



# Greece

## Country Drug Report 2017

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### THE DRUG PROBLEM IN GREECE AT A GLANCE

#### Drug use

in young adults (15-34 years)  
in the last year

#### Cannabis

No data



No data

#### Other drugs

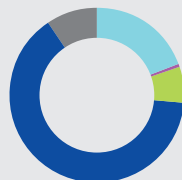
MDMA **No data**  
Amphetamines **No data**  
Cocaine **No data**

#### High-risk opioid users

**16 701**  
(14 346 - 19 677)

#### Treatment entrants

by primary drug



● Cannabis, **19 %**  
● Amphetamines, **1 %**  
● Cocaine, **7 %**  
● Heroin, **64 %**  
● Other, **9 %**

#### Opioid substitution treatment clients

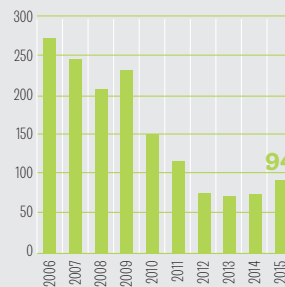
**10 082**

#### Syringes distributed

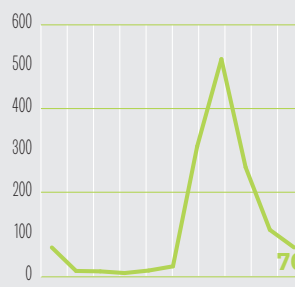
through specialised  
programmes

**268 157**

#### Overdose deaths



#### HIV diagnoses attributed to injecting



Source: ECDC

#### Drug law offences

**23 748**

#### Top 5 drugs seized

ranked according to quantities  
measured in kilograms

1. Herbal cannabis
2. Heroin
3. Cannabis resin
4. Cocaine
5. Amphetamine

#### Population

(15-64 years)

**7 011 027**

Source: EUROSTAT  
Extracted on: 26/03/2017

NB: Data presented here are either national estimates (prevalence of use, opioid drug users) or reported numbers through the EMCDDA indicators (treatment clients, syringes, deaths and HIV diagnosis, drug law offences and seizures). Detailed information on methodology and caveats and comments on the limitations in the information set available can be found in the EMCDDA Statistical Bulletin.

## About this report

This report presents the top-level overview of the drug phenomenon in Greece, covering drug supply, use and public health problems as well as drug policy and responses. The statistical data reported relate to 2015 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

An interactive version of this publication, containing links to online content, is available in PDF, EPUB and HTML format: [www.emcdda.europa.eu/countries](http://www.emcdda.europa.eu/countries)

## National drug strategy and coordination

### National drug strategy

The draft Greek National Drug Strategy (2014-20) addresses illicit drugs (Figure 1) and follows the European Union's (EU) balanced approach to drug policy by placing equal emphasis on reducing drug demand and drug supply. It was developed by the National Committee for the Coordination and Planning of Drugs Responses. Although the strategy and its accompanying action plan are currently pending final parliamentary approval, the goals and actions set out in the strategy documents are being followed by the different policy actors that implement drug policy and responses to the drug problem. Among its priorities is the need to assist vulnerable groups and the adoption of evidence-based best practices. The strategy's action plan also covers the period 2014-20 and has been designed to mirror the approach of the EU Action Plan on Drugs (2013-16). The action plan is structured into five pillars covering (i) demand reduction (prevention; information and awareness raising; early detection and intervention; harm reduction; treatment; and social rehabilitation); (ii) supply reduction;

(iii) coordination; (iv) training, monitoring, research, evaluation; and (v) international cooperation. Actions and indicators are defined for each area and designed to assist future monitoring and assessment.

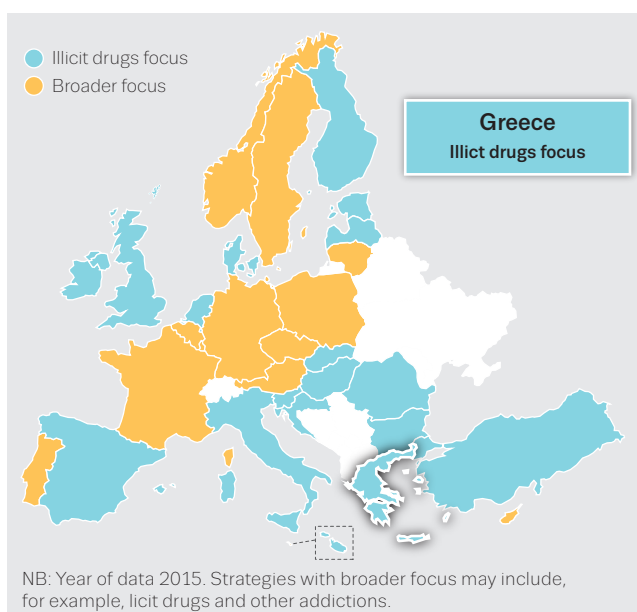
As in other European countries, Greece evaluates its drug policy and strategy using ongoing indicator monitoring and specific research projects. The national focal point for the EMCDDA at the Mental Health Research Institute produces a range of epidemiological and other data annually that support this assessment work and provide insights into different aspects of drug problems in Greece.

### National coordination mechanisms

Established by Law No 4139/13, the Greek drug coordination system consists of three levels. The top level is the Inter-ministerial Committee on the Drugs Action Plan, which is the main drug policymaking body in Greece. This committee has several responsibilities, including the approval of drug action plans, coordination of the agencies involved in implementing action plans and the evaluation of action plans. It is chaired by the prime minister and includes all ministers involved in implementing the strategy and action plan. The second level is the National Committee for the Coordination and Planning of Drugs Responses, which is composed of representatives from 10 ministries, the major drug agencies and the national focal point. It is tasked with drafting the action plan, overseeing its coordination, implementation and monitoring and developing international cooperation. At the third level is the National Drug Coordinator, who chairs the National Committee for the Coordination and Planning of Drugs Responses. The coordinator is appointed by the prime minister for a five-year term, with a mandate to chair the National Committee for the Coordination and Planning of Drugs Responses, draft an Action Plan on Drugs and represent the country on international bodies related to drugs. The National Drug Coordinator is a member of the Inter-ministerial Committee on the Drugs Action Plan.

FIGURE 1

Focus of national drug strategy documents: illicit drugs or broader



**The draft Greek National Drug Strategy (2014-20) addresses illicit drugs and follows the EU's balanced approach to drug policy by placing equal emphasis on reducing drug demand and drug supply**

## **Public expenditure**

Understanding the costs of drug-related actions is an important aspect of drug policy. Some of the funds allocated by governments to expenditure on tasks related to drugs are identified as such in the budget ('labelled'). Often, however, the majority of drug-related expenditure is not identified ('unlabelled') and must be estimated using modelling approaches.

The mid-term National Action Plan on Drugs (2011-12) had, for the first time, an associated budget. This document also provided comprehensive estimates of planned, labelled and executed drug-related expenditure.

According to the national authorities, during 2011-12, planned labelled drug-related expenditure accounted for approximately 0.07 % of gross domestic product (GDP). Comparable data on executed expenditure are lacking, but the data that are available relate mainly to the funding of the health sector and indicate that public austerity affected the financing of drug-related services; there are indications that drug-related expenditure declined markedly in Greece between 2011 and 2014.

## Drug laws and drug law offences

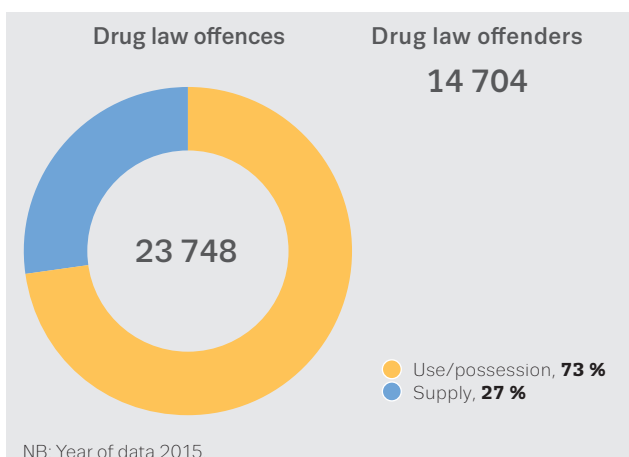
### National drug laws

The Greek drug law of 1987 and its amendments were significantly modified in 1993, 2006, 2009 and 2013. The law distinguishes between drug possession/acquisition for personal use and for commercial use, and the punishment varies accordingly. In general, the 2013 law (Law No 4139/2013) establishes more lenient sanctions. It stipulates that individuals using drugs or obtaining or otherwise processing drugs for personal use only, in quantities to satisfy their own needs, or cultivating cannabis plants in numbers and areas justified for personal use only, can be sentenced to no more than five months in prison (Figure 2). The offence is not recorded on the offender’s criminal record on the condition that he or she does not commit another relevant offence within a five-year period. Upon the order of the investigating judge, offenders may be admitted to a special treatment unit operating in a prison setting or a community drug treatment programme operated by a lawfully recognised agency (the law specifies the recognised drug agencies). For offenders who are undergoing treatment, the imposition of the penalty can be suspended. The 2013 amendment also removed the definitions of all quantities of substances for personal use from the previous law; this decision is now left to judges, based on the substance, its quantity and purity, and the needs of the offender.

