



European Monitoring Centre  
for Drugs and Drug Addiction



# **2009 NATIONAL REPORT (2008 data) TO THE EMCDDA**

**Reitox National Focal Point**

**CYPRUS  
New Developments, Trends and  
In-depth Information on Selected Issues**

**REITOX**

# TABLE OF CONTENTS

<b>SUMMARY .....</b>	<b>7</b>
<b>PART A: NEW DEVELOPMENTS AND TRENDS .....</b>	<b>10</b>
<b>CHAPTER 1: DRUG POLICY – LEGISLATION, STRATEGIES AND ECONOMIC ANALYSIS .....</b>	<b>10</b>
1.1. Introduction .....	10
1.2. Legal framework .....	11
1.2.1. Laws, regulations, directives or guidelines in the field of drug issues (demand & supply).....	11
1.2.2. Laws Implementation .....	13
1.3. National action plan, strategy, evaluation and coordination .....	13
1.3.1. National action plan and/or strategy .....	13
1.3.2. Implementation and evaluation of national action plan and/or strategy .....	14
1.3.3. Other drug policy developments.....	16
1.3.4. Coordination arrangements .....	17
1.4. Economic Analysis .....	18
1.4.1. Public Expenditures.....	18
1.4.2. Budget & Social Costs .....	22
<b>CHAPTER 2: DRUG USE IN THE GENERAL POPULATION AND SPECIFIC TARGETED-GROUPS .....</b>	<b>23</b>
2.1. Introduction .....	23
2.2. Drug Use in the general population .....	23
2.3. Drug Use in the School and Youth Population .....	23
2.3.1. School Population.....	23
2.3.2. Youth Population.....	28
2.4. Drug Use among targeted groups .....	28
<b>CHAPTER 3: PREVENTION .....</b>	<b>32</b>
3.1. Introduction.....	32
3.2. Universal prevention .....	33
3.2.1. School.....	33
3.2.2. Family.....	35
3.2.3. Community .....	35
3.3. Selective prevention .....	36

3.3.1.	At-risk groups.....	36
3.3.2.	At-risk families.....	37
3.3.3.	Recreational settings.....	37
<b>3.4.</b>	<b>Indicated prevention .....</b>	<b>38</b>
3.4.1.	Children at risk with individually attributable risk factors .....	38
<b>3.5.</b>	<b>National and local Media campaigns.....</b>	<b>38</b>
<b>CHAPTER 4: PROBLEM DRUG USE.....</b>		<b>41</b>
<b>4.1.</b>	<b>Introduction.....</b>	<b>41</b>
<b>4.2.</b>	<b>Prevalence and Incidence Estimates of PDU .....</b>	<b>42</b>
4.2.1.	Indirect estimates of problem drug users.....	42
4.2.2.	Estimates of incidence of problem drug use.....	46
<b>4.3.</b>	<b>Data on PDUs from non-treatment sources .....</b>	<b>49</b>
<b>4.4.</b>	<b>Intensive, frequent, long-term and other problematic forms of use .....</b>	<b>50</b>
<b>CHAPTER 5: DRUG - RELATED TREATMENT: TREATMENT DEMAND AND TREATMENT AVAILABILITY .....</b>		<b>51</b>
<b>5.1.</b>	<b>Introduction.....</b>	<b>51</b>
<b>5.2.</b>	<b>Strategy / policy.....</b>	<b>52</b>
<b>5.3.</b>	<b>Treatment systems .....</b>	<b>52</b>
5.3.1.	Organization and quality assurance.....	53
5.3.2.	Availability and diversification of treatment.....	53
<b>5.4.</b>	<b>Characteristics of treated clients.....</b>	<b>54</b>
<b>5.5.</b>	<b>Trends of clients in treatment .....</b>	<b>60</b>
<b>CHAPTER 6: HEALTH CORRELATES AND CONSEQUENCES .....</b>		<b>67</b>
<b>6.1.</b>	<b>Introduction.....</b>	<b>67</b>
<b>6.2.</b>	<b>Drug related infectious diseases .....</b>	<b>67</b>
6.2.1.	HIV / AIDS and viral hepatitis.....	68
6.2.2.	STI's and tuberculosis .....	74
6.2.3.	Other infectious morbidity .....	74
6.2.4.	Behavioural data.....	74
<b>6.3.</b>	<b>Other drug-related health correlates and consequences.....</b>	<b>74</b>
6.3.1.	Non-fatal overdoses and drug-related emergencies.....	74
6.3.2.	Other topics of interest .....	74
<b>6.4.</b>	<b>Drug related deaths and mortality of drug users .....</b>	<b>76</b>
6.4.1.	Drug Induced Deaths (overdoses/poisoning).....	76
6.4.2.	Mortality and causes of deaths among drug users (mortality cohort studies).....	79

6.4.3.	Specific causes of mortality indirectly related to drug use .....	80
<b>CHAPTER 7: RESPONSES TO HEALTH CORRELATES AND CONSEQUENCES .....</b>		<b>81</b>
7.1.	Introduction.....	81
7.2.	Prevention of drug related emergencies and reduction of drug related deaths.....	81
7.3.	Prevention and treatment of drug-related infectious diseases .....	82
7.4.	Responses to other health correlates among drug users .....	83
<b>CHAPTER 8: SOCIAL CORRELATES AND SOCIAL REINTEGRATION .....</b>		<b>84</b>
8.1.	Introduction.....	84
8.2.	Social Exclusion and Drug Use .....	84
8.2.1.	Social exclusion among drug users .....	84
8.2.2.	Homelessness .....	85
8.2.3.	Unemployment.....	88
8.2.4.	School drop out .....	92
8.3.	Drug use among socially excluded groups.....	94
8.4.	Social Reintegration.....	96
8.4.1.	Housing .....	97
8.4.2.	Education, training .....	98
8.4.3.	Employment .....	103
<b>CHAPTER 9: DRUG RELATED CRIME, PREVENTION OF DRUG RELATED CRIME AND, PRISON .....</b>		<b>104</b>
9.1.	Introduction.....	104
9.2.	Drug-related crime.....	104
9.2.1.	Drug Law offences .....	104
9.2.2.	Other drug-related crime .....	107
9.3.	Prevention of drug-related crime.....	107
9.3.1.	Urban security policies in the prevention of drug related crime.....	107
9.4.	Interventions in the criminal justice system .....	108
9.4.1.	Alternatives to prison .....	108
9.4.2.	Other interventions in the criminal justice system.....	109
9.5.	Drug use and problem drug use in prisons .....	109
9.6.	Responses to drug-related health issues in prisons .....	109
9.6.1.	Drug treatment.....	109
9.6.2.	Prevention and reduction of drug related harm .....	109
9.6.3.	Prevention of overdose- risk upon prison release .....	110

9.7.	Reintegration of drug users after release from prison .....	110
------	---	-----

## **CHAPTER 10: DRUG MARKETS ..... 112**

10.1.	Introduction .....	112
-------	--------------------	-----

10.2.	Availability and supply .....	113
-------	-------------------------------	-----

10.2.1.	Perceived availability of drugs, exposure, access to drugs .....	113
---------	--	-----

10.2.2.	Drugs origin: national production versus imported .....	113
---------	---	-----

10.2.3.	Trafficking patterns, national and international flows, routes, modi operandi and organization of domestic drug markets .....	115
---------	---	-----

10.3.	Seizures .....	116
-------	----------------	-----

10.3.1.	Quantities and numbers of seizures of all illicit drugs .....	116
---------	---	-----

10.3.2.	Quantities and numbers of seizures of precursor chemicals used in the manufacture of illicit drugs .....	117
---------	--	-----

10.3.3.	Number of illicit laboratories and other production sites dismantled; and precise type of illicit drugs manufacture there .....	118
---------	---	-----

10.4.	Price/ purity .....	118
-------	---------------------	-----

10.4.1.	Price of illicit drugs at retail level .....	118
---------	--	-----

10.4.2.	Purity/potency of illicit drugs .....	120
---------	---------------------------------------	-----

10.4.3.	Composition of illicit drugs and drug tablets .....	121
---------	---	-----

## **PART B: SELECTED ISSUES ..... 122**

## **CHAPTER 11: CANNABIS MARKETS AND PRODUCTION ..... 122**

11.1.	Introduction .....	122
-------	--------------------	-----

11.2.	Markets .....	122
-------	---------------	-----

11.2.1.	Contextual info: Brief history of cannabis domestic production; “Grow shops” .....	122
---------	--	-----

11.2.2.	Consumer market shares of different cannabis products .....	123
---------	---	-----

11.2.3.	Distribution of cannabis at national level .....	124
---------	--	-----

11.2.4.	Cannabis wholesale prices .....	124
---------	---------------------------------	-----

11.2.5.	Typology of retail outlets for cannabis sale .....	125
---------	--	-----

11.2.6.	Cannabis sources and transaction sizes .....	125
---------	--	-----

11.3.	Seizures .....	126
-------	----------------	-----

11.3.1.	Contextual Info: Supply reduction organisation and activities .....	126
---------	---	-----

11.3.2.	Seizures of plantations .....	127
---------	-------------------------------	-----

11.3.3.	Origin of cannabis products seized .....	128
---------	--	-----

11.3.4.	Breakdown of cannabis seizures by product and by amount seized .....	129
---------	--	-----

11.4.	Offences .....	130
-------	----------------	-----

11.4.1.	Cannabis supply-related offences reported by police, 2006-2008 .....	130
---------	--	-----

## **CHAPTER 12. TREATMENT AND CARE FOR OLDER DRUG USERS..... 131**

12.1.	Introduction .....	131
-------	--------------------	-----

12.2.	Ageing of Problem Drug Users .....	132
-------	------------------------------------	-----

12.2.1.	Age Trends in Drug Users in and out of Treatment.....	132
12.2.2.	Factors related to the Ageing and increasing life expectancy of drug users .....	133
<b>12.3.</b>	<b>Drug Use, Health and Social Characteristics of Current Older Drug Users .....</b>	<b>138</b>
12.3.1.	Treatment Demand .....	138
12.3.2.	Patterns of Drug Use.....	139
12.3.3.	Social Characteristics.....	139
12.3.4.	Health and Mental Health Characteristics .....	140
<b>12.4.</b>	<b>Treatment, Management and Care of Older Drug Users .....</b>	<b>143</b>
12.4.1.	Policies .....	143
12.4.2.	Health and Social Responses .....	144
<b>12.5.</b>	<b>Quality Assurance and best practice .....</b>	<b>149</b>
<b>PART C</b>	<b>.....</b>	<b>152</b>
<b>BIBLIOGRAPHY</b>	<b>.....</b>	<b>152</b>
<b>ANNEXES</b>	<b>.....</b>	<b>169</b>

## Summary

The preparation and introduction of the new National Drug Strategy 2009-2012 has been amongst the most significant developments taking place in 2008. While the full text of the NDS will be given elsewhere (see [www.ask.org.cy](http://www.ask.org.cy)), reference to its aims and methods is made throughout this year's report, and a general description of its principles is found in ch.1; highlights pertaining to specific topics are also addressed in individual chapters.

Although no major changes in drugs legislation or implementation took place in 2008, the CAC has initiated development of best practice guidelines for treatment and prevention programmes, as reported in chs.3 and 5. These developments form part of a new coordination system adopted by the CAC, which will apply with the new NDS 2009-2012, and is reported on in greater detail in ch.1.

Our knowledge of drug use in the general population in 2008 was still based on the results of the survey carried out in 2006, but a new survey which began at the time of writing is expected to yield results by the beginning of 2010, and is due for reporting next year. As reported in ch.2, two surveys of the school population in 2008 (ESPAD and ISRD-2) pointed to the lowest levels of lifetime prevalence of alcohol consumption and hash use in the capital city of Cyprus compared to other capital cities, and low levels of drunkenness, cigarette use (lifetime and current) and drug use in Cyprus, compared to school populations in other European countries. Nevertheless, illicit drug use is on the increase within Cyprus, according to these reports, and the use of marijuana and hashish is seen to increase with young people's age.

The picture emerging in this report appears to suggest drug use patterns are complex. In the same chapter (ch.2), the results of a survey concerning drug use among young arrestees, carried out by the Drug Law Enforcement Unit of the Cyprus Police in cooperation with the Cyprus NFP, are briefly described. When examining the survey it appears from the results that this target group can benefit from prevention efforts such as the 'FreD goes net' programme, which is reported on in more detail in ch.3. It may also be significant in this context that, as described in ch.9, the number of drug offences as well as the persons involved in them presented a decrease in 2008, and as in

previous years the majority of persons involved in drug offences, were implicated in cannabis-related offences. Yet ch. 10 also reports that, as regards seized quantities of illicit drugs during the year 2008, a remarkable increase in the seized cocaine quantities, herbal cannabis, cannabis plants and ecstasy tablets was observed compared to the year 2007. As far as prices are concerned a significant increase in the maximum prices of heroin (brown) and cocaine occurred, while a slight decrease in ecstasy prices was observed. Selected issues ch.11 further reports that, according to Cyprus Police, domestic production of cannabis on the island is at very low levels, the vast majority of cannabis being imported from overseas and / or through the areas not under the effective control of the Republic of Cyprus. As concerns type of cultivation, all plantations seized concerned cannabis plants, but production is sporadic and low, most of the cultivated cannabis being found within private yards, as well as indoors.

With regard to problem drug use, in 2008 a remarkable decrease of opiate PDUs can be observed (estimated at 1.2 – 1.8 per 1000 inhabitants 15-64 years of age), which could be partly attributable to some significant changes that have occurred in the population used for the estimate during 2008, such as a lower number of demands for treatment, lack of prison data and a significant decrease of foreigners recorded in treatment. This finding stands in contrast to the increase observed in the previous year (2007), and once again there is a need to stress that, as described more fully in ch.4, methodological considerations must take precedence over any interpretation of these results.

A description of the treatment system is provided more fully in ch.5, where it is noted that as of 2009, drug treatment availability in Cyprus has been enriched in terms of the type of services offered, as well as of the population targeted. In particular, specialized substitution and adolescent treatment is now available in two cities, although the overall number of programmes available did not note significant increase. One finding of importance among the treatment population is that while the proportion of men seeking treatment due to heroin use decreased in 2008, among women a significant increase is observed. Also, with respect to high risk behaviour, the overall proportion of users who have ever injected remained at similar levels as in 2007, reaching 44.1%. Also in ch.6, a more hopeful picture emerges in that 2008 data indicate the largest decrease in the number of indirect deaths: during the reporting year only 13 drug related deaths were recorded, 11 of which were directly attributed to drug poisoning, and factors such as the



provision of substitution treatment and the establishment of three substitution units, described in ch.7, may eventually come to contribute to this low result but it must be stressed that at this time the absence of an impact on directed DRDs does not suggest this to be the case.

Women heroin users also feature in the feedback on social correlates of drug use in Cyprus, and social reintegration, which is given in ch.8. While the overall percentage of female drug users living alone appears to be decreasing, the percentage of heroin users living with other drug users was more than double for females than for males (38.5% as compared to 13.5%), suggesting, especially when viewed in conjunction with the data on needle-sharing, that female heroin users in cohabitation may be a particularly vulnerable group. It is worth mentioning that the 2008 data in ch.8 has also been enriched by data from an independent qualitative study on Pontian Greek drug users, as well as a focus group carried out by the Cyprus NFP consisting of drug users at the stage of social reintegration.

Finally, the NFP also conducted a qualitative study among ageing drug users for selected issues ch.12, where retrospective life histories were collected in a cross-sectional design. Ages ranged from 40 to 53 years, and the results point to: (a) drug career (life) assessments, (b) the impact of personal resources to subjective improvements in treatment outcomes, (c) subjective meanings attached to age and declined social status, (d) satisfaction with treatment (e) subjective treatment needs in terms of provision of age-specific treatment services and (f) their desire for involvement in decision making. Taken together with the focus group mentioned above, this significant further information on the situation of ageing former drug users, contributed to an overall understanding of the social condition of drug users in Cyprus in 2008.

## **PART A: NEW DEVELOPMENTS AND TRENDS**

### **Chapter 1: Drug Policy – Legislation, Strategies and Economic Analysis**

#### ***1.1. Introduction***

Drug use, as defined within the parameters of its modern setting and context, is a phenomenon which began in Cyprus relatively recently in historical terms, probably first beginning to be less sporadic in the late 1970s, as demonstrated by police seizure data and the enactment of specific anti-drug legislation, such as the 1977 Narcotic Drugs and Psychotropic Substances Law L29/77 (Stylianou, 2000), itself based on previous legislation from 1967. Although there has been continuing growth and development in recent years across all aspects of the framework for national responses to the drugs phenomenon, there is a functional national mechanism for combating drugs in place, which is constantly updated and refined.

Definitions of key terms involved in the aforementioned national mechanism may be found in the relevant national legislation, such as the above-mentioned law L29/77 concerning Narcotic Drugs and its amendments, but also the Treatment of and Dealing with Drug Dependents Law L57(I)/92, law L3(I)/95 on Crime Suppression (Controlled Delivery and Other Special Provisions), and law L128(I)/2000 concerning the Prevention of the Use and Dissemination of Drugs and Other Addictive Substances (Establishment of the Anti-Drugs Council and Fund)<sup>1</sup>. Data collection tools for feedback on the national mechanism may include reviews of such legislation, feedback on amendments of laws and new legal developments from the legal correspondent of the Cyprus Anti-Drugs Council (henceforth: CAC; for all abbreviations please see list, section 13.4), main policy documents (such as the National Strategy on Drugs) as provided by the key authorities and organisations such as the CAC, the Office of the Commissioner for Administration, and others. The structure and administrative framework of the national mechanism has been described most recently in the NR 2008 (ch.1, section 2.3), and further developments are described below.

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<sup>1</sup> A complete list of relevant national legislation in English may be obtained at [www.ask.org.cy](http://www.ask.org.cy).

Overall spending appears to have continued to remain relatively stable in 2008, and while data is of insufficient quality to reach generalized conclusions, some increases in spending have been noted. The drug problem is still viewed as being serious: as suggested by social surveys, it is viewed as the third most serious issue affecting quality of life, after the economy and water shortages (RAI Consultancy Services, 2009). Monitoring and analysis of relevant press articles by the CAC (Fotsiou, 2009, unpublished) suggests a majority of press articles deal with criminal activities associated with drugs, and with drug-related deaths, whereas articles relating to treatment and prevention issues were less frequent than articles on other health topics, such as smoking issues (see also ch. 3.5).

## ***1.2. Legal framework***

### **1.2.1. Laws, regulations, directives or guidelines in the field of drug issues (demand & supply)**

There have been no major new developments in the legal framework in 2008 (Mavromoustaki, 2009, unpublished). In terms of the NDS 2004-2008, Degkwitz, Zurhold & Haasen (2008, pp. 90-91) describe how the three major approaches towards development of the legal framework in Cyprus initially consisted of: (a) control strategies on advertising and selling legal substances in order to protect minors, (b) drug screening for drivers, and (c) the introduction of specialized drug courts for offenders. These authors note that four of the seven actions relating to this framework were implemented by the end of the period covered by the NDS 2004-2008, with the narcotest for drivers and the implementation of drug courts remaining as priorities.

During 2008 the CAC, in collaboration with competent government authorities such as the Mental Health Services, Cyprus Police and the Legal Service, as well as relevant NGOs, completed its study of law L57(I)/92, 'Treatment of and Dealing with Drug Dependents', a law concerning the treatment of drug-addicted minors and other drug-sentenced offenders, with a view to its amendment and direct implementation, since this important 1992 legislation has effectively lain dormant due to certain 'anachronistic and non-viable' (CAC, 2009, unpublished) stipulations. The finalized proposal document was scheduled to be submitted to parliament in early 2009, but as of May 2009 was still undergoing technical checking and review at the government legal service (CAC, 2009, unpublished).

The CAC, in collaboration with relevant authorities, also continued working on law L29/77 concerning Narcotic Drugs and Psychotropic Substances in 2008. Suggestions for improvements to this legislation include secondary considerations, such as rendering the text into demotic Greek and changing the appellation; most significantly however, suggestions have been made towards correcting and updating the appendix table of controlled substances, but also for making the procedure whereby substances are added to the table both simpler and faster. The work of the ad hoc committee dealing with this law is scheduled to continue in 2009 (CAC, 2009).

The legal draft concerning implementation of the narcotest for drug-driving initially prepared in 2007 by a specialist committee continued its elaboration throughout 2008 by the same committee (see ch.1, NR 2008). Following a discussion of the initial draft in the Parliamentary Sub-Committee for Crime and Drugs (22/10/08), several points were identified as being in need of revision, which are still being debated at the time of writing. The narcotest is initially expected to be implemented through an amendment of the current law concerning Road Safety (L174/86), rather than the initially suggested Mechanical Vehicles and Traffic Law, L86/72 (CAC, 2008, unpublished; Kanari, 2009). Further developments will be reported in the next National Report. As suggested by the evaluation of the NDS 2004-2008 (Degkwitz, Zurhold & Haasen, 2008), the legal framework for drugs in Cyprus will be strengthened by the introduction of the narcotest.

The only legislation of direct relevance to drugs passed by Parliament in 2008, involved two laws approving the 2008 budget of the CAC (House of Representatives, 2009). It may be of some interest, however, to note that relevant topics discussed by the Parliamentary Committee for Criminality and Combating Drugs in 2008, included drug use in the National Guard, a general update on the drugs problem, the possible need for the implementation of the narcotest, and problems faced by a drugs treatment unit in Limassol (House of Representatives, 2009).

In the context of general regulations, directives and guidelines for the field of drug issues it is worth mentioning, too, that the CAC has initiated development of best practice guidelines for treatment and prevention programmes, which will be discussed further below.

### **1.2.2. Laws Implementation**

No major changes regarding the implementation of the drug laws have been observed over the last year (Mavromoustaki, 2009).

Although the Office of the Commissioner for Administration did not deal with any issues concerning drugs or drug-addicted persons in 2008, there are plans to carry out research in 2009 into the treatment of drug users in prison and post-release. The research proposes examination of issues such as the intake searching of inmates, provision of therapy/treatment within prison, drug trafficking and use in prison, and disciplinary measures for drug users in prison (Ioannou, 2009, unpublished). Developments concerning this research will be reported on in a future NR.

## ***1.3. National action plan, strategy, evaluation and coordination***

### **1.3.1. National action plan and/or strategy**

General descriptive information regarding the National Drug Strategy 2004 – 2008 was initially reported in the 2004 Annual Report of the Cyprus National Focal Point (Cyprus NFP, 2004, chapter 1), and significant further developments were discussed in following

NRs. The new NDS 2009-2012 was elaborated and finalised in 2008, as described briefly in the next section.

### **1.3.2. Implementation and evaluation of national action plan and/or strategy**

The National Drug Strategy 2004-2008 and its accompanying demand and supply reduction action plans, were evaluated in 2008 for the CAC by the Centre for Interdisciplinary Addiction Research of the Hamburg University (Degkwitz, Zurhold & Haasen, 2008). The evaluation aimed to identify actions which were completed and those remaining, to emphasize targets and actions which proved successful or problematic, and to present the overall level of consistency, sufficiency and efficiency of the NDS 2004 – 2008 (Bayada, 2009, unpublished). As a result, it offered several indications which acted as guidelines for the elaboration of the next NDS 2009-2012. These indications included:

- The need for a more balanced approach on the four pillars of intervention, including harm reduction
- The need for more preventive actions related to high-risk groups
- Good overall performance and expansion / differentiation of the treatment continuum, which suggests current practices may continue
- A lack of certain harm reduction interventions (e.g. syringe exchange programmes) and a need to differentiate harm reduction as a separate pillar of intervention within the NDS
- Good overall coverage of the supply reduction pillar
- A need for more evaluation of interventions / programmes on the prevention pillar. (Bayada, 2009, unpublished)

The official National Drug Strategy 2009 – 2012 (CAC, 2009ii, unpublished) as formulated by the CAC, will be reported on in detail elsewhere<sup>2</sup>, but it can be noted here that this new strategy is a self-standing document (without separate Action Plan

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<sup>2</sup> At the time of writing, the NDS 2009-2012 is as yet unpublished and unavailable in English. The complete document will be formally communicated to the EMCDDA and published on the CAC website ([www.ask.org.cy](http://www.ask.org.cy)) as soon as it becomes available.

documents), involving integrated actions in its areas of intervention, which include Prevention, Treatment and Social Reintegration, Harm Reduction, and Supply Reduction. The principles of the new strategy include, among several other points, also the following:

- Greater coordination and cooperation between different categories of intervention
- A broader spectrum of services for preventive and treatment programmes, addressing the diversity of the general population and specific sub-groups; also, improved access to these services.
- Greater emphasis and prioritisation of the harm reduction pillar, and
- Continued coordination with European and International levels of effort against drug use and dependence.

The priorities for the NDS 2009-2012 are informed by its principles, and the needs emerging from previous experience. Among other areas, emphasis is placed on:

- The introduction of best practice criteria for prevention, treatment, social reintegration and harm reduction programmes, and a system of quality assurance.
- Increased access and geographical coverage for treatment services.
- Strengthening harm reduction interventions in the health system.
- The introduction of a Drugs Coordinator (see below, section 1.3.2).
- Development of the legal status, certification and specialization of professionals in the field of addiction.
- Continued improvement of coordination over EU and international efforts to limit production and trafficking of drugs (CAC, 2009ii, unpublished).

Data from the feedback on the legal framework given above, and the evaluations of the NDS 2004-2008, do not suggest that an analysis of trends in a broader context, involving legal, political, economic and social changes as these come to influence and be influenced by national drug policy, could currently be based on sufficient accumulated evidence. A general analysis of the aims of the NDS 2004-2008 cannot conclusively demonstrate any substantial reduction in supply or demand of drugs (Bayada, 2009,

unpublished). Perhaps, however, an interactive relationship between different indicators may be tentatively but by no means conclusively suggested, by an observed decrease in drug-related deaths since the introduction of harm reduction facilities in the therapeutic continuum (see chs. 5 & 6).

### **1.3.3. Other drug policy developments**

As mentioned below in ch.3, some anti-drug initiatives involving cooperation between civil society and local government in particular, have taken place in 2008, especially in the context of NGOs working with municipalities. Projects undertaken have included:

- Pancyprian anti-smoking children's forum organised by Ayia Napa Municipality with POED (teacher's association) and the NGO KENTHEA (Tofini-Tsantila, 2009, unpublished).
- Operation of counselling centres by municipalities or in collaboration with NGOs such as KENTHEA, ASPIS and the Youth Board of Cyprus (Lambrou, 2009, unpublished; Hadjittofis, 2009, unpublished; Soseilos, 2009, unpublished).
- Municipal Prevention and Information Group involving parents and concerned citizens in the struggle against drugs (Hadjittofis, 2009, unpublished).

The operation of some grass-roots organisations, such as the Association of Relatives and Friends of Dependent Persons<sup>3</sup> (based in Nicosia), also suggests that civil society initiatives do take place. It may be, however, that because Cyprus is small in terms of population, and the drugs issue has a highly politicized profile, this may imply lower flexibility and diversity in the growth of alternative approaches to drug policy, despite the expression of general interest (e.g. in the press; cf. Fotsiou, 2009, unpublished) and citizen participation.

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<sup>3</sup> As of 2009, this Association has been operating Supportive and Therapeutic Groups for Parents and relatives of people addicted to legal and illegal drugs, which will be communicated on in more detail in the next National Report.



#### **1.3.4. Coordination arrangements**

The Interministerial Committee for Drugs is chaired by the Minister of Health, and consists of representatives of six government Ministries; it is responsible for ratifying national policy regarding drugs and drug addiction (see SQ32, 2006).

The CAC is responsible for the drafting and coordination of the implementation of the National Drug Strategy (also see 2006 SQ 32). As of 2008, the CAC elaborated the adoption of a new coordination system which will apply with the new NDS 2009-2012, whereby this information is tabulated by CAC staff in personal meetings with assigned ministerial staff twice yearly. This coordination system also involves other significant developments, including ad hoc meetings, visits by CAC staff to prevention and treatment units across Cyprus, and the introduction of new methodology for data collection. This methodology will involve verbal structured interviews with programme coordinators and staff, using Treatment Unit Forms (TUFs) and Prevention Unit Forms (PUFs). Monitoring of the treatment and prevention continuum will then be reported by the CAC annually, in a document describing the aims, operational framework and services offered by both state-run and NGO drug programmes (Bayada, 2009, unpublished). The CAC, as of 2009, will also be focusing on licit substances (tobacco, alcohol and prescribed medicines), encouraging the funding of local programmes towards this goal by associated EU programmes (Bayada, 2009, unpublished). Other, more specific goals of the CAC for 2009 include:

- A Best Practices Manual for prevention and treatment programmes
- Preparations for assuming the EU Horizontal Working Group for Drugs Presidency in 2012
- Successful completion and expansion of the 'FreD goes net' programme (see ch.3)
- Review of funding criteria for treatment programmes based on best practices
- Promotion of information relating to EU funding programmes to network.

Another very significant development in the coordination arrangements for drugs, has been the recent governmental decision to promote the institution of a Drugs Coordinator

(Bayada, 2009, unpublished). This development will fortify the importance of the CAC, since the Drugs Coordinator will be answerable to the President of the Republic of Cyprus, replacing the Minister of Health as current president of the CAC, and raising levels of efficacy in coordination of local and international matters pertaining to drugs.

It is worth mentioning also, that in 2008 the CAC, following the recommendations of Degkwitz, Zurhold & Haasen (2008) has taken the initiative to begin the promotion of an integrated Nationwide Treatment Documentation System of Clients of Drug Help Centres in Cyprus (ESYKATEMOT, Fotsiou, 2009ii, unpublished). This system will provide treatment units with electronic hardware and software for the centralised collection of coded information relating to drug users in treatment. The project is large and still in initial stages, but is set to significantly benefit documentation of the drug dependent population for future research and practice needs.

## ***1.4. Economic Analysis***

### **1.4.1. Public Expenditures**

Due to a lack of specified budgeting, it is difficult to ascertain exact expenditures for all of the involved parties. It must be noted that despite repeated efforts to obtain definite sums, the overall quality of fiscal data supplied to the NFP has not been sufficient to make any comparisons across ministries/organisations by date thus far. It can be hypothesized that this is a result of the data not being supplied by – or available from - any centralized source, such as the Ministries of Finance or Health. Nevertheless, wherever possible a general annual breakdown of public expenditures for each government ministry which deals with the drugs issue, and for the Youth Board of Cyprus is presented below (for the years 2003-2007 in Table 1.1, and over the next two pages for 2008, Table 1.2):

Table 1.1 Drug related expenditure in Euros

Drug related expenditure in Euros						
		2003	2004	2005	2006	2007
Ministry of Education and Culture		153,670	93,255	164,701	511,303 <sup>4</sup>	512,580
Ministry of Health	Mental Health Services	1,539,528	1,733,486	1,905,339	2,002,687	2,392,042
	CAC	440,360	481,085	636,503	629,899	1,175,045 <sup>5</sup>
Ministry of Justice and Public Order		60,735	67,876	77,312	49,956 <sup>6</sup>	768,877
Ministry of Defence <sup>8</sup>		1,733	520	-	-	44,765
Ministry of Labour and Social Insurance			54,611	70,214	-	425,537 <sup>9</sup>
Youth Board of Cyprus		391,816	246,009	351,941	364,913	444,643

Source: NFP, 2007

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

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

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

7 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.

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

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

Table 1.2 Drug-related Expenditure in Euros, 2008 (source: NFP, 2009)

Ministry / Organization	Department	Total Expenditure 2008 €	Expenditure Breakdown (where available) €	COFOG Code (where available)	Total Increase / Decrease since 2007
Ministry of Education and Culture	N/A	<b>5,870,000</b> <sup>10</sup>	European Health Promotion Schools Network...251,000  Mentor Units...830,000  “Stories Awaken” (Prevention)...20,000  Literacy Programme...3,055,000  ZEP Educational Priority Zones...1,500,000  Antidrug Seminars for Pupils...115,000	09.5	N/A
Ministry of Health	Mental Health Services	<b>3,700,000</b>		07.4	INC...1,307,958
	CAC	<b>1,282,063</b>	CAC...915,635 NFP...363,011	01.1 07.5	INC...107,018

<sup>10</sup> This is the sum total of monies expended on health by the Ministry of Education and Culture. Papadopoulos (2009) explains that it is not possible to provide an exact figure for sums expended specifically on drugs issues, but some breakdown of expenditures is provided in the next column. As such, the sum total for 2008 may not be compared with previous years.

Table 1.2 (contd.) Drug-related Expenditure in Euros, 2008 (source: NFP, 2009)

Ministry / Organization	Department	Total Expenditure 2008 €	Expenditure Breakdown (where available) €	COFOG Code (where available)	Total Increase / Decrease since 2007
Ministry of Justice and Public Order	N/A	<b>144,211.13</b>	Prevention...128,643.67 Seminars...8,267 Testing kits...7,300	03.6	N/A <sup>11</sup>
Ministry of Defence	N/A	<b>90,038</b>	Prevention Campaigns...31,000 Other...59,038	02.5	N/A <sup>12</sup>
Ministry of Labour and Social Insurance	Social Welfare Services	<b>26,832.59</b>	Financial Provision Plan for Reintegration of Dependent Persons...26,832.59	10.7	N/A <sup>13</sup>
Youth Board of Cyprus	N/A	<b>446,249.51</b>	Infrastructural works...270,950.42 Prevention...86,349.09 <sup>14</sup> Specialized programmes & campaigns...174,380 <sup>15</sup>	N/A	INC...1606.51

<sup>11</sup> Sums cannot be compared with 2007 data, as totals given this year have not included expenses for the DLEU.

<sup>12</sup> Sums cannot be compared, as breakdown correspondence is uncertain.

<sup>13</sup> For 2008, this was the only sum communicated by this ministry, hence totals are not comparable with the previous year.

<sup>14</sup> This sum does not include staff salaries.

<sup>15</sup> This is an estimated sum.

### **1.4.2. Budget & Social Costs**

According to the figures above, the total expenditure allocated to drug-related issues remains relatively stable in recent years, and it is immediately apparent that the increases in spending which do occur, do so on a gradual upward trend. The available data for 2008 and all previous years however, 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. The general trend does appear to be continuing, with noted increases in spending from the Ministry of Health MHS, the CAC and a smaller noted increase for the Youth Board of Cyprus. Nevertheless, the NFP recognises the need for further and more detailed study of this issue - and probably a second series of the social cost survey - given the fact that, as mentioned in a previous NR, the estimated social cost of drugs for Cyprus is at 0.22% of its GDP (Kopp, P.; CAC, 2008).

## **Chapter 2: Drug Use in the general population and specific targeted-groups**

### ***2.1. Introduction***

As of today, three national general population surveys have been carried out in Cyprus: in 2001, 2003 and 2006. However, only the most recent one was fully compatible with the EMCDDA's guidelines. The next series of the survey is currently (at the time of writing) being carried out and is expected to be finalized by the end of 2009.

