Alcohol misuse in Greece: a 15-year experience from a specialized outpatient service

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Alcohol use in Greece is traditionally diffused among its population. According to general population surveys, three out of four Greeks aged 12–64 referred to alcohol consumption during the last year and 10% reported at least one episode of alcohol abuse during the last month. Furthermore, the large majority of young people aged 13–18 reported lifetime use of alcohol and 14.8% of them reported more than three episodes of alcohol abuse during the last month. Apparently, cultural factors have influenced the pattern of alcohol consumption and the ensuing alcohol-related problems during the last two decades. The “Athena” Service is an outpatient therapeutic unit for the management of substance misusers and their families. It is a specialized abstinence-oriented service that does not administer substance substitutes; mental health professionals of the service work as a multidisciplinary team. Motivational approaches, individual cognitive-behavioural psychotherapy and family interventions of a systemic orientation are the principal therapeutic techniques applied. Adjunctive medication is prescribed whenever mild to moderate concomitant psychopathology is detected. Support measures such as provisional use of medication, use of antagonistic agents or brief hospitalization can be provided if deemed necessary. No strict time limits are applied regarding treatment duration and discharge from the program. During the period 1998–2013, a total of 1511 individuals with alcohol-related problems addressed the service. The changing pattern of substance misuse over the last fifteen years can be summarized as follows: (a) there is a gradually increasing number of women misusing substances; (b) there is an increasing proportion of young adults reporting multi-substance use with concurrent psychiatric disorders; (c) there is an increasing proportion of young adults regularly using/misusing substances; (d) there is a decreasing proportion of middle-aged individuals presenting with chronic alcohol misuse and dependence, with a long-ago onset and slow development of alcohol-related problems; and (e) the proportion of older age individuals presenting chronic alcohol misuse and dependence with con-

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Alcohol use in Greece

Alcohol use in Greece is traditionally diffused among its population. Greece is one of the Mediterranean wine-producing countries, and the use of wine has been linked to the socializing and feasting habits of the population since ancient times. Thus, the use of alcohol usually occurs within a social and cultural frame which regulates it. This is considered to be a protective factor regarding alcohol misuse and dependence. In fact, the Greek population presents, on the one hand, a higher percentage of per capita alcohol use compared to other European countries but, on the other hand, a low percentage of heavy alcohol use and misuse. According to general population surveys conducted in the period 1984–2004, a gradual and stable reduction in alcohol consumption in the general population was observed. Despite this, alcohol remains a widely used substance. Thus, three out of four Greeks aged 12–64 referred to alcohol consumption during the last year, 25% of whom consumed alcohol at least ten times during the last month, and 10% reported at least one episode of alcohol misuse during the last month. Also, men use twice as much alcohol than women, and consumption increases with age. Young adults aged 18–25 present the highest percentage of alcohol misuse episodes.

Regarding young people, the large majority of youths aged 13–18 reported lifetime use of alcohol and 14.8% of that sample reported more than three episodes of alcohol misuse during the last month. According to the European School Survey Project on Alcohol and Other Drugs (ESPAD) carried out in 1999, Greece and the UK showed the highest rates of frequent alcohol consumption, where 19% and 17%, respectively, of male students reported drinking alcohol on more than ten occasions in the last 30 days. In general, boys show a higher prevalence of drinking than girls, thus gender differences in alcohol and other drug use are more marked in Greece than in other countries despite the fact that the actual trend is towards more similar behaviour patterns in boys and girls. Apart from cultural patterns explaining this high prevalence, it must be noted that there is no clear age limit on the sale of alcohol to teenagers in Greece. The most recent ESPAD school survey showed a reduction in last month alcohol use among students aged 15–19 during the 25-year period 1984–2011, but a contrasting trend during the last four years.

