



European Monitoring Centre
for Drugs and Drug Addiction



European Monitoring Centre
for Drugs and Drug Addiction



**2004 NATIONAL REPORT TO THE EMCDDA
by the Reitox National Focal Point**

CYPRUS
**New Development, Trends and in-depth information on
selected issues**

REITOX



Table of Contents

Table of Contents	2
Summary	4
Part A: New Developments and Trends.....	8
1. National policies and context.....	8
Overview.....	8
Legal framework.....	9
Institutional framework, strategies and policies	16
Budget and public expenditure / Funding arrangements	22
Social and cultural context.....	23
2. Drug use in the population.....	28
Overview	28
Drug Use in the general population	30
Drug Use in the school and youth population.....	33
Drug Use among specific groups.....	35
Attitudes to drugs and drug users.....	36
3. Prevention	38
Overview	38
Universal Prevention.....	39
Selective / Indicated Prevention.....	44
4. Problem Drug Use.....	52
Overview.....	52
Prevalence and incidence estimates	53
Profile of clients in treatment.....	54
Main characteristics and patterns of use from non-treatment sources.....	68
5. Drug Related Treatment.....	69
Overview	69
Treatment systems	69
Drug free treatment	70
Medically assisted treatment at national level	75
6. Health correlates and consequences.....	78
Overview	78
Drug-related deaths and mortality of drug users.....	78
Drug-related infectious diseases	80
Psychiatric co-morbidity (dual diagnosis)	81
Other drug-related health correlates and consequences.....	81
7. Responses to health correlates and consequences	83
Overview	83
Prevention of drug-related deaths	84
Prevention and treatment of drug-related infectious diseases.....	84
Interventions related to psychiatric co-morbidity	86
Interventions related to other health correlates and consequences	86



8.	Social Correlates and Consequences	88
	Overview	88
	Social exclusion	89
	Drug-related Crime	92
	Drug use in prison	94
	Social costs.....	95
9.	Responses to Social correlates and Consequences	96
	Overview	96
	Social Reintegration.....	97
	Prevention of drug-related crime	101
10.	Drug Markets	104
	Overview	104
	Availability and supply	104
	Seizures	106
	Price/Purity	108
Part B Selected Issues		110
11.	Buprenorphine, treatment, misuse, and prescription practices	110
	Buprenorphine.....	110
	Treatment with buprenorphine.....	110
	Misuse of buprenorphine	111
12.	Alternatives to prison targeting to drug using offenders	112
	Political, organizational and structural information.....	112
	Interventions	113
	Quality Assurance.....	114
13.	Public Nuisance: definitions, trends in policies, legal issues and intervention strategies	115
	Definitions.....	115
	Genesis.....	119
	Measures Taken	120
	Results / Evaluation	124
Part C- Bibliography and Annexes		125
14.	Bibliography	125
15.	Annexes.....	131



Summary

Chapters 1 to 10 set the scene regarding the drug situation in Cyprus. In chapter 1, the national policies on drugs and the context of drugs in Cyprus are discussed. Laws concerning drugs, such as the Narcotic Drugs and Psychotropic Substances Law of 1977 (29) and the Narcotic Drugs and Psychotropic Substances regulations were amended in the year 2003. The chapter presents detailed descriptions of Cypriot laws regarding controlled substances, drug use and possession, trafficking and drug-related crime, prevention, care, treatment, drug precursors and money laundering. The creation of the National Strategy on Drugs 2004 – 2008 is also discussed, as is public expenditure on drugs. Also, the social attitudes to drugs in Cyprus are discussed, with indications that the Cypriot public views drugs as a serious problem (77%), an attitude reflected in the media and in parliamentary debates.

In chapter 2, drug use in the Cypriot population is examined, indicating a dramatic increase in lifetime experience and recent use of cannabis, especially among young males (Kenthea and MHS, 2000; Tolmi, 2003), with analogous though less dramatic changes for other drugs, such as ecstasy, cocaine and opiates. Among the school population lifetime experience of illicit drug use has increased between 1999 and 2003 (Hibbel et al, 2000; Kenthea and MEC, 2003), but rates are lower than in 1995. Increasing police drug seizures also indicate an increasing level of experimentation with illicit drugs in the general population, as well as increasing supply and availability. Nevertheless, important methodological discrepancies among available studies of the general population indicate a need for more rigorous scientific measurement of these findings in the future, and caution premature conclusions.

Chapter 3 offers an overview of the diverse prevention activities against drugs in Cyprus, indicating that such activities occur on universal, selective and indicated prevention levels. Prevention initiatives against drugs in Cyprus come from the public and private sectors, government ministries and NGOs. A brief discussion of the development of the National Drug Strategy 2004-2008 in its particular relevance to prevention activities is also presented.

Chapter 4 focuses on problem drug use in Cyprus, for which there are currently no estimates due to lack of independent data sets. Based on TDI protocols, it can be seen



that over half (58%) of users who contacted treatment services in 2003 reported injecting at least once in their lifetime (80% of in-patient clients and 52% of those who sought treatment in out-patient facilities). Heroin was the most commonly reported primary drug and mean duration of use of primary drug was found to be 6 years. The majority of users were men aged 20-34 who self-referred to treatment and resided with their parental families. Cannabis is still reported as the most common drug of onset of illicit drug use, but it seems that the percentage of heroin and stimulants as first drugs used has been increasing in the last few years.

Women in particular seem to have contacted treatment agencies at a younger age in 2003 than in previous years, and 2003 is marked by an increase in users who are students or have completed a higher level of education.

Chapter 5, on drug-related treatment, explains that, among the thirteen governmental and NGO therapeutic units currently operating in Cyprus, treatment is mostly drug-free, with the exception of two medically assisted programmes which focus on withdrawal symptom management (but also offer relapse prevention and social reintegration components). All treatment programmes in Cyprus are monitored by the Anti-Drugs Council, and include individual, group and family therapy and counselling.

Chapter 6 focuses on the health correlates and consequences of drug use. Because there is no registry for drug related deaths and the ICD-10 criteria are not yet implemented in Cyprus, provision of quantitative data is not possible, and similarly for infectious diseases. Nevertheless, certain data on drug-related deaths, infectious diseases, psychiatric co-morbidity and other drug-related health correlates and consequences such as somatic co-morbidity and road accidents have been collected by the NFP in quantitative or qualitative form from various sources and are presented.

Responses to the health correlates and consequences of drug abuse in Cyprus are presented in chapter 7. The absence of a drug overdose prevention programme at national level is pointed out, as is the need for providing services aimed at harm reduction which is suggested by the 2004-2008 National Drug Strategy. The Strategy also indicates the need for the implementation of prevention programmes such as counselling services on HIV-infection, safe sex and other health, legal or financial difficulties afflicting drug users, although the extent of drug-related infectious disease is generally low. Treatment centres do not include infectious disease counselling or



treatment in their programmes, and interventions related to psychiatric co-morbidity are limited to referrals to external doctors. The National Drug Strategy also proposes measures for the establishment of - currently non-existent - programmes which will include dental care, dietary advice, laboratory tests, health questionnaires and other items, as well as actions aiming at non-fatal emergencies and recreational drug use provisions and the reduction of drug-related violence, injuries and accidents and other health problems.

Chapter 8 presents information concerning the social exclusion of drug users in Cypriot society in 2003 from self-reports (T.D.I.) and expert opinions. Although no cases of homeless drug users have been reported in 2003, nearly half of users were unemployed, with a mean age of leaving school at 15 years. The overwhelming majority (97%) of drug-related police cases were male, in the age range 20-29 years, and the number of drug related cases is constantly increasing. No official data regarding drug use in prison is available, although professional opinion estimates that a significant proportion of inmates are drug users. Although plans for a survey indicating the social costs of drug use exist, no such data is currently available.

Responses to the social correlates and consequences of drug use are presented in chapter 9. Guidelines and specific recommendations regarding issues of social reintegration are provided by the National Drug Strategy and Action Plan 2004-2008. One therapeutic community in Cyprus offers a specialised social reintegration programme to drug users, tackling problems of education and training as well as employment and some opportunities for housing. Also, two governmental organisations tackle the problem of vocational training, although not aimed specifically at drug users. In prison, medically assisted detoxification treatment is available, as well as individual counselling and drug screening (since March 2004), vocational training and help regarding employment. Alternatives to prison for drug users are allowed under specific circumstances, although there is a lack of infrastructures to make implementation of such laws possible.

Chapter 10 deals with the Cyprus drug market, noting that in general people in Cyprus believe it is very easy to obtain drugs, and that the perceived risk related to occasional use of marijuana / hashish has been decreasing among Cyprus youth. Drugs seizures by the police have been increasing in terms of number of persons involved and number of



cases, with cannabis being the most frequently seized drug. According to police, increasing seizures are due to the growing demand, which in turn is reflected by the increasing availability of drugs. The largest percentage of drugs seized in Cyprus was destined for the local market. Compared with other European countries, drug prices are mostly higher, although these have been decreasing in the last few years.

In the second part of this report, chapters 11 to 13 tackle selected issues on drug use in 2003. Chapter 11 is a brief presentation of the selected issue of buprenorphine treatment, misuse and prescription practices in Cyprus. There is no legal basis for providing substitution treatment with buprenorphine in Cypriot law, and there are no buprenorphine or other substitution / maintenance programmes operating in Cyprus, although needs for this type of treatment are being discussed and examined by the authorities. The National Strategy on Drugs does recognise the significance of substitution treatment and the Action Plan 2004-2008 includes measures to assess the introduction of such treatment and evaluate its advantages.

Alternatives to prison targeting at drug using offenders are explored in chapter 12, which explains that currently the Care and Treatment of Drug Addicts Law of 1992 does provide that certain addicts may be referred to predetermined detoxification and rehabilitation centres; however this law has not been implemented. The first National Drug Strategy 2004-2008 includes mention of the promotion of treatment and rehabilitation programmes as alternatives to imprisonment, this need being specifically emphasized in the National Action Plan on drug demand reduction.

Finally, chapter 13 takes a look at the issue of public nuisance as a correlate of drug use behaviour, examining its definitions, trends in policies, legal issues and intervention strategies in Cyprus. Although it is clear that certain measures relating to public nuisance as a result of drug-related activities are already being taken by the authorities in Cyprus, there may also be indications that the Cypriot public do consider such threats to public order and safety important, there is no legal definition of this umbrella term, making measurement, analysis and audit of the phenomenon very difficult.



Part A: New Developments and Trends

1 National policies and context

1.1 Overview

Some of the drug-related laws were amended during 2003. Section 10 of the Narcotic Drugs and Psychotropic Substances Law 1977 (29) was revised and it now includes products of certain drugs and not only drugs as such. Section 30 of the above law was amended so that offences under that section may be tried either summarily or by an assize court and so that a not more than two years prison sentence may be imposed on a first-time offender aged under 25 when the offence relates to personal use only. Further, section 30A was added. It introduced limits on quantities for personal use, and possession of more than the assigned limit creates a rebuttable presumption that the person intended sale of the substance. A table of limits within this section includes 3 or more grams of cannabis or its products, or 10 grams or more prepared cocaine or opium. The Narcotic Drugs and Psychotropic Substances regulations of 2003 were further amended, the tables and schedules attached to the regulations being changed so that substances were removed from one schedule to another (Mavromoustaki, 2004, unpublished).

A detailed description of laws regarding controlled substances, drug use and possession, trafficking and drug-related crime, prevention, care and treatment, precursors, and money laundering and confiscation is presented below.

Based on the “Prevention of the Use and Dissemination of Drugs and other Addictive Substances Law of 2000, 142 (I)” the National Strategy was created and announced by the National Committee and the Anti-Drugs Council (ADC), the supreme coordinating agency with regard to prevention in the area of drugs. The first draft of the Cyprus National Drug Strategy and Action Plan was edited and elaborated in the framework of the Twinning Project in June 2003 by the Cyprus Anti-Drugs Council. Consequently, the implementation of the National Drug Strategy is currently in its initial stage and there is no available information on its impact.

Findings from the survey conducted in 1999 (Kenthea and MHS, 2000, unpublished) reveal that 77% of those interviewed perceived the drug problem in Cyprus as serious. Legalization of cannabis was favoured by 6% of the respondents in 1999 and by 8% in



2003 (Tolmi, 2003, unpublished). A little over half of the sample (55%) viewed drug users as weak persons and 38% as victims of social circumstances (Kenthea and MHS, 2000, unpublished). According to recent studies of 2003 (Tolmi, 2003, unpublished, Kenthea and MEC, 2003, unpublished), approximately 80% of the people interviewed believe that a regular use of cannabis is dangerous/very dangerous.

Concern about drug issues as a national problem was reflected in 2003 in political debates. Major themes discussed in parliament during that year (Cyprus House of Representatives, 2003) included reforms in the penal system, treatment and after-care options, police control and budgetary issues of the Cyprus Anti-Drugs Council. A group of people supporting decriminalization of drugs was identified (<http://www.prasini-aspida.org>), but it seems that such ideas find little public attention.

The most recurring themes represented by major newspapers of the country dealt with police drug seizures and arrests, drug trafficking from the occupied side of the island and increasing trends in drug use in the young.

1.2 Legal framework

1.2.1 Laws, regulations, directives or guidelines in the field of drug issues

The particular description of the following laws and regulations is taken from the ELDD of the EMCDDA's website with the permission of Mrs. Mavromoustaki, the legal representative of the Cyprus National Focal Point.

- Development of legislation

The Narcotic Drugs and Psychotropic Substances Law of 1977 came into force on 29 June 1979 and was amended in 1983, 1992, 2000 and 2003. It defines controlled substances and contains tables categorizing them. It includes strict provisions on importing/ exporting/ manufacturing/ possessing and use, and defines relevant offences and respective sentences. It gives the Council of Ministers the power to issue regulations to facilitate the implementation of its provisions, and the Minister of Health to issue orders defining controlled substances amongst other things. Such regulations and orders have been issued as provided.



The Care and Treatment of Drug Addicts Law of 1992 provides that an addicted person who undertakes voluntary treatment in a centre will not be prosecuted in relation to offences under the Narcotic Drugs Law of 1977 (drug offences) without the consent of the Attorney General.

The Prevention and Suppression of Money Laundering Activities Law came into force in 1996, repealing and substituting the Confiscation of Proceeds of Trafficking of Narcotic Drugs and Psychotropic Substances Law of 1992, and was subsequently amended in 1997, 1998, 1999 and 2000.

The Crime Suppression (controlled delivery and other special provisions) Law of 1995 entered into force in 1996 and was amended in 1998. It embodies the provisions of the Model Agreement on Mutual Cooperation and bilateral agreements for the identification of persons involved in offences related to prohibited/controlled substances, which have been signed by the Republic of Cyprus.

The Law on the Prevention of the Use and Dissemination of Drugs – the establishment of the Anti-Drugs Council of 2000-was amended twice in 2002. The basic scope of this Law is to create the legal background for the implementation of European Council Regulation 302/93. Furthermore, it provides for the establishment of the Anti-Drugs Council and contains detailed provisions on the duties and powers of this Council.

Under the provisions of this Law, the members of the Council, chaired by the Health Minister and composed of heads of key agencies with an active role in the fight against drugs, are appointed by the Council of Ministers for a period of three years. As the national coordinating mechanism of drug issues in the country, the Council's mandate includes the planning, coordination and evaluation of all actions, programmes and interventions aimed at the primary, secondary and tertiary levels of drug prevention. It also has the responsibility for alerting the public and providing accurate information in relation to drug issues, as well as being responsible for carrying out consistent research into the drug phenomenon in the country. The priority remains combating drugs, so all relevant departments are taking political and legislative action to improve the co-ordination of activities and the efficiency of measures towards this target. It acts as a



liaison between the Republic of Cyprus and other foreign organizations concerning drug related issues, as well as having the responsibility for promoting legislative or any other measures in an attempt to effectively achieve the prevention of the use and dissemination of drugs.

Furthermore, the Cyprus Anti-Drugs Council is the body responsible for the strategic design, development and implementation of the National Drugs Strategy and the National Action Plan on Drugs, aligned with the EU Drugs strategy. The Cyprus Anti-Drugs Council also has the overall responsibility for the establishment, support and monitoring of the Reitox National Focal Point and the National Drugs Information System. Two working groups have been formed towards these two ends.

- Controlled substances

Controlled substances are classified by the Minister of Health when imported for the first time. The level of control suggested by the International Narcotics Board, and based on the Conventions signed by the Republic of Cyprus, are taken into account as well as local patterns of abuse, social diversion, etc.

The first schedule of the Narcotic Drugs and Psychotropic Substances Law of 1977, classifies controlled substances in 3 parts - Class A Drugs, Class B Drugs and Class C Drugs according to the risk of harm to public health, their abuse potential, etc. Class A drugs have the highest abuse potential, whereas Class C drugs have the lowest. Levels of punishment are directly linked to this classification.

- Drug use and possession

Use of controlled drugs is criminalized under s.10 of the law of 1977, which originally prohibited the use of prepared opium, cannabis or cannabis resin and in 1992 was extended to apply to all controlled drugs listed. The 1992 amendment (s.15) also changed the sentencing provisions of the Third Schedule of the 1977 law.



Use or possession of a class A or B drug is now punishable with a maximum of a life sentence. The maximum sentence for use or possession of class C drugs is 8 years. It is also an offence to buy or be supplied with a controlled drug without authorization.

Following amendment of the 1977 law in 2003, s.30A of the law introduced limits on quantities for personal use, whereby possession of more than the assigned limit creates the refutable presumption that the person intended sale of the substance. A table of limits within this section includes 3 or more cannabis plants, 30 or more grams of cannabis or its products, or 10 grams or more of prepared cocaine or opium (or its products). This was deemed necessary due to difficulties in proving intention of sale in court.

The state of “addiction” is legally recognized. In the Care and Treatment of Drug Addicts Law of 1992, an “addicted person” means a person who, due to taking drugs or psychotropic substances as provided in the Narcotic Drugs and Psychotropic Substances Law of 1977, or due to taking other substances which may lead to dependence, has become dependent on such drugs or substances.

The Cyprus Authorities are very strict on drug-related issues so usually, whenever there is illegal activity involving drugs, prosecution will follow. However, in rare cases the Attorney General may give directions for non-prosecution, if she/he considers that the circumstances of the case justify such a decision – this is the power of the Attorney General to be exercised in any criminal case. Nevertheless, following an amendment in 1992, s.30(2) of the 1977 law states that the court may not impose an imprisonment sentence of more than one year on a first-time offender aged under 25 when the offence relates to personal use only.

Section 6 of the 1992 Law also provides that an addicted person who undertakes voluntary treatment in a centre will not be prosecuted in relation to offences under the 1977 Law or under the appropriate money laundering legislation.

- Trafficking and drug related crime



Trafficking is covered in various laws: The 1977 law prohibits production, or being concerned in the production, of a controlled drug; supplying or offering to supply a controlled drug or being involved in either activity perpetrated by another; having possession of a controlled drug with intent to supply it to another; cultivation of the cannabis plant, or papaver somniferum plant.

Penalties for trafficking may be up to life in prison for a class A or B substance, or 8 years for a class C substance.

The Crime Suppression (Controlled Delivery and other Special Provisions) Law 3(1)/1995 allows the appropriate use of “controlled delivery” at local and international level as a legal technique for identifying persons involved in offences associated with narcotic drugs, as well as the illicit trafficking of other prohibited articles, such as arms and ammunitions. This law was drafted in accordance with the provisions of Article 11 of the UN Convention against the Illicit Traffic of Narcotic Drugs and Psychotropic Substances (Vienna Convention of 1988), which the Republic of Cyprus ratified with Law 49/1990.

Police have established the Drug Law Enforcement Unit whose main target is to combat drugs and co-operate with other agencies involved in preventing and combating drug trafficking. The Police and the Department of Customs and Excise have signed a MOU regarding drug related issues. Contact points have been designated in order to co-ordinate actions derived from the provisions of this MOU.

Furthermore, the Department of Customs and Excise is in close cooperation with other governmental authorities on law enforcement issues such as the Ministry of Commerce, Industry and Tourism and the Pharmaceutical Services.

- Prevention, Care and Treatment

The main law regarding this issue is the Care and Treatment of Drug Addicts Law of 1992. Under the provisions of this law, convicted persons with an addiction may serve their sentence in detoxification/ rehabilitation centres if the court orders them to do so.



The law also provides for the treatment of addicted minors and there are provisions whereby such minor will be detained in such centres for treatment. This measure is only permitted if ordered by a Court of competent jurisdiction, following a relevant application by the guardian of the minor or by such other person who is in a position to know the circumstances of the person concerned.

- Precursors

Precursors are also controlled by the Narcotic Drugs and Psychotropic Substances Law of 1977. This Law refers to substances listed in the schedules thereto, and precursors are included in the list of substances in the Fourth Schedule, so this law applies. In this way, offences of illegal possession, transport, storing and sale, and their associated penalties, are covered by the 1977 Law.

It is an offence to distribute equipment, material or precursors “knowing that they are probably to be used” for illegal production of controlled drugs.

As with narcotic and psychotropic substances, the Minister of Health is in charge of licensing any controlled substance under any conditions he may think appropriate to impose. Responsibility for investigation of unauthorized transport or sale lies with the Drug Prevention Unit of the police force.

- Money Laundering and Confiscation

The Prevention and Suppression of Money Laundering Activities Law 61(1)/96 brought the domestic legislation in line with and facilitated the practical implementation of the European Convention on Search, Seizure and Confiscation of the Proceeds from Crime, ratified by the Republic of Cyprus in 1995 by Law 18(II)/95. This law:

(a) Defines and criminalizes laundering of proceeds from serious criminal offences including drug trafficking, accepting property derived from illicit profits or providing aid for the purpose of concealing such profits;

(b) provides for the tracing, freezing and confiscation of proceeds from serious crime;



(c) requires suspicion for money laundering activities to be reported to the Special Unit Against Money Laundering composed, inter alia, of officials from the Law Office of the Republic and the Department of Customs and Excise, and such an act will not be treated as a breach of the duty of confidentiality;

(d) empowers the courts to order the disclosure and production of information held by any person or body, including banks, if such information is related to money laundering investigations;

(e) enables the registration and enforcement of foreign orders for the freezing and confiscation of proceeds from crime;

(f) contains special provisions relating to the conducting of financial business, including, inter alia, requirements for customer identification and record-keeping procedures, internal control systems and staff training.

This Law was amended in 1999 for full compliance with Directive 91/308/EEC concerning the threshold amount for customer identification in cases of “one-off transactions. In 2000 the Law was amended again to extend the list of predicate offences in compliance with the Joint Action 98/699/JHA of 3.12.98. It is now applicable to all crimes punishable with imprisonment of more than one year as a result of which the offender derived financial advantages. Before the amendment, it applied only to certain offences specified in the law (drug offences included).

The Law does not provide for the specific use of confiscated money, but there is nothing to prevent such use. As a matter of practice, confiscated money is deposited in the “consolidated fund” (General Treasury) of the Republic.

1.2.2 Laws Implementation

According to the Focal Point’s legal representative the Care and Treatment of Drug Addicts Law of 1992 which provides that an addicted person who undertakes voluntary treatment in a centre will not be prosecuted in relation to drug offences is not



implemented due to the lack of appropriate and approved treatment centres (Mavromoustaki, personal communication, 2004b).

Further, The Narcotic Drugs and Psychotropic Substances Law of 1977 which defines controlled substances and includes provisions on importing / exporting / manufacturing / possessing and use, and defines relevant offences and respective sentences is implemented in respect to prosecuting offenders but when it comes to sentencing extreme sentences are avoided (Mavromoustaki, personal communication, 2004b).

1.3 Institutional framework, strategies and policies

1.3.1 Coordination arrangements

On the basis of Section 3 of the Law amending the “Prevention of the Use and Dissemination of Drugs and other Addictive Substances Law of 2000”, the National Strategy was announced by the National Committee. The President of the Republic, who also chairs the National Committee, is responsible for its composition. The Ministers of Health, Interior, Justice and Public Order, Education and Culture, Labour and Social Security, and Defence were appointed members of the Committee.

The Cyprus Anti-Drugs Council was established on the basis of the “Prevention of the Use and Dissemination of Drugs and other Addictive Substances” Law 28(1) of 2000 and is the supreme coordinating agency with regard to prevention in the area of drugs. It began its work in February 2001 and, pursuant to the pertinent legislation, it is a Public Law Legal Entity (Committee for the formulation of a National Strategy and Action Plan on Drugs, 2004, unpublished).

The main objectives of the Cyprus Anti-Drugs Council are:

- To design the national strategy and action plan against drugs and other addictive substances, and to promote, monitor and control its implementation.
- To coordinate the activities of the war on drugs by the various state services or agencies of the private and voluntary sectors.
- To promote legislative and other measures harmonized with European and international strategies and policies.
- To promote the spread of accurate and correct information to the public in a uniform and scientifically responsible manner regarding the problem of drugs and other addictive substances.



- To record, evaluate, approve, coordinate and reinforce all programmes, actions, and activities against drugs by both governmental services and NGOs.
- To draw up the philosophical and methodological approach and the guidelines and operation specifications of each programme, determining the aims and activities of each programme on the basis of the national strategy.
- To develop cooperation with corresponding European Bodies and International Organizations.
- To design and promote special educational programmes for training state officers, private individuals, and volunteers on issues related to drugs and other addictive substances, in cooperation with university level educational and research institutes.
- To ensure on-going monitoring aimed at detecting any direct or indirect promotion or advertising of the use of drugs and other addictive substances.

The Council is composed of the following persons, appointed by the Council of Ministers, on the basis of their scientific training in and/or specialized knowledge of the prevention, treatment and/or rehabilitation of addicted persons:

- The Minister of Health or his/her representative as President
- The President of the Youth Board as Vice-President
- A representative of the Ministry of the Interior
- A representative of the Ministry of Justice and Public Order
- A representative of the Ministry of Health
- A representative of the Ministry of Education and Culture
- A representative of the Ministry of Labour and Social Security
- A representative of the Ministry of Defence
- A representative of the Police
- Two representatives of voluntary organizations
- A representative of the Church of Cyprus
- Two members appointed by merit

In order to achieve its objectives, the Cyprus Anti-Drugs Council has set up the following three standing Scientific Committees relating to the three levels of prevention as these are defined by the WHO:



- Scientific committee for primary prevention
- Scientific committee for secondary prevention
- Scientific committee for tertiary prevention

Further, the Cyprus Anti-Drugs Council has set up the following ad hoc Committees aimed at providing scientific assistance in the performance of its task:

- Legislation committee
- Committee for formulating a National strategy and plan of action on drugs
- Committee for the promotion of harmonization
- Committee for the recording and evaluation of therapeutic structures for detoxification and rehabilitation in Cyprus
- Committee for the study of the “Drugs and Psychotropic Substances Law”.

1.3.2 National plan and/or strategies

The final draft of the Cypriot National Drug Strategy and Action Plan was edited and elaborated within the framework of the Twinning Project in April 2004 by the Committee for the formulation of a National Strategy and Action Plan on Drugs.

The Cypriot National Drug Strategy was developed according to the following principles:

- The approach of the policy will be global and integrated, incorporating all aspects relating to demand reduction, supply control and international cooperation, so as to guarantee the coordination of all actions and to strengthen their interrelationship.
- The Cyprus policy will promote the social regulations, values and practices that promote health and protect the population against drug use and abuse. The Cyprus policy on drugs will be based on the provision of a wide range of prevention and treatment services, in order to respond to the different needs of the population and drug users. Actions to attract drug users to treatment services will be promoted, whereas those which make access to these services more difficult will be avoided.
- One of the priorities of the Cypriot policy on drugs will be to control the most serious consequences for health, especially those which can have an



- important impact on the health of the population as a whole such as the spread of AIDS and other viruses.
- The decision-making process will be based on scientific evidence, as well as on the demonstrated effectiveness of the programmes and actions derived from the experiences of other countries.
 - International cooperation will be promoted in relation to the participation of Cyprus in international organizations dealing with the drugs problem as well as on the level of bi-lateral and multi-lateral relations.
 - Actions taken within the framework of this strategy will respect the human rights and individual freedom of drug users. The inclusion of drug users' data in certain registers or data bases will be used only for scientific or treatment purposes and in no case will this information be used in a negative way. This is to fulfil the requirements as documented by Data Protection Legislation.
 - The participation of all institutions and civil society in the design and implementation of the drugs policy will be promoted, thus ensuring the principle of shared responsibility.
 - Prevention and treatment actions and policies will be oriented to achieve the social reintegration of drug users, with the aim of avoiding any type of social exclusion.
 - Continuous updating of the legislative framework in all fields of action will be ensured. This refers to the fields of demand reduction, supply control, political and administrative structures and international cooperation, following European Union recommendations.
 - The possibility of establishing drug courts will be considered.
 - The educational, social, health and law enforcement sectors will be considered as key actors in the development of prevention in Cyprus, making use at the same time of the flexibility, motivation and spirit of non-governmental organisations as well as their valuable contribution in mobilizing social forces, raising social awareness and in providing professional help to drug addicts and their families (Committee for the



formulation of a National Strategy and Action Plan on Drugs, 2004, unpublished).

