



COE066503

Reply to the questionnaire (CESP/Coord (69) I)

A P P E N D I X II

Study by the 1969 Co-ordinated Fellowships Team:  
 "Public health implications of recent developments  
 in drug addiction"

I. MEDICAL ASPECTS AND SOCIAL CONSEQUENCES OF ADDICTION

1. The information on current patterns of drug abuse in Greece is as follows:

(a) Opiates (incl. heroin)

The pattern of heroin addiction depends directly on the ease or difficulty of obtaining this drug either legally or illegally. The number of heroin addicts in Greece does not exceed 350 - 400.

During the past two years, and especially since the eradication of the machinery for the preparation and sale of heroin, heroin addicts have switched to other drugs such as barbiturates, tranquillisers, amphetamine derivatives.

(b) Hypnotics and tranquillisers

Most former opiate addicts use barbiturates such as Nembutal, Luminal or Amytal or proprietary products containing barbiturates and codein, as well as tranquillisers in conjunction with these proprietary drugs. It is to be noted that many addicts use drugs in conjunction with alcohol. This has been the cause of several deaths from intemperance that have been noted in Greece during the past two years.

(c) Amphetamines and similar substances

The number of persons who become habituated to the use of amphetamines has increased during the past two years. The drugs they use are not amphetamines in the pure state but their derivatives or similar psychotropic substances (Ritaline, Maxiton) on sale in pharmacies.

Derivatives of the amphetamines are taken intravenously or orally in very large quantities (injections several times a day, up to five or six phials being consumed on each occasion). These derivatives are often used in conjunction with the proprietary products Codal and Doridene.

(d) Cannabis (hashish)

The use of cannabis is more widespread. The number of consumers known to the police is 5,252. This does not mean that the number not known to the police is very large.

Imbibers of hashish can stop using it easily without showing any symptoms of deprivation. Nevertheless they are at pains to procure this substance and they go in for smoking it in cigarettes or a hookah either solitarily or more often in company. No addiction to hashish in the medical sense has been observed.

2. Epidemiological studies (year by year for the last five years)

(a) The number of heroin addicts has diminished during the past two years. The number of those who remain is known only because they use other narcotics for want of being able to procure heroin easily. The 399 heroin addicts reported in 1969 by the National Statistical Service are the oldest ones, and their number dwindles every year.

The number of persons who became addicted to other drugs, including cannabis, during 1967 and 1968 reached approximately 3,800 - 3,900 men and 150 - 160 women each year.

<u>Age</u>	<u>(1967)</u>		<u>(1968)</u>	
	<u>Men</u>	<u>Women</u>	<u>Men</u>	<u>Women</u>
Unknown	190	6	294	6
Under 19	116	4	118	4
20-35	825	29	822	29
35-50	1,432	42	1,612	46
Over 50	1,250	34	1,131	34

(b) The departments and institutions which are active in this field are the following:

- State Psychiatric Hospital, Athens: Clinic for Drug Addicts and Alcoholics,
- Ministry of Social Services; Department of Social Hygiene and Statistical Service,
- the Police,
- the Gendarmerie,
- the Athens Prison Service (Vourla annex),
- the psychiatric hospitals, and
- the private psychiatric clinics.

(c) The reports relating to addiction, as well as the statistical data, of the above-mentioned departments and institutions are published yearly.

### 3. Epidemiological data

(a) The following authorities collect information on drug addiction:

- the Ministry of Social Services, which collects data from the Clinic for Drug Addicts and Alcoholics of the Psychiatric Hospital in Athens and from other psychiatric hospitals
- the Ministry of Justice in the case of persons convicted of using or trafficking in narcotics
- the Police, Ministry of Public Order.

#### (b) Trends of addiction

The data are broken down as follows:

- I. by age and sex, but not thoroughly by profession, occupation or social class;
- II. religion and nationality are in general uniform in Greece;

./.