As to the school population, two studies (ISRD-2<sup>16</sup> study and the ESPAD project) were published in 2008. Based on the ISRD-2 study the results pointed to the lowest levels of lifetime prevalence of alcohol consumption and hash use in the capital city of Cyprus compared to other capital cities. Alcohol consumption and drug use were more prevalent among boys than girls while the use of soft drugs (marijuana or hashish) increased with young people's age. As to the ESPAD project, the results pointed to the low levels of drunkenness, cigarette use (lifetime and current) and drug use in Cyprus compared to the ESPAD average. However, an increase has occurred in illicit drug use (lifetime) especially when compared to the 2003 ESPAD report.

### ***2.2. Drug Use in the general population***

NNIA. (please see the introduction).

### ***2.3. Drug Use in the School and Youth Population***

#### ***2.3.1. School Population***

Based on the ESPAD project and the ISRD-2 study that was carried out in the year 2007 (Steketee, Moll & Kapardis, 2008), key results are available regarding licit and illicit substance use amongst the school population. Although the second study had a

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<sup>16</sup> The ISRD-2 is an international collaborative study where researchers in 30 countries employed standardized questionnaires to collect self-report data on **delinquency, victimization, and risk behavior**. The results that are presented were published in the report named Juvenile Delinquency in six new EU member states: Crime, risky behavior and victimization in the capital cities of Cyprus, Czech Republic, Estonia, Lithuania, Poland and Slovenia.

different objective (delinquency study) than the ESPAD project; namely, to collect relevant data about the extent and the frequency of different forms of delinquent behavior among juveniles, five questions in the ISRD-2 questionnaire were implied as to the use of alcohol and drugs in terms of prevalence, incidence and other characteristics. Comparing the results of both surveys it was found that the percentages regarding lifetime cannabis use were almost the same; 4% for ESPAD and 3.8% for ISRD-2. However, such comparisons should be treated with great caution as the two studies used different age ranges (16 years old for ESPAD project and 13-15 years old for ISRD-2 study) and specific methodological and other discrepancies did not allow any further comparison. More specifically:

- The ESPAD 2007 project did not use any sampling procedure and all students who turned 16 years old in the calendar year of 2007 were supposed to answer the questionnaire, whilst the ISRD-2 study applied a stratified sampling procedure for pupils aged 13-15 years old.
- Both studies have a national coverage; however, the available results for ISRD-2 survey are mostly referring to the capital city of Nicosia.
- The main purpose of the ESPAD project is the prevalence of substance use as such whilst the ISRD-2 study referred to substance use as an indicator of problem behavior, which could possibly lead to delinquency.
- Most of the variables are not comparable as their measurement scales differ.

Consequently, the two surveys are not comparable and are separately presented below.

*1. Juvenile Delinquency in six new EU member states: Crime, risky behavior and victimization in the capital cities of Cyprus, Czech Republic, Estonia, Lithuania, Poland and Slovenia (ISRD-2)*

The study was conducted in six countries that joined the European Union in 2004 (Cyprus, Czech Republic, Estonia, Lithuania, Poland and Slovenia) and the EU DAPHNE programme has contributed to the research. The ISRD-2 survey was the first national **self-reported** delinquency study in Cyprus. It was based on a city-based stratified sample in the government-controlled areas of the Republic of Cyprus and 16 junior secondary schools were selected to participate in the survey. The total sample consisted of 2313 pupils (49% boys, 51% girls) with some of the pupils coming from a



large city (n=800), from medium sized cities (n=1064) and from small towns (n=449) in the age range 12-16 years old. However, it was decided that only students aged 13-15 should be used for comparison purposes. Thus, the net national sample consisted of 1690 pupils and the net sample for the capital city of Nicosia consisted of 550 pupils. The standard ISRD-2 student paper and pencil questionnaire was used.

Using the national sample, comparisons were made between the cities and towns of Cyprus<sup>17</sup> and the results were as follows:

- The free area<sup>18</sup> of Famagusta had the highest life time and last year prevalence of drug use, drug dealing, carrying a weapon, assault, extortion and car theft. As Kapardis (2008) mentioned, illicit drugs and violence in the area of Famagusta are directly related to the high divorce rate in the area and the impact of large-scale overseas tourism in the area over the past two decades.
- The medium sized city of Larnaca which did not experience, at least to the same extent, large scale tourism, had the lower life time and last year prevalence of all the above (Kapardis, 2008).

Using the sample for the capital city of Nicosia, comparisons were made between the other 5 European capitals and the results were as follows:

- Nicosia had the lowest levels of lifetime use of low (56.2%) (Beer, wine or breezers) and strong (27%) (Strong liquor such as vodka or whisky) alcohol drinks consumption. The highest lifetime prevalence was in Tallinn (85.2% and 60% respectively). The distribution among cities as to the last month prevalence was similar but much lower to lifetime use.
- Lifetime (3.8%) and last month (2.9%) use of soft drugs (marijuana or hashish) were less prevalent in Nicosia compared to Tallinn which had the highest lifetime and last month prevalence (20.2% and 6.2% respectively).
- The highest last month prevalence of hard drug use (ecstasy or speed, LSD, heroin or cocaine) was in Nicosia (1.5%) and the lowest in Ljubljana and Tallinn

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<sup>17</sup> 1. Nicosia = Large City, 2. Limassol & Larnaca = Medium sized cities, 3. Paphos & Famagusta = Small cities

<sup>18</sup> This is the area of Famagusta district which is controlled by the Republic of Cyprus.

(0.2%). However, it should be noted that the number of students reporting they had used hard drugs, was very low.

- Gender differences were found in Nicosia as to the low alcohol drinks consumption and the soft and hard drug use for last month and life prevalence, with boys reporting higher levels of consumption.
- Comparisons between age groups indicated that Nicosia had the highest lifetime prevalence for group fighting and for beer, wine and spirits consumption for fifteen year olds and the highest prevalence of strong alcohol for thirteen-year olds. As for soft drugs use, there were significant differences ( $p < 0.01$ ) between different age groups. More specifically, the use of soft drugs increases with young people's age (Justickaja & Kalpokas, 2008).

## *2. ESPAD (2007). Substance Use Among Students in 35 European Countries*

Cyprus has been participating in the European School Survey on Alcohol and Other Drugs since 1995. Four series of ESPAD have been carried out so far: in 1995, 1999, 2003 and 2007<sup>19</sup>. However the NFP has no access to raw data for any of those years. Consequently, some uncertain results that will be presented below couldn't be explained. Additionally, comparisons with earlier Cypriot data or with other ESPAD countries should be treated with great caution as:

- The rate of inconsistency between some answers was high. Specifically, the rate of inconsistency between answers given about lifetime prevalence and age of onset of use reached 10% for **inhalants**.
- In contrast to earlier studies, students in grade 2 of public schools were not included in the 2007 data collection. All students in grade 1 of public schools were included in the survey. Consequently, students born in 1991 who were enrolled in grade 2 did not participate to the study.
- Of all students, 1.7% answered that they had used the "dummy" drug "Relevin", which is the highest figure of all participating countries and well above the average (0.7%).

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<sup>19</sup> All four series of the survey were carried out by the Ministry of Education and Culture in cooperation with KENTHEA.

### *Cigarettes*

Although a drop in lifetime use of cigarettes was reported by Cypriot students when compared to previous studies (53 % in 1995, 50% in 1999, 52% in 2003, 46% in 2007), tobacco is still experimented by almost 1 of every 2 students. Current cigarette use reached 23% in 2007 (16% in 1999), but it seems that smoking has mostly increased among girls (9% in 1999, 17% in 2007). However, both lifetime and current cigarette use are lower than the ESPAD average. Finally, the proportion of students who smoked on a daily basis at the age of 13 or younger was close to the ESPAD average (7%).

### *Alcohol*

As in previous studies, lifetime use of alcohol reached high percentage levels. Only 15% of Cypriot students did not use any alcoholic beverage at least once in their lives, 21% during the last 12 months and 38% during the last 30 days. Coming to more frequent alcohol consumption (use of alcohol 20 times or more during last 12 months) there was a marginal decrease from 16% in 1999 to 15% in 2007. However, an increase has occurred in alcohol use 10 times or more in the last 30 days (8% in 1999 to 11% in 2007). Nevertheless, the proportion of Cypriot students who reported drunkenness during the last 12 months (18%) was less than half the mean for all ESPAD countries.

### *Illicit Drug Use*

The proportion in 2007 of Cypriot students having tried cannabis at least once in their lives (5%) was well below the ESPAD mean (19%), while use of drugs other than cannabis at least once in their lives (5%) was close to the average for all countries (7%). However, an increase has occurred when compared to previous studies (in 1999 only 2% reported use of cannabis and 2% other illicit drugs, while in 2003 4% reported use of cannabis and 3% experience with other illicit drugs). Prevalence of reported use of drugs other than cannabis at least once in their lives was higher among boys (7%) than girls (2%), following the trend of previous years. Current use (last 30 days) of cannabis (3%) was less than half the mean for all ESPAD countries (7%), however, an increasing tendency has been observed for boys (from 2% in 1999 to 6% in 2007). As to the lifetime use of specific drugs; heroin, crack, GHB and LSD or other hallucinogens were each being reported by 2% while cocaine powder, amphetamines and ecstasy were each being reported by 3% (please see also ST2\_2009\_CY\_01). An increase has occurred

when compared to the previous study (in 2003 the lifetime use of the substances referred above was 0%) (Hibell et al., 2003).

#### *Use of various substances*

The proportion of Cypriot students having mixed alcohol with pills in order to “feel differently” at least once in their lives (3%) was half the mean for all ESPAD countries and was higher among boys (4%) than girls (2%).

Finally, the use of inhalants is almost two times as high in Cyprus (16%) as the ESPAD average. Having in mind the methodological limitations referred to above and the rate of inconsistency between answers given about lifetime prevalence for inhalants, there are reasons to believe that prevalence for lifetime use of inhalants was overestimated.

### **2.3.2. Youth Population**

NNIA

No surveys were conducted in 2008 which dealt with youth population.

## ***2.4. Drug Use among targeted groups***

In 2008, a survey among persons arrested for drug offences was carried out. The survey was carried out by the Drug Law Enforcement Unit (henceforth: DLEU) of the Cyprus Police in cooperation with the Cyprus NFP and was supervised by Dr S. Stylianou from the University of Nicosia.

The decision to conduct the survey stemmed from the lack of information regarding the specific population, while its results could be a valuable source of information for the Prevention Office of the DLEU for the planning and implementation of its interventions (Stylianou 2009, unpublished). Although the original intention was to include all the arrestees in the survey, due to insufficient number of staff in all the districts and the high non response rate, the net sample consisted of 173 persons arrested in 2008 for drug offences (out of a total of 679), 91.3% of which were men. The information was collected through a structured questionnaire, which was administered to the arrestees both during their arrest, as well as after their release.

The main limitation of the survey is attributed to the nature of the sample, which was not probabilistic, as it consisted of persons who agreed to participate in the study. Due to this restriction, the results cannot be generalized (Cyprus NFP, 2009).

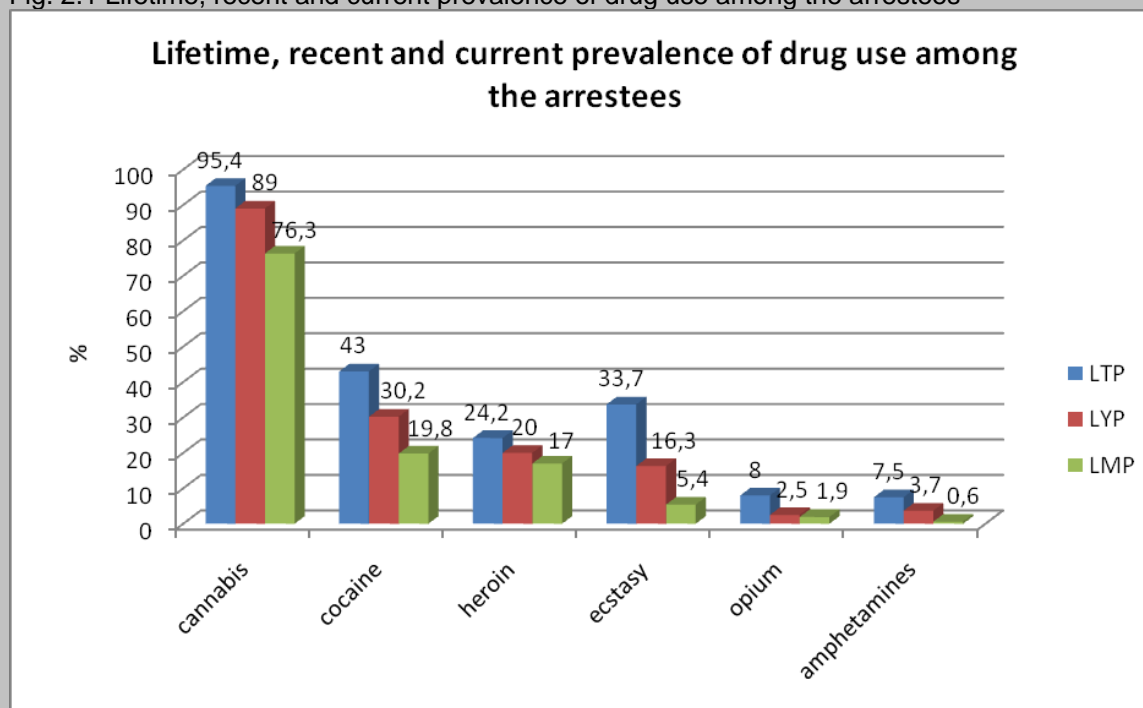
### Main findings

The vast majority of the arrestees participating in the survey were up to 29 years of age, as they accounted for 81% of the whole sample. As to the highest educational level, one third had completed secondary education and 20% were continuing their education. However, a significant proportion of the participants that reached 46% did not complete secondary education, a fact that cannot be attributed to the number of pupils/ students in the sample (Stylianou, 2009; Cyprus NFP, 2009). In addition, a noteworthy percentage of the participants (68%) was of low income (up to 1000 Euros monthly). Low economic status of families (up to 2000 Euros monthly income per family) was also reported by 7 out of 10 the arrestees.

As to the reason of arrest, the survey distinguishes between the illicit substance and the offence (one person could be arrested for more than one drug and for more than one offence). The vast majority of offences (78%) referred to cannabis (either alone, or in combination with other drugs). Regarding the offence type, 44.6% related to drug possession, 36.5% to drug use and 7.3% to possession with the intent of supply. The more severe offences, such as cultivation, importation and supply, accounted for 11.6% of all offences.

Regarding illicit drug use, lifetime use of cannabis was reported by nearly all of the participants (95.4%), cocaine by 43%, heroin by 24.2% and Ecstasy by 33.7% of participants. Of those reporting lifetime use of drugs, a significant proportion continued use in the last month, as illustrated in the figure below.

Fig. 2.1 Lifetime, recent and current prevalence of drug use among the arrestees



Source: Cyprus NFP 2009

As expected, illicit drug use among the arrestees for drug offences is much higher than in the general population (also see NR 2007). As to the age of onset of drug use, the mean and mode ages by drug are presented in the table below.

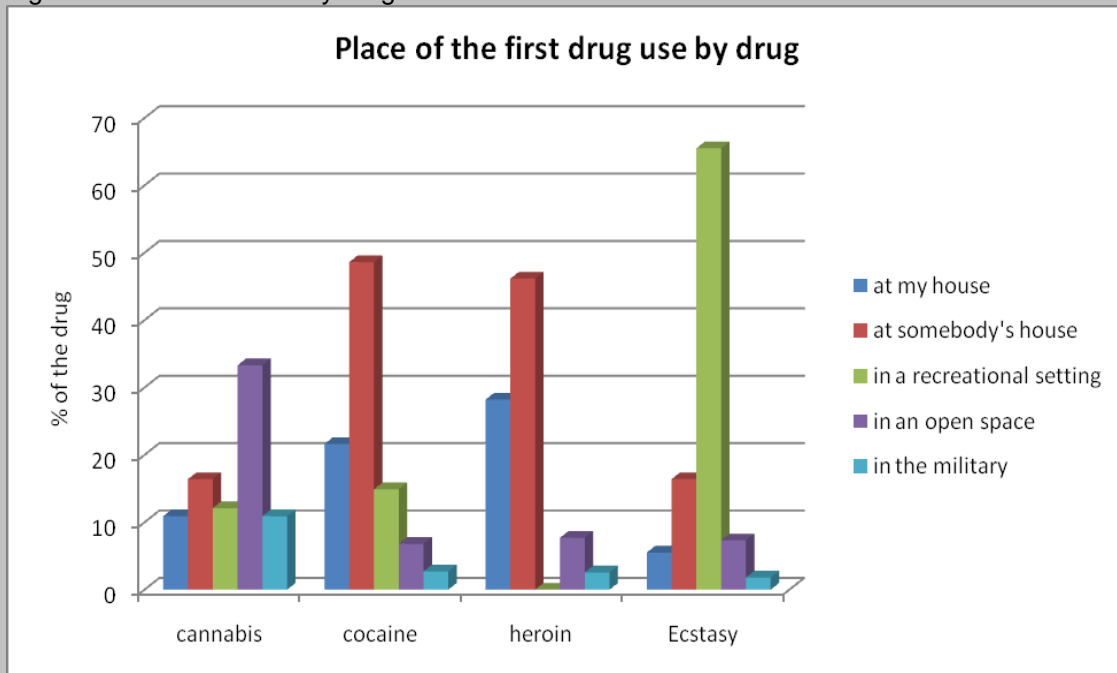
Table 2.1 Average age of onset of illicit drug use by drug type

Drug type	Mean	Mode
Cannabis	17.6	17
Cocaine	19.6	19
Heroin	21.3	19
Ecstasy	19.4	18
Opium	22.0	21
Amphetamines	18.1	18.5

Source: Stylianou 2009, Cyprus NFP 2009

The majority of participants stated that their first experience with illicit drugs took place in Cyprus. Interesting results are observed regarding the setting (place) of first drug use, stratified by drug type. As illustrated in the figure below, an open space is mainly popular in case of first use of cannabis, and a recreational setting in case of first ecstasy use.

Fig. 2.2 Place of first use by drug



Source: Cyprus NFP 2009

Furthermore, all illicit drugs are used for the first time with friends. More than 7 out of ten participants reported having used cannabis and cocaine for the first time with one or more friends (Cyprus NFP, 2009). Of particular interest were also the findings relating to the reasons for drug use, which could potentially contribute to the design of targeted preventive interventions.

In particular, while curiosity was reported by the vast majority of participants as a reason for the initiation of use (most drugs), the reasons for continuation of use were not as clear, and varied across drug category. In particular, while the main reasons for the continuation of cannabis use were: relaxation (31%), overcoming a problem (25%), mood elevation or having fun (23%), the most common reasons for the continuation of cocaine and ecstasy use were mood elevation (47.3%) and having fun (58%).

## **Chapter 3: Prevention**

### ***3.1. Introduction***

As described in more detail in ch.1.3, the CAC has initiated a mechanism of observation for the entire therapeutic continuum as of September 2008. Among other procedures, this mechanism includes the collection of TUFs, PUFs and Social Reintegration questionnaires from the relevant treatment, prevention and reintegration programmes. Unfortunately the corroborated results of these questionnaires could not be made available in time through the annual CAC report for 2008, thus they cannot be reported in the NR this year; full reportage and analysis of these findings will take place, however, in 2010.

As it was mentioned in the previous report, during the year 2008 all the treatment services and prevention programmes in Cyprus were evaluated by German experts as an attempt to point out strong and weak points of the implementation of each programme. However, at the time the previous report was writing, the evaluation of NGOs was not completed. Thus, information is going to be presented in next year's national report.

Av initiative of the Cyprus Anti-Drugs Council worth stressing is the creation of a Prevention Guidelines Handbook including all the basic steps for selection, development, and implementation, as well as securing the effectiveness of prevention programmes. The specific handbook is based on International and European standards-guidelines of prevention and is expected to be completed by the end of 2009.

As concerns new prevention programmes, in 2008, the “Fred goes net” selective prevention programme was launched. The specific programme refers to adolescent drug users being arrested for the first time as a consequence of illicit drug use.

Evaluation process of the ‘Mentor’ programme in schools, regarding the sensitization of students, (from elementary school, to second class of high school), about the risks and effects of using illicit substances, began in 2008. The aim of the evaluation is to record



trends and perceptions of students and other relevant bodies, as regards illicit addictive substances. The evaluation is expected to be completed in June 2009, thus, more details about the results will be presented in a future National Report.

It is worth noting the continuation of provided services, for second year, by social workers of the DLEU (see ch.3, NR 2008). Specifically during 2008, the social workers dealt with 171 cases, 153 referrals to specialized prevention and treatment centres took place, and 262 cases received face-to-face counselling (Cyprus Police, Annual Report 2008).

Finally, several municipalities<sup>20</sup>, provided information to the NFP concerning their actions/programmes during the year 2008 regarding the prevention of drug use. The majority of their counselling prevention centres are operating with the cooperation of KENTHEA and the Youth Board of Cyprus.

## **3.2. Universal prevention**

### **3.2.1. School**

During the school year 2007-2008, the primary prevention programme “Mentor”<sup>21</sup> introduced by the Ministry of Education and Culture continued its implementation. In Primary Education, five mobile units visited schools in all four districts of Cyprus and delivered their programmes to 21669 primary school pupils and 1462 parents who attended the relevant lectures. A modified version of the programme was also implemented within the special education schools and classes applying simplified activities for special education pupils. In addition, as regards the school year 2008-2009, six mobile units were in operation, which second grade students of Limassol gymnasiums were able to visit. Finally, in 2009 another mobile unit in Larnaka district is planned to be introduced (Ministry of Education and Culture, Annual Report 2008)

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<sup>20</sup> The municipalities which provided information are: Strovolos, Aglantzia, Lefkara, Limassol, Yermasoyia, Agios Athanasios and Agia Napa.

<sup>21</sup> The specific programme runs mobile teaching rooms, providing health education to all elementary classes.

An important development regarding the quality assurance and effectiveness of drug prevention is that the 'Centre of Educational Research and Evaluation' of the Ministry of Education and Culture (CERE, 2009, unpublished) has undertaken in September 2008 the evaluation process of the 'Mentor' programme in schools. The evaluation is expected to be completed in June 2009.

However, an evaluation of the 'Mentor' programme which was undertaken by German experts, showed that the programme is being implemented by highly qualified and specially trained tutors/teachers with broad experience in teaching and applying interventions in the field of prevention. The total number of more than 21.000 students aged 6-12 years old, who attended the programme underlines the expertise of the "instructors" and acceptance of the programme. Further expansion of the mobile classrooms was recommended in the future, in order to increase the participation of students (Zurhold, et.al. 2008).

In addition, several seminars of 'Anti-drug education', organized every year by the Ministry of Education and Culture with the collaboration of the Ministry of Health (Mental Health Services), Ministry of Justice and Public Order (DLEU), KENTHEA and volunteers, continued in the school year 2007-2008. In particular, 9 seminars are carried out every school year and 48 selected second year students, from all gymnasiums in Cyprus, participate in each seminar.

As stated in the Ministry's National Report (2008), 'Eu Zην' (Gr: 'well being') is another applied prevention programme worth mentioning in the educational system. It is based on an agreement between the governments of Greece and Cyprus. More precisely, thirteen schools from Cyprus and a corresponding number of schools from Greece, participate in this programme. Every school of Cyprus participated, with the collaboration of another school from Greece; focusing on the examination of an issue regarding health education, such as smoking, alcohol, illicit substances etc. According to the Ministry (National report, 2008), the particular programme is carried out on rotation, each cycle lasting for 2 years.

As concerns the NGO sector, according to the German experts' evaluation (Zurhold, et.al. 2008), during 2007 KENTHEA, organised several interactive workshops for students aged 12-18, based on the evaluated programme "Standing on my own feet". In general, the universal prevention used by KENTHEA addresses a broad spectrum of target groups ranging students, parents and professionals and this is being reflected in the variety of activity it uses.

It is also worth noting, that several municipalities carry out prevention interventions which include the following: seminars in schools regarding delinquency, with the collaboration of the Police (Aglantzia Municipality, 2009, unpublished), several activities involving parents, schools and other organized groups (Agios Athanasios Municipality, 2009, unpublished), the annually organized "Pan-Cyprian Children's Forum" against smoking, with the collaboration of KENTHEA and the Union of Cyprus Municipalities (Agia Napa Municipality, 2009, unpublished) and healthy recreational activities within the framework of the actions supported by the Strovolos Municipality (Strovolos Municipality, 2009, unpublished).

### **3.2.2. Family**

Several educational seminars, lectures and meetings, as well as interactive workshops for training in specific programmes, such as "Communication in the family", were organised by KENTHEA. This programme consisted of 13 workshops each lasting 2 hours. Based on the evaluation, KENTHEA applies some prevention programs which are based on a clear structure as concerns contents, methods, target groups and duration.

### **3.2.3. Community**

During the first six months of 2008 and in the context of prevention of illicit drug use and harm reduction in recreational settings, the Ministry of Interior with the collaboration of the Cyprus Union of Communities and the CAC implemented diverse interventions in seven communities of Nicosia, Larnaca and Limassol district. In particular, thirty interventions/actions were organized by the specific communities such as drama groups, dance bands, choirs, a cycling team, football teams, a pottery group etc., all of which

were financed by the Ministry of the Interior and ran on a pilot basis until the end of December 2008 (CAC, 2009, unpublished).

As regards the universal prevention center 'Mikri Artos' it appears to be a well structured and organised centre for primary prevention with clear needs assessment and regular reporting, as stated by Zurhold, et.al. (2008).

### **3.3. *Selective prevention***

In the context of designing, establishing and maintaining special programmes of selective prevention, focusing on students and their families, the fourth 'Priority Action Zone' of 'Phaneromeni' area in Larnaca was approved during the first six months of 2008. In addition, three additional educational psychologists were hired on contract work for the Priority Action Zones (CAC, 2009, unpublished).

As concerns students facing problems such as school failure, conduct disorders, family violence, use of licit and illicit addictive substances etc., these received treatment by school advisors in the context of individual or team counseling. In particular, during the school year 2007-2008, from the total recorded number of students (54,787) who attended counseling at both gymnasiums and lyceums, 435 students were reported as facing problems related to the use of illicit substances (0,79%) (Ministry of Education and Culture, 2008, unpublished).

#### **3.3.1. At-risk groups**

A worth stressing initiative of the CAC is the adoption of the "Fred goes net" programme (see also ch.3, National Report 2008) an early intervention for adolescent drug users being arrested for the first time as a consequence of illicit drug use. Aim of the programme is the early intervention by social and other services, in order to protect them from sliding into drug dependence. The programme's duration will be three years (November 2007-October 2010). During this period, the participating countries will have the chance to outline the situation in their country, apply the programme on a pilot basis and evaluate the results. In particular, at an early stage (end of March 2007), each country outlined the existing situation in relation with available selective prevention

programmes, their effectiveness and possible successful ways to reach adolescent users. The results of every country's outline have been evaluated and each country's particularities will be taken into account.

The evaluation of the pilot phase of 'Fred goes net' in Cyprus, which began in December 2008 and will be completed by December 2009, showed the following results:

- 84% of the participants<sup>22</sup> stated: *'Participation in the course has improved my level of information/knowledge on the effects and risks associated with drug consumption'*.
- 44% stated: *'Now that I have finished the course I intend to stop taking drugs completely'*.
- 68% stated: *'I now feel better equipped to deal with problems that arise from drug consumption'*.
- 60% stated: *'Now that I have finished the course I intend to make some changes in my life'*.

All these statements constitute the first hopeful attempt towards interception of the young users' way to addiction (CAC, 2009, unpublished).

### **3.3.2. At-risk families**

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### **3.3.3. Recreational settings**

The promotion and expansion of the DLEU's programme "Proseggisi" (Gr.: "approach"), was discussed in the context of the National Strategy 2009-2012 and more specifically within the objective of promoting selective and indicated actions in high risk groups and areas such as recreational settings (CAC, 2009, unpublished). The specific programme

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<sup>22</sup> The participants until the reporting time reached 25.

has been operating the last 6 years in high risk recreational areas (night clubs), where informative material regarding the prevention of cannabis and ecstasy -as the two most frequently used illicit substances- is disseminated by the mobile unit of the Police.

Furthermore, several interventions regarding harm reduction of licit and illicit substances in recreational settings are included in the National Strategy 2009-2012. The specific actions are:

- Supply of free bottled water in night clubs.
- Training of the night clubs' staff in order to recognize symptoms of medical problems related to the use of substances and provision of first aid.
- Introduction of after midnight bus routes.
- Provision of information material in recreational settings regarding available treatment services and information about drug use consequences/risks.
- Creation of a registry for the security staff in night clubs.
- Planning and implementation of a 'street work programme'.

For the implementation of the above interventions, the CAC has already begun the coordination procedure among relevant bodies (Police, Association of Club Owners, Ministry of Health, Ministry of Communications and Works, Cyprus Tourist Organization). Since this process is at a very early stage, the Cyprus NFP will be able to provide further information on developments regarding these interventions in a future National Report.

### ***3.4. Indicated prevention***

#### **3.4.1. Children at risk with individually attributable risk factors**

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### ***3.5. National and local Media campaigns***

The Cyprus Anti-drugs Council continued its participation in national television and radio programmes dealing with drugs issues, and several articles by CAC officers appeared regularly in the press during 2008, regarding the introduction of new programmes and

the mission of the CAC. Additionally, the CAC continued its monthly column in the NFP newsletter “Skiagraphisi”.

On the occasion of the International Day against Drug Abuse, the CAC organised a photography exhibition named “TRAFFIC”, in Limassol, of the German artist, Michael Reh. The theme of the exhibition was related to addiction and overcoming prejudice. The exhibition was inaugurated by the President of the Republic.

Several other organisations and bodies continued their activities against drugs and information dissemination during the year 2008, most of which fall more conventionally under the rubric of campaigning. The National Guard operated several prevention activities (see ch.3, NR 2008), during the annually carried out “Week against Drugs”. The total budget for drugs prevention campaigns/activities in 2008 amounted to €30,000 (Ministry of Defence, 2009, unpublished).

During the reporting year the DLEU organised several campaigns most importantly:

- The anti-drugs campaign in cinemas around the country (see ch.3, NR 2008) continued in 2008.

The Youth Board of Cyprus also organised large-scale national campaigns during 2008. Specifically, during December 2008, the Prevention Sector promoted the creation of four radio spots regarding i) Helpline 1410, ii) Counselling Services “Protasi”<sup>23</sup> iii) Prevention Centre “Mikri Arktos” and iv) a general messages regarding the prevention of substance use. Additionally, the Prevention Sector participated during the year in various television and radio programmes (especially around the International Day against Drugs). The Prevention Centre “Mikri Arktos” organised meetings/ activities during the same week in both Nicosia (with the collaboration of Strovolos Municipality) and Limassol, aimed at children, youths, families and communities. In addition, during November 2008 a national conference was also organised by “Mikri Arktos” in Limassol. Finally, awareness raising campaigns were organised between October and December of 2008 regarding

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<sup>23</sup> The specific services apply to youths, couples and families who face difficulties in their relations. Problems such as anti-social behaviour, addictions, family violence etc. are discussed with expert advisors.

the new framework of the Advisory Services “Protasi” of the Youth Board which operate in the districts of Nicosia, Limassol, Larnaca and Paphos. The cost of all the aforementioned campaigns amounted to around €47,000 (Youth Board of Cyprus, 2009, unpublished).

The analysis of articles appearing in the press, which deal with the drugs issue, is another initiative of the CAC, which continued during 2008. The press analysis of daily newspapers provides the following observations:

- ❖ As in the previous year (2007), the majority of articles appearing in the press, concerned drug related offences (possession, supply etc.).
- ❖ A large percentage of articles referred to licit substances especially to tobacco, while a small percentage of the published articles referred to treatment and prevention of the use of illicit substances.



## **Chapter 4: Problem Drug Use**

### ***4.1. Introduction***

The first estimation of problem drug use in Cyprus was carried out in 2004. As no other sources apart from treatment demand data were available up to the year 2006, the estimations were based on the Truncated Poisson method (Chao's formula), which up to the year 2006 had been the only implemented method. During the year 2007, individual data on all drug offenders was provided by the DLEU to the Cyprus NFP, allowing – for the first time - the application of a capture-recapture method by combining Police and treatment data. However, in 2008, significant technical difficulties emerged in the Police electronic recording system (DLEU 2009, unpublished), making it impossible to extract data in a form that would allow the application of the capture-recapture method. The Truncated Poisson method was utilized each year, irrespectively of the availability of data from other sources. In addition, further attempts are still being made by the Cyprus NFP to involve other potential sources of information in the network. In particular, communication was established with private psychiatrists, aiming at the implementation of a short questionnaire, which could serve as an additional source of information on problem drug use. Furthermore, apart from the PDU estimation (which includes the estimation of IDUs), since 2006, Cyprus has also been carrying out PDU incidence estimates.

As regards the definition of problem drug use, Cyprus follows the EMCDDA's definition. However, due to a very limited use of opiates other than heroin or other substances, only heroin users were used for the estimation of PDU up until 2005. In 2006, cocaine users were included in the estimation and in 2007, as a result of an increase of the use of opiates other than heroin by the treated population, it was decided to also include this category of users in the estimation.

With regard to trends (which should be treated with caution, due to limitations of the employed method and the lack of long term data), a significant increase of the problem opiate users' estimate in 2007 can be observed (estimated at 2.28 – 3.88 per 1000 inhabitants 15-64 years of age), mainly attributable to the increase of treatment demands in 2007 and specifically, to the increase of foreigners seeking treatment during

the reporting year, which accounted for 57% of problem opiate users (see NR 2008). In 2008, a remarkable decrease of opiate PDUs, can be observed (estimated at 1.2 – 1.8 per 1000 inhabitants 15-64 years of age), which could be partly attributable to some significant changes that have occurred in the population used for the estimate during 2008, such as lower number of demands for treatment, lack of prison data and a significant decrease of foreigners recorded in treatment.

## ***4.2. Prevalence and Incidence Estimates of PDU***

As already mentioned, no capture – recapture method could be employed in 2008.

The study among arrestees that was conducted by the DLEU in cooperation with the Cyprus NFP, could not constitute an additional source of information for the estimation of problem drug use, due to the small size of the net sample (173 arrestees out of total of 679 in 2008). For a summary of the results of the survey, see chapter 2.

Regarding the estimation of problem drug use, two groups of users were explored: opiate users and users of opiates and/or cocaine. As to intravenous drug use, ever and current IDUs among both groups of PDUs were estimated.