Another updated source of data on alcohol and other substance use in the school population is available from the “Nationwide Health Behaviour Survey in Adolescents” conducted by the University Mental Health Research Institute (UMHRI) in 2010 in the frame of the international research project “Health Behaviour in School-aged Children” (HBSC, www.hbsc.org). The survey was conducted on a large representative sample of adolescent students (11- to 15-year-olds) from 306 schools. According to the results, one out of three 15-year-old youths consume alcohol at least once a week and one out of four boys drinks three alcohol units per exit, while two out of five have become drunk at least once in their lifetime. This research confirmed a trend of increasing alcohol use and misuse among teenagers, mainly boys, during the last four years.

Family factors, such as living with both parents, parental monitoring of the child, and perceived quality of relationships with parents, seem to play an important role as protecting factors in substance use. Environmental factors strongly associated with substance use include older siblings’ and friends’ use of legal and illegal substances. Thus, family environment and support, and school attendance are strongly negatively correlated with substance use.
Alcohol misuse and dependence treatment services in Greece

The treatment of alcohol misuse and dependence requires specialized services offering a bio-psycho-social therapeutic approach. Despite the network of prevention and treatment services for substance misuse and addiction that has been widely developing in Greece over the last thirty years, specialized services for alcohol misuse are still few. Three specialized inpatient and four outpatient units are functioning in Athens, one inpatient and one outpatient unit in Thessaloniki, two outpatient services in Crete, in Heraklion and Rethimno, and one in Patras. Most of them operate in state psychiatric hospitals and in general hospitals. Ten more public services are offering counseling and/or treatment to drug addicted individuals, as well as to individuals presenting alcohol-related problems.3 Non-governmental organizations and self-help groups, such as AA, are operating mostly in the broader Athens Metropolitan area. More recently, several “Clubs of Families with Alcohol-related Problems”6 have been established in Athens, Patras and Heraklion, functioning as multifamily support groups active at the local level.7 Furthermore, brief detox programs are available in private hospitals and psychiatric clinics, partly covered by public health insurance.

The “Athena” Service

The “Athena” Service is an outpatient therapeutic unit for the management of substance misuse and dependence and it is part of the 1st Department of Psychiatry of the Athens University Medical School at the Eginition Hospital, operating since 1998 in collaboration with the Greek Organization Against Drugs (OKANA). It is a specialized abstinence-oriented service that does not administer substance substitutes to substance-addicted individuals.8 Professionals working in the unit are psychiatrists, psychologists and social workers, functioning as a multidisciplinary team. Motivational approaches,10 individual cognitive-behavioural psychotherapy,10,11 and family interventions of a family system orientation12–15 are the principal therapeutic techniques applied. Access to the service is free for individuals who present legal and/or illegal substance misuse or dependence, as well as their family members or concerned others. Participation in the program is based exclusively on voluntary consent and is free of charge. The service does not enroll clients with concurrent severe psychopathology (DSM-IV Axis I disorders).16

Description of treatment

Alcohol misuse and dependence is a disabling complex disorder of clinical, genetic and neurophysiological heterogeneity, which has extensive comorbidity with other mental disorders.17 Numerous clinical and epidemiological studies indicate that alcohol related disorders are associated in particular with mood, anxiety, another substance misuse and personality disorders. The occurrence of personality disorders in individuals with drug and alcohol problems has been reported to exceed 70%.17 The most influential contemporary scientific view about the causes of substance misuse and dependence can best be described by the biopsychosocial model that was first articulated by George Engel18 in 1977. This model attempts to merge competing addiction theories into an integrated conceptual framework taking into account the complex and diverse interactions between the biological, psychological and social aspects of addiction. The biopsychosocial model recognizes that there are multiple pathways to addiction and that the respective significance of each pathway depends on any single individual, the family, social and cultural environment, and the substance characteristics.8 Treatment of alcohol use disorders consists of a combination of psychotherapeutic, pharmacological and psychosocial interventions in order to modify the attitudes and the behaviour of the alcohol-dependent individual towards the substance, him/herself and his/her environment.17