Those convicted of drug supply may be sentenced to up to three years’ imprisonment if addicted or sharing in a group, or at least eight years’ imprisonment if not. A life sentence

FIGURE 3

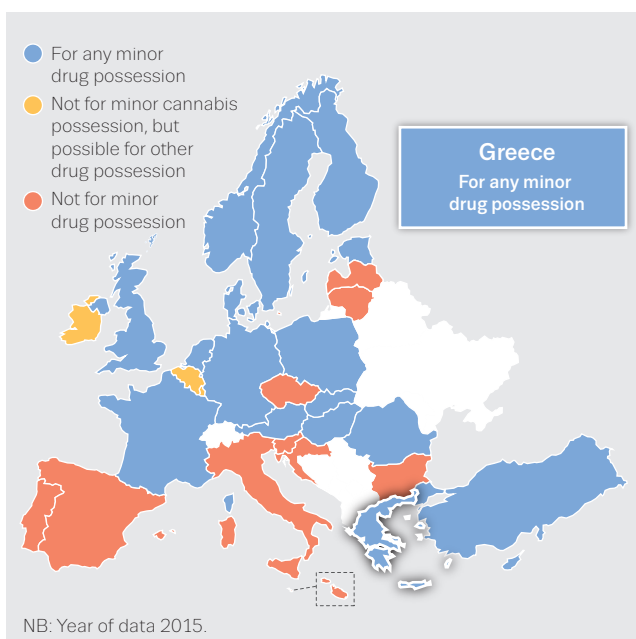
Reported drug law offences and offenders in Greece



is possible in very special cases, such as trafficking by medical professionals, teachers, drug therapists, etc. There is also a fine of EUR 50 000 to EUR 500 000, reaching EUR 1 million in special cases. The Greek drug law also states that a drug-dependent offender charged with drug dealing can be considered for conditional release, provided that he or she (i) has served a minimum of one fifth of the sentence and (ii) has successfully and certifiably completed drug treatment. He or she is then referred to reintegration structures outside prison.

FIGURE 2

Legal penalties: the possibility of incarceration for possession of drugs for personal use (minor offence)



### Drug law offences

Drug law offence (DLO) data are the foundation for monitoring drug-related crime and they are also a measure of law enforcement activity and drug market dynamics; they may be used to inform policies on the implementation of drug laws and to improve strategies.

In Greece, the Hellenic Police and other prosecution authorities reported an increase in the number of DLOs and drug law offenders in 2015, compared with 2013 and 2014. The majority of the DLOs in 2015 were linked to the use or possession of illicit substances (Figure 3). Approximately half of the offences were related to cannabis, followed by opioid-related offences.

## Drug use

### Prevalence and trends

The latest available data on drug use among the general population in Greece are from a household survey conducted in 2004 and another survey conducted in 2006 in three cities. These studies found that cannabis was the most commonly used illicit substance and its use was concentrated among young adults aged 15-34 years.

Athens participates in the Europe-wide annual wastewater campaigns undertaken by the Sewage Analysis Core Group Europe (SCORE). This study provides data on drug use at a community level, based on the levels of different illicit drugs and their metabolites in sources of wastewater. The presence of cocaine metabolites and MDMA/ecstasy shows that stimulant use was higher at the weekend than on weekdays in 2016. In general, the levels of amphetamine metabolites and MDMA were low, indicating limited use of these substances in Athens. A decrease in the levels of illicit drugs and their metabolites has been reported over the period 2014-16, indicating a possible decline in the use of those substances.

Information on drug use among 15- to 16-year-old students is available from the 2015 European School Survey Project on Alcohol and Other Drugs (ESPAD). The survey has been conducted in Greece every four years since 1999. In 2015, for one of the eight key variables, the Greek results were clearly below the ESPAD average (35 countries), namely the lifetime use of cannabis. Nevertheless, long-term trends indicate a tendency towards an increase in cannabis use

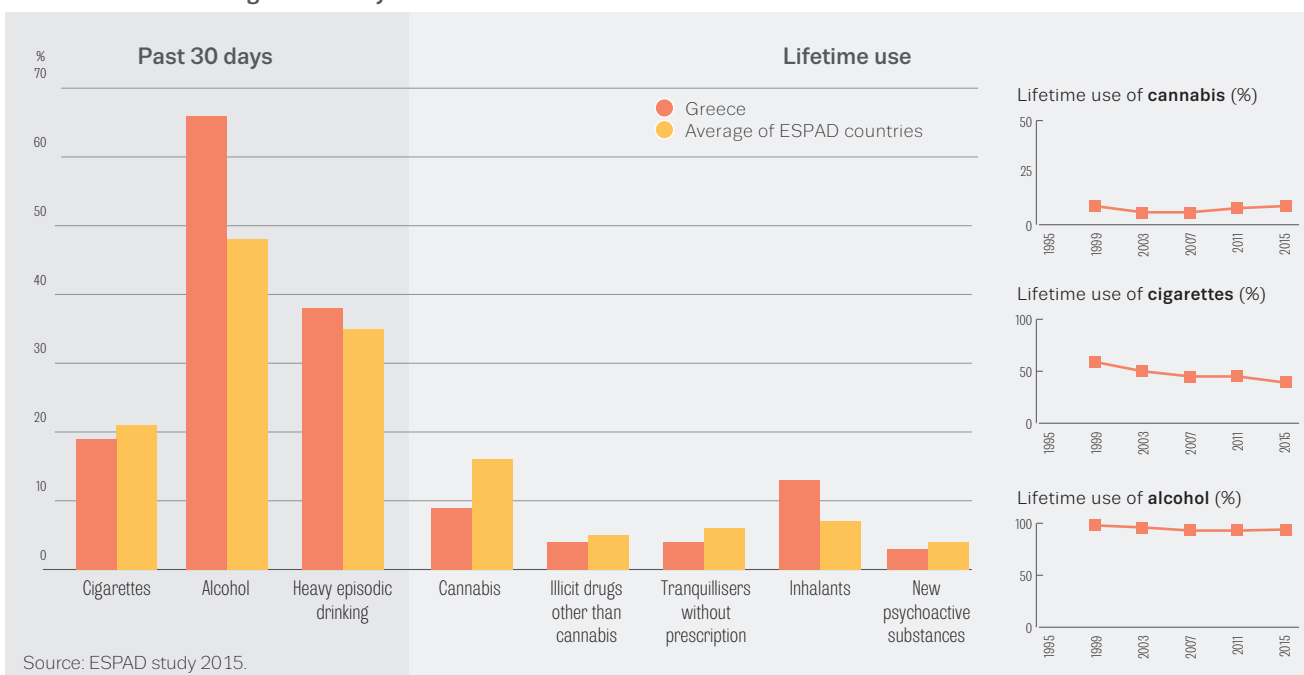
among students since 2007. In the case of lifetime use of illicit drugs other than cannabis, tranquillisers or sedatives without prescription and new psychoactive substances (NPS), the Greek results were similar to the ESPAD average. Approximately 3 % of Greek school students reported lifetime use of a synthetic cannabinoid. Cigarette use in the last 30 days was similar to the ESPAD average. In contrast, lifetime use of inhalants was more common among the Greek students. Approximately three quarters of the Greek students reported that alcohol use had occurred during the last 30 days, which was well above the average for all countries, and a slightly higher proportion than the ESPAD average reported that heavy episodic drinking had taken place during the same period (Figure 4).

### High-risk drug use and trends

Studies reporting estimates of high-risk drug use can help to identify the extent of the more entrenched drug use problems, while data on first-time entrants to specialised drug treatment centres, when considered alongside other indicators, can inform understanding on the nature and trends in high-risk drug use (Figure 6).

FIGURE 4

#### Substance use among 15- to 16- year-old school students in Greece



High-risk drug use in Greece is mostly attributed to the injecting of opioids, mainly heroin (Figure 5). The size of the high-risk drug-using population has been estimated annually since 2002, based on the capture-recapture method applied to three drug treatment data sources; the available data suggest that the number of high-risk heroin users has decreased since 2010.

Heroin use remains the most common reason for seeking specialised treatment in Greece; however, the number of people entering treatment for the first time as a result of primary heroin use has halved in recent years, while the number of cannabis-related treatment demands has increased.

Heroin users entering treatment tend to be older than those who seek treatment primarily for cannabis use. In recent years, injecting as a primary mode of primary heroin use has declined from 44 % in 2006 to 33 % in 2015, while sniffing has become more common among this group. Approximately 1 out of 10 treatment clients is female; however, the proportion in treatment varies by type of primary drug and programme (Figure 6).

