



**Improving Prison Conditions  
by Strengthening the Monitoring  
of HIV, HCV, TB and Harm Reduction**

**Mapping Report - Greece**



**PRAKSIS**

Report by PRAKSIS



# Improving Prison Conditions by Strengthening the Monitoring of HIV, HCV, TB and Harm Reduction

## Mapping Report Greece

A report by:  
**PRAKSIS – PROGRAMMES OF DEVELOPMENT,  
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# I. INTRODUCTION

## 1. Background and justification

The Human Immunodeficiency Virus (HIV), Tuberculosis (TB) and Hepatitis C (HCV) – are a major health concern in prisons, evidenced by the fact that prevalence rates tend to be substantially higher among prison populations than in the general population.

Prisons and other places of detention are high-risk environments for the transmission of these diseases. This is related to the over incarceration of vulnerable and disadvantaged groups who carry a disproportionately high burden of disease and ill-health; the criminalization of drug users and high levels of injecting drug use; overcrowded and substandard prison conditions; inadequate health care; and the denial of harm reduction services.

Several international, regional and national human rights mechanisms are in place to monitor and inspect prison conditions in order to prevent torture and ill-treatment – including the Subcommittee on the Prevention of Torture (SPT), under the Optional Protocol to the UN Convention against Torture (OPCAT), with National Preventive Mechanisms (NPMs), as well as within the Committee for the Prevention of Torture of the Council of Europe (CPT) and national bodies in a number of European countries.

United Nations human rights bodies and the European Court of Human Rights (ECtHR) are increasingly finding that issues relating to infections in detention can contribute to, or even constitute, conditions that meet the threshold of ill treatment of prisoners. It is therefore critically important for human rights-based monitoring mechanisms that have a mandate to prevent ill treatment to meaningfully examine issues relating to infections in places of detention.

## 2. About this report

This report forms part of the EU co-funded project “Improving Prison Conditions by Strengthening Infectious Disease Monitoring” implemented under the lead of Harm Reduction International in 2015 and 2016.

The project aims to reduce ill-treatment of persons in detention and improve prison conditions through improved and standardised monitoring and inspection mechanisms on HIV, HCV and TB.

The research component of the project includes a mapping the current situation relating to these diseases in prisons in seven European countries (Greece, Ireland, Italy, Latvia, Poland, Portugal and Spain) as well as a mapping of practices among monitoring mechanisms in target countries, with particular reference to infections in prisons.

The project also mapped existing regional and international public health and human rights standards relating to infections in prisons and developed a user-friendly tool, including a set of key indicators, to generate better informed, more consistent, and sustained monitoring of infections in prisons by national, regional and international human rights monitoring mechanisms.

More about the project and its products can be found on the Harm Reduction International website ([www.ihra.net](http://www.ihra.net)).

The current report, written by the NGO PRAKSIS, presents the mapping situation in Greece.

### 3. Methodology and methodological challenges

The report includes desk research, which focuses on text analysis and information gathered online (internet) and through printed publications. The information and data collected via the internet concerns data recorded and listed on the official websites or reports and articles of key stakeholders (public and non-public associations). More specifically, information and data was collected from websites of: different Ministries of Greece (such as the Ministry of Health and Ministry of Justice); national associations supervised by specific Ministries (such as the Organisation against Drugs OKANA, the 18ano and the Hellenic Centre for Disease Control & Prevention/ HCDCP); independent agencies (such as the Greek Ombudsman and the National Commissioner on Human Rights/ NCHR); other national, international and European agencies; and from reports of European institutions and public authorities in Greece.

However, during the course of the desk-based research, the authors found that available information was rather limited. Therefore, a second research component was added, leading the research team, in cooperation with the project coordinator, to hold a series of interviews with relevant key stakeholders in Greece. This was implemented via a semi-structured discussion interview guide. The discussion guide was designed in order to collect as much up-to-date and in-depth information as possible. The key actors interviewed were:

- Ministry of Justice (two interviews/ Department of Health);
- Hellenic Centre for Disease Control & Prevention (two interviews/ Office for HIV and Sexually Transmitted Diseases as well as Office for Psychosocial Support and Psychotherapeutic Interventions)/ supervised by the Ministry of Health;
- Prison Hospital of Korydallos, The Saint Pavlos (belongs and supervised by the Ministry of Justice);
- Organisation against Drugs OKANA (supervised by the Ministry of Health);
- Therapy Centre for Dependent Individuals KETHEA (supervised by the Ministry of Health);

- 18 ano/ Rehabilitation Unit Alcoholics - Addicts 18 OVER the Attica Psychiatric Hospital (supervised by the Ministry of Health);
- Positive Voice (national NGO);
- Centre of Life (national NGO);
- Faculty of Medicine/ National & Kapodistrian University of Athens (University);
- Médecins du Monde/ Greek Unit (international NGO);
- Médecins sans Frontiers/ Greek Unit (international NGO);
- Association for people under substitution OKANA (national NGO);
- Association for people under substitution OKANA – North Greece – Sisyphus (national NGO);
- Act Up (national NGO);
- Prometheus (national NGO).

Therefore, the current report is a result of desk research as well as some of the key findings from the interviews. A more in depth qualitative analysis will also be discussed at the final key stakeholders meeting in Greece. A key recommendation paper from the conclusions and results of both parts of the report will also be published and sent to the decision makers.



## II. NATIONAL CONTEXT

### 1. Overall political context

The history of modern Greece essentially begins in 1821, after the Greek revolution. The State went through several wars and Kings until 1974, when Greece became a member of the European Economic Community in order to promote political and economic stability.

On 25th of January 2015, national elections were conducted in Greece and SY.RI.ZA (a coalition of Radical Left Parties) became the first left parliament party in the state and undertook the governance of Greece. The political context of Greece has been rather problematic, characterised by a general lack of stability mainly due to the economic crisis and the subsequent austerity measures enacted from 2008-2015. The magnitude of the Greek financial crisis as well as the austerity measures have created a rather unstable environment at many different levels, and the already weak social welfare system completely collapsed.

At the moment, Greece is fighting to remain within the European Union and also faces a humanitarian crisis. Greece is one of the key countries that have been facing the refugee crisis which rose to global prominence in the latter half of 2015. According to the official data of the United Nations High Commissioner for Refugees/ UNHCR, from January until 8 November 2015, a total number of 647,581 people arrived in Greece. More than half of them (57%) have landed at Lesbos. So far in 2015, 3,460 lives have been lost on the Mediterranean.

Under these circumstances, Greece officially signed the 3rd Memorandum of Understanding with the European Commission, in the framework of the economic adjustment programmes. These measures and the changes that are still to be made (according to the 3rd Memorandum) have created a dramatic situation in Greece, increasing unemployment rates, minimising salaries and pensions, and generally creating a situation that cannot be seen as a structured developmental policy for Greece. As is true in similar contexts across the world those that are hurt the most are the socially vulnerable groups of society.

## 2. Economic context

The economic and financial crisis has influenced Greek citizens' income as can be seen in the following tables outlining the changes following modifications to pensions and the retirement age, reducing the minimum wage, while unemployment rates increase.

**Table 1: (EU) Deficit / surplus of the General Government as a percentage of GDP**

Countries/Year	2010	2011	2012	2013
EU 28	-6.5	-4.4	-3.9	-3.3
Greece	-10.9	-9.6	-8.9	-12.7

(Hellenic Statistical Authority/ Hellas in Numbers 2014)<sup>1</sup>

**Table 2: (EU) Gross debt of the General Government as a percentage of GDP**

Countries/Year	2010	2011	2012	2013
EU 28	79.9	82.4	85.2	87.1
Greece	148.3	170.3	157.2	175.1

(Hellenic Statistical Authority/ Hellas in Numbers 2014)

**Table 3: (EU) Unemployment rate**

Countries/Year	2010	2011	2012	2013
EU 28	9.6	9.6	10.4	10.8
Greece	12.6	17.7	24.3	27.3

(Hellenic Statistical Authority/ Hellas in Numbers 2014)

According to the data of the Hellenic Statistical Authority “The Greek Economy”, referring to the 2nd quarter of 2015, the unemployment rate for the total population (male and female) aged between 15 and 29 years in Greece was 23.5% among males, 30.4% among females.<sup>2</sup>

The economic crisis is clearly affecting all sectors of public life, including the provision of health and social services. Looking at the penal system more specifically, the State budget has undergone serious cuts, which have caused further gaps that cannot be immediately filled. The main problem observed is the failure to provide sufficient staff, which affects the overall operation of detention facilities.

There are organisations in Greece which, from 2009, could not hire new personnel to replace vacancies resulting from retirement. Other (non-state) organizations have also been affected by serious budget cuts surrounding penitentiary workers. Many organisations are likely to have stopped their interventions in prisons due to lack of resources. Additionally, within governmental institutions, staff numbers are reduced and one person often has to cover the responsibilities of three or more people.

The financial and economic crisis in Greece is ubiquitous, affecting private, public and institutional and especially social vulnerable groups. State funding and all other sectors influenced by funding procedures and flows are expected to continue to decline.

### 3. Health context

The Greek National Health System is a mixed system: a part of its funding comes from insurance contributions and the rest comes from taxes. There is also a large participation of the private sector in the provision as well as the financing of health services. The Greek National Health System was founded in 1983 with the basic goals of:

- a) Providing both health services and financing for health care;
- b) Developing primary health care;
- c) Decentralizing provided services; and
- d) Enhancing the organisation of health services.

The Ministry of Health is primarily responsible for the development of national health policies. The main resources are general taxation, social insurance and private expenditure. Private expenditure on health amounted to approximately 43% of total health care expenditure. Primary care is provided by hospitals, health centres and insurance providers. Hospital services and health centres funded from the state budget and their employees are paid a salary, while workers in pension funds are paid by the Fund itself.<sup>3</sup>

The main advantages of the National Health System are the equal provision and financing of the health service and the full coverage of the general population according to the law. However, there is a strong discussion on whether this is actually being implemented.

The main focus is on the health care provided in hospitals. There are some disadvantages to this approach, such as the high cost and the low development of primary health care, the limited freedom of choice between the doctor and the patients. Problems of geographic and economic inequalities, fragmentation and lack of coordination bodies and extensive patients' waiting lists are also problems. Finally, there is an unequal distribution of health professionals, since there are plenty of doctors and a lack of other health professionals.

Moreover, while Greece is facing an economic crisis, all its sectors, including those focusing on health and health services, are challenged by austerity measures, expenditure cuts, staff reductions. These cuts inevitably lead to a reduction in the quality and quantity of the provided health care. The sector that has been suffering the most in Greece is health.

When considering health care issues within the penal system, the situation is even worse.

There is only one prison provided with a prison hospital in Greece, the Prison Hospital of Korydallos, with the Saint Pavlos (prison hospital); in other prisons there are external doctors accessing prisons on specific days and at specific hours. However, in some prisons, such as Korydallos Judicial Prison, there are health care units with nurses on a rotation system and external doctors visiting.

The Saint Pavlos hospital at the moment works with four doctors (a pathologist, a surgeon and two microbiologists) on a regular basis as well as fourteen nurses. The remaining needs are serviced by freelancer doctors (a cardiologist, a dermatologist, a pneumonologist and a dentist), who visit the detention facilities on specific days and hours.