The “Athena” Service considers psychotherapy as one of the core therapeutic approaches for alcohol-related problems. Research provides strong evidence for the effectiveness of various psychotherapeutic approaches for alcohol use disorders.19,20 Motivational interviewing, cognitive behavioural therapy, marital and family therapy, and brief interventions are among the main types of therapeutic interventions providing significant benefits for alcohol use disorders,19 and they are administered at the unit. Adjunctive medication is prescribed whenever
mild to moderate concomitant psychopathology is detected. Given that the program emphasizes on the reduction of substance use and the achievement of abstinence, support measures such as provisional use of medication, use of antagonistic agents or brief hospitalization in a psychiatry department can be provided if deemed necessary. No strict time limits are applied regarding treatment duration and discharge from the program. Thus, end of treatment is set on the basis of mutual agreement between client and therapist, and may therefore vary considerably.

**Individual treatment**

Motivational interviewing is a well-known approach developed in the 1980s, based on the core principles of Rogerian psychology. Its main focus is on the therapist’s behaviour and stance towards the addicted person as critical to its success. The manualized treatment model based on the core techniques of motivational-enhancement therapy has been widely tested in randomized clinical trials with largely positive results. Core to the approach are five basic stances to be adopted by the therapist: (a) expressing empathy about the patient’s condition; (b) developing discrepancies regarding the patient’s beliefs about his/her behaviour; (c) avoiding arguments about continued substance use; (d) rolling with resistance to change; and (e) supporting patient self-efficacy regarding decisions about behaviour change.

The cognitive-behavioural model considers alcohol misuse and dependence as a disorder of behaviour, beliefs and core beliefs or cognitive schemata, to which the individual is strongly predisposed by underlying personality pathology. Cognitive-behavioural therapy is applied to minimize excessive emotional reactions and self-destructive behaviours and help modify ways of thinking and the maladaptive beliefs that ensue from these reactions. Therapists attempt to find out which of the client’s life problems, such as relationship difficulties, unemployment, health problems, trouble with the law, unstable living arrangements, etc., contribute to the onset and perpetuation of substance misuse, as well as which problems are sequential to substance use. Moreover, situations that make the individual vulnerable to substance use or misuse are identified, techniques for dealing with craving are proposed, social skills are taught, and necessary lifestyle changes are attempted. In general, by choosing feasible objectives and therapeutic directions, the client and the therapist collaborate to modify the dysfunctional behaviour.

**Family treatment**

The value of including the family as a component of substance misuse treatment has been supported by three main findings: (1) involvement of family members during the pre-treatment phase significantly improves engagement of substance users in treatment; (2) involvement of the family also improves retention in treatment; and (3) long-term outcomes are more positive when families and/or social networks are components of the treatment approach.

Conjoint family system therapy is used at the “Athena” Service to focus on the entire system of significant others. Couple therapy is used whenever the client is either married or has a stable relationship. The approach is based mainly on the structural-strategic model of treatment developed by Stanton and Todd and on the systemic-motivational therapy developed by Steinglass, and it is usually of short duration, i.e. approximately 12 sessions during a 6 to 9-month period. The principal objectives of therapy are to identify the intrafamilial dynamics and patterns of behaviour that are related to the substance misuse, to reduce high expressed emotion, to ease the feelings of ambivalence towards change within the family, and to facilitate family members to deal with potential crises, relapses, and the resulting difficult situations. Also, dysfunctional communication patterns are made visible and partners are enabled to steer through such situations. Interventions like role-designation, encouraging a substance-free environment at home, close observation of self and others are used to challenge the habitual perseverance in old roles and enhance the likelihood of changing these patterns.

Much effort is dedicated to brief family interventions in cases where the substance misusing person is refusing to enter treatment, in order to attain more success in motivating him/her and to increase his/her problem awareness and acceptance of help.
Thus, family members and concerned others are welcome to the Service and are considered as a main target group of therapeutic practice. Effectiveness in reluctant clients entering treatment has been estimated to reach 50% after brief family intervention.

