,080) from 1984 until 31.10.2006, 298 (3.7%) are IDUs. Of those, 234 (78.5%) are men and 63 (21.1%) are women (HCDCP 2006) (Table 10).

Table 10: Total HIV-positive cases reported in Greece by transmission group and gender until 31.10.2006

Transmission group	Men		Women		Total*	
	N	%	N	%	N	%
Homosexuals and bisexuals	3738	57.9	–	–	3738	46.3
Intravenous drug users	234	3.6	63	4.0	298	3.7
Haemophiliacs / Coagulation disorder	219	3.4	15	1.0	234	2.9
Transfusion recipients	56	0.9	39	2.5	95	1.2
Heterosexuals	784	12.1	1067	67.8	1857	23.0
Mother to child	28	0.4	24	1.5	53	0.7
Undetermined	1397	21.6	366	23.3	1805	22.3
Total	6456	100.0	1574	100.0	8080	100.0

* Including cases of unknown gender.

SOURCE: HCDCP, 2006.

As far as new infections in 2006 are concerned, data collection had not been completed when HCDCP published its data. However, according to HCDCP (HCDCP 2006), in 2006 the rate is expected to be the same or perhaps higher than in 2005 (50.7 cases per million population in 2005).

6.1.8 TB prevalence

As for TB infection, 45% of the 242 IDUs screened in the GFP individual data sample and 14.1% of the 355 IDUs screened in the KETHEA sample tested positive for the Mantoux test (no IDU was tested in the 18 ANO sample). 1.2% of the 605 IDUs screened in the GFP individual data sample had a positive chest X-ray, while there was no positive X-ray in the 639 and 148 cases in total screened at KETHEA and 18 ANO, respectively.

6.1.9 Summary

With regard to HBV:

- HBV prevalence (based on the HBsAg marker) in IDUs remains low in 2006.
- HBV infection history rates in the IDUs screened (based on the Anti-HBc marker), in 2006, ranged between 9.1% and 29.1%. Of the IDUs screened in the GFP individual data sample, the majority (58.5%) has been immunised against the virus.
- According to GFP individual data 19.7% of the IDUs screened were vaccinated against HBV at the time of testing.
- Either through infection or through vaccination, half of the IDUs screened (50.8%) seem to have never come in contact with the virus at the time of reporting.

With regard to HCV:

- Infection rates in IDUs remain consistently high.
- Three in four IDUs (76.2%) report lifetime equipment sharing (syringe, swab, spoon, water, straw, etc.) and the vast majority of sharers (69.3%) has been infected with HCV.

With regard to HIV / AIDS:

- HIV prevalence rate in IDUs remains low in 2006, as well.
- However, a large proportion of IDUs report never using condoms with either their steady (52.1%) or their casual partners (23.4%) in the last 6 months.

6.2 Drug-related deaths

6.2.1 General

The Narcotics Department of the Public Security Division of the Hellenic Police is responsible for collecting data about drug-related deaths. The data are based on the results of forensic autopsies and toxicological analyses carried out by the competent bodies (University Forensic Medicine and Toxicology Laboratories and Forensic Services of the Ministry of Justice) in death cases.

Only acute intoxications are recorded under drug-related deaths, i.e. deaths indirectly related to drugs are not recorded. Despite the methodological limitations, drug-related deaths are a useful tool that helps us monitor changes in drug use prevalence rates in a specific territory and assess the risk involved in drug use.

6.2.2 Number and socio-demographic characteristics of dead users

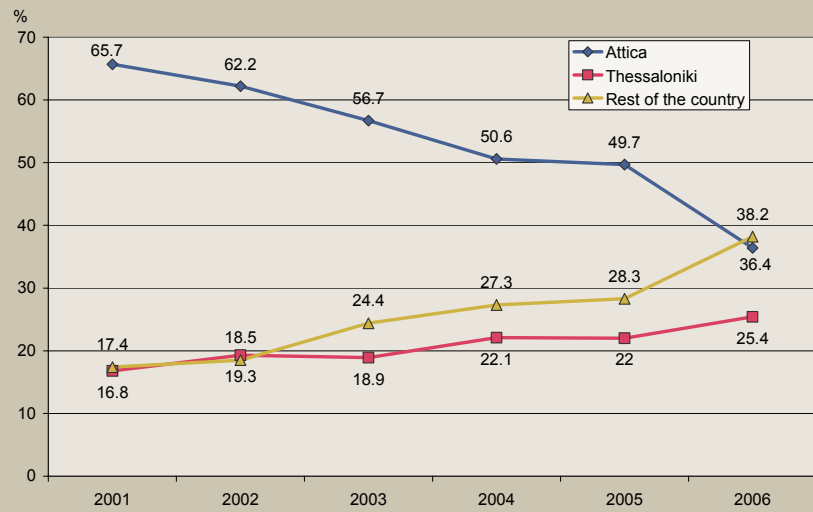
According to the above data (until 12.9.2007), in the year 2006, 273 drug-related deaths were reported, of which 173 (63.4%) were confirmed with the appropriate toxicological analyses. In 97.7% of the confirmed drug-related deaths, the cause of death was heroin use, in 0.6% cocaine use and in 1.7% use of psychotropic substances other than cocaine, morphine and the cannabis-alcohol combination (Table 11). In more detail:

- Most of the victims were men (89.6%), Greek nationals (96.%), single (90.8%) and unemployed (83.2%) (Table 11).
- 50.9% of the dead users were between 21 and 30 years old, 46.8% were over 30 and 2.3% were under 21. Since 1998, most of the dead users have belonged to the 21-30 age

group, and since 2000 there has been a drop in the number of dead users under 21 (Table 11).

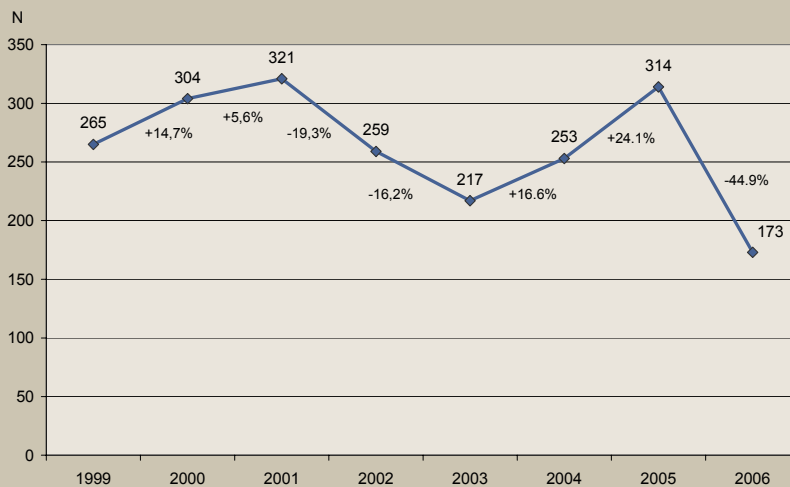
- In Attica, the death rate was 36.4% and in the region of Thessaloniki 25.4% and in the rest of the country 38.2% (Table 11). Since 2002, death rates in Attica have dropped, while they were on the rise in the rest of the country (Figure 32).

Figure 32: Percentage of confirmed deaths (until 12.9.2007) by year and by region in the period 2001-2006



SOURCE: Hellenic Police.

Figure 33: Number of confirmed deaths (until 12.9.2007) and percentage change by year in the period 1999-2006



SOURCE: Hellenic Police.

Comparatively speaking, in 2006 there was a 44.9% decrease in the confirmed drug-related deaths (up to 12.9.2007) compared to 2005 (Figure 33), but this decrease is expected to be much lower (around 20%) after the procedure of investigation has been completed by the relevant authorities.

Table 11: Drug-related deaths in Greece in the period 1997-2006

	1997		1998		1999		2000		2001		2002		2003		2004		2005		2006	
	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N
Reported deaths		241		255		277		312		334		269		229		261		341		283
Confirmed deaths	96.3	232	96.1	245	95.7	265	97.4	304	96.1	321	96.3	259	94.8	217	96.9	253	92.1	314	63.4	173
1. Age																				
≤ 20	10.3	24	13.5	33	17.7	47	16.8	51	14.3	46	10.8	28	6.0	13	5.9	15	4.5	14	2.3	4
21-30	44.0	102	45.7	112	46.0	122	42.8	130	49.2	158	54.1	140	54.4	118	52.6	133	55.4	174	50.9	88
≥ 31	45.7	106	40.8	100	36.2	96	40.5	123	36.4	117	35.1	91	39.6	86	41.5	105	40.1	126	46.8	81
2. Gender																				
Men	90.1	209	88.2	216	92.5	245	93.8	285	93.5	300	93.4	242	91.7	199	91.7	232	92.0	289	89.6	155
Women	9.9	23	11.8	29	7.5	20	6.3	19	6.5	21	6.6	17	8.3	18	8.3	21	8.0	25	10.4	18
3. Nationality																				
Greek	97.8	227	98.0	240	94.7	251	96.1	292	95.6	307	95.4	247	92.2	200	92.9	235	91.1	286	96.0	166
Non-Greek	2.2	5	2.0	5	5.3	14	3.9	12	4.4	14	4.6	12	7.8	17	7.1	18	8.9	28	4.0	7
4. Region																				
Attica	71.6	166	69.4	170	70.2	186	65.8	200	65.7	211	62.2	161	56.7	123	50.6	128	49.7	156	36.4	63
Thessaloniki	16.4	38	15.9	39	11.3	30	16.1	49	16.8	54	19.3	50	18.9	41	22.1	56	22.0	69	25.4	44
Rest of country	12.1	28	14.7	36	18.5	49	18.1	55	17.4	56	18.5	48	24.4	53	27.3	69	28.3	89	38.2	66
5. Family status																				
Single	84.1	195	92.7	227	92.5	245	95.1	289	92.8	298	93.8	243	94.9	206	96.4	244	95.9	301	90.8	157
Married	12.1	28	6.5	16	6.0	16	3.9	12	4.7	15	4.6	12	4.6	10	3.2	8	3.5	11	6.9	12
Divorced	3.9	9	0.8	2	1.5	4	1.0	3	2.5	8	1.5	4	0.5	1	0.4	1	0.6	2	2.3	4
6. Educational level																				
Elementary education	36.6	85	35.5	87	24.5	65	36.5	111	33.6	108	42.1	109	12.0	26	57.3	145	59.6	187	62.4	108
Secondary education	58.2	135	58.4	143	63.8	169	58.6	178	60.4	194	51.4	133	12.9	28	39.5	100	36.9	116	37.0	64
Higher education	1.7	4	1.2	3	1.1	3	1.3	4	0.6	2	1.2	3	1.4	3	1.6	4	1.3	4	0.0	–
Unknown	3.4	8	4.9	12	10.6	28	3.6	11	5.3	17	5.4	14	73.7	160	1.6	4	2.2	7	0.6	1
Illiterate	0.0	–	0.0	–	0.0	–	0.0	–	0.0	–	0.0	–	0.0	–	0.0	–	0.0	–	0.0	–

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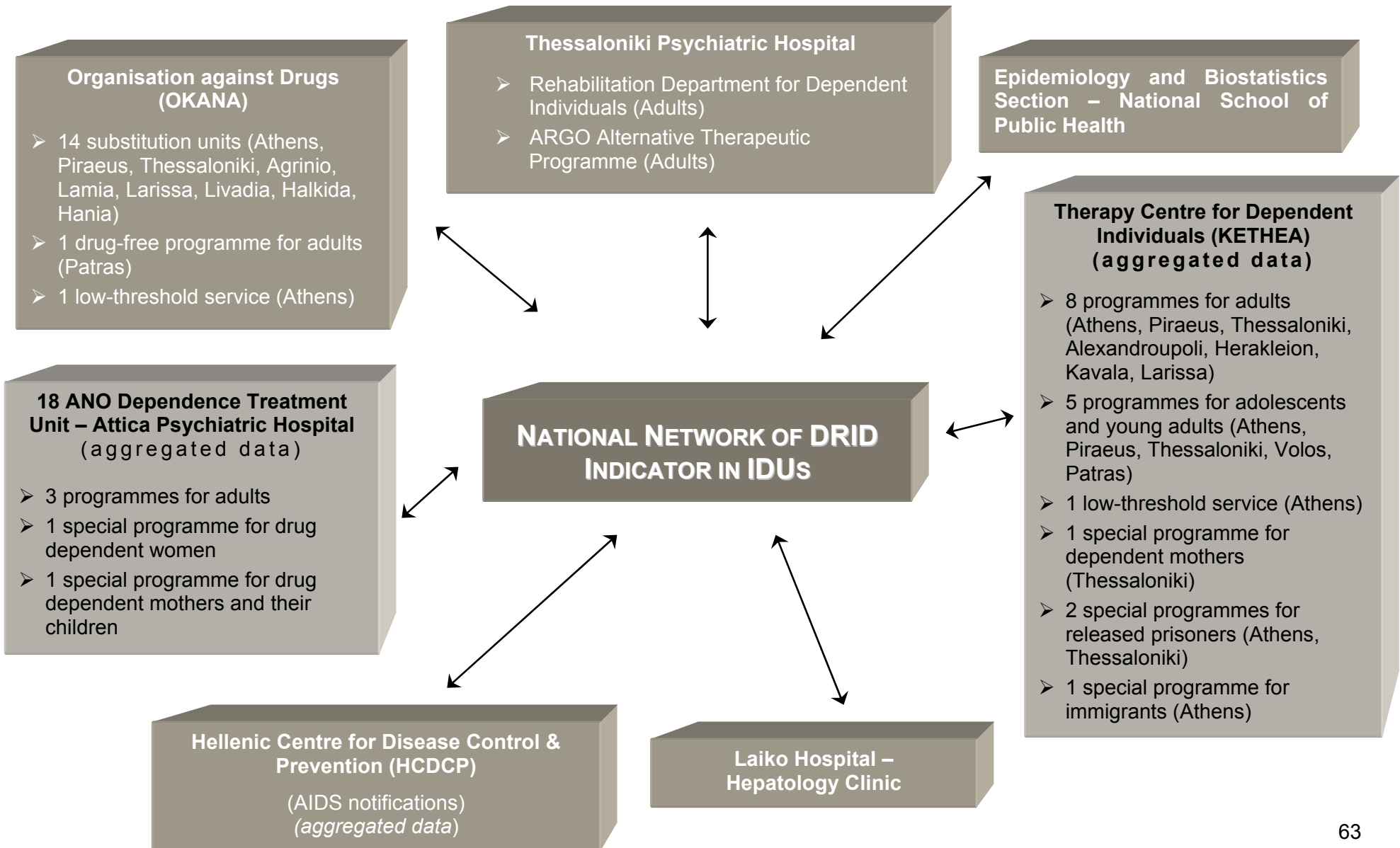
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	1997		1998		1999		2000		2001		2002		2003		2004		2005		2006	
	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N
7. Profession																				
Unemployed	62.1	144	71.4	175	74.3	197	76.3	232	80.4	258	86.5	224	84.3	183	79.4	201	82.5	259	83.2	144
Blue-collar workers	10.8	25	12.7	31	6.8	18	9.2	28	3.4	11	4.2	11	4.1	9	5.5	14	8.7	25	5.8	10
Private employees	9.1	21	5.7	14	4.2	11	4.9	15	5.3	17	3.1	8	9.7	21	5.1	13	4.1	13	4.0	7
Musicians	0.0	–	0.0	–	0.0	–	0.0	–	0.0	–	0.4	1	0.0	–	0.4	1	0.0	–	0.0	–
Seafarers	0.4	1	0.0	–	0.4	1	0.7	2	0.0	–	0.0	–	0.5	1	0.0	–	0.3	1	0.0	–
Sex workers	1.3	3	0.0	–	0.4	1	0.3	1	0.3	1	0.0	–	0.9	2	0.0	–	0.0	–	0.0	–
Civil servants	0.0	–	0.0	–	0.0	–	0.0	–	0.0	–	0.0	–	0.0	–	0.4	1	0.3	1	0.0	–
Journalists	0.0	–	0.0	–	0.0	–	0.0	–	0.0	–	0.0	–	0.0	–	0.0	–	0.0	–	0.0	–
Students	3.0	7	1.6	4	2.3	6	2.0	6	0.3	1	2.3	6	0.5	1	2.0	5	0.6	2	0.0	–
Other	13.4	31	8.6	21	11.7	31	6.6	20	10.3	33	3.5	9	0.0	–	7.1	18	4.1	13	6.9	12
8. Drugs																				
Heroin	95.7	222	99.2	243	99.2	263	98.7	300	99.1	318	98.8	256	88.5	192	98.8	250	98.4	309	97.7	169
Morphine	0.0	–	0.0	–	0.0	–	0.0	–	0.0	–	0.0	–	6.5	14	0.0	–	0.0	–	0.0	–
Cocaine	1.3	3	0.4	1	0.4	1	0.3	1	0.6	2	0.8	2	0.9	2	0.0	–	1.0	3	0.6	1
Cannabis / alcohol	0.4	1	0.0	–	0.0	–	0.0	–	0.0	–	0.0	–	0.0	–	0.0	–	0.0	–	0.0	–
Other psychotropic drugs	2.6	6	0.4	1	0.4	1	1.0	3	0.3	1	0.4	1	4.1	9	1.2	3	0.6	2	1.7	3

* Data by 12.09.2007. Under investigation 16 death cases in 2005 and 100 cases in 2006.

SOURCE: Hellenic Police. 1997-2006.

Chart 2: NATIONAL NETWORK OF DRUG-RELATED INFECTIOUS DISEASES INDICATOR (DRIDI) IN INTRAVENOUS DRUG USERS (IDUs)



7. RESPONSES TO HEALTH CORRELATES AND CONSEQUENCES

7.1 Overview

Addressing the health problems of dependent drug users has always been a concern for dependence treatment programmes in the country.

In this area, the contribution of low-threshold services is just as important, since they provide assistance to active users so as to reduce harm from drug use. Low-threshold services are the most appropriate setting for the establishment of a first contact between drug users and the existing health services network, in order to provide psychosocial care and further motivate users for treatment.

Low-threshold services implement a very broad range of interventions in the area of harm reduction and prevention and care for infectious diseases. Their number, however, continues to be limited; such services operate only in Attica and Thessaloniki, whereas there is no coverage for the rest of Greece.

7.2 Prevention of overdose cases

Prevention of overdose cases, in the broad sense, is an integral part of every practice designed to address drug dependence, reduce drug use, provide training in safer drug use practices, inform about first aid and deliver relapse prevention.

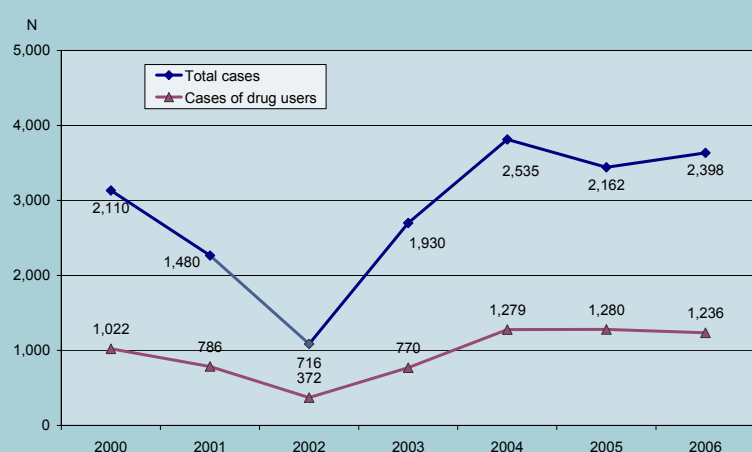
The practices listed below are inextricably linked to the day-to-day work of dependence treatment programmes or drug-specialised harm reduction services:

Mobile Unit of Pre-Hospital Medicine

The only service that deals specifically with overdose cases is the OKANA Mobile Unit of Pre-Hospital Medicine (KIM). In 2006, KIM responded to 2,398 calls for intervention from the National Centre of Instant Medical Aid (EKAV), in the region of Athens, about half of which (1,236, i.e. 51.54%) concerned dependent drug users. Data for the period 2000-2006 are presented in Figure 34.

Moreover, the staff of EXELIXIS Multiple Intervention Centre streetwork programme (KETHEA) call EKAV in emergency cases and accompany users to the hospital.

Figure 34: Cases served by the Mobile Unit of Pre-hospital Medicine in the years 2000-2006



SOURCE: Greek REITOX Focal Point, 2007.

Drug user information and training

Printed information material (leaflets) on safe use and first aid in overdose cases for dependent drug users has been developed by the following low-threshold services: a) the programmes of the OKANA Direct Aid and Support Unit (MABY): Streetwork service and Drug Addicts Care Facility, b) the programmes of EXELIXIS Multiple Intervention Centre of KETHEA: Streetwork programme and OFF CLUB User Support Centre, c) the «Streets of Athens» streetwork programme of the NGO Medecins du Monde, and d) the Development, Social Support and Medical Cooperation Projects run by PRAKSIS NGO.