The National Drug Strategy and action plan is based on two main pillars:

- Reduction of demand for drugs
- Reduction of supply

The main objectives for drug demand reduction are:

- The promotion and evaluation of a universal strategy for a healthy school environment by the application of evidence – based programmes and of a community perspective with the participation of key actors
- The prioritization of selective and indicated actions targeted at high risk areas or groups
- The promotion of the involvement of parents in drug prevention and the improvement of activities and evidence-based programmes targeted at families in general and specifically at high risk families
- The promotion of a healthy lifestyle in the army through the implementation of prevention actions and programmes
- The promotion of the implementation of preventive actions and programmes in the working environment
- The promotion of health education targeted at the population in general, and the establishment of early detection systems for problems related to the use and abuse of drugs
- The provision of scientific information on the social effects and consequences of the drug problem
- The promotion of a healthy recreational environment to prevent drug use and to reduce the harm associated with drug use
- The promotion of a healthy and protective community environment that facilitates the participation and social integration of all sectors of society
- The establishment and implementation of control measures on advertising, promotion and selling of alcoholic drinks and tobacco, especially when directed at minors
- The establishment of a drug committee at the House of Representatives



- The promotion of research into the drug field
- The guarantee of professional treatment and universal access

The main objectives for drug supply reduction are:

- The creation of a supply reduction committee within the Cyprus Anti-Drugs Council
- The enlargement of the Anti-Drugs Council Secretariat
- The elaboration of a comprehensive national drug situation report
- The regulation of law enforcement undercover operations
- The regulation of law enforcement investigative tools
- The strengthening of the prosecution system on drugs
- The strengthening of the capabilities of law enforcement in the management of human sources of information in the investigation of organized crime
- The optimization of data base resources for the investigation of drug trafficking related to organized crime
- The improvement of the criminal intelligence analysis capacity of the law enforcement community regarding drug trafficking
- The improvement of the preventive action of law enforcement to reduce driving under the influence of drug consumption
- The strengthening of the control capabilities of customs at external borders
- Improved knowledge of information technology and communications used by the criminal groups involved in drug trafficking
- The prevention of drug related crimes
- Preparation of the system for the prevention and control of chemical precursor dispersion to assimilate the European Union procedures
- The consolidation of a line of financial investigation in each law enforcement approach on criminal groups related to drug trafficking
- The improvement of knowledge on the issue of money laundering activities as a result of the existence of international business companies in Cyprus
- The optimization of data base resources for the prevention of money laundering



- The enhancement of the training programme on organized crime for drug law enforcement agencies
- The institutionalization of the Cypriot presence in sectorial working groups on drugs and organized crime under the umbrella of the Council of the European Union
- The promotion of the participation of Cyprus in the European Crime Prevention Network (EUCPN)
- The introduction of Cyprus into the European Union system for the control of precursors (Committee for the formulation of a National Strategy and Action Plan on Drugs, 2004, unpublished).

1.3.3 Implementation of policies and strategies

The final and official National Drug Strategy and Action Plan was completed and approved by the House of Representatives and the President of the Republic in May, 2004. The implementation of the National Drug Strategy is currently in its initial stage.

1.3.4 Impact of policies and strategies

As mentioned above the final and official National Drug Strategy and action plan was completed and approved by the House of Representatives and the President of the Republic in May, 2004. Thus, any information regarding its impact is not yet available.

1.4 Budget and public expenditure / Funding arrangements

1.4.1 In law enforcement, social and health care, research, international actions, coordination, national strategies

Most of the institutions were not able to provide a specific amount spent on drug related activities due to their inability to separate those expenses from other related expenses.

The Cyprus Focal Point was able to collect the following figures for 2003:

Ministry of Education

- General health related expenses in the field of education 12.637 CYP (Ioannou, unpublished, 2004).
- Prevention programmes targeting primary and secondary education students 35.000 CYP (Constantinou, unpublished, 2004).



- Drug prevention from the Educational Psychology Services 41.000CYP (Ioannou, unpublished, 2004).

Ministry of Justice and Public Order¹

- Drug prevention 35.032 CYP (Yiagkou, unpublished, 2004).

Ministry of Defense

- Anti-Drugs activities 1000.000 CYP (Kanaris, unpublished, 2004).

Ministry of Health²

- Anti-Drugs Council 254.000 CYP (Kyriakou, personal communication, 2004)
- Drug-related activities of the Mental Health Services 888.000 CYP (Constantinou, unpublished, 2004).

Cyprus Youth Board

- Drug prevention 226.000 CYP (Chrysostomou, unpublished, 2004).

1.5 Social and cultural context

1.5.1 Public opinions of drug issues

Data concerning public opinions on drug issues are obtained from three nationwide surveys conducted in 1999 and 2003.

Based on the findings of the survey carried out in 1999 (Kenthea & MHS, 2000, unpublished), 77% of the sample³ perceived the drug problem in Cyprus as serious and 16% as relatively serious. At the same time 76% of the interviewees believed that the problem had significantly increased. Legalization of cannabis found little support from the public, given that only 6% of the sample seemed to favour it. As high as 87% stated that television constitutes the major source of information about drugs, although 53% believe that generally the mass media do not present the drug issue objectively (30% believed that the media inflate the problem and 23% stated the opposite, that the media underestimate the subject). The figure below illustrates the above opinions/beliefs related to age groups.

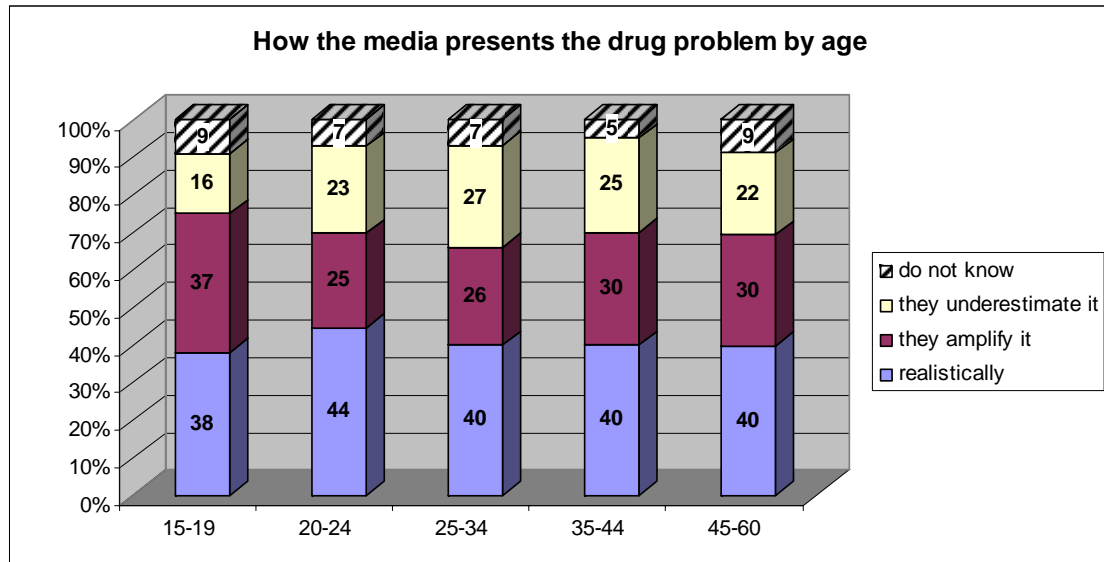
¹ The Drug Law Enforcement Unit's (DLEU) budget cannot be isolated from the Cyprus Police or the Ministry of Justice and Public Order's budget therefore the aforementioned amount is an estimation of the amount spent.

² The Ministry of Health reported further expenses indirectly related to drug prevention that could not be isolated and estimated.

³ The sample of the survey was 1500, 15-60 years of age.

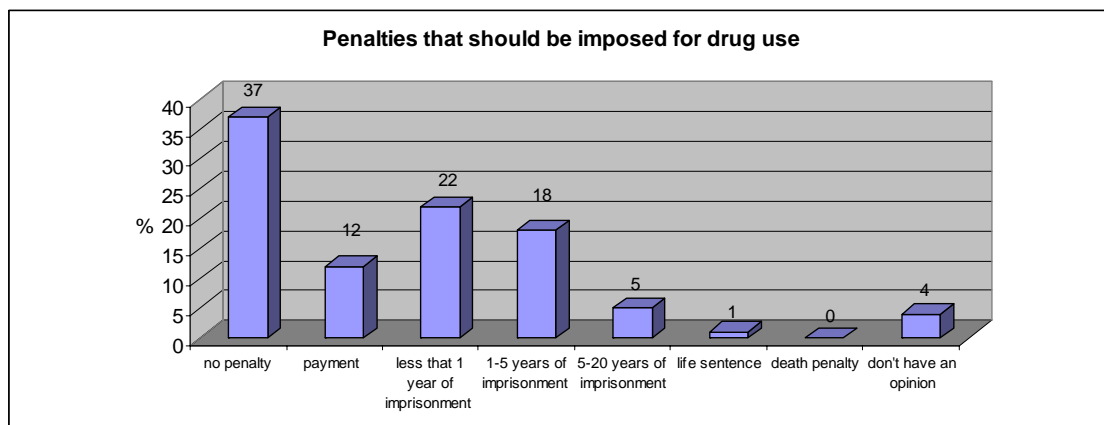


Figure 1-1



The majority of respondents (55%) view drug users as weak personalities, whereas 38% view them as victims of social conditions. Only 9% believed that drug users are criminals and a similar percentage viewed them as “normal” people. Regarding punishment measures for drug use, 37% of the interviewees held the belief that no penalty should be imposed for drug use, as illustrated in the figure below.

Figure 1-2



More intense opinions were expressed regarding penalties for illicit production and supply of drugs. The highest percentage (42%) expressed the view that a lifetime sentence should be imposed for this offence.



Based on the results of the general population survey conducted in 2003 (Tolmi, 2003, unpublished) the percentage of respondents⁴ that was in favour of cannabis legalization remained on comparative levels (8% compared to 6% in 1999). Only 43% (when compared to 87% of the previously mentioned survey) of the sample mentioned television as main source of information regarding drugs and 22% - friends. Nearly half of the respondents (49%) considered drug users as sick, and 10% as criminals. The latter seems, again, to remain at similar levels when compared with the 1999 findings. Most of those who expressed the view of drug users as criminals were in the age range of 50-65 years. A little over half of interviewees (52%) believed that drug users are emotionally and mentally disturbed, whereas in 1999 a similar view (stating that drug users have serious psychological problems) was held by 22% of the sample used. At the same time, 41% declared themselves to be frightened of drug users. With regard to the legal consequences of drug use, 9% of the sample expressed belief in imprisonment of drug users. Regarding perceived risk of cannabis/ hashish use, 84% of the sample stated that a regular use of these is dangerous/very dangerous. An analogous percentage (80.5%) of secondary students held the same belief (KENTHEA, Ministry of Education and Culture, 2003, unpublished). Perceived availability of marijuana/hashish as easy was expressed by 13% of the students.

1.5.2 Debates and initiatives in parliament and civil society

The concern of drug issues as a national concern is reflected in political debates, both at a public and parliamentary level.

The major themes discussed in Parliament (Cyprus House of Representatives, 2003) included reforms in the penal system, treatment possibilities and after-care, police control and budgetary issues of the Cyprus Anti-Drugs Council. Modifications of the existing legislation were approved, which mainly aimed at a more efficient implementation of the law regarding prosecution for supply and trafficking instead of use (for details see above-mentioned legislation and the respective amendments). The competent parliamentary committees agreed upon specific quantities of illicit substances, which would provide a clear indication whether the seized amount was intended for personal use or supply. Some new medications were also added to the list

⁴ The sample used in this survey was 1000 people, in the age range of 15-65 years.



of controlled drugs, as included in the Narcotic Drugs and Psychotropic Substances Law. Vital need was also repeatedly expressed for an elaboration of a National Strategy on Drugs. Suggestions were also expressed regarding alternatives to prison, the aim being treatment rather than custodial sentences. Some opinions were articulated concerning the age limit of first-time offenders. It was claimed that the age of 25 or below should not constitute a factor for a lenient treatment, since in more than one case young people were found with drug quantities which were intended for supply.

A group of people supporting the decriminalization of drugs was identified, promoting its views through an environmental newspaper (<http://www.prasini-aspida.org>) and through personal websites (<http://petros-evdokas.cyprus-org.net>). Activities towards legalization/ decriminalization of any drug seem to find little public attention outside the respective groups of interest.

1.5.3 Media representations⁵

The most recurring themes in the press during 2003 were drug seizures and arrests made by the police (over 200 references in different daily newspapers within a period of 6 months). The second most common theme was drug trafficking originating in the Turkish occupied area of the island (over 60 references within 6 months). Another theme that was emphasized dealt with increasing trends of drug use by school pupils and youth in general (over 60 articles within the same period of time as that mentioned above). Some other issues recurring in the press were the following:

- Increase in Ecstasy and cocaine seizures
- Causes and effects of drug use/ drug addiction
- Prevention initiatives and activities
- Drug control in prison
- Drug-related crime
- Drug use among ethnic minorities
- Restructuring of the Cyprus Anti-Drugs Council
- Creation of new therapeutic centres
- Codeine put under control

⁵ Articles found in all daily newspapers



European Monitoring Centre
for Drugs and Drug Addiction

- Drug use problems among prisoners
- Changes in the legislative framework regarding prosecution of drug related crime

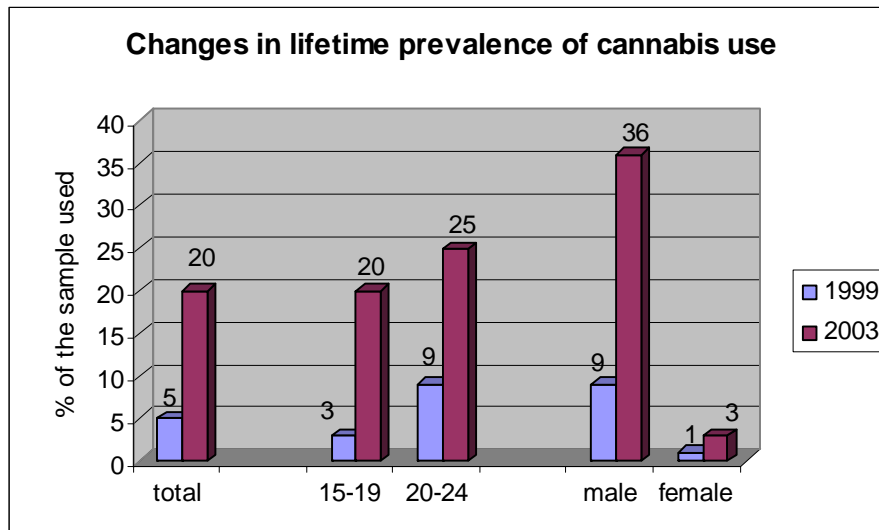


2 Drug use in the population

2.1 Overview

Based on data provided by national surveys carried out in Cyprus in 1999 and 2003 a dramatic increase in lifetime experience of cannabis use has been observed (Kenthea and MHS, 2000, unpublished, Tolmi, 2003, unpublished), especially among young males (see figure below).

Figure 2-1



With regard to drugs other than cannabis, changes have occurred, although not to the same extent as in the case of marijuana and hashish. While in 1999 lifetime prevalence of Ecstasy use was reported by 0.3% of the sample between the ages 15-60 (Kenthea and MHS, 2000, unpublished), in 2003 4% of people in the age range of 15-65 reported it (Tolmi, 2003, unpublished). Lifetime experience of cocaine use has remained relatively stable (0.5% in 1999 and 1% in 2003), as well as the use of opiates at least once in lifetime (0.3% to 0.5% in 2003). Based on the results of the most recent survey (Tolmi, 2003, unpublished) we can observe the highest rates of reported lifetime drug use in young men (20-29 years of age), mostly with technical school educational level, who spend most of their leisure time in arcades and clubs and for whom religion does not



play an important role in life. The mean age of onset of drug experimentation was 16-17 years.

In addition to the significant increase in lifetime prevalence of cannabis use, according to the same sources, an escalation in recent use of this substance is clear. Of the overall 5% of subjects that reported lifetime use of cannabis in 1999, 22% also reported recent use (last 12 months) and 46% of the latter reported use in the last 30 days. In the year 2003, 20% of the sample reported use of cannabis at least once in their lifetime, 70% of which also reported use in the last 12 months. 12.8% of the latter also reported current use (corresponding to 9% of the total sample)⁶. Trends observed in the general population are not reflected in the school population (Kenthea and MEC, 2003, unpublished), but are found at high levels in youth population surveys (Cyprus Youth Board, 2002, unpublished, Papantoniou, 2003, unpublished). Regarding school population, although lifetime experience of illicit drug use has increased between 1999 and 2003 from 3% to 5% (Hibbel *et al.*, 2000, Kenthea and MEC, 2003, unpublished), these rates are still lower than in 1995 (6%).

Analogous variations are observed regarding the use of alcohol by 15 and 16 year old pupils. The only relatively vivid difference relates to current cigarette use (last 30 days) – from 16% in 1999 it has increased to 22% in 2003 (Hibbel *et al.*, 2000).

Attitudes to drugs are also somewhat more “liberal”, which is indicated both in the general population survey and the ESPAD reports (Tolmi, 2003, unpublished, Hibbel *et al.*, 2000, Kenthea and MEC, 2003, unpublished) (for more information see public opinion on drug issues in chapter 1).

The increasing level of experimentation with illicit drugs is indirectly reflected in the constantly increasing drug seizures made by the police, which indicate an increasing supply and availability (DLEU, 2004, unpublished).

Seemingly inconsistent findings of all above-mentioned surveys appear to be related to significant methodological discrepancies and incompatibilities. Consequently, a comparison of findings cannot be made and methodologically valid assumptions and conclusions cannot be drawn from these results. Although these findings are interesting and valuable for the description of the drug situation in Cyprus, the Focal Point's

⁶ It is important at this point to stress that incidence rates have not been estimated in this survey.



responsibility is to ensure quality and compatibility with methodological guidelines provided by the European Monitoring Centre for Drugs and Drug Addiction. This will be the priority for the next general population survey, which will be fully compatible with the EMCDDA's guidelines.

2.2 Drug Use in the general population

Data sources on drug use among the general population come from two surveys conducted in 1999 and 2003 (Kenthea and MHS, 2000, unpublished, Tolmi, 2003, unpublished). The first one was a household, face-to-face multi-health survey, conducted on a sample of 1500 individuals in the age range of 15-60 years. It was commissioned by the World Health Organization and conducted by the Ministry of Health in cooperation with KENTHEA (Centre of Education about Drugs and Treatment of Drug Addicted Persons), a non-governmental organization. The recent household survey of 2003 (also face-to-face interview method) was conducted on a sample of 1000 people in the age range of 15-65 years and was carried out by TOLMI (Open Therapeutic Community for Addicted Persons) which is part of KENTHEA.

The two surveys were not a series and used different methodology and tools. The final report of the 1999 survey is not available yet and the Cyprus National Focal Point was provided with only a summary of findings. The differences between the two surveys along with the lack of final report make the comparison of their findings very difficult. Some very general comparisons will be attempted with reservation, bearing in mind all the limitations of this data; therefore most of the information regarding the situation of drug use in the general population will be based on the 2003 survey.

2.2.1 Cannabis

About 20% of the general population reported lifetime experience of cannabis use (Tolmi, 2003, unpublished). This prevalence is much higher in the age range 15-39 years than in the age range 40-65 years. The highest rate of reported illicit drug use was found among subjects who were between 20-29 years of age (25% among those in the age group of 20-24, and 27% among those between 25-29 years of age). Alarming is also the reported percentage of young people (15-19) who admitted to having a lifetime experience with cannabis, which reached 20%. The mean age of onset of experimentation of this drug was 16-17 years and the main reason mentioned for trying



the drug was curiosity, while reasons such as loneliness, opposition to authority or peer pressure were reported less often (Tolmi, 2003, unpublished).

Male subjects were much more likely to report drug use than women (36% of men and 3% of women reported lifetime cannabis use). The highest rates were mainly reported by individuals with technical school educational level⁷. It is noteworthy that nearly all of those who had used any drug held the belief that they know how to protect themselves from drugs. (Tolmi, 2003, unpublished).

Recent use of cannabis was reported by 14% of all subjects, corresponding to 70% of those who had a lifetime experience with this drug, whereas current use was recorded in 9% of cases (12.8% of recent users). Recent users were found to be mostly males in the age range of 15-29, technical school graduates and living in refugee settlements of Famagusta district.⁸ Current use of cannabis was reported by 9% of respondents, mainly male in the age group of 20-29. As in the case of recent use, the percentages of those residing in refugee settlements who reported use in the last 30 days was higher than those who did not live in these specific settlements. Although Famagusta district residents held the highest rate of lifetime cannabis use, this was not found in the case of current use, which could suggest that they were experimenting with cannabis, but did not continue their use. This speculation seems to be reflected in treatment demand, where people from that area were rarely found to be seeking help (one percent of all users that contacted treatment agencies in 2003).

2.2.2 Ecstasy

Lifetime prevalence of Ecstasy use was reported by 4% of the interviewed individuals (Tolmi, 2003, unpublished). Among young respondents of 15-24 years of age this rate was twice as high as in subjects 25 years old and older. None of the persons of 40 years or older reported use of Ecstasy. Analogous to that in the case of the previous drug was the difference between the two sexes: male individuals were more likely to report lifetime

⁷ The educational system in Cyprus is as follows:

1. Primary level – 6 years
2. Lower secondary (Gymnasium) – 3 years
3. Upper secondary (technical school or lyceum*) - 3 years

*It is important to note that technical schools in Cyprus are considered inferior to lyceums.

⁸ In Famagusta district the tourist industry is very developed and is mainly addressed to youth.



use of this drug than women (8% and 1% respectively). The characteristics of those who did report a lifetime use of Ecstasy were: technical school education, residing in the urban areas of Famagusta district (prevalence in that district was three times higher than in other districts).

Recent use of Ecstasy was found in 3% of the whole sample used, meaning that 75% of those who reported lifetime use, were also using in the last 12 months. The highest rates of recent use were found in the youngest age group of 15-19, although the differences were not significant. As in previous cases, prevalence was higher among men than women (4% and 0.5% respectively). Once again, among Famagusta district respondents, who held the highest percentage of lifetime use of Ecstasy, recent use was much lower than in the rest of the districts, which could confirm the speculation that was made with regard to cannabis use.

Current use (in the last 30 days) was reported by 1% of the sample, all of whom were male, mostly gymnasium or technical school graduates.

2.2.3 Amphetamines

Lifetime prevalence of amphetamines use was reported by 1% of the interviewees (2% of men and 0.5% of women) mainly among those with higher education (either completed or uncompleted) in the age group of 25-39 (Tolmi, 2003, unpublished).

Recent use of this substance was found in 0.2% of the total sample, mostly in the age range of 25-29, who had completed their secondary education (lyceum), all of them living in Limassol.

In none of the cases was current use reported.

2.2.4 Cocaine

Lifetime experience of cocaine was reported by 1.1% of the subjects interviewed, who were men between 20-39 years old. None of the respondents with a higher educational level reported cocaine use (Tolmi, 2003, unpublished).

Recent use was found in 0.7% of the cases, among those in the age group of 20-29 with the same education as in the case of lifetime use.

Current use was reported by all those who claimed cocaine use in the last 12 months.



2.2.5 Heroin

Lifetime use of heroin in the general population was found in 0.5% of subjects, mainly in the age of 20-24, having completed primary education and living in the two biggest cities in Cyprus: Nicosia and Limassol (Tolmi, 2003, unpublished). All of them also reported to have used heroin recently (within last 12 months).

Current use was reported by 0.2% of the sample. Although in both cases the number of those who had any kind of experience with heroin is so low, which makes any inferences very risky, we can say very cautiously that those who reported current use were male, between 20-24 years of age, having completed primary education and residing in Limassol.

2.3 Drug Use in the school and youth population

2.3.1 School population

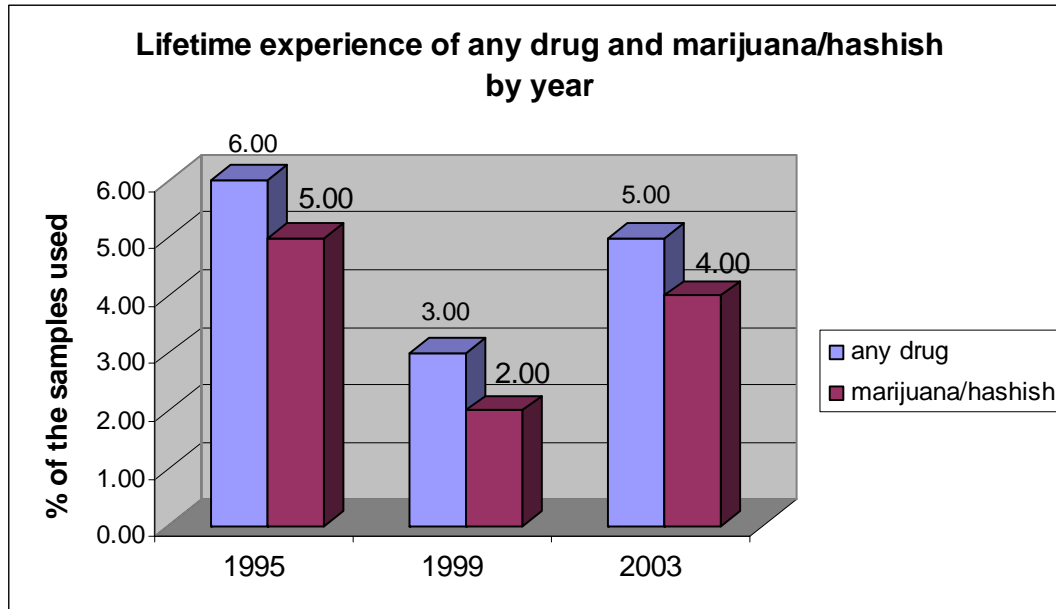
With regard to the school population, Cyprus has been participating in the European School Survey on Alcohol and Other Drugs since 1995. Three series of ESPAD have been carried out so far: in 1995, 1999 and 2003⁹, for which some preliminary findings are available, but not yet published. For previous surveys the 1999 ESPAD Report is available, where some basic comparisons between 1995 and 1999 can be looked into (Hibbel *et al.*, 2000). However, we have no access to raw data for any of those years.

Observed changes in the prevalence of both licit and illicit drugs among secondary school students in ESPAD surveys differ from the ones found in the general population surveys. Some increase has occurred in lifetime use of any drug and of marijuana/hashish, but the percentages are still lower than those found in 1995. Some of the changes by year are illustrated in the graph below (Hibbel *et al.*, 2000, Kenthea and MEC, 2003, unpublished).

⁹ All three series of the survey were carried out by the Ministry of Education and Culture in cooperation with KENTHEA.



Figure 2-2



Recent use of marijuana/ hashish was reported by 3.2% of pupils, whereas current use was reported by 2.4% of the whole sample.

Lifetime experience of tranquillizers/ sedatives without medical prescription has remained on the same level (8% in 1995, 6% both in 1999 and 2003) for both genders (6% in boys and 5% among girls in 1999, and 7.3% -4,8% respectively in 2003). However, perceived availability of them has changed: while in 1999 33% of the students considered tranquillizers as easy to obtain, in 2003 this percentage rose to 42%.

Recent use of sedatives/ tranquillizers without medical prescription was reported by 2.2% of students and current use by 1.9%.

Current cigarette use (within last 30 days) reached 22% in 2003 (16% in 1999), but it seems that smoking has mostly increased among girls.

Use of any alcoholic beverage 20 times or more during the last 12 months has slightly increased (from 16% in 1999 to 18.6% in 2003, with no differentiation between boys and girls). An analogous difference is found in alcohol use 10 times or more in the last 30 days for both sexes (8% in 1999 and 11% in 2003). Being drunk 20 times or more in one's lifetime, on the other hand, has generally slightly decreased (2% in 1999 and 1.4% in 2003), but there seems to be a considerable increase in drunkenness among girls (in



1999 none of the girls had reported being drunk 20 times or more, whereas in 2003, 6% of them reported the same).

Data regarding use of inhalants among the school population was not available in previous years. Such questions were included in the last survey, and revealed that as many as 17% of 15 and 16 year old students have had a lifetime experience with inhalants (19% of boys and 15% of girls), a percentage which is comparably high when compared with the average in other countries in 1999 (Hibbel *et al.*, 2000).

2.3.2 Youth Population

In 2002 a survey was conducted among young persons (Cyprus Youth Board, 2002, unpublished). The sample used in the survey was 1080 in the age range of 15-29 years. Two kinds of questionnaires were used: a general one and a confidential one. The latter was filled in by 588 persons, 65% of whom responded to the questions regarding drug use.

According to the findings of the survey, 22.5% of the above sample (382 persons) reported a lifetime experience of illicit drugs. Information which would indicate the relation of drug use to some other characteristics of the respondents is not available. What is obtainable from the report is that most of those who reported a lifetime use of any illicit substance (20%) used marijuana and 2% opium. 1% of those who had used marijuana reported to be using it currently and regularly (although the term “regularly” is not defined), and 0.7% reported regular current use of hashish (of those who had ever used this drug). It seems that most of them had their first experience with illicit drugs between 15-19 years of age.

