

ΕΛΛΗΝΙΚΗ ΒΙΒΛΙΟΓΡΑΦΙΑ ΓΙΑ ΤΑ ΝΑΡΚΩΤΙΚΑ ΚΑΙ ΤΟ ΑΛΚΟΟΛ

Επιμέλεια Έκδοσης: Πετρούλα Πρασά

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*Σε συνεργασία με τον Οργανισμό Κατά των Ναρκωτικών (Ο.ΚΑ.ΝΑ)
και με την μέσω και δι' αυτού χρηματοδότηση*

&

Σε συνεργασία με το Υπουργείο Υγείας

Πρόλογος Επιστ. Υπεύθυνης του ΕΚΤΕΠΝ

Φέτος το *Συμπλήρωμα στην Ελληνική Βιβλιογραφία για τα Ναρκωτικά και το Αλκοόλ* κιντεύει να κλείσει 20 χρόνια έκδοσης. Είκοσι χρόνια προσπάθειας να αποτυπωθεί το ερευνητικό και συγγραφικό έργο των Ελλήνων επιστημόνων που δραστηριοποιούνται στο χώρο των ναρκωτικών.

Τα τελευταία χρόνια οι δημοσιεύσεις και οι παρουσιάσεις σε συνέδρια που περιλαμβάνουν τη Βιβλιογραφία βαίνουν μειούμενες. Η δημοσιονομική λιτότητα δεν μπορεί παρά να κατέχει σημαντικό ρόλο σε αυτή τη μείωση. Από τη μια μεριά η μείωση του προσωπικού των φορέων και ο επακόλουθος φόρτος εργασίας των υπολοίπων δεν αφήνουν πολλά περιθώρια για ερευνητικό έργο· από την άλλη, λόγω της περικοπής της χρηματοδότησης, η οποία σε ορισμένες περιπτώσεις έφτασε το 40% την προηγούμενη πενταετία, οι φορείς δεν μπορούν να ανταπεξέλθουν στο κόστος συμμετοχής των διεθνών συνεδρίων, αλλά ούτε και στο κόστος οργάνωσής τους σε εθνικό επίπεδο.

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Στα δύσκολα χρόνια του ΕΚΤΕΠΝ που θέλω να ελπίζω ότι αφήσαμε πλέον πίσω μας, η κυρία Πρασά συνέβαλε ουσιαστικά στη διατήρηση της ποιότητας του έργου, αλλά και στη διατήρηση της συνοχής του προσωπικού και του καλού κλίματος που υπάρχει μεταξύ μας.

Για το λόγο αυτόν, κάθε χρόνο γράφω με πολλή χαρά τον πρόλογο της ετήσιας αυτής έκδοσης, επειδή μου δίνεται άλλη μια ευκαιρία να αναγνωρίσω το έργο της και να την ευχαριστήσω για την προσφορά της.

Μανίνα Τερζίδου
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Εισαγωγή

Η συγγραφή της παρούσας **Ελληνικής Βιβλιογραφίας για τα Ναρκωτικά και το Αλκοόλ** ολοκληρώθηκε τον Φεβρουάριο του 2017 και περιλαμβάνει 46 ξενόγλωσσες και ελληνικές εργασίες Ελλήνων επιστημόνων, που συγκεντρώθηκαν έως τον Δεκέμβριο του 2016 (έτος αναφοράς της έκδοσης). Όλες οι επιστημονικές εργασίες που παρατίθενται, είναι σχετικές με το πρόβλημα της χρήσης ναρκωτικών ουσιών και αλκοόλ.

Πιο αναλυτικά: Στη παρούσα έκδοση θα βρείτε τίτλους σημαντικών επιστημονικών άρθρων που έχουν δημοσιευτεί σε ελληνικά ή διεθνή επιστημονικά περιοδικά, τίτλους βιβλίων, αποσπάσματα κεφαλαίων σε βιβλία, πρακτικά συνεδρίων, καθώς και ανακοινώσεις σε συνέδρια. Στις περισσότερες επιστημονικές εργασίες έχουμε παραθέσει και τις περιλήψεις τους, όπου υπήρχαν διαθέσιμες. Μπορείτε να αναζητήσετε οποιαδήποτε επιστημονική εργασία στην ολοκληρωμένη της μορφή μέσω των μηχανών αναζήτησης του Internet.

Η κύρια πηγή άντλησης των πληροφοριών μας είναι η επιστημονική ηλεκτρονική βάση PubMed και μέσω αυτής –αλλά και άλλων βάσεων– έχει καλυφθεί ένα ικανοποιητικό φάσμα δημοσιευμένων επιστημονικών εργασιών. Το PubMed αποτελεί υπηρεσία της Εθνικής Ιατρικής Βιβλιοθήκης των ΗΠΑ και παρέχει πρόσβαση σε περισσότερες από 11 εκατομμύρια βιβλιογραφικές αναφορές. Η πρώτη Ενότητα περιλαμβάνει την ελληνική και ξενόγλωσση βιβλιογραφία για το αλκοόλ και η δεύτερη την ελληνική και ξενόγλωσση βιβλιογραφία για τα ναρκωτικά, χωρισμένη σε θεματικές υποενότητες.

Το 2017 ξεκινήσαμε και πάλι το επιστημονικό μας έργο με αισιοδοξία, με την οικονομική στήριξη του Υπουργείου Υγείας και του Ο.ΚΑ.ΝΑ., έχοντας φυσικά –όπως πάντα– την αμέριστη στήριξη του δικού μας φορέα, του ΕΠΠΨΥ. Ευελπιστούμε ότι η έκδοση αυτή θα είναι χρήσιμη όχι μόνο στους επαγγελματίες υγείας, αλλά και στο ευρύ κοινό που επιθυμεί να ενημερωθεί για μέγιστα κοινωνικά προβλήματα.

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Θερμές ευχαριστίες στο δίκτυο των συνεργατών μας,

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Επικείμενη Έκδοση 2017:

ΕΠΙΨΥ (2017) Ετήσια Έκθεση του ΕΚΤΕΠΝ για την Κατάσταση του Προβλήματος των Ναρκωτικών και των Ουνοπνευματωδών στην Ελλάδα 2016.
Εθνικό Κέντρο Τεκμηρίωσης και Πληροφόρησης για τα Ναρκωτικά.

Το ΕΚΤΕΠΝ καταθέτει στο Ευρωπαϊκό Κέντρο Παρακολούθησης Ναρκωτικών και Τοξικομανίας (EMCDDA), σε ετήσια βάση (σύμφωνα με τις συμβατικές υποχρεώσεις του προς αυτό), ηλεκτρονικά θεματικά φυλλάδια στην αγγλική γλώσσα για την Κατάσταση του Προβλήματος των Ναρκωτικών στην Ελλάδα.



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Ενότητα Πρώτη

Αλκοόλ



Ξενογλώσση Βιβλιογραφία

Eslami, B., Viitasara, E., et al. (2016). "The prevalence of lifetime abuse among older adults in seven European countries." Int J Public Health **61**(8): 891-901.

Objectives: To investigate the lifetime prevalence rate of abuse among older persons and to scrutinize the associated factors (e.g. demographics). **Methods:** This cross-sectional population-based study had 4467 participants, aged 60-84, from seven European cities. Abuse (psychological, physical, sexual, financial and injuries) was measured based on The Revised Conflict Tactics Scale, and the UK survey of abuse/neglect of older people. **Results:** Over 34 % of participants reported experiencing lifetime psychological, 11.5 % physical, 18.5 % financial and 5 % sexual abuse and 4.3 % reported injuries. Lifetime psychological abuse was associated with country, younger age, education and alcohol consumption; physical abuse with country, age, not living in partnership; injuries with country, female sex, age, education, not living in partnership; financial abuse with country, age, not living in partnership, education, benefiting social/partner income, drinking alcohol; and sexual abuse with country, female sex and financial strain. **Conclusions:** High lifetime prevalence rates confirm that elder abuse is a considerable public health problem warranting further longitudinal studies. Country of residence is an independent factor associated with all types of elder abuse which highlights the importance of national interventions alongside international collaborations.

Misouridou, E. and Papadatou, D. (2016). "Challenges in Engaging Parents in the Drug and Alcohol Treatment: The Professionals' Perspective." Qual Health Res.

Addiction treatment centers often fail to involve families in treatment. The aim of the present study was to explore the challenges that Greek mental health professionals encounter in their work with parents of drug and alcohol abusers. A qualitative study design was adopted, and five focus group discussions were conducted with 27 drug and alcohol professionals. The thematic analysis of their accounts revealed the key difficulties that professionals encounter in their collaboration with parents that included parental lack of involvement or over-engagement in treatment, unrealistic expectations, ambivalence or opposition to change, ethical dilemmas, and alliance issues, as well as collaboration challenges among therapists. Findings highlight the challenges of a family approach in the treatment of addiction, and underscore the value of clinical supervision in addition to specialized training, to help professionals work on their anxiety, anger, guilt, prejudices, and deception, when engaging parents in the treatment of their addicted child.

Moussas, G., Fanouraki, I., et al. (2015). "Comorbid psychopathology and alcohol use patterns among methadone maintenance treatment patients." Journal of Addiction **2015**.

Papadopoulou, S. K., Hassapidou, M., et al. (2016). "Relationships between alcohol consumption, smoking status and food habits in Greek adolescents: Vascular implications for the future." Curr Vasc Pharmacol.

We assessed the prevalence of alcohol consumption and smoking in Greek adolescents and evaluated their association with food habits. Adolescents (495 boys and 508 girls) aged 15 ± 1 years old and 15 ± 2 years old respectively, completed questionnaires regarding smoking, alcohol and food habits. Tobacco use and alcohol consumption were reported by 9.2% and 48.1% of them, respectively. Of those that drank alcohol, 13.9% were also smokers. Older adolescents were more likely to consume foods high in fat and sugar, low in vitamins and minerals as well as foods, considered by them to be less healthy and prepared in a less healthy way. Moreover, smoker adolescents were less likely to choose foods considered to be healthy and prepared in a healthy way, whereas they

were more likely to choose foods high in fat content. Both smoking and alcohol consumption may affect cardiovascular risk and the vasculature. Poor lifestyle (and risk of vascular events) can start at an early age.

Pappa, A. S., Ginieri-Coccosis, M., et al. (2016). "Appraisal of a specific scale for quality of life (AIQoL-9) in Greek alcohol dependent individuals attending: A confirmatory factor analysis." *Psychiatriki* **27**(1).

Alcohol abuse/dependence seriously affects quality of life (QoL). The AIQoL-9 scale, derived from the generic instrument SF-36, is the only instrument in the international literature which is specific as a measure of QoL for alcohol-dependent patients. It can provide health carers with valuable information regarding the needs of alcoholic individuals and the effects of therapeutic interventions. The aim of this study was to assess the psychometric properties of the Greek version of AIQoL-9 taking as a basis the research on the original French and English versions. A sample of 170 participants (118 males, 52 females) aged 24–74 years (mean age=48.2 years, SD=9.6) recruited from inpatient and outpatient detoxification units in different regions of Greece completed the AIQoL-9 questionnaire and the World Health Organization Quality of Life Assessment - short version (WHOQOL-BREF). The internal structure of the AIQoL-9 questionnaire was examined using confirmatory factor analysis (CFA). The associations of AIQoL-9 with sociodemographic and clinical variables were examined. The correlation coefficients between AIQoL-9 and scores on the domains of the WHOQOL-BREF questionnaire were computed as an indication of convergent validity. The average inter-item correlation between the AIQoL-9 items was 0.403. CFA supported a single factor underlying the AIQoL-9 items. Cronbach's alpha for the Greek version of the scale showed high internal consistency, 0.837, and could not be improved by omitting any item. The AIQoL-9 score showed significant associations with gender (mean 29.2, SD=6.2 for males; mean 26.1, SD=7.2 for females: $p=0.004$) and with comorbidity (mean 25.7, SD=7.8 with comorbidity, mean 29.5, SD=5.8 without: $p=0.001$). The AIQoL-9 score was significantly correlated ($p<0.001$) with all scores of the WHOQOL-BREF, most strongly with the WHOQOL domains of physical health (Pearson's $r=0.720$) and psychological health ($r=0.693$) and less so with social relationships (0.481), environment (0.411), and the single-item measures of overall health (0.554) and overall quality of life (0.522). The present study demonstrated that the Greek version of the AIQoL-9 constitutes a valid and reliable single-factor research instrument for evaluating quality of life among alcohol-dependent individuals. It is recommended to be used in combination with a generic QoL instrument e.g. the WHOQOL-BREF. It is suitable for clinical everyday practice to monitor possible patient QoL changes, as well as in large scale studies investigating QoL in the relevant population.