FIGURE 5

National estimates of last year prevalence of high-risk opioid use

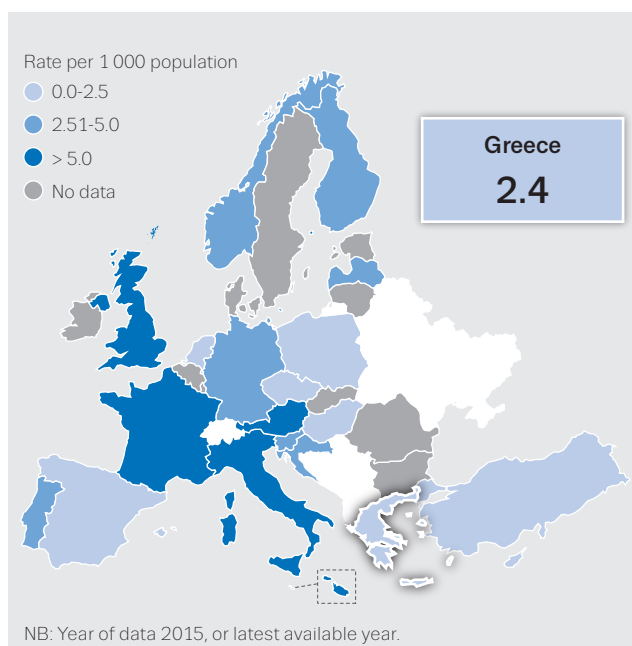
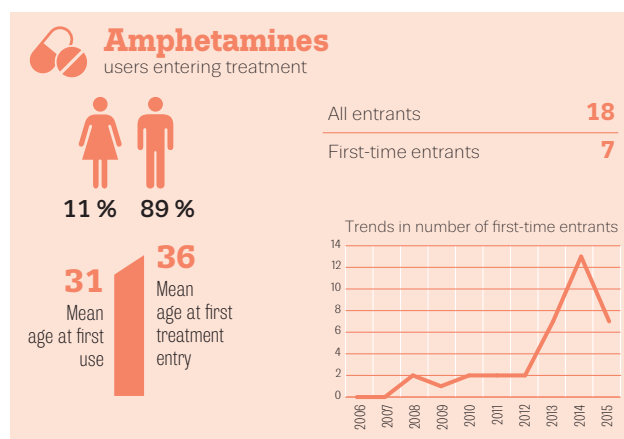
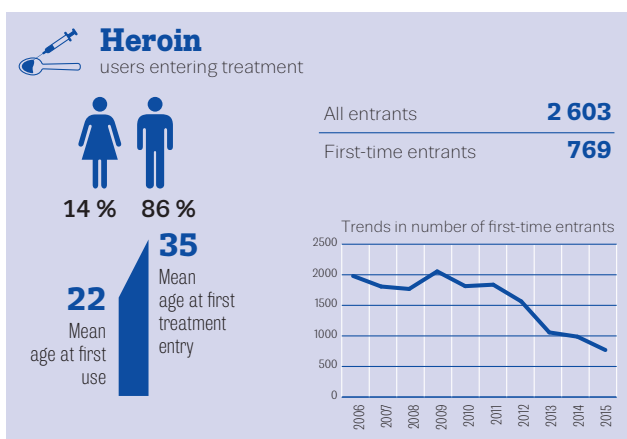
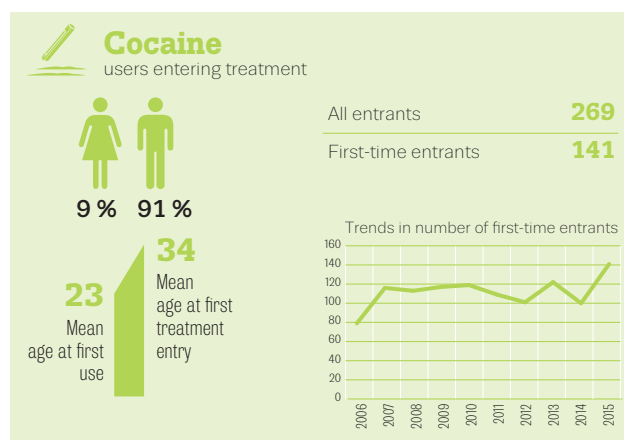
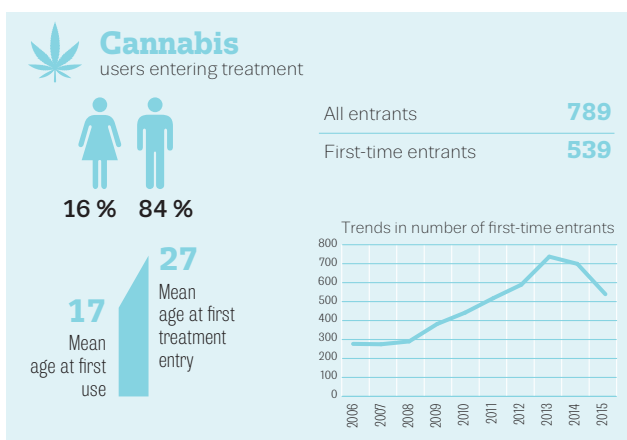


FIGURE 6

Characteristics and trends of drug users entering specialised drug treatment in Greece



NB: Year of data 2015. Data is for first-time entrants, except for gender which is for all treatment entrants.

## Drug harms

### Drug-related infectious diseases

In Greece, drug treatment centres, low-threshold services and public health laboratories/reference centres report annually to the Greek national focal point individual or aggregated data on the results of testing drug users entering treatment for hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV). Surveillance data on the prevalence and incidence of HIV/acquired immune deficiency syndrome (AIDS) among people who inject drugs (PWID) are derived from the Hellenic Centre for Diseases Control and Prevention (HCDCP-KEELPNO) of the Ministry of Health.

Until 2010, the proportion of new HIV cases linked to injecting drug use remained low, at 2-3 %, and the number of newly reported cases of HIV infection ranged from 9 to 25 per year. However, in 2011, the number of reported cases increased more than ten-fold, reaching 311 by the end of the year, indicating that there was an HIV outbreak among PWID. These cases represented 33 % of all newly reported HIV infections (with a known transmission route) in 2011. In 2012, approximately half of all newly reported HIV infections were linked to injecting drug use, while in the following years the number and proportion fell and, in 2015, approximately 1 in 10 new HIV infections was associated with injecting drug use, indicating a reduction in HIV transmission among PWID compared with HIV outbreak period. However, in approximately one quarter of new HIV cases, a mode of transmission was not reported (Figure 7).

HIV prevalence among PWID also increased among those tested, from 0.7-0.8 % of those registered before 2011 to 6.0-10.7 % in 2013. In 2015, the national HIV prevalence rates were between 5.7 % and 9.4 %, depending on treatment setting. In general, the highest HIV prevalence rates are observed among PWID in the Attica region, which includes the capital city, Athens.

The most recently available information on the prevalence of HBV and HCV among PWID indicate that, in 2015, infection rates among PWID ranged between 10.4 % and 24.5 % for HBV (based on anti-HBc) and were higher among older drug injectors and those with a longer injecting history. With regard to HCV infection, national data indicate that between 54.8 % and 69.6 % of treatment clients were HCV positive, while HCV infection was more common among PWID in Athens and, in particular, among those receiving opioid substitution treatment (OST) (Figure 8). HCV prevalence rates were significantly higher among PWID with an injecting history of more than two years than in recent initiates and among those aged under 25 years than among older drug users. It is estimated that up to 40 % of those with chronic HCV infection have a history of drug injection.

FIGURE 7

### Newly diagnosed HIV cases attributed to injecting drug use

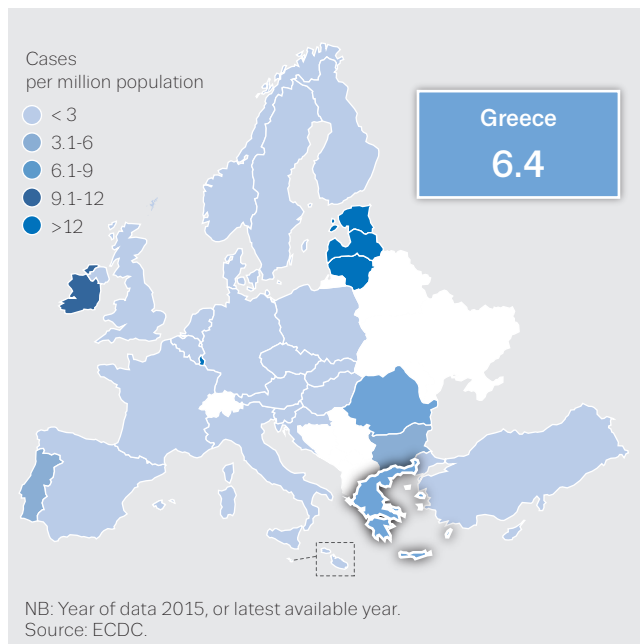
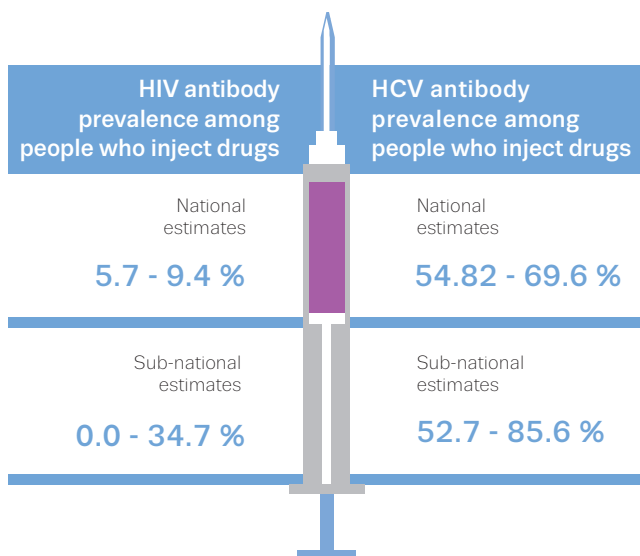


FIGURE 8

### Prevalence of HIV and HCV antibodies among people who inject drugs in Greece



NB: Year of data 2015.

