

## OKANA – TRAINING AND SUPERVISION CENTER: SPECIFYING NEEDS REINFORCING KNOWLEDGE

- Reactivation
- Expansion of Training Programs

The Training Center module launched by OKANA in cooperation with EPIPSY<sup>(1)</sup> for the training of the staff of the Prevention Centers was discontinued in 2006. The needs of prevention professionals for continuous support, training and supervision keep increasing, however and that not only as a consequence of the dire financial conjuncture known to foment addictions but also because of the very nature of the highly demanding and ever-expanding field of such centers' activities. In acknowledging such needs, OKANA engaged in November 2011 in the re-launching of the Training Center, utilizing to such purpose the premises of a privately-owned building in the Neos Kosmos quarter (City of Athens).

The Training Programs available at the Center are targeted at:

- Members of Staff of Prevention Centers
- Mental Health professionals and more generally professionals active in the domain of Health
- Primary and Secondary Education teachers
- Armed forces officers
- Members of the Judiciary
- Journalists
- Members of Sport Associations ea.

<sup>(1)</sup> Mental Health University Research Institute

## OKANA'S FINANCE: REVERSING A DOWNHILL DRIVE

- Redeeming liabilities
- Rationalizing expenses
- Liaising with other agencies
- Utilizing financial resources made available by social partners

In March 2010, OKANA reported liabilities in excess of 35,000,000 Euro. A breakdown of that debt revealed:

- 14,000,000 Euro worth of dues to the various Prevention Centers
- 6,000,000 Euro in terms of employer's contributions payable to various Social Security Funds as well as other similar staff-relevant commitments.
- 15,000,000 Euro due to various suppliers.

Faced with such circumstances, the Hellenic Ministry of Health and Social Solidarity proceeded to adopt a series of measures meant to reduce the deficit by reinforcing OKANA's budget. Such measures consisted in:

- Making 5,000,000 euro available as a means of reducing part of its deficit
- Providing an additional 3,000,000 euro to finance implementation of new actions by the Organization.

Moreover, the Ministry settled OKANA's debt towards the various pharmaceutical companies – accounting for the major part of the Organization's overall liabilities – by incorporating it in the overall liability of the Ministry of Health and Social Solidarity to the pharmaceutical companies. OKANA's administration settled also outstanding employer's dues towards social security funds (IKA, TSAY).

In its effort towards development of the new substitution units, OKANA liaised with State hospitals, capitalizing on the available infrastructure – where possible – or by creating new installations within courtyards. The funding necessary for the creation of such new units was ensured by, among others, KEELPNO<sup>(2)</sup>, within the framework of an ad-hoc contract entered to such purpose. Simultaneously, OKANA utilized a series of social awareness and solidarity initiatives already under way by other agencies and private parties, towards implementation of various specific actions.

<sup>(2)</sup> Disease Control and Prevention Center

## NATIONAL PLAN FOR COMBATTING ADDICTIONS: A NEED FOR COOPERATION AND COORDINATED POLICIES

It was in June 2010, as of an ad-hoc inter-ministerial meeting, with the attendance of the Ministers and Deputy Ministers of the Ministries holding joint competence in such matters and under the chairmanship of George Papandreou – Prime Minister at the time – that the development of a National Plan for Combatting Addictions (Greek acronym: ESKE) was formally announced. Drafting of the 2011 – 2012 National Plan was entrusted to the Inter-Ministerial Commission for the Coordination of the Combat against Addictions (Greek acronym: DESKE). The activities of said commission eventually yielded the will and the potential for cooperation amongst the various agencies and ministries competent in such matters, translated in a careful and as comprehensive plan. The outcome of activities of working groups such as that should become the basis for global and as integrated policies. The final proposal for the National Plan for Combatting Addictions was put together by the competent Commission by December 2010 and further submitted to the attention of the Prime Minister in January 2011.