The requests of inmates are often difficult to cover with this system. Additionally, there is a lack of regular medical staff, especially doctors, available to treat prisoners. It is prescribed in the law that the Hospital in Korydallos should provide 3rd degree healthcare. Instead, 1st degree healthcare is provided and it operates like a clinic for chronic treatment. Currently, around 145-155 inmates are under hospitalisation in the Hospital of Korydallos and 45-50 people are hosted in the annex of hospital.

Despite the fact that the Saint Pavlos hospital should have been integrated into the Ministry of Health as a healthcare unit, the Presidential Order confirming this has not yet been published and the integration proceedings remain suspended. Its integration into the Ministry of Health is considered the best choice for the most effective organisation of the hospital. However, another popular opinion is to leave the hospital under the remit of the Ministry of Justice whilst following Ministry of Health guidelines. If these instructions are implemented, deficiencies in medicine and personnel will be rectified.

The organisation of inmates' medical examinations is also not very clear and there are no standard medical procedures. One option some doctors take is to provide specific examinations for each inmate. There is no robust data about the content of these examinations or the procedures followed. Another opinion claims that there should not be mandatory examinations, with examinations provided only at the request of the inmate. The control of transmittable diseases is under each doctor's initiative and the main concern is to protect the prison from an uncontrollable situation that could expand outside of the prison's facility.

Against the principle of equal levels of care in prisons and in the wider community, inmates have no direct access to health services. There are no mandatory procedures in place as proponents of this stance claim they are respecting the protection of sensitive data of inmates, for example health related data. However, according to the principle of equivalence, all inmates (from any prison) should be offered a health care examination and have the freedom of choice on whether to take it or not.

Limitations also apply to other areas, for example prisoners' access to Social Services and to meetings with family members. Detainees are not informed about their responsibilities and their rights when imprisoned. There have been cases where inmates were not aware of the details regarding the offense that had brought them to prison, especially foreigners. Free lawyers from the State, which should be provided by law, are also not always available.

## 4. Criminal Justice and prison context

### Relevant legal framework

The organisation of the Greek Penitentiary System is based on general principles, international conventions, laws and Presidential decrees as well as the legislative acts authorized by these bodies, using the effective Penitentiary Code as a legal basis for future changes.

The general principles governing this system are rules related to the execution of sentences and the rules for security measures against freedom. These rules are imposed by the competent tribunals, and are enacted to guarantee the fair treatment of prisoners in prisons. The unbreakable principles inherent in the application of the above rules constitute the need to treat prisoners equally and legally, the respect for prisoners' rights provided by law, and their legal protection. In the Penitentiary Code there is a description of all the organisations exercising the penitentiary policy such as: the Central Scientific Prison Council, the Central Council for Prisoners Transfer and the Council of every Prison.

This Code determines the different categories of prisons and prisoners. Categories include the living conditions in prison and during transfers, the application of programmes and the use of the prisoners' free time, their work, the beneficial calculation of days of sentence and their communication and involvement with the social environment.

The same Code also describes the alternate ways of serving sentences, the measures taken for the correct operation of the prisons, the procedure for transferring prisoners, the ways of terminating sentences, post-penitentiary care, the supervision of the Code's application and its enforcers.

The General Directorate for Penitentiary Policy within the Ministry, and the departments under it, monitor the organisation and operation of the penitentiary system.

These departments are:

- a) Direction of Crime Prevention and Penal Training of Juveniles;
- b) Direction of Penitentiary Training of Adults;
- c) Direction of Operation of Special Therapeutic Establishments;

- d) Direction of Inspection of Prisons and Special Juvenile Detention Establishments; and
- e) Direction of External Guarding of Prisons and other Establishments.<sup>4</sup>

### Prison System

There are five types of prisons in Greece:

1. Rural Prisons in Agia, Cassandra, Tirintha
2. Correctional Centre for Juveniles in Avlona, Volos, Kassaveteias
3. Therapeutic Centres - Psychiatric Prison in Korydallos, Hospital Prison in Korydallos, Rehabilitation Centre of Elaiona Thieves
4. Closed Prisons - Central Prison of Korydallos, Closed for women in Patra, Chalkida, Alikarnassos, Trikala, Detention Centre of Malandrino
5. Judicial Prisons - Korydallos, Ioannina, Komotini, Korintho, Thessaloniki, Larissa, Nafplio, Neapoli, Tripoli, Chania, Chios, Ko, and Amfissa.

According to the Minister of Justice, the number of inmates from 2003-2015 were:  
(See Table 4)

Table 4: General Statistical Table: Number of prisoners - Type of sentence on the 1st January each year (2003-2015)

	1/1/2003	1/1/2004	1/1/2005	1/1/2006	1/1/2007	1/1/2008	1/1/2009	1/1/2010	1/1/2011	1/1/2012	1/1/2013	1/1/2014	1/1/2015
Total prison population (including pre-trial detainees)	8418	8726	8722	9964	10370	11645	11736	11364	12349	12479	12475	12693	11798
Remand prisoners	2084	2570	2481	3104	3065	3045	3218	3541	4050	4254	4325	2861	2470
Foreign prisoners	3858	3708	3704	4281	4695	5622	6078	6307	7210	7887	7875	7623	6882
Female prisoners	394	506	594	592	582	559	695	554	577	562	557	648	572
Juvenile prisoners (minors and young offenders)	449	543	445	420	376	446	520	510	568	587	600	452	358
Number of prisoners for drug related offences (including pre-trial detainees)	3386	3562	3465	4346	4640	4912	4937	4345	4303	4136	4267	3384	2872
Death sentence (officially abolished in 1994)	2	1	1	1	0	0	0	0	0	0	0	0	0
Prisoners serving life sentence	599	618	594	654	715	776	742	823	807	977	1025	1041	982
<b>Prisoners serving sentence from 5 to 20 years</b>													
from 5 to 10 years	1767	1642	1552	2000	2300	2720	2737	2594	2385	2511	2535	3557	2887
from 10 to 15 years	1214	1139	1220	1171	1333	1549	1671	1564	1584	1665	1728	1979	1827
above 15 years	944	898	989	1003	1041	1108	1109	1090	1173	3100	3200	2055	2244
<b>Prisoners serving sentence from 10 days to 5 years</b>													
up to 6 months	211	249	359	223	125	316	182	260	261	290	282	75	66
from 6 months to 1 year	271	313	300	287	257	301	254	229	222	252	248	116	126
from 1 to 2 years	270	303	300	355	306	453	309	288	253	260	271	206	178
from 2 to 5 years	842	854	839	1063	1102	1303	1310	765	701	727	835	540	446
Prisoners for dept	17	30	27	24	23	4	66	43	29	36	47	27	23
Remaining prisoners for deportation	122	66	40	35	63	44	92	116	237	121		236	549

Looking at the specific case of Korydallos Judicial Prison, for example, data provided by the Sociologist of the prison, Dr. Aloskofis, reported an overall number of 6,228 detainees inside the correctional institution on 13 January 2015. In 2014, Korydallos detained 6,228 male inmates, 4,212 (67.63%) of which were not Greek citizens. On 13 January 2015, 1,894 male detainees stated that they came from a different country and possessed one of 8 different citizenships. The majority of inmates were from Greece and Cyprus (34.5%), 25.9% from Balkan countries, 13.9% from Middle East, 14.7% from Asia, 4% from Africa, 0.8% from West Europe, North America and Australia, 0.5% from Latin America and 5.8% from the former Soviet Union of Socialist Republics and East Europe.<sup>5</sup>

The average age of the inmates during the same period was 36.25 years, while the minimum age was 21 and the maximum was 78. Out of the 1,894 foreign inmates that were detained in Korydallos prison on 13 January 2015, 766 were in custody, 1,114 were convicted and 14 were being held for debts.

Furthermore, 6.2% of the detainees were accused of crimes against life/personal freedom and physical harm, 18.9% for robberies, 16.7% for stealing, 31.4% for violations related to drugs, 5.3% for economic crimes, 1.4% for crimes against sexual freedom, 9.2% for constitution in a criminal organisation/gang, 1.3% for working with a terrorist organisation/explosives and 9.7% for other crimes.

The above is the only information that available for inmates from the Ministry of Justice. Apart from this in-depth report for the Korydallos prison, there were no other corresponding data for the other detention facilities. An important information emerged from interviews is that the Ministry of Justice is working on creating an electronic database, which will contain focused data for each inmate, including their medical history. All the detention facilities and the Ministry of Justice will have access to this database, in order to ensure immediately accessible information on the condition of each inmate throughout his or her imprisonment. This is a difficult process as there are issues to be protected, i.e. sensitive personal data etc.

While conducting interviews, a different opinion regarding an additional electronic database emerged, related to the creation of an electronic database that will exclusively contain data about the drug use problems of inmates. An independent committee from the Ministry of Justice will have access to and be responsible for the direct distribution of necessary information. It was pointed out that the absence of an organised recording system for inmates is a substantial impediment to the quality of life inside prison as well as upon release.

The organisations that are active in prisons keep specific data concerning their services and the population of inmates that they serve in order to provide a more complete picture of the situation in these prisons.



That data is not published, but as a result of the interviews, the following numbers emerged:

1. The Centre of Life provided 300 HIV-positive inmates with consultative services from 1996 until 2009.
2. From April 2014 to 2015, the organisation 'Positive Voice' served 400 HIV-positive inmates; providing advisory services, yoga lessons and financial support for specific needs, such as official documents.
3. The Organisation against Drugs integrated 40 dependant inmates in each of its two substitution programmes, and the Therapy Centre for Dependent Individuals currently serves 2,000 inmates.
4. PRAKSIS had 97 beneficiaries from April 2013 to June 2015, via intervention at the Prison Hospital of Korydallos and Saint Pavlos for HIV-positive inmates, who had group and one to one sessions (providing social and legal support).

### Drug policy

Greece first attempted to criminalise the possession of drugs in 1919 with Law No. 1681/19 and again in 1987 with Law No. 1729/87 which underwent many modifications afterwards, leading to what is known today as the 4139/13 "Drug Law". The main philosophy of the 4139/13 law is that people having problems with drug use should not be treated as a criminal, but as a "patient".<sup>6</sup>

The duration of a person's sentence varies depending on the drug's quantity and whether he/she kept it for personal use or made it available to others with or without profit.

The law foresees (articles 121-132 of the Penal Code) a special treatment for young offenders. In many cases, juvenile offenders that have been dependent and criminally responsible for minor offences may avoid punishment and might be subjected to be monitored in a special treatment programme.<sup>7,8</sup>

With reference to regulations related to the possession of drugs, according to Article 29 of the law:

1. Anyone that uses individually or in any manner procures or holds drugs in quantities justified only for personal use or cultivates cannabis plants in a number or extent justified only for individual use, might be accused with imprisonment of up to five months. The sentence of somebody that fulfils the above criteria is exclusively made with the consideration of the type of drug, its quantity and purity, the frequency of usage, the time of usage, the daily dose and its relation to the user's needs, in particular.
2. Also, the perpetrator of acts such in the preceding paragraph might not be punished if, the Court considering the circumstances has concluded that due to offender's personality, the offence was totally casual and is not likely to happen again.