In summary, the available data suggest that transmission of HCV and HIV is still ongoing among PWID in Greece, in Athens in particular, but, in the case of HIV, at lower rates than in 2011-13.

## Drug-related emergencies

There is no systematic data collection for drug-related emergencies in Greece, but some data are available from various sources, such as the Poison Information Centre or drug treatment services.

In 2015, the Poison Information Centre reported 137 drug-related emergency cases, one third of which involved the use of heroin. The medical services for the drug treatment agencies in Athens and Thessaloniki reported 667 drug-related emergency cases, most of which involved the use of opioids.

## Drug-induced deaths and mortality

Drug-induced deaths are deaths directly attributable to the use of illicit drugs (i.e. poisonings and overdoses).

Following a period of decline in drug-induced deaths since 2005, in 2015, the Hellenic Police reported an increase. Fewer than half of these deaths were toxicologically confirmed by 31 October 2016 and, because of reporting delays, the final statistical data will be available only in 2017. The majority of the confirmed deaths were of males who were older than 30 years and involved opiates (Figure 9).

In 2015, the mortality rate for all ages was of 8.7 deaths per million, below the European average of 14.3 deaths per million (Figure 10).

FIGURE 9

### Characteristics of and trends in drug-induced deaths in Greece

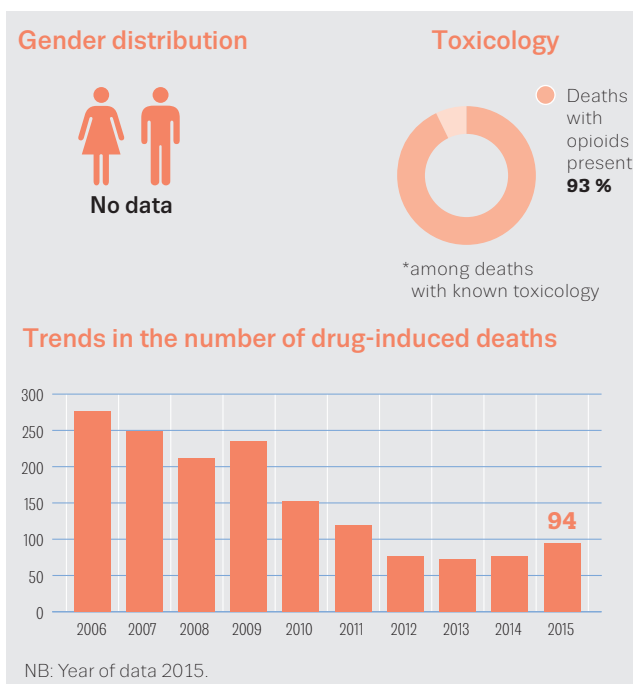
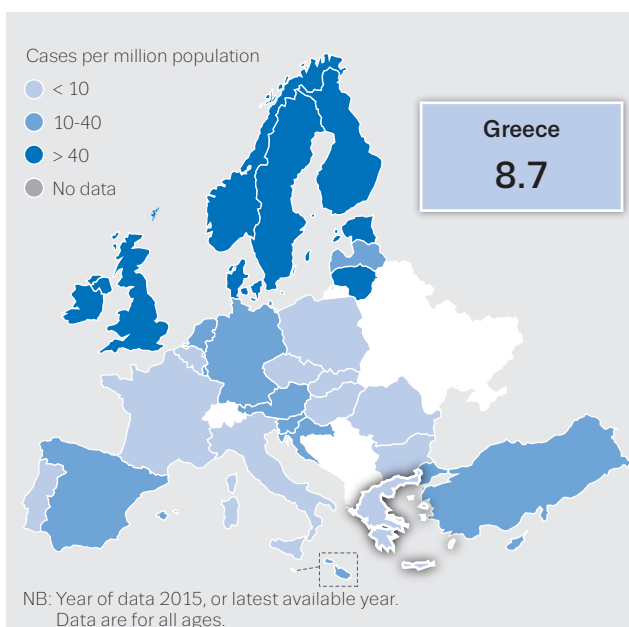


FIGURE 10

### Drug-induced mortality rates among adults (15-64 years)





## Prevention

The draft Greek National Strategy on Drugs (2014-20) names drug prevention as one of its priorities. Drug prevention in Greece is mostly implemented by a nationwide network of 75 Prevention Centres for Addiction and Psychosocial Health Promotion, which were established within the framework of cooperation between the Organisation Against Drugs (OKANA) and local authorities and stakeholders. Their activities include the prevention of all kinds of dependence and the promotion of psychosocial health. The Ministry of Education, other governmental and non-governmental drug services and health services are also active in the field of prevention.

### Prevention interventions

Prevention interventions encompass a wide range of approaches, which are complementary. Environmental and universal strategies target entire populations, selective prevention targets vulnerable groups that may be at greater risk of developing drug use problems and indicated prevention focuses on at-risk individuals.

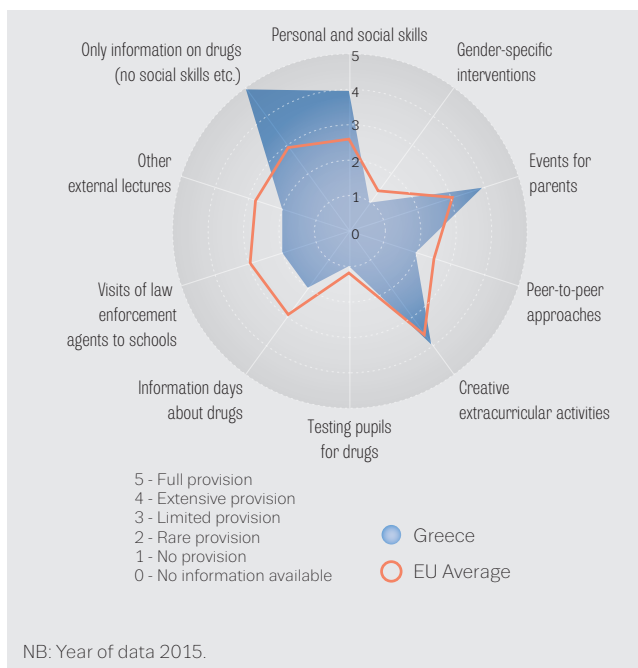
In Greece, environmental prevention activities focus on regulating access to alcohol and tobacco. Particular emphasis is placed on prevention interventions in school settings. Universal prevention in primary and secondary education takes the form of programme-based interventions in the context of the health promotion programmes implemented by the Ministry of Education and programmes carried out in close cooperation with interventions designed and delivered by the network of Prevention Centres. Prevention interventions in primary education are implemented during the so-called ‘flexible zone’ of the school timetable or are part of the optional afternoon programme in all-day schools, whereas, in secondary education, interventions are implemented outside school hours. The development of personal and social skills is a key feature of these activities, in both primary and secondary education (Figure 11). Furthermore, the Prevention Centres and other agencies provide training seminars and supervision sessions to help teachers implement health promotion programmes. Families are another core target group for drug prevention; family prevention includes information events and training programmes (parents’ groups). Prevention Centres also provide information and raise public awareness about drugs and drug dependence and prevention professionals target other members of the local community, such as volunteers, the army, public security forces, health professionals and youth mediators.

In recent years, a number of selective prevention interventions targeting at-risk groups and individuals have been developed. The Icarus Prevention Unit (KETHEA) designs and implements interventions aimed at young offenders, young people who experiment with drugs, immigrants, returning migrants, refugees, disabled children, children from dysfunctional environments, at-risk families and children living in care institutions. In 2010, KETHEA opened a community intervention centre in Athens to work with young people from socially excluded families who exhibited delinquent behaviour and had drug use problems. Some Prevention Centres and agencies implement activities targeting young people who are experimenting with drugs or who have psychosocial problems, single-parent families, families from culturally diverse groups and immigrants.

Indicated prevention activities are mainly individual or group counselling and referrals to other specialised services for students with psychological, emotional and social problems or special learning needs.

