

Greece

Greece Country Drug Report 2019

This report presents the top-level overview of the drug phenomenon in Greece, covering drug supply, use and public health problems as well as drug policy and responses. The statistical data reported relate to 2017 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

THE DRUG PROBLEM IN GREECE AT A GLANCE

Drug use

in young adults (18-34 years) in the last year

Cannabis

4.5 %

3.6 % (Female) | 5.4 % (Male)

Other drugs

MDMA: 0.4 %
Cocaine: 0.6 %

High-risk opioid users

14 462

(12 435 - 17 023)

All treatment entrants

by primary drug

● Cannabis, 27 %
● Amphetamines, 1 %
● Cocaine, 8 %
● Heroin, 55 %
● Other, 9 %

Opioid substitution treatment clients

9 388

Syringes distributed

through specialised programmes

278 415

Overdose deaths

2006-2017: 62

New HIV diagnoses attributed to injecting

2006-2017: 86

Source: ECDC

Drug law offences

17 995

Top 5 drugs seized

ranked according to quantities measured in kilograms

- Herbal cannabis
- Cannabis resin
- Heroin
- Cocaine
- MDMA

Population

(15-64 years)

6 893 783

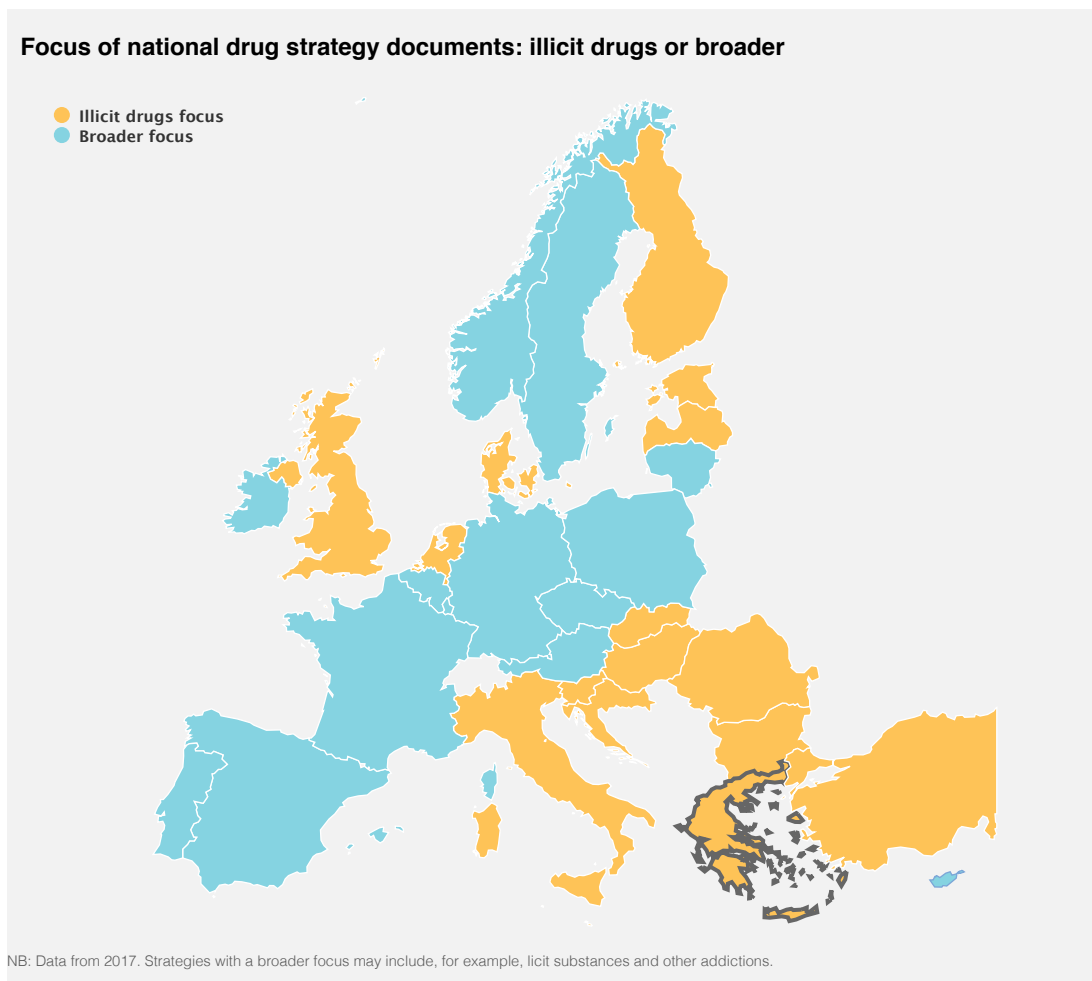
Source: Eurostat Extracted on: 18/03/2019

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

National drug strategy and coordination

The draft Greek National Drug Strategy 2014-20 addresses illicit drugs and follows the EU's balanced approach to drug policy by placing equal emphasis on reducing drug demand and drug supply. It was developed by the National Committee for the Coordination and Planning of Drugs Responses. Although final parliamentary approval of the strategy and its accompanying action plan is currently pending, the goals and actions set out in the strategy documents are being followed by the different policy actors that implement drug policy and responses to the drug problem. Among its priorities is the need to assist vulnerable groups and the adoption of evidence-based best practices. The strategy's action plan also covers 2014-20 and has been designed to mirror the approach of the EU action plan on drugs for 2013-16. The action plan is structured in five pillars: (i) demand reduction (prevention; information and awareness raising; early detection and intervention; harm reduction; treatment; and social rehabilitation); (ii) supply reduction; (iii) coordination; (iv) training, monitoring, research and evaluation; and (v) international cooperation. Actions and indicators are defined for each area and designed to assist future monitoring and assessment. In the field of demand reduction, the Ministry of Health's 2018 document *Strategic priorities on responding to substance dependence* covers the areas of prevention, treatment and harm reduction. Alongside illicit drugs, addictive substances and behavioural addictions are covered under the prevention pillar of the strategy. In addition, addictive substances are also addressed under the treatment pillar. The strategy's Operation Plan aims to improve access to treatment, enhance cooperation between services and maximise the use of resources.

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



National coordination mechanisms

Established by Law No 4139/13, the Greek drug coordination system consists of three levels. The top level is the Interministerial Committee on the Drugs Action Plan, which is the main drug policymaking body in Greece. This committee has several responsibilities, including the approval of drug action plans, the coordination of the agencies involved in implementing

action plans and the evaluation of action plans. It is chaired by the prime minister and includes all ministers involved in implementing the strategy and action plan. The second level is the National Committee for the Coordination and Planning of Drugs Responses, which is composed of representatives from 10 ministries, the major drug agencies and the national focal point. It is tasked with drafting the action plan, overseeing its coordination, implementation and monitoring, and developing international cooperation. At the third level is the National Drug Coordinator, who chairs the National Committee for the Coordination and Planning of Drugs Responses. The coordinator is appointed by the prime minister for a 5-year term, with a mandate to chair the National Committee for the Coordination and Planning of Drugs Responses, draft an action plan on drugs and represent the country on international bodies related to drugs. The National Drug Coordinator is a member of the Interministerial Committee on the Drugs Action Plan; a new coordinator was appointed in February 2019.

Public expenditure

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

The mid-term national action plan on drugs for 2011-12 included an associated budget, providing comprehensive estimates of planned, labelled and executed drug-related expenditure.

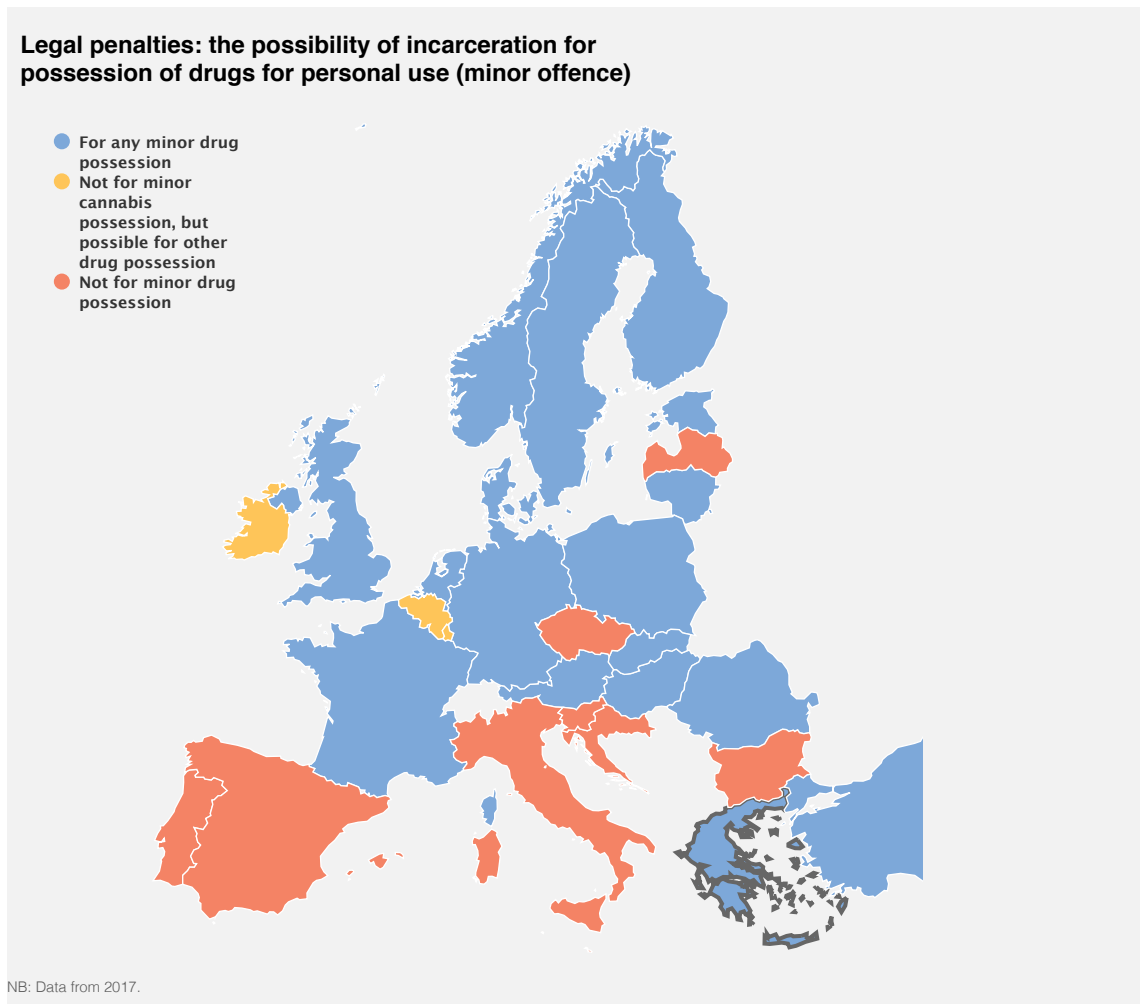
During 2011-12, planned labelled drug-related expenditure amounted to approximately 0.07 % of gross domestic product. Available comparable data on executed expenditure are limited and relate mainly to the health sector; however, these data suggest that public austerity affected the financing of drug-related services, with indications that drug-related expenditure declined markedly in Greece between 2011 and 2014.