3. Sentences of paragraph 1 of this article shall not be included in copies of criminal records.
4. Imprisonment for up to two years for anyone who draws up fake prescriptions or distorts or uses fake drug prescriptions for the purpose of recreational use or abuse of said drugs.

According to Law 2734/1999, sex work is legal and defined as “people that provide sexual services and are paid for it,” the person who exercises sex work should fulfil specific criteria such as: to hold a certificate for the services that they provide, should be at least 18 years old, should be unmarried or divorced or separated, should not be suffering from any transmitted disease, should not suffer from any psychiatric illness, should not use drugs, or be convicted of a premeditated murder, child seduction, extortion, among others.<sup>9</sup>

Sex workers should also be medically examined every 15 days by law. Criminal penalties for sex workers are issued when someone “works” without a certificate or has not submitted to the essential regular medical examinations. Also, a person that “works” and knows that he/she suffers from a sexually transmitted disease will be prosecuted.<sup>10</sup>

### Drug treatment instead of punishment

Articles 30-35 of the Drug Law show that the law is lenient upon drug users who are dependent on drugs, but make it essential for them to participate in a relevant treatment programme.

In accordance with the article 31, if a person has committed an offense in order to ensure substance abuse:

- a) If he/she wishes to follow a detoxification programme or treatment, a judge with the consent of the public prosecutor may appoint the introduction into an approved rehabilitation programme instead of detention.
- b) In the case of pre-trial detention enforcement where the accused stated that s/he wishes to attend drug rehabilitation programme, there is a programme of physical detoxification that lasts three weeks. Upon completion of this phase, a Special Committee appointed by the Minister of Justice, which keeps track of the accused and sets it as a reduction in the calculation of a penalty.
- c) There are cases of suspension of the arrest warrant where the person who has committed the offence participates in an approved advisory or statutory therapeutic physical rehab programme with or without surrogates and physical and mental rehabilitation.

In article 32, there is the case of suspension of a sentence or imprisonment for people who already participate in some therapeutic programme outside detention facilities.

In accordance with article 33, the suspension is conditional on the continuation of monitoring and integration of rehabilitation programme and withdrawn in case of violation of these terms.

According to article 34 and 35, any accused, who had registered before his or her integration in a therapeutic programme, gets suspended for a certain period of time. That period may be less than three years up to a maximum of six years. This suspension is revoked only if he/she did not follow the terms of the decision. Anyone who has been accused of such crimes and judged as a dependent person can be introduced into a therapeutic programme by law programme. This means that any person, who wishes, can undergo a rehabilitation programme that lasts three weeks. After successful completion of this phase, the Special Committee may order the monitoring of the programme of counselling and special psychological rehabilitation. For the detainee who is attending therapeutic programme, there is no transport to another detention, if it is not ordering on grounds relating to the normal operation of the detention facility.

For juvenile offenders, who are held responsible for acts referred to in articles 20, 21, 22, 24, 25 and for acts provided for by article 32, insofar as they have been addicted to drugs, the juvenile rehabilitation monitoring programme may be applied instead of a sentence. In article 51 of this law, treatment agencies are defined and approved within the penal system. Recognized organizations or bodies for the implementation of the above actions are as follows:

1. Organisation against Drugs – OKANA;
2. Therapy Centre for dependent individual - KETHEA);
3. Psychiatric Hospital of Korydallos prison;
4. Psychiatric Hospital of Thessaloniki.

Article 59 is supported with a presidential decree issued on a proposal from the Ministers of Health, Finance, Administrative Reform and E-Governance and Justice, Transparency and Human Rights. It states that therapeutic detention facilities or prisons departments for physical or psychological rehabilitation of prisoners can be created and workplaces can be potentially made available to inmates.

According to law 4322/2015, any inmate who wishes to attend a rehabilitation programme has the ability to apply for his release and can be facilitated in their integration to this programme. This is a drastic measure in improving the treatment of dependent prisoners.

Despite the positive effect of the law 4322/2015, there is a significant concern about how ready the public and civil society sector are to further support the people who are released. With the rate of current dismissals, there are not enough services or enough infrastructure to cover the needs of drug dependent people. For people who are either HIV positive or have other serious health issues, the situation is even more complicated. There are not enough places to accommodate people with HIV

and the situation is worse when this condition is combined with substance abuse or psychological problems.

Organisations who work with people with HIV such as Positive Voice and the Office for Psychosocial Support and Psychotherapeutic Interventions of Hellenic Centre for Disease Control & Prevention and EPANODOS (after care support) are able to cover, to some extent, the accommodation cost for the first period after release. Only EPANODOS and NGOs are providing support, and without a structured after-care system for released prisoners, this is not enough. There is no predetermined procedure to ensure that each inmate inside prison will be informed about the options upon exit from prison.

As a result, from the interviews, most organisations are in agreement with the essential role of continuity of care, but the absence of an assigned institution to lead all the interventions in and out of prison causes great problems. There are no procedures established according to law, so there are organisations, for example from the public sector, which hesitate to cooperate with NGOs as there is no clear legal infrastructure for working together. However, in the field it is clear that the support is being accomplished via informal cooperation from the different systems, public and non-public, especially for the support and follow-up care of the ex-prisoners.

### III. HIV, HCV AND TB IN PRISONS

#### 1. Legal and policy context

The National Action Plan for Public Health is one of the most important efforts in the history of the health sector in Greece. It has allowed for the construction of a comprehensive and effective strategy for the provision of health care services. The main goal of the Action Plan is to put an emphasis on the society's health needs by preventing the spread of contagious diseases and improving the quality of every citizen's life.<sup>11</sup>

Based on official data, a decreasing trend of infectious diseases is observed recently, although, they remain a serious issue for society. Tuberculosis is still the main infectious disease causing the majority of deaths globally. In 2004 in Greece, 774 new tuberculosis cases were declared, an annual impact of 7 in 100,000. In 2003-2004, according to the data, a small increase occurred, but in 2005 there was an increase of up to 25%.<sup>12</sup>

Greece is classified as a median European country regarding the frequency of HIV-positive individuals (6 individuals per million).<sup>13</sup> There are an estimated 300,000 people positive for Hepatitis B, while recent research indicates that Hepatitis B infections are 1.2 % of the overall population. The amount of Hepatitis C infection is up to 1.9%, i.e. almost 200,000 people have been infected by the virus.<sup>14</sup>

National Action Plans have been approved in recent years on drugs and infections including:

- The National Action Plan for Drugs 2008-2012;
- The National Action Plan for Infectious Diseases 2008-2012;
- The National Action Plan for Tuberculosis 2008-2012; and
- The National Action Plan for HIV/AIDS 2008-2012.

Although the National Action Plan for Hepatitis has been voted on, it has not been implemented. The National Action Plan for Drugs has been approved and performed in specific rehabilitation programmes for inmates. The National Action Plan for Infectious Diseases is divided into three pillars: prevention, screening and effective monitoring. The main aim of the latter Plan is to develop a constant and viable strategy for the prevention of infectious diseases.

The goals of the programme for Tuberculosis are:

- a) To be applied throughout the territory of Greece;
- b) To be a part of the National Health System; and
- c) To provide organized services.

The National Action Plan applies to members from all cooperative organizations. This means that the National Moderator Commission would cooperate closely with all involved partners. The Hellenic Control Disease C Prevention and the National Council for Public Health and would answer to General Secretary for Public Health and Social Solidarity for the monitoring of the Plan's progress. The control and evaluation of the National Action Plan should be based on impartial and scientific keys and data, which were created by Hellenic Centre for Disease Control & Prevention.

The National Action Plan for HIV/ AIDS 2008-2012 includes the activation of specific strategies for drug users, setting measures to prevent HIV infections inside prisons. According to the harm reduction strategies, the aim through this plan is to maintain the decrease of HIV cases and, with reference to people in prison, also maintain the reduction of Hepatitis B and C implications.

Another goal is to strengthen the harm reduction strategies through syringe exchange, safer use, information and outreach. The responsible institutions, which are to implement these actions are: The National Centre of Documentation and survey for drugs, the National centre for drug treatment, Therapeutic Centre for drug dependent "18+", the Hellenic Centre for Disease Control & Prevention, NGOs, organizations and drug dependents' representatives, ex-drug dependents or their families.<sup>15</sup>

Action 10 of the National Action Plan for HIV/ AIDS 2008-2012 describes the activation of measures for harm reduction in prisons. Specific objectives were set for the inmates such as prevention, support and counselling services for infectious diseases (HIV/ AIDS, tuberculosis, hepatitis B and C). Practices included are:

- Creation of appropriate structures for sexual intercourse for inmates, in order to protect their privacy;
- Provision of syringes inside the prison, as a first crucial measure;
- Vaccination for hepatitis B;
- Testing of the inmates, in cases deemed necessary by the prison doctor, for hepatitis C inside the prisons and referral of the infected individuals to appropriate programmes and medication;
- Specific legislation for the implementation of therapeutic programmes inside prisons and making administrative authorities more sensitive about the creation and operation of these and similar programmes in prisons;
- Training of medical and custodial staff in prisons in order to be able to support dependant inmates for the prevention of infectious diseases in prisons;
- Creation and implementation of informative programmes, health education and efforts for the drug dependent in prison to change their attitude after the information process.

The Ministry of Justice, the Hellenic Centre for Disease Control & Prevention, KETHEA, 18+, NGOs, Supportive Associations, the Universities and Technological Education

Institutes AEI and TEI are the responsible bodies for the implementation and monitoring of it.

According to the Plan's timetable, between 2008 and 2010, the law was passed and organised, while in 2009-2010 vaccinations for Hepatitis B took place. In 2009-2011, the educational programmes were initiated.

There were multiple benefits of this Action Plan. This was an important effort for eliminating barriers to prevention programmes, intervention and treatment of prisoners. It also served to reduce the spread of Tuberculosis, Hepatitis B and HIV/AIDS and finally control the psychiatric impact of deprivation of liberty.<sup>16</sup>

Action 6 of the National Action Plan for Drugs 2008-2012 provides for the development of counselling and rehabilitation programmes in the penal system and connection of dependant individuals with rehabilitation centres after their release from prison. The main goals of this Action were to:

- a) Create therapeutic programmes within the penal system in order to ensure full term care and treatment programmes;
- b) Improve substitution programmes in prisons in order for each of the detainees to access rehabilitation treatment or to continue the rehabilitation procedure that he/she followed before imprisonment;
- c) Increase the counselling services and mental rehabilitation services;
- d) Enhance the services and the quality of the programmes that already exist inside the prisons; and
- e) Support drug users throughout their rehabilitation and deter them from developing inappropriate and dangerous attitudes.

