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**Suffering at the Hands of the State
Conditions of Imprisonment and Prisoner
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Recent decades have witnessed a dramatic rise in the use of imprisonment in a large number of jurisdictions worldwide (Van Dijk 2008: 259-260). As well as trying to gauge the precise scale and explain the underlying causes of this trend, scholarship has duly paid increasing attention to the experience of imprisonment as such, including the harms it generates for prisoners. Conditions of imprisonment and prisoner health typically occupy centre stage in this regard. The jurisdictional focus of international reviews that integrate pertinent literature, however, is largely restricted to the Anglophone world (see, for example, Fazel and Baillargeon 2010). This is not to say that jurisdictions elsewhere do not or should not concern themselves with the conditions of imprisonment and prisoner health, nor necessarily that relevant information is wholly unavailable or inaccessible outside their national borders.

With a view to helping rectify this gap in the international review literature, the present article turns attention to the case of Greece, offering a systematic summary of key findings from a range of sources in both Greek and English: from scholarly studies (published as well as unpublished), to media reports (investigative or otherwise), to official documentation produced by interested organisations (domestic and foreign), to ex-prisoner autobiographies. To the extent that space allows, indications are also provided as to how prison conditions and prisoner health in Greece compare internationally. The overarching aim of such comparisons is to emphasise the need and illustrate the potential for urgent remedial intervention, rather than suggest that Greece is destined to be an outlier *vis-à-vis* its Western counterparts.

Against the background of an immense growth in the use of imprisonment in Greece over the last three decades or so, it is shown that prison establishments are greatly overcrowded and material conditions of detention are deplorable.¹ Healthcare provision is minimal, and the prevalence of serious transmittable diseases and mental disorders amongst prisoner populations is high, as are the rates of deliberate self-harm, suicide, and death more generally. Indeed, the officially recorded incidence of prisoner deaths has risen at a faster pace than imprisonment itself. Prisoner use of prescribed and illicit drugs is common, especially as regards injection drugs, and drug overdose appears to account for the majority of prisoner deaths. These findings add to growing concerns expressed by international observers, and will hopefully provoke Greek state authorities to actively

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¹ This is without taking into account immigration detention centres, which are analysed separately elsewhere (Cheliotis 2012, forthcoming; see also MSF 2010; CPT 15 March 2011). Regarding legal provisions as such, Greece lagged behind international standards in the aftermath of the 1967-1974 dictatorship (Patouris 1979). Several legislative reforms of a more 'liberal' outlook have taken place ever since, but their actual implementation has been piecemeal at best (see further Cheliotis 2010, 2011).

promote change, whether through substantively reforming the existing prison system or, as seems imperative, implementing policies of decarceration.

The Use of Imprisonment in Greece: 1980-2006

To put the ensuing discussion in context, this first section outlines some basic findings from the author's reanalysis of data compiled and published by the National Statistical Service of Greece (NSSG) on the rates of imprisonment in the country during the period 1980-2006 (Cheliotis 2011).²

The caseload of convicted prisoners in Greece has risen at a faster pace than the caseload of pre-trial detainees. This has been the consequence of a dramatic rise in the length of stay in prison under conviction, itself stemming from the increasing length of custodial sentences and the parallel shrinking of rates of discharge (on parole, for example). Overall, the upward trend in the use of imprisonment can be traced to the 1980s.

Although the 1980s saw a modest decline of 6 percent in the annual caseload of convicted and remand prisoners (from 11,455 or 119 per 100,000 population in 1980 to 10,763 or 107 per 100,000 population in 1989), the average length of stay in prison under conviction saw a 47 percent rise (from 3.8 months to 5.6 months). Over this time, there was a large increase in the annual caseload of prisoners sentenced to longer custodial terms, and a 35.3 percent decrease in the annual caseload of convicted prisoners being discharged for any reason. Between 1990 and 2006, the annual caseload of convicted and remand prisoners rose by 52.6 percent (from 11,835 or 116 per 100,000 population to 18,070 or 162 per 100,000 population), accompanied by a meteoric increase of 1,337 percent in the average length of stay in prison under conviction (from 5.1 months to 73.3 months).³ During this period, there was a huge expansion in the annual caseload of prisoners sentenced to longer terms –indeed, by 2006, the annual caseload of prisoners sentenced to a year or more was rapidly approaching parity with the historically peak levels recorded from the interwar years (on which see further Cheliotis and Xenakis 2010)–, whilst the annual caseload of convicted prisoners discharged for any reason fell in proportion to the annual caseload of convicted prisoners, from 52.9 percent to 44.6 percent.

Ever since 1990, the majority of convicted prisoners in Greece have served a sentence for a drug-related offence.⁴ In 2006, for instance, the principal offence of conviction in 32.3 percent of the caseload of convicted prisoners fell under the broad category of drug-related offences (e.g., illicit drug use, drug trafficking), up from a mere 7.6 percent in 1980 and 14.2 percent in 1990. Drug trafficking, an offence category that in Greece includes possession of relatively small quantities of drugs, has grown to become the most common drug-related conviction offence. In 2006, it accounted for 94.2 percent of the caseload of convicted drug offenders, and for 30.5 percent of the total

² NSSG data for more recent years were not available at the time of this writing.