FIGURE 11

### Provision of interventions in schools in Greece (expert ratings)



## Harm reduction

In 2014, the Greek Ministry of Health adopted an action plan to respond to the HIV/AIDS epidemic among PWID in Athens and the rest of Greece. One of the main aims of the action plan was to enhance the harm reduction response by all involved actors. The 2014-16 National Action Plan on Drugs also mentions harm reduction as one of its objectives.

In recent years, treatment and harm reduction service provision in Greece has been scaled up, mainly with the help of European funds, although these came to an end in 2014. The state funding of these services remains limited.

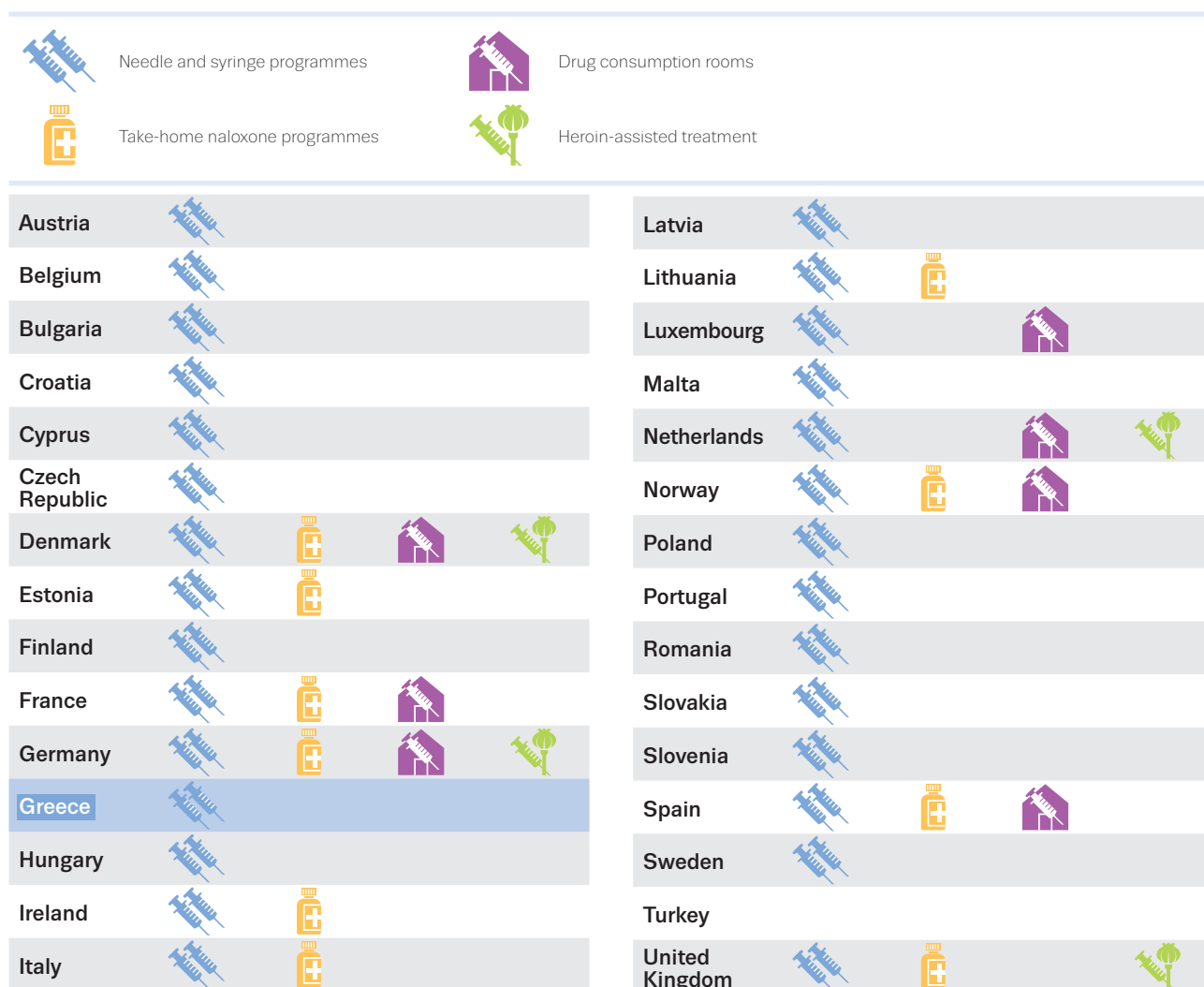
Low-threshold/harm reduction services are mainly provided by the drug treatment agencies OKANA and KETHEA, which ensure a broad range of harm reduction interventions, in particular regarding prevention and treatment of infectious diseases.

## Harm reduction interventions

In Greece, harm reduction interventions include the provision of clean needles and syringes, condoms, printed health education and information materials, and training in safe use and first aid for drug users (Figure 12). In 2015, sterile injecting equipment was provided at fixed locations, at sites serviced by teams of outreach workers and by mobile units. Following the outbreak of HIV in Athens in 2011, harm reduction programmes were expanded beyond the Greater Athens area, with several new low-threshold programmes opened in Thessaloniki. However, harm reduction service coverage in the rest of the country remains low.

**FIGURE 12**

**Availability of selected harm reduction responses**



NB: Year of data 2016.

Approximately 268 000 syringes were distributed at needle and syringe exchange/distribution sites in 2015, which was fewer than in 2014. The decrease in the number of syringes distributed is attributed to the reduced funding allocated to the programmes run by OKANA. In 2016, the EMCDDA HIV risk assessment noted a low coverage of syringe distribution through specialised services in Greece.

Among the services offered by low-threshold programmes is infectious diseases testing in low-threshold facilities in Athens; vaccination against hepatitis A and B is available free of charge.

**Approximately 268 000  
syringes were distributed in  
2015 through the needle  
and syringe programmes**

## Treatment

### The treatment system

An increase in the availability of and access to targeted treatment interventions and a strong focus on the effectiveness of these interventions are among the key priorities of the Greek National Drug Action Plan 2004-16. Drug treatment in Greece is provided by public entities or corporate bodies under private law, almost all of which are fully or partially funded by the government.

The main treatment modalities available are psychosocial interventions and OST, which are delivered mainly in outpatient settings. Outpatient treatment is provided through specialised drug treatment centres and counselling centres that provide services separately for adults and adolescents and are the access points for drug treatment for an increasing proportion of drug users. With regard to specialised treatment programmes, one early intervention programme for cannabis users is integrated into a drug-free outpatient treatment unit for adolescents.

FIGURE 13

### Drug treatment in Greece: settings and number treated

#### Outpatient

Specialised treatment centres (11 567)

Prison (319)

#### Inpatient

Therapeutic communities (625)

Other inpatient  
settings (286)

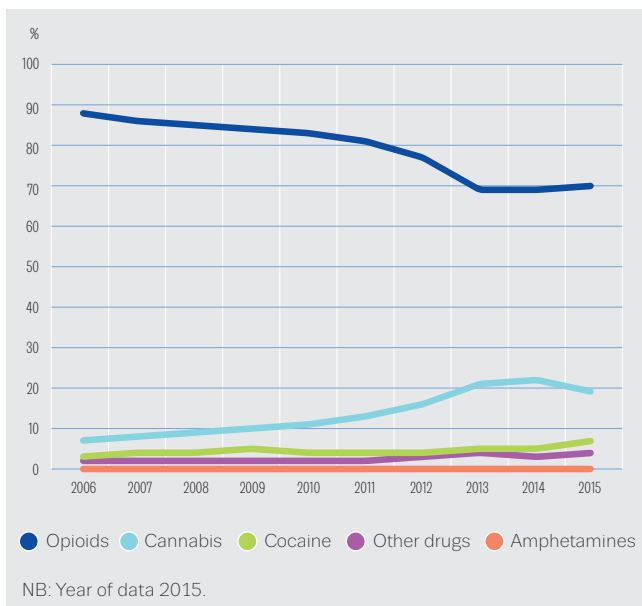
Residential drug treatment (171)

Prison (106)

NB: Year of data 2015.

**FIGURE 14**

**Trends in percentage of clients entering specialised drug treatment, by primary drug, in Greece**



Inpatient treatment is provided by non-hospital-based residential drug treatment units, therapeutic communities and prison units through a specialised detoxification structure that offers a 21-day treatment programme. Psychosocial treatment, screening for mental health disorders, provision of mental healthcare, case management and referral to relevant medical and social services are available in a majority of the units.