Drug laws and drug law offences

National drug laws

The Greek drug law of 2013 distinguishes between drug possession/acquisition for personal use and for commercial use, and the punishment varies accordingly. Law No 4139/2013, introduced in 2013, stipulates that individuals using drugs or obtaining or otherwise processing drugs for personal use only, in quantities to satisfy their own needs, or cultivating cannabis plants in numbers and areas justified for personal use only, can be sentenced to no more than 5 months in prison. The offence is not recorded on the offender's criminal record on the condition that he or she does not commit another relevant offence within a 5-year period. Upon the order of the investigating judge, offenders may be admitted to a special treatment unit operating in a prison setting or a community drug treatment programme operated by a lawfully recognised agency (the law specifies the recognised drug agencies). Penalties can be suspended in the case of offenders who are undergoing treatment. The 2013 amendment removed the definitions of all quantities of substances for personal use from the previous law; this decision is now left to judges, based on the substance, its quantity and purity, and the needs of the offender.

Those convicted of drug supply may be sentenced to up to 3 years' imprisonment if addicted or sharing in a group, or at least 8 years' imprisonment if not. A life sentence is possible in very special cases, such as trafficking by medical professionals, teachers, drug therapists, etc. There is also provision for a fine of EUR 50 000 to EUR 500 000, reaching EUR 1 million in special cases. The Greek drug law also states that a drug-dependent offender charged with drug dealing can be considered for conditional release, provided that he or she (i) has served a minimum of one fifth of the sentence and (ii) has successfully and certifiably completed drug treatment. He or she is then referred to reintegration structures outside prison.

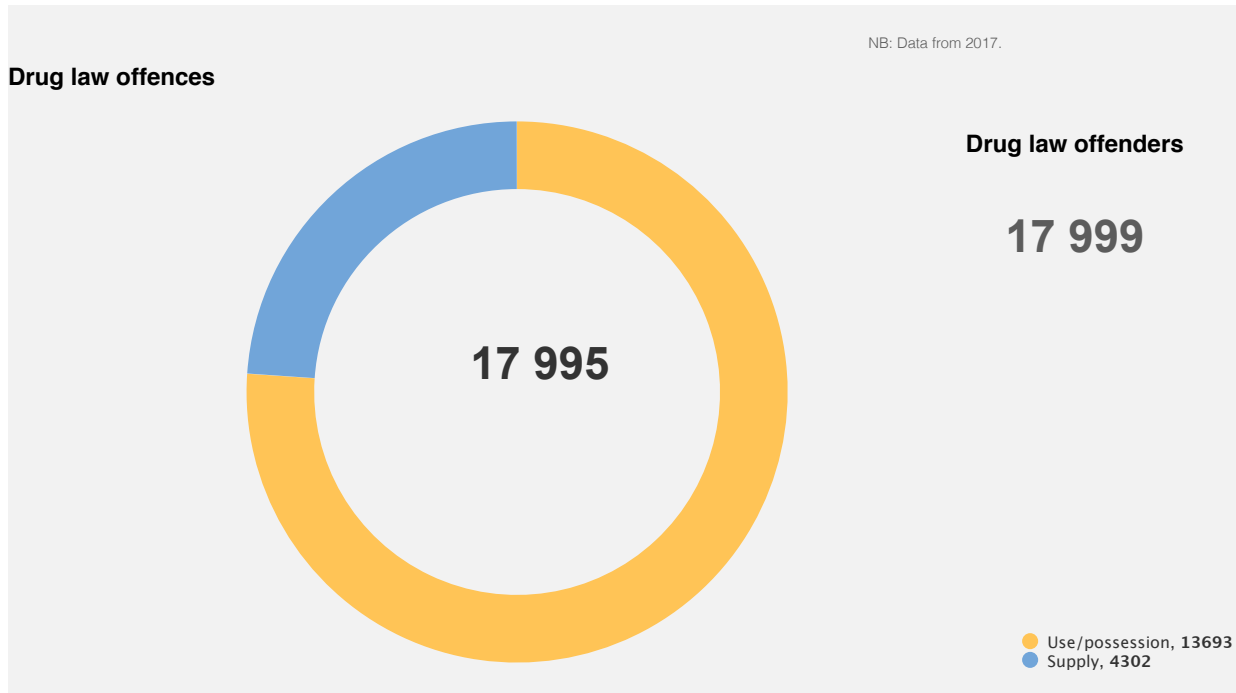


Drug law offences

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

In Greece, the Hellenic Police and other prosecution authorities report a steady increase in the number of DLOs and drug law offenders since 2012. The majority of the DLOs in 2017 were linked to the use or possession of illicit substances. Approximately two thirds of the offences were related to cannabis, with opioid-related offences the next most common.

Reported drug law offences and offenders in Greece



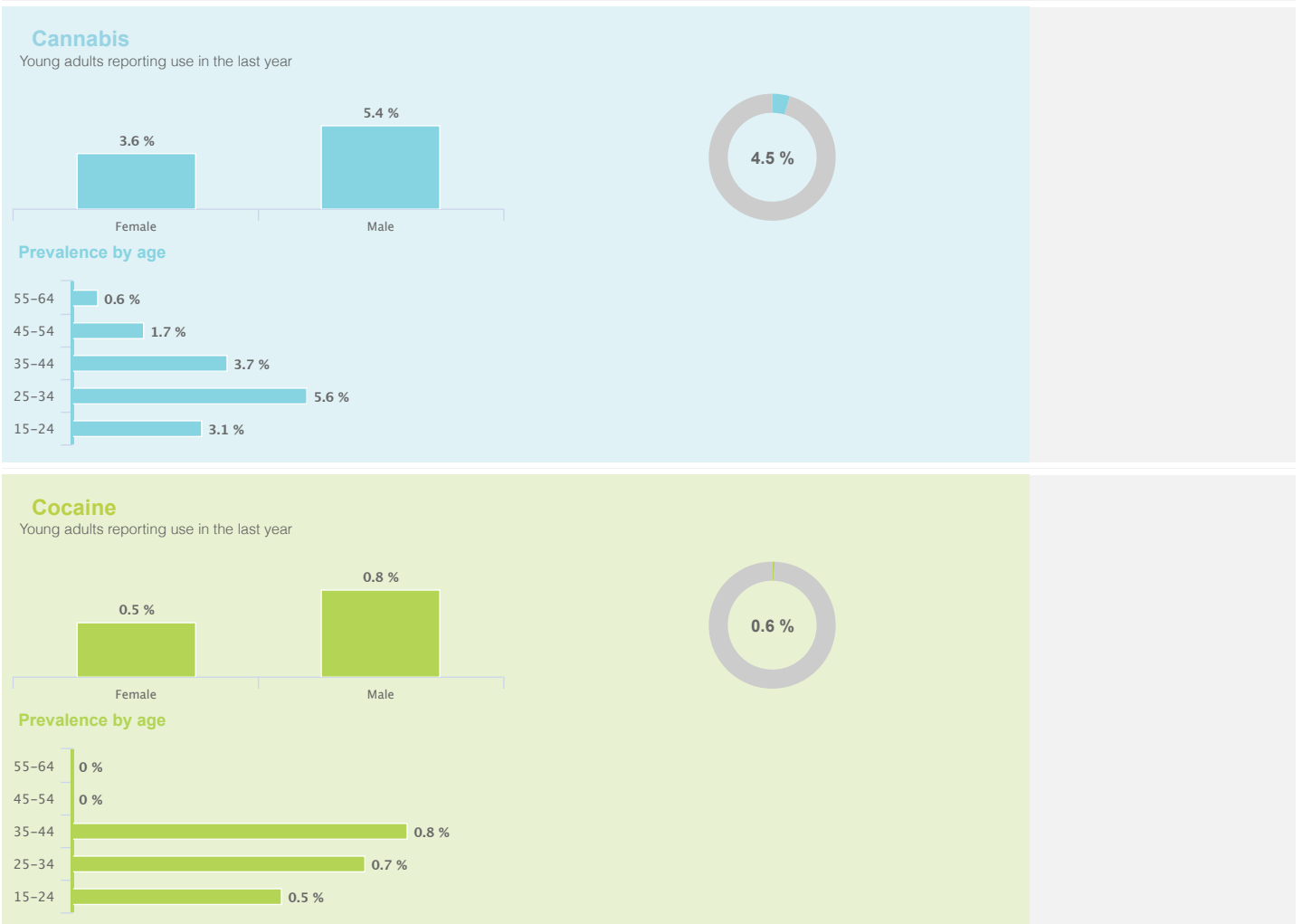
Drug use

Prevalence and trends

Cannabis is the illicit drug most commonly used among the Greek adult population (aged 18-65 years). Use of amphetamines, cocaine and MDMA/ecstasy remains low among the general population.