2.4 Drug Use among specific groups

A survey among military conscripts¹⁰ was carried out in 2002/2003 by the Ministry of Health and the Ministry of Defence (Papantoniou, 2003, unpublished). The objectives of the survey included the estimation of HIV and hepatitis prevalence among guardsmen, as well as investigation of their knowledge, attitudes and behaviour regarding AIDS, sex, sexually transmitted diseases and drugs.

¹⁰ Military service is obligatory in Cyprus and all men (at the age of 17-18) are called up to serve 26 months.



According to the findings of the survey, out of a total of 653 conscripts lifetime prevalence of drugs was as follows: marijuana 18.7%; 12% use of hashish; 7% Ecstasy; 5.5% - LSD or other hallucinogens; 5.5% injecting drugs; 5% cocaine, 4.8% smoked heroin; 2.8% heroin administrated in ways other than smoking, and 4% reported lifetime use of crack.

Curiosity as the main reason for experimenting with illicit drugs was reported by 39% of those who had ever tried illicit substances, while a wish to alter mood and to forget their problems was reported by 21%, and 12.4% respectively. At the same time, 50% of them expressed the belief that the stressful environment of military life drove them to drug experimentation. Additionally, 48% perceived drug availability within the army as easy.

2.5 Attitudes to drugs and drug users

The majority of the sample (of the 2003 study) claimed that they would rather lose a friend than take drugs, but younger respondents seemed more willing to try drugs than lose a friend (Tolmi, 2003, unpublished).

One in ten interviewees, especially those between 15 and 39 years of age seemed to favour recreational use of drugs (Tolmi, 2003, unpublished). Favouring decriminalization of cannabis was reported by 8% of the sample, while 17% neither agree nor disagree with this suggestion. A positive attitude toward decriminalization was mostly expressed by younger male respondents, especially those who had been experimenting with cannabis.

Ten percent of the sample viewed drug users as criminals and 49% - as sick. One in ten interviewees also seemed to favour imprisonment of drug users, and 41% stated that they are frightened of them (Tolmi, 2003, unpublished). 13% of secondary school students stated that marijuana/ hashish is easy to obtain and 27.3% held the belief that there is no or slight risk in trying marijuana/ hashish once or twice (Kenthea, MEC, 2003, unpublished). These perceptions seem to be expressed by a higher percentage of school children than in the past (Hibbel *et al.*, 2000, Kenthea, MEC, 2003, unpublished).

Analysis of trends in a wider social context

As mentioned in the overview, the increase in lifetime experience of cannabis use was the outstanding feature. Besides the methodological concerns regarding the two general population surveys, reasons for the increase in drug experimentation have been the



subject of debate. Especially worrying is the increase in drug use among the young (Tolmi, 2003, unpublished). There is a lot of speculation as a consequence to explain this phenomenon. One of the reasons that is reflected in police data could be the growing supply (DLEU, 2004, unpublished) and availability of drugs (see chapter 10 on drug markets). Taking into account the changes in the young's attitudes to drug use and perceived risk of recreational use (lower than in the past), the emerging trends are of no surprise. Influences from international youth trends, the increasing popularity of trance and rave music parties (one recent logo: "enlightenment through partying") which are closely linked with recreational use of drugs, along with the changes that Cypriot society has been undergoing (such as Cyprus's accession to the European Union, constant unsuccessful attempts to solve the Cyprus problem, and unmediated rapprochement between populations, increase in student population and demographic profile of the country, etc.) create a fertile ground for the expansion of the drug problem (Cyprus NFP, 2004). All the above, together with the constant development of the tourist industry (especially in Ayia Napa – primarily aimed at the young) seem to have contributed to the increase of illicit drug use, especially by younger ages.



3 Prevention

3.1 Overview

Despite the present transitional stage of development of the National Drug Strategy, a diverse range of universal, selective and indicated drug prevention programmes and actions took place in Cyprus in the year 2003 and continue in 2004 (Cyprus NFP, 2004), in accordance with the principle which is upheld by the National Drug Strategy (Committee for the formulation of a National Strategy and Action Plan on Drugs, 2004) of providing a wide spectrum of prevention services. These initiatives came from the public and private sectors, government ministries and NGOs. As 2003 was the first year in which a National Report on the drug situation was produced, it is not possible to cite new developments and trends in prevention. Perhaps one area of future research may focus on quality assurance for the range of prevention programmes offered, and also ways of promoting new research, meta-analyses and evaluations in the drugs prevention field.

3.1.1 Development of the National Strategy

As from the year 2001, sporadic efforts in drug prevention in the governmental and NGO sectors found official recognition and began to be coordinated and organized with the establishment of the Anti-Drugs Council as the supreme coordinating body responsible for drugs policy in Cyprus, an action resulting from the Prevention of the Use and Dissemination of Drugs Law 2000 (law 128(1)/2000). As a direct result of a modification (law 142(1)/2002) of the above law, the National Monitoring Centre for Drugs and Drug Addiction also began operating under the auspices of the Anti-Drugs Council in 2004. The Anti-Drugs Council, consisting of representatives from the Ministries of Health, Justice and Public Order, Education and Culture, Defence, Labour and Social Insurance, the Ministry of the Interior, as well as representatives from the Police, the Church, the Youth Board and NGOs, was established as the national coordinating body responsible for the research, planning, coordination and evaluation of all actions relating to drug prevention, as well as the drafting and promotion of the National Strategy on Drugs, to be implemented for the first time in 2004 – 2008. In the year 2003 Cyprus was therefore in the final stages of the process of forming an explicit National Strategy on Drugs, and



the transitional nature of this situation will inevitably be reflected in the description of prevention activities taking place and included in this National Report.

3.1.2 Definitions

The Prevention of the Use and Dissemination of Drugs Law 2000 (law 128(1)/2000) adopts the World Health Organisation definitions of primary, secondary and tertiary prevention. In this context, health is understood as being complete physical, psychological and social well-being, and primary prevention involves all programmes and activities addressed to the general population for the promotion of health. Secondary prevention involves all programmes and activities for the timely intervention, diagnosis and treatment of persons in groups which are at high risk of drug addiction; and tertiary prevention involves all programmes and activities addressed to substance dependent persons, and aiming towards their treatment, relapse prevention and professional and social rehabilitation. The above definitions of prevention do not correspond exactly to the categories of universal, selective and indicated prevention used by the EMCDDA and in the writing of this National Report, but they are important to mention as they formed the basis for the philosophy of many prevention programmes in Cyprus in the year 2003. Nevertheless, the National Drug Strategy 2004 – 2008 explicitly mentions that prevention activities in Cyprus will in the future be carried out and categorised according to whether they are universal, selective or indicated.

3.2 Universal Prevention

Universal prevention strategies which address the entire population (national, local community, school, neighbourhood, etc.) with messages and programmes aimed at preventing or delaying the abuse of alcohol, tobacco, and other drugs do take place in Cyprus in both a systematic and an ad hoc manner. The mission of universal prevention is to deter the onset of substance abuse by providing all individuals with the information and skills necessary to prevent the problem, and universal prevention programmes are ones which are delivered to large groups without any prior screening for substance abuse risk (Mrazek, P.J., & Haggerty, R.J., 1994; SAMHSA, 2004, available at <http://www.modelprogrammeme.samhsa.gov/template.cfm?page=IOMClass>). The risk of substance abuse for the entire population of Cyprus is taken into account by these



programmes, and all participants are seen as being capable of benefiting from such prevention programmes.

3.2.1 School Programmes

School-based prevention programmes are in Cyprus the most frequent and developed form of universal prevention. Non-systematic implementation of prevention programmes addressed to teachers and students mostly involve campaigns and seminars. The non-governmental organisation KENTHEA, an NGO which organises seminars, workshops and conferences, publishes information and circulates a magazine, communiqués and interviews, has been carrying out programmed and ad hoc Anti-Drugs activities in education since 1994; and the Ministry of Health prevention service PERSEAS has been implementing a school prevention programme since 2001. More specifically, the following school-based programmes are in place:

- Ministry of Education and Culture: A specialised Educational Psychology Service is attached to the Ministry of Education and Culture. It deals with the elaboration and implementation of primary prevention programmes in schools, also training teachers and parents on issues of adolescence, addictions and dangerous behaviour (Anti-Drugs Council, 2004; Educational Psychology Service, 2003). A Health Education and Civics Working Group, which is responsible for promoting health education and civics programmes in schools, has been set up by this service. The Counselling and Professional Guidance Service (YSEA, 2003), which consists of over 100 teacher-counsellors in schools who are responsible for pupil support and welfare, including drug prevention (Leventis, Papastefanou, Papadamou & Hadjitofi, 1999) also participate in this committee. Since 1992, the Ministry of Education and Culture has also introduced elements of health education specifically regarding licit and illicit addictive substances into the syllabus for biology and home economics.

Other programmes and actions concerning drug prevention offered by The Ministry of Education and Culture involve:

- *Anti-Drugs seminars* (in collaboration with the Ministry of Health, KENTHEA and the Police Drug Law Enforcement Unit) for selected



secondary school pupils acting as ‘nuclei of resistance’ to drugs in their schools. Since 1996, through those seminars, which last 3 days per seminar, 1800 pupils have been trained (Ministry of Education & Culture, 2004).

- *Mentor Mobile Units*, which are specially adapted mobile classrooms teaching about addictive substances while visiting primary schools (sixth year pupils) and secondary schools (first year pupils). Since 1997, over 8000 primary and secondary pupils have been trained (Ministry of Education & Culture, 2004).
- Participation of primary and secondary schools in the *European Schools Network Programme for the Promotion of Health (and prevention of addictive substances)*;
- Hosting the provision of an in-house drugs prevention training programme for teachers (offered in collaboration with the Pedagogical Institute and KENTHEA). The prevention training programme “*Stirizomai sta Podia mou*” (Standing on my own two feet) has so far trained over 1500 primary and secondary school teachers in offering experiential drug prevention training workshops to over 3500 primary and 3500 secondary school pupils.
- Participation with schools in Greece in “*Ev Zin*”, a health-related exchange programme. Thirteen schools in Greece exchange teachers and pupils with thirteen schools in Cyprus, encouraging participants to research health issues including drugs.
- Organisation of ad hoc *lectures by health visitors* informing school pupils on drugs.
- The Ministry of Education and Culture in collaboration with KENTHEA, also carries out an ESPAD (European School Survey Project on Alcohol and other Drugs) survey every 4 years in Lyceums and Technical Schools to collect data on pupils’ behaviour and attitudes in relation to addictive substances. KENTHEA will also collaborate with the Ministry of Education and Culture in a PanCyprian research study of all first year secondary –school pupils to determine their



knowledge, attitudes, beliefs and behaviour concerning tobacco and drugs in 2004. This research will be repeated yearly, and will serve to improve the quality of prevention interventions in Cypriot schools.

- Ministry of Health: The drugs prevention centre “PERSEAS” mentioned above, in operation since 1999 in Nicosia district, runs awareness-raising campaigns with the aim of providing information on drug use prevention in schools and colleges for teachers / parents / student’s associations. Training programmes are also offered for teachers and other professionals to become prevention agents and be able to identify high risk cases and intervene early to stop potential drug abuse; as are structured experiential prevention programmes for parents, adolescents and secondary-school pupils. Also, the drugs prevention and rehabilitation centre “PROMETHEAS”, in operation since 1992 in Limassol district, collaborates with the Educational Psychology Service and secondary schools in including pupils in the application of primary drug prevention programmes (Anti-Drugs Council, 2004).
- Ministry of Justice and Public Order: The Drug Law Enforcement Unit (DLEU) mentioned above targets primary drug prevention programmes in primary schools (Anti-Drugs Council, 2004).

3.2.2 Family Programmes

Universal drug prevention programmes aimed specifically at the Cypriot family take place in Cyprus, and are offered by:

- Ministry of Health: PERSEAS (see above) Drugs Prevention Centre for the Ministry of Health Mental Health Services has as its mission to create a protective shield and support structures / networks for young people, which it achieves through structured experiential prevention programmes intended for parents and adolescents. Also, the Larnaka Rehabilitation Counselling Centre runs a programme known as “STOP” in the field of primary drug prevention, offering lectures, seminars and workshops for parents and young people (AntiDrugs Council 2004, unpublished).
- Ministry of Justice and Public Order: The DLEU (see above) targets primary prevention programmes at adolescents and parents.



- KENTHEA: This NGO operates primary prevention programmes in the form of experiential workshops for adolescents and promotion of primary prevention programmes for adolescents and young persons. It also offers primary prevention training programmes for adolescents and young people, parents and professionals working with families (Anti-Drugs Council, 2004).

3.2.3 Community Programmes

Universal drug prevention programmes aimed at the community take place in Cyprus, and are offered by:

- Ministry of Health: PERSEAS (see above) Drugs Prevention Centre for the Ministry of Health Mental Health Services offers awareness-raising campaigns with the aim of providing drug prevention information to municipalities and communities as well as community-oriented programmes and activities in collaboration with municipalities and communities in the Nicosia district, training volunteers and setting up an “External Associates Network”. The STOP programme, mentioned above, also offers community awareness-raising in Larnaka, dissemination of informative material, and collaboration with voluntary organizations. PROMETHEAS Drugs Prevention and Counselling Centre in Limassol offers interventions to raise awareness in the community (Anti-Drugs Council, 2004).
- Ministry of Justice and Public Order: The D.L.E.U. (see above) collaborates with local authorities in participating at regional debates on issues regarding addictive substances in the community, as well as publishing information on drugs and addictive substances (Anti-Drugs Council, 2004).
- Ministry of Defence: As well as offering healthy recreation activities to recruits such as sports, organised outings, concerts and other events as a primary prevention measure against substance abuse, the National Guard Health Office is equipped with necessary information material which it distributes to units and to all new recruits prior to their joining the National Guard. Lectures are given at army camps and within the framework of the courses for unit intelligence Officers. The National Guard has developed links with the Police Headquarters Drug Law Enforcement Unit for promoting informative talks



addressed to guardsmen and has established contacts with the Ministry of Education and Culture for amending and applying the “Mentor” programme (mentioned above) with the aim of implementing a specialized primary prevention programme in the army (Anti-Drugs Council, 2004).

- Youth Board of Cyprus: promotes activities, such as information and training seminars, workshops and conferences aimed at young people and organized youth groups in the field of primary prevention. It also organizes and sponsors activities in the context of “healthy activities” programmes for young persons, and publishes information material for the prevention of drug abuse and use of addictive substances (Anti-Drugs Council, 2004; Cyprus NFP, 2004)
- KENTHEA: holds cultural and sports events for young persons in the context of promoting healthy activities (Anti-Drugs Council, 2004).
- Lions Quest Foundation: Established in 1995, this NGO promotes various programmes of the International Lions Quest which provide young people with skills and tools to combat the use of licit and illicit addictive substances. These programmes include Practical Training Programmes aimed at skills and healthy personality development, preventing the use of addictive substances (Anti-Drugs Council, 2004).
- Nicosia Anti-Drugs Association¹¹: Established in 1989, this NGO has the aim of raising public awareness about drugs, and develops activities in the field of primary prevention towards healthy recreational activities (Anti-Drugs Council, 2004).

3.3 Selective / Indicated Prevention

Selective prevention strategies target subsets of the total population that are deemed to be at risk of substance abuse by virtue of their membership in a particular population segment--for example, children of adult alcoholics, dropouts, or students who are failing academically. Risk groups may be identified on the basis of biological, psychological, social, or environmental risk factors known to be associated with substance abuse and targeted subgroups may be defined by age, gender, family history, place of residence,

¹¹ Similar associations exist in most major towns in Cyprus.



such as high drug-use or low-income neighbourhoods, and victimization by physical and/or sexual abuse. Selective prevention targets the entire subgroup regardless of the degree of risk of any individual within the group (Mrazek, P.J., & Haggerty, R.J., 1994; SAMHSA, 2004, available at <http://www.modelprogrammeme.samhsa.gov/template.cfm?page=IOMClass>).

Indicated prevention strategies, on the other hand, are designed to prevent the onset of substance abuse in individuals who do not meet formal criteria for addiction, but who are showing early danger signs, such as falling grades and consumption of alcohol and other gateway drugs. The mission of indicated prevention is to identify individuals who are exhibiting early signs of substance abuse and other problem behaviours associated with substance abuse and to target them with special programmes. The aim of indicated prevention programmes is not only reduction in first-time substance abuse, but also reduction in the length of time the signs continue, delay of onset of substance abuse, and/or reduction in the severity of substance abuse. Individuals can be referred to indicated prevention programmes by parents, teachers, school counsellors, school nurses, youth workers, friends, or the courts. Young people may volunteer to participate in indicated prevention programmes (Mrazek, P.J., & Haggerty, R.J., 1994; SAMHSA, 2004, available at <http://www.modelprogrammeme.samhsa.gov/template.cfm?page=IOMClass>).

Using the above definitions, both selective and indicated prevention activities can be said to have taken place in Cyprus in 2003.

3.3.1 Recreational Settings

- THESEAS Mobile Information Unit on Drugs: Operated jointly by the Youth Board of Cyprus and KENTHEA, this mobile information unit intervenes in high-risk groups through information and awareness-raising, travelling to places frequented especially at night, by young people, (Anti-Drugs Council, 2004, unpublished).

3.3.2 At-risk Groups and Families

- Ministry of Health: The Ministry of Health operates several diverse programmes in selective and indicated drug prevention (Anti-Drugs Council, 2004, unpublished):



- Makarios Hospital Child and Adolescent Psychiatric Unit in Nicosia, in its provision of counselling and psychotherapeutic support to children and adolescents with behavioural problems, delinquent behaviour or other difficulties refers cases of substance abuse to PERSEAS drugs prevention centre, which operates programmes in the field of secondary prevention for high-risk adolescents, families, groups and communities. These programmes aim at early intervention to preventing the use of drugs by treating the high-risk factors, and to stem use at its initial stages, before adolescents become dependent. More specifically, the specialised programmes run by PERSEAS include:
 - Open Therapeutic Community programmes – for adolescents already using drugs, but not yet addicted. Individual and group counselling, individual psychotherapy, group counselling for parents, group psychotherapy, parental counselling, life skills training, alternative activities and vocational guidance for young persons are offered as part of the open community programme.
 - Interaction and Networking Programme – for coordination of case treatment. PERSEAS promotes networking with secondary schools in the Nicosia district and with relevant state and voluntary agencies in the field of drugs.
 - High-risk Adolescents Programme – an intensive programme offered to adolescents prior to the onset of drug use, which includes individual psychotherapy, family psychotherapy, interventions in the surrounding system (school, work, friends), life skills training (stress management, coping with anger, problem solving, handling violent feelings, dealing with depression, etc.), and vocational guidance.
 - Hotline Programme (1456) – the aim is to provide objective and scientifically documented information, guidance and support to those requesting it, motivate for treatment request,



refer to relevant services or take charge of specific cases from the centre treatment programmes.

- Similar goals in secondary prevention are shared by the programmes run by PROMETHEAS in Limassol, also offered by the Ministry of Health. These include:
 - Youth Group – for persons aged 15 – 25 who have already experimented with illicit substances, with the aim of interrupting use at an early stage and dealing with problems in a healthy way.
 - Individual Counselling – for high-risk persons and their relatives, as well as for persons in the early stages of drug abuse and their relatives with the aim of stopping the process which will lead to addiction. The collaboration between the Department and the relevant services such as the Social Welfare Department, the Educational Psychology Department, voluntary agencies and organised groups takes place within the framework of secondary prevention for the implementation of secondary prevention programmes.
- Toxotis Counseling Centre - TOXOTIS Counseling Centre is a Nicosia-based partnership between the Mental Health Services, the Social Welfare Service and the Nicosia Antidrug Association. TOXOTIS Counseling Centre offers the following services:
 - Telephone line providing information on the services/interventions/referrals offered by the Centre.
 - Mobilisation and motivation-enhancement programme, individual and group mobilisation, evaluation and referral for treatment to state-recognised detoxification and rehabilitation centres.
 - Counselling to families of addicts.
 - Harm reduction service



- Ministry of Education And Culture: The Educational Psychology Service offers the following services and programmes at the level of secondary drug prevention and secondary prevention in a more general sense (Anti-Drugs Council, 2004, unpublished):
 - Literacy Programme in Lower secondary Schools (Gymnasiums) - this is a pioneering educational innovation which started on an experimental basis in 1989-90 in two Gymnasiums and was gradually extended to cover almost all Gymnasiums all over Cyprus. It involves supporting the high risk group of functional illiterate high school pupils in their learning process. Systematic scientific evaluations of the programme have demonstrated its effectiveness both at the level of learning and at the level of self-image, behaviour and school adaptation of functional illiterate pupils. This programme has gained the recognition of European and international organisations as well as universities across Europe.
 - Pedagogical support of secondary school pupils with learning difficulties.
 - Support and psychological assistance provided to children in high-risk groups who are referred to the Educational Psychology Service either by their schools or by their families. These are children who present with school failure, adaptation and behavioural problems in the school environment, mental disorders, truancy, suicide attempts and substance abuse.

Also run by the Ministry of Education and Culture is the Pedagogical Institute, which in collaboration with the Youth Board of Cyprus and the Educational Psychology Service is involved in the “Leonardo Da Vinci” pilot programme on the issue of school dropouts (2000-2003). The programme aims at preventing and stemming school dropout rates as well as searching for ways to support children who interrupt school attendance and abandon school. The measures which apply within the framework of the programme are as follows:

- Introducing measures and taking initiatives for improving the school environment.



- Support for pupils who are outside the high-risk zone in order to enable them to overcome learning difficulties and other problems of adaptation and behaviour they may be facing.
- Creating an infrastructure (e.g. Documentation Centre of the Youth Board of Cyprus) to guide and support young persons who have abandoned school in order that they may be re-integrated smoothly into society and the work environment.
- Finally, the Counselling and Vocational Education Service offers counselling and guidance to high-risk groups in public secondary education establishments on a systematic basis. In addition, in some cases, it implements preventive programmes addressed to high-risk individuals or groups within the school.
- Ministry of Labour and Social Insurance: the Social Welfare Services apply support programmes addressed to individuals or families that may be considered as high-risk groups, as described below (Anti-Drugs Council, 2004):
 - Preventive work and support programme - this programme provides counselling and support to families facing difficulties which are jeopardising their smooth operation and the psychosocial development of the children; it also supports families with problems of domestic violence or families at the stage of dissolution, and individuals or families facing adaptation difficulties or problems associated with their living conditions.
 - Programme for preventing and dealing with domestic violence: Family counsellors assist families with domestic violence problems through counselling and guidance with the aim of solving the problems which may have led to the exercise of violence. They conduct the necessary investigations and make arrangements in relation to the defendant's residence in cases of a restraining order or criminal proceedings against the perpetrator. Family counsellors cooperate with the appropriate services and agencies.



- Child protection programme – when a child is under direct physical or moral threat because of family circumstances, or when the requirements for the healthy psychosocial development of a child are not met, the child is placed under the care of the Head of the Social Welfare Service. This means that the child is removed from his/her home and placed in a Child Protection Institution or with a foster family.
- Juvenile offenders programme – for children under the age of 14 who are implicated in petty offences, and are referred by the Police to the District Welfare Office. When children below the age of 14 are implicated in a serious offence or even when children aged 14-16 are involved in any offence, whether serious or not, they are referred to the District Welfare Office which drafts a report to be discussed in the Committee on Juvenile Offenders. This Committee submits recommendations to the Attorney General, who decides on the handling of the case.
- Ministry of Justice and Public Order: In the field of secondary prevention, the Drug Law Enforcement Unit (D.L.E.U.) of the Cyprus Police operates a Hot Line (1498) on a 24-hour basis, providing the public with the possibility of asking for help and guidance, anonymously if they prefer, on issues related to addictive substances, or even to give information in order to assist the police in their work. There is also the Prevention Bureau of the Cyprus Police, to which the calls are first directed and applicants are referred for specialised help; the Prevention Bureau cooperates closely with services and bodies on issues related to drugs. Finally, the Central Prison of Cyprus in Nicosia has a secondary prevention programme staffed by a single psychologist (Anti-Drugs Council, 2004, unpublished).
- Ministry of Defence: Through the recent establishment (May 2002) of Psychosocial Welfare Groups, which are run by specialist staff (psychologists, sociologists/ social workers and psychiatric nurses), visits are carried out on-site at army barracks in order to identify at an early stage any drug users or high-risk national guardsmen facing psycho-social problems. These groups also aim at providing information/ instructions for the appropriate treatment of persons with



- such difficulties in order to avoid their marginalisation but also to ensure that the Unit Commands provide them with the correct psychological support, guidance and monitoring. At the same time, the cases of guardsmen who make use of addictive substances are referred to the Mental Health Department of the National Guard which is in close cooperation with the appropriate drug rehabilitation services and agencies (Anti-Drugs Council, 2004).
- Youth Board of Cyprus: Hot Line 1410 on drugs was established in June 1990. The service provides information, guidance and psychological support by telephone on issues related to drugs and refers callers to the appropriate authorities and therapeutic services for specialised interventions. The Youth Board of Cyprus Advice Centre runs a special programme in cooperation with the Pedagogical Institute aimed at tackling school dropouts. The programme has been in operation since January 2003. The aim of the programme is to provide advice, guidance and support to young people who drop out of school before completing their education (Anti-Drugs Council, 2004).
 - KENTHEA: For selective and indicated prevention, KENTHEA introduced Counselling Stations in the districts of Paphos, Limassol, the greater Nicosia area and Idalion Municipality. This initiative was the result of cooperation between the NGO KENTHEA and the Youth Board of Cyprus and the various local municipalities with a view to providing valid information, guidance and mobilisation in matters of primary and secondary prevention for the benefit of the citizens of the municipalities, and professional, scientific and voluntary bodies; they also provide counselling to high-risk groups or individuals regarding substance abuse, and self-help groups for high-risk individuals and their families (Anti-Drugs Council, 2004).



4 Problem Drug Use

4.1 Overview

Due to the lack of independent sets of data there are no estimates of problem drug use. Information presented below is based on the Treatment Demand Indicator (TDI) Protocol. According to the TDI, more than half of users (58%) who contacted treatment services in 2003 reported injecting at least once in their lifetime. Thirty percent of users who reported ever injecting also reported sharing needles and 41% of those who reported current injecting also reported sharing in the last 30 days. With regard to the profile of clients in treatment the majority of users that sought treatment in the year 2003 were male Cypriot nationals in the age range 20-34. They lived in urban areas, had stable accommodation and the majority of them had completed the primary level of education. Approximately forty-five percent of them were unemployed. Finally, heroin was the most commonly reported primary drug.

With regard to users' characteristics by type of treatment the majority of users were men who sought treatment in outpatient facilities. They were in the age range 20-34, were self-referred and reported residing with their parental families. Further, the percentage of clients who were unemployed is higher among those who were treated on an inpatient basis. Those who chose to be treated in inpatient facilities reported being treated in the past. Seventy percent of users seeking treatment were Cypriots and poly drug use was reported by 72% of all users.

According to the TDI the proportion of male users reporting cannabis as primary drug is larger than that of women. Seeking treatment for the use of cocaine and MDMA is higher in females. The mean age of users in both inpatient and outpatient treatment centres is the same. The mean of years of primary drug use is 6 years, regardless of type of treatment centre or gender.

With regard to first drug used cannabis is reported as the most common. Second-in both cases of treatment centre types comes heroin. There seem to be no significant differences in mean age of onset of illicit drug use.

Having in mind the limitations of data from previous years the trends mentioned below were attempted with reservations. In 2003 women contacted treatment agencies at a



younger age than in previous years. Further, there is a constant decrease in clients seeking treatment for cannabis use while users contacting treatment services for heroin use seem to be constantly increasing from the year 2001. Heroin and MDMA show an overall increase as a first drug used. Between the years 2002 and 2003 the intravenous route of administration has also increased. The year 2003 compared with previous years is marked by an increase in the number of students and people who have completed a higher level of education.

There is no information available from non-treatment sources.

4.2 Prevalence and incidence estimates

There are no estimates of problem drug use due to the lack of independent sets of data. Some sources of data which could potentially be used the Cyprus National Focal Point had no access to, as issues of personal data protection were not resolved. Some of the information regarding injecting and non-injecting drug use is derived from Treatment Demand Protocol.

- The vast majority of users in 2003 (67%) reported heroin and other opiates as their main drug of abuse, whereas cocaine and crack was reported by 7.5% and 1.5% of users respectively.
- Average duration of use of primary drug was 6 years, fluctuating depending on the primary drug (see subchapter 4.3.3)
- More than half of users (58%) who contacted treatment services in 2003 reported injecting at least once in their lifetime (80% of users who chose inpatient services and 52% of those in outpatient centres). A vast majority of those who reported ever injecting also reported injecting in the last 30 days (84.6%, mostly those in inpatient facilities).
- 30% of users who reported ever injecting also reported sharing needles (mostly those in inpatient facilities).
- 41% of those who reported current injecting also reported sharing in the last 30 days (again, mostly those in inpatient treatment services).

The mean age of first injecting is 21 for both types of treatment (although median from inpatient services is 20). The figure below illustrates lifetime and current injecting rates among clients in 2003.