Trova, A., Paparrigopoulos, T., et al. (2015). "Prevention of alcohol dependence." *Psychiatrike* **26**(2): 131-140.

With the exception of cardiovascular diseases, no other medical condition causes more serious dysfunction or premature deaths than alcohol-related problems. Research results indicate that alcohol dependent individuals present an exceptionally poor level of quality of life. This is an outcome that highlights the necessity of planning and implementing preventive interventions on biological, psychological or social level, to be provided to individuals who make alcohol abuse, as well as to their families. Preventive interventions can be considered on three levels of prevention: (a) primary prevention, which is focused on the protection of healthy individuals from alcohol abuse and dependence, and may be provided on a universal, selective or indicated level, (b) secondary prevention, which aims at the prevention of deterioration regarding alcoholic dependence and relapse, in the cases of individuals already diagnosed with the condition and (c) tertiary prevention, which is focused at minimizing deterioration of functioning in chronically sufferers from

alcoholic dependence. The term "quaternary prevention" can be used for the prevention of relapse. As for primary prevention, interventions focus on assessing the risk of falling into problematic use, enhancing protective factors and providing information and health education in general. These interventions can be delivered in schools or in places of work and recreation for young people. In this context, various programs have been applied in different countries, including Greece with positive results (Preventure, Alcolocks, LST, SFP, Alcohol Ignition Interlock Device). Secondary prevention includes counseling and structured help with the delivery of programs in schools and in high risk groups for alcohol dependence (SAP, LST). These programs aim at the development of alcohol refusal skills and behaviors, the adoption of models of behaviors resisting alcohol use, as well as reinforcement of general social skills. In the context of relevant interventions, various techniques are used, such as role playing. At the level of social policy, different measures may contribute to increase the effectiveness of preventive programs (e.g. prohibition of sale of alcohol in young people). Interventions of tertiary prevention aim at the development of motivation for abstinence in alcohol dependent individuals and the prevention of relapse, as well as the acquisition of new behaviors, which support modification of the problem of alcohol dependence. These interventions can take place in the context of psychotherapeutic follow-up provided to alcohol dependent individuals, and may include various short-term interventions, such as motivational interviewing, but also alternative forms of treatment (e.g. acupuncture, meditation). Elements of prevention in combination with elements of promotion of mental health may be incorporated in the same programme for alcohol dependence, endorsing similar or different activities, which may be complementary and may reinforce the effectiveness of the prevention program. Finally, it is necessary to raise the awareness of mental health professionals regarding prevention and provide specialized education to those who work in drug addiction programmes. Mental health professionals may act as therapists and as intervention coordinators, and performing these roles, they may contribute to the effectiveness of preventive programs and more generally to the treatment of disorders connected with alcohol use.

Ενότητα Δεύτερη

Ναρκωτικά

Θεματικές Υποενότητες



1. ΕΠΙΔΗΜΙΟΛΟΓΙΑ

Ξενογλώσση Βιβλιογραφία

Fotiou, A., Kanavou, E., et al. (2016). "HCV/HIV coinfection among people who inject drugs and enter opioid substitution treatment in Greece: prevalence and correlates." *Hepatology, Medicine and Policy* 1(9).

Background: HCV/HIV coinfection in people who inject drugs is a public health issue, which presents a variety of challenges to healthcare providers. The determinants of HCV/HIV coinfection in this population are nonetheless not well known. The aim of the present study is to identify the factors associated with HCV/HIV coinfection in people who inject drugs and enter drug-related treatment. **Methods:** Linked serological and behavioral data were collected from people who entered 38 opioid substitution treatment clinics in central and southern Greece between January and December 2013. Three mutually exclusive groups were defined based on the presence of HCV and HIV antibodies. Group 1 clients had neither infection, Group 2 had HCV but not HIV, and Group 3 had HCV/HIV coinfection. Multinomial logistic regression analyses identified differences between groups according to socio-demographic, drug use and higher-risk behavioral characteristics. **Results:** Our study population consisted of 580 people who injected drugs in the past 12 months (79.8 % males, with median age 36 years). 79.4 % were HCV and 15.7 % HIV infected. Of those with complete serological data in both HCV and HIV indicators, 20.4 % were uninfected, 64.0 % HCV monoinfected, and 14.9 % HCV/HIV coinfecting. HCV infection with or without HIV coinfection was positively associated with living alone or with a spouse/partner without children, prior incarceration, drug injecting histories of ≥ 10 years, and syringe sharing in the past 12 months, and negatively associated with never having previously been tested for HCV. HCV/HIV coinfection, but not HCV infection alone, was positively associated with residence in urban areas (relative risk ratio [RRR] = 4.8, 95 % confidence interval [CI]: 1.7–13.7, $p = 0.004$) and averaging >3 injections a day in the past 30 days (RRR = 4.5, 95 % CI: 1.6–12.8, $p = 0.005$), and negatively associated with using a condom in the last sexual intercourse. **Conclusions:** People who inject drugs and live in urban areas and inject frequently have higher risk of coinfection. Findings highlight the need for scaling-up needle and syringe programs in inner city areas and promoting access of this population to screening and treatment, especially in prisons. The protective role of living with parents and children could inform the implementation of indicated interventions.

Kraus, L., Hay, G., et al. (2016). "Estimating high-risk cannabis and opiate use in Ankara, Istanbul and Izmir." *Drug and Alcohol Review*.

Introduction and Aims. Information on high-risk drug use in Turkey, particularly at the regional level, is lacking. The present analysis aims at estimating high-risk cannabis use (HRCU) and high-risk opiate use (HROU) in the cities of Ankara, Istanbul and Izmir. **Design and Methods.** Capture–recapture and multiplier methods were applied based on treatment and police data stratified by age and gender in the years 2009 and 2010. Case definitions refer to ICD-10 cannabis (F.12) and opiate (F.11) disorder diagnoses from outpatient and inpatient treatment records and illegal possession of these drugs as recorded by the police. **Results.** High-risk cannabis use was estimated at 28 500 (8.5 per 1000; 95% confidence interval 7.3–10.3) and 33 400 (11.9 per 1000; 95% confidence interval 10.7–13.5) in Ankara and Izmir, respectively. Using multipliers based on capture–recapture estimates for Izmir, HRCU in Istanbul was estimated up to 166 000 (18.0 per 1000; range: 2.8–18.0). Capture–recapture estimates of HROU resulted in 4800 (1.4 per 1000; 95% confidence interval 0.9–1.9) in Ankara and multipliers based on these gave

estimates up to 20 000 (2.2 per 1000; range: 0.9-2.2) in Istanbul. HROU in Izmir was not estimated due to the low absolute numbers of opiate users. **Discussion and Conclusions.** While HRCU prevalence in both Ankara and Izmir was considerably lower in comparison to an estimate for Berlin, the rate for Istanbul was only slightly lower. Compared with the majority of European cities, HROU in these three Turkish cities may be considered rather low.

Nikolopoulos, G., Fotiou, A., et al. (2015). "National income inequality and declining GDP growth rates are associated with increases in HIV Diagnoses among people who inject drugs in Europe: A panel data analysis." *PLoS One*. **10**(4).

Background: There is sparse evidence that demonstrates the association between macro-environmental processes and drug-related HIV epidemics. The present study explores the relationship between economic, socio-economic, policy and structural indicators, and increases in reported HIV infections among people who inject drugs (PWID) in the European Economic Area (EEA). **Methods:** We used panel data (2003-2012) for 30 EEA countries. Statistical analyses included logistic regression models. The dependent variable was taking value 1 if there was an outbreak (significant increase in the national rate of HIV diagnoses in PWID) and 0 otherwise. Explanatory variables included the growth rate of Gross Domestic Product (GDP), the share of the population that is at risk for poverty, the unemployment rate, the Eurostat S80/S20 ratio, the Gini coefficient, the per capita government expenditure on health and social protection, and variables on drug control policy and drug-using population sizes. Lags of one to three years were investigated. **Findings:** In multivariable analyses, using two-year lagged values, we found that a 1% increase of GDP was associated with approximately 30% reduction in the odds of an HIV outbreak. In GDP-adjusted analyses with three-year lagged values, the effect of the national income inequality on the likelihood of an HIV outbreak was significant [S80/S20 Odds Ratio (OR) = 3.89; 95% Confidence Interval (CI): 1.15 to 13.13]. Generally, the multivariable analyses produced similar results across three time lags tested. **Interpretation:** Given the limitations of ecological research, we found that declining economic growth and increasing national income inequality were associated with an elevated probability of a large increase in the number of HIV diagnoses among PWID in EEA countries during the last decade. HIV prevention may be more effective if developed within national and European-level policy contexts that promote income equality, especially among vulnerable groups.

Nikolopoulos, G., Sypsa, V., et al. (2015). "Big events in Greece and HIV infection among people who inject drugs." *Substance Use & Misuse* **50**(7): 825-838.

Big Events are processes like macroeconomic transitions that have lowered social well-being in various settings in the past. Greece has been hit by the global crisis and experienced an HIV outbreak among people who inject drugs. Since the crisis began (2008), Greece has seen population displacement, inter-communal violence, cuts in governmental expenditures, and social movements. These may have affected normative regulation, networks, and behaviors. However, most pathways to risk remain unknown or unmeasured. We use what is known and unknown about the Greek HIV outbreak to suggest modifications in Big Events models and the need for additional research.

Pandria, N., Kovatsi, L., et al. (2016). "Resting-state abnormalities in heroin-dependent individuals." *Neuroscience* **16**.

Drug addiction is a major health problem worldwide. Recent neuroimaging studies have shed light into the underlying mechanisms of drug addiction as well as its consequences to the human brain. The most vulnerable, to heroin addiction, brain regions have been reported to be specific prefrontal, parietal, occipital, and temporal regions, as well as,

some subcortical regions. The brain regions involved are usually linked with reward, motivation/drive, memory/learning, inhibition as well as emotional control and seem to form circuits that interact with each other. So, along with neuroimaging studies, recent advances in resting-state dynamics might allow further assessments upon the multilayer complexity of addiction. In the current manuscript, we comprehensively review and discuss existing resting-state neuroimaging findings classified into three overlapping and interconnected groups: functional connectivity alterations, structural deficits and abnormal topological properties. Moreover, behavioral traits of heroin-addicted individuals as well as the limitations of the currently available studies are also reviewed. Finally, in need of a contemporary therapy a multimodal therapeutic approach is suggested using classical treatment practices along with current neurotechnologies, such as neurofeedback and goal-oriented video-games.

Richardson, C. and Andaraki, A., (2015). "High risk drug users in Greece: Estimating the size of the older population." The International Journal of Aging and Society.