As far as drug user training is concerned, the MABY Drug Addicts Care Facility (OKANA) systematically trains street users in safe use and first aid. Training is delivered by doctors, a dentist, a psychologist, nurses and social therapists employed by MABY. Moreover, PRAKSIS NGO, in the context of its Health Education seminars, provides training in safe use and first aid at the Counselling Centre of DIAVASI Open Programme (KETHEA).

The relevant figures for the year 2006 are presented below:

- *Printed material*: the OFF CLUB User Support Centre of EXELIXIS Multiple Intervention Centre (KETHEA) distributed 300 leaflets to active users who contacted its services and during targeted outreach campaigns. Moreover, the «Streets of Athens» streetwork programme (Medecins du Monde) and the streetwork programme of ATHENA-HYGEIA Prevention Centres distributed 2,000 and 418 leaflets, respectively.
- *Training*: at MABY Drug Addicts Care Facility (OKANA), some 35 training seminars were held for 347 «street users». Moreover, PRAKSIS NGO provided training to 46 dependent users at the Counselling Centre of DIAVASI Open Programme (KETHEA).

7.3 Prevention and treatment of drug-related infectious diseases

Infectious diseases in Greece are addressed by the existing low threshold services, most notably by streetwork programmes. The actions implemented are either direct (e.g. laboratory screening for HAV, HBV, HCV, HIV/AIDS and TB) or indirect ones (e.g. user information and training in the prevention of infectious diseases, needle exchange programmes, etc.).

All the above are implemented by means of a network consisting of drug-specialised programmes, reporting centres and general hospitals, where drug users receive medical care.

User information and training

In the framework of programmes run by the low-threshold services of OKANA and KETHEA, and of the NGOs Medecins du Monde and PRAKSIS⁷, printed information material is distributed and systematic training is provided by doctors, nurses and psychologists to dependent users on the prevention of HBV and HCV, HIV / AIDS, tuberculosis, sexually transmitted diseases and other infectious diseases.

⁷ 1) MABY (OKANA): Streetwork service, Drug Addicts Care Facility, 2) EXELIXIS Multiple Intervention Centre (KETHEA): Streetwork Mobile Unit, 3) NOSTOS Immediate Intervention Counselling Centre in Piraeus (KETHEA), 4) «Streets of Athens» streetwork programme (Medecins du Monde), 5) PRAKSIS NGO (Development, Social Support and Medical Cooperation projects).

The relevant figures for the year 2006 are presented below:

- *Printed material.* The streetwork programmes of: a) NOSTOS Immediate Intervention Counselling Centre in Piraeus (KETHEA) and b) Medecins du Monde NGO distributed 1,500 and 1,000 leaflets, respectively, on the prevention of HBV, HCV and AIDS from the Hellenic Centre for Disease Control and Prevention (HCDCP).
- *Training.* MABY Drug Addicts Care Facility (OKANA) held about 35 seminars attended by 264 street users, and EXELIXIS Multiple Intervention Centre (KETHEA) delivered 15 seminars to 159 street users. Moreover, PRAKSIS NGO delivered 7 training seminars to 97 individuals at the Counselling Centres of DIAVASI and ITHAKI programmes (KETHEA).

Needle exchange / distribution and/or condom distribution programmes

Such programmes also make a remarkable contribution to drug-related harm reduction in general and prevention of infectious diseases in particular.

In Greece, as already mentioned, there are two needle exchange programmes and one needle distribution programme (condom distribution included in both). Additionally, there are three independent condom distribution programmes. All the above run in the wider region of Attica and Piraeus.

Table 12 shows the streetwork services that run needle exchange or distribution programmes and the relevant figures for the year 2006.

Table 12: Data about the needle exchange / distribution programmes for the year 2006

Programme name	Number of users/contacts		Number of needles	
MABY (OKANA)				
Needle exchange programme	Users	497	Exchanged	23,507
Streetwork service	Contacts	1,564	Distributed	3,066
Drug Addicts Care Facility	Contacts	1,942	Distributed	3,736
«Streets of Athens» streetwork programme (Medecins du Monde)	Users	2,500	Exchanged	4,500

SOURCE: Greek REITOX Focal Point, 2007.

Moreover, data for the period 1998-2006 concerning the number of needles exchanged by the relevant MABY service (OKANA) are presented in Figure 35.

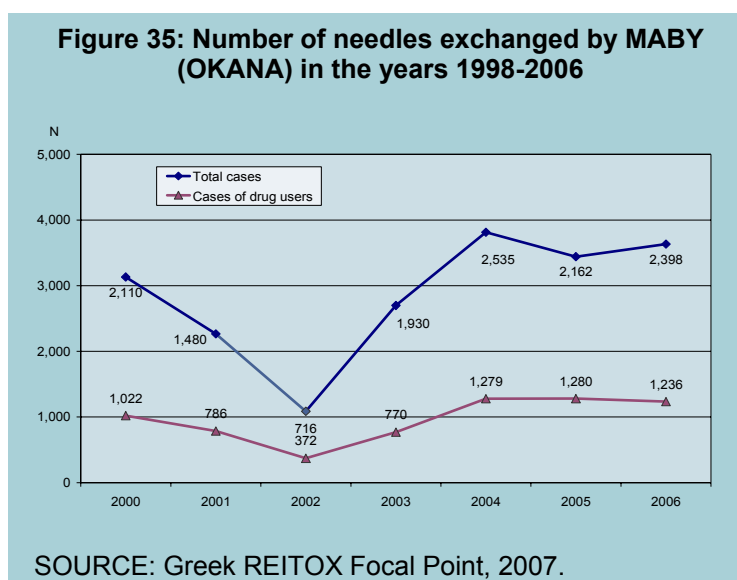


Table 13 shows streetwork or other low-threshold services that run condom distribution programmes and the relevant figures for the year 2006.

Table 13: Data about the condom distribution programmes / services for the year 2006

Programme name	Number of condoms
<i>MABY (OKANA)</i>	
Needle exchange service	1,313
Streetwork service	1,615
Drug Addicts Care Facility	2,141
<i>«Streets of Athens» streetwork programme (Medecins du Monde)</i>	3,000
<i>NOSTOS Immediate Intervention Counselling Centre streetwork programme (KETHEA)</i>	3,000
<i>Intervention in drug scenes (ATHENA-HYGEIA Prevention Centres – City of Athens)</i>	209

SOURCE: Greek REITOX Focal Point, 2007.

The OFF CLUB User Support Centre (KETHEA) is also involved in condom distribution.

Streetwork programmes

Streetwork programmes (Table 14), as mentioned above, make a multifaceted contribution to drug-related harm reduction, to the prevention of infectious diseases and to motivating users in matters of health care and dependence treatment. Their number, however, remains limited and there is an urgent need for expansion.

Taking this need into consideration, in 2006 a partnership was forged between OKANA streetwork service and the ATHENA – HYGEIA Prevention Centres streetwork programme of the City of Athens.

The key objective of this partnership (oral communication with the responsible for OKANA Drug Addicts Care Facility) is for such interventions to be extended in order to reach new groups of users, e.g. young cannabis users, and identify new drug scenes. The partnership also aims at forging steady links with those populations and at facilitating the exchange of know-how and experience between the staff of the two streetwork programmes.

The joint actions, implemented regularly on a weekly basis, include: a) distribution of printed information material produced by OKANA and the ATHENA – HYGEIA Prevention Centres about the services available to drug users, prevention of the spread of infectious diseases and safer use practices, b) on-the-spot counselling and referral to low-threshold or other health care services urgently needed by users, and c) needle and condom distribution.

Table 14: Data about streetwork programmes (2006)

Programme name	Scope
MABY streetwork service (OKANA) (www.okana.gr)	<ul style="list-style-type: none"> • 742 new users reached. • A total of 3,841 contacts. • 195 campaigns. • 3,066 syringes (and other sterilised equipment) distributed.
EXELIXIS streetwork programme (KETHEA) (www.kpp.gr)	<ul style="list-style-type: none"> • 686 users reached in total. • A total of 2,377 contacts.
«Streets of Athens» (Medecins du Monde) (www.mdmgreece.gr)	<ul style="list-style-type: none"> • A total of 2,500 contacts. • 4,500 syringes exchanged.
Intervention in drug scenes (ATHENA-HYGEIA Prevention Centres of the City of Athens) (www.kentro-prolipsis.gr)	<ul style="list-style-type: none"> • 209 users reached in total. • 418 information leaflets and 209 condoms distributed.
NOSTOS Low-threshold Counselling Unit of Piraeus streetwork programme (KETHEA) (www.nostos-kethea.gr)	<ul style="list-style-type: none"> • 25 outreach campaigns for users and 7 outreach campaigns for the local community. • 3,000 condoms distributed.
Streetwork programme of the Self-Help Promotion Programme (OKANA and Aristotle University of Thessaloniki) (www.selfhelp.gr)	<ul style="list-style-type: none"> • 138 users reached in total. • 5 campaigns weekly.

SOURCE: Greek REITOX Focal Point, 2007.

The Drug Addicts Care Facility (OKANA) has also launched a peer training programme for outreach work (oral communication with the responsible for OKANA Drug Addicts Care Facility). This action is based on the belief that peers help reach new users and communicate with users who contact the programme. The peer group members have long frequented the Drug Addicts Care Facility, regularly attended the seminars on safer drug use and prevention of infectious diseases and responded to the request for participation.

USER PROFILE OF THE DRUG ADDICTS CARE FACILITY

The Drug Addicts Care Facility (OKANA) targets active users in view of meeting their health and hygiene needs. The main characteristics of users who visited the Drug Addicts Care Facility in the period March 2003-December 2004 were the following (A. Panopoulos 2007):

Socio-demographic characteristics

- 82.4% were men.
- Most of them belonged to the 21-30 and 31-40 age groups (52.5% and 29.3%, respectively).
- 57.2% had permanent accommodation, 29.9% had temporary accommodation and 21.6% were homeless.

Use patterns

- 69.6% used heroin daily.
- 60.6% were engaged in injecting use of the drug.
- 20.5% shared needles.

Health problems

- 34.8% tested positive for some hepatitis virus.

Treatment approach

- 44.7% had attended a drug-free treatment programme.
- 42.3% had never before contacted any treatment programme.

Drug Addicts Care Facility

- Most of them contacted the Drug Addicts Care Facility upon encouragement from friends (57.2%) or the streetwork service staff (29.9%).
- Their main requests: a) psychological support and counselling (53.8%), b) social welfare and legal support (20.5%), c) information on treatment programmes (19.5%).

Tests for infectious diseases, vaccination and treatment

Tests

OKANA Direct Aid and Support Unit (MABY) is the only service running a microbiological laboratory that offers specifically to dependent drug users the opportunity of having screening tests performed for HBV, HCV and HIV/AIDS. The number of active users screened for HAV, HBV, HCV and AIDS in 2006 is shown in Table 15.

Table 15: Data about HBV, HCV and AIDS tests performed at the MABY microbiological laboratory in 2006

	HAV	HBV	HCV	HIV/AIDS
Contacts	402	403	399	402
Individuals	397	398	394	397

SOURCE: Greek REITOX Focal Point, 2007.

The «Streets of Athens» streetwork programme (Medecins du Monde) also took specimens of blood from 40 users to have it tested for HBV, HCV and HIV / AIDS in the last quarter of 2006 (27.9.2006 to 30.12.2006). The blood was analysed at «Henry Dunant» Private Hospital.

The OFF CLUB User Support Centre of EXELIXIS Multiple Intervention Centre (KETHEA) made 41 referrals for hepatitis tests, HIV / AIDS tests and Mantoux tests to general hospitals, urban health centres, the National School for Public Health and to OKANA MABY in the reporting year. Moreover, the Open Psychosocial Support Programme for Drug Users and their Families of the Self-help Promotion Programme in Thessaloniki also refers for laboratory screening and accompanies users to the General State Hospital for Infectious Diseases, with which it has a working relation.

Vaccination

MABY (OKANA) is the only low-threshold service to offer dependent drug users this specialised service. In the year 2006, 60 individuals were vaccinated against HBV and 48 against HAV.

Treatment

It is common practice for low-threshold services to refer users who suffer from some infectious disease to general hospitals or inform them about the hospitals on duty they can contact for care. In the reporting year, MABY (OKANA) cooperated with the Hepatology Clinic of the regional Cancer and Oncology State Hospital «Aghios Savvas» for the treatment of 30 patients and referred another 20 patients to hospitals on duty. Moreover, the «Streets of Athens» streetwork programme referred 150 drug users suffering from hepatitis B and hepatitis C to the Special Infections Unit of «Syngros» State Hospital.

7.4 Interventions related to psychiatric comorbidity

According to literature, the coexistence of mental disorders with psychoactive drug use is a phenomenon which has been observed for a number of years.

The hermeneutical models put forward in order to explain the relation between psychopathology and drug use could be classified in the following categories: a) some believe that psychopathology precedes drug use, since it functions as a risk factor, b) others believe that drug dependence precedes the manifestation of mental disorders and causes it, and c) others believe that there is no causal relation between psychiatric disorders and drug dependence, they just coexist and mutually affect the clinical picture (Matsa 2005). Nonetheless, according to research data, none of the above hermeneutical models has been fully confirmed, possibly because the etiopathogeny of psychiatric comorbidity is much more complex than the models that attempt to explain it (Nicolaou 2003).

Considering that drug dependent individuals usually manifest personality disorder symptoms, mild depression or anxiety disorders either during drug use or during withdrawal, the term "dual diagnosis" is used when drug abuse coexists with a severe mental disorder, like psychosis, bipolar disorder or severe personality disorders (Nicolaou and Matsa 2004).

Based on the relevant data for 2006, users with psychiatric comorbidity are admitted to 25 (51.02%) of the 49 structures offering main dependence treatment services in Greece (19 drug-free programmes and 6 substitution programmes). It should be pointed out that an additional 9 substitution programmes that report not admitting clients with serious psychopathology do admit users with less severe psychiatric disorders.

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

In 2006, tailored services to meet the special needs of dually diagnosed users were provided by 15 programmes (30.6%), 8 drug-free and 7 substitution ones. The number of such programmes dropped compared to 2005, when dependence treatment services tailored to psychiatric comorbidity were provided in 18 of the 50 programmes in total in the country (36%), 7 drug-free and 11 substitution ones.

32% of all programmes (those providing tailored services and the rest) assess the mental status of most clients with psychiatric assessment tools.

In 2006, of the total clients in main treatment, 23.18% represented individuals with a diagnosed psychiatric problem. The respective figure in treatment units that admit users with comorbidity or offer tailored services was 27.65%.

In Greece there are only two dependence treatment programmes specialised in psychiatric comorbidity, the Dual Diagnosis Programme of 18 ANO Dependence Treatment Unit (Attica Psychiatric Hospital) and the Dual Diagnosis Unit of the Rehabilitation Department for Dependent Individuals (Thessaloniki Psychiatric Hospital) (for a description of the programmes, see Greek REITOX Focal Point 2006).

In 2006, the Dual Diagnosis Unit of the Rehabilitation Department for Dependent Individuals (Thessaloniki Psychiatric Hospital) admitted 30 individuals (male and female). All of them engaged in polydrug use, their primary drug being heroin and secondary drugs benzodiazepines, cannabis, alcohol, hallucinogens, Parkinson's drugs, methadone and cocaine. Ten of them attend the programme regularly, while the rest only attend occasionally or dropped out.

As for users who have not joined treatment programmes, the Diagnosis Centre of the Multiple Intervention Centre (KETHEA) offers them the opportunity to have their mental status assessed. In 2006, 120 psychiatric assessment meetings were held. This figure is lower than in 2005 (193 meetings) because of lack of specialised staff since July 2006.

7.5 Other health correlates and consequences

Harm reduction programmes place special emphasis on mobilising users to take care of their general physical health. The network of general hospitals and specialised centres delivers primary health care services and performs medical interventions to drug users.

Mobilisation of users who have not joined treatment programmes so as for them to take care of their physical health is the main goal of the interventions implemented by the specialised medical services of the two low-threshold centres operating in Athens, i.e. MABY (OKANA) and EXELIXIS Multiple Intervention Centre (KETHEA). MABY addresses pathological and dental problems, while the Multiple Intervention Centre assesses the physical health of users, makes referrals for further diagnosis and treatment and also provides dental care. The users' physical health is also assessed for pathological and dermatological problems by the mobile unit of the «Streets of Athens» streetwork programme (Medecins du Monde). Quantitative data about the three programmes are presented in Table 16.

Longitudinal data about the clients served at MABY Microbiological Laboratory, General Health Clinic and Dental Clinic are not presented this year, because of methodological problems the competent OKANA services identified in the relevant data sets.

Table 16: Data about pathological and dental cases from low-threshold services in 2006

Programme name	Pathological cases		Dental cases	
	<i>Visits</i>	<i>Individuals</i>	<i>Visits</i>	<i>Individuals</i>
MABY (OKANA)	1,766	440-1,417*	119	44-107*
EXELIXIS (KETHEA)	49	46	108	12
«Streets of Athens» (Medecins du Monde)	350	300	– **	– **

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

** No such service available.

SOURCE: Greek REITOX Focal Point, 2007.

Furthermore, the Open Psychosocial Support Programme for Drug Users and their Families of the Self-help Promotion Programme in Thessaloniki refers users with dental problems to the Dental Clinic of the Prefectural General State Hospital «Aghios Demetrios», with which it has a working relation.

Information and training of health professionals

Some low-threshold services implement small-scale information and training activities for health professionals in view of raising their awareness of drug use.

Quantitative data for the year 2006 are presented below:

- *Information*: NOSTOS Immediate Intervention Counselling Centre (KETHEA) in Piraeus provided information to 70 professionals working for Health Centres, hospitals and various social services. It also visited 354 pharmacies in the wider region, in order to train staff in the appropriate treatment of dependent drug users.
- *Training*: MABY Drug Addicts Care Facility (OKANA) trained 48 prevention professionals in harm reduction matters, development of streetwork programmes and techniques to approach drug users. The training had an eight-day duration and was delivered by four trainers (two psychologists, one social worker, one social therapist).

7.6 Conclusions

The data suggest there is a need to develop more streetwork programmes in order to respond to the needs of active users. The partnership between the OKANA streetwork service and that of ATHENA-HYGEIA Prevention Centres of the City of Athens may help spark the expansion of such programmes to more areas of intervention.

Although the staff of low-threshold services receives systematic information and training in drug-related issues, interventions to raise the awareness of other health professionals who come in contact with drug users (e.g. nursing and medical staff of general hospitals and health centres, pharmacists, etc.) are thought to be insufficient, therefore additional interventions should be developed for such professionals.

As far as interventions for psychiatric comorbidity are concerned, it is important for the staff of dependence treatment programmes and low-threshold services to receive special training in treating such cases (Matsa 2005).

8. SOCIAL CORRELATES AND CONSEQUENCES

8.1 Social exclusion (among drug users and drug use among socially excluded groups)

In the framework of community initiative EQUAL/ENTAXI (see Chapter 2), a study was conducted entitled “diagnostic study on the needs of ex-users or users in the reintegration phase of treatment (target group) on the after-treatment support and relapse prevention”. The study aimed at identifying the existing needs and problems at the reintegration phase of treatment in its goal to fight social exclusion of ex-users (Siamou et al. 2007).

Quantitative and qualitative methodology was implemented. For the quantitative part structured interviews were conducted to a stratified⁸ random sample of 200 members of the target group. The questionnaire used in the interview was measuring the satisfaction with the services and facilities offered to them during the treatment and reintegration phase, limitations and problems encountered and their suggestions for improvement in particular targeting relapse prevention.

⁸ Strata= treatment agencies and cities.

The qualitative part consisted of 3 focus groups of 8 persons each (one with members of the target group, the second with family members of the target group and the third with staff members of the treatment agencies). The discussion focused on the problems, limitations and strengths of the reintegration services to facilitate entrance in the labour market and prevent relapse.

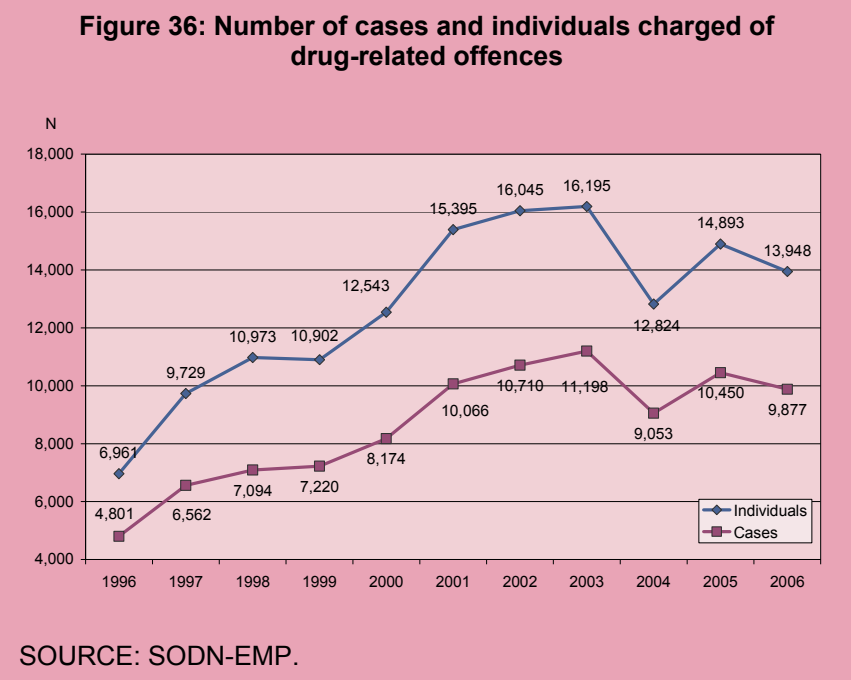
The main results of the study were:

- Around ¼ of the target group completed only compulsory education
- The majority (65%) had had no vocational training in the framework of the reintegration phase for various reasons
- The majority (61%) reported lack of information on the benefits and facilities they are entitled to
- The most important factors for relapse prevention reported, were counselling (91%), special relapse prevention seminars (41%), and vocational training (40%)
- All parties agreed that there is little connection between vocational training and labour market needs
- Finally for the elimination of social exclusion a triptych of interrelated factors emerged: treatment programme ↔ work ↔ family.