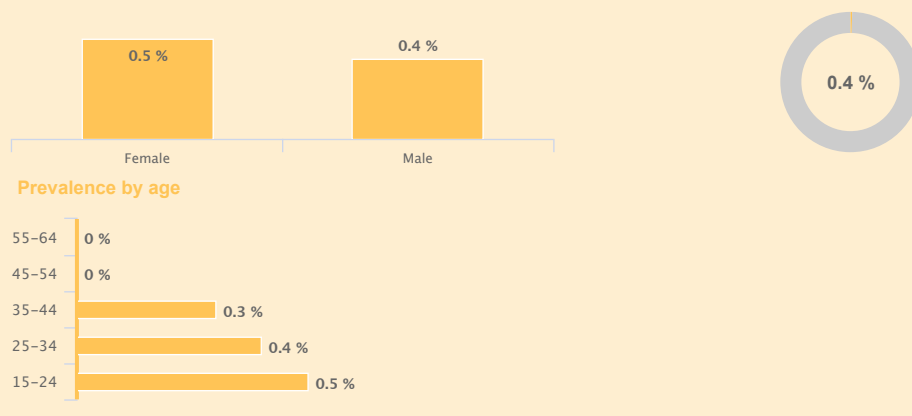
Athens participates in the Europe-wide annual wastewater campaigns undertaken by the Sewage Analysis Core Group Europe (SCORE). This study provides data on drug use at a municipal level, based on the levels of illicit drugs and their metabolites found in wastewater. The presence of cocaine metabolites and MDMA shows that stimulant use was higher at the weekend than on weekdays in 2018. In general, the levels of amphetamine metabolites and MDMA were low, indicating limited use of these substances in Athens. A decrease in the levels of illicit drugs and their metabolites has been reported over the period 2014-18, indicating a possible decline in the use of those substances, although a small increase was observed in 2017 for cocaine and methamphetamine metabolites and in 2018 for MDMA.

Estimates of last-year drug use among young adults (18-34 years) in Greece



MDMA

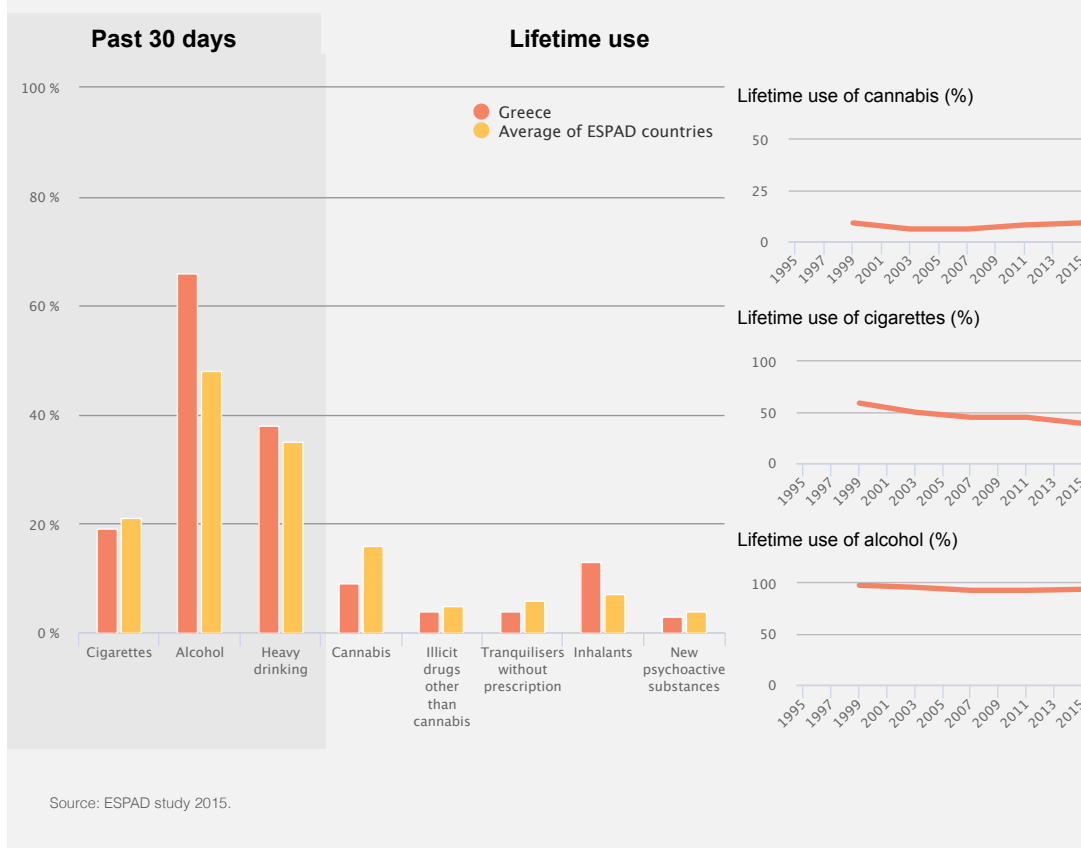
Young adults reporting use in the last year



NB: Estimated last-year prevalence of drug use in 2015. Data under the label 15-24 years corresponds to 18-24 years.

Information on drug use among 15- to 16-year-old students is available from the 2015 European School Survey Project on Alcohol and Other Drugs (ESPAD). The survey has been conducted in Greece every 4 years since 1999. In 2015, for one of the eight key variables, lifetime use of cannabis, the Greek results were below the ESPAD average (based on data from 35 countries). Nevertheless, data indicate an increase in cannabis use among students since 2007. In the case of lifetime use of illicit drugs other than cannabis, tranquilisers or sedatives without prescription and new psychoactive substances (NPS), the Greek results were similar to the ESPAD averages. Approximately 3 % of Greek school students reported lifetime use of synthetic cannabinoids. Cigarette use in the last 30 days was similar to the ESPAD average. In contrast, lifetime use of inhalants was more common among Greek students. Approximately two thirds of Greek students reported that alcohol use had occurred during the last 30 days, which was well above the ESPAD average, and a slightly higher proportion than the ESPAD average reported that heavy episodic drinking had taken place during the same period.

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



High-risk drug use and trends

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

High-risk drug use in Greece is mostly related to the use of opioids, mainly heroin. The size of the high-risk drug-using population has been estimated annually since 2002, with the latest data indicating that there were an estimated 14 462 high-risk heroin users in 2017 (2.10 per 1 000 adult population). In the same year, the estimated number of people who inject drugs was around 3 700. The available data suggest that the estimated number of high-risk heroin users has decreased since 2008.

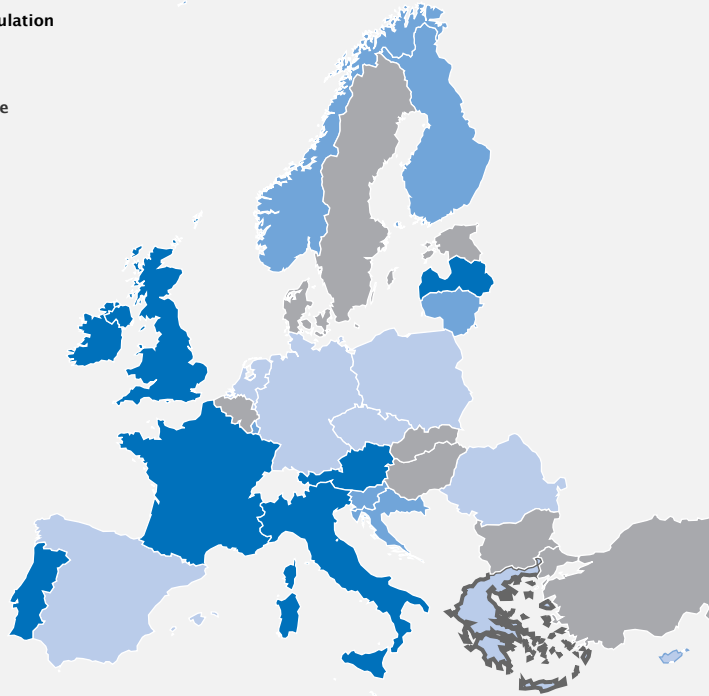
Heroin use is the most common reason for seeking specialised treatment in Greece. However, the number of clients entering treatment for the first time as a result of primary heroin use has decreased since 2006, and injecting as a primary mode of heroin use has also declined. In 2017, for the first time in Greece, the number of first-time clients entering treatment for primary use of cannabis surpassed those associated with opioid use.

Fewer than 2 out of 10 treatment clients are female; however, the proportion in treatment varies by type of primary drug and by programme.

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

Rate per 1 000 population

- 0.0–2.5
- 2.51–5.0
- > 5.0
- No data available

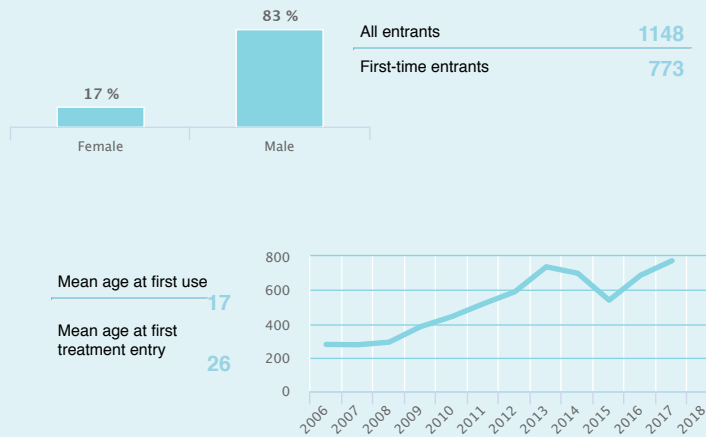


NB: Data from 2017, or the most recent year for which data are available.