³ Ministerial snapshot censuses of the prison population are available up to 2010. Between 1980 and 2010, the total of convicted and remand prisoners grew by 256.1 percent, from 3,191 to 11,364. But as explained elsewhere (Cheliotis 2011: 558-559), snapshot censuses obscure the number of offenders held in custody over the course of a year, the number of offenders sent to prison by the courts over that year, and the length of their stay in prison.

⁴ This is despite the fact that the prevalence of drug use in the country has long been one of the lowest in Europe (see further EMCDDA 2010a).

caseload of convicted prisoners. In the same year, 44.9 percent of convicted drug traffickers were themselves drug users. Property offences have accounted for most of the remainder in the caseload of convicted prisoners (they comprised 25 percent in 2006), whilst special mention needs to be made of illegal entry into, departure from, or stay in the country, which has become one of the most common offence categories amongst convicted prisoners (and non-Greeks in particular). From 1993, when relevant NSSG data first became available, to 2006, as a proportion of the total caseload it rose from 6.9 percent to 13.9 percent.

With insignificant variation over time, cases of convicted prisoners in Greece are overwhelmingly male and adult (e.g., 93.4 percent and 99.2 percent of the prisoner caseload in 2006, respectively). As regards the nationality of convicted prisoners in the caseload, however, the temporal variation is striking. Between 1996 and 2006, for example, the annual caseload of non-Greek prisoners rose by 140.5 percent, from 2,253 (or 404 per 100,000 non-Greeks) to 5,420 (or 559 per 100,000 non-Greeks).⁵ Correspondingly, the proportion of non-Greeks amongst the total caseload of convicts increased from 25.3 percent to 41.1 percent. This is four times higher than the estimated proportion of non-Greeks in the general population of Greece, which is to be explained mainly by reference to the sentencing behaviour of judges, rather than the level and nature of non-Greeks' criminal involvement (see further Cheliotis and Xenakis 2011; Karydis 2011). In 2006, and reflecting a long-standing upward trend, the majority (52.4 percent) of non-Greek convicted prisoners were of Albanian origin. During the same period (1996-2006), the annual caseload of Greek convicts increased by 16.8 percent, from 6,632 (or 65 per 100,000 Greeks) to 7,750 (or 76 per 100,000 Greeks), but dropped in reference to the annual total of cases of convicted prisoners, from 74.6 percent to 58.8 percent (ibid.).

The Prison Estate

The Greek prison estate currently comprises 34 establishments, of which there are three main types. First are the 'general' prisons, subdivided into 'type A' (for remand prisoners, debtors, and short-term convicts) and 'type B' (for long-term convicts and lifers), although there is a significant degree of overlap between these subdivisions due to overcrowding. Second are the 'special' prisons, spanning agricultural units, young offender institutions, and the central storage and supply centre (which holds prisoners working at the bakery of the male prison of Korydallos). And third are the 'therapeutic' prisons, subdivided into 'general hospitals', 'psychiatric clinics', and 'drug rehabilitation units'. There are 24 general prisons (15 of type A and 9 of type B), 7 special prisons (3 agricultural units, 3 young offender institutions, and the central storage and supply centre), and 3 therapeutic prisons (a general hospital, a psychiatric clinic, and a drug rehabilitation unit). Women are held in two all-female prisons, one of type A and the other of type B, and few are held in male prisons separately from the general male population. Albeit the largest by a narrow margin, the male prison of Korydallos (located in the prefecture of Piraeus, outside Athens) is by far the most populated establishment in the country, holding around one-fifth to one-sixth of the total prison population at any given time (see also below).

⁵ NSSG data on cases and prison admissions of non-Greek convicts were first made available in 1996.

The operation of prisons in Greece is coordinated centrally by the Ministry of Justice and a number of its bodies, including, amongst others, the General Directorate of Correctional Policy, the Central Committee of Prisoner Transfers, and the Scientific Board of Prisons. In theory, the role of the latter is to provide the Minister with independent suggestions and opinions on any aspect of prison policy. In practice, however, the board is principally manned by high-ranking ministerial officials, prison governors and public prosecutors, and less by academics or other ‘specialist scientists’. As a result of this, the board is said to lack independence from the Ministry, and its recommendations are in any case seldom taken into account (Lambropoulou 2008; Karydis and Fytrakis 2011; see also Panousis 2008). In light of spectacular security failures (the most well-known of which are two helicopter escapes by the same two prisoners, from the same prison, and within the space of three years), a Secretariat of Prison Security has also been formed and given increasing prominence in recent years.