The Ministry of Justice, the Ministry of Health and Social Solidarity, KETHEA, the National System of Health and EKAE are the participating partners for the implementation of the above activities. The National Action Plan for Drugs 2008-2012 could be run only under specific circumstances, such as:

- Hiring employees and implementation of innovative programmes such as 'Eleona of Thebes;
- Designing and operating programmes for inmates' mental rehabilitation in the Judicial Prison in Korydallos;
- Enhancing the counselling programme in Mens' Prison in Korydallos and in other penalty departments;
- Running substitution programmes in the prisons of Elaionas, Trikala and Cassandra;
- Upgrading the programme of mental rehabilitation in the Women's Prison in Korydallos;
- Starting a rehabilitation programme in Trikala Prison;

- Intensifying counselling programmes in Prisons of Kassandra, Diabata, Kassaveteia, in Judicial Prison in Larisa and in Juvenile Prisons;
- Intensifying counselling programmes in Prisons in Komotini and Patra;
- Creating programmes for mental rehabilitation for juveniles in Avlona Prison;
- Releasing Ministerial Rules for the operation of counselling and rehabilitation programmes

Additionally, the Ministry of Health removed the sanitary ordinance 39A about “limiting of the spread of infectious diseases,” a provision that, in 2012, had led to the arrest of sex workers who were HIV positive, injecting drug users and victims of trafficking. They underwent mandatory HIV testing, detention and ultimately constant castigation by publishing photographs and personal details. The fact that their medical records were published in order to establish an accusation against them hailed a variety of responses.<sup>17</sup>

Four organizations working with HIV; PRAKSIS, Positive Voice, Centre for Life and Act Up, sued the doctor from the Hellenic Centre for Disease Control & Prevention, the police officer and the people in charge (the Board of Directors). The women have been supported and there have also been cases brought to the Supreme Court of Human Rights, but these cases are still being discussed. The current government condemned the specific legislation and processes.

It is important to note that this event was a complete violation of human rights and sensitive personal data.

In general, all these Action Plans have not been implemented. For specific activities that took place, there was no actual evaluation process in order to redesign and proceed with necessary changes. Budgetary and political implications have been two of the key reasons for this.

## 2. Data on HIV, HCV and TB and analysis of data

The Hellenic Centre for Disease Control and Prevention is the main epidemiological centre in Greece that monitors the existing situation regarding infectious diseases, such as HIV/AIDS, HBV, HCV, TB, etc. The Hellenic Centre for Disease Control & Prevention is responsible for informing and raising the public’s awareness, putting together a national strategic plan for the prevention of infections, and for their epidemiological supervision. This is organised through a compulsory notification system, observing all cases in 1st grade health care, laboratory supervision and intervention in places of health care.

A report for HIV/AIDS is published on an annual basis, based on case reports submitted to the Hellenic Centre for Disease Control & Prevention. The epidemiology of HIV infection and AIDS is presented by identifying trends in sex, age group and ethnicity and exposure categories. This process is the same for cases of infections recorded



in prison. The reason for this is to ensure that inmates remain followed by special infection units, even after release, so that treatment and rehabilitation can be continued without interruption.<sup>18</sup>

Furthermore, each HIV positive inmate is immediately transferred to the Prison Hospital of Korydallos, the Saint Pavlos, and receives the appropriate medication through the intervention of the Office for HIV and Sexually Transmitted Diseases (STDs) of the Hellenic Centre for Disease Control and Prevention. The cost of the medication for HIV treatment is covered by the Ministry of Health. Therefore, although the hospital is under the responsibility of the Ministry of Justice, the medication and care is being provided through a cooperation between the Hellenic Centre for Disease Control and Prevention and the hospital.

The Hellenic Centre for Disease Control and Prevention is in the process of creating a specific sub-category in their mapping, looking at HIV positive inmates, including the date of imprisonment and release.

From 1981 until October 2014, The Centre recorded 14,288 HIV positive cases, the majority concerning men (82%). In 2013, the reported number of HIV diagnoses remained high (239 cases) but there was an important decrease and in 2014 (until October) when the reported cases decreased to 84. With reference to AIDS cases, 3,638 individuals have been diagnosed with AIDS. Men having sex with men represented the highest proportion of them. Around 6,850 HIV positive cases received antiretroviral therapy. In total, 2,471 people died by October 2014.

The data below includes cases involving prisoners:<sup>19,20</sup>

**Table 5: HIV infections\* by gender in Greece reported between 1/1/2014 - 31/12/2014**

Gender	HIV (N)	AIDS (N)	Total (N)
Male	642	54	696
Female	90	16	106
Total	732	70	802

(Ministry of Health-HIV/AIDS Surveillance in Greece. Data reported through 31 /12/2014)

**Table 6: HIV infections\* by transmission group and gender in Greece reported between 1/1/2014 - 31/12/2014**

Transmission group	Males (N)	Males (%)	Females (N)	Females (%)	Total (N)	Total (%)
Men who have sex with men (MSM)	354	50.9%	0	-	354	44.1%
Injecting Drug Users (IDUs)	90	12.9%	16	15.1%	106	13.2%
Heterosexuals	79	11.4%	60	56.6%	139	17.4%

(Ministry of Health-HIV/AIDS Surveillance in Greece. Data reported through 31/12/2014)

**Table 7: HIV infections by transmission group and gender in Greece reported by 31/12/2014**

Transmission group	Males (N)	Males (%)	Females (N)	Females (%)	Total (N)	Total (%)
Men who have sex with men (MSM)	6674	56.1%	-	-	6674	46.2%
Injecting Drug Users (IDUs)	1,287	10.8%	266	10.7%	1,553	10.8%
Heterosexuals	1,422	12%	16,52	66.3%	3,079	21.3%

(Ministry of Health-HIV/AIDS Surveillance in Greece. Data reported through 31/12/2014)

### Epidemiology of HBV/HCV

According to European data on Hepatitis B and C surveillance in 2012, the total number of reported HBV cases in Greece, was 87 in 2006, 82 in 2007, 80 in 2008, 52 in 2009, 35 in 2010, 38 in 2011 and 50 in 2012. The majority of those were acute cases.

According to the same report, HCV cases over the same years saw a decrease. More specifically, in 2006 there were 29 cases, in 2007, 20, in 2008, 18, in 2009, 10, and in 2010, 11, 18 in 2011 and 43 in 2012.

Since 2010, all cases of HCV remained unknown due to lack of information, while in 2011, 11 incidents - and 12 the next year - were recorded as acute.

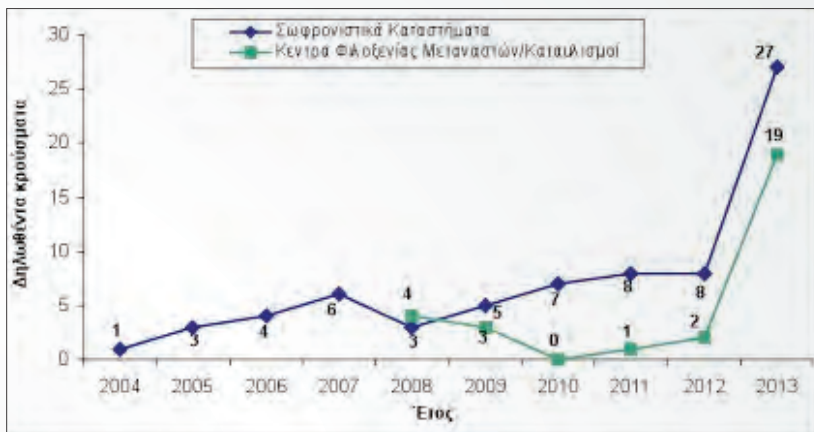
All data mentioned above are the overall numbers for Greece, including some cases occurring in prisons. Based on our research, there is no breakdown of the numbers (to which the team have been able to access), which would allow specifying or quantifying the prevalence of the cases related to the Greek prisons.

### Epidemiology of Tuberculosis (TB)

In ten European countries, the oldest age group (65+ years) includes more than 25% of the new TB cases: Greece (30.4%), Slovakia (26.9%), Poland (25.8%), and Germany (25.2%). The average percentage of new TB patients under 15 years in the region is around 5%. In eleven countries children under the age of five accounted for more than half of the cases detected among children: in Greece this is 63.9%. Males were over-represented in all EU/EEA Member States but Iceland, and at least twice as frequently reported as females by Greece, Latvia, Lithuania, Malta and Poland.

In Greece, the male ratio among TB cases was greater than two (2.4:1). The oldest age group (65+ years) contained more than 25% of the new TB cases (30.4%). It is worth mentioning that the children under five accounted for more than half of the cases detected among children (63.9%).

Available data on the reported incidents of Tuberculosis in Greek prisons as well as detention centres are indicated in the chart below.<sup>21</sup>

**Table 8: Reported cases of TB in detention facilities from 2004 to 2013**

(Source: <http://www2.keelpno.gr/blog/?p=5056>)

The blue line represents the reported cases of TB in detention facilities, and the green line shows the equivalent cases at detention (or welcome) centres for immigrants. As illustrated in the chart, the increase of reported cases of TB in detention facilities in 2013 was significant (8 reported cases in 2012 and 27 in 2013).

However, actual figures are likely to be higher as there is no institutionalised process in place to document and monitor the occurrence and treatment of TB in prisons (from the beginning throughout the course of detention).

### The 2011 HIV epidemic among intravenous drug users in Greece

At the end of May 2011, the recorded data from several hospitals, centres of reference and infection units, revealed an increase of HIV infections among intravenous drug users (IDUs). More specifically, the first ten months of 2012 disclosed a notable change, for example in the number of incidents related to infections among IDUs and not to men who have sex with men

The causes of this outbreak were clearly linked to the insufficient distribution of new syringes among drug users and the inadequate substitution programmes with the extensive waiting lists.<sup>22</sup> The Ministry of Health then developed an Action Plan addressing the HIV / AIDS epidemic in injecting drug users in central Athens and throughout Greece.

The target group was defined taking into consideration all the vulnerable groups, including:

- Sex workers;

- Pregnant drug users;
- Men who have sex with men;
- Immigrants with or without legal documents.

Thanks to these developments, greater consideration is now given to IDUs' needs. New actions started to be taken by national agencies and NGOs and street outreach programmes were introduced.

These actions started in February of 2012. According to ECDC's conclusions of a report conducted in 2011, 120,000 syringes were distributed while in 2012, the number reached 400,000, of which each drug users used an average of 144 syringes annually.