### **4.2.1. Indirect estimates of problem drug users**

The results of the estimations based on the Truncated Poisson method (Chao's formula) are presented in the table below (also see ST7\_2009\_CY\_01-06). The rate per 1000 inhabitants 15-64 years of age is based on the most recent population data (end of 2007) provided by the Statistical Services Office of the Ministry of Finance (Statistical Services 2009, personal communication).

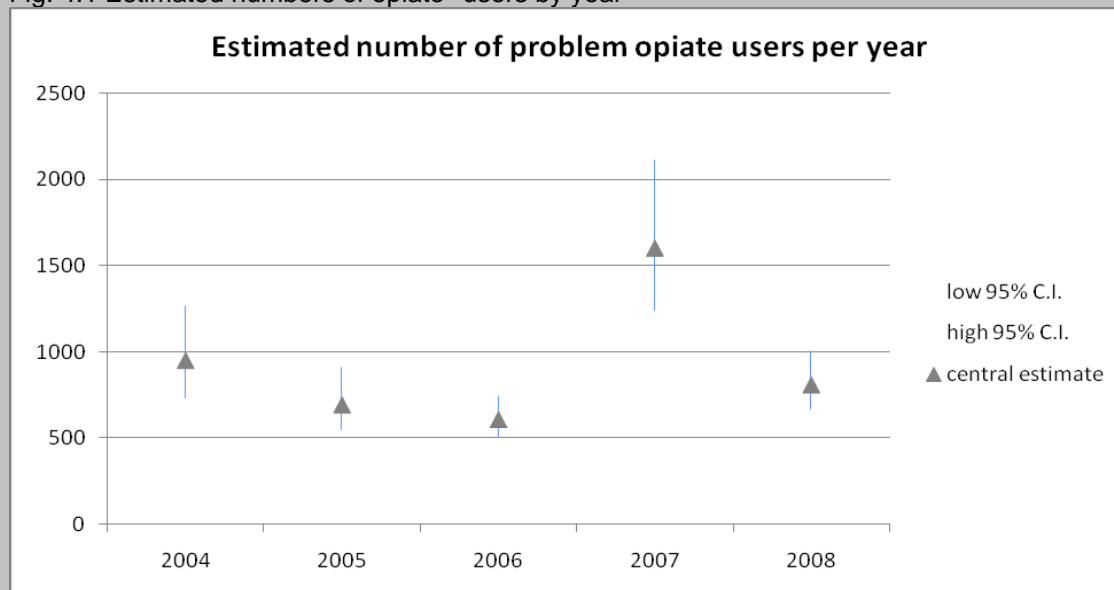
Table 4.1 Estimated numbers of problem drug users and injecting drug users for the year 2008.

	Central estimate	Lower bound	Upper bound	Central rate 15-64 /1000	Lower bound of prevalence rate 15-64	Upper bound of prevalence rate 15-64
<b>Opiate/cocaine users</b> (ST7_2009_CY_02)	1087	907	1337	2.0	1.6	2.4
<b>Opiate users</b> (ST7_2009_CY_01)	808	668	1008	1.5	1.2	1.8
<b>Opiate/cocaine users ever injected</b> (ST7_2009_CY_04)	598	487	768	1.1	0.9	1.4
<b>Opiate users ever injected</b> (ST7_2009_CY_03)	575	466	742	1.0	0.8	1.3
<b>Opiate/cocaine users currently injecting</b> (ST7_2009_CY_06)	446	341	642	0.8	0.6	1.1
<b>Opiate users currently injecting</b> (ST7_2009_CY_05)	444	337	625	0.8	0.6	1.1

Source: Stylianou, 2009; Cyprus NFP, 2009

Looking at the respective estimates for the year 2007 illustrated in the figure below, a remarkable decrease of opiate PDUs, can be observed in 2008.

Fig. 4.1 Estimated numbers of opiate\* users by year

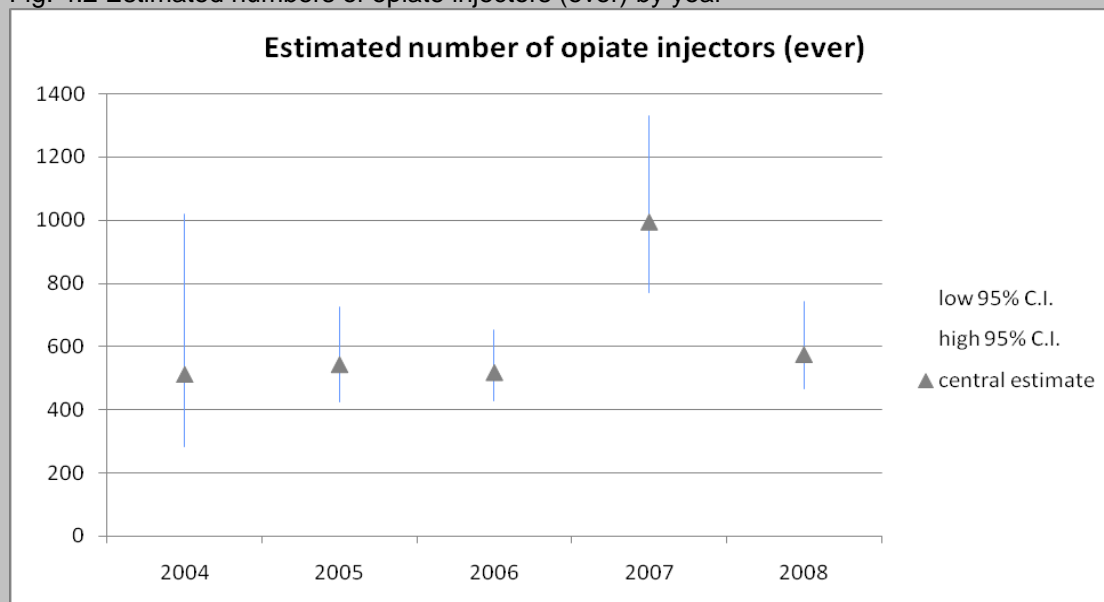


\* In the years 2004-2006 only heroin users were included

Source: Stylianou, 2008; Cyprus NFP, 2008

Analogous is also the decrease of opiate/cocaine problem drug users, as well as of injectors (ever) for both categories of drug users (see figure below).

Fig. 4.2 Estimated numbers of opiate injectors (ever) by year



Source: Stylianou, 2008; Cyprus NFP, 2008

Besides the limitation of the method applied (see NR 2008), as well as big confidence intervals of the 2007 estimate that should be considered when interpreting the results, some changes have occurred in 2008 that could contribute to the aforementioned

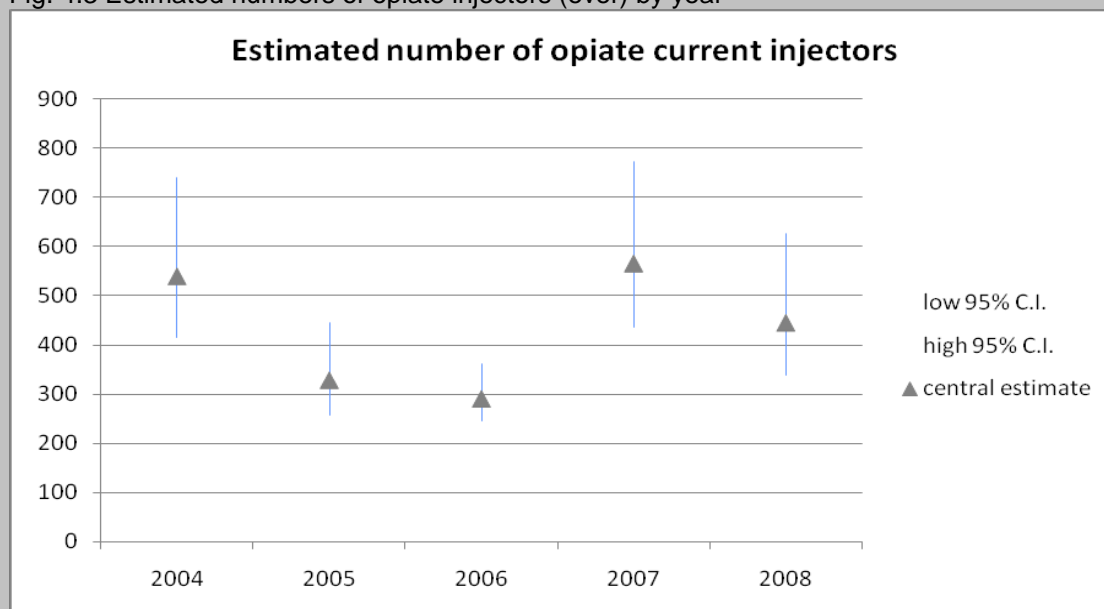
decrease. First, the decrease could be partly attributable to the decrease of the number of demands for treatment in 2008 (for details see chapter 5), resulting in a lower number of users included in the estimation (also see ST7\_2008\_CY\_01 and ST7\_2009\_CY\_01).

Another important factor that seems to have contributed to the decrease of problem drug use estimation for the year 2008 is a significant decrease of foreigners recorded in treatment in 2008 (for details see chapter 5). In addition, taking into consideration the results of the 2007 estimate (opiate users) based on the capture-recapture method (Hay 2008, unpublished), according to which foreign nationals accounted for as high as 57% of problem opiate users (see NR 2008), the above decrease seems to be consistent with all of the aforementioned changes.

Based on the above, it can be assumed that an actual decrease in the problem drug use population has indeed occurred, mainly attributable to the reduced population of non-Cypriot drug users seeking treatment (Cyprus NFP 2009, unpublished). However, considering the small number of the population and of users in Cyprus generally, which make the data very susceptible to even minor changes, no reliable conclusions can be drawn.

As to the estimated numbers of current injectors (also see ST7\_2009\_CY\_05 and 06), although a decrease can be observed, it is of a lesser degree, as illustrated below. An analogous situation is noted with reference to the estimated number of opiate/ cocaine users currently injecting (Stylianou 2009, unpublished; Cyprus NFP, 2009).

Fig. 4.3 Estimated numbers of opiate injectors (ever) by year



Source: Stylianou, 2008; Cyprus NFP, 2008

As can be noted in the figure above, although there is a decrease of the central estimate of current injectors among opiate users, when the range of the upper and lower bounds of the 2007 and 2008 estimations are considered, an overlap can be observed, suggesting that the difference of the two estimations is smaller than in the case of ever-injectors. Looking at the treatment demand data for the year 2008, and overlooking the smaller sample size of the treated population, it can be noted that the proportion of users reporting current injecting has remained relatively stable compared to the previous year, which partially supports the observation illustrated in the figure above.

The hypothesised decrease of opiate and/or cocaine population could partly be supported by Police data. Based on that data, although no decrease of opiate -related offences or seizures could be observed in 2008 (also see ST11\_2009\_CY\_01/02 and ST13\_2009\_CY\_01), an increase of heroin price (both the minimum and the maximum) could be observed in 2008, potentially indicating a decrease of heroin/ opiate availability/ demand (for details see chapters 8 and 10 and ST16\_2009\_CY\_03/04).

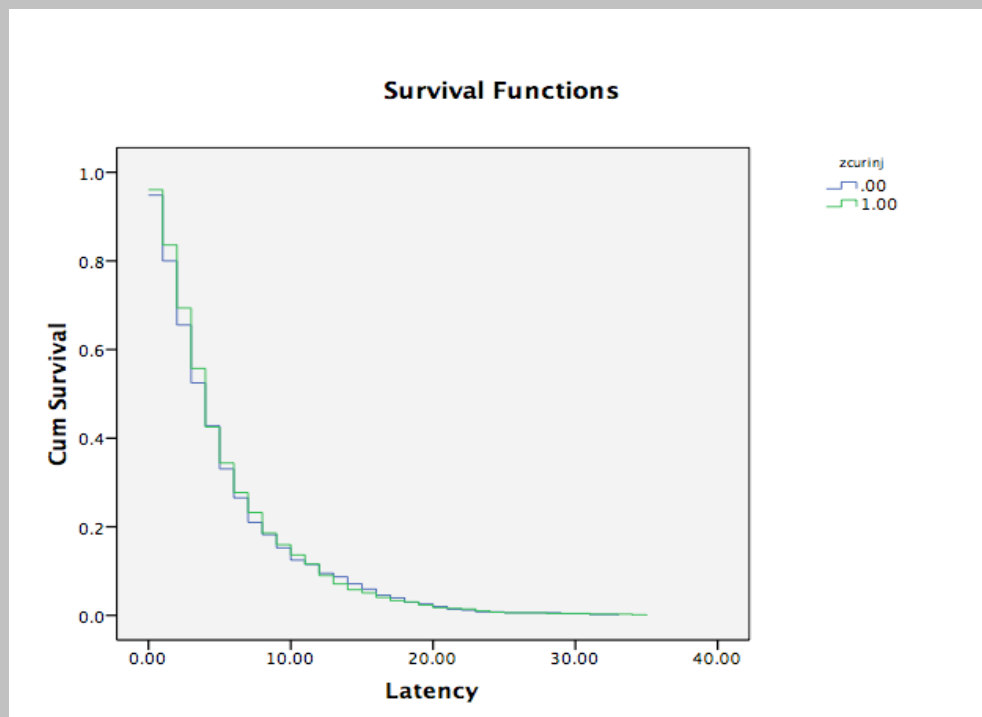
#### 4.2.2. Estimates of incidence of problem drug use

Treatment demand data for the years 2003-2008 was used to estimate the latency period and incidence of problem drug use. The analysis included cases in which opiates

were the primary drug of abuse whose age of onset of heroin use was known, and had a known time of the first demand for treatment for the limitation of data (see NR 2008). As a result of filtering the data according to the inclusion criteria, a total of 1195 cases were used for the latency and incidence analysis. Despite the significant limitations of the data 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 5.08 – 5.65 (Stylianou 2009, unpublished), remaining at same levels to previous results (see 2008 NR). Looking at the respective results from 2007 (Cyprus NFP, 2008), no differences are noted. Exploring the latency time by route of administration, as previously (Cyprus NFP, 2008), 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 5.4 and 5.2 years, respectively, with the 95% confidence intervals overlapping (5.05 – 5.8 and 4.8 – 5.7, respectively).

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



Source: Stylianou, 2009

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, as in the previously reported year, 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 2009, unpublished).

Further exploration of the 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 previously reported (Cyprus NFP, 2008) gender, age of onset of heroin/ opioid use and age of first demand for treatment (Stylianou 2009, unpublished). Based on the statistical significance of these variables (Wald statistics) it can be concluded, that being male increases latency time, the later one has started the use of heroin/ opioids 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 2009, 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, as last year (Cyprus NFP, 2008), estimated at 71. Taking into consideration the fact that the respective numbers found in the data of all six consecutive years are much higher, the above estimate, as in previous years, is biased in a downward direction.

As mentioned in a previous report (Cyprus NFP, 2008), the problem with the underestimation is still largely due to the lack of data. In particular, the figures should have been empirically known and not computed from the limited data files (Stylianou 2009, unpublished).



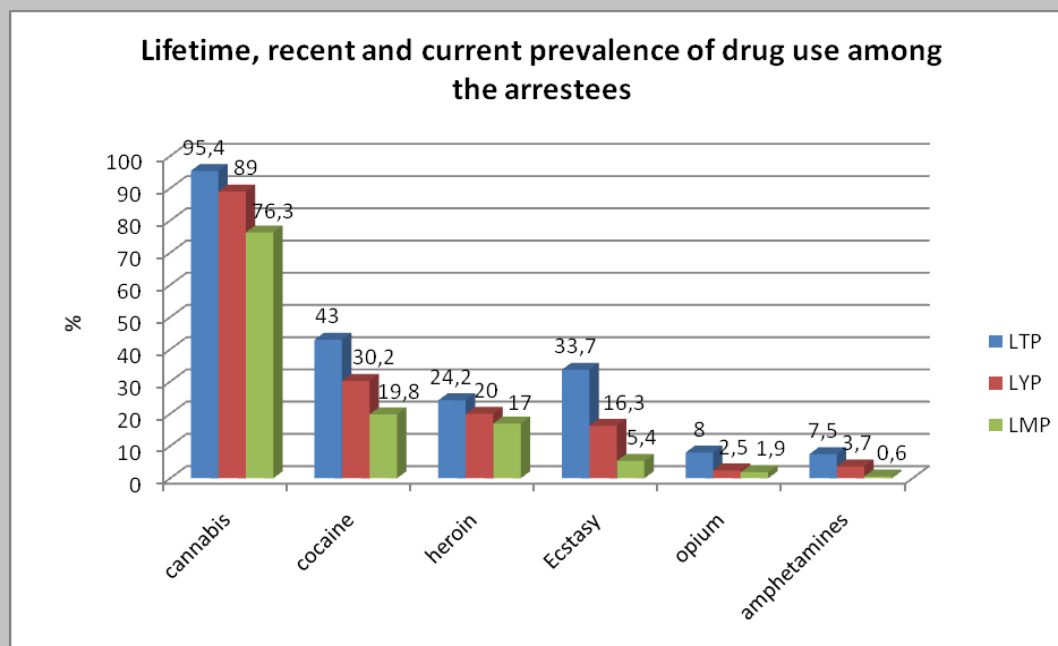
### 4.3. Data on PDUs from non-treatment sources

#### Police data

As previously mentioned, no individual data from the Police was available, due to technical difficulties that emerged in the electronic recording system. However, some data is available from a survey that was carried out among persons arrested for drug offences during the year 2008 (for details see chapter 2). The survey was conducted by the DLEU in cooperation with the Cyprus NFP and supervised by Dr S. Stylianou from the University of Nicosia (Cyprus NFP, 2009).

The data (based on 173 arrestees participating in the survey) reveals a very high prevalence of illicit drug use, compared to respective prevalence rates among the general population (for details see NR 2007). The prevalence rates of various illicit drug use is presented in the figure below.

Fig. 4.5 Lifetime, recent and current prevalence of drug use among the arrestees



Source: Stylianou, 2009; Cyprus NFP, 2009

In addition, intravenous drug use at least once in a lifetime was reported by 16.8% of the participants and current intravenous use by 10.4% of the sample. As to current users of cocaine and heroin, 92.3% and 100% of them, respectively, reported intravenous drug use in the last 30 days. More than half of current cocaine and heroin users (58.7%) also

reported seeking help for their drug use. The mean age of onset of heroin and cocaine use was 19.6 and 21.3 years, respectively. As to polydrug use among current heroin and/ or cocaine users (use of other illicit drugs within the last 30 days), cannabis use was reported by 71.7% of valid cases, Ecstasy by 19.6%, opium by 4.5% and amphetamines by 2.4% (Cyprus NFP 2009, unpublished).

### **Athalassa Psychiatric Hospital**

As in the previous year (see NR 2008), individual data referring to drug users admitted to the public psychiatric institution was provided to the Cyprus NFP. However, due to the very small number of persons who fall into the problematic drug use category (3 heroin users and 5 cocaine users, out of a total of 12 drug users admitted in 2008), only very basic information can be provided.

The main characteristics of heroin and cocaine users admitted to the psychiatric hospital in 2008 are presented below:

- Of eight heroin and cocaine users in total, three were women.
- One person was in the age group 15-19 years, one in 20-24 years and the remaining six were between 25 and 29 years of age.
- All were admitted to the hospital following a court order.
- Heroin users reported duration of use between 4 and 9 years, while cocaine users between 2 and 5 years.
- Five out of eight cocaine/ heroin users reported to have ever injected and four were current injectors.

### ***4.4. Intensive, frequent, long-term and other problematic forms of use***

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

## **Chapter 5: Drug - Related Treatment: treatment demand and treatment availability**

### ***5.1. Introduction***

As described in more detail in ch.1 ('National Action Plan, Strategy, Evaluation and Coordination'), the CAC has initiated a mechanism of observation for the entire therapeutic continuum as of September 2008. Among other procedures, this mechanism includes the collection of TUFs, PUFs and Social Reintegration questionnaires from the relevant treatment, prevention and reintegration programs. Unfortunately the corroborated results of these questionnaires could not be made available in time through the annual CAC report for 2008, thus they cannot be reported in the NR this year; full reportage and analysis of these findings will take place, however, in 2010.

As of 2009, drug treatment system availability has been enriched in terms of the type of services offered as well as of the population targeted. Substitution and adolescent specialize treatment is now available in two cities. However, the overall number of the programmes available did not significantly increase. In addition, the 2008 drug treatment services' evaluation (details in 2008 NR) indicated the need for the development of quality standards pertaining to all types of drug treatment. The CAC will complete their drafting by the end of 2009.

Treatment demand data is not currently a part of a wider national drug information system in Cyprus. Individual data is collected by the Cyprus NFP, which is responsible for quality control of the data and the construction of TDI tables. Individual treatment demand data (fully compatible with the TDI protocol) has been provided to the Cyprus NFP by all the existing, at the time, drug treatment and counselling centres since 2004. Previously, the information available was of unknown coverage and quality. Due to infrastructure and understaffing problems of the Central Prison Mental Health Services, difficulties with regards to the collection of data have occurred throughout the years, resulting in the lack of consistent and comparable data regarding drug users seeking

treatment in Prison<sup>24</sup>. As of the beginning of 2009, the Unit's infrastructure was improved, and the Cyprus NFP was assured by the programme's scientific coordinator and staff of the full implementation of the Treatment Demand protocol in 2009 (Kariolou 2009, personal communication).

In 2008, the number of drug users that entered treatment recorded a significant decrease compared to the previous year. Males accounted for 86.6% of all clients that entered treatment in 2008. New treatments slightly decreased compared to the previous year. In 2008, the majority of persons seeking treatment were Cypriot nationals, 14.3% EU nationals and 13.4% nationals of other countries. The proportion of clients that reported being unemployed, remained at similar levels with 2007. Heroin continued to be the most commonly reported primary drug, followed by cannabis and cocaine. When stratifying gender by primary drug, it can be noted that while the proportion of men seeking treatment due to heroin use decreased, among women – on the contrary – a significant increase is observed. As to high risk behaviour, the overall proportion of users who have ever injected remained at similar levels as in 2007. Current injecting and sharing was more prevalent among women, among which both current risk behaviours marked an increase.

## ***5.2. Strategy / policy***

As previously mentioned, the CAC is the body responsible for the coordination of the treatment programmes of the country. Funding for governmental drug treatment services mainly derives from the Ministry of Health, while the NGOs depend partially on funding from the CAC and partially on funding from private sponsors.

## ***5.3. Treatment systems***

As described in more detail in ch.1 ('National Action Plan, Strategy, Evaluation and Coordination'), the CAC has initiated a mechanism of observation for the entire therapeutic continuum as of September 2008. Among other procedures, this mechanism includes the collection of TUFs, Prevention Unit Forms and Social

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<sup>24</sup> Treatment demand data from Prison was available in 2004, 2006 and 2007

Reintegration questionnaires from the relevant treatment, prevention and reintegration programs. Unfortunately the corroborated results of these questionnaires could not be made available in time through the annual CAC report for 2008, thus they cannot be reported in the NR this year; full reportage and analysis of these findings will take place, however, in 2010 therefore information provided in this chapter is limited.

### **5.3.1. Organization and quality assurance**

The CAC began the process of developing basic treatment programme guidelines to assure the quality of the services offered in all types of treatment. According to the CAC, the first draft of the guidelines will be completed by the end of 2009 (Symeonidou, personal communication, 2009). Further, in 2008 there no new evaluation results reported.

### **5.3.2. Availability and diversification of treatment**

As previously mentioned, in Cyprus, psychosocial abstinence based treatment is still the most prominent approach for substance abuse treatment. However, as previously reported and after the recommendations of the treatment programmes evaluation (NFP, 2008), more programmes are now offering substitution substances (see also ch. 7) as a first step towards abstinence.

Furthermore, 2008 was marked with the inclusion of one more adolescent specialized drug treatment service; one governmental facility, (Promitheas), that previously provided adult outpatient treatment, now offers treatment to young substance abusers and their families.

The treatment availability system can be summarized by the following table, which points out the treatment availability services in 2008.

Table 5.1 Treatment availability in 2009

Outpatient (including couns. centres and adolescent specialized services)	Inpatient	Detoxification	Substitution	Controlled environment
15 <sup>25</sup> (nine counselling centres)	2	2	3 <sup>26</sup>	1

Source: Cyprus NFP, 2009

Currently, the country's illicit drug treatment system (at the time of writing) consists of nine counselling centres, 12 outpatient programmes, and a drug rehabilitation programme in the central prison (see section 5.3). Detoxification is provided by one outpatient programme as well as an inpatient treatment facility. Harm reduction in the form of substitution/ maintenance is provided by two governmental units in which buprenorphine or the combination of buprenorphine - naloxone is dispensed as well as by a private clinic in which DHC and ocycondone are prescribed (CAC, 2009).

#### **5.4. Characteristics of treated clients**

For the year 2008, individual data was provided to the Cyprus NFP by all counselling and treatment centres active in the field of treatment at that time (two inpatient, 13 outpatient<sup>27</sup>). However, due to human resources limitations, the treatment programme offered in Central Prison was not able to provide data for the particular year. As of the beginning of 2009, the Unit's infrastructure was improved, and the Cyprus NFP was assured by the programme's scientific coordinator and staff, of the Treatment Demand protocol implementation in 2009 (Kariolou 2009, personal communication).

<sup>25</sup> Two of the centres function as counselling as well as outpatient units but counted as one centre.

<sup>26</sup> One private clinic provides substitution in the form of buprenorphine-naloxone implants as well DHC and/or ocycontone prescription.

<sup>27</sup> Although the total number of outpatient centres in 2007 was 17, only 13 of them actually provided treatment services (see also comments in TDI\_2009\_CY\_01). 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. In addition, one of the outpatient centres also provides some services on an inpatient basis.

With regards to other sources of information, further attempts were made by the Cyprus NFP to involve general practitioners and psychiatrists in the network (Cyprus NFP 2008, unpublished). In particular, meetings were held with the president of the Cyprus Medical Association, as well as with the president of the Cyprus Psychiatric Association, aiming at establishing cooperation with members of the two associations and exploring ways, in which they could collect some basic treatment demand data. As a result of the established contact, a short questionnaire with priority items (derived from the TDI protocol) was prepared by the Cyprus NFP, which will be sent to the two associations for a review.

As to the individual data submitted to the Cyprus NFP, 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), unless stated otherwise.

From the beginning of January until the end of December of 2008, 641 drug users were recorded in treatment (46 of whom were continuous treatments from previous year), corresponding to 901 treatment episodes<sup>28</sup>. Out of those who entered treatment in 2008, 86.6% were men and 13.1% women. The vast majority (86%) of drug users in 2008 were recorded in outpatient facilities (also see TDI\_2009\_CY\_01) and 57% sought help in centres offering detoxification and/ or substitution<sup>29</sup> (offered both on an inpatient and outpatient basis).

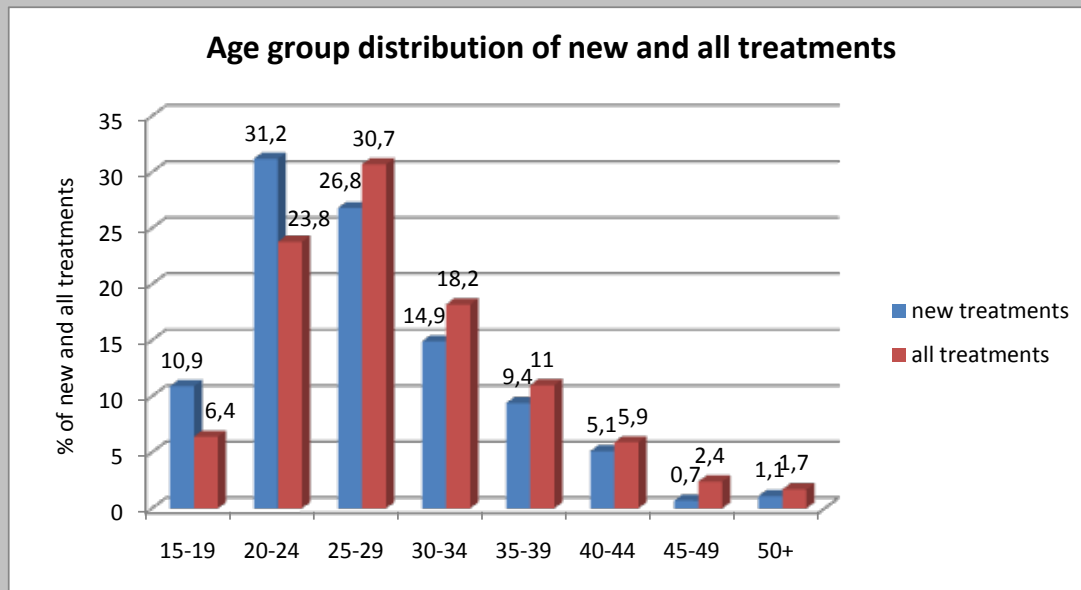
While the mean age of all users in 2008 was 28.9 years, new treatments, who accounted for 46.4% of all clients, were on average 27.4 years of age. As observed in the table below, the percentage of new treatments in the age groups 15-19 and 20-24 was higher than the respective one among all treatments.

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<sup>28</sup> Treatment episodes refer to the total number of demands for treatment, not controlled for double counts.

<sup>29</sup> One private clinic offers both detoxification and substitution treatment on an inpatient and outpatient basis.

Fig. 5.1 Age group distribution of new and all treatments



Source: Cyprus NFP 2009

Moreover, clients who were in treatment from previous years were in average by 1.2 years younger than those who entered treatment in 2008. Mean age also varied across gender. In particular, while the mean age of men was 29.2 years, the respective one for women was 27.4 years. In addition, clients receiving substitution treatment seemed to be the oldest, as their mean age reached 31.5 years. Although the number of this specific category of clients is very small in relation to the total number of drug users that entered treatment in 2008, the fact that they are older can partly be explained by their longer drug career (longer mean duration of primary drug use).

Regarding the nationality of clients that sought help in 2008, the vast majority of them were Cypriot nationals, corresponding to 71.8% of all clients. EU nationals accounted for 14.3% and nationals of other countries to 13.4%. Whereas the majority of EU nationals were Greek nationals, ethnic Greeks ('Rossopontioi'<sup>30</sup>) accounted for the majority of non-EU nationals.

For information regarding living status and educational level, see chapter 8.

<sup>30</sup> Greek indigenous population originating from the Black Sea region of the former Soviet Union (see also chapter 8).



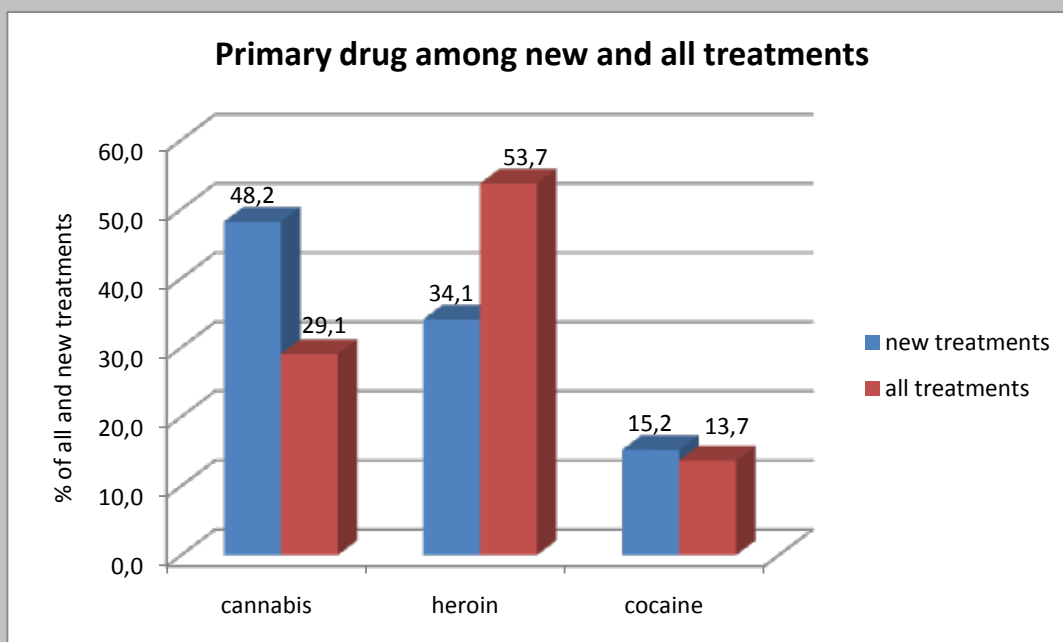
As regards the labour status, unemployment was reported by 42.7% of users, while regular employment by 31.1%. Students/ pupils accounted for 7.7% of all clients. Unemployment was more prevalent among inpatient and substitution clients, as it reached 58% (for both categories of clients), compared to 40% of clients that sought treatment in outpatient facilities (also see TDI\_2009\_01/02). Nevertheless, as mentioned above, all comparisons referring to substitution clients should be treated with caution, due to their small number.

Variations regarding labour status could also be observed among the two genders. In particular, while regular employment was reported by 33% of males, the respective percentage among women was 19.2%. An analogous difference could also be noted regarding unemployment status, where the proportion of men reporting being unemployed was 41%, compared to 55.1% of women.

As to the primary drug of abuse of those seeking treatment during the year 2008, heroin continued to be the most commonly reported primary drug, reported by 53.7% of persons that sought treatment in 2008, followed by cannabis (29.1%) and cocaine (13.7%). Heroin as primary drug was more prevalent among inpatient clients, as it was reported by 70% of them, compared to 51% among outpatient clients (also see TDI\_2009\_01/02). Taking into consideration the number of clients receiving substitution treatment and the total number of opiate users that sought help in 2008, it can be noted that 15% of opiate users reported receiving substitution treatment. However, this percentage is underestimated, as an unknown number of clients receiving substitution treatment in a private clinic could not be distinguished from other clients of the particular agency.

Cannabis as primary drug of abuse was more prevalent among new treatments, as it was reported by 48.2% of those who sought treatment for the first time in 2008, as illustrated in the figure below.

Fig. 5.2 Primary drug among new and all treatments



Source: Cyprus NFP, 2009

Cannabis was also more commonly reported by continuous treatments, 39% of which reported it as primary drug. Furthermore, cannabis was more prevalent among men, 31% of whom reported it as their primary drug, compared to 18% of women. Heroin use, on the other hand, was more common among women, reported by 66.7% of them (51.8% among men). As to the usual route of primary drug administration, injecting was reported by 66.7% of heroin users and by 2.5% of cocaine users. Smoking and sniffing heroin was reported by 30.2% and 3.1%, respectively. Sniffing was reported by the vast majority of cocaine users, reported by 69% of them.

With regards to the frequency of primary drug use, daily use was reported by 51.4% of drug users who sought treatment in 2008 (heroin users accounted for the vast majority of daily users), 2-6 times per week by 18.3% and occasional use (0-1 times per week) by 7.6%. In addition, 22.2% of clients had not used the primary drug in the month preceding their admission to treatment.