III. the information available to the Ministry of Social Services is not sufficient to determine the family background and the level of education of drug addicts. The data of the State Psychiatric Hospital in Athens shows that the patients admitted during the past five years come from broken homes and from a very low social and educational level.

The figures bearing on the trend of drug addiction in Greece are as follows:

Hashish imbibers constitute 9/10ths of the drug addicts. This is so because cannabis is grown in Greece. The number known to the police is nearly 5,252, while the number of heroin addicts is 399.

There are no statistics for addiction to barbiturates or barbiturates mixed with other medicaments, amphetamines, proprietary single-drug products or alcoholism coupled with drug addiction.

These addictions are, however, more widespread than heroin addiction and include cases of persons in the upper social classes and of good family, especially among young people up to the age of 30.

## II. TREATMENT AND PREVENTIVE MEASURES

### 1. Treatment programme

(a) The only clinic for specialised treatment of drug addiction is the one (28 beds) attached to the State Psychiatric Hospital in Athens. Drug addicts treated in other institutions and unspecialised psychiatric clinics are far more numerous.

(b) The average duration of treatment during the past five years in the Clinic for Drug Addicts and Alcoholics of the State Psychiatric Hospital was 2 1/2 months. The shortest period was three days and the longest two years.

(c) Total abstinence from substances and administration of psychotropic drugs (Nozinan, Melleril, Vallium, Vitamins).

Gradual detoxication through the administration of steadily diminishing doses of narcotics. In the case of heroin addicts, drops of tincture of opium or laudanum are used; in the case of barbiturate addicts, small doses are given and are gradually diminished so as to preclude symptoms of deprivation and convulsions.

Experience has shown us that where there is also alcoholism the use of tranquillisers is to be preferred.

The aim of the treatment is total abstinence and the patient's rehabilitation. To that end, the Clinic for Drug Addicts and Alcoholics of the State Psychiatric Hospital in Athens has an out-patients' department which is opened once a week especially for drug addicts leaving the hospital. This department runs social service with a welfare officer to visit at home the drug addicts who have left the hospital.

(d) According to the statistics, most of the drug addicts who have left the hospital relapse during the first year after the treatment and the after-care. The rate of relapse is estimated at 90% because most of these cases are psychopathic.

With the help of the out-patients' department and of psychotropic medicaments, a small percentage (12%) achieve stability without having to return to hospital. A large proportion of relapsed addicts are arrested and sent to prison for breaking the law. Twenty two per cent of relapsed addicts are readmitted to hospital for treatment, but the fate of the sick who have suffered a relapse and do not go to hospital is not known to us.

There used to be a measure whereby relapsed addicts who had served their sentence were deported to small towns and villages where they lived for some years under police supervision. This practice gave satisfactory results.

(e) There is no special service in Greece for the rehabilitation of drug addicts after withdrawal. The only existing service is the Society for the Protection of Released Prisoners.

(f) Developments are planned for the coming years for treatment and for an increase in the number of beds in the Clinic for Drug Addicts and Alcoholics of the State Psychiatric Hospital in Athens.

2. Scientific programmes

(a) A complete reorganisation and projects for psychiatric, psychological, sociological and pharmacological research are to be proposed.

The management of the Clinic for Drug Addicts and Alcoholics of the State Psychiatric Hospital in Athens has long since put before the Ministry of Social Services a project for psychiatric treatment and for the establishment of a special clinic for psychopaths and law breakers. This is being studied by that ministry and by the Ministry of Justice.

(b) Information available:

- (i) Files on the social background and praemorbid personality of the patient are kept for a large number of cases of addiction treated in the Clinic of the Psychiatric Hospital in Athens.
- (ii) Deterioration of the personality by chronic intoxication with barbiturates, derivatives of opium and amphetamines is aggravated in cases of combination with chronic alcoholism.

So far as hashish is concerned, we have no information because it is not habit-forming and because those who make use of it are not treated in hospital.