As far as the inspection of Greek prisons is concerned, every establishment is served by a prosecutor, whose formal role is to ensure that rules and regulations are fully observed, and to monitor the fair treatment and welfare of prisoners. Nevertheless, prosecutorial input tends to fixate on security concerns at the expense of prisoners’ rights (Karydis and Fytrakis 2011: *xxii*). A unit of external inspectors was established in 2002, flatteringly called ‘untouchables’ and ‘Rambos’ by pro-government media of the day. But the unit has only operated with limited capacity, not least due to gross understaffing (with only four individuals in place, one of whom is a retired member of the judiciary). It has also been argued that the unit in question is characterised by opacity, for ‘it fails to publicise the slightest information about any possible inspection work [it undertakes]’ (*ibid.*).

There are additional ways in which the internal operations of prisons are shrouded in a veil of secrecy. To give only a few examples, access to prisons has been limited for the Greek Ombudsman (the main alternative inspectorate body), associations of lawyers, medical NGOs, academic researchers, and MPs; prisoners’ correspondence with the outside world is often censored; and publicly available ministerial statistics are partial and tend to be unreliable, downplaying the actual use of imprisonment and associated problems (see further Cheliotis 2011). Whilst inspections by the Ombudsman may have become somewhat easier since 2009, when pertinent legislation was passed, the strict obligation to give prison establishments advance warning cannot but have undermined the very purpose of conducting inspection visits (Karydis and Fytrakis 2011: *xxvi*). It thus seems ironic that the Ministry of Justice was renamed in the same year the Ministry of Justice, Transparency, and Human Rights.

Material Conditions of Imprisonment

The surge in prisoner numbers has contributed decisively to the severe overcrowding in the Greek prison system. Indeed, international comparative research has repeatedly ranked Greek prisons as the most overcrowded in Europe (see, for instance, Blaauw *et al.* 2000; Zurhold *et al.* 2005; Salize *et al.* 2007; Aebi and Delgrande 2010). Despite the addition of new prisons and the construction of extra accommodation at existing sites in recent years, overcrowding has persisted. During the period 1994-2009, the total certified accommodation rose by 133.8 percent, from 3,892 to 9,103, compared to a 70.4 percent increase in the total prisoner population (from 6,884 to 11,736, as measured in annual

one-day snapshot censuses by the Ministry of Justice). The ratio of prisoners to certified accommodation was thus brought down from 1.76 to 1.28, but the problem still exists, so much so that even prison staff unions have formally complained to the Ministry of Justice (see, for example, *Proto Thema* 27 April 2011).⁶ Nowhere is the problem of overcrowding more evident than in the male prison of Korydallos. With its certified accommodation standing at 800 prisoners, the male prison of Korydallos held 2,018 prisoners on 1 January 2009; a ratio of 2.52 (see also Aloskofis 2005).⁷

Partly as a consequence of overcrowding, and partly due to a continuing lack of state provision, conditions of imprisonment are deplorable. A number of academic studies (for example, by Dimopoulos 1998; Gerouki 2002) sustain prisoner and ex-prisoner allegations (for example, by Roussos 1991; Samaras 1999; Nikoloutsopoulos 2008) and reports by the media, national pressure groups, and international watchdog organisations (see further Karydis and Fytrakis 2011: 171-265; CPT 8 February 2008, 17 November 2010; UN 20 October 2010; U.S. Department of State 2011) that Greek prisons are plagued by insufficient floor space, limited sanitation, lack of ventilation and hot water, unsuitable room temperature, and poor hygiene. As regards female prisoners in particular, an international study carried out in the mid-2000s showed that a mere 8.7 percent of women prisoners in Greece occupied a single cell, and 36.2 percent shared a dormitory with around thirty to fifty others (Dünkel 2007; see also Atsalaki 2005). Provision of basic material necessities like mattresses, bed linen, toilet paper, soap, and toothpaste is problematic, and charities or even prisoners themselves are increasingly relied upon to fill the gaps (see, for instance, *Ethnos* 28 February 2011).⁸

On various occasions, the European Court of Human Rights has imposed penalties on the Greek state for inhumane and degrading treatment of detainees (see Galanou, 2011). The latest such case was in February 2011 and involved compensation to a male prisoner who had been detained in a dilapidated dormitory of 50 square meters with thirty others (*Nisiotis v. Greece*, no. 34704/08).

Health Services

Medical provision in Greek prisons has long been minimal. In 2010, according to data supplied by the Greek Government itself, the absolute numbers of various categories of 'active' healthcare staff in the prison system of the country fell well below the corresponding numbers of 'permanent positions' provided for by Cabinet Act (which are themselves arguably too meagre to accommodate the needs of prisoners). In particular, there were 71 instead of 182 healthcare staff in place: 11 instead of 51 medical

⁶ In the same spirit of concern for the state of prisons in Greece, especially amidst the country's financial crisis, the European Federation of Public Service Unions (EPSU) chose Athens as the site of its May 2011 conference on 'Trade unions working for better prison services in Europe'. The conference was organised jointly with the Greek Federation of Correctional Personnel Unions (see further OSYE 3 May 2011).

⁷ If, as Koulouris (2009: 125) suggests, the total certified accommodation is 'subject to an array of manipulations on the part of those who define it' (in the sense, for example, that additional accommodation does not necessarily imply additional space), then the problem of prison overcrowding in Greece may be even graver.

