

# International Impact: the Greek experience

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## Effectiveness from follow-up outcomes of eight substance abuse treatment programs in Greece

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KETHEA (Therapy Center for Dependent Individuals)  
Research Branch

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## Διάταξη τίτλου και περιεχομένου με λίστα

- Some introductory remarks
- Treatment facilities under investigation
- Service users participants to the study
- Data analysis and findings
- Further deepen investigation with qualitative methods
- Combining quantitative data with qualitative interpretation

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## Greece in South Eastern Europe

	Texas	Greece
Area	268,596 sq ml	50,949 sq ml
Population	29,145,505	10,482,487
Gini Coefficient	0,47	0,32
GDP per capita \$	80,000	22,595
Labor force	15,500,000	4,605,900
Life expectancy	76.5	81.09 (EU 80.4)
Unemployment rate	4%	14.8% (EU 6.1)
Incarceration /100,000 (drug offences)	840 (21%)	110 (25%)
Prevalence of illegal drug use	7,32%	9%
Mortality due to drug abuse	14.1 (4172)	1,05 (110)



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## Substance (illegal) Use Disorders in Greece

- Prevalence of problematic use remains generally stable since middle '80 when drugs crisis developed and the very first epidemiology study was conducted at 2.5-3.5/1000
- The first treatment Program (TC Ithaki) have been operated since 1983 processor of later KETHEA
- For about 15 years (1983-1996) KETHEA (NGO) και το 18 ANO (NHS) in continuous expanding were the only providers of substance use treatment nationwide
- The first OMT program have been operated in 1996 as a new care service by OKANA a new governmental organization
- Key indicators after 10 years during the maturity phase of substance use:
  - Mortality's rate continuously increase due mainly to the use of opioids (1995: 2.3/100,000, 2005: 31/100,000)
  - Metropolitan areas (mainly Athens) suffer mostly
  - Low HIV/AIDS infection rate (<3%) instead of HCV infection high prevalence (>60%)
  - Injected heroine the main substance used



*Madianou et al 1992, EKTEPN 2021, World Bank 2023, SODN 2021*

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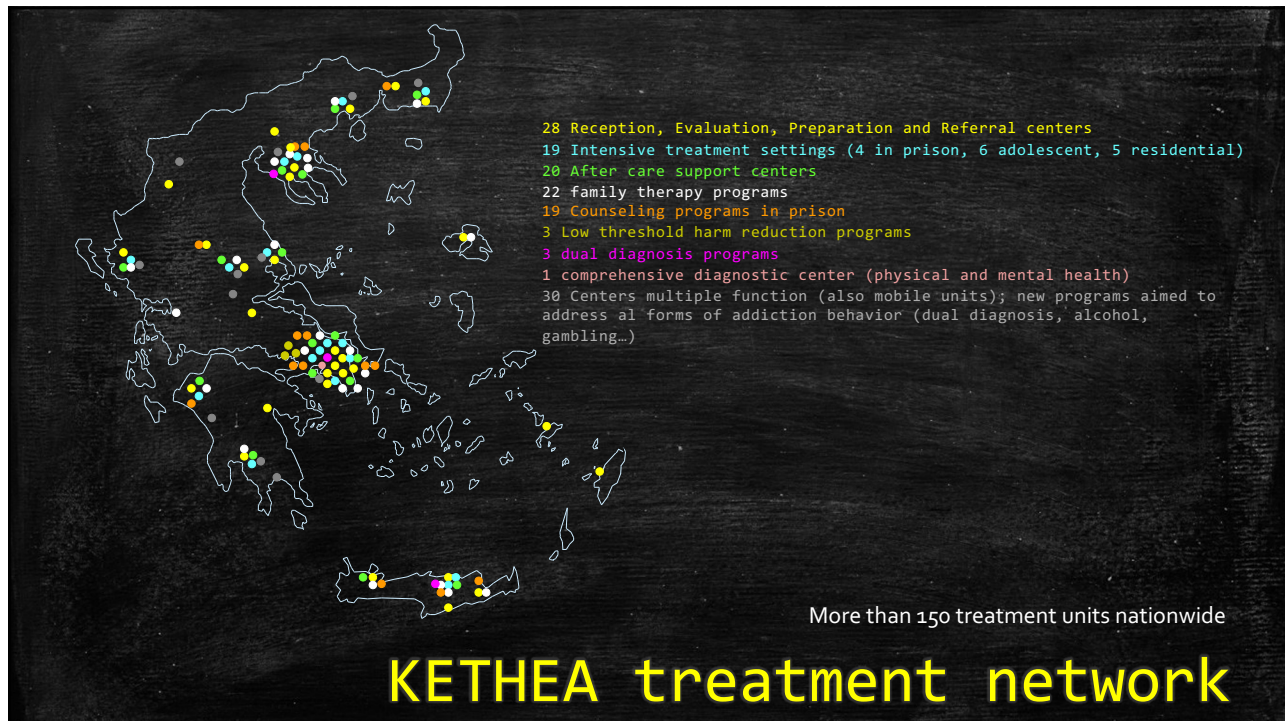
## Drug abuse problems treatment national network

- 60 substitution's programs
- 28 drug free recovery oriented comprehensive programs
- 5 programs to NHS
- 2 detox programs
- 20 counseling programs in prisons
- 6 comprehensive recovery oriented programs in prisons



Total capacity around 15,000 service users  
 Run by 4 entities (KETHEA, OKAN, NHS, Ministry of Justice)  
 No private setting are operating  
 No private prescription is allowed

