European Monitoring Centre for Drugs and Drug Addiction

CYPRUS MONITORING CENTER for drugs & drug addiction

2008 NATIONAL REPORT TO THE EMCDDA (2007 data)

Reitox National Focal Point

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

REITOX

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1. Summary

Several prominent features may be highlighted in this 2008 National Report to the EMCDDA on the drug situation in Cyprus and the new developments and trends emerging in relation to it. While in-depth information on specific topics will be provided in the chapters to follow, a quick general glance at the information immediately reveals, that in 2007 there occurred a number of important changes, especially in the field of response to the drugs phenomenon.

In particular, in September 2007 buprenorphine substitution treatment began to be offered in Cyprus by the state-run unit known as "Gefyra". The program has a low threshold access and targets chronic active opioid drug users characterized by several failed previous detoxification and rehabilitation attempts in drug free programs. Similarly, the privately-owned "Veresies Clinic" also provides substitution treatment with DHC and buprenorphine.

What is certainly worth mentioning too, in the context of framework developments, is the significant contribution of the evaluation reports by German experts assessing the State Mental Health Services for substance users, as well as relevant NGOs, and also the NDS 2004 – 2008 and the 2004 – 2008 Action Plans for Drug Supply Reduction and Demand Reduction (Haasen, C.; Zurhold, H.; Degkwitz, P.; Verthein, U.; Agorastos, A. (2007)). It should be noted that, while reference to specific reports by these authors will be cited throughout this NR according to the author names appearing on the report for ease of reference, all this work was contracted and undertaken via the initiative of the CAC. Work towards the major objective of this assessment also got underway in 2007, namely the design and articulation of a new National Strategy and Action Plans for 2009-2012. Although no other major legal or contextual framework developments occurred in 2007 - with legislation concerning the care and treatment of drug addicts (law L57(I)/92) still being under review - a legal draft concerning implementation of the narcotest for drug-driving was nonetheless also finalised in 2007, and has since been

submitted before the House of Representatives, awaiting ratification at the time of writing, but still a topic of discussion for the relevant parliamentary committees.

During 2007, no new general population survey was carried out, the most recent survey having been conducted in 2006, and reported on in last year's NR. The next general population survey series is expected to be carried out within the year 2009. Unfortunately, data from the 2007 ESPAD survey has also not been readily available, therefore more information on developments in the school population are expected in a future report. Nonetheless, in 2007 the NFP did take the initiative, together with the DLEU, to conduct an informative qualitative survey of rave parties and ravers, the results of which are reported on below.

Regarding problem drug use in Cyprus, during the year 2007, individual data on all drug offenders was provided by the Drug Law Enforcement Unit of the Cyprus Police to the Cyprus NFP, allowing for the first time the application of a capture-recapture method, by combining Police and treatment data. The estimates based on both the Truncated Poisson, as well as the capture – recapture method indicate a significant increase can be noted in the number of problem drug users.

An increase was also noted in the total number of drug-related deaths, from 17 DRDs in 2006 to 22 drug-related deaths which were recorded in 2007, 12 of which were directly attributed to drug poisoning; while it may be early to say, this increase does not appear to be continuing in the following year's data however.

As to infectious diseases, data for HBV, HCV and HIV prevalence based on the implementation of the Drug Related Infectious Diseases Indicator (DRID) protocol, cannot assist in drawing any conclusions with certainty due to the small sample size. Based on a sample of 349 valid tests, a 34.3% prevalence for HCV among drug users was found. When compared to the previous year's percentage an increase is observed, although the limited sample size does not permit the expression of such increase as certainty. The most prevalent change observed between the years 2006 and 2007, is the percentage of HCV positive ''new'' treatments. There are no major changes

regarding the HCV-positives age groups, or gender. Again, taking into consideration the small sample size it seems that the HBV prevalence still remains minimal. Regarding the HIV/ AIDS prevalence among IDUs, there is 0% when retrieving the data from the DRID indicator, although based on the TDI indicator self report data, a prevalence of 2.15% is in fact observed

Finally, a quantitative picture of the social cost of drugs has also emerged from the research which commenced in 2007 (ending June 2008), undertaken by the NFP in collaboration with Dr P. Kopp of the University of the Sorbonne, and based on fiscal data from the year 2006. According to the research results, the social cost of illicit substances in Cyprus for the year 2006 was estimated at 31 million euros (which is in the average of other countries 0,22% of the GDP). This means that each year a fifth of a percentage unit of the GDP is lost as a consequence of the drug problem. However, the total cost would be much higher if all the relevant bodies provided information, or if the infrastructure to provide it was in place. The results of the research are presented in further detail below.

Part A - New Developments and Trends

2. Chapter 1: National policies and context

2.1. Overview

This chapter provides an insight into the current organisational framework concerning drugs in Cyprus at a national level. This framework has legal, institutional, administrative, financial and social parameters, all of which are explored in further detail below.

Drug use in its modern setting and context is a phenomenon which began in Cyprus relatively recently in historical terms, probably in the late 1970s, as demonstrated by police seizure data and the institution of specific anti-drug legislation, such as the 1977 law L/29 Concerning Narcotic Drugs and Psychotropic Substances (Stylianou, 2000). Although there has been continuing growth, change and development in recent years in all aspects of the framework through which national responses to the drugs phenomenon take place, there is nevertheless a functional national mechanism for combating drugs in place, that is constantly updated and refined.

An important contextual variable reflecting the seriousness and commitment with which the drugs phenomenon is viewed, is that of budget expenditure for drug policy programs, which was the subject of research undertaken by the NFP in 2007 (Kopp, P.; Cyprus NFP, 2008; see also section 1.4.1). Overall spending appears to have continued to remain relatively stable in 2007, and the drug problem, according to public opinion polls, is still being viewed as a serious one.

2.2. Legal framework

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

There have been no new developments in the legal framework in 2007 (Mavromoustaki, 2008, personal communication). The most recent changes το the drug related legislation concerned "Law 52(II)/2005" of the Ministry of Labour and Social Insurance and the amendments to the "Evidence Law", and the "Police Law and the Prevention of the Use and Dissemination of Drugs and Other Addictive Substances Law", all of which have been discussed in previous National Reports.

During 2007 the CAC (please see list of abbreviations, section 13.4), in collaboration with competent government authorities such as the Mental Health Services, Police and Legal Service, as well as relevant NGOs, continued its study of law L57(I)/92, 'Care and Treatment of Drug Addicts', a law concerning the treatment of drug-addicted minors and other drug-sentenced offenders, with a view to its amendment and direct implementation (see also selected issue). Through the recommendations of a specialist committee, the CAC has decided to promote splitting of this important legislation into two separate laws, one for minors and another for adult persons liable to sentencing. This decision is based on both scientific and technical considerations (CAC, 2008 unpublished).

A legal draft concerning implementation of the narcotest for drug-driving has also been prepared in 2007, by a specialist committee coordinated by the Ministry of Communications and Works, consisting of members from this Ministry, from the CAC (and the Cyprus NFP), Police (DLEU and Traffic Dept.), the Ministry of Health (Pharmaceutical Services and State General Laboratory), and the state Legal Service. Following initial areas of disagreement amongst the services as to the appropriate procedure of implementation of the narcotest, consensus was reached at the meeting of 14.11.2007, and a specialised seminar given by a DRUID (Driving Under the Influence of Drugs, alcohol and medicines project) expert ensued on 29.01.08, in which guidelines to implementation and further details were outlined (Morfakis, 2008). A reviewed draft has since been submitted before the House of Representatives in 2008, and awaits

ratification at the time of writing. The issue is still debated in parliamentary committees, with the narcotest initially having been expected to be implemented on a pilot basis, and later needing to be confirmed through passage of new legislation, or through amendment of the current law concerning Mechanical Vehicles and Traffic, L86/72 (CAC, 2008, unpublished). Further developments will be reported in the next National Report.

2.2.2. Laws Implementation

No major changes regarding the implementation of the drug laws have been observed over the last year. Mavromoustaki (2008, unpublished) reports that there is a tendency to increase sentencing for possession of large quantities of drugs, as current legislation suggests that such large quantities are likely to be used for trafficking. Hence sentences such as 20 years imprisonment for possession of 5kg of cocaine, and 15 years for 15 kg of cannabis are commonly encountered. At the same time, Mavromoustaki (2008, unpublished) also reports there is a tendency towards briefer penal conviction of users as such, or those who are not involved in trafficking, so that in practice the General Attorney's office and Cyprus Police now prosecute almost exclusively those drug users also involved in other kinds of criminal activity.

Concerning the implementation of legislation regarding the treatment of drug-addicted persons in Cyprus, as described above (section 1.2.1.) this issue remains under consideration. In 2005-6 the Legislation Committee[1] of the CAC finalised suggestions for the enactment of regulations that will allow for the Care and Treatment of Drug Addicts Law of 1992 (see 2004 NR) to be implemented (Gaist 2006, unpublished). However, having been reviewed by the CAC in 2006, these suggestions were further elaborated during 2006-7 by the Therapy Committee prior to their submission for consideration by the House of Representatives (CAC Annual Report, 2007). As a result, the recommendation to 'split' this law into two separate laws – one concerning adults, and

1 The Legal Committee and Therapy Committee are committees of the CAC which are composed of relevant experts in the legal or therapeutic or associated professions respectively, and meet on an ad hoc basis to determine specific issues pertaining to the work of the CAC.

the other concerning minors – has implied that further elaboration, which encompasses the inclusion of best practice criteria for treatment services, by the Legal Committee prior to submission for ratification in parliament is required (Mavromoustaki, 2008, unpublished). Consequently the important provisions of these two suggested laws continue to await their formal and actual implementation, which will need to take place in conjunction with the changing needs of drug users, and the viable capacity of Cypriot health services.

2.3. Institutional framework, strategies and policies

2.3.1. Coordination arrangement

The Interministerial Committee for Drugs which is chaired by the President of the Republic of Cyprus, consists of representatives of six government Ministries, and is responsible for ratifying national policy regarding drugs and drug addiction (see SQ32, 2006). This committee met three times in 2007, on which occasions it was presided by the Minister of Health, who is also Chairperson of the CAC. During these sessions, specific indicators for monitoring the implementation of the two main Action Plans were agreed upon. Also, emphasis was once again placed on the importance of the appointment of specific reference persons for each Ministry, for the general monitoring of the implementation of policy and of drug issues (CAC, 2008).

The CAC is responsible for the drafting, coordination, monitoring, and implementation of the National Drug Strategy (also see 2006 SQ 32). The National Drug Strategy 2004-2008 includes two main Action Plans: Drug Demand Reduction and Supply Reduction. The two Action Plans are divided into various environments specifying their objectives and actions, and designating the institutions responsible for their attainment. The CAC has implemented the midterm and overall evaluation of the NDS as part of an external assessment by German experts in 2007 (Kyriakou, 2007, unpublished). Assessment of the governmental treatment services (State Mental Health Services) for substance users, as well as assessment of the 2004 – 2008 Action Plans for Drug Supply Reduction and Demand Reduction has already taken place under this rubric, and at the time of writing

assessment of NGOs and of the NDS 2004 – 2008 is currently underway (Haasen, C.; Zurhold, H.; Degkwitz, P.; Verthein, U.; Agorastos, A., 2007). At the same time, government Ministries committed to submitting tabulated reports to the CAC with information on the implementation of the National Drug Strategy by their respective services every 6 months, following a Council of Ministers' decision. In the meantime, work towards the major goal of this assessment got underway in 2007, namely the design and articulation of a new National Strategy and Action Plans for 2009-2012.

2.3.2. National plan and/or strategies

NNIA.

General information regarding the National Drug Strategy 2004 – 2008 was reported in the 2004 Annual Report of the Cyprus National Focal Point (Cyprus NFP, 2004, chapter 1). The official National Drug Strategy 2009 – 2012 will be reported on in the next National Report.

2.3.3. Implementation of policies and strategies

2.3.3.1. Drug Demand Reduction Action Plan

Most significant developments in the implementation of the Demand Reduction Action Plan in 2007 included (CAC, 2008):

- Training of Accident and Emergency Staff in national hospitals in dealing with substance abuse took place in 2007; nevertheless, there is no available data regarding those aspects of training pertinent to the NDS. Also, a need for early detection in secondary and tertiary care units is identified.
- The first substitution treatment programme in Cyprus, "Gefyra", went into operation in the second half of 2007, offering buprenorphine substitution treatment to long-term users and as an alternative treatment pathway (see also ch. 5).

- Plans for the establishment of a centralised automated documentation system also commenced in 2007 following the recommendations of the external assessment of the NDS and action plans by German experts.
- Social Services promoted a prevention training programme for young couples, to be implemented in 2008 in cooperation with the Ministry of Education and Culture (see also ch. 3).
- The Ministry of Education and Culture also promoted plans for the introduction of a social service for schools, involving employment of social workers.
- Continuing implementation of the social support measures of Law 52 (II)/2005 by the Ministry of Labour and Social Insurance providing for the treatment and social reintegration of drug users, approving a budget of €85,430 for 2007 for this purpose.

Some areas of implementation of the Demand Reduction Action Plan 2004 -2008 which remained pending in 2007 include (CAC, 2008):

- Design and implementation of programs adapted to the needs of women users.
- Introduction of on-site inoculation practices for treatment programs.
- Design of an accreditation procedure for therapeutic centres and programs.
- The introduction of localised district multidisciplinary teams for high-risk families.

2.3.3.2. Supply Reduction Action Plan

The most significant developments of the Supply Reduction Action Plan 2004 - 2008, were reported by the CAC concerning the following actions completed during 2007 (CAC, 2008):

- Evaluation of the supply reduction action (for both Action Plans) is now complete following the initial stages of a twinning programme with Germany.

- The enactment of the undercover operations law remains underway, with a completed bill submitted for approval by the House of Representatives in August 2007, but subsequently returned for revision.
- The DLEU updated its software in 2007, establishing a simultaneous connection to the Crime Analysis Office, a department also formed during this year, which is aimed at the improved analysis of information regarding drug crimes and other criminal activities.
- Although the number of neighbourhood police in 2007 remained stable, it may be commented that an increased number have been assigned to more areas in 2008, with simultaneous upgrading of the skills of officers assigned to such duties (CAC, 2008) (for more details, see ch. 9.3.2, see also next NR).

It may be worth mentioning that certain activities of the Action Plan are regular and ongoing and hence perhaps not necessary to report on a yearly basis unless some exceptional data is reported. An example of such an ongoing activity is the control by the Customs Department of passengers, luggage, merchandise etc. for drug trafficking and smuggling; this takes place in tandem with Port Authorities, the DLEU, Civil Aviation and other government departments, and regular meetings are held between these services for coordination of these activities. Another example of such an ongoing activity is the study and continuous upgrading by DLEU and other services, of preventive measures relating to technologies of information and communication used by organized crime groups.

Thus, the aims of the Supply Reduction Action Plan 2004 – 2008 have been met almost entirely by 2007. Nevertheless, the CAC does note that actions which remain pending are usually due to lack of resources (financial, personnel) and difficulties encountered in the cooperation amongst different services (CAC, 2008).

2.3.4. Evaluation of policies and strategies

In the framework of cooperation with experts from the University of Hamburg, Germany (see section 1.3.3.1 above) evaluation of the NDS and the implementation of the Action

Plans from Drug Demand and Supply Reduction is scheduled to take place before the end of 2008 (Bayada, 2007 personal communication). At the time of writing, this evaluation is nearing its completion.

2.4. Budget and public expenditure

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

Due to a lack of specified budgeting, it is difficult to ascertain exact expenditures for all of the above variables, but a general annual breakdown of public expenditures for each government ministry which deals with the drugs issue, and for the Cyprus Youth Board is presented below:

Table: 1.1 Drug related expenditure in Euros

Drug related expenditure in Euros						
		2003	2004	2005	2006	2007
Ministry of Education and Culture		153670	93255	164701	511303[2]	512580
Ministry of Health	Mental Health Services	1539528	1733486	1905339	2002687	2392042
	CAC	4400360	481085	636503	629899	1175045[3]
Ministry of Justice and Public Order		60735	67876	77312	49956[4]	768875
Ministry of Defence[6]		1733	520	-	-	44765
Ministry of Labour and Social Insurance			54611	70214	-	425537[7]
Cyprus Youth Board		391816	246009	351941	364913	444643

Source: NFP, 2007

According to the figures above, the expenditure allocated to drug-related responses has been observed to be relatively stable in recent years, and it is immediately apparent that the increases in spending occur on a gradual upward trend. The available data for 2007 and all previous years is insufficient, and there is too much interference from extraneous factors such as non-specified budgeting (e.g. staff salaries), to draw any reliable conclusions; but this general trend does appear to be continuing. Nevertheless, the NFP

2 This is not a sum of monies actually expended, but a total budget for 2006.

3 The obvious increase in the CAC budget is primarily due to the hiring of new staff (4 CAC Secretariat Officers) in 2007.

4 This sum applies only to expenditures by the DLEU (Ioannou, 2007 unpublished).

5 This sum applies only to expenditures by the DLEU on awareness-raising in 2007. The total DLEU budget is not separate from the MJPO as a whole.

6 No sufficient information was provided to the NFP by the MOD.

7 This is not a sum of monies actually expended, but a total budget for 2007.

has recognised the need for further study of this issue, and more recently steps have been taken leading to relevant research on the social cost and public expenditures on drugs (for more information, see ch. 9.5).

According to the above mentioned research on 'The Social Cost of Illicit Substances in Cyprus' (Kopp, P.; Cyprus NFP, 2008), in 2006 2.7 million euros were spent on health care for drug addiction; 5.6 million euros were spent on prevention and research[8]; and 20 million euros were spent on implementing legislation, over against a cost of losses (premature deaths, loss of productivity etc.) estimated at 2.5 million euros. This resulted in a total social cost of 31 million euros in 2006, placing Cyprus in the average of other countries, with a loss of 0.22% of its GDP to drugs.

However, an interesting comparison may be drawn between these research findings and the above table. It emerges that the research data and the data given in the above table, though calculated at different times and using separate methodologies, are broadly concurrent. For example, the 2006 expenditures of the Ministry of Health in the Table 1.1 amount to €2,632,586; research confirms this, showing that the total cost of health care amounted to 2.7 million euros. The only significant discrepancy between the two sources of data concerning budgetary and public expenditures appears to be in the case of expenditures on the direct costs of implementing the law – which by the definition of the social cost research included policing (DLEU and customs), judicial services and jails. According to the research, this amounted to 20 million euros, a sizeable sum which does not show up in Table 1.1 (which only gives the monies specified for public awareness-raising by the DLEU) but it casts a significant further light on the total public expenditures in dealing with drugs through the legal system.

There is also a discrepancy regarding the budget allocation of the Ministry of Education and Culture to drugs issues, which in Table 1.1 shows up to be in the region of half a million euros (€511303 in 2006 to be precise); the research indicated that actually €4, 987,000 euros were spent on education and culture in 2006. This discrepancy is not

8 It may be noted that the prevention and research figures are not separated in this figure, hence the actual sums pertaining to research would be quite small as compared to prevention.

necessarily significant, however, because the two sums indicate specified and non-specified expenditures respectively, and the research finding is therefore again more indicative of the true, global cost of public expenditure on education and culture[9].

2.4.2. Funding Arrangements

NNIA. Please see previous section.

2.5. Social and cultural context

2.5.1. Public opinions of drug issues

According to the public opinion poll "Kyprovarometro" (RAI consultants, 2007), the drug problem continues to be perceived as the most serious social problem in Cyprus, second only to the political situation and of approximately equal seriousness to the cost of living. It may be worth mentioning however, that drugs were for the first time in 2007 perceived as being slightly less important than the cost of living (26% as opposed to 24%), a phenomenon which may be related to public fears brought about by the public awareness of the introduction of the Euro coinage in 2008.

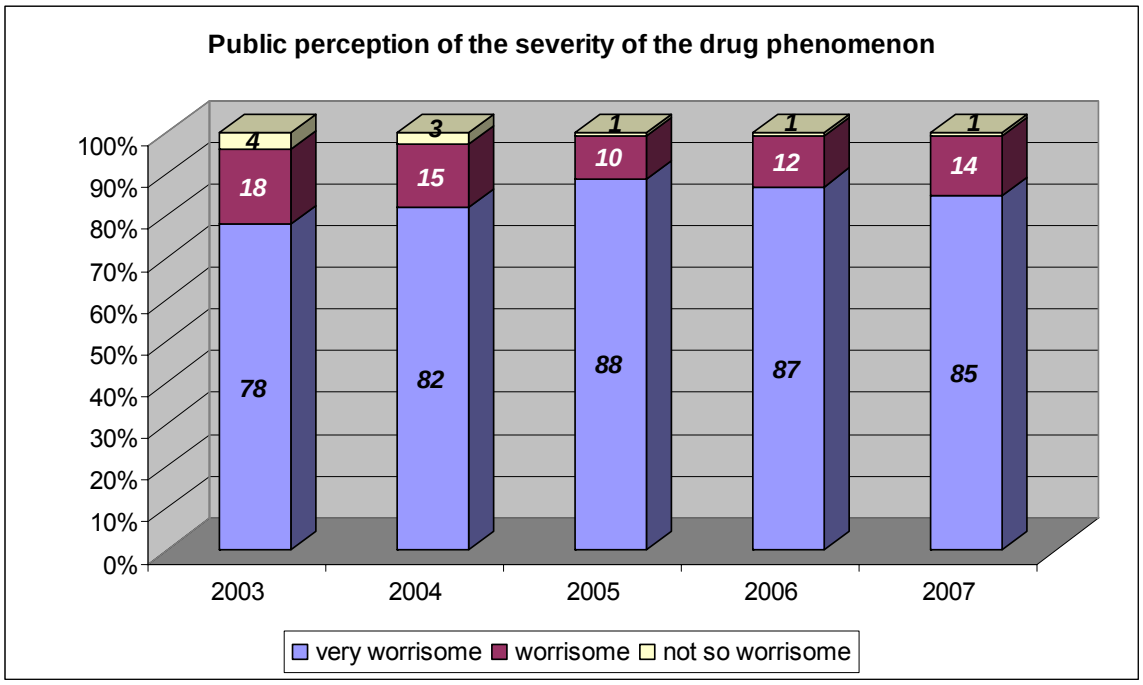
There was also a more general fall in the public estimation of the seriousness of the drugs problem in 2007, when as already stated, 24% of respondents ranked it as the most serious social problem after the political situation and the cost of living, compared to 35% of respondents to this poll in 2006 who considered drugs to be the primary social problem. Nevertheless, there has been an overall increase in the perceived gravity of the drugs problem since 2001, and one in four respondents still considers it the single most serious issue after the Cyprus problem. It may be interesting to note that drugs are perceived as the most serious social problem particularly by persons aged 35+, and

9 During the school year 2006-2007, several prevention programs were undertaken by the Ministry of Education and Culture, within the framework of the planned actions of the National Action Plans (for more details see P. Kopp, Cyprus Focal Point, 2008; also ch.3).

particularly by persons living in the two largest urban areas, Nicosia and Limassol, as well as in the resort area of Famagusta, where the influence of tourism may be most discernible. It may be worth mentioning too, that the same source mentions a significant rise in 2006 and 2007 in public perceptions of drinking as a cause of road accidents. While during the period from 2001 to 2005 road accidents were perceived as being alcohol-related by 4-5% of the population, in 2006 this percentage rose to 12%, and in 2007 it was similarly stable at 11%. This may be relevant to the data pertinent to ch. 7.1.

Data which may also be significant in relation to the drugs problem, is that persons who worry most about the cost of living tend to come from lower socioeconomic strata (classes D and E), and persons worrying most about unemployment in 2007 were aged 18 – 34. Interestingly, anxiety with respect to immigrants doubled from 5% (2006) to 11% (2007), especially in the area most affected, the city of Paphos (RAI consultants, 2007). This may corroborate concerns expressed by the CAC and NFP to promote research on drug use and vulnerability among immigrant populations and other social subgroupings.

Figure: 1.1 Public perception of the severity of the drug phenomenon



Source: Rai Consultants Public Ltd., 2007

As illustrated above, there is a significant shift in the perception of the seriousness of the drug situation in Cyprus over the years. The proportion of individuals who think the drugs issue is "not so worrisome" or just "worrisome" in previous years has decreased considerably. Persons who found the problem "not worrisome" in 2005, 2006 and in 2007 remain stable at 1%. In 2007, 85% of respondents considered the drugs problem "very worrisome" (compared to a similar 87% of respondents in 2006); nevertheless, 14% find the problem "worrisome" in 2007 (compared to 12% in 2006). In other words, a few more people think of drugs as a problem which may albeit be serious, but is perhaps more manageable than last year or the year before that. While these fluctuations in public opinion are too slight to be statistically significant, it may perhaps be speculated that this gradual shift in perceptions could be partly due to increased public confidence in prevention and treatment, and to the opening of new therapeutic centres, including harm reduction treatment units (see also below ch.5, section 6.4.2).

2.5.2. Attitudes to drugs and drug users

The last source of information concerning attitudes to drugs and drug users was the General Population Survey (CAC 2006, unpublished; Cyprus NFP 2007) which was carried out in 2006, and included questions regarding the public perception of drugs and drug users. This was reported on in the last National Report. The next General Population Survey is scheduled for 2009, and new data will be available following its completion.

It may nevertheless be interesting to observe that the Cypriot attitudes to drugs and drug users previously reported on, seem to be in accord with the findings of the Eurobarometer report (Eurobarometer, 2008) - bearing in mind of course that, unlike the Cyprus General Population survey, this report interviewed young persons aged 15-24 only. The Cyprus General Population survey indicates that drug users are largely perceived by the majority of respondents in the general population as being more like patients (61%). It is noteworthy too, that only the smallest proportion of respondents perceived drug users as being more like criminals (5.2%), although a comparatively larger proportion of respondents were ready to perceive drug users as being both criminals and patients (13.6%). Tentatively, this finding may suggest that the public at large is likely to feel treatment for addiction is the best response to the drug issue, while some suppression and law enforcement are simultaneously perhaps seen as necessary complementary measures in the public opinion in Cyprus. The Eurobarometer similarly shows that tough measures against drug users are perceived by young people as being the least effective approach to combat drug use across Europe, with only 7% of respondents feeling that this would be the most effective way to deal with the phenomenon. It is also interesting, however, to compare the fact that in Cyprus experimentation with ecstasy is least disapproved of (50.9%) as compared with heroin (56%), or indeed even 'occasional use' of marijuana (55.8%), whereas in Europe as a whole cocaine, heroin and ecstasy use are viewed as being similarly high-risk behaviours, and marijuana is perceived by the majority (43%) of respondents as medium-risk. This would concur with the general perception which exists in Cyprus that heavy daily smoking (10 or more cigarettes / day) is more innocuous than the occasional

use of marijuana, which could indicate that there may be some ignorance of the harmful effects of smoking amongst the general population in Cyprus, since marijuana is perhaps viewed as being especially harmful due to its illegal status, but legal smoking of tobacco is perhaps perceived as being less dangerous, regardless of the quantity of consumption (Cyprus NFP, 2007).

2.5.3. Initiatives in parliament and civil society

2.5.3.1. Parliament

The drugs issue is a recurring social theme which is frequently discussed in the House of Representatives, often in the context of Parliamentary committees, such as the Health Committee, the Committee for Criminality and Drugs, the Law Committee, and less frequently the Committee for Education and the Labour Committee. Drugs are also discussed during Parliamentary plenary sessions, frequently on the initiative of individual MPs addressing national or regional issues of current importance.

As noted earlier, in 2007 no significant changes were made to the existing legislation, nor was any major new drugs legislation passed through Parliament. The 2008 budget of the CAC was discussed within the context of a plenary session, and approved by Parliament without any significant alterations (House of Representatives, 2008 unpublished). A number of other issues brought forward for discussion during 2007 on the initiative of individual ministers included:

- Response by Minister of Defence to Cyprus NFP explaining why certain data on drug use in the armed forces cannot be made available (11.01.07[10])
- Debate on "How state and society are responding to the drugs problem" (11.01.07, 1.02.07, 15.02.07)
- A law modifying the 2002 Law Concerning Places of Recreation was passed (24.5.2007). This modification will essentially lead to more cases of licence revoking for owners of restaurants, clubs etc. whose establishments are involved in criminal activities concerning use or trafficking of drugs.

10 Dates given in this list are those on which the topic was discussed in parliament.

- A law concerning the Agreement between the Republics of Cyprus and India for the combat of Organised Crime, International Terrorism and the Illegal Trafficking of Drugs was passed. (22.11.2007)

Pending issues concerning drugs which have been flagged for discussion in 2008 at committee and plenary level include the following (these also suggest perhaps what issues continue to provoke political debate in the area of drugs):

- The need for more effective awareness-raising in schools (submitted 15.6.2006[11])
- The narcotest as a police prevention measure and the need for promotion of relevant legislation (submitted 28.9.2006)
- Problems encountered with the implementation of the 1992 law L57(I)/92, 'Care and Treatment of Drug Addicts', concerning drug addicted and sentenced persons (submitted 28.9.2006)
- The implementation of a national drug substitution programme and the possible expansion of this programme to all districts (submitted 22.6.2006; modified 4.4.2008)
- Health Ministry update on programs for adolescent drug users (submitted 9.11.2006)
- Need for provisions for the treatment of drug users abroad (submitted 9.11.2006)
- Need for free treatment provision for drug-addicted persons (submitted 9.11.2006)
- Level of medical care provided to incarcerated persons, and the need for a fixture of the date of completion of the Medical Multicentre within the central prisons. (submitted 18.01.2007)

11 The date of submission offers an indication of the time elapsing between proposal of a topic and its eventual discussion in parliament.

2.5.3.2. Initiatives in civil society

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While the National Drug Strategy is widely available to all interested parties, and is published and made easily accessible to diverse groups such as political parties and organisations, municipalities and regional councils, there have as yet been no formal assessments or reviews of the specific role and input of civil society on the making of drug policy. Similarly, while anti-drug activities organised by interest groups within civil society do take place regularly, these are usually reported through the rubric of the activity of NGOs (see chs 3 and 5). The NFP recognises the need to assess initiatives against drugs in civil society in a more structured way, and would therefore support the ongoing work of the CAC in promoting the implementation of such assessments.

2.5.4. Mass Media Campaigns

2.5.4.1. National Level

An analysis of articles appearing in the press between September – December 2007[12] in both national and regional newspapers, and dealing with the drugs issue (Symeonidou, CAC, 2007, unpublished) reveals that the crime associated with drugs received foremost attention, followed by references to the use of legal substances such as tobacco, while there was significantly less focus on drug treatment issues and prevention. The same source suggests that articles dealing with crime issues tend to present drug addicts as criminals, while articles writing on treatment and prevention tend to present addicts as patients. Also, information relating to the identity of users is presented in specific ways, such that both traffickers and users are described according to their age group, nationality, or their place of residence (e.g. urban or rural). Publication of a person's name does occur in the case of reportage on certain arrests, but is very rare in the case

12 Professional constraints precluded the detailed analysis of articles for the whole of 2007; hence this three-month period was selected as representative.

of drug-related deaths. The most significant findings observed in this thematic analysis were related to:

- Drug Law Enforcement Unit seizures and arrests – emphasis is placed on the manner of arrest (e.g. undercover operations), number of arrests, quantities seized, associated criminal activities (e.g. burglary, aggressive behaviour), juvenile delinquency and trafficking within schools, and trafficking in prison.
- Drug legislation: there is an indication that current legislation requires to be changed in order to accommodate the needs of users and their families. The need for compulsory treatment is flagged, as well as the need for rehabilitation of their criminal records.
- Prevention: over the course of four months only four articles relating to drug prevention were published.
- Treatment: articles criticising local treatment provision, especially in comparison to mainland European standards; articles describing the operation of treatment units, and especially 'Gefyra', the new substitution treatment unit, as well as the success of local social rehabilitation programs.
- Drug related deaths – DRDs are reported on with an emphasis on the age, nationality, and substance used by the deceased, as well as the actual cause of death. NFP data on DRDs is reported by journalists, especially in the context of a comparison with mainland Europe, and Cypriot DRD numbers are frequently presented as being exceptionally high.
- General drug situation – the extent of drug use in Cyprus, environments in which use is likely to take place (e.g. prisons, schools, army, places of recreation), demographic characteristics of users, associated problems (e.g. infectious diseases). Presentation of data is frequently from the annual report of the Cyprus Monitoring Centre for Drugs and Drug Addiction, or the monthly newsletter "Skiagraphisi". Reports based on Turkish-Cypriot newspapers assessing the drug situation in the north of the island are also focused on, as well as the general expression of concern over drug use by minors, ease of trafficking, and the inertia of authorities in dealing appropriately with the problem.

- Other themes appearing over this four-month period include the implementation of the NDS, new research on drugs, drug conferences and conventions, legal substances (e.g. smoking legislation), and international drugs news stories (e.g. European data presented by NFP, Greek and international celebrity drug use).

2.5.4.2. Regional Level

Although mass media campaigns in 2007 were usually aimed at national level, it may be worth mentioning that many of these activities took place mostly in the capital, Nicosia. Hence the boundary between 'national' and 'regional' levels of operation for media campaigns is occasionally blurred, which may be partly due to Cyprus' small geographical size.