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

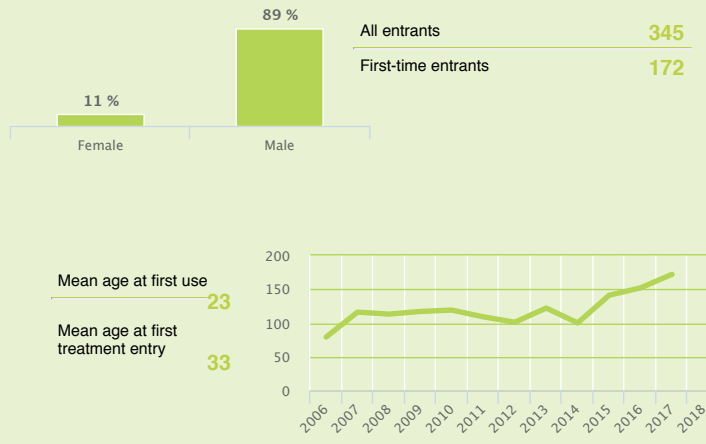
Cannabis

users entering treatment



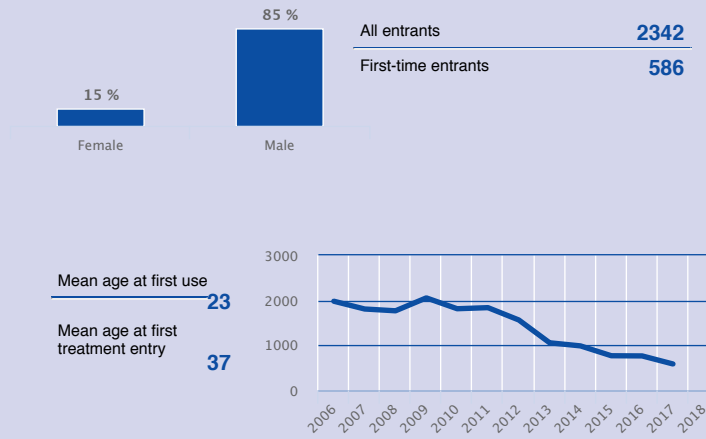
Cocaine

users entering treatment



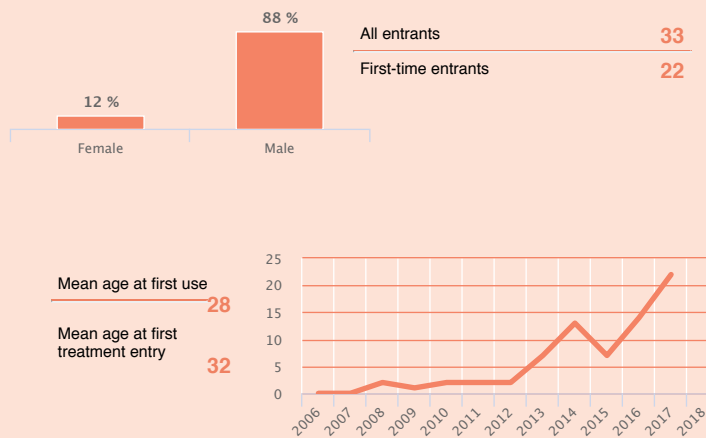
Heroin

users entering treatment



Amphetamines

users entering treatment



NB: Data from 2017. Data are for first-time entrants, except for the data on gender, which are for all treatment entrants.

Drug-related infectious diseases

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

Prevalence of HIV and HCV antibodies among people who inject drugs in Greece (%)

Region	HCV	HIV
National	66.5	6.5
Sub-national	55.6 - 83.5	1.1 - 10.5

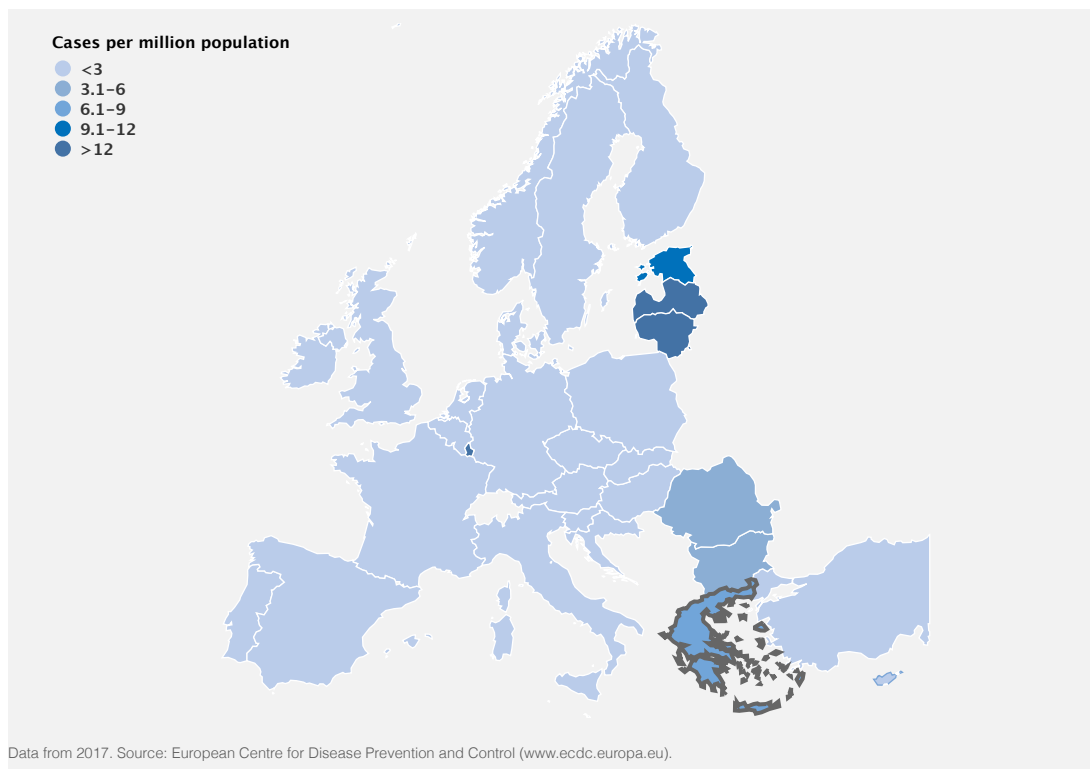
Data from 2017.

The proportion of new cases of HIV infection linked to injecting drug use remained low until 2010. During the 2011 HIV outbreak, the number of reported cases increased more than 10-fold, reaching 315 by the end of the year (representing 33 % of all newly reported cases of HIV infection with a known transmission route), and in 2012 approximately half of all newly reported cases of HIV infection were linked to injecting drug use. Since then, the number and proportion of new cases of HIV infection had decreased steadily to 86 cases in 2017, representing 17 % of newly reported cases with known transmission route. In 2017, the estimated national HIV prevalence rate among PWID was 6.5 %. In general, the highest HIV prevalence rates are observed among PWID in the Attica region, which includes the capital city, Athens.

The latest data from diagnostic testing indicate that two thirds of treatment clients are HCV positive. HCV infection is more common among those receiving opioid substitution treatment. HCV prevalence rates are significantly higher among clients with an injecting history of more than 2 years, clients with previous drug treatment, those reporting an opioid as primary drug and those who have been in prison. It is estimated that up to 40 % of those with a chronic HCV infection have a history of drug injection.

In 2017, between 1.8 % and 2.4 % of PWID tested positive for HBsAg, indicating a current HBV infection.

Newly diagnosed HIV cases attributed to injecting drug use



Drug-related emergencies

Data on drug-related emergencies in Greece are not systematically collected, but some data are available from various sources, such as the Poison Information Centre and drug treatment services.

The Poison Information Centre reported 213 confirmed drug-related emergency cases in 2017, of which 53 % were related to polydrug use. Benzodiazepines, cannabis and opioids were the illicit substances most frequently identified.

The medical service of the drug treatment agency Organisation Against Drugs (OKANA), which operates in Athens, in 2017 responded to 11 drug-related emergency cases, all of which were related to the use of heroin and benzodiazepines. This figure demonstrates a considerable decline when compared with the 66 cases reported in 2016 and may be partly explained by the closing of services reporting the data.