Estimates of the size of the population of high-risk drug users (HRDU), are needed for planning services. The focus has traditionally been on young adults in their 20s and 30s. However, treatment services in Greece are encountering a rapidly increasing number of older users, chiefly heroin users, who were young adults when the drug use epidemic was growing. We apply capture-recapture techniques to data from 2004-2013 to estimate the "hidden population" of older users who did not seek treatment in a given year, in order to estimate the numbers of HRDU in the 50-59 and 60+ age groups. These may already represent 10% of the total and are expected to continue to increase substantially as the HRDU population ages, with important implications for service provision.

Thomaidis, N., Ferrero-Gago, P., Ort, C., Maragou, C., Alygizakis, N. et. al. (2106). "Reflection of Socioeconomic Changes in Wastewater: Licit and Illicit Drug Use Patterns". Environmental Science & Technology **50** (18).

The economic crisis plaguing Greece was expected to impact consumption of pharmaceuticals and illicit drugs – a priori to an unknown extent. We quantified the change of use for various classes of licit and illicit drugs by monitoring Athens' wastewater from 2010 to 2014. A high increase in the use of psychoactive drugs was detected between 2010 and 2014, especially for antipsychotics (35-fold), benzodiazepines (19-fold), and antidepressants (11-fold). This directly reflects the perceived increase of incidences associated with mental illnesses in the population, as a consequence of severe socioeconomic changes. Other therapeutic classes, like antiepileptics, hypertensives, and gastric and ulcer drugs also showed an increase in use (from 2-fold increase for antiepileptics to 13-fold for hypertensives). In contrast, the overall use of antibiotics and NSAIDs decreased. For mefenamic acid, an almost 28-fold decrease was observed. This finding is likely related to the reduction in drug expenditure applied in public health. A 2-fold increase of methamphetamine use was detected, associated with a cheap street drug called "sisa" (related to marginal conducts), which is a health concern. MDMA (5-fold) and methadone (7-fold) use showed also an increase, while cocaine and cannabis estimates did not show a clear trend.

2. ΘΕΡΑΠΕΙΑ

Ξενογλώσση Βιβλιογραφία

Kourounis, G., Richards, B., et al. (2016). "Opioid substitution therapy: Lowering the treatment thresholds." Drug Alcohol Depend. **161**: 1-8.

Background: Opioid substitution therapy (OST) has been established as the gold standard in treating opioid use disorders. Nevertheless, there is still a debate regarding the qualitative characteristics that define the optimal OST intervention, namely the treatment threshold. The aim of this review is twofold: first, to provide a summary and definition of "treatment thresholds", and second, to outline these thresholds and describe how they related to low and high threshold treatment characteristics and outcomes. **Method:** We searched the main databases of Medline, PubMed, PsycInfo, EMBASE, CINAHL and the Cochrane Library. Original published research papers, reviews, and meta-analyses, containing the eligible keywords: "opioid substitution", "OST", "low threshold", "high threshold" were searched alone and in combination, up to June, 2015. **Results:** Treatment thresholds were defined as barriers a patient may face prior to and during treatment. The variables of these barriers were classified into treatment accessibility barriers and treatment design barriers. There are increasing numbers of studies implementing low threshold designs with an increasing body of evidence suggesting better treatment outcomes compared to high threshold designs. **Conclusion:** Clinical characteristics of low threshold treatments that were identified to increase the effectiveness of OST intervention include increasing accessibility so as to avoid waiting lists, using personalized treatment options regarding medication choice and dose titration, flexible treatment duration, a treatment design that focuses on maintenance and harm reduction with emphasis on the retention of low adherence patients.

Misouridou, E. and Papadatou, D. (2016). "Challenges in Engaging Parents in the Drug and Alcohol Treatment: The Professionals' Perspective." Qual Health Res.

Addiction treatment centers often fail to involve families in treatment. The aim of the present study was to explore the challenges that Greek mental health professionals encounter in their work with parents of drug and alcohol abusers. A qualitative study design was adopted, and five focus group discussions were conducted with 27 drug and alcohol professionals. The thematic analysis of their accounts revealed the key difficulties that professionals encounter in their collaboration with parents that included parental lack of involvement or over-engagement in treatment, unrealistic expectations, ambivalence or opposition to change, ethical dilemmas, and alliance issues, as well as collaboration challenges among therapists. Findings highlight the challenges of a family approach in the treatment of addiction, and underscore the value of clinical supervision in addition to specialized training, to help professionals work on their anxiety, anger, guilt, prejudices, and deception, when engaging parents in the treatment of their addicted child.

Moussas, G., Fanouraki, I., et al. (2015). "Comorbid psychopathology and alcohol use patterns among methadone maintenance treatment patients." Journal of Addiction **2015**.

Nakos, G., Magita, A., et al. (2015). "The empowerment of patients with mental conditions and addictions through e-health." Stud Health Technol Inform **213**: 210-112.

The aim of the current paper is the imparting of useful information to both patients and people in general regarding the development of mental conditions based on drug

addictions, through e-health. It will provide all related information in order to achieve the empowerment of the selected sample regarding their conditions in terms of conceptualizing their health status. The general part is consisting of an overview on patient empowerment and e-health. The special part refers to the details of developing and presenting the above mentioned website. The information presented in the web site is addressing the general population and not only patients suffering a mental condition or addiction. The website contains the related articles and information obtained from the related bibliographical search. The main goal of the website is to impart concise information on the related issues.

Pandria, N., Kovatsi, L., et al. (2016). "Resting-state abnormalities in heroin-dependent individuals." Neuroscience **16**.

Drug addiction is a major health problem worldwide. Recent neuroimaging studies have shed light into the underlying mechanisms of drug addiction as well as its consequences to the human brain. The most vulnerable, to heroin addiction, brain regions have been reported to be specific prefrontal, parietal, occipital, and temporal regions, as well as, some subcortical regions. The brain regions involved are usually linked with reward, motivation/drive, memory/learning, inhibition as well as emotional control and seem to form circuits that interact with each other. So, along with neuroimaging studies, recent advances in resting-state dynamics might allow further assessments upon the multilayer complexity of addiction. In the current manuscript, we comprehensively review and discuss existing resting-state neuroimaging findings classified into three overlapping and interconnected groups: functional connectivity alterations, structural deficits and abnormal topological properties. Moreover, behavioral traits of heroin-addicted individuals as well as the limitations of the currently available studies are also reviewed. Finally, in need of a contemporary therapy a multimodal therapeutic approach is suggested using classical treatment practices along with current neurotechnologies, such as neurofeedback and goal-oriented video-games.

Ελληνική Βιβλιογραφία

Κουρλή, Μ. (2015). "Ομαδικoαναλυτική Θεραπεία Οικογένειας & Απεξάρτηση: Η συμβολή της ομαδικoαναλυτικής ομάδας γονέων στην αντιμετώπιση της τοξικοεξάρτησης." Εξαορτήσεις **2**(24).

Η υπόθεση που επιχειρείται να τεκμηριωθεί στην παρούσα εργασία είναι ότι η ομαδικoαναλυτική προσέγγιση θεραπείας οικογένειας, συνιστά μια μέθοδο που μπορεί όχι μόνο να εναρμονισθεί στο γενικότερο πλαίσιο της Θεραπείας Απεξάρτησης και να συμβάλει ουσιαστικά στην επίτευξη των θεραπευτικών επιδιώξεων αυτής, αλλά, επιπλέον, δύναται να επιφέρει συνολικότερο και σημαντικό θεραπευτικό όφελος στους τομείς της ενδοψυχικής και διαπροσωπικής λειτουργίας των μελών της οικογένειας που περιλαμβάνει το ουσιοεξαρτημένο άτομο. Η μελέτη των επιστημονικών δεδομένων, σε συνδυασμό με την κλινική εμπειρία από τη λειτουργία Ομάδων Γονέων με ενήλικα ουσιοεξαρτημένα τέιννα, σε δημόσιο φορέα αντιμετώπισης της τοξικοεξάρτησης, συγκλίνουν στο εξής συμπέρασμα: Η Ομαδοαναλυτική Προσέγγιση Θεραπείας Οικογένειας, θεωρούμενη ως προς τις θεραπευτικές αρχές, τους θεραπευτικούς στόχους και τους θεραπευτικούς παράγοντες που αντιπροσωπεύει, μπορεί να εφαρμοσθεί με τρόπο αποτελεσματικό εντός του πλαισίου της θεραπείας απεξάρτησης και δύναται να επιφέρει οφέλη για όλα τα μέλη της οικογένειας που αντιμετωπίζει προβλήματα τοξικοεξάρτησης, καθώς: 1) ταυτίζεται με τους στόχους της συνολικότερης θεραπείας απεξάρτησης, 2) βρίσκεται σε αρμονία με τα ιδιαίτερα χαρακτηριστικά και τις κλινικές απαιτήσεις της οικογένειας που αντιμετωπίζει προβλήματα τοξικοεξάρτησης, 3) απευθύνεται σε λειτουργίες και χαρακτηριστικά του οικογενειακού συστήματος που υποβόσκουν της εξαρτητικής, συμπτωματικής συμπεριφοράς, προοιωνίζοντας έτσι ένα πληρέστερο και μονιμότερο θεραπευτικό αποτέλεσμα, που δεν

περιορίζεται στην εξάλειψη του συμπτώματος, 4) επιδιώκει και κινητοποιεί τη συνολική ανάπτυξη του οικογενειακού συστήματος και την προσωπική εξέλιξη κάθε μέλους αυτού.

3. ΜΕΛΕΤΕΣ – ΠΑΡΑΓΟΝΤΕΣ ΧΡΗΣΗΣ

Ξενόγλωση Βιβλιογραφία

Eslami, B., Viitasara, E., et al. (2016). "The prevalence of lifetime abuse among older adults in seven European countries." *Int J Public Health* **61**(8): 891-901.

Objectives: To investigate the lifetime prevalence rate of abuse among older persons and to scrutinize the associated factors (e.g. demographics). **Methods:** This cross-sectional population-based study had 4467 participants, aged 60-84, from seven European cities. Abuse (psychological, physical, sexual, financial and injuries) was measured based on The Revised Conflict Tactics Scale, and the UK survey of abuse/neglect of older people. **Results:** Over 34 % of participants reported experiencing lifetime psychological, 11.5 % physical, 18.5 % financial and 5 % sexual abuse and 4.3 % reported injuries. Lifetime psychological abuse was associated with country, younger age, education and alcohol consumption; physical abuse with country, age, not living in partnership; injuries with country, female sex, age, education, not living in partnership; financial abuse with country, age, not living in partnership, education, benefiting social/partner income, drinking alcohol; and sexual abuse with country, female sex and financial strain. **Conclusions:** High lifetime prevalence rates confirm that elder abuse is a considerable public health problem warranting further longitudinal studies. Country of residence is an independent factor associated with all types of elder abuse which highlights the importance of national interventions alongside international collaborations.

Fotopoulou, M., Munro, A., et al. (2015). "Allowing the right' and its currency in managing drug stigma in Greece." *Int J Drug Policy* **26**(8): 723-730.