The mean duration of use of the primary drug reached 7.8 years among all clients entering treatment in 2008 and 7 years among new treatments. In addition, women seem to seek help for the first time earlier than men (after 6.3 years of primary drug use, compared to 7.1 years among newly treated men). This observation, however, does not

seem to be valid among female new treatments using heroin as primary drug, which had used heroin as a primary drug for 8.1 years in 2008, compared to 6.8 years among firstly treated men. Furthermore, the mean duration of primary drug use seems to be longer among those clients receiving substitution treatment.

Exploring the mean experimentation period (mean difference between the age of first use of primary drug and the age of use of first drug), women seem to progress to primary drug use after 2.4 years, about 1 year earlier than men.

Regarding polydrug use, 60% of clients who entered treatment in 2008 reported use of at least one secondary drug, 30% at least two secondary drugs, 10% three secondary drugs and 3% reported using at least four drugs apart from their primary drug of abuse. Polydrug use was slightly higher among women than men. The most commonly used secondary drugs were cocaine and cannabis. Polydrug use was more prevalent among inpatient clients, as the use of at least one secondary drug was reported by as high as 70% of persons who sought treatment in inpatient facilities (also see TDI\_2009\_CY\_02). Use of other drugs apart from the primary drug was also higher among substitution clients, 66% of which reported the use of at least one secondary drug.

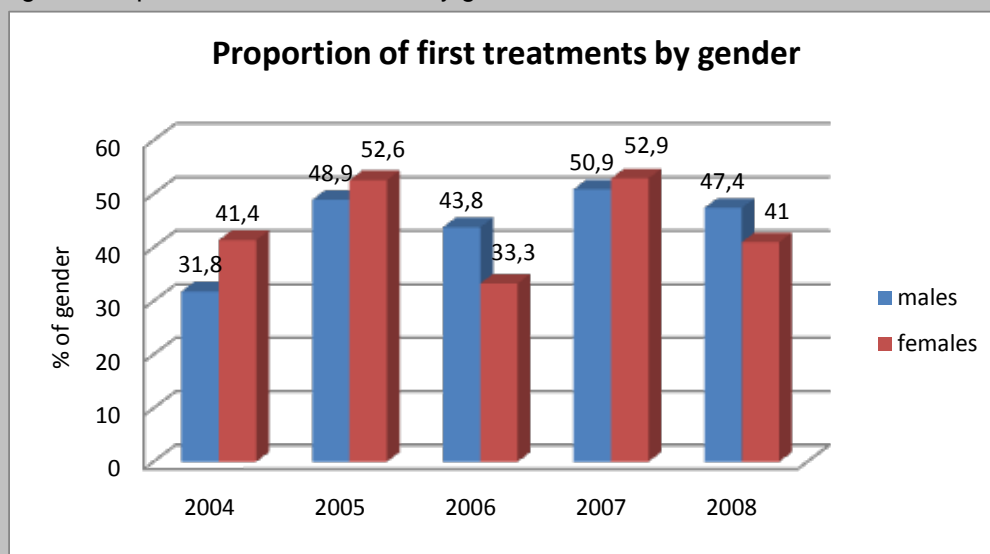
As to high risk behaviour, the overall proportion of users who reported to have ever injected reached 44%. The proportion of women that ever injected (55%) exceeded the respective proportion of men (42.65%). This difference between the two genders also applies regarding current injecting, although the gap in this case was less significant. In addition, both ever and current injecting were more prevalent among inpatient clients, 63.4% of whom reported to have ever injected and 40% current injecting, compared to 41% and 28.5% of outpatient clients (also see TDI\_2009\_CY\_01/02). However, taking into consideration the fact that heroin as primary drug was reported by a larger proportion of those persons seeking treatment in inpatient facilities, the observation above is of no surprise. As to sharing, 26% of users that entered treatment in 2008 reported to have ever shared, while the prevalence of sharing during the last 30 days before entering treatment was 12.6%. As expected, sharing was also more commonly reported by those seeking help due to heroin use, 42.7% of which ever shared and 22.7% reported this risk behaviour 30 days prior to treatment.

## **5.5. Trends of clients in treatment**

As already mentioned, 595 drug users entered treatment in 2008 (excluding continuous treatments; for total treatment prevalence, see previous subchapter and the respective standard tables on treatment prevalence), recording a significant decrease compared to the previous year, where the respective number was 726 (see also NR 2008). This decrease could be due to several reasons. One of the possible explanations is the lack of data from the treatment programme operating in Prison. Another factor that should be taken into account is the significant decrease of foreigners in 2008, particularly of non EU nationals (see also chapter 4). Whereas in 2007 these nationals accounted for 22.6% of all clients that entered treatment, in 2008 they accounted for 13.4%. Taking into account the absolute numbers, the decrease of non EU nationals entering treatment in 2008 seems even more significant (80, compared to 164 in 2007). The main decrease was observed among Iranian nationals and Ethnic Greeks. Although the reasons for this decrease are not clear, they could partly be explicable by the lack of prison data, which concentrated a significant number of foreigners, particularly of Iranian nationals (see also NR 2008). Moreover, looking at the activities of Aliens and Immigration Office of the Cyprus for the years 2007-2008 (Immigration Office of the Cyprus Police, online, <http://www.police.gov.cy>), a significant increase of deportations and control of aliens can be noted (12% and 9%, respectively), which could have contributed to the decrease of non-EU nationals appearing in treatment, particularly of those with an illegal status in the country.

Based on the individual data provided to the Cyprus NFP, 515 males and 78 females entered treatment in 2008 (in two cases the gender was unknown). The proportion of new treatments in 2008 has decreased (from 51.1% to 46.4%), which can partly be explicable by a decrease of non EU nationals seeking treatment in 2008, which in previous year accounted for 31.5% of all new treatments (117 persons). In 2008, the respective proportion of non EU nationals among new treatments dropped to 16% (44 persons). In addition, the decrease of first treatments was higher among females, as illustrated below.

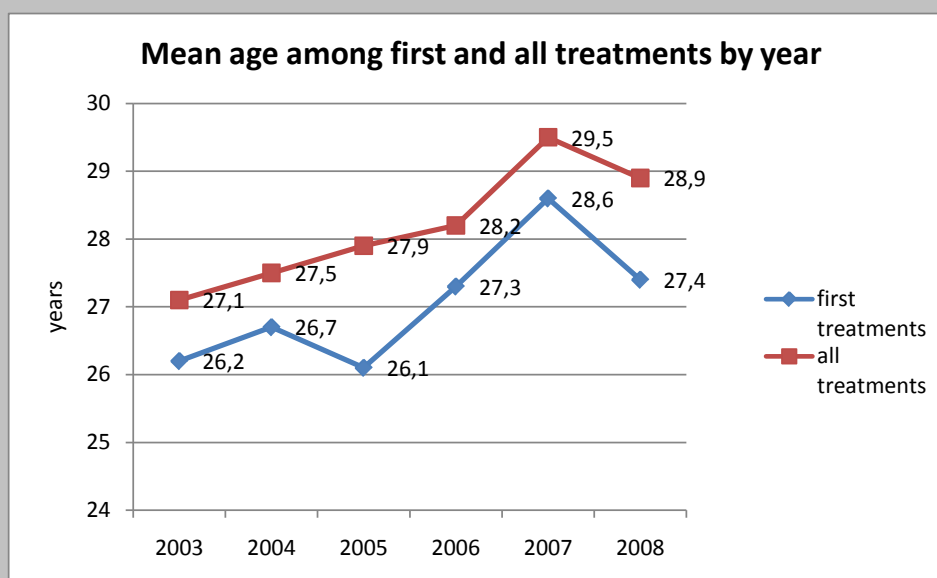
Fig. 5.3 Proportion of first treatment by gender



Source: Cyprus NFP, 2009

Regarding the mean age of persons who sought treatment in 2008, a slight decrease could be noted among both genders. A similar tendency is also observed among new treatments, marking a first decrease in their mean age since 2005, as illustrated below.

Fig 5.4 Mean age of first and all treatments by year



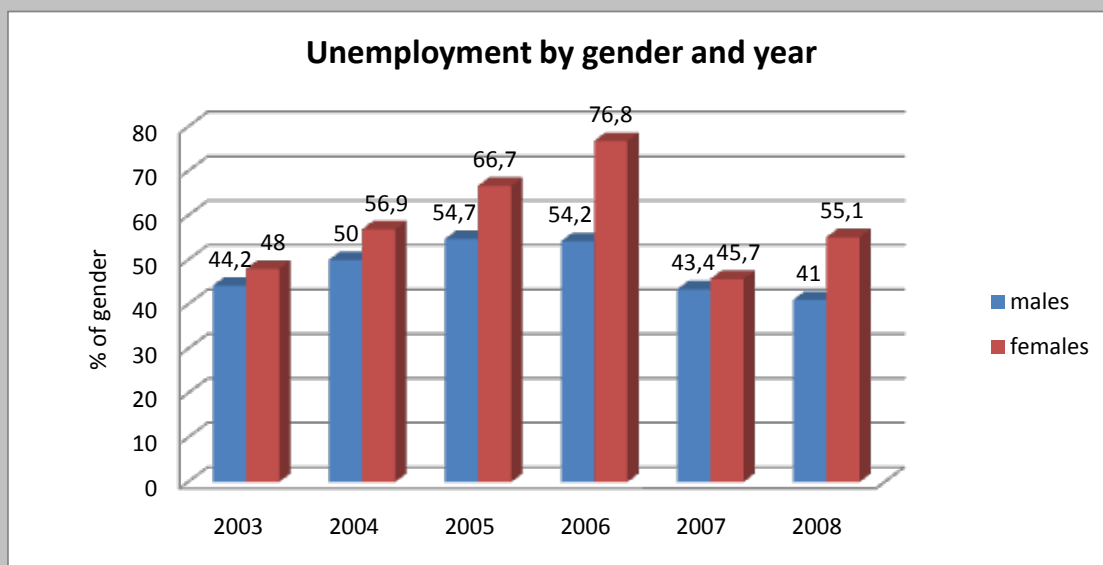
Source: Cyprus NFP, 2009

Taking into consideration the main differences between the 2008 and 2007 data, and namely the significant decrease of foreigners seeking treatment in 2008, it can be noted

that the decrease of the mean age is mainly observed among non Cypriot nationals, which accounted for a significant proportion of first treatments in the previous year (see NR 2008). In addition, an increase of students/ pupils is noted among first treatments, partly contributing to the decrease of their mean age.

The decrease in the proportion of drug users being unemployed previously observed (see NR 2008) continued in 2008, although to a lesser degree. In particular, the proportion of clients that reported being unemployed was 42.7% in 2008 (43.7% in 2007), while regular employment remained at similar levels when percentages are taken into accounts. In addition, unlike in 2007, unemployment rose among women in 2008, as illustrated below (also see chapter 8).

Fig 5.5 Unemployment by gender and year



Source: Cyprus NFP, 2009

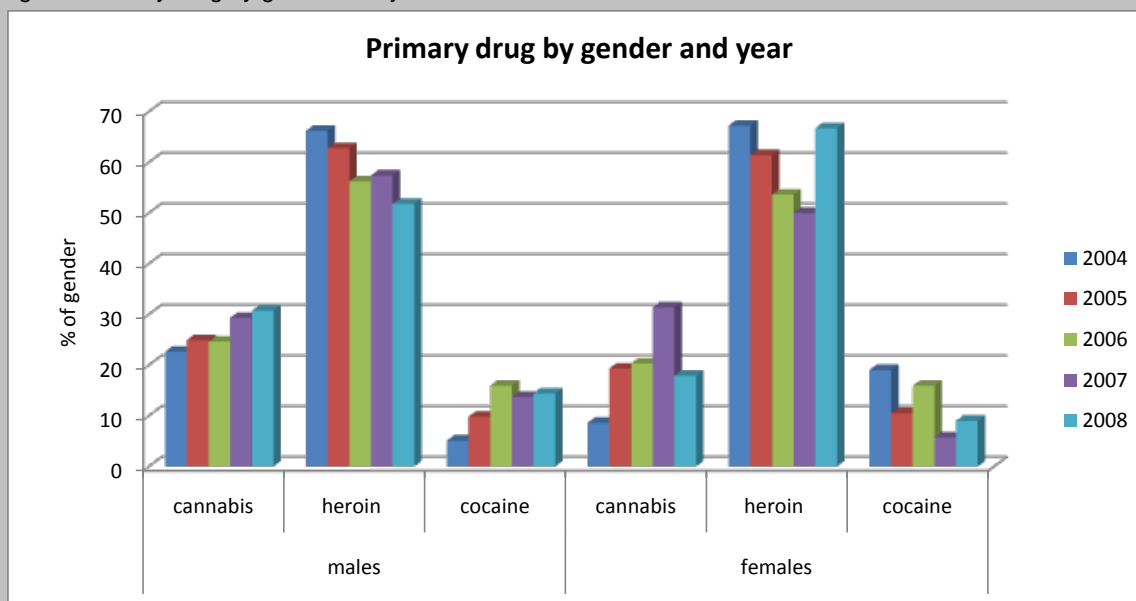
Taking a closer look at women, it can be noted that the highest prevalence of unemployment occurs among those seeking treatment due to heroin use. In particular, while unemployment among male heroin users remained at the same levels with 2007 data (around 52%), it increased among females, reaching 73.1% (compared to 65.7% in 2007). This difference in unemployment rates among both genders can partially be explained by the general employment situation reflected in the labour force statistics. In particular, the main findings of the labour force statistics published by the Statistical Services of the Ministry of Finance reveal a decrease in unemployment rates (mean

unemployment rate) among men (15 years of age and over) in 2008 and an increase among women of the same age group (Statistical Services, online, <http://www.mof.gov.cy/mof/cystat>).

In addition, a closer look at the employment information among the treated population reveals that while unemployment decreased among Cyprus nationals (from 45.2% in 2007 to 40.7% in 2008), it rose among nationals of non EU countries. Analogous situation can be noted regarding regular employment, which seems to have increased among Cypriot nationals and decreased among nationals of other countries. However, as the number of those nationals is smaller than in the previous year, the above results should be treated with caution (Cyprus NFP 2009, unpublished).

As to the primary drug of abuse of those seeking treatment during the year 2008, as already mentioned, heroin continued to be the most commonly reported primary drug, reported by 53.7% of persons that sought treatment in 2008, followed by cannabis and cocaine. Although no significant overall changes with previous results can be observed (see NR 2008), a significant increase of women seeking treatment due to heroin use is noted, as illustrated below.

Fig. 5.6 Primary drug by gender and year



Source: Cyprus NFP, 2009

As to the primary drug of first treatments, in 2008 a lower proportion reported heroin as their primary drug (34.1%, compared to 41.2% in 2007), partly explicable by the decrease of foreign nationals in treatment (see above). As to the usual route of primary drug administration, a further decrease of intravenous use of heroin can be observed in 2008, as from 70.4% in 2007 (Cyprus NFP, 2008) decreased to 66.7% in 2008. However, as mentioned before, due to the smaller number of heroin users compared to 2007, this result could be misleading.

With regards to the frequency of primary drug use, a decrease can be observed in daily use of the primary drug, as it was reported by 51.4% of persons who sought treatment in 2008, (63% in 2007). However, among inpatient clients, a slight increase of daily heroin use is noted (from 62.7% in 2007 to 67.2% in 2008).

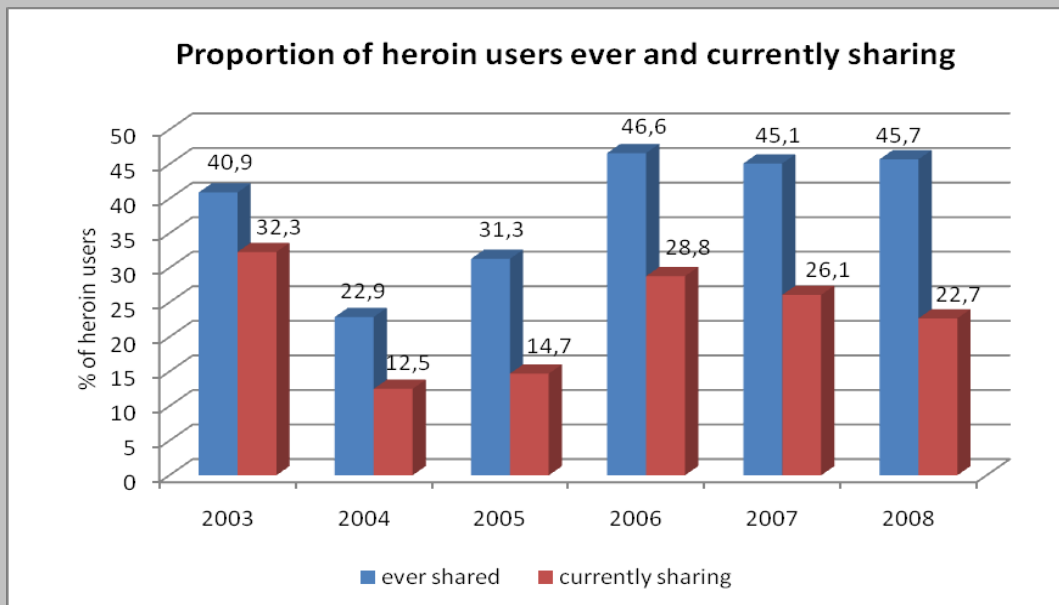
While the overall mean duration of use of the primary drug remained at same levels as in the previous year (7.7 years), variations can be observed when stratified by primary drug and gender. In particular, an increase of the mean duration of heroin use (as a primary drug) among both genders is noted.

Regarding polydrug use, a higher proportion of persons who contacted treatment agencies in 2008 reported use of at least one secondary drug (60%, compared to 48.6% in 2007). Cocaine was the most frequently used secondary drug (as any secondary drug), reported by 25% all users who sought treatment in 2008, marking an increase compared to the previous year, where it was reported by 18% of the clients. Its use was most prevalent among clients with heroin as their primary drug, reaching 70% and marking a significant increase compared to previous year, when its use as any secondary drug was reported by 53% of heroin users.

As to high risk behaviour, the overall proportion of users who have ever injected remained at similar levels as in 2007, reaching 44.1%. The proportion of heroin users reporting ever and current injecting reached 76% and 54.6%, respectively, marking a slight, but further decrease compared to 2007. Trends in sharing among heroin users from 2003 are illustrated in the figure below.



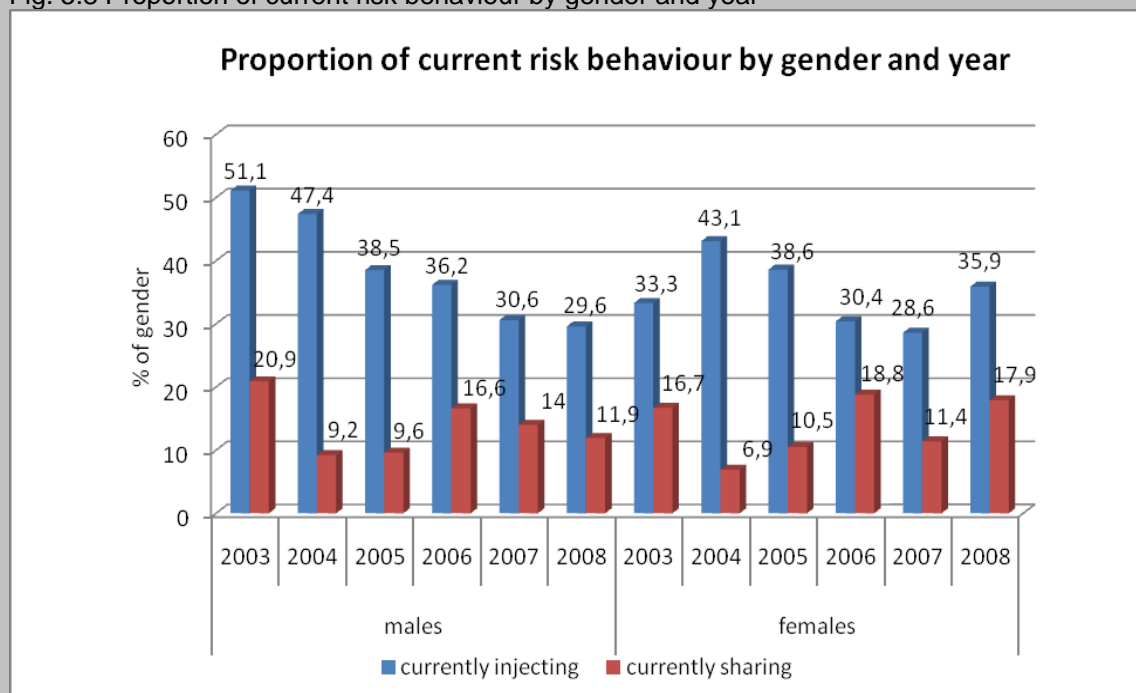
Fig 5.7 Proportion of heroin users ever and currently sharing



Source: Cyprus NFP, 2009

As to gender differences, an increase of ever injecting could be observed among women, 55.1% of whom reported this particular behaviour, as compared to 45.7% in 2007. However, given the increased number of women heroin users in 2008, this result is of no surprise. As to ever sharing, which also remained at similar levels, a significant decrease could be observed among inpatient clients, as it dropped from 52.5% in 2007 to 45% in 2008 (also see TDI\_2009\_CY\_02). Current injecting and sharing was more prevalent among women, among whom both current risk behaviours increased in 2008, as illustrated in the figure below.

Fig. 5.8 Proportion of current risk behaviour by gender and year



Source: Cyprus NFP, 2009

In general, what can be noted is a stabilization or decrease of risk behaviour among men and a simultaneous increase among women. Given the decrease of the prevalence of drug related deaths and problem drug use (for details see chapter 4 and 6), it could be hypothesised that the introduction of substitution treatment as a harm reduction measure resulted in the decrease of high risk behaviours in general. However, this does not seem to apply to the female population of drug users, which could imply that drug treatment programmes in Cyprus are mainly tailored to men's needs. This observation seems to be supported by the foreseen actions of the new Strategy against Drugs, which provides for the creation of drug treatment centres addressing women's needs (CAC, 2009). Nevertheless, as the population of female drug users seeking treatment is significantly smaller than men, thus being much more vulnerable to slight changes in their numbers, the above observation should be treated with caution (Cyprus NFP 2009, unpublished).

## **Chapter 6: Health correlates and consequences**

### ***6.1. Introduction***

According to the DRID KI (draft protocol implementation), in 2008 there is a decrease in HCV positives. However, when considering the number of IDUs tested this may not be accurate. Further, according to the first seroprevalence study conducted in Cyprus among IDUs receiving treatment, 50% of the participants were tested positive for HCV. Interesting patterns that can also be noted regarding high risk behaviors such as needle sharing and needle re-using are presented below.

The national definition regarding drug-related deaths is the same as the EMCDDA's standard definition (Selection D). Direct and indirect **illicit** drug related deaths are included in the Special Registry. According to the Special Registry, 83 drug related deaths in total (direct & indirect deaths) were recorded from the beginning of 2004 until the end of 2008. The latest data indicate the largest decrease in the number of indirect deaths. Specifically, during the reporting year 13 drug related deaths were recorded, 11 of which were directly attributed to drug poisoning.

### ***6.2. Drug related infectious diseases***

Data according to the DRID Indicator has been available since 2006. However, no reliable conclusions can be drawn due to the limited number of valid results. As mentioned in the previous National Report (NFP, 2008), in 2008, the CAC attempted to encourage testing by improving the effectiveness of the testing referral and the actual testing procedures. According to the CAC, some improvement was noted, although more efforts are required (Symeonidou, personal communication). In addition, in order to identify the main reason of the limited valid results during the indicator implementation the NFP prepared a survey in which the treatment centres were asked to mark the difficulties encountered in implementing the protocol. The survey results confirmed what was previously assumed, specifically the lack of interest of IDUs in being tested (NFP, 2008). Simultaneously, infectious diseases monitoring data of the general population is considerably unreliable due to the lack of a mechanism through which

notification data will be ensured, as well as of an effective infrastructure through which the HIV/ AIDS or hepatitis can be monitored. For instance, for HBV and HCV in 2008 there were only 7 and 2 notifications, respectively (Ministry of Health, 2008).

### **6.2.1. HIV / AIDS and viral hepatitis**

Data presented below was collected through the implementation of the DRID KI, as well as a serobehavioral survey contacted by the CAC and the Biotechnology and Molecular Virology of the University of Cyprus with the assistance of the NFP. Further, data from the Infectious Diseases System of Epidemiological Monitoring and Control of the Ministry of Health is presented.

#### *HIV / AIDS*

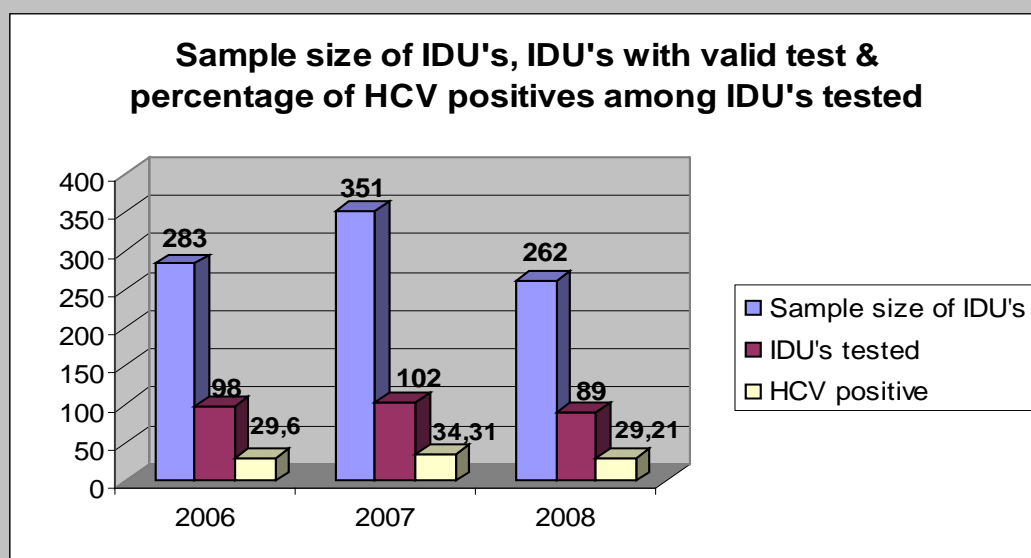
According to the DRID KI implementation (results based on diagnostic testing), during the reporting year there were no HIV/AIDS cases reported. This finding however should not be taken for granted due to the limited number of valid tests (89) (see also ST9P2\_2009\_CY\_03). At the same time, according to self reports 1.58% of the valid tests among IDUs reported being tested positive for HIV/AIDS (see also ST9P2\_2009\_CY\_04). Furthermore, in 2006-2007 a general population survey that aimed at examining the knowledge, perceptions and behaviours regarding HIV/AIDS and sexual behaviour was conducted by the National AIDS programme of the Ministry of Health (for more information refer to chapter 7).

#### *Viral hepatitis*

##### DRID Indicator data

As mentioned above, the number of valid results noted further decrease (89 valid results in 2008 compared to 102 in 2007). Taking into consideration only valid results among intravenous drug users (ever), 29.21% of them were found positive for Hepatitis C (HCVAb markers used). As illustrated below, the respective proportion in 2007 was 34.31 % and in 2006 29.6% (also see ST9P2\_2009\_CY\_01).

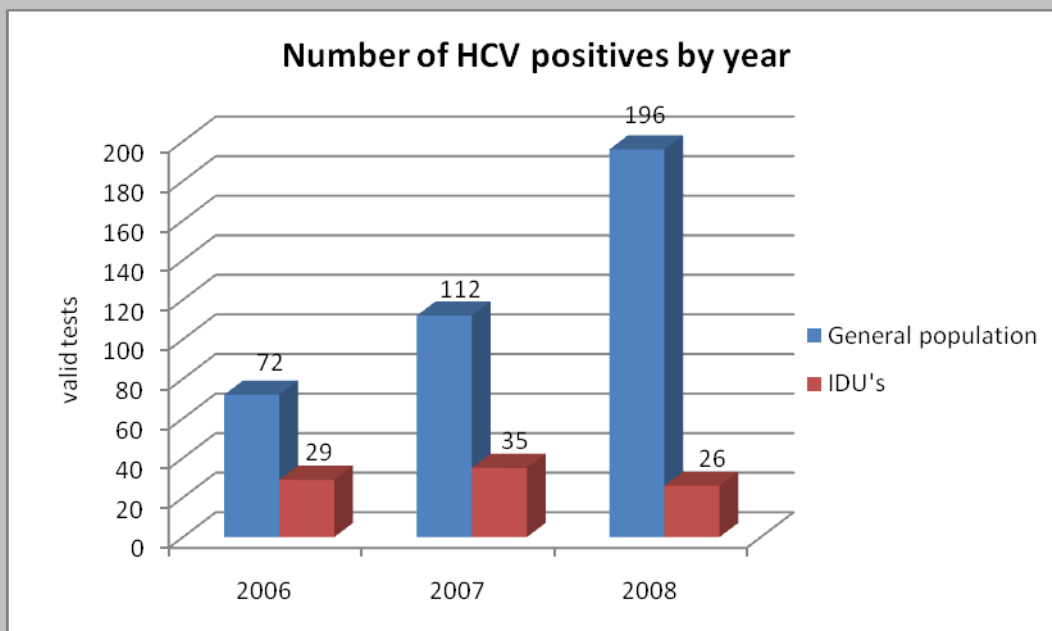
Fig. 6.1 Sample size of IDU's, IDU's with valid test and percentage of HCV positives



Source: Cyprus NFP, 2009

At the same time, according to the Infectious Diseases System of Epidemiological Monitoring and Control, a significant gradual increase of HCV infection among the general population is noted.

Fig. 6.2 Number of HCV positives by year

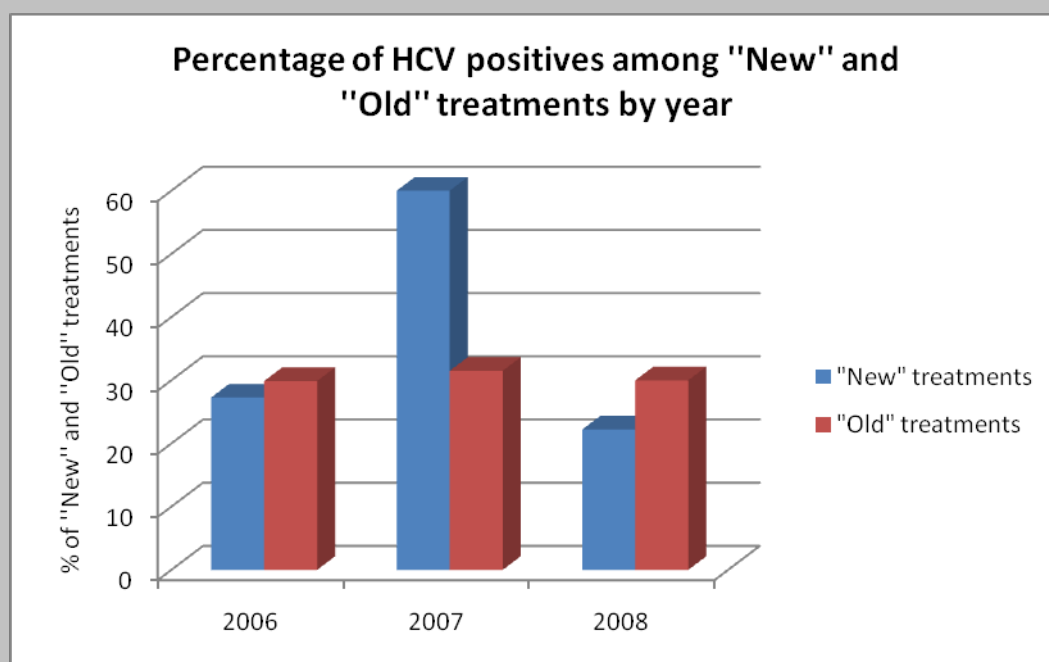


Source: Cyprus NFP, 2009

However, it should be noted that the data mentioned is based on a weekly notification system, and it is not clear whether the total number includes new cases. Specifically, HCV positives increased from 72 in 2006 to 196 in 2008 (Ministry of Health, 2008). Due to the lack of knowledge regarding the notification system procedures, no further data analysis will be attempted. On the contrary, according to the infectious disease notification system, the respective number of HCV positives for 2008 is only 2. The significant difference between the two notification systems (196 and 2 for 2008) emphasizes the need for further cooperation with the doctors so that they notify the system of all the HCV positive cases diagnosed (Ministry of Health, 2008).

Data provided through the DRID KI implementation cannot indicate clear trends. The same applies in the case of 'new' and 'old' treatments (also see ST9P2\_2009\_CY\_01).

Fig. 6.3 HCV positives by 'New' and 'Old' treatments by year



Source: Cyprus NFP, 2009

As seen above, the noticeable increase on HCV positive 'new' treatments that occurred in 2007 did not continue in 2008. The increase was previously (2008 National Report) explained as an increase in treatment demands, as a consequence of the establishment of a new programme providing an attractive treatment modality. The 2008 data seems to confirm the aforementioned assumption. At the same time, the decrease in treatment

demands may also partially explain the so-called “decrease” of HCV positives among newly treated users in 2008.

### *Serobehavioral survey*

In 2008, the CAC in cooperation with the Biotechnology and Molecular Virology Department of the University of Cyprus under the supervision of the NFP began conducting a survey titled "Prevalence of infectious diseases and molecular epidemiology of HCV and HIV-1 among injecting drug users in Cyprus treatment centres". Initially, the survey included two time periods of field work in the specific year. However, the involved parties decided to continue running the survey on a continuous basis if financial resources are assured.

### *Methodology*

The main aspects of the survey’s methodology are described below:

- Informed consent

The subjects were informed of the purpose and the procedure of the survey and were requested to read and sign a participation form. The consent form along with the personal data and blood specimen code (an anonymous personal identifier used in the TDI was employed) was kept by the director of the treatment centre. The researchers collected the coded data of the interview, as well as the coded blood specimen.

- Participation criteria

The subjects had to meet the following criteria before participating:

- Sign the consent form
- Be 18 years of age or older
- Report IV use at least once in their lifetime (Ever IDU's)
- Receive services<sup>31</sup> from a drug treatment programme at the time of the survey.

- Interview

The participants were interviewed on the basis of a structured questionnaire developed for the survey, which included core and optional items of the routine and

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<sup>31</sup> Drug free treatment, detoxification as well as substitution treatment modalities were included.

survey monitoring of the DRID protocol. The subjects were not required to answer all items, as long as they answered the eligibility items.

- Blood specimen collection
- Antibody testing for Hepatitis and HIV/ AIDS
- Extraction of viral RNA and RT-PCR from the HCV positive samples and sequencing in the Core-E1 and NS5B regions as well as phylogenetic analysis were performed by the Department of Biotechnology and Molecular Virology of the University of Cyprus.