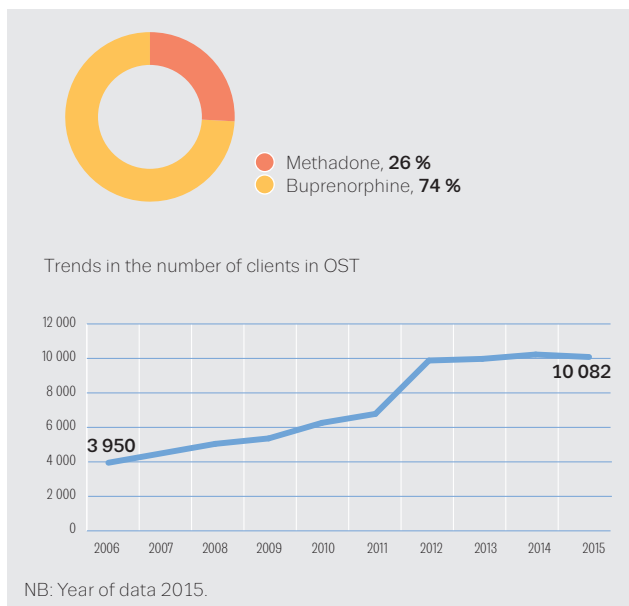
OKANA is the only organisation to have legal permission to establish, operate and monitor OST programmes. The pharmaceutical substances used in OST are methadone, which was introduced in 1993, and buprenorphine, which was introduced in 2002. In 2011-12, the availability of OST was significantly expanded following a statement in the national plan against drug dependence; it has become the most frequently offered treatment option and currently is available in most Greek cities.

### Treatment provision

In 2015, 13 074 people received drug treatment in Greece and 9 out of 10 treatment clients were treated in outpatient settings, of whom the majority were treated in OST programmes (Figure 13).

**FIGURE 15**

**Opioid substitution treatment in Greece: proportions of clients in OST by medication and trends of the total number of clients**



Treatment demand data indicate that most clients enter treatment as a result of primary heroin use (Figure 14). However, the number of treatment entries because of primary heroin use has fallen since 2012, which might be a result of reduced capacities (mainly in OST) or a decrease in new heroin users. At the same time, cannabis-related treatment entries have increased, which could be explained by multiple factors, including an increase of the number of people developing problems as a result of cannabis use, changes in the cannabis market (increased potency) and the emergence of special treatment programmes addressing the needs of cannabis users. A substantial proportion of treatment clients reported using two or more psychoactive substances, with cannabis, prescription medicines and cocaine being the most frequently reported secondary substances.

Over the period 2010-12, the number of clients treated in OST programmes almost doubled, although the number has remained stable in recent years. According to the 2015 estimates, a total of 10 082 patients received OST, with buprenorphine-based medication being the medication most frequently prescribed (Figure 15). No waiting time is normally expected to enter OST, except in the Attica region (Athens), where most opioid users are situated; the estimated waiting time in that area at the end of 2015 was up to four years.

## Drug use and responses in prison

No recent information is available on drug use among prisoners in Greece, but data are available on prisoners undergoing drug treatment and on treatment clients in the community who have been in prison. Approximately one third of prisoners in drug treatment have been diagnosed with a psychiatric comorbidity. Among drug treatment clients in the community, based on the treatment demand indicator data, the percentage of clients who have had a prison experience during their life is nearly 60 %.

The main treatment-related objectives of the Greek National Drug Action Plan (2014-16) concerning prisons are to eliminate disparities in the access to health services and to protect the right of treatment for all citizens through the creation of new support services for drug users within the prison system. In order to respond to these needs, treatment programmes (outpatient and inpatient) and specific support interventions, such as individual and group counselling, information, motivation and awareness-raising activities, self-help groups and relapse prevention, have been developed in prisons.

In 2015, there were seven treatment programmes operating in five prisons across four regions, including OST. These programmes offer relapse prevention and testing and treatment for infectious diseases. In addition, 10 programmes implemented psychosocial support interventions in 25 prisons, meeting the needs of several areas of the country. These programmes offer a number of services, including information and counselling, harm reduction and death prevention. Relapse prevention is less common within these programmes.

Imprisoned drug users who opt for treatment undergo a three-week detoxification programme before being admitted for drug treatment in prison. Following the successful completion of the programme in prison, they may be granted conditional release to attend a treatment programme outside the prison setting. The time spent in the treatment programme counts as time served.

**In 2015, there were seven drug treatment programmes operating in five prisons across four regions, including opioid substitution treatment**

## Quality assurance

The promotion of effectiveness and best practices are emphasised in the Hellenic policy documents, while the development of national guidelines in the field was foreseen in the last law relating to drugs, enacted in 2013.

There is no formal and uniform quality assurance system for drug demand interventions at the national level. Each of the main drug demand reduction organisations has developed its own system to assure and enhance the quality of its services. Accreditation and/or certification are not prerequisites for any professionals, services or drug demand reduction programmes in Greece.

There are specifications and criteria for the operation of Prevention Centres and certain standards on the basis of which the Prevention Centres prepare their three-year activity plans. In 2011, the handbook entitled Drug Prevention: Guidelines and Intervention Planning was issued, which should assist prevention professionals in planning and evaluating their interventions. In-depth evaluations of prevention programmes remain rare.

Each specialised therapeutic agency has developed its operational framework to assure and enhance the quality of its services. In 2013, a new operational framework for the OST programme was published.

The OKANA Training and Supervision Centre provides seminars for practitioners and other groups (e.g. officers of the armed forces, journalists, members of sport associations, etc.) and has developed a training curriculum for this purpose.

**In Greece, each of the main drug demand reduction organisations has developed its own quality assurance system to assure and enhance the quality of its services**

## Drug-related research

The draft national drug strategy anticipates a scientific approach to the drugs problem through monitoring, evaluation and research. The national strategy and the action plan on drugs, however, were never formally endorsed and the research priorities were not realised. Several government sources provide funding for research, mainly to university departments and a major treatment centre that is active in the research field. National funding for research has been scarce in Greece recently, but two major research projects on drug use prevalence were published in 2015. Most of the research that has been conducted is epidemiological, but clinical research on treatment, amongst other types of research, is also carried out. Each year, the national focal point for the EMCDDA collects information about all the drug- and alcohol-related scientific papers by Greek authors published either in Greece or abroad and publishes the Greek Bibliography on Drugs and Alcohol. A paper on the response to the 2012-13 HIV/AIDS epidemic in Greece was published in 2015, within the framework of the Aristotle project, and was one of the winners of the 2016 EMCDDA scientific award.

**A paper on the response to the 2012-13 HIV/AIDS epidemic in Greece was one of the winners of the 2016 EMCDDA scientific award**

## Drug markets

Cannabis is the most frequently seized substance in Greece. It remains the only illicit drug that is produced in Greece and is grown on a small scale for the needs of the domestic market. Greece is a transit country for herbal cannabis that is cultivated in Albania and passes through the country by land to its ports, and thence to other EU countries. Data from 2015 seizures suggest that the cannabis resin seized in Greece originates primarily from the Netherlands. Heroin originating from Afghanistan and Pakistan is smuggled into Greece through the Balkan route. Cocaine is smuggled into Greece, mainly by sea, directly from South America or through some intermediate ports in Spain, the Netherlands and Italy, and it is mainly intended for onward transit to other European countries.

According to the Central Anti-Drug Coordinating Unit, in 2015, the quantities of seized cannabis products, heroin and cocaine were smaller than in 2014.

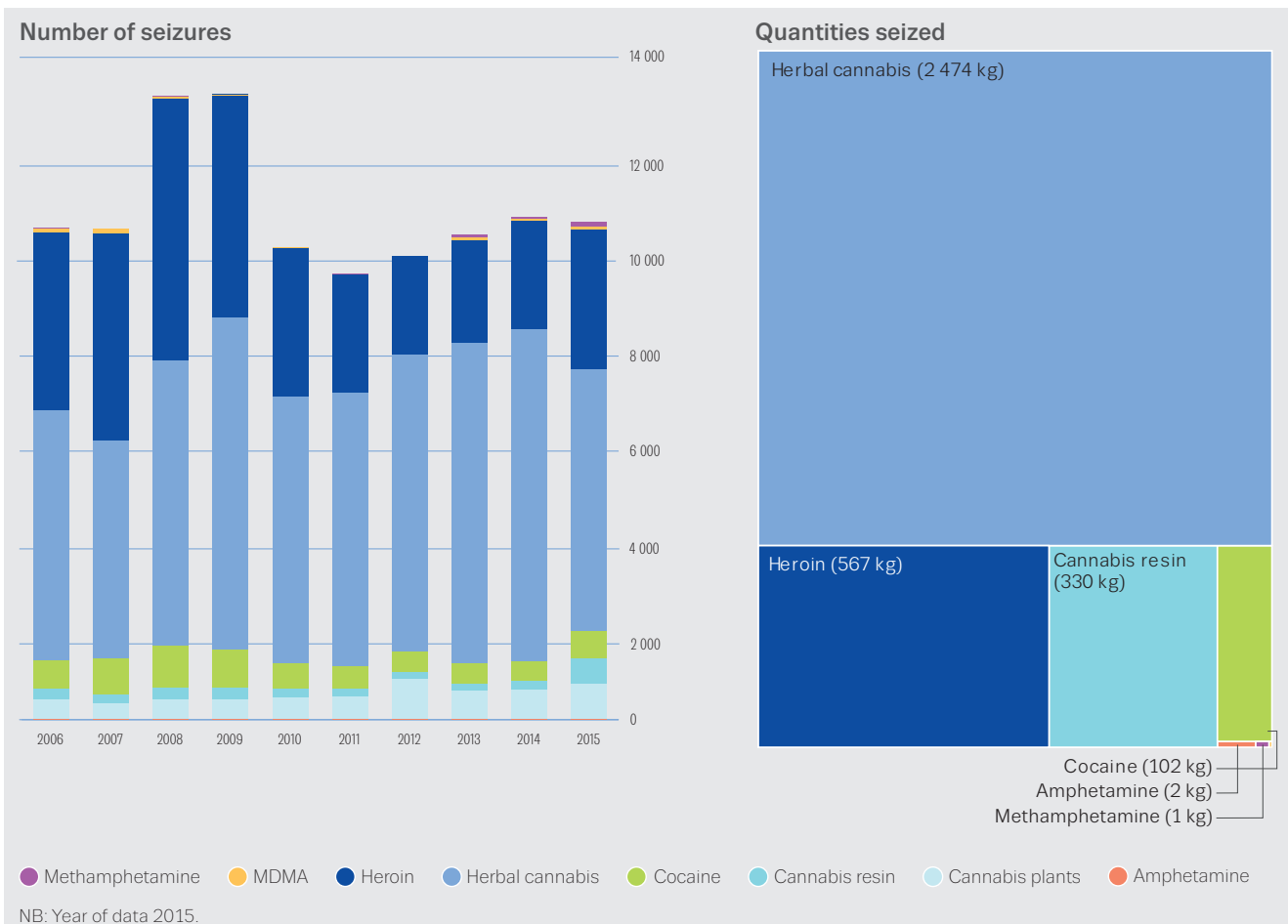
Nevertheless, in 2015, a record amount of heroin in a single seizure was reported, which was achieved by a collaborative action by the police and coastguard. The heroin was crossing Greece on its way to Western Europe (Figure 16).