Background: Evidence suggests that problem drug users are still subject to high levels of stigmatization. In countries, like Greece, where families occupy a central position and honour is collectively attained, secondary drug stigma is also highly prevalent. However, little is known about how drug users and their families manage drug stigma in the specific cultural milieu that makes up Greece. This article presents findings from a qualitative study exploring how drug stigma both manifests itself and is managed by drug users and parents in the context of Greek familial culture. **Methods:** The study was conducted in two state drug agencies in Thessaloniki - Greece and involved the participation of 40 problem drug users (PDU) (23 male/17 female) and 8 parents of PDU. Qualitative, in-depth, interviews were used to collect narrative accounts about experiences of managing addiction, drug stigma and secondary stigma in the Greek parental home. **Results:** 'Allowing the right' - broadly understood as referring to passing to others information which might devalue a person and consequently that person's family - is discussed in terms of drug stigma management in Greece. We highlight how this culturally specific notion can be viewed as an active strategy adopted by both individual drug users and parents of PDU to manage stigmatization by illustrating the various way in which not 'allowing the right' was described by participants, including drug problem discovery or disclosure and subsequent management of drug using careers and drug stigma within the Greek family context. **Conclusion:** Given the significance of the cultural notion of 'allowing the right' in the trajectory of drug use amongst PDU and more particularly in stigma management and secondary stigma management, the paper highlights the need for further research into the field in Greece. The need for targeted culturally specific and culturally relevant interventions aimed at reducing drug stigma is also highlighted in relation to both policy and practice.

Hublet, A., Bendtsen, P., et al. (2015). "Trends in the co-occurrence of tobacco and cannabis use in 15-year-olds from 2002 to 2010 in 28 countries of Europe and North America." European Journal of Public Health **2**: 73-75.

Background: Cannabis and tobacco use frequently co-occur. Adolescents who consume both substances experience more respiratory distress and psychosocial problems and are less likely to stop compared with those who use either tobacco or cannabis alone. This study examined time trends in tobacco and cannabis use among 15-year-olds in Europe and North America between 2002 and 2010. **Methods:** Twenty-eight countries were included and merged into six regions based on their welfare systems. Adolescents (n = 142 796) were divided in four 'user groups': 'no-users', 'tobacco and cannabis users', 'tobacco-only users' and 'cannabis-only users'. Prevalence rates are reported by study-wave and region. Logistic regressions with study wave as independent variable were used to study trends in the user groups and regions. Interaction effects between time and gender were considered. **Results:** Overall, tobacco use, and concurrent tobacco and cannabis use decreased by 3 and 3.7%, respectively, but prevalence rates varied by region. Only in North America, an interaction effect between time and gender was found in tobacco and cannabis users. **Conclusions:** Although this study demonstrates a decrease in tobacco and cannabis use in most regions, it also shows that the use of both substances is related. Therefore, studying the co-occurring use of tobacco and cannabis is necessary.

Karamanova, A., Todorova, I., et al. (2016). "Burnout and health behaviors in health professionals from seven European countries." Int Arch Occup Environ Health **89**(7): 1059-1075.

Objectives: Within an underlying health-impairing process, work stressors exhaust employees' mental and physical resources and lead to exhaustion/burnout and to health problems, with health-impairing behaviors being one of the potential mechanisms, linking burnout to ill health. The study aims to explore the associations between burnout and fast food consumption, exercise, alcohol consumption and painkiller use in a multinational sample of 2623 doctors, nurses and residents from Greece, Portugal, Bulgaria, Romania, Turkey, Croatia and Macedonia, adopting a cross-national approach. **Methods:** Data are part of the international cross-sectional quantitative ORCAB survey. The measures included the Maslach Burnout Inventory and the Health Behaviors Questionnaire. **Results:** Burnout was significantly positively associated with higher fast food consumption, infrequent exercise, higher alcohol consumption and more frequent painkiller use in the full sample, and these associations remained significant after the inclusion of individual differences factors and country of residence. Cross-national comparisons showed significant differences in burnout and health behaviors, and some differences in the statistical significance and magnitude (but not the direction) of the associations between them. Health professionals from Turkey, Greece and Bulgaria reported the most unfavorable experiences. **Conclusions:** Burnout and risk health behaviors among health professionals are important both in the context of health professionals' health and well-being and as factors contributing to medical errors and inadequate patient safety. Organizational interventions should incorporate early identification of such behaviors together with programs promoting health and aimed at the reduction of burnout and work-related stress.

Koutra, K., Kritsotakis, G., et al. (2017). "Social Capital, Perceived Economic Affluence, and Smoking During Adolescence: A Cross-Sectional Study." Subst Use Misuse **52**(2): 240-250.

Background: Smoking is among the health risk behaviors taken up by many adolescents with lifelong consequences and associations with multiple health risk behaviors. Smoking and smoking initiation in adolescence involves an interaction between micro-, meso-, and macro systems, including neighborhoods and the greater community. **Objectives:** To

examine the associations of individual social and economic capital with self-reported health, life satisfaction, and smoking behavior in adolescents. **Methods:** Using a multistage random sampling of junior high school students (16-18 years old) in Crete, Greece, 703 adolescents (90.2% 16 years old; 55.6% girls, participation rate 84.2%) completed an anonymous questionnaire based on HBSC study and the Youth Social Capital Scale (YSCS) during April-June 2008. Multiple logistic regression models were performed adjusted for potential confounders. **Results:** Adolescents with high participation in their neighborhoods and communities (higher structural social capital) displayed lower odds for daily smoking; those feeling unsafe (lower cognitive social capital) were at greater odds of daily smoking. Adolescents with less friends and acquaintances had lower odds of having tried tobacco products. Smoking was not related to any economic capital variables (perceived affluence, paternal and maternal employment status). Adolescents with low/medium versus high total social capital were at higher odds for low life satisfaction and fair/bad versus excellent self-rated health. **Conclusions/Importance:** Social capital theory may provide a better understanding in identifying the social context that is protective or harmful to adolescents' smoking. Public health organizations at all levels need to incorporate social capital theory in their interventions.

Magklara, K., Bellos, S., et al. (2015). "Depression in late adolescence: a cross-sectional study in senior high schools in Greece." *BMC Psychiatry* **15**: 199.

Background: Depression is a common mental health problem in adolescents worldwide. The aim of the present study was to investigate the prevalence, comorbidity and sociodemographic and socioeconomic associations of depression and depressive symptoms, as well as the relevant health services use in a sample of adolescents in Greece. **Methods:** Five thousand six hundred fourteen adolescents aged 16-18 years old and attending 25 senior high schools were screened and a stratified random sample of 2,427 were selected for a detailed interview. Psychiatric morbidity was assessed with a fully structured psychiatric interview, the revised Clinical Interview Schedule (CIS-R). The use of substances, such as alcohol, nicotine and cannabis, and several sociodemographic and socioeconomic variables have been also assessed. **Results:** In our sample the prevalence rates were 5.67 % for the depressive episode according to ICD-10 and 17.43 % for a broader definition of depressive symptoms. 49.38 % of the adolescents with depressive episode had at least one comorbid anxiety disorder [OR: 7.76 (5.52-10.92)]. Only 17.08 % of the adolescents with depression have visited a doctor due to a psychological problem during the previous year. Anxiety disorders, substance use, female gender, older age, having one sibling, and divorce or separation of the parents were all associated with depression. In addition, the presence of financial difficulties in the family was significantly associated with an increased prevalence of both depression and depressive symptoms. **Conclusions:** Prevalence and comorbidity rates of depression among Greek adolescents are substantial. Only a small minority of depressed adolescents seek professional help. Significant associations with financial difficulties are reported.

Rotsika, V., Vlassopoulos, M., et al. (2016). "Comparing immigrant children with native Greek in self-reported-Quality of Life." *Psychiatriki* **27**(1): 37-43.

Research on an international and national context regarding immigrant children and adolescents' quality of life (QoL) is rather scarce. Few international studies have been conducted investigating the presence of psychopathology and providing evidence of behavioural and psychological problems in immigrant adolescents. Regarding immigrant quality of life, thus far investigation was directed mainly to adult immigrant individuals and not to their children. The aim of the present study was to investigate the quality of life (QoL) of immigrant children and young adolescents who live in the greater Athens area, and to compare them with their native Greek peers living in the same communities

and attending the same schools. **Method:** Sixty three immigrant children, from Albanian and Eastern European origin (mean age 11.9 years) and 489 native children (mean age 11.33 years) were administered a QoL instrument specifically developed for children and adolescents: the Kid-KINDL® Questionnaire for 8-12 years old and the Kiddo-KINDL® Questionnaire for 13-16 years old. The dimensions examined in the KINDL® questionnaire refer to: physical wellbeing, emotional well-being, self-esteem, friends, family life and everyday life (school life). The Greek version is reported to show satisfactory values of validity and reliability. Administration of questionnaires was conducted at school after parent consent. Analysis included student's t-test, chi-square test, and multivariate linear regression analysis, as to investigate the relationship between KINDL® QoL dimensions' scores and nationality status, after controlling for gender and age. The results indicated that self-reported QoL scores of immigrant children were significantly poorer in comparison to native children in the domains of self-esteem and family life, as well as in the total QoL scores. In the rest of the QoL domains, similar scores were reported in both immigrant and their native classmates, that is in the dimensions of physical well-being, emotional well-being, friends and school. Investigating the effect of gender in KINDL® QoL parameters, after controlling for nationality and age, no evidence was found for differences between male and female children. Regarding the effect of age, older compared to younger in age children scored significantly lower in emotional well-being, self-esteem, and friends, school and total QoL. The results provide evidence of QoL deficits in self-esteem and family life in immigrant children. QoL deficits seem to increase in more areas as immigrant children grow older. Dimensions regarding self-perception and family may be interrelated, mutually influencing one another. It may be suggested that immigrant children seem to experience reduced self-esteem and distressful feelings within family interpersonal relations. As they grow older, distress seems to become more evident in emotional and social areas of QoL. Mental health interventions should take into account the multilevel impact of family interpersonal experiences on child's psychosocial development, as to design and deliver appropriate interventions supporting parenting for immigrant groups of individuals. Also, specialized mental health promotion programs need to be provided for adolescent immigrant individuals.

Sypsa, V., Paraskevis, D., et al. (2015). "Homelessness and Other Risk Factors for HIV Infection in the Current Outbreak Among Injection Drug Users in Athens, Greece." American Journal of Public Health **105**(1): 196-204.

Objectives: We examined HIV prevalence and risk factors among injection drug users (IDUs) in Athens, Greece, during an HIV outbreak. **Methods:** We used respondent-driven sampling (RDS) to recruit 1404 IDUs to the Aristotle intervention in August to October 2012. We interviewed participants and tested for HIV. We performed bivariate and multivariate analyses. **Results:** Estimated HIV prevalence was 19.8% (RDS-weighted prevalence = 14.8%). Odds of infection were 2.3 times as high in homeless as in housed IDUs and 2.1 times as high among IDUs who injected at least once per day as among less frequent injectors (both, $P < .001$). Six percent of men and 23.5% of women reported transactional sex in the past 12 months, and condom use was low. Intercourse with non-IDUs was common (53.2% of men, 25.6% of women). Among IDUs who had been injecting for 2 years or less the estimated incidence rate was 23.4 new HIV cases per 100 person-years at risk. **Conclusions:** Efforts to reduce HIV transmission should address homelessness as well as scaling up prevention services, such as needle and syringe distribution and other risk reduction interventions.

Tsitsakis, C. A., Karasavvoglou, A., et al. (2016). "Features of public healthcare services provided to migrant patients in the Eastern Macedonia and Thrace Region (Greece)." *Health Policy* **16**: 30349.