**Link to community**

The broader social environment plays a major role in individual and family wellbeing, quality of life, attitudes towards substance consumption and efforts to cope with substance related problems. Community reinforcement approaches have been proved to be effective in both substance misuse treatment and relapse prevention. Self-help groups are not widespread in Greece, where a family-oriented culture of support in case of health or other problems is still prevalent. While prevention activities in schools and local communities are widespread and well-organized, much has yet to be done towards the implementation of community reinforcement approaches in the field of substance misuse treatment and rehabilitation. As stated above, several AA groups are active in Athens and in some cases a bidirectional referral policy is encouraged within the “Athena” Service. A stronger link has been developing recently with the “Clubs of Families with Alcohol-related Problems”, which are operating in Athens, Piraeus, Patras and Heraklion. They are active in communities as multifamily groups oriented to an alcohol-free society and based on mutual support, relapse prevention and enhancement of resilience and healthy resources.

**Changes in the profile of individuals addressing the “Athena” Service in the course of the last 15 years**

The “Athena” Service has been operating since 1998 on a daily basis. A total sample of 2,983 individuals with substance use, misuse and/or dependence has addressed the unit for help during this 15-year period. Half of them (n=1,511, 50.6%) reported alcohol as the main substance of abuse and presented significant alcohol-related problems (table 1). The proportion of alcohol-dependent clients gradually increased over the years due to the fact that the ‘Athena’ service is one of the few units providing specialized treatment for alcohol-related problems in the broader Athens Metropolitan area. The mean age of clients was 43.8 years; 69.8% of the sample were males (n=1,055) and 30.2% were females (n=456). An increase in clients’ age-range has been observed during these years (range: 18–76). Furthermore, a gradually increasing number of women have addressed the service. Several other changes have been empirically observed in the profile of clients presenting alcohol-related problems:

- An increasing proportion of young adults (18 to 25 years old) reporting multi-substance use, mainly cannabis and alcohol, presenting concurrent psychiatric or psychological disorders, such as ADHD, depression, eating disorders, aggressive behaviours, various traumatic experiences, i.e. sexual/physical abuse, and personality disorders.

- An increasing proportion of adults (35 to 45 years old), of a relatively high social and professional status, who regularly use or misuse substances, mainly during weekends. Alcohol-use problems had a recent onset and were related to physical or mental health problems, dysfunction in couple/family life, and occupational difficulties (in several cases...
unemployment or financial difficulties were linked to the recent Greek economic crisis).

- A decreasing proportion of middle-aged individuals (around 55 years old) presenting with chronic alcohol misuse and dependence, with a long-ago onset and slow development of alcohol-related problems. These people usually suffer from severe and chronic health consequences of alcohol dependence and are more often in need of inpatient treatment. Their alcohol dependence can be linked to socio-cultural circumstances, such as wine production, or to professions highly exposed to alcohol (bars, restaurants, etc.).

- An increasing proportion of older age individuals (over 65 years old) with chronic alcohol misuse and dependence and concurrent severe neurological impairments, chronic severe physical and mental health problems, who usually need long-term inpatient treatment and multi-disciplinary support.

Sociodemographic characteristics of clients addressing the “Athena” Service in 2012

The “Athena” Service participates in the data collection network regarding new clients asking for help in the field of substance misuse and addiction promoted by the Greek Reitox Focal Point. The Pompidou Group Treatment Demand Indicator (TDI)\(^2\) is a questionnaire administered after informed consent to each individual admitted to treatment. The TDI collects basic sociodemographic information, as well as information on patterns of substance use and misuse and previous treatment attempts. Although it has been utilized nationwide in Greece since 2000 by the drug addiction treatment units, its version for clients presenting alcohol misuse has only been adopted since 2010. The Greek Reitox Focal Point is in charge of collecting and elaborating nationwide data yearly, as well as data from every single treatment unit which provides the TDI forms.