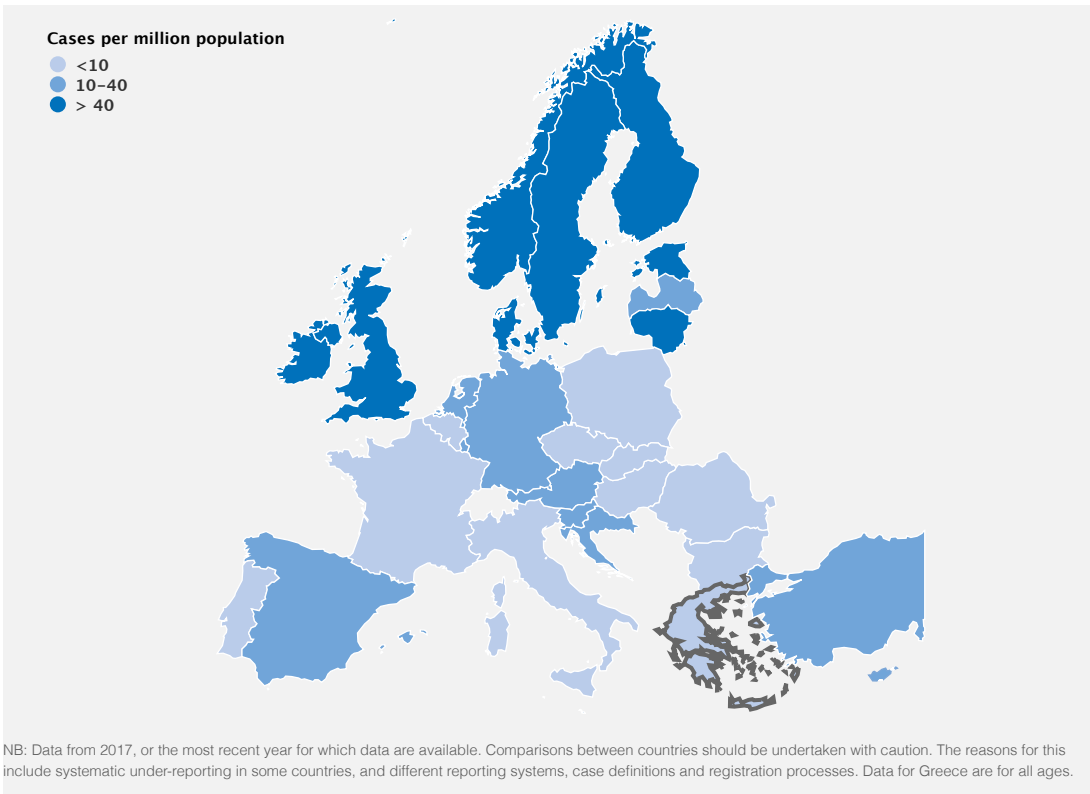
Drug-induced deaths and mortality

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

Data on drug-related deaths in Greece are collected by the Narcotics Department of the Public Security Division of the Hellenic Police and reported to the focal point. Data are based on the results of forensic autopsies and toxicological analyses carried out by the University Forensic Medicine and Toxicology Laboratories and the Forensic Service of the Ministry of Justice. Only acute deaths by overdose or the synergic activity of different drugs are recorded under drug-related deaths. According to the Hellenic Police, 62 drug-related deaths were reported in Greece in 2017, half of which were confirmed by toxicological analyses. The majority of the confirmed deaths involved the use of opiates and were of males older than 30 years. Figures reported by the Hellenic Police are updated over the course of the following 3-4 years; figures presented here are likely to be underestimates.

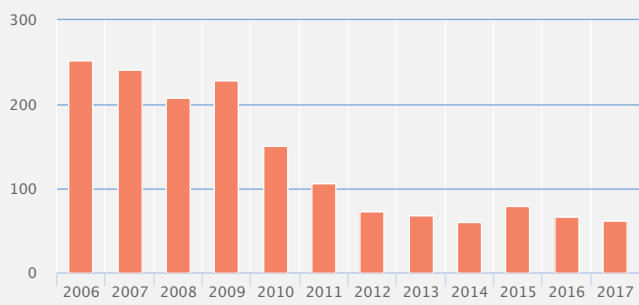
In 2017, the drug-induced mortality rate for the whole population in Greece was six deaths per million, below the European average of 16 deaths per million. The European drug-induced mortality rate among the adult population (aged 15-64 years) was 22 deaths per million in 2017.

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



Trends in drug-induced deaths in Greece

Trends in the number of drug-induced deaths



Prevention

The policy document *Strategic priorities on responding to substance dependence*, drafted by the Ministry of Health, identifies drug prevention as one of its priorities. Drug prevention in Greece is mostly implemented by a nationwide network of 75 Prevention Centres for Addiction and Psychosocial Health Promotion, which were established within the framework of cooperation between the Organisation Against Drugs (OKANA) and local authorities and stakeholders. Their activities include the prevention of different kinds of dependency and the promotion of psychosocial health. The Ministry of Education, other governmental and non-governmental drug services and health services are also active in the field of prevention. OKANA and the Ministry of Education have a memorandum of understanding to promote school-based prevention interventions and anti-bullying policies. There has been a shift in focus from (illicit) drugs to other substances, types of dependency and violent behaviour.

Prevention interventions

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

Environmental prevention activities in Greece focus on regulating access to alcohol and tobacco. In 2016, a new law, setting stricter measures on tobacco products, was enacted.

Universal prevention in primary and secondary education in Greece consists of health promotion programme-based interventions implemented by the Ministry of Education and programmes carried out in close cooperation with the network of Prevention Centres. The Ministry of Education details the interventions to be promoted each year and the related processes (from the design to evaluation). Prevention Centres provide training and support to teachers around programme implementation. The development of personal and social skills is a key feature of these activities. Families are also a core target group; family prevention includes information events and training programmes. Prevention Centres for Addiction and Psychosocial Health Promotion provide information and raise public awareness about drugs and drug dependency, while prevention professionals target specific members of local communities, such as the army, public security forces, health professionals and youth mediators.

In recent years, a number of selective prevention interventions targeting at-risk groups and individuals have been developed. The Icarus Prevention Unit (KETHEA), for instance, designs and implements interventions aimed at young offenders, young people who experiment with drugs, immigrants, returning migrants, refugees, disabled children, children from dysfunctional environments, at-risk families and children living in care institutions. Other institutions also implement activities targeting these at-risk groups.

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

Provision of interventions in schools in Greece (expert ratings)



Harm reduction

Following the 2011 human immunodeficiency virus (HIV) outbreak among people who inject drugs (PWID) in Athens, harm reduction service provision in Greece, in particular opioid substitution treatment and syringe programmes, was scaled up in 2012 and 2013. Low-threshold facilities and outreach programmes are provided by two drug treatment agencies (KETHEA and OKANA) and several smaller non-governmental organisations; they focus on the prevention of infectious diseases and of overdose deaths, as well as on the management of health problems among drug users. Drug users attending a drug treatment programme have the right to free medication if they are HIV or hepatitis C virus (HCV) positive or have other serious health problems (Law No 4348/16 Joint Ministerial Decree Oik 25132/4/4/16). PWID are also an important target group in the HCV action plan, adopted in 2017.

Harm reduction interventions

In Greece, harm reduction interventions include the provision of clean needles and syringes, condoms, printed health education and information materials, and training in safe use and first aid for drug users. The services offered by low-threshold programmes include testing for infectious diseases (in Athens). Vaccination against hepatitis A and B viruses is available free of charge. Access to HIV treatment has increased in recent years, with around 1 000 people who use drugs receiving antiretroviral therapy in 2017. Results from a large study in Athens suggest that access to treatment for chronic HCV infection is low. Integrated service offers by harm reduction providers and health and social services in the city of Athens aim to increase diagnosis of infections and treatment access of PWID.

Needle and syringe programmes (NSPs) operate in the region of Athens and in Thessaloniki; harm reduction service coverage in the rest of the country remains low. In 2017, around 278 000 sets of sterile injecting equipment were provided at six fixed locations in Athens and Thessaloniki, while seven additional sites in Athens were regularly serviced by outreach teams. The number of syringes distributed through NSPs has decreased over the past 5 years, and, although the estimated number of active injectors has decreased, syringe coverage remains below recommended benchmarks.

Availability of selected harm reduction responses in Europe

Country	Needle and syringe programmes	Take-home naloxone programmes	Drug consumption rooms	Heroin-assisted treatment
Austria	Yes	No	No	No
Belgium	Yes	No	Yes	No
Bulgaria	Yes	No	No	No
Croatia	Yes	No	No	No
Cyprus	Yes	No	No	No
Czechia	Yes	No	No	No
Denmark	Yes	Yes	Yes	Yes
Estonia	Yes	Yes	No	No
Finland	Yes	No	No	No
France	Yes	Yes	Yes	No
Germany	Yes	Yes	Yes	Yes
Greece	Yes	No	No	No
Hungary	Yes	No	No	No
Ireland	Yes	Yes	No	No
Italy	Yes	Yes	No	No
Latvia	Yes	No	No	No
Lithuania	Yes	Yes	No	No
Luxembourg	Yes	No	Yes	Yes
Malta	Yes	No	No	No
Netherlands	Yes	No	Yes	Yes
Norway	Yes	Yes	Yes	No
Poland	Yes	No	No	No
Portugal	Yes	No	No	No
Romania	Yes	No	No	No
Slovakia	Yes	No	No	No
Slovenia	Yes	No	No	No
Spain	Yes	Yes	Yes	No
Sweden	Yes	No	No	No
Turkey	No	No	No	No
United Kingdom	Yes	Yes	No	Yes