## THE NEXT STEPS: TARGETED ACTIONS FOR SPECIFIC DRUG USER GROUPS

- Substitution treatment in the penitentiary
- Sentence service measures alternative to incarceration
- Care for active users

Every citizen has a fundamental right to treatment, a right by no means alienable in case of detention or incarceration in penitentiary establishments. It is the State's duty to provide treatment services to prison inmates, taking into account each one's particular health condition. In the case of addicted users, the State is obligated to make available those means and modules of treatment likely to obtain detoxification through psychosocial as well as medicinal support. The current legislative framework provides for the entire range of therapy methods to be available at the Addicted Prison Inmates Treatment Centers;

still, not all therapy alternatives are really implemented in such context. The framework remains rather unclear and by all means non-operational for the rest of penitentiary establishments, although 40 per cent of inmates are known to be serving sentences for drug-related offenses. OKANA has already launched the effort towards implementation of an Action dubbed "Pilot Substitute Use Programs in Prison", ascribing the framework of the 2007 – 2013 NSRF. Feasibility of this specific action has been justified by reference to the outcome of a survey into needs in therapy in prison, carried out by OKANA in cooperation with KETHEA and the 18 ANO agency.

Moreover, scientific research has internationally revealed the efficiency of incarceration-alternative programs, although this notion in today's Greece remains utterly theoretical. Leading international literature has it that the aim should at all instances remain therapy, since by undergoing treatment, the addicts also benefit from a reduction of their delinquent behavior (and that by more than 50%). Moreover this approach is definitely less onerous, compared to other correction measures (1/3). OKANA has in the meantime already launched implementation of the Action dubbed "Pilot programs for the implementation of corrective measures alternative to incarceration" under the 2007 – 2013 NSRF.

Last but not least, it pays to mention the problem of overconcentration of active users populations, especially in certain areas of downtown Athens. The causes are more or less already known. We believe that until the reasons favoring such overconcentration cease to exist and with the need for protection of the health of active users – and that of the general community as a whole – in mind, the State should be coming forth with courageous solutions, capable of providing substantial relief both for the drug users and for a very tormented downtown. Up to now, whatever measures may have been adopted have primarily been aiming at removing populations from designated locations, which only contributes to the "market" shifting from one spot to another. At the antipode of such approach, the cooperation of all the co-competent, specialized agencies towards the creation of controlled spaces for pre-admission of users to treatment, where the latter may accede to get support, care, sustenance and an appropriate environment for safe use, could be a way to reduce mortality rates, limiting the dire effects of use on the health of the users while creating a shield of protection of public health and safety, to which every citizen is entitled.

## REPORT ON THE 2010 -2012 ACTIVITIES

Main  
points  
review



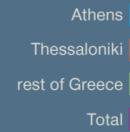
## NEW THERAPEUTIC PLACES: FIGHTING FOR THE OBVIOUS

- The right to therapy
- De-stigmatizing the addicted
- De-demonizing OKANA

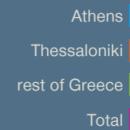
There had been no new Substitution Units created in Greece – hence no new therapeutic places – over the period between 2008 and September 2011. In the Geographical Department of Attica, most particularly, the most recent such unit dated from 2005 and that despite the fact the requests for entry to the programs kept increasing, with 5,558 persons already on the waiting list and average waiting time in Attica at 7.5 years. Over the last one and a half year, OKANA has been relentlessly and consistently endeavoring to convince the community that Substitution Units are health services, hence an unalienable right of the addicted. Stigmatization of the addicted

resulted in a “demonization” of OKANA, as the agency came to be a synonym to the “drug market” all the more since some of the agency units were located in downtown Athens, in proximity to the capital’s drug scene. The consequent reactions of the citizens and the social partners led to delays and repeated reconsideration of the planning. Already difficult, the situation was further exacerbated under the current economic crisis. Much valuable time was lost before OKANA was able to cry victory for the obvious: the creation on new treatment places catering to very much actual, recorded needs.

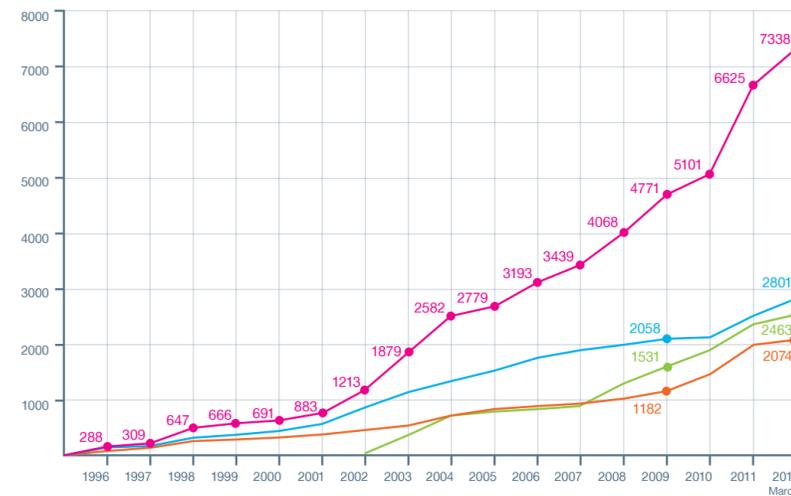
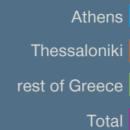
Number of persons  
in substitution  
treatment in Athens,  
Thessaloniki and  
the rest of Greece