In 2015, eight synthetic cannabinoids and three synthetic cathinones were identified for the first time in Greece.

The retail price and purity of the main illicit substances seized are shown in Figure 17.

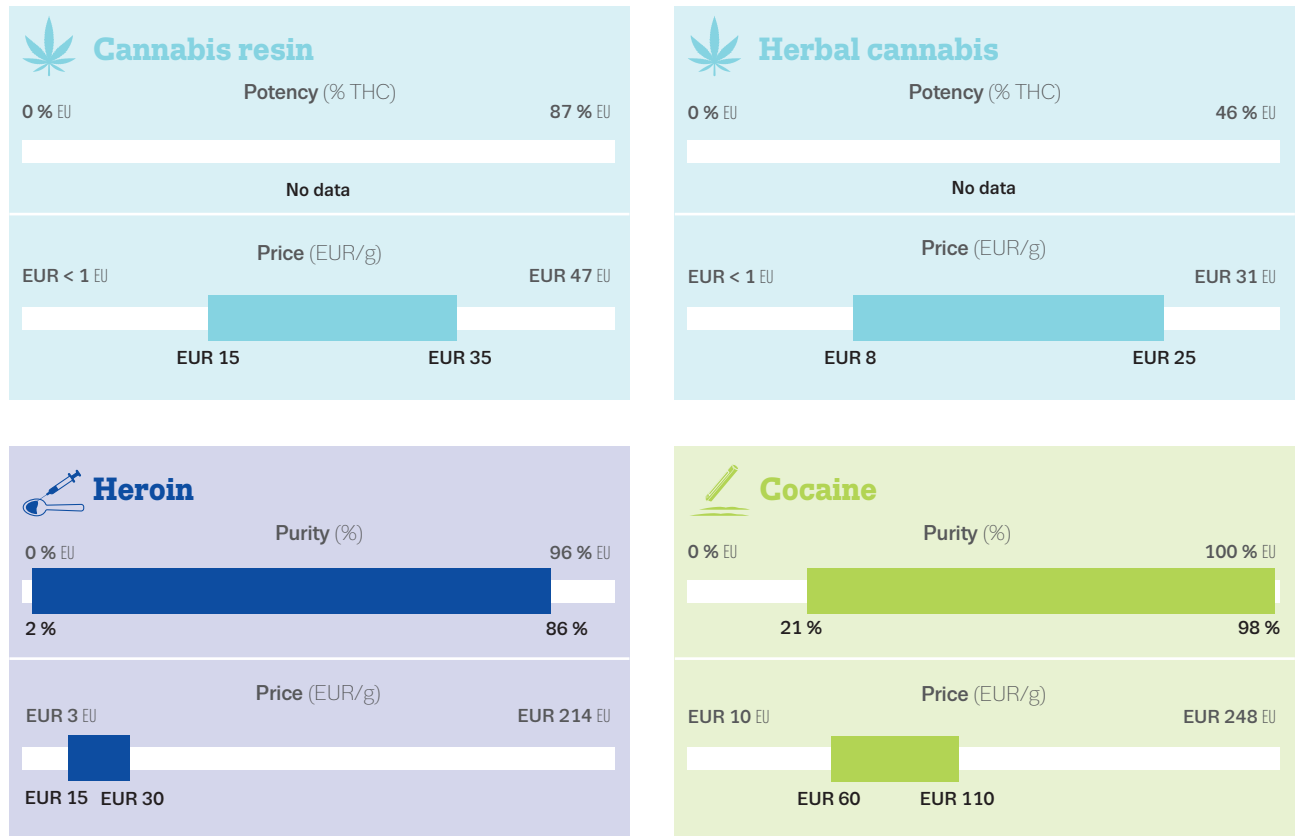
FIGURE 16

Drug seizures in Greece: trends in number of seizures (left) and quantities seized (right)



**FIGURE 17**

**Price and potency/purity ranges of illicit drugs reported in Greece**



NB: Price and potency/purity ranges: EU and national mean values: minimum and maximum. Year of data 2015.