Treatment

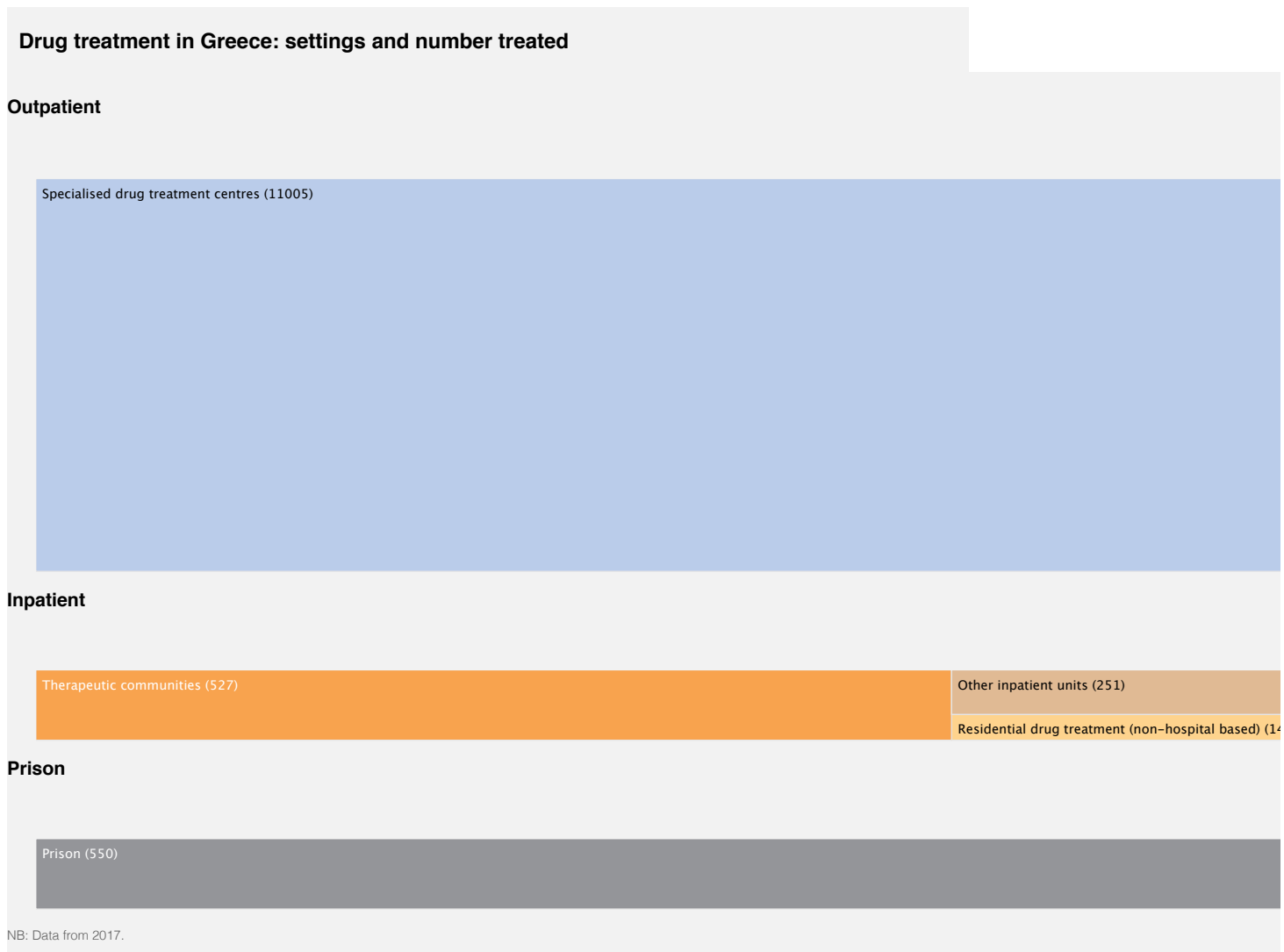
The treatment system

Drug treatment in Greece is provided by public entities or corporate bodies under private law, almost all of which are fully or partially funded by the government. According to Law No 4348/16 Joint Ministerial Decree Oik 25132/4/4/16, people without social security and vulnerable social groups, including people who inject drugs, have access to all public health services including hospitalisation and medication therapy.

The main treatment modalities available are psychosocial interventions and opioid substitution treatment (OST), which are delivered mostly in outpatient settings. Outpatient treatment is provided through specialised drug treatment centres and prison units. There are three specific intervention (drug-free) programmes for young cannabis users.

Inpatient treatment is provided by residential drug treatment units, therapeutic communities, prison units and one specialised detoxification unit. Psychosocial treatment, screening for mental health disorders, provision of mental health care, case management and referral to relevant medical and social services are available in a majority of the units.

OST, with methadone or buprenorphine, is the most frequently offered treatment option and is currently available in most Greek cities. The Organisation Against Drugs (OKANA) is the only organisation with legal permission to establish, operate and monitor OST programmes.



Treatment provision

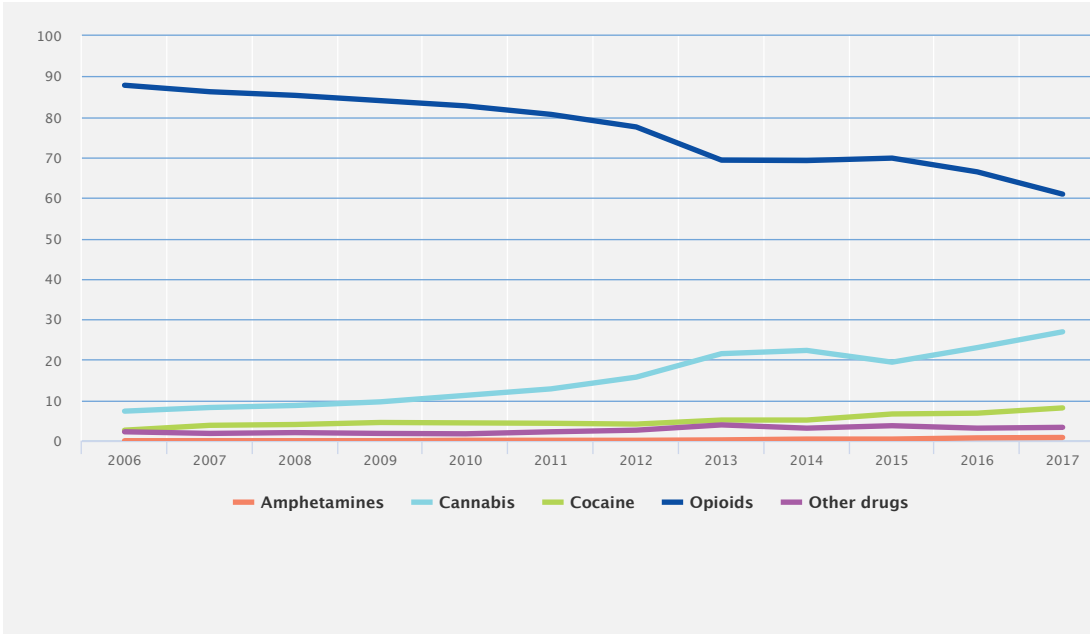
In 2017, 12 480 people received drug treatment in Greece, with 9 out of 10 clients treated in outpatient settings; the majority were treated in OST programmes.

Treatment demand data indicate that most clients enter treatment as a result of primary heroin use. Since 2011, the number of

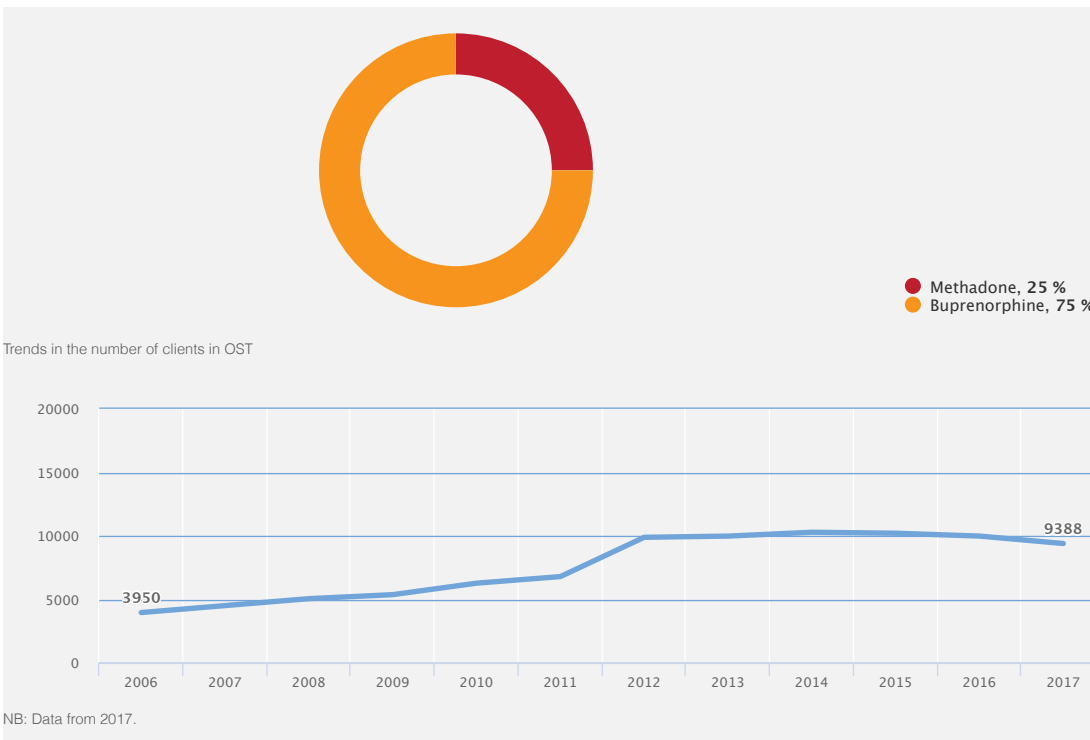
treatment entries for heroin has decreased, while the entries for cannabis have increased. A moderate increase is also reported for cocaine-related treatment demands.

Over the period 2010-12, the number of clients treated in OST programmes increased substantially, followed by a stable trend, although there was a small decrease in 2017. A total of 9 388 patients received OST in 2017, with buprenorphine-based medication prescribed most frequently.

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



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



Drug use and responses in prison

The most recent data concerning drug use among prisoners come from two small-scale studies. One study, conducted among male prisoners, found that, in 2012, 6 in every 10 prisoners reported a history of drug use. The other study found that, in 2014, around one third of female prisoners reported drug use before detention, and fewer than 1 in every 10 reported having used drugs during imprisonment.

The health needs of drug users in prison are complex. In 2017, one out of four prisoners with drug-related problems had been diagnosed with psychiatric comorbidity. Among drug treatment clients in the community, based on the treatment demand indicator data, more than half had been in prison during their lifetime. The Ministry of Justice is the responsible authority for the provision of health services in prisons. The Ministry of Justice runs one drug treatment programme in one of the 24 prisons operating in Greece, while the Ministry of Health provides most of the other drug-related treatment and support services in prisons through the two main Greek non-governmental organisations (NGOs) offering drug treatment in the country.

In 2017, seven treatment programmes were operating in five prisons throughout the country; five were drug-free treatment programmes and two were OST units. These programmes also offer relapse prevention and testing and treatment for infectious diseases. In addition, eight programmes implemented psychosocial support interventions in 17 prisons, meeting needs in several areas of the country and offering different kinds of interventions, such as motivation, counselling, harm reduction services and death prevention. NGOs also provide special programmes to HIV-positive prisoners.