In the meantime, an effort was taking place by European partners such as ECDC, EMCDDA, WHO-EUROPE, among others, inside the Greek prisons.<sup>23</sup> Moreover, the Greek Department of Justice gave adequate funds for the IDU prisoners to be informed of options for accessing the substitution programmes inside and out of the prisons.<sup>24</sup>

### **Epidemiological data from dedicated research on infections in prisons**

The first research on infectious diseases in Greek prisons conducted in the country (1991) intended to investigate the prevalence of HIV infection among intravenous drug users in Greek prisons. A sample of 893 inmates that were admitted in prisons between 1986 until 1989 was studied. After the necessary screening and counselling, the inmates that finally agreed to participate were the 98% of the initial sample.<sup>25</sup>

1,102 non-prisoner intravenous drug users also took part in the research. The prevalence of HIV infection remained very low in both groups. It is worth mentioning that the researchers justified this slight difference to the occasional practice of sharing the same injection equipment and the need for further studies.<sup>26</sup>

Another research project followed in 1998 and was conducted to investigate the risk behaviours in Greek prisons and how they are associated with blood borne viruses. Also in 1998, a survey was carried out to examine the prevalence of patterns and genotypes of GB virus C/hepatitis G virus among imprisoned intravenous drug users.<sup>27</sup>

In 1999, the focus was on the provided general practice among the Greek penitentiary institutions; through screening and vaccinating high-risk groups against hepatitis so as to determine the prevalence of hepatitis markers in inmates and staff of the Penitentiary of Neapolis in Crete. The role of the General Practitioners through the services they provided was also discussed.<sup>28</sup>

In 2000, a national cross-sectional study was carried out in ten Greek prisons with the aim of examining the HIV risk behaviour among injecting drug users. The sample consisted of 1,000 men who participated voluntarily. After the examination of the 861 questionnaires that were finally completed, what emerged was that from those who

had injected while they were imprisoned, 145 (83%) had shared their equipment.<sup>29</sup>

The most recent study was conducted in 2013 and investigated the adherence to antiretroviral therapy among HIV-infected inmates in Greek prisons. The sample consisted of 93 HIV seropositive prisoners. Up to 56% of these patients had poor adherence to their antiretroviral therapy. A similar rate of adherence was detected in prisoners after release. According to the research results, the identified low antiretroviral adherence was due to their inconsistent behaviour while they were taking their treatment. In addition, prisoners with poor adherence to antiretroviral therapy had higher HIV-related morbidity and mortality.<sup>30</sup>

### 3. Drug treatment and harm reduction services in prison

#### Special Therapeutic Departments

Special therapeutic departments exist in Greece, such as the psychiatric hospital of Korydallos, the Prison Hospital of Korydallos, the Saint Pavlos. The Correctional institution in Thebes and the second rehabilitation centre in Cassandra are available for drug-dependent inmates.

In 1999, the Gazette (sheet No.112) announced the establishment of two drug dependence treatment prison centres. The first was near Thebes, the second was located at Cassandra.

The staff of the first centre in Thebes, beyond the operational departments, provided ten positions for psychologists. This number increased over time. This Centre has the ability to accommodate 250 drug dependent prisoners. The second centre is nearing completion on the site of the rural Prison Cassandra by Themis Constructions s.a Once completed it will have the capacity to house 360 prisoners with drugs problems.<sup>31</sup>

The first prisoners started to be moved to the K.A.T.K. of Thebes in September 2014. The selection was based on specific criteria provided by the No. 137 061/2.8.28 decision of Ministry of Justice and Health - Welfare (GG 1154 / 02t.V), that regulates in detail the new Therapeutic Programme.

More specifically, the participants should:

- a) Be over 17 years old;
- b) Be sentenced with a custodial sentence of less than 12 years;
- c) Have served the 1/5 of their sentence, if it exceeds one year;
- d) Have shown a good behaviour inside jail;
- e) Have been using psychotropic drugs and that should have been proven by the court or a prior expertise;
- f) Not be in custody;

- g) Not suffer from mental illnesses, which makes it impossible to participate in the treatment programme; and
- h) Be foreigners who understand the Greek language well.

The Rehabilitation Centre has a therapeutic staff composed of: medical specialists (including psychiatrists), psychologists, sociologists and Health and Welfare Social Work specialists. The Head of this Therapeutic Group is the medical specialist, one of the Psychiatrists.

The programme of the Rehabilitation Centre is voluntary, multi-phase and lasts almost two years. Its aims are to physically and mentally rehabilitate dependent prisoners, encourage them to abstain from delinquencies, educate and train them, prevent relapse and facilitate their integration into the community.

The first phase of the programme lasts two months and includes a preparatory phase before entering to the programme which takes place at detainees' local detention facilities. The second phase takes place at Thebes and lasts at least four months. The third phase lasts at least eight months. It is characterized as a mental rehabilitation phase and is conducted at Thebes as well. The fourth and final phase duration is at least 12 months, and is concerned with the socialisation of the patient.<sup>32</sup>

### Special Therapeutic Detention Department at Trikala

On 4 July 2007<sup>33</sup>, the Detention department at Trikala (type B) was transformed into a therapeutic department for prisoners with drug abuse problems. This special Department applies a drug-free therapeutic Mental Rehabilitation programme without any psychoactive substances, under the supervision of KETHEA. The participation in the programme is voluntary. The participants are informed upfront about the whole programme and it is necessary specific criteria to be met, such as (the participants):

- a) Should be over 21 years old;
- b) Should not be sentenced to life imprisonment;
- c) Should have served at least six months;
- d) Should have demonstrated a good behaviour in prison;
- e) Should be users of psychoactive substances; and
- f) Should have completed the prison monitoring Advisory Support Programme of KETHEA.<sup>34</sup>

The centre's therapeutic staff is defined by KETHEA and is composed of a psychologist, a psychiatrist, a social worker, a sociologist, a former graduate of the programme of a recognised treatment programme, a teacher, a researcher, etc. The Centre operates on a daily basis (Monday to Friday), eight hours per day and participation is mandatory.

The programme includes individual and group therapeutic and educational activities, which are designed based on the members' needs. The therapeutic planning and

therapeutic intervention escalates and is individualized, depending on the case.

The Therapeutic Team defines the needed time for a patient to complete the programme, and cannot be less than twelve months and not more than twenty-four months.<sup>35</sup>

For the smooth operation of this Therapeutic Mental Rehabilitation Programme, a committee is set up, consisting of the penitentiary's prosecutor, a member of social services, the Head of the multi-phase treatment programme of KETHEA, among others. The Committee meets at least once a month and the responsibilities of the Committee are to:

1. Approve the selection of prisoners so as to join the rehabilitation programme;
2. Validate the daily programme, established by the Interdisciplinary Team;
3. Ensure the smooth operation of the programme within the penitentiary;
4. To recommend the evaluation of the Therapeutic Rehabilitation programme.

### NGO's drug related interventions in prisons

#### Therapy Centre - KETHEA

KETHEA, is a Greek, nation-wide network of drug treatment, rehabilitation and social re-integration service. It has been supporting drug users and their families since the foundation of ITHAKI (1983), the first Greek therapeutic community. KETHEA offers its services within the community, prison and residential settings, and has the capacity to respond to its patients with diverse needs; including adults, adolescents, parents, immigrants, refugees, prison inmates, alcoholics, gamblers and pathological internet users, at every stage of their recovery. KETHEA programmes are drug-free and offer a comprehensive continuum of services, aiming at the recovery and the building up of a new way of living, where the individual is a productive and equal member of society. All services are provided free of charge. KETHEA is a self-governed legal entity of private law and its resources stem from state grants, donations and self-financing activities.

KETHEA EN DRASI is a therapeutic programme in the prison system and provides advisory services, treatment and social reintegration of prisoners and released prisoners who are drug dependent, with the aim to educate, treat and reduce the damage as a result of drug use.<sup>36</sup>

Three therapeutic communities for prisoners have been created:

1. The women's prison at Korydallos, operating since 2002;
2. The Korydallos Prison for men, operating since 2008; and
3. The women's prison at Eleonas of Thebes,

All of which operate in private places, providing a daily programme of services. The ultimate goal is the social reintegration of the individual; therefore the continuation and

completion of treatment in cases of release from prison are assured by the Daily Centre in Athens. In addition, the Centre gives the opportunity to people, who are in lack of supportive and family environments, to stay in its shelter.<sup>37</sup>

KETHEA implements counselling services in prisons aiming mainly at preparing inmates for joining drug-free treatment programmes after their release. Opioid substitution treatment (OST) and Needles and Syringe Programmes (NSP) are currently not allowed inside prisons, although a regulation allowing for a ten day detoxification period exists. A new law that was introduced in 2011 may decriminalize or reduce some drug-related offences and is envisioned to safeguard the right to drug treatment within prisons.

Another therapeutic programme aligned with the prison system is the KETHEA PROMITHEAS, which covers the needs of prisoners in Northern Greece with respective counselling, psychological support and rehabilitation to prisoners and/or prisoners held in short-term detention of up to 24 hours. Counselling programmes are implemented at the detention facilities of Thessaloniki, Grevena, Kassandra, Nigritas at Serres and at Thessaloniki's General Police Directorate.

On the 2nd of November 2015, KETHEA PROMITHEAS established an independent wing inside Diabata prison. It is the first rehabilitation unit within a detention facility. KETHEA PROMITHEAS can accommodate up to 84 individuals, who follow a predetermined daily programme and are separated from the other inmates.

KETHEA has formed a comfortable wing as part of the programme. The basement houses a kitchen, dining room and an independent space for people to spend their free time and do physical activities. Cells that can house up to 3 people have been formed on the first floor.

The inmates participating in the programme are responsible for cleaning and preparing their own food. The first 12 inmates have been moved to the Unit and 50 people who are involved so far in the consulting programme are in the process of preparation for their rehabilitation in the therapeutic community.

Inmates who have successfully completed the programme will be able to apply for quick release and inclusion in the Reception and Re-entry Centre for released people of KETHEA PROMITHEAS in Thessaloniki. In this way, the continuation of care will be ensured and all attendees will receive full support for their smooth social integration.

KETHEA ARIADNE is an external monitoring therapeutic programme which covers the region of Crete and the Dodecanese and offers counselling and therapy to adults, teens, prisoners and released prisoners. It includes advisory centres in Heraklion, Chania, Agios Nikolaos, Crete and Rhodes, and gives the opportunity to participate in occupational training activities and to acquire qualifications (High School certifications, etc.).



The interventions in the prison system there involve counselling and preparation programmes for inclusion of inmates into the Therapeutic Community in Chania Crete I Prison, Judicial Prison of Naples, the closed NEA Alikarnassos Prison and the rural Prisons in Agia and Chania.

Furthermore, KETHEA OXYGEN is a therapeutic programme similar to the KETHEA ARIADNI and covers the Patras region. It provides counselling services in the “St. Stefanos” Prison in Achaea.<sup>38</sup>

According to the annual reports of the Centre’s action involving the before mentioned programmes, data for the amounts of drug users in prison are carried out as detailed below (data for 2014 has not yet been published):

- In 2010, 1,885 inmates turned to Consulting Institutions and received the corresponding services. It was noticed that the majority (553) were situated in the KETHEA EN DRASEI programme in Athens in the Korydallos Judicial Prison, in the Diabata Judicial Prison in Thessaloniki (170 dependent to substance abuse) and in the Reception and Re-entry Centre in Athens (KETHEA EN DRASEI - 144 people). In reference to Therapeutic Communities, 199 inmates were served.<sup>39</sup>
- In 2011, the Consulting Institutions served 1,932 prisoners. Similar large numbers were observed as well as in KETHEA EN DRASEI in Athens and in KETHEA PROMITHEAS in Thessaloniki. 287 inmates applied to Therapeutic Communities.<sup>40</sup>
- In 2012, 1,712 inmates were served by the Consulting Institutions and 302 turned to Therapeutic Communities.<sup>41</sup>
- Finally, in 2013, 1,824 inmates turned to Consulting Institutions and 287 to Therapeutic Communities.<sup>42</sup>

A philosophy amongst workers exists that the employees who run these programmes spend 1/3 of their lives as prisoners, which means that they need care as well. Before the Memorandum, everyone who worked in the penal system was given a bonus with the completion of specific education and integration in the detention facility. Currently, this has been abolished and there is no wage differentiation for people who work in penal system and the wider community. All employees involved with the penitentiary have completed certified training as consultants for drug dependencies.