Figure 4-1

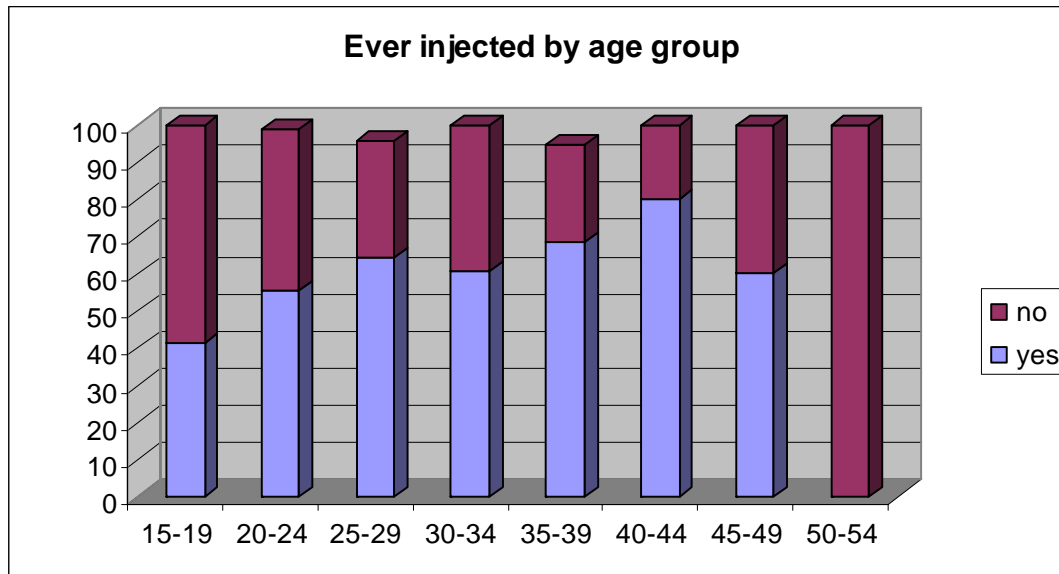
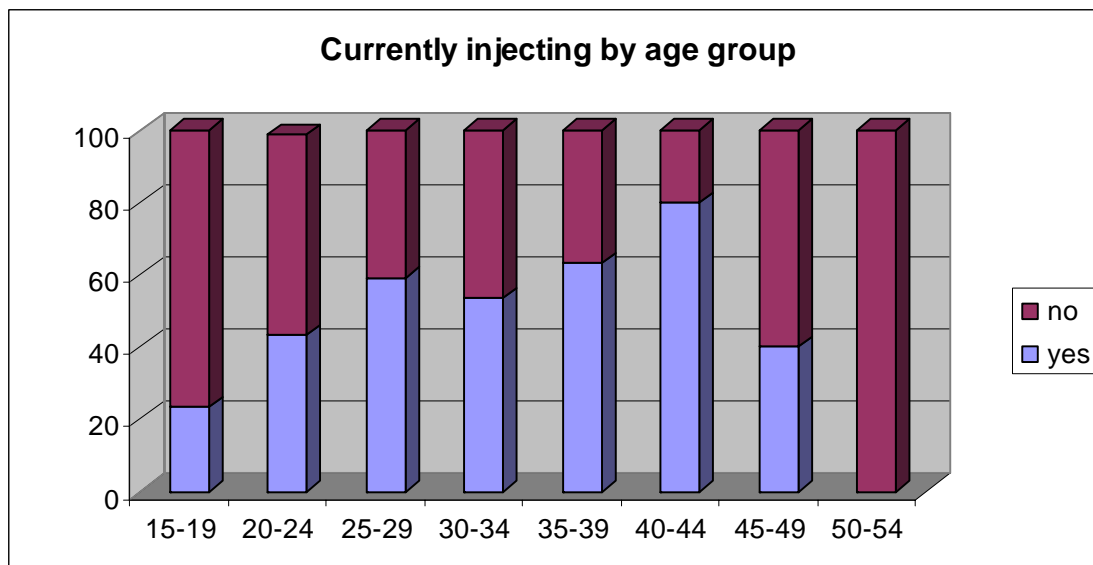


Figure 4-2



4.3 Profile of Clients in treatment

4.3.1 General characteristics of clients who contacted treatment agencies in 2003

The year 2003 marked the largest coverage of the treatment centres. While the collected data in the previous years covered only the outpatient treatment programmes, in 2003



data from the existing inpatient programmes were incorporated. As a consequence of the full cooperation between the Cyprus National Focal Point and its network partners, the year 2003 is marked by 100% coverage of all centers which implemented TDI.

The main socio-demographic characteristics of users who sought treatment in the year 2003 can be summarized as follows (Cyprus NFP, 2004):

- Majority of users that sought treatment in the year 2003 were men (87,7%).
- Majority of them (75.5%) are in the age range of 20-34 years with an average age of 27 (27.5 for men and 24 for women).
- Most of them are Cypriot nationals (74.3%), whereas 19.2% were EU nationals and 6.4% nationals of another country.
- The vast majority of them (98.6%) have stable accommodation.
- Most users live in urban areas (86.5%).
- Majority had completed primary level of education (53%), whereas users who had completed secondary and tertiary level reached 33.8% and 7.4% respectively.
- Only 6.8% of users shared lodgings with other users.
- 44.6% of them were unemployed (mostly in the age ranges 35-39 and 40-44 – 60% and 80% respectively), while 32% had regular employment.
- 34.8% of users had been previously treated (mostly heroin users) and 62.8% sought treatment for the first time in 2003.
- Heroin is the most commonly reported primary drug (65%), second comes cannabis (17.7%). Heroin as primary drug was reported by a similar percentage of both sexes (65% of men and 62% of women) although there are some considerable differences regarding age groups (25-44 is the age group in which heroin is reported commonly as main drug, whereas highest percentages of cannabis use are reported by ages 15-19 and 50-54 (33.3% of users of both age groups)).



Figure 4-3

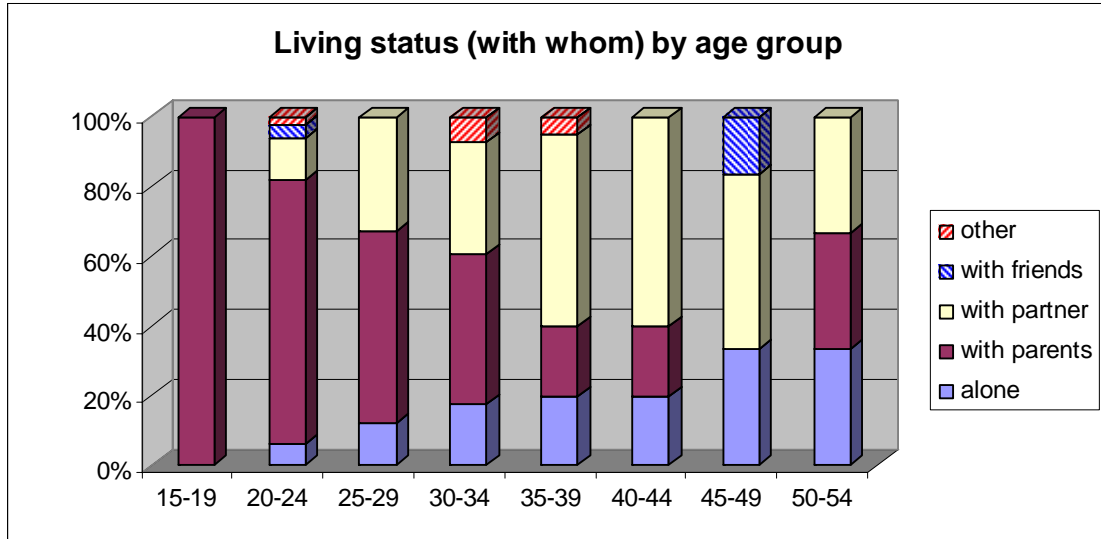


Figure 4-4

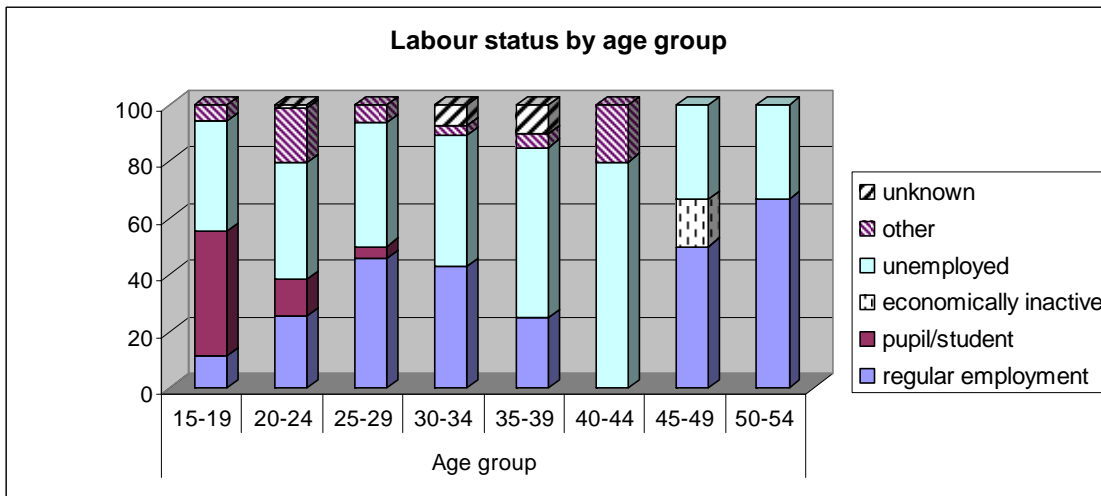
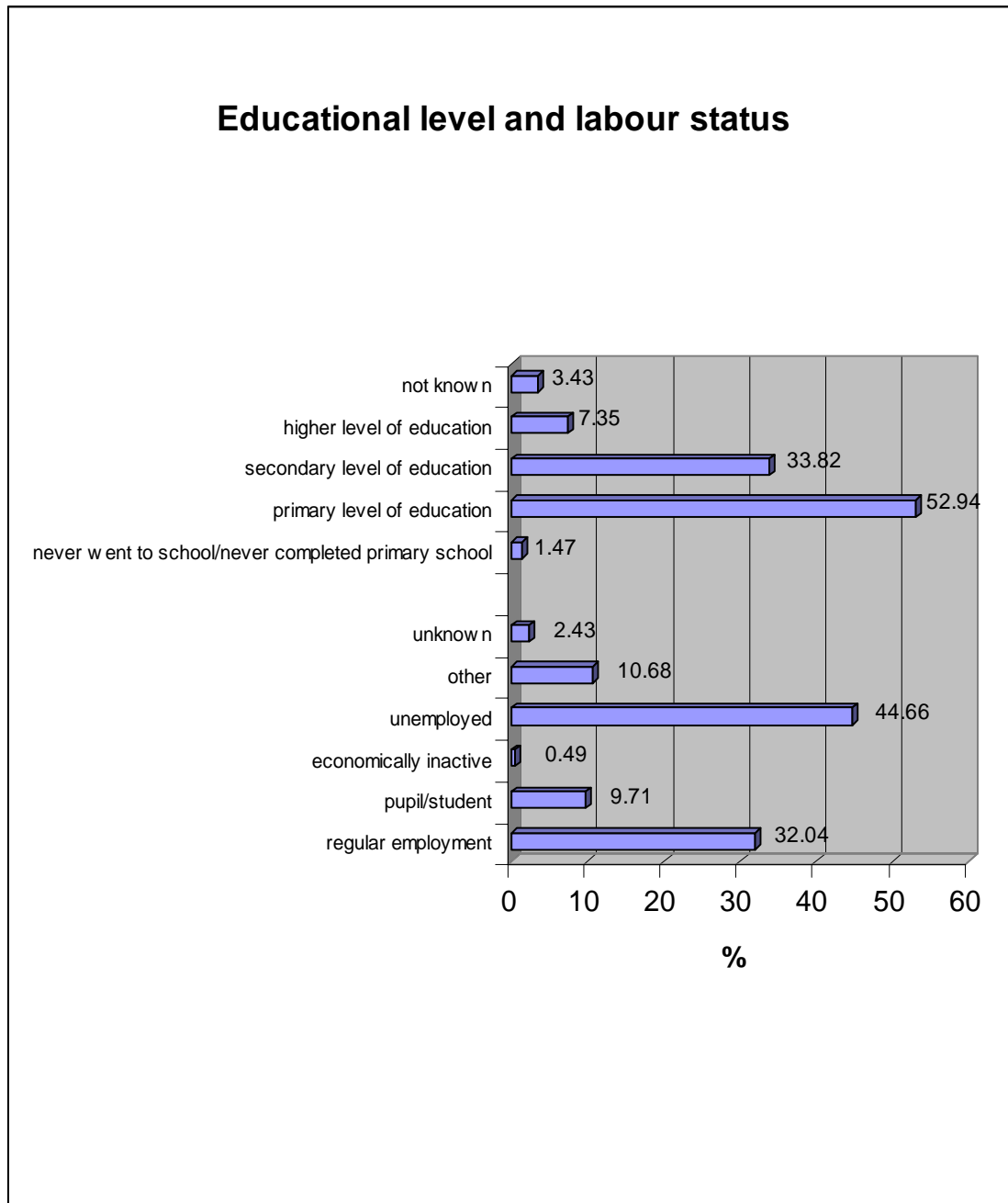




Figure 4-5



4.3.2 Users' characteristics for the year 2003 by type of treatment centre

In the year 2003 there were ten treatment and counselling centres operating in Cyprus, two of which were functioning on an inpatient basis, while the rest of them were



outpatient (in 2004 two more inpatient treatment centres were created). Eight out of ten centres did provide the NFP with individual treatment data and one of them (a non-governmental inpatient treatment centre) could only provide us aggregated data for the year 2003, due to the personal data protection issues. One of the counselling centres was not implementing the TDI protocol.

In the year 2003, a total of 303 individuals were recorded using the Treatment Demand Protocol, 38 of whom turned out to be double counts (Cyprus NFP, 2004). Since data from one source was delivered in aggregated form, we could not identify if any of those cases were already recorded in another centre. By including this data we could not avoid double-counting, but by excluding it we would have lost valuable information. As a consequence of this, it was decided that this data be included in the analysis. The data presented in this chapter is thus based on 265 cases who contacted the existing treatment centres.

Socio-demographic characteristics of users by treatment centre type are as follows (Cyprus NFP, 2004):

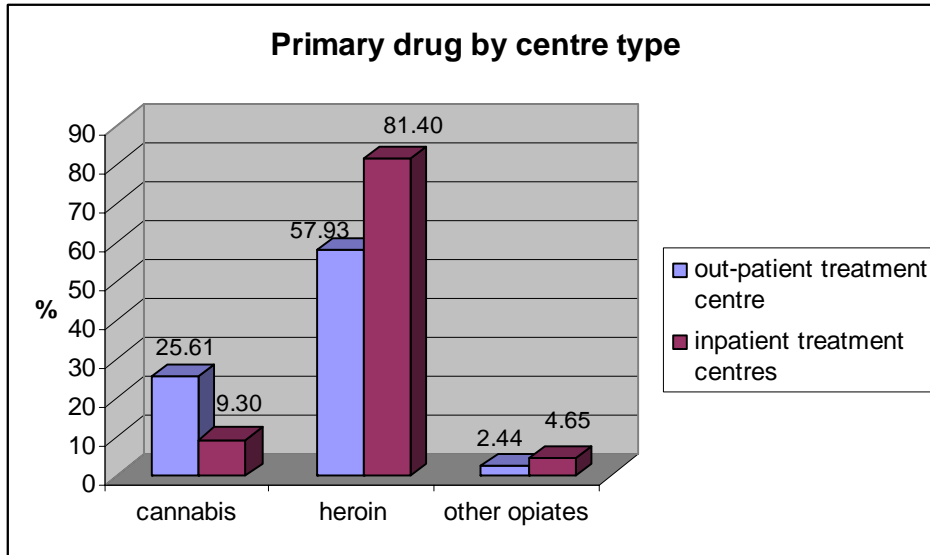
- Majority of users in 2003 sought treatment in outpatient facilities (79.2%).
- Majority of those that chose inpatient treatment were men (95.3% of those in inpatient centres), mostly in the age range 20-34 (27 mean age, 25 median age—same ages were found among clients in outpatient treatment facilities).
- While most users in outpatient treatment centres reported to be self-referred (57.3% of all outpatient clients) and 27.4% by family/ friends, the latter source was reported by 42% of users who sought treatment in inpatient facilities.
- With regard to living status, a similar percentage of users in both types of treatment in 2003 lived with their parental families (about 60%). Although having unstable accommodation was reported by few users (1.3% of all in 2003), those who did report it sought treatment mostly in inpatient facilities (4.65% of all inpatient and 0.61% of outpatient clients).
- The percentage of clients who were unemployed was higher among those who were treated on an inpatient basis (65.1% compared to 39% respectively). Similar discrepancies between the two groups of users are reflected in the percentages regarding regular employment (35.6% of outpatient users reported regular employment and 18.6% of inpatient clients).



- Regarding the level of education there are some differences in the case of higher education between inpatient and outpatient clients. Although a generally small proportion of users seeking treatment in 2003 had reached a higher level of education (7.4%), most of those sought treatment in outpatient centres (8.7% of outpatient users compared to 2.3% of all inpatient clients).
- Differences between inpatient and outpatient users also appear with regards to being previously treated. Among those who chose to be treated in inpatient facilities 60.5% reported being treated in the past (84% of whom declared heroin as their primary drug) , whereas of those treated in outpatient centres-only 28% did so (80% of whom used heroin as their primary drug).
- With regard to the nationality of users seeking treatment in both types of treatment there seem to be no differences. In both types of treatment centre a little over 70% of users are Cypriots, 7% nationals of non-EU countries, whereas EU nationals seem to choose outpatient treatment slightly more often (18.3% of all patients in outpatient facilities and 14% of those in inpatient).
- The most vivid difference regarding primary drugs of abuse in the two types of treatment centre is the variety of substances used reported by those attending outpatient facilities, while clients in inpatient centres seem to use only certain types of drugs-heroin and other opiates, cannabis and cocaine (Cyprus NFP, 2004). Substances presenting considerable differences in the two treatment types are illustrated in the graph below.

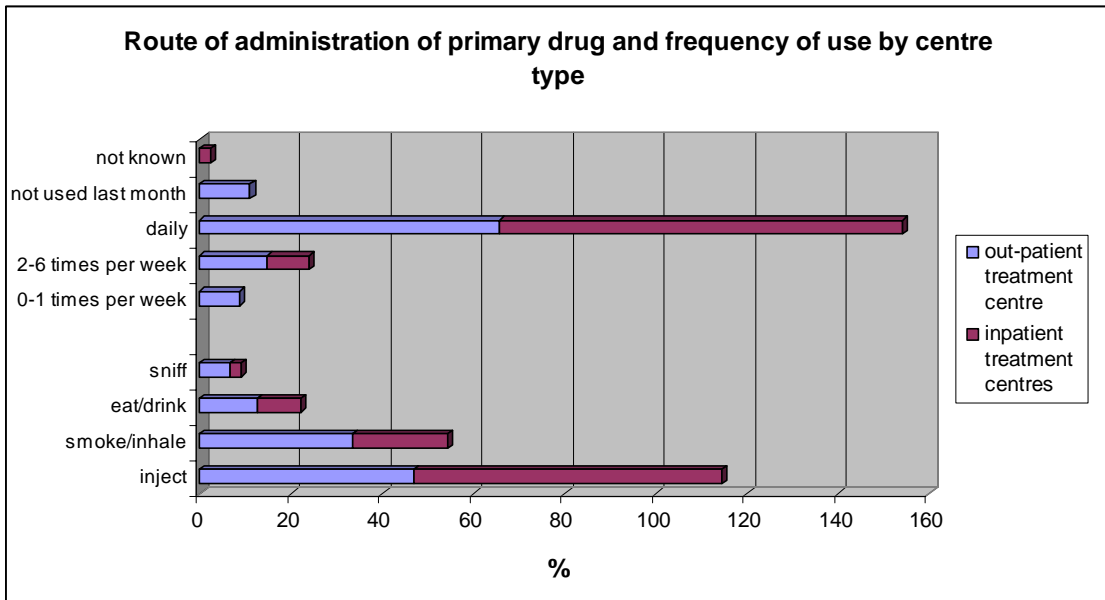


Figure 4-6



- Regarding usual route of administration and frequency of use of primary drug by centre type differences are illustrated in the figure below.

Figure 4-7

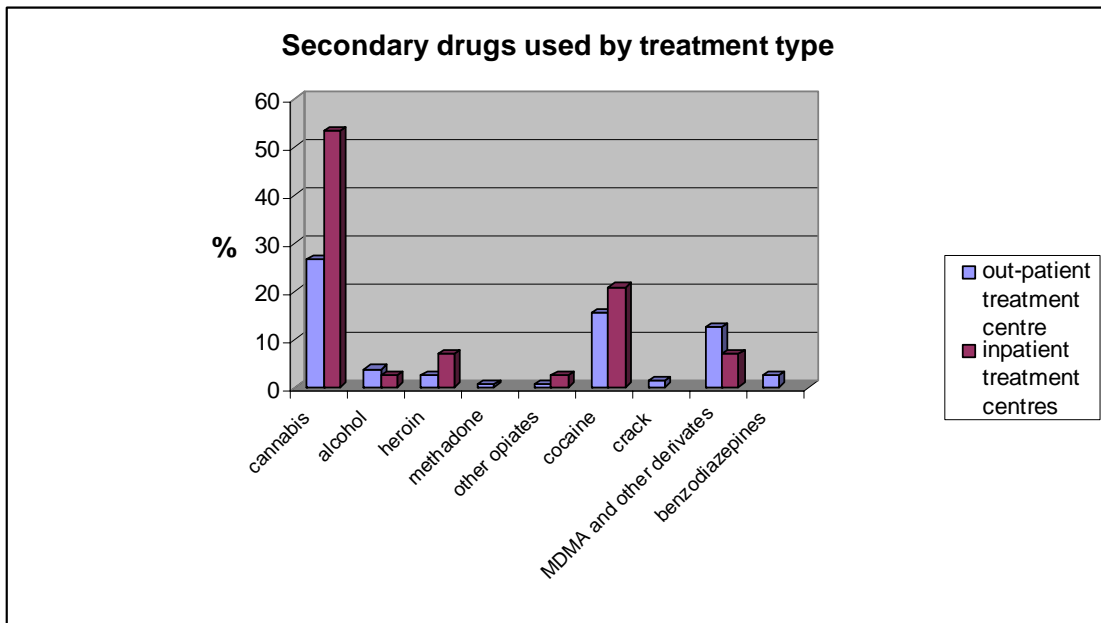


- Poly drug use (at least one secondary drug) is reported by 72% of all users, although there are some significant differences between users attending the two types of treatment centre. As high as 93% of those who contacted inpatient



centres reported use of at least one secondary drug, while only 3.2% of users treated on an outpatient basis reported the same. The most commonly secondary drugs used are presented in the chart below.

Figure 4-8

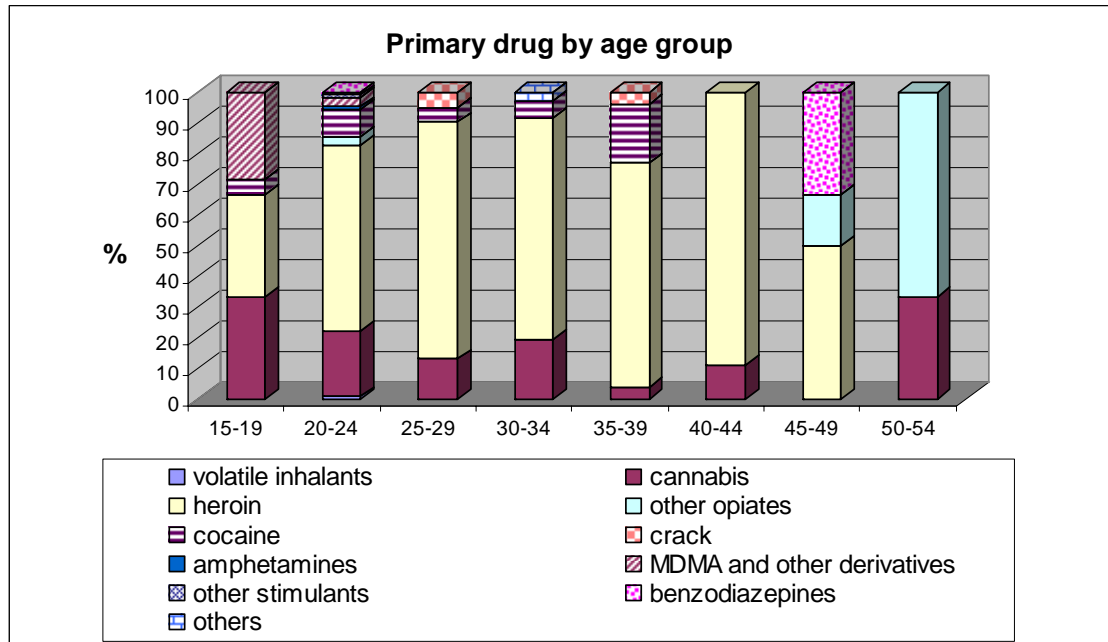


4.3.3 Users' characteristics for the year 2003 by primary drug

- Differences between the sexes can be observed in primary drug of use. The proportion of male users reporting cannabis as primary drug is larger than that of women (19% and 8% respectively). Although use of heroin seems to be at similar levels among men and women, seeking treatment for the use of cocaine and MDMA is higher in females (12% of women compared to 7% of men in the case of cocaine as primary drug, and 9% -3% in the case of MDMA). Dissimilarities can also be observed regarding reported primary drug between the different age ranges (see graph below).



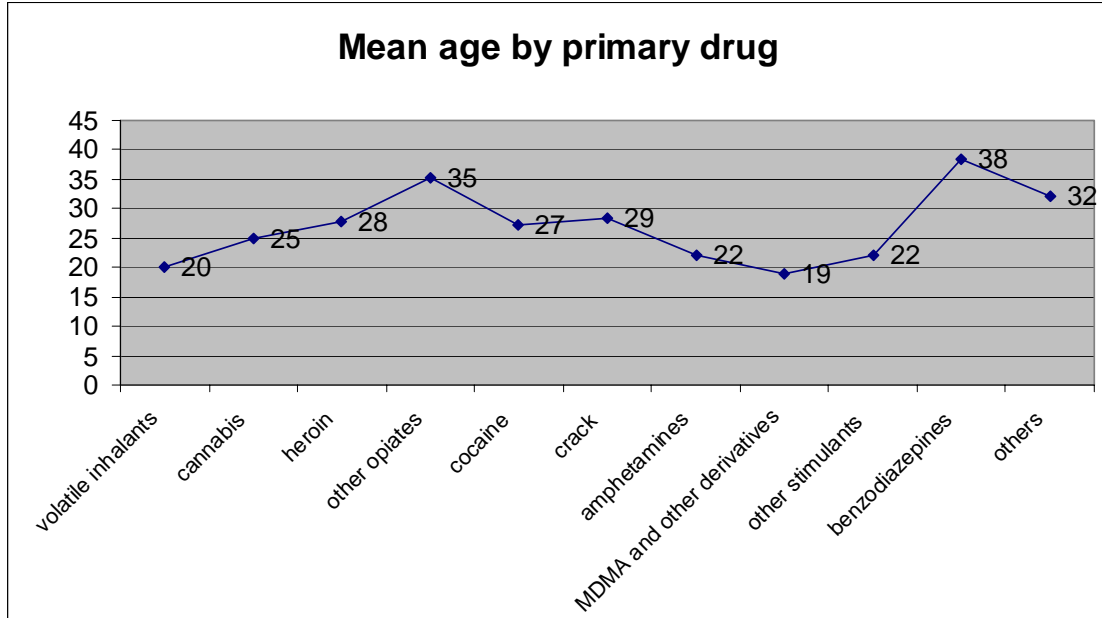
Figure 4-9



- Whereas the mean age of users in both inpatient and outpatient treatment centres is the same (27 years, although the median among users treated on an outpatient basis is 25), there are differences when we look at the mean ages by primary drug, which are illustrated by the following graph.