⁸ In a small-scale survey conducted in 2009 with a total of 123 male adult and juvenile prisoners from five establishments, the overall state of physical conditions (e.g., ventilation, sanitation, heating) and of medical provision were both rated negatively, with only one establishment (the psychiatric clinic of Korydallos) faring somewhat positively, and one (the male prison of Korydallos) receiving by far the worst scores (*Ethnos* 19 October 2009). For a similar survey, see Dünkel (2007).

specialists, 4 instead of 19 dentists, 2 instead of 5 pharmacists, and 54 instead of 107 nurses (Greek Government 2010: 67). This differs sharply from other countries of Southern Europe such as Italy and Spain, where operating healthcare staff amount to 967 and 541, respectively (Aebi and Delgrande 2010). In the general population of Greece, by contrast, there is an oversupply of medical specialists, dentists, and pharmacists (indeed, an oversupply that is impressive by European standards; Davaki and Mossialos 2006: 297).

Staffing levels in Greek prisons are often so low that healthcare centres are effectively run by prison officers and even prisoners themselves, including having responsibility for the distribution of medication. Visits by outside specialists such as cardiologists, dentists, and dermatologists are infrequent and far too brief to meet the needs of prisoners (see further CPT 8 February 2008, 17 November 2010; Dandoulaki 2008; Karydis and Fytrakis 2011). An ambitious attempt was made in the late 1990s to operate a telemedicine programme in the male prison of Korydallos, but it quickly foundered on prison bureaucracy and the inflexibility of the national health system (Anogianakis *et al.* 2003; Anogianaki *et al.* 2004).

Newly-arrived prisoners are not required to undergo physical examination by a medical doctor (though they are typically subjected to degrading strip searches by prison officers), personal medical records are not kept systematically, and respect for medical confidentiality is not observed (CPT 8 February 2008; Sakelliadis *et al.* 2008). No wonder the scope and quality of medical provision are evaluated very poorly by prisoners (see, for example, Gerouki 2002; Dünkel 2007; Dandoulaki 2008), and have earned Greece international scorn and judicial penalties (see further Galanou 2011). Most notably, in 2010, the European Court of Human Rights ordered the Greek state to pay damages for insufficient medical provision to Savvas Xiros, a half-blind and nearly deaf amputee since his arrest in 2002 for involvement in the terrorist group November 17 (Xiros v. Greece, no. 1033/07).⁹

With respect to mental health services, the ratio of mental health staff to prisoners in Greece has been found to be one of the lowest in Europe (Blauuw *et al.* 2000: 655). Indeed, Salize *et al.* (2007: 23) report that there were only five psychiatrists working in the entire Greek prison system in 2006 and only one of them on a full-time basis. In its response to CPT (the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment) in November 2010, the Greek Government stated that there were three 'active' psychiatrists in the prison system of the country (which is far below the thirty-seven 'permanent positions' provided for by Cabinet Act) (Greek

⁹ In October 2006, the Misdemeanour Court of Piraeus rejected Xiros' application for temporary suspension of his custodial sentence on grounds of ill health. Given the risk that he would otherwise completely lose his eyesight and that his hearing would deteriorate further, Xiros had requested that he be allowed to receive specialist medical treatment either in Thessaloniki or Crete for a period of five months (*in.gr* 10 October 2006). Interestingly, according to official cables by the US embassy in Athens as of 2006 onwards (as publicised in 2011 by the whistle-blowing website *WikiLeaks*), US officials have been concerned with what they have perceived as the ease by which judicial authorities in Greece have granted early release to political prisoners on health grounds. Nevertheless, as they themselves have also acknowledged, Xiros '[was] denied conditional release [sic] on health grounds despite his suffering from serious health problems' (*Ta Nea* 20 June 2011). More recently, in June 2011, Xiros had a very similar application for temporary suspension of his custodial sentence rejected by the same court (*Athens News* 7 June 2011).

Government 2010: 66-67). Mental health screening is not required at any point in the process of incarceration, suicide prevention programmes are not available, nor is there any provision of post-release mental health services (see further Blaauw *et al.* 2000; Salize *et al.* 2007; Dressing and Salize 2009). As a consequence, mental health problems are poorly recognised and dealt with (Fotiadou *et al.* 2006; Alevizopoulos *et al.* 2007; see also below).

In much the same vein, there is a lack of methadone maintenance treatment for drug-addicted prisoners, therapeutic communities and so-called ‘harm reduction’ measures such as drug-free wings are available in only a small number of prisons, whilst systematic pre- and post-release support for drug-addicted prisoners (e.g., in terms of accommodation and employment) is absent (Zurhold *et al.* 2005; EMCDDA 2010a). All of these are conditions which increase the risk of death by overdose upon release (EMCDDA 2010a).