It is worrying that the mortality rates of those who are released are high. It has been observed that 95% are likely to die in the first two weeks after release. What is needed is the support for smooth integration without stigma and continued clinical provision irrespective of the approach.

### **Organisation Against Drugs - OKANA**

OKANA is a self-regulated legal entity which is supervised and financed by the Ministry of Health. It is in charge of implementing a demand reduction policy at all prevention

levels and is solely responsible for the operation of the opiate substitution programme (OST). More specifically, OKANA has to:

- a) Contribute to the planning, promoting, coordinating and implementing of the national policy on prevention, treatment and rehabilitation of problematic drug users;
- b) Address the drug problem at a national level, provide valid and documented information, and raise public awareness; and
- c) Establish and effectively manage prevention centres, treatment units, and social and professional reintegration centres.

Until 2011, Greece was among the five EU countries where OST was not available to drug users in prisons.

OKANA started the provision of opioid substitution treatment in prisons in 2014 in St. Stephen prison, under the ESPA 2007-2013 Act, which established an OST pilot project in prisons. The programme started providing methadone for 10 opioid-dependent prisoners who had already been subjected to predicted toxicology and the necessary medical examinations. At full scale, the programme will be able to provide treatment services to 150 prisoners. Currently after 9 months of operation, 40 inmates are undergoing substitution therapy. There are serious difficulties in the continuation of the programme, as there is no staff or resources to address this issue, given that there is no funding. The 40 inmates are served by two doctors and 200 requests are on hold.

In December of 2014, the Pharmaceutical Unit of Assisted Treatment of Addiction took similar actions in the Korydallos Judicial Prison. As a start, 8 people received opioid substitution treatment (methadone) with needed psychosocial support on a daily basis. Applications for participation in the programme reached 70 and it was estimated that the daily maximum potential capacity can be 150-200 prisoners. There were not available data for the progress of programmes, given that they have only been in action for a few months.<sup>43</sup> After 6 months of its operation, 40 inmates are currently undergoing substitute therapy. Similarly, there is a lack of sufficient medical staff. A doctor, a full-time nurse, a part-time nurse and a psychologist are the personnel for the 40 inmates and the 250 requests which are on hold.

Initially, open settings were mandated to accommodate the programme, but OKANA couldn't construct and form these places due to a lack of financial resources. ESPA, which financed the programme, had expired when the operation started. The Joint Ministerial Decision of the Ministries of Health and Justice for the operation of units took about 1 year to be published. There was long delay by the Ministry of Health and it was eventually published in March 2014.

Moreover, the creation of a "health card" had been planned, in order to unify the data records (folders) of each prisoner. Currently for each inmate there are four folders, the medical (dispensaries), the social (Social Service), the folder of the psychologist and

OKANA's folder. There have been preliminary meetings with the Ministry of Health and the Hellenic Center for Disease Control and Prevention for the implementation of the "health card."

Each inmate who wishes to be included in the programme must undergo to a series of mandatory examinations, concluding with testing for infectious diseases. At the moment OKANA cannot cover the cost of this testing, and as a result, a formal collaboration with an NGO is under discussion specifically for conducting rapid HIV tests.

It seems that there is no need for the substitute programme of OKANA to apply to all detention facilities, but only to central prisons with a capacity of 500 people or more, in order for dependent inmates to be directed there directly from the courts.

Each day of detention for a detainee participating in the substitution programme counts for 2 days towards time of sentence served instead of the standard 1.5.

Since the introduction of OST in Greek prisons, reports from the government and the civil society respondents in Greece have presented discrepancies. The government reported that there was a restriction for OST to the inmates that had received it prior to their imprisonment and reported also that were not free condoms available in prisons, while the civil society respondents reported that they were available in some.

According to the ECDC, taking into consideration the evidence of high numbers of inmates with drug-related offenses and the high rates of injecting drug use in Greece, there is a crucial need for the continuation or initiation of OST programmes. Also highly recommended are the development and implementation of mechanisms to provide confidential testing and treatment for HIV in Greek prisons.

Two pilot projects are carried out by OKANA, which target prisoners on alternative measures to imprisonment.

**PRAKSIS** has weekly interventions in prisons where people with HIV are hospitalized (detained) aiming at empowerment, legal and social welfare services. There is also after care support via PRAKSIS' Post Release Centre through which all ex-prisoners can have access to health and social support as well as legal counselling and work promotion programmes.

**Centre of Life** provides practical and social support for HIV positive detainees in the Hospital of Korydallos Prison. Services include psychological support, social support, emergency financial aid, legal support, human rights advice and advocacy, a drop-in centre, home and hospital visits and access to 'Positive' magazine.

**Positive Voice** has completed one year of empowerment interventions and support among HIV-positive prisoners in hospitals. It was launched April 2014 and has carried

out a total of 349 individual meetings with 72 beneficiaries, in 34 weekly visits. They also covered the administration fees of disability certification for 35 destitute detainees in hospital, secured free influenza vaccinations, organized entertaining events and provided clothes among other things. The main purpose of their action is to empower prisoners infected by HIV by informing them about issues with the virus, the ways it is transmitted, the methods and benefits of antiretroviral therapy and informing the prisoners about the harm reduction programmes available for drug dependent individuals.

**18 ano** with its humanistic philosophy and social orientation provides help through prison programmes in Korydallos. Prisoners with drug dependencies participate in the programmes. Two groups are established, one for native Greek speakers and one for foreigners speaking English. The aim of these groups is to understand the prisoners. More specifically, how did they end up in prison, what events and circumstances from their lives affected them and provides advice and counselling on how they will get stronger to defeat their dependence. What is more, the participation in the programme is voluntary but the inmate must be a user of psychotropic substances to be admitted.

In addition, inmates' participation in the support groups ensures their direct integration from a prisoners' group to an ex-prisoners' group, the so called 18ano rehabilitation programme, immediately after their release as long as they want it. This programme serves to facilitate the transition from their previous prison life to their treatment outside of prison.

18ano's harm reduction approach is prevention. It is believed that every day away from drug use is a profitable day for a drug dependent person. In the penitentiary system, it has been observed that dependent inmates are not informed about the dangers of infectious diseases. The 18ano programme encourages and motivates these people, in order to achieve a decent life.

There are three groups of 20 people each in the Judicial Prison of Korydallos and similarly one group of 20 inmates in the Psychiatric Hospital. One to one meetings take place upon request and with specific goals in mind. Any inmate that is interested in taking part in a group can make a request of the Social Service and can then be included. There are no interventions for juveniles.

There is no established procedure according to law and this makes any collaboration difficult with consequences to those who are in need. The institutionalisation of established procedures according to law is imperative for cooperation among these organisations.

## IV. HUMAN RIGHTS MONITORING IN PRISON AND HIV, HCV AND TB

### 1. Courts and human rights

The European Court of Human Rights has, on several occasions, held that the conditions of detention in Greek prisons are inhumane.

Where applicable, the court found that the number of prisoners (overcrowding), the poor sanitary conditions, the lack of medical treatment and, generally, insufficient infrastructure, constitute a valid violation of Article 3 of the UN Convention on Human Rights (prohibition of inhuman or degrading treatment).

Judicial decisions confirming inhumane conditions of detention in prisons were found in Ioannina (Tzamalīs and others v. Greece), Korydallos (Nieciecki v. Greece), Larissa (Bouros and others v. Greece), Nafplio (Logothetis and others v. Greece), Diavata (Dimitrov v. Greece) and Tripoli (Tsokas and Others v. Greece).

Unfortunately, after the adoption of the above decisions (the last one was issued in March 2015), conditions of detention have not improved. So it is certain that Greece will be convicted again for violating Article 3 of the Treaty, regarding the detention conditions in their prisons.

Recently, the Court delivered a €132,000 penalty to Greece for inhumane conditions of detention for thirteen HIV-positive persons detained in the prison hospital. The Court ruled that Greece will have to pay €10,000 for each of the applicants for moral damages and €2,500 for all applicants jointly, to cover costs and expenses.

The applicants argued that cells were overcrowded and that the inmates' personal space was limited to less than two square metres per person. They claimed that in bathrooms are not followed the minimum standards of hygiene, the food had low nutritional value, the facilities were not sufficiently heated, and the air quality was negatively impacted cigarette smoke. Additionally, none of the doctors employed were experts on infectious diseases.

### 2. Human Rights Monitoring Mechanisms

#### National monitoring mechanisms

The Greek Ombudsman was set up to deal with the roundabout inexpediciencies of the political and executive system. It had been observed that the state had faced many difficulties when it came to covering the peoples' needs. The Ombudsman's office was created as an independent authority, sanctioned by the constitution, to combat these shortcomings. It has been operating since 1 October 1998, and provides its services to all citizens free of charge.

The Greek Ombudsman mediates between the public administration and citizens in order to help the latter to exercise their rights effectively. Additionally, the Greek Ombudsman's mission is:

- a) To safeguard and promote children's rights;
- b) To promote equal treatment and fight discrimination in the public sector based on race, ethnicity, religious or other conviction, disability, age or sexual orientation; and
- c) To monitor and promote the application of equal opportunities and treatment of men and women.

The Ombudsman intervenes when a citizen contacts and asks for help if there is a dispute with a public sector service. As a mediator, the Ombudsman makes recommendations and submits proposals to the public administration.

Any Greek or foreign citizen residing in Greece who has transactions with the Greek public sector can have access to the Greek Ombudsman. The Greek Ombudsman's services are also available to legal entities or associations of individuals when some illegal action or lack of action by the public administration has infringed on a right or legal interest of a citizen.

The Greek Ombudsman monitors the following public sector services:

- Ministries (central and regional services);
- Regions and municipalities;
- Social insurance funds;
- Tax offices;
- Hospitals;
- Schools and universities;
- City planning offices;
- Prisons;
- The police;
- Public Utility Companies and Organizations (DEKO in Greek).

In exceptional circumstances, the behaviour of private parties is monitored by the Greek Ombudsman when the rights of children are violated and/or when there is unequal treatment of men or women in matters of employment.

The Greek Ombudsman cannot:

- a) Intervene when more than six (6) months have passed since a citizen has been informed of the illegal action or lack of action by a public administration;
- b) Represent citizens in court;
- c) Intervene for or against actions taken by private parties;

- d) Intervene for issues which regard staff regulations governing public sector employees unless those issues regard discrimination based on gender, ethnicity, race, age, disability, sexual orientation, religious or other conviction;
- e) Intervene for issues which regard national defence and security, foreign policy and the country's international relations or state security;
- f) Intervene for issues pending before the courts;
- g) Intervene for actions by the judicial authorities, the Legal Council of State, other independent authorities, and the public religious institutions; or
- h) Intervene for actions by ministers and deputy ministers with respect to implementation of policy.<sup>44</sup>

The Ombudsman can only refer a case to the competent prosecutor or administrative authority for research, he/she does not have the right to initiate or participate in judicial matters. In 2010, the National Commission for Human Rights (NCHR) proposed the amendment of law 3304/2005 to allow the Ombudsman to intervene in favour of a plaintiff in cases they have been investigated in the past and then were brought to the courts. However, such modifications are neither made nor planned.