8.2 Drug related crime

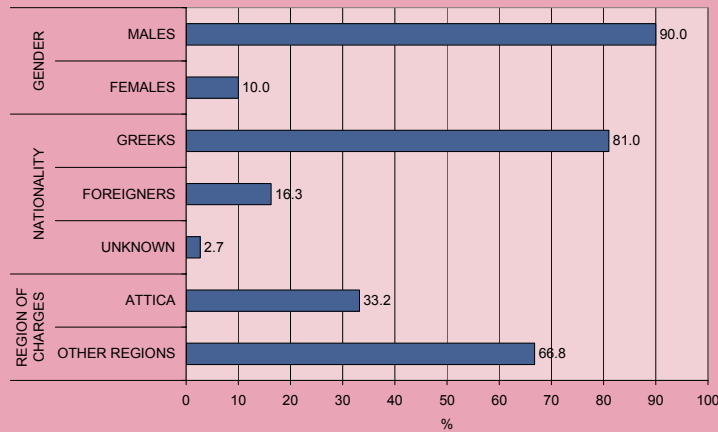
8.2.1 Drug-related charges

Every year the Greek REITOX Focal Point collects from SODN-EMP (Central Anti-drug Coordination Unit – National Intelligence Unit) data on charges brought for drug-related offences. In 2006, the country’s DPAs⁹ brought 15,779 charges against 13,948 individuals for drug use, production / cultivation and dealing/ trafficking. As shown in Figure 36, compared to 2005, there is a 6.34% decrease in the number of individuals charged and a 5.5% decrease in the number of cases. Figure 37 shows the distribution of charges by gender, nationality and geographical region.



⁹ Hellenic Police, Customs, Special Controls Service, Coast Guard.

Figure 37: Distribution of charges by gender, nationality and region

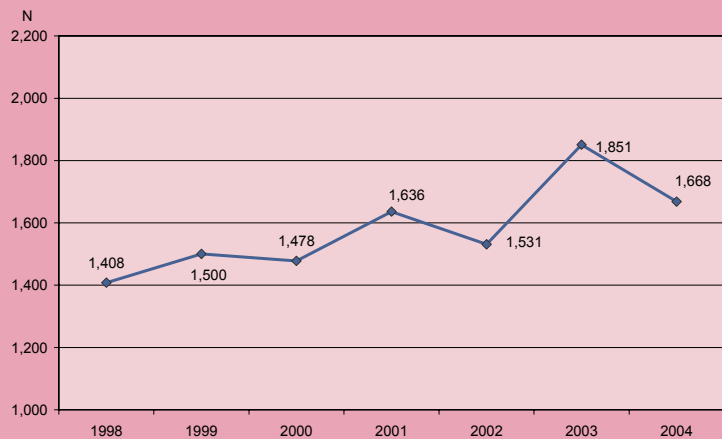


SOURCE: SODN-EMP.

8.2.2 Convictions for drug-related offences

The National Statistical Service of Greece (NSSG) collects data from the judicial services on a yearly basis and informs the Greek REITOX Focal Point about the number of individuals convicted for drug-related offences. The latest available data are for the year 2004. Of a total of 74,188 convictions, 2,548 or 3.4% were for drug-related crimes. As already pointed out in previous years, the overwhelming majority of the individuals convicted (95.5%) are men. 1,668 individuals (65.5%) were convicted for use, 503 (19.7%) for use and possession, 312 for trafficking and 65 for cultivation –this figure is more than three times higher than the respective one in 2003 (21 convictions for cultivation). Figures 38, 39 and 40 show the evolution of convictions for drug use, drug trafficking / dealing and cultivation over time.

Figure 38: Individuals convicted for drug use (1998-2004)



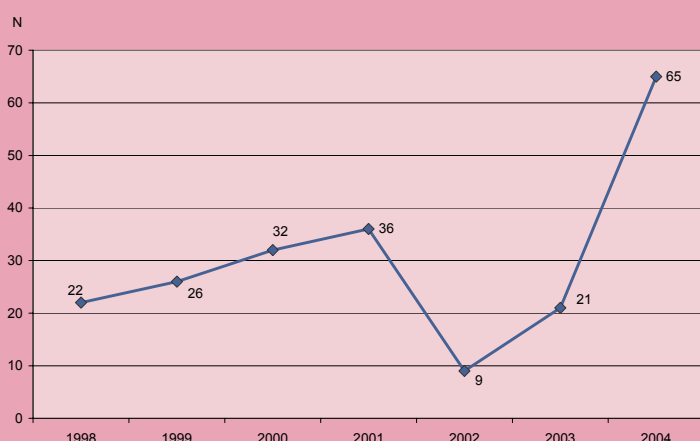
SOURCE: ESYE.

Figure 39: Individuals convicted for drug trafficking / dealing (1998-2004)



SOURCE: ESYE.

Figure 40: Individuals convicted for cultivation (1998-2004)



SOURCE: ESYE.

Most of the offences, over one in three, were committed in the region of Macedonia (38.3%), 29% in the region of Attica and 32.7% in the rest of the country.

The sentences imposed on those convicted for use are prison sentences no longer than 12 months, while the sentences imposed for use and possession are much stricter –over 39% of them are prison sentences longer than 12 months and confinement terms. Of the sentences imposed for drug trafficking/

dealing, 94.2% are prison sentences longer than 12 months, and confinement for a period of time or for life. The sentences for drug use were suspendable and, most importantly, commutable, and only 4 individuals (of a total of 1,668, i.e. 0.24%) received non-commutable sentences. On the other hand, non-commutable sentences were imposed in over two thirds of the trafficking/dealing cases (70.2%).

Agewise, 81.5% of those convicted for drug-related offences were between 21 and 44 years old.

8.2.3 Drug-related offences committed by minors

For drug-related offences committed by minors please see Chapter 12.

8.2.4 Other drug-related offences

The number of pharmacy burglaries is an indirect indication of drug-related crime. According to SODN data, there were 33 pharmacy burglaries in 2006 – this figure is lower than in 2005, when there were 43 burglaries. In the ten-year period 1997-2006, there was an average 42 pharmacy burglaries yearly, the lowest value being 23 pharmacies in 2004 and the highest 57 pharmacies in 2002.

8.3 Drug use in prison

NO NEW INFORMATION AVAILABLE

8.4 Social costs

NO INFORMATION AVAILABLE

9. RESPONSES TO SOCIAL CORRELATES AND CONSEQUENCES

9.1 Overview

The social reintegration of former drug users is an integral part of the dependence treatment process and emphasis on social reintegration services has been increasing in recent years. All drug dependence treatment programmes provide social reintegration services either at the final stage of an integrated treatment process or in specialised social reintegration structures.

Nineteen (19) specialised social reintegration centres operated in 2006, of which two (2) belong to OKANA, thirteen (13) to KETHEA, two (2) to the dependence treatment programmes of the Thessaloniki Psychiatric Hospital and two (2) to 18 ANO Dependence Treatment Unit of the Attica Psychiatric Hospital.

All social reintegration programmes are outpatient programmes and their scheduled duration ranges from twelve (89.4% of the programmes) to twenty-four months.

According to data on the operation of the above structures in the reporting year, the total capacity was 784. This figure reflects the number of clients that can be served by the units on a monthly basis. Compared to 2005, there was a 27.5% increase in available capacity, as a result of the establishment of three (3) new structures –EXANDAS, OXYGONO and 18 ANO Social Reintegration Programme Section B (124 slots in total)- and the doubling of the capacity of DIAVASI Treatment Programme. The total number of recovering users served in specialised reintegration structures throughout the year was 794, i.e. 8% increase compared to 2005.

In Greece, the current legislation provides for and supports the implementation of demand reduction interventions targeting drug dependent offenders, prisoners and released prisoners. The most important developments on this front in recent years include a) enhancing and expanding counselling and support programmes for prisoners, b) the development of an integrated treatment option for people in custody, and c) the operation of specialised structures for newly released drug users. However, given the growing number of drug users in prison and, consequently, the growing prison population, it seems that the type and number of available services cannot possibly fully respond to the needs of this population.

9.2 Social reintegration

9.2.1 Housing

Accommodation to clients who come from other parts of Greece or lack family support is made available by most social reintegration centres, in the hostels they run. Moreover, OKANA provides free accommodation (in hotels) to clients attending substitution units in Athens and Thessaloniki for as long as this is deemed necessary. A total of 266 clients benefited from those services in the reporting year (242 in 2005).

9.2.2 Users' education and training

In view of improving former drug users' quality of life in general and ensuring their occupational rehabilitation in particular, continuous education, vocational training and the filling of educational gaps are key objectives of treatment programmes at the stage of social reintegration.

In recent years, six (6) specialised schooling structures have developed. These are: a) the Adolescents' Transitional School of STROFI Treatment Programme (KETHEA) in Athens (see Map 1, Annex II), b) the Alternative School for Adults of EXODOS Treatment Programme (KETHEA) in Larissa, c) the Adults' Transitional School of ITHAKI (KETHEA) in Thessaloniki, d) the Remedial Teaching Programme – School of 18 ANO (Attica State Psychiatric Hospital) in Athens, e) the School for Former Drug Users of the Thessaloniki State Psychiatric Hospital in Thessaloniki, and f) the Alternative School for Adults of ARIADNI Treatment Programme (KETHEA) in Heraklion. They are of a transitional nature and target treatment programme clients who dropped out of education at any level or are high school graduates and wish to prepare themselves for higher education admission exams. Individuals who attend those alternative schools may enrol in public schools and sit examinations without being obliged to attend the classes (law on home schooling, KETHEA 2005). KETHEA therapy programmes NOSTOS and PAREMVASI also offer education courses for the continuation or completion of basic schooling. A total of 216 clients attended the aforementioned schooling structures during the school year 2006-2007 (204 clients in 2005), of whom 110 succeeded in moving up a form or obtained the high school leaving certificate (125 in 2005).

Vocational training services are offered by all the aforementioned structures to former and recovering drug users at the stage of social reintegration. In the reporting year, the OKANA Specialised Vocational and Social Reintegration Centre (EKKEE) branches in Athens and Thessaloniki offered training, support and employment promotion services to 105 clients in IT, artistic photography, artistic bookbinding, design and making of jewellery and decorative items. Moreover, in 2006 preparations began (information, mobilisation of beneficiaries, applications for participation, selection) for two training programmes of a total duration of 500 hours each in Athens and Thessaloniki, with 135 participants and completion date June 2007. The KETHEA vocational training programmes and sheltered workshops (e.g. printing and lithography plant) in Athens, Thessaloniki, Heraklion, and Larissa were attended in the reporting year by 58 clients in courses like IT, photography, psychology, journalism, cookery, marketing, 3D animation, urban waste management, organic farming of olive trees, etc.

In order to facilitate the occupational reintegration of former drug users, almost all Social Reintegration Centres provide a) counselling, support and educational mobilisation services (245 clients served in 2006 as opposed to 97 in 2005) and b) career guidance, employment counselling and support on the labour market (418 clients in 2006 as opposed to 347 in 2005). Two more specialised structures work along the same lines: a) the DIAVASI Therapy Programme Job Club (KETHEA) in Athens, which served 130 clients in 2006 (120 in 2005) and b) the Labour Market Promotion Service for former drug users, run by ARGO Treatment Programme (Thessaloniki Psychiatric Hospital). In the reporting year, 9 people found a job through that service.

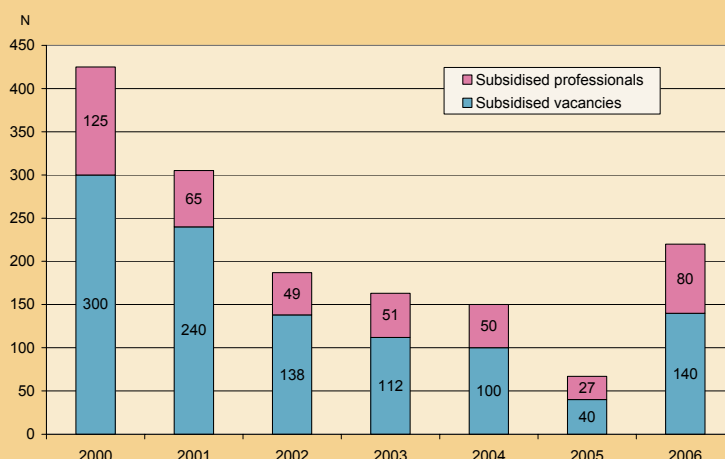
Furthermore, as an accompanying service, the OKANA EKKEE branch in Athens runs an Internet Café that provides all those concerned with easy access to employment WebPages, as well a Photography Club. In 2006, a total of 165 people visited the Internet Café, and 30 people used the Photography Club's services.

9.2.3 Employment

In 2006, according to data from the Greek Manpower Employment Organisation (OAED), which is active in preventing and combating social exclusion in order to facilitate labour market integration for vulnerable population groups, a total of 220 recovering or former drug users benefited from the employment subsidies scheme for vulnerable population groups. Most of them (63.6%) found a job in the private sector, and the rest (36.3%) received a subsidy in order to set up their own businesses.

Compared to previous year data, the number of former users who availed themselves of the aforementioned employment schemes tripled; this is a turnabout in the downward trend of the last six years as far as the appeal of the schemes was concerned (Figure 41). The increase (doubling) in the number of OAED job counsellors who provide tailored services to those concerned, the improved terms of the subsidy schemes (shorter duration, higher subsidy), and the expansion of information and awareness actions in the target group in cooperation with the competent social reintegration agencies made a significant contribution to the increase in the number of beneficiaries in 2006.

Figure 41: Former drug users who participated in OAED Employment schemes (2000-2006)



SOURCE: Greek Manpower Employment Organisation (OAED), 2007.

The data on the employment status of the social reintegration centres' clients demonstrate that, at this particular stage of the treatment process, all treatment programmes place great emphasis on the occupational rehabilitation of former drug addicts. Suffice it to mention that, for most of the reintegration structures, finding a steady job within a certain period of time is a condition for remaining in the programme. Of the total clients of specialised reintegration structures in 2006, 45.8% were already employed at the beginning of the reporting year and 45% found a job during the year.

9.2.4 Basic social assistance

Support and care services: The process of former drug users' social reintegration requires the provision of accompanying services, since clients are more prone to relapse (Matsa 1994). At this key stage when former drug users have to take responsibility for their health and their lives, the reintegration structures offer individuals and groups psychological support sessions, opportunities to develop personal and social skills, strengthen family ties, improve physical health, and join creative entertainment groups. In the reporting year, 532 social reintegration clients used those services.

Legal services: In order to ensure unobstructed attendance, treatment programmes provide legal advice and support or representation in court, even to clients who have completed the programme. According to data from social reintegration centres, in 2006 legal services were rendered to a total of 143 clients (199 in 2005). In the same vein, KETHEA and OKANA run a legal support service in cooperation with the country's Bar Associations. In 2006, the legal service of OKANA provided legal assistance to a total of 655 substitution treatment clients (617 in 2005).

Aftercare services: Most social reintegration centres provide follow-up services for at least one year to clients who complete the reintegration phase, so as to give them the opportunity to smoothly experience the move away from the treatment setting and consolidate the change achieved in the way of life.

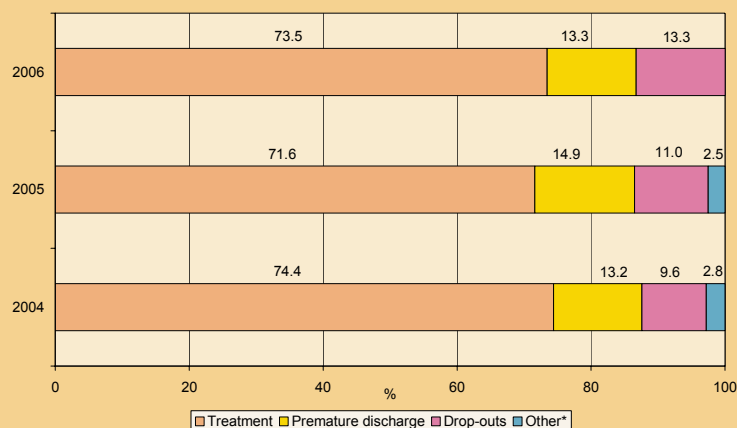
9.2.5 Outcome data

Social reintegration, as an integral part of the dependence treatment process, contributes to the consolidation of the achievements made during the programmes' main phase of treatment. Analysis of the modes of exit from social reintegration centres¹⁰ over time shows that most clients leave the structures having completed the programme (73.45% for the year 2006), while a considerably smaller share of clients exit the programme prematurely, either because of premature

“Premature discharge” is defined as expulsion from the programme owing to breach of the setting's rules.

out of the dependence treatment process, unlike those in the main treatment phase, as shown by the respective outcome data (see Chapter 5).

Figure 42: Modes of exit from social reintegration centres (2004-2006)



“Other” includes a) referrals to other services and b) death.

SOURCE: Greek REITOX Focal Point, 2007.

discharge or because they drop out or for other reasons (Figure 42). This picture does not appear to have changed noticeably over the last three years. It seems that clients who have reached this particular phase hardly ever drop

9.3 Prevention of drug related crime

9.3.1 Assistance to drug users in prisons

Prevention activities

No new information available.

Health care and harm reduction

In order to ensure the protection of prisoners' health, a number of harm reduction practices have been adopted in prisons. The relevant legal provisions envisage: a) systematic blood screening of newcomers, with the prisoners' consent, to prevent infection from hepatitis or HIV/AIDS, b) a personal health card for every prisoner, c) administration of medication to drug dependent prisoners for detoxification purposes for as long as necessary, and d) administration of interferon treatment, in cooperation with public hospitals, to HCV-positive prisoners.

Nonetheless, despite the fact that drug-related diseases in prison are a major cause for concern for all parties involved in the correctional setting, there does not seem to be any integrated and systematic prevention intervention underpinned by a broader public health strategy.

¹⁰ The calculation for the year 2006 has not included two Centres which became operational during the reporting year and could not submit full outcome data.

In 2006, EN DRASI Therapy Programme (KETHEA) organised four (4) health awareness seminars on the prevention of infectious diseases, three of them (3) in Koridalos Judicial Prison (56 participants) and one (1) in Koridalos Women's Prison (23 participants), and distributed printed information material.

Medecins du Monde have implemented since 2002 a medical and social support programme at the Avlona Prison for Minors. The programme's task force includes specialised staff, doctors, nurses, health visitors and psychologists / psychotherapists and aims at providing primary physical and mental health care, prevention and information.

The programme includes monthly blood screenings to control sexually transmitted diseases (HBV, HCV or HIV), as well as psychological support, creative expression and personal development groups. Since late 2005, the management of the Avlona prison has limited the activities of Medecins du Monde, especially the group psychotherapy sessions, due to lack of security personnel. As a result, during 2006, the NGO only made six (6) visits to the Avlona prison, limiting itself to questionnaire distribution and blood screening.

Psychosocial support services

Addressing drug dependence in prison settings is a major concern for the penitentiary system. Support interventions are the most important in-prison activity designed to respond to the special needs of drug users in custody. Information, awareness and support groups operated in 15 prisons in 2006 (Table 17). Compared to the previous years, the coverage of this intervention is constantly growing. Suffice it to mention that in 2003 support groups were available in six (6) prisons, in 2004 in ten (10) and in 2005 in twelve (12).

Table 17: Prisons offering support services to drug dependent prisoners (2006)

PENITENTIARY ESTABLISHMENT	IMPLEMENTING AGENCY
<i>For minors</i>	
Rural Penitentiary Establishment of Minors in Kassavetia, Volos	KETHEA
Avlona Prison for Minors	KETHEA
Penitentiary Establishment of Ahaia	KETHEA
Thessaloniki Judicial Prison for Minors	KETHEA
<i>For adults</i>	
Koridalos Judicial Prison	KETHEA, 18 ANO
Koridalos Prison Psychiatric Division	KETHEA, 18 ANO
Koridalos Women's Prison	KETHEA, 18 ANO
Diavata Judicial Prison, Thessaloniki	KETHEA
Thessaloniki Military Prison	KETHEA
Trikala Closed Prison	KETHEA
Neapoli Judicial Prison, Crete	KETHEA
Nea Alikarnassos Closed Prison, Crete	KETHEA
Komotini Judicial Prison	KETHEA
Cassandra Rural Prison	KETHEA

SOURCE: Greek REITOX Focal Point 2007.