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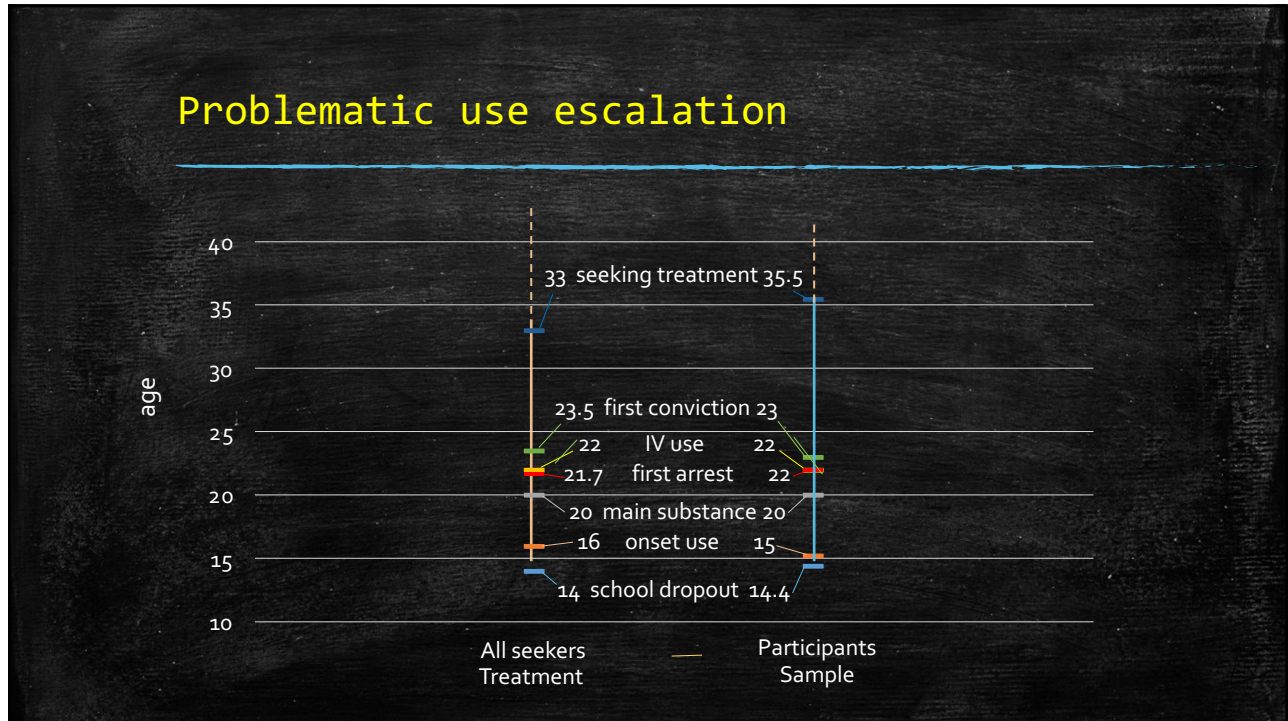


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### In addition to KETHEA treatment network

- Research and Training activities have been planned to operate from two different administrative branches
- Research and Training constitutes two pillars of KETHEA development
- Training for both areas
  - service user formal education, vocational training and employment inclusion support and
  - professionals in Greece and Europe (UCSD, IBR-TCU, NDRI-NIDA)
- Research elaborates routine data
  - service user treatment implementation evaluation
  - outcome evaluation
  - continuous quality improvement
  - ad hoc research programs in Greece and abroad

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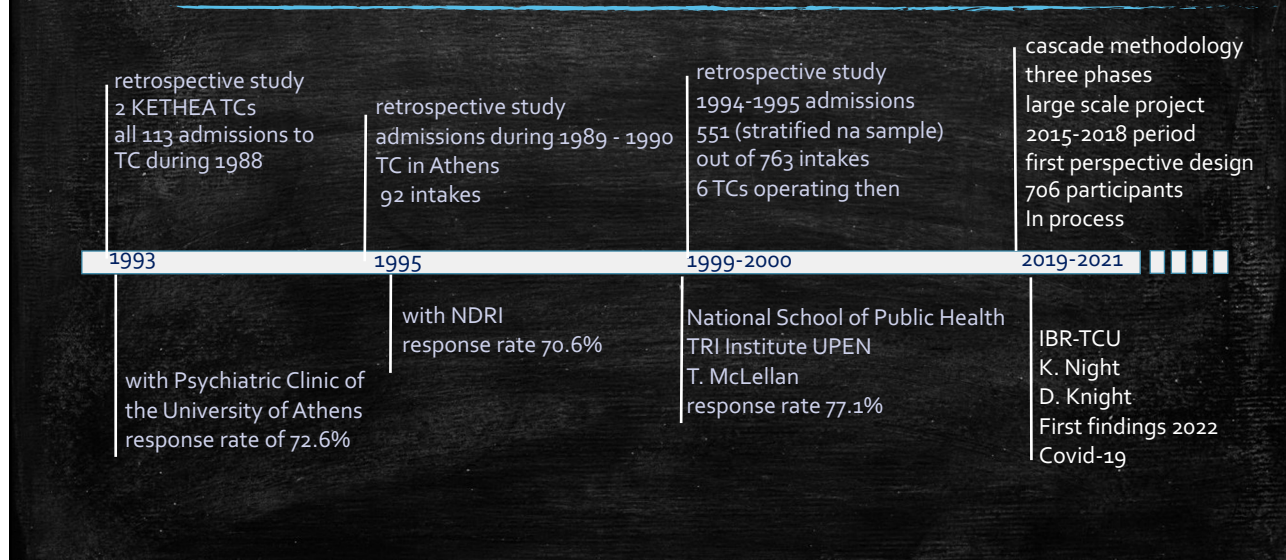
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## Outcome evaluation previous experience in Greece

(no any national evaluation project, no other than KETHEA evaluation program has been conducted)