Background: The influx of migrants, refugees and asylum-seekers into European Union (EU) countries, especially into Greece, in the last 20 years is an issue of growing concern and requires a rational approach. The aim of this study is to chart the use of public health services by the migrants of the Eastern Macedonia and Thrace Region, which forms the northeastern border of Greece. **Methods:** We collected data from five of the six public hospitals in the specified region, and we carried out a per clinic cross tabulation analysis of admission diagnosis and citizenship variables in order to establish the frequency at which the various diagnoses emerge per distinct group of migrant and non-migrant patients in each clinic. The main limitation of the study was the lack of age-standardised data. An additional analysis of frequencies per clinic focusing on migrant patients yielded hospitalisation frequencies per country of origin. We also performed a t-test to compare the average length of stay per clinic between the two groups. Finally, we utilised our available data to map the insurance status of migrant patients. **Results:** The results have indicated that the hospitalisation rate of migrant patients due to chronic medical conditions is statistically significantly lower compared to non-migrant patients, while the opposite is true when looking at accident-related diagnoses, certain infectious diseases and medical conditions pertaining to depression and alcohol abuse. The comparisons of the average length of stay showed no overall differences between migrants and non-migrants. Only 2.04% of the migrant patients were uninsured. **Conclusions:** One of the key issues raised by the influx of migrants settling in host countries is concerned with health policy. The knowledge afforded by the medical parameters that characterise the provision of healthcare to them and the findings of relevant studies can lead to a more efficient identification of health risk factors and more effective prevention and treatment. This knowledge also constitutes a particularly crucial and useful tool to help authorities shape their healthcare policies and modify national health systems, which are currently based on the size and characteristics of indigenous populations, to take into account the different conditions with regard to both the number of patients treated and the epidemiological characteristics of the migrants. A greater appreciation of the particular current and potential roles of non-governmental organisations (NGOs) can help to provide appropriate healthcare services to migrants, refugees and asylum-seekers, especially when these groups are excluded from the public health system.

Ελληνική Βιβλιογραφία

Σταυρόπουλος, Θ., Παυλάκης, Α., et al. (2015). "Μελέτη της δυναμικής των σχέσεων μεταξύ των γονέων και των εξαρτημένων από ψυχοδραστικές ουσίες ατόμων, σύμφωνα με την κλίμακα οικογενειακού περιβάλλοντος (FES)." *Τετράδια Ψυχιατρικής* **127**(1): 59-68.

Σκοπό της παρούσας μελέτης αποτελεί η διερεύνηση των κοινωνικών και περιβαλλοντικών χαρακτηριστικών, που αναπτύσσονται στο περιβάλλον των οικογενειών των εξαρτημένων χρηστών από ψυχοτρόπες ουσίες και τις δυναμικές σχέσεις που αναπτύσσονται ανάμεσα στους χρήστες και τους γονείς τους. Συγκεκριμένα, αξιολογείται η καταγραφή της δυναμικής των σχέσεων που διαμορφώνονται μεταξύ των χρηστών ψυχοτρόπων ουσιών, οι οποίοι είναι ενταγμένοι στο Τμήμα Αποκατάστασης Εξαρτημένων ΙΑΝΟΣ του ΨΝΘ και των γονέων τους, οι οποίοι συμμετέχουν σε ομαδικές ψυχοεκπαιδευτικές διαδικασίες του Συμβουλευτικού Σταθμού του Τμήματος. Για τη διεξαγωγή της έρευνας χρησιμοποιήθηκε το σταθμισμένο ερωτηματολόγιο της Κλίμακας Οικογενειακού Περιβάλλοντος (FES), του Moos (1986), το οποίο απαντήθηκε από 68 χρήστες και από τους γονείς τους, είτε από τον πατέρα είτε από την μητέρα, με σκοπό τόσο την εκτίμηση της επίδρασης των αιτιών-παραγόντων που διαμορφώνουν τη στάση των χρηστών και των γονέων, για την οικογένειά

τους, όσο και τον εμπλουτισμό της θεραπευτικής τακτικής στην οικογενειακή παρέμβαση. Η στατιστική ανάλυση των δεδομένων έδειξε ότι τα αποτελέσματα συγκλίνουν με αυτά των κυριότερων ερευνών, που διεξήχθησαν στο παρελθόν, σχετικά με την επίδραση του οικογενειακού περιβάλλοντος στην εξαρτητική συμπεριφορά των χρηστών, δηλαδή παρατηρείται: Μικρότερη συνοχή και ευελιξία στην οικογένεια, λιγότερα ενδιαφέροντα στους χρήστες και αρνητικοί τρόποι επικοινωνίας μεταξύ των μελών. Επίσης, διακρίνεται χαμηλός βαθμός εκφραστικότητας, μεγάλος βαθμός ενδοοικογενειακών συγκρούσεων, μικρός βαθμός ανεξαρτησίας, μικρός βαθμός ενδιαφέροντος για πολιτικές, κοινωνικές, πνευματικές και πολιτιστικές δραστηριότητες. Οι μητέρες επιδεικνύουν μεγάλη παρεμβατικότητα και εμπλοκή, ενώ απουσιάζουν οι συναισθηματικοί δεσμοί και η ανάπτυξη προτύπων από τους πατέρες. Τέλος, παρουσιάζεται μικρός βαθμός συμμετοχής σε κοινωνικές και ψυχαγωγικές δραστηριότητες και μεγάλος βαθμός προσανατολισμού σε επιδόσεις, επιτεύγματα και επιτυχίες. Ειδικότερα, διαπιστώθηκε ότι ένα μεγάλο ποσοστό των εξαρτημένων χρηστών διατηρεί την επικοινωνία με τους γονείς του (είτε αρνητική είτε θετική). Παρατηρείται ότι η συνοχή στην οικογένεια μειώνεται όσο αυξάνεται η διαμάχη μέσα σε αυτήν, όπως επίσης, αντιστρόφως ανάλογη είναι και η συσχέτιση των παραμέτρων της εκφραστικότητας και του ελέγχου, οι οποίες παρουσιάζουν μεταξύ τους στατιστικά σημαντική αρνητική συσχέτιση. Το εκπαιδευτικό επίπεδο του εξαρτημένου παίζει ρόλο στη συνοχή και στον πνευματικό / πολιτιστικό προσανατολισμό της οικογένειας, ενώ η οργάνωση επηρεάζεται οριακά από την ηλικία και το επίπεδο της υγείας του. Δεν παρατηρήθηκαν, ωστόσο, άλλες στατιστικά σημαντικές διαφοροποιήσεις στις κλίμακες, ως προς το επάγγελμα, την ηλικία το φύλο και την οικογενειακή κατάσταση. Όσο αφορά στους γονείς, στη μητέρα παρατηρούνται ανάλογες αρνητικές συσχετίσεις, όπως με του εξαρτημένου, όσον αφορά στη συνοχή με τη διαμάχη, στη διαμάχη με την οργάνωση της οικογένειας και στη διαμάχη με την ηθική/θρησκευτική έμφαση, ενώ θετική συσχέτιση υπάρχει στον προσανατολισμό προς επίτευξη στόχων με τον ενεργό ψυχαγωγικό προσανατολισμό, όπως και στην οργάνωση με τον έλεγχο των κανόνων και διαδικασιών στην οικογένεια. Συμπερασματικά, η μητέρα χαρακτηρίζεται ως υπερπροστατευτική και υπερεμπλεκόμενη με τον εξαρτημένο. Αντίθετα με τον πατέρα, στον οποίον οι περισσότερες συσχετίσεις των κλιμάκων δεν εμφανίζουν στατιστικά σημαντική συσχέτιση, ενώ παρατηρείται πλήρης απουσία θετικής σύνδεσης με τον χρήστη, γεγονός το οποίο τον χαρακτηρίζει ως φυσικά και συναισθηματικά απόντα.

4. ΜΟΛΥΣΜΑΤΙΚΕΣ ΚΑΙ ΑΛΛΕΣ ΑΣΘΕΝΕΙΕΣ

Ξενογλώσση Βιβλιογραφία

Fotiou, A., Kanavou, E., et al. (2016). "HCV/HIV coinfection among people who inject drugs and enter opioid substitution treatment in Greece: prevalence and correlates." *Hepatology, Medicine and Policy* 1(9).

Background: HCV/HIV coinfection in people who inject drugs is a public health issue, which presents a variety of challenges to healthcare providers. The determinants of HCV/HIV coinfection in this population are nonetheless not well known. The aim of the present study is to identify the factors associated with HCV/HIV coinfection in people who inject drugs and enter drug-related treatment. **Methods:** Linked serological and behavioral data were collected from people who entered 38 opioid substitution treatment clinics in central and southern Greece between January and December 2013. Three mutually exclusive groups were defined based on the presence of HCV and HIV antibodies. Group 1 clients had neither infection, Group 2 had HCV but not HIV, and Group 3 had HCV/HIV coinfection. Multinomial logistic regression analyses identified differences between groups according to socio-demographic, drug use and higher-risk behavioral characteristics. **Results:** Our study population consisted of 580 people who injected drugs in the past 12 months (79.8 % males, with median age 36 years). 79.4 % were HCV and 15.7 % HIV infected. Of those with complete serological data in both HCV and HIV indicators, 20.4 % were uninfected, 64.0 % HCV monoinfected, and 14.9 % HCV/HIV coinfecting. HCV infection with or without HIV coinfection was positively associated with living alone or with a spouse/partner without children, prior incarceration, drug injecting histories of ≥ 10 years, and syringe sharing in the past 12 months, and negatively associated with never having previously been tested for HCV. HCV/HIV coinfection, but not HCV infection alone, was positively associated with residence in urban areas (relative risk ratio [RRR] = 4.8, 95 % confidence interval [CI]: 1.7–13.7, $p = 0.004$) and averaging >3 injections a day in the past 30 days (RRR = 4.5, 95 % CI: 1.6–12.8, $p = 0.005$), and negatively associated with using a condom in the last sexual intercourse. **Conclusions:** People who inject drugs and live in urban areas and inject frequently have higher risk of coinfection. Findings highlight the need for scaling-up needle and syringe programs in inner city areas and promoting access of this population to screening and treatment, especially in prisons. The protective role of living with parents and children could inform the implementation of indicated interventions.

Hatzakis, A., Sypsa, V., et al. (2015). "Design and baseline findings of a large-scale rapid response to an HIV outbreak in people who inject drugs in Athens, Greece: The ARISTOTLE programme." *Addiction* 110: 1453-1467.

Aims: To (i) describe an intervention implemented in response to the HIV-1 outbreak among people who inject drugs (PWIDs) in Greece (ARISTOTLE programme), (ii) assess its success in identifying and testing this population and (iii) describe socio-demographic characteristics, risk behaviours and access to treatment/prevention, estimate HIV prevalence and identify risk factors, as assessed at the first participation of PWIDs. **Design:** A 'seek, test, treat, retain' intervention employing five rounds of respondent-driven sampling. **Setting:** Athens, Greece (2012-13). **Participants:** A total of 3320 individuals who had injected drugs in the past 12 months. **Intervention:** ARISTOTLE is an intervention that involves reaching out to high-risk, hard-to-reach PWIDs ('seek'), engaging them in HIV testing and providing information and materials to prevent HIV

('test') and initiating and maintaining anti-retroviral and opioid substitution treatment for those testing positive ('treat' and 'retain'). **Measurements:** Blood samples were collected for HIV testing and personal interviews were conducted. **Findings:** ARISTOTLE recruited 3320 PWIDs during the course of 13.5 months. More than half (54%) participated in multiple rounds, resulting in 7113 visits. HIV prevalence was 15.1%. At their first contact with the programme, 12.5% were on opioid substitution treatment programmes and the median number of free syringes they had received in the preceding month was 0. In the multivariable analysis, apart from injection-related variables, homelessness was a risk factor for HIV infection in male PWIDs [odds ratio (OR) yes versus no = 1.89, 95% confidence interval (CI) = 1.41, 2.52] while, in female PWIDs, the number of sexual partners (OR for > 5 versus one partner in the past year = 4.12, 95% CI = 1.93, 8.77) and history of imprisonment (OR yes versus no = 2.76, 95% CI = 1.43, 5.31) were associated with HIV. **Conclusions:** In Athens, Greece, the ARISTOTLE intervention for identifying HIV-positive people among people who inject drugs (PWID) facilitated rapid identification of a hidden population experiencing an outbreak and provided HIV testing, counselling and linkage to care. According to ARISTOTLE data, the 2011 HIV outbreak in Athens resulted in 15% HIV infection among PWID. Risk factors for HIV among PWID included homelessness in men and history of imprisonment and number of sexual partners in women.