Taking the CAC as a single example of an organisation with a mandate to disseminate knowledge and raise awareness against drug use, its campaign activities included organising a special event in the House of Representatives on the occasion of the International Day Against Drug Abuse, 28th June 2007. Also in 2007, the CAC promoted the local production of a short infomercial against drug use for use in schools and for screening at events, and regular nationwide play in cinemas and television channels; it also sponsored a competition for the production of an anti-drugs logo which was printed on t-shirts and other products distributed free of charge to therapeutic programs for raising revenue through their sale. Finally, CAC officers and council members participated in national television and radio programs dealing with drugs issues, and articles by CAC officers appeared regularly in the press in 2007, and a monthly CAC column in the NFP newsletter was introduced.

Other organisations with similar mandates to promote public awareness do exist in Cyprus, and information has been requested by the NFP regarding mass media campaigns organised by them in 2007, with limited response; at the same time it is perhaps worth mentioning that the CAC is formally the central state authority with

respect to this aspect of information dissemination concerning drugs, and in its role as an approving body for such public interventions would normally be notified of any such campaigns occurring.

One example of an organisation which engages in regional and national campaigning against drugs is the National Guard (NG), which ran several programs it lists as 'campaigns' in 2007, yet technically speaking many of these are in-service prevention activities, and thus addressed primarily to national guardsmen. The total NG budget for drugs prevention in 2007 amounted to €30,000, and activities have included (Kyprianou, 2008, unpublished):

- Psychosocial Care Team: the NG operates a regular psychosocial care team, which visited all NG units in 2007 and through the administration of questionnaires ascertained the following: the existence of army recruits experiencing psychosocial difficulties, or using addictive substances, or demonstrating inclination towards addiction.
- "Resistance Nuclei Against Drugs": the NG also ran this training programme in 2007, involving the training of selected soldiers to act as nuclei of resistance against drug use in their camps, encouraging others to abstain from substance dependence through their own model behaviour and acquired knowledge about addictive substances, and referring fellow soldiers experiencing such difficulties to appropriate expert help.
- "Preparation of NG Prevention Staff " and "Preparation of NG Prevention Staff (Commanders)": officers and commanders were selected and trained in collaboration with the police DLEU to act as prevention staff for their units.
- "Outfit of Unit Recreation Material": NG units have been outfitted with recreational material including e.g. snooker tables, board games, ping-pong etc. Books have also been provided to encourage recruits to use their recreational time constructively (it may be noted that the NG itself considers this a drugs prevention measure, and it is included here to give a complete picture of prevention activities realistically taking place).

Activities by the NG which fall more conventionally under the rubric of campaigning, have included:

- Poster campaign: giant posters were placed in main streets in cities around Cyprus, which included the message “Embrace Life”.
- “Week Against Drugs” : The 18-25 November 2007 involved several organised talk events, concerts within army camps, a poster competition, poetry and essay prize on the theme of drug prevention, sports events etc. The week culminated in a two-day seminar on “Drug Dependence and the Armed Forces” which included army medical and paramedical staff, psychologists, psychiatrists etc. All these events throughout the week were widely disseminated through newspapers, radio and television.

In 2007 the Cyprus Police also organised the following events, which were not officially evaluated, but as Ioannou (2007, unpublished) suggests, a measure of their effectiveness comes from positive participant feedback and invitation for the events to take place again the following year:

- a televised event with the message “I Have Fun Without Addictive Substances”, and this event included talks, distribution of printed material concerning addictive substances, and art events for adolescent participants.
- Between 20 -27 of May the DLEU participated with a stall in the Cyprus State Exhibition, distributing printed material with the message “I Thought I Knew But I Couldn’t See”; the cost of this event amounted to €12,000.
- Anti-drugs messages and the “1498 drugs helpline” number were printed on National State Lottery tickets, with ticket design expenses amounting to €1,400.
- Between 20 -26 June the DLEU screened an anti-drugs campaign through various media, including cinemas around the country, with a televised film spot based on the “I Thought I Knew But I Couldn’t See” message, and promoting the “1498 drugs helpline” number. The cost of this campaign, which was co-run by the Cypriot media, amounted to €8,250.

- A free non-alcoholic drinks night aimed at Cypriot youth was organised by the DLEU in cooperation with the Youth Board of Cyprus on 21.11.2007.

An example of an NGO with a mandate to campaign against drug use is the above-mentioned Youth Board of Cyprus, which organised no large-scale national campaigns however, in 2007 (Thrasyvoulou, 2008). Drink coasters with printed messages about the "Myth and Reality" regarding drugs were printed and distributed to clubs and bars around the country on the occasion of the International Day Against Drug Abuse, and printed material concerning the negative consequences of legal substance abuse were disseminated by the Youth Board Prevention Centre "Mikri Arktos", which also participated in various radio and television shows on the theme of prevention. The Youth Board of Cyprus is planning a large-scale awareness-raising campaign for 2008-2009.

Despite efforts by the NFP to collect further information on national and regional level mass campaigns in 2007 against drug use or for raising general awareness, no further relevant data has been communicated. It may, however, be worth commenting that the information given here is probably quite complete, as no other campaigns have come to the attention of the NFP during the course of the reporting year.

3. Chapter 2: Drug use in the general population and specific sub-groups

3.1. Overview

During 2007, no new general population survey was carried out, the most recent survey being conducted in 2006. The next survey series is expected to be carried out within the year 2009.

According to the findings of the above survey in 2006, cannabis is the most widely used illegal substance, and its lifetime prevalence (6.6%) significantly exceeds the respective percentage of the population reporting use of other drugs. Drug use is more prevalent among men than among women. This gap is observable in both in lifetime and recent, as well as current prevalence. Additionally, drug use, and particularly cannabis use, is mainly reported by young people. Also, lifetime prevalence of most drugs is most prevalent among persons residing in the Famagusta district, which is one of the most attractive tourist resorts addressed mainly to youth (such as Agia Napa). This finding is in line with the results of some previous surveys (see also 2004 and 2005 National Report to the EMCDDA). Cannabis use (all types of prevalence) was also found to be most prevalent among military conscripts (most of which are in the age range 17-21 years). As to the school population, although a new series of ESPAD survey was carried out in 2007 and despite repeated efforts from the Cyprus NFP, no information was provided. No other survey was carried out in 2007, aiming at the assessment of drug use among students.

The most recent surveys among the school population were carried out in 2004 (Cyprus NFP 2005).. The findings indicate prevalence rates of recent cannabis use at similar levels: 3.8% (MJPO, 2004, unpublished) and 3.1% (MEC, 2005, unpublished). The percentage of students who reported cannabis use within the last 12 months are in line

with the 2003 ESPAD findings[13,] where 3.1% of pupils (age group 14-18) reported recent cannabis use (KENTHEA and MEC, 2003, unpublished).

No new surveys were carried out among the youth population or specific groups. The last survey among the youth population (18-21 years of age) was carried out in 2004, according to which 4.3% of the respondents reported a recent use of cannabis (use of other illicit substances was below 1%). Nonetheless, in 2007 the NFP took the initiative together with DLEU to conduct a qualitative survey of rave parties, the results of which are reported in the main body of this chapter.

3.2. Drug Use in the general population

NNIA.

During 2007, no new general population survey was carried out. As mentioned in the previous report (Cyprus NFP, 2007), the survey that was carried out in 2006 and reported in 2007 was a first step of a series of studies. The next series is expected to be conducted within 2009 (Cyprus NFP, 2008).

3.3. Drug use in the school and youth population

3.3.1. School population

NNIA.

Despite repeated efforts from the Cyprus NFP to get information regarding the results of the new series of ESPAD surveys that was carried out in 2007 (Cyprus NFP 2008,

13 It is important to note that the results presented in 2004 National Report to the EMCDDA referred to students in the age range 14-18. The results presented in 2003 ESPAD Report (Hibbel *et al*, 2004) refer to students of 15-16 years of age only.

unpublished), no information was provided. No other school population survey was carried out in 2007, which aimed at the assessment of drug use among students.

3.3.2. Youth Population

NNIA.

No new survey was carried out in 2007 among the youth population.

3.4. Drug Use among Specific Groups

NNIA.
No quantitative surveys among specific groups were carried out in 2007. There follows a summary of a qualitative survey of rave parties and ravers (CAC 2007; Cyprus NFP 2008, unpublished).

Rave Parties, Ravers and use of psychoactive substances

This survey was conducted as a result of cooperation between the Cyprus NFP and the Drug Law Enforcement Unit of the Cyprus Police. It was carried out by the University of Cyprus, with S. Stylianou as the main investigator.

The decision to carry out the survey was based both on the lack of reliable information regarding drug use by young people in recreational settings and an increasing importance of such recreational activities in young people's lives in Cyprus. Due to the stigma attached to the specific population (social perception and association of rave parties and ravers with drug use and deviancy), as well as a conviction that social aspects of the drug phenomenon are difficult to study by other methods, a decision was made to adopt a qualitative approach.

The methodology involved participant observation and in-depth interviews. The selection of respondents was based on the snowball scheme (Stylianou 2007, unpublished). The final sample consisted of 20 ravers (12 women and 8 men, with mean age of 23.8 years), considered to be frequent participants at rave parties, and 6 rave parties were selected for participant observation (with different capacity and setting).

The survey was not a prevalence study and did not aim to measure the prevalence of drug use among the participants. The main objective of the study was the understanding of ravers, rave parties and the relation between the two and the use of psychoactive substances with the aim of formulating specific recommendations for the development of prevention and/or harm reduction programs targeting the specific group. In particular, the aims of the survey were as follows:

- To examine the main aspects of rave parties as an activity.
- To examine the main characteristics of ravers.
- To examine the relationship between ravers, rave parties and drug use.
- To examine beliefs and attitudes of the society towards ravers and rave parties.

Main findings

1. Ravers

According to the findings of the study, ravers as a group do not constitute a "subculture", namely they do not differ significantly from the rest of population in the same age group with regards to their values, philosophical orientation/ ideology, attitudes and beliefs (Stylianou 2007, unpublished, Cyprus NFP 2008). Nevertheless, some characteristics of this group, which were identified through the study, could differentiate it from non-ravers. These characteristics could be summarized as follows:

Ravers

- Tolerance
- Social positivity (vs. distrust/ suspiciousness)
- "Alternativeness" – spiritual freedom (tendency for spiritual exploration)

- "Slackness"
- "Non - materialism"

Main findings regarding drug use issues, as well as ravers' attitudes are presented below.

Drug use

- The most frequently used drugs at rave parties are tobacco and alcohol. However, according to the survey findings, drunkenness (intoxication due to alcohol use) seems to be less prevalent than in other recreational settings.
- Cannabis, as in the general population, is the most frequently used illicit drug.
- Ecstasy use seems to be more prevalent among ravers than in the general population, and is used as a "booster" - to intensify the euphoria induced by rave music.
- Although the situation regarding the use of other illicit substances is not clear, it seems that LSD is also used by the ravers.
- Based on the study's findings, use of illicit substances usually occurs before the rave parties.

Relationship with illicit drugs

Four patterns of relationship of rave parties and illicit drug use could be distinguished from the results of the study:

- Type A – "I go to the rave party and I don't want to use drugs"
- Type B – "I go to the rave party and, preferably using drugs"
- Type C – "I go to the rave party only after using drugs"
- Type D – "I go to rave parties because it goes with the drugs that I use"

At the same time, comparing rave parties of the recent past (beginning of the current decade) with current parties, two categories of ravers can be identified:

- Younger ravers, still in their initial "rave career", who seem to be more involved in illicit drug use, as they fall under the above mentioned type C and D (mainly C).
- "Mature" ravers (also older in age), most of whom represent the A and B type of relationship with illicit drug use.

Source of information about drugs, attitudes and perceptions

- According to the findings of the survey, the main sources of information on drugs for ravers are friends and the internet.
- With regards to information hotlines, as well as other drug information centres, there is a general distrust and/ or lack of awareness about these.
- Regarding the manner in which the state imposes laws and regulations (related to drug use, but also in more general terms), it is considered by the ravers as authoritarian and hypocritical.
- Based on the participants' opinion, ravers, rave parties and illicit drugs are used as a scapegoat (by being raised to the status of a major social issue in such a way, that other serious social problems remain unnoticed).
- As to information related to illicit drugs issues, a general distrust and suspiciousness towards the relevant institutions can be noted in the participants' beliefs, since drug-related information is characterized as being unconstructive, non-objective and fear-inducing.
- With regards to the role of Law Enforcement bodies, ravers seem to strongly believe that the law enforcement is carried out in an excessive, aggressive and selective manner.

4. Chapter 3: Prevention

4.1. Overview

During 2007 several prevention programs in school, family and community settings were undertaken by the Ministry of Education and Culture with the collaboration of the Ministry of Health and the prevention center “Mikri Arktos”, and the NGO, “Kenthea”. Several prevention actions were also undertaken by other NGOs. All the programs were evaluated by German experts and the present chapter is based on information given by the several agencies presented in the evaluation submitted to the Anti-Drugs Council in July 2008.

As for the new instrument, applied by the National Focal Point (see ch.3.1, NR 2007) for collecting information by the use of structured questionnaires (PUF), regarding several prevention programs that are taking place, limited information was provided for the year 2007 since most of the questionnaires pertained to anti-drugs actions and not specific evaluated programs as requested. That was due to the fact that (apart from some relevant agencies who submitted information in the correct form) most apply occasional ad hoc actions (for more details see Haasen et al., 2008) . Thus, this is an opportunity for the following years to promote the idea of applying programs, which have been evaluated and/or are evidence-based, as well as programs with more focused targets, to several prevention organizations and bodies.

As regards the school environment, the primary prevention program “Mentor” was expanded to all districts of Cyprus. Additionally, educational materials with the title “Programs on health promotion, prevention of violence, delinquency and use of addictive substances” has been prepared and will be published in 2008 as a vital instrument for teachers, in proposing actions/programs based on the philosophy of health education. Moreover, the Ministry of Education and Culture, implemented two decentralized

prevention programs for school children and their families at risk: the “Priority Action Zones” and the “Literacy” programs in gymnasiums including approximately 3200 participants. In order to promote the participation of parents in prevention during 2007, Health Visitors provided information and counseling programs to parents in the Maternity Protection and Child Welfare Centers. In 2007 prevention has been provided to parents from Priority Action Zones (10 groups in four different schools with 15 parents in each group). In the community setting among other actions, the Cyprus Youth Board completed the guide for the project “Youth Initiatives” which offers to youngsters opportunities of mobility and active participation in political, social and cultural affairs of Cyprus.

During September-December 2007, the Forensic Toxicology Laboratory of the State General Laboratory, with the close collaboration of doctors of Makarios Hospital of Nicosia undertook a pilot study relevant to selective prevention, of the use of cannabis during pregnancy (Ministry of Health, State General Laboratory, 2008, unpublished; for more details about the program, see ch.6).

It is also worth mentioning the initiative taken by Cyprus to participate with another sixteen countries in the selective prevention program “Fred goes net”. The project targets adolescents, who are first-time offenders in connection with problem use of addictive substances (especially by the police, but also at school or at work), with early intervention measures in order to prevent progression to drug dependency (Landschaftsverband Westfalen-Lippe (LWL), Annex I revised July 07 (en), FreD goes net). The program will operate on a pilot basis in Cyprus from December 2008-December 2009. More information will be available in one of the following National Reports.

Finally, since January 2007 services are provided by social workers of the Drug Law Enforcement Unit. Specifically, members of the Police, with skills in social sciences provide counselling, support and information to persons, requesting help from the particular office. Moreover, drug-users who are arrested as first-time offenders are referred to existing specialized programs. During 2007, 139 referrals to specialized

centres took place, 63 cases received telephone counselling and 197 received face-to-face counselling (DLEU, 2008, unpublished).

4.2. Universal prevention

Universal prevention programs as follows were undertaken during 2007 by the Ministry of Education and Culture of Cyprus, in collaboration with the Ministry of Health, within the framework of the planned actions of the National Action Plan 2004-2008. In addition, the Cyprus Youth Board and specifically, the prevention center “Mikri Arktos” contributed to the implementation of prevention programs in school, family and community environment. In 2007 the Cyprus Youth Board continued to operate its information centers in Nicosia, Larnaca and Agros, and a new information center began operations in Limassol. According to the prevention programs evaluation by the German experts, there are considerable deficits in the primary prevention provided by some NGOs, and for this reason a complete restructuring of them is proposed. It is proposed to either apply evaluated programmes, or to start with a reasonable pilot one which will be re-assessed after a certain time. Setting priorities in the activities carried out and in the target groups that will be addressed, was a main recommendation by the experts.

4.2.1. School

According to the Evaluation of the Cyprus ‘Action Plan on Drug Demand Reduction and on Supply Reduction 2004-2008’, during the year 2007 the “Coordinating Health and Citizenship Committee (CHCC) of the Ministry of Education and Culture, prepared a package of educational material with the title “Programs on health promotion, prevention of violence, delinquency and use of addictive substances”. The specific material will be published in 2008 as an instrument providing assistance to teachers in proposing actions that follow the modern philosophy of health education.

In addition, according to the evaluation report (Degkwitz P., Zurhold H.,Haasen C. ,2008), the prevention center “Mikri Arktos” participated in the implementation, supervision and funding of prevention programs in schools and became associated with the European Network for the Promotion of Health.

As regards the school programs implemented by ‘Mikri Arktos’ during 2007, are presented as follows: 15 programmes with 108 workshops in which 206 students, 23 teachers and 51 parents participated. In addition, 10 lectures for about 300 participants took place. All prevention programmes are specific for each age group and consist of a minimum of 5 interactive workshops (role playing, painting, working groups, etc.). Each workshop lasts 90 minutes. Every group has a minimum of 8 participants and a maximum of 20 participants. After the completion of a certain programme the participants can attend another one six months later. This procedure is to ensure that more than one programme is applied to the same group. Every programme for every target group has a specific session on substances.

Moreover, as illustrated in table 3.1, during 2007 the Educational Psychology Services implemented several prevention programs in schools. Teachers who participated in these programs, with the exception of the program “The garden with the 11 cats”, have all been trained by the University Mental Health Research Institute (UMHRI), Greece.

Table 3.1 Support and supervision of prevention programs implemented in schools in 2007

Health education program	Number of different participating schools	Number of school classes involved	Number of participants
"The garden with the 11 cats"	8 elementary schools	14	256 pupils
"Standing on my own feet"	8 gymnasiums	No information available	114 pupils
"Communication within the family"	9 mainly elementary schools	-	68 parents
"Adolescent conversations"	1 lyceum	2	53 pupils

Source: Degkwitz P., Zurhold H.,Haasen C., 2008.

During the same year the Ministry of Education and Culture implemented a literacy program for pupils who were identified by a special literacy test. In 2007, the primary prevention program "Mentor" was also expanded to all districts of Cyprus. The specific program runs mobile teaching rooms, providing health education to all elementary classes. In addition, the prevention NGO, KENTHEA, during 2007, organized 63 workshops on the program "Standing on my own feet", with 124 participants (9 adolescent teams in 8 high schools in Cyprus). Other prevention activities of KENTHEA include one-day actions such as meetings, lectures, or certain leisure events. As it is proposed by the experts, prevention programmes that are well planned and structured with clear targets which are based upon effective methods for prevention, should be applied, rather than one day actions, which are not such effective.

The main objectives of the Cyprus Youth Board are to enhance life-skills of young people, improve functioning of the family, and to inform the public and authorities about substance use and related prevention strategies (Zurhold H., Agorastos A., Degkwitz P., Verthein U., Haasen C., 2008).

Moreover in 2007, in the framework of reinforcing and enriching health promotion programs in the school curriculum, the Ministry of Health and the Ministry of Education and Culture, introduced the health promotion program “Standing on my own feet” in the literacy program. Additionally, the external service known as “Health Visitors” provided health education for HIV and AIDS to school students as part of the national program (Degkwitz P., Zurhold H.,Haasen C., 2008).

4.2.2. Family

Aiming at the promotion of parental involvement in drug prevention activities targeted at families, several actions involving awareness-raising campaigns and the provision of information regarding drugs were implemented during 2007 by the Drug Law Enforcement Unit (DLEU) of the Cyprus Police, the Ministry of Health, and the Cyprus Youth Board.

In particular, the DLEU organized seminars, events, disseminated information material through day conferences and awareness- raising campaigns, in order to involve parents in drug prevention. Health Visitors during 2007 provided counseling to parents in the Maternity Protection and Child Welfare Centers. At the same time, different lectures regarding appropriate practices in child development were held. In addition the Cyprus Youth Board implemented prevention programs for parents and promoted communication channels with parents and families (Degkwitz P., Zurhold H.,Haasen C., 2008).

A program worth mentioning is one provided by the Social Welfare Services concerning life skills training for young couples. As stated by the authors of the Cyprus Action Plan evaluation, the resulting draft document, regarding the specific program, was approved by the Cyprus Anti-drugs Council.

Finally, the Ministry of Education and Culture attempted to involve parents in the school decision making process by setting up a 'school committee'. However, neither the number of schools that have created a 'school committee', nor the effectiveness of involving parents in the school decision process, is currently clear.

4.2.3. Community

As stated in the evaluation of the German experts, in 2007 the Cyprus Youth Board completed the guide for the project "Youth Initiatives" which offers youngsters opportunities of mobility and active participation in the political, social and cultural affairs of Cyprus. The basic aim of the project is to promote further involvement of young people in society, offering them the motivation to take initiatives.

Furthermore, a plan to implement an outreach program targeting high risk populations, is being prepared by the Ministry of Labour and Social Insurance. This task was not completed in 2007 due to a limited budget. However, in 2008 the approval of the design by the Ministry as well as the implementation of the plan is expected, and an NGO should be involved in order to provide outreach work. Thus, the project is still in progress and more details will be presented in one of forthcoming national reports (Degkwitz, P., Zurhold H.,Haasen C., 2008).

Another important task pointed out in the aforementioned evaluation, and still in progress, is a proposal submitted by the Cyprus Youth Board to the Ministry of Health. The proposal promotes training programs for DLEU staff, with the aim of developing skills for handling emergency cases in an efficient way. This training has commenced, and by the beginning of 2008, 22 special police men involved in undercover or street operations have been trained.

Scientific information about the drug phenomenon and the effects of drug use and abuse for the year 2007 that was presented in the evaluation document, was provided through awareness campaigns or published material by the DLEU and the Cyprus Anti-drugs

Council (see ch.1). Furthermore, the web pages of the CAC and Cyprus Monitoring Center for Drugs and Drug Addiction which are considered as a vital source of information in the field of drugs, were updated in 2007 and 2008 respectively.

In general, due to the partial implementation of most of the tasks, and the overly broad definition of actions, providing evaluation is impossible. As the experts recommended, what is needed is a more precise definition of actions and the connection of each action to the general objective (Degkwitz P., Zurhold H.,Haasen C., 2008).

4.3. Selective prevention

4.3.1. Recreational settings

In 2007 the DLEU continued the organization of the meeting (which has taken place annually between 2004 and 2007) with the night-club owner association and associations of owners of other entertainments / recreational settings, in order to encourage their participation in prevention and harm-reduction actions. Interventions in the area of the recreational settings are generally non-existent; however, in 2007 the CAC contacted a qualitative study titled 'Ravers, rave parties and recreational drug use' (see ch.2). Following the study, the CAC in cooperation with the NFP and the assistance of the EMCDDA, created a working group aiming at developing a strategic plan for creating a safe nightlife environment including preventing the harm from psychoactive substances. The strategic plan as well as the first action is expected to take place by the end of 2008.

Concerning the action promoting the institution of the "designated driver", its implementation is expected in early 2008. More details about the function of the particular action will be presented in the next National Report.

4.3.2. At-risk groups

In 2007 the DLEU mapped the main geographical areas where drugs are being trafficked, based on the records held. Also based on the police's records, the Ministry of Education and Culture has implemented two decentralized prevention programs for school children and their families at risk:

a) The Priority Action Zones
b) The Literacy programs in gymnasiums

The first program covers such activities as the promotion of student clubs, recreational rooms, film, music, journalism and cultural and educational activities. As concerns the literacy program, it is directed at functionally illiterate pupils. The following table presents the number of pupils that participated in the programs in 2007:

Table 3.2 Number of pupils participating in the Priority Action Zones and the Literacy programs in gymnasiums

	Priority Action Zones	Literacy programs
Nicosia	272	325
Limassol	813	317
Larnaca-Famagusta	-	306
Paphos	1038	127

Source: (Degkwitz P., Zurhold H.,Haasen C., 2008).

4.3.3. At- risk families

In 2007 the governmental prevention and counselling centres "Perseas" and "Promitheas", offered prevention to families at risk and their children. Since then, both centres have revised their mandates and focused their services on treatment of adolescents and their families (Cyprus NR, 2007, Chapter 3; for more information refer

also to ch.5). During 2007 parents from Education Action Zones (10 groups in four different schools with 15 parents in each group) have been offered prevention services (Degkwitz P., Zurhold H.,Haasen C., 2008).

4.4. Indicated prevention

4.4.1. Children at risk with individually attributable risk factors

NNIA.

The NFP is concerned to find out more regarding the possible predisposing and risk factors associated with early drug use, and, excepting the promotion of specialized research which will also be considered, one possible future point of contact in this regard may be the national association of school counselors or the MEC Educational Psychology services. Should relevant data therefore be obtained, it will be presented in a future National Report.

5. Chapter 4: Problem Drug Use and the Treatment Demand Population

5.1. Overview / Summary

During the year 2007, individual data on all drug offenders was provided by the Drug Law Enforcement Unit of the Cyprus Police to the Cyprus NFP, allowing – for the first time - the application of a capture-recapture method by combining Police and treatment data. In addition, the Truncated Poisson method was also utilised (Chao's formula), which up to the year 2006 had been the only implemented method. The utilisation of the Truncated Poisson method aimed at the comparison of problem drug use estimates from previous years. As in 2006, opiate and cocaine users were included in the estimation. However, whereas in previous years only heroin users were included in the national definition of problem drug use, due to a very limited use of other opiates (Cyprus NFP, 2007), in 2007, as a result of an increase of their use by the treated population, it was decided to also include users of other opiates in the estimation.

The estimates based on both the Truncated Poisson, as well as the capture – recapture method indicate a significant increase in the number of problem drug users. It is hypothesised, that this increase is mainly attributable to the increased population of non-Cypriot drug users in a new private treatment centre, which could not be observed in previous years. Regarding treatment demand data, in 2007 individual data was provided to the Cyprus NFP by all counselling and treatment centres existing at that time (three inpatient centres, sixteen outpatient centres and prison[14]). With regards to other sources of information, despite further attempts made by the Cyprus NFP to involve general practitioners in the network (Cyprus NFP 2007, unpublished), no cooperation was established. As to the data submitted, double counting was controlled both between centres and at the centre level.

14 No low threshold agencies exist in Cyprus.

From the beginning of January until the end of December of 2007, 726 drug users entered treatment (excluding continuous treatments), recording a significant increase compared to the previous year, where the respective number was 528. This increase could be due to the increase of treatment availability (establishment of the substitution treatment), as well as the attractiveness and accessibility of services provided by a private clinic. In 2007 a noteworthy increase in the proportion of new treatments was observed, mainly among female drug users. Regarding the mean age of persons who sought treatment in 2007, a further increase can be observed. As to the nationality of clients in treatment, a noteworthy increase of foreigners seeking treatment can be observed, especially of non EU nationals. The increase in the proportion of drug users being unemployed that could be observed throughout the year 2003-2006, did not continue in 2007, marking for the first time a significant decrease.

As to the primary drug of abuse of those seeking treatment during the year 2007, heroin continued to be the most commonly reported primary drug, reported by 52.2% of persons that sought treatment in 2007, followed by cannabis and cocaine. Comparing these percentages with the respective ones in previous years, a further decrease in the proportion of clients reporting heroin as their primary drug can be observed, as well as an increase in those reporting cannabis. However, a significant increase can be observed in the proportion of new treatments reporting heroin as their primary drug of abuse. Regarding poly-drug use, a lower proportion of persons who contacted treatment agencies in 2007 reported use of at least one secondary drug. As to high risk behaviour, the overall proportion of users who have ever injected continued to decrease in 2007. Nevertheless, given that the number of persons that sought treatment in 2007 is markedly higher that the respective one in 2006, the above decrease might be an artefact. In particular, when absolute numbers are taken into account, an actual increase can be observed in the risk behaviours described above.

5.2. Prevalence and incidence estimates of PDU

During the year 2007, as a result of the close cooperation between the Cyprus NFP and the Drug Law Enforcement Unit of the Cyprus Police, the technical difficulties of the newly established recording system of the Police that occurred in 2006 were resolved (see 2007 National Report to the EMCDDA), allowing – for the first time - the application of a capture-recapture method (combining Police and Treatment data). Aiming at the best implementation of the capture-recapture method, the Cyprus NFP organized a training seminar with Dr Gordon Hay from the Centre for Drug Misuse Research of the University of Glasgow.

Apart from the application of a two source method, as in previous years, the Truncated Poisson method was also employed (Chao's formula), which up to the year 2006 was the only implemented method. The employment of the Truncated Poisson method aimed at the comparison of problem drug use estimates from previous years.

Regarding the study among arrestees that the Drug Law Enforcement Unit is conducting in cooperation with the Cyprus NFP, which could constitute an additional source of information for the estimation of Problem drug use, a pilot phase of the study was completed in June 2007, and from January 2008 is carried out on an on-going basis.

As in 2006, opiate and cocaine users were included in the estimation. However, whereas in previous years only heroin users were included in the national definition of problem drug use, due to a very limited use other opiates (Cyprus NFP, 2007), in 2007, as a result of an increase of their use by the treated population, it was decided to also include other opioid users in the estimation. Although this constitutes a new definition of problem drug users in Cyprus, which will not be entirely comparable with the previous results, it was decided that as the profile of problem drug users changes, the definition (and therefore, the groups of users included in the estimate) should be made broader, accordingly (Cyprus NFP, 2008).

Regarding the estimation of problem drug use, as in 2006 (Cyprus NFP, 2007), two groups of users were explored: opiate users and users of opiates and/or cocaine. As to intravenous drug use, four groups of injectors were estimated:

1. ever IDUs among opiate users
2. ever IDUs among problem drug users (opiate and cocaine users),
3. current IDUs among opiate users
4. current IDUs among problem drug users (opiate and cocaine users)

It should be noted that the estimation of injecting drug use was not possible by the implementation of a capture-recapture method, as no information regarding injecting is available from Police data. Therefore, the above estimates are solely based on a Truncated Poisson method.

It should also be pointed out that due to a poorer reliability of the Truncated Poisson method, using only treatment data, as well as a significant increase in the number of persons that sought treatment in 2007 (for details see subchapter 4.3) the results and the trends, in particular, should be treated with great caution.

5.2.1. Problem Drug Use Estimate

Opiate and/ or cocaine users' estimate

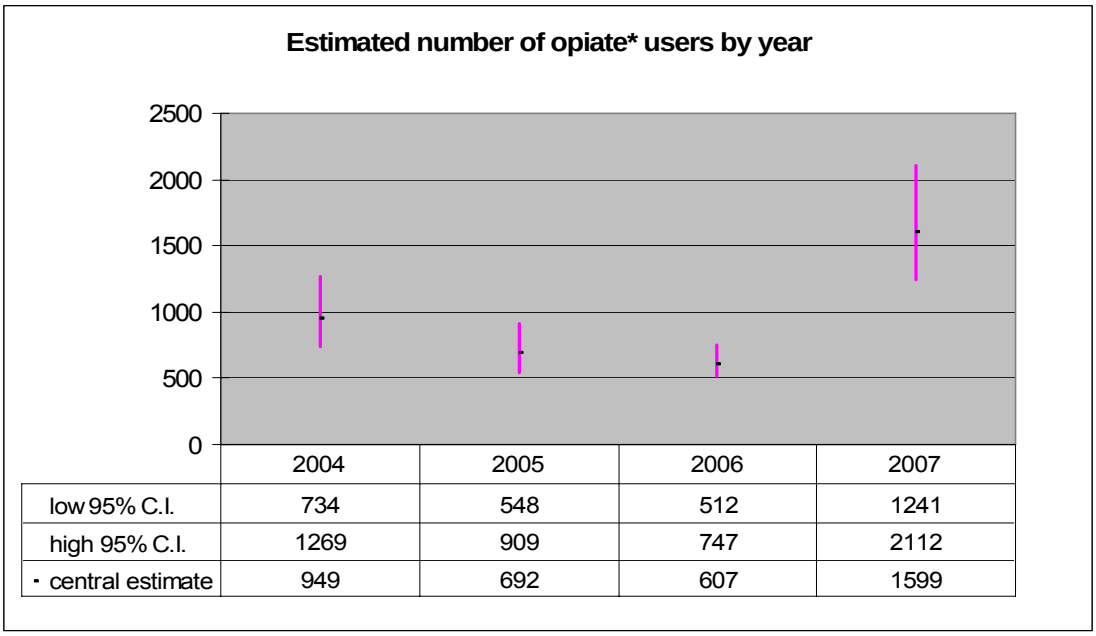
Based on the Truncated Poisson method (Chao's formula) results, the total number of problem drug users (opiate and cocaine users) in 2007 was estimated at 1991, with 95% confidence interval ranging between 1591 – 2541 (also see ST7_2008_CY_01) (Stylianou 2008, unpublished; Cyprus NFP, 2008). Taking into consideration the recent information regarding the population in Cyprus (end of 2006) in the age range 15-64 (Statistical Services 2008, personal communication), the estimated number of problem drug users corresponded to 3.66 persons per 1000 inhabitants (with 95% c.i.: 2.92 –

4.67). Looking at the respective estimates for the year 2006 (Cyprus NFP, 2007), a significant increase in the number of problem drug users can be noted.