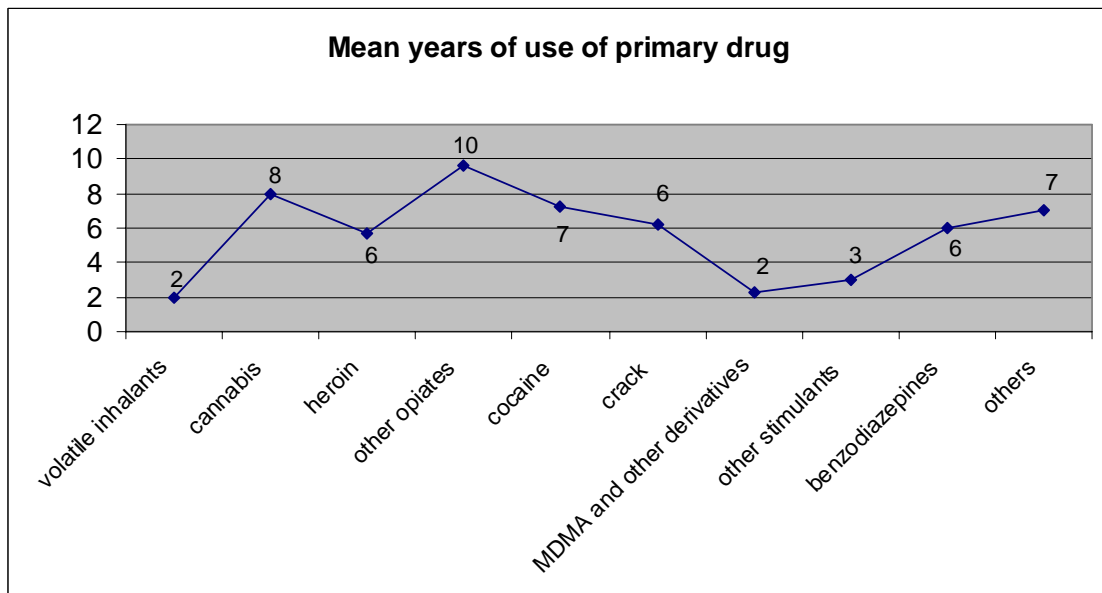


Figure 4-10



- The mean of years of primary drug use is 6 years, regardless of type of treatment centre or gender (6.4 for men and 5 for women). Again, differences can be seen with regard to specific drugs, illustrated by the graph below.

Figure 4-11





- Frequency of use of primary drug and its route of administration are presented below.

Figure 4-12

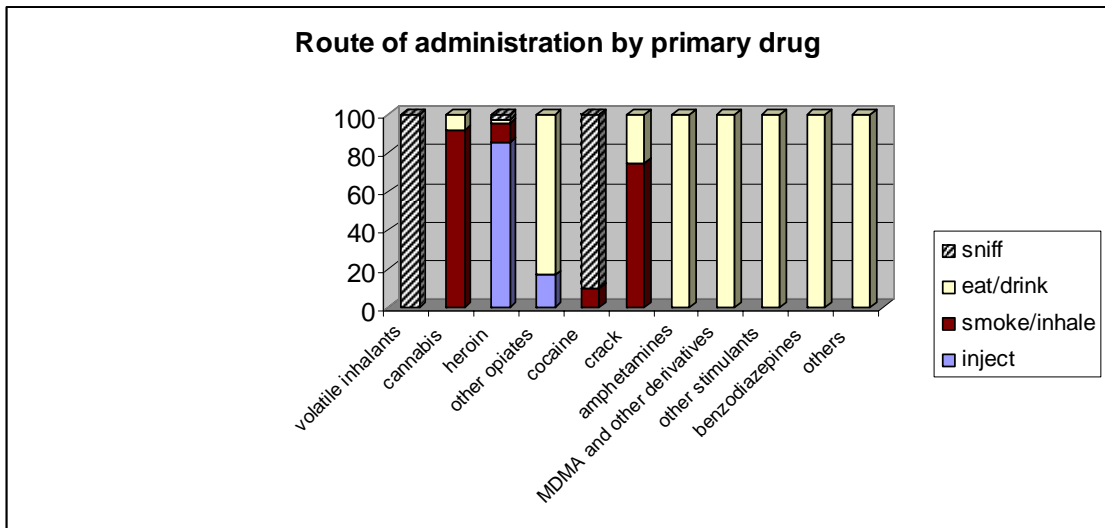
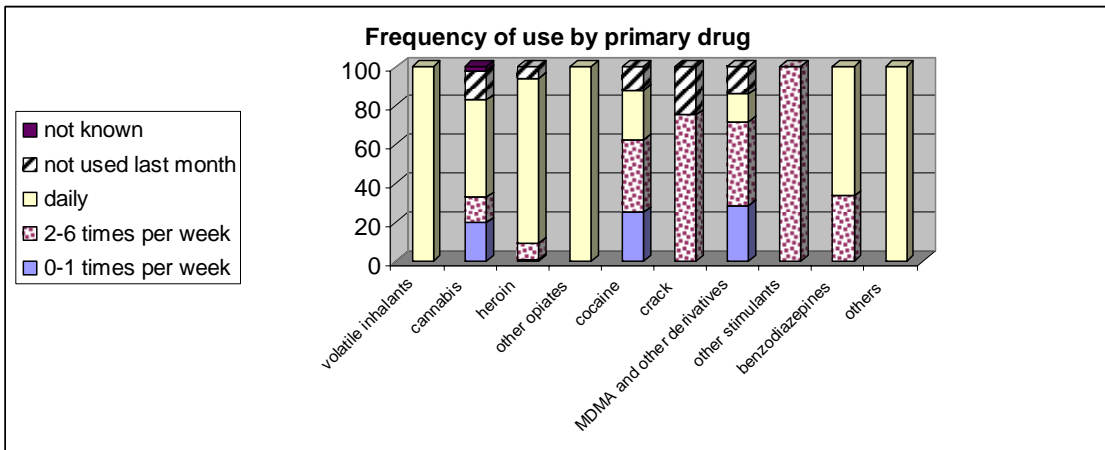


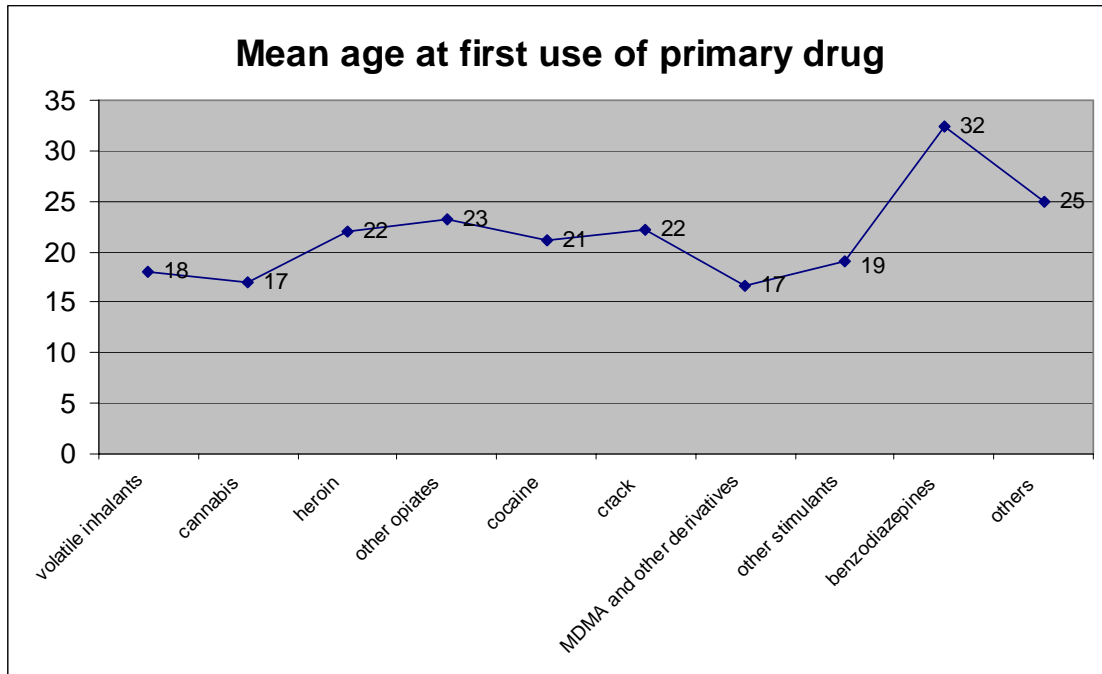
Figure 4-13



- The mean age of first use of primary drug does not show any differences between users that contacted in- or outpatient types of treatment. There are significant discrepancies between mean ages of onset of use among specific drugs (graph below). Other differences that appear relate to the gender of users.



Figure 4-14

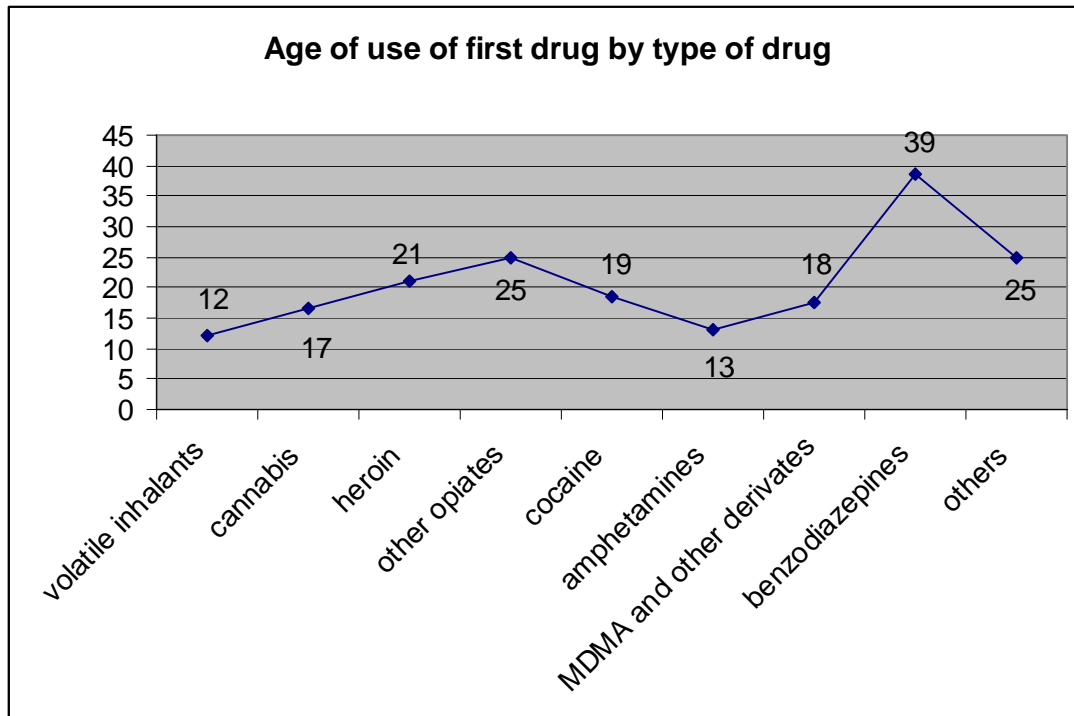


First drug used

- Cannabis is reported as the most common first drug used (in 82% of all cases, regardless of type of treatment). Second—in both cases—comes heroin (in 8.2% of users who contacted outpatient facilities and in 7% of those in inpatient centres). Regarding cocaine as first drug used, 7% of inpatient clients reported it, while only 0.6% of those in outpatient treatment did so. There are also some considerable discrepancies among men and women with regard to their first drug used. Cannabis is more often reported among men (by 83.7% of men and by 70% of women), heroin seems to be on a similar level for both sexes (8%), whereas cocaine and especially MDMA and other derivatives seems to be used as first drugs by women (12.5% of women mentioned MDMA and other derivatives as first drug of use and 3.4% of men). Differences in mean ages of use of the first drug are shown in the following graph.



Figure 4-15



With regard to gender, there seems to be no significant differences in mean age of onset of illicit drug use, although women start their use slightly earlier than men (mean age and median for women-16 and 17.5, and 17 respectively for men).

Trends

As mentioned in the beginning of this subchapter, in 2004 for the first time data from all treatment services implementing the TDI protocol were collected (for the year 2003). This was not the case though in the previous years, since very few centres could provide any data. Lack of T.D.I. protocol implementation, lack of coordination and other factors were the reasons that made it impossible to collect treatment demand data over the years. Apart from the year 2003, 2002 had relatively the biggest coverage, although none of the two inpatient services could provide data for their clients.

The constant changes in the coverage and other reasons mentioned above have made comparison of statistical data over time very difficult. Some very general comparisons will be attempted with reservation, bearing in mind all the limitations of data from previous years (Yiasemi, 2004, unpublished).



- With regard to the age in relation to gender of users seeking help, it seems that in 2003 women contacted treatment agencies at a younger age than in previous years. This data, in comparison with that of the mean age of onset of illicit use together with the age of onset of use of primary drug show us some differences. As in 2002, it seems that women sought treatment earlier than men, but their involvement in the use of primary drug is longer. This could suggest that women move quicker from the experimental stage to abuse, something that could not be observed in previous years.
- As to primary drug of use, the same trends are observable as in the previous years: there is a constant decrease in clients seeking treatment for cannabis use (94.1% in 1998, 60% in 1999, 32.7% in 2000, 34% in 2001, 27% in 2002 and finally, in 2003 – 17%). At the same time, users contacting treatment services for their heroin use seem to be constantly increasing from the year 2001 (23% in 2001, 54% in the following year and in 2003 heroin and other opiates use reached 65%). There are also changes in the use of primary drug among women. In the year 2003 seeking treatment for MDMA and cocaine use was characteristic mainly of females, something that again was not observable in previous years.
- There seem to be some differentiations with regard to first substance used: while cannabis remains on the same levels (82% in 2002 and 2003) heroin and MDMA use show an overall increase (0% for both drugs in 2001, 0.8% and 4.1% respectively in 2002, while in the year 2003 MDMA as first drug used was reported by 4.5% of users and heroin by 8%).
- Between the years 2002 and 2003 the intravenous route of administration has also increased (38% in 2002 and 56% in 2003, whereas in the years 1999, 2000 and 2002 this percentage was 3.3%, 8.8% and 14.3% respectively). Considering though the increase in heroin use, this is of no surprise. 85% of heroin users in 2003 reported injecting, whereas in 2002, 70% of them were injecting. Analogous differences can be observed in sharing among injecting drug users.
- Another difference that cannot be ignored is the educational level of users seeking treatment. The year 2003 compared with previous years, especially



with 2002, was marked by an increased number of students and people who had completed a higher level of education. This is also reflected in a higher percentage of users with regular employment in 2003; those living with their parental families had also increased (48% of users in 2002 and 59% in 2003), although there are no significant differences regarding the mean age of people seeking treatment.

4.4 Main characteristics and patterns of use from non-treatment sources

No information regarding drug users is available from non-treatment sources. Initiatives have been undertaken in order to involve other sources of potential information on drug users with no clear response yet.



5 Drug Related Treatment

5.1 Overview

Drug-related treatment consists mostly of drug-free therapy with the exception of two medically assisted programmes. There are currently (2004) twelve therapeutic units in Cyprus which are under the auspices of governmental and non-governmental organizations. These units consist of six counselling centres (five for adults and one for adolescents), two drug-free outpatient centres, one drug-free residential centre and two medically assisted programmes. All treatment programmes are monitored by the Anti-Drugs Council.

The inpatient programme is based on the biopsychosocial approach and provides individual therapy, group therapy and family therapy. Information on the newly established short-term inpatient facility, Pyxida, will be included in the 2005 national report. The six counselling centres that provide services to drug users function as referral centres and aim at motivation enhancement, preparation for treatment as well as harm reduction. They provide individual and family counselling. The open therapeutic community, Tolmi, is based on the integrative approach and provides individual, family and group therapy as well as counselling focusing on social reintegration. Medically assisted treatment mainly focuses on managing the user's withdrawal symptoms although they also offer programmes for relapse prevention and social reintegration.

According to the EMCDDA definition, treatment is any activity that directly targets individuals who have problems with their drug use and which aim to improve the psychological, medical or social status of those who seek help for drug problems.

5.2 Treatment systems

Currently in Cyprus, there are treatment programmes under the auspices of the government, which are coordinated and monitored by the Mental Health Services (MHS) of the country and there are also non-governmental programmes which are independent. The Anti-Drugs council is the body that coordinates and monitors both governmental and non-governmental treatment programmes.



5.3 Drug free treatment

Drug-free treatment services are abstinence based and have relapse prevention as their major service outcome goal. Services are divided into four stages which actually merge in practice.

- Phase of contact and motivation
- Phase of detoxification
- Phase of rehabilitation
- Phase of integration and aftercare

Clients are referred to these types of services on an assessment of their drug use stage, needs and preferences. Admission to all treatment programmes is free and on a voluntary basis.

5.3.1 Inpatient Treatments

In the Republic of Cyprus one long-term inpatient therapeutic community, Agia Skepi, has been operating on a national basis since 1999. However, a new short-term inpatient facility, Pyxida¹², was established in 2004.

The goals of Agia Skepi are (Mpalomenou, 2004, unpublished):

- To enhance motivation for change
- To change the individual's negative behaviour that predisposes him/her to drug use
- To change the individual's thought process that predisposes him/her to drug use
- To assist the individual in discovering the causes of his/her drug use
- To assist the individual in effectively managing his/her feelings
- To assist the individual in developing a responsible way of living
- To assist the individual in developing social skills
- To assist the individual in developing healthy relationships
- To assist the individual in re-entering society

Criteria for admission:

- The individual should be 18 or older but should not be older than 40 years of age
- The individual should voluntarily express his/her need to enter the community

¹² Further information on the programme will be included in the 2005 National Report.



- The individual should speak Greek fluently
- The individual should have completed the admission process, which includes three continuous individual sessions with a therapist.
- According to urine screening, the individual should physically be clean of any illicit substances.

The community operates based on the psychosocial and behavioural learning approach and offers individual, group and family therapy as well as a social reintegration programme. When individuals complete the programme they are not referred to any other institution (Mpalomenou, 2004, unpublished).

5.3.2 Outpatient treatments

The first contact usually takes place in counselling stations which exist in all major towns. Generally, their main goals are drug use reduction, delinquent behaviour reduction, motivation enhancement, and harm reduction. Due to the lack of a variety of outpatient treatment services, counselling centres do sometimes function as such. The adolescent counselling centre implements the Greek version of the Adolescent Drug Abuse Diagnosis (ADAD) and the adult centres use the FTD form and the Greek version of the European Adult Severity Index, EuropASI (Cyprus NFP, 2004, unpublished).

The following counselling centres provide services to drug users in Cyprus:

➤ **“Perseas” Substance-Abuse Prevention Centre**

Perseas is a governmental service centre that operates in Nicosia and targets males and females from 14 to 22 years old. The main objective of the centre is prevention of drug use (including alcohol and tobacco) and early intervention so as to prevent drug dependence. Although the centre’s primary target group is adolescents, it does provide services to families and to high-risk groups (Committee for the formulation of a National Strategy and Action Plan, 2004, unpublished; Cyprus NFP, 2004, unpublished). Perseas operates four specialized programmes:

- Non-residential therapeutic community
- Networking and liaison programme
- Adolescent high-risk programme
- Helpline

➤ **Toxotis Counselling Centre**



This centre is a new structure created with the cooperation of Mental Health Services, Social Welfare Services and the Anti-Drugs Association. The counselling centre provides services to males and females 23 years of age or older. It includes a helpline providing information and referrals, a motivational enhancement and treatment preparation programme, family counselling and harm reduction services (Committee for the formulation of a National Strategy and Action Plan, 2004, unpublished; Cyprus NFP, 2004, unpublished).

➤ **KENTHEA Counselling Stations (Nicosia, Idalion, “Vera Paisi”, “Odiseas”)**

The non-governmental Centre for Education about Drugs and Treatment of Drug Addicted Persons, KENTHEA, in cooperation with the Youth Board of Cyprus and the local authorities operates the following counselling stations:

- Nicosia (in Nicosia)
- Idalion (in Nicosia district)
- “Vera Paisi” (in Paphos district)
- “Odiseas” (in Limassol district)

These counselling stations provide services to males and females of all ages. Their main goals are prevention, early intervention for high-risk groups, motivation enhancement and preparation for treatment. They all provide individual and family counselling and one of them (Idalion) family crisis intervention (Committee for the formulation of a National Strategy and Action Plan, 2004 unpublished; Cyprus NFP, 2004, unpublished).

➤ **“PROMETHEAS” Counselling and Prevention Centre**

PROMETHEAS is a governmental service centre that operates in Limassol and targets male and female illicit drug users who are 18 years of age or older. The main goal of the centre is early intervention aiming at interrupting the drug dependence process (Anti-Drugs Council, 2004, unpublished). The centre provides individual as well as group counselling and psychotherapy to drug users. Individual therapy, self-help groups, family support groups, and drug education groups are some of the means the centre uses for treatment.

The general therapeutic objectives of the centre’s programmes concern the physical and the psychological recovery of participants, the change in their attitude and their



behaviour towards drug use and the acquisition of coping skills (Anti-Drugs Council, 2004, unpublished). The specific aims of these programmes are as follows:

- Abstinence from drug use and deviant behaviour
- Development of self-knowledge and self-esteem, expression and management of emotions, formation of steady and realistic goals for the future and strengthening of incentives
- Development of social, adaptation and problem-solving skills
- Improvement of physical health
- Improvement of family, social and peer relations
- Relapse prevention

➤ **Non-residential therapeutic community “Tolmi”**

This is an outpatient treatment facility that operates in three towns in Cyprus and accepts individuals of all ages; treatment lasts approximately 12 months. The objectives of this non-residential treatment programme are achieved by integrating psychotherapeutic, coping skills and psycho-educational techniques. It combines cognitive-behavioural, motivational and insight-oriented therapeutic approaches according to each client's needs. Tolmi provides individual, family and group therapy as well as drama therapy and social reintegration counselling (Cyprus NFP, 2004, unpublished).

Target group, objective, methodology, setting, staffing

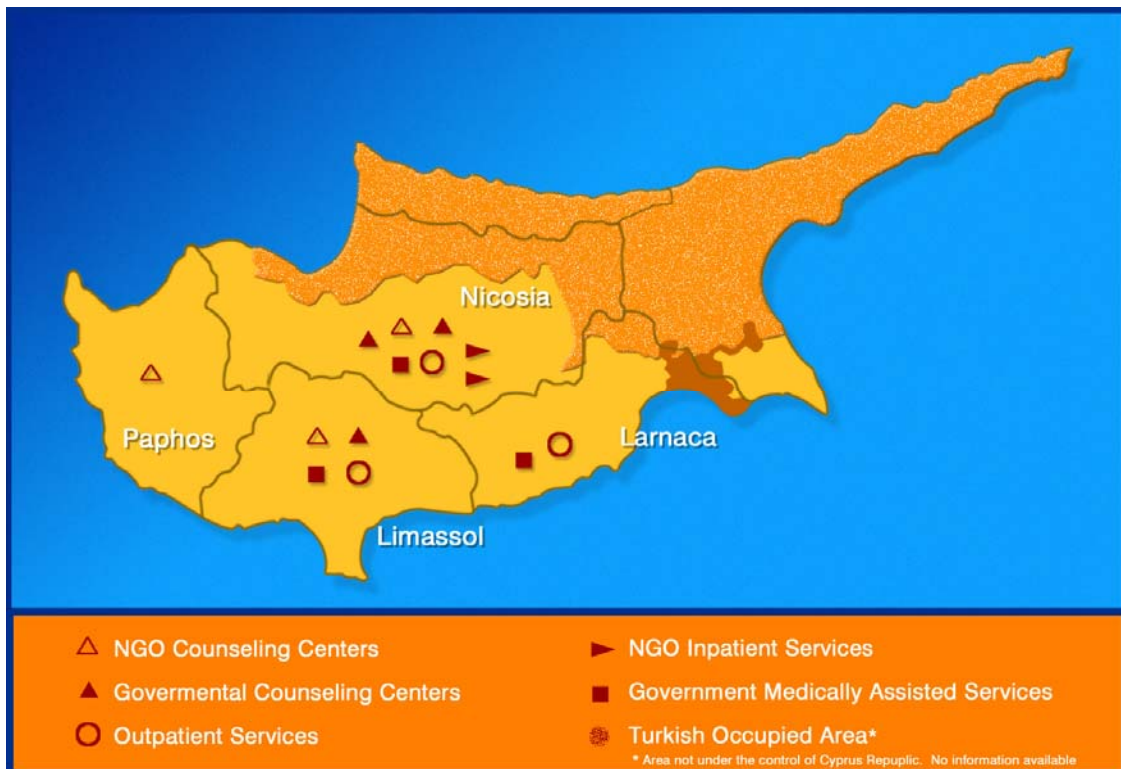
Available treatment essentially covers the current demand. Counselling centres offer contact, motivation and preparation for treatment, whereas the existing outpatient community with branches in the three major towns of the country, offers psycho-social treatment based on a variety of approaches according to the individual's needs, as well as a 24 hour helpline. In addition, all treatment centres are free of any charge and have minimum criteria for accepting clients.

However, it seems that there is only one counselling centre specializing in adolescents (age 14-22) and no other treatment programmes targeting youngsters under the age of 17 exist. Further, it can safely be said that based on the geographic location of existed programmes, there is a lack of adolescent specialized counselling centres in Limasol,



Larnaca and Paphos (see map) as well as a lack of adult outpatient treatment in Paphos.

Map of counselling and treatment centres in Cyprus



Three outpatient treatment centres (Perseas, Prometheas, Toxotis) are financed by the Ministry of Health. The other outpatient programmes are non-governmental organizations and are financed by municipalities, other organizations, donations and the Youth Board of Cyprus.

Most treatment centres reported being understaffed and as a result overloaded (Cyprus NFP, 2004, unpublished).

Counselling Centres, the Youth Board and the Police Hotline are the main contact places for individuals with substance abuse concerns. Therefore, they function as the main referral services of the country.

Quality assurance

Evaluation of drug-free treatment at national level is not regularly performed. However, based on the Prevention of the Use and Dissemination of Drugs Law, 2000, the ADC's scientific committee for tertiary prevention has developed specific guidelines for drug



treatment centres to ensure minimum quality standards. The guidelines were recently developed (June 2003) thus treatment centre evaluations have not yet been made.

Nevertheless, there is some evidence that most centres had evaluation of the procedure or evaluation of the results done over the years of their operation (Demetriou, 2004, unpublished; Adonis N., M., 2004, unpublished).

Ongoing training for substance abuse service planners and practitioners is offered by:

- the Anti-Drugs Council
- the Centre for Education about Drugs and Treatment of Drug Addicted Persons (KENTHEA)

5.4 Medically assisted treatment at national level

5.4.1 Withdrawal treatment

- Outpatient treatments

Currently there is one medically assisted outpatient centre, “STOP”, operating in a government hospital. It serves male and female clients of all ages for illicit drug or alcohol dependence. The main objectives of the programme are *detoxification*, motivation enhancement, preparation for treatment and referral. Clients can receive a medical prescription and enrol at a hospital or a clinic, or they can choose to undergo detoxification at home (Committee for the formulation of a National Strategy and Action Plan, 2004, unpublished).

- Inpatient treatments

From 1991 to 2003 a governmental therapeutic unit, Themea, targeting male and female drug and alcohol users was operating in Nicosia (Committee for the formulation of a National Strategy and Action Plan, 2004, unpublished). The unit stopped accepting drug using clientele when another inpatient detoxification unit (ANOSIS¹³) was established in 2004.

The stages of the Themea programme are:

1. Detoxification
2. Motivational enhancement/Evaluation
3. Rehabilitation and social reintegration

¹³ Further information on the programme will be included in the 2005 National Report.



The *detoxification* stage was initially developed for alcohol dependence but when the need for drug detoxification appeared drug detoxification was added. It is a 14-day programme during which clients are not allowed to exit the premises or have any visits. The main objectives of the programme include:

- Treatment of the withdrawal syndrome
- Treatment of the physical symptoms
- Reinforcement of physical well-being

The *motivational enhancement and evaluation* stage is a continuation from the detoxification stage. It can serve as an autonomous programme when patients are already detoxified. It is a seven-day programme followed by the third stage that lasts from three to five weeks. The objectives of the programme are to assist individuals in:

- Recognizing the problem
- Accepting their dependence deciding to request treatment
- Developing motivation reinforcing the decision of change
- Realizing and taking over the responsibility for change

The final stage of the programme, the *rehabilitation and social reintegration* stage, aims at restructuring the individual's life using his/her skills and abilities to the maximum. To be admitted to the final stage of the programme individuals should:

- Be physically free of any substances
- Recognize his/her dependence
- Have obtained strong motivation for abstinence
- Realize and take over the responsibility for change

5.4.2 Substitution Treatment

Currently there are no substitution treatment programmes in the Republic of Cyprus although according to the National Drug Strategy 2004-2008, the introduction of such programmes is perceived as a necessary step for harm reduction. Substitution programmes will be created by the year 2005 (Committee for the formulation of a National Strategy and Action Plan, 2004, unpublished).

5.4.3 Other medically assisted treatment

Currently, there is no other medically assisted treatment in Cyprus.



European Monitoring Centre
for Drugs and Drug Addiction

Target group, objective, methodology, setting, staffing

The short-term outpatient medically assisted programme, STOP, is located at Larnaca and approximately 140 clients receive some kind of treatment yearly (Cyprus NFP, 2004, unpublished). There are no criteria for admission and it is free of charge. It provides a 24 hour helpline; therefore, it is highly available. However, it serves clients from all other towns since there is no other similar programme elsewhere. Therefore, obviously there is low coverage of the aforementioned programme. ANOSIS, the newly established facility which operates in Limassol, has seven slots available. Further, according to the director of the centre, there is a short waiting list of clients requesting treatment (Argyriou, 2004, personal communication). Both programmes are financed by the Ministry of Health (see above map). According to the National Drug Strategy 2004-2008 some of the programmes are understaffed and need to be reinforced with more funding (Committee for the formulation of a National Strategy and Action Plan, 2004, unpublished).