During 2012, a total number of 133 individuals presenting alcohol-related problems completed the TDI forms at the “Athena” Service.\(^3\) Almost half of the sample (41.4%) had never asked for treatment anywhere before and only a small percentage had already addressed the unit in the past. The majority (57%) were referred by other services or health professionals. Regarding their sociodemographic characteristics, most were men (58%), with a mean age of 45.4 years (range 20–69), the majority (64%) being within the 30–51 age group (table 2). Forty-four percent were married, 23.3% separated or divorced, and 32.3% were single (table 2). The majority of them (60%) had children. Most of them were Greeks (89.5%) and were residents of the broader Athens Metropolitan area (Attica) (92%). Regarding employment, only a third of them had a stable job (33.6%) and one third were unemployed (34.1%) (table 2). Only 6.8% reported living with another person misusing alcohol or another substance; 40.6% self-reported being middle class, and 49% were of high-school education, whereas 30% had a university degree (table 2).

In terms of pattern of alcohol use, regular alcohol consumption started at a mean age of 33.2 years (range: 15–66) (table 3). At the time of assessment, 39.8% consumed alcohol on a daily basis and 15% reported abstinence during the last month. Mean alcohol consumption during the last month was 8.6 units per day (range: 1–33). The large majority (91.7%) reported no other illegal psychotropic substance use during the last month but 45% reported past use, mainly of cannabis (96.7%), cocaine.

| Table 2. Socio-demographic characteristics of the clients who addressed the “Athena” service during 2012 (n=133). |
|---|---|---|
| **Sex** | **n (%)** |
| Men | 77 (57.9) |
| Women | 56 (42.1) |
| **Age (years)** | **n (%)** |
| 30–40 years | 35 (26.3) |
| 41–51 years | 50 (37.6) |
| 52+ years | 39 (29.3) |
| **Employment** | **n (%)** |
| Employed (Fulltime/Part-time) | 43 (32.6)/11 (8.3) |
| Unemployed | 45 (34.1) |
| **Family status** | **n (%)** |
| Married | 59 (44.4) |
| Single | 43 (32.3) |
| **Education** | **n (%)** |
| Primary/High-school | 13 (9.8)/65 (48.9) |
| University degree | 31 (23.3) |
(73.4%), ecstasy (26.7%), LSD (23.3%) or opiates (73.4%). Types of alcoholic beverages were: wine (31%), beer (26.3%), ouzo and raki (22%), and “hard” drinks, i.e. whisky, vodka, gin etc. (21%). Start mean age of alcohol-related health or behavioural problems was 36.8 years (range: 17–67) (table 3), which corresponds to three years after beginning regular alcohol consumption. Regarding alcohol-related aggressive/violent behaviour, 43% endorsed that they never became verbally or physically violent as a consequence of alcohol consumption, but the rest associated their alcohol use either with verbal aggressiveness (36.8%) or with both verbal and physical violence (20.3%) towards family members (table 3). Frequent drink driving was reported by 28%, whereas 48.6% never drove following alcohol use (table 3). The majority (66.2%) reported having a physical health problem and 46.5% a mental health problem related to their alcohol consumption (table 3); problems with the law related to alcohol misuse were reported by 21%. Regarding the occurrence of alcohol-related problems in the extended family, 47.4% responded affirmatively.

Overall, the profile of clients addressing the “Athena” service compared with the nationwide profile of individuals requesting treatment for alcohol-related problems is as follows: more women, younger people and fewer non-EU citizens addressed the unit, compared with other services. Of importance, approximately one third (n=135; 28.3%) of all clients (n=477) who filled in the TDI nationwide in 2011 entered treatment at the “Athena” Service. These data highlight the increasing importance and the first-line role of the “Athena” service in the Greek network of specialized units offering treatment for alcohol-related problems. The “Athena” Service was evaluated in 2011 by a joint committee of the Greek Ministry of Health and the General Inspector of Public Administration and was found to meet high standards.