Based on the available data, in the reporting year, a total of 978 prisoners participated in the support groups organised by KETHEA (109 in prisons for minors and 869 in prisons for adults) –18.5% more beneficiaries than in 2005. The number of drug users who participated in the in-prison support programmes of 18 ANO Dependence Treatment Unit in 2006 was 296 –a sharp drop compared to 2005 (440 users). This drop does not reflect a lack of interest on the part of prisoners, since there is a waiting list for support groups; the reasons for the reduced number of participants were lack of available space and limited time available for support groups. Moreover, in 2006 there were many transfers of prisoners, and many prisoners who participated in support programmes in previous years were transferred to other prisons.

The ultimate objective of such support programmes is to link the in-prison services with the integrated dependence treatment programmes in the community. According to the existing legal framework, successful attendance and completion of in-prison support programmes gives dependent users the option of suspending imprisonment and joining off-prison dependence treatment programmes. The time spent in treatment programmes counts as time served in prison (law 2331/1995). The application of this alternative measure, however, seems to have been limited to date.

Treatment programmes

At present there are two integrated drug-free dependence treatment programmes in prison settings, aiming at physical and psychological dependence treatment and targeting individuals in custody. Attendance is voluntary.

The Treatment Centre for Drug Dependent Prisoners (KATK) in Eleonas, Thebes, is the first integrated treatment programme for physical detoxification and psychological dependence treatment and reintegration of drug dependent prisoners. Its innovation lies in that the implementing agency of the programme is the Ministry of Justice and that it runs in specially arranged off-prison facilities.

KATK is a drug-free voluntary multi-phase programme of a two-year duration. Its goals are: a) physical detoxification and psychological dependence treatment, b) abstinence from delinquency, c) education and training, d) relapse prevention and social reintegration of clients. The first phase of the programme is preparatory and takes place at local prisons where drug dependent prisoners are kept. The second phase is the so-called transitional one: it takes place at KATK in Eleonas and combines correction with therapy, aiming at further mobilisation for dependence treatment and gradual changes in the clients' psychological attitude and behaviour in view of their transformation from "prisoners" into "recovering drug users". The third phase is the so-called psychological dependence treatment and takes place in specially arranged facilities in KATK, where the principles of therapeutic communities apply. In addition to drug dependence treatment, schooling, vocational training and counselling services are offered inside KATK, in cooperation with the Lifelong Learning Institute for Adults (General Secretariat for Adult Education). In 2006, 91 clients in total attended the main phase of treatment and 9 attended the social reintegration phase. The total KATK staff members in 2006 were 82, of whom 81.7% administrative staff and guards and 18.2% therapists of different specialties (doctors, psychologists, social workers, etc.).

The fourth and last phase of the programme runs as a separate structure outside KATK and aims at socialisation and social reintegration of recovering users. According to the available data, however, social reintegration confronts serious difficulties, since the lack of own facilities (it is being hosted) and staff shortages have a negative impact on the quantity and quality of the "therapeutic" services.

Furthermore, the building of an independent Dependence Treatment Centre (capacity 360) on the grounds of the Rural Prison in Kassandra, Halkidiki is underway (law 2721/1999, Official Gazette 112/3-6-1999 volume A).

EN DRASI Therapy Programme (KETHEA) in cooperation with the General Secretariat for Adult Education) runs an integrated treatment intervention in Koridalos Women's Prison for drug dependent prisoners. The programme focuses on individual counselling and group and family therapy, while providing information and vocational training services (jewellery design), as well as creative entertainment groups in specially arranged facilities made available by the prison. In 2006, the treatment programme was attended by 50 female prisoners.

Community links and social reintegration

All drug dependence treatment programmes admit released prisoners to treatment, while most offer legal support/advice. Moreover, as a complement to in-prison support services, the following specialised structures for released prisoners operate:

- The Admission and Reintegration Centre for Released Drug Users in Thessaloniki (KETHEA) provides support, therapy, education / training and social reintegration services to released drug users and their families. In 2006, the Centre served 75 clients (23 in 2005).
- The EN DRASI Admission and Reintegration Centre (KETHEA) comes as a continuation of the support and therapy programmes implemented in Koridalos prisons. 32 clients in total received therapy services in 2006 (31 in 2005), although this figure does not represent released drug dependent prisoners only.
- In 2006, the Counselling Centre of 18 ANO Dependence Treatment Unit did not run self-help groups for drug-dependent released prisoners, unlike the two previous years (abstinence from drug use was set as a condition for participation), although individual sessions were held with 52 individuals (5 women and 47 men), to support and consolidate their request for treatment.

Early intervention for minors

In 2006, the Counselling Centre for Juvenile Delinquents of STROFI Therapy Programme, which has been operating since 1998 at the Athens Juvenile Court, served 24 users and 15 parents. The goals of the Counselling Centre include early intervention, mobilisation of juvenile delinquents for abstinence from drugs and delinquent behaviour, and prevention of social stigma and marginalisation. Six of the aforementioned adolescents were referred to treatment programmes or other KETHEA support services.

9.3.2 Other interventions for prevention of drug related crime

According to the data from the department for "Drugs and Delinquency in minors" of the Ministry of Public Order, in 2006 in the framework of the 4th Action Plan against Drugs of the Hellenic Police, specific interventions, mostly one-off sessions were implemented in different geographical areas of Greece, having as a main goal the provision of information regarding prevention of drug related crime:

- 101 community interventions in cooperation with local Prevention Centres run by OKANA and the local authorities.
- 126 lectures on drug related subjects.

- 51 school interventions in cooperation with NGOs, school and local authorities.

In addition two training seminars for Police Officers on drug prevention, treatment and social rehabilitation issues were implemented in Athens and Thessaloniki, in cooperation with OKANA.

Moreover in accordance with the community policing model, “the Policeman of the Neighbourhood” (operating since 2003) is continuing its institutionalized action towards crime prevention in certain geographical areas, as an additional effort to ensure the safety of citizens and promote the cooperation between the police and the citizens. The Policeman of the Neighborhood mainly operates in the police departments of Attica and Thessalonica prefectures and to an extent in the police departments of other geographical areas in Greece. (101 policemen in total)

According to the data, the outcome of The Policeman of the Neighborhood activity on drug related issues within 2006 is as follows: 54 cases of cooperation with experts in the crime field, 70 cases of cooperation with treatment community programmes, 293 cases of cooperation with individuals or groups in high risk conditions, 4655 cases of interventions in vulnerable population groups.

9.4 Conclusions

In 2006, the capacity of social reintegration centres increased by 27.5%, mostly as a result of the establishment of three (3) new specialised structures. The number of recovering drug users served by the centres increased by 8%.

There was a major increase in the number of former or recovering drug users who benefited from Greek Manpower Employment Organisation (OAED) subsidy schemes against social exclusion in the year 2006. Compared to the previous year, three times as many former drug users availed themselves of those schemes -a turnabout in the downward trend that had been noticed over the past five years. This is closely associated with the improved terms and conditions for subsidy, the increase in the number of OAED job counsellors and the expansion of awareness raising interventions in the target group.

Generally speaking, the increased number of social reintegration structures and the emphasis placed by the majority of treatment programmes on occupational rehabilitation reinforce the social and occupational integration process of former or recovering drug users.

With regard to the situation in Greek prisons, although support programmes for drug dependent prisoners are expanding, other demand reduction interventions, such as disease prevention or harm reduction, are lagging behind, while limitations are placed on the activity of NGOs that provided such services in previous years.

10. DRUG MARKETS

10.1 Availability and supply

Perceptions of drug availability

Data on perceptions of drug availability drawn on the most recent surveys in the general and student populations were reported in previous Annual Reports (see Greek REITOX Focal Point, 2006). Main points are summarised below:

- General population (aged 12-64): 43.6% of the population report “fairly” or “very easy” access to cannabis, while about one in four thinks it is easy to find ecstasy (22.7%) and heroin (23.4%). One in five (20.7%) think it is easy to find cocaine.
- High school students aged 16 or older: 59.4% of the students who used drugs reported that the substance of first use was supplied by a friend. Tranquillisers or sedatives are available more readily in the semi-urban and rural areas from family members or at home than from any other source, while in urban areas from peers. Cannabis can be found more easily in the street or in parks, at the provider’s place or at school than in any other place.

10.2 Seizures

Every year, SODN submits to Greek REITOX Focal Point data about the quantities of drugs seized, the most common trafficking patterns, as well as the countries of production and origin. Table 18 presents the seized quantities of drugs during the three-year period 2004-2006.

Table 18: Narcotic drug seizures (2004-2006)

	2004	2005	2006	Trends for 2005-2006
Heroin (kg)	315	331	312	–
Cocaine (kg)	1,152	43	57	↑
Cannabis ¹ (kg)	4,777	18,220	12,446	↓
Cannabis plants	39,820	34,967	32,492	↓
Methadone (tablets)	10,993	15,354	5,035	↓
Synthetic drugs ² (tablets)	87,953	150,932	118,680	↓
LSD (doses)	1,111	120	146	↑
Tranquillisers (tablets)	43,722	58,219	56,120	↓

¹ Including seizures of processed and raw cannabis.

² Including amphetamine and ecstasy tablets.

SOURCE: SODN-EMP.

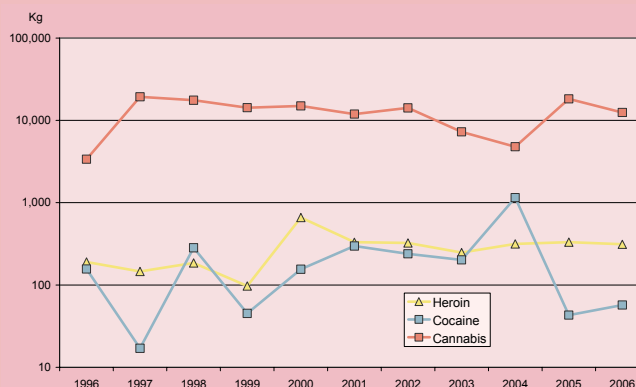
According to SODN data, 30% of the seized heroin comes from Albania, 23% from Turkey, and the rest comes from other countries or is of unknown origin. In 2006, the entire quantity was transported by land, on passenger cars, courier services and hand luggage. There has been no considerable change in the seized quantities over the past three years.

According to SODN data, cocaine seizures increased by 32.5% compared to 2005. The seized quantities came from European countries (Albania, Bulgaria, Netherlands, Germany), as well as from Latin American countries (Venezuela, Brazil, Peru), and were transported by land (44.6%), sea (50%) and air (5.4%).

As far as cannabis is concerned, there is a sharp 31.7% drop compared to 2005. The reported countries of origin for cannabis are mainly Albania and Greece. Processed and raw cannabis is transported by land on passenger cars and trucks, postal parcels, and also by sea. 67% of the total raw cannabis seized and 16.3% of the processed cannabis seized originated from Albania. In 2006, the Greek DPAs seized processed cannabis (6.6%) originating from the Netherlands.

Almost all psychotropic chemical and precursor substances arrived in Greece by post. 85% of the quantities seized originated from the Netherlands, 14.7% was of unknown origin and a small quantity of tablets arrived from Bulgaria and the UK. A significant 1/3 drop in methadone seizures is recorded compared to the quantities seized in 2005. Compared to 2005, there is also a large drop in seizures of synthetic drugs (-21.3%), just like in seizures of tranquillisers (-3.6%). On the other hand, there is a 21.6% increase in LSD seizures.

Figure 43: Seized quantities of heroin, cocaine and cannabis (1996-2006)



SOURCE: SODN-EMP.

Finally, Figure 43 shows the evolution of heroin, cocaine and cannabis seizures over time.

10.3 Price and purity

10.3.1 Price of drugs at street level

Information about the price of drugs on the illegal market is received from SODN. Both the wholesale (dealer price) and the retail price (“street price”, user price) of drugs have remained unchanged over the past three years. The “street price” of heroin ranges between € 45-80/gr, cocaine costs between € 75-100/gr, processed cannabis between € 4-6/gr. Over the last year, there has been an increase in the lowest and highest prices of ecstasy tablets and LSD doses, from € 10-20/tablet in 2005 to € 15-25/tablet in 2006 and from € 6-9/dose to € 8-10/dose, respectively.

10.3.2 Purity of drugs at street level

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).

Compared to 2005, in 2006 there was a decrease in purity of all the samples analysed by the Chemical Service of Athens. In 2005, the average content of heroin samples in active ingredients was 22.2%, but this dropped to 15.9% in 2006. A similar decrease in purity (-27.2%) is detected in cocaine samples, while in ecstasy tablets the decrease is even more considerable (-32.2%).

Purity is defined as the % content of a sample in “active” ingredients.

10.3.3 Composition of ecstasy tablets

The Greek REITOX Focal Point collects on a regular basis from the State General Chemical Laboratory (Third Chemical Service of Athens and Second Chemical Service of Thessaloniki) data about the chemical composition and the quantitative and qualitative determination of seized ecstasy tablets. According to these data, in 2006 98.66% of the tablets contained

MDMA, MDEA, MDA or a combination thereof, 1.3% contained amphetamine, methamphetamine or a combination thereof, 0.03% (i.e. 40 tablets of a total of 116,324) contained the possible combinations of all the above substances and only 12 tablets (0.01%) contained other psychoactive substances. The proportions do not really differ from the respective ones in 2005.

PART B

SELECTED ISSUES

SUMMARIES

SUMMARY OF PUBLIC EXPENDITURES

There are few drug related expenses included in the Greek national budget. The existing ones belong to the Ministry of Health and they refer to the coordinating body on drugs (OKANA) and to the largest treatment NGO centre (KETHEA). Compared to the year –end report of 2005, the budget for 2007 for KETHEA is slightly increased, while for OKANA remained in much the same level.

According to data collected by the Focal Point, demand reduction non-labelled expenses refer to the drug treatment units of the Athens and Thessaloniki State Psychiatric Hospitals.

Law enforcement and penal justice drug related expenses are included in the general budgets of the Ministries of Public order and Justice, respectively, and cannot be extrapolated.

The expenses presented in this chapter constitute only a small proportion of the total drug related expenses of the State, therefore any conclusive statement about this issue would be unreliable.

SUMMARY OF VULNERABLE GROUPS OF YOUNG PEOPLE

Greek data on the profile of vulnerable groups are quite limited. Nevertheless, the most popular vulnerable groups identified in research are school dropouts, people from culturally different groups (immigrants, repatriates, refugees, Muslims), and young offenders.

Research and systematic data documentation on prevalence and the characteristics of drug use in vulnerable groups is scant in Greece. Findings from special -and from school population surveys show strong positive associations of different vulnerability indicators and illicit drug use.

Regarding TDI data, the analysis presented focused on years 2002 and 2006, the former being the first year of high national coverage in TDI data in Greece and the latter being the year with the latest available data. The comparison between the two years is only descriptive and cannot serve as basis for safe conclusions as the number of persons is in most cases very small. The primary objective of the analysis was to depict some main socio-demographic characteristics and drug use patterns of three groups of people, homeless, young offenders and non-Greek nationals, in order to allow for further consideration with regard to the possible necessity for targeted interventions.

Regarding policy and legal development, combating social exclusion and, by implication, implementing a well organised system of social protection is a priority of the Greek government. Social protection and social inclusion of the vulnerable individuals is a crucial issue that demands proper adjustment of the respective policies to the special characteristics of these individuals. Social protection and social inclusion constitute, according to the national action plan for social inclusion, the consequences and the preconditions for achieving the objectives of economic growth and full employment.

As far as prevention responses are concerned, although drug prevention in Greece continues to focus more on universal interventions, it is clear that efforts are being made to develop and implement interventions, geared towards reaching groups (selective prevention) and individuals (indicated prevention) at risk. Interventions for vulnerable youth in school settings and interventions for culturally different groups are the main settings and target groups.

Regarding specific treatment options for vulnerable groups, during the last years many of the therapeutic programmes have established innovative services aiming at supporting drug addicts with special characteristics and needs, in specific for culturally different groups and offenders.

SUMMARY OF DRUG-RELATED RESEARCH IN EUROPE

The National Strategy on Drugs, launched in 2006, emphasizes the importance of research by stressing the continuation and improvement of monitoring, the promotion of studies on biomedical and psychosocial factors related to use and dependence and the estimation of public expenditures. Research is also promoted by the draft Action Plan.

Collection of data on the drug research projects in Greece, by the FP, shows that the majority of projects are epidemiological, particularly on drug prevalence, while next in turn comes clinical research. Monitoring is considered research according to the working definitions proposed. The needs expressed by researchers in the drugs field are primarily lack of funds and lack of central coordination. In Greece, the institution for coordination of research in general –but not specifically on drugs- is the General Secretariat of Research and Technology of the Ministry of Development. The main drug related research institutions are: the UMHRI, the FP, the Ministry of Health, the Ministry of Education, and the KETHEA. The FP, apart from the collection of drug related research projects, also gathers all of drug-related scientific papers, published or delivered in conferences by Greek experts and publishes annually the Greek Bibliography on drugs. The contents bibliography and the research projects are accessible through two databases in the website.

The four major drug studies described in the chapter are two nationwide student population studies (the ESPAD and the HBSC) and two attitude measurement studies (one in the framework of the EQUAL community initiative and the second on attitudes towards drugs and treatment by KETHEA).

In Greece, there are 2 peer-reviewed scientific journals for drug related issues and 7 disciplinary scientific journals which often publish drug related articles.

The most recent development is the bill submitted to the Parliament which provides the framework for the design and implementation of a national research policy. According to this bill drug related research should come under applied research.

11. PUBLIC EXPENDITURES

11.1 National estimates of labelled drug-related expenditures

Figures on the drug related expenditures discussed below come from the year –end report of 2005 and the national budget of 2007.

According to the 2005 year- end report, the labelled drug-related public spending pertained to expenditures of the *Ministry of Health and Social Solidarity*, the *Ministry of Public Order* and the *Ministry of Justice*.

More specifically, with regard to the expenses of *Ministry of Health and Social Solidarity*, the codes 2545, 2548, 5221 and 5223 concerned the operational costs of OKANA (the coordinating body on drugs) and KETHEA (the largest NGO treatment centre) as well as expenses related more generally to the field of demand reduction (such as prevention campaigns, etc). According to the year –end report, for the fiscal year of 2005 the expenses of OKANA amounted to 24,141,183 € and those of KETHEA to 20,600,000 €. For the 2007 national budget the sum foreseen for OKANA remained almost the same, 25,500,000 €, while for KETHEA appeared slightly increased to 22,100,000 €. The equivalent sums for the other drug related expenses of the Ministry are, according to the year –end report for 2005 645,500€ and for the 2007 budget 760,000€.

With regard to the *Ministry of Public Order*, the only drug related labelled expenses refer to the sustenance of the dogs of the antinarcotics dog unit (code 1611). In the 2005 year-end report this sum amounted to 440,520.97 €, while the sum foreseen in the 2007 national budget is reduced to 308,500 €. The expenses for the drug law enforcement cannot be extracted from the general costs of the Ministry.

The labelled expenses of *Ministry of Justice* (code 5223) amounted, in 2005, to 85,000 € and were aimed at contributing towards the operation of treatment and social rehabilitation programs of drug depended individuals in the penal system. For the same purpose, an increased sum of 100,000 € is foreseen for 2007. Other drug related expenses referring to the penal system are included, with no possibility of extrapolation, in the general budget or year-end report of the Ministry.

11.2 Attributable proportions definition and estimation of non-labelled drug-related expenditures

Since, to our knowledge, no study on drug related expenses is conducted in Greece, attributable proportions cannot be used in an attempt to estimate non-labelled drug expenses.

The Greek Focal has tried over the years to collect data on non-labelled expenses and has succeeded in receiving only the expenses for the drug treatment units of the State Psychiatric Hospitals of Athens and Thessaloniki. These sums are included in the general expenses of these hospitals in the national budgets and year-end reports. Their extrapolation is made by the hospitals themselves in their effort to meet the FP's requirements and they are delivered to the FP through the Ministry of Health at the beginning of each year referring to the previous year.

For 2005, the expenses of the State Psychiatric Hospital of Athens drug treatment unit (referred to as 18 ANO in the National Report) amounted to 5,611,100 € and they were considerably raised in 2006 to 8,796,700 €.

The drug treatment units of the State Psychiatric Hospital of Thessaloniki reported the sum of 1,923,806 € as expenses in 2005, but did not report the expenses of 2006.

11.3 National studies on drug-related public expenditures: methods and results and network of EU experts

NO INFORMATION AVAILABLE

Conclusion

Since no special studies and no official estimates exist for drug related public expenses and, since the sums presented in this chapter constitute a small proportion of the total drug related expenses of the State, it is concluded that no reliable estimation can be attempted for the drug related expenditures in Greece.

12. VULNERABLE GROUPS OF YOUNG PEOPLE

12.1 Profile of main vulnerable groups

Greek data on the profile of vulnerable groups are quite limited. Nevertheless, below there is a brief description of some of the main vulnerable groups' characteristics in Greece identified in research.