Nikolopoulos, G. and Fotiou, A. (2015). "Integrated interventions are dead. Long live sustainable integrated interventions." *Substance Use & Misuse* **50**(8-9): 1220-1222.

Nikolopoulos, G., Fotiou, A. et al. (2015). "National income inequality and declining GDP growth rates are associated with increases in HIV Diagnoses among people who inject drugs in Europe: A panel data analysis." *PLoS One*. **10**(4).

Background: There is sparse evidence that demonstrates the association between macro-environmental processes and drug-related HIV epidemics. The present study explores the relationship between economic, socio-economic, policy and structural indicators, and increases in reported HIV infections among people who inject drugs (PWID) in the European Economic Area (EEA). **Methods:** We used panel data (2003-2012) for 30 EEA countries. Statistical analyses included logistic regression models. The dependent variable was taking value 1 if there was an outbreak (significant increase in the national rate of HIV diagnoses in PWID) and 0 otherwise. Explanatory variables included the growth rate of Gross Domestic Product (GDP), the share of the population that is at risk for poverty, the unemployment rate, the Eurostat S80/S20 ratio, the Gini coefficient, the per capita government expenditure on health and social protection, and variables on drug control policy and drug-using population sizes. Lags of one to three years were investigated. **Findings:** In multivariable analyses, using two-year lagged values, we found that a 1% increase of GDP was associated with approximately 30% reduction in the odds of an HIV outbreak. In GDP-adjusted analyses with three-year lagged values, the effect of the national income inequality on the likelihood of an HIV outbreak was significant [S80/S20 Odds Ratio (OR) = 3.89; 95% Confidence Interval (CI): 1.15 to 13.13]. Generally, the multivariable analyses produced similar results across three time lags tested. **Interpretation:** Given the limitations of ecological research, we found that declining economic growth and increasing national income inequality were associated with an elevated probability of a large increase in the number of HIV diagnoses among PWID in EEA countries during the last decade. HIV prevention may be more effective if developed within national and European-level policy contexts that promote income equality, especially among vulnerable groups.

Nikolopoulos, G., Sypsa, V. et al. (2015). "Big events in Greece and HIV infection among people who inject drugs." *Substance Use & Misuse* **50**(7): 825-838.

Big Events are processes like macroeconomic transitions that have lowered social well-being in various settings in the past. Greece has been hit by the global crisis and experienced an HIV outbreak among people who inject drugs. Since the crisis began (2008), Greece has seen population displacement, inter-communal violence, cuts in governmental expenditures, and social movements. These may have affected normative regulation, networks, and behaviors. However, most pathways to risk remain unknown or unmeasured. We use what is known and unknown about the Greek HIV outbreak to suggest modifications in Big Events models and the need for additional research.

Papatheodoridis, G., Thomas, H., et al. (2016). "Addressing barriers to the prevention, diagnosis and treatment of hepatitis B and C in the face of persisting fiscal constraints in Europe: report from a high level conference." *J Viral Hepat* **1**: 1-12.

In the WHO-EURO region, around 28 million people are currently living with chronic viral hepatitis, and 120,000 people die every year because of it. Lack of awareness and understanding combined with the social stigma and discrimination exacerbate barriers related to access to prevention, diagnosis and treatment services for those most in need. In addition, the persisting economic crisis has impacted on public health spending, thus posing challenges on the sustainable investment in promotion, primary and secondary prevention, diagnosis and treatment of viral hepatitis across European countries. The Hepatitis B and C Public Policy Association in cooperation with the Hellenic Center for Disease Prevention and Control together with 10 partner organizations discussed at the Athens High Level Meeting held in June 2014 recent policy developments, persisting and emerging challenges related to the prevention and management of viral hepatitis and the need for a de minimis framework of urgent priorities for action, reflected in a Call to Action (Appendix S1). The discussion confirmed that persisting barriers do not allow the full realisation of the public health potential of diagnosing and preventing hepatitis B and C, treating hepatitis B and curing hepatitis C. Such barriers are related to (a) lack of evidence-based knowledge of hepatitis B and C, (b) limited access to prevention, diagnosis and treatment services with poor patient pathways, (c) declining resources and (d) the presence of social stigma and discrimination. The discussion also confirmed the emerging importance of fiscal constraints on the ability of policymakers to adequately address viral hepatitis challenges, particularly through increasing coverage of newer therapies. In Europe, it is critical that public policy bodies urgently agree on a conceptual framework for addressing the existing and emerging barriers to managing viral hepatitis. Such a framework would ensure all health systems share a common understanding of definitions and indicators and look to integrate their responses to manage policy spillovers in the most cost-effective manner, while forging wide partnerships to sustainably and successfully address viral hepatitis.

Paraskevis, D., Paraschiv, S., et al. (2015). "Enhanced HIV-1 surveillance using molecular epidemiology to study and monitor HIV-1 outbreaks among intravenous drug users (IDUs) in Athens and Bucharest." *Infect Genet Evol* **35**: 109-121.

Background: A significant increase in HIV-1 diagnoses was reported among Injecting Drug Users (IDUs) in the Athens (17-fold) and Bucharest (9-fold) metropolitan areas starting 2011. **Methods:** Molecular analyses were conducted on HIV-1 sequences from IDUs comprising 51% and 20% of the diagnosed cases among IDUs during 2011-2013 for Greece and Romania, respectively. Phylodynamic analyses were performed using the newly developed birth-death serial skyline model which allows estimating of important epidemiological parameters, as implemented in BEAST programme. **Results:** Most

infections (>90%) occurred within four and three IDU local transmission networks in Athens and Bucharest, respectively. For all Romanian clusters, the viral strains originated from local circulating strains, whereas in Athens, the local strains seeded only two of the four sub-outbreaks. Birth-death skyline plots suggest a more explosive nature for sub-outbreaks in Bucharest than in Athens. In Athens, two sub-outbreaks had been controlled ($Re < 1.0$) by 2013 and two appeared to be endemic ($Re \sim 1$). In Bucharest one outbreak continued to expand ($Re > 1.0$) and two had been controlled ($Re < 1.0$). The lead times were shorter for the outbreak in Athens than in Bucharest. **Conclusions:** Enhanced molecular surveillance proved useful to gain information about the origin, causal pathways, dispersal patterns and transmission dynamics of the outbreaks that can be useful in a public health setting.

Sypsa, V., Paraskevis, D., et al. (2015). "Homelessness and Other Risk Factors for HIV Infection in the Current Outbreak Among Injection Drug Users in Athens, Greece." *American Journal of Public Health* **105**(1): 196-204.

Objectives: We examined HIV prevalence and risk factors among injection drug users (IDUs) in Athens, Greece, during an HIV outbreak. **Methods:** We used respondent-driven sampling (RDS) to recruit 1404 IDUs to the Aristotle intervention in August to October 2012. We interviewed participants and tested for HIV. We performed bivariate and multivariate analyses. **Results:** Estimated HIV prevalence was 19.8% (RDS-weighted prevalence = 14.8%). Odds of infection were 2.3 times as high in homeless as in housed IDUs and 2.1 times as high among IDUs who injected at least once per day as among less frequent injectors (both, $P < .001$). Six percent of men and 23.5% of women reported transactional sex in the past 12 months, and condom use was low. Intercourse with non-IDUs was common (53.2% of men, 25.6% of women). Among IDUs who had been injecting for 2 years or less the estimated incidence rate was 23.4 new HIV cases per 100 person-years at risk. **Conclusions:** Efforts to reduce HIV transmission should address homelessness as well as scaling up prevention services, such as needle and syringe distribution and other risk reduction interventions.

Terzidou, M. and Fotiou, A. (2015). "Explosion de VIH chez les consommateurs de drogues en Grece pendant la crise economique (HIV outbreak among people who inject drugs in Greece during the economic crisis)." *SWAPS* **78**: 19-23.

5. ΠΟΙΝΙΚΗ ΔΙΚΑΙΟΣΥΝΗ

Ξενογλώσση Βιβλιογραφία

Apostolou, T. (2016). Sentencing of Drug Offenders: Legislators' Policy and the Practice of the Courts in South Eastern Europe. Athens - Thessaloniki.

The Drug Law reform Project in South East Europe, aims to promote policies based on respect for human rights, scientific evidence and best practices which would provide a framework for a more balanced approach and will result in a more effective policy and practice. A major aim of our activities is to encourage open debate on drug policy reform and raise public awareness regarding the current drug policies, their ineffectiveness and their adverse consequences for individuals and society.

Papoutsis, I., Nikolaou, P., et al. (2016). "Different aspects of driving under the influence of benzodiazepines." Med Sci Law **56**(2): 159-160.

6. ΠΡΟΛΗΨΗ

Ξενογλώσση Βιβλιογραφία

Malliori, M., Galinaki, S., et al. (2015). "ODYSSEAS: supervised use of drugs versus bureaucracy in Greece." *The Lancet* **2**(2).

Ulysses travelled for 10 years before returning to his home island of Ithaca to overthrow the contenders and rule with wisdom and justice. Despite evidence to the contrary, it could take Greece and its authorities 10 years to realize the need to maintain the investment in scaling up harm reduction services for injecting drug users. Previous authors have shown the increase in the number of newly diagnosed HIV infections among injecting drug users in Greece since early 2011. They have also shown the prompt response from the Greek authorities in 2011 and 2012 that led to an expansion of the capacity of the system to distribute clean needles and syringes and offer opioid substitution treatment. This service expansion was reflected in a substantial downward trend in new HIV cases among injecting drug users, from 213 in 2011 and 514 in 2012 to 239 in 2013 and 84 in 2014. However, there is an increased concern that these achievements might be fragile. More specifically, as part of the expansion of harm reduction services, the Hellenic Organization Against Drugs, opened the first supervised facility for drug injection in 2013, aptly named ODYSSEAS (Ulysses), to offer injecting drug users early intervention in cases of overdose, coaching on infectious disease transmission, and a gateway to treatment and other care services. During the first 10 months of its operation, ODYSSEAS received 2501 visits from 330 unique injecting drug users. Medical and nursing staff, effectively handled 103 cases of overdoses with not one fatality, reducing the incidence of fatal overdoses and, therefore, the mortality rate of this population. Also, more than 100 unique referrals were noted to a range of drug-related treatment services, thus expanding the reach of these complimentary services directly to injecting drug users on the street. Additionally, the ODYSSEAS street service, manned with social workers, psychologists, socio-therapists, and street workers reached out to more than 3500 injecting drug users, contributing substantially to the effect of harm reduction measures on the reduction in HIV incidence. Before it had completed a year in operation, ODYSSEAS was stranded in August 2014, due to increasing bureaucratic hurdles from the new administration of the Hellenic Organization Against Drugs and the Greek Ministry of Health, which have been stalling the establishment of a well-defined, legally sound framework for the provision of harm reduction services. Although the HIV outbreak among injecting drug users in 2011 was promptly and effectively managed, the success of curbing the outbreak might be fragile if Greek authorities do not remain vigilant, strengthening harm reduction interventions. It might be high time Ulysses sets sail for Ithaca again.

Papatheodoridis, G., Thomas, H., et al. (2016). "Addressing barriers to the prevention, diagnosis and treatment of hepatitis B and C in the face of persisting fiscal constraints in Europe: report from a high level conference." *J Viral Hepat* **1**: 1-12.