## KEY DRUG STATISTICS FOR GREECE

## Most recent estimates and data reported

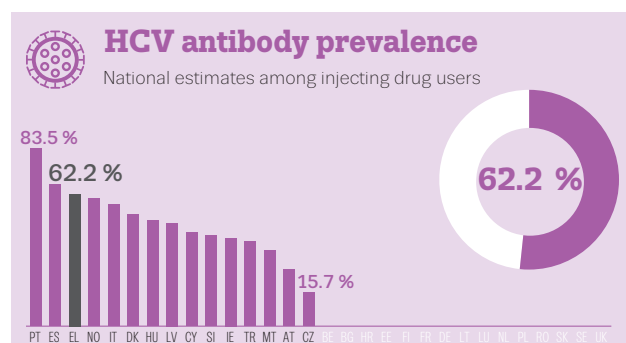
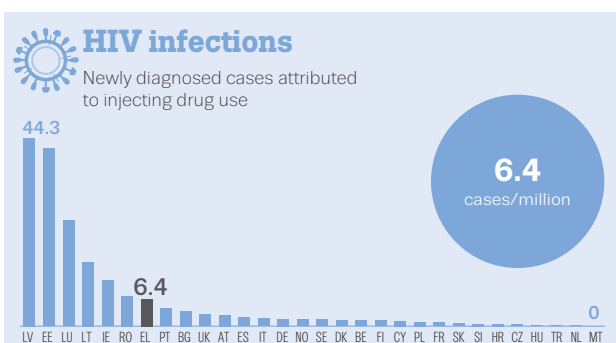
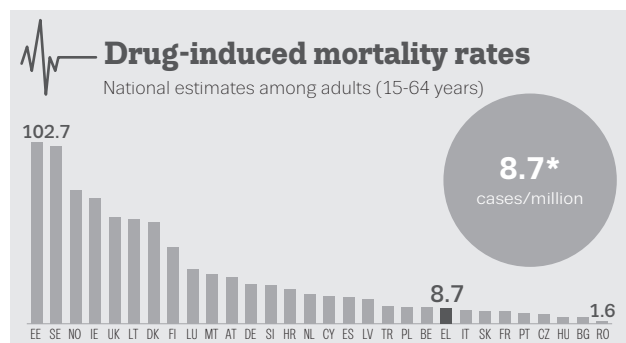
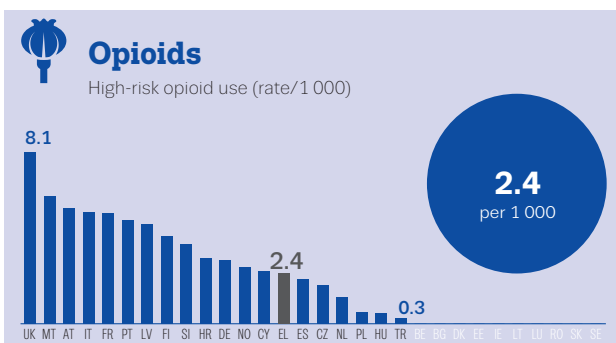
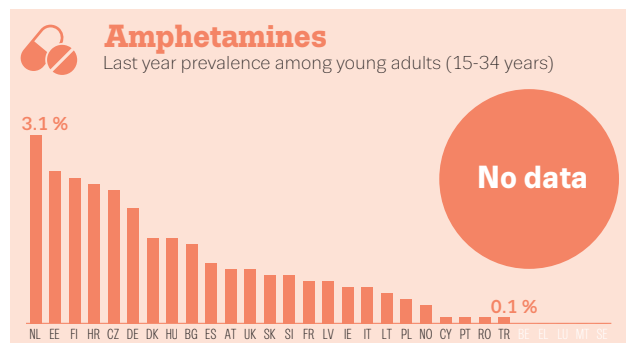
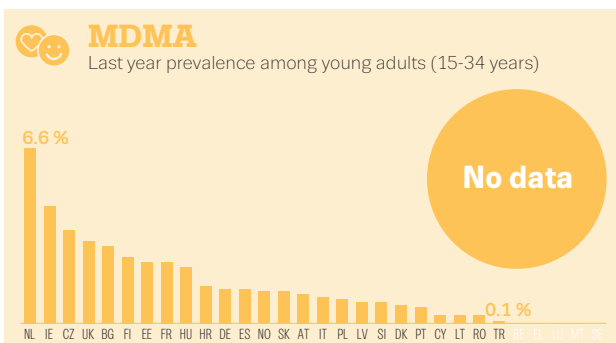
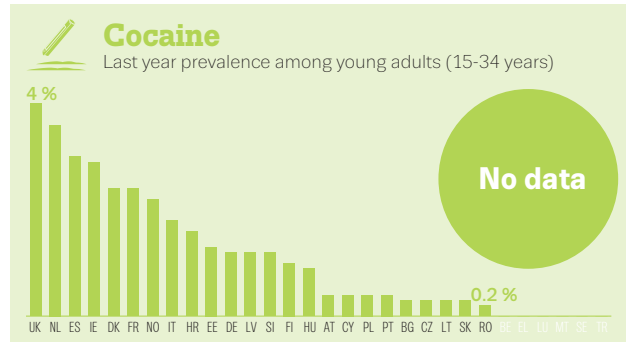
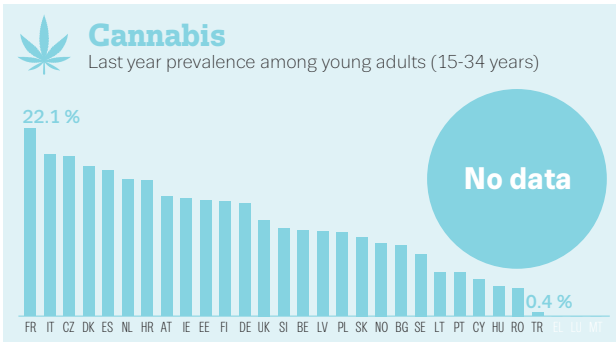
	Year	Country data	EU range	
			Minimum	Maximum
<b>Cannabis</b>				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	9.1	6.5	36.8
Last year prevalence of use — young adults (%)	No data	No data	0.4	22.1
Last year prevalence of drug use — all adults (%)	No data	No data	0.3	11.1
All treatment entrants (%)	2015	19	3	71
First-time treatment entrants (%)	2015	34	8	79
Quantity of herbal cannabis seized (kg)	2015	2 473.6	4	45 816
Number of herbal cannabis seizures	2015	5 499	106	156 984
Quantity of cannabis resin seized (kg)	2015	329.9	1	380 361
Number of cannabis resin seizures	2015	542	14	164 760
Potency — herbal (% THC) (minimum and maximum values registered)	No data	No data	0	46
Potency — resin (% THC) (minimum and maximum values registered)	No data	No data	0	87.4
Price per gram — herbal (EUR) (minimum and maximum values registered)	2015	8-25	0.6	31.1
Price per gram — resin (EUR) (minimum and maximum values registered)	2015	15-35	0.9	46.6
<b>Cocaine</b>				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	1.3	0.9	4.9
Last year prevalence of use — young adults (%)	No data	No data	0.2	4
Last year prevalence of drug use — all adults (%)	No data	No data	0.1	2.3
All treatment entrants (%)	2015	7	0	37
First-time treatment entrants (%)	2015	9	0	40
Quantity of cocaine seized (kg)	2015	101.5	2	21 621
Number of cocaine seizures	2015	575	16	38 273
Purity (%) (minimum and maximum values registered)	2015	20.6-98	0	100
Price per gram (EUR) (minimum and maximum values registered)	2015	60-110	10	248.5
<b>Amphetamines</b>				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	1.6	0.8	6.5
Last year prevalence of use — young adults (%)	No data	No data	0.1	3.1
Last year prevalence of drug use — all adults (%)	No data	No data	0	1.6
All treatment entrants (%)	2015	0	0	70
First-time treatment entrants (%)	2015	0	0	75
Quantity of amphetamine seized (kg)	2015	2	0	3 796
Number of amphetamine seizures	2015	16	1	10 388
Purity — amphetamine (%) (minimum and maximum values registered)	No data	No data	0	100
Price per gram — amphetamine (EUR) (minimum and maximum values registered)	No data	No data	1	139.8

	Year	Country data	EU range	
			Minimum	Maximum
<b>MDMA</b>				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	1.3	0.5	5.2
Last year prevalence of use — young adults (%)	No data	No data	0.1	6.6
Last year prevalence of drug use — all adults (%)	No data	No data	0.1	3.4
All treatment entrants (%)	2015	0	0	2
First-time treatment entrants (%)	2015	0	0	2
Quantity of MDMA seized (tablets)	2015	300	54	5 673 901
Number of MDMA seizures	2015	56	3	5 012
Purity (mg of MDMA base per unit) (minimum and maximum values registered)	No data	No data	0	293
Price per tablet (EUR) (minimum and maximum values registered)	No data	No data	0.5	60
<b>Opioids</b>				
High-risk opioid use (rate/1 000)	2015	2.4	0.3	8.1
All treatment entrants (%)	2015	70	4	93
First-time treatment entrants (%)	2015	53	2	87
Quantity of heroin seized (kg)	2015	567	0	8 294
Number of heroin seizures	2015	2 957	2	12 271
Purity — heroin (%) (minimum and maximum values registered)	2015	2.2-85.6	0	96
Price per gram — heroin (EUR) (minimum and maximum values registered)	2015	15-30	3.1	214
<b>Drug-related infectious diseases/injecting/deaths</b>				
Newly diagnosed HIV cases related to injecting drug use (cases/million population, Source: ECDC)	2015	6.4	0	44
HIV prevalence among PWID* (%)	2015	5.7- 9.4	0	30.9
HCV prevalence among PWID* (%)	2015	54.8 - 69.6	15.7	83.5
Injecting drug use (cases rate/1 000 population)	2015	0.8	0.2	9.2
Drug-induced deaths — all adults (cases/million population)	2015	8.7	1.6	102.7
<b>Health and social responses</b>				
Syringes distributed through specialised programmes	2015	268 157	164	12 314 781
Clients in substitution treatment	2015	10 082	252	168 840
<b>Treatment demand</b>				
All clients	2015	4 087	282	124 234
First-time clients	2015	1 586	24	40 390
<b>Drug law offences</b>				
Number of reports of offences	2015	23 748	472	411 157
Offences for use/possession	2015	17 386	359	390 843

\* PWID — People who inject drugs.

NB: Data to calculate the mortality rate for all adults (15-64 years) are not available, however the mortality rate for all ages is 8.7 cases per million.

## EU Dashboard



NB: Caution is required in interpreting data when countries are compared using any single measure, as, for example, differences may be due to reporting practices. Detailed information on methodology, qualifications on analysis and comments on the limitations of the information available can be found in the EMCDDA Statistical Bulletin. Countries with no data available are marked in white.

\* Data to calculate the mortality rate for all adults (15-64 years) are not available, however the mortality rate for all ages is 8.7 cases per million.

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## About the EMCDDA

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is the central source and confirmed authority on drug-related issues in Europe. For over 20 years, it has been collecting, analysing and disseminating scientifically sound information on drugs and drug addiction and their consequences, providing its audiences with an evidence-based picture of the drug phenomenon at European level.

The EMCDDA's publications are a prime source of information for a wide range of audiences including: policymakers and their advisors; professionals and researchers working in the drugs field; and, more broadly, the media and general public. Based in Lisbon, the EMCDDA is one of the decentralised agencies of the European Union.



GREEK REITOX FOCAL POINT

### About our partner in Greece

The Greek national focal point is located within the University Mental Health Research Institute and operates as the National Centre of Documentation and Information on Drugs. The national focal point operates on the basis of a three-year contract with the Ministry of Health and collaborates with OKANA (the Greek Organisation Against Drugs). Overall, the national focal point deals with drug-related issues in the field of epidemiology and responses, and is given a mandate beyond the implementation of EMCDDA-related activities. Its responsibilities also include monitoring alcohol use and related problems, and drafting the Greek National report on drugs, the annual Greek bibliography on drugs and alcohol, and other alcohol-related assignments.

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