Opiate users' estimate

The number of opiate users (by applying the same method) was estimated at 1599 (with 95% c.i.: 1241 – 2112), corresponding to 2.94 persons per 1000 inhabitants 15-64 years of age, with 95% c.i.: 2.28 – 3.88 (also see also see ST7_2008_CY_02). Changes in the above estimate from year 2004 are illustrated below.

Fig. 4.1 Estimated number of opiate users by year



	2004	2005	2006	2007
low 95% C.I.	734	548	512	1241
high 95% C.I.	1269	909	747	2112
central estimate	949	692	607	1599

* *In the years 2004-2006 only heroin users were included*
Source: Stylianou, 2008; Cyprus NFP, 2008

As can be observed in the figure above, not only can a major increase of the opiate users' estimate can be noted in 2007, but also very big confidence intervals. Bearing in mind the limitation of the method applied (see above), and the changes in the population used for the estimate (significantly higher number of treatment demands in 2007, along with the broader group of users used for the estimation in 2007) it is difficult to draw safe conclusions regarding the above increase. Nevertheless, some important facts that took place in 2007, which seem to have contributed to the increase of problem drug users in

Cyprus as noted above, cannot be ignored. Firstly, apart from the overall increase of treatment demands in 2007 (see also subchapter 4.3), a significant increase of foreigners seeking treatment can be observed during the reporting year (for more details and interpretation of this increase see subchapter 4.3). In addition, looking at the double counts used for the estimation of PDU employing the Truncated Poisson method, what can be noted is a decreased number of double counts (which tends to increase the estimate) and repeated treatments (in distinct treatment agencies), mainly among the foreigners recorded in a specific private treatment unit, which seems to attract the highest number of foreigners of all treatment programs. Exploring this specific population, what is observed is that a large proportion of these non-Cypriot nationals do not seek treatment in other treatment centres, and therefore, lower the double counts that could be observed in previous years. The reasons for that can be attributed to the social structure of the specific group, as well as to the difficulties they face regarding the access to governmental treatment agencies due to their legal status in Cyprus (Veresies, 2008, personal communication).

Based on the above, it can be assumed that an actual increase in the problem drug use population has occurred indeed, mainly attributable to the increased population of non-Cypriot drug users, which could not be observed in previous years. However, no reliable conclusions can be drawn as to the extent of this increase, until more comparable data is available.

The hypothesised increase of opiate population could partly be supported by treatment demand data, according to which the absolute number (not the overall proportion though) of persons seeking treatment due to opiate abuse increased in 2007 (for more details see subchapter 4.3). In addition, although no increase of opiate-related offences or seizures could be observed in the Police records (DLEU, 2008, unpublished), a decrease of heroin price (both the minimum and the maximum) could be observed in 2007, potentially indicating an increase of heroin/ opiate availability/ demand (for details see chapters 8 and 10 and ST16_2008_CY_01).

As mentioned in part 4.2, as a result of a close cooperation between the Cyprus NFP and the Drug Law Enforcement Unit, Police data was provided in such a form, that allowed– for the first time - the application of a capture-recapture method (combining Police and Treatment data). Dr Gordon Hay from the Centre for Drug Misuse Research University of Glasgow contributed significantly to the accurate implementation of the method.

Both the treatment and the Police data sources held sufficient identifier information to identify duplicate cases within data source and overlap cases across data sources[15]. The total number of unique individuals with both data sources combined was 403 and the overall proportion observed was 36.8%.

In the process of exploring the data from both sources, it was decided to split the treatment data into different types of treatment, and use the overlap between them within a capture-recapture analysis (Hay 2008, unpublished). The treatment data was categorised (and labelled) as follows:

- Outpatient treatment, funded by the Government (free)
- Outpatient treatment, available privately (private)
- Inpatient treatment, funded by the Government (inpatient)
- Prison treatment, funded by the Government (prison)

The prison treatment data was not sufficient to be treated, at this stage, as a separate data source, therefore it was decided to carry out four sample capture-recapture analyses using the 'free', 'private', 'inpatient' and police data (Hay 2008, unpublished). It was also decided to carry out various three-sample analyses using the police data and variously constructed pairs of treatment data (i.e. combining the inpatient data with the free outpatient data).

15 While according to ST11_2008_CY_02 195 persons were recorded for heroin/cocaine cases, data for only 107 individuals could be used. This limitation was a result of problems in the full implementation of the unique identifier in the police's recording system.

Different analyses were carried out to examine the impact of including or excluding different ethnic groups. Analyses were carried out for males only, as well as for both sexes combined. There was insufficient data to carry out any analyses for females only. Finally different analyses were carried out for opiate use only, and opiate and / or cocaine use (Hay 2008, unpublished).

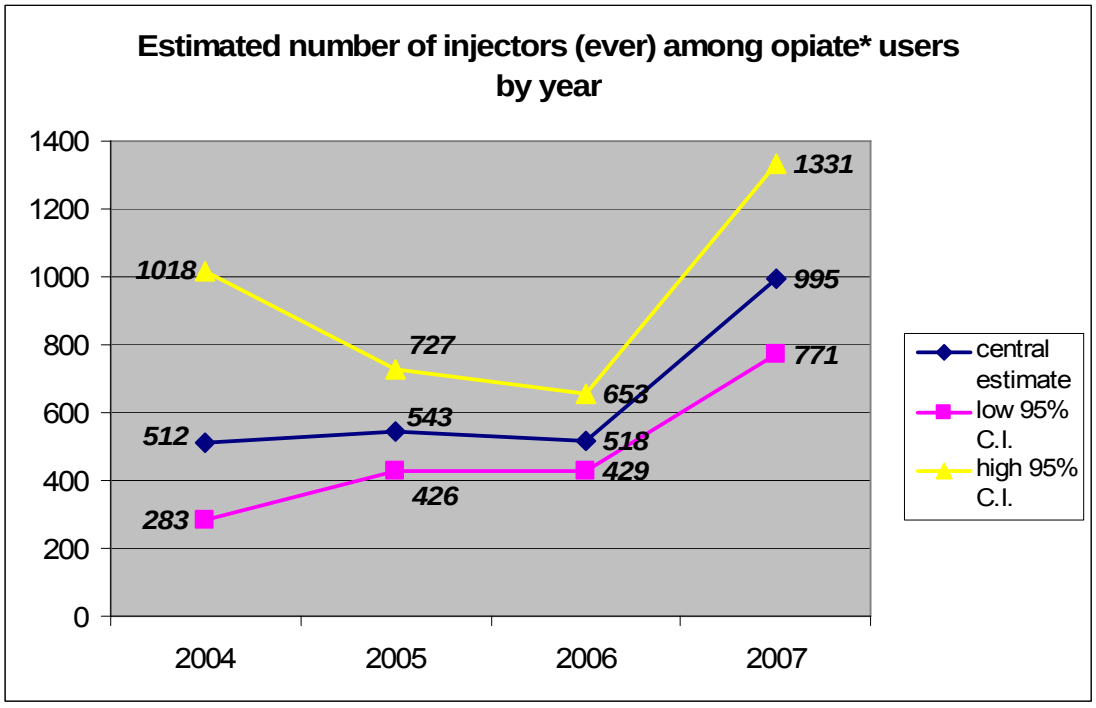
As to the results, there was difficulty fitting appropriate models to the data that included people who used opiates and / or cocaine. That analysis suggested that the range of available models do not provide an adequate fit to the data (Hay, King, 2008 unpublished). According to Dr Hay (2008, unpublished), this could possibly be due to the differing nature of opiate and cocaine use, leading to fewer treatment episodes of cocaine users, but possibly more appearances in the police data.

With regards to opiate users, by fitting the best model, it is estimated that there are 1,108 opiate users in Cyprus, with 95% Confidence Interval 893 – 1413 (see also ST7_2008_CY_07). Out of this total, it is estimated that 480 (95% C.I. 379 – 633) are Cypriot nationals (Hay, 2008, unpublished). The latter supports the interpretation that was attempted regarding the observed increase in opiate drug users' estimate by employing Truncated Poisson method (see above), confirming that a significant proportion of problem drug users in Cyprus are foreign nationals.

Injecting (ever) opiate users' estimate

As to the estimated number of opiate injectors (ever injected), changes from 2004 are presented in figure below. Taking into consideration the recent information regarding the population in Cyprus (end of 2006) in the age range 15-64 (Statistical Services 2008, personal communication), the estimated number of injecting opiate users corresponded to 1.83 persons per 1000 inhabitants (with 95% c.i.: 1.41 – 2.45).

Fig. 4.2 Estimated number of injectors (ever) among opiate users by year



** For the period 2004-2006 only heroin users were included*
Source: Stylianou, 2008; Cyprus NFP, 2008

As in the case of opiate users' estimate, a major increase is noted in 2007, as well as very big confidence intervals. The same limitations of the data that make interpretation difficult, as well as the probable reasons for these results apply as in the case of opiate users' estimate (see above).

Injecting (ever) opiate and/ or cocaine users' estimate

The number of opiate and/or cocaine users who have ever injected was estimated at 1055 (with 95% confidence interval 826-1392), corresponding to 1.94 persons in 1000 inhabitants in the age range 15-64, with 95% C.I. 1.52-2.56 (see also ST7_2008_CY_03). Comparing the above estimates to the respective ones of 2007 (Cyprus NFP, 2007), as in all the categories of the aforementioned estimates, a significant increase is observed.

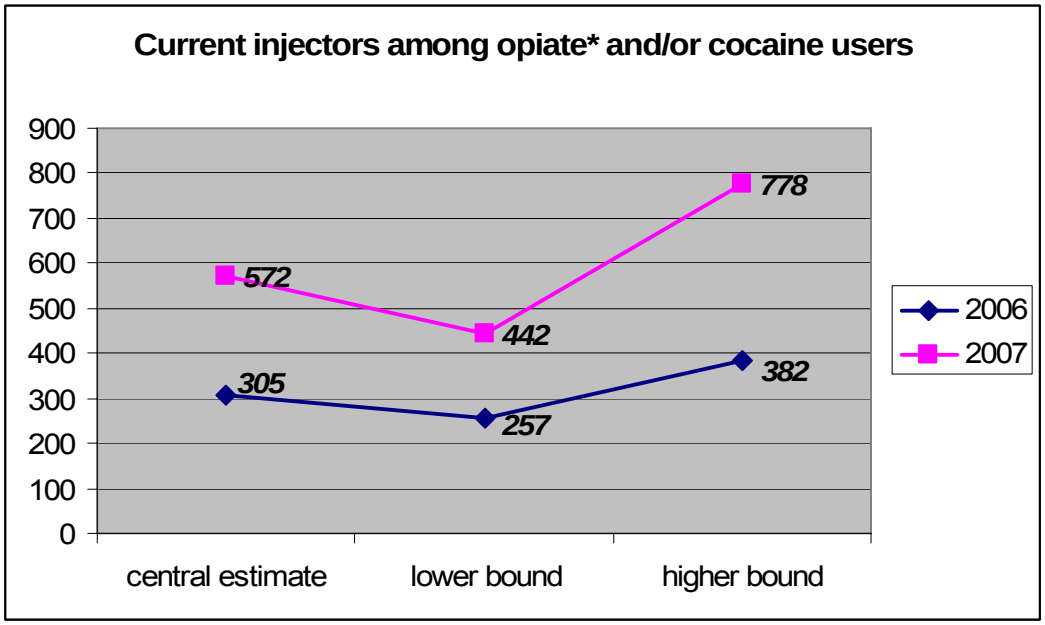
Current injectors among opiate users

The number of current injectors among opiate users was estimated at 565 (lower bound 436, higher bound 772), corresponding to 1.04 persons in 1000 inhabitants in the age range 15-64, with 95% C.I. 0.80-1.42 (Stylianou, 2008, unpublished; see also ST7_2008_CY_05). No respective estimates are available for previous years.

Current injectors among opiate and/ or cocaine users

The estimates calculated by employing the Truncated Poisson method are presented below.

Figure 4.3 Current injectors among opiate and/or cocaine users



** For the 2006 estimates only heroin users were included*

Source: Stylianou, 2008; Cyprus NFP, 2008

The above 2007 estimate corresponds to 1.05 persons in 1000 inhabitants in the age range 15-64, with 95% C.I.0.81-1.43 (Stylianou, 2008, unpublished; see also ST7_2008_CY_04). As stated before, the reasons for the above increase are believed to be attributable to the increased population of non-Cypriot drug users, which could not be observed in previous years.

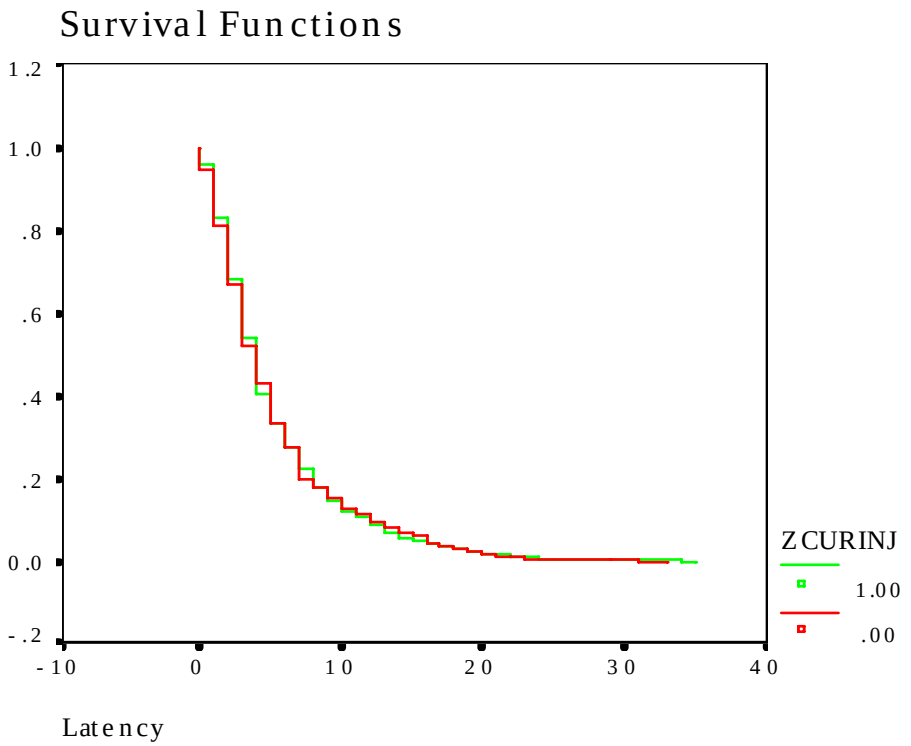
5.2.2. Incidence estimate

Treatment demand data for the years 2003-2007 was used to estimate the latency period and incidence of problem drug use. The analysis included cases where heroin was the primary drug of abuse (in 2007, cases with opioids other than heroin were also included), whose age of onset of heroin use was known, and had a known time of the first demand for treatment (which, however, could be due to the use of drugs other than opiates or cocaine). However, from the 2003 and 2004 data, only new treatments could be included, as there was no other information, which would help us determine the time of first treatment (such a question was integrated in the Treatment Demand protocol in the end of 2005). As a result of filtering the data according to the inclusion criteria mentioned above, a total of 895 cases were used for the latency and incidence analysis. Despite the significant limitations of the data (limited number of data with known age of first treatment and data available for only five years), attempts were made to estimate the latency period and incidence of problem drug use using the cases defined above.

According to the data, the mean survival time was estimated at 5.36 years, with a 95% confidence interval of 5.03 – 5.70 (Stylianou 2008, unpublished). Although the respective latency time previously reported (Cyprus NFP, 2006) was estimated at 5.16 years, no conclusions can be made regarding a possible increase in the mean latency time in 2007, as the 95% confidence interval values for both estimates are overlapping.

Also, contrary to the results of 2005 data, intravenous administration of heroin (current injecting) does not seem to affect significantly the mean survival time of current injectors and those who are not currently injecting (illustrated below), as the mean latency period for both groups (opioid users) was found to be 5.37 and 5.36 years, respectively.

Fig. 4.4 Mean survival time among current injectors and non-injectors



Source: Stylianou, 2008; Cyprus NFP, 2008

However, comparing the above results with the respective ones based on 2005 data (Cyprus NFP, 2006), an increase of the mean latency time can be observed among those who are currently not injecting (4.83 years).

As to those opioid clients, who injected at least once in their lifetime, the mean latency was found to be 5.49 years, as opposed to 4.98 years for those users, who did not have such an experience. However, when the 95% confidence intervals of both means are taken into consideration, the difference between the latency for these two groups of users does not reveal any statistical significance (Stylianou 2008, unpublished).

Further analysis of data reveals that the variables that reduce the latency time in case of opioid use (as injecting behaviour was found to be statistically non-significant) are, as mentioned in the previous report (Cyprus NFP, 2006) gender, age of onset of heroin/

opioid use and age of first demand for treatment (Stylianou 2008, unpublished). Based on the statistical significance of these variables it can be concluded, that being female reduces latency time, the later one has started to use heroin in one's life, the longer it takes until s/he seeks treatment, and the later in history (calendar year) one has sought treatment, the shorter her/his latency period is (Stylianou 2008, unpublished).

Finally, based on the back calculation/ FWD method on the available data, the number of opioid users who are expected to seek treatment in 2009, was estimated at 71. Considering that the respective numbers found in the data of all 5 consecutive years are much higher, the above figure seems far too low.

The main limitation of the above estimate is a result of imposing the survival function on the population that sought treatment only in the last 5 years. In other words, it is known that these people started using heroin in a given year and the proportion of them that will seek treatment in 2008 is being predicted (based on the survival function). However, if the real number of people that started using heroin in a given year (i.e., not only those who came to treatment in these 5 years) was known, then these calculations would yield a larger and more valid estimate (Stylianou 2008, unpublished).

As in previous years, what can be concluded is that as time passes and the measurement process continues, more valid and useful estimates will be available (Stylianou, Cyprus NFP 2008, unpublished).

5.3. Treatment Demand Indicator

For the year 2007, individual data was provided to the Cyprus NFP by all counselling and treatment centres existing at that time (three inpatient, 13 outpatient[16] and prison[17]), including the newly established substitution centre, and the therapeutic intervention treatment in Central Prison.

Unlike previous years, the prison data refers to the demands for treatment in the newly established drug treatment program offered in prison (see also TDI_2008_CY_03), and not to demands for pharmacological assistance from the prison's psychiatrist. With regards to other sources of information, despite further attempts made by the Cyprus NFP to involve general practitioners in the network (Cyprus NFP 2007, unpublished), no cooperation was established. However, within 2008 an initial contact was made with the Cyprus Medical Association, aiming at establishing cooperation with the GPs and exploring ways, in which they could collect some basic treatment demand data.

As to the data submitted, double counting was controlled both between centres and at centre level.

It is important to note, that all data presented below is based on the treatments incidence, as defined in the Draft Guidelines for 2008 Pilot Data Collection on Treatment Prevalence (EMCDDA, 2008). For information regarding prevalence data, see the respective standard tables on treatment prevalence.

From the beginning of January until the end of December of 2007, 726 drug users entered treatment (excluding continuous treatments), recording a significant increase

16 Although the total number of outpatient centres in 2007 was 16, only 13 of them actually provided treatment services (see also comments in TDI_2008_CY_02). This was due to the changes in the functioning framework of some of the counselling centres (e.g. focused more on prevention, rather than treatment), as well as lack of funds and understaffing problems (Veresies, 2008, personal communication).
17 No low threshold agencies exist in Cyprus.

compared to previous year, where the respective number was 528 (see also NR 2007). This increase could be due to several reasons. One of the possible explanations is the increase in treatment availability (e.g. establishment of the substitution treatment). Another important factor that should be taken into account is the nature of provided services by a private clinic, offering detoxification, as well as some substitution treatment, which attracted a large number of drug users. Apart from the nature of the provided services in the particular centre, what also seems to contribute to its attractiveness is its easy accessibility (e.g. no "medical card"[18] required) with regards to admission criteria. The latter seems to attract a significant number of foreigners, who would have difficulties to be admitted in a public drug treatment centre (Cyprus NFP; Veresies K., 2008, personal communication, unpublished).

5.3.1. Profile of clients who contacted treatment agencies in 2007

Some main characteristics of drug users who sought treatment in 2007 and the main trends are presented below.

Whereas the proportion of men and women was stable in previous years (Cyprus NFP, 2007), in 2007 the percentage of women among all treatments decreased (from 13% in 2006 to 9.6% in 2007). However, when absolute numbers are taken into consideration, instead of percentages, no change can be observed in the number of women in treatment in 2007 (70, compared to 69 in 2006). On the other hand, looking at the proportion of new treatments in 2007, a noteworthy increase can be observed among women, 52.9% of which were demanding treatment for the first time in their life (compared to 33.3% in 2006).

As in previous years (Cyprus NFP 2007), the majority of drug users were recorded in outpatient facilities (73.3%), 13.6% in inpatient treatment centres and the remaining

18 The Medical Card, issued by the Ministry of Health, guarantees the provision of free or reduced fee (depending on the annual income) medical care by all governmental health agencies, including drug treatment centres. Medical Cards are generally issued to Cyprus citizens and EU residents, who are permanent residents in Cyprus.

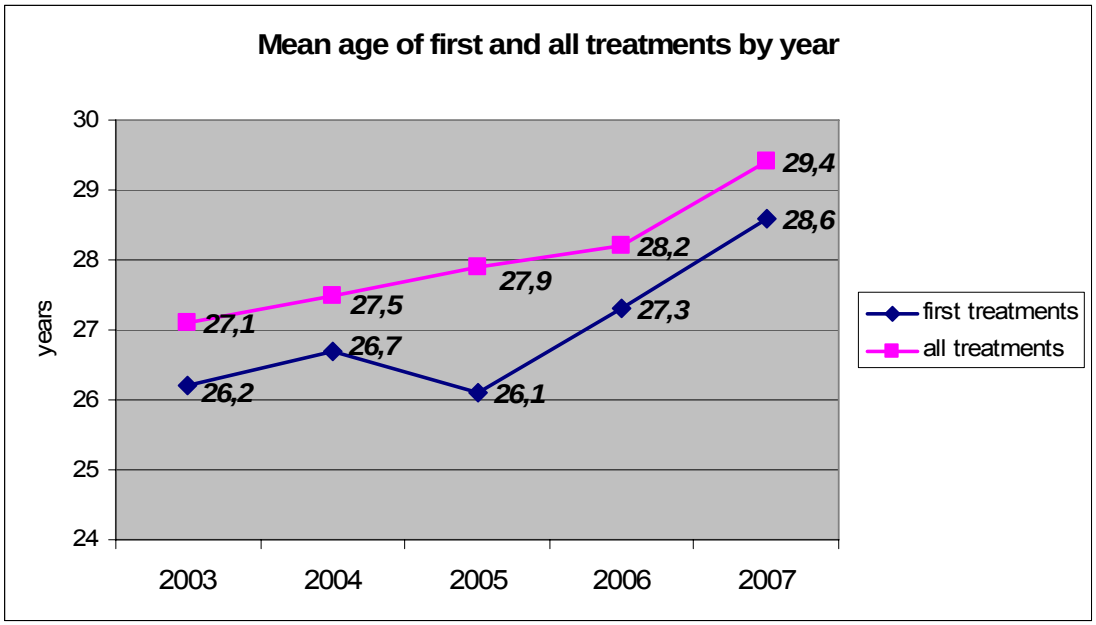
13.1% sought help within the prison setting. Respective percentages from previous years reveal an increase in patients seeking treatment in outpatient centres and a decrease of those in inpatient centres. Taking into consideration the increase of availability of outpatient treatment in 2007, as well as the aforementioned attractiveness of the services provided by the private clinic, this increase is explicable (for more information on the treatment system, see ch. 5).

A noteworthy increase in the proportion of new treatments among all who sought treatment is observed in 2007 (Cyprus NFP 2007), as the new treatments reached 51.1% (compared to 42.4% in 2006).

Moreover, the increase of the proportion of new treatments is only observable among those recorded in outpatient treatment facilities (55.8% of which were never treated before, compared to 48.1% in 2006). The reasons contributing to this increase are believed to be the same as the ones regarding the general increase of treatment demands and the proportion of clients recorded in outpatient facilities, already described above.

Regarding the mean age of persons who sought treatment in 2007, a further increase can be observed (from 27.9 years in 2005, 28.2 in 2006 to 29.5 in 2007). The above increase can be observed among both genders. The mean age for males was 29.5 years in 2007 (compared to 28.4 in 2006) and for females 28.6 years (26.9 in 2006). In addition, a further increase of the mean age can also be noted among new treatments, as illustrated below.

Fig 4.5 Mean age of first and all treatments by year



Source: Cyprus NFP, 2008

Although the increase of the mean age of new treatments can be observed among both genders, it is quite striking among women. Particularly, while in 2006 the mean age of female first treatments was 23.3 years, in 2007 the respective mean age reached 27.3 years. Although it is unclear what this increase may specifically imply, taken together with an increase of the women living with partner and children (18.6% in 2007, as compared to 7.2% in 2006) and an increase in women users living with other users (see ch. 8), it may signify the importance of further research into the needs of female users and their children.

A further decrease can be observed regarding the proportion of young persons up to the age of 19 who sought treatment in 2007 (6.7% of all treatments, compared to 9.3% in 2006 and 11.8% in 2005). As to the nationality of clients in treatment, a noteworthy increase of foreigners seeking treatment can be observed, especially of non EU nationals. In particular, 66.7% of the persons seeking treatment in 2007 were Cyprus nationals (compared to 75.4% in 2006), 10.6% EU nationals (12.1% in the previous year) and 22.6% nationals of other countries (compared to 12.5% in 2006). Ethnic

Greeks ('Rossopontioi'[19]) and Iranian nationals accounted for the vast majority of non-EU nationals, most of which were recorded in the aforementioned private clinic, which – as already pointed out, attracts a significant number of foreigners.

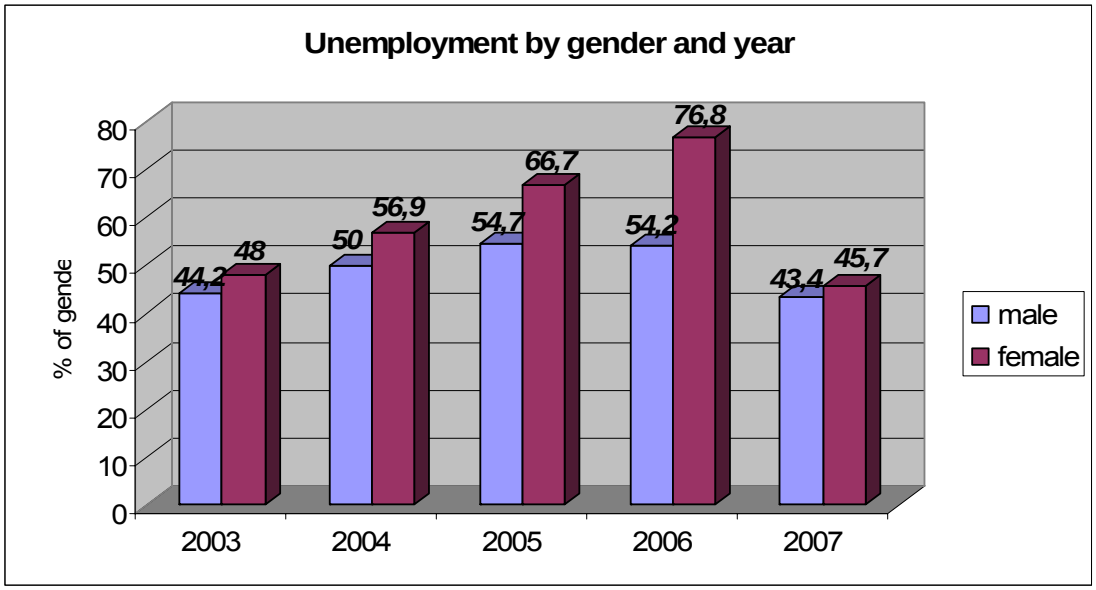
As to the living status (with whom), in 2007 a decrease can be observed in the proportion of drug users who lived with their parents, especially among women (from 62.3% in 2006 to 48.6% in 2007), which could be partly explicable by their older age. Another observed increase regarding living status is the proportion of drug users living with their partner and children, which in 2007 reached 17.2% (compared to 13.8% in 2006).

Regarding the educational level, with the exception of some increase in the proportion of persons with higher level of education (from 6.4% in 2006 to 9.5% in 2007), no significant changes are observed.

The increase in the proportion of drug users being unemployed that could be observed throughout the year 2003-2006, did not continue in 2007, marking for the first time a significant decrease. While unemployment was reported by 57.2% of users who sought treatment in 2006, the respective percentage in 2007 dropped to 43.7%. In addition, the above decrease occurred both among men and women. The proportion of unemployment among females, in 2007, for the first time since 2004 approached the respective proportion reported by men, as illustrated below.

19 Greek indigenous population originating from the Black Sea region of the former Soviet Union.

Fig 4.6 Unemployment by gender and year



Source: Cyprus NFP, 2008

Furthermore, an analogous (although of a lesser degree) increase was noted in the proportion of clients with a regular employment (from 25.2% in 2006 to 32.5% in 2007). The above increase can partially be explained by the general employment situation reflected in the labour force statistics, according to which the average percentage (average for 12 months) of employment among the population (15 years and over) had increased during the year 2007 among both men and women (compared to the respective percentage for the year 2006). An analogous decrease was also observed regarding unemployment rates in the population in 2007 (Statistical Services 2008).

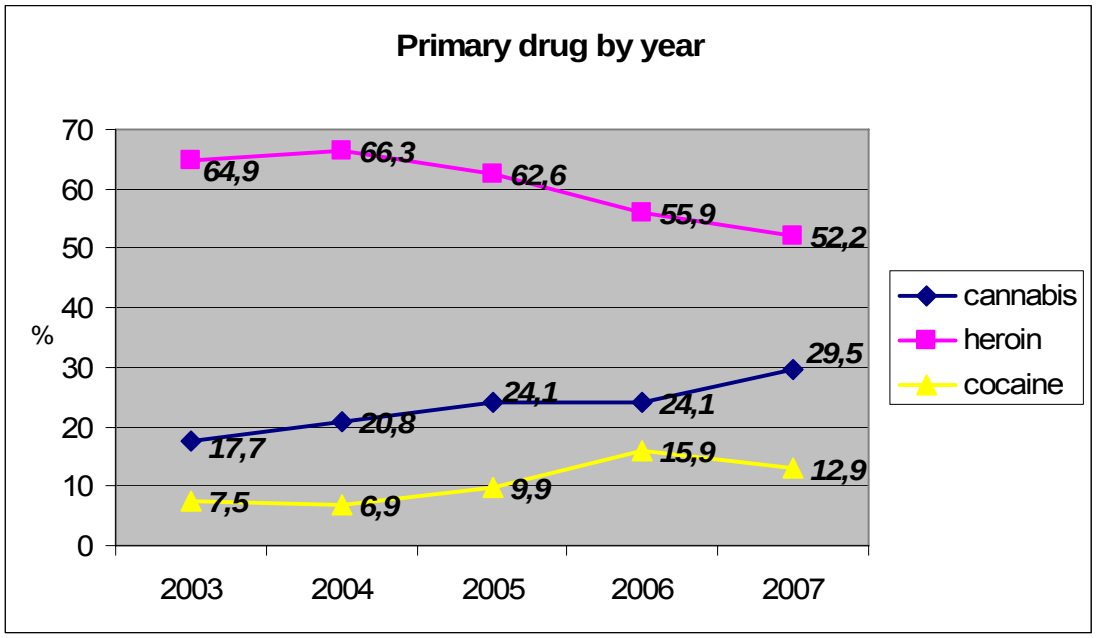
In addition, a closer look at the employment information among the treated population reveals that the most considerable increase of regular employment rates was observed among non-EU nationals (from 34.8% in 2006 to 48.8% in 2007). Further analysis of the abovementioned labour force statistics and other information regarding employment of non Cypriot nationals seems to confirm that finding, as a considerable increase is observed in the numbers of foreign workers (data for 2007 and 2008), which account for 20% of the total labour force in Cyprus (Social Insurance Services 2008).

As in previous years (Cyprus NFP 2007), persons in the age group 20-29, mainly heroin users, accounted for the majority of those who are unemployed (for more information, see ch.8).

The highest unemployment rates, as in previous years (Cyprus NFP 2007) were recorded among clients in inpatient treatment facilities (63.6% of whom reported being unemployed, compared to 43.8% of those in outpatient centres and 22.1% of those recorded in prison (for comments see TDI_2008_CY_03).

As to the primary drug of abuse of those seeking treatment during the year 2007, heroin continued to be the most commonly reported primary drug, reported by 52.2% of persons that sought treatment in 2007, followed by cannabis and cocaine. Comparing these percentages with the respective ones in previous years, a further decrease in the proportion of clients reporting heroin as their primary drug can be observed, as well as an increase in those reporting cannabis, as presented in the figure below. However, an increased proportion of the persons who sought treatment in 2007 reported opiates other than heroin as their primary drug of abuse.