As regards the cases we have observed at the consultations in the 'out-patients' department of the above-mentioned hospital, we can say that they too display as their dominant characteristic a psychopathic disposition and that, in many hashish abusers, there is no marked deterioration of the personality in respect of reversibility after detoxication.

In a few addicts, rehabilitation can be effected physiologically, but only when their personality was well-formed before the addiction and provided that the addiction is recent.

- (iii) Almost all the addicts known to the police behave deviantly and have even been convicted of offences (theft, assault etc.) unrelated to the use of, and trafficking in, drugs.

./.

- (iv) Other psychotic manifestations that have been observed include excitement, depression, anxiety and
  - (v) mental confusion. They yield fairly quickly to medical treatment. Where there is also alcoholism during the period of deprivation, symptoms of delirium tremens with or without epileptic spasms have been observed.
  - (vi) 4% of the drug addicts treated in the State Psychiatric Hospital in Athens suffered, even after completion of the detoxication treatment from psychomotor attacks or attacks of total epilepsy with electro-encephalographic manifestations characteristic of that disease.
  - (vii) Many drug addicts of all categories have long records of theft, assault, white slave traffic and other crimes of violence, while a small proportion have been convicted of crimes committed under the influence of drugs or during the period of deprivation.
- We have no exact information because there is no similar psychiatric supervision in the prisons; hence it is not possible to make any direct correlation of drug addiction with crime from the medical point of view. Nevertheless the cases of addiction known to the police are always connected with an offence, sometimes even with a serious crime.
- (viii) There are no statistics relating to the traffic and accident or suicide rate due to addiction.
  - (ix)
  - (x) After the disappearance of heroin two years ago it was observed that cases of multiple addiction (barbiturates, retaline, tranquillisers) was growing. Furthermore, most cases of multiple addiction are combined with alcoholism.

Multiple addiction was formerly unusual. Heroin addicts might turn for a while from heroin to hashish but seldom used both drugs together, and even more rarely took them in combination with alcohol.

./.

Multiple addiction resulted in an increase in the death rate of addicts (barbiturate coma, cirrhosis of the liver, serious physical exhaustion etc.).

Apart from intoxication coma, the causes of death were formerly septicaemia and tetanus resulting from intravenous injection of the drug under filthy conditions.

3. Control measures

(a) The legislation in force prohibits the free sale of narcotics. The category of narcotics includes also the new habit-forming drugs. These drugs are supplied on medical prescription by pharmacies under the control of the appropriate department of our ministry.

(b) Narcotics consist of amphetamines, derivatives of opium, pethidine, codoxine, nicodicodeine, etorphine, and acetorphine, but do not include tranquillisers, barbiturates and drugs (Ritaline, Maxiton) with an action similar to amphetamines.

LSA, which is not in use in Greece, is not a narcotic.

(c) With regard to supplies of narcotics from illegal sources and according to the police report on hashish for the year 1968, apart from a quantity smuggled from abroad, cannabis is grown illegally in Greece.

(d) The police handle prosecutions throughout the country for the use of, and illegal trafficking in, narcotics.

There are no voluntary organisations concerned with the welfare of drug addicts who, only if they so wish, may be admitted for treatment in psychiatric institutions or in the Clinic of the State Psychiatric Hospital.

So far as opium derivatives are concerned and as indicated in the same police report, no illegal supply has been brought to notice and the plant micon somniferis is not grown in Greece. There are no longer any laboratories for the preparation of heroin supplied from abroad, while the persons who were involved in its sale and preparation have been arrested.

./.



During the year 1968 no heroin changed hands in Greece.

The procuring from legal sources of narcotic drugs in opium category is strictly controlled.

On the other hand, barbiturates, amphetamine derivatives, tranquillisers and pharmaceutical preparations of compounds that are either pure or which contain a proportion of the substances mentioned are supplied to addicts by pharmacies with or without medical prescriptions.

(e) We have no exact information enabling us to assess whether international or European co-operation to counter drug addiction through research would be beneficial.