Children living in care institutions

Care for children in need may vary from institutional care to forms of family-based care. Nevertheless, institutional care is very crucial and determines considerably children's cognitive, emotional, behavioural and social development.

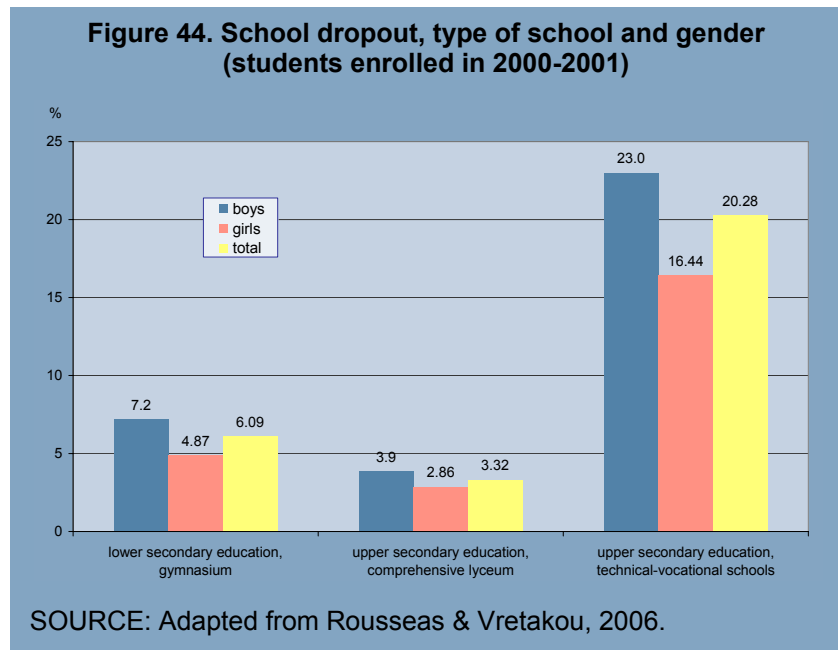
Greek data regarding children in institutions are limited. According to a survey conducted by the University of Birmingham and the WHO regional office for Europe (Browne et al., 2005), there is an overuse of institutional care for young children in need throughout Europe. In addition, based on this survey, during 2003 children less than three years old placed in residential care in Greece without their parents for more than three months were estimated as 3 per 10,000.

Early school leavers – Dropouts

Compulsory education in Greece covers ages between 6 to 15 years, six years for primary and three for secondary lower level education. The most recent available data regarding school dropouts derive from a nationwide dropout survey (Rousseas & Vretakou, 2006) carried out by the *Transition observatory of educational and employment pathways of secondary education students* (a department of the Pedagogical Institute of the Ministry of Education and Religious Affairs) during 2004-2005. The scope of the survey was to estimate the dropout rate in all types of Greek secondary schools (a. lower secondary education, *gymnasium*, b. upper secondary education, *comprehensive lyceum*, and c. upper secondary education, *technical-vocational schools*). It is a cohort study and data were collected from 3,223 out of the total of 3,365 secondary education schools that were in operation in the

school year 2000-2001 and involved pupils enrolled in these three types of schools for this school year.

Dropout rates in greek secondary education for the three types of schools are presented in Figure 44. The national average dropout rate has been found to be steadily declining, when compared to the respective findings of previous dropout surveys (for example, school dropout rates in lower secondary education for the school year 1987-1988 were 14.09% for boys and 10.99% for girls, while the respective percentages for the school year 1991-1992 were 11.05% and 8.03%. Similar comparisons regarding upper secondary education can not



be made, since the survey mentioned above was the first survey estimating dropout rates in the two types of school of upper secondary education). In addition, based on similar data originated in other EU countries the authors argue that the average dropout rate in the Greek compulsory education cycle is near the average rate in the EU.

In addition, school dropout, drug use and deviant behaviour were examined in a study (Papandreou et al., 2003), in which 8,322 drug users who approached the therapeutic programmes of KETHEA during 1995-2002, were interviewed. Dropouts were compared with the ones who graduated the upper level of secondary education. The findings suggest that there were significant differences between these two groups in their social-demographic background, the level of deviant behaviour and the means of drug use. In addition, investigating further the relationship of dropout and drug use among the group of dropouts, there were two patterns: there were some drug users who had an early experience with drugs (13-14 years of age) and it seems that drug use played an important role in school dropout. On the other hand, others who have dropped out of school due to poor academic performance or due to the low economic status of their family, they have started using drugs later in their life (at their 17 years of age) in the framework of deviant behaviour already developed.

Students with poor academic performance

Poor academic performance is also considered as high risk behaviour. According to the 2003 Student Population Survey, which was based on the ESPAD methodology, 23.1% of the students 14-18 years of age reported either that they had been held back in school or poor academic performance (Kokkevi, 2005). With regard to gender, poor academic performance is observed more in boys (29%) compared to girls (17.5%). A similar gender pattern was also evident in other risk behaviours examined in this survey, such as injuries and accidents (boys 56.4% - girls 47%), antisocial behaviour (boys 7.6% - girls 0.7%), daily smoking (boys 25.7% - girls 23.9%) substance use (boys 13.3% - girls 6.9%), etc, with the exception of suicide attempts (girls 20.6% - boys 9.7%). Table 19 presents the profile of students with poor academic performance.

Table 19. Profile of students with poor academic performance

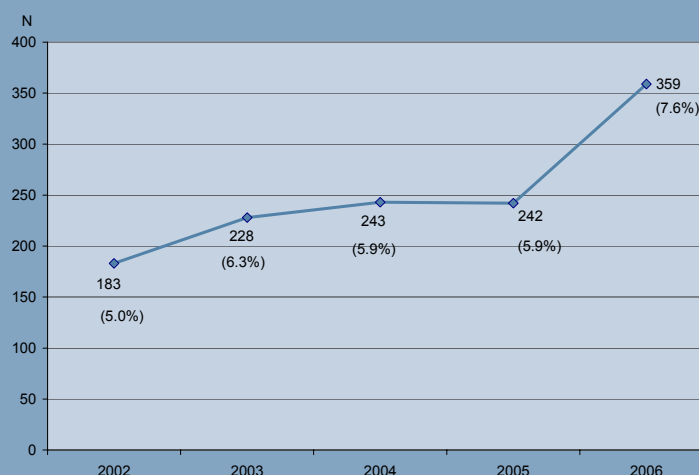
	Odds ratio	
Gender	boys	2.1
Nationality	foreigners	2
Educational level of the father (reference category: <i>high level</i>)	low	2.6
Family composition (reference category: <i>both parents</i>)	single parent	1.8
Regular smoking (≥ 6 cigarettes per day)		2

SOURCE: Adapted from Kokkevi, 2005.

Youth in families with drug use

Belonging to families with substance use and abuse problems among their members is a crucial risk factor. Data regarding youth in families with drug use derive mainly from TDI. According to the TDI data, there is an increase during the last five years (2002-2006) in the number of users seeking help who reported that they live with children (Figure 45). In 2006, there were at least 359 children living in drug users in their family who sought treatment.

Figure 45. TDI data on the number of users seeking help and living with children and their proportion compared to the total number of users seeking help (2002-2006)



SOURCE: Greek REITOX Focal Point. 2007.

In addition, Table 20 presents some of the characteristics of these users compared to the users seeking help and living without children.

Table 20. 2006 TDI data on the profile of users seeking help and living with children compared to the users seeking help and living without children

		Users living in a house with children (N=359)	Users living in a house without children (N=4,390)
		%	%
Primary drug	<i>Heroin</i>	91.6	87.4
	<i>Cocaine</i>	4.2	2.5
	<i>Cannabis</i>	2.8	7.7

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		Users living in a house with children (N=359)	Users living in a house without children (N=4,390)
		%	%
Labour status	Stable employment	41.5	25
	Economically inactive	4.4	0.6
	Unemployed	42.4	58.8
	Student	–	5.9
Educational level	Elementary graduates	33.8	20.8
	Lower secondary graduates	22	32.7
	Higher secondary graduates	31.8	39
	Higher education graduates	6.8	6.2
Type of treatment	Drug-free treatment	46.2	78.1
	Medically assisted treatment	47.6	14.8
	Out of treatment (low-threshold services)	6.1	7.2

SOURCE: Greek REITOX Focal Point, 2007.

Moreover, another interesting finding from 2006 TDI data is that almost one in 8 (13.2%) people aged 24 or less who sought help for treatment reported living with parents who use drugs.

Street children

The problem of street children is an under-researched area, with weak policy and intervention responses. The term ‘street children’ refers to “children and young people who have early street life experience and who usually spend most of their time in the streets, in the sense that they use that location as the principal place of some of their main daily activities (such as working, eating and sleeping)” (Atlantis & Goddard, 2004, p.300). According to a survey conducted in 1999-2000 in order to investigate the problem of street children in Greece, although there are common factors with other EU countries, immigration patterns and the position of Greece in Europe constitute to important issues that should be considered. In addition, the study revealed some interesting findings regarding the nationality and the culture of street children: in children of Greek origin, problems of family estrangement were very crucial, for Greek Gypsy children, ethnic and cultural exclusion is very significant, while for immigrants, unemployment and the lack of social services for their support are noteworthy. The authors suggest that culturally-sensitive support, engagement with the family, meeting their educational needs and employment opportunities are clearly essential for those children.

Youth offenders

In a study designed to investigate psychological morbidity, family characteristics and the role of nationality and culture, 55 young offenders in two Greek prisons were interviewed based on the Youth Self-Report Questionnaire (Livaditis et al., 2000). The group of young offenders was compared with 154 community control subjects. The mean age of the imprisoned adolescents was 17 years. The main finding of the study was that there was a high incidence

of psychological disorder in imprisoned adolescents. In addition, high rates of family and social adversity were reported among imprisoned group with persistent and more serious offending related to higher rates of psychosocial and family adversity. A disproportionately large number of imprisoned adolescents in these two prisons were from culturally different groups (gypsies, Muslims, immigrants). Immigrants reported fewer psychological problems and less disturbed family and social background.

Regarding data from juvenile courts, according to the Supervisory Juvenile Services of the Athens Juvenile Court, for the court year 2005-2006 there were 1,124 criminal acts that were tried. Regarding the profile of the young offender:

- 90.9% of the accused adolescents were boys
- 67.2% of the condemned adolescents were of non-Greek origin
- 36.4% of the condemned adolescents were living in the centre of Athens, 42.2% in other regions of the prefecture of Attica

Youth in deprived places/neighbourhoods

Based on 2006 HBSC data (for details about the HBSC study in Greece see Chapter 13), 26.3% of the student population of 11, 13 and 15 years of age reported living in economically average or deprived areas. Similarly 19.8% reported living in areas where there are a lot of groups of people that cause trouble and / or there is a lot of litter, broken glass or rubbish lying around. Finally, 14.6% of the respondents reported going to bed at night hungry at least sometimes because there is not enough food at home.

Differences between these groups and adolescents who did not share the same characteristics were tested for significance with regard to a number of variables including *fair or poor self perceived health status, low life satisfaction, involvement in physical fighting in the last year, significant injuries in the last year, single parenthood, low parental occupational status, and poor relationships in family*. Table 21 shows the types of associations emerged from these comparisons.

Table 21. Differences between vulnerable or not groups with regard to several variables

	VULNERABLE GROUPS		
	Living in economically average or deprived areas	Living in a trouble area	Going to bed at night hungry at least sometimes
Fair or poor self perceived health status	**	***	***
Low life satisfaction	***	*	***
Physical fighting in the last year	*	***	***
Significant injuries in the last year	n.s.	***	***
Single parenthood	***	*	***
Low parental occupational status	***	**	n.s.
Poor relationships in family	***	***	***

* statistically significant at 0.05 level

** statistically significant at 0.01 level

*** statistically significant at 0.001 level

n.s. non-significant

SOURCE: UMHRI – HBSC survey, 2002.

Compared to the rest, adolescents living in economically average or deprived areas show significantly higher rates of *fair or poor self perceived health status, low life satisfaction, physical fights in the last year, single parenthood, low parental occupational status and poor relationships in family*. Similarly, those living in trouble areas and those going to bed hungry at night show significantly higher rates in all variables except in *low parental occupational status* for the last grouping.

Youth from culturally different groups

Data regarding youth from culturally different groups in the school setting come from the *Institute for the Greek Diaspora Education and Intercultural Studies* of the Ministry of Education and Religious Affairs. In the 2003-2004 school year, 9.4% of the students enrolled were either of non-Greek origin (7.5%) or repatriates (1.9%) (Table 22). The rate of students of non-Greek origin has increases over the years.

Table 22. Student population in primary and secondary education in school year 2003-2004

	N	% of the total student population
Students of Greek origin	1,312,313	80.6%
Repatriates	27,669	1.9%
Students of non-Greek origin	109,130	7.5%
TOTAL	1,449,112	100%

SOURCE: Adapted from www.ipode.gr.

Party goers

Data on the profile of party goers derive from IREFREA's survey of the project "Recreational Culture as a Tool to Prevent Risk Behaviours: RECREATION PREV". The main findings from the survey, which was conducted as part of the project, are presented below.

Socio-demographic characteristics: The mean age of party goers who participated in the survey, was 21.04 years. 47.3% were men and 52.7% women. Most of them (65%) lived with their family and one out of five (21.6%) lived alone. More than half (54.8%) had a partner or spouse.

Health condition: Regarding their psychological condition, almost half (50.6%) mentioned that "within the last year they felt so sad or hopeless that they stopped doing their usual activities for a week or more" and one out of fifteen (6.5%) that "they considered attempting suicide".

IREFREA's Project
"Recreational Culture as a Tool to Prevent Risk Behaviours: RECREATION PREV"

In the framework of the project, a survey was carried out in 2006 with approximately 150 young recreational substance users from each of the following nine European cities: Athens, Berlin, Liverpool, Ljubljana, Prague, Palma, Lisbon, Venice and Vienna.

Aim
 To explore the risk and protective factors related to substance use and the consequences in recreational context.

Methodology
Sample: 168 young club/party goers aged 15 – 30 years from the greater area of Athens.
Sampling technique: It was based on the snowball method.

Sexual behaviour: 20.8% of club/party goers said that sometimes during the last 12 months they had sex without using a condom. In addition to this, almost one out of three (38.7%) said that the last time they had sex, they or their partner did not use a condom. The main reasons for such behaviour are the following: a) “they have sex with a steady partner” (33.9%), b) “they didn’t have a condom” (29.8%), c) “they trust their partner” (29.2%).

12.2 Drug use and problematic drug use among vulnerable groups (from special studies)

As stated above, comprehensive statistical data as well as studies pertaining to the size and the characteristics of individuals regarded as vulnerable are rather scant in Greece. By implication, provision of data on drug use and problematic drug use among vulnerable groups deriving from special studies is patchy. Against this backdrop the data presented in this section are drawn from few existing special studies and mainly from epidemiological surveys conducted in the student in the country. However, here too, there are certain limitations: student population surveys are designed with samples that cover only those adolescents enrolled in schools and regularly attending. School surveys would therefore exclude adolescents who for instance have been held back to repeat grades due to poor performance, students who happen to have skipped school on the day of questionnaire administration (including truants), and students expelled from (school excludes) -or left school (school leavers). Similar limitations characterise also general population sample designs that exclude individuals who are in residential care institutions (institutionalised) or homeless individuals. However, surveys of both these types would include those in foster families. Below data from special studies about drug use among vulnerable groups are presented.

Adolescents in custody

- In the study mentioned in the previous section regarding the prevalence of psychological problems in a sample of 55 imprisoned male adolescents, a 70% of the adolescents reported use of any illicit drug (Livaditis et al., 2000).
- In a similar study designed to identify levels and severity of self-reported alcohol and drug misuse and associated physical and mental health problems in 80 randomly selected convicted and remanded male prisoners in northern Greece using the Mini International Neuropsychiatric Interview (MINI), the Alcohol Use Disorders Identification Test (AUDIT) and the Severity of Dependence Scale (SDS) found that a 27.5% of the prisoners were dependent on opiates, 26.3% on alcohol and 73.8% reported cannabis use. A 13.8% reported misuse of both alcohol and illicit drugs. In addition, severity of dependence was, according to the SDS score, as serious for all opiate and stimulant users (Fotiadou et al., 2004).

Vulnerable adolescents in the school population

The concept *vulnerable* is expanded in this section in order to include individuals with characteristics or behaviours that render them more vulnerable to risk behaviours including substance use – compared to individuals with different characteristics. In Table 23 data based on the 2003 European School Population survey on Alcohol and other Drugs (ESPAD) in students aged 16 (for details see Chapter 13) are presented. It displays the proportion of lifetime illicit drug users who were either in the vulnerable or the non vulnerable groups according to seven indicators: *drug use by siblings; child of a single parent family; played truant more than 3 times in the last month; being in a family with weak parental supervision; poor economic situation of family; unemployed father; father of non Greek nationality; and*

being held back in school. Drug use, gender and geographical strata differences in vulnerable and not vulnerable group were tested for significance.

Drug use by siblings

5.6% of the 16-year-olds who answered the relevant question reported in 2003 drug use by siblings. Among them, almost one in 3 (31.6%) reported lifetime use of any illicit drug, a significantly higher rate compared to that of the 16-year-olds who reported no sibling drug use (4.2%).

Single family

8.3 percent of the 16-year-olds were in 2003 in a single parent family. Among them, almost one in 10 (10.1%) reported lifetime use of any illicit drug, a significantly higher percent compared to that of the 16-year-olds of reported intact families (5.8%).

Truancy (more than 3 times in the last month)

19.7% of the 16-year-olds reported in 2003 past month unjustified absence from school for 3 times or more. Among them, almost one in 7 (14.2%) reported lifetime use of any illicit drug, a significantly higher percent compared to that of the 16-year-olds who had either not skipped school at all in the last month (3.6%) or skipped school once or twice (7.4%).

Poor parental supervision

4.6% of the 16-year-olds reported in 2003 poor parental supervision (i.e. parents not knowing where children are on Saturday nights). Among them, almost one in 6 (18.2%) reported lifetime use of any illicit drug, a significantly higher percent compared to that of the 16-year-olds who reported some kind of parental supervision (6%).

Perceived poor economic situation of family

2.3% of the 16-year-olds perceived in 2003 lower economic status of their family compared to that of the families of other children. Among them, almost one in 10 (9.1%) reported lifetime use of any illicit drug, not a significantly higher percent compared to that of the 16-year-olds who reported comparatively higher economic status of their family (6.5%).

Unemployed father

1.5% of the 16-year-olds answered in 2003 that their father was unemployed. Among them, almost one in 10 (10.7%) reported lifetime use of any illicit drug, not a significantly higher percent compared to that of the 16-year-olds whose father was employed (6.2%).

Father of non Greek nationality

5.9% of the 16-year-olds answered in 2003 that their father had non Greek nationality. Among them, almost one in 7 (14%) reported lifetime use of any illicit drug, a significantly higher percent compared to that of the 16-year-olds whose father was Greek (5.8%).

Held back in school

6.6% of the 16-year-olds answered in 2003 that they had been held back in school in the past. Among them, almost one in 8 (12.7%) reported lifetime use of any illicit drug, a significantly higher percent compared to that of the 16-year-olds who were not held back in school (6.1%).

There were no significant differences in lifetime drug use in gender -or geographical strata within each vulnerable group.

Findings confirm that individuals living in families potentially classified as vulnerable display higher levels of drug use than their peers living in non-vulnerable families. Moreover, truancy and poor academic performance are positively associated with drug use (Table 23).

Table 23. Numbers and proportions of 16-year-olds who belong or not in a vulnerable group and proportions of lifetime users of any illicit drug by membership or not in a vulnerable group, by vulnerable groups

	Prevalence (N=1906)	Lifetime use of any illicit drug
	% (N)	%
Drug use by older siblings		
Yes	5.6 (57)	31.6 ^c
No	94.4 (961)	4.2
Single parent family		
Single parent	8.3 (159)	10.1 ^a
Intact	86.2 (1,643)	5.8
Parental supervision		
Usually don't know	4.6 (88)	18.2 ^c
Other	95.4 (1,811)	6
Perceived economic situation of family		
Comparatively higher	97.7 (1,847)	6.5
Comparatively lower	2.3 (44)	9.1
Father's occupational status		
Employed	90 (1,706)	6.2
Unemployed	1.5 (28)	10.7
Father's nationality		
Greek	94.1 (1,735)	5.8 ^b
Non-Greek	5.9 (108)	14
Truancy in the last months		
≥3 times	19.7 (351)	14.2 ^c
1-2 times	33.2 (592)	7.4
Never	47.1 (838)	3.6

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	Prevalence (N=1906)	Lifetime use of any illicit drug
	% (N)	%
Held back in school		
No	93.4 (1,772)	6.1 ^b
Yes	6.6 (126)	12.7

^a statistically significant at 0.05 level

^b statistically significant at 0.01 level

^c statistically significant at 0.001 level

SOURCE: UMHRI – ESPAD survey, 2003.