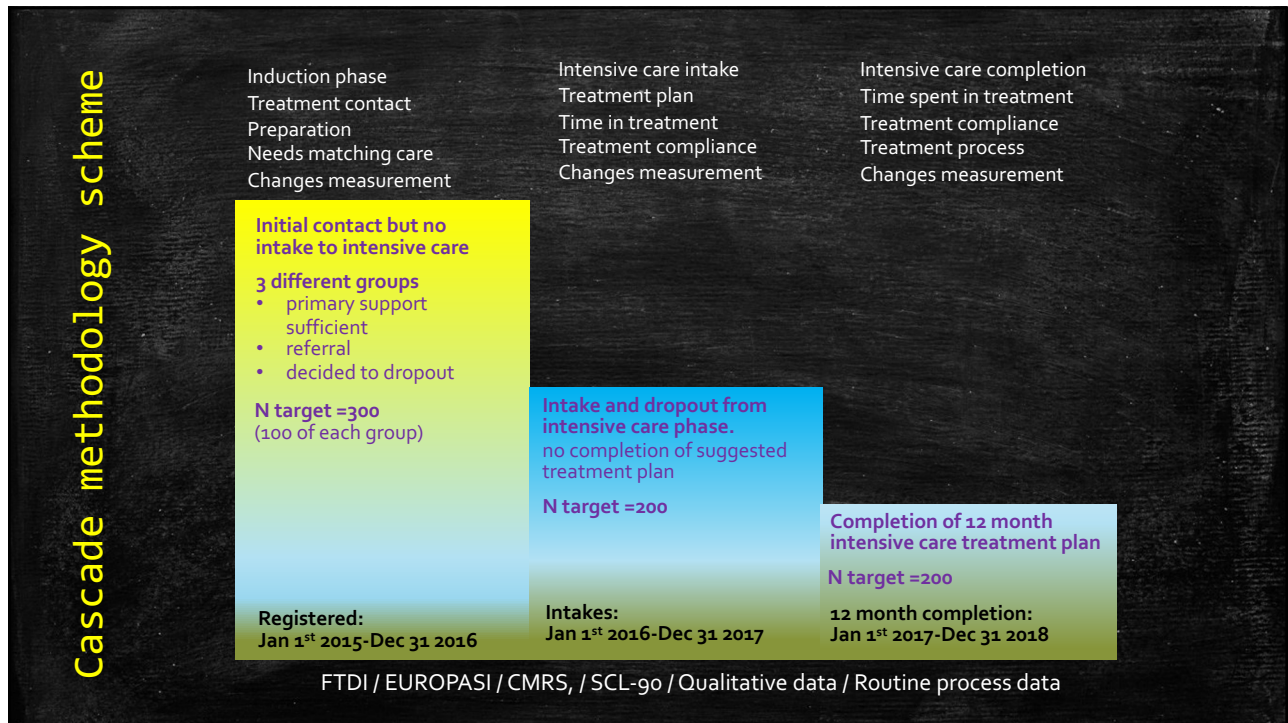


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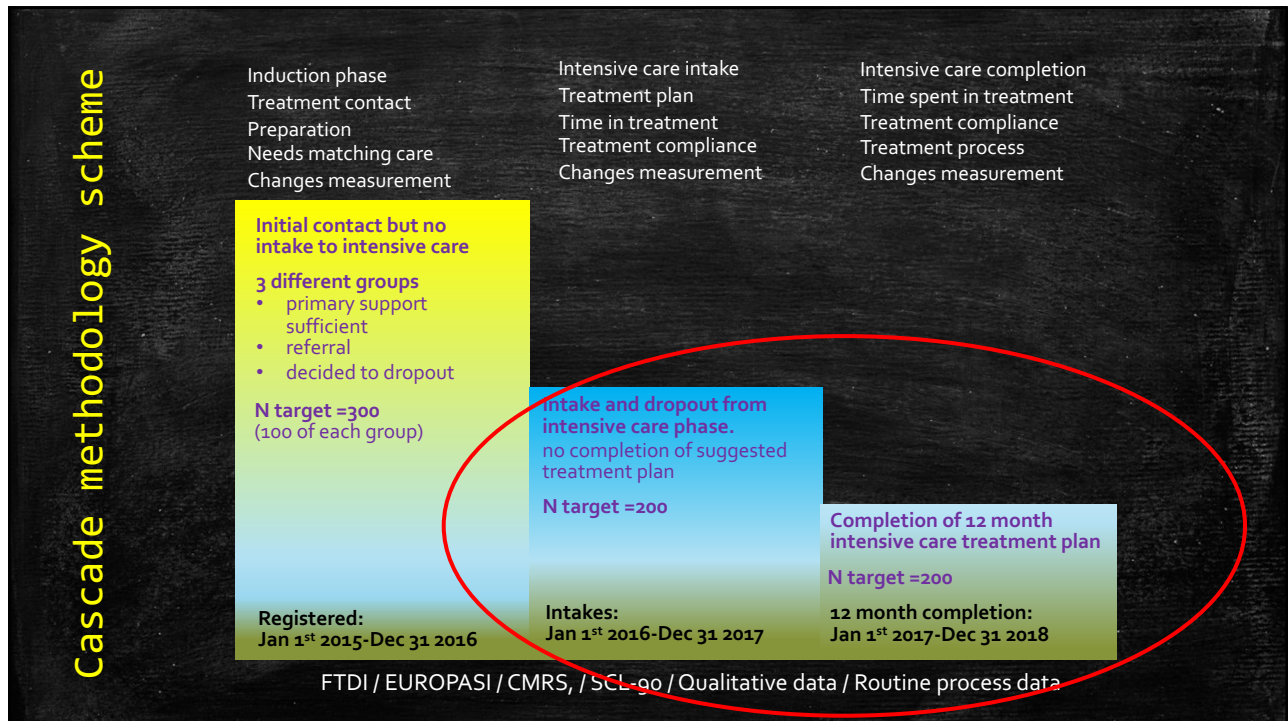
## Cascade methodology scheme

- Ensure inclusion of all different participant performance
- All crucial treatment sequence phases were included
- Three different sub samples were designed based on participants' treatment compliance:
  - a. treatment seekers who never proceeded to intensive care during the follow-up period
  - b. participants who started intensive residential or outpatient treatment with no completion treatment plan because they discharge from the full program components, and
  - c. those who received full intensive treatment.
- Total sample consisted of 706 participants randomly selected on subgroup criteria
  - from eight different therapeutic programs during the last 5 years
  - 359 were contacts with no entry to treatment
- ASI structured interview was the main tool (Addiction Severity Index-European questionnaire adaptation).
- Data collection took place during March 2021 until July 2021

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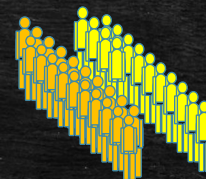
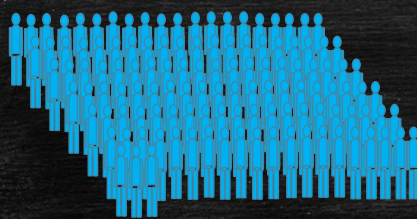
## Data collection process

- Data collection March to July 2021
- Five critical areas were examined:
  - substance use patterns
  - physical and mental health issues
  - illegal behavior
  - employment performance
  - family and social relationships
- Restrictive measures due to Covid-19 were a challenge in order to facilitate subjects' location

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## Participants (the group with intensive care treatment experience)

All intakes 2016-2017:  
1204 entered treatment



The sample:  
347 who entered tc.  
208 dropped out  
139 completed 12 months treatment plan

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## Main measurements' areas

- Drug and alcohol use
- Exposure to the criminal justice system as well as the general legal and judicial situation
- Physical and mental health status
- Employment
- Family and social relationships.