In the WHO-EURO region, around 28 million people are currently living with chronic viral hepatitis, and 120,000 people die every year because of it. Lack of awareness and understanding combined with the social stigma and discrimination exacerbate barriers related to access to prevention, diagnosis and treatment services for those most in need. In addition, the persisting economic crisis has impacted on public health spending, thus posing challenges on the sustainable investment in promotion, primary and secondary prevention, diagnosis and treatment of viral hepatitis across European countries. The Hepatitis B and C Public Policy Association in cooperation with the Hellenic Center for Disease Prevention and Control together with 10 partner organizations discussed at the

Athens High Level Meeting held in June 2014 recent policy developments, persisting and emerging challenges related to the prevention and management of viral hepatitis and the need for a de minimis framework of urgent priorities for action, reflected in a Call to Action (Appendix S1). The discussion confirmed that persisting barriers do not allow the full realisation of the public health potential of diagnosing and preventing hepatitis B and C, treating hepatitis B and curing hepatitis C. Such barriers are related to (a) lack of evidence-based knowledge of hepatitis B and C, (b) limited access to prevention, diagnosis and treatment services with poor patient pathways, (c) declining resources and (d) the presence of social stigma and discrimination. The discussion also confirmed the emerging importance of fiscal constraints on the ability of policymakers to adequately address viral hepatitis challenges, particularly through increasing coverage of newer therapies. In Europe, it is critical that public policy bodies urgently agree on a conceptual framework for addressing the existing and emerging barriers to managing viral hepatitis. Such a framework would ensure all health systems share a common understanding of definitions and indicators and look to integrate their responses to manage policy spillovers in the most cost-effective manner, while forging wide partnerships to sustainably and successfully address viral hepatitis.

7. ΣΤΡΑΤΗΓΙΚΗ – ΠΟΛΙΤΙΚΗ ΚΑΙ ΝΟΜΟΘΕΣΙΑ

Ξενογλώσση Βιβλιογραφία

Apostolou, T. (2016). Sentencing of Drug Offenders: Legislators' Policy and the Practice of the Courts in South Eastern Europe. Athens - Thessaloniki.

The Drug Law reform Project in South East Europe, aims to promote policies based on respect for human rights, scientific evidence and best practices which would provide a framework for a more balanced approach and will result in a more effective policy and practice. A major aim of our activities is to encourage open debate on drug policy reform and raise public awareness regarding the current drug policies, their ineffectiveness and their adverse consequences for individuals and society.

8. ΣΥΝΝΟΣΗΡΟΤΗΤΑ

Ξενογλώσση Βιβλιογραφία

Economou, M., Angelopoulos, E., et al. (2016). "Suicidal ideation and suicide attempts in Greece during the economic crisis: an update." *World Psychiatry* **15**(1): 83-84.

The current financial crisis has exerted untoward effects on the mental health of the population worldwide, in the form of increasing prevalence rates of affective disorders and suicide. Greece is among the countries most severely hit by the crisis and has thus attracted global attention with regard to the social and health-related repercussions of the economic downturn. In particular, throughout the years of recession, unemployment rates rocketed from 7.8% in 2008 to 9.6% in 2009, 12.7% in 2010, 17.9% in 2011, 24.5% in 2012, 27.5% in 2013 and 26.5% in 2014. At the same time, the proportion of the population at risk of poverty or social exclusion rose from 28.1% in 2008 to 35.7% in 2013 and 36% in 2014. Nonetheless, the impact of the recession on suicides has been a highly contentious issue in the country. Recently, a 30-year interrupted time series analysis on the influence of austerity- and prosperity-related events on suicide rates in the period 1983-2012 found a rise in total suicides by 35.7% after the introduction of new austerity measures in June 2011. In a similar vein, another ecological study reported an increase in suicides by 35% between 2010 and 2012, with unemployment bearing a strong correlation with suicide mortality especially among working age men. A series of nationwide surveys conducted by our research team has arrived at similar conclusions, confirming a significant rise in the one-month prevalence of suicidal ideation (from 5.2% in 2009 to 6.7% in 2011) as well as suicide attempt (from 1.1% in 2009 to 1.5% in 2011). In the same report, people suffering from major depression, married individuals, people experiencing financial strain, people with low levels of interpersonal trust and individuals with a history of suicide attempt were at elevated odds of manifesting suicidality symptoms. In this frame, another cross-sectional study was implemented in 2013 in order to monitor the impact of the recession on suicidality as well as to identify at-risk population subgroups. A random and representative sample of 2,188 people participated in the study. Information about the occurrence of major depression, suicidal ideation and suicidal attempt during the past month was assessed with the pertinent modules of the Structured Clinical Interview for DSM-IV Axis Disorders. Participants' degree of economic hardship was measured by the Index of Personal Economic Distress, while their levels of interpersonal trust was assessed by the germane questions of the European Social Survey. Comparative results from surveys demonstrate that one-month prevalence of suicidal ideation has declined in 2013: 2.4% in 2008, 5.2% in 2009, 6.7% in 2011 and 2.6% in 2013 ($p < 0.05$). Similar findings were observed for one-month prevalence of suicidal attempt: 0.6% in 2008, 1.1% in 2009, 1.5% in 2011 and 0.9% in 2013 ($p < 0.05$). Regarding the risk and protective factors for suicidality, a different pattern of results emerges for suicidal ideation and suicidal attempt. The presence of major depression (adjusted OR = 12.35, 95% CI: 6.34-24.08, $p < 0.01$), a previous suicide attempt (adjusted OR = 5.54, 95% CI: 2.19-14.00, $p < 0.01$), unemployment (adjusted OR = 2.55, 95% CI: 1.04-4.34, $p < 0.05$) and economic hardship (adjusted OR = 1.07, 95% CI: 1.01-1.14, $p < 0.05$) were found to increase the odds of manifesting suicidal thoughts. With regard to suicide attempt, the presence of major depression remained the strongest risk factor (adjusted OR = 8.02, 95% CI: 2.67-24.14, $p < 0.01$), followed by previous suicide attempt (adjusted OR = 5.22, 95% CI: 1.44-18.94, $p < 0.05$) and low levels of interpersonal trust (adjusted OR = 3.84, 95% CI: 1.17-5.81, $p < 0.05$). From the above-mentioned results, it is clear that the prevalence of suicidal ideation and suicidal attempt has returned to pre-crisis levels in Greece. This is consistent with the view that suicidal acts may reflect an acute response to an economic crisis, as evidenced by the surge in suicides after the

outset of the recession in South Korea in 1998 and their subsequent decline. Concerning the risk factors for suicidal ideation and attempt, the differences illustrate the multifaceted nature of suicidality, which is better conceptualized as lying on a spectrum from ideation to act, with different factors playing a prominent role in each step of the spectrum. The presence of major depression and previous suicide attempt increase the odds of manifesting suicidality symptoms throughout the whole spectrum, in line with other studies corroborating their strength of association, even amid recession. Although suicidality rates have decreased in Greece, depression is still on the rise and the socio-economic climate in the country remains unstable. There is imperative need for tailored public health interventions, including labour market and debt relief programmes, as well as for enhancing the social capital of the population. From the clinical standpoint, timely screening of suicidal history and suicidal symptoms, effective treatment of major depression, and capitalizing upon a patient's social networks should become a priority.

Economou, M., J., Bergiannaki, D., et al. (2016). "Attitudes towards depression, psychiatric medication and help-seeking intentions amid financial crisis: Findings from Athens area." *Int J Soc Psychiatry* 62(3): 243-251.

Background: The financial crisis has yielded adverse effects on the population worldwide, as evidenced by elevated rates of major depression. International recommendations for offsetting the mental health impact of the recession highlight the need for effective treatment, including reduction in the stigma attached to the disorder. **Aims:** This study endeavoured to explore lay attitudes to depression and psychiatric medication during a period of financial crisis and to identify their correlates. Furthermore, it investigated their link to help-seeking intentions. **Method:** A random and representative sample of 621 respondents from Athens area participated in the study (Response Rate = 81.7%). The telephone interview schedule consisted of the Personal Stigma Scale, a self-constructed scale tapping attitudes to psychiatric medication and one question addressing help-seeking intentions. **Results:** The preponderant stigmatising belief about depression pertains to perceiving the disorder as a sign of personal weakness. In addition, stereotypes of unpredictability and dangerousness were popular among the sample. Nonetheless, stigmatising beliefs are much stronger with regard to psychiatric medication; perceived as addictive, capable of altering one's personality, less effective than homeopathic remedies and doing more harm than good. Help-seeking intentions were predicted by education, unemployment and attitudes to psychiatric medication solely. **Conclusion:** Research on the mental health effects of the global recession should encompass studies investigating the stigma attached to mental disorders and its implications.

Linardakis, M., Papadaki, A., et al. (2015). "Association of behavioral risk factors for chronic diseases with physical and mental health in European adults aged 50 years or older, 2004-2005." *Prev Chronic Dis* 12(E149).

Introduction: Noncommunicable diseases are the leading cause of illness and death worldwide; behavioral risk factors (BRFs) contribute to these diseases. We assessed the presence of multiple BRFs among European adults according to their physical and mental health status. **Methods:** We used data from 26,026 adults aged 50 years or older from 11 countries that participated in the Survey of Health, Ageing and Retirement in Europe (2004-2005). BRFs (overweight or obesity, smoking, physical inactivity, and risky alcohol consumption) were assessed according to physical health (ie, presence of chronic diseases, disease symptoms, or limitations in activities of daily living) and mental health (depression) through multiple regression estimations. **Results:** Overweight or obesity in men and physical inactivity in women were the most prevalent BRFs. Compared with physically active adults, physically inactive adults had a higher mean number of chronic diseases (1.33 vs 1.26) and chronic disease symptoms (1.55 vs 1.47). Risky alcohol consumption (≥ 4 servings of an alcohol beverage ≥ 3 times a week) was associated with a

higher mean depression score (2.84 vs 2.47). Compared with adults with 0 or 1 BRF, adults with 2 or more BRFs had significantly higher odds of having 1 or more chronic diseases (men: 1.52; women: 1.73) and functional limitations (men: 1.65; women: 1.79) and higher prevalence of high blood pressure (37.8% vs 28.2). Belgian adults with BRFs had the highest mean number of chronic diseases or functional limitations among those who were overweight or obese and the highest mean number of chronic diseases and disease symptoms among those who smoked and were physically inactive. **Conclusion:** We found revealed significant positive associations between BRFs and poor health among middle-aged and older European adults. Primary health care intervention programs should focus on developing ways to reduce BRF prevalence in this population.

Magklara, K., Bellos, S., et al. (2015). "Depression in late adolescence: a cross-sectional study in senior high schools in Greece." *BMC Psychiatry* **15**: 199.

Background: Depression is a common mental health problem in adolescents worldwide. The aim of the present study was to investigate the prevalence, comorbidity and sociodemographic and socioeconomic associations of depression and depressive symptoms, as well as the relevant health services use in a sample of adolescents in Greece. **Methods:** Five thousand six hundred fourteen adolescents aged 16-18 years old and attending 25 senior high schools were screened and a stratified random sample of 2,427 were selected for a detailed interview. Psychiatric morbidity was assessed with a fully structured psychiatric interview, the revised Clinical Interview Schedule (CIS-R). The use of substances, such as alcohol, nicotine and cannabis, and several sociodemographic and socioeconomic variables have been also assessed. **Results:** In our sample the prevalence rates were 5.67 % for the depressive episode according to ICD-10 and 17.43 % for a broader definition of depressive symptoms. 49.38 % of the adolescents with depressive episode had at least one comorbid anxiety disorder [OR: 7.76 (5.52-10.92)]. Only 17.08 % of the adolescents with depression have visited a doctor due to a psychological problem during the previous year. Anxiety disorders, substance use, female gender, older age, having one sibling, and divorce or separation of the parents were all associated with depression. In addition, the presence of financial difficulties in the family was significantly associated with an increased prevalence of both depression and depressive symptoms. **Conclusions:** Prevalence and comorbidity rates of depression among Greek adolescents are substantial. Only a small minority of depressed adolescents seek professional help. Significant associations with financial difficulties are reported.