Fig. 4.7 Primary drug by year



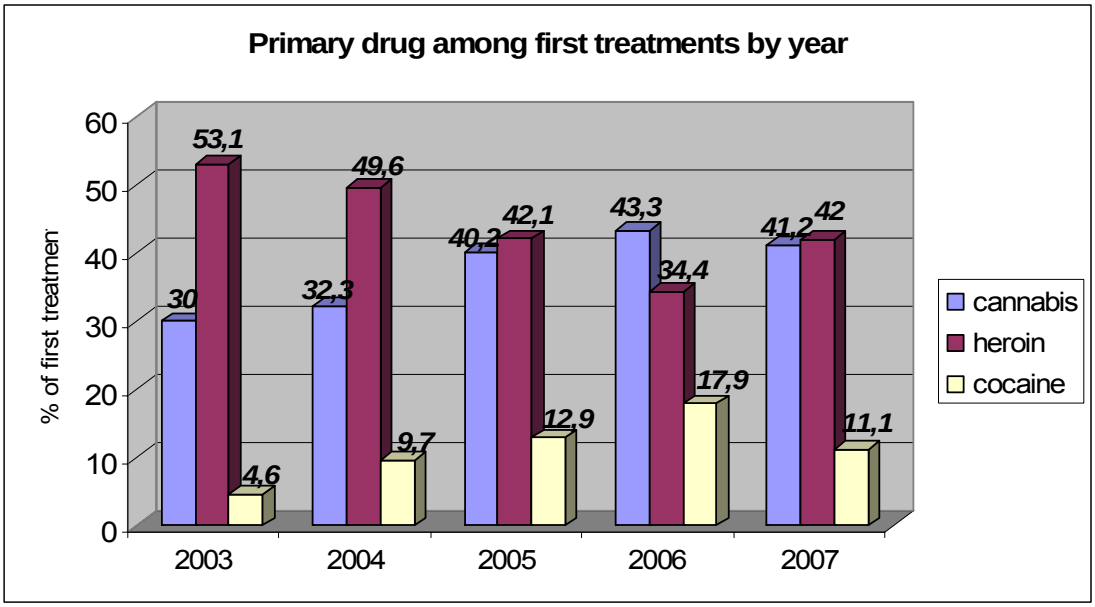
Source: Cyprus NFP, 2008

The above changes (2006-2007) are also be reflected in Police data, particularly with regards to the seized quantity (for more information, see chapter 10).

Heroin use as a primary drug, as in previous years (Cyprus NFP 2007,) was more prevalent among persons in the age range 25-44 (the number of persons in the age 45+ are relatively small, hence no safe conclusions can be drawn), and cannabis among younger users.

A significant increase can be observed in the proportion of new treatments reporting heroin as their primary drug of abuse (from 34.4% in 2006 to 42% in 2007) and a slight decrease of cannabis and cocaine use among the specific group of drug users, as illustrated below.

Fig. 4.8 Primary drug among first treatments by year



Source: Cyprus NFP, 2008

Moreover, while the proportion of clients in inpatient and prison treatment settings reporting heroin as their primary drug was lower in 2007 than in the previous year, that was not the case in outpatient agencies, where an increased proportion of clients demanded treatment for heroin use (52.4% of outpatient clients, compared to 49.4% in 2006). This increase could be attributable to the increase of new treatments in outpatient facilities, as well as to the increase of heroin use among new treatments (see above).

As to the usual route of primary drug administration, a decrease of intravenous use of heroin can be observed in 2007, as from 76.9% in 2006 (Cyprus NFP 2007) decreased to 70.4%. An analogous increase is noted regarding smoking of the substance. However, the decrease of the intravenous use of heroin is misleading, as the actual numbers reveal an increase.

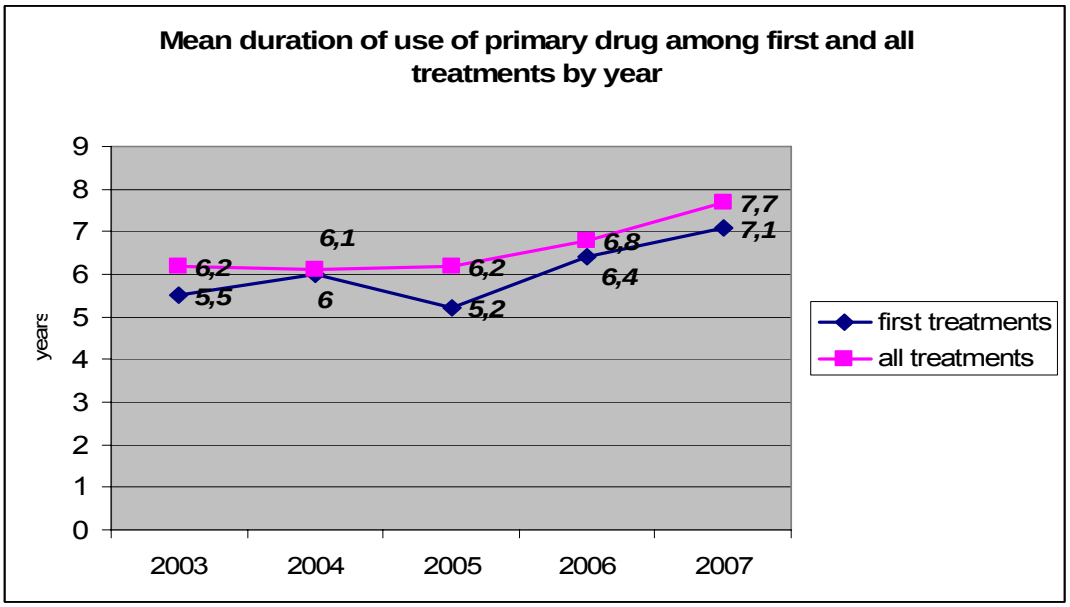
As in the previous years (Cyprus NFP, 2007), heroin was not the only substance administered intravenously but also other opiates and cocaine, although to a significantly

limited extent (4.3% of cocaine users reported this particular way of administration in 2007).

As to the frequency of primary drug use, no significant changes are observed. Daily use of the primary drug was reported by 63% of persons who sought treatment in 2007, 11.9% 2-6 times a week and occasional use (0-1 times per week) was reported by 7.4% of clients. As in 2006 (Cyprus NFP 2007), the highest proportion of daily use was observed among those who sought treatment within the prison setting, reaching 80% (of those recorded in prison). However, due to the limitations of this data (see comments in TDI_2008_CY_03), this finding should be treated with caution. Furthermore, daily use of the primary drug was higher among clients in outpatient facilities.

The mean duration of use of the primary drug marked an increase in 2007, reaching 7.7 years (compared to 6.8 years in 2006 and 6.2 in 2005). A further increase could be observed in the respective duration among new treatments, as illustrated in the figure below, which – considering their older of age – is not unexpected.

Fig. 4.9 Mean duration of use of primary drug among first and all treatments by year



Source: Cyprus NFP, 2008

Taking into consideration the treatment centre type, the longest duration of primary drug use was reported by persons who sought treatment in Prison, reaching 9.4 years (compared to 7 and 7.5 years among inpatient and outpatient clients, respectively).

Exploring the mean experimentation period (mean difference between the age of first use of primary drug and the age of use of first drug), some decrease can be observed. In particular, while the mean experimentation time in 2004 was 4.4 years, in 2007 it decreased to 3.4 years. The longest mean time that elapsed between the age of first use of primary drug and the age of use of first drug was found among heroin users (as a primary drug), as it reached 5.4 years.

Regarding poly-drug use, a lower proportion of persons who contacted treatment agencies in 2007 reported use of at least one secondary drug. In particular, while 60% of all drug treatment clients in 2006 reported use of at least one secondary drug, in 2007 the respective percentage dropped to 48.6%. Poly-drug use (as defined above) was, as in the previously reported year (Cyprus NFP, 2007), most prevalent among inpatient clients, as it reached 59.2% (compared to 80% in 2006). The respective percentage

among outpatient and prison clients reached 50% and 29.5%, respectively. Cannabis was the most frequently used drug (as first secondary drug), reported by 18.3% all users that sought treatment in 2007, followed by cocaine (reported by 17.5% of users).

As to high risk behaviour, the overall proportion of users who have ever injected continued to decrease in 2007, reaching 45.5% (compared to 53.6% in 2006, 57.8% in 2005, and 62.4% in 2004). Looking at the primary drug of those who reported to have ever injected, a decrease can be noted in the proportion of heroin and cocaine users reporting such behaviour, (77.8% and 21.1%, respectively in 2007, compared to 83.7% and 31% in 2006). The proportion of clients recorded in treatment in 2007 that reported to have ever shared syringes, has also decreased (from 27.8% in 2006 to 25.6% in 2007), although to a lesser degree than in case of ever injecting. Nevertheless, given that the number of persons that sought treatment in 2007 is markedly higher than the respective one in 2006, the above decrease might be an artefact. In particular, when absolute numbers are taken into account, an actual increase can be observed in the risk behaviours described above. Same caution should be taken regarding current risk behaviour presented below.

The overall percentage of current injecting also seems to have slightly decreased, reaching 30.4% (compared to 35.4% in 2006, 38.5% in 2005 and 46.9% in 2004). Some differences in the proportion of current injecting can be observed when stratified by treatment centre type. In particular, as in previous years (Cyprus NFP, 2007), current injecting was most prevalent among inpatient clients (see also TDI_2008_CY_01), reported by 48.5% of them, compared to 30.3% of outpatient clients and 12.6% of persons who sought treatment within the prison setting (for comments see TDI_2008_CY_03). Respective results regarding the year 2006 reveal a slight decrease in the specific risk behaviour among inpatient and prison clients.

The overall proportion of all drug treatment clients that reported current sharing in 2007 was 13.8% (compared to 16.9% in 2006). However, stratifying this behaviour by treatment type, it can also be observed that, while the proportion of current injectors who sought treatment in outpatient and prison facilities decreased or remained stable, the

respective proportion in the group of inpatient clients increased (25.3% in 2007, compared to 23.6% in 2006). Nevertheless, as stated before, these findings should be treated with great caution, as the results differentiate when absolute numbers are taken into consideration.

5.4. PDUs from non-treatment sources

Police data

As mentioned previously, individual Police data on the persons involved in drug offences during 2007 was made available to the Cyprus NFP. However, the information provided does not allow the estimation of the number of persons that meet the criteria of problem drug use, as no information regarding injecting behaviour is available. Nevertheless, as a unique identifier was used, the data could be combined with treatment demand data (see above), resulting in the application of a capture-recapture method.

It is worth mentioning that the study among arrestees that the Drug Law Enforcement Unit is conducting in cooperation with the Cyprus NFP (see subchapter 4.2), will constitute an additional source of information, as it includes a number of items that meet the definition criteria of problem drug use, as defined by the EMCDDA.

Based on the individual data provided, out of 808 total cases, 107 cases were identified as opiate or cocaine related, accounting to 42.6% and 57.4%, respectively (no information regarding duration or frequency of use of these substances is available). The basis characteristics of this group of arrestees are summarized below:

- Men accounted for 94,4% of all heroin/ cocaine users and women for only 5.6% of these cases.
- The vast majority of this particular group of arrestees was in the age group 20-34 years (66.4%).

- A considerable proportion of cocaine users/ arrestees were young people, 20-24 years of age (31.7% of all cocaine arrestees). On the other hand, the highest proportion of heroin users was in the age group 25-29 years (27.7%).

Athalassa Psychiatric Hospital

The Cyprus NFP has established a close cooperation with the main public psychiatric hospital, operated under the auspices of Mental Health Services of the Ministry of Health, where a number of drug users are admitted for psychiatric reasons, and often do not seek treatment for their drug use.

According to the 2007 Annual Report of the Mental Health Services (2008, unpublished), during the specific year, 409 persons were admitted to the Hospital and data regarding 29 admitted drug users was provided to the Cyprus NFP. However, due to the very small number of persons who fall into the problematic drug use category (2 heroin users and 6 cocaine users), no analysis can be provided on this group of users.

The main characteristics of all drug users admitted to the psychiatric hospital are presented below:

- The vast majority were men, as they accounted for 93.1% of all admitted drug users in 2007.
- Fifty eight percent were in the age group 20-29 years of age.
- All were admitted to the hospital following a court order
- The vast majority (69%) reported to be users of cannabis
- Ten out of 29 persons reported daily use of illicit drugs 17 used at least one secondary drug (mainly cocaine).
- Twenty four percent (7 persons) reported to have ever injected and 10% (3 persons) were current injectors.

5.5. Intensive or frequent patterns of use

NNIA.

The national definition of PDU is the same as the EMCDDA definition, therefore no information can be provided.

6. Chapter 5: Drug Related Treatment

6.1. Overview

Although psychosocial abstinence based treatment is still the most prominent approach for treating substance abuse, towards the end of 2007 the treatment system was enriched with substitution/ maintenance treatment. Further, adolescent units previously providing prevention and counselling on experimental users and the prison treatment unit, now provide treatment for systematic and problem drug users. Other changes taking place in 2008 reveal the readiness for the provision of low threshold access to drug treatment.

The information presented below relies on the TUFs, which were collected for the reporting year of 2007. However, due to the existence of the small number of units, as well as the lack of information provision from some treatment units, data analysis was not possible. Nonetheless, some descriptive information is provided.

6.2. Treatment systems

In Cyprus, psychosocial abstinence based treatment is the most prominent approach for substance abuse treatment. However, the year 2007 is marked with the provision of substitution treatment and the establishment of two substitution units, indicating the readiness of enriching the substance abuse field with harm reduction interventions.

Furthermore, 2007 was also marked with the inclusion of adolescent specialized drug treatment services; one governmental facility that previously provided selective and indicative prevention, now offering treatment to young substance abusers and their families (see also ch.3). The aforementioned changes are also pointed out in the evaluation and recommendation report of the Centre for Interdisciplinary Addiction Research of the Hamburg University (Haasen, Zurhold, Degkwitz, Verthein, Agorastos, (2007)), contacted for the CAC. It is worth noting that the evaluation includes all governmental treatment services as well as the prevention units existing in 2007.

The treatment availability can be concluded by the following table, which points out the treatment availability by city in 2008[20].

Table 5.1: Treatment availability by city in 2008

	Outpatient (including couns. Centres)	Inpatient	Detoxification	Substitution	Controlled environment
Nicosia	10	1	0	1	1
Limassol	4	0	1	0[21]	0
Larnaca	1	0	1	1	0
Paphos	2	0	0	0	0
Famagusta	0	0	0	0	0

Source: Cyprus NFP, 2008

Currently, the country's illicit drug treatment system at the time of writing consists of ten counselling centres, two of them targeting adolescents and young adults, 17 outpatient programs, and a drug rehabilitation program in the central prison (see section 5.3). Two detoxification programs (a governmental and a private clinic) provide detoxification services in an outpatient or inpatient basis. Harm reduction in the form of substitution/ maintenance is also provided by a governmental unit in Nicosia and Limassol, as well as by a private clinic either on an outpatient or inpatient basis (for the availability of treatment in 2007, see ch.4 section 5.3).

With respect to information flow, it is evident that there is a gap within the treatment system. As known, the substance abusing population receives treatment from more than one service agency in a given period. It seems that there is lack of case

[20] The following description reflects the treatment availability as of the time the report was written (2007-2008). For 2007 availability refer to ch.4, section 5.3.
[21] The substitution centre in Nicosia shares the same psychiatrist as the detoxification centre Anosis, thus on a trial period prescription of substitution also takes place in Limassol.

management and treatment continuum. Consequently, the clients go through assessment more than once in the given period or receive treatment (this is especially important for substitution treatment) from more than one programme simultaneously. Thus, clients experience the inconvenience of being assessed more than once, experience a delay of receiving services and / or when dealing with substitution clients' manipulation of the services in providing more than the appropriate dose of substitutes is observed. In the meanwhile, the evaluation of the National Strategy and Action Plan, as well as the evaluation of the non-governmental treatment services initiated by CAC and contacted by the Centre for Interdisciplinary Addiction Research of the Hamburg University officially pointed out the aforementioned gap of the treatment system and recommended the creation of a substance abuse treatment documentation/ registry system (see SQ27P2_2008_CY01).

The CAC following expert opinion, is currently in the process of establishing a documentation system through which the treatment programs will be able to enter each client's data (including data needed for the implementation of the TDI and DRID protocols as well as information of the Treatment Unit Forms, EuropASI, etc.) and follow the treatment course of each case.

In addition, until now there have been no official treatment guidelines and each treatment unit operated with its own standards and guidelines (see SQ27P2_2008_CY01). In 2008, the CAC in cooperation with the Centre for Interdisciplinary Addiction Research of the Hamburg University began developing such guidelines. More information will be provided in the next national report.

Information presented below is based on the limited number of the Treatment Unit Forms (TUF) delivered to the NFP as well as on the evaluation of the Cyprus Action Plan on Drug Demand Reduction and the evaluation and recommendation report of the drug services completed by the Centre for Interdisciplinary Addiction Research of the University of Hamburg (Degkwitz, Zurhold & Haasen (2008)).

6.3. Drug free treatment

6.3.1. Inpatient Treatments

Although the number of inpatient treatment units decreased (from 2 to 1) in 2008, the actual number of centres did not change. Instead, some treatment centres directed their focus to the current needs as observed by the patient's characteristics and needs.

As previously mentioned, currently there is only one inpatient centre, which is a long term residential facility based on the principles of therapeutic communities. The facility is a non governmental organization that exists since 1999. The therapeutic community (TC) targets adult mainly opiate drug users. Adolescents or users with double diagnosis are not accepted in the community. In 2007, according to the TUF, 57.6 % of the clients were immigrants/ refugees, and 26.5 % had a criminal trial or a court decision pending. The TC's main referral source is the counselling centre run by the TC in Nicosia. The TC plans to develop close co-operation with the prison and the probation services currently being developed in order to create more opportunities for referrals.

Major treatment emphasis is placed on group and family therapy, 12 step support groups and relapse prevention. Treatment mainly aims at:

- Maintaining abstinence from all illicit substances as well as alcohol
- Improving the member's physical health and wellbeing, social skills, family relations, self awareness, self esteem, environment (including the individuals living arrangements and friend network).
- Prevention of blood-borne infections.

The TC besides the implementation of the TDI and the DRID protocol assesses its members by using the EuropASI as well as the BDI-II (Beck Depression Inventory). The aforementioned tools are implemented at the beginning, middle and at the completion of the programme. Successful completion of the programme requires

- total abstinence from all the substances previously mentioned,

- full time employment
- social rehabilitation

The TC employs 10 full time (among them 4 psychologists) and 8 part time persons. The TC's spending budget for the fiscal year of 2007 was 588,505.55 Euro. Thirty five percent of the budget comes from the association called 'Friends of Agia Skepi', 28 % from other donations, 23 % from public funding, 12.8% from the Anti-drugs Council and the Youth Board and 1.2 % from the EU.

According to the evaluation of the Centre for Interdisciplinary Addiction Research of the Hamburg University, ''Agia Skepi'' reaches the intended target group of long-term drug addicts, is well equipped with regards to staffing and facilities. ''A certain degree of quality is ensured by internal and external supervision in a reasonable frequency''. However, the phases of the programme are too intensive and too strictly ruled resulting to the low number of clients and a high drop-out rate. The evaluation included the following proposals:

- The treatment provision has to be diversified in terms of providing long term inpatient rehabilitation and short term outpatient aftercare (3-6 months).
- As regards to the rules, there is no necessity to cut-off communication between the client and the outside world; on the contrary the family network of the client can provide motivation for treatment continuation.
- The treatment should follow a community based concept which includes tasks for the client in the community (being responsible for the communal as well as being confronted by the general availability of alcohol and drugs).
- The programme duration (24 months) can be shortened, decreasing the threshold by allowing clients to enter the programme by referral from other units.
- The facilities as well as the number of staff are more than enough a fact that allows the TC to offer a specific treatment for special groups i.e. immigrants or women (Haasen, C. et al, 2008).

6.3.2. Outpatient treatments

During 2007 two counselling centres broadened their services, offering outpatient-type treatment targeting not only high risk, non – dependent adolescents but also adolescent users of illicit drugs, alcohol and psychotropic medication with experimental and / or systematic use. Further, as of July 2008 one inpatient centre shifted its services to outpatient treatment. Consequently, more counselling centres were established and two of them changed to outpatient units broadening their target group.

The aforementioned changes are consistent with the recommendations deriving from the evaluation of the treatment centres contacted by the Centre for Interdisciplinary Addiction Research of the Hamburg University. According to the evaluation report, ‘’differentiated outpatient programs in which drug users are offered a comprehensive psychosocial and medically assisted treatment on a daily basis are missing’’ (2008).

Thus, outpatient treatment availability increase is observed as of the year 2008. According to the evaluation of the Centre for Interdisciplinary Addiction Research of the Hamburg University, Perseas, the MHS’s early intervention programme the centre should focus more on treating adolescents drug depended clientele and not only experimental drug users; something that has already been done in the beginning of 2008. The aforementioned evaluation also stresses the importance of easing the access to the programme; this can be accomplished by establishing a new coordinating committee with representatives from the Ministry of Education, the Police, the Cyprus Youth Organization, the local authorities and the Parents Association of high schools. Further, the report suggests that the decrease number of treatment demands and the high drop out rates can be overcome by reducing the length of the treatment duration as well as by offering low threshold access. At the same time, art and drama therapy can attract adolescents to request treatment. Other suggestions drawn from the evaluation include:

- For the target group of severely drug dependent adolescents introduce an intensive day care centre (only if such a demand is observed).
- For those adolescents not being motivated to abstain from illicit drug use, motivation should be directed towards getting the adolescents to at least observe harm reduction measures.
- Tolmi, an outpatient therapeutic community which operates in four cities has according to the same evaluation a well structured target group. Proposals for the improvement of the services provided included:
    - The improvement of the accessibility and attractiveness to more drug using groups such as the users in substitution treatment.
    - The expansion of the time limit of 8 weeks for motivational counselling.
    - Securing funding for drama and occupational therapy that reach enough clients forming various groups.
    - The building and structure of the premises should be reconsidered; adequate group rooms and separation from the counselling centres may be needed.
    - Improvement of documentation and outcome evaluation is required (Haasen, C. et al, 2008).

Counselling Centres

As previously mentioned, there is a limited number of completed TUFs. However, according to what was provided and based on information from the previous years, the counselling centres focus on providing motivation for change and psychosocial support. The target group is very broad and includes males and females of any age and /or double diagnosis. Specifically, according to some centres a 16%-20% of their clientele is characterized by co-morbidity and 15%-16% are adolescents. Further, based on the limited information provided, most of the clientele is either self referred or referred by other drug treatment facilities. Most of the counselling centres receive limited funding, are understaffed, employing one full time psychologist or substance abuse counsellor. As a result, during 2008 some of the centres ceased providing treatment (provide only prevention services) or do so in a very limited extent.

With regards to the six decentralized Kenthea counselling centres, the evaluation of the Centre for Interdisciplinary Addiction Research of the Hamburg University points out what already mentioned above; the lack of a clearly defined target group. According to the report, the predominant objective of the centres is to motivate clients to abstinence by providing counselling and then referral for treatment. Thus, it is recommended to reflect the current concept and also consider counselling in terms of harm reduction. That may assist in reducing the drop out rate which currently reaches 50%. Further, only two of Kenthea's centres reported having treatment demands and providing individual counselling therefore most of the centres appear to focus on prevention activities. Specifically the evaluation recommends the following:

- A thorough assessment of the needs in each area where the counselling centre is located.
- Staff qualification by trainings has to be ensured.
- Definition of the target group in order to improve the quality of services.
- Engagement of an external supervisor in order to increase the professionalism of the staff and to benefit from an external view of the practice.
- Documentation and reporting of the services performed and the clients served by each centre separately. The lack of transparency is an obstacle for assessing the performance and the results of the services and consequently an obstacle for receiving public funding.
- The same evaluation report describes and provides suggestions for the improvement of the ''Agia Skepi'' counselling centre. The proposals include:
    - The counselling centre appears to be closely linked with the TC with regards to its counselling and treatment dimension. However, the counselling centre is suggested to account the individual needs of the clients and consider all possible treatment or substitution options.
    - The centre offers two family treatment groups; one for the families of persons enrolled in the inpatient TC and another for the families of individuals who are attending any other treatment. This separation is, according to the evaluation, not useful. Instead, two family treatment

groups would be useful for families whose relatives are already in treatment and one for families whose relatives are not yet in treatment.

- With regards to the counselling centre ''Toxotis'', located in Nicosia, the evaluation results indicated the need:
    - of external supervision for the centres' staff
    - staff training
    - the more frequent presence of the specialized professionals such as the psychiatrist (since the same professional are shared by various MHS)
    - special training for the staff to address cannabis or cocaine users as well as party drug users (Haasen, C. et al, 2008).

6.4. Pharmacologically assisted treatment

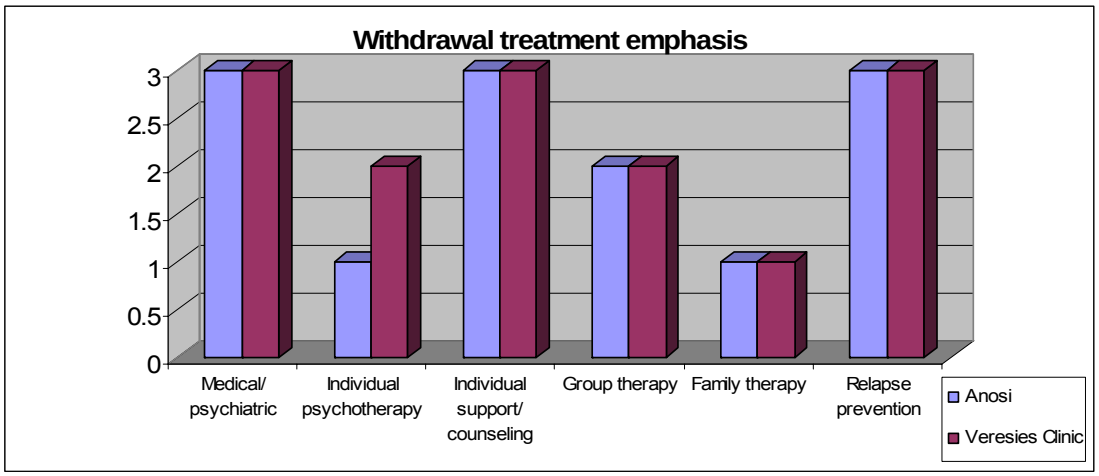
6.4.1. Withdrawal treatment

The NFP receives data from two programs providing withdrawal treatment[22]; the governmental programme 'Anosis[23]' and the private Veresies Clinic. The latter provides both, inpatient and outpatient detoxification services. Clients in 'Anosis' receive pharmacological support (step-down process) while clients in Veresies Clinic receive (on an impatient or outpatient basis) or are prescribed DHC doses based on a well-defined daily schedule (Veresies, 2008, unpublished).

Although both centres provide short term treatment course (3-4 weeks), according to the TUF, they also provide psychosocial support, including individual psychotherapy, individual support and counselling, group and family therapy and relapse prevention. As observed from the figure below, both centres rate the provision of medical / psychiatric, individual support / counselling and relapse prevention services as their main treatment emphasis (Cyprus NFP, 2008, unpublished).

22 There may be other private clinics or GPs that provide such services although they are not specialized drug withdrawal programmes and do not report to the CAC.
23 For more information on 'Anosis' refer to 2005 Cyprus National Report.

Figure 5.2: Withdrawal treatment emphasis



Source: Cyprus NFP, 2008

According to the Centre for Interdisciplinary Addiction Research of the Hamburg University (Degkwitz, Zurhold & Haasen (2008)), 'Anosis' provides adequate treatment, in an integrated plan, employs multidisciplinary personnel which allows for integrative care. At the same time, the nursing staff number seems high for the capacity and the needs of the unit, and the lack of male nurses also seems to be evident. Concerning the structure of the unit the evaluation report emphasizes the lack of rooms, access to a garden as well as lack of other office equipment including internet access. Similarly, there is a high-threshold access to the unit due to the limited beds available. The procedure of admission requires that the clients go through approximately 2-3 motivational enhancement sessions in a counselling centre to limit drop outs upon admission to the unit. However, it is reported that 'Anosis' has a high percentage of drop outs (71% of admissions in 2007) regardless of the preparation attempted at the counselling centres. Consequently, it is recommended that the unit shifts to low-threshold access and therefore increase its coverage. Other recommendations included in the report concern the increase of family therapy as well as the provision of recreational activities that will assist in reducing the drop out rate (Degkwitz, Zurhold & Haasen (2008)).

6.4.2. Substitution Treatment

In Cyprus up to the beginning of the year 2007 the treatment option of substitution or maintenance was non existent. However, in October of 2007 the first substitution/ maintenance unit was developed by the Mental Health Services of the Ministry of Health (SQ27P1_2008_CY01). Further, in 2007 a private clinic began implementing a substitution programme with DHC and buprenorphine. According to the psychiatrist of the clinic, Dr. Veresies, many of the clients in the detoxification programme failed to stop using the aforementioned substance signalling the need for the development of the DHC substitution programme (Veresies, personal communication, 27/8/08).

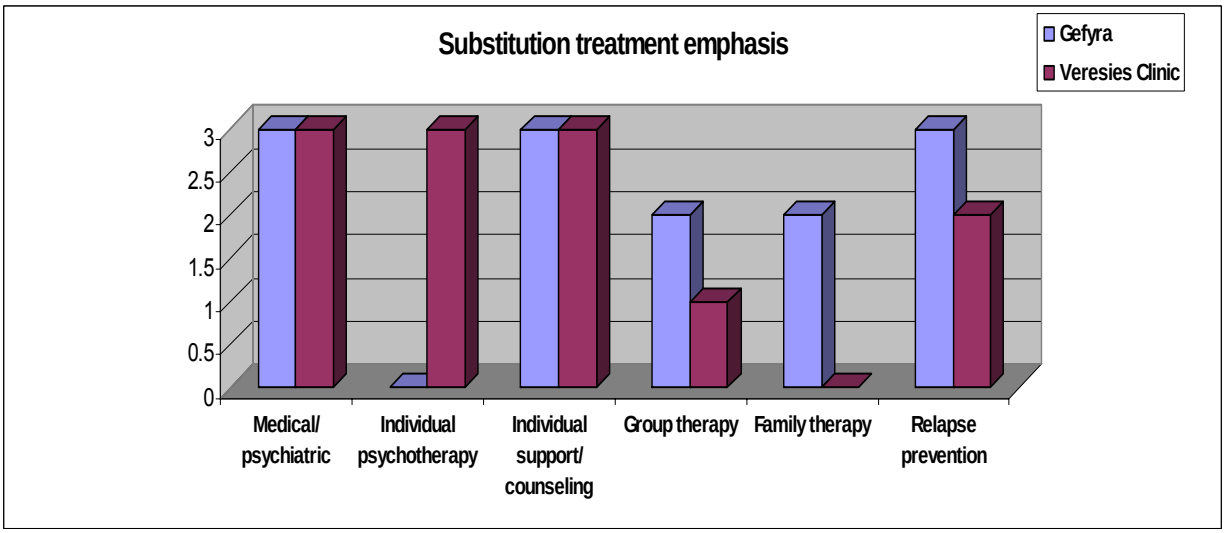
6.4.2.1. Gefyra

The unit has a low threshold access and targets chronic active opioid drug users characterized by several failed detoxification and rehabilitation attempts in drug free programs. Priority is specifically given to physically ill or disabled individuals, cancer patients, individuals suffering from hepatitis, tuberculosis, cirrhosis of the liver, or pregnant females and/ or relatives of individuals already enrolled in the programme. During 2007 most of the clients were either referred by other treatment centres or were self referred; whereas very few clients contacted the unit after a referral by a private doctor. Buprenorphine and / or benzodiazepines were the substances dispensed by the programme. Treatment emphasis is placed on the provision of medical / psychiatric assistance, individual support and counselling and relapse prevention, as shown in the figure 5.4 below. Gefyra employs two part time psychiatrists, five nurses and one secretary.

6.4.2.2. Veresies Clinic

As previously mentioned, Veresies Clinic provides substitution treatment with DHC and buprenorphine. According to Dr. Veresies, in 2008 the programme will be reinforced with a well structured group therapy schedule as well as 12 step self support groups (Veresies, personal communication, 2008).

Figure 5.3: Substitution treatment emphasis



Source: Cyprus NFP, 2008

According to the figure above, both substitution programs emphasize the provision of medical and psychiatric assistance and individual support and counselling. ''Gefyra'', the governmental programme however states also providing major emphasis on relapse prevention and medium emphasis on group and family therapy. ''Veresies Clinic'', however, reports providing major emphasis in individual psychotherapy as well as medium emphasis in relapse prevention. As previously mentioned more emphasis on the provision of group therapy will be given in 2008.

6.4.3. Treatment in a controlled environment

6.4.3.1. Prison treatment unit

In 2007 prison inmates were able to receive drug treatment, since the implementation of a programme by the prison Mental Health Services. The programme is characterized by group therapy and consists of five phases, each phase having different objectives. The phases of the programme are described below:

- First phase - Assessment of the inmate

The tools used are the TDI, the Mini Mental Status Exam (MMSE), the Socrates Exam and a clinical interview.

- Second phase – Psychoeducational team

Consists of 12 weekly meetings where issues such as the effects of drug use, defence mechanisms, assertiveness, boundaries, etc are addressed.