Transmittable Diseases and Mental Disorder

There are no official data in Greece on the prevalence of serious transmittable diseases in prisons. Scholarly research, however, reveals that hepatitis is highly prevalent amongst prisoner populations in the country. For example, in a study by Chatziarsenis *et al.* (1999) based on blood samples of 45 male and female prisoners in the prison of Neapoli in Crete in the late 1990s, 20 percent were found to be positive for hepatitis B, 15.5 percent for hepatitis C, and 13.3 percent for hepatitis B surface antigen (a rate that was considerably higher than that observed in the general population of Crete) (see also Dandoulaki 2008). Similarly, in a self-report survey of 74 female prisoners in the early 2000s, hepatitis was reported by 15.9 percent of the sample (whilst 6.3 percent reported genital diseases, 4.5 percent reported HIV/AIDS, and 3 percent reported tuberculosis) (Dünkel 2007). There is also evidence to suggest that the prevalence of hepatitis in Greek prisons is significantly higher amongst drug users. In a study by Malliori *et al.* (1998) based on blood samples of 533 male and female drug users imprisoned for drug-related offences in the mid-1990s, 57.6 percent were found to be positive for hepatitis B and 58.2 percent for hepatitis C. Also, 6.5 percent were found to be positive for hepatitis B surface antigen and 2.3 percent for hepatitis D. As concerns specifically hepatitis B and C, rates rose amongst injecting drug users to 80.6 percent and 62.7 percent, respectively.

As with serious transmittable diseases, no official data are available in Greece on the prevalence of mental disorder in prisons. A number of scholarly studies, however, demonstrate that large proportions of prisoners suffer from a mental disorder, e.g., major depression and anxiety disorder (see, amongst others, Fotiadou *et al.* 2006; Dünkel 2007; Alevizopoulos *et al.* 2007; Salize *et al.* 2007; Maniadaki and Kakouros 2008; Dandoulaki 2008). Indeed, the prevalence of mental disorder in Greek prisons appears to be amongst the highest in European comparison (Alevizopoulos *et al.* 2007: 52; see also Dünkel 2007). Moreover, in line with the international trend, there is evidence to suggest that the diagnosed occurrence of mental disorders in Greece is significantly greater amongst prisoners than in the general population (Livaditis *et al.* 2000; Fotiadou *et al.* 2006).

Many prisoners suffering from a mental disorder have received psychiatric treatment at some point prior to their incarceration, and a considerable number are in contact with a psychologist or psychiatrist whilst in prison, although the regularity, duration and precise nature of this contact remains unclear (see further Lekka *et al.* 2003;

Fotiadou *et al.* 2006; Dünkel 2007; Dandoulaki 2008). In a small-scale study by Dandoulaki (2008) in the prison of Nea Alikarnassos in Crete, the vast majority of prisoners surveyed thought that their incarceration had contributed to the development of psychological problems regardless of whether they first exhibited such problems before or during their incarceration (see also Gerouki 2002). Also, a study conducted in the 1990s with 55 adolescent males held in two establishments showed that psychological morbidity is less likely to manifest itself amongst minority groups such as immigrants and gypsies (Livaditis *et al.* 2000), but the small sample size precludes generalisation. Particularly as concerns inmate mothers, separation from their children has predictably been found to bear a strong correlation with increased levels of depression (Mousouli 2002; see also Atsalaki 2005; Demeli 2010).

Self-harm, Suicide and Death

Research has shown that the rates of deliberate self-harm are especially high amongst prisoners in Greece. In the most recently published study on the topic, a self-report survey of 164 male prisoners in the prison of Halkida, 34.8 percent of the sample reported having deliberately engaged in self-injurious behaviour (without suicidal intent) whilst in prison, from hitting one's own head and wrist-cutting to skin piercing and self-burning (Sakelliadis *et al.* 2010). Such high rates are not surprising in the Greek context, given that self-harm correlates strongly with overcrowded conditions (Spinellis and Themeli 1997) and mental disorder (Lekka *et al.* 2006), but also with drug use (Sakelliadis *et al.* 2010), which is discussed separately in the next section.

The officially recorded incidence of prisoner deaths, meanwhile, has risen at a faster pace than imprisonment itself. Between 1980 and 2005, the annual total of prisoner deaths increased by 350 percent, from 12 to 54, whereas the annual prisoner caseload rose by 56 percent, from 11,455 to 17,869. The overall total of prisoner deaths during the same period was 730, an average of 28 deaths per year or roughly one prisoner death every fortnight.¹⁰ In more recent years, prisoners have made repeated allegations of a rising death toll, with the Ministry of Justice counter-claiming a 'stable annual average' (*Eleftherotypia* 16 November 2007). But the very data provided by ministerial authorities clearly confirm prisoners' allegations: a total of 268 prisoner deaths were recorded from 2001 to November 2007, an average of 38 prisoner deaths per year or roughly a prisoner death every ten days (see also Aebi and Delgrande 2010).¹¹ Indeed, within the space of only seven years, the number of deaths had already reached half the number accrued over the previous 21 years (*in.gr* 15 November 2007).