### *Results*

The total number of valid test results was 40<sup>32</sup>, 50 % of those found HCV positive (HCV Ab marker) (also see ST9P2\_2009CY\_05). The mean age of the total sample was 29.8 whereas the mean age of new injectors was 27.8. Almost thirteen percent (12.76%) of the total sample of valid answers were females (see also ST9P3\_2009\_CY\_01). The most important results of the survey are presented below:

#### Needle sharing and cleaning

- 72.7% of the participants reported ever sharing needles whereas 82.2 % used the same needle more than once.
- Most participants (42%) reported cleaning the already used syringes with cold or warm water and lemon, 25% with cold water only, 12 % with hot water and lemon.
- Needle sharing or other injecting equipment was not reported by any of the current injectors (also see ST9P3\_2009\_CY\_01).
- The participants reported to have re-use the needles on average 3.8 times before discarding them (see also ST9P3\_2009\_CY\_01)

#### Infectious diseases knowledge and perceptions

- 42.2% of the participants answered negatively on the question "in your opinion, can you get infected with HCV by sharing drug use equipment other than syringes?".

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<sup>32</sup> Due to the small sample size, the results should be approached with caution.



- Among the 24 of the participants that reported ever needle sharing, 14 also reported that HIV/AIDS infection is not possible by sharing drug use equipment other than syringes.

#### Drug use

- Among the IDU's with a valid result, 66.6% reported injecting in the last four weeks, 6.6% reported injecting once a week or less, 6.6% injected 2-6 times per week and 8.8% reported injecting several times a day (see also ST9P3\_2009\_CY\_01).
- Among ever IDUs with a valid answer, 11% reported two or less years of IV use, 15.5% two to five years, 35.5% five to ten years and 37.7% more than ten years of IV use (ST9P3\_2009\_CY\_01).
- 84.4% of the participants reported drug use outside of Cyprus.
- 71.1% of them reported IV drug use outside of Cyprus and 33.3% of them also reported ever sharing needles when using outside of Cyprus.
- Of the PCR- positive samples, 8 (57%) were genotype 3a and 6 (43%) were genotype 1b.
- No recombinant strains or mixed genotype infections were observed.
- From the phylogenetic analysis of the IVDU strains against other Cypriot strains and sequences from the HCV database, no clustering was observed.
- Three independent clusters were discovered among the IVDU sequences themselves (Demetriou et al., 2009) indicating the epidemiological relationship among those IVDU's.

#### *Limitations*

The sample size of the survey does not allow for conclusions to be made regarding the prevalence of infectious diseases among IDUs. However, there is no other similar survey previously carried out and the results are pointing to useful patterns and behaviors of the IDUs in treatment. Further, considering the non-representativeness of the sample (participation was voluntary and IDUs who participated were only individuals enrolled in some type of treatment programme) results should be interpreted with caution. For example, participants receiving substitution treatment, although assured of the confidentiality of the survey, were resistant in admitting current drug use. Similarly, the interviews took place at the centre's premises after the participants received their

daily substitution dose, thus, they reported some difficulty in concentrating and completing the interview.

#### **6.2.2. STI's and tuberculosis**

NNIA.

#### **6.2.3. Other infectious morbidity**

NNIA

#### **6.2.4. Behavioural data**

See above section 6.2.1

### ***6.3. Other drug-related health correlates and consequences***

#### **6.3.1. Non-fatal overdoses and drug-related emergencies**

NNIA.

As previously reported (National Report 2008) a large percentage of users are treated for overdose at hospital emergency units. There is a scarcity of resources at such units for the recoding of non-fatal overdoses and drug-related emergencies pertaining to drug users as a specific patient group.

#### **6.3.2. Other topics of interest**

As previously reported (National Report 2008), the collection and analysis of data through the EuropASI was not feasible although most treatment centers included the EuropASI interview as a research tool during the client intake process.

##### Psychiatric co-morbidity

The NFP in an attempt to collect data, requested the treatment centres to report the number of clients treated who presented symptoms of double diagnosis and the respective number of individuals who were officially diagnosed with a psychiatric disorder. Only six centers could provide such information. On the first request, it was reported that 53 drug users presented psychiatric symptoms. The respective number on

the persons with an official diagnosis was only eight, and the disorders reported included depression, psychosis and personality disorder (NFP, 2009 Co-morbidity questionnaire).

Somatic co-morbidity information was collected as described in 6.6.1.2. Five centers reported 61 cases of clients presenting somatic problems such as dental, abscesses, tachycardia and breathing difficulty, sleeping disturbances and headaches (NFP, 2009 Co-morbidity questionnaire).

#### Pregnancies and children born to drug users

The lack of research availability on the above issue does not allow the provision of quantitative information. However, an in depth biographical interview of a female drug user who went through pregnancy while using heroin, and who is also going through a second pregnancy while being enrolled in a support and reintegration programme shed some light to this phenomenon<sup>33</sup>. Biographical interviews are the narrative stories of the individuals; they consist of their subjective reality therefore the above themes should be viewed correspondingly. The main themes that emerged from the interview were:

- School problems and rebellious behavior while a teenager, were not understood by school teacher; a fact that led to curiosity, and her need to experience life by risky behavior.
- Alcohol and cannabis use served as a gateway to other illicit drug experimentation.
- No visible availability of information regarding the effects of drug use.
- The adult life was described in terms of her treatment course. There are no other phases described apart from her enrollment in various treatment programmes and the subsequent relapses.
- The treatment services included all types available (counseling centers, rapid detoxification, outpatient communities, detoxification and counseling abroad to NA support groups, substitution and biofeedback).
- Conception constituted the beginning at "serious" attempts at sobriety (NFP, 2009).

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<sup>33</sup> Should be viewed with caution since only one interview was carried out.

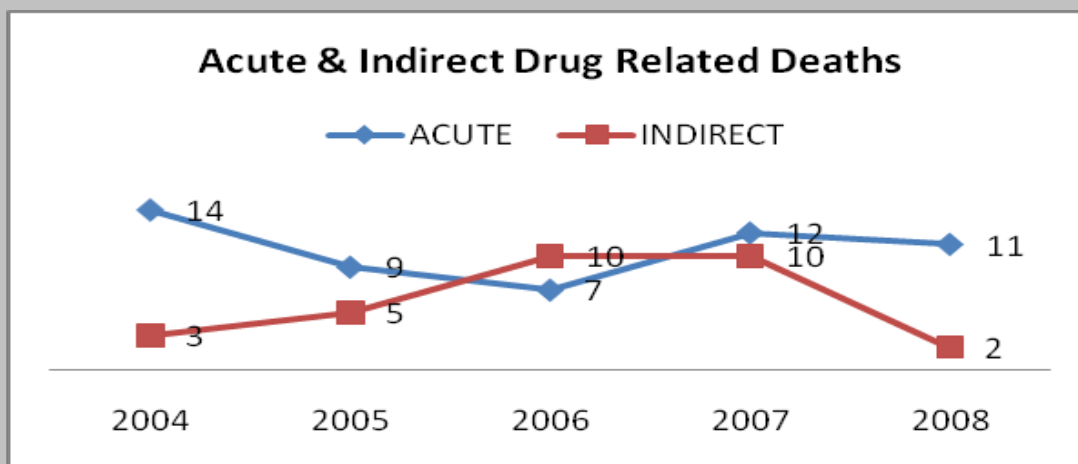
## 6.4. Drug related deaths and mortality of drug users

### 6.4.1. Drug Induced Deaths (overdoses/poisoning)

According to the Special Registry, 83 drug related deaths in total (acute & indirect deaths) were recorded from the beginning of 2004 until the end of 2008. During the reporting year, 13 drug related deaths were recorded, 11 of which were directly attributed to drug poisoning. The latest data indicate the largest decrease in the number of indirect drug-related deaths.

Specifically, if we look further at the numbers of acute drug-related deaths (see figure 6.4), it can be observed that there has not been any decrease, but rather a steady trend during the last two years.

Fig. 6.4 Acute & Indirect Drug Related Deaths

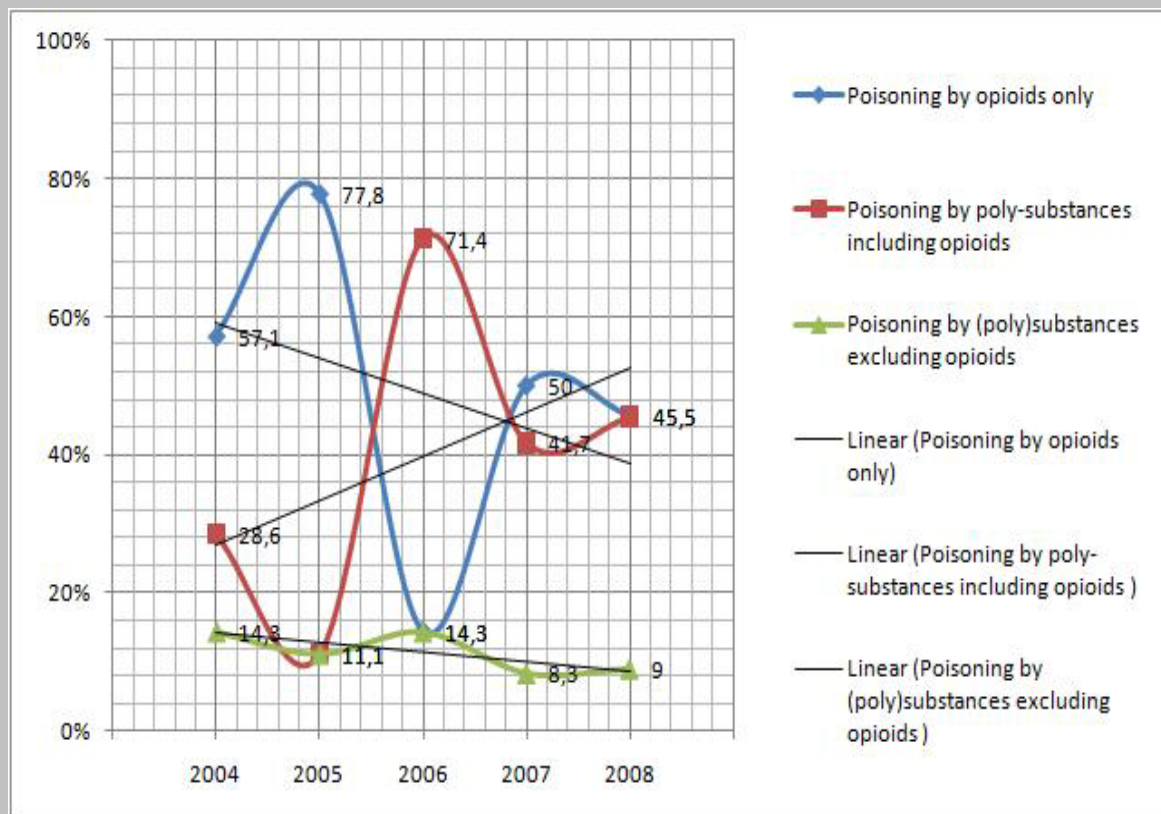


Source: Cyprus NFP, 2009

As was the case for the year 2007, also in 2008 all except one of the direct deaths involved men. Furthermore, between 2006 and 2008 there has been a steady increase in the mean age of the deceased from 28.3 to 30 years. This increase may be attributed to the fact that the number of ageing drug users has been on the rise during the last years (see ch.12), and it is expected that the mean age of the deceased will keep increasing over the years. However, due to the limitations of the data no safe conclusions can be made as to particular trends.

As for the causes of death (as confirmed by toxicological examinations) the graph below indicates that during 2008 the causes related to opiates only and poly-drug use including opiates were identified at the same level (45.5%).

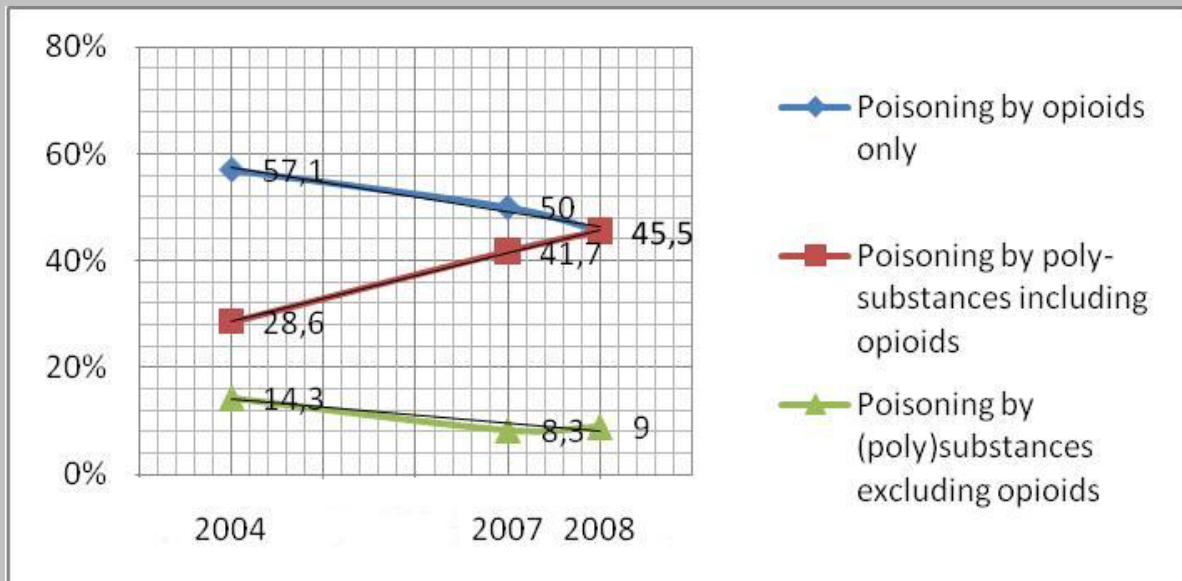
Fig. 6.5 Causes of direct drug-related deaths for the years 2004 - 2008



Source: Cyprus NFP, 2009

However, the overall situation that is portrayed by the trend lines in the graph above indicates that the proportion of deaths caused by opioids only is decreasing whilst the proportion of deaths caused by poly-substances including opioids is increasing. Having in mind that the numbers of acute drug related deaths during 2005 & 2006 were small (9 and 7 respectively) a similar graph (see figure 6.6) excluding the two years is presented below revealing that the trend lines have the same tendency.

Fig. 6.6 Causes of direct drug-related deaths for the years 2004, 2007, 2008



Source: Cyprus NFP, 2009

Finally, it's worth mentioning that in a qualitative study that has been carried out in Cyprus during 2009 (see ch.12), life stories from early onset users (or survivors – who typically have a long history of substance use which persists into old age) illustrated subjective meanings attached to causes related to poly-substance use: *"...I don't think that overdose is actually accountable for drug related deaths... We have learned how to control our doses. I usually use 2.3 grams for each dose and I am ok. Poly-substance use is an issue ... and the purity of heroin. For example, you may use cocaine and after that you may use heroin to relax. This is an issue and it's a risk factor. Some of my friends died. They have used cocaine and then heroin in order to avoid tachycardia... they just wanted to relax"*.

The above participant was confident that the actual cause of drug related deaths is poly-substance use. Literature review indicates that early onset users who matured in heroin use, typically used only enough to manage their withdrawal pains and this is not the case for their younger counterparts (Boeri, Sterk & Elifson, 2003). However, analysis on drug related data in order to find out any statistically significant differences between the older and the younger group as for the main causes of death could be made only through observation over a longer period.

Nevertheless, analysis of causes of acute drug related data should be treated with great caution due to the limitations of our data (short period of observation and small numbers). Further implementation of ICD codes and the correlation between treatment demand and/or treatment history and deaths could eventually enlighten the interpretation of such fluctuations. It's worth mentioning that until now, there wasn't any coding system to extract data on treatment history of drug related deaths. By the end of 2008 there was an attempt between the NFP and the DLEU to establish TDI codes for the latest data on drug related deaths. Among 13 cases it was possible to identify only 7 cases in this way. The coding procedure is already being applied for all cases during 2009 in a more systematic way (Kokkinos, 2009, personal communication).

(For more information regarding acute drug-related death data please see also ST5\_2009\_CY\_01 and for historical evolution of the death data ST6\_2009\_CY\_03).

#### **6.4.2. Mortality and causes of deaths among drug users (mortality cohort studies)**

##### **NNIA**

Mortality cohort studies could be eventually carried out in two to three years through the implementation of the national documentation system (see also chapter 1). This, in conjunction with further implementation of ICD-10 criteria (see also 2008 National Report to the EMCDDA) will improve information collection regarding mortality and causes of deaths among drug users. It is worth mentioning that since 2007, the Health Monitoring Unit of the Ministry of Health is granted limited, relevant access to autopsy reports, toxicology reports and information on external circumstances of deaths from the Police and the Department Of Labour Inspection (Pavlou, 2009, unpublished). These arrangements have been agreed between the departments in order to enable the Health Monitoring Unit to accurately determine the causes of death and assign the proper ICD-10 codes. The HMU does multiple cause as well as underlying cause coding according to the relevant year's ICD-10 updates. This type of cooperation has proved very useful in meeting the needs of the General Mortality Register. It has greatly improved the quality and reliability of causes of death statistics, particularly, with regard to external causes of death (Pavlou, 2009, unpublished).

### **6.4.3. Specific causes of mortality indirectly related to drug use**

#### **6.4.3.1. Illicit drugs and accidents**

Only two indirect deaths were recorded in 2008. Road accidents accounted for both of them. Regarding the substances involved, substances excluding opioids (cannabis and cocaine) were found through toxicological examination (Cyprus NFP, 2008).

It is worth mentioning that the latest data indicate the largest decrease in the number of indirect deaths, and it is unclear what factors lie behind the decrease and whether there is underreporting of cases. Normally, all unnatural or external causes of death should be investigated; however, there is no clear indication on death certificates whether there was a post-mortem investigation or not (Pavlou, 2009, personal communication). Therefore, underreporting may occur due to the continuing difficulties with post-mortem investigations and death certificates.

#### **6.4.3.2. Alcohol Related Traffic Deaths**

During the reporting year it was possible to record the number of licit (alcohol) drug related traffic deaths (the cases were not included in the special registry).

Based on the statistical data from the Traffic Department of the Police, 83 road traffic fatalities occurred with 55 drivers involving during 2008; 38 cases were blood tested and 12 of which were identified as alcohol related deaths (DLEU, 2009, unpublished).



## **Chapter 7: Responses to health correlates and consequences**

### ***7.1. Introduction***

During 2008-2009 a new substitution programme commenced operations, indicating that small steps towards overdose prevention and reduction of drug related deaths are being taken. It is worth mentioning that the National Strategy on Drugs 2009-2012 aims at further implementation of actions in the area of harm reduction. As regards prevention of drug related infectious diseases, the provision of health related responses still seems relatively limited. This is evident from various studies viewing the school pupils' and IDUs (see below) perceptions and knowledge regarding infection prevention and transmission. There are no responses reported regarding the aforementioned topic apart from sporadic counselling in the framework of relapse prevention and harm reduction services.

### ***7.2. Prevention of drug related emergencies and reduction of drug related deaths***

There is a continuing lack of programmes aiming at overdose prevention. However, a small step forward has been taken during 2008-2009 with the operation of a new substitution programme named "Sosibio". In all, three programmes are currently offering substitution treatment. At the same time small steps towards a general harm reduction approach continue to be taken, which may indirectly contribute positively to prevention of drug-related deaths. The treatment and counselling programmes that include harm reduction measures are presented below:

- The programme "Stochos" is offering its services to intravenous drug users as a harm reduction programme. The programme's listed services include information on safer drug use and provision of food and personal hygiene facilities (CAC, 2009, unpublished). During 2007, "Stochos" has initiated a small-scale provision of new syringes as part of a safer use strategy. However, only 5 syringes were provided in 2007 (see also SQ23\_2008\_CY\_01 & ST10\_2008\_CY\_01), whilst in 2008 there was no demand. Even though the provision of clean syringes is a valuable service, pharmacies remain a significant source of low cost and clean

syringes for IDUs in Cyprus (Constantinou, 2009, personal communication). Thus, there is no demand for new syringes from “Stochos”.

- “Gefyra”, an outpatient governmental substitution programme using buprenorphine (or the combination of buprenorphine – naloxone) aims at the gradual abstinence from opiates (CAC, 2009).
- The substitution programme of the privately-owned “Veresies Clinic” also provides substitution treatment with DHC and oxcycodone on an outpatient basis. The substitution treatment has a duration of 3 months. After this period the clinical situation of a client is re-evaluated. The object of the programme is the gradual reduction of opioid dependence and in the long run the total abstinence (CAC, 2009, unpublished).
- “Sosivio”, an outpatient governmental programme using buprenorphine, targets chronic active opioid drug users characterized by several failed attempts at detoxification. The object of the programme is the gradual reduction of opioid dependence and in the long run the total abstinence. Treatment emphasis is placed on the provision of medical / psychiatric assistance, psychological and individual support, counseling, and vocational rehabilitation and social reintegration (Argyriou, 2009, personal communication).

### ***7.3. Prevention and treatment of drug-related infectious diseases***

The National AIDS Programme of the Ministry of Health in co-operation with the Ministry of Education and Culture implemented an AIDS prevention programme that covered all high school students attending the first grade in 2008-2009 (Nouska, personal communication, June, 5, 2009). No other relevant information was provided.

For 2008, no other infectious diseases prevention interventions were reported. However, a general population survey on the knowledge, perceptions and behaviours regarding AIDS and sexual behavior contracted by the Ministry of Health (2008) may assist in providing insight into the kind of actions that need to be undertaken. The sample of the survey consisted of 586 male and 619 female participants, of 18-60 years

of age (see also chapter 6). Information was collected through a personal interview and an anonymous structured questionnaire. The main results are reported below:

- Regarding the nationality of the individuals transmitting the infection and the source of infection, the participants reported 1) Cypriots (62%), 2) foreigners 80%, and or 3) due to the increase in alcohol use, behaviour that can lead to dangerous sexual behaviour 88% and 4) due to the increased use of IV drugs 84%.
- Among the sexually active participants, 6% of males and 3% females respectively reported homosexual sexual intercourse, 4% and 5% of males and females respectively reported having non-consensual sexual intercourse, 24% and 9% of males and females respectively reported risky sexual behaviour due to alcohol use, and 3% and 2% of males and females respectively reported having sexual intercourse with an IV drug user.
- Regarding drug use, 1.6% and 0.2% of males and females respectively reported IV drug use at least once in their lifetime.

According to Dr. Papantoniou (National AIDS Programme, 2009, unpublished), although the survey revealed high levels of knowledge regarding the transmission of the virus, it also showed ignorance regarding infection transmission prevention (2007). Further, the results confirmed the high percentage of drug use among male participants under the age of 25, a result that should be evaluated and acted upon in cooperation with the Cyprus Antidrug Council. Regarding testing and treatment, IDUs are entitled to free infectious disease testing and treatment (see 2008 NR) although this policy still faces some technical problems. Further, according to some treatment/ counselling centres, infectious disease prevention and harm reduction is included in their treatment/ counselling goals (2008 NR).

#### ***7.4. Responses to other health correlates among drug users***

NNIA.

Information regarding other health correlates is collected through the TUF (refer to ch.1 for more details). The corroborated results of these questionnaires could not be made available in time through the annual CAC report for 2008, thus they cannot be reported in the NR this year; full reportage and analysis of these findings will take place, however, in 2010.

## **Chapter 8: Social Correlates and Social Reintegration**

### ***8.1. Introduction***

This chapter attempts to outline the impact on the population of Cypriot drug users of the social correlates and consequences of substance abuse, including those national responses to the phenomenon which aim at social reintegration. The key variables taken into consideration include those related to social exclusion, such as homelessness, unemployment, school dropout and marginalisation of social groups in particular.

The data collection tools used involve both the regular monitoring methods of the NFP, such as requested data received from the network of associates, as well as such studies by independent experts as have been made available (MJPO, 2009; Nikolaides, 2009). The bulk of the statistical data, however, as in former years is derived from analysis of the treatment demand indicator. As of 2008, the data on social reintegration programmes is collected by the CAC in keeping with its new coordination mechanism, as discussed in ch.1 of this report, using a Social Reintegration Programme questionnaire. It is worth mentioning that for the purposes of this chapter, the NFP interviewed members of a social reintegration programme as part of a focus group study which will also be briefly reported on below (Cyprus NFP, 2009).

### ***8.2. Social Exclusion and Drug Use***

#### **8.2.1. Social exclusion among drug users**

In 2008, two special studies were carried out in Cyprus on issues relating to social exclusion of drug users, both of which were directed at specific subpopulations. The Ministry of Justice and Public Order (MJPO, 2009) carried out research ascertaining the needs of persons released from prison with an aim towards their social reintegration, which is reported on in more detail in another section of this NR (see section 9.4.4). A study focusing on substance abuse among ethnic Greek migrants (see also NR 2008, section 5.3.1, p.65) has also offered an important qualitative glimpse into the experience of this social group, which will be briefly discussed below in section 1.3. The NFP

recognises the need for further studies, and encourages initiatives for research in this particular area.

### 8.2.2. Homelessness

Homelessness does not appear to be a major issue of social exclusion for Cypriot drug users in quantitative terms. The percentage of drug users living in a condition of homelessness / unstable accommodation, as these terms are internationally understood, appears to be marginally decreasing: 4% in 2006, 3.9% in 2007, 2.9% in 2008. These users can be said to be either homeless or living in unstable accommodation, though the numbers in each category cannot be separated out. The mean age of users living in unstable accommodation is 30.9 years, only slightly older than those living in stable accommodation, whose mean age is at 28.9 years. 2.6% of Cypriot nationals reported living in unstable accommodation, as did 4.7% EU nationals, and 2.5% nationals of another country, suggesting nationality does not appear to be an important factor for this group. However, all the above differences should be treated cautiously due to the very small number of persons reporting unstable accommodation (N=17).

As in previous years (Cyprus NFP, 2006), the majority of drug users reported living with their parental family, although this year the significant drop in this percentage which was observed last year<sup>34</sup>, appears to be levelling out at 54.5% for 2008. In the case of male drug users, the percentage living with their parental family also did not change significantly in 2008 (see table 8.1), whereas a slight increase from 2007 in the respective percentages for female drug users was observed.

Table 8.1 Percentages of drug users living in parental home by gender and year

	Male (%)	Female (%)
2006	60.8	62.3
2007	54.7	48.6
2008	54.6	55.1

Source: NFP, 2009

It is also interesting to note that a significantly lower proportion of female drug users lived alone in 2008 than males; in fact, the percentage of female drug users living alone

<sup>34</sup> 54.1% lived with parents in 2007, compared to 61% in 2006.

appears to be decreasing, whereas the opposite is true for male drug users (Table 8.2). However, it is early to speak of any sort of trend, especially bearing in mind that in 2005 the percentage of female drug users living alone was 7%. Also, as pointed out in ch.5, due to the small numbers of women in treatment, these percentages are vulnerable to even slight changes in number.

Table 8.2 Percentages of drug users living alone by gender and year

	Male (%)	Female (%)
2006	11.5	13.0
2007	13.4	10.0
2008	17.3	7.7

Source: NFP, 2009

Moreover, the increase in the overall proportion of drug users living alone also continued to rise (11.7% in 2006, 13.1% in 2007, 16.0% in 2008), with the highest age distribution among those in the 30-34 yrs age range (28.4% in 2007; 30.5% in 2008). Continuing observation of these rates would therefore be necessary before considering the possibility of a trend towards increasingly differentiated residential arrangements between male and female drug users. Nevertheless, it may be of some significance that the mean age of drug users living with their parental family remains steady at 26.1 years (in 2007; 26.09 yrs in 2008), and the age range 20-24 years continues to have the highest prevalence of those living with parents among age ranges for this variable - 34.6% in 2007, 33.6% in 2008. Looking at percentages within the age-range 20-24 sample itself, 77.3% of these drug users were living with their parents in 2008. Although in last year's report it was suggested this may imply drug users above 30 would begin to seek alternative accommodation to the parental home, a closer look at the data reveals that a large percentage, 44.6%, of drug users in the 35-39 age group are also still living with their parents. Interestingly too, of those drug users who are living with friends 62.5% are also aged 20-25, so it may be surmised that other variables might be of importance in determining which users stay at home, and which move out.

Table 8.3 Primary drugs of those living with parents (percentages)

	2007	2008
Heroin	54.7	47.5
Cannabis	26.3	34.6
Cocaine	9.5	15.1
Other Opiates	6.3	0.6
MDMA and other derivatives	3.2	0.3

Source: NFP, 2009

The primary drugs of people living with parents in 2008 remain primarily heroin (47.5%), and cannabis (34.6%), with a notable increase in the use of cocaine and a decrease in consumption of other opiates and MDMA and other derivatives (see table 8.3 and STs).

Last year it was noted that 31.4% of women drug users reported living with other drug users, 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). In 2008, the percentage of female drug users living with other users decreased to 26.9%, but male drug users living with other drug users also decreased slightly (10.5% in 2007; 8.7% in 2008). Moreover, 84.8% of drug users living with other users were heroin users in 2008, a significant rise from 2007, when it was 68.1%. And while the overall percentage of female drug users living alone appears to be decreasing as stated above, the percentage of female heroin users living with other drug users was more than double for females than for males (38.5% as compared to 13.5%), suggesting that female heroin users in cohabitation may be a particularly vulnerable group. This is corroborated by the percentages for cannabis, which is the primary drug for 5.1% of male and 0% of female users living with other users, and similarly cocaine is preferred by 1.4% of male users, as opposed to 14.3% of female users in cohabitation. It is also interesting to note that, among drug users living with their partner and children, which comprise 16.7% of the total number of users demanding treatment, the highest percentage are heroin users (59.5%).

Thus, although the proportion of female drug users living alone in 2008 still continues to decrease from its percentage in 2003 (16%), suggesting perhaps the need for further monitoring before any specific trends are identified, it may be that 'heavy' female drug users are showing a tendency towards cohabitation with other drug users, away from

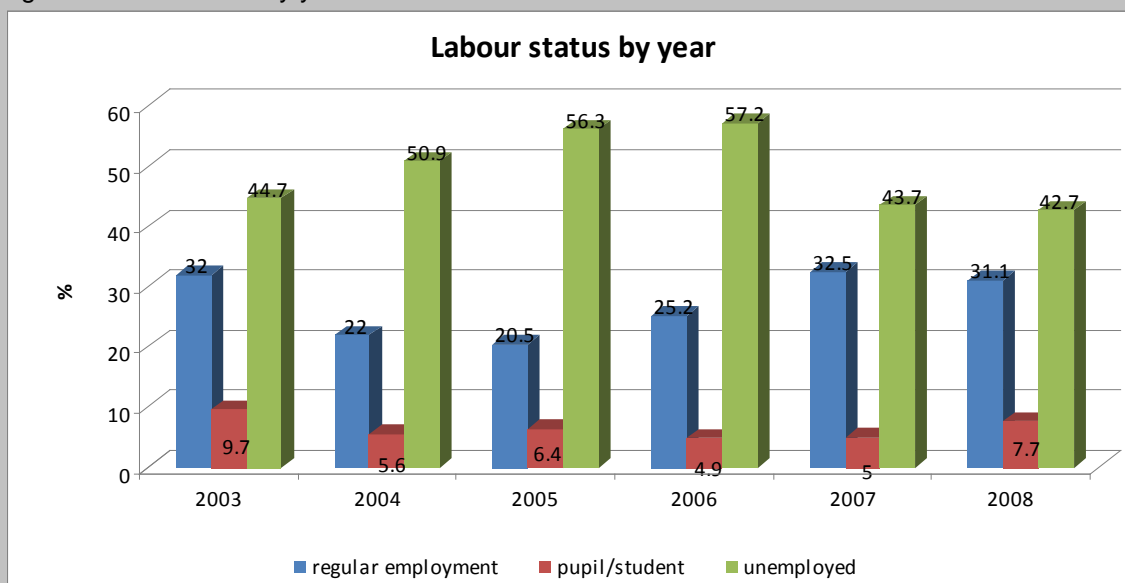
their families, but longitudinal observation in separate research would be necessary in order to observe any concrete trends or tendencies.

### 8.2.3. Unemployment

There has been a slight decrease again in overall unemployment for drug users from 57.2% in 2006, to 43.7% in 2007, to 42.7% in 2008, the lowest since 2003 (see fig. 8.1). This probably reflects the decrease in overall unemployment for the general population: the mean number of registered unemployed persons in 2008 was 11,451, as compared to 12,017 in 2007, reflecting an overall decrease in unemployment of 4.0% (Statistical Services, 2009). At the same time, regular employment amongst drug users has gone from 25.2% in 2006 to 32.5% in 2007, to 31.1% in 2008. This suggests for the last three years there has been more unemployment than regular employment among drug users.

Women drug users' unemployment rate increased again, from 76.8% in 2006 to 45.7% in 2007, to 55.1% in 2008 (see also ch.5), while for men there has been a slight decrease in unemployment, following last year's decrease (54.2% in 2006, 43.4% in 2007, 41.0% in 2008; see also ch.5).