The economic crisis in Greece has deepened since 2010 and the country’s economy has shrunk by 20% between 2008 and 2012. Unemployment skyrocketed during this 4-year period (more than tripled) and reached historical peaks.31 The situation in Greece is exceptionally difficult and the public health sector faces serious and painful cutbacks. State funding for mental health has decreased by more than 20% during these years of austerity, constraining the capacity of mental health services to meet the needs with the 120% increase in use during the past couple of years.32 The substantial deterioration in mental health is reflected by the considerably increased prevalence of depression and suicidality,33–36 as well as the increase of illicit drug use with a concomitant sharp rise in the number of new HIV infections.37 Although a reduction in total alcohol consumption has been reported during the first years of the economic crisis,38 probably due to the newly imposed high taxes, the longer-term impact of the crisis on alcohol abuse and alcohol-related problems is still unknown. Whatever the case, alcohol treatment services should closely monitor dangerous alcohol consumption and changing patterns of misuse in order to avert a future "epidemic" of alcohol-related problems.

**Table 3.** Pattern of alcohol use and alcohol-related behaviors of the clients who addressed the “Athena” service during 2012 (n=133).

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start mean age of regular alcohol use (mean, range) years</td>
<td>33.2 (15–66)</td>
</tr>
<tr>
<td>Start mean age of alcohol-related health or behavioral problems (mean, range) years</td>
<td>36.8 (17–67)</td>
</tr>
<tr>
<td>Physical aggressiveness (n, %)</td>
<td>49 (36.8)</td>
</tr>
<tr>
<td>Physical/verbal aggressiveness (n, %)</td>
<td>27 (20.34)</td>
</tr>
<tr>
<td>Health or behavioral problems (n, %)</td>
<td>71 (53.4)</td>
</tr>
<tr>
<td>Drink driving (n, %)</td>
<td>52 (48.6)</td>
</tr>
<tr>
<td>Never</td>
<td>25 (23.4)</td>
</tr>
<tr>
<td>Sometimes</td>
<td>15 (14.0)</td>
</tr>
</tbody>
</table>

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Κατάχρηση οινοπνευματωδών στην Ελλάδα: 15 χρόνια εμπειρίας στο πλαίσιο ενός εξειδικευμένου εξωτερικού προγράμματος απεξάρτησης

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Η χρήση οινοπνευματωδών αποτελεί διαδεδομένη παραδοσιακή συνήθεια στην Ελλάδα. Σύμφωνα με επιδημιολογικές έρευνες στον γενικό πληθυσμό τρεις στους τέσσερις Έλληνες ηλικίας 12–64 ετών ανέφεραν κατάχρηση οινοπνευματώδους ποτού κατά τον τελευταίο χρόνο, ενώ το 10% από αυτούς ανέφερε τουλάχιστον ένα επεισόδιο κατάχρησης τον τελευταίο μήνα. Επίσης, η πλειονότητα των εφήβων ηλικίας 13–18 ετών ανέφερε ότι κατανάλωσε κάποιο οινοπνευματώδες ποτό τουλάχιστον μία φορά στη ζωή τους, ενώ το 14,8% από αυτούς ανέφερε τουλάχιστον τρία επεισόδια κατάχρησης τον τελευταίο μήνα. Η διαφοροποίηση στον τρόπο χρήσης οινοπνευματωδών, όπως και οι αλλαγές στα χαρακτηριστικά των ατόμων που παρουσιάζουν προβλήματα σχετιζόμενα με τη χρήση αλκοόλ, συνδέονται με τις πολιτισμικές και οικονομικές αλλαγές στην ελληνική κοινωνία κατά τη διάρκεια των τελευταίων δύο δεκαετιών.