The prevalence of death in Greek prisons is lower than the rate observed in the general population of the country. In 2006, for instance, there were 54 officially recorded prisoner deaths (*ibid.*), amounting roughly to 3 incidences per 1,000 prisoners, whereas the mortality rate in the general population was 9.46 per 1,000 individuals (NSSG, n.d.). But here it should be added that the prevalence of death in the general population of Greece has remained impressively stable over time, even though it includes highly

¹⁰ Data for the period 1980-2000 are drawn from Themeli (2006a), and for the period 2000-2005 from statements by ministerial officials reported on *in.gr* (15 November 2007). Unfortunately, it is not known whether the figures include female, juvenile, and ethnic minority prisoners.

¹¹ Estimates published in an authoritative centrist newspaper in 2009 put the annual death toll at a minimum of 200 prisoners, at least half of whom died as a result of drug overdose (*To Vima* 29 March 2009).

vulnerable categories not found in prisons, e.g., infants and the ‘super-elderly’ (>70) (ibid.). According to a recent report by the Council of Europe, the prevalence of death in Greek prisons falls just below the international annual average. This is a spurious conclusion, however, given that Greece, unlike most of its international counterparts, excluded prisoner deaths during hospitalisation or temporary release from the data it provided (Aebi and Delgrande 2010: 93-94).

Cause of prisoner death is an issue long beset with vagueness and uncertainty. Whilst the Ministry of Justice appears to classify suicides as such, it openly groups a variety of other causes (e.g., heart attack, cancer, and drug overdose) under a single category named ‘miscellaneous’. Moreover, the Ministry systematically fails to provide information about a significant number of cases, instead classifying them under the ambiguous category ‘found dead’, even when the cases in question are subsequently cleared, whether as suicides or otherwise (Spinellis and Themeli 1997: 154; see also CPT 17 November 2010: 70; Aebi and Delgrande 2010: 94). For instance, no cause of death was recorded for 52 (or 11 percent) of the 457 deaths which occurred between 1977 and 1996 (ibid.), nor, indeed, for two-thirds of all the deaths which occurred between 1996 and 2000 (*Eleftherotypia* 29 April 2006). According to prisoner allegations and media reports, drug overdose is by far the most common cause of death in prison (see, for example, *Eleftherotypia* 16 November 2007; *To Vima*, 29 March 2009), whilst the number of deaths caused by overdose in the general population of Greece has been declining in recent years (EMCDDA 2010b).¹²

It is obvious that poor recording practices also make it impossible to precisely determine the rate of prisoner suicides. Based on data reported by Themeli (2006a), of the 562 prisoner deaths that were recorded officially during the period 1980-2000, 102 (18 percent of the total, or an annual average of 5 cases) were classified as suicides.¹³ The majority occurred in the 1990s, whilst the suicide rate was considerably higher amongst prisoners than in the general population (the former exceeding at least twenty-five-fold the latter in most years). Indeed, the discrepancy in Greece between the rates of suicide amongst prisoners and in the general population was at the time one of the highest internationally (Paton and Jenkins 2005). More recent reports by the Council of Europe (Aebi and Delgrande 2010) and the national media (see, for example, *Eleftherotypia* 4 December 2008) show that absolute numbers have remained just as high,¹⁴ despite curious claims by the Ministry of Justice that the annual average caseload of prisoner suicides has fallen to two (*Eleftherotypia* 16 November 2007). According to the latest report by the Council of Europe, the rate of prisoner suicides in Greece is substantially

¹² It should be noted, however, that media reporting on prisoner deaths tends to focus on cases where the deceased had achieved fame (as with prisoner activist Katerina Goulioni, found dead on board a boat during a disciplinary prison transfer in March 2009; see further *Eleftherotypia* 14 April 2009), where the context involves disorder and violence (as with large-scale prison riots, even if death is not violent itself; see, for example, Nikolaidis 2006), and where the nature of death evokes horror (as with the four prisoners who were burnt alive in their cell in the male prison of Korydallos in April 2006; see further *Eleftherotypia* 3 May 2008).

¹³ At least as concerns suicides, Themeli clarifies that the data only refer to adult male prisoners (see Themeli 2006b: 191). The only women’s prison in the country at the time and young offender institutions were not studied due to ‘the difficulty of finding official written evidence, and the high degree of unreliability of what evidence there was’ (ibid.).

¹⁴ It is unclear whether women, juveniles, and ethnic minorities are included in the data.

lower than the international average, but again, unlike most of its international counterparts, Greece failed to provide data on prisoner suicides during hospitalisation or temporary release (Aebi and Delgrande 2010: 93-94). Crucially, prior evidence suggests that the overwhelming majority of prisoner suicides in Greece are recorded in the psychiatric clinic of the prison complex of Korydallos (Spinellis and Themeli 1997; *Eleftherotypia* 29 April 2006).

Research is inconclusive as to whether the risk of suicide is higher amongst convicted or remand prisoners (compare, for example, Themeli (2006a) and Fotiadou *et al.* (2006); see also *Eleftherotypia* 29 April 2006). Unsurprisingly, suicide rates have been shown to be considerably higher in overcrowded facilities, and drop dramatically in semi-open, agricultural prisons (Spinellis and Themeli 1997). Finally, in a study carried out by Lekka *et al.* (2006) in a male prison, suicidal ideation was found not only to be prevalent, but also to correlate strongly with self-destructive behaviour (see also Kestermann 2005; Dandoulaki 2008).