6 Health Correlates and Consequences

6.1 Overview

In Cyprus there was no appropriate infrastructure for registering drug related deaths in the year 2003. The Cyprus National Focal Point has, however, collected data for 2004 from the Cyprus Police, which is responsible for the creation and maintenance of a special registry on drug related deaths. The Police closely cooperates with the National Toxicological Laboratory of the country and all data is toxicologically confirmed. Further, since the ICD-10 has not been implemented, there is a lack of appropriate infrastructure for collecting data and providing information on the mortality of drug users so provision of quantitative data is not possible. Similar problems appear on the infectious disease indicator. However, the disperse information available is reported. Psychiatric co-morbidity information comes from the initiation of an expert panel discussion since the ICD-10 or any other similar instrument has not been implemented. Currently, there is no quantitative data on other drug related health correlates and consequences available due to the lack of any relevant studies as well as the lack of record-keeping mechanisms in hospitals and private clinics. Some qualitative information is mentioned below.

For the purpose of this report “drug – related deaths” are the deaths that are directly caused by overdose. “Indirect drug-related deaths” are deaths which are indirectly caused by drugs, such as infections, road accidents, suicide (Death Indicator working group, 2004).

6.2 Drug related deaths and mortality of drug users

Due to the lack of a General Mortality Registry, the Cyprus National Focal Point collects data on drug related deaths from the Drug Law Enforcement Unit (DLEU), which is confirmed by the National Toxicological Laboratory. Further, the Cyprus National Focal Point has initiated the death indicator working group aimed at discussing current deaths and examining whether they were drug-related, promoting the implementation of the ICD-10, and promoting the creation and maintenance of a special registry. The aforementioned group consists of representatives from the Drug Law Enforcement Unit and the Criminal Investigation Department of the police, the Cyprus Statistical Services,



the National Toxicological Laboratory of the country and the public forensic pathologist. Since there was no infrastructure for the collection of such data, it was impossible to collect any information for the year 2003. The following information refers only to drug-related deaths for 2004.

6.2.1 Direct overdoses and (differentiated) indirect drug related deaths

According to reports from the Cyprus National Toxicological Laboratory and the Drug Law Enforcement Unit there were eight deaths due to overdose in the year 2004 (Cyprus Police, 2004, unpublished; National Toxicological Laboratory, 2004, unpublished). The following table includes demographic characteristics.

Table 6-1 Drug related acute deaths

Age Range	Gender	Citizenship	Place of Death	Toxicological Test Results
20-24	M	Republic of Cyprus	Nicosia	Opioids
20-24	F	Australia	Limassol	Poly-substances including opioids
25-29	M	Republic of Cyprus	Nicosia	Poly-substances including opioids
25-29	M	Republic of Cyprus	Limassol	Substances excluding opioids
30-34	M	Republic of Cyprus	Limassol	Opioids
30-34	M	Republic of Cyprus	Larnaca	Opioids
40-44	M	Holland	Larnaca	Substances excluding opioids
40-44	M	Republic of Cyprus	Nicosia	Poly-substances including opioids



It is important to note that the above information includes direct overdose deaths for which there were toxicological results from the National Toxicological Laboratory up to the time this report was written. Deaths which were not confirmed by forensic tests and toxicological analyses are not included. Further, there was one indirect drug-related death, suicide, of a male falling in the 25-29 age category. Toxicological tests revealed poly-substances including opioids.

6.2.2 Mortality and causes of deaths among drug users

No information available

6.3 Drug related infectious diseases

Using drugs is an important risk factor for disease. Drug use is associated with such risk behaviours as the sharing of contaminated needles and other drug paraphernalia, and unsafe sexual practices that contribute to transmission of certain infectious diseases (U.S Department of Health and Human Services, 1993).

6.3.1 HIV / AIDS, viral hepatitis, STD, tuberculosis, other infectious morbidity

Although in Cyprus there is an official National programme on AIDS and other infectious diseases, there is no infrastructure that will allow the Focal Point to collect data due to the fact that drug users cannot be isolated from the nationwide population (Cyprus NFP, 2004, unpublished). However, after the establishment of the National Focal Point initial steps were taken for promoting the creation of such an infrastructure. It is expected that the Focal Point will be able to receive necessary data in the near future.

Some minimum data that was available for 2003 is presented below. According to the National Programme on AIDS, thirteen foreign-national artistes were diagnosed positive for HIV. Three were intravenous drug users, who, according to the authorities, were expelled from the country. All were female and two of them were 20-24 years of age and one was 25-29 years of age. In addition, there were two HIV positive males who were not intravenous drug users. Both were citizens of Cyprus. One was in the 30-34 and the other in the 40-44 age categories (Papantoniou, 2004, unpublished).

Positive tuberculosis diagnosis was found in two female foreign nationals, both artistes, and one male foreign national (Papantoniou, 2004, unpublished). The age ranges for the female drug users were 20-24, and 30-34, and for the male user it was 35-39.



Tuberculosis tests can take place in any hospital or clinic, and therefore there is no way of collecting all data at the moment (Papantoniou, personal communication, 2004).

For 2003 there were no cases of Hepatitis positive among drug users based on test results. However according to self reports from TDI there were eight positive cases (4% of those who sought treatment). Information on STD's, and other infectious morbidity is not available at the moment. It is worth noting that the information on the individual's drug use was received by the National AIDS programme in the form of observation and/or self-report. The data from drug-treatment services is circumstantial and not representative of the population of users. Only positive results were reported, thus no percentage can be estimated (Cyprus NFP, 2004, unpublished).

6.4 Psychiatric co-morbidity (dual diagnosis)

The term "dual diagnosis" is a common, broad term that indicates the simultaneous presence of two independent medical disorders (U.S Department of Health and Human Services, 1994). The Cyprus National Focal Point was unable to collect quantitative data on dual diagnosis due to the lack of an appropriate infrastructure. In order to collect qualitative information, the Focal Point initiated an expert panel discussion with representatives from all the therapeutic centres of the country. Addiction experts confirmed the dual diagnosis phenomenon among their clients and reported having clients revealing depression symptoms, bipolar disorder symptoms and attention deficit hyperactivity disorder symptoms. (Cyprus NFP, 2004, unpublished).

6.5 Other drug-related health correlates and consequences

6.5.1 Somatic co-morbidity, non-fatal drug emergencies, other health consequences

Currently there is no quantitative data available on other drug related health correlates and consequences due to the lack of any relevant studies and of any record-keeping mechanisms in hospitals and other private clinics. Nevertheless, the expert panel discussion with treatment centre representatives revealed other health correlates of drug use such as abscesses, sepsis, endocarditis and dental problems (Cyprus NFP, 2004, unpublished).



European Monitoring Centre
for Drugs and Drug Addiction

6.5.2 Driving and other accidents

According to Cyprus Police data, no drugs were detected in any of the fatal road accidents in 2003 (Cyprus Police, 2004, unpublished). Nevertheless, toxicological tests are not always performed after a road accident, and it is left to the police's judgement what kind of analyses should be performed by the laboratory. Since there was no quantitative data available for 2003, qualitative data was collected from the aforementioned expert panel. Most experts reported being aware of few or no traffic accidents by drug users (Cyprus NFP, 2004, unpublished).



7 Responses to Health Correlates and Consequences

7.1 Overview

Currently there is no programme aiming at preventing drug use overdose. However, the National Drug Strategy emphasizes the need of providing services aiming at harm reduction (Committee for the formulation of a National Strategy and Action Plan, 2004, unpublished). Drug-related infectious disease prevention programmes targeting drug users are non-existent in Cyprus but programmes that provide such prevention are available for the general population including drug users. Although the extent of drug-related infectious disease harm caused by drug use is relatively low the National Drug Strategy provides for the implementation of prevention programmes such as counselling services on HIV-infection, safe sex and any other health, social, legal or financial problem a drug user may be faced with (Committee for the formulation of a National Strategy and Action Plan, 2004, unpublished). Treatment centres do not include infectious disease counselling or treatment in their programmes¹⁴. Interventions related to psychiatric co-morbidity are limited to referrals to outside doctors. Since there are no programmes aimed at preventing and intervening in somatic co-morbidity, the National Drug Strategy, 2004 proposes measures for the establishment of programmes which will include dental care, dietary advice, laboratory tests, filling in a special questionnaire on health (e.g. symptoms like cough, weight loss, sweating, previous illnesses, et al) etc.

Non-fatal emergency interventions are also included in the National Drug Strategy and they include actions aimed at reducing the risks of drug use such as provision of water, and provision of first aid after the consumption of synthetic drugs. Moreover, the National Drug Strategy mentions the reduction of the number of drug-related injuries and accidents, the reduction of drug-related violent situations as well as the reduction of health problems associated with drug use as some of the major goals for harm reduction (Committee for the formulation of a National Strategy and Action Plan, 2004, unpublished).

¹⁴ Nevertheless attention is given to the issue through informal procedures.



7.2 Prevention of drug related deaths

7.2.1 Overdose prevention (safer use training, first aid training, consumption rooms, antagonists, etc.)

Currently there is no programme aiming at preventing drug use overdose. However, the National Drug Strategy emphasizes the need to provide treatment with substitution, as well as the need to provide special training and support to first aid health professionals so that they are able to provide effective treatment for drug-using patients. In addition, the setting up training programmes for staff working at nightclubs, discos, and cabarets focusing on damage reduction and providing assistance in the event of overdose or side effects from drug use are some of the actions mentioned in the National Drug Strategy (Committee for the formulation of a National Strategy and Action Plan, 2004, unpublished).

Further, according to the expert panel group discussion initiated by the Cyprus National Focal Point representatives of all the treatment centres of the country pointed out that they provide counselling on safer use when they believe it is needed (Cyprus NFP, 2004, unpublished).

7.3 Prevention and treatment of drug related infectious diseases

7.3.1 Prevention (vaccination, syringe provision programmes, paraphernalia and condom provision; information materials, educational approaches “safer use / safer sex”)

Currently the extent of drug-related infectious disease harm is relatively low, thus the study of the existence of possible dangers and predisposing factors is extremely important in order to develop an effective prevention strategy for maintaining and improving this favourable situation (Papantoniou, 2003, unpublished).

Drug-related infectious disease prevention programmes targeting drug users are non-existent in Cyprus. However, the Youth Board of the country, the office of Family Planning Office and other organizations in cooperation with the Ministry of Health include infectious disease prevention in their programmes targeting youngsters. These organizations provide condoms and information material for young people. In addition,



the National Drug Strategy provides for the implementation of prevention programmes including:

- Counselling services on drugs, HIV-infection, safe sex and any other health, social, legal or financial problem a drug user may be faced with.
- Medical care and preventive treatment for HIV and other problems caused by drugs, care for general health problems, special health services, such as the administration of a test for possible tuberculosis, essential vaccinations (TB, hepatitis, etc), dental care, dietary advice, laboratory tests, filling in a special questionnaire on health (e.g. cough, weight loss, sweating, previous illnesses and others) etc.
- Provision of good quality condoms and instruction for their use.

The National Drug Strategy also proposes measures for health counselling on drugs and AIDS targeting high risk groups such as nightclub dancers / escort girls and prostitutes, as well as training programmes for staff working at nightclubs, discos and cabarets focusing on safe sex (Committee for the formulation of a National Strategy and Action Plan, 2004, unpublished). In respect to vaccination as a means of preventing drug-related infectious diseases the “General Regulations for State Medical Institutions and Services (2000 and 2002: KDP 225/2000 and 660/2002)” ensures infectious disease testing and treatment free of any charge to all citizens. Syringe provision programmes are not available in Cyprus¹⁵. According to the National Drug Strategy, 2004-2008, the potential usefulness of such programmes is under investigation and “it should be ensured that drug users have easy access to the necessary material should they need it. The purchase of syringes without a prescription is a very helpful element which must be safeguarded also in the future. The material should be made available to the users without any restrictive terms and by respecting confidentiality if they so wish. There should be a provision for the correct and safe handling and disposal of used material” (Committee for the formulation of a National Strategy and Action Plan, 2004, unpublished).

¹⁵ It must be noted however that pharmacies in Cyprus provide under certain circumstances free syringes. Free provision is left to the discretion of the pharmacist.



7.3.2 Counselling and testing / infectious disease testing

Treatment centres do not include infectious disease counselling or treatment in their programmes. When they perceive such a need they make referrals to the appropriate services (Cyprus NFP, 2004, unpublished). Counselling centres and the outpatient therapeutic community do not require infectious disease testing for admission. Inpatient treatment centres, however, include testing as an admission criterion (Cyprus NFP, 2004, unpublished).

7.4 Interventions related to psychiatric co-morbidity

There is no official set of interventions related to psychiatric co-morbidity. Drug therapists reported referring clients that reveal such symptoms to either the psychiatrist of their facility or to an outside psychiatrist (Cyprus NFP, 2004, unpublished).

7.5 Interventions related to other health correlates and consequences

7.5.1 Somatic co-morbidity

Somatic co-morbidity treatment programmes structured especially for providing services to the drug using population are not available. Nevertheless, the National Drug Strategy, 2004-2008, proposes measures for the establishment of programmes which will include dental care, dietary advice, laboratory tests, filling in a special questionnaire on health (e.g. cough, weight loss, sweating, previous illnesses et al), etc.

7.5.2 Non-fatal emergencies and general health-related treatment

Harm reduction programmes should include actions aiming at recreational drug use such as provision of water, and provision of first aid after the consumption of synthetic drugs (Committee for the formulation of a National Strategy and Action Plan, 2004, unpublished).

7.5.3 Prevention and reduction of driving accidents related to drug use / other health consequences reduction activities

The National Drug Strategy mentions the reduction in the number of drug related injuries and accidents, the reduction in drug-related violent situations as well as the reduction of health problems associated with drug use as some of the major goals for harm reduction



European Monitoring Centre
for Drugs and Drug Addiction

(Committee for the formulation of a National Strategy and Action Plan, 2004, unpublished).



8 Social Correlates and Consequences

8.1 Overview

Presented information and data concerning social exclusion in 2003 is derived from self-reports in the Treatment Demand Protocol (Cyprus NFP, 2004), as well as on expert opinions (Cyprus NFP, 2004).

No cases of homeless drug users were reported in 2003. Nearly half of the users (44.7%) that sought treatment in 2003 were unemployed. The highest unemployment rates were reported among one of the most “active” labour groups, in the age group 35-44. Further analysis reveals that the majority of those unemployed were living with their parental families (53.3%). Most of the unemployed drug users seeking help reported to have completed primary education (58%). Seventy percent of those unemployed reported heroin as their primary drug of abuse.

According to T.D.I. data (Cyprus NFP, 2004), among all drug users that sought treatment in 2003 46.7% reported to have left school before completing their secondary education. The mean age of leaving school was found to be 15.

No official data regarding the financial situation of drug users exists.

Based on the information provided by the Drug Law Enforcement Unit of the Cyprus Police (DLEU, 2004) during the year 2003, 475 drug-related cases were recorded, in which 590 persons were involved. The majority of those involved in these cases were male (93%) in the age range of 20-29. According to the same source, cases related to drugs and persons involved in them have been constantly increasing.

No official data is available regarding drug use among prison inmates. Some valuable information has been provided by the psychologist of the prison (Shiali, personal communication, 2004), which deals with drug users in that setting. According to Mrs. Shiali, a significant number of prison inmates are drug users¹⁶, especially young offenders (17-25 years of age), of which it is estimated that 85-90% are drug users.

No data indicating social costs of drug use is available yet. Some plans regarding the conducting of a survey tackling this problem exist, although they are not concrete yet.

¹⁶ Drug use in this case includes use before their imprisonment.



8.2 Social exclusion

No projects or surveys were conducted in 2003 indicating social exclusion problems faced by drug users.

Information and data concerning social exclusion in 2003 is derived from self-reports in the Treatment Demand Protocol (Cyprus NFP, 2004), as well as on expert opinions (Cyprus NFP, 2004).

8.2.1 Homelessness

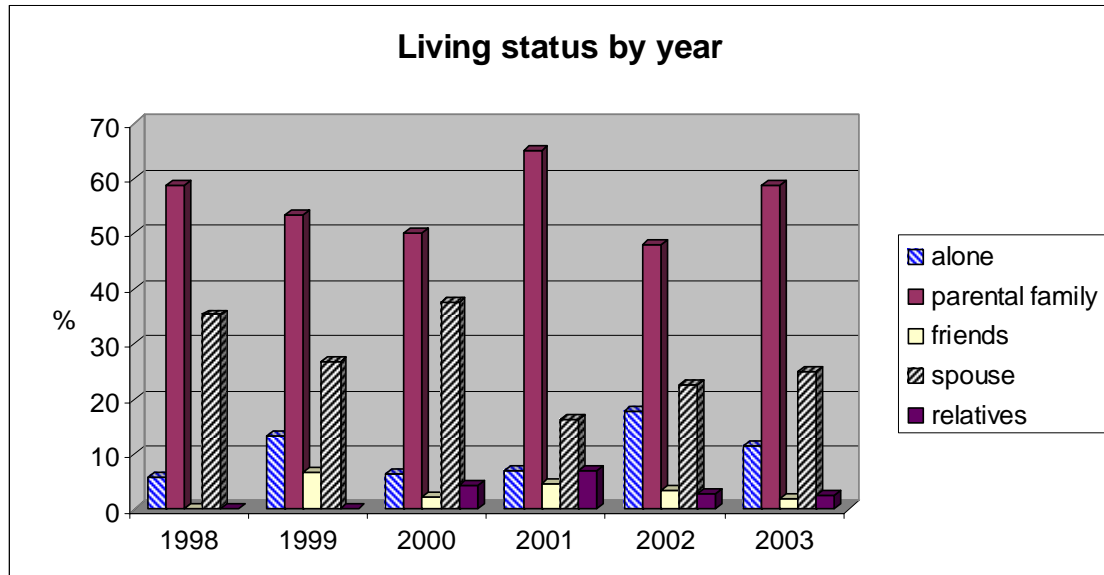
No cases of homeless drug users were reported in 2003. According to the T.D.I. protocol (Cyprus NFP, 2004), three persons reported having unstable accommodation, which corresponds to 1.4% of valid data reported by drug users in 2003. This could be due to the general situation of drug abuse in Cyprus, which began increasing relatively recently. Another factor that could potentially offer some explanation of the above is the role of the family in Cypriot society. Family ties are very strong in Cyprus, which still acts as a protective factor in providing stable accommodation and relative safety in general (Cyprus NFP, 2004).

As illustrated in the figure below, the vast majority of drug users that sought help in 2003 lived with their parental family. Those living with their parents, as seen from analysis of T.D.I. data, are mostly males, 15-34 years of age. A relatively high percentage of those in the age group 40-44 and 50-54 also reported living with their parental families (20% and 33% of each age group respectively).

Although, as mentioned in chapter 4, data from previous years is difficult to compare due to changes in coverage, some general assumptions regarding trends could be attempted with caution. The phenomenon of high percentages of drug users living with their parents seems to have been relatively stable over the past few years (Yiasemi, 2004, unpublished). Simultaneously, an overall decrease in reported living with a partner can be observed and an analogous increase in living alone among drug users (see figure below). The latter could be an indirect indication of marital implications of drug use (although no data is available regarding this problem).



Figure 8-1

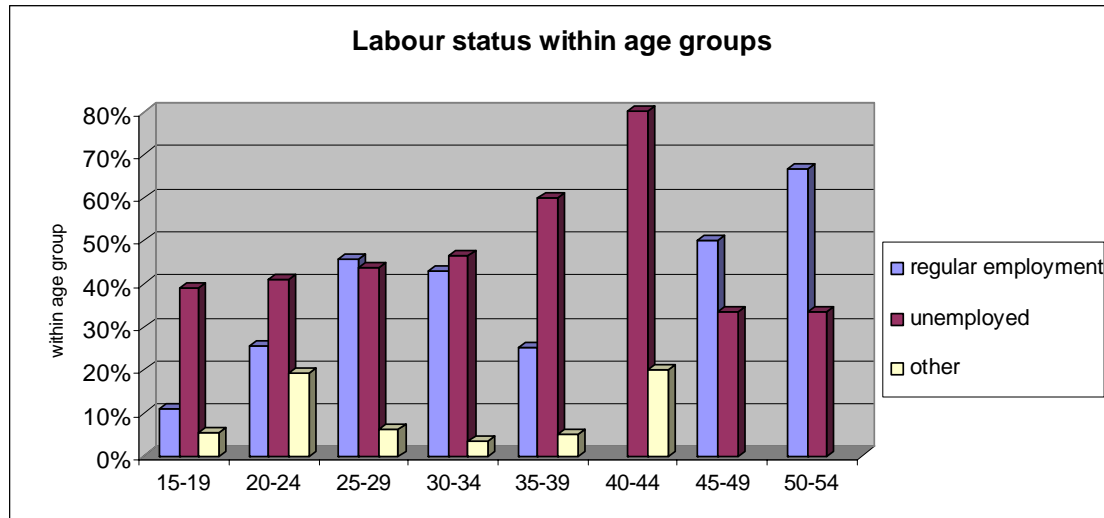


8.2.2 Unemployment

Nearly half of the users that sought treatment in 2003 were unemployed (44.7%). As illustrated in the figure below, the highest unemployment rates are reported by one of the most “active” labour groups in the age group 35-44 (60% of the users belonging to the age range 35-39 years and as high as 80% of those between 40-44 years of age). At the same time the lowest rates of unemployment in the older age group are 45-54 (see figure below).



Figure 8-2

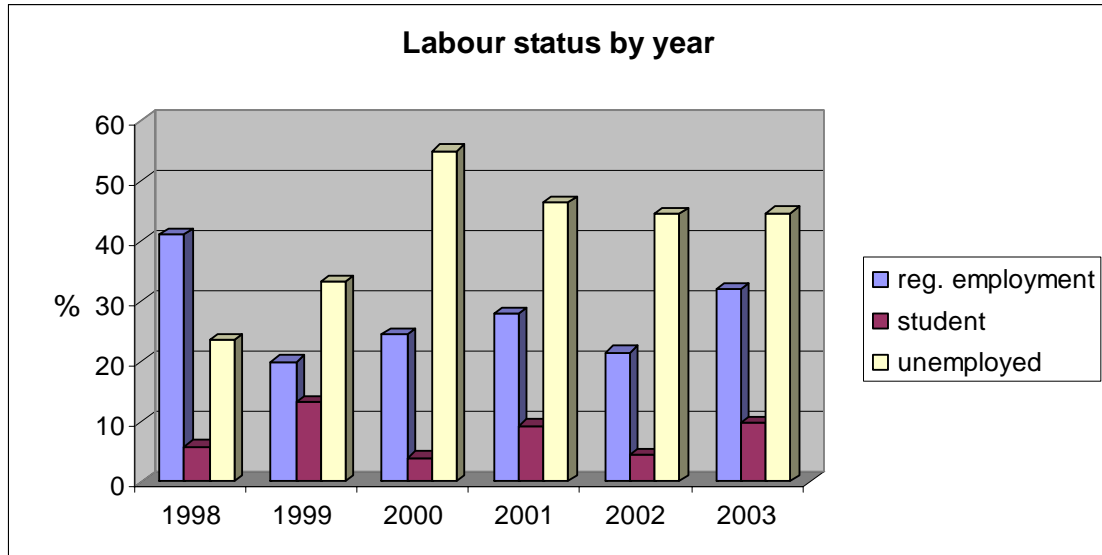


Further analysis reveals that the majority of those unemployed lived with their parental families (53.3%), although an even higher percentage among those with regular employment (58%) reported the same. Most of the unemployed drug users seeking help reported to have completed primary level of education (58%) and 30%-secondary level. The differences regarding the highest educational level reached among those unemployed and those with regular employment do not seem significant though. However, when we look at the reported primary drug used, differences concerning employment status gain in significance, since the vast majority (70%) of those unemployed report heroin as their primary drug of use.

Bearing in mind all the limitations of data from previous years, we can risk the assumption that an overall increase in the unemployment rate is observed (Yiasemi, 2004, unpublished) although since 2001 these rates seem to have remained on the same level (see figure below).



Figure 8-3



8.2.3 School drop out

According to T.D.I. data (Cyprus NFP, 2004), among all drug users that sought treatment in 2003 46.7% reported to have left school before completing their secondary education. The mean age of leaving school was found to be 15, but most of those who left school dropped out between the ages 14 to 16. Relating the mean age of school drop-out to living status we can observe the earliest school dropouts (12 years of age) among those users living with friends. Between those living either with their parental families, partner or alone, no significant differences can be observed.

8.2.4 Financial problems

No data regarding the financial situation of drug users exists.

8.3 Drug related Crime

8.3.1 Drug offences

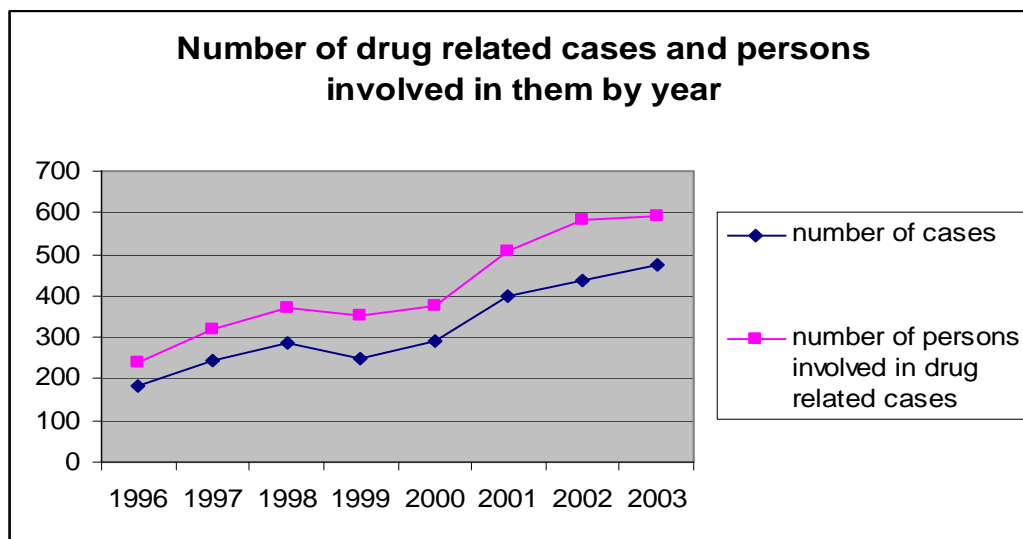
All data regarding drug-related crime is recorded by the Drug Law Enforcement Unit of the Cyprus Police. Aggregated data, as in case of drug markets (see chapter 10) is provided by the DLEU to the Cypriot National Focal Point (DLEU, 2004, unpublished).



During 2003, 475 drug-related cases were recorded, in which 590 persons were involved. The majority of persons involved in these cases were male (93%) in the age range 20-29.

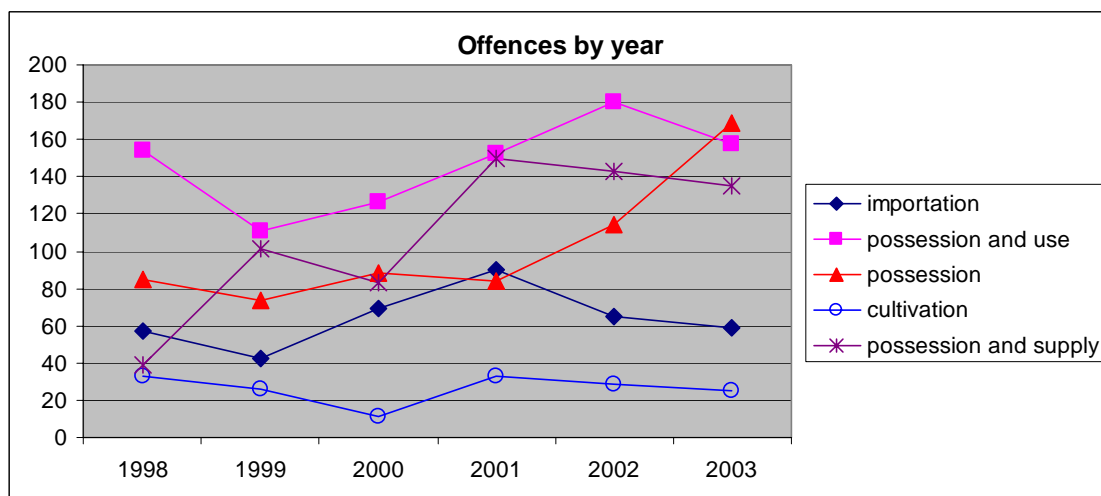
As illustrated in the figure below, the number of cases related to drugs and the number of persons involved in them has been constantly increasing.

Figure 8-4



It is important to note that most of the cases related to possession and use; since 2001 the number of cases involving possession and supply, as well as possession with intent to supply has generally increased (figure below).

Figure 8-5





According to the data provided by the Drug Law Enforcement Unit, as well as expert opinions (from the same unit), drug-related crime has been constantly increasing, which indirectly indicates the growing supply and demand (for details see chapter 10 on Drug Markets). Based on additional data (D.L.E.U. 2004, unpublished) we can also observe some of the highest rates of committed offences in 2003 by unemployed persons (third highest after skilled and unskilled workers), especially related to possession and use. As also mentioned in the subchapter on social exclusion, about 50% of drug users that sought treatment in 2003 were unemployed. Relating the above to the increasing inflation and costs of living (Statistical Service of the Republic of Cyprus, 2004), as well as social and other economical changes taking place on the island due to E.U. accession and other political changes, we can speculate that these create new conditions and needs that need to be addressed (Cyprus NFP, 2004). A combination of these facts is of great importance and should provoke serious concern regarding the integration of substance abuse treatment and vocational training of drug users. The latter will be described in the next chapter on responses to social consequences of drug use.