Το Πρόγραμμα «ΑΘΗΝΑ» αποτελεί μία εξωτερικού τύπου θεραπευτική μονάδα απεξάρτησης, η οποία απευθύνεται σε άτομα που κάνουν κατάχρηση ή έχουν εξαρτηθεί από παράνομες ψυχοτρόπες ουσίες ή/και αλκοόλ, καθώς και στις οικογένειές τους. Είναι μία εξειδικευμένη «στεγνή» υπηρεσία που δεν χορηγεί υποκατάστατα εθιστικών ουσιών και στελεχώνεται από ειδικούς ψυχικής υγείας που λειτουργούν ως ενιαία διεπιστημονική ομάδα.

Στις κύριες θεραπευτικές προσεγγίσεις που εφαρμόζονται στο πρόγραμμα συμπεριλαμβάνονται οι τεχνικές κινητοποίησης, η γνωσιακή-συμπεριφορική ατομική ψυχοθεραπεία και η συστημική ψυχοθεραπεία οικογένειας. Φαρμακευτική αγωγή χορηγείται συνήθως στις περιπτώσεις συννοσηρότητας. Επιπλέον στήριξη προσφέρεται μέσω της χορήγησης φαρμάκων ανταγωνιστών ή/και μέσω βραχείας νοσηλείας σε ειδικό ψυχιατρικό τμήμα, εφόσον αυτό κρίνεται απαραίτητο. Δεν τίθενται αυστηροί χρονικοί περιορισμοί σχετικά με τη διάρκεια και τη λήξη της θεραπείας. Συνολικά, 1511 ατόμα με προβλήματα σχετιζόμενα με τη χρήση αλκοόλ απευθύνθηκαν στο Πρόγραμμα «ΑΘΗΝΑ» κατά το διάστημα 1998–2013. Στην παρούσα αποτίμηση περιγράφονται οι σημαντικότερες αλλαγές που παρατηρήθηκαν στα χαρακτηριστικά των ατόμων με προβλήματα σχετιζόμενα με την κατάχρηση αλκοόλ κατά τη διάρκεια της τελευταίας δεκαετίας, όπως (α) ο σταδιακά αυξανόμενος αριθμός γυναικών που απευθύνονται στο πρόγραμμα, (β) το αυξανόμενο ποσοστό νεαρών ατόμων που παρουσιάζονται με χρήση πολλαπλών υσιών και συνύπαρξη άλλης ψυχικής διαταραχής, (γ) ο αυξανόμενος αριθμός ενήλικων με καθημερινή χρήση/κατάχρηση αλκοόλ, (δ) το μειούμενο ποσοστό μεσήλικων ατόμων με νεαρό πρόβλημα κατάχρησης, (ε) ο αυξανόμενος αριθμός ηλικιωμένων με χρόνια εξάρτηση από το αλκοόλ και παράλληλες σοβαρές νευρολογικού τύπου επιπλοκές.

Δίνονται στοιχεία σχετικά με τα κοινωνικο-δημογραφικά χαρακτηριστικά των ατόμων με προβλήματα σχετιζόμενα με το αλκοόλ (n=133) που απευθύνθηκαν για βοήθεια στο Πρόγραμμα «ΑΘΗΝΑ» κατά τη διάρκεια του έτους 2012, και επισημαίνεται η ανάγκη επαγρύπνησης των υπηρεσιών απεξάρτησης λόγω των αλλαγών που επέφερε η πρόσφατη οικονομική κρίση.

Λέξεις ευρετηρίου: Κατάχρηση αλκοόλ, απεξάρτηση από το αλκοόλ, εξωτερικό πρόγραμμα απεξάρτησης, Πρόγραμμα «ΑΘΗΝΑ».
References

16. APA. Diagnostic and Statistical Manual of Mental Disorders. 4th ed. Text Revision. Am Psych Assoc 2000
30. Greek Reitox Focal Point (EKTEPN). Treatment Demand Indicator Alcohol-Statistics. Athens, EKTEPN – UMHRI 2012 (in Greek)
38. HELLASTAT. Sector study: alcoholic beverages. Athens, HELLASTAT, 2010

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