Licit and Illicit Drug Use

Although Greek authorities do not systematically record the rates of psychopharmacological drug prescription in prisons, scholarly research reveals that the prescribed use of anxiolytic, antidepressant, antipsychotic, and hypnotic drugs is very common, apparently reflecting the high rates of mental disorder amongst prisoner populations. Indeed, drugs are frequently prescribed in combination with one another, even though this practice is said to enhance the likelihood of hepatitis (Lekka *et al.* 2003). The use of prescribed medication often begins prior to incarceration, and its duration tends to increase with the years spent behind bars (Dandoulaki 2008). In his recent book on medication in Greek prisons, Xiros lists a wide range of side effects caused by the use of prescribed drugs, from severe stomach pain and headache to swelling of the face or throat and drowsiness. He goes on to speak of 'biochemical repression', arguing that the authorities make generous provision of drugs (often also in secret) to torture and manipulate prisoners (Xiros 2009; see also below).¹⁵

Despite variations in reported rates, research leaves no doubt that use of illicit drugs such as cannabis and heroin is very high in Greek prisons (see, amongst others, Livaditis *et al.* 2000; Mavris 2003; Fotiadou *et al.* 2006; Sakellidis *et al.* 2010; for a brief review, see EMCDDA 2010b), though it often begins prior to incarceration (Mavris 2003; Zurhold *et al.* 2005; Dandoulaki 2008). The prevalence of illicit drug use in Greek prisons seems to be one of the highest in Europe (EMCDDA 2010b), and is certainly significantly higher than the rate observed in the general population of the country (EMCDDA 2010a).

The prevalence of injecting drug use is particularly high. In the 1990s, for example, 20 percent of 861 prisoners surveyed in ten establishments and 35 percent of 544 prisoners surveyed in two establishments reported having injected drugs at some point during their incarceration (see, respectively, Koulierakis *et al.* 1999; Malliori *et al.* 1998). The prevalence of injecting drug use in Greek prisons appears to exceed the

¹⁵ Meanwhile, the prevalence of tobacco smoking amongst prisoners in Greece is striking, far in excess of the general population of the country (which itself ranks first in terms of prevalence of tobacco smoking in Europe). Whilst this is not necessarily the outcome of placement behind bars, smoking does appear to increase substantially during incarceration (see further Papadodima *et al.* 2010).

corresponding rates around Europe (on which see EMCDDA 2010b), and is certainly significantly higher than the rate observed in the general population of Greece (Koulierakis *et al.* 1999; see also EMCDDA 2010a). In the overwhelming majority of cases –nine out of ten, for instance, in a study by Koulierakis (2006) with 242 men in the prison of Korydallos–, injected drug use begins prior to incarceration, though the context of onset does not always imply persistence. Many injecting drug users in prison share syringes and needles, practices which put one at high risk of contracting HIV/AIDS and hepatitis. Indeed, in the absence of established precautionary provisions such as needle exchange schemes, the majority are driven to start sharing needles and syringes whilst in prison (Koulierakis 2006; see also Malliori *et al.* 1998; Koulierakis *et al.* 1999, 2000, 2003).

Although the high rates of illicit drug abuse seem congruent with the overrepresentation of drug offenders within the prisoner population, the level at which illicit substances are smuggled into prison facilities across the country requires explanation. It would be misleading to speak merely of gaps in the pertinent laws and institutional regulations, or of unsuccessful efforts by prison staff against ingenious methods of smuggling (see, for example, Spinellis 2003: 1253). A number of alternatives have been proposed. For instance, it may be that prison officers selectively ‘turn a blind eye’ to the flow of smuggled drugs in order to keep prisoners in line (another, passive form of what Xiros terms ‘biochemical repression’). Additionally, it may well be in return for bribes that prison officers allow or even actively promote drug smuggling. Corruption is far from a rare occurrence in the Greek prison service; media investigations into prisoners’ complaints have brought to light cases of prison officers who smuggled not just drugs, but also mobile phones and even prostitutes into the prison, and accepted bribes in exchange for facilitating temporary release irrespective of eligibility (see, for example, *Eleftherotypia* 10 April 2009, 17 July 2009; *Apogevmatini* 26 June 2010; *To Vima* 20 December 2010; also U.S. Department of State 2011).¹⁶

Whatever the viewpoint taken, prison officers are deemed accountable for the smuggling of drugs into and around prisons, and indeed, for drug-related prisoner deaths. In an unprecedented decision reached in 2009, the Administrative Court of First Instance in Nafplio ruled that the Greek state provide compensation of 300,000 Euros to the family of a prisoner who died from drug overdose in custody. The reasoning of the Court was that prison officers had been negligent in preventing the smuggling of drugs into the establishment, thus contravening their duty to protect the life of prisoners (*To Vima* 29 March 2009).¹⁷

Concluding Remarks

The overall picture emerging from inside the opaque world of Greek prisons is one of degrading and inhumane treatment that aggravates pre-existing disadvantages and exacerbates social marginalisation. Against this background, prison unrest and even riots have turned into commonplace occurrences in recent years (see Cheliotis 2010). Indeed,

¹⁶ Although (or, perhaps, because) ineffective, degrading strip searches and checks of bodily orifices upon reception or return from temporary release may also be said to primarily serve a punitive function (see further CPT 17 November 2010). Equally punitive appears to be the lack of intervention to bring down drug abuse and associated problems.

