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INTRODUCTION

Substance abusers and/or perpetrators constitute a distinct subgroup of forensic psychiatric patients, where dependence, psychiatric comorbidity and criminogenic risk factors (impulsivity, antisocial traits, social exclusion) interact and mutually reinforce each other.

Rehabilitation in Attica has historically been undermined by the fragmentation between addiction services, general mental health care and the criminal justice system, often resulting in treatment discontinuity, repeated incarceration and relapse-driven offending.

The recent Greek legislation completing psychiatric reform establishes a unified, decentralised National Mental Health Services Network (NMHSN / ΕΔΥΨΥ) and Regional Mental Health Service Networks (ReMHSN / ΠεΔΥΨΥ), explicitly including services for persons in prisons and the wider criminal justice system, and treating addictions as part of mental health care.

AIM

To analyse how the mechanisms and structure of the NMHSN and ReMHSN are expected to optimise long-term rehabilitation, social reintegration and reduction of reoffending among substance abusers-perpetrators in the Attica region.

METHODS

- Narrative analysis of the recent legislative framework that:
 - reorganises mental health services into the NMHSN and ReMHSN, and
 - creates the National Organisation for the Prevention and Management of Addictions (EOPAE/ΕΟΠΑΕ) as the central body for prevention, treatment, detoxification and reintegration for all types of addictions.
- Mapping of new structures directly relevant to offender-addicts:
 - forensic psychiatry departments within regional health authorities,
 - mental health units for deviant and criminal behaviour,
 - prison mental health services, and
 - national digital systems (Epidemiological and Therapeutic Management Information System and programme registry) and the Telepsychiatry–Telecounselling Network.
- Application of a forensic-psychiatric and criminological perspective to these provisions, to infer expected effects on care pathways for substance abusers-perpetrators in Attica from arrest and remand to imprisonment, conditional release and community aftercare.

RESULTS

Addiction services (OKANA, KETHEA, 18 ANO and other units) are brought under a single national body (EOPAE) within a unified framework for all addictions, reducing organisational fragmentation and enabling flexible, continuous treatment trajectories for offender-addicts rather than isolated, sequential programmes.

ReMHSN-level mental health units for deviant and criminal behaviour, together with the Forensic Psychiatry Sections of the regional health authorities, provide clearly defined structures for assessment and treatment of individuals with criminal behaviour who require a forensic psychiatric approach, including those held in correctional facilities in Attica.

The Epidemiological and Therapeutic Management Information System and the EOPAE programme registry record, in real time, capacity and waiting times across mental health and addiction services, supporting rapid identification of available detoxification, substitution, psychosocial and residential options. This can facilitate diversion from custody to treatment and more timely referrals by courts, prosecutors and prison health teams for perpetrators who abuse substances.

The TNNT (National Telepsychiatry–Telecounselling Network) is designed to provide psychiatric assessment, follow-up

electronic prescribing, psychological support and counselling via digital platforms nationwide. This infrastructure can be used to support structured remote monitoring and therapeutic contacts for high-risk substance abusers in prisons, measures of probation, and semi-liberty schemes or supported housing in Attica, reducing treatment gaps and the risk of disengagement.

Expansion of community psychosocial rehabilitation units (hostels, protected apartments, day centres, mobile units) and the possibility of multiple Social Cooperatives for Mental Health (Κοι.Σ.Π.Ε.) in Attica create realistic routes to employment and stable housing for people with severe psychosocial problems and offending behaviour. This directly targets criminogenic needs linked to unemployment, homelessness and social marginalisation among offender-addicts.

The NMHSN aims to ensure equal access, reduce waiting times, promote psychosocial rehabilitation and combat stigma, including for high-risk and justice-involved groups. Systematic coordination between mental health, addiction, social care, educational and correctional services within ReMHSN is expected to enhance the acceptability, enforceability and effectiveness of court-mandated or prison-based treatment for substance abusers-perpetrators.

CONCLUSION

The NMHSN and ReMHSN, together with EOPAE and nationwide digital and telepsychiatry infrastructure, create for the first time in Attica a coherent continuum linking addiction treatment, forensic psychiatric care and criminal-justice processes for substance-abusing offenders.

By reducing fragmentation, shortening waiting times, supporting continuity of care across prison and community settings, and strengthening community-based psychosocial rehabilitation and employment pathways, this framework is expected to decrease relapse into substance use and related criminality, while potentially limiting unnecessary incarceration of dependent offenders.

Ongoing forensic-psychiatric leadership and systematic outcome evaluation will be essential to ensure that these promising structural reforms translate into measurable reductions in recidivism and sustainable social reintegration for substance abusers-perpetrators in Attica.

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