After the end of this phase the inmates are given the choice to decide whether they want to continue to the next phases. If they decide to do so, they have to commit by signing a treatment contract.

- Third phase – Re-assessment and life skills training

Two weeks after the end of the previous phase the inmates are re-assessed. The third phase has duration of 22 weeks (one hour per week). It focuses on expression of feelings, anger management, and vocational and social skills training.

- Fourth phase – Re-assessment and closure

In this phase the inmates are assess to evaluate their progress. Also the official closure of the group meetings takes place and each participant receives a certificate of the programme completion.

- Fifth phase – Re-assessment

One month after the completion of the team meetings each participant is assessed on the implementation of the skills learned through an interview.

As observed treatment emphasis is placed on group therapy and relapse prevention. According to the Treatment Unit Form (2007), the reasons for early discharge include absenteeism from the group meetings, violent behaviour, programme rules violation as well as release from prison.
The programme is run by one part time psychiatrist, one part time psychologist, one part time ergo therapist and a full time nurse.

6.4.4. Other pharmacologically assisted treatment

Although there is evident that some outpatient centres do refer clients to general doctors to pharmacologically assist therapy, it is unclear which centres do that in a systematic and structure manner. Thus, there is no further information available.

6.4.4.1. Target group, objective, methodology, setting, staffing

The evaluation of the treatment services provided a basis for major changes that need to take place in order to improve the quality and accessibility of treatment. Some basic themes that are repeatedly emphasized in the report are:

- Needs assessment is needed to re-direct the services provided since some centres seem not to receive enough demands for treatment or have high rates of drop out.
- The target group of most treatment units is not adequately defined
- The goal of abstinence should not be applied to all users and should not only be the only option or criterion for accessing treatment.
- Development or re-consideration the programme enrolment criteria is needed (this is also evident from the outpatient treatment demand increase, see ch. 4.3.1)
- Specialized training for professionals on the field is needed
- External supervision for the drug treatment professionals is needed
- All treatment centres lack documentation and outcome evaluation data which will allow the just and easy allocation of public funding (Haasen, C. et al, 2008).

7. Chapter 6: Health Correlates and Consequences

7.1. Overview

This chapter focuses on the immediate impact of drug use on public health in Cyprus, looking at associated problems and consequences, and the evolution of these through each year of reporting. An overview and general impression of this impact on public health is outlined via key topics, which include data on drug related deaths[24] (DRDs) and mortality, drug related infectious diseases (DRIDs), information on psychiatric comorbidity, and a number of other variables relating to health, such as somatic comorbidity and non-fatal drug emergencies.

While efforts are made by the NFP and other authorities to systematize and coordinate the collection of data relating to such health correlates and consequences, generally speaking it may be said that data collection for this chapter is circumscribed due to the frequently composite nature of the data itself, which is derived from a diversity of sources, as well as the relatively recent introduction of appropriate databases and data collection procedures, many of which have only been set up in the last four years or so.

Data for HBV, HCV and HIV prevalence although based on the implementation of the Drug Related Infectious Diseases Indicator (DRID) protocol cannot assist in drawing conclusions with certainty due to the small sample size. At the same time, the number of IDU's increased although the number of them tested remained stable over 2006 and 2007. Consequently, presented comparisons and data interpretation should be approached with caution. Based on a sample of 349 valid tests, 34.3% prevalence for HCV (HCVAb markers) was found. When compared with the previous year's percentage an increase is observed although the limited sample size does not allow the expression of such increase as certain. The most prevalent change observed between the years

[24] For definitions of DRDs and DRIDs, please see overview ch.7, section 8.1.

2006 and 2007 is the percentage of HCV positive ‘’new’’ treatments. In the section 6.3.1.1 possible explanations are provided. There are no major changes regarding the HCV positives age groups or gender. Again, taking into consideration the small sample size it seems that the HBV prevalence still remains minimal. Regarding the HIV/ AIDS prevalence among the IDU’s, there is 0% when retrieving the data from the DRID indicator, although based on the TDI indicator self report data, a prevalence of 2.15% is observed (ST9P2_2008_CY_04).

7.2. Drug related deaths and mortality of drug users

According to the Special Registry, 70 drug related deaths in total (acute plus indirect deaths) were recorded from the beginning of 2004, until the end of 2007. During 2007 itself, 22 drug related deaths were recorded, 12 of which were directly attributed to drug poisoning. Until September of the current year of writing however, eight further deaths were recorded, seven of which were toxicologically confirmed to be resulting from drug overdose / poisoning (Cyprus NFP, 2008). Since the data for the year 2008 is currently incomplete, the data analysis presented in this chapter is based on data collected up to the end of 2007.

As was the case for the year 2006, also in 2007 all except one of the acute deaths involved men, and for the 2008 DRD data reported so far, all have been men. This is of course, in keeping with general findings regarding gender, drug use and DRDs[25], while bearing in mind however that, as authors like Henderson (1999) and Doweiko (2006) suggest, little is actually currently known about drugs and gender, and more research in this area is generally to be welcomed.

25 The EMCDDA website (http://issues06.emcdda.europa.eu/en/page015-en.html) gives a percentage of 7%-35% for female DRDs across Europe. It is interesting that Cyprus has in recent years appeared to have a much lower percentage of female DRDs, and with some initial caution as to the predictive range of available data, this should perhaps have some bearing on future research into women drug users in Cyprus as a ‘hidden’ population with particular needs which are likely to be different to those of male drug users, and therefore in need of appropriate treatment provision.

Additionally, there has been a slight, non-significant increase in the mean age of the deceased from 28.3 years in 2006 to 28.7 years in 2007 (for acute / direct drug-related death data please see also ST5_2008_CY_01 and for historical evolution of the death data ST6_2008_CY_01). Nevertheless, due to the inherent limitations of the data (resulting in its high vulnerability to changes), no safe conclusions can be made as to particular trends or changes. As in previous years, opiates (excluding methadone) accounted for the vast majority of acute DRDs, while road accidents accounted for most of the indirect deaths also in 2007.

7.2.1. Direct overdoses and (differentiated) indirect drug related deaths

As stated above, according to the Special Registry (Cyprus NFP, 2008), 22 drug related deaths were recorded in 2007, 12 of which were due to overdose. Until September of the current year 2008, eight further deaths have been recorded, seven of which were attributed to drug poisoning. Some of the demographic characteristics of these acute deaths are presented in the tables below.

Table 6.1 Demographic characteristics of the direct drug-related deaths in 2007

	Age Range	Gender	Place of death	Toxicological Test Results
1.	50-54	M	Nicosia	Opioids only (excluding methadone)
2.	40-44	M	Limassol	Poly-substances including opioids
3.	35-39	M	Larnaka	Opioids only (excluding methadone)
4.	30-34	F	Nicosia	Poly-substances including opioids
5.	30-34	M	Limassol	Opioids only (excluding methadone)
6.	30-34	M	Limassol	Opioids only (excluding methadone)
7.	25-29	M	Paphos	Poly-substances including opioids
8.	25-29	M	Paphos	Poly-substances including opioids

	Age Range	Gender	Place of death	Toxicological Test Results
9.	20-24	M	Limassol	Opioids only (excluding methadone)
10.	20-24	M	Larnaka	Opioids only (excluding methadone)
11.	20-24	M	Limassol	Poly-substances excluding opioids
12.	20-24	M	Limassol	Poly-substances including opioids

Table 6.1 Demographic characteristics of the direct drug-related deaths in 2007 (contd.)

Source: Cyprus NFP, 2008

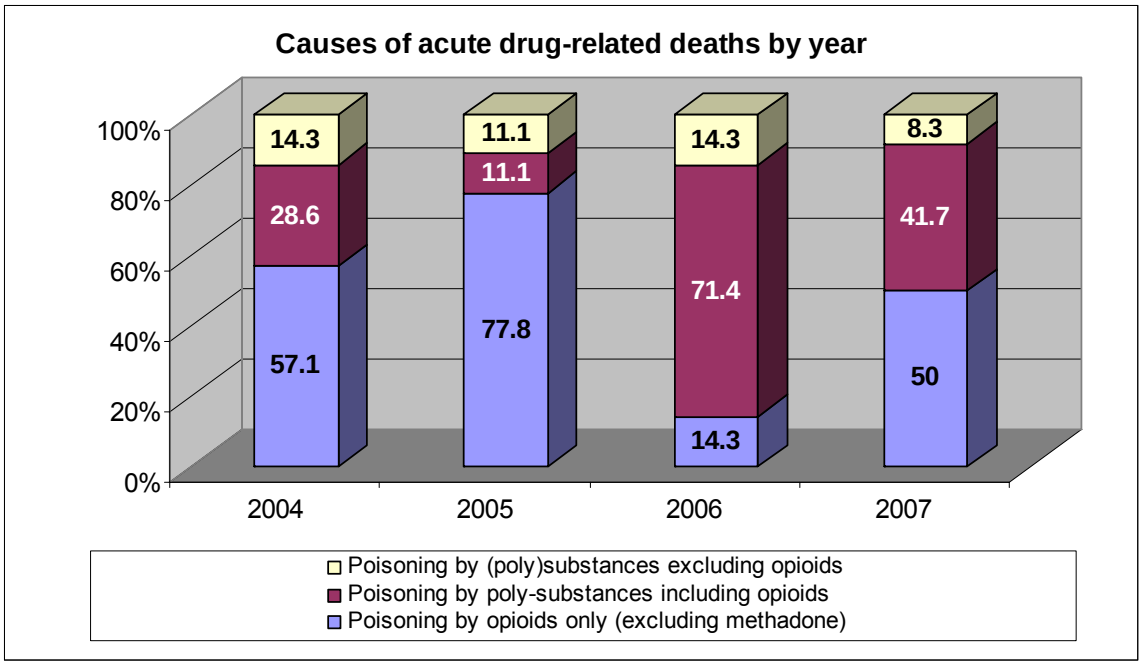
Table 6.2 Demographic characteristics of the direct drug-related deaths in 2008

	Age Range	Gender	Place of death	Toxicological Test Results
1.	35-39	M	Paphos	Opioids only (excluding methadone)
2.	35-39	M	Limassol	Opioids only (excluding methadone)
3.	35-39	M	Paphos	Poly-substances including opioids
4.	25-29	M	Nicosia	Poly-substances including opioids
5.	25-29	M	Paphos	Poly-substances excluding opioids
6.	30-35	M	Paphos	Poly-substances including opioids
7.	25-29	M	Nicosia	Poly-substances including opioids

Source: Cyprus NFP, 2008

It is stressed that the above information includes all deaths due to drugs overdose up to the time this report was written, and which were confirmed by cross-checking various data sources with toxicological results from the National Toxicological Laboratory. The causes of the acute drug-related deaths (as confirmed by toxicological examination) in the years 2004 to 2007 are presented in the graph below.

Figure 6.1 Causes of direct drug-related deaths for the years 2004 until 2007



Source: Cyprus NFP, 2008

It may be noted from the graph above that opioids, alone or in combination with other substances such as benzodiazepines, cocaine etc.[26] continue to account for the majority of direct drug – related deaths. In 2006, the proportion of deaths caused by opioids only (excluding methadone) decreased rapidly from 77.8% in 2005 to 14.3%, accompanied by an analogous increase of the presence of polysubstances including opioids. Regarding poisoning by polysubstances including opioids, Special Registry data in 2006 suggested a matter for concern may be the increased use by addicts of a combination of benzodiazepines and opioids since 2005, the general risks arising from polysubstance use being a matter which deserves attention from prevention / harm reduction experts. In 2007 however, polysubstance use in the DRDs appears to have diminished again, to 41,7% (from 71.4% in 2006). It is worth noting that, despite its diminished extent, polysubstance use is still higher than in 2004 and 2005. However, as mentioned above, due to the limitations of the data and the lack of availability of information from other

26 More detailed data as to the particular combinations of substances were submitted to the EMCDDA in the year of writing, as part of the 'second field trial on substances involved in DRD'.

sources, which could potentially shed some light on this phenomenon (e.g. information regarding the purity of heroin), no safe conclusions can be drawn at the moment, and the observed fluctuations should be treated with great caution.

As to the indirect deaths recorded in 2007, road traffic accidents accounted for the majority. Three of ten in total indirect DRDs were due to other causes, including one suicide (Cyprus NFP, 2008). Regarding the substances involved in these cases, combinations of different drugs (frequently including cannabis and alcohol) were found through toxicological examination (Cyprus NFP, 2008).

7.2.2. Mortality and causes of deaths among drug users

NNIA.

The NFP recognises the need for further studies and research into general mortality, and into causes of deaths among drug users, and aims at the eventual determination of reliable total mortality cohort data. The NFP's DRD Working Group, consisting of members from relevant services and authorities such as the Cyprus Police, the State General Laboratory, Hospitals, Forensic Services and others, has on its agenda the possibility of setting up mortality cohort studies. Recent opinions suggest that groundwork needs to be done regarding the appropriate experimental design, recording of data, coordination of services, funding resources, as well as actual chronological maturing of the available data (recording began in 2004), all of which need to be in place before mortality cohort studies may begin (Cyprus NFP, 2008).

It could also be mentioned again that, as a result of a recent twinning initiative with Germany for the evaluation of Cyprus' governmental treatment programs (Mental Health Services) in the drug sector (Centre for Interdisciplinary Addiction Research, Hamburg University, 2007), planning for the implementation of a uniform national documentation system for the anonymous monitoring of dependent persons' careers in drug use (Haasen et al., 2007) is currently underway by the CAC in collaboration with relevant

authorities, as part of the development of the therapeutic services continuum in Cyprus. This, in conjunction with the expected implementation of ICD-10 criteria by forensic experts[27], will in due course considerably improve information collection regarding mortality and causes of deaths among drug users.

7.3. Drug Related Infectious Diseases

The year 2007 is the second year that the NFP received Hepatitis and HIV prevalence based on the DRID protocol. However, as previously reported (see 2007 NR) not all treatment centres implement the protocol. At the same time the percentage of the IDUs tested is low. Thus, the data below should be viewed with caution. In an attempt to encourage testing among drug users, it is worth noting that the CAC is in the process of:

- Reinforcing the HIV/ AIDS and Hepatitis testing referral procedure of IDU's requesting treatment from NGO's
- Finding a mechanism which will help overcome all obstacles of HIV/ AIDS and Hepatitis testing for drugs users
- Setting up a mechanism to facilitate the referral of drug users from the city of Paphos (that does not offer a local governmental laboratory) for free testing (CAC, 2008, unpublished).

Furthermore, in order to improve the collection of prevalence data for 2008, the CAC (with the supervision of the NFP) in cooperation with the Laboratory of Biotechnology and Molecular Virology of the University of Cyprus is in the process of contacting a research within the drug treatment centres aiming at estimating the prevalence of HBV, HCV and HIV among IDU positives as well as the genetic and the molecular analysis of the viruses. Further information on the project underway will be provided in the next National Report.

27 According to most recent information, although the ICD-10 criteria have generally been implemented for the GMR and, beginning in 2004, data on DRDs does exist, this data is incomplete, so that there remain outstanding difficulties in the full implementation of the criteria as relating to drug users in particular. Hence the HMU relies on the Special Registry retained by the NFP and DLEU for its DRD data, and General Mortality Registry data has not been used in this report (Pavlou, 2008, personal communication).

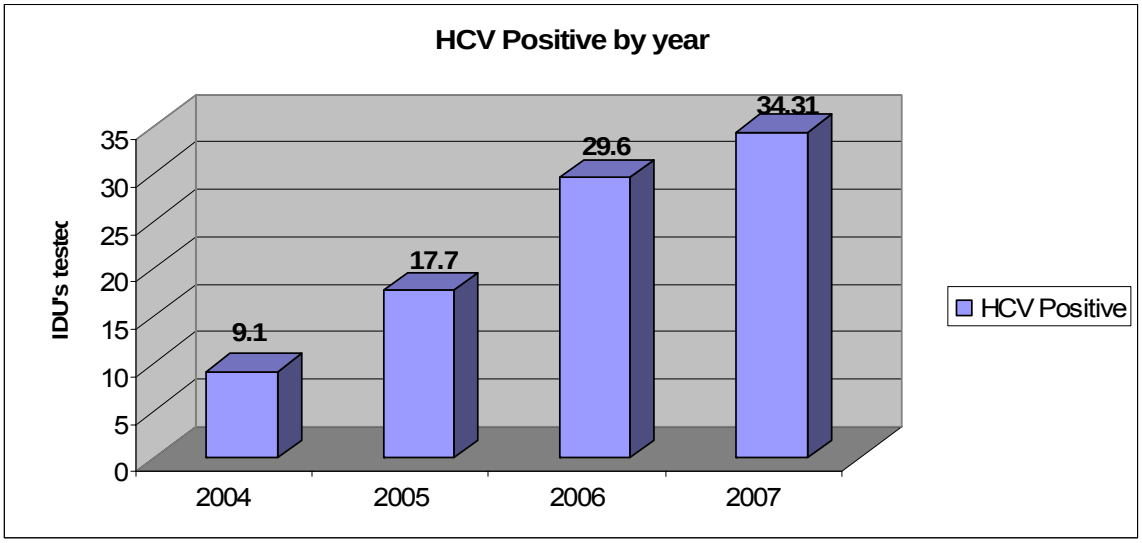
According to the NFP data, nine treatment centres (five inpatient, three inpatient, one substitution / maintenance centre (as described in the experts' report)) delivered prevalence data according to the DRID protocol. The sample has been derived from diagnostic testing and refers to users who have ever intravenously used illicit substances and requested treatment during the reporting year (ST9_2008_CY_01).

7.3.1. HIV / AIDS, viral hepatitis, STD, tuberculosis, other infectious morbidity

7.3.1.1. Hepatitis C

Taking into consideration only valid results (102, those with a known result) among intravenous drug users, 34.3% of them were found positive for Hepatitis C (HCVAb markers used). Compared to the respective proportion in 2006 (29.6 %) and 2005 (17.7 %), a gradual increase is noted, as illustrated in fig. 6.2 below. As noted in ch. 4, the proportion of clients recorded in treatment in 2007 that reported to have ever shared needles, has also decreased (from 27.8% in 2006 to 25.6% in 2007), although to a lesser degree than in case of ever injecting.

Figure 6.2 HCV Positive by year



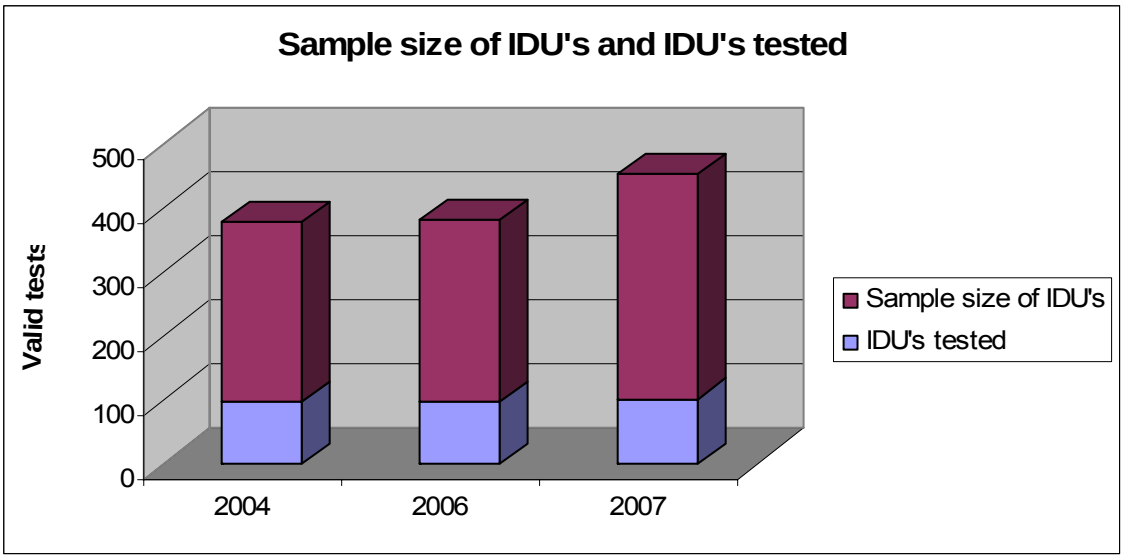
Source: Cyprus NFP, 2008

(Note: 2005 data is based on self-reports)

Although 2004 and 2005 data was considered low reliability data, the 2006 and 2007 prevalence data reveals an HCV infection increase[28]. In addition, the total sample size of IDU's increased from 283 in 2006 to 351 in 2007, whereas the respective number of IDU's tested remained the same (ST9P2_2008_CY_01). Consequently, the HCV virus prevalence may actually be a lot higher since one third of the IDU's was not tested (ST9P2_2008_CY_01).

28 The perceived increase should be noted with caution since the size of the sample consists of 102 valid tests.

Figure 6.3 Sample size of IDUs and IDUs tested

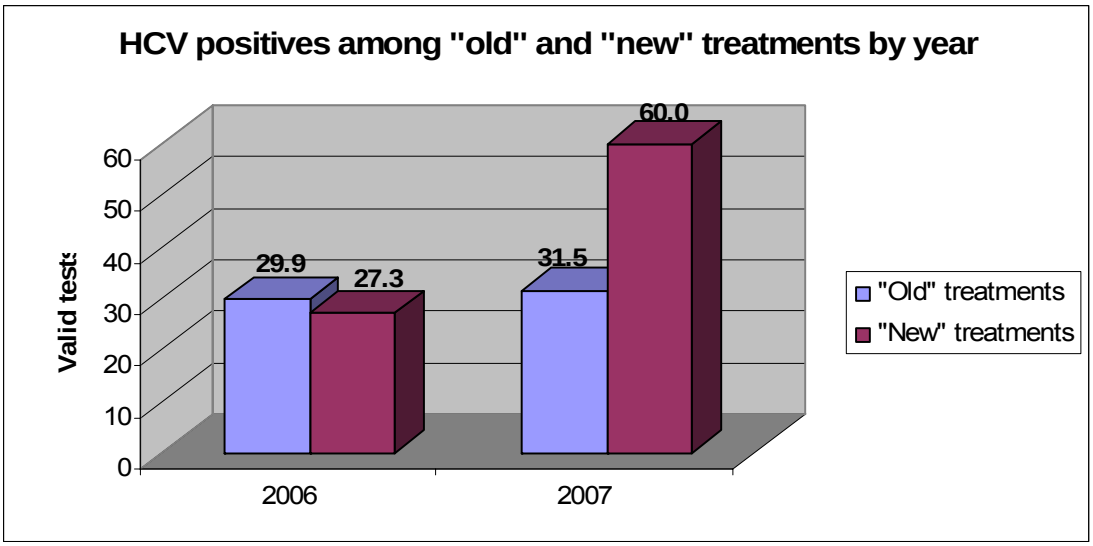


Source: Cyprus NFP, 2008

No comparison of the HCV prevalence among IDUs and the general population can be made as no such data is available (MOH, unpublished, 2008).

In 2007, a noteworthy increase of HCV positives is observed among the ‘’new treatments’’. Although in 2006 the percentage of HCV positives among the “new” treatments was lower than the respective one among ‘’old treatments’’ (31.5 %), in 2007 there were twice as many as the HCV positives among ‘’new’’ treatments (60%) For further data refer to the figure 6.4 below, as well as the ST9P2_2008_2008_CY_01.

Figure 6.4 HCV positives by ‘’old’’ and ‘’new’’ treatments



Source: Cyprus NFP, 2008

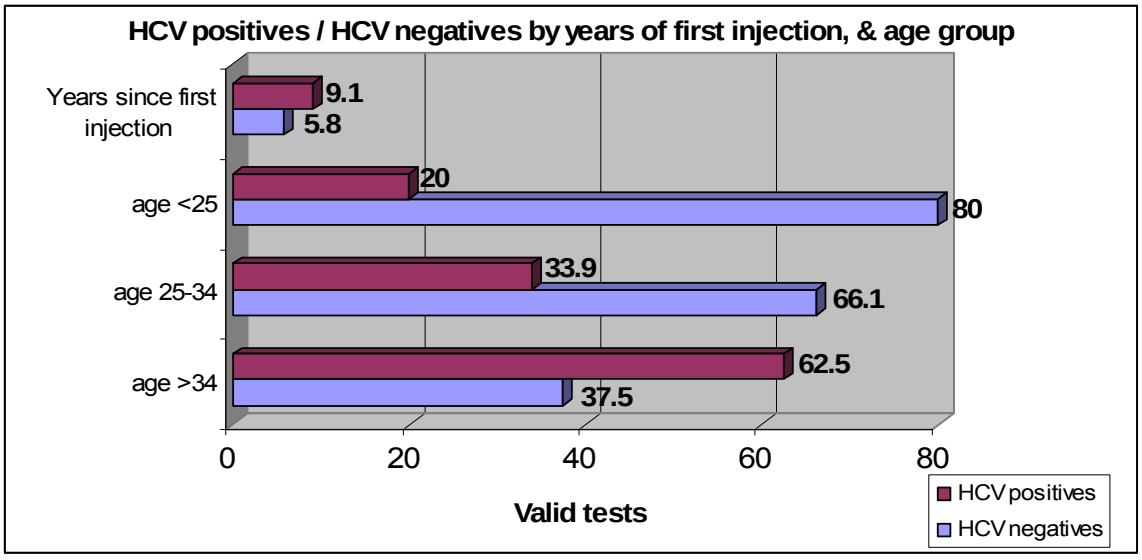
The following data / information derived from the TDI may explain the percentage difference of ‘’new’’ and ‘’old’’ treatments (NFP, 2008, unpublished):

- The mean age of all drug users increased from 27.3 in 2006 to 28.6 in 2007.
- The duration of use of the heroin users increased from 4.8 years in 2006 to 6.7 years in 2007.
- The latency of ‘’new’’ treatments is approximately seven years.
- The percentage increase of ‘’new’’ HCV positive treatment heroin users from 3% in 2006 to 42% in 2007.
- The attractiveness of the services provided by a private clinic (for further information refer to section 4.3).

Due to the small size of valid tests no other comparisons regarding the characteristics of HCV positives of each year can be made. The available data does not reveal any other major changes or new trends (see ST9P2_2008_CY_01). Consequently, the information below focuses only on 2007 data.

A noteworthy difference between the IDUs tested positive and those tested negative regards the duration of IV drug use. The mean duration of intravenous use among persons who tested positive for HCV was 9.1 years whereas the respective duration for the HCV negatives was 5.8 years (fig. 6.5). It may be concluded that from the above finding, as well as the percentages of positives in each age group, HCV infection may be depended on the duration of IV drug use.

Figure 6.5 HCV negatives / positives by years since first injection, by "old" and "new" clients and by age group for 2007



Source: Cyprus NFP, 2008

As already mentioned, the small number of valid tests does not allow any interpretations. For example, although the table above shows a high proportion of HCV positives among the 34+ age group, when observing the actual counts it is shown that more HCV positive users fall under the 25-34 age group (19 counts), a fact that also applies for 2006. Thus, no major differences can be observed or no trends can be revealed.

7.3.1.2. Hepatitis B

As mentioned in the previous report, HBV infection appears to be significantly lower than HCV rates among IDUs tested in 2006 and in 2007. For the years 2006 and 2007 data revealed a 2% and 7.8% HBV prevalence respectively, among those tested. The number of valid tests remains stable (96 in 2006, 102 in 2007) although the number of IDU's has increased (ST9P2_2008_CY_02). More quantitative or qualitative information cannot be reported since the number of HBV positive cases is very limited. For instance, there were only 2 and 8 counts on HBV positive in 2006 and 2007 respectively (ST9P2_2008_CY_02). As in the case of HCV, no data regarding HBV prevalence among the general population is available (MOH, 2008, unpublished).

7.3.1.3. HIV/ AIDS

According to the WHO (2008), among the general population in Cyprus 389 HIV positive cases were diagnosed in 2006, a number which corresponds to 0.71 per 1000 inhabitants 15-64 years of age (WHO, online, http://www.who.int/research/en/). The DRID indicator did not reveal any HIV positive cases among tested IDUs. However, according to self reports from the TDI data there were 5 cases of HIV positive (ST9P2_2008_CY_04).

Due to the small sample size of valid tests as well as the missing answers of any behavioural data of the DRID protocol, behavioural information is not available. However, some information can be extracted by a study contacted by the Research Unit of Behaviour & Social Sciences (RUBSI) of the University of Nicosia (formerly Intercollege) titled ''The psychological and social needs of individuals with HIV/AIDS''. The sample size of the study was 56 HIV/AIDS patients and the time period of completion was from 2005 to 2007. Although no information is available regarding the history of IV drug use among the studied population, some general characteristics are presented below (RUBSI, 2006):

- 51.2% of the male sample reported heterosexual orientation, 36.6% homosexual, 7.3% bisexual and 4.9% refused to reveal their sexual orientation.

- 88.9% of the female sample reported heterosexual, 0% homosexual, 0% bisexual and 11.1% refused to reveal their sexual orientation.
- 6.3% of the sample reported using drugs at least once in their lifetime
- 18.7% reported drug use in the last 12 months (RUBSI, 2008).

Further, as regards to behavioural data, the research study mentioned in the beginning of the section (6.3) includes questions aiming at collecting such data that will be reported in the next report.

7.3.1.4. Other infectious morbidity

NNIA.

There is no information available, since there is no infrastructure currently in place for collecting other infectious morbidity data.

7.4. Psychiatric co-morbidity (dual diagnosis)

Due to the lack of the appropriate resources for reporting psychiatric co-morbidity data based on the EuropASI as reported in the previous NR, the NFP requested from the treatment centres relevant information regarding their clients for the purposes of this report. However, only a few centres provided the requested information for 2007. Taking into consideration the total number of the treated population in 2007 (see ch.4), it is noted that 33% of the treatment centres' clientele presents co-morbidity symptoms[29]. Specifically, the co-morbidity data ranged from 4.9% to 43%. The big range can be explained by the characteristics of each centre. For example, the 4.9% of double diagnosis individuals corresponds to the ''Therapeutic Community Agia Skepi'' which does not accept such cases whereas the 43% is observed in ''Veresies Clinic'', a low threshold private clinic (see ch. 4).

29 The state of 'co-morbidity' was based on the therapists' observation of symptoms (not on an official diagnosis based on the ICD-10 or DSM classification).

The NFP will attempt to explore possible solutions regarding the implementation and data analysis of the EuropASI and provide further information ın the next NR to the EMCDDA.

7.5. Other drug-related health correlates and consequences

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

Although no reliable information on the aforementioned topic is available, according to the limited information available 21.2% of the individuals that requested treatment in 2007 did suffer from somatic problems such as sepsis and dental problems. Again, the percentages ranged from 5% to 56%, revealing the differentiation of each centre. 'Veresies Clinic' that attracts a variety of drug users has the highest percentage of somatic co-morbidity, whereas the drug treatment programs in prison have the lowest. The latter can be explained by the direct health care provided.

Non-fatal drug emergencies

Overdoses of non-fatal drug emergencies, according to the treatment centres, are experienced by 36.5% to 4.3% (mean=13%) of the drug treatment clients. This can also be explained by the nature and the entry criteria of the various treatment centres. For instance, the TC ''Agia Skepi'', accepts mainly opiate users, a clientele which is more prone to have experienced more non fatal drug related emergencies or overdoses, while counselling centres provide services to a less problematic clientele.

7.5.2. Driving and other accidents

According to the DRD Working Group (Cyprus NFP, 2008, unpublished), drugs were detected in seven fatal road accidents which occurred in 2007, as compared to nine such accidents in 2006 (please see section 6.2.1 above for further details). Apart from general fatal accident records unrelated to drug use, no specific official data is available

regarding drugs and driving, especially as road traffic drug-testing legislature is still to be introduced (see also ch. 1.2.1). It may be worth mentioning in relation to this that police data for DUI (alcohol) shows 7.916 persons were charged in 2007 (Achilleos, 2008, unpublished), and logically drug-driving may be expected to involve a smaller number of cases, although until actual data is recorded this remains a hypothesis.

Other causes of accidental DRD death in 2007 included one suicide, one undetermined case involving psychoactive medication, and one accident relating to street brawling.

7.5.3. Pregnancies and children born to drug users

The State General Laboratory (SGL, 2008a; SGL, 2008b), in collaboration with the Maternity and Gynaecology Dept. and Neonate Intensive Unit of Arch. Macarios III Hospital in Nicosia, undertook research into the use of cannabis and alcohol during pregnancy. This research was carried out on a pilot basis with a budget of €34,172. It sought to identify cases of alcohol and/or cannabis use during pregnancy in a sample of neonates (N=156), and the methodology involved chemical analysis (ELISA method) of the neonate meconium for the isolation of cannabis and its metabolites. Initial difficulties in ascertaining alcohol use led to narrowing down the research focus to cannabis use. The research programme duration involved a period of 3 months (September – December 2007). 115 meconium samples were from the neonates of indigenous Cypriot mothers, and 41 meconium samples came from the neonates of mothers of non-Cypriot origin resident in Cyprus. Results indicated a positive trace of cannabis metabolites in one sample from a mother of indigenous Cypriot origin, (representing 0.6% of the total sample).