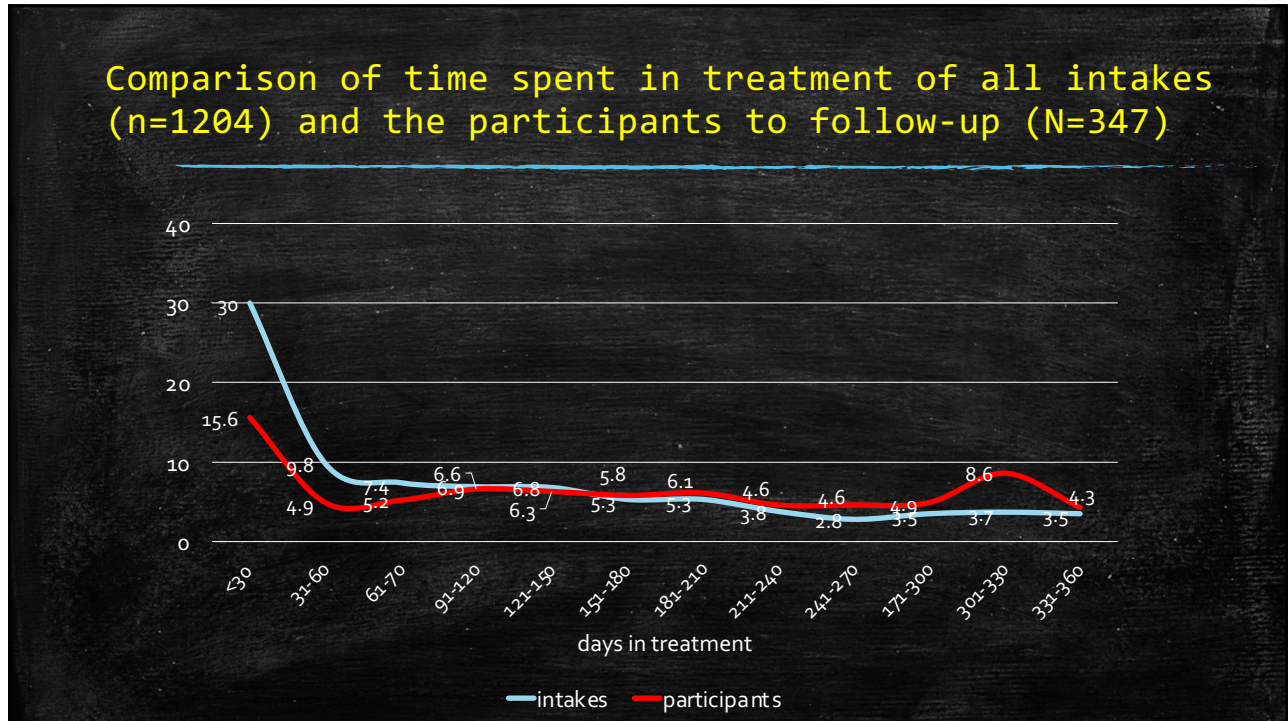
First analysis focused to the correlation of above variables with time spent in treatment and the completion of treatment plan

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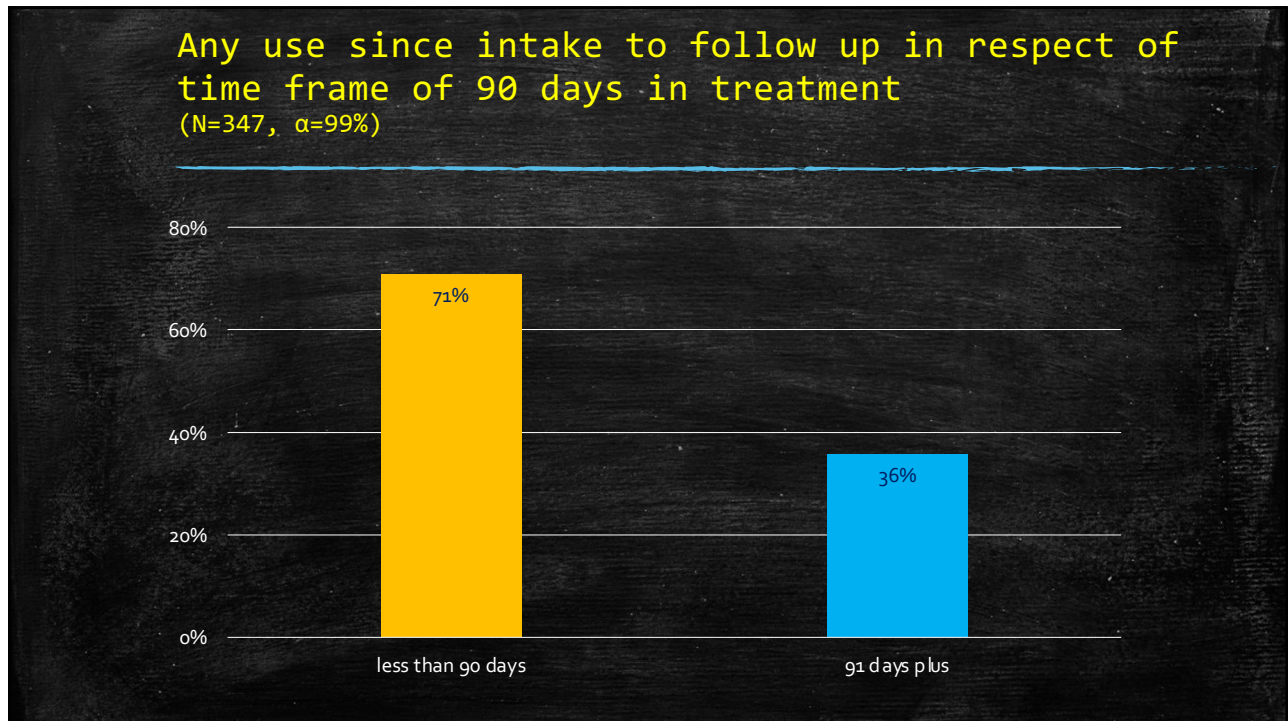
## No differences between intakes and participants

	Intakes		Participants	
	N	%	N	%
Men	1033	90,8	314	90,5
Heroin (main substance abused reported)	787	69,2	209	60,8
Cocaine (main substance abused reported)	111	9,1	30	8,6
Cannabis (main substance abused reported)	137	12	27	7,8
Convicted	581	51,1	129	38,5
Imprisonment	300	26,4	69	19,9
Mean age (median)	34 (34)		34,5 (35)	
Mean years of substance use duration (median)	11,57 (10,25)		10,32 (10,0)	