The level of correlation of different aspects of vulnerability – along with a number of other possible risk factors – with the lifetime use of any illicit drug (dependent variable) were also examined in a multivariate logistic regression model with the 2003 ESPAD data. Results showed that those having peers with drug use experience had a 10 times higher risk of having used at least once a lifetime any illicit drug (O.R. 10.5). Use by siblings was also significantly associated with lifetime drug use (O.R. 2.5). Other significant vulnerability correlates included non-Greek nationality (O.R. 2), school grade repetition (O.R. 1.6), truancy (O.R. 1.5) and problematic relationships with parents (O.R. 1.4) (Kokkevi, 2005).

12.3 Vulnerable groups among the treated population

Below TDI data regarding young offenders, ‘homeless’¹¹ non-Greek nationals are presented. The implementation of TDI in Greece is fully compatible with Standard Protocol 2.0 (Pompidou Group/EMCDDA). The individual and anonymous questionnaire through which TDI data are collected, requests information on nationality, living status (where) and source of referral. The exact values used to extract information on the hereafter called young offenders, ‘homeless’ and non-Greek nationals are briefly described in Table 24.

Table 24. Definition of young offenders, ‘homeless’ and non-Greek nationals

Variables and values in the Greek TDI system	Values used to define the three vulnerable groups
Source of referral	
0. self referred	
1. family	
2. friends	
3. other drug treatment centre	
4. general practitioner	
5. hospital/other medical source	
6. social services	

Continued on next page

¹¹ Homeless and temporary accommodation are one category in TDI questionnaire (see also Table \$).

Continued from previous page

Variables and values in the Greek TDI system	Values used to define the three vulnerable groups
7. court/probation/police	→ young (≤24 years old) offender
8. other	
9. not known	
Living status (where)	
1. stable accommodation	
2. homeless/temporary accommodation	→ 'homeless'
3. in institutions (prison, clinic)	
9. not known	
Nationality	
1. national of this country	
2. national of EU-member states	→ non-Greek national
3. national of other countries	
9. not known	

SOURCE: Greek REITOX Focal Point, 2007.

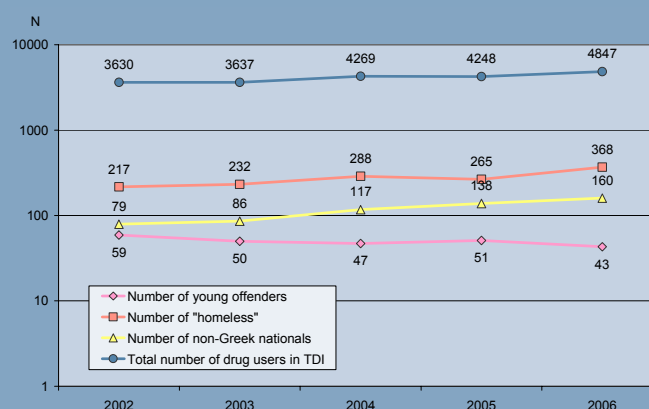
The analysis will focus on years 2002 and 2006, the former being the first year of high national coverage in TDI data in Greece and the latter being the year with the latest available data. The primary objective of the analysis is to depict some main socio-demographic characteristics and drug use patterns of these three groups of people in order to allow for further consideration with regard to the possible necessity for targeted interventions.

The three groups should not be treated as mutually exclusive since there are overlaps among them, particularly between 'homeless' and non-Greek nationals, i.e. 15% of non-Greek nationals are 'homeless' and 6.5% of 'homeless' are non-Greek nationals.

The number of drug users from each one of these three groups recorded through TDI and the number of all drug users recorded by TDI in the period 2002-2006 is presented in Figure 46.

As we can see in Figure 46 there is a gradual increase in the number of 'homeless' drug users possibly due to higher treatment penetration and of non-Greek drug

Figure 46. Number of young offenders, 'homeless' and non-Greek nationals and total number of drug users recorded by TDI by year (2002-2006)



SOURCE: Greek REITOX Focal Point, 2007.

users and a gradual decrease in the number of young offenders possibly due to the decrease in the total number of drug users 24 years of age or younger recorded by TDI between the two years (1,520 in 2002 and 1,356 in 2006).

Profile of young offenders

The share of young offenders among the total population of drug users recorded by TDI has ranged between 0.9% (in 2006) and 1.6% (in 2002) in the 2002-2006 period.

The vast majority of young offenders have been males both in the beginning and in the end of the five year period (89.8% in 2002 and 88.4% in 2006) (Table 25) which is also the case for drug related offenders in general (see section 3 in Chapter 8).

Their mean age is slightly lower in 2006 (17.8) in relation to 2002 (18.7). The higher proportion of them are unemployed in both years (Table 25) while one third (33.3%) report being at school or university in 2006.

51.2% of young offenders recorded by TDI in 2006 reported not having been treated before for their problem with drug use which means that despite their young age and the relatively short period of their engagement to drug use (mean duration of use of the primary substance of abuse: 2.8 years) a large proportion (48.8%) claim that they have already attempted at least once drug treatment. The percentage of first treated young offenders in 2006 is similar to that of 2002 (57.6%) (Table 25).

Heroin/other opiates have been the primary substance of abuse for the majority of them in both years but the proportion of opiate users has decreased between 2002 and 2006 (67.8% in 2002 and 41.9% in 2006). The decrease in the share of heroin/other opiates between the two years is due to the rise in the share of cannabis (from 32.2% in 2002 to 51.2% in 2006) as the primary substance of abuse (Table 25) and this pattern is also observed in all young (≤ 24 years old) drug users recorded by TDI in 2002 and 2006. In particular, in 2002 83.4% of drug users ≤ 24 years old reported heroin/other opiates as primary substance of abuse and 11.9% cannabis while the respective percentages for 2006 were 79.1% for heroin/other opiates and 16.1% for cannabis.

In 2006 17.5% of young offenders have reported not having used the primary substance of abuse in the last 30 days. Of those having used the primary substance in the last month more than half (54.5%) have declared having been using it at everyday base in 2006 and the majority (75.7%) in 2002 (Table 25). Polydrug use is reported by similar percentage of young offenders in 2002 (79.7%) and in 2006 (76.8%). 16.3% of young offenders in 2006 and 29.8% in 2002 reported injecting use in the last 30 days. Among these injectors the majority (71.4%) have shared syringes in the respective period while syringe sharing was reported by 23.5% of injectors in 2002.

Table 25. Socio-demographic characteristics and drug use patterns of young offenders, 'homeless' and non-Greek nationals according to TDI data (2002, 2006)

	Young offenders		'Homeless'		Non Greek nationals	
	2002 (N=59)	2006 (N=43)	2002 (N=217)	2006 (N=368)	2002 (N=79)	2006 (N=160)
Mean age (in years)	18.7 (2.73)*	17.8 (1.59)*	31.2 (8.43) *	31.1 (8.21) *	28.6 (7.94)*	27.6 (7.73) *
	%	%	%	%	%	%
Gender						
Males	89.8	88.4	75.6	80.4	70.9	80.6
Females	10.2	11.6	24.4	19.6	29.1	19.4
Labour status						
Regular employment	15.5	4.8	7.4	10.4	11.8	18.8
Occasional employment	17.2	9.5	12.1	12.3	19.7	14.4
Unemployed	46.6	47.6	74.4	74.8	63.2	59.4
Pupil/student	19.0	33.3	1.9	0.8	5.3	6.9
Economically inactive	–	–	4.2	0.8	–	–
Other	1.7	4.8	0.0	0.8	0.0	0.6
Treatment history						
First treatment	57.6	51.2	38.0	44.8	61.0	67.1
Previously treated	42.4	48.8	62.0	55.2	39.0	32.9
Primary substance of abuse						
Heroin/other opiates	67.8	41.9	93.1	91.6	83.5	87.5
Cocaine	0	2.3	0.9	1.6	3.8	3.1
Cannabis	32.2	51.2	2.8	4.1	6.3	8.1
Hypnotics/Sedatives	0	4.7	1.8	1.4	2.5	0.6
Other drugs	-	-	1.4	1.3	3.9	1.2
Frequency of use of the primary substance among those reporting use of it in the last 30 days						
Everyday use of the primary substance of abuse in the last 30 days	75.7	54.5	84.6	73.0	73.2	76.9
2-6 times/week	16.2	15.2	10.0	13.9	16.9	12.9
0-1 times/week	8.1	30.3	5.5	13.0	9.9	10.2
Injecting drug use (IDU) in the last 30 days	29.8	16.3	72.1	52.9	62.0	49.1
Syringe sharing among IDUs in the last 30 days	23.5	71.4	37.9	38.3	28.6	25.3
Polydrug use	79.7	76.8	84.3	73.4	70.9	58.1

* standard deviation

SOURCE: Greek REITOX Focal Point (2007).

Profile of 'homeless'

'Homeless' drug users have comprised from 6% (in 2002) to 7.8% (in 2006) of the TDI population in the five year period. The majority are males but the share of females is higher than in the general TDI population (16.5% in 2002 and 15.5% in 2006) in both years (Table 25). Their mean age is 31 years old (Table 25) and the majority of them (74.4% in 2002 and 74.8% in 2006) are unemployed.

More than half (62% in 2002 and 55.2% in 2006) have tried again treatment for their drug problem. The vast majority of them have been using heroin/other opiates as the primary substance of abuse (93.1% in 2002 and 91.6% in 2006) in both years.

A minority of 'homeless' drug users (5.6% in 2002 and 9.3% in 2006) have reported not having used the primary substance of abuse in the last 30 days in both years. Of those who have been using it in the last 30 days the majority (84.6% in 2002 and 73% in 2006) have been doing so everyday. Most are polydrug users (84.3% in 2002 and 73.4% in 2006). The percentage of those reporting injecting drug use in the last 30 days has decreased significantly ($p < 0.001$) between the two years from 72.1% in 2002 to 52.9% in 2006. In addition, 37.9% of last 30 days injectors in 2002 and 38.3% in 2006 have also reported syringe sharing.

Profile of non-Greek nationals

Non-Greek nationals share ranges from 2.2% (in 2002) to 3.3% (in 2005-6) of the total population of drug users in TDI reporting system, with an upward trend recorded since 2002 particularly among the first treated non-Greek nationals (see section 2 in chapter 4). The share of females is smaller than that of males, but like the group of 'homeless' described above, higher than the share of females met in the TDI population in general in both years. Their mean age was 28.6 in 2002 and 27.6 in 2006 (Table 25). Most of them were unemployed in both years (63.2% in 2002 and 59.4% in 2006).

According to 2006 data only one third of non-Greek nationals have been treated before for their drug problem, the relevant percentage for 2002 being 39% (Table 25). This may be interpreted as an indication of the low attractiveness of treatment programs for this specific subpopulation of drug users and of the reluctance of this group of people to approach specialised services of the country.

Heroin/other opiates are the main substance of abuse for 83.5% of them in 2002 and 87.5% in 2006 followed by cannabis and cocaine.

A minority of them (9% in 2002 and 7.5% in 2006) report not having used the primary substance of abuse in the last 30 days and among those who have used it 73.2% in 2002 and 76.9% in 2006 have done it everyday. Polydrug use is the case for the majority of them in both years (Table 25). The percentage of those reporting injection in the last 30 days has decreased between the two years (from 62% in 2002 to 49.1% in 2006) and so has the percentage of syringe sharers among last month injectors (from 28.3% in 2002 to 25.3% in 2006).

In conclusion, according to the analysis presented in this section many differences exist between 2002 and 2006 for all groups but these cannot be evaluated since, with the exception of 'homeless', the two other groups have small numbers of persons, this being more the case for young offenders (Table 25). The information by year therefore is only informative and ultimately challenging for a further and in depth analysis of data for years

2003-2005 in order to identify trends. It is thus better to summarise the most important findings mainly for 2006 as presented in Table 25 according to which:

- In all three groups of drug users in contact with treatment and harm reduction interventions in 2002 and 2006 the majority are:
 - males, unemployed, with opiates as the primary substance of abuse (except for young offenders) and polydrug users
- The proportion of females is smaller than that of males but with regard to 'homeless' and non-Greek nationals higher than the proportion of females in the general TDI population
- The majority of non-Greek nationals report never been treated before for their problems with drug use
- Among those reporting drug use in the last 30 days prior to the interview, the majority in all groups use the primary substance at everyday base
- There is a significant drop between 2002 and 2006 in reported injecting use in the last 30 days in the group of 'homeless', possibly reflecting the effect of harm reduction interventions which target among others these people. It could also be influenced by the higher duration of drug use, possibly of injecting use too, which usually damages their veins.

12.4 Correlates and consequences of substance use among vulnerable groups

12.4.1 Psycho-social and health problems related to substance use

Data presented below are based on 2003 ESPAD survey and display the proportion of vulnerable students (according to three indicators: *drug use by siblings; played truant more than 3 times in the last month; being in a family with weak parental supervision*) who reported accident or injury and problems in relationship with parents compared to non vulnerable students.

Accident or injury

Drug use by siblings

Among those who reported drug use by siblings 9.3% had an accident or injury because of their own alcohol or drug use, a significantly higher rate compared to those who reported no sibling drug use (1.5%).

Truancy

Among those who reported past month unjustified absence from school for 3 times or more 4.1% had an accident or injury because of their own alcohol or drug use, a significantly higher percentage compared to those who had either not skipped school at all in the last month (0.8%) or skipped school once or twice (2.4%).

Problems in relationship with parents

Drug use by siblings

Among those who reported drug use by siblings 10.5% had problems in their relationship with their parents because of their own alcohol or drug use, a significantly higher rate compared to those who reported no sibling drug use (1.7%).

Truancy

Among those who reported past month unjustified absence from school for 3 times or more 4.1% had problems in their relationship with their parents because of their own alcohol or drug use, a significantly higher percentage compared to those who had either not skipped school at all in the last month (0.7%) or skipped school once or twice (2.4%).

Parental supervision

Among those who reported poor parental supervision 8.0% had problems in their relationship with their parents because of their own alcohol or drug use, a significantly higher rate compared to those who reported some kind of parental supervision (1.6%).

12.4.2 Deaths

According to data from the Hellenic Police regarding drug-related deaths (see also data drug-related deaths on Chapter 6. Health correlates and consequences), there is an increase in the number of drug-related deaths of non-Greek nationals over the last years. In specific, the proportion of drug-related deaths of non-Greek nationals was 2.0% - 5.3% up to 2002, but in recent years (2003, 2004 and 2005) the respective percentages were 7.1% - 8.9%.

12.4.3 Criminal behaviours

The latest available data from NSSG on minors awarded reformatory, therapeutic or correctional measures are for the year 2004. The number of minors who committed drug-related offences and were placed under supervision in therapeutic or reformatory institutions, or under parental supervision, supervision of JPAs or supervisors, was 256. 92.2% were males. 71% were charged for drug use and 16.8% for use and possession. 81% of the minors were aged from 18 to 20.

The Supervisory Juvenile Service of the Athens Juvenile Court presents every year to the Greek REITOX Focal Point information about drug-related cases. In the court year 2005-2006, the one-member Athens Juvenile Court tried 19 drug-related offences (of a total of 1,137 cases) and the three-member Athens Juvenile Court tried 20 (of a total of 87 cases). The data collected by most supervisors about minors brought to justice and convicted for the first time shed light on the profile of offenders involved in drug use cases.

The data set is about 35 juvenile offenders, most of whom (83%) were boys. 29 minors were Greek nationals, two were Albanian, two Nigerian, one Iraqi and one Ukrainian. Over 85% of the offenders came from "problem families". As for their educational status, more than half dropped out (57%) of compulsory education sometime during lower secondary, 23% had graduated from compulsory education and continued in upper secondary, and the remaining 20% represented grammar school graduates and non graduates. As for employment status, 43% had occasional employment, 37% were unemployed and the remaining 20% had regular employment. More than half of the minors (57%) were convicted for occasional use. 68.5% were convicted for cannabis use, 28.5% for heroin use, and 25.7% for use of pills and other drugs. Finally, 13 of the 35 individuals (37%) committed drug-related offences after their trial and an additional 11 individuals (31%) committed other types of offences. This shows, therefore, that over 2/3 "relapse" after conviction.

12.5 Policy and legal development

Greece has set up a social policy for combating social exclusion which aims at providing equal opportunities, social services, in health, education, welfare and a respectable living standard.

The groups that are considered vulnerable and therefore come within the National Action Plan for Social Inclusion, launched in 2005, are persons with disabilities, economic immigrants, repatriates and refugees. According to the Plan, senior citizens with no families, certain groups of unemployed, persons dependent on drugs, prisoners etc., are groups of the population in need of personalised approach and services, as well as of benefit policies. Many actions were implemented in this field, mainly funded by the Third CSF. Social care edifices were supported by the significant contribution of the Network of Social Support Services, which has 91 Offices for the Provision of Social Support Services active throughout the country (Ministry of Employment and Social Protection, 2005).

For the substance abusers, OKANA with the dual agency role of national coordinator and developer of demand reduction interventions, has a main role in prevention, provides support to substance abusers, treatment and rehabilitation services and programmes. OKANA is cooperating with domestic agencies (co-responsible Ministries, treatment programmes, municipal authorities, university institutions, etc.) and European and international organisations in forging and coordinating national policy on drugs. It is closely cooperating with Greek Focal Point of the EMCDDA, which provides data and information on the situation concerning drugs in the country.

12.6 Prevention

12.6.1 Selective prevention

Although drug prevention in Greece continues to focus more on universal interventions (please see Chapter 3. Prevention), it is clear that efforts are being made to develop and implement interventions, geared towards reaching groups (selective prevention) and individuals (indicated prevention) at risk.

ICARUS Prevention Unit (KETHEA), established in 2004, designs and implements selective and indicated prevention interventions, targeting young offenders, immigrants, remigrants, refugees, disabled children, children from dysfunctional environments or children living in care institutions, etc. (KETHEA, 2006). Moreover, ICARUS implements interventions aimed at networking with the community and other health professionals.

Help lines

Three help lines operate in Greece in order to provide information about drugs and the services available in the country and/or counselling so as to ensure immediate crisis management and referral to the existing structures and services

In 2006, the Open Line (18 ANO Dependence Treatment Unit, Attica Psychiatric Hospital) received a total of 895 calls. The calls received by ITHAKI Psychological Support Help Line (KETHEA) increased considerably after acquiring a national four-digit number at local call rates. It is estimated that during 2006 the line received 2,667 calls, of which 396 from users, 2,240 from non users and 31 from professionals. The SOS Drugs Help Line / 1031 of OKANA in 2006 received 2,805 calls, 862 of which were repeat calls.

12.6.1.1 *Young people at risk*

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

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

Interventions targeting young people at risk in 2006 are presented in detail below.

Interventions in school settings

In 2006, prevention agencies implemented 6 prevention interventions for 361 students at risk (with poor academic performance or psychosocial problems) and 27 teachers from 11 schools. This figure is lower than in 2005, when 14 interventions were implemented and 674 students reached. Interventions for young people at risk include information and awareness raising of prevention, development of personal and social skills, support and counselling, as well as referral to specialised services where appropriate.

Moreover, in the context of the action plan of the Ministry of Education and Religious Affairs for drug use prevention in schools, 16 Youth Counselling Centres had been established across the country, 15 of which are currently operational, staffed by teachers. An additional 43 Youth Counselling Centres were established in 2006 (they are not yet operational), so as to ensure coverage of all education directorates in the country.

Interventions for youth from culturally different groups

In 2006, 6 interventions were implemented with the participation of 161 young people. Four of them were implemented in 12 cross-cultural schools with the participation of 31 teachers. The aim of cross-cultural interventions was to provide drug-related information and awareness, as well as counselling. Compared to 2005, both the number of cross-cultural interventions and the number of young people reached decreased: in 2005 there were 8 interventions with 381 participants.

Since 1996, in an attempt to reach young people from culturally different groups and counter the risk of educational exclusion, the Ministry of Education and Religious Affairs has established cross-cultural schools, reception classes and language courses, so as for students to learn Greek and be prepared for integration into the Greek school system at large. Moreover, the "Education for Gypsy Children" programme (approved until the year 2006), with the support and cooperation of the Institute for the Education of Foreign Nationals of Greek Origin and Cross-cultural Education, under the auspices of the Ministry of Education, is designed to combat high dropout rates.

Interventions in care institutions, hospitality centres, services for the disabled, etc.

Prevention agencies cooperate with institutions, hospitality centres, and services for the disabled in view of implementing interventions for their members and training seminars for professionals. In 2006, 6 interventions were implemented with 66 participants, and 5 training seminars for 45 professionals working in those structures.

Interventions in the context of the criminal / penitentiary system

In view of preventing crime, in 1995 Juvenile Protection Associations (JPAs) were set up, under the auspices of the Ministry of Justice, in charge of preventing juvenile delinquency. They operate in the places where courts of first instance have their seat and their mission is to prevent delinquency among minors who exhibit antisocial behaviour or risk becoming perpetrators or victims of criminal offences because of inappropriate or non-existent family environment or other adverse social conditions or reasons. Furthermore, the Ministry of Justice established back in 1976 the Supervisory Juvenile Services at the Juvenile Courts, operating under the auspices of the juvenile judge in the seat of each court of first instance that has a Juvenile Court. They represent the primary non-institutional service for young offenders or minors at risk of becoming perpetrators or victims of criminal offences. For a brief description of these services, please see Structured Questionnaire 26.