The study concluded that a percentage of 0.9% of future mothers in Cyprus may use cannabis during pregnancy. The researchers suggest that these results may indicate a slight negative influence of cannabis on normal foetal development, and recommend that their findings be taken into account by the CAC in designing appropriate drug policies for young mothers as a potential high-risk group (SGL, 2008b). It may be worth

commenting, however, that although the research initiative is certainly a valuable and important step forward, the sample used in this study is likely to be too small to make generalized conclusions, so that policy makers will probably need further evidence in this direction before implementing any major changes, hence the State General Laboratory proposes to continue the program on a national level (SGL, 2008b).

8. Chapter 7: Responses to Health Correlates and Consequences

8.1. Overview

This chapter focuses on local and national responses to those health correlates and consequences associated with drug use in Cyprus, which include DRDs, DRIDs, road traffic accidents, psychiatric and somatic comorbidity and other variables. DRDs in Cyprus are classified according to whether they are directly or indirectly related to drug use; where direct DRDs are a result of poisoning due to overdose, and indirect DRDs are a category including all deaths not due to overdose, such as road traffic accidents, street brawls, suicide etc. It should be commented that EMCDDA recommendations on DRD definitions are followed closely, and the issue of DRD classification methodology is frequently debated within the NFP associate network. The DRID Indicator data is collected through a protocol containing demographic characteristics, drug use related questions, questions regarding high risk behaviour as well as the diagnosis of infectious diseases. The aforementioned data for DRIDs is collected from drug treatment centres.

Policy makers, drug experts and the public in general seem to be increasingly aware of such drug-related health consequences, perhaps due to increased exposure of the various dimensions of the drug phenomenon. Frequent press conferences, and the presentation of professionally monitored information relating to the drugs phenomenon through the NFP, also raises awareness of these issues for the media and the public.

The framework, strategies and interventions relating to prevention of health consequences is provided by the NDS, which considers addiction to be an issue of public health, and states among its principles “the importance of controlling for the most serious consequences on health, especially those which can have an important impact on the health of the population, such as the spread of AIDS and other viruses” (CAC, 2005, p.5). It also states among its objectives “to reduce drug-related health harm (HIV, hepatitis B and C as well as drug-related deaths […], deaths due to acute intoxication

[…], the number of consumers with high endangering drug use […], violence, health and family related problems […], accidents and injuries […], the intravenous use of drugs, [and] the harm caused by the use of alcohol, tobacco and other drugs" (3.3.1, p.13). Although no major structural or policy changes regarding these objectives took place in 2007, the introduction of a new governmental substitution treatment program has been a significant development in this direction in the field of harm reduction, as have the provision of syringes via a governmental harm reduction program (see also ch.5), and the introduction of blood testing for infectious diseases (HIV, Hepatitis) at all governmental treatment centres. Further interventions specifically aimed at alleviation of health correlates and consequences are found in the Action Plans 2004 – 2008 (sections 1.A.14, 1.A.15, 4.9, 5.3, 5.4, 5.6, 7.4, 7.5, 7.6, 7.7, 7.8, 9.6, 10.6, 10.7, and 10.14).

8.2. Prevention of drug related deaths

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

There is a continuing scarcity of programs aiming at overdose prevention. The counselling centre "Toxotis" operates the harm reduction programme "Stochos" (*En*: "Target"), which continued offering its services to intravenous drug users as a harm reduction programme in 2007. Apart from offering information on safer drug use and safe sex among other basic services such as nursing, provision of food and personal hygiene facilities, Stochos has initiated small-scale provision of syringes (not syringe exchange) as part of a safer use package providing new, sterile needles to its clientele in 2007 (see ST10_2008_CY_1). The programme's listed services (Constantinou, 2008 unpublished) include:

- Nursing care, psychological and psychiatric assessment
- Safer use training
- Referral to blood testing for control of blood-borne infectious diseases
- Personal hygiene training

- Support and motivational training with an aim to treatment referral

A total of fifty-five persons sought the assistance of “Stochos” in 2007; from these visits, 55 contacts for disinfected syringe provision were made (it is unclear from the data how many requests emerged corresponding to the actual number of visitors), and 5 syringes were provided overall. The relatively low number of syringes provided is possibly due to the low demand for such equipment from users of the service, since in general no request for syringe provision is declined, and no specific criteria are applied (Constantinou, 2008, personal communication). Another possibility may involve low publicity for the service. It is worth noting (cf. Kkolos, 2008) in this context however, that article 10A(1) of law L29/77 effectively renders illegal the intentional provision of drug use paraphernalia for illegal drug use, and it may be speculated that this can potentially act as an inhibitor even in treatment provision. If such is the case, this may be an area where existing drug legislation requires change.

Nevertheless, small steps towards a general harm reduction approach continue to be taken, which may indirectly contribute positively to prevention of drug-related deaths. (see sub-chapter 7.3). Also more recently, “Gefyra” (*En*: “Bridge”) a medical substitution programme, using buprenorphine, has been set up and commenced its operations in September 2007 (Ministry of Health, 2007, unpublished; see also ch.5). This programme aims at eventual abstinence from drugs and drug substitutes and employs selective intake criteria. It also states a reduction in drug-related deaths and morbidity among its aims. The private Veresies Clinic, also commencing operations in 2007 (see ch.5) provides both inpatient and outpatient detoxification services and methadone / buprenorphine substitution.

8.3. Prevention and treatment of drug related infectious diseases

8.3.1. Prevention (vaccination, syringe provision programs, paraphernalia and condom provision; information materials, educational approaches "safer use / safer sex")

As mentioned in the 2007 National Report, "Stochos[30]", the harm reduction programme began offering safer use training and information in 2006, and offering new sterilized syringes to drug users in Cyprus. As mentioned above, according to the scientific coordinator, there were 55 requests for assistance from the centre in 2007, although needle provision was limited (Constantinou, 2008, unpublished).

Concerning infectious diseases vaccination, Hepatitis B is included in the national routine vaccination scheme. Specifically, it is provided in the second month, fourth month and sixth month of each child (SQ23_2008_CY1).

8.3.2. Counselling and testing / infectious disease testing

According to the Medical Services, the procedure for counselling and testing the drug treatment clientele is as follows (this testing is not mandatory, and is done at the discretion of each centre):

- A written or oral referral is made by the treatment centre.
- The client visits the Medical Services of his/her city of residence.
- If he/she is in a good psychological state, the trained nursing staff provides information on ways of infection and transmission of Hepatitis, HIV and Syphilis. At the same time the client gets tested.
- The nursing staff contacts the referral source (treatment centre) by phone and also sends the actual results report by mail.
- In cases were the client tests positive, he/she is asked to repeat the tests for confirmation purposes.

30 For further information on 'Stochos' refer to the Cyprus National Report 2007.

- Counselling by the trained nursing staff is done at this stage. However, the drug treatment centre staff is in most instances more appropriately trained to deal with such cases, therefore the counselling provided by nursing staff is of relatively limited scope (Karatzia, personal communication, 2008).

Further, according to the CAC, the Medical Services of the Ministry of Health in cooperation with the CAC is in the process of changing the circular that required a referral from a psychiatrist for the free infectious diseases testing of drug users (CAC, 2008, unpublished). Although free testing was previously provided free of charge for the specific population, the procedures involved were unclear, a conclusion which may be drawn in view of the associated confusion for non-governmental treatment centres.

8.3.3. Infectious disease treatment

When the HBV, HBC and HIV tests are confirmed positive by the state laboratory, patients are referred to a governmental specialized doctor according to their condition. There is no information available regarding IDUs who tested positive from private laboratories, since there is no infrastructure for monitoring all private testing laboratories and private clinics.

8.4. Interventions related to psychiatric co-morbidity

NNIA.

Please see previous chapter, section 7.4. The NFP will attempt to find solutions regarding the implementation and data analysis of the EuropASI and provide further information on this issue in the next NR to the EMCDDA.

8.5. Interventions related to other health correlates and consequences

8.5.1. Somatic co-morbidity

NNIA.

Please see previous chapter, section 7.5. Somatic co-morbidity is generally treated on-site by treatment centres with medical facilities, or in hospitals and private clinics for users who are referred from treatment centres, or themselves have access to such facilities. A brief survey of treatment centres suggests that, according to the five treatment centres that responded, 21.2% of the individuals who requested treatment in 2007 did suffer from other somatic problems. The NFP is interested in acquiring further information on response interventions relating to users' somatic co-morbidity, and would promote research focusing on drug users' somatic health.

8.5.2. Non-fatal emergencies and general health-related treatment

NNIA.

Please see previous chapter, section 7.5. Overdoses or non-fatal drug emergencies according to the treatment centres responding to the NFP as above, are experienced by 13% of the drug treatment clients. It may be expected, and experts do recently report (Cyprus NFP, 2008, unpublished) that a large percentage of users are treated for overdose at hospital emergency units. There is currently however, a scarcity of administrative resources at such units for the recording of non-fatal emergencies and other health-related data pertaining to drug users as a specific patient group.

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

NNIA.

Promotion of the amendment of the Traffic Control Law, aiming at the introduction of drug testing methods for drivers (Narcotest) continues to take place (see also ch. 1.2.2), implementation activities involving various governmental services have been coordinated by a relevant ad hoc committee at the Ministry of Communications and Works during 2006 (Gaist, 2007, unpublished), this work reaching its conclusion in 2007. Information leaflets regarding risks from alcohol and drug driving were made available to the public at large in 2007 (State General Laboratory, 2007). There is no new information regarding reduction activities for other health consequences.

8.5.4. Other health consequences reduction activities

NNIA.

Given the relative lack of systematic coordination for organised or targeted interventions relating to the above health correlates in general, it may be worth commenting that reduction activities relating to other specialized health issues are likely to be sporadic and unplanned in their current context, which renders reporting difficult. The NFP will therefore report on such issues on a year-by-year ad hoc basis.

8.5.5. Interventions concerning pregnancies and children born to drug users

NNIA. Please see also ch. 6, section 7.5.3.

9. Chapter 8: Social Correlates and Consequences

9.1. Overview

This chapter attempts to outline the social correlates and consequences of substance abuse, specifically as these come to impact on the population of Cypriot drug users. The key variables taken into consideration include those related to social exclusion (homelessness, unemployment, school drop out and social network in particular), those relating to associated criminal activities (e.g. drug offences, property crimes), and the use of drugs in prison. A picture of the overall social cost of drug use in Cyprus emerges through this data.

Several sources have indicated that, as for the previous year, no special studies have been carried out by authorities on the issue of social exclusion of drug users in 2007[31], hence the presented information is based on reports from the treatment demand data and from police data.

As for 2006, cases of homelessness can now be recorded, but not separately from unstable accommodation; 4% of drug users were identified as either homeless or in unstable accommodation in 2006, and there appears little change in 2007, the rate remaining at 3.9%. As in previous years, the majority of drug users reported living with their parental family, but the overall rate dropped from 61% in 2006 to 54.1% in 2007. There also appears to have been a decrease in the unemployment rate among drug users (57.2% in 2006 to 43.7% in 2007). Unemployment was still more prevalent among women, especially between the ages of 20-29 years, but the margin of difference for gender has decreased. Although no safe conclusions may be drawn from the data, female heroin users continue to appear to be a vulnerable group which may warrant

31 Cf. Koni, A. 2008, unpublished, Rossos, N. & Savvidis, L.G., 2008, unpublished; Kanari, M., 2008, unpublished; Christophides, K., 2008, unpublished, Spyrou, S., 2008, unpublished, and Ioannou, S., 2008, unpublished. The sheer number of these informal reports on the absence of research on social exclusion of drug users may suggest that this is a neglected area for investigation. The NFP is therefore concerned with the development of the secondary indicator of social exclusion and hopes in collaboration with the CAC to carry out relevant research in the future.

further research. No official data is available regarding financial problems of drug users. However, based on information provided previously by key informants (Cyprus NFP, 2006, unpublished), it is apparent that the financial problems they face are tremendous.

According to the data provided by the Drug Law Enforcement Unit of the Cyprus Police, the number of drug offences as well as the persons involved in these continued an increasing trend in 2007. The vast majority of offences in 2007, related to use / possession of drugs, accounting for 79% of all drug offences. In addition, similarly to previous years, the majority of offences (almost 77%) were cannabis-related. Compared to previous years, a decrease of heroin related offences was observed. Apart from 7 cases (2007) of driving under the influence of illicit substances, no information is available regarding other drug-related crimes, drug use in prison or social costs. Nevertheless, research about the social cost of illicit drugs in Cyprus, was undertaken during November 2007-June 2008. According to the research results, the social cost of illicit substances in Cyprus for the year 2006 was estimated at 31 million euros (which is in the average of other countries 0,22% of the GDP). This means that each year a fifth of a percentage unit of the GDP is lost as a consequence of the drug problem. However, the total cost would be much bigger if all the relevant bodies, provided information or if they had the infrastructure to provide it. The results of the research are presented in further detail in section 9.5.

9.2. Social exclusion

As no special studies have yet been carried out in Cyprus on the issue of social exclusion of drug users, most of the information presented below is, as in previous years, based on the treatment demand data available. Nevertheless, the NFP recognises the need for such studies and encourages initiatives for research in this area.

9.2.1. Homelessness

As in previous years (Cyprus NFP, 2006), the majority of drug users reported living with their parental family, although this year a significant drop in this percentage was

observed (54.1% in 2007 compared to 61% in 2006; see also chapter 4). In the case of male drug users, 54.7% lived with their parental family in 2007, compared with 60.8% in the previous year; the respective percentages for female drug users were 48.6% as compared with 62.3% in 2006. Continuing observation of these percentages, however, would be necessary before considering the possibility of a trend towards increasingly differentiated residential arrangements. Nevertheless, it may be significant that the mean age of drug users living with their parental family was 26.1 years, and the age range 20-24 years had the highest distribution for this variable (34.6%), suggesting drug users above 30 begin to seek alternative accommodation. The primary drugs of people living with parents in 2007 were heroin (54.7%), cannabis (26.3%), cocaine (9.5%), other opiates (6.3%) and MDMA and other derivatives (3.2%).

Moreover, the increase in the overall proportion of drug users living alone also continued to rise significantly (13.1% in 2007 as compared to 11.7% in 2006), with the highest age distribution in the 30-34 yrs age range (28.4%). This seems to resonate with the above decrease in persons living with their family. Living alone was less frequent among women in 2007, however, (10% in 2007 as compared to 13% who reported living alone in 2006, while the respective percentage in 2005 was 7%), while rising for male drug users (13.4% in 2007, compared with 11.5% in 2006). However, it may be also interesting to note that 31.4% of women drug users reported living with other drug users in 2007, suggesting a rising trend towards cohabitation for female drug users (20.3% of female drug users lived with other drug users in 2006, as opposed to 10.2% of male drug users in the same year (also see ch.6). Male drug users living with other drug users did not show any significant increase in number (10.2% in 2006 to 10.5% in 2007). Thus, although the proportion of female drug users living alone in 2007 still continues to be lower than in 2003 (16%), suggesting perhaps the need for further monitoring before any specific trends are identified, it may be that female drug users are showing a tendency towards cohabitation with other female drug users, away from their families. While the primary drug of people living alone in 2007 was heroin (48.3%) followed by cannabis (34.1%), for people living with other drug users it was also heroin (68.1%) followed by cannabis (20.9%); these percentages may suggest that female heroin users

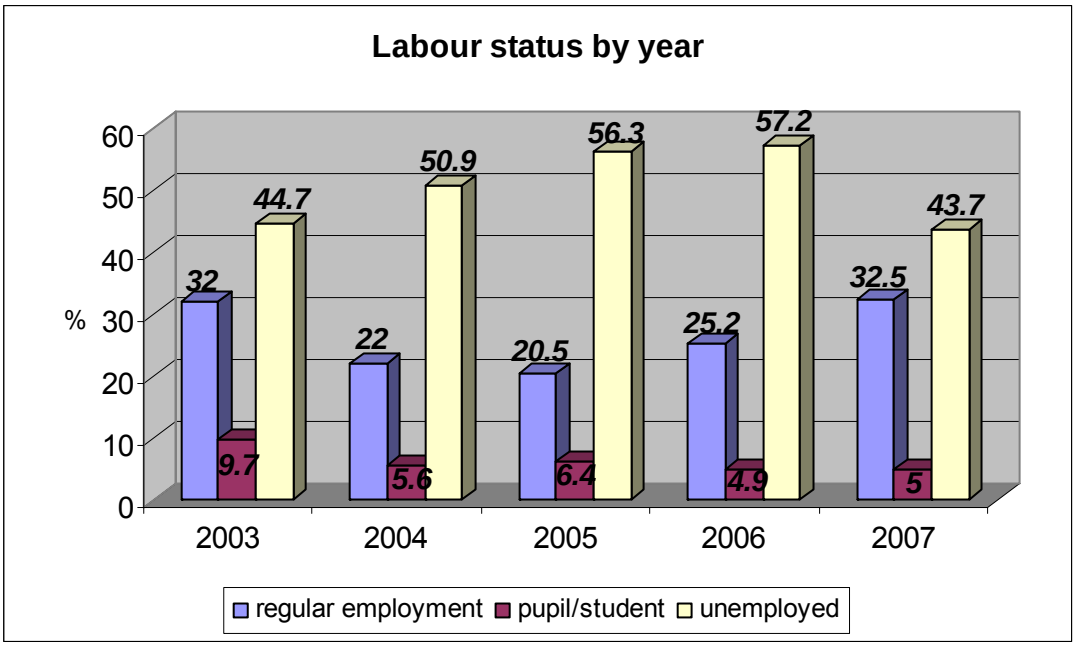
are inclined towards cohabitation, but longitudinal observation would be necessary in order to observe any concrete trends or tendencies.

The percentage of drug users living in a condition of homelessness / unstable accommodation, as these terms are internationally understood, continues at 3.9% in 2007 (as compared to 4% in 2006). These users can be said to be either homeless or living in unstable accommodation, though the numbers in each category cannot be separated out. It is also noteworthy that 64.3% of users living in unstable accommodation in 2007 were users of heroin (71.4% in 2006), as opposed to users in stable accommodation, 52% of whom use heroin as the primary drug (55.2% in 2006). However, the above difference should be treated cautiously due to the very small number of persons reporting unstable accommodation. Overall, 71.4% of users in unstable accommodation were users of opiates (heroin and opiates other than heroin) in 2007, whereas 54.4% was the equivalent percentage for users of opiates in stable accommodation. An opposite tendency (more in stable accommodation) can be observed in the case of cannabis and cocaine.

9.2.2. Unemployment

There has been a decrease in overall unemployment from 57.2% in 2006, to 43.7% in 2007, the lowest since 2003 (see fig. 8.1). Women drug users' unemployment rate dropped from 76.8% in 2006 to 45.7% in 2007, and for men there has also been a significant decrease, though not so much (54.2% in 2006, 43.4% in 2007). At the same time, regular employment amongst drug users increased from 25.2% in 2006 to 32.5% in 2007.

Figure 8.1 Labour status by year



Source: Cyprus NFP, 2008

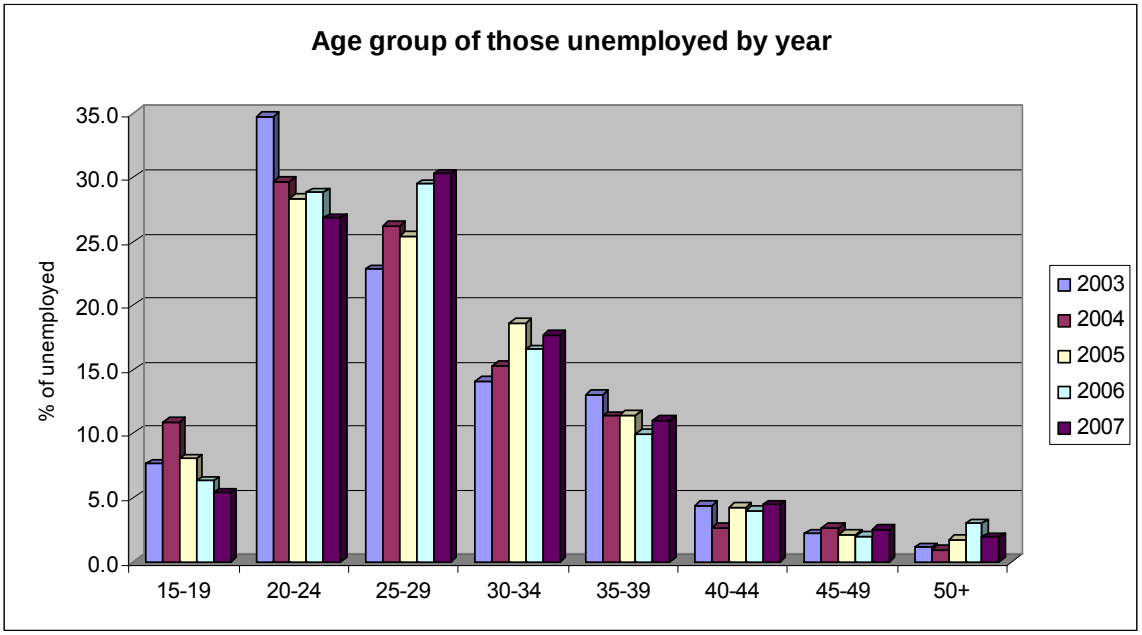
As in previous years (Cyprus NFP, 2006; Cyprus NFP, 2007), unemployment was predominant among female drug users[32] (for more information see chapter 4). However, last year's concern about the rate of this increase being more apparent among women, has not been borne out by the data; since abrupt changes in a positive direction do not necessarily imply a permanent improvement in female drug users' overall situation, this parameter of their experience may require further monitoring.

With respect to the age of those unemployed, as for the previous year, also in 2007 the highest overall percentages were found in the group aged 20-24 years, followed by those in the age group of 25-29 years, illustrated in figure 8.2 below. Statistics showed that in 2006 there had also been a significant relative increase in unemployment for the 25-29 years age group in the general population (Statistical Services, 2007). This may be further reflected in the fact that, for drug users in 2006 and 2007, the age group 25-29

32 This phenomenon can also be observed in the general population, where the proportion of unemployed women is traditionally higher than the respective one among men (Statistical Services, 2006). It may be noted, for example that male unemployment in the general population in 2007 was 3.4%, whereas female unemployment was 4.6% (Statistical Services, 2008)

shows an increasing tendency to unemployment, whereas the age group 20-24 have indicated a relative opposite tendency. Nevertheless, research published by the Cyprus Statistical Services (Statistical Services, 2008) showed that in 2007 persons under 25 in the general population revealed the highest unemployment rates (10.2% of the workforce population at this age range) as compared to unemployment amongst other age groups, so that drug users do not appear exceptional in this respect.

Figure 8.2 Age group of those unemployed by year

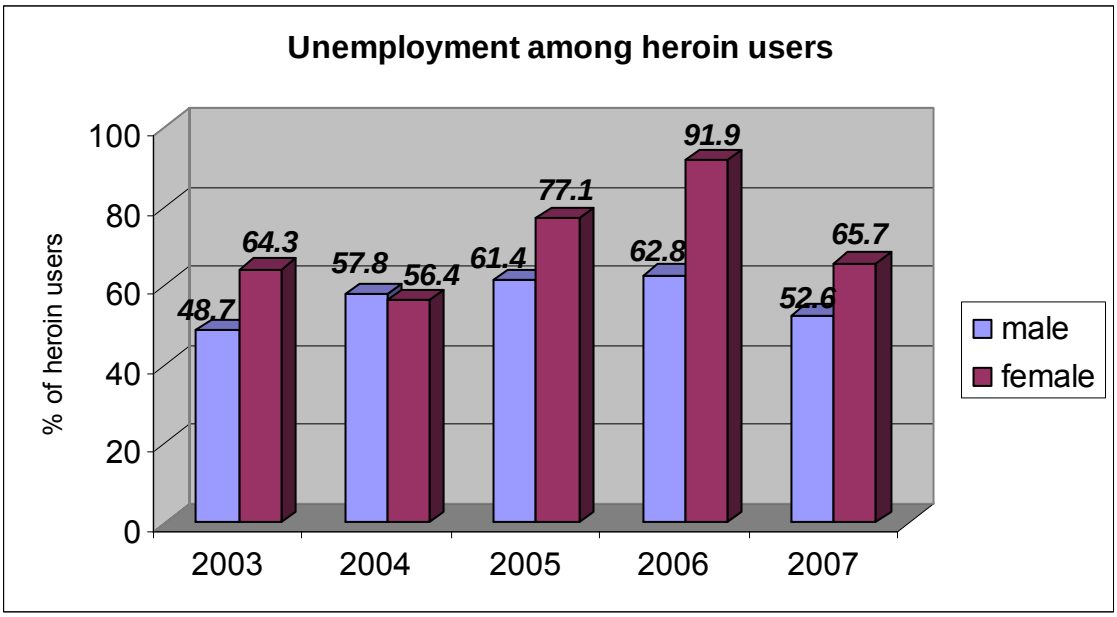


Source: Cyprus NFP, 2008

It may be noted that a significant increase in unemployment rate was also observed among female heroin users in 2006 (from 77.1% in 2005 to 91.9% in 2006) (Statistical Services, 2007), as seen below (fig. 8.3). In line with the general decrease in unemployment levels for drug users, this unemployment rate among female heroin users fell in 2007 to 65.7%, which is still, however, greater than the rate for male heroin users for the same year (52.6%). Taking into account the relatively high general rates of unstable accommodation for heroin users and the higher percentage of female drug users living with other drug users (see above section 8.2.1), this may indicate an

increased vulnerability for this particular category of drug users, and further research into female heroin users is therefore recommended.

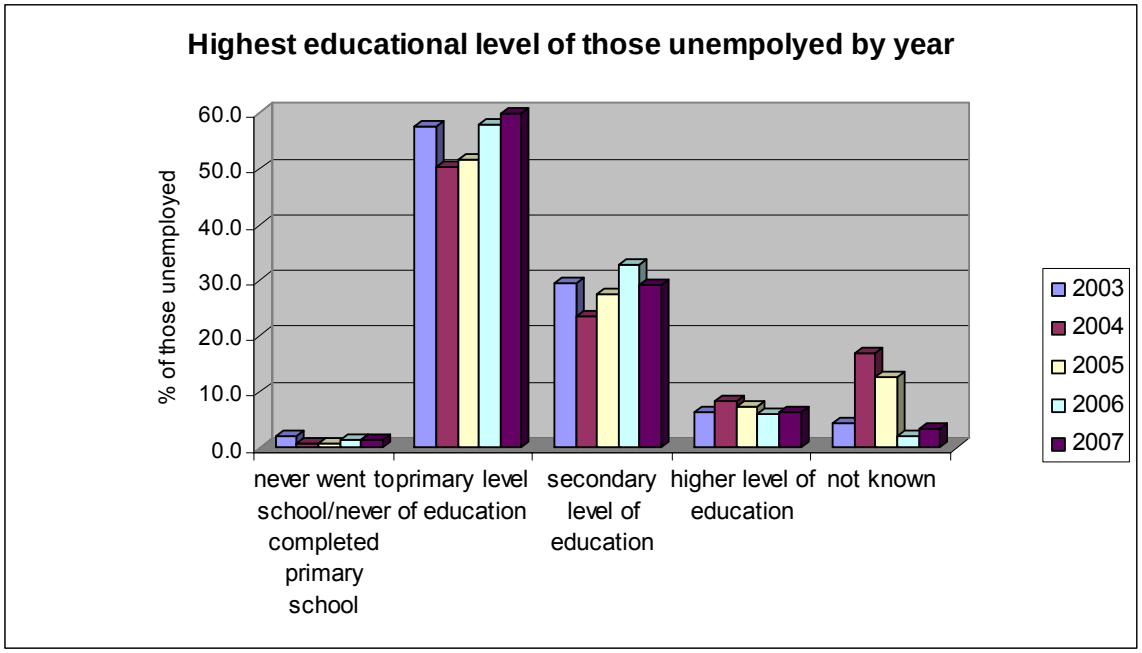
Figure 8.3 Unemployment among heroin users by gender and year



Source: Cyprus NFP, 2008

For further information regarding unemployment by primary drug, see chapter 4. Regarding educational attainment amongst unemployed drug users, as in previous years (Cyprus NFP, 2006), the majority of unemployed drug users had completed the primary level of education (see figure 8.4 below).

Figure 8.4 Highest educational level of those unemployed by year

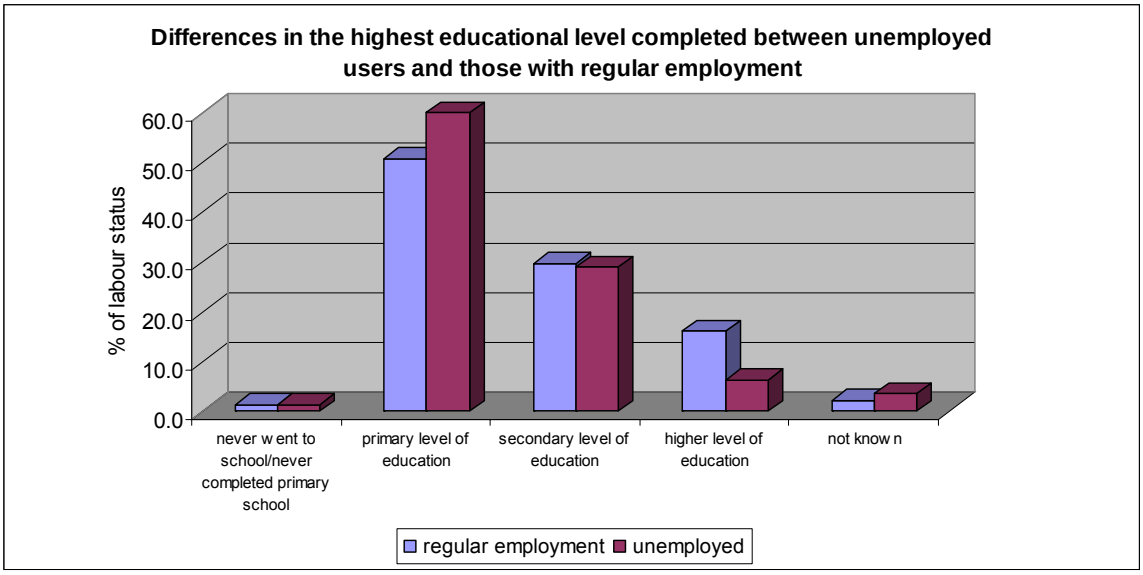


Source: Cyprus NFP, 2008

The percentage of people in the general population workforce in 2007, whose highest level of educational attainment was primary school, amounted to 27.9%, but falling to 14.2% for the age group below 24 years (Statistical Services, 2008). As for the previous year, these percentages are much lower than the respective one among unemployed drug users in 2007 (59.9%). On the one hand, this could be explicable at face-value as evidence that the percentage of drug users, who have only completed primary education, is higher that in the general population. On the other hand however, questions can also be raised as to the existing discrimination against drug users in the labour market, such problems being recurrently reported by drug users who are currently trying to re-enter the labour market, a matter also raised in the previous report, further investigation of which remains to be undertaken.

The differences in educational attainment between those who were unemployed and employed drug users (reporting regular employment) can be seen in the fig. 8.5 below.

Fig 8.5 Differences in educational attainment between unemployed and employed drug users



Source: Cyprus NFP, 2008

It may be interesting to note (fig 8.5) that contrary to previous years, a slightly lower percentage of unemployed drug users as compared to employed drug users also completed secondary education. There is nothing in this data however to suggest a discriminatory trend of any sort as yet. Nevertheless, the above observations, despite the apparent drop in unemployment rates among drug users this year, lends support to previous comments regarding the need to further promote the implementation and promotion of social reintegration services (Cyprus NFP, 2006), and may further suggest that currently available reintegration services are partially successful.

9.2.3. School drop out

Of all persons seeking treatment in 2006, 56% were school dropouts; this rose to 57% in 2007. However, although those leaving school before the age of 15 amounted to 46.4% of all school dropouts in 2006, this number decreased slightly to 44.5% in 2007. In terms of the choice of drug among school dropouts, nearly 60% of school dropouts were heroin users in 2006, this percentage also falling to 57.5% in 2007. The percentages

for cannabis and cocaine use were 27.5% and 11.5% respectively in 2007 (compared with 22% who used cannabis and 15% who used cocaine in 2006). No clear conclusions may be drawn from this profile so far.

School dropouts do consistently seem to have started drug use earlier than persons who did not drop out, although this difference does not appear remarkable: the mean age of first drug use reported was 16.6 years among school dropouts in 2006, compared with 17.3 years among non-dropouts. In 2007 the mean age of first drug use for school dropouts rose to 17.5 years, and for non-dropouts also rose, to 18.3 years. If this trend is observed to continue, it may signify the need to identify school dropouts as a vulnerable category in prevention and early treatment programs.

Surprisingly, in 2006 the rate of regular employment among school dropouts was slightly higher than for non-dropouts, reaching 28.5% as compared to 21% for non-dropouts. This tendency did not continue for 2007 however, when 30.1% of school dropouts were in regular employment, as compared to 35% for non-dropouts. Also, the unemployment rate among school dropouts in 2006 was 60.7%, as compared to 52.8% for non-dropouts (Cyprus NFP, 2007 unpublished), and in conjunction with the general drop in unemployment, these figures were 49% and 37.4% respectively in 2007.

Thus, the emerging picture may be reservedly described as suggesting that school dropout is a social correlate which may perhaps be associated to an extent with increased vulnerability to drug use, but longer-term monitoring of the situation is required before reliable conclusions may be drawn.

9.2.4. Financial problems

NNIA.