Fig. 8.1 Labour status by year



Source: Cyprus NFP, 2009



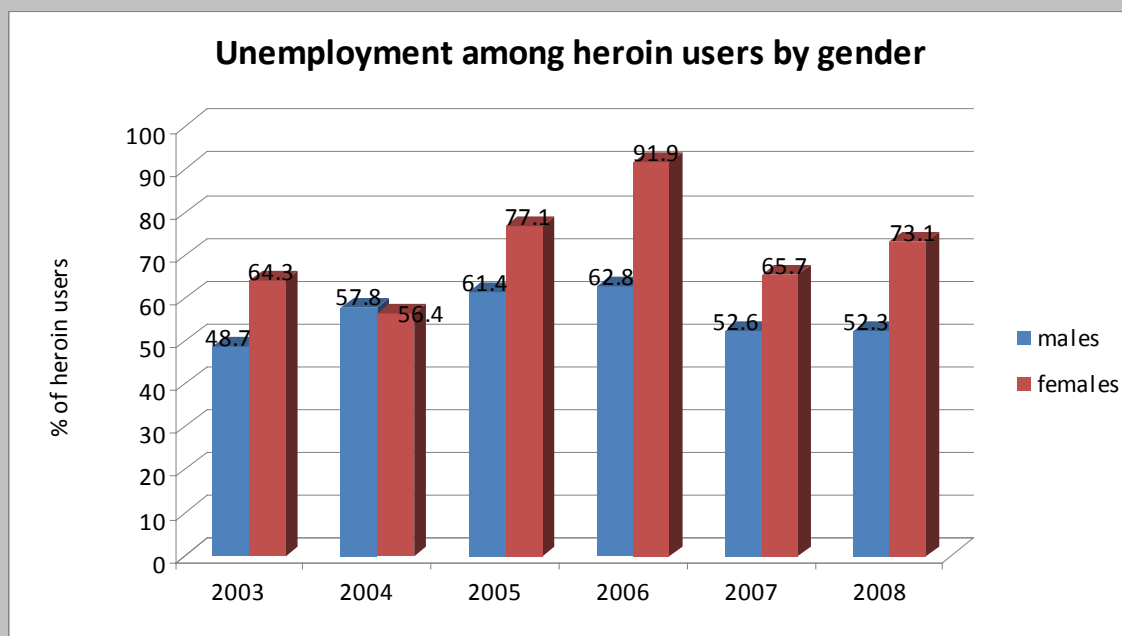
Nonetheless, as in previous years (Cyprus NFP, 2006; 2007; 2008), unemployment was predominant among female drug users<sup>35</sup> (for more information see chapter 5) with 55.1% of female users being unemployed, as opposed to 41.0% of male drug users. With respect to the age of those unemployed, although in 2006 and 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, in 2008 unemployment amongst drug users appears to have shifted to older age groups, with 45.6% of those in the age range 25-29 reporting being unemployed, and similarly for 49.1% of those in the age range 30-34. This may be further reflected in the fact that, for drug users since 2006, the age group 25-29 shows an increasing tendency to unemployment, whereas the age group 20-24 have indicated a relative opposite tendency. Although research published by the Cyprus Statistical Services (Statistical Services, 2008; 2009) showed that persons under 25 yrs of age in the general population revealed the highest unemployment rates (10.2% of the workforce population at this age range in 2007, falling to 9.0% in 2008) as compared to unemployment amongst other age groups which ranges at around 3.7% in 2008, the government data includes all people over 15, so that drug users aged 20-24 do not appear exceptional in this respect, or may constitute a non-comparable group.

It may be noted that a significant increase in unemployment rate was also observed among female heroin users in 2006 and again this year (from 77.1% in 2005 to 91.9% in 2006, 65.7% in 2007, 73.1% in 2008) as seen below (fig. 8.2). Taken into consideration together with the general decrease in unemployment levels for drug users overall, this rise in unemployment rate among female heroin users is still, however, greater than the rate for male heroin users for the same year (52.6% in 2007, 52.3% in 2008). Taking into account the relatively high percentages of heroin users among those living in unstable accommodation, and the higher percentage of female drug users living with other drug users (see above section 8.2.1), this may again indicate an increased vulnerability for this particular category of drug users, and further research into female heroin users is therefore recommended.

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<sup>35</sup> 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% (3.2% in 2008), whereas female unemployment was 4.6% (4.2% in 2008). (Statistical Services, 2008;2009)

Fig. 8.2 Unemployment among heroin users by gender and year



Source: Cyprus NFP, 2009

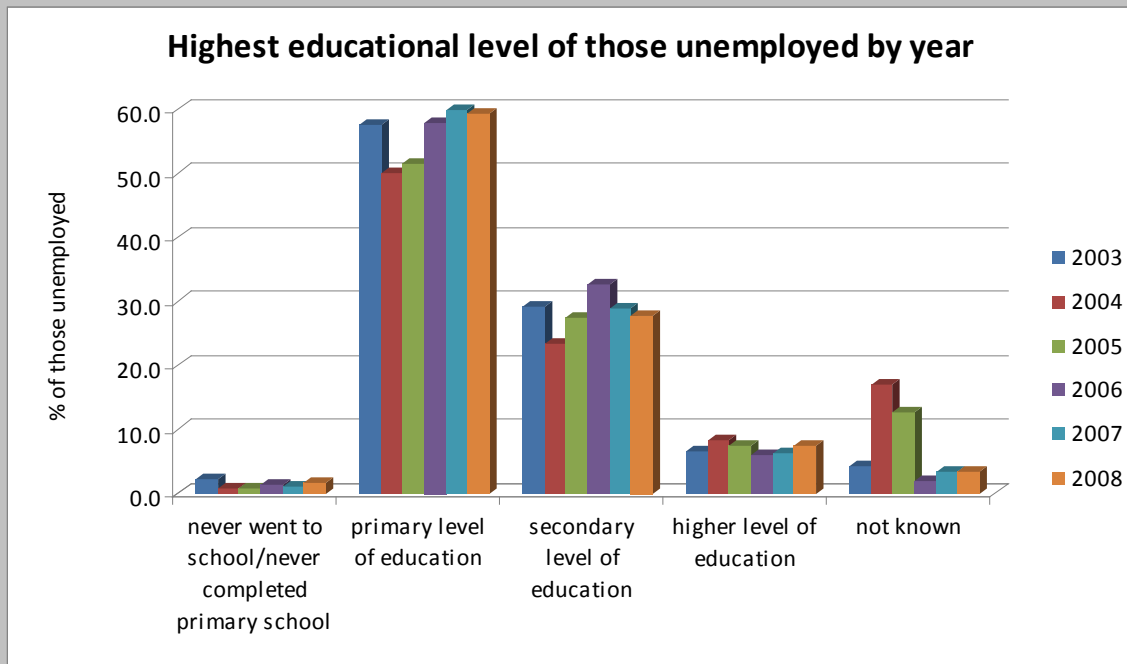
For further information regarding unemployment by primary drug, see chapter 5.

Regarding educational attainment amongst unemployed drug users, as in previous years (Cyprus NFP, 2006;2007;2008), the majority of unemployed drug users had completed the primary level of education (see figure 8.3 below). The percentage of people in the general population workforce, whose highest level of educational attainment was below the level of the lyceum<sup>36</sup>, amounted to 27.9% in 2007, falling to 26.9% in 2008, but falling to 14.2% (14.8% in 2008) for the age group below 24 years (Statistical Services, 2008; 2009). As for the previous year, these percentages in 2008 are much lower than the respective ones among unemployed drug users who only achieved the primary level of education (59.9% in 2007; 59.4% in 2008). 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 than in the general population. On the other hand however, questions can also be raised as to the existing discrimination against drug users in the

<sup>36</sup> It may be noted that compulsory education in Cyprus involves the completion of primary education, as well as the first three grades of gymnasium, or until the age of 15 years respectively (Law 24(I)/1993, art.3(1)). Lyceum includes the final three years of secondary education. This legal determination of school-leaving age will also be used in the definition of school dropout data, as discussed below, though it should be noted that the analysis of the data included all users who dropped out before completing their Lyceum education, and this may be a confounding factor in terms of some of the conclusions drawn.

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.

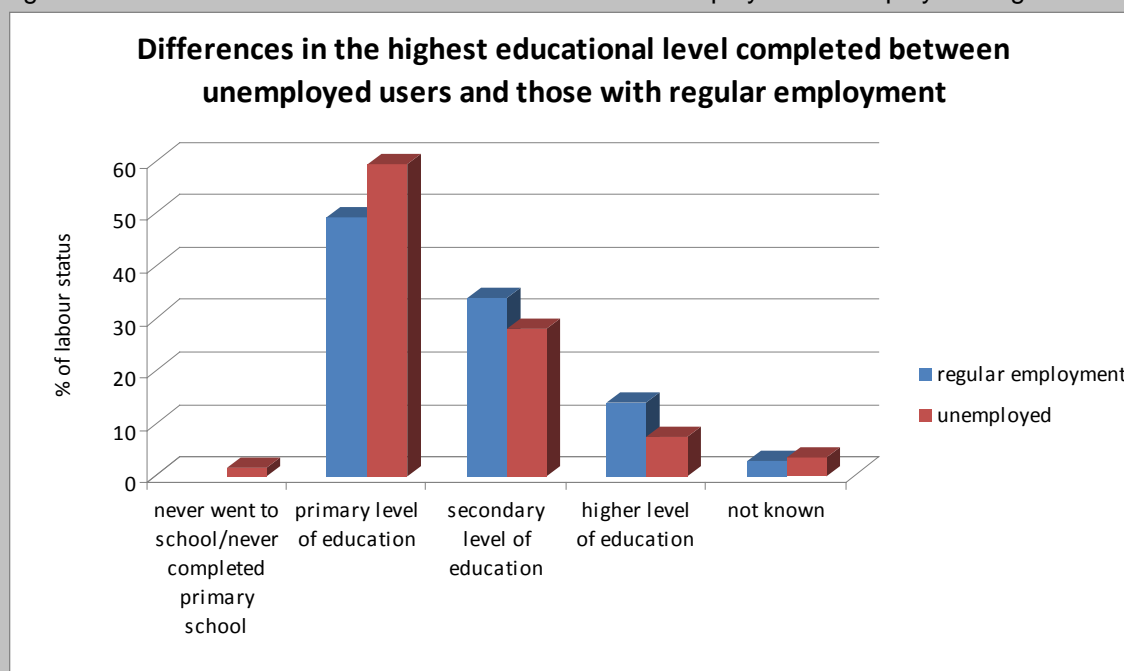
Fig. 8.3 Highest educational level of those unemployed by year



Source: Cyprus NFP, 2009

The differences in educational attainment between those who were unemployed and employed drug users (reporting regular employment) can be seen in the fig. 8.4 below.

Fig 8.4 Differences in educational attainment between unemployed and employed drug users



Source: Cyprus NFP, 2009

It may be interesting to note (fig 8.4) that contrary to previous years but similarly to 2007, a slightly lower percentage of unemployed drug users as compared to employed drug users had also completed secondary education in 2008. The table shows that the highest proportion of users were both currently unemployed, and had only completed primary education (59.4%). There is nothing in this data however, to suggest a definite discriminatory trend of any sort as yet. Nevertheless, the above observations, despite the negligible 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. It may also be significant that 7.7% of drug users seeking treatment in 2008 were classified as students / pupils, suggesting a small number of drug users do seek to improve their educational status.

#### 8.2.4. School drop out

In terms of the age at which most drug users left school (please see footnote 31 for a brief discussion of difficulties with the definition of school drop out), the most frequent ages are at 15 years (27.4%) and 16 years (22.9%), with only 0.4% staying on until they

were 18 in 2008. Of all persons seeking treatment in 2006, 56% were school dropouts; this rose to 57% in 2007, but fell to 49.1% in 2008. 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, and in fact rose again so that in 2008, 66% of all school dropouts had left school by the ages up to and including 15. This suggests that, while the percentage of school dropouts decreased in 2008, the persons involved may be leaving school earlier. It is also interesting to note that 90.1% of school dropouts were men.

In terms of the choice of drug among school dropouts, nearly 60% of school dropouts were heroin users in 2006, this percentage falling to 57.5% in 2007, and rising again to 61% in 2008. 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). In 2008, 22.9% were cannabis users, and 13.0% used cocaine. No clear conclusions may be drawn from this profile so far, other than the fact that there does not appear to be much change on these levels, with a clear preference for heroin being the primary choice; it should be borne in mind that heroin is, however the drug of choice also for non-school dropouts.

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 (first illicit 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. Last year it was noted that if this trend was observed to continue, it may signify the need to identify school dropouts as a vulnerable category in prevention and early treatment programmes. However, in 2008 the mean age of first drug use for school dropouts was 17.1 years, and for non-dropouts was 17.7 years.

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. In 2008, these rates appeared to level out somewhat, with 31.2% of school dropouts and 31.0% of non-

dropouts in regular employment. 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 in the last two years, these figures were 49% and 37.4% respectively in 2007, and 51.7% and 34.0% in 2008. Therefore, although the potential for regular employment does not appear to be significantly affected by dropping out of school, the chance of being unemployed may be, bearing in mind however that other possible contributing factors to unemployment are not taken into account here.

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 and consequent social difficulties such as unemployment, but longer-term monitoring of the situation is required before reliable conclusions may be drawn.

### ***8.3. Drug use among socially excluded groups***

Several sources have indicated that, as for previous years, no special studies have been carried out by authorities on the issue of drug use among socially excluded groups in 2008<sup>37</sup>. Nevertheless, one study resulting from private initiative is worth mentioning.

#### Ethnic Greek Migrants (Rossopontioi/ Ellinopontioi)

Nikolaides (2009) has carried out a study among ethnic Greeks who, following political changes in the former Soviet Union in the 1990s, travelled to Greece and subsequently also to Cyprus as migrants. This author focused on “The Perceptions and Views of Ellinopontioi Regarding their Migration, and Problems Relating to Substance Abuse”. He suggests that the migration of this community took place in an organised and systematic manner, following an assurance of support from the Greek state. One respondent

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37 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. Also Kouloumou (2009, unpublished), Pappouti (2009, unpublished), Savva (2009, 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.

described how they were brought from Georgia to a settlement in Thessaloniki, until their further passage to Cyprus had been arranged.

It is indicated that, due to their ethnic, cultural and linguistic connections to the indigenous Cypriot population, this group of migrants is in a unique category, different from nationals of other countries in this respect. Nevertheless, the ambivalence of their social status is reflected even in their appellation: “Ellinopontioi” means “Greeks from the Pontus Area”, whereas “Rossopontioi” means “Russians from the Pontus Area” – these two appellations are used almost interchangeably to describe this migrant group of Pontian Greeks, but each bears different semantic and sociological connotations. Members of this community do report, according to the study, feeling rejected “in Russia as Greeks, in Greece and Cyprus as Russians” (p.60). Nikolaides (ibid) associates the, albeit voluntary, loss of home for this community with the phenomenon of substance use. Nevertheless, using quantitative data partly sourced from the Cyprus NFP such as data concerning the presence of members of this community on the drug-related deaths registry, as well as qualitative data from personal interviews conducted by the author (N=6), Nikolaides (ibid) concludes that, while problems with substance abuse do occur, ethnic Greek migrants generally adapt well to their new situation, have a positive impression of Cypriot nationals, and declare satisfied with their new residential status. However, migration remains a stressful experience both in terms of personal identity, as well as cultural and sociopolitical change (e.g. from working in a socialist state, to working in a capitalist economy), and this does raise their levels of vulnerability to substance use, to which members of this community turn as a dysfunctional coping mechanism. However, it can be pointed out that a more quantitative appraisal - perhaps based on TDI data - of the actual epidemiology of drug use for this group would be necessary before relevant interventions may be designed.

#### Former prison inmates

Research commissioned by the Ministry of Justice and Public Order (MJPO, 2009) on ascertaining the needs of persons released from prison with an aim towards their social reintegration, was carried out in 2008. The findings related to this social group are mentioned briefly below in Ch. 9.

## **8.4. Social Reintegration**

The National Drug Strategy and Action Plan 2004-2008 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. The NDS 2009-2012 also places emphasis on social reintegration, which is grouped together with treatment as one of the four basic pillars of the strategy. The new strategy includes aims of both reviewing the financial assistance provided to users at the reintegration stage, and further promotion of the cooperation between social reintegration programmes and organisations relating to financial assistance, professional training and rehabilitation.

Treatment centres also report incorporating social reintegration interventions in their programmes, although few have a separate and distinct reintegration programme. Last year two social reintegration programmes were in operation, run by the therapeutic communities “Agia Skepi” and “Pyxida”. In 2008, a further two programmes added social reintegration interventions to the list, “Ploigos” and “Tolmi”.

### **NFP Focus Group: Social Reintegration Programme Participants**

In an effort to gain further qualitative insight into the experience of social reintegration for drug users, the NFP staff organised a focus group (N=6) with participants from the social reintegration programme of the therapeutic community, “Agia Skepi” (Cyprus NFP, 2009). Six male drug users took part in this focus group, their ages ranging from 24 years to 48 years old. The aim of the NFP staff was to gather information relating both to the experience, difficulties and process of social reintegration in general, and to any special reintegration difficulties associated with older drug users in particular (see also selected issue ch. 12).

The participants referred to several areas of difficulty relating to their efforts at social reintegration, the social prejudices they face, the infrastructural support they receive, and various problems associated with family life, legal complications and daily living.



One 45 year-old former drug user mentioned, for example, having begun drug use in 1975, followed by repeated attempts to stop, and now being off drugs for the last 6 years. Another participant, 48 years old, mentioned having to do two jobs to be able to keep his pregnant wife and rented home. A 24 year-old participant discussed going to jail for burglary to support his drug habit. However, despite the variety of difficulties participants described having to deal with, most also feel that social prejudice is a further burden on their efforts: several participants hide their former drug history from prospective colleagues and employers whenever possible, and also described experiencing difficulties such as being fired from work on the basis of insubstantial excuses when their identity as a former drug user was revealed. Characteristically, regarding social attitudes one participant said:

“For the world there is no such thing as a “former drug user”; we are all drug addicts, whether we’ve stopped [doing drugs] or not.”

Most participants felt the greatest help they have received has been from close family members such as parents and spouses; also, they expressed gratitude for the help they are receiving from the social reintegration programme at “Agia Skepi”, which one member described as also being a “family”. They also suggested that there is inadequate coverage of social reintegration programmes as well as treatment programmes by the government, and that the monthly state support they are getting is financially inadequate; feelings of resentment emerged towards politicians, as one participant said, for “remembering us once a year, on the World Day Against Drugs”, and commenting on political gestures related to drugs that “generally it’s all a show” (see also ch.12).

#### **8.4.1. 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; Kouloumou, 2009, unpublished). Individual applicants to the scheme are entitled to a

maximum assistance of €5,125.80. In 2008, 14 applicants were financially assisted under this scheme, receiving a total of €26,832.59 (Kouloumou, 2009, unpublished). Regular social support benefits are also made available to former and current drug users who do not have sufficient means, prior to their social reintegration, and these benefits include rent support (Kouloumou, 2009, unpublished).

Also, one of four existing rehabilitation programmes for drug users (see section 8.4.2.) 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.

#### **8.4.2. Education, training**

Social Services promote specific actions against poverty and social exclusion, for assistance to vulnerable social groups in gaining access to training programmes for the job market (Kouloumou, 2009, unpublished). A number of persons, which includes an unspecified number of drug users, participated in the 2004-2006 “Professional Training and Promotion of Social Support Receivers at Work” scheme. This involved taking general classes in professional training, and obtaining subsidized work in the private sector. For 2007-2013, Social Services have applied to the European Social Fund for assistance with the scheme titled “Employment and Social Integration of Vulnerable Population Groups”, a scheme which promises to raise the employability levels of several vulnerable social groups, including drug users (Kouloumou, 2009, unpublished).

It is worth mentioning, too, that apart from rent and furniture allowance (see section 8.2.1) the Plan for Financial Assistance for the Rehabilitation of Former Substance-Dependent Persons of the Ministry of Labour provided 14 former drug users with fee coverage at vocational training or educational programmes, 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 four social reintegration programmes in Cyprus, which are operated by the therapeutic communities “Agia Skepi” and “Tolmi” (private sector NGOs) and “Pyxida” and Ploigos (public sector) respectively. The CAC, as part of its new monitoring mechanism (see ch.1) has requested the

completion of a structured Programme Description Questionnaire for each of these programmes, and the data from these is presented below.

Table 8.1 Social Reintegration Programmes

Characteristics	“Agia Skepi” Social Reintegration Programme 2007	“Agia Skepi” Social Reintegration Programme 2008	“Pyxida” Social Reintegration Programme 2007	“Pyxida” Social Reintegration Programme 2008	“Ploigos” Outpatient Social Reintegration Programme 2008	“Tolmi” Social Reintegration Programme 2008
Programme Duration (days)	365	365	365	365	Long duration	180
Post-treatment follow- up (days)	365 follow-up	365 follow-up, 2 review sessions	365 follow-up	indefinite follow-up <sup>38</sup>	2 years post treatment individual and group reviews 20 max	2 years post treatment call- in for meetings and urine tests 30
Capacity (no. of participants)	20	20	15	indefinite <sup>39</sup>		
Number of participants at beginning of 2007	14	3	5	7	12	10
Number of participants entering during 2007	5	7	3	8	12	11

Continued next page.....

<sup>38</sup> Individual sessions on an infrequent basis take place until a person has no pending legal issues, has found work and is residing in their own housing.

<sup>39</sup> The capacity is now “unlimited” due to the non-residential nature of the programme.

Characteristics	“Agia Skepi” Social Reintegration Programme 2007	“Agia Skepi” Social Reintegration Programme 2008	“Pyxida” Social Reintegration Programme 2007	“Pyxida” Social Reintegration Programme 2008	“Ploigos” Outpatient Social Reintegration Programme 2008	“Tolmi” Social Reintegration Programme 2008
Residential	Yes	Yes <sup>40</sup>	No	No	No	No
On-site education	No	No	No	No	No	No
On-site vocational training	Yes – computing and vocational training (10 participants in 2007)	Yes – computing and vocational training (16 participants in 2008)	No	No	No <sup>41</sup>	Yes <sup>42</sup>
Legal Support	Yes	Yes (3 participants)	Yes	Yes	No	Yes (8 participants)
Job Counselling	Yes	Yes (10 participants)	Yes	Yes (4 participants)	Yes (12 participants) <sup>43</sup>	Yes

Continued next page.....

<sup>40</sup> Housing and meals for the first 5 months, with a possibility of extending this for a further 1-2 months where financial difficulties occur. Capacity: 12 persons.

<sup>41</sup> Participants are encouraged to enter adult education.

<sup>42</sup> Assistance with CVs and job-seeking, interview training.

<sup>43</sup> Includes preparation for professional partnerships.

Characteristics	“Agia Skepi” Social Reintegration Programme 2007	“Agia Skepi” Social Reintegration Programme 2008	“Pyxida” Social Reintegration Programme 2007	“Pyxida” Social Reintegration Programme 2008	“Ploigos” Outpatient Social Reintegration Programme 2008	“Tolmi” Social Reintegration Programme 2008
Creative & Recreational groups	Yes	NNIA	Yes	NNIA	NNIA	NNIA
Psychotherapy	Yes	NNIA	Yes	NNIA	NNIA	NNIA
Number of participants continuing at end of year	8	7	6	14	NNIA	7
Number of participants employed during year	14	7	8	3 (+8 in previous employment)	2	8

Source: NFP, 2009, unpublished

### **8.4.3. Employment**

The policy of the Department of Labour of the Ministry of Labour and Social Insurance with regard to helping former and current drug users in finding employment is, as Nikolaou (2009, unpublished) explains, to adopt an individualised approach, viewing each case separately through the Public Employment Services which are directed specifically at vulnerable social groups. Employment Counsellors assess the skills and abilities, as well as qualifications of persons, and develop a Personal Action Plan with them with an aim to entering and remaining in the job market. In cases where it is deemed necessary, unemployed persons are placed in job training and work experience, and their progress is followed up. It is also worth mentioning that special categories of persons, including current and former drug addicts (Nikolaou, 2009, unpublished) can be given priority in opportunities to be hired by public services as time workers in part-time, hourly government posts of a seasonal or permanent nature.

As described above (see section 8.2.2.), vocational training and assistance in finding employment takes place both at the level of public sector programmes and through participation in social reintegration programmes as a late stage of overall treatment.

As regards 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.

## **Chapter 9: Drug related crime, prevention of drug related crime and, prison**

### **9.1. *Introduction***

According to the data provided by the DLEU, the number of drug offences as well as the persons involved in them presented a decrease in 2008. As in previous years, the majority of persons involved in drug offences, concerns cannabis-related offences. A total of 666 persons were involved in cannabis-related offences compared with 787 in 2007. However, it is not possible this year to provide information regarding the type of offences per substance, due to difficulties of the new data system of the DLEU, (see also Ch.4). No further information regarding other drug-related crime was available for the year 2008. As concerns urban security policies in the prevention of drug-related crime, the Community Police expanded regarding the patrol areas reaching 44 areas compared to 28 areas in 2007.

Regarding alternatives to prison, the CAC with a special committee of experts completed its study of the 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 (more information in Ch.1). However, no information is available regarding other interventions in the criminal justice system.

### **9.2. *Drug-related crime***

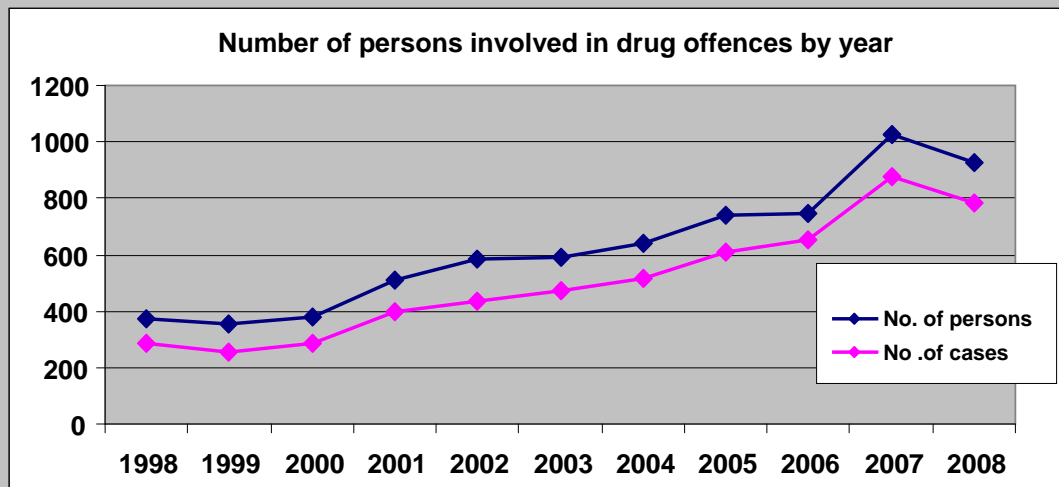
#### **9.2.1. Drug Law offences**

Based on information provided by the DLEU, for the first time since 1999, the number of drug offences and the number of persons involved in them in 2008 showed a decrease compared with previous years. In particular, as illustrated in the figure below, in 2008 the



number of drug offences was 781<sup>44</sup>, compared to 878 in the year 2007. As concerns the number of persons involved in them, this reached 930 in comparison to 1028 in the previous reporting year (see also Ch. 9, NR 2008). Additionally, from the total number of persons involved in drug offences, 679 were Cypriots and 251 non-Cypriots (DLEU, 2009, unpublished).

Fig. 9.1 Number of persons involved in drug offences by year



Source: DLEU, 2009, unpublished

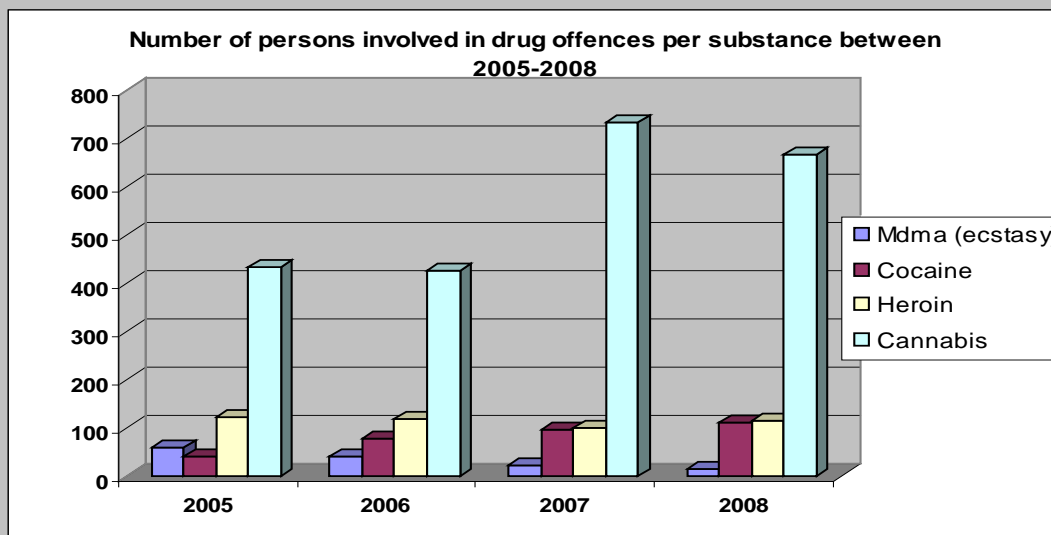
As in previous years, the majority of persons involved in drug offences, related to cannabis offences<sup>45</sup>. Specifically, 666 persons were involved in cannabis offences presenting a decrease compared to the previous year, where a total of 787 persons were involved (DLEU, 2008, unpublished). The number of persons involved in heroin offences presents a slight increase in 2008 (115 persons) compared to 100 persons in 2007. Comparing the same years, a slight increase was stated in the number of persons involved in cocaine offences (95 and 110 respectively). Finally, ecstasy offences involved a low number of persons, as shown in figure 9.2 (see also ST11\_2009\_CY\_02).

<sup>44</sup> The difference regarding the total number of drug offences observed in ST11\_2009\_CY\_01, (total=779) is due to the fact that for 2 of the cases recorded by the Police, no illicit substances were finally detected. However, these cases were included in the total number of offences for the year 2008.

<sup>45</sup> Cannabis offences include: herbal cannabis, cannabis resin and cannabis plants.

However, despite the efforts of the NFP to obtain information regarding the type of offences broken down by substance, this was not possible since the new data system of the DLEU, can not extract this information with accuracy (DLEU, 2009, unpublished). The NFP will make any necessary efforts with the collaboration of DLEU, in order to have more detailed information in the next national report (see also Ch. 10.3.1 and Ch. 4).

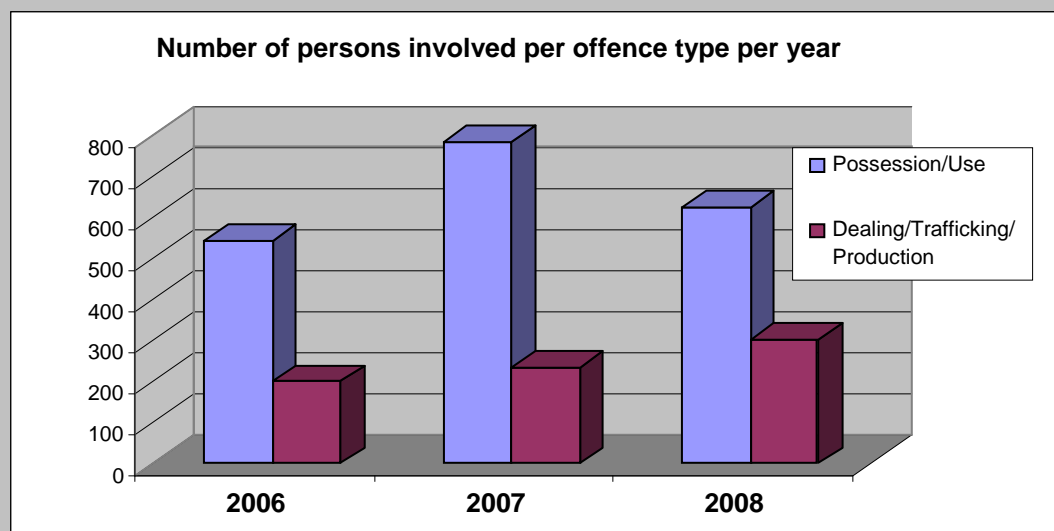
Fig. 9.2 Number of persons involved in some drug offences per substance between the years 2005-2008



Source: DLEU, 2009, unpublished

Regarding the number of persons involved by offence type, based on the data provided (see also ST 11\_2009\_CY\_02), the vast majority concerns use/possession offences (626 in 2008 compared to 785 in 2007). In addition, a slight increase was observed in 2008 regarding the number of persons involved in dealing/trafficking/production offences compared to 2007 (304 and 233 respectively).

Fig. 9.3 Number of persons involved per offence type per year



Source: DLEU, 2009, unpublished

### 9.2.2. Other drug-related crime

Based on the information provided by the Traffic Department of the Police, apart from only one driver who was found to drive under the influence of drugs (out of fifty-five who were involved in road accidents during the year 2008), no further information regarding other drug-related crime was available (DLEU, 2009, unpublished).

## 9.3. *Prevention of drug-related crime*

### 9.3.1. Urban security policies in the prevention of drug related crime

According to information provided by the Police, the Community Police is continuously expanding regarding the patrol areas. Specifically, during 2008, 44 areas on a national level were covered by 44 'neighbourhood policemen', compared to 28 areas in 2007 (see also ch.8, NR 2008). In addition, training opportunities are provided to community policemen aiming at improving knowledge and more importantly, quality and effectiveness of their intervention. However, the coverage of Community Police is still quite limited (DLEU, 2009, unpublished).

As previously mentioned (see Ch. 3.3.3) the Community Police in cooperation with DLEU, make efforts to expand the programme “Proseggisi” in more communities. The programme’s aim is to provide information to youngsters regarding the use of illicit substances and addictive behavior.

## **9.4. *Interventions in the criminal justice system***

### **9.4.1. Alternatives to prison**

As already mentioned in Chapter 1, during 2008 the CAC in collaboration with a special committee of experts completed 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. The study resulted in a revised document concerning adult addicted persons, while regarding minors will be elaborated during 2009-2010 (CAC, 2009 unpublished). The CAC as the responsible institutional body for this law will be in close cooperation with all relevant bodies in order to achieve its revision and implementation. Thus, more details concerning the final revision of the specific Law will be presented in one of the forthcoming National Reports (see also ch.1).

As concerns available alternatives to imprisonment in Cyprus, there is no new information available (for more information see previous reports). Despite the efforts of the NFP to collect information regarding the number of drug offenders convicted to community work, or other alternative to prison, no information was provided (Mental Health Services, Prisons Department, 2009, unpublished). In addition, according to the Social Welfare Services of the Ministry of Labor and Social Insurances, no separate statistical records are kept which may indicate the specific number of drug users convicted to other form of sentence, than imprisonment (Social Welfare Services, 2009, unpublished). Consequently, no information can be provided concerning the specific topic.

#### **9.4.2. Other interventions in the criminal justice system**

NNIA

### ***9.5. Drug use and problem drug use in prisons***

NNIA

As no data for the year 2008 could be provided by the Central Prison (for more information see chapter 4 and 5), no information is available. At the same time, attempts are being made to cooperate with the Prison Pathologist, with the help of whom a mechanism may be set up, which could enable the recording of drug users among all the arrestees (Cyprus NFP 2009, unpublished).

### ***9.6. Responses to drug-related health issues in prisons***

#### **9.6.1. Drug treatment**

As mentioned in the previous report (Cyprus NFP, 2008) a comprehensive psychosocial treatment programme for imprisoned drug users of 18+ years of age is available. Although in order to improve the effectiveness some minor changes and additions were made (NFP, 2009), no other developments were observed. However, the improvement of drug users/ addicts' care within the criminal justice system is one of the major objectives of the NDS under the treatment and social reintegration pillar of the NDS 2009-2012. Specifically, the action plan provides for the establishment of an integrated unit within the prison offering detoxification, rehabilitation and substitution (CAC, 2009). According to the CAC, the aforementioned action will be completed by the year 2012.