The Ombudsman is assisted in carrying out his or her duties by six Deputy Ombudsmen in charge of the corresponding Departments:

- Human Rights Department;
- Social Protection, Health and Welfare Department;
- Quality of Life Department;
- State-Citizen Relations Department;
- Children's Rights Department; and
- Gender Equality Department.

Each Deputy Ombudsman supervises and coordinates the operation of a team of special staff, who are involved in interventions after citizens' complaints. The Deputy Ombudsman for Human Rights is the one responsible for the monitoring of prisons. The Department's Senior Investigators handle complaints involving individual, political and social rights protected by the Constitution, by international agreements, or by national law.

Cases investigated by this department include:

- a) Violations of personal freedom;
- b) Freedom of religious belief and worship;
- c) Discrimination on grounds of nationality or ethnic origin;
- d) Violations of the rights of immigrants;
- e) Equal access to public education;
- f) Violations of the principle of meritocracy in selection procedures for public sector positions;
- g) Protection of professional rights;

- h) Infringements of the right to appeal to the administrative authorities; and
- i) The effectiveness of judicial protection caused by court rulings that are not being implemented by the public administration.

The Greek Ombudsman is designated as the National Preventive Mechanism (NPM) for the prevention of torture and other cruel, inhuman or degrading treatment or punishment “under the provisions of Articles 3 and 17 of the Optional Protocol to the Convention against Torture and Other Forms cruel, inhuman or degrading treatment or punishment of the General Assembly of the United Nations, adopted on 18 December 2002/ Law 4228/14”.

As the National Preventive Mechanism, the Greek Ombudsman has the duty to examine the living conditions in places of detention, the treatment of persons deprived of their liberty, to identify faults and to make recommendations to the relevant authorities for improvement and the commitment for action. The final important responsibility of the Greek Ombudsman is the submission of proposals/recommendations and comments on existing legislation or draft laws.

In the past, the Ombudsman’s entire jurisdiction was limited and time consuming. Now it is granted access to all information concerning the number of persons deprived of their liberty in places of detention, the number of sites and their locations, information referring to the treatment of such persons and their conditions of detention, places of detention and their installations and facilities. It has been successful in conducting private interviews with persons deprived of their liberty without the presence of witnesses, either personally or with the presence of an interpreter, if necessary, as well as any other person that the NPM believes may provide relevant information. He or she is also free to choose the sites it wishes to visit and the persons from whom it wishes to interview and has the right to have contacts, send information and to meet with the Committee on Prevention.<sup>45</sup>

According to its jurisdiction, the Greek Ombudsman enters prisons throughout the country and conducts investigations based on the reports received. In some cases the Ombudsman will conduct voluntary research or interventions relating to special issues which can be considered risky for the public, as it occurred with the increase in numbers of inmates HIV positive which required an investigation into of positive in HIV virus inmates and the investigation into the health conditions of prison hospitals.

After each visit the Greek Ombudsman writes a report which records their findings and proposes measures and interventions for improvement and solutions to the problems that were observed by their research.

In 2005, the Ombudsman received petitions from prisoners of the Malandrinou Department regarding difficulties with conditions of detention and the communication within the related environment. The visit showed that there were difficulties in securing prisoners contact with relatives and friends, either due to the distance of the prison



from urban centres or other technical reasons, which in any case should be amended. Also, there was constant running water, poor heating, access to sports venues was problematic and a library had not been created.<sup>46</sup>

The annual report of 2006 indicated that overcrowding is a problem in prisons. The basic needs of prisoners are not covered and therefore do not follow the terms of the Penal Code and of the European Convention on Human Rights. It also stated that the Ombudsman faces significant problems of communication and cooperation with the Ministry of Justice, emerging from the Ministry's refusal of access to prisons.<sup>47</sup>

In 2007, the Ombudsman's report focuses on prisoners' rights with special regard to health problems, based on a prisoner case at Korydallos Prison (Case 7383/2006). The advocate highlights that every detainee who suffers from health problems needs to receive special pharmaceutical and medical treatment, as well special nutritional attention. Additionally, appropriate living conditions in prison can enhance inmates' health and therapy. In its intervention, the Ombudsman mentioned that the access to medical and pharmaceutical care for detainees must be similar to the general population (article 27 of Penal Code). The detention conditions should protect detainees rather than deteriorate their health. In this case, the administration of Korydallos Prison responded positively and ensured safe conditions for this inmate, i.e., he received special nutrition and pharmaceutical and medical care and he transferred to the hospital to undergo specific examinations.<sup>48</sup>

In the 2008 annual report of the Ombudsman, it is found that there are many negative responses when granting permission for spending time outside prison to prisoners which led tension within the prison, since the criteria for authorization laid down in the Correctional Code were not followed.<sup>49</sup>

From the beginning of its operation until 2009, the Ombudsman had to grapple with limitations imposed by the Government. Despite its specialization, access for investigating the existing situation in prisons - based on applications it had received - was difficult because of opposition from the relevant authorities. However, when law 3772/2009 was enacted, the Greek Ombudsman was allowed to enter in prisons without restrictions.

In 2009, intense concern was raised by the exacerbation of problems resulting from the overpopulation in prisons, especially in the Prison at Ioannina. The most important problem was the number of detainees held within the existing infrastructures. The detainees were assembled in booths, cells and corridors, which created a stifling atmosphere. The amount of space that was forecasted (6m<sup>2</sup> per individual, up to six inmates per booth) was not observed as the booths held multiple detainees. There was inadequate isolation space and it was not used for the implementation of disciplinary sentences. Its main purpose was to accommodate and protect inmates from a possible attack. Inadequate conditions were generally observed across the country. Many prisons suffer from physical damage. Additionally, there is a lack of sufficient

nursing or otherwise medically skilled staff. In conjunction with the reduction in the operating budget for prisons and non effective resolution strategies that have been followed by the Government, the Ombudsman highlights the risk of insurrections and other unpleasant developments.<sup>50</sup>

In 2010, the Ombudsman mentions that defending the prisoners' rights is an important issue and performed many visits to prisons around the country. He made visited ex officio the prisons of Naples, Larissa and in the prison department for juveniles in Volos, and relied on reports of prisoners in prisons of Chania and Alikarnassou. The premises are old, with no entertainment or leisure activities, and each wing is over capacity with an inability to fulfil basic needs due to the lack of vocational training programmes or advisory services. In an effort to combat these deficiencies and reduce the prison population, the Government went about settling with individuals held with court costs or financial penalties of up to €3,000, releasing them. This measure did not last for long and the number of inmates continued to steadily increase.<sup>51</sup>

In 2011, the findings remained unpleasant and concerning. The key issues of overcrowding, the unsatisfactory conditions of detention and the inadequate health services were mentioned again. Special emphasis was put on juveniles' detention facilities, to prisoners with disabilities and also on the issue of migrants. It was noted that relevant authorities had proposed measures set to improve the conditions of internment and sent all of the Ombudsman's recommendations for intervention on matters of criminal incarceration to all detention facilities.<sup>52</sup>

The Greek prison system routinely fails to conform to the laws concerning inmates. The difficulty of granting licenses to spend time out from prison remains a key problem. The Ombudsman is supported by the Ministry of Justice, which forwarded these observations and suggestions to all detention departments for the implementation of the law.<sup>53</sup>

In 2013, the Ombudsman reiterates his concern for the living conditions of detainees and highlights that the country is in a correctional explosion. It carried out visits in Grevena, Patra, and Diabata and in the Psychiatric Hospital, finding that the existing treatment for inmates was unacceptable at the very least. Based on the absence of legislation targeted at the decongestion of prisons, the Ombudsman proposes measures such as the reduction of custodial time, specifies the maximum number of detainees, rules for temporary custody, suggests the release under specific conditions and suggest house arrest, mainly for disabled or elderly inmates.<sup>54</sup>

A mainstay of the Ombudsman's activity is defending children's rights. In its annual reports from 2010 and then onwards, the Ombudsman has made important observations about detention conditions in juveniles' detention facilities. In 2010, the results showed: overcrowding, a lack of educational training, an absence of mental rehabilitation and counselling programmes, the inability to fulfil juveniles' basic needs and a lack of entertainment and leisure activities.

In 2011, the Ombudsman visited the Juveniles Detention Department in Avlona. He also visited the Detention Department of Korinthos to investigate if there were appropriate conditions for converting it to a Detention Department for Juveniles aged 15-18 years old, children who until then were accommodated in Avlona. There is no humanitarian treatment for juveniles, there is no school and there are no sports activities. There was a lack of medicine, medical and nursing staff and there also seemed to be difficulties in the communication with relatives and friends. For the detention department of Korinthos, operating conditions are not met for housing juvenile offenders, as they have not managed to segregate minors from adult prisoners.

In 2013, however, there were positive developments with partial improvements of the equipment in cells, painting of public spaces and the gradual improvement of the school, which is becoming more and more popular with prisoners. Cultural events were also developed and highlighted within the prison community. The Government satisfied the teachers' requests by providing an elementary school in order to supply better services to the children. The Ombudsman continues to insist on the need for separation between juvenile and adult prisoners.

Finally, in 2014, the Ombudsman focuses on the restoration of secure conditions and hospitality for unaccompanied minors in prison.

The Greek Ombudsman has highlighted that the conditions of penalty systems are offensive and opposed to European standards on multiple occasions. The lack of essential hygiene conditions, the lack of medical and penitentiary staff as well as overcrowding are the main factors which have led to the unhealthy and dangerous environment prisons find themselves with today. Most prisons are over capacity for inmates. A remarkable number of documents and photos showing inmates sleeping on the floor have been published recently in order to identify the ill-treatment of these people.<sup>55</sup>

In an announcement in March 2014, the Greek Ombudsman characterized the Hospital of Korydallos as a "special prison." The Ombudsman stated he has made specific recommendations and proposals for the operation of the hospital, and provided an extensive report to the Ministry of Justice as early as 2012, without ever receiving a response. In May 2013, the independent authority proposed the decongestion of the prison and the decrease of custodial sentences for the inmates with serious health problems and elderly patients. It also proposed a dismissal of sentence under specific conditions, with the rest of the sentence to be served at home under surveillance.

The Ombudsman also noticed that the number of medical staff is disproportional to the inmate population and, in addition to the obsolete facilities and the limited chambers, this lack of support creates risky circumstances for susceptible patients such as those who are HIV positive.

The clarification of the form and operation of the Hospital and its integration into the

National Health System is imperative, as it has been provided for by law since 2009. The 2014 report also points out the necessity for permanent and long-lasting measures to improve the healthcare services and the overall conditions in detention conditions.<sup>56</sup>

Based on findings from the interviews, the Ombudsman is seen as an essential and useful consultative body, but it was noticed that it does not have an operational impact on prisons. Its recommendations are not implemented and this weakens its role.

It is important to note here that in most of the interviews, the representatives were not familiar with the fact that the Greek Ombudsman is the official NPM for prisons in Greece. Also, there was clear understanding of what a National Prevention Mechanism was as they were not seeing any changes. Moreover, it transpired that there is no communication and cooperation between the Ombudsman and any of the organisations interviewed.

### Regional / international monitoring mechanisms

The European Committee for the Prevention of Torture (CPT) began its visits to Greece in 1993. The CPT's activities in Greece have been focused on the treatment of prisoners since 2008. They perform annual visits to assess conditions and recommend changes.