Based on information provided previously by key informants (Cyprus NFP, 2006, unpublished), it is apparent that the financial problems drug users face are tremendous. The NFP aims to promote and support future research undertaken in this area,

particularly with respect to the issue of drug users' social reintegration, given that the recent study on the social cost of drug use (see section 8.5) suggests that 8% of this cost is due to loss of productivity.

9.2.5. Social Network

NNIA.

Research on the effects of drug use on the social network and the fulfilment of the social support needs of users, together with other social correlates such as the study of the relationship of drug use to sex work, would be interesting and informative for the NFP. However, given the visible absence of social research on the characteristics of drug users (see footnote no.31) such data is not currently forthcoming.

9.2.6. Sex Workers

NNIA.

Although profits from prostitution are illegal in Cyprus, and Cyprus is a signatory of the Convention for the Suppression of the Traffic in Persons and of the Exploitation of the Prostitution of Others (Law N 57/83), Cyprus is nevertheless known to be used as a destination and transit country for trafficking in women for sexual exploitation (cf. Philaretou & Allen, 2005). Trafficking for prostitution to Cyprus involves almost exclusively Eastern European women, mostly from countries such as Belarus, Bulgaria, Moldova, Romania, Russia, and Ukraine[33]. The extent of drug use among these vulnerable members of the population, as also the extent of non-organised prostitution or sex work among drug users in general, is currently unknown and as suggested earlier, further research on this issue with respect to the drug use population would be supported by the Cyprus NFP.

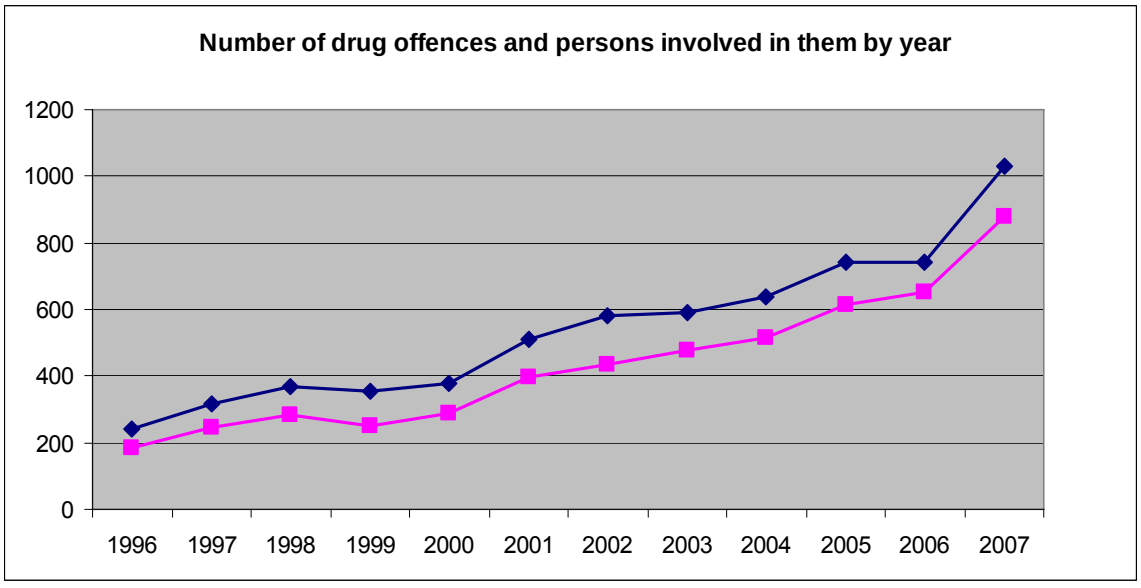
[33] Cf. http://www.protectionproject.org/human_rights_reports/report_documents/cyprus.doc

9.3. Drug related Crime

9.3.1. Drug offences

According to the data provided by the Drug Law Enforcement Unit of the Cyprus Police, the number of drug offences presented a rising trend in 2007, as illustrated in the table below (see also ST 11_2008_CY_01). As regards the number of persons involved, this appears to have also increased (see also ST 11_2008_CY_02). As can be observed in fig 8.1, during the year 2007, 878 drug offences were reported and 1028 persons were involved compared to 2006 where the respective number was 744 persons. Also, 28% of the total offences were committed by non-Cypriots (DLEU, 2008, unpublished).

Figure 8.1 Number of drug offences and persons involved in them by year



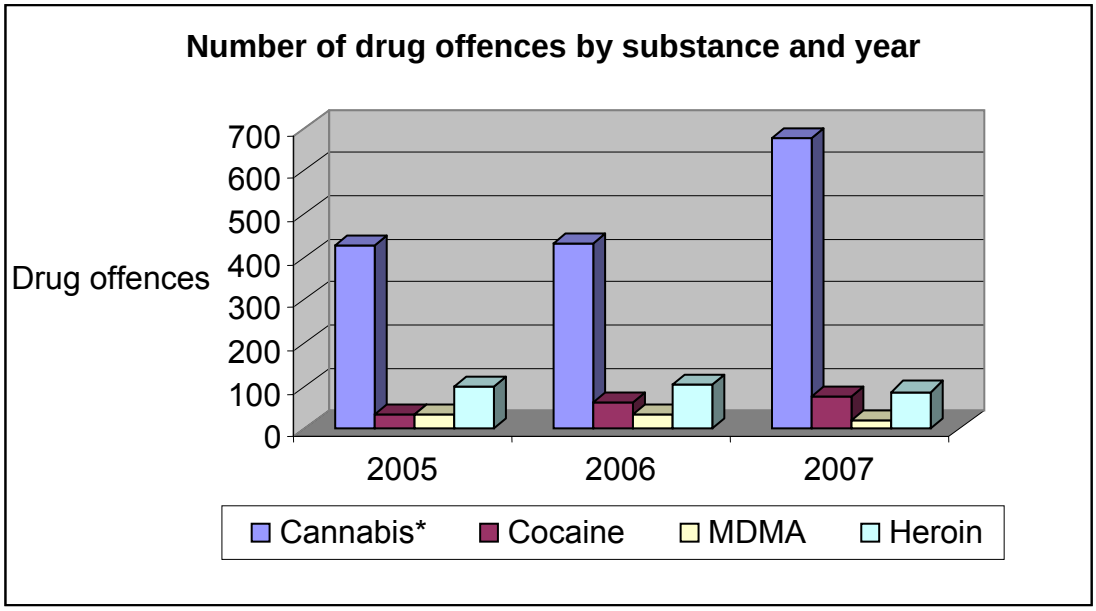
Source: DLEU, 2008

Moreover, 14% of the persons involved in drug offences were committed by young persons aged 15-19 (compared to 12% in 2006). The highest proportion of persons involved in these offences was in the age range 20-24 and 25-29 (37% and 21,4% respectively).

Regarding the offence type, based on the data provided (see also ST 11_2008_CY_01), the vast majority of offences related to use or possession of drugs in 2007, accounted for 79% of all drug offences, remained at the same levels with 2006 where the percentage was 78% (See 2007 NR, chapter 8.3.1).

As in previous years, the majority of offences -almost 77%- were cannabis related (Figure 8.2). During the year 2007 an increase of 11% of cannabis-related offences is observed, compared with 2006 which was almost 66% (see ch.8.3.1, NR 2007). An increase in the number of people involved is also observed. This increase is also reflected in the 2007 treatment demand data (see ch.4) indicating a possible increase in cannabis availability (see ch.10). In addition, during the same year, a slight decrease of heroin related offences was observed.

Figure 8.2 Number of drug offences by substance and year



Source: DLEU, 2008

* Cannabis offences presented above include: cannabis resin, herbal cannabis and cannabis plants.

9.3.2. Other drug-related crime

Despite the efforts of the NFP to collect information on drug-related crime, no information was provided by the relevant bodies (Cyprus NFP, 2008). The only information available is about driving under the influence of drugs (see also ch.6). More precisely, after toxicological examinations to the deceased persons involved in car accidents, in 2004 the first drug related death of a driver was recorded. In 2005 the corresponding number increased to 8, 9 in 2006 and 7 in 2007 (see also ch.6, section 7.5.2). This means that, if the deaths due to accidents involving legal substances (alcohol) are excluded, between the years 2004-2007 around 1/3 of the total number of remaining deaths due to car accidents, was related to the use of illicit substances, and although due to methodological difficulties, no safe conclusions may be drawn regarding this finding (especially with respect to actual percentages) a link is nevertheless strongly suggested between drug use and road casualties (NFP Newsletter: “Illicit substances and Driving”, 2008). Apart from these accident records, no official data is available regarding drugs and driving, especially as road traffic drug-testing legislature is still to be introduced.

9.4. Drug use in prison

NNIA.

Despite numerous attempts at estimating the extent of drug use among prison inmates, no official data is available (Kariolou 2008, personal communication). The efforts have been unsuccessful due to the large numbers of inmates and prison understaffing (Lyssandrou 2008, personal communication). Another important reason for the lack of such information is the large number of foreigners among prison inmates (60% of all) and a lack of interpreters (Kariolou, 2008, personal communication). However, the Mental Health Services in the framework of which therapeutic interventions take place, do plan a survey, which – among other issues - will provide an estimation regarding the prevalence of drug use among prisoners (Kariolou 2008, personal communication). According to the leader of the services team, the aim for the year 2009 is to interview

50% of inmates on the date of admission, which will offer an indication about the proportion of drug users among inmates, prior to imprisonment. Thus, more information will be provided in one of the forthcoming national reports. For information regarding treatment demand due to drug use within the prison setting, please refer to chapter 4, section 5.3.

9.5. Social Costs

The Cyprus Focal Point, in the framework of the CAC's activities and under the supervision of Dr P. Kopp[34] contracted the research: "The social cost of illicit substances in Cyprus" (November 2007-June 2008). This was the first time that such research was conducted in Cyprus. The basic aims of the research were

- to outline the framework of the relevant public policy,
- to measure the economic cost of illicit drugs in the Cypriot society, and
- to determine whether and to what extent money is being usefully spent in current attempts to reduce drug demand and supply (prevention, treatment, law enforcement).

The need for estimating the economic costs of substance abuse is almost self-evident. It is well established that the use of drugs involves a large number of adverse health and social consequences. Thus, in most countries there are national policies for substance abuse, unlike for most other commodities. Estimates of the social and economic costs of substance abuse serve many purposes. First, economic cost estimates are frequently used to argue that policies on drugs should be given a high priority on the public policy agenda. The public is entitled to a quality standard against which individual cost estimation studies can be assessed. Without such a standard there will be a tendency by the advocates for each social problem to overbid, adding in additional items to make their concern a suitably high (even exaggerated) number.

34 Professor of Economics at the University of the Sorbonne.

Second, economic cost studies help to identify information gaps, research needs and desirable refinements to national statistical reporting systems. This system, which is best known for the Gross Domestic Product (GDP) measure of total market activity, is oriented towards production and market activities, and does not generally cover important activities which occur outside the market, or affect the quality of life, and death (Kopp, P., Cyprus NFP, 2008). Hopefully, national accounting systems could be expanded and modified to facilitate economic cost studies, which are concerned with non-market activities and mortality.

Last but not least, the development of improved estimates of the costs of substance abuse offers the potential to provide baseline measures to determine the efficacy of drug policies and programs intended to reduce the damaging consequences of drug use. Estimates of the social costs can assist policy makers in evaluating outcomes, as expressed in terms of changes in social costs in constant euro terms. Estimates of social costs can also facilitate cross-national comparisons of the consequences of substance abuse and different approaches to confronting those consequences. Ultimately, cost estimates could be used to construct social cost functions for optimal tax policy and national target setting. Perhaps most immediately promising is the prospect for cost estimates to be extended to more comprehensive cost-benefit analyses of specific drug policies and programs.

Moreover, this is a "prevalence-based" study, meaning that it estimates the cost of the problems appearing during a given year, in this case 2006.

Regarding the research methodology, the "Cost of Illness" (COI) approach, was used[35], which is well accepted within the scientific community. Its guiding principle is that a disease or a social problem imposes costs when resources are used as a result of the disease or the social problem, whereas they could have been used differently. The social cost, as measured in a study (COI), covers all the tangible costs borne by society, that is, by private agents (leading to private costs) and public authorities (public costs),

35 The methodology for social cost studies is summarized in "International Guidelines for Estimating the Costs of Substance Abuse"—2001 Edition, Eric Single, David Collins, Brian Easton, Henrick Harwood, Helen Lapsley, Pierre Kopp and Ernesto Wilson. This document is available online at: www.emcdda.europa.eu/index.cfm?fuseaction=public.AttachmentDownload&nNodeID=1981&slanguageISO=EN.

and induced by consumption (and trafficking in the case of illicit substances), but not including the purchasing cost of the substances.

Besides the costs directly borne by the consumers of substances (consumption expenses, drop in salary linked for example to premature deaths, some non-reimbursed medical charges, etc.), the private costs comprise the indirect or private external costs borne by private agents' non-users of substances (individuals and organizations). The costs imposed by substance consumers on other non-user private agents (for example companies bearing costs linked to a loss of production due to of the absenteeism of the substance consumers hospitalized because of the consumption itself of illicit substances) are recorded in this second category, as well as the expenses directly incurred by private agents (mainly by the non profit organization).

All the data was collected from the relevant Ministries of Cyprus, (Ministry of Health, Ministry of Education and Culture, Ministry of Social Insurance, Ministry of Defense etc.), hospitals, prevention, treatment and harm reduction services, as well as from NGOs. According to the research's results, the social cost of illicit substances in Cyprus is in the average of other countries where such studies took place (0,22% of the GDP). This means that each year a fifth of a percentage unit of the GDP is lost as a consequence of the drug problem. However, the total cost would be much higher if all the relevant bodies provided information, or if they had the infrastructure to provide the information. The following table gives a view of the estimated overall costs of illicit drugs in euros:

Figure 8.3 Total social costs of illicit substances in Cyprus, 2006

Total social cost (M€)	**Total**	**%**
1. - Direct costs of health care	2,4	8 %
2. - Direct costs for prevention and research	6,3	20 %
3. - Direct costs of implementing the law	20	64 %
4. - Indirect costs of the losses of income and productivity (households and companies)	2,6	8 %
Total social cost (M€)	**31**	100 %

Source: P. Kopp, Cyprus NFP, 2008

As observed in figure 8.3, there is a low proportion of sums assigned to health care (8%). This may suggest that in overall health terms, drug users are poorly cared for in Cyprus. No buprenorphine and methadone substitution was available in Cyprus in 2006. However, since late 2007 one buprenorphine substitution treatment unit and a private clinic offering substitution treatment have been operating (see ch. 5). Moreover, the indirect loss of income and productivity is the sum of the losses for households and companies, which seems to represent a very low share (8%) in the total social cost ±40%[36]. Regarding the public spending for health, is found to be almost twice more than the NGO sector and the share of the cost linked to education and prevention (20%) reflect the Cyprus paradigm that is better to prevent than to cure, which does not seem to curb the prevalence significantly. Finally, the cost of law enforcement suggested another side to the issue, namely that in absence of treatment, repression is harsh and costly (68%) (Kopp P., Cyprus NFP, 2008).

Having in mind the importance of conducting such researches, the Cyprus Antidrugs Council in collaboration with the Cyprus Focal Point, may consider repeating the project in the next 3 years as an attempt to collect comparable and trustworthy data throughout the following years, and to detect whether the policies applied regarding the use of illicit substances are effective.

36 This may occur due to the fact that GDP in Cyprus is quite low (P. Kopp, Cyprus Focal Point: “The social cost of illicit substances in Cyprus”, 2008).

10. Chapter 9: Responses to Social Correlates and Consequences

10.1. Overview

The National Drug Strategy and Action Plan introduced the need for social reintegration measures for drug users especially in regard to vocational reintegration (CAC, 2004). As a result, the Department of Labour of the Ministry of Labour and Social Insurance included the former drug using population in their departmental strategy and according to Law 52 (II)/2005 (see chapter 1), the Ministry can apply social support measures to former drug users.

Therapeutic centres also report incorporating social reintegration assistance in their programs although few have a separate and distinct reintegration programme. Currently two social reintegration programs are in operation, run by the therapeutic communities "Agia Skepi" and "Pyxida".

With regards to assistance to drug users in prison, a comprehensive treatment programme for was established in the prison setting in the end of 2006 (for details see chapter 5). Medically assisted treatment is also 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. Measures aiming at prevention of drug use among detainees mainly focus on security and repression measures, such as urine testing, detection gates, and other equipment intended for the detection of drugs (Hadjidimitriou 2008, personal communication).

As concerns urban security policies in the prevention of drug related crime, no increase in the number of community policemen, or the patrol areas took place in 2007. However, according to information provided by the Cyprus Police, in 2008 at the time of writing 6 more community policemen were added, in 15 more urban areas.

10.2. Social Reintegration

10.2.1. Housing

Although no targeted housing projects for drug users faced with homelessness are currently in operation, the Plan for Financial Assistance for the Rehabilitation of Former Substance-Dependent Persons (based on Law 52 (II)/2005) of the Ministry of Labour and Social Insurance does provide for rent allowance (maximum €341.72/month) for one year to entitled applicants, as well as an allowance for the purchase of furniture amounting to a maximum of €3,417.20 per applicant (Koni, 2008 unpublished).

Also, one of two existing rehabilitation programs for drug users (see section 10.2.2.) is residential, offering initially a rehabilitation wing on-site at the "Agia Skepi" therapeutic community, and as of 01.01.2008 a purpose designed hostel has been made available.

10.2.2. Education, training

The Cyprus Productivity Centre of the Ministry of Labour and Social Insurance does not operate training programs specifically aimed at drug users in rehabilitation; nonetheless, it suggests that persons belonging to this category may have participated in its training programs during 2007, no official data having been kept (Christodoulou, 2008, unpublished). Nevertheless, the Human Resources Development Authority did select six former drug users for vocational training in 2007 (Fysentzidis, 2008, unpublished). This latter training involved fast-track, multi-operational initial training programs (programme duration: 16-17 weeks of on-site training at designated training institutions, followed by 8 weeks of work placement at selected businesses), leading to qualification as plumbers for five of these participants, and to qualification as a taxi driver for one of the participants. It is worth mentioning, too, that apart from rent and furniture allowance (see section 9.2.1) the Plan for Financial Assistance for the Rehabilitation of Former Substance-Dependent Persons of the Ministry of Labour provided 12 former drug users (out of 17 applicants in 2007) with fee coverage at vocational training or educational

programs, or alternatively for payment of fees at higher education institutions in Cyprus. The maximum entitlement for each applicant amounts to a total of €5,125.80 per year (Koni, 2008).

Apart from these government initiatives, there exist currently two social reintegration programs in Cyprus, which are operated by the therapeutic communities “Agia Skepi” (private sector NGO) and “Pyxida” (public sector) respectively. The NFP has requested the completion of a structured Programme Description Questionnaire for each of these programs, and the data from these is presented below.

Table 7.1 Social Reintegration Programs

Characteristics	"Agia Skepi" Social Reintegration Programme	"Pyxida" Social Reintegration Programme
Programme Duration (days)	730 (365 initial + 365 follow-up)	730 (365 initial + 365 follow-up)
Capacity (no. of participants)	20	15
Number of participants at beginning of 2007	14	5
Number of participants entering during 2007	5	3
Residential	Yes	No
On-site education	No	No
On-site vocational training	Yes – computing and vocational training (10 participants in 2007)	No
Legal Support	Yes	Yes
Job Counselling	Yes	Yes
Creative & Recreational groups	Yes	Yes
Psychotherapy	Yes	Yes
Number of participants continuing at end of 2007	8	6
Number of participants employed in 2007	14	8

Source: NFP, 2008, unpublished

10.2.3. Employment

As described above (see section 9.2.2.), vocational training and assistance in finding employment takes place both at the level of public sector programs and through participation in social reintegration programs as a late stage of overall treatment.

Further help with finding employment is offered by the Ministry of Labour and Social Insurance as part of a broader policy of individualised services for vulnerable groups, through the Public Occupational Services, where unemployed former drug users may have skills, qualifications and capacity assessment, and be assisted with mapping out an Action Plan for re-entering the workforce. Persons going through this channel may also be placed in vocational training or work experience programs. Former drug users are also given priority, among other vulnerable groups, for employment in part-time, hourly government posts of a seasonal or permanent nature (MLSI, 2008, unpublished).

10.2.4. Basic social assistance

Law 52 (II)/2005 of the Ministry of Labour and Social Insurance allows for the provision of financial support to former drug users. Refer to sections 9.2.1 and 9.2.2. and to chapter 1 in the 2007 National Report for further details.

10.3. Prevention of drug related crime

10.3.1. Assistance to drug users in prison

A comprehensive treatment programme for imprisoned drug users was established in the end of 2006 (for details see chapter 5). 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.

Measures aiming at prevention of drug use among detainees mainly focus on security and repression, such as urine testing, detection gates, and other equipment intended for the detection of drugs (Hadjidimitriou 2008, personal communication).

According to the information provided by the director of the Central Prison, drug screening is being implemented in various cases, such as: at random, before and after prisoner's leave, before they are moved to the open prison, and whenever there is a suspicion of drug use or upon request. As the director explains, the latter is performed, after a personal request by ex drug users, who impose this measure on themselves in a preventive manner. In addition, inmates serving the last period of their sentence in the "open prison" (minimum security), who used to be drug addicted, are accompanied by a prison warden on their leave (Hadjidimitriou 2008, personal communication).

Training of the prison's wardens aiming at extending their knowledge of drug use dependence issues and transmission of infectious diseases related to drug issues has also been initiated (Hadjidimitriou 2008, personal communication, MJPO, 2007).

Regarding social reintegration activities, although no specific interventions are implemented aiming at drug users in prison, some vocational training is being provided for all prisoners (MJPO, 2007). Classes are also offered through cooperation with private educational centres and the Ministry of Education and Culture. In addition, according to the 2007 Annual Report of the Ministry of Justice and Public Order, another measure that is considered to contribute to the process of social reintegration of prison inmates is their intake at the Guidance Centre for Extramural Employment and Rehabilitation[37], where they are allowed to work outside the prison setting (MJPO, 2007).

Finally, aiming at the improvement of the inmates' family and social ties, as well as their vocational rehabilitation after their release, the Ministry of Justice and Public Order is promoting the measure of house arrest and electronic monitoring, which will allow the inmates who are in the Guidance Centre for Extramural Employment and Rehabilitation

37 Greek: Κέντρο Καθοδήγησης Εξωϊδρυματικής Απασχόλησης και Αποκατάστασης

setting, to serve the last period of their sentences while residing at their own home premises (MJPO, 2007).

10.3.2. Urban security policies in the prevention of drug related crime

As regards this area of action, in 2003 the Community Police went into operation, which involves the institution of the 'neighbourhood policeman', including 27 specially trained policemen. The number of neighbourhood policemen has been increased since 2006, to 39. These trained officers patrol 13 areas all over the country, in an attempt to protect local neighborhoods from different kinds of crimes, including drug-related crime. During the year 2007 no increase took place in the number of community policemen, or in the number of patrol areas. However, according to information provided by the Cyprus Police[38] in 2008 (at the present time) 6 more community policemen added, in 15 more areas reaching a total number of 45 policemen in 28 areas on a national level.

As mentioned by Degkwitz P., Zurhold & H.,Haasen C. (2008), in the period 2004-2007, the DLEU carried out 6 training sessions which were attended by community policemen. The training of policemen is ongoing. On a yearly basis DLEU maps drug trafficking areas, and operational plans at regular intervals are implemented with the aim of preventing the creation of drugs distribution zones.

[38] Police Headquarters, personal communication dated 16 October, 2008

11. Chapter 10: Drug Markets

11.1. Overview

Regarding sources of supply and trafficking patterns of drugs, as in previous years, Cyprus was the final destination of all drugs seized in 2007. Regarding the countries of last transit of the seized drugs, the occupied area of Cyprus and the E.U. , were the main actors regarding drug trafficking into the government-controlled areas. As to the transportation methods of drugs into Cyprus, a significant increase in air transportation of cannabis herb and cannabis resin can be observed and an analogous decrease in cannabis herb transportation by land. Moreover, in 2007 a noteworthy decrease of opium (opium and prepared) and heroin transportation by air is noted, compared with 2006.

As in previous years, cannabis[39] accounted for the vast majority (78,9%) of all seizures. In particular, an increase can be noted regarding the number of herbal cannabis seizures, whereas the number of seizures of cannabis resin and cannabis plants remained at the same levels. In 2007 a slight decrease was observed with regard to heroin and ecstasy seizures. Regarding the seized quantities of drugs in 2007, the decrease most worth stressing is related to cocaine and ecstasy.

Concerning the prices of drugs, as in previous years, they are provided to the Cyprus NFP by the Drug Law Enforcement Unit and are based both on user reports, as well as purchases made by the Police's undercover operations officers. Regarding drug prices in 2007, a noteworthy decrease (per gram) can be observed in cannabis resin maximum prices, whereas maximum prices of cannabis herb showed a slight increase compared to 2006. In contrast, ecstasy prices (per tablet) remained steady. As for the method applied for collecting the prices for each illicit substance, beginning from next year, the

39 The number of cannabis seizures reported above refers to cannabis plants, cannabis herb and cannabis resin.

DLEU will use a new procedure. Specifically, prices will be based on data provided by 10 arrested offenders for each district/province of Cyprus every three months of the given year. This may allow NFP more analysis, and as a consequence more provided information to the EMCDDA regarding prices of illicit substances. Despite the efforts of NFP to be provided with the prices using this particular method of collecting data, in 2007 this proved impossible.

No information is available regarding the purity of drugs. As to the composition of drugs sold, chemical analysis showed that a significant decrease of MDMA was found in 44% of cases compared with 95% in 2006 (Ch.10, NR 2007). It is worth noting that the other substances reached 42,4% (MCPP 21,7% and BZP 20,7%). In a total percentage of (10.2%) of cases anabolics, ephedrine, benzodiazepines and sildenafil were also detected in 2007.

11.2. Availability and supply

11.2.1. Availability of drugs

As regards availability of drugs in the general population, there is no new information available (for more details see ch.2). However, based on the findings of the recent Eurobarometer research “Young people and illicit substances among 15-24 year-olds” (Eurobarometer, 2008) approximately half of the Cypriot respondents, said that is very difficult to obtain heroin, while three-quarters of them stated that it would be difficult for them to acquire cocaine. Regarding ecstasy, 49% of the respondents said it would be very difficult to obtain ecstasy. While in the majority of countries more than half of young people argued that it would be very difficult to obtain heroin, cocaine or ecstasy, in only four countries more than half of the 15-24 years-olds said it would be a problem in obtaining cannabis (63% in Cyprus, 62% in Finland, 55% in both Romania and Sweden) (Eurobarometer, 2008).

11.2.2. Production, sources of supply and trafficking patterns

Cyprus continued to be the final destination of all drugs seized in 2007 (DLEU 2008, unpublished). Regarding the countries of last transit of the seized drugs, the occupied area of Cyprus and the E.U. (countries unspecified in data source), were the main actors regarding drug trafficking into the government-controlled areas (DLEU 2008, unpublished). A percentage breakdown of countries of origin / last transit is presented below.

Table 10.1 Percentage breakdown of countries of origin / last transit by seized drug category and year

Cannabis herb		2003	2004	2005	2006	2007
	Cyprus Occupied Area	30	30	25	30	
	Greece	10	8	7	10	20
	United Kingdom		7	8	8	5
	Holland	10		10	10	70
	Turkey					5
	Yugoslavia		5			
	South Africa	20				
	Unknown	30	50	50	42	

Cannabis resin		2003	2004	2005	2006	2007
	Cyprus Occupied Area	20	20	20	30	
	United Kingdom		5	10	10	
	Ireland		5			
	Turkey					30
	Lebanon					30
	South Africa	10				
	Unknown	70	70	70	60	40

Heroin		2003	2004	2005	2006	2007
	Cyprus Occupied Area	50	60	60	60	
	Turkey	5	20	20	20	70
	Bulgaria	5				
	Unknown	40	20	20	20	30

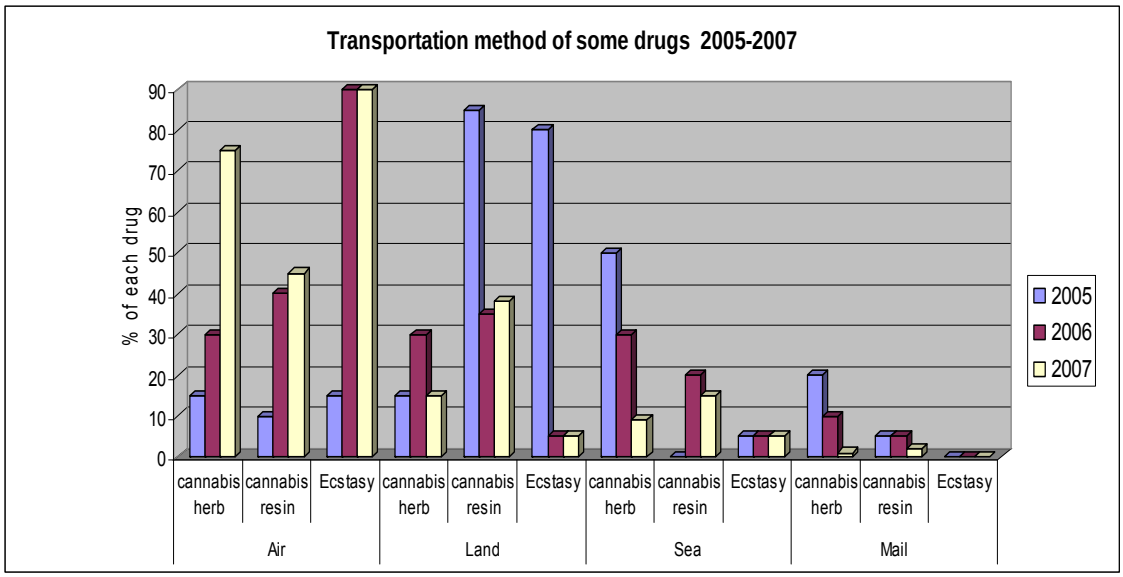
Cocaine (base and hydrochloride)		2003	2004	2005	2006	2007
	Cyprus Occupied Area		15	5	10	
	Greece			5	5	
	Holland					63
	United Kingdom		5	10	5	17
	South America				30	
	Brazil	15	10			
	Ireland		5			
	Yugoslavia		5			
	Curacao	5				
	Unknown	80	60	80	50	20

Ecstasy group		2003	2004	2005	2006	2007
	Cyprus Occupied Area	30	60	70	40	23
	Holland				20	55
	United Kingdom	5		10	20	22
	France		3			
	Yugoslavia		2			
	Unknown	65	35	20	20	

Source: DLEU, 2008, unpublished

As regards the transportation methods of drugs into Cyprus, a significant proportion of drugs seem to be transported by air, especially in the case of cannabis herb, cocaine, ecstasy and amphetamine (DLEU 2008, unpublished). A comparison of the transportation methods of some drugs is illustrated below.

Figure 10.2 Transportation methods of some drugs in 2005 - 2007



Source: DLEU, 2008, unpublished

From the figure above a significant increase in air transportation of cannabis herb and cannabis resin and an analogous decrease in cannabis herb transportation by land can be observed (DLEU 2008, unpublished). In addition, in 2007 a noteworthy decrease of opium (opium and prepared) and heroin transportation by air is noted, compared to 2006. More precisely, 80% of opium transportation by air was stated in 2006, and 70% of heroin, whereas in 2007 the respective percentages were significantly lower (30% for both substances). Moreover, in 2007 20% of opium and 30% of heroin were transported to the island by sea, whereas in 2006 no opium or heroin transportation by sea was stated. (DLEU 2008, unpublished).

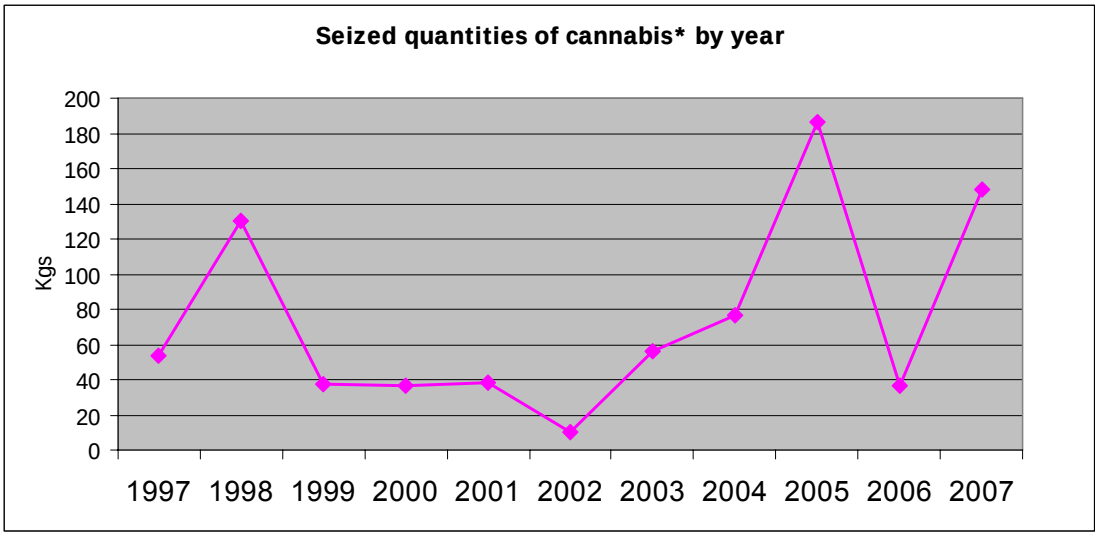
11.3. Seizures

According to the data provided by the Drug Law Enforcement Unit, the total number of seizures in 2007 reached 860 (see also ST13_2008_CY_01), recording a significant increase compared to the respective numbers of 2006 and 2005 (639 and, 596 respectively). As in previous years (Cyprus NFP 2007), cannabis[40] accounted for the vast majority (78,9%) of all seizures. In particular, a noteworthy increase can be noted regarding herbal cannabis seizures (from 373 in 2006 to 629 in 2006), whereas the number of seizures of cannabis resin and cannabis plants remained at the same levels. In 2007 a slight decrease was observed with regard to heroin seizures, which from 103 in 2006 decreased to 87 in 2007 and also with regard to ecstasy seizures, which fell from 34 in 2006 to 19 in 2007 (see also ST13_2008_CY_01).