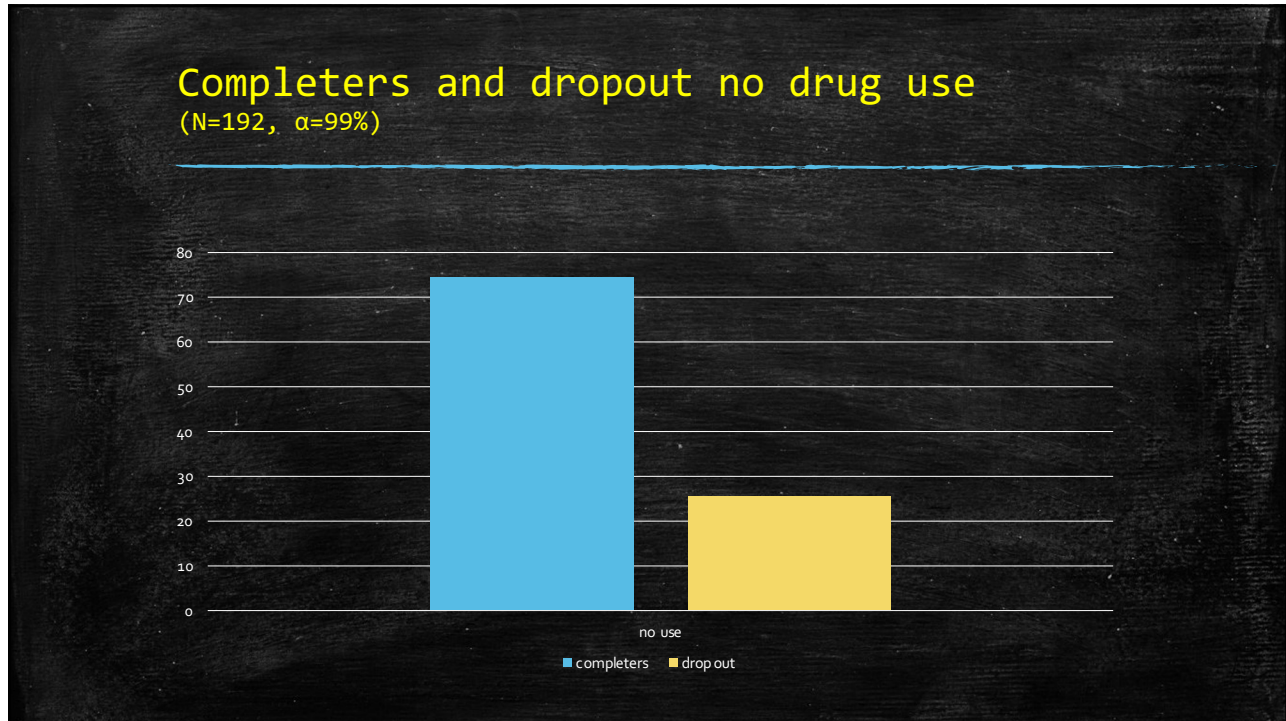
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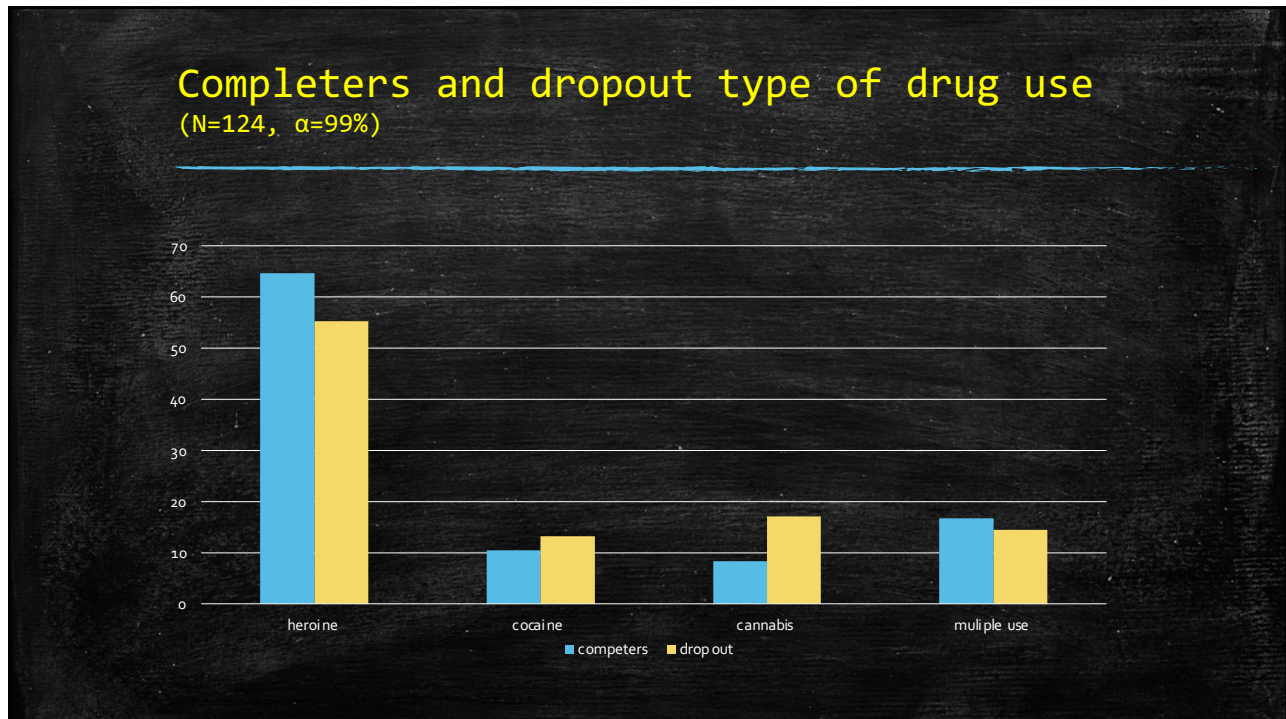
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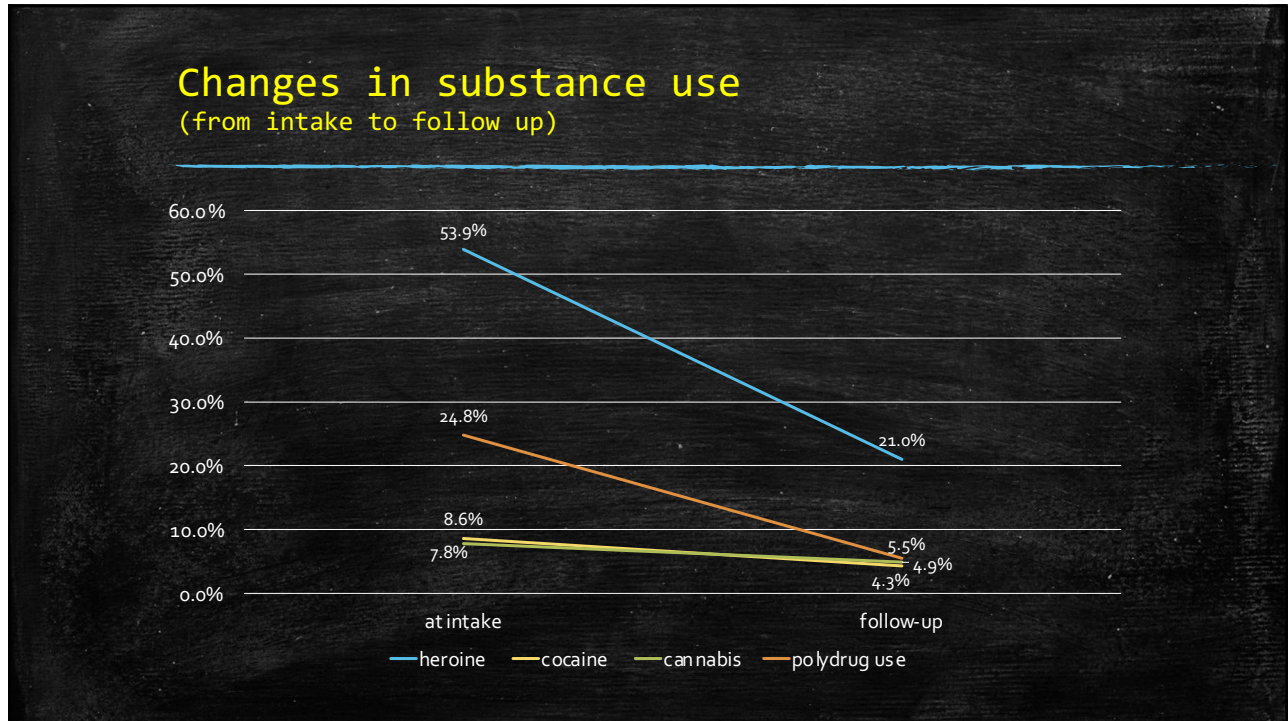
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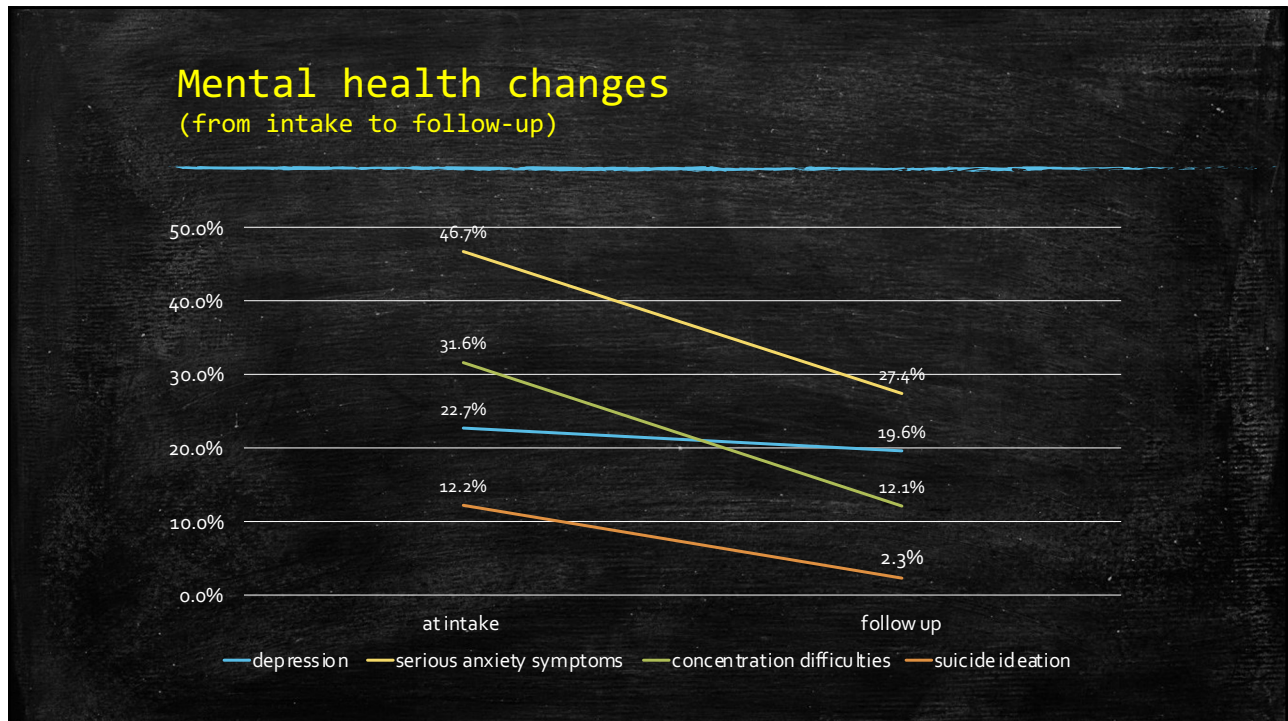
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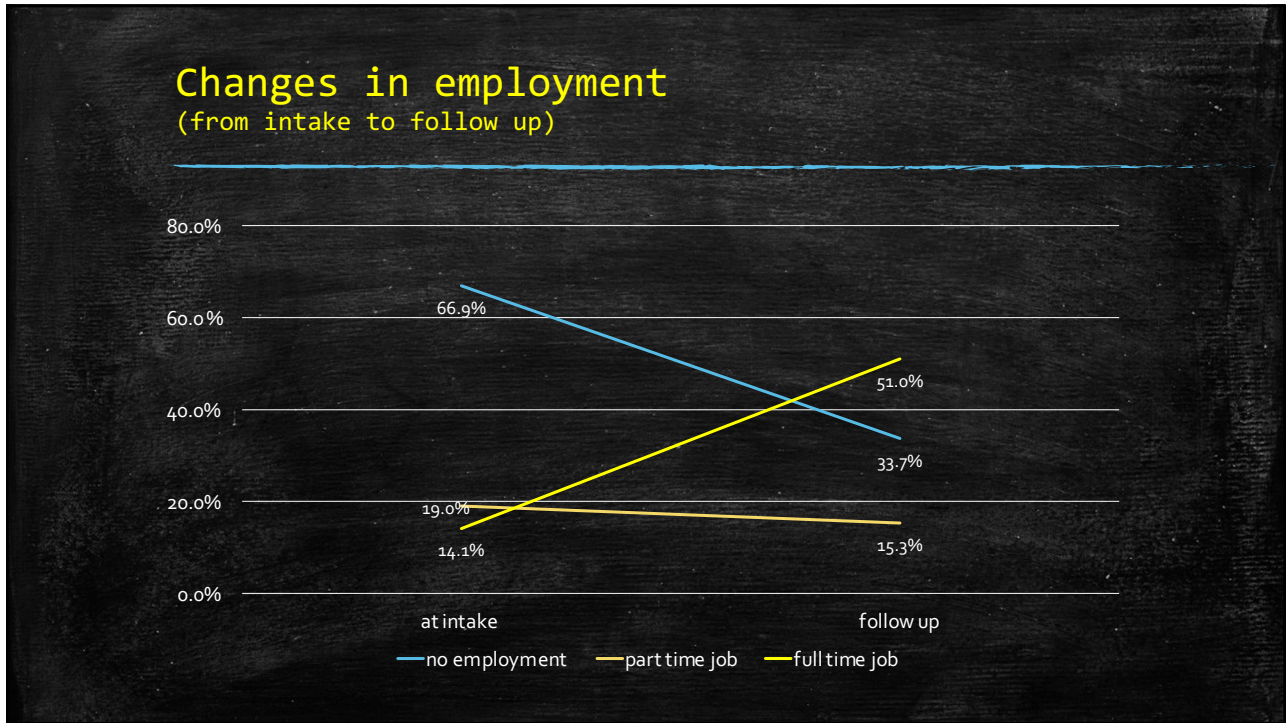
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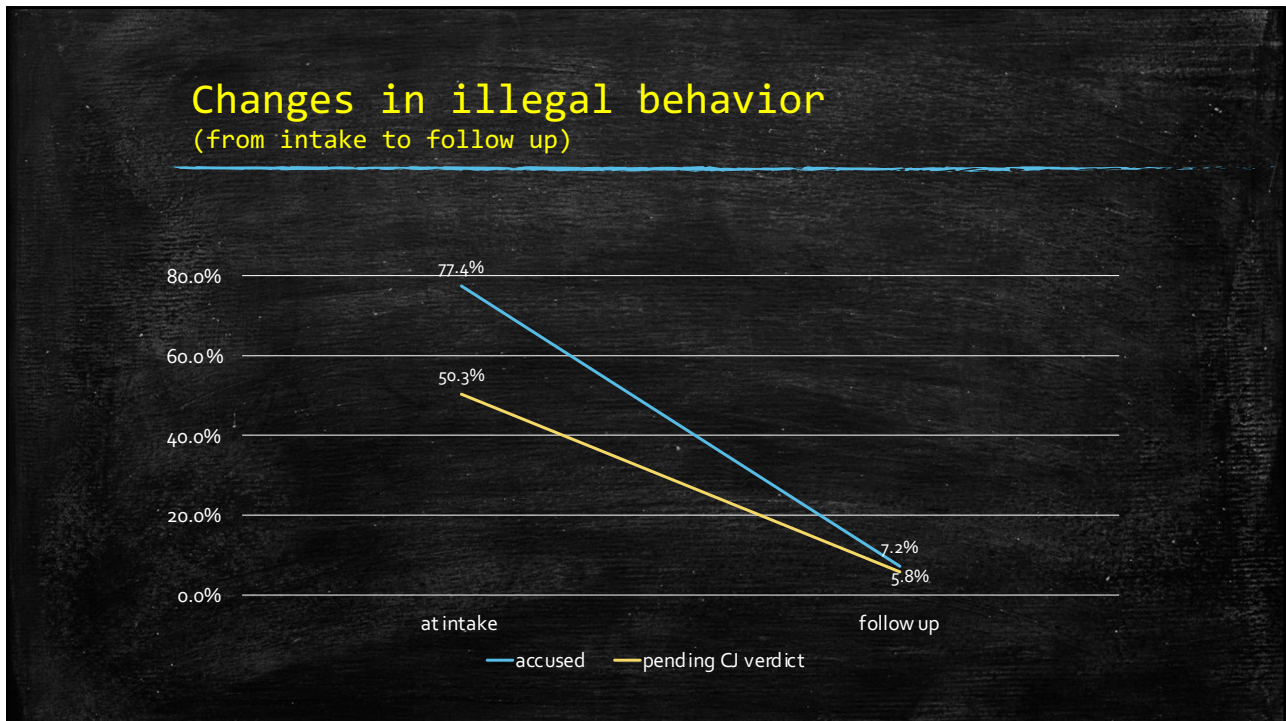
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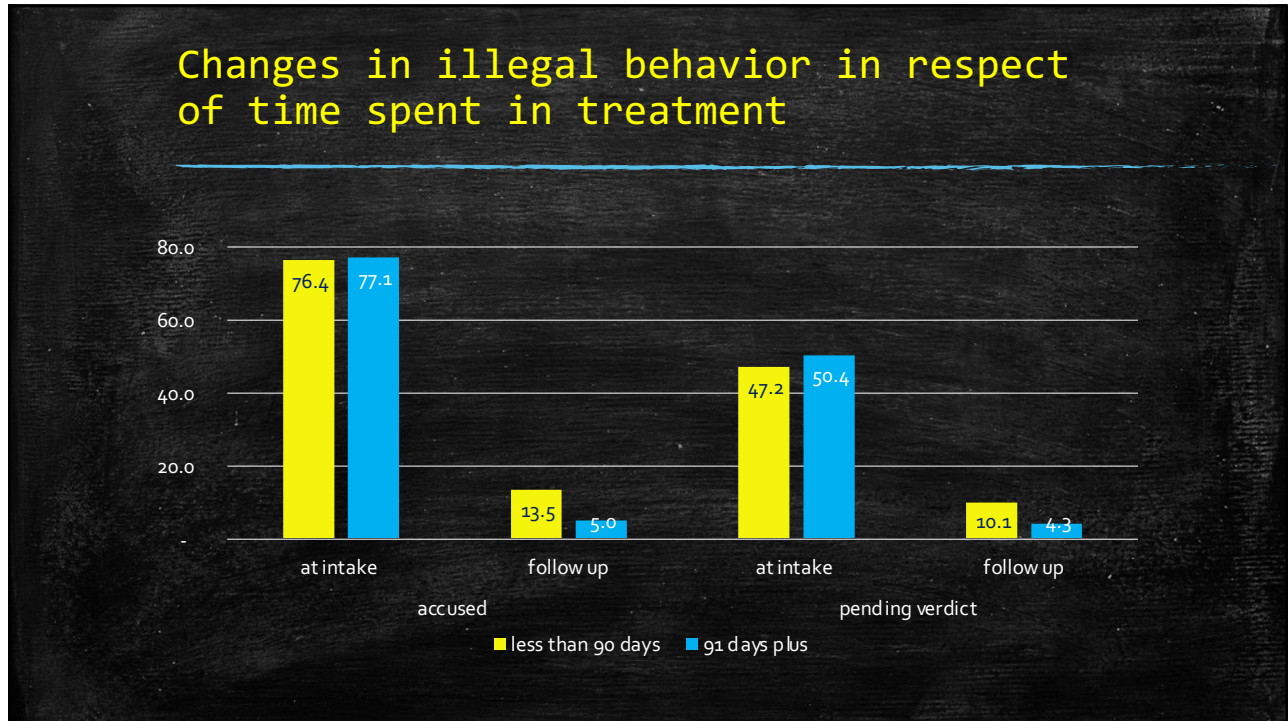
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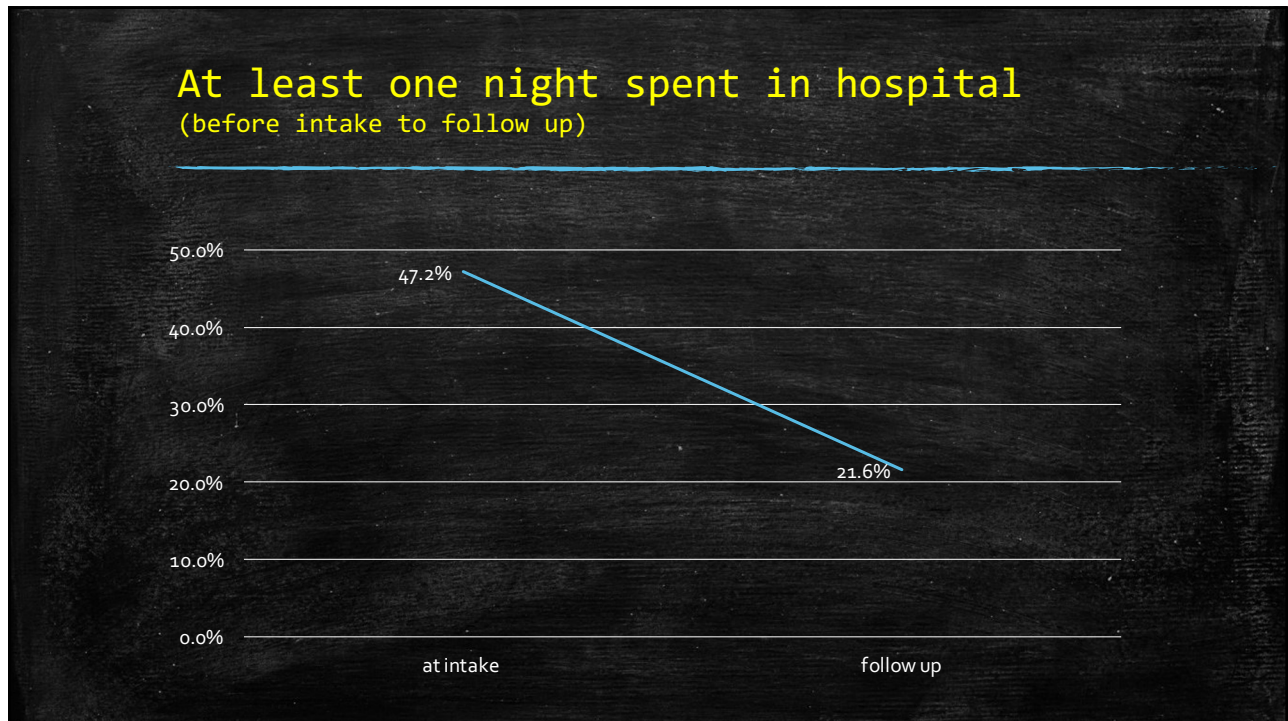