CPT's reports from 2010-2015 speak about Greek prisons as a "simple storage system" for prisoners. The last CPT's report published on the 1st of March 2016 acknowledges the recent steps taken by the Greek authorities which have resulted in a noticeable reduction in the prison population. Nevertheless, the conditions have been deteriorating over time and there has been no improvement in the provision of health-care services in prisons.<sup>57,58</sup> According to the Prison Law in 1999, specific accommodation standards were established to ensure safe and secure environments. Additionally, health care and hygiene standards to be provided for each inmate were enumerated. However, none of these improvements were implemented.<sup>59,60</sup>

The excessive overcrowding is an important factor which intensifies the inappropriate and inhuman conditions of living in prison. The effects of overcrowding in most of the prisons were apparent and the situation remains dire with two or more inmates sharing cells originally designed for single-occupancy. In some cases, inmates have to share beds or resort to sleeping on the floor.

Insect infestations were noted in all prisons visited, resultant from a serious lack of hygiene. The presence of cockroaches, lice, fleas and bedbugs was wide-spread. Moreover, lack of hot water and heating during the winter months seems to be a ubiquitous problem in the prison system. In some prisons, heating was either completely absent or only available for very short periods of time and was largely insufficient. Prisoners had to keep warm by sleeping in their winter clothes, leading to a further decline in levels of hygiene and health.<sup>61</sup>

The CPT delegation found that most of the prisons deal with understaffing. It is observed that neither penal staff nor medical or nursing staff can meet the needs of prisoners. There is no balance in the ratio between staff and the imprisoned population. A state of understaffing is totally unacceptable and is not conducive to the effective management and control of a prison.<sup>62</sup>

Drugs appeared to be accessible in all the prisons visited by the CPT delegation and many inmates admitted openly that were using them.<sup>63</sup> There is still no nationwide comprehensive approach towards treatment for drug dependency in the Prison System.

Finally, the CPT delegation faced HIV positive inmates who were isolated. In the view of the Committee, there is no public health justification for segregating prisoners solely because of their HIV status.<sup>64</sup> Despite the current situation in the prison system with severe overcrowding, poor material and hygiene conditions, lack of medical confidentiality and high levels of prejudice against people living with HIV, it might indeed be tolerable for HIV positive inmates to be accommodated separately, as long as this accommodation offers conditions conducive to their health and well-being.

The reports of the CPT's visits have all conclusively pointed to the lack of vigorous action taken by the authorities to tackle the systemic deficiencies. It continues to make recommendations to enhance the conditions in prison throughout the country. Specifically, it highlights the immediate necessity to reduce the occupancy levels in all prisons and to reinforce the custody and health-care staffing.

## V. CONCLUSIONS AND RECOMMENDATIONS

It is a fact that people who are drug dependent prior to their imprisonment often continue to use drugs while they are imprisoned, and it is observed that the frequency of drug use often increases during their imprisonment.

Furthermore, through injection there is a risk of transmission of infections such as HIV, HBV, and HCV, especially when sharing needles between IDUs. Moreover, the poor living conditions, due to overcrowding and inadequate hygiene, aggravate the risk of infections and decrease prison safety.

This research identified a lack of information on numerical data of infections in prisons, as only few studies have been conducted at a national level inside Greek correctional institutions. Most research is aimed at investigating the prevalence of infections.

There is no data about treatment pathways taken by prisoners, or if somebody who was examined and had no infection might have been infected after being imprisoned. In addition, there are no prison-related indicators within the monitoring system established by the United Nations General Assembly Special Session on the World Drug Problem.

Harm reduction issues in prisons have been an important issue for European policy makers in recent years. In Greece, the Special Treatment Units are based on the Gazette (sheet No. 112) of 1999 that announced the establishment of two drug dependence treatment prison centres. The Special Treatment Unit of Eleonas in Thebes started its operation in 2014, but the Special Treatment Unit in Kassandra is still under construction.<sup>65</sup>

Harm reduction services are provided inside prisons only by the Organisation against Drugs - OKANA and the Therapy Centre for Drug Dependent Individuals - KETHEA, which are supervised and funded by the Ministry of Health. Counselling and supportive services are also provided by NGOs.

There is a strong need for harm reduction programmes to be scaled up and a need for collaboration among all partners and organizations to devise a common strategy and prevent political changes from affecting the continuation of a programme's implementation.

There is also a strong need for an institutionalized regular process of screening examinations for prisoners. Voluntary screening (for HIV, HCV, TB, etc.) must be completed upon admission as well as on a regular ongoing basis thereafter in order to allow for consistency and a competent diagnosis.

In addition, it is essential to extend the provided health care services in every prison

to the national standard. It is also crucial to clarify the legal framework in order to decongest the correctional institutions with legal provisions that will be integrated into legislative gaps that must be reformed.

It is extremely important to clearly define and implement budget and administrative processes to support and improve healthcare services in prisons. The health support within the prisons is currently tied to the budget of the Ministry of Justice, as pending legislation has not yet placed it under the Ministry of Health. However, it should be clear that individual health and access to health care is a fundamental right and it is not to be changed according to budget restrictions.

The recruitment of correctional personnel, not only prison officers but also healthcare providers, should be initiated and the existing hygiene conditions inside the correctional institutions should be improved. More specifically, according to special reports of European Institutions, there are a number of effective methods that can be adopted in order to improve the current inappropriate health conditions of correctional institutions. Needle and syringe programmes as well as opioid substitution therapies have proven efficient enough to decrease the risk of infections among inmates. Tests for infectious diseases should be provided, but not on a mandatory basis.<sup>66</sup>

Prison systems need to provide services that hinder the transmission of diseases; and inmates should be given equivalent health services to those offered in the community. In particular, inmates that are dependent on drugs should be able to have access to information and education, particularly through peers, needle and syringe programmes, drug dependence treatment, in particular opioid substitution therapy, provision of condoms, voluntary HIV/HCV/HBV testing, counselling, diagnosis, treatment of infectious diseases, and antiretroviral treatments.

It is worth mentioning that, due to the recent changes in the Greek political climate, new policies were announced with some alterations concerning the National Prison System. The alterations proposed were intended to humanize the current prison system and bring it in line with European standards. While it is unknown when or if these suggestions will be implemented, they are as follows:

- To close down Type C prisons, which are designed to enclose detainees who have committed serious crimes and where detention conditions would be more stringent. This would be against the foundations of state of law by differentiating the treatment of prisoners according to the offence they are accused or convicted of committing. Essentially, this law could deprive detainees' civil rights without making prisons safer.
- To lay down more favourable conditions for prisoners, so as to decongest the prisons. The current capacity of prisons in Greece was set at 9,800 inmates. In 2006, this capacity was exceeded with 9,960 individuals incarcerated and in 2014 this number reached nearly 12,000.

- To replace detention with misdemeanours and apply more reformatory and/or educational measures instead.
- The dismissal of elderly (under strict conditions) patients and people with disabilities who do not pose a danger for society, as detention exacerbates their condition. Similar provisions exist in all other European countries.
- To provide and promote treatment and rehabilitation for drug users with a stronger legal basis for implementing these processes.
- To replace, in most cases, the detention of under-aged prisoners, with reformatory and/or educational measures. Experience shows that placing juveniles inside prisons essentially creates a nursery for future criminals and cuts them off from society.
- To provide settings for more effective law enforcement for drugs, that favours treatment and rehabilitation. Of the almost 12,000 inmates currently incarcerated in Greek prisons, 2,994 of them are imprisoned for drug crimes.
- Finally, to criminalise bullying regardless of the kind of harm - physical or psychological.

Despite all the provisions and measures taken to support prisoners with a drug use problem, it is not clear how these ultimately operate or if they adequately serve the purpose for which they were designed. There is no evidence for any separate detention. We do not know how many people are hosted, what the transport processes are or the content of the programmes followed for rehabilitation.

It is recommended that prisons focus on a three dimensional process: prevention - treatment - access to health for all populations, prisoners, their families and prison officers.

In addition, the following considerations are proposed to help the general situation and, therefore, promote health and other rights of inmates:

- Create a body composed of public institutions and civil societies active in this sector in order to promote specific activities, and to monitor and evaluate their effects.
- Coordinate services from state and civil societies, in cooperation with OKANA, KETHEA and 18ano, with the Hellenic Centre for Disease Control and Prevention providing blood sample testing support when needed.
- Turn policies into practices that support all humans, including prisoners.
- Good and effective care services/adoption of a holistic approach model
- Alternative forms of detention.
- Feasibility projects aimed at exploiting the “dead time” in prison and broadening horizons, e.g. training programmes.
- Create second chance schools at all detention facilities.
- Possibility of education, job creation and people who are in prison in order to provide alternatives to a life of crime.



- Increase the number of staff (scientific and penitentiary) monitor training at regular intervals throughout the course of their work.
- Incentives to employment bodies to hire people who have been released from prison.
- Continuous education of prison staff across the country on the subject of detainees' treatment issues.
- Standard and repeated training process for all prison staff.
- Funding programmes by the respective Ministries to implement actions in prisons.
- Improving living conditions.
- Create hostels for recently released detainees who have no supportive environment outside.
- Provide further support to inmates with mental disorders.
- Protect the right to health with a proposed community intervention model
- Institutional entities and independent bodies to make early diagnosis of communicable diseases through voluntary examinations and to recheck periodically.
- Free legal coverage. It has been observed that many times inmates do not know what they are accused of and have no further information. The legal information is usually provided from older prisoners.
- Decongestion, separation of detainees based on severity categories. The conditions of the prison intensify chronic use. Necessary separation of the newly introduced from long-term prisoners.
- Recording of data on transmitted diseases.
- Systemic condition monitoring.
- Separation for those who choose dry treatment programmes (ideally off-site, unless there is the possibility within) from those who do not want this type of treatment (this group is needed for safe use education).
- Distribution of condoms.
- Establish cooperation protocols between the Ministries of Justice and Health for the establishment and adherence to guidance published by the Ministry of Health and Hellenic Centre for Disease Control and Prevention.
- The creation of an online database is also being proposed which will include detailed data for each inmate such as the medical history or marital status of each individual etc. All detention facilities will have free access to this database and through a user-friendly and direct process, each facility will easily be able to access and review all relevant and necessary information.
- A database focused on IDUs. This tool will be supervised by the Ministry of Justice with the main aim of connecting supportive services when dependent inmates are released.

The priority should first be the human conditions of detention, ensuring personal space, access to psychosocial support services, access to education and vocational training programmes and finally the integrated operation of prison hospitals.

It requires political will and cooperation with civil societies in order to ensure dignified human conditions of detention.

In conclusion, it should be emphasized that the situation of Greece at this point is crucial. The circumstances for socially vulnerable groups were difficult before 2009. However, at this stage the social welfare system has collapsed and needs are graver. At the same time, the government has been focusing on changes. Although this points to an effort to actually address the issues of health, there is a strong chance that very soon things will change politically again, leaving the possibility of inaction looming large.

While the political, financial and economic situation in Greece is highly unstable, efforts should be increased to improve operations, conditions, provision of care, communication and legal processes surrounding prisons and health care, especially for those with drugs problems and/or diagnosed or at risk for contracting infectious diseases. It is concluded that further research is needed on these subjects.

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