¹⁷ For a similar case more recently, see *Ethnos* (1 June 2011).

desperation in the face of official indifference has driven protesting prisoners ever more frequently to inflict further pain upon their own bodies. For eighteen consecutive days in November 2008, for example, some 6,000 prisoners (or half of the prison population at the time) either abstained from prison food or, as became increasingly the case, went on complete hunger strike. During the protest, two prisoner deaths were reported, one attempted suicide, whilst tens of others sewed their lips together (see further Cheliotis 2009).

With international watchdogs and national pressure groups joining prisoners in the chorus of condemnation, the Greek state has made various generous promises to promote decarceration and raise the quality of living conditions for those kept behind bars (*Eleftherotypia* 29 November 2010). To date, however, promises have proved to be empty words. There remain harsh legal and practical restrictions upon the use of decarcerative schemes such as conditional release (see Cheliotis 2010, 2011) and prison conditions have become anything but better, leading the CPT to issue an ‘exceptional’ public statement in March 2011 that the Greek authorities have shown a ‘persistent lack of action to improve the situation’ (CPT 15 March 2011).

This, indeed, was only the sixth public statement issued by the CPT in its twenty-two-year history (previous statements solely concerned Turkey and the Russian Federation). As explained by Antonio Cassese, former president of the CPT, public statements are the last weapon left to the inspectors when national authorities consistently fail to make the changes requested. ‘This is the only form of sanction the Committee can apply’, Cassese goes on to argue, ‘but the knowledge that it will use it –with all the negative consequences this may have on the state at an international level– has a considerable deterrent effect’ (Cassese 1996: 42). The Greek state long remained impervious to the threat, however, rather treating the regular reports of the CPT with denial, from simply ‘ignoring findings of risks of ill-treatment’ (Evans and Morgan 1998: 207) to dismissing criticisms as ‘unfounded and offending [sic]’ (Government of Greece 2010: 63). It remains to be seen whether the final event of public chastisement will be more effective as a deterrent.

It is true that a prison-building programme is currently underway in Greece—‘according to plan’ and ‘despite the great financial difficulties the country is facing’, as the Ministry of Justice announced emphatically in June 2010 (Ministry of Justice 14 June 2010). Prison building appears so unfettered by the domestic financial crisis that the Greek state has even been considering funding the construction of a new prison in neighbouring Albania (*To Vima* 16 March 2011).¹⁸ But the earlier rhetoric that expanding the prison estate would constitute an important first move towards realising welfare commitments to prisoners –whether by creating additional space in new prisons or by freeing existing space through repatriating Albanian prisoners currently held in Greece—has gradually given way to economic reasoning. Prison building on national soil has been promoted as a harbinger of employment opportunities for local communities, and making arrangements to ‘export’ prisoners to Albania has been debated as a cost-effective measure (*ibid.*). It comes as no surprise that prison building has failed to guarantee better

¹⁸ The Greek state also recently paid 1.38 million Euros towards the renovation and conversion into a museum of the Nebojsa Tower in Belgrade, which is where Rigas Velestinlis or Ferraios, hero of the struggle for Greek independence, was imprisoned and put to death by Ottoman Turkish authorities in 1798 (*Athens News* 28 April 2011).

conditions of imprisonment, although it has not created jobs for locals either. Newly built establishments, for instance, have reportedly faced an array of serious problems such as the dysfunctional plumbing and electrical systems at the female prison in Thiva, whilst the latest prison, of Nigrita, is staffed entirely by officers seconded from elsewhere in the country due, ironically, to restrictions in public-sector hiring (see, for example, Government of Greece 2010: 67).

To continue ignoring the plight of prisoners is not only a prospect that is obviously inhumane, but is also one with negative financial implications for the Greek state since judicial fines have begun amassing. At the same time, reforming the existing prison system has grown increasingly unfeasible because of the worsening financial crisis. Restrictions in public-sector hiring, for example, are bound to preclude the employment of new healthcare prison staff any time soon (*ibid.*). Equally, there are no certainties that conditions of imprisonment would improve were the state to go down the route of prison privatisation (see, for instance, Liebling *et al.* 2011, forthcoming), something rumoured to be under consideration by the government (and currently being resisted by the Federation of Correctional Personnel Unions). The braver option of decarceration might, therefore, seem the most logical. As King (2011: 603) puts the point, '[i]f not now, when?' An alternative reading, however, would be that present conditions are not at all conducive for promoting decarceration, given that the Greek state has long sought to manage the reverberations of failing socioeconomic policies by way of penal repression, and has successfully maintained the support of mainstream public opinion in so doing (see further Cheliotis and Xenakis 2010, 2011).

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