#### **9.6.2. Prevention and reduction of drug related harm**

As mentioned in the previous report (Cyprus NFP, 2007) testing for HIV, HCV and Hbv and vaccination for Hepatitis is a formal (although voluntary) procedure for all inmates during the intake process. Also, according to the mental health personnel team of the

prison, condom provision is not possible according to prison regulations. There are no other interventions taking place reported. Furthermore, as reported above (section 9.6.1), the NDS 2009-2012 provides for the promotion of harm reduction measures within the prison premises (NDS, 2009).

### **9.6.3. Prevention of overdose- risk upon prison release**

There are no interventions aiming at overdose prevention upon prisoners release reported.

## ***9.7. Reintegration of drug users after release from prison***

According to social services (Kouloumou, 2009) former drug users may receive financial assistance following their release from prison, if they do not have adequate means of support. This financial assistance may continue until occupational rehabilitation renders these persons independent of state support. The same author states however, that social services are not involved in the so called 'house arrest' prison programme, nor are any records maintained by social services on the number of persons serving alternative sentences in community work who are / were drug users (see also ch.8). As regards the latter programme, Lysandrou (2009) reports that the Ministry of Labour has run the programme on a pilot basis since October 2008, following a fallow period since the relevant law was passed in March 2005. By the end of 2008, 428 persons received community service as alternative to prison, but as stated above the percentage of these persons who are / were drug users is unknown.

It is worth noting that in a piece of research commissioned by the Ministry of Justice and Public Order (MJPO, 2009) on ascertaining the needs of persons released from prison with an aim towards their social reintegration, difficulties with finding employment, becoming financially independent, and finding means to support their families rank first among the needs expressed. Associated difficulties include a lack of technical

qualifications for gainful employment. Hence 37% of respondents said they would like to receive financial assistance from the state, 23% said they would like help in finding employment, and 20% said respectively that they would like help to improve themselves and be self-employed. These figures are in stark contrast to other needs stated by respondents, such as the need for psychological help (9%), housing aid (6%) and legal aid (6%). This research may itself be seen as a positive step in assessing the needs of persons released from prison, promoting the subsequent design of suitable interventions for this population.

## **Chapter 10: Drug Markets**

### ***10.1. Introduction***

No new information is available at the moment regarding perceived availability of drugs in the general population in 2008 (also see Ch.2). However, based on the results of the new 2007 ESPAD series, the percentages of perceived availability of several illicit substances among school students, aged 15-16 years old, were found to be lower than the EU average (Hibbel et.al, 2009). Regarding the seized quantities of illicit drugs during 2008 (DLEU, 2009, unpublished) a remarkable increase in the seized cocaine quantities, herbal cannabis, cannabis plants and ecstasy tablets was observed compared to the previous year.

Based on the information provided by the DLEU, a significant increase was reported in the maximum prices of brown heroin and cocaine and a slight decrease in the ecstasy prices was observed. Nicosia was found to have the lowest prices of cocaine, brown heroin and ecstasy, possibly indicating increased availability, compared to other districts of the island.

As mentioned in previous National Reports, no information is available regarding the purity of drugs. As to the composition of illicit drug tablets, it is worth noting that the 'miscellaneous substances' reached 71,7%, compared with 10,3% in 2007. A noteworthy decrease in the category 'other substances', was detected in 2008 (1,2%) compared with 42,4% in 2007.



## **10.2. Availability and supply**

### **10.2.1. Perceived availability of drugs, exposure, access to drugs**

As concerns availability of drugs in specific groups and places, such as youth population and school, the new 2007 ESPAD series<sup>46</sup> provides some information. In general, the percentages of perceived availability of several illicit substances among school students, aged 15-16 years old, were found to be lower than the EU average (Hibbel et.al, 2009). Particularly, 13% of students stated that marijuana or hashish is “fairly easy” or “very easy” to obtain (16% of the boys and 10% of the girls participated in the survey). This percentage is below the European average which reached 33%. No significant change has occurred when compared to the previous study (in 2003, 12% reported “fairly easy” or “very easy” to obtain marijuana or hashish). Additionally, the percentages of boys and girls who reported that it is “fairly easy” or “very easy” to obtain ecstasy, was 9% and 7%, respectively (Hibbel et.al, 2009). However, a slight decrease has occurred regarding access to ecstasy (in 2003, 12% of boys reported that it is “fairly easy” or “very easy” to obtain ecstasy).

Apart from these results, no other research on drug supply and drug markets is available concerning the reporting year.

### **10.2.2. Drugs origin: national production versus imported**

Cyprus is not a producing country of illicit substances (except from some cultivated cannabis plants, see ch.11) thus, drugs are mainly imported. More details regarding the main countries of origin, where drugs were cultivated or manufactured are presented in figure 10.1. Cyprus continued to be the final destination of all drugs seized in 2008 (DLEU 2009, unpublished). Regarding the countries of last transit of the seized drugs, the occupied area of Cyprus, Turkey and the E.U. (countries unspecified in data source), were the main countries regarding drug trafficking into the government-controlled areas

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<sup>46</sup> For more details about the results of the ESPAD survey, see Ch. 2

(DLEU 2009, unpublished). The following table presents a percentage breakdown of countries of origin.

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

Cannabis herb		2004	2005	2006	2007	2008
	Cyprus Occupied Area	30	25	30		
	Greece	8	7	10	20	30
	United Kingdom	7	8	8	5	5
	Holland		10	10	70	60
	Turkey				5	5
	Yugoslavia	5				
	Unknown	50	50	42		

Cannabis resin		2004	2005	2006	2007	2008
	Cyprus Occupied Area	20	20	30		
	United Kingdom	5	10	10		
	Ireland	5				
	Turkey				30	30
	Lebanon				30	30
	Unknown	70	70	60	40	40

Heroin		2004	2005	2006	2007	2008
	Cyprus Occupied Area	60	60	60		
	Turkey	20	20	20	70	
	Afghanistan					70
	Unknown	20	20	20	30	30

Cocaine (base and hydrochloride)		2004	2005	2006	2007	2008
	Cyprus Occupied Area	15	5	10		
	Greece		5	5		
	Holland				63	
	United Kingdom	5	10	5	17	
	South America			30		
	Brazil	10				
	Ireland	5				
	Yugoslavia	5				
	LAC countries					70
	Unknown	60	80	50	20	30

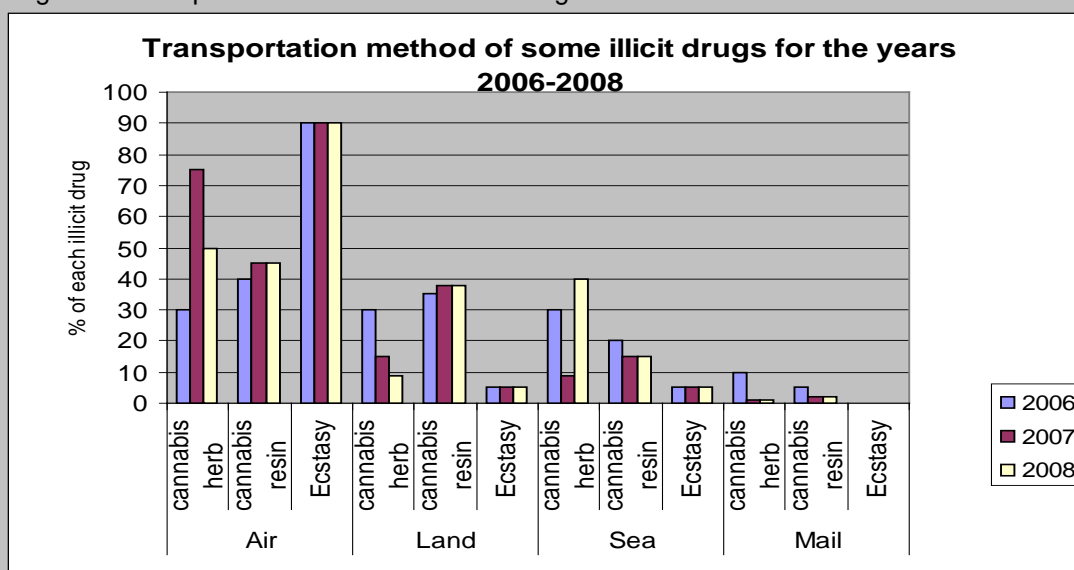
Ecstasy group		2004	2005	2006	2007	2008
	Cyprus Occupied Area	60	70	40	23	
	Holland			20	55	50
	United Kingdom		10	20	22	
	Turkey					20
	EU					20
	Unknown	35	20	20		10

Source: DLEU, 2009, unpublished

### 10.2.3. Trafficking patterns, national and international flows, routes, modi operandi and organization of domestic drug markets

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 cocaine and ecstasy (DLEU 2009, unpublished). A comparison of the transportation methods of some drugs is illustrated below.

Fig. 10.1 Transportation methods of some drugs in 2006 - 2008



Source: DLEU, 2009, unpublished

From figure 10.2 a significant increase in cannabis herb transportation by sea, as well as a slight decrease in cannabis herb transportation by air can be observed (DLEU 2009, unpublished). A slight decrease in air transportation of cocaine was also noted, as from 80% in 2007, dropped to 65%, in 2008 (see also Ch. 10, NR 2008).

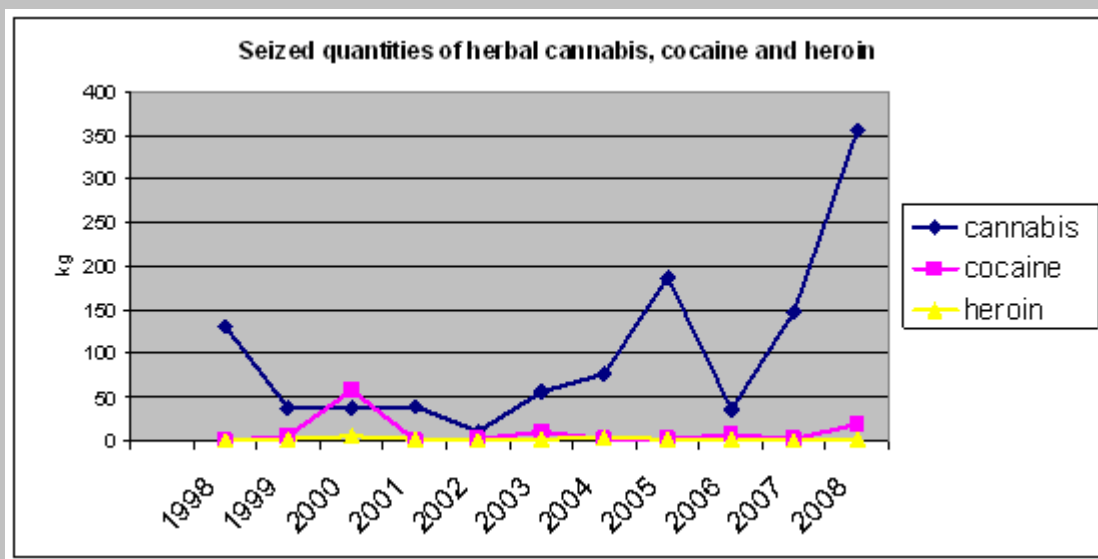
## 10.3. Seizures

### 10.3.1. Quantities and numbers of seizures of all illicit drugs

Regarding seized quantities of illicit drugs during 2008 (DLEU, 2009, unpublished) a remarkable increase in the seized quantities of cocaine and herbal cannabis was reported, due to the arrest of a major drug trafficker, while transporting 190 kilos of marijuana and 12 kilos of cocaine (DLEU 2008, unpublished).

As can be seen in the following figure, in 2008 18,35 kg of cocaine were seized, while the respective quantity in 2007 was 1,54 kg (DLEU, 2009, unpublished). A slight increase can be also noted with respect to seized heroin quantities, as seizures reached 2,52kg in 2008 and 0,72kg in 2007 (see figure 10.3). Further increase in the seized quantities of herbal cannabis was reported (148kg in 2007, 356,7kg in 2008). Finally, a significant increase in seized quantities of ecstasy tablets can also be observed, as they reached 9881 tablets in 2008 and 3474, 5 in 2007 (see also ST13\_2009\_CY\_01).

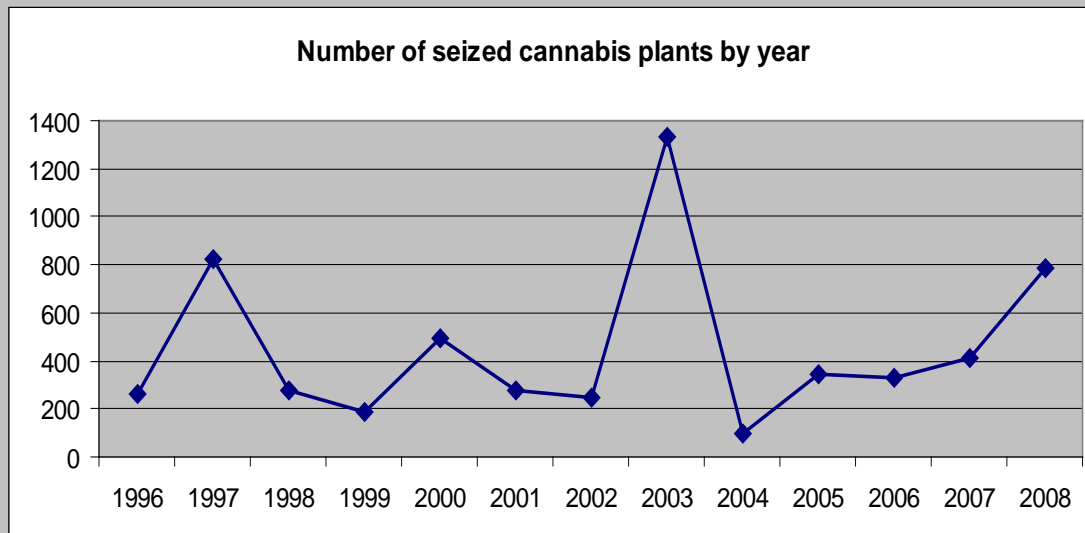
Fig. 10.2 Seized quantities of herbal cannabis, cocaine and heroin



Source: DLEU, 2009, unpublished

Furthermore, a great increase in the number of seized cannabis plants was observed, with almost double the number of seized plants compared to 2007 (789 and 413, respectively) as illustrated below.

Fig. 10.3 Number of seized cannabis plants by year



Source: DLEU, 2009, unpublished

It is also worth mentioning the seized quantities of amphetamine in 2008 (496 tablets), while no seizures were reported in the previous year. As regards the number of seizures of all illicit substances, it was not possible to extract the information by the new DLEU data system (DLEU, 2009, unpublished) thus the NFP can not provide this information for the year 2008. However, information regarding the number of cannabis seizures was provided for the purposes of the selected issue 'Cannabis markets and production' (See Ch. 11.2.2).

#### **10.3.2. Quantities and numbers of seizures of precursor chemicals used in the manufacture of illicit drugs**

According to DLEU information, 221 tablets of ephedrine were seized during the year 2008. However, due to their package design it was deduced that they were not designated for the production of illicit substances (DLEU, 2009, unpublished).

### **10.3.3. Number of illicit laboratories and other production sites dismantled; and precise type of illicit drugs manufacture there**

There are no illicit laboratories in Cyprus (DLEU, 2009, unpublished).

## **10.4. Price/ purity**

### **10.4.1. Price of illicit drugs at retail level**

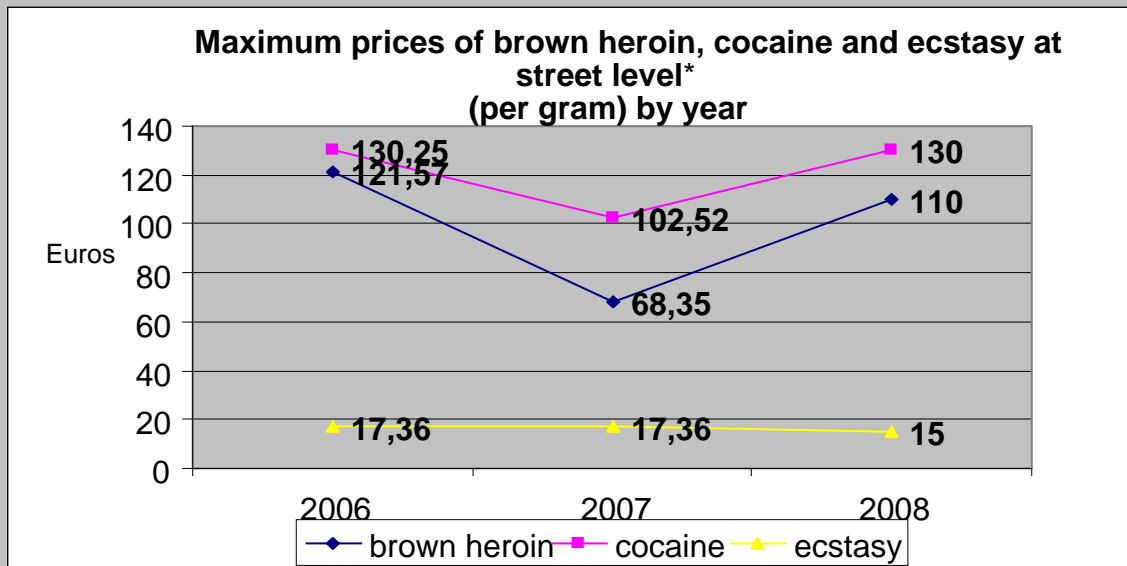
As in previous years, the DLEU provided the prices of illicit substances to the Cyprus NFP, based on Police estimates. The method used to collect data on drug prices on retail /street level is based on Police undercover operations (purchases), as well as on users' reports (40 users annually) (see also Ch. 10, NR 2008). Based on the fact that this year the methodology regarding the collection of drug prices have been changed and prices based on purchases and users' reports are collecting by the NFP separately, the provided data should be treated with caution.

As regards drug prices (per gram) in 2008, based on undercover purchases, a significant increase can be observed in brown heroin maximum prices (€110 in 2008) compared to €68,35 in 2007. The maximum prices of heroin brown are even higher based on users' reports (€160 in 2008) (see also ST 16\_2009\_CY\_03/04 and ST 16\_2008\_CY\_01). This increase is probably due to the different range of prices observed in the various districts of Cyprus (see figure 10.6).

In addition, based on undercover purchases, an increase in cocaine maximum prices was observed (€130 in 2008) compared to €102, 52 in the previous year (see also ST 16\_2009\_CY\_04 and ST 16\_2008\_CY\_01), as well as of herbal cannabis maximum prices (€30 in 2008 and €25,63 in 2007). In contrast, ecstasy prices (per tablet), showed a slight decrease as illustrated in fig. 10.4.

It is important to stress that since, in previous years (2006 and 2007), prices were presented based on both undercover purchases and users' reports, and not separately as this year's, numbers should be treated with great caution.

Fig. 10.4 Maximum prices of brown heroin, cocaine and ecstasy at street level (per gram, per year)

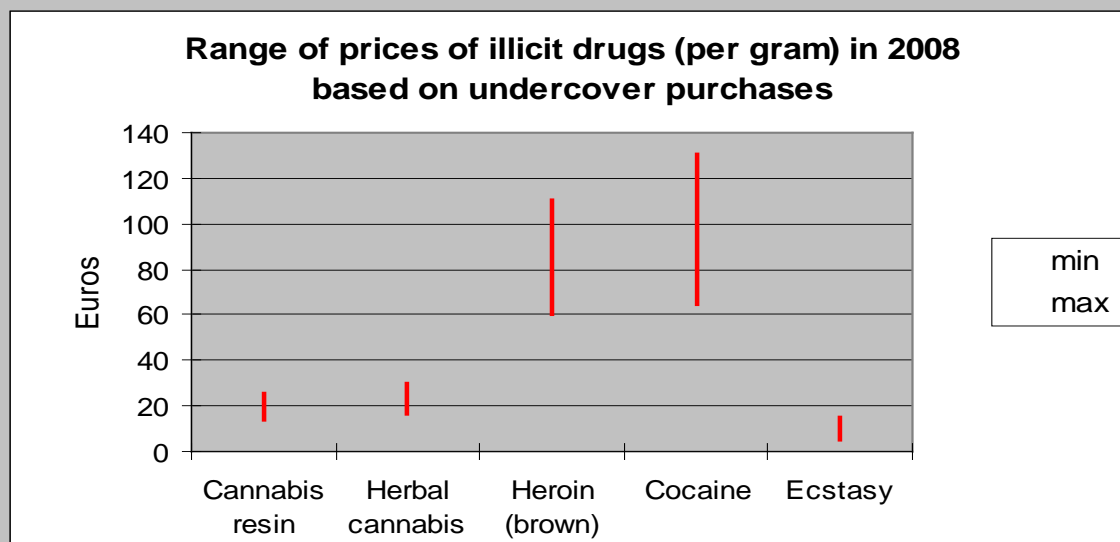


Source: DLEU, 2009, unpublished

(\*based on undercover Police operations)

The variations regarding the range of prices in various districts of Cyprus for the year 2008 are illustrated in the figure below.

Fig. 10.5 Range of prices of illicit drugs (per gram) in 2008



Source: DLEU, 2009, unpublished

As can be observed in the figure above, the biggest variation is noted in cocaine prices (€65 - €130), followed by heroin and herbal cannabis. According to the data provided, (DLEU 2009, unpublished), in the capital Nicosia the prices of cocaine, brown heroin and ecstasy were found to be lower (possibly indicating highest availability) than in other cities of the island where the availability is limited. As regards herbal cannabis and cannabis resin, the lowest prices were found in Famagusta district (one of the most attractive tourist resorts aimed at the youth). This may probably be the reason for the difference in the range of prices of several drugs, reported by users (DLEU 2009, unpublished).

#### 10.4.2. Purity/potency of illicit drugs

NNIA



#### 10.4.3. Composition of illicit drugs and drug tablets

According to the information provided by the State General Laboratory, the composition of tablets sold<sup>47</sup> was as follows (see also ST15\_2009\_CY\_01).

Table 10.2 Composition of illicit drug tablets by year

<b>Substance/Year</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>MDMA</b>	95	44	11.9
<b>Amphetamine/ methamphetamine</b>	0.05	3.3	11.1
<b>DOB</b>			
<b>Other substances</b>		42.4	1.2
<b>Miscellaneous</b>	4.95	10.3	71.7

Source: State General Laboratory, 2009, unpublished

In the category “miscellaneous”, methadone, ephedrine, benzodiazepines MCPP/ metadropamide and methandrostenolone were detected, whereas in the category “other substances”, LSD stamps were found (see also ST15\_2009\_CY\_01).

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<sup>47</sup> Routine analysis is carried out on all Police’s seizures.

## **PART B: SELECTED ISSUES**

### **Chapter 11: Cannabis Markets and Production**

#### ***11.1. Introduction***

According to the Cyprus Police, the vast majority of cannabis is imported from overseas and/or through the areas of the island which are not under the control of the Republic of Cyprus. Domestic production of cannabis on the island is at very low levels. As concerns type of cultivation, all plantations seized concerned cannabis plants. Most of the cultivated cannabis is found within private yards, as well as indoors.

As concerns wholesale prices of cannabis resin, herbal cannabis and skunk, these seem to be increasing since 2004. Specifically, cannabis resin wholesale prices in 2004 were approximately €3000/kg and in 2008 reached €8000/kg. Herbal cannabis prices on the other were almost double in 2008 (€5000/kg) compared to 2004 (€2403/kg). Finally, skunk wholesale prices recorded in the year 2008 increased to €20000/kg compared to €7581/kg in 2004.

It is worth stressing that, since drug production in Cyprus is at very low levels, the information available is limited.

#### ***11.2. Markets***

##### **11.2.1. Contextual info: Brief history of cannabis domestic production; “Grow shops”**

Cannabis is the most widely used illegal substance, and its lifetime prevalence in Cyprus was reported by 6.6% of the general population, based on the findings of the most recent general population survey (Cyprus NFP, 2008).

It must be underlined that Cyprus due to its geographical position was frequently used as a meeting place and transit point by drug traffickers. It is worth stressing that at least over the last two decades, according to police reports, international drug trafficking has been considerably reduced. However, while drug abuse has increased during recent years, domestic production has not, remaining at low levels. As concerns the type of cultivation, most of the cannabis plants are found within private yards, as well as indoors.

Soon after the independence of Cyprus (1960), the government ratified the 1988 Convention against Illegal Trafficking in Narcotic Drugs and Psychoactive Substances. As it is well known, there are three main UN drug conventions, two of which are significant for cannabis: (1) The 1961 Single Convention on Narcotic Drugs provides for control over cannabis, as well as for other illicit drugs and (2) the previously mentioned 1988 Convention against Illegal Trafficking in Narcotic Drugs and Psychoactive Substances which strengthened the International scope and framework for cooperation against drug trafficking, including the trafficking of cannabis (EMCDDA, 2008).

Reflecting on the International Conventions, the Cypriot Legislation approaches cannabis issues with zero tolerance. It is also generally agreed however, that there is a gap between the provisions of the law and the practices followed by the Cypriot Courts. Reports suggest that in practice, persons arrested for illegal possession of small quantities of cannabis, are fined and not imprisoned (DLEU, 2009, unpublished).

#### **11.2.2. Consumer market shares of different cannabis products**

The estimated share of national consumer market of cannabis resin is 10%, compared to 90% of herbal cannabis. According to DLEU statistics, it can be easily assumed that the largest quantities of cannabis are imported from overseas and/or through the areas not under the control of the Republic of Cyprus (DLEU, 2009, unpublished).

### **11.2.3. Distribution of cannabis at national level**

As was mentioned by DLEU (2009, unpublished), there are organised crime groups in Cyprus which may function in all areas of the island and there are no territorial boundaries in the distribution of cannabis. Also, the last few years, DLEU have come to realize that these organised groups are usually members of the same family, with the family elder usually acting as the head of the group.

Any transaction in the supply of cannabis will have to consist of the supplier, the buyer and in most cases the middleman who is the person acquainted with the buyer and the supplier and he is also in a position to control the money of the transaction (DLEU, 2009, unpublished).

### **11.2.4. Cannabis wholesale prices**

The starting year of the collection of cannabis wholesale prices<sup>48</sup> is 2004 and the periodicity of collection is quarterly. As regards the sampling strategy of cannabis wholesale prices, it is based on information provided by suspects arrested and by undercover police officers of the DLEU. Therefore, there is no formal information and statistics concerning the minimum and maximum wholesale prices of cannabis. The price development of cannabis through the years 2004 to 2008 are as follows:

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<sup>48</sup> Cyprus defines cannabis wholesale drug prices as those prices charged in drug transactions of volumes of 1kg of cannabis (herb, oil, or resin).

Table 11.1 Cannabis wholesale prices per year

<b>Year</b>	<b>Cannabis Resin (€/per kg)</b>	<b>Herbal Cannabis (€/per kg)</b>	<b>Skunk (€/per kg)</b>
2004	3,318	2,403	7,581
2005	3,422	2,566	13,687
2006	3,469	2,602	12,144
2007	4,000	4,000	15,000
2008	8,000	5,000	20,000

Source: DLEU, 2009, unpublished

#### **11.2.5. Typology of retail outlets for cannabis sale**

From the experience of DLEU, retail outlets for cannabis sale are mainly agreed by telephone conversations and usually the transaction as such, takes place in public places. However, a small percentage of transactions are arranged at specific places (e.g. at the supplier's house). This type of outlet applies not only to cannabis dealing, but also at polydrug dealing (DLEU, 2009, unpublished).

#### **11.2.6. Cannabis sources and transaction sizes**

The vast majority of cannabis users in Cyprus tend to buy it, less than 5% of users tend to share it with others and approximately 5% grow it. The weight which users tend to buy cannabis varies from 1gr. to 28 gr. (DLEU, 2009, unpublished). The prices of the 'standard' units at which cannabis is bought by users are presented in the following table.

Table 11.2 Retail prices of cannabis resin, herbal cannabis and skunk per year

<b>Year</b>	<b>Cannabis Resin (€/per gr.)</b>	<b>Herbal Cannabis (€/per gr.)</b>	<b>Skunk (€/per gr.)</b>
2004	11,43	8,58	32,61
2005	10,27	8,55	42,77
2006	10,41	8,67	43,37
2007	16,00	21,00	31,00
2008	29,00	31,00	38,00

Source: DLEU, 2009, unpublished

The significant increase observed in the wholesale price of herbal cannabis, as well as in retail price in 2008 (See also ST16\_2009\_CY\_03/04) is probably due to the arrest of a major drug trafficker in Cyprus, (see also Ch.10.2.3), which resulted in the total seizure of 356kg of herbal cannabis. It can be speculated that, the decrease of cannabis supply that occurred in the country after this arrest, resulted in the increase of herbal cannabis prices.

### **11.3. Seizures**

#### **11.3.1. Contextual Info: Supply reduction organisation and activities**

Police activities for controlling illicit drug products vary and are always complex. Since most of the cultivation is found within private yards and indoors, as previously mentioned, a variety of legal considerations apply which function as obstacles to the DLEU's investigation (DLEU, 2009, unpublished).

In addition, because of the small scale of cannabis cultivation in Cyprus it is not possible to use high technology equipment such as aerial patrols, satellite data observation systems etc. Such measures on a Cypriot level are not cost effective. As a result, police enforcement activities are mainly based on intelligence and fieldwork (DLEU, 2009, unpublished).

Furthermore, due to the low level of cannabis production on the island, it is estimated that the local demand cannot be covered only by the local production. Based on such information and estimations, the Cyprus Police authorities arrange meetings on a regular basis and exchange information and intelligence with Drug Liaisons Officers, who are based in Cyprus.

In order to maximize its efforts regarding supply reduction, the Cyprus Police has introduced a new Crime and Information Analysis Programme and Coastal Surveillance Radars. In the Crime and Information Analysis Programme, all personal data of the suspects arrested are registered into the system, to which all police units of the country have access in order to obtain information. Concerning the Coastal Surveillance Radars, since the year 2004 the Police has put into use a coastal surveillance system which functions on a 24 hour basis. This system consists of 5 radars strategically placed on the island and has the capability to monitor all the territorial sea area controlled by the Cyprus Government. Among its major aims, is the surveillance of Cyprus' coastal area for the prevention and repression of the phenomenon of International terrorism, illegal migration, drug trafficking and many other illegal activities taking place at sea. At the same time, the system provides useful information to other Police units in Cyprus, other European Services and third countries (DLEU, 2009, unpublished).

#### **11.3.2. Seizures of plantations**

All plantations seized in Cyprus through the years 2006-2008, concerned cannabis plants and were all producing herbal cannabis. As it can be observed in the following table, the number of cannabis plants seized in 2008, was almost double the respective number of 2007.

Table 11.3 Number of cannabis cases and seized cannabis plants per year

Year	No. of cases	Seized cannabis plants
2006	29	332
2007	25	413
2008	49	789 <sup>49</sup>

Source: DLEU, 2009, unpublished

### 11.3.3. Origin of cannabis products seized

According to the DLEU, the only available information regarding the origin countries of seized cannabis products that can be provided is the following:

Table 11.4 Origin of cannabis products seized

Country	Seizures (%)	Cannabis product
Greece	62%	Herbal cannabis (100%)
Netherlands	22%	Herbal cannabis (99, 9%) and cannabis resin (0, 1%)
Other countries <sup>50</sup> & Unknown countries	16%	Herbal cannabis (90, 1%) and cannabis resin (9, 9%)

Source: DLEU, 2009, unpublished

<sup>49</sup> See also ST13\_2009\_CY\_01

<sup>50</sup> Other countries: UK, Lebanon, India, South Africa, Egypt, Italy, Poland, Belgium, Canada, Bulgaria, Austria, Bangladesh, Mozambique.



#### 11.3.4. Breakdown of cannabis seizures by product and by amount seized

According to Police available data, the total number of seizures and weight of cannabis seized during 2008 is listed broken-down as follows:

Table 11.5 Cannabis seizures by product and by amount

Categories	No. of cases	Quantities seized <sup>51</sup>
Herbal Cannabis	372	356kg & 691,14gr
Cannabis Resin	30	40kg & 980,86gr
Cannabis Plants	29	789 plants

Source: DLEU, 2009, unpublished

The following table presents the seized quantities of herbal cannabis and cannabis resin, in 2008, broken down by specific quantity ranges:

Table 11.6 Seized quantities of herbal cannabis and cannabis resin

Quantities	Herbal Cannabis No. of cases	Cannabis Resin No. of cases
0-150gr	353	28
150gr-1kg	1	1
1kg-50kg	17	1
Over 50kg	1	-

Source: DLEU, 2009, unpublished

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<sup>51</sup> See also ST13\_2009\_CY\_01

## **11.4. Offences**

### **11.4.1. Cannabis supply-related offences reported by police, 2006-2008**

According to Cypriot Law, instead of the term “cannabis production” the term “cannabis cultivation” is applied in the Penal System of the Government. In accordance with the DLEU data, 29 cases of cannabis cultivation were recorded during the year 2006, 25 cases in 2007 and 49 cases in 2008.

In addition, in the Cyprus Penal System the terms used for “trafficking” offence, are found as the offence of “supply” and “possession with intend to supply” (see also ST11\_2009\_CY\_01/02). Therefore, in the year 2006, 52 cases of “supply” and “possession with intend to supply”, 81 cases in 2007 and 38 cases in 2008 were recorded (DLEU, 2009, unpublished). Due to the difficulty of the DLEU’s data system to break down drug offences by substances involved, it was not possible this year to provide information according to the categorization in the ST11\_\_2009\_CY\_01.

## **Chapter 12. Treatment and Care for Older Drug Users**

### ***12.1. Introduction***

It has been said that heroin addicts may “mature out” after passing the age of 40 years; they often evolve to have a different form of addiction, such as alcoholism, if they survive to an advanced age (Hser et al., 2001). However, there are increasing numbers of older people with serious drug use problems (all drug users of at least one illicit substance, in and out of drug treatment, of age 40 and older).

It is predicted that between 2000 and 2020 the number of older adults in need of substance abuse will double and the rate of treatment need among the specific group will be increased (Gfroerer et al., 2003). From 2003 to 2007 the number of ageing drug users in Cyprus that sought treatment increased almost fivefold, and an investigation regarding the characteristics of ageing drug users and subjective treatment needs is necessary.