8.3.2 Other drug related crime

No data is available regarding crime indirectly related to drug use (Sergides, personal communication, 2004). Discussion with the Police authorities will be undertaken to set up the appropriate structures that will allow the authorities to monitor these issues.

8.4 Drug use in prison

No official data is available regarding drug use among prison inmates. Some valuable information, which deals with drug users in that setting, has been provided by the psychologist of the prison, (Shiali, personal communication, 2004).

According to this information, around 70 out of 300 prisoners were convicted for drug-related crime. It is believed that a significant number of the prison inmates have had some experience with drug use¹⁷. According to the prison's psychologist, 85-90% of young offenders (17-25 years of age) are drug users.

¹⁷ Drug use in this case includes use before their imprisonment.



European Monitoring Centre
for Drugs and Drug Addiction

8.5 Social costs

No data indicating social costs of drug use is available, yet. Some plans regarding the conducting of a survey investigating this problem exist, although not yet concrete.



9 Responses to Social Correlates and Consequences

9.1 Overview

During 2004, the National Drug Strategy along with the Action Plan was officially approved by the Parliament, providing us guidelines and specific recommendations regarding social reintegration issues. It sets specific goals for the social reintegration phase and proposes concrete measures for achieving those goals (National Committee for the Formulation of National Strategy and Action Plan on Drugs, 2004, unpublished).

A specialised programme delivering social reintegration interventions to drug users, which are distinguishable from treatment interventions, is incorporated in “Agia Skepi” therapeutic community, which tackles the problem of education and training, as well as employment of their clients. It also provides some opportunities regarding housing, if such a necessity arises.

In addition, two governmental organizations tackle the problem of vocational training, although they are not specifically addressed to drug users. One of them, the Cyprus Productivity Centre, aims to train unskilled persons in various vocational trades, through accelerated training programmes (www.kypros.org/CPC/). Another organization which offers vocational training is the Human Resource Development Authority which seeks to provide skills and knowledge to young people in order to make them productively employable (www.hrdauth.org.cy).

Within the Central Prison (Shiali, personal communication, 2004) medically assisted treatment is available for those being in detoxification phase in order to help those users cope with withdrawal symptoms. Individual counselling is also available to drug users within prison. Since March, 2004, drug screening is also being implemented in various cases. Training of the prison’s wardens on drug issues has also been initiated. Regarding social reintegration activities some vocational training is being provided for all prisoners and some help regarding employment is provided for those being moved to the prison’s hostel. Concrete proposals for an integrated drug demand reduction treatment programme within prison are being prepared and are soon expected to be approved by the appropriate authorities (Shiali personal communication 2004).



Alternatives to prison for drug users are allowed under specific circumstances. However, due to the lack of appropriate infrastructures, the implementation of the law is not possible. There are no other alternative interventions to punishment available yet (Ministry of Justice and Public Order, 2004).

9.2 Social Reintegration

9.2.1 Objectives, definitions and links to the National Strategy

During the year 2003, the National Drugs Strategy was still in the process of conceptualization and creation within the Twinning Project. Therefore, no official documents and guidelines existed that would help us define the aim and the situation of social integration in Cyprus. During 2004, the Strategy along with the Action Plan was officially approved by the Parliament, providing guidelines and specific recommendations regarding the subject. It emphasizes the role and importance of social reintegration, as crucial in the therapeutic process of a drug user, and, acknowledging the lack of appropriate structures, it considers essential the establishment of Social Reintegration Centres, as well as the development of support structures and networks in the local community and the labour market (National Committee for the Formulation of National Strategy and Action Plan on Drugs, 2004, unpublished).

According to the National Strategy 2004-2008, the treatment goals in the social reintegration phase are as follows:

- To restore or establish new ties with the family, professional and social environment.
- To organise an autonomous life with creative activity.
- To complete professional training and professional rehabilitation.
- To activate the social networks for the support of the social and professional integration of former drug addicts.
- To re-establish the relationships of former drug addicts with the social agencies and networks.
- To settle pending legal cases.

Acknowledging the gaps in the working experience and vocational training of drug users (see chapter 8), in order to achieve the above-mentioned goals, the Action Plan 2004-



2008 proposes the following measures (National Committee for the Formulation of National Strategy and Action Plan on Drugs, 2004, unpublished).

- Creation of accommodation space for former drug users which could also be used after treatment. Such accommodation could constitute a transitional stage between the therapeutic context of rehabilitation and the independence and total social integration.
- Design and development of educational programmes on vocational training issues.
- Promotion and encouragement of the concept of employing former drug users through state funding for a limited period for those in employment.
- Promotion of the institution of funding businesses employing former drug users.

9.2.2 Delivery of social reintegration programmes services

A specialised programme delivering social reintegration interventions to drug users, which are distinguishable from treatment interventions, is incorporated in “Agia Skepi” therapeutic community, a non-governmental, inpatient treatment centre. In 2004, a new residential community was created, which also has distinct interventions aiming at social reintegration of drug users (see chapter 5). Even though other treatment services do not provide a distinguishable social reintegration programme, they do address some of problems within their treatment interventions, such as education and employment (Cyprus NFP, 2004).

Additionally, Social Welfare Services of the Ministry of Labour and Social Insurance provide financial and technical help to non-governmental organizations that offer reintegration programmes for drug users. Furthermore, the Services offer direct financial support for drug users and their families, as well as counselling to those who face some adjustment and/or living difficulties. Although the above-mentioned aid is available to the general public it is also available to former/current drug users (Papasavva, 2004).

9.2.3 Housing

Agia Skepi therapeutic community offers its premises, when such a need occurs, for temporary housing of its clients (Father Georgios, personal communication, 2004). Such a solution is usually applied when a member of the community is still in the phase of



social reintegration. When completing the programme (for details see chapter 5 on drug related treatment), the member typically moves out and returns to society. In case difficulties arise regarding housing (e.g. the former users cannot afford the rent), which cannot be dealt with, Agia Skepi can allow such a person to live in the community until the housing problems are overcome.

9.2.4 Education, training

With regard to education/training “Agia Skepi” therapeutic community tackles the problem in various ways (Father Georgios, personal communication, 2004). Given that there is no funding available for former drug users that wish to continue their education, the community offers some financial support for those who wish to carry on their educational development in third level institutions. For those former users that have not completed their secondary education and wish to continue by attending the Alternative School for Adults, Agia Skepi offers their premises for reading and studying. The community also employs an arts and crafts instructor, and it provides for its members a course of lessons in this subject, as well as in foreign languages, maths and computers (Adonis, 2001, unpublished).

Besides the above, which are directly addressed to former and current drug users, two governmental organizations tackle the problem of vocational training. Even though they are not specifically addressed to drug users, if the general criteria set by the programme are met by them, they can be enrolled in the vocational training activities of these two organizations. One of them is the Cyprus Productivity Centre, which among other things aims to up-grade the skills of technicians through up-grading training programmes, and train unskilled persons in various vocational trades, through accelerated training programmes (<http://www.kypros.org/CPC/vocational.htm>). The training is offered in the following trades:

- Mechanical Fitting
- Machine Shop
- Welding
- Plumbing/Central Heating
- Plant Maintenance



- Building
- Woodworking and Furniture-making
- Auto-mechanics
- Electrical
- Refrigeration and Air-conditioning
- Design and Garment-making
- Telecommunications
- Automation

Another organization which offers vocational training is the Human Resource Development Authority. Its aim is to create the necessary prerequisites for the planned and systematic training and development of Cyprus's human resources, at all levels and in all sectors, to meet the economy's needs, within the overall national socio-economic policies. Through its training activities the HRDA, among other things, seeks to provide with skills and knowledge in order to make young people productively employable (<http://www.hrdauth.org.cy/hrdav1en/trainingen.htm>). As mentioned above, there are some general criteria for the provision of training which must be met. These apply to all candidates that wish to be enrolled in the programme, not excluding former/ current drug users.

9.2.5 Employment

“Agia Skepi” therapeutic community assists its members who have completed the residential part of the programme (12 months) in their reintegration into the labour market. Although no official or structured cooperation with the appropriate authorities has been established, the community through personal contacts helps its members to be employed. It also uses its own resources to assist its members by employing them in the community (Father Georgios, personal communication, 2004).



9.3 Prevention of drug related crime

9.3.1 Assistance to drug users in prison

The Cyprus NFP was provided with all information included in this section by the Central Prison's psychologist (Shiali, personal communication, 2004).

During the year 2003, there was no integrated support programme for imprisoned drug users. Some prevention, treatment, as well as social reintegration measures were taken and an integrated treatment programme is being planned, which indicates recognition of the problem. Measures aiming at a comprehensive management of drug abuse problems among detainees are also included in the National Strategy and Action Plan on Drugs adopted in 2004.

As mentioned in the previous chapter (see chapter 8: Drug Use in Prison), despite the lack of official data, it is believed (Shiali personal communication, 2004) that a significant number of prison inmates has some history of drug use (especially young offenders). Medically assisted treatment is available for those in detoxification phase through the prison's psychiatrist, who administers analgesics and tranquillizers in order to help users cope with withdrawal symptoms. Individual counselling is also available to drug users within prison. Since March 2004 drug screening has also been implemented in various cases, such as: before and after prisoner's leave, before they are moved to the open prison, before they are moved to the prison hostel¹⁸ and whenever there is a suspicion of drug use. Training of the prison's wardens on drug issues has also been initiated and is addressed to all recently employed wardens. Continuous training is also provided for a selected group of wardens in order to extend their knowledge on drug use and dependence. Some repression measures to handle drug use within prison have also been implemented through security measures for detection of drugs (such as detection gates and trained dogs). Regarding social reintegration activities some vocational training is being provided for all prisoners. Cookery classes are also offered through cooperation with a private college (Intercollege). Emphasis is placed on young offenders

¹⁸ Being in the hostel the prisoner works outside the prison and comes back after working hours. Having a job placement constitutes the prerequisite for being moved to the hostel.



who are soon to be moved to the prison hostel or released. In order to assist their return to society, collaboration with some educational institutions has been established aiming at upgrading their literacy and providing them with specific vocational skills. Some help is also provided regarding job placements. After their release former drug users, as well as any other prisoners, can apply for a social allowance through Social Services of the Ministry of Labour and Social Insurance.

Concrete proposals for an integrated drug demand reduction treatment programme are being prepared, which will include information, motivation for therapeutic demand, support, as well as a therapeutic community. A comprehensive plan of the programme is expected to be approved by the Director of the Central Prison and Mental Health Services of the Ministry of Health shortly. Regardless of the outcome of the proposal (whether it will be adopted or not by the appropriate authorities) some difficulties regarding the practical implementation of the programme are anticipated, such as lack of financial resources, as well as qualified staff availability.

9.3.2 Alternatives to prison for drug users

As described in chapter 12, in accordance with The Care and Treatment of Drug Addicts Law 1992 (Law 57(1) of 92), alternatives to prison for drug users are allowed under specific circumstances (see chapter 12). Due to the lack of appropriate infrastructures, the implementation of the law is not feasible and in practice is not being implemented (http://eldd.emcdda.eu.int/databases/eldd_country_profiles.cfm?country=CY#c1).

Creation of the necessary structures, as well the institution of regulations and release of a ministerial decree for the implementation of the provisions of the above law is one of the objectives of the Action Plan. (National Committee for the Formulation of National Strategy and Action Plan and Drugs, 2004, unpublished)

9.3.3 Other interventions for prevention of drug related crime

According to the Care and Treatment of Drug Addicts Law 1992, convicted persons with an addiction may serve their sentence in detoxification/ rehabilitation centres if the court orders them to do so (for more details see chapter 1). Unfortunately, there are no such treatment centres under government supervision available yet, and the operating regulations for them have not yet been issued. However, the government is now working



European Monitoring Centre
for Drugs and Drug Addiction

on existing centres so this option should soon be available.
(http://eldd.emcdda.eu.int/databases/eldd_country_profiles.cfm?country=CY#c1) There are no other alternative interventions to punishment available.



10 Drug Markets

10.1 Overview

In general people in Cyprus believe it is very easy to obtain drugs. An interesting result is that the perceived risk related to occasional use of marijuana/ hashish has been decreasing among Cyprus youth (Tolmi, 2003, unpublished).

As far as seizures are concerned the cases related to drugs and persons involved in them have been constantly increasing. Lately the percentage of seizures for possession and use has increased. Cannabis is the drug most commonly seized (D.L.E.U., 2004, unpublished).

According to the Police, increasing seizures are due to the growing demand, which in turn is reflected by the availability of drugs.

Another fact is that the largest percentages of drugs seized in Cyprus were destined for the local market.

Based on comparisons with other European countries it is apparent that prices of most drugs in Cyprus are considerably higher, although they have been falling in the last few years.

10.2 Availability and supply

10.2.1 Perceived availability

The vast majority of the general population believe that it is very easy/easy to obtain drugs in Cyprus, provided that one has the necessary financial resources (Tolmi, 2003, unpublished). This belief was shared by 83% of the sample used in this particular survey, regardless of age or gender (although this perception among women was somewhat lower than among men).

The same belief regarding marijuana/ hashish seems to be shared by 13% of 15 and 16 year old students (Kenthea and MEC, 2003, unpublished). Inhalants and tranquilizers/ sedatives were perceived (by 50% and 42% of the students respectively) as the easiest substances to be acquired. The most frequently reported places by the students, where cannabis can be easily bought were discos and bars. Most of the students who have



experimented with illicit drugs, acquired them from a friend (either older or of the same age) or from a group where it was shared.

The perceived availability of illicit drugs among the school population has generally increased, when compared with corresponding findings from the previous ESPAD survey conducted in 1999 (Hibbel *et al.*, 2000, Kenthea and MEC, 2003, unpublished). At the same time, perceived risk related to occasional use of marijuana/ hashish has been decreasing among the young. Besides the three surveys whose findings were mentioned above, no other studies have been conducted to ascertain information about availability of illicit substances, either by asking those who have used them, or by inquiring into the general public's perceptions.

An indirect indication of drug availability is provided by seizures made by the police.

10.2.2 Production, sources of supply and trafficking patterns

Nearly all drugs that were seized by the Police in 2003 were destined for Cyprus. Only a part of cocaine was found to be destined for South Africa. Below countries of origin of specific drugs are illustrated, indicating percentage breakdown by country (DLEU, 2004, unpublished).

Table 10-1: Countries of origin of seized drugs.

Type of drugs	Country of origin	%
Cannabis herb	Cyprus Occupied Area	30
	South Africa	20
	Holland	10
	Greece	10
	Unknown	30
Cannabis resin	South Africa	10
	Cyprus Occupied Area	20
	Unknown	70
Heroin	Turkey	5
	Bulgaria	5
	Cyprus Occupied Area	50
	Unknown	40
Cocaine (base and hydrochloride)	Brazil	15
	Curacao	5



	Unknown	80
--	---------	----

amphetamine	Unknown	100
--------------------	---------	-----

Ecstasy group	Great Britain	5
	Cyprus Occupied Area	30
	Unknown	65

With regard to transportation methods it seems that all drugs with the exception of cocaine come to Cyprus mainly by land (around 65% of cannabis, 85% of heroin and 70% of Ecstasy group drugs). The next most common method is by air (22% of cannabis, 10% of heroin and cocaine, and 20% of Ecstasy). 10% of seized drugs were found to be imported into Cyprus through the mail, and only cocaine and Ecstasy come by the sea -80% of seized cocaine and 10% of Ecstasy (DLEU, 2004, unpublished).

10.3 Seizures

All seizures are made and recorded by the Drug Law Enforcement Unit of the Cyprus Police. The Unit cooperates directly with the Customs and the Coast Guard, by having a subunit attached to each of these authorities. Thus, any possibility of duplication is excluded.

The number of cases related to drugs and persons involved in them has been constantly increasing (DLEU, 2004, unpublished). For more information see subchapter 8.3 on drug offences.

Most of the persons involved are male Cypriot citizens, mainly in the age group of 20-34 years (70%).

It is important to note that, over the years, most of the cases were related to possession and use. Nevertheless, since 2001 the number of cases involving possession and supply, as well as possession with intent to supply, has significantly increased.

In accordance with the Drug Law Enforcement's Annual Report for the year 2003, seizures and seized quantities of drugs (especially cannabis, cocaine, heroin and MDMA) have significantly increased since 2002. Despite some occasional fluctuations in



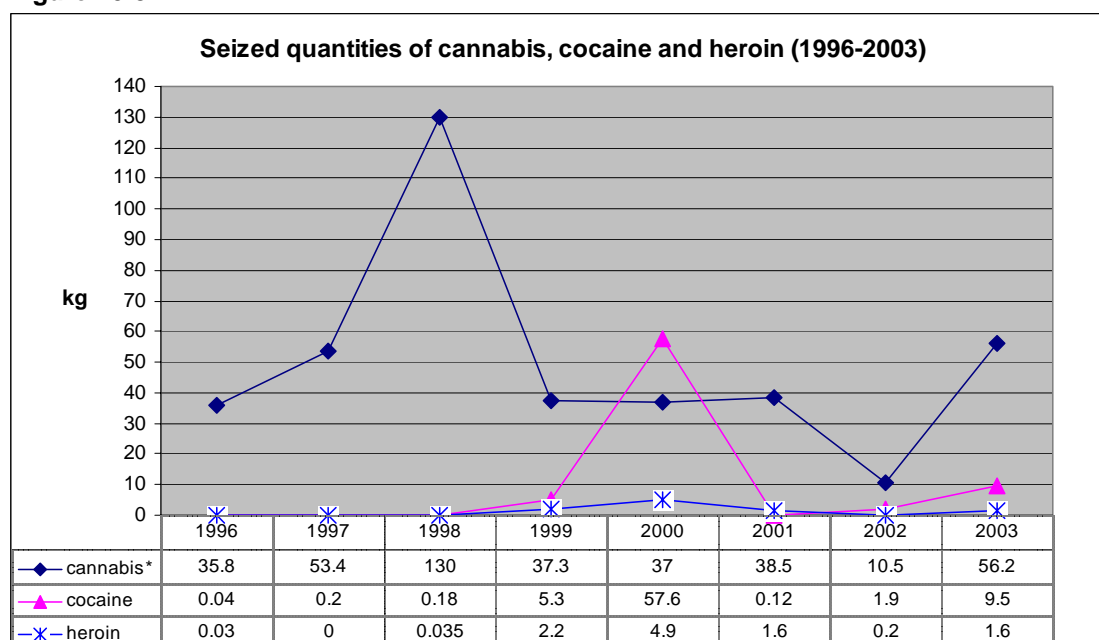
seized quantities of specific drugs over the years, a general increasing trend over the years is apparent and most of the seized quantities were significant¹⁹.

In the table and figure below seized quantities of specific drugs since 1996 are shown.

Table 10-2: Seized quantities of cannabis and MDMA (by year)

	unit of measure	1996	1997	1998	1999	2000	2001	2002	2003
Cannabis	plants	260	823	276	190	493	274	248	1329
MDMA	tablets	51	3	20	61	3317	2910	10253	5750

Figure 10-3



* Cannabis includes cannabis leaves and resins.

In the year 2003, most seizure cases²⁰ involved cannabis (335-for both cannabis herb and resin), heroin (60) and Ecstasy (MDMA).

The increasing trends, according to the Police, are due to the growing demand, which in turn is reflected by the availability of drugs and, the consequent increase in drug cases and seizures. Rapid transitions and changes recently taking place in Cyprus have introduced new ideals, ways of thinking and behaviours that until recently were unusual

¹⁹ "Significant quantities" is used here in accordance with the threshold definition per drug used in UNDCP database.

²⁰ Total number of seizure cases in 2003, as mentioned, was 475.



for the traditional Cypriot society. Developments have been very rapid, leaving not much room for sensitization. Conflicting messages of modern and traditional views, new roles and expectations have created confusion, leaving young people vulnerable (Cyprus NFP, 2004, Papantoniou, 2003, unpublished). Another factor widely acknowledged by society influencing the drug situation on the island is the partial lifting of restrictions in movement between the Greek Cypriot and the Turkish Cypriot part of the island. For the first time in 29 years residents of the island have been able to cross the “green line”. This fact, according to the Drug Law Enforcement Unit of the Cyprus Police, has contributed significantly to the increase in availability of illicit drugs, something that is reflected in police seizures and arrests.

10.4 Price/Purity

10.4.1 Prices

Prices of illicit drugs are based on users/ arrestees reports provided by the Drug Law Enforcement Unit. Information on drug prices was reported to the National Focal Point in the 2003 Annual Report Questionnaire for the United Nations Office on Drugs and Crime.

By comparison with other European countries it is apparent that the prices of most drugs in Cyprus are considerably higher, although falling in the last few years, a fact which indicates an increase in the supply.

Prices at retail (street) level of specific drugs are presented in the table below.

Table 10-4: Average prices of specific drugs

Type of drugs	Average price per gram in Euro (€)
Cannabis herb (marijuana)	10.23
Cannabis resin (hashish)	14.78
Heroin: - brown	125
- white	153
Cocaine base	147
Amphetamine	13.66
Ecstasy (MDMA)	14.78
LSD	15.30



European Monitoring Centre
for Drugs and Drug Addiction

10.4.2 Purity

Information regarding the purity of drugs has not been collected in previous years. However, analysis of drug composition and purity is planned to be carried out in 2004 by the National Laboratory (Konari, personal communication, 2004).



Part B Selected Issues

11 Buprenorphine, treatment, misuse, and prescription practices

11.1 Buprenorphine

There are no buprenorphine treatment programmes operating in Cyprus, nor any other substitution/ maintenance treatment (see also chapter 5 on drug-related treatment). The issue of substitution treatment is being discussed by the appropriate authorities and the need for this type of treatment is being examined (Demetriou, MHS, 2004).

11.2 Treatment with buprenorphine

There is no legal basis for providing substitution treatment with buprenorphine in Cyprus at the moment (Mavromoustaki, 2004). Promotion of legislative reforms and measures and the establishment of appropriate regulations is one of the objectives of the Cyprus Anti-Drugs Council (Committee for the formulation of a National Strategy and Action Plan on Drugs, 2004, unpublished), which does incorporate into its National Strategy for 2004-2008 reduction of the consequences of health problems linked to drugs. According to the National Strategy, “the introduction of substitution treatment decreases the occurrence of sexually transmitted diseases, deaths, social problems and drug-related crime and can be promoted for those users that have repeatedly failed to make use of other treatment programmes” (Committee for the formulation of a National Strategy and Action Plan on Drugs, 2004, unpublished). One of the measures defined by the Action Plan in the treatment and social reintegration component is the assessment of the need for the introduction of substitution treatment, as well as evaluation of the potential advantages of establishing such programmes.

Despite the above-mentioned (lack of legal basis and not planned as such by the National Strategy), it seems that the introduction of such a programme –given that some legislative changes are put forward- could be incorporated within harm reduction measures proposed by the National Strategy.



European Monitoring Centre
for Drugs and Drug Addiction

11.3 Misuse of buprenorphine

Given that no buprenorphine treatment (or any other type of substitution) has been implemented in Cyprus yet, no further information is available regarding the misuse of the substance.



12 Alternatives to prison targeting to drug using offenders

12.1 Political, organizational and structural information

12.1.1 National policy and strategy

In the section on treatment and social reintegration the first National Drug Strategy includes the promotion of treatment and rehabilitation programmes for drug offenders as alternatives to imprisonment. Specifically, the National Action Plan on Drug Demand Reduction emphasizes the need to create a mechanism that ensures alternatives to imprisonment. According to the Action Plan this issue is of a high priority and the aforementioned action will be completed by the Anti-Drugs Council in cooperation with the Ministry of Justice and Public Order and the Ministry of Health within the next three years (Committee for the formulation of a National Strategy and Action Plan, 2004, unpublished).

12.1.2 Legislation

According to The Care and Treatment of Drug Addicts Law of 1992 the Minister of Health by court order determines the places which will be provided necessary for monitoring and treatment, and which will be called “detoxification and rehabilitation centres” (Ministry of Justice and Public Order, 2004). The centres must provide specialized medical and paramedical staff as well as appropriate space and equipment. The following drug addicts can be referred to such detoxification and rehabilitation centres.

- Drug addicts under the age of 18 (regardless of criminal offence) at the request of the legal guardian to the Court and after the publication of a court order. (underage treatment court order).
- Persons who are found guilty of offences (excluding pre-meditated murder and drug trafficking) and whose addiction is at such a stage and degree that it interferes with the ability to make free choices and judgements, and of whom the Court deems that the most appropriate way to handle them is the issue of a



treatment court order committing them to a centre instead of imposing a prison sentence.

- Persons who are found guilty of offences (excluding pre-meditated murder and drug trafficking) and who, due to their addiction, are deemed to require monitoring and treatment. In such cases the referral takes place after the approval of the offender. The Court postpones imposition of a sentence and dismisses the offender on condition that he/she enters a detoxification centre and undergo treatment. If the offender fails to do so he/she will be brought before the Court and receive a prison sentence.
- Offenders who are serving a prison sentence and need treatment. The request for transfer to a detoxification centre is made by either the prison director or the offender. The offender's stay in the centre counts as serving prison time.

Further information on alternatives to imprisonment is not available since the Care and Treatment of Drug Addicts Law 1992 has never been implemented. For more information on the aforementioned law refer to chapter one.

12.1.3 Public debate

Although the Care and Treatment of Drug Addicts Law 1992 has never been implemented there is little or no public debate. Alternatives to prison for drug users are sporadically mentioned in the media when the general issue of drug use is the subject of discussion.

12.1.4 Implementation structure

As previously mentioned, the Care and Treatment of Drug Addicts Law 1992 has not been implemented yet; therefore there is no further information on this subject.

12.2 Interventions

12.2.1 Types of interventions

As previously mentioned, the Care and Treatment of Drug Addicts Law 1992 has not been implemented yet; therefore there is no further information on this subject.



12.2.2 Funding and provision

As previously mentioned, the Care and Treatment of Drug Addicts Law 1992 has not been implemented yet; therefore there is no further information on this subject.

12.2.3 Profile of treatment and control staff

As previously mentioned, the Care and Treatment of Drug Addicts Law 1992 has not been implemented yet; therefore there is no further information on this subject.

12.2.4 Monitoring

As previously mentioned, the Care and Treatment of Drug Addicts Law 1992 has not been implemented yet, therefore there is no further information on this subject.

12.2.5 Specific target groups

As previously mentioned, the Care and Treatment of Drug Addicts Law of 1992 has never been implemented yet; therefore there is no further information on this subject.

12.2.6 Specific projects

There are no projects on alternatives to prison in Cyprus.

12.3 Quality Assurance

12.3.1 Guidelines

As previously mentioned the Care and Treatment of Drug Addicts Law 1992 has not been implemented yet; therefore there is no further information on this subject.

12.3.2 Evaluation and research

As previously mentioned, the Care and Treatment of Drug Addicts Law 1992 has not been implemented yet; therefore there is no further information on this subject.

12.3.3 Training

As previously mentioned, the Care and Treatment of Drug Addicts Law 1992 has not been implemented yet; therefore there is no further information on this subject.



13 Public Nuisance: definitions, trends in policies, legal issues and intervention strategies

13.1 Definitions

According to National Reports from other European Member States (e.g. Ketelaars, T; van Laar, M.W.; van Gageldonk, A. & Cruts, A.A.N., 2002; Aujean, S.; Murphy, R.; King, L.; Jeffery, D. (eds.), 2001), the nuisance caused to the public at large by the social phenomena associated with drug use may include a diverse range of antisocial behaviours, from general disturbance of the public order to crimes of violence, crimes against property, pollution of the environment, and the creation or maintenance of socioeconomically deprived neighbourhoods with antisocial community values or standards. The EMCDDA *Guidelines for 2004 National Reports* (EMCDDA, 2003) mention that there has been diminishing public acceptance of drug-related nuisance in a number of European Member States since the mid-1990s, but “no unambiguous, widely used definition of drug-related “public nuisance”” has been found by a 1995 Netherlands study (p.17).

Cited examples of the public recognition of drug-related nuisance include the passing of legislation relevant to the use of cannabis in clubs, orders against late-night disturbances and antisocial behaviour, as well as legislation regarding drug use in rented accommodation and closure of premises. The *Guidelines* also mention that the phenomenon of public nuisance may attract further public recognition by the attention it may receive in national drug strategies and in the formation of official groups dealing with these issues (such as working groups or steering committees). The public nuisance caused by drug use may also be reflected in public opinion polls.