Prisoners may be granted conditional release to attend a treatment programme outside the prison setting. Time spent in the treatment programmes counts as time served. The 2013 drug law indicates that people with drug dependency problems who are accused or convicted of drug-related or other (non-violent) offences have the right to opt for drug treatment as an alternative to imprisonment.

Quality assurance

The promotion of effectiveness and best practices is emphasised in the Hellenic policy documents, while the development of national guidelines in the field is addressed in the last law relating to drugs, enacted in 2013. There is no formal and uniform quality assurance system for drug demand interventions at the national level. Each of the main drug demand reduction organisations has developed its own system to assure and enhance the quality of its services. In 2013, a new operational framework for opioid substitution treatment programmes was published.

Accreditation and/or certification are not prerequisites for professionals, services or drug demand reduction programmes in Greece. However, there are specifications and criteria for the operation of Prevention Centres and certain standards guide their 5-year activity plans.

A handbook entitled *Drug prevention: guidelines and intervention planning* was published in 2011 to assist prevention professionals in planning and evaluating their interventions. Nevertheless, in-depth evaluations of prevention programmes remain rare. With a view to promoting quality standards in drug prevention, the University of Mental Health Research Institute and the Greek national focal point for the EMCDDA participated in the EU Prevention Standards Partnership.

The Organisation Against Drugs (OKANA) Training and Supervision Centre provides seminars for practitioners in the demand reduction field as well as for law enforcement officers. In 2016, KETHEA, in cooperation with two law schools, launched a postgraduate programme on criminal law and addiction. It also provides training seminars for drug demand reduction practitioners, researchers and students. In addition, the Greek focal point to EMCDDA promotes quality assurance in the drug demand reduction field in Greece through seminars, publications, participation in evaluation studies and presentations at national congresses.

Drug-related research

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

Drug markets

Cannabis is the most frequently seized substance in Greece. It remains the main illicit substance produced in Greece and is grown for the domestic market. Although Greece is not known as a synthetic drug producing country, in 2017, law enforcement authorities dismantled a large-scale 'Captagon' (amphetamine) production facility and seized a large amount of 'Captagon' tablets.

Greece is also a transit country for Albanian cannabis, with large quantities of herbal cannabis destined for Western Europe or Turkey smuggled through Greece either via Greek-Albanian land borders or by sea, using high-speed boats. Cannabis resin seized in Greece originates primarily from the Netherlands and Albania. In 2017, reported data signalled a notable increase both in quantities seized and in number of seizures for resin and herbal cannabis.

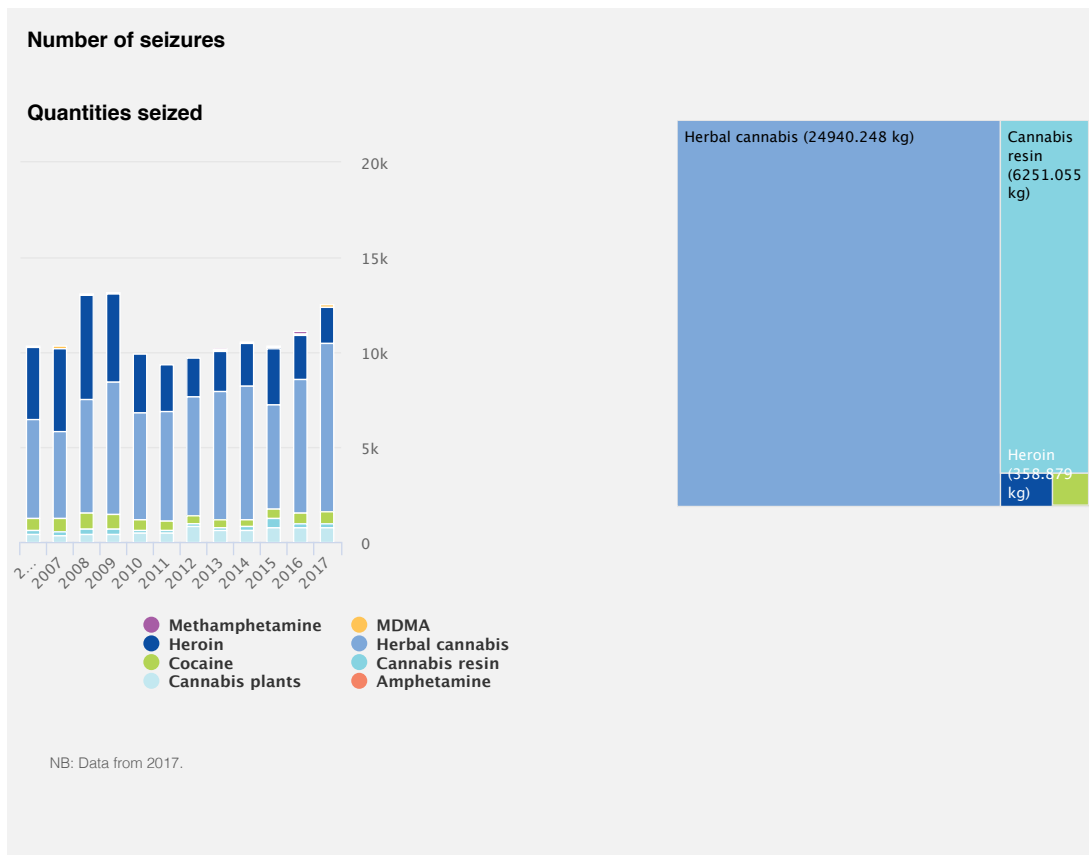
In 2017, the southern branch of the Balkan route passing through Bulgaria was still widely used to smuggle heroin originating from Afghanistan and Pakistan into Greece. Heroin quantities seized that year showed a small increase compared with 2016. There is also a reported increase in the number of criminal organisations operating in more than one criminal area; links were particularly noted between active drug trafficking and migrant trafficking groups.

Cocaine is smuggled into Greece, mainly by sea, directly from South America or through intermediate ports in Spain, the Netherlands or Italy. Cocaine seizures in 2017 continued the modest increase observed in 2016. It should be noted that cocaine and heroin seized in Greece are mainly destined for other European countries; nevertheless, some quantities remain in the country for domestic consumption.

Amphetamines are seized in the country only in small quantities and are considered to be mainly for local consumption.

Data on the retail price and purity of the main illicit substances seized are shown in the 'Key statistics' section.

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



Key statistics

Most recent estimates and data reported

	Year	Country data	EU range	
			Min.	Max.
Cannabis				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	9.08	6.51	36.79
Last year prevalence of use — young adults (%)	2015	4.5	1.8	21.8
Last year prevalence of drug use — all adults (%)	2015	2.8	0.9	11
All treatment entrants (%)	2017	26.9	1.03	62.98
First-time treatment entrants (%)	2017	46.1	2.3	74.36
Quantity of herbal cannabis seized (kg)	2017	24 940.2	11.98	94 378.74
Number of herbal cannabis seizures	2017	8 866	57	151 968
Quantity of cannabis resin seized (kg)	2017	6 251.1	0.16	334 919
Number of cannabis resin seizures	2017	257	8	157 346
Potency — herbal (% THC) (minimum and maximum values registered)	n.a.	n.a.	0	65.6
Potency — resin (% THC) (minimum and maximum values registered)	n.a.	n.a.	0	55
Price per gram — herbal (EUR) (minimum and maximum values registered)	2017	13 - 25	0.58	64.52
Price per gram — resin (EUR) (minimum and maximum values registered)	2017	15 - 35	0.15	35
Cocaine				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	1.34	0.85	4.85
Last year prevalence of use — young adults (%)	2015	0.6	0.1	4.7
Last year prevalence of drug use — all adults (%)	2015	0.4	0.1	2.7
All treatment entrants (%)	2017	8.1	0.14	39.2
First-time treatment entrants (%)	2017	10.3	0	41.81
Quantity of cocaine seized (kg)	2017	234.5	0.32	44 751.85
Number of cocaine seizures	2017	596	9	42 206
Purity (%) (minimum and maximum values registered)	2017	3.6 - 89.6	0	100
Price per gram (EUR) (minimum and maximum values registered)	2017	50 - 120	2.11	350
Amphetamines				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	1.55	0.84	6.46
Last year prevalence of use — young adults (%)	n.a.	n.a.	0	3.9
Last year prevalence of drug use — all adults (%)	n.a.	n.a.	0	1.8
All treatment entrants (%)	2017	0.8	0	49.61
First-time treatment entrants (%)	2017	1.3	0	52.83
Quantity of amphetamine seized (kg)	2017	0.1	0	1 669.42
Number of amphetamine seizures	2017	12	1	5 391
Purity — amphetamine (%) (minimum and maximum values registered)	n.a.	n.a.	0.07	100
Price per gram — amphetamine (EUR) (minimum and maximum values registered)	2017	5 - 15	3	156.25
MDMA				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	1.25	0.54	5.17
Last year prevalence of use — young adults (%)	2015	0.4	0.2	7.1
Last year prevalence of drug use — all adults (%)	2015	0.2	0.1	3.3
All treatment entrants (%)	2017	0.2	0	2.31
First-time treatment entrants (%)	2017	0.4	0	2.85
Quantity of MDMA seized (tablets)	2017	589	159	8 606 765
Number of MDMA seizures	2017	83	13	6 663
Purity (MDMA mg per tablet) (minimum and maximum values registered)	n.a.	n.a.	0	410
Purity (MDMA % per tablet) (minimum and maximum values registered)	n.a.	n.a.	2.14	87
Price per tablet (EUR) (minimum and maximum values registered)	2017	3 - 8	1	40
Opioids				
High-risk opioid use (rate/1 000)	2017	2.1	0.48	8.42
All treatment entrants (%)	2017	60.9	3.99	93.45
First-time treatment entrants (%)	2017	38.9	1.8	87.36
Quantity of heroin seized (kg)	2017	358.9	0.01	17 385.18
Number of heroin seizures	2017	1 952	2	12 932
Purity — heroin (%) (minimum and maximum values registered)	2017	1.6 - 62.4	0	91
Price per gram — heroin (EUR) (minimum and maximum values registered)	2017	12 - 25	5	200
Drug-related infectious diseases/injecting/death				
Newly diagnosed HIV cases related to injecting drug use (cases/million population, Source: ECDC)	2017	8	0	47.8
HIV prevalence among PWID* (%)	2017	6.5	0	31.1
HCV prevalence among PWID* (%)	2017	66.5	14.7	81.5
Injecting drug use (cases rate/1 000 population)	2017	0.53	0.08	10.02
Drug-induced deaths — all adults (cases/million population)	2017	5.76	2.44	129.79
Health and social responses				
Syringes distributed through specialised programmes	2017	278 415	245	11 907 416