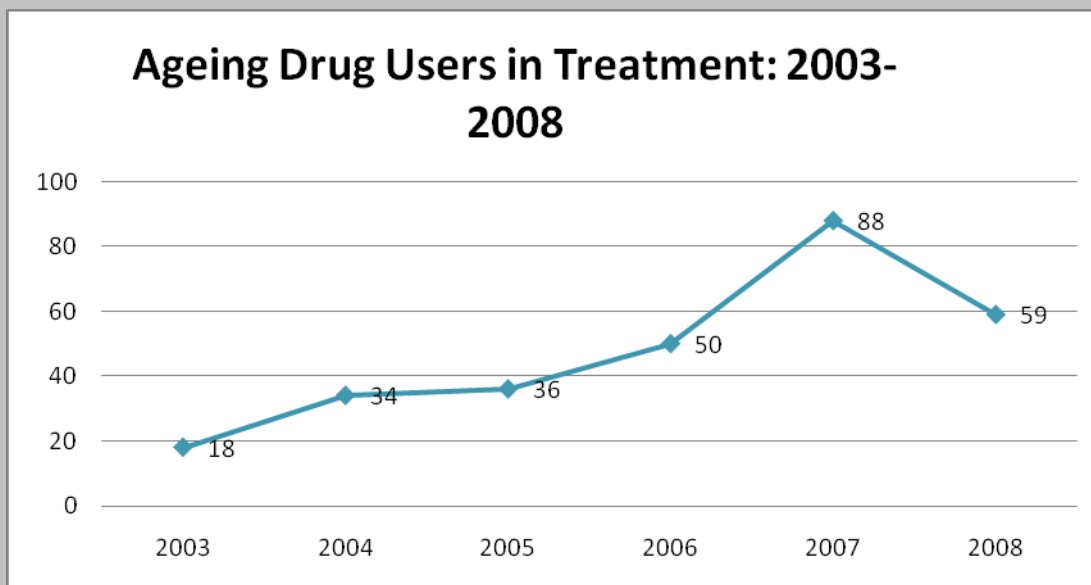
The NFP conducted a qualitative study among ageing drug users where retrospective life histories were collected in a cross-sectional design. The sample of the survey consisted of four men. Two of them were in treatment and the rest were out of treatment. Their ages ranged from 40 to 53 years. The results point to: a) drug career (life) assessments, (b) the impact of personal resources to subjective improvements in treatment outcomes, c) subjective meanings attached to age and declined social status, d) satisfaction with treatment e) subjective treatment needs in terms of provision of age-specific treatment services and f) their desire for involvement in decision making. Finally, an exploratory work with a focus group was made in order to gain further information as to the social reintegration of ageing former drug users.

## 12.2. Ageing of Problem Drug Users

### 12.2.1. Age Trends in Drug Users in and out of Treatment

An increase in the number of ageing drug users seeking treatment has been observed in Cyprus between 2003 and 2007. During 2003, 18 ageing drug users were recorded in treatment whilst in 2007, the number almost fivefold to 88 (a percentage increase has also been observed in ageing drug users when compared with total clients in treatment). Noticeably, as shown in the graph below, there has been a decrease from 88 to 59 ageing drug users in 2008 (excluding continuous treatment). Nevertheless, no safe conclusions can be drawn, as the decrease is not only observed in ageing drug users but is a rather general phenomenon as far as it concerns treatment demand during 2008 (see ch. 5).

Fig. 12.1 Ageing Drug Users in Treatment: 2003-2008



Source: Cyprus NFP, 2009

Looking at the age distribution of drug related deaths over the last six years, nine deaths (acute & indirect) were recorded for ageing drug users out of a total number of 83 drug related deaths. Furthermore, from 2006 to 2008 there has been a steady increase in the

mean age of direct drug related deaths from 28.3 to 30 years old, indicating that the proportion of older drug users has been on the rise (see also ch. 6). However, due to the limitations of our data on drug related deaths (short period of observation) no safe conclusions can be made and any interpretation should be treated with great caution.

#### **12.2.2. Factors related to the Ageing and increasing life expectancy of drug users**

It should be pointed out that no surveys exist in Cyprus regarding ageing drug users. However, an investigation regarding the factors related to ageing and increasing life expectancy of drug users is necessary. The literature review indicates that **treatment programs** succeed in retaining patients in treatment helping to prolong their lives and reducing mortality rates. A study of 507 patients in a methadone maintenance programme showed that those who remained in the programme had a mortality rate of 1%, whereas those who dropped out (n=110) had an 8% mortality rate. Additionally, six out of nine dropouts who died were due to heroin overdose. None of the discharged clients were in treatment at the time of death. It was concluded that methadone treatment exerts a major improvement in the survival of heroin addicts and that death rates, especially overdose, are high among patients who are unfavourably discharged or dropped out of methadone treatment (Zanis & Woody, 1998).

Not only treatment, but also other protective factors can help to prolong their lives. Boeri et al. (2008), in a qualitative research among 29 ageing heroin users have applied a life course analysis aiming at comparing late and early onset users. As far as it concerns early onset users, the study demonstrated that **learned coping skills** was a significant factor in increasing life expectancy. They had learned coping skills to deal with their use and most of those who matured in heroin typically used only enough to manage their withdrawals pains. These results are consistent with findings of a previous study by the same researchers (Boeri et al., 2003). A modified grounded theory was used and 71 baby boomer aged drug users (heroin & methamphetamine users) were in depth interviewed. The results indicated that early onset users have not only learned coping skills to deal with their use but have also learned how to avoid drug use interfering with other social roles.

Furthermore, **induction into drug use in later life** (late onset users) is a factor that increases the mean age of drug users. Boeri et al., (2008) found that the most significant risk factors for using heroin among late onset users were: a) loss of their role adjustments or pressing roles (e.g retirement, grandparenting roles) with little hope of regaining them or b) feeling that they have more liberty to use heroin due to their decrease in mainstream roles. Additionally, Boeri et al. (2003) found that late onset users were using drugs as a “coping mechanism” for life’s difficulties or mental health problems (loss of loved ones, unemployment, undeniably, depression and other mental health problems).

In Cyprus, the mean age of first drug use of all ageing clients during 2008 (excluding continuous treatment) was 22 years (S.D= 7.94, min. 12, max. 41, median= 19), whilst the mean total duration of first drug use was 24.2 years (S.D= 9.29, min.1, max.40, median= 26.5). Additionally, the mean age at first use of primary drug was 30.6 years (S.D= 7.96, min. 15, max. 46, median= 30). Consequently, initiation after age 40 is extremely rare and most of the ageing drug users in Cyprus are early onset users. Based on the literature review presented above, effective treatment provision and learned coping skills could have been significant protective factors helping to prevent premature deaths of early onset users in Cyprus and to prolong their lives. However, substitution treatment in Cyprus has recently been applied and it is not yet established if treatment programs have prevented the premature deaths of the early onset users.

Consequently, learned coping skills may be a significant factor in increasing life expectancy of early onset users in Cyprus. In our study, an ageing drug user stressed that: “... *We have learned how to control our dose. I usually use 2.3 grams for each dose and I am ok*”.

## *Ageing Drug Users in Cyprus: Retrospective Life Histories*

### *Method & Data Collection*

In the spring of 2009, the NFP conducted a study among ageing drug users. Retrospective life histories were collected in a cross-sectional design. The objective of the study was to examine drug use history in order to identify the characteristics of older drug users and the subjective treatment needs.

Audio-recorded life history interviews were face to face and covered topics such as: **A) Demographic, Drug use & Social characteristics, B) Drug Initiation & Attribution Causes, C) Drug Career (life) assessments & personal resources, D) Use of injection equipment, infectious diseases exposure & knowledge E) Subjective meanings attached to age and declined social status, F) Treatment Satisfaction and G) Subjective Treatment Needs.** The qualitative data was transcribed and grouped into categories in order to compare and contrast the respondents' viewpoints and information they provided (sub-component of the constant comparative method) (Glaser & Strauss, 1967). Concurrently, information that was provided has been compared with the available literature.

Topics **A-C** are labeled as such below, whilst topics **D-G** are included in sub-chapters 12.2 & 12.3. Finally, the names that are going to be used below are **pseudonyms** in order to protect anonymity.

#### *A. Demographic, Drug Use & Social characteristics*

The sample of the survey consisted of four men. Two of them were in treatment and the others were out of treatment. Their ages ranged from 40 to 53 years. Three of them were unemployed at the time of the study. As to the marital status two were married and the others were respectively in a relationship or divorced. Age of first use of illicit drugs ranged from 13 to 18 years; all of them were early onset users. Drug initiation occurred with cannabis while heroin progressed to be their primary drug of choice.

## *B. Drug Initiation and Attribution Causes*

All interviewees started their narration with a negative life event, in order to continue their story with drug initiation. Imprisonment at the age of 16, family or financial problems and negative social networks were some of the reported reasons for drug initiation. Life stories gave interviewees the opportunity to express their own point of view on how things happened and to express their subjective meanings to the present situation. Their first negative life events were given as the main reason for the current situation in two of our respondents.

*"I was 16 years old and they had put me in jail because I stole money from someone. In jail I met all these people... people on drugs... I was a child and nobody could suspect me... so, the other prisoners used me as a supplier... I was taking drugs from outside the prison... during my imprisonment I was working in a cafeteria... it was an open jail. I was supplying them with drugs... and I used to keep something for me. This is the story of my first experience with drugs... if they hadn't put me in jail I wouldn't have any drug problems today. It's their fault entirely. I was a child. The system... the government was unable to protect a child. They had just put me in jail for nothing and they had just put me in the world of drugs".*

*"I am sensitive... when I was a child my parents divorced and my mother had to move to London. They left me. I was living with my grandmother and they didn't tell me the truth. Until then I thought that my grandmother was actually my mother. When I was 15 years old they told me the truth. Then I had to go to my mother and meet my brothers and sisters. But they didn't accept me. I was feeling like the "black sheep". I was trying to find someone to communicate. I was trying to find a friend with the same problems. I was feeling alone. All the problems were solved when I first used cannabis. I was able to forget all my problems. I was trying to block the bad thoughts".*

Causal inferences on drug initiation were common among our informants as they were trying to narrate their life drug story. They were trying to attribute causes for the present situation regarding use of drugs and to explain their behavior (self-attribution). An important assumption of attribution theory is that people will interpret their environment in



such a way as to maintain a positive self-image. The respondents had tried to attribute their illicit drug use to external factors (such as imprisonment or negative social networks) that would make them feel not responsible for any drug-taking experiences across their life course. Giannis, for example, stated that:

*"I didn't know. My friends were using cannabis and they told me to try... Then a friend of mine suggested trying heroin. I didn't know... After releasing from prison I started using heroin again because all of my friends did..."*. Nevertheless, negative or unsupportive networks of friends were responsible for drug use initiation and were not encouraging treatment participation:

*"... I can't quit because all of my friends are using drugs... I don't want to go to a treatment centre in Cyprus because when and if i come out I will have no friends. The best treatment for me is outside Cyprus where I can't see them"*. It's worth mentioning that Knight and Simpson (1996) in a research found that, dysfunctional relationships with friends are not encouraging treatment participation or conformance to social norms.

### C. Drug career (Life) Assessments & Personal Recourses

At the end of narrating their stories ageing drug users speculated over "what if ..." or what might have been", which are significant instruments in quality of life assessment. Interpretations of life as a whole, using speculations, assess the extent to which our interviewees perceive their drug use to be a problem in their lives. As Kostas explained:

*"My life has been destroyed because of my imprisonment. If I hadn't gone to jail and if I hadn't gotten into drugs my life would have been normal. I could have had money but I lost everything. I had everything and lost everything. I could have kept my job like my brother. I could have been rich like my brother"*.

Furthermore, speculations provided interpretations of life as a whole which became the basis through which our interviewees evaluated their personal resources. Warren, Stein and Grella (2007), in an attempt to find intervening variables that may contribute to improvement in treatment outcomes, investigated the roles of social support and self-

efficacy in a sample of 351 clients with co-occurring disorders in residential drug abuse treatment programs. They found that personal resources were significantly correlated with improvements in treatment outcomes. In our study, it was not possible to measure self-efficacy. Nevertheless, qualitative statements may contribute to some subjective perceptions on personal resources that are related to treatment outcomes. For example, Kostas stated:

*“Don’t worry. I’ll get through this. I am much stronger than before. I have the willingness to love myself. You have to love yourself first before being able to quit drugs”.*

Conversely, Marios believed that the treatment system in Cyprus is responsible for not being able to quit drugs. He explained that:

*“They are not doing anything to help us. They are changing our medications. Why? Is that an experiment? Are they playing with our lives? What are they doing? It’s not always our fault. They keep telling us that we don’t have willpower. Is it always our fault? What are they doing? I will tell you what they are doing. Nothing”.*

Informants who were in treatment had a high-sense of self-efficacy and believed that they can control their life. Conversely, informants who were out of treatment had a low-sense of self efficacy and believed that the ineffective therapeutic system is the only one responsible for their current situation.

### **12.3. Drug Use, Health and Social Characteristics of Current Older Drug Users**

#### **12.3.1. Treatment Demand**

During the reporting year 59 ageing drug users entered treatment, 19 of which entered for the first time (see also the tables provided). Most of the clients entering treatment in 2008 were male (n=52) and the mean age was 45 years (SD=4.64, min. 40 max. 57), whilst the mean age of use of first drug was 22 years (SD=7.9, min. 12 max. 41). As to the total ageing clients (n=64) in treatment during 2008 (including continuous treatment)

most of them were male (n=57) and the mean age was 45.3 years (S.D=4.9, min. 40 max. 60).

### **12.3.2. Patterns of Drug Use**

Inhaled and/or smoked (22.4%) and injected (36.2%) route of heroin administration were predominant among ageing drug users (excluding continuous treatment) and most of them were using heroin on a daily (39.7%) basis. Additionally, profile comparisons with groups less than 40 years old indicate that it is more common among ageing drug users to use heroin as a primary drug (58.6%) than younger users (53.2%). On the contrary, younger users use cannabis more often as a primary drug (30.9%) than ageing drug users (12.1%). As to the total ageing clients in treatment, patterns of drug use did not change significantly (for more information as to the absolute numbers on patterns of drug use, please see also the tables provided).

### **12.3.3. Social Characteristics**

A recent report (Han, Gfroerer & Colliver, 2009) that examines the trends, patterns, and characteristics of illicit drug use among persons aged 50 to 59 in the U.S indicated that the social and demographic characteristics associated with continued use of illicit drugs are male gender, unmarried status, low education and income and unemployment due to disability.

In Cyprus, during the reporting year more than half of ageing drug users that entered treatment have had primary education (55.9%) and almost half of them were unemployed (52.6%). As far as it concerns their living status most of them were living with a partner, with or without a child (44.1%), or alone (32.2%). Some of them (15.3%) were living with their parents, despite their age. As to the source of referral, most of them were more likely to self-refer (55.9%), or to be referred by family and friends (22.1%). As to the total ageing clients in treatment, and despite changes in prevalence measure information (all treatments vs. total clients in treatment), descriptive statistics regarding social variables did not change significantly (for more information regarding characteristics of all clients and total clients in treatment please see tables provided).

As to social status, ageing drug users are seen as an isolated group when compared with their younger counterparts. In a study (Levy and Anderson, 2005), subjective meanings attached to age and declined social status were reported. Some of the ageing drug users admitted that their social status within the drug culture has declined due to the fact that, they are no longer socially recognised by their younger counterparts. Furthermore, in a telephone survey, a treatment provider stressed that “Stigma around substance abuse is a key issue. It wasn’t until 1980 – 90s that society became more open to talking about these issues. Older folks are coming from a different generation where it wasn’t okay to open up about this stuff” (Andrews, 2008).

In our study ageing drug users stressed that:

*... Most of the non users are avoiding us, they don’t want us, they criticize us... so, most of my friends are drug users...we have also problems with work... who wants an employee who is a known drug user?.*

*““They are treating us different...the doctors, the ministers... cause of our age. A treatment provider once asked me how old I was. I told him and then he asked me to leave. He told me that he couldn’t help me... he asked me: why did you come here? I don’t have time for you. I will spend my time for nothing... What’s that mean?... they are thinking that it’s worthless because they think that we are finished... ok I am old but don’t they have to help us?”*

Most of our informants perceive themselves to be members of a stigmatized group; they once had all of the attention of treatment providers and they were the main actors of any drug policy; now, any prestige has been lost. Any achieved stigma (being an ageing drug user) and the existential stigma (being a drug user) are accomplishing the puzzle of the “spoiled identity” (Goffman, 1963) for ageing drug users.

#### **12.3.4. Health and Mental Health Characteristics**

According to the DRID protocol only six ageing drug users ( $\geq 40$  years) were tested for infectious diseases during 2008. Four of them were positive for hepatitis C (Cyprus NFP, 2008). Additional information regarding physical and psychiatric conditions of ageing

drug users is not available. Nevertheless, literature review indicates that older addicts face health and mental health declines common to the later stages of the life course which are also highly associated with lifetime drug dependency. For example Levy and Anderson (2005), examined interactional effects of ageing and drug use in a qualitative research with 40 older injectors on the streets between ages 50 and 68. The main results of in-depth interviews were:

a) Physical declines and poor health conditions caused by biological correlates of advancing age prevented older injectors from obtaining drugs like they used to. Methods such as robbery and intimidation appeared to be too difficult and risky for them.

b) They had decreased ability to metabolize and “enjoy” the effects of drugs or tolerate the symptoms of withdrawal. Some of the interviewers noted that they were substituting alcohol and barbiturates for illicit drugs when heroin or other street drugs were too harsh for an ageing body to tolerate. Others mentioned that they were often self-regulating the amount or frequency of their drug intake in order to moderate the negative side effects of the opiate on their ageing bodies.

Furthermore, in a study (Lofwall, Brooner, Bigelow et al., 2005) 41 older opioid maintenance patients (50-66 years old) were compared with 26 younger patients (25-34 years old) on psychiatric, health, demographic, and psychosocial characteristics. As far as health condition is concerned older drug users reported significantly high rates of cardiovascular diseases (53,7%), with hypertension being the most common cardiovascular problem and bone/joint problems (51,2%). Regarding mental health, the most common lifetime diagnosis was major depression (34.1%), and the most common current diagnoses were Mood Disorders including Major Depression (7.3%), Bipolar Dysthymia (7.3%) and Dysthymia (7.3%). Additionally, older patients had low means in health related quality of life scales (physical functioning, role limitations due to physical health and bodily pain). The study also indicated that older drug users were exposed to health risks, such as HIV (14.6%), hepatitis C (24.4%), and other blood borne and sexually transmitted diseases.

Similarly, Kwiatkowski & Booth (2003) assessed the drug related and sex related HIV risk behaviours among two age groups; 50 years old or younger (n=1515) and older than 50 years old (n=1508). The results indicated that both groups were at risk regarding sex-related risk behaviours and with regard to needle sharing practises, older users were more at risk than their younger counterparts.

However, there seems to be a substantial difference among early and late onset ageing drug users. Users maturing in heroin use are in disadvantage, due to their lack of knowledge regarding disease transmission related to drug use, when they originally started using in the 1960s and 1970s (Boeri et al., 2008). In the early years of their use, unsafe injection practices featured heavily. Life stories from early onset users illustrated how needles were shared: “they used to have the shooting galleries where there’d be a cup on the table with about 30 syringes in it ... and you would just pick one up and use it” (Boeri et al., 2008, p. 641). As far late onset users are concerned, few reported having experiences with bacterial infections, and they felt that they were well educated in terms of drug-related infectious diseases (Boeri et al., 2008, p.643).

In our study, only one of our informants referred to being positive for HCV. The rest explained that they were always using new syringes. Supporting family networks were highly associated with the use of new syringes and the absence of any infectious diseases. As Kostas explained:

*In the very beginning I was using a syringe every two days. Then I was very sick. I used to inject everyday... up to 20 times a day. I was always using new syringes. I had never reused one. I was buying boxes of syringes... I have a family and I couldn't use syringes that others used before... sometimes, my wife was buying boxes of syringes for me so as not to be in desperate need and reuse syringes... I was tested and they told me that I was clean.*

In contrast, Giannis explained:

*Reusing syringes was a routine practice. We were buying new but also... you know... we needed our dose. By the time you want your dose you may not have a clean syringe*

*and you may wash the reused one with some water. I didn't realize that I was infected until lately. They told me that I have hepatitis C and that I must be treated. I don't know anything about it. I don't know whether it could be cured or not. The only thing I know is that I could be able to have a child in the future. I am not married but I have a relationship. She is also a drug user... With my family? ... I don't have any relations with them. They just keep telling me that I have to quit. Nothing else. I am ashamed of myself because I have never helped my family. I only care for my drugs.*

The association between family support and using new syringes was also found in a qualitative study among 81 IDUs in Tehran (Iran). The results indicated that the majority of those who were living with their families and injecting at home, were obtaining syringes from pharmacies. They believed that sharing injections should be avoided because of the assumed risk of HIV and hepatitis infection from this practice. On the contrary, IDUs that had multiple social problems (family conflicts, divorce etc) were injecting in public places and were less careful with their personal hygiene and overall health and they used to share syringes (Razzaghi, Movaghar, Green & Khoshnood, 2006).

## **12.4. Treatment, Management and Care of Older Drug Users**

### **12.4.1. Policies**

An increase in the proportion of ageing drug users is expected to increase the treatment need, and thus the need for effective interventions regarding treatment provision for the specific group. Despite the evidence that drug users are becoming older, policies in Cyprus are not addressing the needs of older drug users, and they are treated alongside younger adults.

## 12.4.2. Health and Social Responses

### 12.4.2.1 Treatment

Although no age-specific treatment services are provided, ageing drug users are receiving personal treatment plans. So, their needs (medical, psychological, social etc) are being considered for implementing specific interventions (CAC, 2009 unpublished).

However, most of the available literature suggests that age-specific treatment is preferable to mainstreaming older adults into more generic treatment services. For example, Mcnninger (2002) suggested that opioid detoxification is often conducted in a medical setting, and although the choice of medication may not differ from that of younger adults, the dosage may differ because of the metabolic changes associated with ageing.

In our study, ageing drug users stressed that the provision of age-specific treatment services is necessary instead of providing treatment in prison, and that the absence of such services is based on policy makers' beliefs that treatment wouldn't have the same likelihood of success as for younger counterparts.

*"They have to do something for us... they have to create treatment centers for us... but they don't do anything... Have we crossed the line? They are doing things for younger users but what about us?"*

*"The system is not good enough. For a European country. It's not good enough. They are not doing anything for us... They have to find a way to help us. They don't care about us. They just put us in jail. Is this a treatment? No. If you go to jail you... is the easiest way to find drugs and meet drug dealers. This is not a treatment".*

As to the treatment outcomes, research studies indicated that longer treatment duration leads to better outcome and that older age is associated with better treatment outcome due to the fact that older adults often remain longer in treatment (Atkinson, Tolson & Turner, 1993).



For example, a study examined the characteristics of drug use, treatment careers, length of stay in a current treatment episode and subsequent drug use among 2,807 clients participating in a Drug Abuse Treatment Outcome Study (DATOS) (Hser et al., 1998). It was found that longer treatment careers were significantly associated with increased length of stay in outpatient drug-free programs and were associated with reduced heroin use among clients treated in almost all modalities.

Additionally, a comparative longitudinal study (Satre et al., 2004) underlined the differences between older and younger drug users in a managed care programme. The sample of the study consisted of 361 older (65 drug users aged 55-77 and 296 drug users aged 40-54) and 564 younger adults. The results indicated that abstinence rates of older drug users were higher than those of younger adults. Also, the study examined extra-treatment factors, which may influence long-term outcomes. It was found that older adults were more likely to have long-term outcomes, as “being older”, was a significant predictor of limited negative social networks (negative influence) and fewer family problems. The study concluded that supporting social networks (older adults were more likely to be married) and higher rates of continued health plan coverage may be indicative of better social stability.

It is worth mentioning one user in our study who stressed that:

*“... But we can deal with it (treatment) as good as younger users or even better... because we’ve been through all these for so long... and we are confident that we want to quit. Younger users are not”.* As Grath et al (2005) reported, once identified, the evidence to date suggests that older people may respond at least as well as younger people to treatment.

#### 12.4.2.2 Harm Reduction

No programme based on a harm reduction approach exists in Cyprus that is dedicated to older drug users. A general harm reduction approach is provided (see also ch. 7). However, the performance of the substitution treatment in Cyprus in terms of our respondents’ satisfaction with treatment was investigated. In our research, goal

attainments and hopes were significant subjective evaluators of satisfaction with (substitution) treatment. As Andreas mentioned:

*"I hope to stay clean and away from drugs. I am six months clean today. It's not the first time that I am trying to stay clean. I have tried it several times but without success. It was an uneven fight. I was feeling like I was going to a fight and it was so hard to win. The last time I had a naltrexone implant. If you go by the rules the implant works."*

However, Marios's beliefs and hopes indicated dissatisfaction with treatment:

*"I believe that I have no way out. I had some hopes with subutex. But now they are using suboxone. A friend of mine was in substitution in the occupied area of Cyprus with subutex and she's now clean. She is clean since 2000. It's now 2009 and I am trying to survive. The only reason is that they are using the wrong medication. They are using the cheapest suboxone instead of subutex".*

Additionally, Marios believes that drug users' involvement in decision making process is missing. He pointed out that *"I feel like I am an object. They don't listen to us"*. Two weeks after the interview he sent a letter to the Cyprus Anti-Drugs Council. He suggested of reappraising the standards as to the admission in substitution treatment, and he requested a group discussion between treatment seekers, treatment providers and the CAC. Additionally, Marios requested the transcribed interview to be forwarded to the CAC.

#### *12.4.2.3 Health and Mental Health Care*

Schultz et al. (2003), conducted a secondary analysis using a database from a national survey in the U.S (N-SSAT)<sup>52</sup>, in order to identify the facilities offering substance abuse treatment to older adults (aged 55 or older). They identified only 17,7% of all the treatment facilities that provided elder-specific (aged 55 or older) services. The services were typically offered in facilities owned or operated by hospitals or psychiatric hospitals; were more common in programs offered for profit; were less frequent in private and non-profit facilities; they were less often in substance abuse specific facilities and they were more frequently found in programs offering specialized programs for other groups (pregnant women, adolescents etc).

Ageing drug users are not only under-served but also under-diagnosed. Many clinical conditions mimic substance misuse and without a high index of suspicion misdiagnosis is almost inevitable (McGrath et al., 2005).

Levin and Kruger (2000) called substance abuse among older adults an "invisible epidemic". They noted that the symptoms of alcohol and drug abuse are often mistaken as symptoms of ageing problems such as dementia, depression, or other problems commonly seen in older adults. As a result, diagnosis is getting more complicated and medical staff fails to recognize substance misuse symptoms from clinical ones (McInnes & Powell, 1994).

In an annual Symposium organized by "Society for the Study of Addiction" medical staff views were presented regarding ageing population (Rumball, 2005). The treatment providers were aware that more ageing patients are undergoing detox than in the past, but they were not informed of any specialized services. What is most important, is that they considered they could give advice to an older adult patient, but not in a professional way as they did not have the proper clinical expertise. In our study Andreas explained that:

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<sup>52</sup> SAMHSA (2002). National Survey of Substance Abuse Treatment Services.

*“The use of drugs is the strongest thing in the world. It makes you feel fearless, liar, thief... you don’t understand anything. We need someone to understand. To understand our pain ...they have to understand and stop judging us. Treatment providers are trying to brainwash us. But this is not right. We have to brainwash them because they don’t know anything. We have to tell them that things are different for us and that the situation is not as it’s described in their books. We have to show them our reality.*

*“Things are different for us. It’s not like younger users who don’t know how life is. They can treat them different. But this is not the case for us. We need people that understand our special needs. We need people to communicate with us”.*

Furthermore, in a study, patient scenarios involving older women with symptoms of substance abuse problems were presented to medical staff. Only 1% accurately recognized the symptoms; the rest suspected depression, anxiety and/or stress (NCASA, 1998). Additionally, in a phone survey among 20 social workers and addiction researchers it was noted that there is an under-referral problem (Andrews, 2008). They mentioned that health care and mental health providers have problems in referring older adults to treatment. A provider stressed that *“...There’s clearly an under-referral problem with this group. Most of my clients come from primary care clinics...if they don’t find it, I don’t know about it... as it stands with these guys often goes untreated for so long that by the time they get help, they’re very sick”* (Andrews, 2008).

#### *12.4.2.4 Rehabilitation, Social Reintegration and Retirement*

The National Drug Strategy and Action Plan 2004-2008 introduced the need for social reintegration measures (CAC, 2004); however, these do not refer specifically to older drug users (CAC, 2009).

As mentioned above (see also ch.8) the NFP in order to gain information of social reintegration for drug users organized a focus group with former drug users.

Half of the participants (n=3) were ageing former drug users. There was general agreement among all the participants as to the limited social and financial support

provided by the state, however, some of the ageing former drug users stated that their younger counterparts are at an advantage as to the support provided.

Even though the literature review presented above indicates that ageing drug users are seen as an isolated group within the drug culture when compared with their younger counterparts, the ageing former drug users had a different opinion. They stated that on several occasions stigmatizing reactions towards younger users had been noted.

For example, a 48 year-old former drug user mentioned that “Yes, there is a stigma. We are stigmatizing younger users. We are telling them that: you weigh as much as the kilos of heroin I ever used”, whilst, a 40 year old former drug user stated that “younger users tend to imitate older users as they usually have them as exemplars”. Reversely, younger former users admitted that they were feeling stigmatized by older users. A 24 year-old former drug user stressed that “I have noticed the stigma from older users. I was feeling rejected and a bit foolish”. Nevertheless, the participants described that apart from the two groups [younger (former) vs older drug (former) users] within the drug culture, the society of non-users makes them feel stigmatized (please see also chapter 8).

Finally, ageing former drug users reported health problems such as tooth decay and hepatic problems whilst at the same time they mentioned that the financial support provided for issues such as health problems is inadequate.

Concerning retirement, the Ministry of Labour clarified that no provisions are made regarding pensioning for drug dependent persons. Pensions are not based on the health condition or status of persons, but on whether they paid social insurance, and whether or not they were self-employed (Kyprianou, personal communication).

### ***12.5. Quality Assurance and best practice***

There are no existing or planned guidelines, quality assurance mechanisms and best practices, regarding treatment, harm reduction, rehabilitation and social reintegration, and other care of older drug users (CAC, 2009).

## CONCLUSIONS

Based on the literature review presented above, effective treatment provision and learned coping skills are significant factors in increasing life expectancy of early onset users. Ageing drug users are facing health and mental health problems whilst their social status within the drug culture has declined due to the fact that they are no longer socially recognised by their younger counterparts. As to the treatment provision, ageing drug users are under-treated and under-diagnosed.

Furthermore, our qualitative study presented above indicated that:

- Imprisonment, family or financial problems and negative social support systems were some of the referred reasons for drug initiation.
- Dysfunctional relationships did not encourage treatment participation. In contrast, supportive social networks across the lifespan were highly associated with the use of new syringes, and hence the absence of any infectious diseases.
- Ageing drug users who were in treatment had a high-sense of self efficacy, and believed that they were able to maintain abstinence, whilst those who were out of treatment had limited personal resources and believed that the ineffective treatment system is responsible for their current drug situation.
- Most of the ageing interviewees perceive themselves to be members of a stigmatized group.
- Some of them stated that they can respond to treatment as well as younger users, or even better.
- The provision of age-specific services was necessary for some of our respondents.

Having in mind that patterns of substance abuse in ageing users are substantially different from those observed among younger adults (Kennedy et al., 2004), and that age-specific interventions are more effective than “mainstreaming” older adults into mixed-aged treatment programs (Kaempf et al., 1999), it could be said that ageing drug users in Cyprus are disproportionally under-treated. The provision of age-specific treatment services is necessary for our respondents, and some of them are expecting to have significant involvement in decision making. From our point of view, qualitative

research reinforced the importance of seeing things from the patient's perspective and learning from their experience.

## Part C

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## **ANNEXES**

### ***List of figures and tables***

Table 1.1 Drug related expenditure in Euros

Table 1.2 Drug-related Expenditure in Euros, 2008

Fig. 2.1 Lifetime, recent and current prevalence of drug use among the arrestees

Table 2.1 Average age of onset of illicit drug use by drug type

Fig. 2.2 Place of first use by drug

Table 4.1 Estimated numbers of problem drug users and injecting drug users for the year 2008.

Fig. 4.1 Estimated numbers of opiate\* users by year

Fig. 4.2 Estimated numbers of opiate injectors (ever) by year

Fig. 4.3 Estimated numbers of opiate injectors (ever) by year

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

Fig. 4.5 Lifetime, recent and current prevalence of drug use among the arrestees

Table 5.1 Treatment availability in 2009

Fig. 5.1 Age group distribution of new and all treatments

Fig. 5.2 Primary drug among new and all treatments

Fig. 5.3 Proportion of first treatment by gender

Fig 5.4 Mean age of first and all treatments by year

Fig 5.5 Unemployment by gender and year

Fig. 5.6 Primary drug by gender and year

Fig 5.7 Proportion of heroin users ever and currently sharing.

Fig. 5.8 Proportion of current risk behaviour by gender and year

Fig. 6.1 Sample size of IDU's, IDU's with valid test and percentage of HCV positives

Fig. 6.2 Number of HCV positives by year

Fig. 6.3 HCV positives by 'New' and 'Old' treatments by year

Fig. 6.4 Acute & Indirect Drug Related Deaths

Fig. 6.5 Causes of direct drug-related deaths for the years 2004 – 2008

Fig. 6.6 Causes of direct drug-related deaths for the years 2004, 2007, 2008

Table 8.1 Percentages of drug users living in parental home by gender and year

Table 8.2 Percentages of drug users living alone by gender and year

Table 8.3 Primary drugs of those living with parents (percentages)

Fig. 8.1 Labour status by year

Fig. 8.2 Unemployment among heroin users by gender and year

Fig. 8.3 Highest educational level of those unemployed by year

Fig 8.4 Differences in educational attainment between unemployed and employed drug users

Table 8.1 Social Reintegration Programmes

Fig. 9.1 Number of persons involved in drug offences by year

Fig. 9.2 Number of persons involved in some drug offences per substance between the years 2005-2008

Fig. 9.3 Number of persons involved per offence type per year

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

Fig. 10.1 Transportation methods of some drugs in 2006 - 2008

Fig. 10.2 Seized quantities of herbal cannabis, cocaine and heroin

Fig. 10.3 Number of seized cannabis plants by year

Fig. 10.4 Maximum prices of brown heroin, cocaine and ecstasy at street level  
(per gram, per year)

Fig. 10.5 Range of prices of illicit drugs (per gram) in 2008

Table 10.2 Composition of illicit drug tablets by year

Table 11.1 Cannabis wholesale prices per year

Table 11.2 Retail prices of cannabis resin, herbal cannabis and skunk per year

Table 11.3 Number of cannabis cases and seized cannabis plants per year

Table 11.4 Origin of cannabis products seized

Table 11.5 Cannabis seizures by product and by amount

Table 11.6 Seized quantities of herbal cannabis and cannabis resin

Fig. 12.1 Ageing Drug Users in Treatment: 2003-2008

***List of abbreviations***

CAC = Cyprus Antidrug Council

CHCC = Coordinating Health and Citizenship Committee

CTO = Cyprus Tourism Organization

DDR = Drug Demand Reduction

DLEU = Drug Law Enforcement Unit (Cyprus Police)

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 Demand Indicator

UNO = United Nations Organization

WHO = World Health Organisation