Drug-specialised agencies also implement prevention and early intervention activities for young people with delinquent behaviour. Since 1998, STROFI Open Therapy Programme for Adolescents has been operating a Counselling Centre for Adolescent Offenders at the Athens Juvenile Court. Moreover, PEGASUS Mobile Information Unit (KETHEA) held an information meeting with 200 prisoners at the Kassandra Rural Prison, and the Prevention Centre of the Municipality of Chios implemented a training course for prison warders in the Judiciary Prison of Chios, with 8 participants.

12.6.1.2 *At-risk families*

Given the emphasis placed on the role of the family in prevention, prevention agencies also reach at-risk families. In the year 2006, interventions were attended by a total of 270 parents. The interventions targeted parents from culturally different groups and parents whose children had various psychosocial problems. Compared to 2005, the number of parents reached in 2006 has remained more or less unchanged (220 parents reached in 2005.)

12.6.1.3 *Recreational settings*

As stated in previous Annual Reports of the Greek REITOX Focal Point (2004/2005 and 2006), given that in Greece the concept of prevention in recreational settings has yet to be clarified, the activities of prevention agencies in this area are incidental and largely restricted to the distribution of drug-related information leaflets, the provision of information about the health impact of drug use, etc.

12.6.2 Indicated prevention

As far as indicated prevention interventions in the school setting are concerned, prevention agencies in cooperation with local schools provide counselling to students upon request. In

2006, prevention agencies supported about 270 students from 12 schools. Moreover, with a view to promoting health in schools, the Ministry of Education and Religious Affairs established 22 Diagnosis, Evaluation and Support Centres (KDAY) for students with physical, psychological, emotional and social particularities. Such structures raise the awareness of and provide psychosocial support to teachers and parents.

In addition, Prevention Centres run by OKANA and the local authorities provide counselling and psychosocial support and make referrals to specialised structures to drug users or their families as well as to individuals with various drug-related psychosocial problems. In 2006, the Prevention Centres run by OKANA and the local authorities served over 990 individuals. Moreover, individual counselling to people belonging to high risk groups and drug users and their families is also provided by PEGASUS Mobile Information Unit (KETHEA). In 2006, sessions were held with 105 users and 75 users' family members, as well as with 72 individuals on drug prevention. Moreover, the adolescents' services of OKANA, KETHEA and 18 ANO Dependence Treatment Unit of the Attica Psychiatric Hospital reach young users engaging in occasional use and their families, and deliver early interventions in the form of psychosocial support and education.

12.7 Specific treatment options for vulnerable groups

During the last years many of the therapeutic programmes have established innovative services aiming at supporting drug addicts with special characteristics and needs.

According to TUF data in 2006, 32 out of 49 treatment units/programmes (65.3%) report they provided services adapted to the special needs of individuals that come from vulnerable social groups. In specific, 9 out of the total of 16 substitution programmes and 23 out of the 33 drug-free treatment programmes provided services to individuals under psychological or social vulnerability (refugees, prostitutes, immigrants, homeless, young offenders etc).

Moreover MOSAIC and KIVOTOS run by KETHEA are the only innovative cross cultural programmes in Greece.

MOSAIC, situated at the centre of Athens, is an attempt to apply the principles of therapeutic communities to the psycho-social support of immigrants and refugees, in order to deal with crisis situations and enable their social integration. Moreover, MOSAIC provides personalised, immediately accessible and flexible support to substance dependent immigrants aiming at damage minimisation, treatment and social re-integration as well as providing counselling to their families and their spouses. In 2006 the MOSAIC programme provided services to 167 individuals. 51 of them were drug users.

KIVOTOS Cross-cultural Therapeutic Programme aims at providing psychosocial support to all those involved in substance abuse in the area of Thrace (north-eastern Greece) where different ethnic, linguistic and religious groups live. Thus, KETHEA embarked on the design and establishment of an intercultural counselling centre based in the city of Alexandroupolis. The Counselling Centre currently provides counselling services to substance users and their families and proceeds to referrals to the ITHAKI Therapeutic Programme in Thessaloniki. Soon, the main stage of the therapeutic procedure will take place in the neighbouring city of Kavala, where a therapeutic community will be in place. In 2006, KIVOTOS counselling centre provided services to 47 individuals and 29 family members.

In addition, the **Reception and Re-entry Centre for Released Prisoners** (see also Chapter 9) of the Admission and Reintegration Centre for Released Drug Users in Thessaloniki (KETHEA) provides support, therapy, education, training and social

reintegration services to released drug users and their families. In 2006, the Centre served 75 clients (23 in 2005).

Moreover, **EXELIXIS Multiple Intervention Centre (see also chapter 7)** was set up in 1995 in order to provide support and care to drug users who do not wish to enter a treatment programme and belong to marginalised groups such as homeless, ex-prisoners and prostitutes and who do not have access to social services. For this purpose a multifaceted network of services has been created aiming to reduce drug related harm and to improve the living conditions of the drug users. In 2006 provided services to 154 individuals and 155 family members.

13. DRUG-RELATED RESEARCH IN EUROPE

13.1 Research structures

13.1.1 Drug-related research in national policy

The National Strategy foresees a scientific approach to the drug problem, through monitoring, evaluation and research, comprising four axes:

- a) provision of data through the continuing implementation of the 5 epidemiological indicators, and on the new emerging trends in drug use and market
- b) Promotion of scientific research on biomedical, psychological and other factors related to dependence
- c) Promotion of research for the identification of protective factors in Greece, where HIV/AIDS prevalence among users is low
- d) Estimation of public expenditure on drugs

Research, along with training, is one of the 15 Actions of the draft National Action Plan. It is specifically mentioned that, under the supervision of the coordinating body, special educational and research programmes will be developed, as well as a national research databank.

Recently, a bill was submitted to the Parliament which provides the framework for the design and implementation of a national research policy, for which, the competent agents are the Interministerial Committee for Research and Technology, the Ministry of Development (through the General Secretariat for Research and Technology, The Ministry of Education and Religious Affairs, the National Council for Research and Technology and the National Organization for Research and Technology. The National Council and the National Organization are two new bodies founded by this law. Although specific mention for drug research, it is believed that it comes under applied research (www.gsrt.gr).

Main areas highlighted

The Focal Point collects, since 1998, data on drug related research projects conducted in Greece. Information is collected through a structured questionnaire, sent each year to researchers and professionals active in the field. The questionnaire asks about the funding agency, the year of the project, the research team, methodological data, main results if the project is completed, and relevant publications.

The research projects collected appear in the relevant database, accessible through the FP's website, (www.ektepn.gr) where researchers can also directly upload their project. A

synopsis of the results are published in the National Report which the Focal Point publishes in Greek at annual basis.

One of the problems in the compilation and analysis of research projects is deciding on inclusion criteria, i.e. defining “research”.

Various definitions are available, which are complementary rather than mutually exclusive. The common elements in most definitions are “systematic investigation”, “establishing facts”, “new knowledge” and “new data”. The term “systematic” implies the use of specified methodology. Therefore, research projects should have a methodology, produce new data and add to existing knowledge. These criteria include monitoring.

The new Greek bill mentioned in 2.3.1.1., research is defined as “the original work which promotes scientific knowledge according to internationally accepted scientific methods or theories, or the processing of new theories receivable by the international scientific community” (www.gsrt.gr).

According to the information collected in the last 9 years, the majority of research is epidemiological, mainly at local or regional level, and most often on high school and university student samples, investigating prevalence and psychosocial factors related to drug use. Few nationwide surveys are conducted, mainly ESPAD and HBSC-WHO by the UMHRI.

Next, in number, to the epidemiological studies are those related to clinical research, referring to treatment. The most prevalent subjects of this type of projects deal with characteristics of patients, effectiveness of various types of treatments, treatment outcome and comorbidity.

Research in prevention is not widespread. The few projects deal with internal evaluation of prevention programmes, pilot implementation of new interventions and policy issues.

Projects dealing with drug strategy and policy refer mainly to the needs of professionals in the field and training.

There are also some projects related to forensic medicine analysing results of the toxicological examinations from drug related deaths and fatal injuries, arrests and qualitative analysis of seized samples.

Research conducted in universities is not easily accessible through the collection system of the Focal Point described above. Their work can be reached through the Documentation section of the Focal Point, in the framework of the Greek Bibliography on Drugs, which is a collection of drug-related scientific papers, published or delivered in conferences by Greek experts. The Bibliography on drugs was first published in 1997 and, since then, a Supplement is published every year with the new publications. The contents are also accessible through the relevant bilingual database of the Focal Point’s website.

Although, not all publications or conference papers refer to research projects, it is a useful tool for identifying them.

Biomedical research in Greece, as well as research on legal issues and prisons, is mainly conducted by university departments.

Restraints, needs and gaps

In the framework of data collection of the drug related research projects conducted in Greece, the Focal Point asks the opinions of researchers and professionals on the existing problems and needs in this area.

The most prevalent perceived problems are:

- *Lack of funds.* Many research protocols are submitted to various funding agencies each year but very few receive financing.
- *Lack of central coordination.* Similar projects run simultaneously by different institutions or persons. This subject overlap results in the waste of scarce funds.
- *Lack of communication among agencies.* Further to the aforementioned coordination problem, it is proposed that institutions mutual interest.

From the same source, the major needs expressed are:

- *Training of researchers.* The need for both institutionalised training, through post graduate studies, and in-service training, through participation in international seminars, courses, etc, is strongly expressed. Training is also considered as a prerequisite for the promotion of science based practices.
- *Evaluation.* External evaluation of therapeutic and preventive interventions is limited in Greece and the need for an extended effort towards its establishment is well known and discussed.
- *Survey series.* The small number of survey series in Greece makes the observation of trends difficult. Their enhancement would facilitate policy makers and professionals to measure developments in the different dimensions of the drugs filed.

The research interests as expressed by the drug professionals are: Policy and strategy, Evaluation of services, Drugs and crime and Alcohol use and dependence.

13.1.2 Relationship research-policy

The emphasis on research in the National Strategy shows that policy makers expect research results in order to design and restructure existing interventions or evaluate them.

Information from the monitoring of the situation, as well as from small scale studies, conducted by the Focal Point are published in the Greek Annual Report on drugs. The Report includes suggestions and proposals to policy makers based on new developments and gaps observed. The publication of this Report attracts the attention of the Minister of Health, the National Drugs Coordinator and the Media, every year. The current National Strategy on Drugs foresees actions that aim in resolving several of the problems identified by the Focal Point in past Greek Annual Reports.

The Coordinating body on drugs – OKANA- has a Research and Evaluation Department, whose main aim is the systematic analysis of data from the substitution programme in order to provide feedback to the policy makers on its progress (www.okana.gr) .

13.1.3 Main national structures for drug-related research

Coordination bodies

There is no central coordination for drug related research. The coordinating body and the Ministries involved in combating drugs (Health, Education, Public Order, Justice) supervise,

support and fund drug related research projects upon request, i.e. when relevant protocols are submitted.

Main research institutions

The Ministry of Education can finance and supervise research on drugs, mainly on the student population. These projects are usually undertaken by the pedagogical Institute which belongs to the Ministry of Education (www.ypepth.gr).

The General Secretariat of Research and Technology of the Ministry of Development:

- Supports the research activities of the country's scientific research institutes and disseminates research information nationally and internationally
- Promotes cooperation with other countries and international organisations on research and technology issues
- Represents Greece in relevant institutions of the European Union
- Establishes new research institutions

The Ministry of Health is also responsible for financing and supervising research on drugs. Such projects were usually co-financed by the 2nd and 3rd Community Support frameworks (www.mohaw.gr).

The Research and Evaluation Department of OKANA is, among its other responsibilities, involved in European and international research projects.

The UMHRI, mother institution of the Focal Point is one of the main institutions which conducts nationwide population surveys on the general and the student population, the latter through its participation in the ESPAD and HBSC-WHO groups.

Active in drug research is also one of the two major drug-free treatment centres, KETHEA. Their projects are usually self-financed.

Various universities, such as the Universities of Athens, Thessaloniki and Ioannina, are involved in drug research, using most often national and European co-financing.

As already discussed in section 2.3.1.1, the new bill provides for the creation of two new bodies the National Council for Research and Technology and the National Organization for Research and Technology, which will take part in the design of the Greek policy for research.

Main funding frameworks

The 2nd and 3rd Community Support framework of the European social fund, Directorate General V have been the main funding sources for social research in Greece in the last years.

The community initiative EQUAL was a funding source for innovative and original research on drugs during 2001-2007. EQUAL aims at underpinning a horizontal approach to policies and services accessible to various population groups who are faced with or threatened by labour market exclusion and overcome fragmentation and lack of coordination in the policies applied (Ministry of labour and social affairs 2001).

The drug project of EQUAL was coordinated by OKANA through the PROOPTIKI Development Partnership, in 2001-2004 and ENTAXI Development Partnership in 2005-

2007, which brought together drug dependence treatment agencies, vocational training providers, as well as employment and labour market promotion agencies. The research projects were carried out by the Greek and are presented in Chapter 2.3.2.1.

13.2 Main recent studies and publications

13.2.1 Main recent studies since 2000

Name of research project	The 2007 European School Survey Project on Alcohol & other Drugs (ESPAD)
Research Institution	University Mental Health Research Institute (UMHRI)
Funding	Greek Organisation Against Drugs (OKANA)
Structured abstract	<i>Background/objectives:</i> Cross-sectional study pertaining to in-school adolescent licit and illicit substance use. The Greek ESPAD study is being conducted since 1995 on a 4 year basis. It aims at collecting accurate data on the level and patterns of licit and illicit drug use among students and at tracking trends in the use of alcohol and various types of drugs. <i>Methods:</i> School survey, using anonymous questionnaires and involving approximately 10,000 students aged 14-18. Sampling units are schools selected through multistage probability sampling. <i>Results:</i> (2003 data): lifetime use of any illicit drug was reported by 10% of the adolescents aged 14-17 (16% at the age of 17-18). Two in three LT users reported use at least 3 times in LT (6.6%). Cannabis is the illicit substance most commonly used.
References of main publications	Andersson B, Hibell B, Beck F, et al. Alcohol and Drug Use Among European 17-18 Year Old Students. CAN: Sweden 2007. Kokkevi, A., C. Richardson, et al. (2007). Psychosocial correlates of substance use in adolescence: a cross-national study in six European countries. <i>Drug Alcohol Depend</i> 86(1):67-74. Kokkevi, A. E., A. A. Arapaki, et al. (2007). Further investigation of psychological and environmental correlates of substance use in adolescence in six European countries. <i>Drug Alcohol Depend</i> 88(2-3):308-12. Hibell, B., B. Andersson, et al. (2004). The ESPAD Report 2003 - Alcohol and Other Drug Use Among Students in 35 European Countries, The Swedish Council for Alcohol and Other Drugs (CAN). The Pompidou Group at the Council of Europe.
Name of research project	A survey in three metropolitan Greek cities on the general population attitudes towards ex drug users' socio-economic (re)integration (2006)
Research Institution	Greek Reitox FP of the EMCDDA / University Mental Health Research Institute (UMHRI) in collaboration with the Counselling Centre for Students of the National and Kapodistrian University of Athens

Funding	European Commission (EQUAL Community Initiative) (75%) and Ministry of Employment & Social Security (25%)
Structured abstract	<i>Background/objectives:</i> Ad hoc survey on general population attitudes towards drug users, drug addicts, ex-drug users and towards the social and economic reintegration of ex-drug users. <i>Methods:</i> Household, face-to-face, pen-and-pencil interviews with 702 individuals aged 15-64 selected by a random multi-stage sampling method from the general population of three cities, Athens, Thessaloniki, Heraklion Crete <i>Results:</i> 59.4% of the respondents agree with the provision of substitution treatment, while a 56.1% are against the distinction between “soft” and “hard” drugs. Seven in 10 view favourably the possible operation of a treatment unit in their wider area of residence. The overwhelming majority (96.7%) agree with stricter penalties on dealers and with alternative to prison penalties for addicts, e.g. social work (88.8%), compulsory treatment (85.8%) or compulsory medical monitoring (74.2%). <i>Conclusions:</i> The public has overall a positive attitude towards ex-drug users. Most of the respondents also view positively the operation of a dependence treatment unit in their wider area of residence.
References of main publications	Kitsos, G., Fotiou, A., Charila, D., Efstathiou, G., Efthimiou, C., Kalantzi-Azizi, A., Terzidou, M. (2007) A survey in three metropolitan Greek cities on the general population attitudes towards drugs and ex drug users' socio-economic (re)integration. Greek National Focal Point of the EMCDDA / University Mental Health Research Institute, ENTAXI / EQUAL. Athens [in Greek]
Name of research project	The 2006 Health Behaviour in School Aged Children (HBSC)
Research Institution	University Mental Health Research Institute (UMHRI)
Funding	Own funds (main), Public welfare institution (part)
Structured abstract	<i>Background/objectives:</i> Cross-sectional study pertaining to the fields of adolescent health, psycho-social well-being, and health and risk behaviours. The Greek HBSC study is being conducted since 1998 on a 4 year basis. It provides national estimates of the lifetime, last year, and past month use of tobacco, alcohol and illicit drugs. <i>Methods:</i> School survey, using anonymous questionnaires and involving approximately 4,500 students aged 11, 13, and 15. Sampling units are schools selected through multistage probability sampling. <i>Results:</i> Lifetime cannabis use was reported in 2006 by 3.7 % of the student population aged 15 (6% male and 1.9% female). Last month use reported by 2.2% (3.3% male and 1.4% female).
References of main publications	Kokkevi, A., S. Nic Gabhainn, et al. (2006). Early initiation of cannabis use: a cross-national European perspective. <i>J Adolesc Health</i> 39(5): 712-9. Currie C. et al (eds.) 2004. Young People's Health in Context:

international report from the HBSC 2001/02 survey. WHO Policy Series: Health policy for children and adolescents Issue 4, WHO Regional Office for Europe, Copenhagen

Name of research project Public attitudes towards drugs and drug treatment (2005)

Research Institution Therapy Centre for Dependent Individuals (KETHEA), in cooperation with V-Project Research Consulting (VPRC)

Funding KETHEA funds

Structured abstract *Background/objectives:* Ad hoc survey on public attitudes towards the drugs problem. *Methods:* Telephone interviews involving a random sample of 1,200 individuals aged 15+. *Results:* 63% of the respondents who do *not* live near a dependence treatment centre fully approve and 17% rather approve of the operation of a dependence treatment centre in the neighbourhood. Most of the respondents who *do* live near a dependence treatment centre recognise that the centre is not a nuisance to life in the neighbourhood. Nine in 10 respondents (91%) would employ a former drug user, while 6 in 10 (61%) employ an active drug user. *Conclusions:* Greeks overall seem to be very much concerned over the drugs problem and a positive public attitude towards both drug users and dependence treatment centres while downplaying the risk of using legal substances (alcohol, tobacco).

References of main publications KETHEA (Therapy Centre for Dependent Individuals) (2007) The 2006 Annual Report of KETHEA. KETHEA, Athens.

Name of research project The 2004 Greek National Population Survey on Licit and Illicit Substance Use

Research Institution University Mental Health Research Institute (UMHRI)

Funding Greek Organisation Against Drugs (OKANA)

Structured abstract *Background/objectives:* The Greek National Population Survey on Licit and Illicit Substance Use is being conducted since 1984 on a 4 to 5 year basis. It provides national estimates of the lifetime, last year, and past month use of tobacco, alcohol, medical and nonmedical prescription and illicit drugs. *Methods:* Household, face-to-face, pen-and-pencil, interviews involving in 2004 4,781 individuals aged 12-64 selected through multistage probability sampling. *Results:* Lifetime use of any illicit drug was 8.6% in 2004. Cannabis accounts for almost all the total prevalence of illicit drug use with all other illicit drugs having lifetime prevalence below 1%. A 9.1% reported unprescribed use of prescription-type drugs. Males are far more heavily involved in illicit drug use than females although gender differences in illicit drug use have narrowed over the years, especially in the younger age groups. *Conclusions:* Findings from

the Greek general population survey have had an impact on drug policy in the past and continue to represent an important input to policy formulation.

References of main publications Kokkevi, A., Fotiou, A., Richardson C. (2007). Drug use in the general population of Greece over the last 20 years: results from nationwide household surveys. *Eur Addict Res* 13(3): 167-76.

13.2.2 Peer-reviewed scientific journals

List of publications by national researchers published in international peer-reviewed scientific journals in year 2006:

KOKKEVI, A., Nic GABHAINN, S., SPYROPOULOU, M. and the Risk Behaviour Focus Group of the HBSC. (2006) **Early initiation of cannabis use: a cross-national European perspective.** *Journal of Adolescent Health*, Nov;39 (5): 712-9.

KOULIERAKIS, G. (2006) **Drug use and related precautions prior to imprisonment, inside prison and intentions after release among Greek inmates,** *Addiction Research and Theory*, Vol.14, no.3, p.217-233.

LIAPPAS, I., PAPAGEORGIU, C., RABAVILAS, A. (2006) **Abnormal auditory N400 in a case of zolpidem dependence, during a working memory test,** *European Psychiatry*, Vol.21, no. 2, p.135-137.