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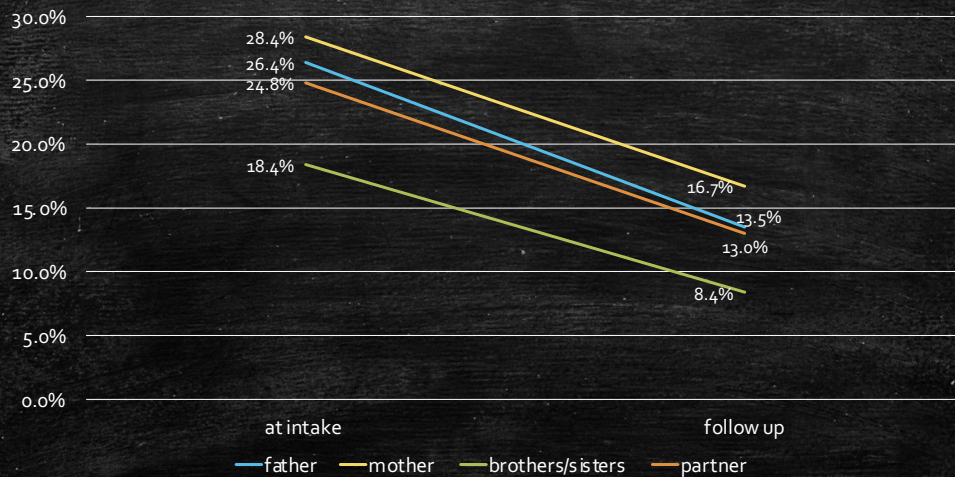


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## Changes in relationships with significant others (from intake to follow up)



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## A brief summary

- length of stay in treatment is confirmed again as a critical and important factor for treatment outcome
- abstinence rates increase as length of stay in treatment progressively increases
- outcomes' differences in between groups to almost all clusters of variables examined (such as demographic characteristics, chronicity and severity of substance use, illegal behavior, employments rates, and prosocial activation) are related to completion of suggested treatment plan
- more than 90 days of stay makes completion of the program more likely and is a predictor of significant improvement
- improvements on substance use is confirmed for any use as well as for 12 months use and recent use (past 30 days) before and after treatment.
- completion of treatment plan and stay longer than 90 days in treatment are significant factors to Substantial improvements on health, employment and legal issues for all groups

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## Perspective and next steps

- Based on the next research project phases plan further qualitative investigation is in process in order to discover how single factors weight to outcome for whom and why
- after the difficulties imposed by the pandemic, the cooperation with IBR-TCU is back to the pre-Covid-19 rhythm
- there are still two phases underway, the main one being the permanent prospective study plan
- obviously the follow-up of the analysis of the data presented is open for further data elaboration

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With many thanks for your attention and  
the invitation for any further contact

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