Clients in substitution treatment	2017	9 388	209	178 665
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Treatment demand

All entrants	2017	4 283	179	118 342
First-time entrants	2017	1 676	48	37 577
All clients in treatment	2017	12 480	1 294	254 000

Drug law offences

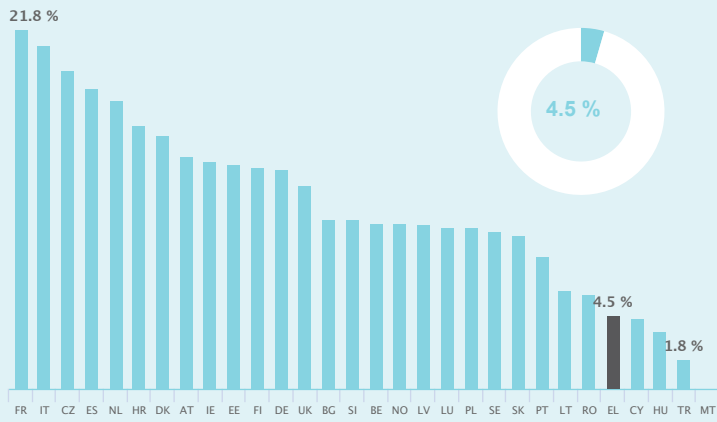
Number of reports of offences	2017	17 995	739	389 229
Offences for use/possession	2017	13 693	130	376 282

Drug-induced deaths — Greece: all population (cases/million); EU: among people aged 15-64 years (cases/million population).

EU Dashboard

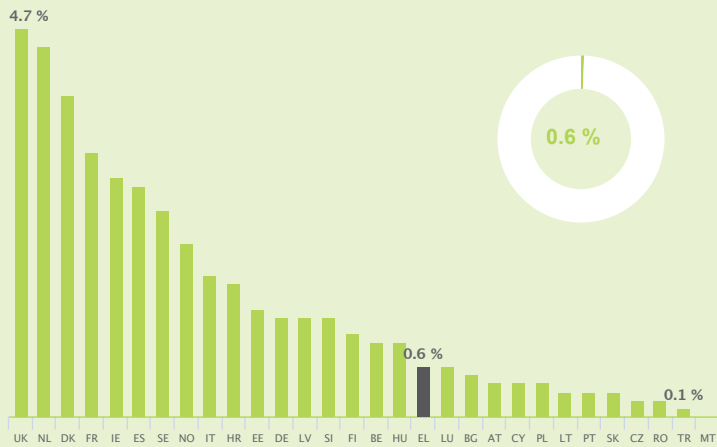
Cannabis

Last year prevalence among young adults (15-34 years)



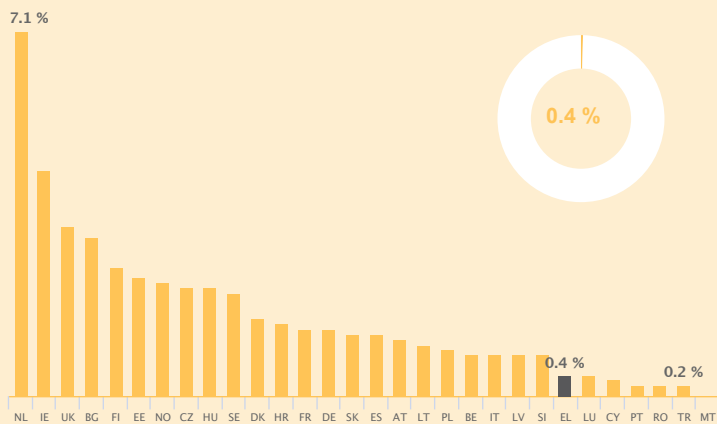
Cocaine

Last year prevalence among young adults (15-34 years)



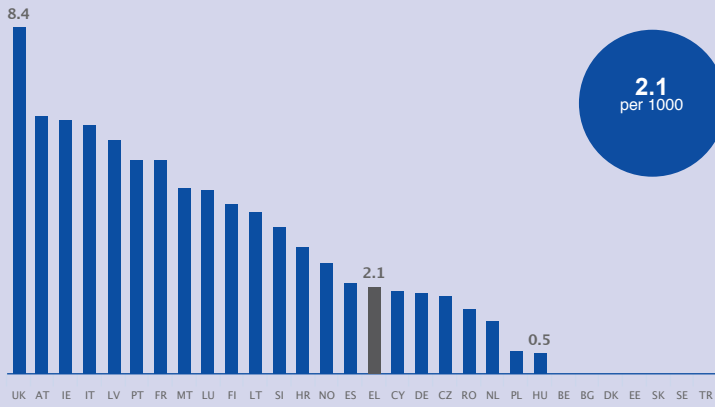
MDMA

Last year prevalence among young adults (15-34 years)



Opioids

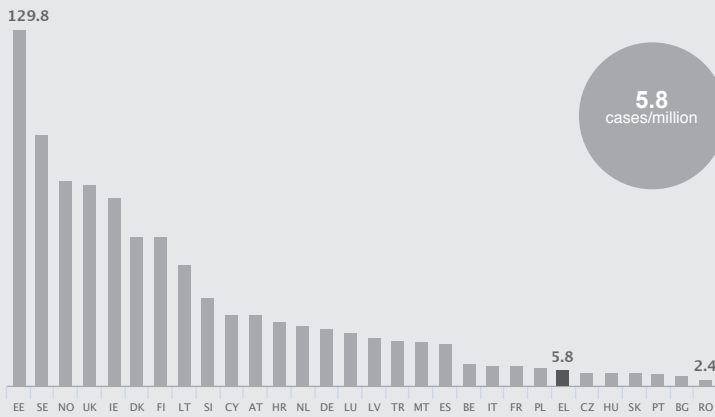
High-risk opioid use (rate/1 000)



2.1
per 1000

Drug-induced mortality rates

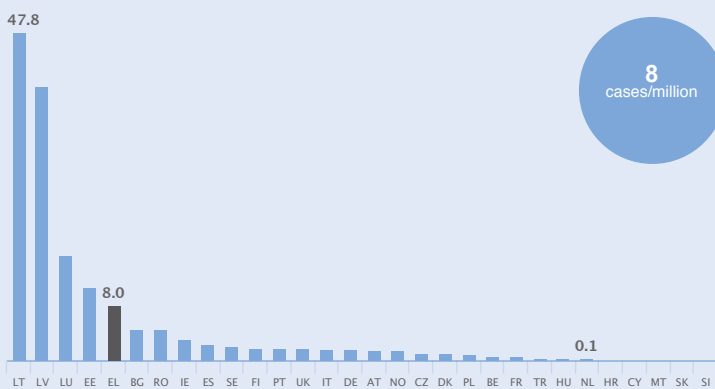
National estimates among adults (15-64 years)



5.8
cases/million

HIV infections

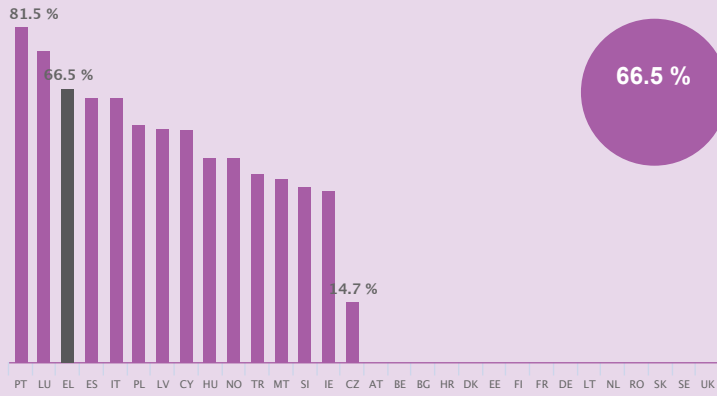
Newly diagnosed cases attributed to injecting drug use



8
cases/million

HCV antibody prevalence

National estimates among injecting drug users



NB: Caution is required in interpreting data when countries are compared using any single measure, as, for example, differences may be due to reporting practices. Detailed information on methodology, qualifications on analysis and comments on the limitations of the information available can be found in the EMCDDA Statistical Bulletin. Last year prevalence estimated among young adults aged 16-34 years in Denmark, Norway and the United Kingdom; 17-34 in Sweden; and 18-34 in France, Germany, Greece and Hungary. Drug-induced mortality rate for Greece are for all ages.

About our partner in Greece

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

[Click here to learn more about our partner in Greece.](#)

Greek national focal point



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Methodological note: Analysis of trends is based only on those countries providing sufficient data to describe changes over the period specified. The reader should also be aware that monitoring patterns and trends in a hidden and stigmatised behaviour like drug use is both practically and methodologically challenging. For this reason, multiple sources of data are used for the purposes of analysis in this report. Caution is therefore required in interpretation, in particular when countries are compared on any single measure. Detailed information on methodology and caveats and comments on the limitations in the information set available can be found in the [EMCDDA Statistical Bulletin](#).