Overall per year  
numbers of requests  
for substitution  
treatment in  
Athens, Thessaloniki  
and rest of Greece



Overall per year  
numbers of requests  
for substitution  
treatment in waiting  
list in Athens,  
Thessaloniki  
and rest of Greece



## BROADENING THE THERAPEUTIC PROGRAMS THE FIRST OUTCOMES – March 2012

- More than a twofold increase of the number of substitution units
- 54 substitution units
- 7,338 new treatment places overall
- 2,567 new therapy places created
- Shortening of the waiting list
- A spectacular increase of the number of requests for entry to the program

By early 2010 OKANA had already been running 25 Substitution Units throughout Greece, catering to the needs of 4,771 patients and with 5,558 more persons on the waiting list to enter the program. In August 2011, a special understanding reached between OKANA and all public hospitals in Attica,

Thessaloniki and in other geographical departments of the country resulted in the doubling of the number of its units.

The increase in the number of treatment slots along with the full development of the new units is expected to lead to a further shortening of the current waiting list, so much as to say that if the actual plan goes through as projected, there should practically be no more such waiting list in the Department of Attica by August 2012. As a result of the completion of the development of OKANA units in Thessaloniki, the waiting list in that zone has been shortened by 91% whilst waiting times were reduced to 1 month, down from 52 months under the previous circumstances, bringing the whole scheme closer to the internationally applying standards.

## HARM REDUCTION PROGRAMS: UNPREJUDICED SERVICES

- Reinforcing harm reduction services
- Intensifying “street work”
- Establishing collaboration networks

An increase in numbers of new HIV infections and other contagious conditions has since early 2011 started to be recorded amongst intravenous drug users (IDU). Such new facts eventually caused a mobilization of all agencies involved, amongst which OKANA.

Since 1988, OKANA has, through the Direct Assistance and Support Unit (Greek acronym: MABY) and the “Street Work” teams of the Addicted Persons Care Station, been responding to requests

by IDUs or approaching IDU groups directly out in the street, to the purpose of providing information as well as creating awareness and the incitement towards adoption of some elementary precautions against the transmission of infectious diseases before the decision is ultimately made to join some therapeutic program. In that sense, free distribution of condoms and syringes to IDUs reveals itself to be a top priority measure in OKANA’s arsenal. In an effort to intensify the missions aimed at reaching out to the IDUs, OKANA took the initiative of liaising with the “ATHENA – HYGEIA” Prevention Center as well as with such agencies as the Diseases Control and Prevention Centre (KEELPNO), NGOs like “Thetiki Phoni” (Positive Voice), “Kentro Zois” (Life Center), “PRAXIS” and “Doctors of the World” on a joint action project dubbed “Instructions for Use” addressing mostly “street-work” issues and the efficiency of ways in trying to reach out to active users.

## PREVENTION CENTERS: THE CENTER OF GRAVITY

- Redeeming debts
- Adoption of a legislative framework

OKANA’s activities for 2010 focused on the tackling of financial as well as institutional problems having plagued Prevention Centers throughout Greece over the last few years. Thanks to a series of concerted and as persistent efforts, both such aspects were covered, so that in the end:

- Within a short period of time, all financial liabilities towards the Prevention Centers having accumulated over past financial years were redeemed. As a result, there is no threat at present as to the operation of any Prevention Center. More specifically, over the period 2009 – 2010 OKANA paid Prevention Centers a total amount of 20,882,000 euro in terms of definitive redemption of whatever liabilities

may have outstood and carried forward from previous financial years.

- A new legislative framework has been developed, governing operations of the Prevention Centers (Article 58 of Law 3966 published in Issue 118/24.05.2011 of the Official Journal of the Hellenic State) consolidating the public character of prevention services, securing the employment status of the staff working at the Prevention Centers as well as casting the foundations for a further development of such modules, opening up the scope of their activities to include novel forms of addictions (legal substances, addictive behaviors) and promoting mental health as a whole.