RICHARDSON, C., POLITIKOU, K., TERZIDOU, M., MAKI, Z., KOKKEVI, A. (2006) **The quality of data obtained from Self-Completed questionnaires in a survey of High School students,** *Quality and Quantity*, Vol.40, no.1, p.121-127.

Ter BOGT, T., SCHMID, H., GABHAINN, SN., FOTIOU, A., VOLLEBERGH, W. (2006) **Economic and cultural correlates of cannabis use among mid-adolescents in 31 countries,** *Addiction*, Vol.101, no.2, p.241-251.

13.3 Collection and dissemination of research results

13.3.1 Information flows

The Greek Focal Point is the national monitoring and documentation centre, and as such, responsible for collecting and disseminating all drug information.

The Focal Point publishes annually the Greek Report on the Drugs Situation addressed to the policy makers, the professionals and the public. The Focal Point also publishes the Greek Bibliography on drugs every year, which, along with the information on drug research in Greece. The contents of the Bibliography are available to the public in hard copy by the FP's library and in electronic form through the relevant database accessible through the FP's website.

The Documentation section of the FP collects and disseminates to data providers and other partners from its national network, publications of the EMCDDA and other European and international organisations.

13.3.2 National scientific journals

National drug research journals

Name of the journal	Main topics	National/international contributions	Peer-reviewed	Abstract language(s)
<u><i>Exartisis</i></u>	Addiction, prevention, treatment, social consequences	National. It also contains translations of selected articles published in international journals.	Yes	Greek and English
<u><i>Stigma</i></u>	Mental health, addictions	National	Yes	Greek

National disciplinary scientific journal publishing drug-related research

Name of the journal	Main topics	National/international contributions	Peer-reviewed	Abstract language(s)
<u><i>Archives of Hellenic Medicine</i></u>	Medical health	National	Yes	Greek and English
<u><i>Tetradia Psychiatrikis</i></u>	Psychiatry, mental health, addictions	National	Yes	Greek
<u><i>Psychiatriki</i></u>	Psychiatry, addictions	National / international	Yes	Greek and English
<u><i>Greek Review of Social Research</i></u>	Social sciences	National / international	Yes	Greek and English
<u><i>Criminal justice</i></u>	Criminal justice, νομοθετικές εξελίξεις	National / international	Yes	Greek and English
<u><i>Iatriki</i></u>	Mental issues	National	Yes	Greek and English
<u><i>Synapsis</i></u>	Psychiatry	National	No	Greek

13.3.3 Other means of dissemination

Websites dedicated to research

www.kethea.gr	Therapy Center for Dependent Individuals
www.ektepn.gr	Greek Reitox Focal Point
www.exartiseis.gr	Therapy Center for Dependent Individuals (Scientific Journal)
www.pyxida.org.gr	Drug Abuse Prevention and Health Promotion Centre
www.auth.gr/selfhelp	Self help Promoting Program (Aristotle University of Thessaloniki – Department of Psychology)

National Drug Conferences

2006

- University of Athens / University of Thessaloniki «Psychiatry and Law. II Use of Substances: An interdisciplinary approach », 15-16 December 2006, Athens
- Transnational Institute / Andreas Papandreou Foundation «Evaluation of the Action Plan of the UN Against Drugs 1998 – 2008. The Contribution of the Member States of the UN and the Civil Society», 8 December 2006, Athens
- KETHEA «Motivation for Treatment and Drug Intervention Programmes» 25 September 2006, Athens
- Andreas Papandreou Foundation «The Problem of Substance Use in the Balkans and the Contribution of the Balkan Countries and the International Community in responding to it», 31 March 2006, Athens

2005

- 4th Panhellenic Congress of Health Promotion and Health Education "From Theory to Practice", 8-10 December 2005, Athens
- 6th Panhellenic Conference of Prevention Agencies Against the Use of Substances «Prevention: encounter and response», 9-12 November 2005, Larisa
- 1st Panhellenic Congress of Networking of the Heads of the Prevention Centres Against Drugs, 2-3 April 2005, Chalkidiki
- Congress of the Orthodox Academy of Crete «Drugs, a Threat for Crete», 1-3 March 2005, Crete
- EPIPSY – OKANA «Family and Addictions: Violation and Transgression», 15-16 April 2005, Athens
- Paneuropean EQUAL Congress «Policies Regarding Rehabilitation of Detoxified Individuals in the Working Field», 30-31 March 2005, Athens
- Association of Municipalities and Communities of Greece / Prevention Centre Against Substance Use of the Prefecture of Thesprotia «ARIADNE» «Local Authorities and Prevention Centres – Evaluation, Problems και Perspectives», 11-12 March 2005, Athens

2004

- Counseling Centre for Combating Drugs of the Prefecture of Ioannina «10 Years of Prevention – Assessment and Perspectives», 11-12 December 2004, Ioannina
- Drug Prevention and Health Promotion Centres of the Prefecture of Samos «FAROS» Meeting of Prevention Agencies in Aegean Islands «Exchange of opinions for the perspectives of Prevention Programmes in the Aegean Islands and their difficulties», 2-3 October 2004, Samos
- KETHEA «Use and Sexuality», 27 September 2004, Athens
- Prevention and Information Centre of the Municipality of Peristeri «Community Mental Health and Prevention», 7 June 2004, Athens
- KETHEA «Welfare State and Drug Addiction», 10 May 2004, Athens

2003

- KETHEA «Alcoholism and Drug Addiction: Social, Psychiatric and Genetic Aspects», 15 - 16 September 2003, Athens
- Psychiatric Department of General Hospital in the Municipality of Mytilini «Treatment of Drug Addicts and their Families in the Hospital and in the Community», 6-7 June 2003, Mytilini
- KETHEA «Criminal Justice System and Drug Abuse: Theory and Practice», 26-27 May 2003, Athens
- 5th Panhellenic Conference of Prevention Agencies Against the Use of Substances «10 Years of Networking: The Prevention in the intersection of new challenges», 26-29 March 2003, Ioannina
- KETHEA «Family and Drug Addiction», 10 February 2003, Athens

2002

- 3rd Panhellenic Congress of Health Promotion and Health Education: «Environment, School, Employment and Health Services», 5-7 December 2002, Athens
- KETHEA «Stigma and Social Exclusion», 23 September 2002, Athens
- KETHEA «Training Health Professionals in the Drug Addiction Field», 27 May 2002, Athens
- KETHEA «Effectiveness of Drug Abuse Treatment», 4 February 2002, Athens

PART C

BIBLIOGRAPHY

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Greek REITOX Focal Point (Greek Monitoring Centre for Drugs and Drug Addiction) (2005) Report to the EMCDDA by the Reitox National Focal Point: Greece, drug situation 2005. University Mental Health Research Institute, Athens

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INTERNET ADDRESSES:

<http://www.ipode.gr>

<http://www.ministryofjustice.gr>

<http://www.mohaw.gr>

<http://www.gsrt.gr>

<http://www.okana.gr>

<http://www.pi-schools.gr/programs/par/index.html>

<http://www.ypepth.gr>

ANNEXES

ANNEX I

Table I: Prevention agencies by geographical region

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

GEOGRAPHICAL REGION	TITLE	TOWN/CITY	INTERNET SITE	
WESTERN GREECE	Prevention Centres established by OKANA and Local Authorities			
	1) Centre of Prevention of Addictive Substances of the Prefecture of Achaia	Patra	www.forthnet.gr/protasi/	
	2) Prevention Centre Against Substance Use of the Prefecture of Ilia "PAREMVASIS"	Amaliada	www.paremvasis.net.gr	
	3) Prevention Centre Against Drugs of the Prefecture of Etoloakarnania "ODYSSEUS"	Agrinio		
	Other prevention agencies			
	Movement for another lifestyle "PROTASI"	Patra	www.forthnet.gr/protasi/	
CENTRAL GREECE	Prevention Centres established by OKANA and Local Authorities			
	1) Drug Prevention Centre of the Prefecture of Evia	Halkida		
	2) Prevention Centre of the Prefecture of Voiotia "PROTASI ZOIS"	Livadia/Thiva		
	3) Prevention & Information Centre Against Drugs of the Prefecture of Fthiotida	Lamia		
4) Prevention Centre Against Substance Use of the Prefecture of Evritania "ALKYONI"	Karpenisi			
ATTICA	Prevention Centres established by OKANA and Local Authorities			
	1) Prevention Centre Against Substance Use & for the Promotion of Health of the Municipality of Zografou "KEPHEO"	Zografou	www.keptheo.gr	
	2-5) Centre for the Prevention of Addiction and Health Education of the Municipality of Athens "ATHENA IGIA" (4 Centres)	Athens	www.kentro-prolipsis.gr	
	6) Social Intervention Centre – Joint Municipal Enterprise of Alimos, Argiroupoli, Elliniko & Glyfada	Alimos/ Argiroupoli/ Elliniko/ Glyfada		
	7) Prevention & Information Centre of the Municipality of Peristeri "ODIPORIKO"	Peristeri		
	8) Dependence Prevention & Mental Health Promotion Centre of the Municipalities of Holargos and Aghia Paraskevi "ARGO"	Holargos		
	9) Prevention Centre Against Dependence of the Municipalities of Kallithea, Moshato, Tauros "STATHMOS"	Kallithea		
	10) Drug Prevention & Health Promotion Centre of the Municipalities of Egaliaio, Ag. Varvara, Haidari "ARXIS"	Egaliaio		
	11) Drug Prevention Centre of the Municipality of Kifissia "PRONOI"	Kifissia	www.kifissia.gr	
	12) Prevention Centre Against Substance Use of the Municipality of Acharnes "DIEXODOS"	Acharnes		
	13) Prevention Centre Against Substance Use of the Municipalities of Ilioupoli and Imittos	Ilioupoli		
	14) Prevention Centre Against Substance Use of the Municipalities of Ilion, Petroupoli, Kamatero "FAETHON"	Ilion		
	15) Substance Use Prevention and Health Promotion Centre of the Municipalities of Nea Smirin and Ag. Dimitriou "ILIOS"	Nea Smirni		
	16) Prevention Centre Against Substance Use of the Municipality of Nea Ionia "IRIDA"	Nea Ionia		
		Other prevention agencies		
		Department of Prevention and Information about Substance Use and AIDS / Hellenic Red Cross	Athens	
	Prevention Section / Therapy Centre for Dependent Individuals (KETHEA)	Athens	www.prevention.gr	
	Greek Centre for Intercultural Psychiatry and Care (in cooperation with OKANA)	Athens		
PELOPONNESE	Prevention Centres established by OKANA and Local Authorities			
	1) Information-Prevention-Sensitisation Centre Against Substance Use of the Prefecture of Messinia "KEPEPSO"	Kalamata		
	2) Prevention Centre Against Substance Use of the Prefecture of Corinth "DIOLKOS"	Korinthos	www.kdiolkos.gr	
	3) Prevention Centre for Combating Drugs of the Prefecture of Arkadia "KPNNNA"	Tripoli		
	4) Information, Sensitisation & Prevention Centre of the Prefecture of Argolida "ELPIDA ZOIS"	Argos		
5) Prevention Centre Against Substance Use of the Prefecture of Laconia	Sparti			

GEOGRAPHICAL REGION	TITLE	TOWN/CITY	INTERNET SITE
NORTHERN AEGEAN	Prevention Centres established by OKANA and Local Authorities		
	1) Prevention Centre Against Substance Use of the Prefecture of Chios	Chios	www.prolipsihiou.gr
	2) Prevention Centre Against Substance Use of the Prefecture of Lesvos "PNOI"	Lesvos	www.pnoh-lesvos.gr
	3) Prevention and Health Education Centre of the Prefecture of Samos "FAROS"	Samos	www.kpfaros.gr
4) Prevention Centre Against Substance Use "POLIOCHNI"	Limnos	www.polioxni.gr	
SOUTHERN GREECE	Prevention Centres established by OKANA and Local Authorities		
	1-2) Prevention Centres Against Substances of the Prefecture of Cyclades "THISEAS"	Paros	www.thiseaskyklades.gr
	3) Drug Prevention Centre of the Prefecture of Kos "HIPPOCRATES"	Kos	www.kpippokratis.gr
4) Centre for the Prevention of Substance Use and for Health Promotion of the Prefecture of Dodecanese "DIMIOURGIA"	Rhodes		
CRETE	Prevention Centres established by OKANA and Local Authorities		
	1) Prevention Centre Against Drugs of the Prefecture of Rethimno	Rethimno	
	2) Prevention Centre Against Substances of the Prefecture of Chania	Chania	
3) Prevention Centre of the Municipality of Iraklio "KESAN"	Iraklio	www.kesan.gr	

**Map 1: Prevention Centres established by OKANA and the local authorities 1996-2006
(Total number: 70 Prevention Centres)**



SOURCE: OKANA, 2007.

ANNEX II

Table I: Treatment Programmes / Units in 2006

SPECIALISED UNIT*	PARENT INSTITUTION	LOCATION	WEBSITE
DRUG-FREE TREATMENT			
Inpatient Treatment			
• Adults			
1) ITHAKI Therapeutic Programme Therapeutic Community	KETHEA	Sindos, Thessaloniki	www.kethea-ithaki.gr
2) 18 ANO Dependence Treatment Unit Programme of Psychological Recovery for Drug Users	Attica State Psychiatric Hospital	Athens	
3) PAREMVASSI Therapeutic Programme Alternative Therapeutic Community	KETHEA	Athens	www.kethea.gr
4) EXODOS Therapeutic Programme Therapeutic Community	KETHEA	Larissa	www.exodos.org.gr
5) Rehabilitation Unit for Individuals Addicted to Toxic Substances Therapeutic Community of Karteres	Thessaloniki State Psychiatric Hospital	Thessaloniki	
6) NOSTOS Therapeutic Programme Therapeutic Community	KETHEA	Piraeus	www.kethea.gr
7) 18 ANO Dependence Treatment Unit Programme for Dependent Women	Attica State Psychiatric Hospital	Athens	
8) 18 ANO Dependence Treatment Unit Inpatient Unit of Psychological Recovery	Attica State Psychiatric Hospital	Athens	
9) 18 ANO Dependence Treatment Unit Inpatient Centre	Attica State Psychiatric Hospital	Athens	
10) 18 ANO Dependence Treatment Unit** Special Programme for Dependent Mothers and their Children	Attica State Psychiatric Hospital	Athens	
Outpatient Treatment			
• Adults			
1) DIAVASSI Open Therapeutic Programme Open Therapeutic Community	KETHEA	Athens	www.kethea.gr
2) THISEAS Addiction Treatment Programme	THISEAS Association / Municipality of Kallithea	Athens	
3) IASON Addiction Prevention & Treatment Unit Day Care Centre	Hellenic Centre for Mental Health and Research	Athens	
4) 18 ANO Dependence Treatment Unit Programme of Family Therapy & Counselling	Attica State Psychiatric Hospital	Athens	
5) DIAVASSI Open Therapeutic Programme Evening Therapeutic Community	KETHEA	Athens	www.kethea.gr
6) ATHENA Treatment Programme	Psychiatric Clinic of University of Athens / OKANA	Athens	www.okana.gr
7) Treatment Services Network of Patra GEFYRA Therapeutic Community	OKANA	Patra	www.okana.gr
8) ARGO Alternative Therapeutic Programme	Thessaloniki State Psychiatric Hospital	Thessaloniki	
9) ARIADNE Open Therapeutic Programme Therapeutic Community	KETHEA	Heraklion	www.kethea.gr
10) KIVOTOS Cross-Cultural Therapeutic Programme ***	KETHEA	Kavala & Alexandroupolis	www.kethea.gr
11) EN DRASEI Open Therapeutic Programme Admission and Reintegration Centre	KETHEA	Athens	www.kethea.gr
12) MOSAIC Transitional Centre ***	KETHEA	Athens	www.kethea.gr
13) ITHAKI Therapeutic Programme Special Programme for Addicted Parents	KETHEA	Thessaloniki	www.kethea.gr
14) Rehabilitation Unit for Individuals Addicted to Toxic Substances Open Therapeutic Programme of the Counselling Centre	Thessaloniki State Psychiatric Hospital	Thessaloniki	
15) Admission and Reintegration Centre for Released Prisoners	KETHEA	Thessaloniki	www.kethea.gr

SPECIALISED UNIT*	PARENT INSTITUTION	LOCATION	WEBSITE
Outpatient Treatment			
• Adolescents			
1) STROFI Open Therapeutic Programme for Adolescent Drug Users Open Therapeutic Community	KETHEA	Athens	www.strofi.net.gr
2) 18 ANO Dependence Treatment Unit Department for Adolescents and Young Adults	Attica State Psychiatric Hospital	Athens	www.hellasnet.gr/tendetox
3) PLEFSI Early Intervention Network Support Unit for Adolescents and their Families	KETHEA	Athens	www.plefsinet.gr
4) ATRAPOS Adolescents Unit	OKANA	Athens	www.okana.gr
5) NAYTILOS Adolescents Unit ***	OKANA	Thessaloniki	www.okana.gr
6) ANADYSI Open Therapeutic Programme for Adolescent Drug Users Therapeutic Community	KETHEA	Thessaloniki	www.kethea.gr
7) OXYGONO Open Therapeutic Programme for Adolescent Drug Users Open Therapeutic Community	KETHEA	Patra	www.kethea.gr
8) PILOTOS Open Therapeutic Programme for Adolescent Drug Users Open Therapeutic Community	KETHEA	Volos	www.kethea.gr
9) Adolescents Unit of Rethymno	OKANA	Rethymno	www.okana.gr
10) Adolescents Unit of Larissa ***	OKANA	Larissa	www.okana.gr
11) EXANTAS Open Therapeutic Programme for Adolescent Drug Users	KETHEA	Piraeus	www.exantas.net
12) ARIADNE Open Therapeutic Programme Main Phase of Counselling Unit for Adolescent Drug Users	KETHEA	Heraklion	www.kethea.gr
SUBSTITUTION TREATMENT			
• Methadone Substitution Units (main substance of administration)			
1) Substitution Treatment Unit A of Athens	OKANA	Athens	www.okana.gr
2) Substitution Treatment Unit A of Thessaloniki	OKANA	Thessaloniki	www.okana.gr
3) Substitution Treatment Unit B of Thessaloniki	OKANA	Thessaloniki	www.okana.gr
4) Substitution Treatment Unit B of Athens	OKANA	Athens	www.okana.gr
5) Substitution Treatment Unit C of Piraeus	OKANA	Piraeus	www.okana.gr
6) Substitution Treatment Unit D of Athens	OKANA	Athens	www.okana.gr
7) Substitution Treatment Unit C of Thessaloniki	OKANA	Thessaloniki	www.okana.gr
• Boubrenorphine Substitution Units			
1) Treatment Unit for Drug Addicts of Larissa	OKANA	Larissa	www.okana.gr
2) Outpatient Clinic for Drug Addicts of Lamia	OKANA / Prefectorial General Hospital of Lamia	Lamia	www.okana.gr
3) Outpatient Clinic for Drug Addicts of Livadia	OKANA / Prefectorial General Hospital of Livadia	Livadia	www.okana.gr
4) Treatment Unit for Drug Addicts of Agrinio	OKANA / Prefectorial General Hospital of Agrinio	Agrinio	www.okana.gr
5) Treatment Unit for Drug Addicts of Rhodes	OKANA	Rhodes	www.okana.gr
6) Outpatient Clinic for Drug Addicts of Chalkida	OKANA / Prefectorial General Hospital of Chalkida	Chalkida	www.okana.gr
7) Support Clinic for Drug Addicts of Peristeri	OKANA / Social Insurance Institute of Peristeri	Athens	www.okana.gr
8) Treatment Unit for Drug Addicts of Chania	OKANA	Chania	www.okana.gr
9) Substitution Treatment Unit E of Athens	OKANA	Athens	www.okana.gr
10) Substitution Treatment Unit D of Thessaloniki	OKANA	Thessaloniki	www.okana.gr

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

** This particular treatment programme started operating in 2006.

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

Map I: Regions with drug dependence treatment structures



SOURCE: Greek REITOX Focal Point, 2007.

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ANNEX V

LIST OF ABBREVIATIONS

CSF	Community Support Framework
DPAs	Drug Prosecution Authorities
EKAV	National Centre of Instant Medical Aid
EKKEE	Specialized Social and Vocational Integration Centre
EMQ	European Model Questionnaire
ESPAD	European School Survey Project on Alcohol and other Drugs
GFP	Greek REITOX Focal Point
HBSC	Health Behaviour in School-aged Children
HCDPCP	Hellenic Centre for Disease Control and Prevention
JPA	Juvenile Prosecution Authorities
KATK	Treatment Centre for Drug Dependent Prisoners
KETHEA	Therapy Centre for Dependent Individuals
KIM	OKANA Mobile Unit of Pre-Hospital Medicine
MABY	OKANA Direct Aid and Support Unit
NAP	National Action Plan
NSSG	National Statistical Service of Greece
OAED	Greek Manpower Employment Organisation
OKANA	Organisation Against Drugs
SODN – EMP	Central Anti-drug Coordination Unit - National Intelligence Unit
TUF	Treatment Unit Form
UMHRI	University Mental Health Research Institute