Mandelli, L., Nearchou, F., et al. (2015). "Neuroticism, social network, stressful life events: association with mood disorders, depressive symptoms and suicidal ideation in a community sample of women." *Psychiatry Res.* **226**(1): 38-44.

According to the stress-diathesis hypothesis, depression and suicidal behavior may be precipitated by psychosocial stressors in vulnerable individuals. However, risk factors for mental health are often gender-specific. In the present study, we evaluated common risk factors for female depression in association with depressive symptoms and suicidal ideation in a community sample of women. The sample was composed by 415 women evaluated for mood disorders (MDs), depressive symptoms and suicidal ideation by structured interviews and the Beck depression inventory II (BDI II). All women also filled in the Eysenck personality questionnaire to evaluate neuroticism and were interviewed for social contact frequency and stressful life events (SLEs). In the whole sample, 19% of the women satisfied criteria for MD and suicidal ideation was reported by 12% of the women. Though stressful life events, especially personal and interpersonal problems, and poor social network were associated with all the outcome variables (mood disorder, depressive symptomatology and suicidal ideation), neuroticism survived to all multivariate analyses. Social network, together with neuroticism, also showed strong association with depressive severity, independently from current depressive state. Though

we were unable to compare women and men, data obtained from the present study suggest that in women neurotic traits are strongly related to depression and suicidal ideation, and potentially mediate reporting of stressful life events and impaired social network. Independently from a current diagnosis of depression, impaired social network increases depressive symptoms in the women.

9. ΨΥΧΟΚΟΙΝΩΝΙΚΕΣ ΠΡΟΕΚΤΑΣΕΙΣ

Ξενογλώσση Βιβλιογραφία

Missouridou, E. (2017). "Cultivating a trauma awareness culture in the addictions." Curr Drug Abuse Rev. **In press.**

Background: Research evidence points to the high prevalence of trauma exposure and post traumatic stress among addicted individuals, their families and the professionals responsible for their treatment. **Objective:** The purpose of this review is to enhance understanding of the continuing effects of trauma and its impact on the lives of people with addiction problems as well as on the professionals who strive to provide support and care for them. **Method:** Review of twenty eight articles on traumatic experiences in individuals and families facing addiction problems as well as on traumatic stress in addiction professionals. Eligibility criteria were: publication in a peer-reviewed journal dating from 1990 to present; articles written in the English language; quantitative or qualitative design aiming to explore the lived experience of trauma and the recovery process from it. **Results:** It is argued that for service providers to be able to help patients restore purpose and meaning in the recovery process, it is important to be aware of the trauma dynamics implicated in the long history of the addiction problems. Professionals' difficulty to process their emotions may lead to disengagement or overinvolvement and the adoption of maladaptive roles. Strong and unexpected emotional reactions in the professional may be a clue to the presence of masked trauma. **Conclusion:** Ongoing training on trauma dynamics, self-care and clinical supervision may deepen professionals' understanding of the impact of trauma on their work culture and protect them from the risk of secondary traumatic stress.

Psarros, C., Malliori, M., et al. (2016). "Psychological support for caregivers of refugees in Greece." Lancet **9:** 388.

According to the UN Refugee Agency,¹ Greece saw more than 154 000 refugees arrive by sea in the first 4 months of 2016. Most refugees (40%) are children, 38% are men, and 20% are women, mostly from Syria, Afghanistan, and Iraq. Unfortunately, 132 deaths and 24 missing people were recorded in Greek territorial waters in the first 4 months of 2016. For refugees who finally reach a Greek island, specific hotspots have been created, where refugees are received, assisted, and registered. Although reports investigating the psychological reactions of refugees are available, similar reports on the reactions of caregivers working in contemporary refugee hotspots are not. Within this context, in March, 2016, the University Mental Health Research Institute and the 1st Psychiatry Department of the University of Athens (Athens, Greece) organised a joint task force of psychiatrists and mental health clinicians to provide psychological support for the caregivers who worked as volunteers in non-governmental organisations in the hotspot of Moria on the island of Mytilene and in Idomeni (near the northern Greek border). This specialised psychological intervention consisted of a 4-h session on education and training in psychotraumatology, and a 3-h group psychotherapeutic support session of the so-called mini marathon type. This support session was the first time that caregivers had been given a place to talk about the traumatic experiences they had had with refugees—especially child refugees. Following this intervention, caregivers were further assessed with the Spielberger State-Trait Anxiety Inventory, the Symptom Checklist Questionnaire-90 (SCL-90), the Albert Einstein College of Medicine Coping Styles Questionnaire (AECOM-CSQ), and the Athens Insomnia Scale. The sample consisted of

57 caregivers (30 women and 27 men) with a mean age of 32.3 years, who worked continuously for 70 days on average. 49 were single and 54 had a university degree. 51 caregivers (90%) presented with sleep disturbances, while 21 (37%) had post-traumatic stress disorder according to the criteria of the International Classification of Diseases-10. Individuals with post-traumatic stress disorder had significantly higher scores than those without post-traumatic stress disorder in the State-Trait Anxiety Inventory ($p < 0.05$), the SCL-90 Global Index and subscales (somatisation, obsessive compulsivity, interpersonal sensitivity, depression, anxiety, and phobic anxiety; $p < 0.05$), as well as on suppression and substitution AECOM-CSQ subscale scores ($p < 0.05$). Similar to disaster victims and refugees, rescue and care giving personnel without adequate training or psychological support might be at high risk for development of psychological impairment. Predeparture psychoeducational training, as well as periodically organised psychological support sessions, might be essential for the prevention and mitigation of psychiatric morbidity of caregivers in refugee hotspots.

10. ΜΕΘΟΔΟΛΟΓΙΑ

Ξενόγλωσση Βιβλιογραφία

Hay, G. and Richardson, C. (2016). "Estimating the prevalence of drug use using mark-recapture methods." Statistical Science **31**(2): 191-204.

Sparked by the need to inform the response to the spread of HIV/AIDS in drug-injecting populations in the 1980s and the desire to base local, national and international responses to tackling drug use in the 1990s on solid epidemiological data, the mark-recapture method has increasingly been used to estimate the prevalence of drug use. Richard Cormack provided support and advice to some of the first United Kingdom and European studies to estimate drug use prevalence in this way. The approach he outlined, using macros that he developed, has led to the mark-recapture method being used to systematically assess the use of drugs such as heroin or other opioids in the United Kingdom and across Europe. We review the development of the method when applied to estimating the size of drug-using populations, including the use of Bayesian methods. We discuss its limitations and various criticisms that have been voiced.

Richardson, C. and Antaraki, A. (2016). "Methods for estimating the number of older high-risk drug users." Stochastic and Data Analysis Methods and Applications in Statistics and Demography: 581-588.

It is important to know the size of the population of high-risk drug users (HRDU), for whom services must be provided. As direct ascertainment (e.g. by a general population survey) is impossible, indirect methods of estimation are employed, notably capture-recapture methods. These are based on identifying individual users in one or more sources of data (such as treatment services or records of arrests by the police). The data take the form of an incomplete contingency table. We examine issues in applying indirect methods to the particular problem of estimating the number of older HRDU, who are now becoming an important segment of the population for which special provision must be made by planners. Capture-recapture analysis by fitting Poisson log-linear models based on the analysis of incomplete contingency tables may face difficulty because of relatively sparse data, especially when separate estimates are required for specific subgroups. For older drug users in Greece, this is overcome in the present analysis by fitting a single model to data for each year from 2004 onwards and both age groups (50-59 years and 60+). We also examine the application of single-source methods (fitting truncated Poisson distributions), multiplier methods and multiple indicator methods.

Ελληνική Βιβλιογραφία

Φωτίου, Α. (2015). Διερεύνηση της ποιότητας της μέτρησης της μη-συνταγογραφημένης χρήσης ψυχοδραστικών φαρμάκων στους εφήβους στην Ελλάδα. Αθήνα, Ιατρική Σχολή, Εθνικό & Καποδιστριακό Πανεπιστήμιο Αθηνών.

11. ΝΕΕΣ ΟΥΣΙΕΣ

Ξενογλώσση Βιβλιογραφία

Katselou, M., Papoutsis, I., et al. (2015). "AH-7921: the list of new psychoactive opioids is expanded." *Forensic Toxicol* **33**(2): 195-201.

AH-7921 is a structurally unique synthetic opioid analgesic that has recently entered the drug arena in Europe, the USA, and Japan. Although it was synthesized and patented in the mid-1970s, it was first identified in a seized sample purchased via the Internet in July 2012 and formally brought to the attention of the European Union early warning system in August 2012 by the United Kingdom. Several in vitro experiments and animal model studies established the morphine-like analgesic action of AH-7921 as a μ -opioid receptor agonist that has been found to be several times more potent than codeine and at least as potent as morphine. This novel psychoactive substance has already led to eight non-fatal intoxications and 16 deaths in Sweden, the United Kingdom, Norway, and the USA. Thus, AH-7921 is a current public health risk, and better international collaboration, effective legislation and continuous community alertness are needed to tackle this current growing problem. The aim of this review is to summarize the current knowledge about this drug concerning its chemistry, pharmacology, and toxicology, as well as its international legal status. The limited existing analytical methodologies for the determination of AH-7921 in biological samples are also presented. Published or reported AH-7921-related cases, fatalities, or intoxications, and self reports from drug users are reviewed.

ΠΑΡΑΡΤΗΜΑ

ΤΙΤΛΟΙ ΕΠΙΣΤΗΜΟΝΙΚΩΝ ΕΡΓΑΣΙΩΝ

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ΠΕΡΙΕΧΟΜΕΝΑ

ΠΡΟΛΟΓΟΣ σελ. 3

ΕΙΣΑΓΩΓΗ σελ. 4

ΕΝΟΤΗΤΕΣ σελ. 5

ΕΝΟΤΗΤΑ ΠΡΩΤΗ: ΑΛΚΟΟΛ σελ. 7

ΕΝΟΤΗΤΑ ΔΕΥΤΕΡΗ: ΝΑΡΚΩΤΙΚΑ σελ. 8

ΕΠΙΔΗΜΙΟΛΟΓΙΑ σελ. 12

ΘΕΡΑΠΕΙΑ σελ. 15

ΜΕΛΕΤΕΣ – ΠΑΡΑΓΟΝΤΕΣ ΧΡΗΣΗΣ σελ. 18

ΜΟΛΥΣΜΑΤΙΚΕΣ ΚΑΙ ΑΛΛΕΣ ΑΣΘΕΝΕΙΕΣ σελ. 24

ΠΟΙΝΙΚΗ ΔΙΚΑΙΟΣΥΝΗ σελ. 28

ΠΡΟΛΗΨΗ σελ. 29

ΣΤΡΑΤΗΓΙΚΗ – ΠΟΛΙΤΙΚΗ ΝΟΜΟΘΕΣΙΑ σελ. 31

ΣΥΝΝΟΣΗΡΟΤΗΤΑ σελ. 32

ΨΥΧΟΚΟΙΝΩΝΙΚΕΣ ΠΡΟΕΚΤΑΣΕΙΣ σελ. 36

ΜΕΘΟΔΟΛΟΓΙΑ σελ. 38

ΝΕΕΣ ΟΥΣΙΕΣ σελ. 39

ΠΑΡΑΡΤΗΜΑ σελ. 40