Moreover, the *Guidelines* suggest 11 significant forms of public nuisance, which were used as indicated phenomena in the composition and research for this chapter of the National Report (see section 13.2). These are:

- Violence and intimidation
- Addicts' children
- Recruitment into crime



- Annexation of public space
- Intrusive verbal contact
- Public health and social work
- Infectious nature of delinquency
- Antisocial and objectionable behaviour
- Decay of standards and degeneration
- Disruption and irritation
- Threat to the “cornerstone” (the family)

At the time of writing, there is no official definition, legal or otherwise (Mavromoustaki, 2004a), of “public nuisance” in relation to drug use in Cyprus. Some of the isolated phenomena mentioned above, such as the use of violence or intimidation, or abuse and neglect of children, are addressed by separate laws in the penal code, but unrelated to and not specifically mentioning drug use (see section 13.3). The National Drug Strategy 2004-2008 may, perhaps, however, be said to implicitly recognise the potential for public nuisance due to drug use, in identifying the need to adopt legal measures and regulations to promote a healthy and safe environment in clubs, and the need for on-site preventive interventions at recreational establishments, correctional facilities and youth centres (Committee for the formulation of a National Strategy and Action Plan on Drugs, 2004).

13.1.1 Incidence of public nuisance and attitudes to users

It would require extensive quantitative and qualitative research, which lie beyond the remit of this report, to determine whether the problems covered by the umbrella term “public nuisance” exist in Cyprus, and to what extent. Nevertheless, it may be possible to discern the existence of such problems through their mention in the legal system, police records, and public opinion polls.

Citizen reactions to the establishment of treatment centres for drug users may also be good indicators of the extent to which the phenomenon of drug use is perceived as a public nuisance. The Care and Treatment of Drug Addicts Law 57(1) (1992) makes provisions for the establishment of treatment centres, to which offenders may be referred by court decision (see section 13.3). Although this law makes no mention of citizens’ rights or reactions with respect to the establishment of treatment centres, it is possible



for citizens to resort to civil or administrative procedures if their interests or property are harmed.

In July 2004, the Cyprus National Focal Point (Cyprus NFP, 2004) held an expert panel consisting of personnel from the Kenthea counselling centres, Toxotis, Perseas and PROMETHEAS counselling centres, from the Cyprus Republic central prison, from the outpatient programme Tolmi, and the inpatient centres Agia Skepi, Themea, Anosi and Pyxida and a question related to the phenomenon of public nuisance was discussed. One drug prevention centre located in central Nicosia reported that when the establishment of the centre was initially proposed prospective neighbours reacted with protests to the local municipality, effectively delaying the establishment. In this particular example, however, the aggressive response came not from the centre's clients, but from community members in the neighbourhood, including, in one instance when the centre first came into operation, a single incident of vandalism towards a patients' family property. It was further reported that the centre's patients never caused problems in the area. Similarly, another therapeutic community reported that the citizens of the area in which the community was to be established reacted with protests initially, but this attitude changed to a more positive one soon after the establishment of the community. Other therapeutic communities from various parts of Cyprus reported a similar pattern of initial reaction followed by acceptance of the community. Interestingly, it was noted that in the context of prison, heroin users are isolated and excluded by other prisoners, regardless of whether the other prisoners are also users of other substances; and the only therapeutic community which did not experience initial reaction to its establishment from the surrounding community was one located inside hospital premises. Furthermore, with regard to the issues of "annexation of public space" and "threat to the "cornerstone" (the family), it was also noted that none of the expert panel members experienced homeless patients or clients in their work; the reasons offered being Cypriot users' receipt of minor welfare benefits for inability to work, and a tendency to reside at home with family. Nonetheless, incidence of the sale of male and female sex services for securing drugs was noted, as well as high incidence of unemployment or unskilled and temporary employment (see also chapters on Treatment Demand Indicator and Social Correlates and Consequences). The results of the expert panel do therefore suggest the



existence of some tension between behaviours related to drug use and their public acceptability in Cyprus.

Public attitudes to drug users may also provide some information regarding the perceived nuisance or acceptability of drug-related behaviours in Cyprus. In a multi-health survey (Centre for Education about Drugs and Treatment of Drug Addicted Persons, Mental Health Services, 2000, N = 1500) conducted in 1999-2000 on "Psychosocial Factors and Health" by the Cyprus Mental Health Services in association with KENTHEA, it was found that 87% of Cypriots learn about drugs from television, and 48% from newspapers, whereas only 19% read about drugs in books or informative leaflets. In this sample, 40% felt the media represent the issue of drugs as it really is, 30% believed it is exaggerated, and 23% believed its importance is diminished. Importantly, 77% of Cypriots in this survey believed that there is a big drug problem in Cyprus, and only one% believed that there is no problem. Also, 76% believed that there has been a big increase in the drug problem in recent years. Moreover, in terms of actual attitudes towards users, 55% in this survey viewed users as young, weak in terms of character, and suggestible, and 38% viewed users as victims of society, of drug pushers or of family circumstances, and 22% viewed users as persons with serious psychological problems. Forty-two percent believed users ought to be punished in court, and 58% did not. However, 53% of this sample believed that users ought to enter drug treatment following a compulsory court sentence, and 29% believed that users ought to serve a 1-5 year term in prison. A reported 37% believed that no sentence should be passed for drug use - for illegal production and sale of drugs, however, 42% believed that it should be punished with life sentencing, and 29% believed that this crime deserves the death penalty.

In another, more recent survey by TOLMI (Open Therapeutic Community for Drug Addicted Persons, (2003)., N=1000), 49% - by far the majority response group among the respondents viewed drug users as sick, and only 10% as criminals (however, 22% said drug users are neither criminals nor sick). Respondents in the age group 50-65 considered drug users as criminal more frequently than any other age group, whereas respondents in the 25-29 age group considered drug users as sick more frequently than any other age group. Also, whereas women were more likely to view drug users as sick, men were three times more likely than women to view them as criminals. Other factors,



such as educational level and whether the respondent smoked, drank alcohol, or had ever used drugs themselves also appeared significant in influencing the attitude towards drug use. In this sample, a larger proportion than in the previous survey, 52%, viewed drug users as emotionally and mentally disturbed, a view which was more prevalent in the 40+ age group, and among women respondents, and respondents who had not completed their education. Importantly perhaps, 9% of respondents agreed / strongly agreed that drug users should be imprisoned, and again age group, gender, educational level and geographical area (urban / rural) were significantly influential on this result. It seems also significant that 44% of respondents would continue associating with an acquaintance if they found out he / she was using drugs, and 58% said they would be willing to take care of and support a drug-using friend. Nevertheless, this study found that 41% of the sample said they were frightened of drug users, a result which the study claims as indicating the social stigma associated with drug use in Cyprus.

Although it is difficult and inappropriate to draw general conclusions from these limited results - not least due to methodological considerations - a tentative impression of the public attitudes towards drug users in Cyprus may be formed. Perhaps it may be said that perceived public concerns related to the existence of drug users, behaviour of drug users, and response to drug users, and a perceived need to deal appropriately with these issues, do exist in Cyprus, although the overall attitude of the public towards drug users is relatively lenient and progressive, their being viewed as sick in need of treatment, particularly among younger people. More negative attitudes, however, from the general population, do exist towards those involved in the production and sale of drugs, and similarly towards drug users themselves from older age groups. As such, there may be a basis in social attitude findings for considering that the use of drugs in Cyprus is perceived as a general source of public nuisance, or at least a social problem in need of resolution.

13.2 Genesis

As no current official categorisation, label or definition of public nuisance due to drug use exists in Cyprus, it is not possible to discuss the genesis of this concept. Please see next section on current measures taken to address some of the associated phenomena.



13.3 Measures Taken

As previously stated, at the time of writing there is no official definition, legal or otherwise (Mavromoustaki, 2004a), of “public nuisance” in relation to drug use in Cyprus. Nevertheless, some of the forms of public nuisance related to drug use which are listed in section 13.1 above are addressed by various laws and regulations in the Cypriot legal system, and hence the Cyprus Police authorities, as the primary law enforcement body, are authorised to respond to these phenomena.

As there is no legal definition of public nuisance in relation to drug use, there are no special laws applying to such offences committed by drug users. The measures taken against public nuisance in Cyprus may therefore be based on criminal, administrative, or civil law according to the nature of the offence. Hence, phenomena such as the use of violence will come under criminal law, payment for damages to private property under civil law, and the contesting of an administrative decision, such as the demand to procure a licence for the sale of alcohol, will come under administrative law. The measures taken are locally enforced following a decision by the regional court, but as the laws on which the court decisions are based are of national validity, they cannot be said to be local measures (Mavromoustaki, 2004b). It is worth mentioning that, although there is no definition of the related term “public order” as such in Cyprus law, the expression is used in the Constitution of the Republic of Cyprus and in the penal code, both of which apply nationwide. The official interpretation of laws rests with the courts, although both the Attorney General and other legal professionals can provide interpretations depending on the nature of the case.

There follows a breakdown list (Mavromoustaki, 2004b) of the public nuisance phenomena mentioned in section 13.1, and the particular national laws addressing these:

Use of *violence and intimidation* – covered by the penal code. According to article 30(4) of the 1977 Law Concerning Drugs, the use of force in committing a drug-related crime constitutes a factor influencing the severity of the court sentence.

The abuse and neglect of *children of drug users* is covered by the general 1994 Law Concerning Violence in the Family and Protection of Victims 47(1), without special reference made to the children of drug users. Correspondingly, neglect by the family



head of the financial needs of children below 14 years is considered an offence by article 222 of the penal code.

There is no particular law addressing drug-related *recruitment into crime*, although article 20 of the penal code stipulates that persons are held responsible for any assistance offered to any criminal activity. More specifically, persons who, through action or omission, act in a way which enables or assists the commission of a criminal offence by another; and persons who assist or motivate another in the committing of a criminal offence; and persons consulting or promoting others in the commission of such offences are in most cases held as responsible as those having committed the offence, and undergo similar sentencing.

There is no legal provision made regarding the *annexation of public space* by drug users, unless this involves the formation of illegal meetings, rioting, public disturbance or disturbance of the peace, all of which constitute offences according to the penal code, provided the committing of a criminal offence is intentional.

Intrusive verbal contact is considered an offence in the case of defamatory use of insults, irrespective of whether or not the perpetrator is a drug user.

Public health and social work - there are provisions in the penal code concerning offences such as neglectful transmission of infectious life-threatening illnesses, and the pollution of the atmosphere or the water supply, though again no particular reference or provision with respect to drug use or to social work is made.

Regarding the *infectious nature of delinquency*, there is no use of the term or concept in the legislature.

Antisocial and objectionable behaviour – no legal provision regarding these terms is made, and not in the particular case of drug use.

Decay of standards and degeneration – no legal provision related to these phenomena and drug use is made. However, offences against public standards, including rape, incest, abduction, etc. are included as general criminal offences in the penal code.

There are no legal provisions made regarding the phenomena of public *disruption and irritation* with respect to drug use. The penal code includes offences against public order, including, as mentioned above, disturbance of the peace, illegal meetings and rioting. Particular mention is also made of the disturbance caused by sound amplification devices in public spaces and also by vagrancy.



Regarding the phenomenon of *threat to the “cornerstone” (the family)*, there are no legal provisions relating it to drug use in particular. Reference is made to the overall regulations applying to all citizens, such as the 1994 Law Concerning Violence in the Family and Protection of Victims 47(1), and certain articles relating to Marriage and Family Obligations in the penal code.

It is clear that the measures taken as responses to the public nuisance phenomena listed above will vary according to whether or not they are regarded as general offences, and what the nature of the offence is. As mentioned above, the Care and Treatment of Drug Addicts Law 57(1) 1992, makes provision for the establishment of treatment centres, to which offenders may be referred by court decision; however, this is not yet applied, as no definite legal status has yet been conferred on the existing treatment centres in Cyprus, a process which is however initiated in the 2004-2008 Demand Reduction Action Plan of the Anti-Drugs Council (Committee For The Formulation Of A National Strategy And Action Plan On Drugs, 2004). The Care and Treatment of Drug Addicts Law 1992 also provides that an addicted person who undertakes voluntary treatment in a centre will not be prosecuted under the Narcotic Drugs and Psychotropic Substances Law 29 1977 (amended as Law 20(1)1992) without the consent of the Attorney General. This measure is only permitted if it is ordered by a court of competent jurisdiction following a relevant application by the guardian of the minor or by such other person who is in a position to know the circumstances of the person involved. Furthermore, section 30(2) of the 1977 Law provides that no more than a 2-year prison sentence may be imposed on a first offender under the age of 25, if the offence involved personal use only.

13.3.1 Implementation of Measures Taken

Given the absence of measures specifically addressing the phenomenon of public nuisance related to drug use, the overall management and responsibility for combating drugs and drug-related issues such as public nuisance rests with the courts and police, and specifically the Drugs Law Enforcement Unit (D.L.E.U.). The D.L.E.U. has been an independent unit since 1991, with headquarters situated in Nicosia and branches in all towns, including, since 1997, sub-branches at the international airports of Larnaka and Paphos and the seaport of Limassol. The D.L.E.U. cooperates with other governmental



authorities and NGOs such as the Crime Investigation Department, the Crime Prevention Branch, the Department of Customs and Excise and the Health Services, and the United Nations respective bodies and Drugs Liaison officers (Ministry of Justice and Public Order, 2000).

The D.L.E.U., in its cooperation with the Health Services, is partly staffed by psychologically and sociologically trained officers. It offers a 24-hour confidential helpline (1498) for drug users and relations, and individual cases are evaluated and referred for more specialised treatment to other services such as the Mental Health Services, PERSEAS (see ch.3 on prevention), THEMEA, and the therapeutic communities (ch.5 on treatment) and social welfare services. Following evaluation, 53 such cases were referred by the D.L.E.U. in 2003 (D.L.E.U., 2003).

It is also worth mentioning that the Cyprus Police aim to strengthen measures taken over the years 2006-2008 to prevent drug-related crime, which can include public nuisance phenomena, in its contribution to the Anti-Drugs Council Drug Supply Action Plan 2004-2008 (Committee for the formulation of a National Strategy and Action Plan on Drugs, 2004). In particular, the police aims to enhance the institution of the “neighbourhood policeman” by increasing the number of officers hired for their special training in community policing, providing further training in these skills for existing officers, mapping drug distribution points in urban areas and studying the potential for the prevention of such areas, and introducing a licensing system with criteria for rave parties and other public night-time activities with a view to preventing of harmful consequences of drug use.

Although the above measures are not specifically related to public nuisance, it may be clear that the cases of public nuisance as a result of drug use will be dealt with individually and given necessary attention by the system described. In general, although ultimate authority on these issues rests with the courts, no drugs specialists are consulted with respect to the measures taken (Mavromoustaki. 2004b), but especially with respect to minors, the professional opinion of Mental Health Services, Social Welfare Services and relevant practitioners and other persons is taken into account. It is worth noting that the Attorney General has control of all criminal prosecutions, and although this practice is not entrenched in law, the Attorney General may seek expert opinion at the stage of determination of sentencing. Although, therefore, both health and



enforcement services may become involved in the measures taken to deal with individual cases of drug-related public nuisance, there is as yet no coordinating body managing this unofficial cooperation between services.

13.4 Results / Evaluation

Although it is clear that certain measures dealing with isolated phenomena which theoretically may come under the umbrella term “public nuisance” are taken in Cyprus, given the lack of an official legal definition of drug-related public nuisance or an alternative term, it is perhaps not surprising that there are no separate statistics available of such measures taken to combat it (Tryphonos, 2004a), and hence no analysis of the achievement of such measures, contesting of the achievement of their objectives by third parties, or changes envisaged at this time. More recent information does, however, establish that no recreational establishments were shut down in Cyprus as a result of drug activity in 2003 to August 2004, although 2,707 recreational establishments in the same period were reported to the police for selling alcoholic drinks without permit, and for operating outside legal opening hours (Tryphonos, 2004b).

From the evidence given above therefore, it may be tentatively concluded that the relationship between the existence of services for drug users and public order and safety concerns is an issue for consideration for specialists and the Cypriot public at large. This is already partially and implicitly acknowledged by both professionals and policymakers in Cyprus, although perhaps more research into the phenomenon and the introduction of explicit legal measures to address it are a future area for development in the management of public drug-related nuisance in Cyprus.



Part C- Bibliography and Annexes

14Bibliography

14.1 Bibliographic references

- Adonis M.N. (2001). Therapeutic community “Ayia Skepi” Program Evaluation. (unpublished thesis). Yeshiva University.
- Anti-Drugs Council (2004) Prevention Structures, unpublished.
- Argyriou, A. (2004). Personal communication, July 1, 2004.
- Center for education about drugs and treatment of drug addicted persons (KENTHEA) (2003). Exchange on drug demand reduction action questionnaire (EDDRA), unpublished.
- Centre for Education about Drugs and Treatment of Drug Addicted Persons (Kenthea); Ministry of Education and Culture (2003). European School Survey Project on Alcohol and Drugs, (2003). (Preliminary findings, unpublished).
- Centre for Education about Drugs and Treatment of Drug Addicted Persons (KENTHEA), Mental Health Services of the Ministry of Health, (2000). Psychosocial Factors and Health (unpublished).
- Committee For The Formulation Of A National Strategy And Action Plan On Drugs (2004) National Strategy and Action Plan on Drugs 2004-2008, unpublished.
- Cyprus NFP (2004) Treatment Demand Indicator Analysis, unpublished.
- Cyprus NFP (2004) Minutes of the expert panel held July 12, 2004, unpublished.
- Cyprus NFP (2004) Task 3 Activity Report, unpublished.
- Cyprus Police, (2004). Statistical data letter to Head of NFP, dated August 6 2004, unpublished.
- Cyprus Youth Board (2002): Study of Leisure Time, Work, Relationships, Beliefs and Problems of the youth, unpublished.
- Death Indicator Working Group, (2004). Minutes of the meeting held May 24, 2004, unpublished, Cyprus NFP.
- Demetriou, A. (2004). Letter to the Head of NFP dated July 19 2004, “Reports of external expert evaluators for public and other drug treatment programs”, unpublished.



European Monitoring Centre
for Drugs and Drug Addiction

Demetriou A., Ministry of Health, Mental Health Services (2004). Letter to Head of Cyprus NFP, dated 29 July, 2004, unpublished.

Drug Law Enforcement Unit (DLEU) (2003) Annual Police Report 2003, unpublished.

Drug Law Enforcement Unit (DLEU) (2004). Annual Police Report for the year 2003, unpublished.

Drug Law Enforcement Unit (DLEU) (2004). Annual Reports Questionnaire, Part III, Illicit supply of drugs. Extent patterns and trends in illicit drug cultivation, manufacture and trafficking (for United Nations Office for Drugs and Crime), unpublished.

Educational Psychology Service (2003) Educational Psychology Service and Prevention, 6 June 2003, Ministry of Education and Culture, unpublished.

European Monitoring Centre for Drugs and Drug Addiction (2003) Guidelines for 2004 National Reports, 19 December 2003, Lisbon, Portugal.

Fr Georgios (2004), personal communication, 9 August, 2004.

Hibell B., Andersson B., Ahlström S., Balakireva O., Bjarnasson T., Kokkevi A., Morgan M. (2000). The 1999 ESPAD Report: Alcohol and Other Drug Use Among Students in 30 European Countries. Sweden: The Swedish Council for Information on Alcohol and Other Drugs (CAN), the Pompidou Group at the Council of Europe.

Konari K. (2004): Personal communication, 24 July, 2004.

Law 128 (1)/2000 and 142(1)/2002 Prevention of the Use and Dissemination of Drugs Law (The establishment of the Anti-Drugs Council and the National Monitoring Centre for Drugs and Drug Addiction), Republic of Cyprus.

Law 29 (1977) Narcotic Drugs and Psychotropic Substances (amended as Law 20(1) of 1992), Republic of Cyprus.

Law 47(1), (1994) Concerning Violence in the Family and Protection of Victims, Republic of Cyprus.

Leventis, L.; Papastefanou, K.; Papadamou, D. & Hadjitofi, L. (1999) Social Education, YSEA, Ministry of Education and Culture, Republic of Cyprus.

Mavromoustaki, T. (2004). Laws and regulations enacted during 2003 relating to narcotic drugs, unpublished.

Mavromoustaki, T. (2004). Personal communication, July 30, 2004.

Mavromoustaki, T. (2004a) Legal Service Letter to Head of Cyprus NFP, dated 25 June 2004, unpublished.



Mavromoustaki, T. (2004b) (roc-law@cytanet.com.cy) 8 August 2004. RE: Public Nuisance questions for the legislative services. Email to B.Gaist (byronas@ektepn.org.cy).

Ministry of Education & Culture (2004) Prevention, Training and Support against Drugs Programme, Ministry of Education and Culture, Republic of Cyprus, unpublished.

Ministry of Justice and Public Order (2004). Brief informational note for referral to drug treatment centres instead of imposing sentences based on the Care and Treatment of Drug Addicts Law of 1992, unpublished.

Ministry of Justice and Public Order, (2000) Report on Measures taken by the Republic of Cyprus on Combating and Preventing Drug Abuse and Trafficking, October 2000, Nicosia, Cyprus, unpublished.

Mpalomenou, V. (2004). Letter to the Head of NFP dated June 14 2004 "Description of the therapeutic community Agia Skepi", unpublished.

Mrazek, P.J., & Haggerty, R.J. (1994). Reducing risks for mental disorders: Frontiers for preventive intervention research. Washington, DC: National Academy Press for the Institute of Medicine, Committee on Prevention of Mental Disorders.

National Toxicological Laboratory, (2004). Acute deaths letter to Head of NFP, dated August 5 2004, unpublished.

Papantoniou L. (Ministry of Health, Ministry of Justice and Public Order) (2003): Study on Knowledge, Beliefs and Behaviours regarding AIDS, Sex, Sexually Transmitted Diseases and Substance Use among Conscripts during their Second Year of Military Service. (Preliminary findings, unpublished)

Papantoniou, L. (2003). Letter to the Head of the Anti-Drugs Council "Suggestions for the development of a national strategy for drug use harm reduction", unpublished.

Papantoniou, L. (2004). Personal communication with Lora Papantoniou, August 11th 2004.

Papantoniou, L., (2004). Letter to Head of Cyprus NFP "HIV/AIDS, Hepatitis and other infectious disease diagnoses of drug users dated August 9 2004, unpublished.

Shiali M. (2004): Personal communication, 22 July, 2004

Sergides S. (2004): Personal communication,? July, 2004

Therapeutic Community for Drug Addicted Persons (Tolmi) (2003). Steps to Prevent Drug Abuse, unpublished.



Tryphonos (2004a) Letter to Head of Cyprus National Focal Point, 10 August 2004, unpublished.

Tryphonos (2004b) Letter to Head of Cyprus National Focal Point, 8 September 2004, unpublished.

U.S Department of Health and Human Services, (1993). Treatment Improvement Protocol Series 6, Screening for infectious diseases among substance abusers. Illinois: DHHS Publication No. (SMA) 01-3533.

U.S Department of Health and Human Services, (1994). Treatment Improvement Protocol Series 9, Assessment and treatment of patients with coexisting mental illnesses and alcohol and other drug abuse. Illinois: DHHS Publication No. (SMA) 01-3533.

Yiasemi I. (2004). Profile of clients that sought treatment between the years 1998-2002. In: 10th KENTHEA Conference, 6-8 February 2004, Nicosia, unpublished

YSEA (2003) Counselling and Professional Guidance Service YSEA, 9 June 2003, Ministry of Education and Culture, unpublished.

14.2 Databases

Cyprus legislation on drugs (online). Available on: http://eldd.emcdda.eu.int/databases/eldd_country_profiles.cfm?country=CY#c1 (accessed on 10 August, 2004).

European Legal Database on Drugs Country Profile (online). Available on http://eldd.emcdda.eu.int/databases/eldd_country_profiles.cfm?country=CY (accessed on August 10, 2004).

Law 29 Narcotic Drugs and Psychotropic Substances of 1977 (online). Available on http://eldd.emcdda.eu.int/databases/eldd_country_profiles.cfm?country=CY#c1 (accessed on August 10, 2004).

Law 57 (I) Care and Treatment of Drug Addicts of 1992 (online). Available on http://eldd.emcdda.eu.int/databases/eldd_country_profiles.cfm?country=CY#c1 (accessed on August 10, 2004)

14.3 Internet Addresses

Aujean, S.; Murphy, R.; King, L.; Jeffery, D. (eds.)(2001) Annual Report on the UK Drug Situation 2001, Drugscope, UK (online), available on:



<http://www.emcdda.eu.int/index.cfm?fuseaction=public.Content&nNodeID=435>,

accessed on 08 August 2004.

Cyprus Productivity Centre: Vocational training (online). Available on: <http://www.kypros.org/CPC/vocational.htm> (accessed on 30 July, 2004).

Hedwig Spegel, IFT Institut für Therapieforschung, Roland Simon, IFT Institut für Therapieforschung, Rolf Hüllinghorst, Deutsche Hauptstelle gegen die Suchtgefahren, Marion David-Spickermann, Bundeszentrale für gesundheitliche Aufklärung. German Drug Situation 2002. Report to the EMCDDA by the REITOX National Focal Point (online). Available on: http://www.reitox.emcdda.eu.int/natreps/nat_reps_2003.shtml (accessed on 15 June, 2004).

Human Resource Development Authority of Cyprus: Training activities (online). Available on: <http://www.hrdauth.org.cy/hrdav1en/trainingen.htm> (accessed on 30 July, 2004).

Ketelaars, T; van Laar, M.W.; van Gageldonk, A. & Cruts, A.A.N. (2002) The Netherlands Drug Situation 2002 Final Version, Nationale Drug Monitor, Netherlands (online), available on: <http://www.emcdda.eu.int/index.cfm?fuseaction=public.Content&nNodeID=435>,

accessed on 08 August 2004.

National Institute of Public Health. Sweden Drug Situation 2002, Report to the EMCDDA by the REITOX National Focal Point (online). Available on: http://www.reitox.emcdda.eu.int/natreps/nat_reps_2003.shtml (accessed on 9 July, 2004)

Public Assistance Law of 2003 (online). Available from:

http://www.mlsi.gov.cy/mlsi/sws/sws.nsf/dmllegislation_gr/dmllegislation_gr?OpenDocument&Start=1&Count=1000&Expand=1 (accessed on 30 July, 2004)

SAMHSA (2004), Institute of Medicine Classifications. Available on: <http://www.modelprograms.samhsa.gov/template.cfm?page=IOMClass> . Accessed 10 August 2004.

STAKES. Finland Drug Situation 2003. Report to the EMCDDA by the Finnish National Focal Point (online). Available on: http://www.reitox.emcdda.eu.int/natreps/nat_reps_2003.shtml (accessed on 4 August, 2004)



European Monitoring Centre
for Drugs and Drug Addiction

Unemployment and inflation rates (online). Available from:

http://www.mof.gov.cy/mof/cystat/statistics.nsf/index_gr/index_gr?OpenDocument

(accessed on 30 July, 2004).

University Mental Health Research Institute. Greece Drug Situation 2003. Report to the EMCDDA by the REITOX National Focal Point (online). Available on:

http://www.reitox.emcdda.eu.int/natreps/nat_reps_2003.shtml (accessed on 14 June,

2004)



15 Annexes

15.1 List of figures and tables

- Figure 1.1.: How the media presents the drug problem (by age)
Figure 1.2.: Penalties that should be imposed for drug use
Figure 2.1.: Changes in lifetime prevalence of cannabis use
Figure 2.2.: Lifetime experience of any drug and marijuana/hashish by year
Figure 4.1.: Ever injected by age group
Figure 4.2.: Currently injecting by age group
Figure 4.3.: Living status (with whom) by age group
Figure 4.4.: Labour status by age group
Figure 4.5.: Educational level and labour status
Figure 4.6.: Primary drug by centre type
Figure 4.7.: Route of administration of primary drug and frequency of use by centre type
Figure 4.8.: Secondary drugs used by treatment type
Figure 4.9.: Primary drug by age group
Figure 4.10.: Mean age by primary drug
Figure 4.11.: Mean years of use of primary drug
Figure 4.12.: Route of administration by primary drug
Figure 4.13.: Frequency of use by primary drug
Figure 4.14.: Mean age at first use of primary drug
Figure 4.15.: Age of use of first drug by type of drug
Table 6.1.: Drug related acute deaths
Figure 8.1.: Living status by year
Figure 8.2.: Labour status within age groups
Figure 8.3.: Labour status by year
Figure 8.4.: Number of drug related cases and persons involved by year
Figure 8.5.: Offences by year
Table 10.1.: Countries of origin of seized drugs
Table 10.2.: Seized quantities of cannabis and MDMA (1996-2003)
Figure 10.3.: Seized quantities of cannabis, cocaine and heroin (1996-2003)
Table 10.4.: Average prices of specific drugs (in Euros)
Map of counselling and therapeutic centres in Cyprus



15.2 List of abbreviations

List of abbreviations

ADC = Anti-Drugs Council

C.Y.P = Cyprus Pounds

CPC = Cyprus Productivity Centre

DLEU = Drug Law Enforcement Unit

EDDRA = Exchange on Drug Demand Reduction Action

ELDD = European Legal Database on Drugs

EMCDDA = European Monitoring Centre for Drugs and Drug Addiction

EU = European Union

EWS = Early Warning system

FP/NFP = Focal Point/National Focal Point

HRDA = Human Resources Development Authority

MEC = Ministry of Education and Culture

MH = Ministry of Health

MHS = Mental Health Services

MOU = Memorandum of Understanding

NGO = Non-Governmental Organization

P.G = Pompidou Group

T.D.I = Treatment Improvement Protocol

WHO = World Health Organization