Regarding the seized quantities of drugs in 2007, a decrease related to cocaine (from 6,9kg in 2006 to 1,5kg in 2006) and ecstasy (from 8411 tablets in 2006 to 3474 tablets in 2007) can be observed. In addition, a significant increase of seized quantities of cannabis herb can be noted (from 35,2kg in 2006 to 148kg in 2007) (DLEU 2008, unpublished). The increase of seized cannabis quantities is illustrated below.

40 The number of cannabis seizures reported above refers to cannabis plants, cannabis herb and cannabis resin.

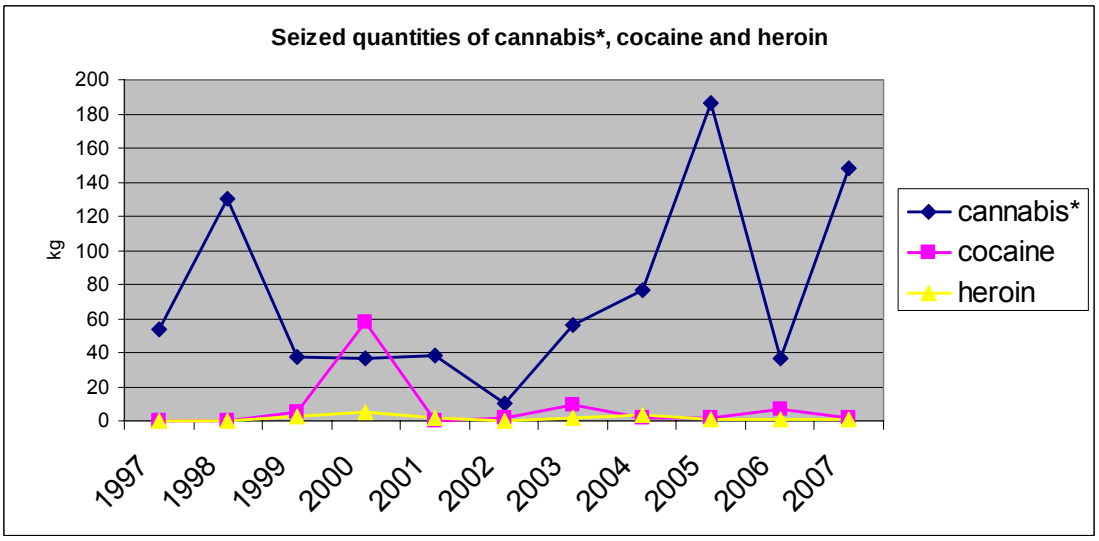
Figure 10.3 Seized quantities of cannabis by year



*Cannabis includes cannabis herb and resin.
Source: DLEU, 2008, unpublished

As regards the quantity of amphetamine seizures, while in 2006 141 tables were seized, none were recorded in 2007 (see also ST13_2008_CY_01). As to the seized quantities of other drugs, no significant changes can be observed as illustrated in the figure below.

Figure 10.4 Seized quantities of cannabis, cocaine and heroin



Source: DLEU, 2008, unpublished

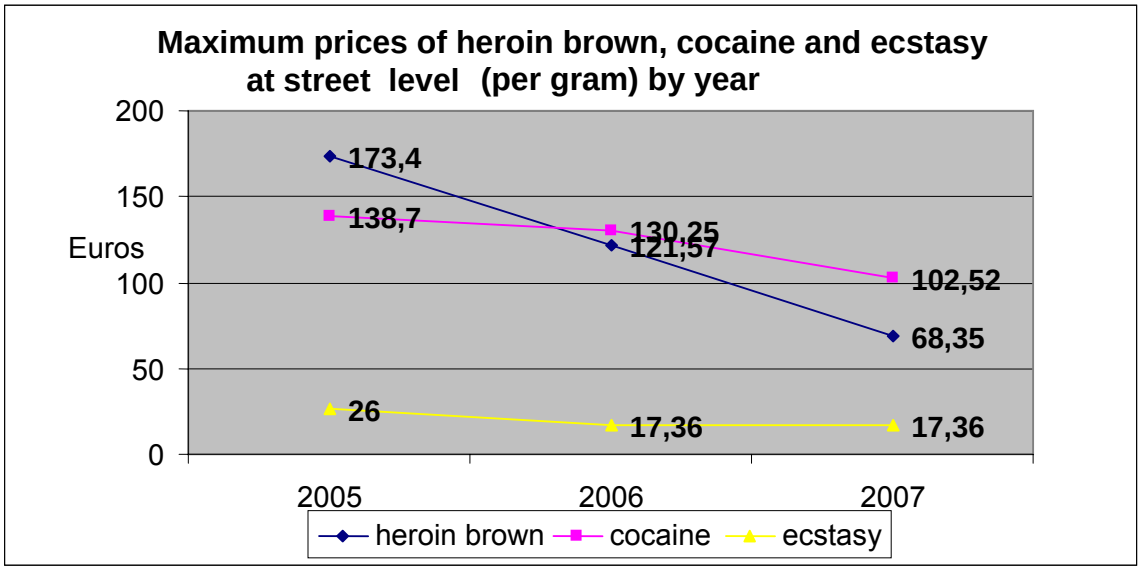
11.4. Price/ purity

11.4.1. Price of drugs at street level

As in previous years (Cyprus NFP, 2007), the Drug Law Enforcement Unit provided the prices of drugs to the Cyprus NFP, based on Police estimates, derived from users' reports, as well as purchases made by the Police undercover operations (random sample). Regarding drug prices (per gram) in 2007, a significant decrease can be observed in cannabis resin maximum prices (€31.26 in 2006 and €22.21 in 2007) , whereas maximum prices of cannabis herb showed a slight increase compared to 2006 (€24.31 in 2006 and €25.63 in 2007; see also ST 16_2008_CY_01). Ecstasy prices (per tablet), on the contrary, remained steady, as illustrated in fig. 10.4 below.

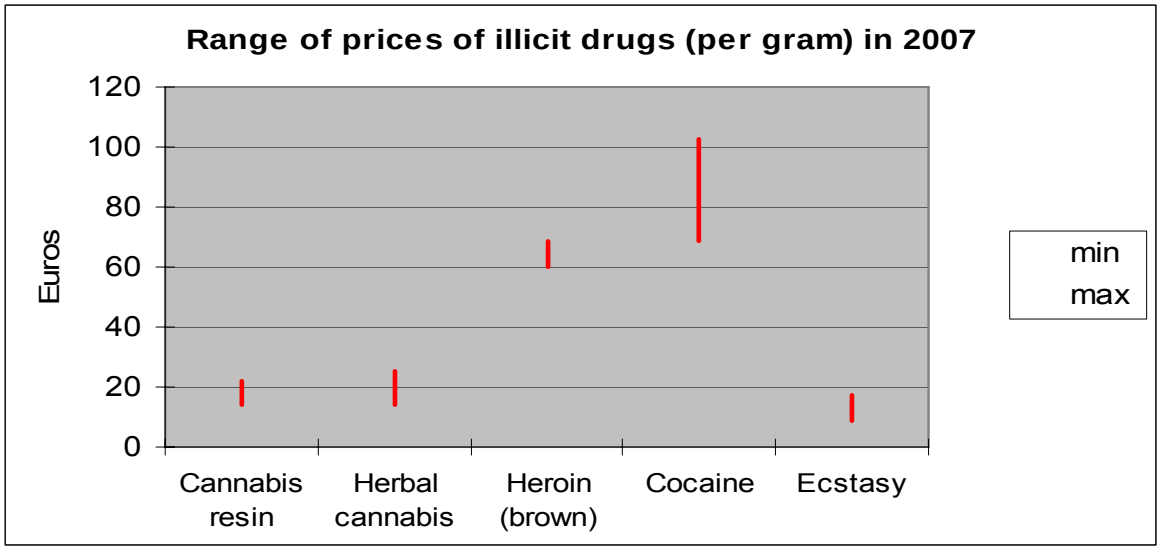
A notable decrease is also noted regarding cocaine price, the maximum price of which per gram in 2007 fall to €102.5, compared to €130,25 in 2006 (see also ST 16_2008_CY_01). Although no typical price of heroin brown was provided for the year 2007, its maximum price continued the descend trend in the last 3 years. The variations occurred regarding the range of prices for the year 2007, are illustrated below.

Figure: 10.5 Maximum prices of heroin brown, cocaine and ecstasy at street level (per gram, per year)



Source: DLEU, 2008, unpublished

Figure 10.6 Range of prices of illicit drugs (per gram) in 2006



Source: DLEU, 2008, unpublished

It can be seen that the biggest variation is noted in cocaine prices (€68.4 - €102.5), followed by ecstasy and herbal cannabis (DLEU 2008, unpublished).

Concerning the range of prices in the various districts of Cyprus, valuable information regarding the demand of drugs can be extracted. According to the provided data, (DLEU 2008, unpublished), heroin (brown) and cocaine availability is the highest (lowest price) in the capital Nicosia, while cannabis availability is the highest in Paphos district. As to ecstasy and cocaine, in Morphou district the average prices were the highest.

11.4.2. Purity at street level and composition of drugs / tablets

According to the State General Laboratory routine purity analysis of drugs is not carried out thus, no information is available. Such analysis is not required by Cyprus courts for sentencing purposes, since the sentence is the same whether the drug purity is 1% or 99%. The Laboratory is, however, planning to begin purity analysis for intelligence purposes (Konari, 2008, unpublished). However, information was provided by the State Laboratory regarding the composition of tablets sold[41] (see table below).

Table 10.2 Composition of illicit drug tablets by year

	2005	***2006***	***2007***
MDMA	89.6	95	44
Amphetamine/ methamphetamine		0.05	3.3
DOB			
Other substances			42.4
Miscellaneous	10.4	4.95	10.3

Source: State General Laboratory, 2008

In the category “miscellaneous “, anabolics, ephedrine, as well as a small amount of benzodiazepines were found, whereas in the category “other substances”, MCPP and BZP were detected (see also ST 15_CY_01).

41 Analysis is carried out on all tablets seized by the Police.

Part B - Selected Issues

12. Selected Issue: Sentencing statistics

12.1. Overview

Sentencing statistics in Cyprus are kept by Prisons and Courts (Legal Service)[42]. However, the Cyprus Police register only drug-related offences and offenders. Sentences for each offence category are based on the Narcotic Drugs and Psychotropic substances Law 29/77.

As regards the drug-related offences (DLEU, 2008, unpublished) that have the majority of Cypriots nationals involved are possession (319), possession and use (250) and possession with intend to supply (85). On the contrary, non-Cypriots are involved in more cases of importation than Cypriots during the year 2007 (29 and 7 respectively).

The procedure followed by the Police (DLEU, 2008, unpublished) regarding drug-related cases is the same no matter what the offences are. The steps followed are: direct seizure of the drugs, packing in the presence of the persons involved and scientific investigation. Direct registration to the Court took place in cases where the drug quantities are such that possession offence or cultivation with intend to supply offence arise and also when there are cases of importation with the quantities referred to in the Law concerning Narcotic Drugs and Psychotropic Substances L. 91 (1)/2003.

As for the variables recorded in the collection systems, police and prisons, record all the demographic characteristics of the persons involved in drug-related offences (gender, nationality, age etc.). According to Prisons data, in 2007, a total of 80 persons were convicted to imprisonment (38 Cypriots, 42 non- Cypriots). The vast majority of drug-

[42] In the Legal Service data base, only serious drug cases are recorded, such as cases of trafficking, possession of large quantities etc.

related cases, in 2007, involved possession of drugs with a total of 40 persons convicted to imprisonment. All the convicted to imprisonment persons were males except from two drug possession cases where 2 females were involved. As for the longest conviction given to imprisonment, was 20 years for importation of (Class A) drugs, followed by a trafficking case, given imprisonment conviction of 18 years.

12.2. Options available in the country

The DLEU Statistical Office of the Cyprus Police registers only drug-related offences and offenders (See also Ch.8.3, NR 2008). At the present time there is no documentation system for sentencing outcomes in the Police. Nevertheless, for each drug-related offence, the types of responses available in Cyprus are based on the Narcotic Drugs and Psychotropic Substances Law 29/77, presented analytically below:

Figure 11.1 Sentences for each offence category

OFFENCE	**SENTENCES FOR EACH OFFENCE CATEGORY**		
	CLASS A[43]	**CLASS B**	**CLASS C**
Possession for the purpose of supplying	Up to life in prison	Up to life in prison	Up to 8 years in prison
Production[44]	Up to life in prison	Up to life in prison	Up to life in prison
Use[45]	Up to life in prison	Up to life in prison	Up to life in prison
Possession or supply from other person	Up to 12 years in prison	Up to 8 years in prison	Up to 4 years in prison

Source: DLEU, 2008.

43 More details concerning the rationale of the classification of drugs into classes A,B and C can be found in Law L 29/77, available at http://eldd.emcdda.europa.eu/index.cfm?fuseaction=public.content&sLanguageISO=EN&nNodeID=5173&pluginMethod=eldd.showlegaltextdetail&id=2641&lang=en&T=2.

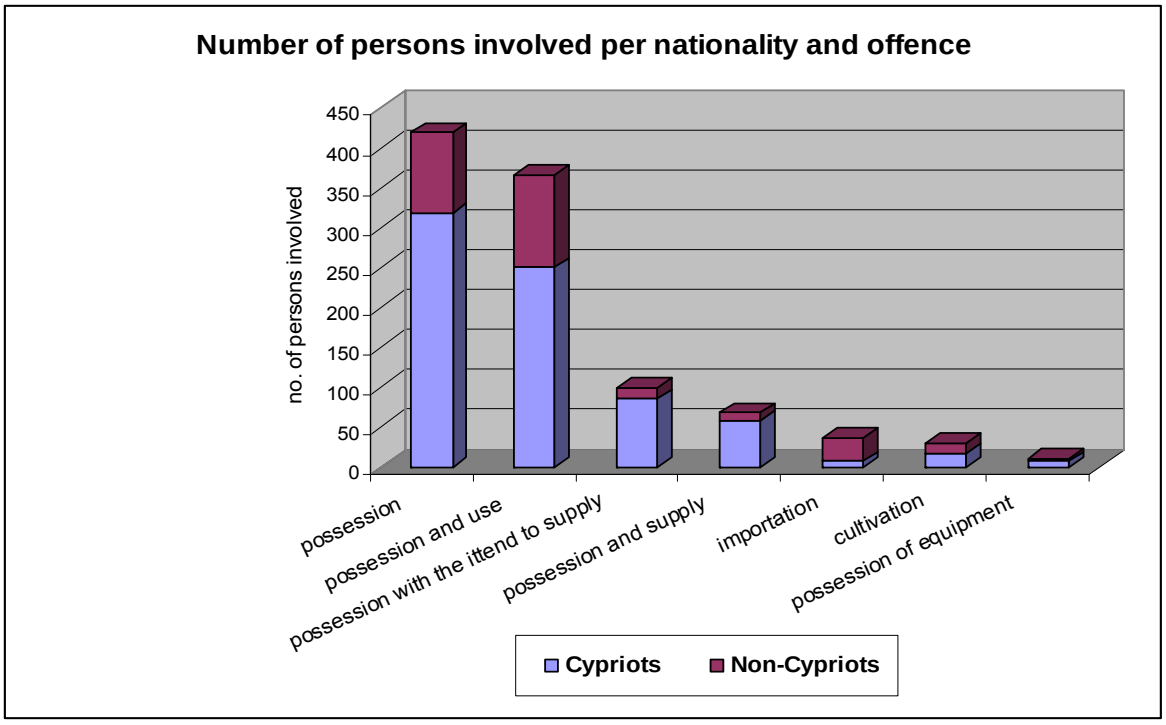
44 Cultivation of three or more cannabis plants, or possession of 30g or more of cannabis or its products, may be presume to be for the purpose of supplying unless the accused can convince the court to the contrary

45 Possession of less than 10g of prepared opium or its products, or less than 10g of prepared cocaine or its products, or less than 20g of other drugs in solid form, is likely to be regarded as for personal use.

As the figure above shows, sentences for drug- possession include up to lifetime imprisonment. However, there is a gap between legal provisions and implementation practice, as no such sentence has ever taken place, according to the Legal Service (Mavromoustaki T., 2008, unpublished).

According to the provided information (DLEU, 2008, unpublished), for each drug-related offence the number of persons involved is presented in the following table.

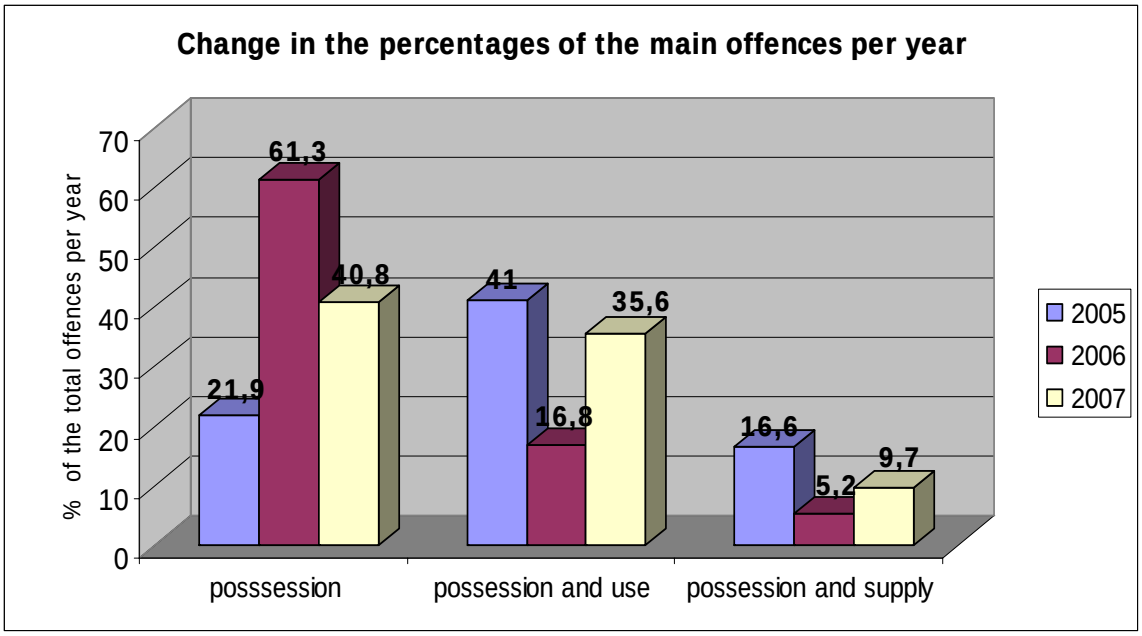
Figure 11.2 Number of persons involved per nationality and offence during 2007



Source: DLEU, 2008

As shown in the table above, the drug-related offences in which the majority of Cypriot nationals are involved are possession (319), possession and use (250) and possession with intend to supply (85). On the contrary, non-Cypriots are involved in more cases of importation than Cypriot nationals during the year 2007 (29 and 7, respectively).

Figure 11.3 Change in the percentage of main offences per year



Source: DLEU, 2008

It can be observed that a decrease of 20, 5% in the possession offences occurs in 2007, compared with the year 2006. In addition, during the same year, a slight increase is recorded in possession and supply offences. Finally, a worth noting increase in possession and use offences is recorded, where the percentage almost doubled (from 5.2% in 2006, to 9.7% in 2007). For more details regarding the recorded offences per year, see Ch.8.3.

The procedure followed by the Police (DLEU, 2008, unpublished) regarding drug-related cases is the same regardless of the offences. The first step is the direct seizure of the drugs and packing these in the presence of the persons involved, for further scientific investigation. After the completion of the State General Laboratory examinations, a written charge takes place. In cases where the drug quantities are such that a possession offence or cultivation with intent to supply offence arises, then the cases are directly registered to the Court and the persons involved are usually detained while awaiting trial. The same procedure is also followed in cases of importation with the

quantities referred to in the reparative Law Concerning Narcotic Drugs and Psychotropic Substances L. 91(1)/2003. Additionally, direct registration at court takes place in cases where non-Cypriots, who temporarily visit Cyprus, are involved regardless of the seized drug quantity. Offences of possession and use of drugs or/and cultivation of up to two cannabis plants are completed after the clearing of the scientific examinations that follow the usual procedure of presentation to the Court, of persons involved. The time of this procedure varies approximately between 6 to 12 months (DLEU, 2008, unpublished).

It is added that, after the arrest of persons involved in drug-related cases, except in cases regarding possession with intend to supply, counselling is provided by Social Workers of the DLEU with the aim of encouraging persons to ask for treatment (See also Ch.3.1).

As regards driving under the influence of drugs, sentencing is up to one year in prison or/and €1700 fine and driving license suspension of up to one year, except for special reasons (See also: Ch.13, NR 2006). The Narcotic and Psychotropic Substances Law of 1977, is usually the basis for the prosecution of such offenders, since the use of any drugs on its own constitutes a criminal offence, therefore, there is no need to prove the affected driving ability (NR 2006, Selected Issue-Drugs and Driving). Even though, based on the statistical data of the Traffic Department of the Police, there are no charges or sentences for the year 2007 regarding the offence of driving under the influence of illicit substances since drug-testing legislation is still to be introduced (DLEU, 2008, unpublished).

In addition, based on the provisions of the Treatment and Handling of Drug Addicts Law 57(1)/92 the need of establishment of suitable programs for juvenile users and other sentenced persons is stated. The fact that the Law is still inactive as a result of some of its anachronistic provisions being reviewed, effectively means that a significant percentage of young offenders are deprived the right to treatment, or other alternatives to prison. However, a Committee has been formed by the Cyprus Anti-drugs Council with the aim of formulating a new draft law focusing on the separation of the provision

referring to the underage population that constitutes the biggest percentage of convicted persons (NFP Newsletter, 2008; see also ch.1).

Another major issue is the draft law concerning house arrest. When the particular law will be introduced, all prisoners (including, probably, prisoners sentenced for drug offences), that have been convicted for imprisonment for a period exceeding three months, and have subsequently entered the Guidance Centre for Extramural Employment and Rehabilitation, have the right to apply to serve the rest of their sentence under house arrest (NFP Newsletter No.22, 2008).

Moreover, as concerns community work in Cyprus as an alternative to prison, while it is applied for other offences, drug users are mostly excluded from this right (see also selected issue 11, NR 2006). Nevertheless, it is at the Court's discretion and it has been applied in exceptional cases for some drug-related offenders in the past (Cyprus NFP 2008, Newsletter No.22).

Finally, the reprieve of imprisonment in Cyprus is usually used for young persons (up to 22 years old) who are charged (for the first time) for possession for personal use and have no criminal record. After recommendation by the DLEU to the General Attorney, judges have the jurisdiction to suspend imprisonment for a two-year period, with the precondition that the offender will not commit any offence in the assessed time period. Otherwise, the Court will charge the offender for both offences (Cyprus NFP 2008, Newsletter No.22; please refer also to ch.3 on the 'Fred' program).

12.3. Data Collection Systems

The first stage of the justice system begins from the moment the offender is arrested by the police. The data collection system of the DLEU, records drug-related offences and offenders on a continuous basis. According to the provided information (DLEU, 2008, unpublished), this system is connected with the data base of the Crime Analysis Office of the Cyprus Police. In the contrary, the system is not linked with other external data base

for safety reasons and protection of personal information. Nevertheless, it is expected that in future the data collection system will be connected with a unified interactive data base, which will join together several law enforcement services not only on a national, (Police-Customs), but also on a European level (Europol-Interpol). As concerns the recording period of the data, is on a yearly basis (January-December), and the recording of multiple offences is listed based on the seriousness of the offences involved.

As for the Courts, records regarding serious drug-related offences and sentences are kept, among all cases, by the Legal Service[46] (Mavromoustaki T., 2008, unpublished).

As regards the Cyprus Central Prison, records regarding imprisonment for drug-related cases have been kept on a yearly basis (January-December). However, no link with other data collection systems is available (Prison Department, 2008, unpublished)

12.4. Data Collected

In the Police data collection system, the variables recorded concern the demographic characteristics of the persons involved in drug-related offences[47] as well as the principle substances involved and the respective quantities. In terms of cases which are closed, these are assorted as 'otherwise disposed' or 'with reprieve of criminal prosecution'[48], according to the instructions given by the State General Attorney. In the case where an offender voluntarily begins treatment, no recording of this by the Police takes place, due to the fact that Law 57(1)/1992 is currently inactive. Finally, the offence of driving under the influence of alcohol is recorded separately, based on the breaching of the Law 174/86. During 2007, 7916 persons were charged under the rubric of this law. After blood examinations that were performed on 50 deceased drivers, in 11 of them it was

[46] Data for drug-related cases are not kept separately, but are included with all other cases of the criminal justice courts.
47 The demographic characteristics of each offender include: age, nationality, educational level and occupation.
48 'Otherwise disposed' (Greek: 'άλλως διατεθείσες') cases are those in which the offender did not go through trial, e.g. cases which are given reprieve of criminal prosecution (especially for young drug offenders), after special instructions given by the State General Attorney.

verified that the level of alcohol in their blood was over the admissible limit (DLEU, 2008, unpublished).

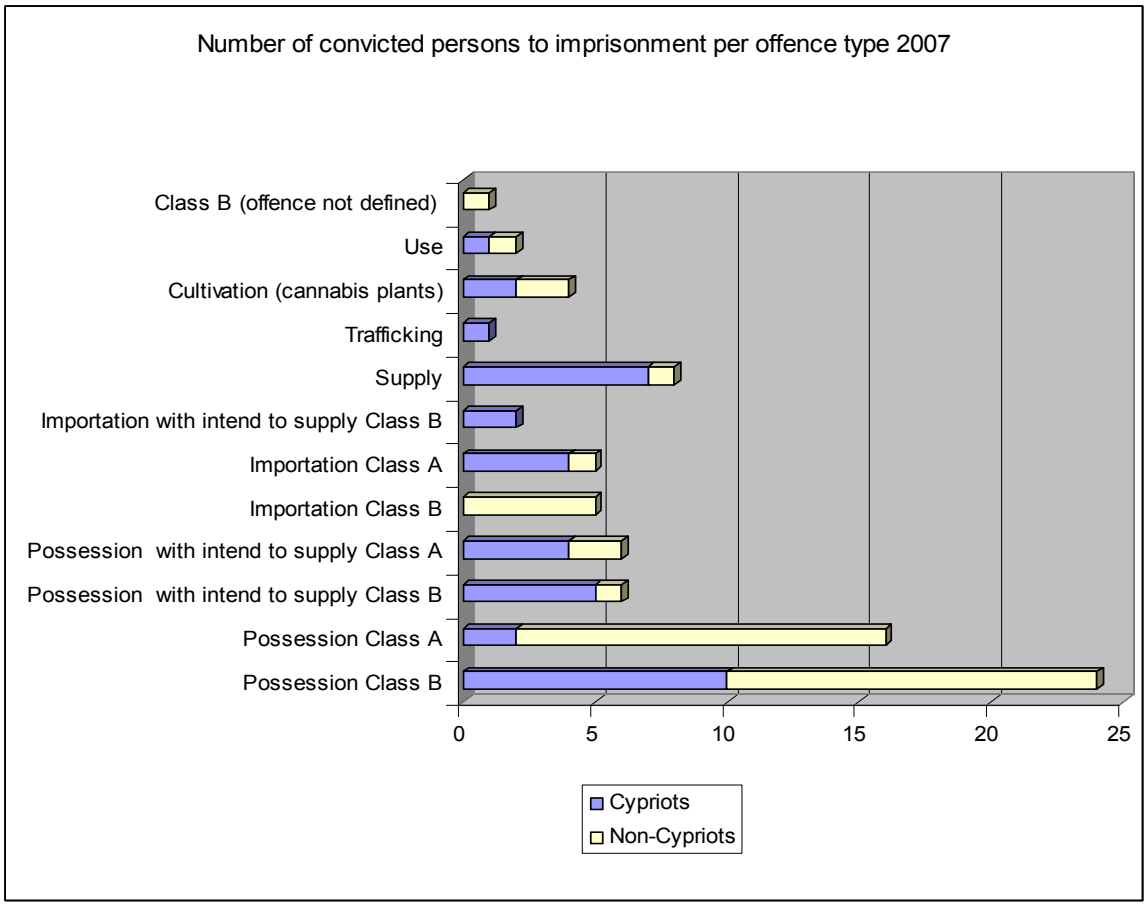
As for the prison records regarding drug-related cases, all the demographic characteristics of the offenders are recorded as shown below (see figs 11.4 & 11.6).

12.5. Results Available

The following table presents analytically the persons (per nationality) convicted to imprisonment[49], per offence type in 2007.

49 The breaking down of categories stated in the figure 11.4 is based on the way the drug-related offences in Cyprus are recorded. This may cause confusion, for comparison reasons, due to the different way that cases are recorded in other countries.

Figure 11.4 Number of convicted persons to imprisonment per offence type



Source: Prison Department, 2008

As it is observed in the figure above, the vast majority of drug-related cases involved possession of drugs with a total of 40 persons convicted to imprisonment in 2007, for the possession of both Class A and Class B drugs, Two drug use offences were recorded in the same year, and three cases for cannabis cultivation. The percentage of possession or use offences, production[50], supply and trafficking appeared in the table which follows[51]:

50 in this case cultivation of cannabis plants
51 As for driving under the influence of drugs see Ch. 11.2

Figure 11.5 Percentages of persons convicted to imprisonment per offence type (2007)

Offence type	Percentage of persons convicted[52] (%)
Possession (Class A and B)	50
Supply	10
Trafficking	1.25
Cultivation (cannabis plants)	5
Use	2.5
TOTAL	**68.75**

Source: Prison Department, 2008

As the tables below shows, the conviction to imprisonment for drug possession Class B for year 2007 varies from 2 months to 3 years and as for possession Class A, the shortest conviction of imprisonment was 15 days and the longest 10 years.

52 All the convicted to imprisonment persons were males except from two drug possession cases where 2 females were involved. More precisely, one 26 years old women was convicted for possession of drug Class B for 3 months imprisonment and another women 22 years old for the same offence, for 9 months imprisonment.

Figure 11.6: Convictions to imprisonment for drug possession Class B and Class A (2007)

Class B Length	**Number of persons**	**Age**
3 months	2	32, 26
2 months	1	29
6 months	1	24
8 months	2	34, 62
9 months	3	63, 31, 22
12 months	1	28
15 months	2	29, 34
18 months	1	20
20 months	1	44
24 months	2	25, 35
30 months	2	24, 47
36 months	1	28
Class A Length	**Number of persons**	**Ages**
15 days	2	24, 27
1 month	1	24
45 days	2	36, 27
3 months	3	24, 46, 36
4 months	3	33, 37, 46
10 months	1	34
15 months	1	34
24 months	1	41
30 months	1	27
36 months	2	40, 37
54 months	1	43
84 months	1	24
120 months	2	24, 40

Source: Prison Department, 2008

As for the longest conviction given to imprisonment during 2007, was 20 years for importation of (Class A) drugs, followed by a trafficking case, given imprisonment conviction of 18 years[53].

53 Both convicted offenders were Cypriot nationals

Part C- Bibliography and Annexes

13. Bibliography

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13.3. List of figures and tables

13.4. List of abbreviations

CAC = Cyprus Antidrugs Council

CHCC = Coordinating Health and Citizenship Committee

CTO = Cyprus Tourism Organization

DDR = Drug Demand Reduction

DLEU = Drug Law Enforcement Unit

DRD = Drug-Related Death

DRID = Drug-Related Infectious Disease

EMCDDA = European Monitoring Centre for Drugs and Drug Addiction

EMQ = European Model Questionnaire

EPS = Educational Psychology Service

ESPAD = European School Survey Project on Alcohol and other Drugs

EU = European Union

IDU = Intravenous Drug User

HMU = Health Monitoring Unit (Ministry of Health)

MD = Ministry of Defence

MEC = Ministry of Education and Culture

MH = Ministry of Health

MHS = Mental Health Services

MJPO = Ministry of Justice and Public Order

MLSI = Ministry of Labour and Social Insurance

NDS = National Drug Strategy

NFP = National Focal Point

NGO = Non-Governmental Organization

NR = National Report

PDU = Problem Drug User

SGL = State General Laboratory

STD =Sexually Transmitted Diseases

TC = Therapeutic Community

T.D.I = Treatment Improvement Protocol

UNO = United Nations Organization

WHO = World Health Organisation